

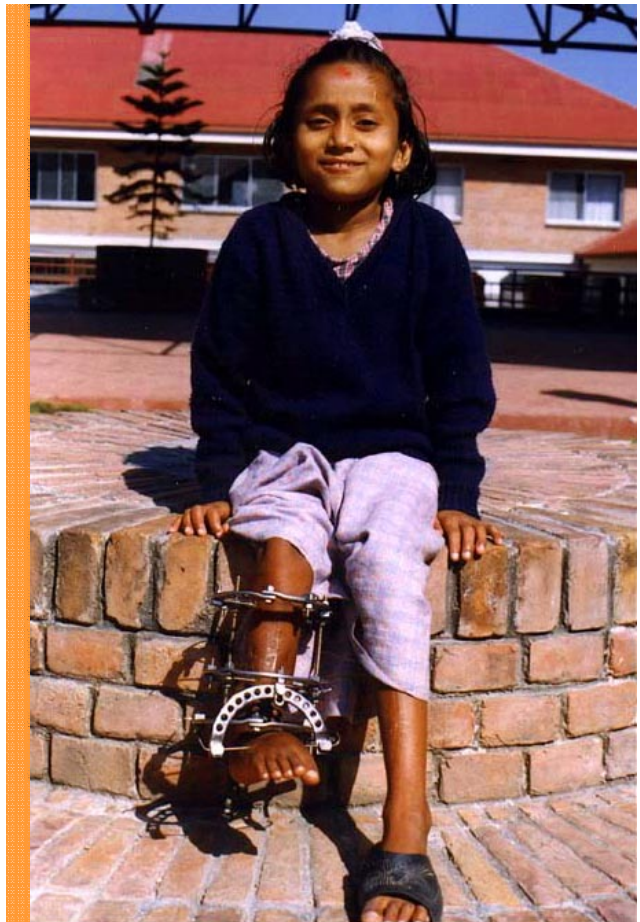
1. Hospital and Rehabilitation Centre for Disabled Children HRDC

Starting date: 01. January 1986

Implemented by: Friends of Disabled FOD

Access to special care is a fundamental right for children with a disability. This has been a guiding principle for *Terre des hommes* since it opened a delegation in Nepal in 1985. Initially, *Terre des hommes* managed a hospital for physically disabled children. In 1992 *Terre des hommes* (Tdh) handed over the program to the local partner 'Friends of Disabled (FOD), a Nepali Non-Government Organization, which established the "Hospital and Rehabilitation Centre for Disabled Children" (HRDC) in 1993. <http://www.hrdcnepal.org> In 1997 the project established a new hospital complex in Banepa, 25 km east of Kathmandu as the leading referral hospital in Nepal for poor children with disability. The centre serves children from all over the country, and beyond, with professional fieldworkers and mobile camps in remote rural areas.

With the shift in policy and priorities of *Terre des hommes* (the primary and single donor till 1995), HRDC now receives around 30% of its total funding from the Swiss agency. *Terre des hommes* is nowadays more interested in partnering with HRDC in more



non-hospital based disability care related work. The main focus of treatment and rehabilitation at HRDC is on poor children. It conducts medical intervention for the children up to the age of 16 and rehabilitation up to the age of 18. It is still the only orthopaedic hospital in Nepal that provides follow-up care for its patients at home.

Follow-up treatment in 40 of the 75 districts of Nepal – including mobile health camps in remote parts of the country – provides services to a little more than 60% of the total patients. HRDC is one of the few hospitals in South Asia, maybe even the only one, which puts a very important focus on outreach programs – especially for very poor children. The majority of children with disability lives in rural areas. They are generally very poor, socially discriminated, immobile beyond the boundary of their village if not from the household, and deprived of education and awareness of their basic human rights.

HRDC: A Profile of 2005

Since the inception of the Program in September 1985, a total of 24,415 physically disabled children have been successfully served as of December 2005. 15,014 boys and 9,401 girls, mainly from poor families from 74 districts, except Manang District. Over 15% of all children with physical disabilities in Nepal have been treated so far.

Out of the total, 12393 (7,523 boys and 4,870 girls) were admitted for surgery or other interventions. 22,730 operations have been successfully carried out (11,678 were major).

A total of 154,375 cases were followed up: 76,374 cases in the hospital and 77,991 in the field by CBR Facilitators and through mobile camps.

Physiotherapy: 56,914 assessments were conducted for treatment planning.

130,448 children throughout Nepal were screened for identification, treatment and care.

6,084 children successfully completed treatment and 18,331 are still under active follow-up care.

HRDC is covering over 40 districts in Nepal, through home visits (20 districts), mobile camps and with assistance from local partners.

The program is engaged in capacity building of local partners (training and education; disability orientation; primary rehabilitation therapy; sharing referral information; organising health and rehab mobile camps, etc.)

In order to reach more patients, The HRDC has been decentralising its services by setting up a sub-station in Nepalganj (Midwestern Nepal) and another in Biratnagar (Eastern Nepal). The one in Nepalganj has been already established.

Since 1985, the prosthetic and orthotic workshop at HRDC fabricated and distributed 25,523 assistive devices (excluding repair work).

Parents and/or relatives are encouraged to stay in the Hospital with their child while the child is admitted for intensive treatment and care. They are considered the major support for successful rehab/treatment/intervention of their children and are involved in the decision making process from the very beginning.

Strategically, HRDC is strongly striving to become an educator, implementer, researcher and advocate in the field of rehabilitation.

HRDC offers 71 beds for children under the age of 16. Occupancy rate of hospital beds in 2005 was 83.7%. A child's average stay in the hospital was 16 days. 72% of all children patients had their guardians staying with them at the hospital.

HRDC started a post-graduate training program in orthopaedic surgery under the Kathmandu University

Key output (achievement) of the year 2005:

- Community based rehabilitation: In 2005 about 90% of patients had access to follow-up care in CBR districts. They were regularly followed in 20 (one more than in 2004) districts with a total number of 3,974 Children (3,587 in 2004) during home visits and 2,088 children – among them 42% girls – (1,432 children in 2004) in mobile camps additional 26 districts (18 districts in 2004). 25,2% received appointments for surgeries.
- Due to the conflict in Nepal HRDC reduced its outreach programs from 39 districts in 2003 to 37 districts in 2004, and could again increase its outreach to 39 districts in 2005.
- During 9 rounds of Mobile Health Camps in 26 districts of Nepal 3,028 children (2,597 in 2004) counselled. 940 children patients were old patients (898 in 2004), but 2,088 (1,699 in 2004) children were new patients.
- 211 children with physical challenges completed their treatment in 2005.
- In November 2005 HRDC became a local partner implementing with *Terre des hommes Foundation* a child protection project in ten Midwestern districts of Nepal, supported by the European Commission through its Humanitarian Aid department. HRDC's role is providing access of vulnerable children to mobile health camps in 10 districts.

Map of the 20 CBR Districts of HRDC:

