



# HDACS

Annual Report  
2077-78/2020-21



## Vision

To be living witnesses of God's love and transform communities.

## Mission

Spiritual, social, and economic transformation of the disadvantaged, marginalized and underprivileged communities through health, education and community development.

## Values

- Righteousness is the path of our life.
- Honesty is the strength of our life.
- Serving others is the duty of our life.

# Human Development & Community Services (HDCS)

Human Development and Community Services (HDCS) was envisioned by Dr. Tirtha Thapa when he was a young boy at the age of 15. At this tender age, he experienced the tragic death of his father due to lack of basic medical services, which imparted in him a vision and desire to bring change to rural communities of Nepal. Motivated by his vision, at the age of 16, he left his village and moved to Kathmandu. After many years of hard work and struggle he established HDCS in 1991 as a non-government, non-profit, and a faith-based NGO to bring justice and transformation to the poor and marginalized.

At the very beginning, the work of HDCS started through social and community development programs such as providing safe drinking water, non-formal education, relief provision, as well as building suspension bridges in remote rural areas of Nepal. Presently, HDCS serves with its focus on three main areas of health, education and community development.

HDCS aims to improve and provide access to quality health care services, excellent education, and livelihood opportunities for the poor and underprivileged without discrimination.

## HDCS Projects

### Health

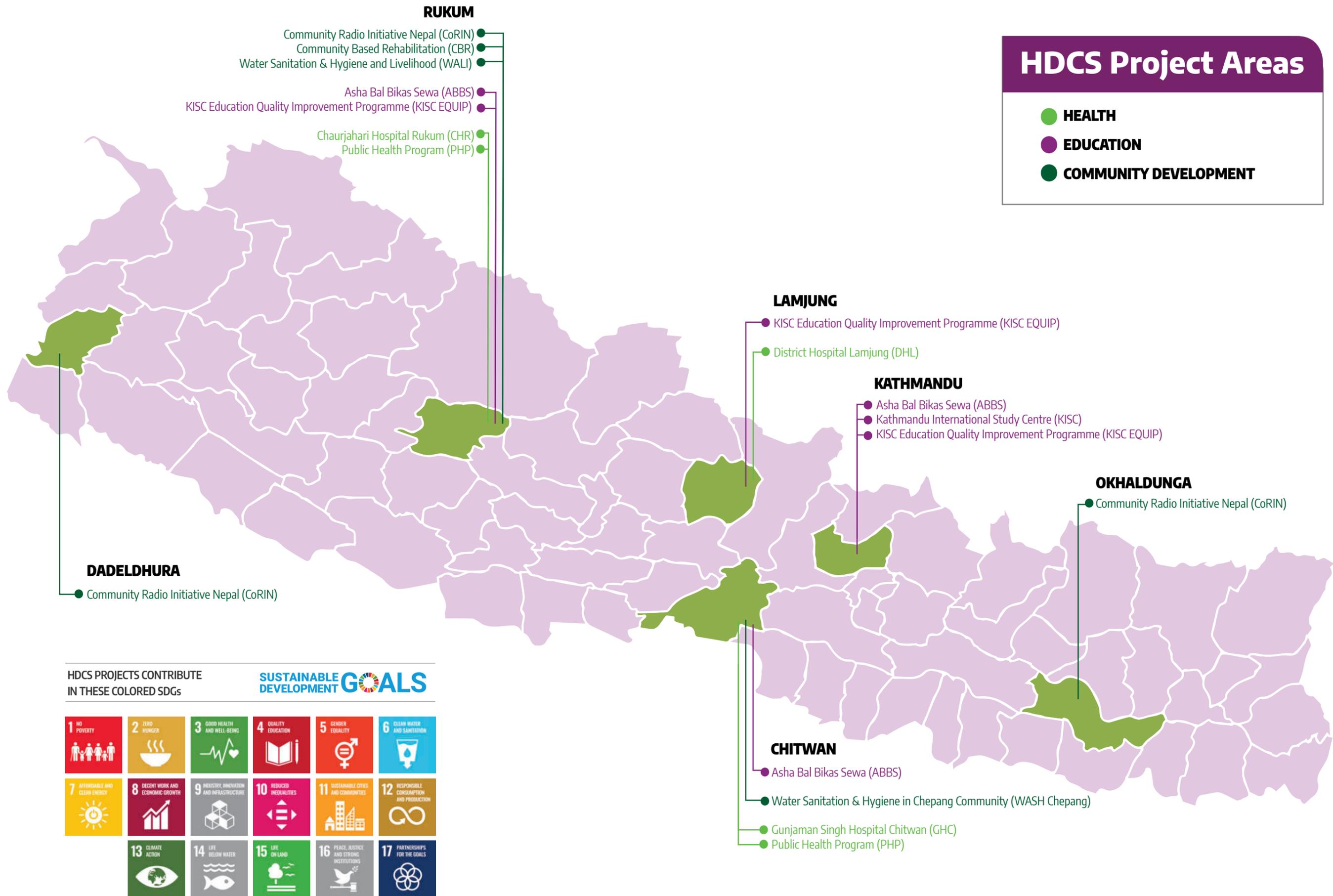
- Chaurjahari Hospital Rukum (CHR)
- District Hospital Lamjung (DHL)
- Gunjaman Singh Hospital Chitwan (GHC)
- Public Health Program (PHP)

### Education

- Asha Bal Bikash Sewa (ABBS)
- Kathmandu International Study Centre (KISC)
- KISC Education Quality Improvement Programme (KISC EQUIP)

### Community Development

- Community Radio Initiative Nepal (CoRIN), Afno FM
- Community Based Rehabilitation Rukum (CBR Rukum)
- Water Sanitation & Hygiene in Chepang Community (WASH Chepang)
- Water Sanitation & Hygiene and Livelihood Rukum (WALI Rukum)



# HDCS Project Areas

- **HEALTH**
- **EDUCATION**
- **COMMUNITY DEVELOPMENT**

## RUKUM

- Community Radio Initiative Nepal (CoRIN)
- Community Based Rehabilitation (CBR)
- Water Sanitation & Hygiene and Livelihood (WALI)
- Asha Bal Bikas Sewa (ABBS)
- KISC Education Quality Improvement Programme (KISC EQUIP)
- Chaurjahari Hospital Rukum (CHR)
- Public Health Program (PHP)

## LAMJUNG

- KISC Education Quality Improvement Programme (KISC EQUIP)
- District Hospital Lamjung (DHL)

## KATHMANDU

- Asha Bal Bikas Sewa (ABBS)
- Kathmandu International Study Centre (KISC)
- KISC Education Quality Improvement Programme (KISC EQUIP)

## OKHALDUNGA

- Community Radio Initiative Nepal (CoRIN)

## DADELDHURA

- Community Radio Initiative Nepal (CoRIN)

## CHITWAN

- Asha Bal Bikas Sewa (ABBS)
- Water Sanitation & Hygiene in Chepang Community (WASH Chepang)
- Gunjaman Singh Hospital Chitwan (GHC)
- Public Health Program (PHP)

HDCS PROJECTS CONTRIBUTE IN THESE COLORED SDGs



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Kathmandu International Study Centre (KISC)			
KISC Education Quality Improvement Programme (KISC EQUIP)			

\*Names in the stories have been changed to secure their personal identity.

## Message from the Chairperson



Greetings and Namaskar!

I am truly grateful to the Lord for the work of HDCS, especially during the COVID-19 pandemic. The past two years have not been easy for any nation or sector in the world because of COVID-19. We all have been challenged by the pandemic in an unimaginable way. Even after 5.3 million deaths, there are still thousands fighting to live and the danger is not over yet.

I had the pleasure and opportunity to recently visit Gunjaman Hospital and the newly established radio station in Chitwan together with our Executive Director, Kapil Sharma. Seeing the transformational work that HDCS is doing in these communities brought me great joy and encouragement.

Accordingly, I want to take this opportunity to thank all our prayer partners for their fervent prayers and their generous support for the work of HDCS, especially in this time of crisis. I would also like to express my deep appreciation to all our staff in all projects and in headquarters for showing their highest and sacrificial service to the needy and deprived during these difficult and desperate times.

I would like to salute you all, for you have put others before yourselves, sacrificing your safety to serve others and most of you have also left your family behind to be salt and light in communities.

I want to also thank our general members and board members for your prayers and support in every way to this blessed organization.

I wish you all a Joyous New Year 2022.

Sincerely yours,

Mr. Milan Adhikari  
Chairperson

# Message from the Executive Director



Dear Partners, Supporters and Friends of HDCS,

You all know that we have been through two extraordinary years in human history which has affected the life of everyone in all parts of the world from COVID-19. These past two years have been an incredibly challenging time for HDCS. Due to COVID-19, additional responsibility was added onto HDCS by the Government of Nepal to help manage and control the situation. We were immediately prompted to provide help and are very well pleased that we were able to fulfill a critical responsibility and embody one of HDCS's values of serving others.

This difficult time in human history brought us more love and opportunities than we would have ever imagined. We have received more than usual spiritual, moral, and financial support from our government, partners and friends. COVID-19 provided us with a unique opportunity to rise up to the occasion and serve beyond our capacity. The Government of Nepal has provided us support in every aspect of our work and we are truly grateful for their trust and confidence in the delivery of our services to the most in need.

With the help of the Government of Nepal, two oxygen plants have been installed in our hospitals in Lamjung and Chaurjahari. Chaurjahari Hospital Rukum was able to extend their emergency building to a first floor which was funded by the Karnali Provincial Government. Asha Bal Bikas Sewa center and KISC school continued online classes for their students due to COVID-19 restrictions. However, KISC-EQUIP was able to extend their program in Rukum and we were also able to branch out into the Chepang community with a pilot Water Sanitation and Hygiene project. Furthermore, we also initiated the process of obtaining the license for a radio station in the Chepang community in order to empower them.

As we look forward into the New Year, we hope for new partnerships and friendships and are excited to see what God brings our way and how he will faithfully provide for us. We sincerely thank the Government of Nepal who have enabled and empowered us to serve those most in need. We extend our sincere thanks to our partners, supporters and friends for their continued love and support that has helped us strengthen and expand the programs and projects we undertake. We want to also thank our Executive Board members, whose dedication and commitment have guided us so well. HDCS has truly been blessed to experience this kind of love, support, friendship, encouragement and God's faithfulness.

*"If a man shuts his ears to the cry of the poor, he too will cry out and not be answered."* Proverbs 21:13  
God bless!

**Kapil Sharma**  
Executive Director

Health



# CHR

## CHAURJAHARI HOSPITAL RUKUM

Chaurjahari Hospital Rukum (CHR) is a 50-bed hospital located in Rukum-West in Karnali Province. On a daily basis, it caters to more than 200 patients that visit from various districts in the mid-western region of Nepal. This past year CHR has been instrumental in the fight against COVID-19 in the region. The hospital also effectively implemented the Social Security Fund scheme as stipulated by the Government of Nepal. This initiative aims to alleviate poverty that could result from health issues affecting workers and their families.

**450** families were supported by the hospital for health insurance which benefited **2,070** people in the region.

**9** free medical camps were conducted and **7,600** people benefited.

**600** primary school children received midday meals as an extended support from the hospital.

**3550** children received free medicines, free food, personal hygiene kits, and educational materials.

**6** nurses from CHR benefited from Strengthening Systems for Better Health (SBBH), which provided Skill Birth Attendance (SBA) training by the Health Division Chief from the Ministry of Social Development of Karnali Province.



Our emergency building is underway.



The advancement to turn CHR into a completely solar powered hospital is also underway.



CHR hospital staff participated in the Facility Based Integrated Management of Neonatal and Childhood Illness (FBIMNCI).

### services

**5,239**  
received antenatal care

**936**  
deliveries performed

**3,007**  
children under five immunized

**3,138**  
surgeries performed

**1,966**  
received pastoral care counseling

**19,497**  
patients received free health care

**272,297**  
diagnostic tests were performed

**77,990**  
patients served



HEALTH

## Taking Care of People of All Ages



Prakash Pun, a 62-year-old male from Lukum, Rukum East, came to CHR because he had a wound on his right big toe that did not heal. He had previously tried many herbal medicines and traditional healers for two months but nothing worked. So he visited CHR along with his wife which took him two days by bus.

Checkup at our hospital revealed that he had a diabetic foot. We started his medicine for diabetes and daily care for his wounded toe. As he started to recover, he wanted to return home fearing that he could not afford the hospital bill.

After learning about this, from that day on we provided him with free food and medical attention. Altogether they stayed at CHR for six weeks. By then his wound completely healed and his diabetes was under control. We at CHR sent them off to Lukum with some food as they decided to return on foot, which would take four days.

Before leaving, they revealed that they had lost three of their sons to childhood illnesses and had no one to take care of them in their old age. Thereafter, with a grateful heart they exclaimed,

“thank you for becoming our children and taking care of us!”



## A Touch of Loving Care



Sarla\*, an eight-year-old girl, visited the hospital with her parents and presented symptoms of high grade fever and lethargy. She was born with a disability – without full development of her lower limbs and is unable to walk. Her parents had visited Kathmandu on several occasions and spent everything they had for her treatment. Her father is also handicapped and has difficulty walking. Her mother was extremely stressed and in despair when she brought her child to our emergency department. Her lips quivered as she attempted to speak and tears fell down her face. After performing some tests, we found out that she had a severe urinary tract infection. She was provided with free food from the hospital during her ten-day admission. She spent her days in the hospital inpatient ward writing and studying. Once she had fully recovered from her infection, she was sent home. On the day she was being discharged, her father arrived to pay the hospital bill. We told him that they need not pay for anything and they left with a joyful and grateful heart and a cured daughter.



## Challenges

At the start of the pandemic, we were faced with many challenges and uncertainties. 33% of our workforce had to go into quarantine on the same day. This put a lot of pressure on the remaining staff for an entire week. Due to the lockdown measures, our supply chain was halted and we did not have enough medical equipment, medicines, and fuel sources to effectively run the hospital. We were faced with a lot of pressure during that time and felt that we were incapacitated. Nevertheless, we comforted one another and remained calm and strong and persevered through the challenges.

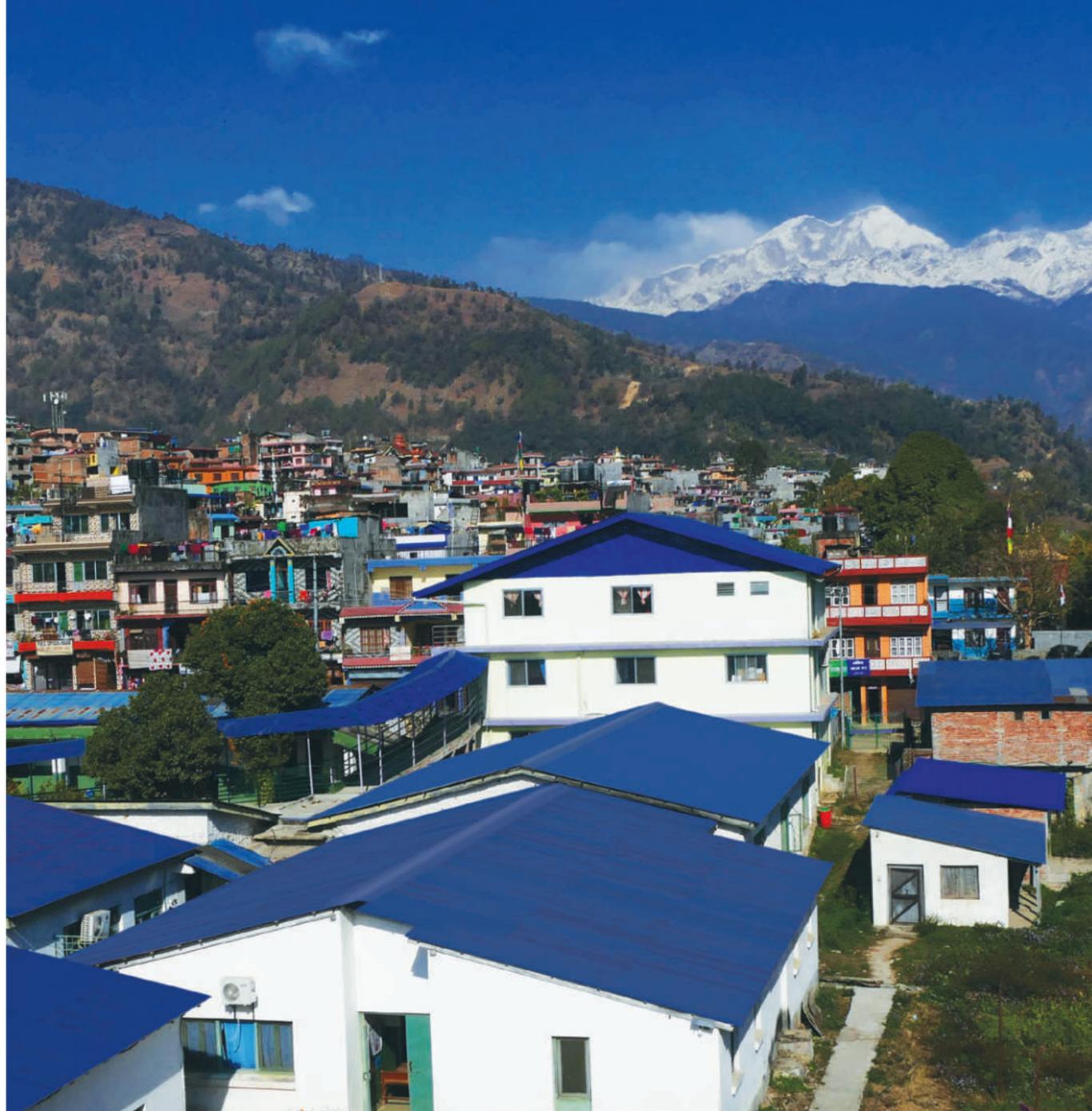
## Future Plans

- The new staff accommodation building will be constructed inside the hospital premises.
- CHR will upgrade its data management software.
- The hospital retention and boundary wall needs completion and fortification.
- The second phase of the water supply project which aims at distributing water to the community will be completed.
- Waste management systems will be upgraded.

# DHL

## DISTRICT HOSPITAL LAMJUNG

District Hospital Lamjung (DHL) is a 60-bed hospital. DHL operates under a unique Public-Private Partnership model between the Government of Nepal and HDCS. It is located in Besisahar, Lamjung District and provides medical, surgical, gynecological, orthopedics, health education and emergency services to a population of more than 2 million. The hospital provides Primary Health Care services through a team of 8 doctors led by an orthopedic surgeon.



### services

**120**  
family planning services provided

**770**  
physiotherapy sessions provided

**2,913**  
children under 5 immunized

**2,813**  
ante-natal services provided

**1,161**  
post-natal services provided

**1,171**  
deliveries performed

**843**  
received pastoral care counseling

**2,124**  
surgeries performed

**10,014**  
children under 5 received free health care

**6,865**  
people received free health care services

**200,622**  
total diagnostics performed

**50,783**  
patients served



Hospital agreement between HDCS and the Government of Nepal has been renewed for another period of **5** years.

**615** people benefited from the free health camp organized in Dordi districts in coordination with Nepal Army.

**902** patients were screened and benefited from the cataract eye and surgery camp that was organized in support of Himalayan Eye Hospital. A total of **94** cataract surgeries were performed.



Medical First Aid Response training was provided to Nepal Police of Lamjung.



When a catastrophic earthquake hit Lamjung District during the COVID-19 pandemic, **6** people who had sustained severe injuries were provided with free health care services.



In support of the Nepal Army, DHL staff, the minister of Gandaki Province, the CDO, and the Deputy Superintendent of Police planted **110** plants in and around the hospital premises.



DHL received a new operation theater light and table.



## Life-saving Emergency Surgery



Sunita\*, a 33-year-old married lady, was overjoyed after discovering that she was pregnant. But two months later, she experienced severe abdominal pain and vomiting. At first, she assumed that the pain was due to her heavy workload so she rested but the pain did not dissipate. She then hurried to DHL and registered at the emergency wing of the hospital. We performed an ultrasound which revealed that she had a ruptured ectopic pregnancy and had low hemoglobin and a low blood cell count.

Our doctors advised that an emergency operation was required which was successfully carried out and saved her life right on time. She recovered after five days in hospital care. Both Sunita and her husband expressed deep gratitude to the hospital team for saving her life despite the unfortunate circumstances of her pregnancy. Stories like these remind us and highlight the importance of providing quality health care services to the people in such remote and rural areas that do not otherwise have quick access to the medical care they need.

## Care Anywhere



In July 2021, Manisha\* a pregnant woman originally from Udayapur had migrated with her husband to Besisahar for work. Unexpectedly, she went into labor two months ahead of her due date. Her husband tried to call for an ambulance but was not able to find any ambulance service. Then they tried to hurry to DHL but along the way she went into her last stage of labor pain. Bystanders noticed her need and suffering and called DHL immediately.

Our ambulance with maternity department and social services staff were sent to the spot with medical equipment and medicines. We were able to perform an on-the-spot emergency delivery. The baby and mother were then rushed to the hospital to carry out further tests and procedures. Since the baby was born premature the case was referred to a specialized secondary health center for further investigations and care.

## Challenges

- DHL has been experiencing high turnover of clinical staff, partly due to the COVID-19 pandemic.
- In order to prevent high turnover of staff, DHL is in need of providing and having a space allocated for staff housing.
- Our hospital aims to provide free health care services to the poorest of the poor through our Charity Fund services, raising these funds continues to be a challenge whilst also putting a strain on hospital finances and creating challenges to daily operations.

## Future Plans

Even though we struggle financially we have been blessed to be able to expand our services for the poor and disenfranchised communities of Nepal. Future plans for the hospital include:

- Functioning ICU and PCR lab
- To provide private deluxe ward
- Construct an isolation block
- Expand laboratory services
- Begin operating dialysis services
- Have proper waste management systems which includes segregation at the source, autoclaving, and other proper disposal methods
- Rewire the electrics of the entire hospital as the previous wiring is more than 20 years old
- Provide telemedicine services to patients via coordination with health posts



# GHC

## GUNJAMAN SINGH HOSPITAL CHITWAN

Gunjaman Singh Hospital Chitwan (GHC) is located in an outlying area of Chitwan District. GHC aims to provide quality health care for people from Chitwan and all neighboring districts. Embodying HDCS' values, GHC presents itself as a ray of hope by providing quality health care services at a very nominal fee and often free of cost to those in need.

GHC additionally works closely with partners, local stakeholders, social workers, supporters, and government offices to promote and create awareness regarding the services offered at GHC.

GHC aims to provide comprehensive health care services with the focus not only on curative medicine but preventative care and rehabilitation as well. The target groups that GHC focuses on are the disenfranchised and poverty-stricken people mainly from the Chepang, Dalit, Janajati, Tharu, and Madhesi ethnicities.



GHC added a physiotherapy and rehabilitation department.



This past year OPD patient flow doubled.

**370** individuals benefited from free health camps in different areas of Chitwan districts.

**10** community schools equipped with First Aid training and kits.

**8** disabled and elderly patients were provided home nursing care.

### services

**13**

surgeries performed

**650**

patients received free health care

**1,004**

received physiotherapy services

**5,239**

ante-natal care provided

**6,529**

diagnostic tests were performed

**8,814**

patients served



HEALTH

## One Step at a Time



Mr. Dev Narayan Choudhary, a 53-year-old male from Khairani municipality in Chitwan is the head person of his farming family. He visited our hospital with knee stiffness since he was unable to perform his daily routines and work effectively.

Our orthopedic surgeon, Dr. Ankit Shrivastava, diagnosed him with osteoarthritis in both knees. Dr. Ankit Shrivastava was able to shed light about his condition by discussing physiotherapy, proximal fibular osteotomy and platelet rich plasma therapy. After counselling the patient GHC received consent to perform a Proximal Fibular Osteotomy in both his knees. This surgery was the first one performed in Chitwan District. Mr. Dev Narayan was once again able to bend his knees, squat, and smile 24 hours after his surgery. Three weeks later he was able to carry out his familial duties and chores to help his family and assist in their needs.



### Challenges

Patient numbers are still low and we're hoping that through our community outreach programs and relations with local political leaders and other social workers patient flow will improve in the coming days.

### Future Plans

- GHC aims to acquire a Primary Health Center license
- Upgrade our operation theater
- Upgrade laboratory services
- Upgrade Ultrasonography (USG) services
- Upgrade OPD services to specialized departments such as add a dental department
- Commence maternity and delivery services



# PHP

## PUBLIC HEALTH PROGRAM

The HDCS Public Health Program (PHP) is a project that has been designed to alleviate the disease burden on the community. The PHP primarily focuses on Mother and Child Health Promotion (MCH), Water, Sanitation and Hygiene (WASH) in schools, and WASH for Food Security and Livelihood (WALI) to effectively address morbidity and mortality among children and to contribute to enhancing the health and well-being of all individuals in the target communities.

### Mother And Child Health Promotion Project

(Strengthening Partnerships for Maternal and Child Health in Rukum, Nepal)



We conducted Ama Suraksha (mother's protection) classes in 16 communities every month. Major topics covered were on breastfeeding, personal hygiene, nutrition, ANC and its importance, growth monitoring of children under 5, immunization, pneumonia, dysentery, family planning and its methods, child marriage, water purification, and communicable and non-communicable diseases.

Despite challenges due to the ongoing COVID-19 pandemic and lockdowns, a key component of the project was our social mobilisers who promote health directly in the communities. They connect by phone with MGs and Female Community Health Volunteers (FCHVs) and have continually promoted and provided appropriate health information and counselling on ante-natal care (ANC), post-natal care (PNC), institutional delivery, hygiene, and sanitation when physical health information classes were not conducted due to government lockdown rules.

This past year the MCH project has directly benefited **14,917** people, which includes:

**5,000** members in the Mothers Groups (MGs) who participate in our activities.

**3,754** boys (2,586 through immunization and 1,168 through school health).  
**3,883** girls (2,500 through immunization and 1,383 through school health).



**2,000** men were connected to the project through various activities including health facility staff, community leaders, members who attended Citizens Voice and Action advocacy training, and spouses of mothers in MGs.

**100** men, **80** women, **50** boys, & **50** girls who are person(s) with a disability (PwDs).

**5,000** mothers in 144 groups have met monthly for Ama Suraksha classes and received knowledge on various health topics.



**31** schools empowered to reduce harmful cultural practices including child marriage and teenage pregnancy.



**4** birthing centers provided with emergency obstetric equipment.



**48** episodes of radio programs were broadcast through HDCS-AfnoFM- Rukum that cover health topics and radio interviews with doctors and public health personnel.



**6,400** children and young people reached through awareness raising campaigns/activities in communities highlighting adolescent sexual & reproductive health and harmful cultural practices.



**1,600** community members and 16 health facilities participated in the Citizen Voice and Action, a local level advocacy methodology, and collectively championed for better quality health and education services.



**40,900** people from Jajarkot, Salyan and Rukum West tuned into our radio programs.



**144** FCHVs trained in Basic Health Care services, birth preparedness, and newborn care package and information management.



**100** poverty-stricken families have been provided with health insurance.



**400** disabled citizens received certificates from the government enabled through the project and in coordination with our Community Based Rehabilitation program in Rukum.



**450** females provided services at reproductive health camps.



## Knowledge has a Beginning but no End



In order to promote health and awareness, our social mobilizers have been of paramount importance and are always active and visiting homes of women to recruit them into our Mothers Groups health education classes called Ama Suraksha classes. Mrs. Dhira Chettri is one of the members of our classes. She joined five years ago and has been an active participant since then. She wanted to tell us her story when she visited CHR for the delivery of her son.

When she recently got married, she was visited by one of our social mobilizers who requested her to join Ama Suraksha classes. At first she and her husband declined but after providing further counselling and advocating for the importance and benefits of Mothers Groups and Mother and Child Health they decided to join.

“ I am confident enough to share MCH issues to other members and I will do so and reach out to other women regarding mother and child health issues.”

After joining the classes, she learnt about family planning, ANC visits, birth preparedness, and danger signs during pregnancy, supplementary diet, good nutrition, exclusive breastfeeding till the age of 6 months, and immunization. She had completed all four ANC visits when she was pregnant. She had a successful institutional delivery with her first born child, a healthy baby girl.

Furthermore, she also learnt about birth spacing and happy family. Therefore, Dhira and her husband by their own accord decided to wait for four years before conceiving another child. She came to the hospital recently to give birth to her second child who was 37 weeks as she went into an early labor. Despite going into an early labor, the baby was born healthy, weighing 2600 grams with good Apgar (appearance, pulse, grimace, activity, respiration) score of 9/10. She said, **“Due to the practices I followed and had learned in the Ama Suraksha classes regarding ANC care and visits, I have not a missed single iron and calcium.”** She further assured us that she will exclusively breast feed her child for the first six months and complete his immunizations.

She and her husband are thankful for the project and the knowledge they have gained from it, which they are able to apply in order to give them an enriched life. The couple plan to perform permanent family planning. They are now aware of providing a good education to their children and are also knowledgeable through our classes about farming and income generation methods. She said, “I am confident enough to share MCH issues to other members and I will do so and reach out to other women regarding mother and child health issues.”



## Help Comes in all Shapes and Sizes



This is the story of 10-month-old Deepu\*, who was abandoned by his mother at the age of 5 months due to her mental health issues. His grandmother, a 58-year-old lady, is now taking care of him. She is also a regular member of our Mothers Groups. One day when our social mobilizer heard about the child, she visited the house of the baby and discovered that he was eight months old and only 6,200 grams and therefore identified him as malnourished.

Our social mobilizer demonstrated how to prepare super flour (basic recipe: 2 parts soybean flour, 1 part rice flour, 1 part corn flour); a commonly used recipe and easy homemade remedy for malnourished children in Nepal. The social mobilizer also educated the grandmother regarding supplementary food, vitamins, a balanced diet, and immunization.

Due to the COVID-19 lockdown, our project staff were unable to periodically check on Deepu. However, they have consistently provided counseling and support by phone. As soon as the lockdown rules were lifted we managed to visit Deepu and are thrilled to report that he is now 8,500 grams and on the road to sustaining recovery.



## ABBS ASHA BAL BIKAS SEWA

Asha Bal Bikas Sewa (ABBS) meaning Hope for Child Development Services, is a special needs education center that provides rehabilitation services to persons with disabilities (PwDs) of all types. ABBS operates through three different locations namely Kathmandu, Chitwan, and Rukum. It aims at imparting life skills to children with disabilities and helping them assimilate back into society. It primarily focuses on the child's development in the areas of language, motor skills, self-help skills, cognitive skills, socialization skills, and cognitive stimulatory development.



	Kathmandu	Chitwan	Total
Number of students	70	46	116
Physiotherapy services	22	14	36

This past year the COVID-19 pandemic and lockdown measures have hampered all regular ABBS school services. ABBS school centers in Kathmandu and Chitwan have been closed since March 2020. However, all ABBS staff have been of utmost help in providing support, encouragement, care, and counseling to all students as well as parents and caretakers.



ABBS has conducted online classes without interruption. Every week teachers hold one-on-one video calls to check in with their students online and discuss the past week's homework, activities, events, and participate in general sharing.



Parents were also consistently offered emotional support as ABBS teachers

have been checking in with parents regarding their general well-being and situation. **35** families in Kathmandu and **28** families in Chitwan were also provided with support needed such as food and medicines.



Before the second lockdown began in April 2021, students that required physiotherapy received home visits. Students who received physiotherapy claim that they gained a mental and physical boost.



The adult ABBS students who range from 16 to 30 years of age held discussions on what they may be able to do for their future in order to support themselves.

Students also learned some creative activities such as card making for Mother's Day. Students who are able to read and write had exams and participated in an art competition.



Students who are able to participate in online classes learned about household activities and how to help around the house. This pleased the parents as they witnessed the impact of mere online classes on the change and improvement of their children's behavior as they helped in household chores and activities.



The adult students of ABBS went for an excursion to Chandragiri Hills in February 2021 before the second lockdown.

## Challenges

- Due to the lockdown, there were many students that had behavioral issues at home and both children and parents were unable to cope during such times.
- The condition of epileptic children worsened.
- Some of the parents did not have internet or an android phone that could support online classes.

## Future Plans

- Re-open ABBS centers in Kathmandu and Chitwan.
- Continue home visits for children with physiotherapy needs.
- Capable students will be provided with sewing materials and taught how to sew and make craft items.
- Conduct parent-teacher meetings and trainings aimed at involving and encouraging parents to aid in their child's development.
- ABBS is planning to build a center inside Gunjaman Singh Hospital in Chitwan to provide much needed care, attention, development, rehabilitation and occupational therapy services to PwDs.

# KISC KATHMANDU INTERNATIONAL STUDY CENTRE



For over 30 years Kathmandu International Study Centre (KISC) has been a strong community in Kathmandu. We have supported many families by providing their children with an excellent international standard education while they work, live, and serve here in Nepal. KISC has developed from just a dozen students in a tutorial group to over 200 students in our Primary and Secondary school.

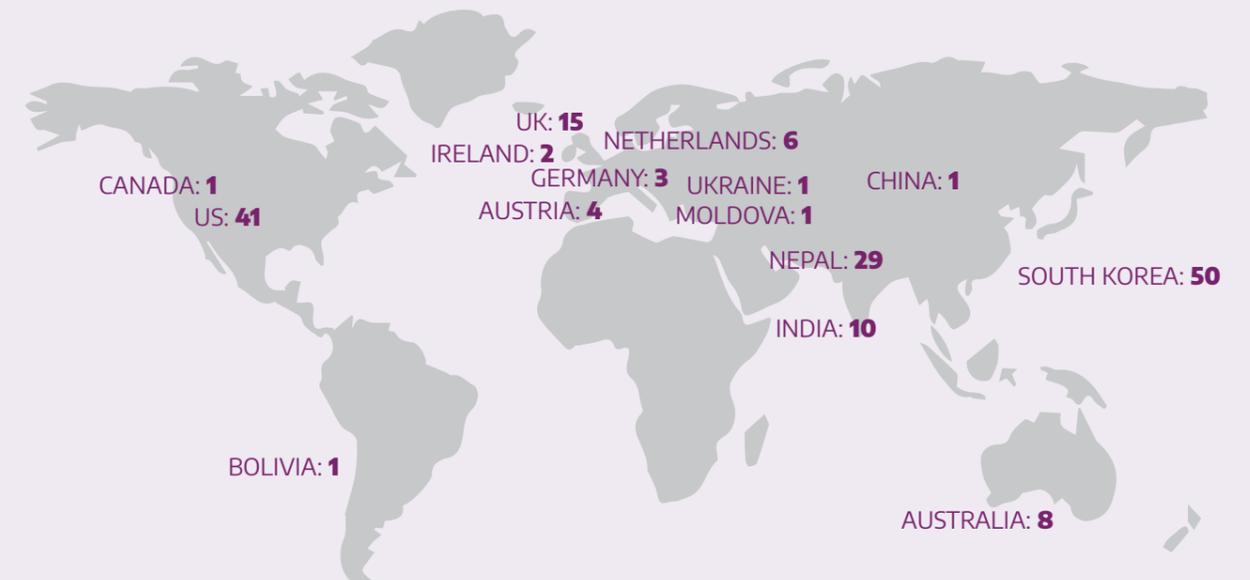


The academic year unfolded with Term 1 and Term 2 being essentially online due to COVID-19 restrictions. KISC has provided high quality online education as attested by parents. The leadership team of KISC, supported by the School Management Committee, developed a detailed Return to Site plan that drew on the best understanding of COVID-19 and how to reduce the risk from it when coming back together in person. Term 3 brought the end of the second wave of COVID in Nepal and the gradual relaxation to restrictions in society, allowing schools to open again.

For the past academic year, we expected that our examinations would not take place due to COVID-19. We put in repeated requests to the Cambridge International Assessment and Examinations board for a move to Teacher Assessed Grade but they repeatedly declined our request. When the second wave fully hit Nepal, we thought that this would mean that our graduates in Year 13/ Grade 12 would not receive any grades and that all our students would have to sit their examinations at the next sitting in November. However, at the 11th hour, we received confirmation and approval to use Teacher Assessed Grades and were able to celebrate and hand out High School Diplomas to eight of our students in Year 13/ Grade 12.

## Primary and Secondary School Demographics

KISC has a diverse culture and currently has 173 students who come from 15 different countries.

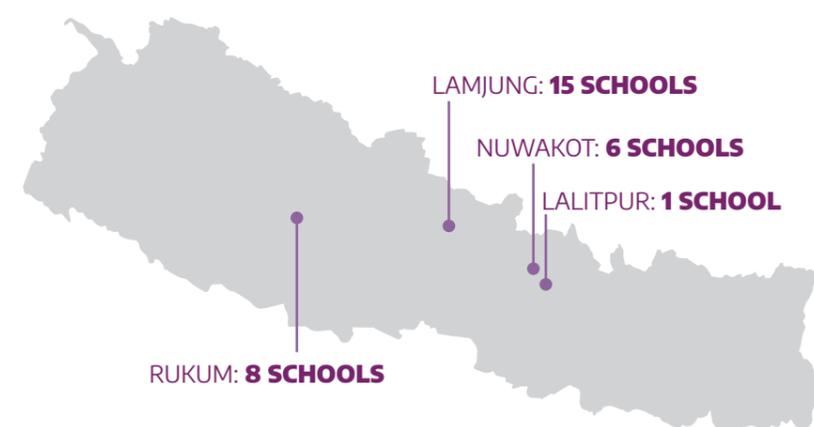


# KISC EQUIP

## KISC EDUCATION QUALITY IMPROVEMENT PROGRAM

Our teacher training program, EQUIP, currently works with 30 schools in Kathmandu and in the rural and urban areas of Nepal. EQUIP teacher-trainers consist of a group of Nepali and international staff who work with leaders and teachers to develop quality education in their schools. This past year the COVID-19 pandemic and lockdown restricted the work of KISC EQUIP to online training sessions for partner schools. Although we were not able to support our partner schools in Nuwakot since they did not have access to internet and other ICT facilities.

### EQUIP Reach:



However, we were able to visit schools in January 2021 when schools were allowed to return on site for a while. We were able to offer parent workshops, training teachers and distribute scholarships by maintaining safety protocols.

In March 2021, KISC EQUIP began planning the Lamjung Inter-Schools Arts (LISA) project with KISC Primary and Secondary staff. The LISA project marked a really positive development. The involvement of the Secondary School and Primary School Art teachers, alongside the KISC EQUIP trainers, to plan training for the schools in Lamjung allowed the expertise from all branches of KISC to come together to provide high quality training for the staff of Lamjung schools and great educational experiences for the students. The theme of LISA was to create, collaborate, and celebrate. Activities included bead-making, group thinking game, drama performance, and art expression through using colorful paints from local resources such as turmeric, toothpaste, and talc, and finally painting patterns onto bamboo woven baskets to create unique pieces of art for a collaborative exhibition.

Overall, the COVID-19 restrictions allowed us to integrate technology into our training which built the capacity of teachers in our partner schools who were also forced out of their comfort zones to enhance their ICT skills with Zoom and Google classroom.



### Testimonials:

There are often strikes led by political parties and student unions which forces schools to close, affecting the quality of education. One of the principals of a partner school in Lamjung made a comment after we had a Zoom meeting.

“This COVID pandemic forced us to integrate technology into our teaching and learning. We will now be able to run schools even during ‘Nepal bandh’ (strikes).”

Another principal shared,

“During the lockdown period we were planning to go online because that was the only option to reach the students, but I was really struggling on how to do it. There was a lot of stress because the teachers did not have the skills to use Zoom and Google Classroom. EQUIP conducted ICT Integration training for our teachers. Within a very short period, in fact one training session, 21 teachers were able to learn how to use Zoom effectively with their smartphones and computers. Since then, we have been able to start online classes.”





## CoRIN COMMUNITY RADIO INITIATIVE NEPAL

The Community Radio Initiative Nepal (CoRIN) establishes radio stations that bears the name Afno FM (which means your-own FM) in remote areas of Nepal. Presently we are established in Dadeldhura, Okhaldunga, and Rukum districts.

Before instituting radio stations, there were no other means of communication and news reaching to the poor in marginalized and very remote communities in Nepal. Our radio stations disseminate information about general health and well-being, services that are provided at HDCS hospitals, messages that advocate a girl-child's right to school, and information about livelihoods and traditional farming that may benefit and enhance their lives. Our radio programs produce packaged information that targets children, the elderly, students, farmers, patients, and persons with disabilities.

Communication through radio broadcasting has been an effective way to persuade target audiences to adopt new behaviors and remind them of critical information. In the past year, due to the COVID-19 lockdown, Afno FM has served as a friend to many in need of comfort in their solitude as well as provide necessary information to keep them safe and provide information about relief and support offered through HDCS.

It is estimated that over 1 million people tune in to our radio stations daily at 104.8MHz and 90.4MHz. We have also made our radio programs available online at [www.afnofm.org](http://www.afnofm.org) for others around the world to tune into.



**10** radio sets were distributed to landslide victims at Sindhupalchok.



**26** blankets and 26 mattresses were provided to 13 families in Sindhupalchok.



Afno FM in Okhaldhunga celebrated its 12th year of establishment. In celebration, we were able to share the love of God with prisoners, hospital patients, children with disabilities, orphans, and people in need. We provided them with fruit, food relief, school uniforms, stationery, and financial support to some. We were also able to extend support to twelve students, primarily who were living with a disability or who are orphaned. Through Afno FM in Dadeldhura, we were able to support 13 families. Through Afno FM in Rukum, we provided five wheelchairs to five people living with disability. During the second lockdown, Afno FM provided food support to a total of 180 families in Dadeldhura, Rukum and Okhaldhunga.



This past year two of our staff at Afno FM Okhaldhunga received cash prizes and appreciation letters from Sidhicharan Municipality for their excellent journalism.



## Looking After Widows and Orphans



Three orphaned siblings, Robin\* (14 years old), Maya\* (11 years old), and Tej\* (10 years old) from Thakle, Mane Bhanjyang which is about 35 KM from Afno FM Okhaldhunga lost their parents and grandparents at a very tender age. The children's father initially went missing since he could not face the distress at the loss of his parents and wife. Their neighbors in the village helped search for him but were unable to find him anywhere.

After 11 months of the father being declared missing, village women, while collecting grass for their cattle in the jungle, spotted a human skeleton. Later it was confirmed that the missing man, their father, had fallen from the hill and died. The eldest child dropped out of school and started working as a cleaner to support his younger brother and sister. We came to know about their desperate situation and were able to provide these children with food that would sustain them for three months. After receiving counselling, the eldest child, Robin, rejoined school after missing out for two and a half years. We also shared their story through our radio stations and social media platforms which garnered support from people and other social organizations. Through these donations they received scholarship for their education as well.

## Building Homes



Pemdoma Sherpa lost her home on 30th June in a fire. Everything she had ever owned turned into ashes. She had taken a loan from the bank to build her home. Her son is undergoing treatment in Kathmandu for a brain tumor and she has no permanent source of income. She grows a few vegetables on her land and sells them to make a living. Since the fire, she has had no roof over her head and a place to call home. Afno FM Okhaldhunga shared her story on the radio and social media platforms. Soon support started pouring in from her neighbors, social volunteers, organizations and individuals to help her rebuild her home and support her son's treatment. The construction of her new home is ongoing.

We are deeply encouraged by the response we received for her needs. This has demonstrated that Afno FM is a good channel and means of communication and has been instrumental in bringing communities together, not only through sharing of health and awareness messages but also sharing stories and creating awareness around people who are in pain, distress, and need.

## Challenges

Unfortunately, this past year a young man vandalized our radio station in Dadeldhura and caused damage worth Rs. 500,000 (over \$4000). We also had a challenging time when we needed to relocate our radio station. Furthermore, five of our staff had COVID-19. The COVID-19 lockdown made it difficult for us to work efficiently and effectively. However, we were still blessed with many opportunities to serve our communities in different ways.

## Future Plans

We have recently acquired a license to establish a radio station in Chitwan. This radio station will be operated by the Chepang community, who are one of the most disenfranchised and neglected ethnic minority groups in Nepal. We hope that the radio station will help empower, influence, and edify their lives to bring about advancements and enrichments in their respective communities.



# CBR RUKUM

## COMMUNITY BASED REHABILITATION RUKUM

PwDs are among the most vulnerable and least empowered groups that are in need of medical attention, mental health counseling, and physiotherapy and personal help and support. Therefore, the Community Based Rehabilitation in Rukum (CBR-Rukum) works with 436 marginalized PwDs to bring them their dignity, social inclusion, and provide help and support where needed.

 Psychosocial counseling was provided to **436** PwDs

in Rukum due to the stress associated with the COVID-19 situation in Rukum.



Information was provided to people with disabilities and their families regarding prevention of COVID-19, hand washing, hygiene, and sanitation. They were also provided with counseling to ensure that they cope with the pandemic and encouraged them to have nutritious food.

**60** PwDs who were in dire need due to the pandemic and were unable to travel to the hospital were provided support and supplied with food relief and general medicines for pain, fever, cold, catheter, and necessary wound and dressing supplies.



Around 2,500 sq m of land has been leased by Chaurjahari Municipality Ward No. 4 of Rukum West for families with PwDs for community vegetable farming in order to improve their livelihood.



CBR staff also participated in the "Where is your mask campaign" that was initiated by the government in order to spread awareness of COVID-19.



People who were not wearing a mask were equipped with a mask and advised to wear it regularly in public spaces.



Eight PwDs and their family members have been equipped with three-month sewing and weaving training and machines for weaving.

**29** PwDs and their family members were provided training on agriculture and animal husbandry.



A chicken pen that can accommodate up to **400** chickens was constructed to help generate income for families with PwDs.



A radio program called "Disability Voice" has been operating to disseminate information about disability. The radio program aims to address the plight of PwDs and their families by identifying their problems and advocating with concerned stakeholders. The radio program is conducted two days a week and also broadcasts success stories of PwDs to comfort and encourage others.



Hoarding boards regarding PwDs and their rights have been set up and displayed in seven different public spaces in Chaujahari to create awareness and sensitize the general public about PwDs.

# WASH CHEPANG

## WATER SANITATION & HYGIENE IN CHEPANG COMMUNITY

The Chepang are one of Nepal's most deprived indigenous groups and are often described as the poorest of Nepal's poor. Nearly 95% of them are landless and depend on forage for food. They live in poorly structured houses and practice open defecation. Lack of basic education and sanitation facilities has exacerbated health issues related to WASH such as diarrhoea, dysmenorrhea, and malnutrition. Therefore, this past year our project has mainly focused on providing access to toilets and safe drinking water in schools and providing basic WASH education and counseling to families that were severely affected in these communities. WASH is carried out in ten Chepang schools across five different wards in Chitwan District.

This past year through WASH Chepang, we were able to impact the lives of **935** direct beneficiaries.

**150**  
PEOPLE

received free medical consultation through health camps set up in schools

**185**  
MOTHERS

received training on menstrual hygiene, homemade sanitary pad production, and WASH education

**750**  
SCHOOL CHILDREN

now have access to hand washing stations and potable drinking water facilities and have formulated hygiene clubs to continue advocating for WASH in schools



"The good life is one inspired by love and guided by knowledge."

– Bertrand Russell



# WALI RUKUM

## WATER SANITATION & HYGIENE AND LIVELIHOOD

Our WASH and Livelihood projects mainly focus on providing access to safe drinking water, access to gender-segregated toilets in schools in remote and rural areas of Rukum, and food security through organized agricultural farming and livestock management. All of our projects aim to support government initiatives and the sustainable development goals such as open defecation free status, zero poverty, clean water and sanitation, zero hunger, good health and well-being.



This past year, through our WASH and Livelihood project, we were able to achieve the following:

**4**  schools are now equipped with separate toilets for boys & girls, with appropriate hand washing facilities

**4**  schools equipped with safe drinking water facilities

**16**  Village Loan and Saving Association (VLSA) have been formed in wards 4 and 5 of the Chaurjahari Municipality

**80**  mothers received training on strategic agricultural farming

**80**  other mothers received training on livestock management

**32**  mothers received financial training

## Making Magic from Mud



This is the story of Asmita Sharma who lives in Chaurjahari, Rukum West and is a member of Laharesimal Village Loan and Saving Association (VLSA) group. She has a household of five members including her husband who works abroad.

After joining the VLSA group, she took four days basic training on vegetable farming. As soon as she received training, she started cultivating radish seedlings in her 1/8 of an acre field for production. Apart from radish, she also cultivates mustard greens, garlic, potato, turmeric, and onion in her field. But she found the cultivation of radish easy. She was very enthusiastic and happy to see radish growing in her field. Her in-laws were also very appreciative and happy to see the fruits of her labor. This past year she was able to get a good harvest and if the market value is good, her business income will grow to 40 or 50 thousand rupees (approx. \$300-400) in six months. She looks forward to growing her small agricultural business and save in the VLSA group. She is also glad that her income will attract her husband to stay home and help her to grow the business together.

*"From this I will increase the business next year and save in the savings group. I am thinking of not sending my husband abroad when he comes home. In this way, I would like to thank HDCS for the opportunity for training and work in the village. Thank you!"*

## Farming to Finding Happiness



Laxmi Oli's story is one of many. She has a four member family and her husband works as a laborer in India. She is an active member of a Mothers Group established by HDCS. When she was chosen for training programs she was thrilled. She received training on seasonal and off-seasonal vegetable farming. Before receiving training, she had some cattle and a small kitchen garden which was unorganized. After receiving training, she was encouraged to grow more vegetables to increase her income and provide for her family.

She is now confident and self-assured that she is able to demand her husband to stop going to India to find work and instead ask him to invest his time and efforts in organized vegetable farming and selling the produce in the market.

She has decided to be efficient and strategic in her cultivation of produce with knowledge of seasonal and off-seasonal vegetable and fruits. She has already begun cultivation of cucumber, pumpkin, tomato, ginger, turmeric, and chili in her garden.

She recently sold some cucumbers and was able to earn Rs. 3,000 (\$25) and she hopes her other vegetables will be soon ready to sell. She is also a member of VLSA group and plans to take a loan from the group and invest in extending her agricultural production. She has expressed deep gratitude to HDCS and its partners and supporters for the opportunity and establishing value and confidence to educate her children further.



# HDCS COVID-19 RESPONSE

HDCS has embodied the Core Humanitarian Standard on Quality and Accountability in regards to the COVID-19 response. HDCS has always sprung into action whenever there is a humanitarian crisis and need for relief. COVID-19 Medical Response from HDCS hospitals was made available to everyone who was COVID-19 positive and needed treatment; irrespective of their age, sex, religion, ethnicity, and social and economic status and, all seeking medical assistance were treated for free.



## HEALTH SYSTEM STRENGTHENING

During the COVID-19 pandemic in Nepal, all of the HDCS hospitals - CHR, DHL, and GHC - established fever clinics, isolation wards and collected COVID-19 suspected samples. All our hospitals were also equipped with PPE, oxygen concentrators, other equipment and medical supplies. A total of 331 COVID-19 positive patients were provided free treatment at HDCS hospitals.



## INFRASTRUCTURE DEVELOPMENT

In addition to temporary isolation wards, an isolation ward building was constructed at CHR and one is underway at DHL. Both CHR and DHL have oxygen plants installed and operational.



## CAPACITY BUILDING AND ACCESSIBILITY

HDCS built resilience and sustainability in our communities by providing local health posts, COVID-19 centers, and municipal hospitals with oxygen concentrators, medical materials, and appropriate training in order to combat COVID-19.



## TELE MEDICINE



Telephone health services were set up during the pandemic to make health services accessible to all patients seeking medical attention. This system helped us provide doctor consultations and psychosocial counselling to COVID-19 patients in home isolation.

## WASH FACILITIES



7 WASH facilities were installed inside hospitals and communities.

## FOOD RELIEF



1,238 in total were supported with food relief materials through all our various projects at HDCS.

## HYGIENE KITS



655 hygiene kits were distributed to the neediest of families across Nepal in our project locations.

## Relief in Times of Trouble



Mrs. Praja, a 52-year-old lady from Cheurang, a remote hilly area in Kalika which is 25 km from the city area in Chitwan district. She and her husband make their living through unskilled odd jobs and are not financially stable. The government imposed COVID-19 lockdown obstructed their day-to-day work and source of income.

HDCS' relief package distribution program presented us with an opportunity to meet many more individuals and families severely suffering from the COVID-19 lockdown and provide them with much needed relief packages.

Mrs. Praja was overjoyed to receive this relief package and she professed that it will give her family a few weeks of happiness as they will have a full plate of food!

## The Breadwinner

Padam\*, a 39-year-old farmer from Charujahari in Rukum-West arrived at Chaurjahari Hospital with fever, cold, body ache, chest pain and respiratory distress. Investigation revealed that he only had oxygen levels of 70mmHg.

Previously, he did not seek health care services when he presented symptoms due to lack of finances. Only when his condition worsened then he arrived at our hospital.

His COVID-19 test turned out positive and he was admitted to the isolation ward and provided with oxygen support. Padam was under regular oxygen support for ten days but his condition was not getting better. He was frustrated at his condition and had many apprehensions since he was the breadwinner of the family and was afraid to add more burden to the family's needs and weaken their finances.

However, our doctors and nurses checked on him each day and provided counselling and encouragement. Slowly, on the fourteenth day, Padam showed signs of recovery and he did not require any oxygen support and was ready to be discharged.

"I never thought that I will get a new life. I want to thank the whole hospital team from the bottom of my heart for giving me a new life. The advice, medication and care I received from doctors and nurses cured me even when I was hopeless. I would not be able to afford Rs. 210,000 (approx. USD\$ 1700) for my treatment but the hospital provided free treatment for me. Thank you very much Chaurjahari Hospital."

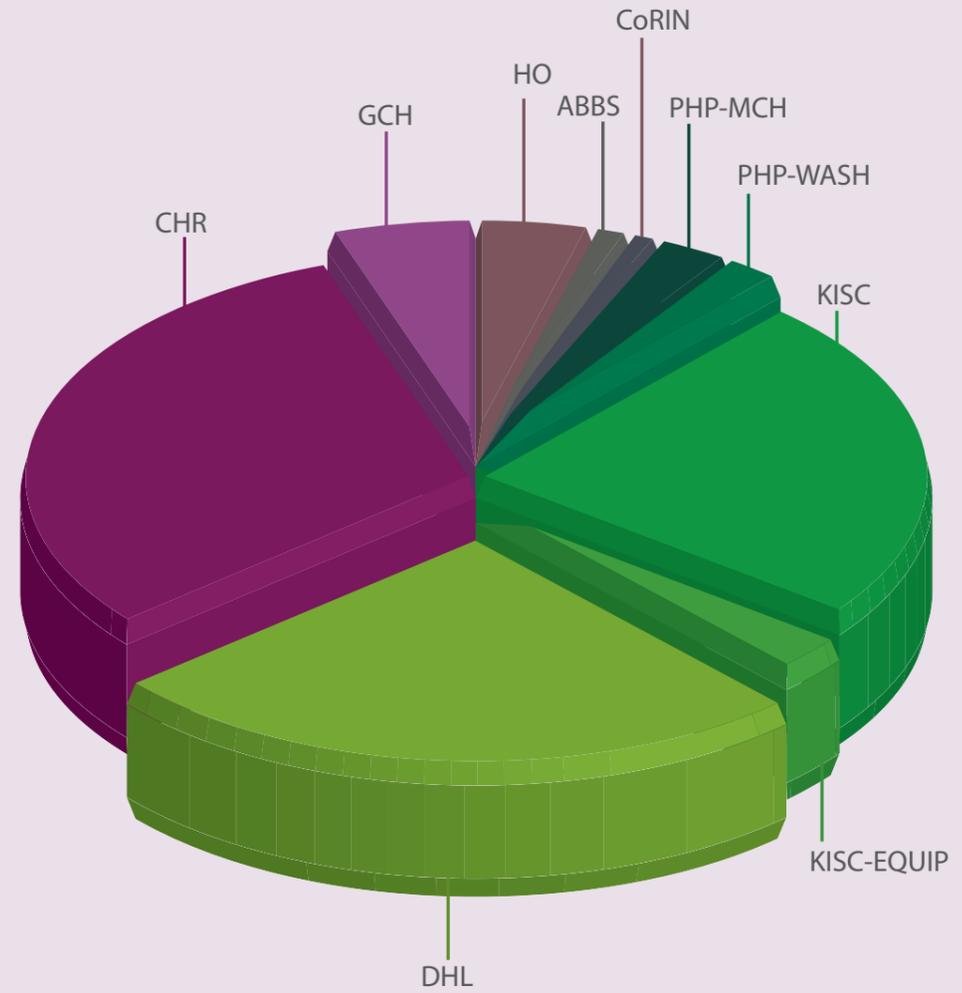


# Compiled Income Statement of Projects for 2077-78

Description	HO	ABBS	CoRIN	PHP-MCH	PHP-WASH	KISC	KISC-EQUIP	DHL	CHR	GCH	Total	%
	Actual 77-78	Actual 77-78	Actual 77-78	Actual 77-78	Actual 77-78	Actual 77-78	Actual 77-78	Actual 77-78	Actual 77-78	Actual 77-78		
<b>Income</b>												
Internal Income	16,956,876		1,713,398			101,557,694		72,293,653	106,362,736	19,074,280	317,958,638	74%
External Income	2,018,341	5,735,007	3,061,091	11,597,902	8,895,104		11,936,817	11,602,570	25,371,868	2,798,337	83,017,037	19%
Government Income								27,044,340			27,044,340	6%
Fund Needed/ HDCS contribution											-	0%
<b>Total Income (A+B+C+D)</b>	<b>18,975,217</b>	<b>5,735,007</b>	<b>4,774,490</b>	<b>11,597,902</b>	<b>8,895,104</b>	<b>101,557,694</b>	<b>11,936,817</b>	<b>110,940,562</b>	<b>131,734,604</b>	<b>21,872,617</b>	<b>428,020,015</b>	<b>100%</b>
<b>Expenditure</b>												
Human Resource Expenditure	10,288,513	3,052,942	4,526,139	5,333,339	1,236,920	46,468,879	7,555,967	41,153,044	52,991,362	6,808,912	179,416,017	41%
Program/ Operation Expenditure	4,343,416	853,274	1,135,682	4,710,015	5,228,021	65,524,160	3,789,836	56,087,914	63,912,753	14,131,396	219,716,467	50%
Capital Expenditure	232,470		58,195			3,170,439	271,731	17,494,773	16,589,120	200,599	38,017,327	9%
<b>Total Expenditure (E+F)</b>	<b>14,864,399</b>	<b>3,906,216</b>	<b>5,720,016</b>	<b>10,043,354</b>	<b>6,464,941</b>	<b>115,163,478</b>	<b>11,617,534</b>	<b>114,735,731</b>	<b>133,493,235</b>	<b>21,140,907</b>	<b>437,149,811</b>	<b>100%</b>
<b>Surplus/ (Deficit)</b>	<b>4,110,818</b>	<b>1,828,791</b>	<b>(945,526)</b>	<b>1,554,548</b>	<b>2,430,163</b>	<b>(13,605,784)</b>	<b>319,283</b>	<b>(3,795,169)</b>	<b>(1,758,630)</b>	<b>731,710</b>	<b>(9,129,797)</b>	

## HDCS Budget Chart

- HO - Head Office
- ABBS - Asha Bal Bikash Sewa
- CoRIN - Community Radio Initiative Nepal
- KISC - Kathmandu International Study Centre
- DHL - District Hospital Lamjung
- CHR - Chaurjahari Hospital Rukum
- GHC - Gunjaman Singh Hospital Chitwan
- PHP - Public Health Program





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**Human Development  
& Community Services**

✉ P.O. Box 8975, EPC 1461,  
Kathmandu, Nepal

☎ Tel: +977-1-5015062

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