

Subject: OPG
PD-AAW-734
15N 53013

ANNUAL PROGRESS REPORT

IHAP/NDBA PROJECT

MAY 1981

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Kathmandu, Nepal

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ANNUAL PROGRESS REPORT - IHAP/NDBA PROJECTOverview

As stated in the IHAP/NDBA Project Proposal, the purpose of this project is to assist the Nepal Disabled and Blind Association (NDBA) to achieve its long-term objective which is "uplifting the status of the disabled and the blind from one of illiteracy, humiliation and total dependence to one of literacy, dignity and self-reliance."

The Nepal Disabled and Blind Association is a voluntary, non-profit organization established by a multi-disciplinary group of concerned individuals. The NDBA set up the Khagendra New Life Center to provide shelter as well as general education and vocational training opportunities for the disabled. The IHAP/NDBA project aims to assist the NDBA to achieve its long-term objective by providing inputs to the Khagendra Center to strengthen the Center's administrative capability, upgrade its general education and vocational training activities, and to establish a health care and social rehabilitation program during the three years of the project.

In order to achieve these goals the IHAP/NDBA project will reinforce and upgrade the existing administrative personnel by providing the salary of a Chief Administrator who will be trained abroad in the administrative aspects of rehabilitation. On his return from training, he will, with technical assistance inputs from IHAP, formulate a comprehensive administrative plan. An adequate record system will be designed and administrative procedures and guidelines will be strengthened. Thus, it is expected that at the end of this project the Center will possess an adequate ongoing administrative system.

To upgrade the general education offered at the Center, through this project appropriate pre-testing screening procedures will be established to ensure that the disabled are assigned appropriate educational slots. Since the Center's academic training curriculum is conducted in accordance with the government's National Educational Plan, steps will be taken to have the Ministry of Education monitor

the general education provided at the Center so as to ascertain the impact and effectiveness of the teaching process upon the disabled individuals. The project will provide classroom equipment and assistance for the much needed expansion of the existing physical plant facility for general education purposes.

The project will also establish appropriate screening procedures for the vocational training program so that the disabled are assigned the proper vocational slots within the constraints of their disability, their interests, aptitudes and the conditions of the community to which they may return on completion of their stay at the Center. Steps will be taken to have the Cottage Industries section of the government monitor the vocational teaching process. The project will provide the salary of a Chief Vocational Training Technician who will assume the responsibility of all vocational training activities. Various vocational training equipment will be provided and the vocational physical plant facility will be expanded to accommodate additional numbers of trainees.

In the course of the training, the items produced by the resident-trainees will generate income for the benefit of the institution and the individual trainees.

The health care and medical rehabilitation component of this project will be new activities designed to evaluate and monitor the health status of the residents as well as the staff throughout their stay at the Center. This program will be under the leadership of an orthopedic surgeon assisted by a part-time physician. During the life of the project, the project will provide for the salaries of the part-time physician, two prosthesis technicians, a nurse and a nurse-physical therapist. These staff members will receive inservice training as well as training abroad. The orthopedic surgeon and the part-time physician will receive post graduate training abroad arranged by IHAP and the World Rehabilitation Fund (WRF). The WRF will also provide training in India for the two prosthesis technicians. The nurse-physical therapist will receive training in physical therapy for one year at Bir Hospital under the guidance of the ortho-

pedic surgeon. At the end of this period she will receive further training in the Philippines for a period of two months.

The project will provide assistance in remodeling and equipping a new health care and rehabilitation facility and the WRF will provide the supplies and equipment for the artificial limb and brace shop as well as technical assistance to the two technicians.

Another new component which this project will introduce is the social rehabilitation program designed to provide counseling to the disabled and to establish linkages between the disabled individuals, members of their families and the community to assist the disabled to become integrated and self-reliant members of the society. Two social workers will be hired by the NDBA and their salaries provided by the project. The social workers will receive ongoing inservice training and technical assistance from IHAP and they will also receive three months training in the Philippines in social work rehabilitation. On their return they will formulate a comprehensive social rehabilitation program for the Center with technical assistance from IHAP.

The project will also provide assistance for the NDBA to branch out into three satellite units in Dharan, Bhairahwa and in Mahendra Nagar by providing dormitory and kitchen equipment to these units.

Pre-implementation Baseline Information for the Khagendra New Life Center

At the start of the IHAP/NDBA project in June 1980, there were a total of 102 handicapped individuals at the Khagendra New Life Center. Of these, 99 were residents and 3 were day scholars. There were 40 females and 62 males ranging in age between 5 and 30. About 75% of the residents came from remote rural areas and were mostly illiterate and very economically deprived.

There were 7 blind males and 11 blind females. One of the females was both blind and deaf.

It is the policy of the Nepal Disabled and Blind Association to limit the length of stay at the Center to not more than 4 years.

A medical certificate is required on admission to the Center but there are no regular physical check-ups to routinely monitor the residents' health status throughout their stay. There was a small room which served as a health clinic and one medical assistant was assigned to this post.

The general education being provided at the Center conformed with the stipulated curriculum of Nepal's New Education Plan. The residents were divided into groups as follows:

Group I (7th standard)	9 members
Group II (6th standard)	5 members
Group III (5th standard)	15 members
Group III (4th standard)	10 members
Group IV (3rd standard)	12 members
Group IV (2nd standard)	none
Group IV (1st standard)	<u>10 members</u>
TOTAL	61 members

Further, there were 15 deaf residents who did not receive general education but did receive vocational training and 8 residents who were severely handicapped and did not receive any kind of training.

Vocational training was carried out in four areas: cane and bamboo, handloom, carpet weaving and tailoring. None of the residents was being trained in knitting.

Of the female group, 11 were engaged in cane and bamboo work, 11 in handloom, 6 in tailoring (2 of these also did handloom work) and there were some who wished to learn carpet weaving and tailoring but there was no more space for additional students in these classes.

Of the male group 7 were in cane and bamboo and 32 in carpet weaving.

The vocational training provided at the Center was not monitored by the Cottage Industries Division of the government.

The physical plant of the Center was similar to that described in

the February 1978 IHAP/NDBA proposal. One building formerly used for supplies and storage was being used for the handloom class and one room was used for the clinic. A large building was being constructed and when finished this was to temporarily house the vocational workshops.

The total budget for the Center in 1979 was Rs. 383,000 (\$32,184.87). The Chief Administrator was hired December 1978 and the two prosthesis technicians were hired on March 14, 1978 and June 16, 1979 respectively.

Project Activities

Staff training: The first training was scheduled in September 1980 for the Head Mistress, Mrs. Pandey. This training had to be cancelled due to her ill health and it has not been rescheduled because of her continued health problems.

The nurse-physical therapist receives training 3 days a week at Bir Hospital from Ms. Ellen Price, an American physical therapist who is the Administrator of the Physical Therapy Department at Bir (under a Tom Dooley/Intermed funded project). Ms. Price and/or another American physical therapist from the United Mission Hospital comes to the Center weekly to continue providing training for the nurse-physical therapist in the setting she will work in. The nurse-physical therapist is scheduled for further training in the Philippines in July, 1981, somewhat earlier than the originally projected one year from the start of her employment at the Center. At the recommendation of Dr. J.R. Pandey and with approval from the NDBA Board, we have extended her foreign training program from two to three months to allow her the opportunity of receiving a government regulated promotion.

Dr. J.R. Pandey, NDBA Board member and Chief Orthopedic Surgeon at Bir Hospital completed his foreign training study tour to Hong Kong, Philippines and the U.S. He was unable to visit Taipei as scheduled due to visa problems and he had to cut short his study tour in the U.S. because of the ill health of his mother.

The NDBA has decided to cancel the foreign training for the part-time physician as they feel they can use this money better for more meaningful purposes.

The two prosthesis technicians had already received their training in India prior to the start of the project. Mr. Juan Monros of the World Rehabilitation Fund visited Kathmandu early this year to meet the NDBA Board and for consultation with the technicians.

In November 1980 Mrs. Curie Rubio, social work consultant from the Philippines was funded by IHAP to come to Kathmandu to provide guidance and consultation to the two IHAP/NDBA social workers. Mrs. Rubio stayed in Kathmandu 2 weeks during which time she met daily with the social workers helping to provide them an orientation to the social work aspects of rehabilitation. She also met with the NDBA Board and discussed how the Center could set up a social rehabilitation program. The social workers continue to receive inservice training from the IHAP Project Advisor and they are scheduled to start their formal 3 month training in the Philippines in July 1981.

The Chief Administrator's training abroad has been delayed because of his involvement with the different programs launched by the IYDP Committee but we hope he can start his training in October 1981.

Aside from these informal and formal training activities, the staff of the Khagendra Center participate, when appropriate, in seminars and conferences held locally. This year they participated in the National IYDP Seminar on "Prevention of disability and the rehabilitation of the Disabled" and in the Jaycees' sponsored seminar on "Disabled Persons."

Construction: The IHAP/NDBA construction activities are proceeding remarkable well. We believe the vocational workshop will be completed and ready to be occupied by June and the construction of two new classrooms should be completed by early July. Work on the remodelling of an existing structure in order to house the medical

care unit should start June 7th and be completed by July 15th and the construction of the nurses' quarters is also expected to be completed by July 15th.

A major modification in the construction program was that mud mortar was used instead of cement mortar. We believe that the buildings will be as structurally sound with mud mortar and we will be able to save project funds for some other use. From the surplus funds generated by this change we have decided to construct two bathrooms near the classrooms and we plan to expand and improve the original design for the nurses' quarters. We have also decided to provide the residents with hot water through a solar powered system.

At the Project Advisor's request USAID/Nepal engineers B.K. Pradhan and David Gephart inspected our construction at the Center. They offered a few suggestions and said that, in general, the quality of the work being done was good. Mr. Gephart also attended a meeting with the NDBA Board and the contractor at the consulting architect's office to review the progress of the construction and offer further suggestions.

The Project Advisor also requested USAID/Nepal's assistance in reviewing the project's financial records and we received a visit from AID accountant Mr. Sharma. We found this visit very helpful and appreciate the assistance and cooperation we receive from USAID/Nepal.

Administrative capabilities: The Center has grown since the original project proposal was written and it is, of course, necessary that the administration of the Center improve to match this expansion. The project is paying the salary of the Chief Administrator and we have provided some equipment to allow the administration to maintain a better organized filing system. The administrative capabilities will probably improve further when the Chief Administrator returns from his foreign training and formulates a comprehensive administrative plan.

The NDBA Board is assisting in the administration of the Center in many ways and they have set up committees within the Board to better meet the needs of the Center. Individual board members visit the Center frequently to help in any way they can and the Acting Chairman of the NDBA Board unselfishly gives his time and attention to the daily operations of the Center.

Regular staff meetings are held during which staff members share problems, concerns and ideas. These meetings contribute towards educating the staff about each other's work and helps in fostering a team approach to the provision of services to the disabled and to the general operation of the Center.

General education and vocational training: To illustrate changes in these areas the current (May 1981) baseline information for the Center is as follows:

There are a total of 122 handicapped individuals at the Center. Of these, 117 are residents and 5 are day scholars. There are 43 females and 73 males ranging in age between 10 and 30. About 78% of the residents come from rural areas.

There are 8 blind males and 11 blind females. One of the females is both blind and deaf. The general education students are divided into the following categories:

Standard 7	9 members
Standard 6	13 members
Standard 5	14 members
Standard 4	9 members
Standard 2	10 members
Standard 1	<u>23 members</u>
TOTAL:	78 members

There are 20 deaf residents who do not receive general education but do receive vocational training and 5 residents who are severely handicapped and do not receive any kind of training.

Presently 4 residents serve as teachers.

Vocational training is provided in 6 areas: cane and bamboo, handloom, carpet weaving, tailoring, knitting and typing. There are 23 trainees in cane and bamboo, 5 in handloom, 8 in tailoring, 4 in knitting and 2 in typing. All residents receive Rs. 6 per month for pocket money but they are not paid for their work production.

The total 1980-1981 budget for the Center was Rs. 655,602 (\$55,092.60). This figure includes the cost of construction for the Ministry of Education financed Special Education building.

In comparing this with the May 1980 baseline information, it can be seen that the number of residents at the Center have increased as has the Center's budget. There are more residents receiving vocational training, and typing and knitting have been added.

There are no trained general education teachers at the Center but this situation will be corrected in a month when the NDBA will hire two teachers. Currently classes are taught by 4 disabled resident trainees who are paid Rs. 100 per month and the staff, including the social workers, nurse, accountant, technicians, SOS engineer, etc. all regularly teach classes. Efforts are being made to upgrade the administration of the general education program, e.g. a system has been instituted to assure that most of the classes have a teacher.

Early in the year the IHAP Project Advisor visited the Head of Special Education in the Ministry of Education to request their assistance in ascertaining the impact and effectiveness of the general education program at the Center. They agreed to send consultants to evaluate the program and provide suggestions when they receive a written request from the NDBA. We also requested standardized tests from the Ministry to evaluate the new residents so they can be assigned to the appropriate educational levels.

Equipment supplied by the project has permitted various aspects of the vocational training program to expand. There are now 8 trainees in the tailoring section and production of the cane and bamboo

section has increased. The value of goods produced in the various vocational sections for the past year are as follows:

Cane and Bamboo	Rs. 2,700
Carpets	" 5,044.50
Handlooms	" 1,048
Hosiery	" <u>3,250</u>
TOTAL VALUE	Rs.12,042,50 (\$1,011.97)

New cloth and carpet weaving looms have been purchased and these will be put into use very soon.

The former cane and bamboo instructor at the Center has been hired as the Chief Vocational Training Technician and his salary is provided by our project. He is presently studying curriculum development at the Cottage Industries for a period of one month. On his return he will hopefully assume the coordination of the various vocational training activities and thereby help further upgrade the vocational program.

Physical rehabilitation: The project provides salary support for a full-time nurse, a nurse-physical therapist and a part-time physician thereby enabling the residents and staff at the Center to receive routine health and medical care. The part-time physician and the nurse maintain a record of the health status of all residents and they do routine medical evaluations of all residents and treat medical problems as they arise. Further, the residents benefit by the presence of a medical assistant who provides health care and Dr. J.R. Pandey provides overall direction and supervision of the health care provided at the Center. When necessary, Dr. Pandey also performs surgery on residents at no cost to the Center.

The presence of the nurse-physical therapist has also yielded benefits for the residents. So far 27 residents have been evaluated by the nurse-physical therapist and her instructor, Ms. Price. They are also providing physical therapy to several residents who need therapy.

The prosthesis technicians now operate out of a temporary workshop

but they will move in about a month to the workshop being constructed by the project. We have supplies and electric powered equipment from the WRF and once the capacity of the electrical system is improved, the technicians will be able to use the powered equipment and production of artificial limbs and braces will increase appreciably.

When completed the new medical wing will permit residents to stay in a sick ward. This will allow them to be isolated from other residents when necessary and will also improve their care when they recuperate from surgery. A draft of a Health Care and Medical Rehabilitation program has been prepared and we expect the NDBA will soon give their approval of a final version. This written program outlines staff responsibilities and aims to coordinate the various activities so that the Center may reach its goal of maintaining good health of all residents and staff and to assist the residents to achieve their highest level of function.

Social rehabilitation: The addition of the two new social workers to the Center has had a major impact in improving social rehabilitation services to the residents. Last year 12 residents were discharged from the Center and during the past 6 months of this year, 21 residents have been discharged. We expect that the turn-over rate of residents will continue to increase and more disabled people will be served each year. The IHAP Project Advisor has worked closely with the social workers to familiarize them to their new roles in the rehabilitation process. They are currently providing counseling to the disabled and maintaining case records that are used as tools for problem solving, planning and evaluation. They have interviewed some families of disabled residents but it is difficult to contact even local families because the social workers seldom have access to the Center's vehicles since these are used for many other purposes. The social workers have however, worked very conscientiously and established contacts with schools in the Kathmandu valley and placed disabled Center residents in some of these schools. They have also developed links with other social organizations and some potential employers and

placed residents in employment. The NDBA Board and the Handi-capped Services Coordinating Committee have supported and assisted the social workers in establishing these links with the community.

A sports program has been started at the Center with the aim of involving all residents in an activity consistent with their interests and abilities. A small vegetable garden has been planted by the social workers and some residents and there is general enthusiasm for an IHAP Rehabilitation Garden. Plans for this have been made and we expect the construction of this garden to begin fairly soon.

Other: On January 1, 1981, Her Majesty the Queen came to inaugurate the Khagendra New Life Center and to honor the start of the International Year of Disabled Persons. Her Royal Highness Princess Shanti Singh, other members of the Royal Family, Prime Minister Thapa and many distinguished persons attended the ceremony. After the ceremony, they toured the Center and everyone expressed approval of the good work and progress of the Center. This impressive event created a great deal of publicity across the nation on the efforts of the NDBA and others to assist the disabled to become productive and self-reliant members of society.

Evaluation

Process: Guidelines set forth in the project proposal were followed closely in the process of implementing the project. One of the first activities was updating the list of equipment needed to be purchased for the Center. The Project Advisor and the staff, with input from the NDBA Board, thoroughly reviewed the list developed previously. We made appropriate changes in this list, eliminating a few items and adding others. It was discovered, not surprisingly, that most of the items cost more than the prices listed previously. This potential problem was partially solved with the decision to purchase much of the equipment locally. IHAP requested and received approval from USAID to do this and we started purchasing equipment on a priority basis. The largest single purchase was for 80

dormitory beds. The NDBA advertised for bids in a national newspaper and selected an experienced metal fabricator.

Another early activity was to review with the staff the time frames for the various project activities. New time frames were developed and presented to the NDBA Board. No decisions were announced about these but some specific activities have been approved by the Board.

In hiring the IHAP/NDBA project-funded staff, the positions for the social workers and nurses were advertised nationally. There were 47 applicants for the social worker positions. The NDBA arranged for a written examination to evaluate them after which all interested applicants were interviewed by the NDBA Board, the General Secretary of the Handicapped Services Coordination Committee and the General Secretary of the Social Services National Coordinating Council, etc. The IHAP Project Advisor was an active observer and took part in the interviewing process. After careful deliberation the positions were filled with the most qualified candidates. We are pleased that these staff members are working out very well.

Effect: Since the implementation of the IHAP/NDBA project there have been many positive changes at the Khagendra Center. Much of this is due to the dedication and hard work of the NDBA and the staff, and the IHAP/NDBA project has also made a major contribution to these changes. The project-funded construction is almost completed and soon we will have a vocational workshop, nurses' quarters, 2 classrooms and 2 bathrooms added to the Center's physical facility. Work on the remodelling of an existing structure to house a medical unit will start soon. The project has purchased much equipment for the Center and we will continue to purchase more equipment as needed and as our budget permits during the next two years.

The project staff are in place and as a result, the health and social rehabilitation services at the Center have improved dramatically. The residents and the staff are, for the first time, receiving routine health care from our medical staff and partly

due to the efforts of our social workers, 21 disabled residents have already been discharged to jobs and higher education in the first 6 months of this year. Last year a total of 21 residents were discharged. Of the 21 discharged this year, 14 are attending middle and high schools for further education, 5 are employed and 2 are receiving training outside at a printing press.

Dr. J.R. Pandey has completed his study tour and training has been scheduled for most of the other staff who were to receive training under this project.

There are a few activities which are behind the time frames that we set up. A vehicle has not been purchased yet for the project and equipment for the blind and for the health clinic have not arrived. We expect that these and other items will be shipped soon from the U.S.

Another important area where we are behind the time frames is in the formulation of written program plans. The Health Care, Medical Rehabilitation, and Social Rehabilitation programs exist in draft form and can probably be reviewed and finalized by the NDBA in the near future. The other programs will require more preparation. The NDBA should accord a high priority to this activity since the success of the Center is dependent on the implementation and coordination of each of these programs.

Problems and Actions Taken

It was originally planned that the staff would, upon completion of their training, develop written program plans for their respective areas of responsibility. This important activity did not take place however, partly because most of staff training has been delayed. It was therefore decided that the IHAP Project Advisor begin preparing drafts of program plans that will be finalized with inputs from the staff and the NDBA Board. The IHAP Project Advisor has prepared drafts of a Health Care and Medical Rehabilitation Program and a Social Rehabilitation Program and we have now started implementing these although the NDBA Board has not formally commented on these

program plans yet.

Further, inflation has had a serious effect on the real value of our project funds especially since there was a 2 year lapse between the time the project proposal was prepared in 1978 and its implementation in June 1980. We solved this problem partially by using mud (clay) mortar instead of the more expensive cement mortar for all our construction. This change did not adversely effect the construction but it did save funds that will allow us more flexibility in providing the inputs we originally anticipated and also some items not originally planned.

Another problem was that it often took a long time for funds to reach the project account after they were wired from headquarters. Although the project started June 1, 1980, it was not until November 18, 1980 that the first check reached the IHAP/NDBA account. This had been wired from New York the first week of August. It took approximately one month for this money to reach the Rastriya Bnaijya Bank and two more months for it to go through the Social Services National Coordinating Council into the project account. The IHAP/NDBA Project Advisor has had meetings with the concerned officials and the NDBA Board about this delay. The situation seems to have improved somewhat in that now checks from New York seem to reach the Bank in a reasonable time and the last check we presented to the Social Services National Coordinating Council reached our account in 32 days.

Unexpected Outcomes

A major goal of the project was that residents would leave the Center at some time to live as independent, productive members of society, practicing the skills they had learned. Nevertheless, an accepted assumption, based on past experience, among those responsible for the operation of the Center was that once accustomed to the relative security and comforts of the Center, the residents would never volunteer to leave. Residents have, however, been approaching the social workers requesting job placements outside and this has both surprised and pleased many people involved with the Center. The social workers have successfully placed several residents in jobs outside the Center and in advanced schools and this has probably inspired

other residents towards the same goal.

Recommendations

The NDBA Board and Khagendra Center staff should consider developing a specific and objective criteria of admission to the Center. Once the criteria is official policy the staff should, as a rehabilitation team, be involved with the process of selecting applicants to the Center. Procedures for evaluating new residents should be developed so that residents can be assigned to appropriate training programs, or in some cases, directly placed in jobs or discharged early for other reasons (See Mrs. Rubio's report "Appendix A" for details on how this could be done).

There should be monthly production goals for the prosthesis workshop once it is set up in its new facility. The NDBA Medical and Health Care committee should regularly review the production and work of this workshop. Further, once the prosthesis unit can meet the needs of the Center and of some out patients, the NDBA should consider establishing a crutch production unit. This new unit could be run as an income generating enterprise and disabled individuals could be trained to produce the crutches.

The NDBA and IHAP should set time frames for the development of program plans for various programs at the Center. The following might be realistic time frames to follow: The Health Care and Medical Rehabilitation program is in draft form and should be finalized immediately for presentation to the NDBA Board for their approval. The NDBA should also review and comment on the Social Rehabilitation program which has been in draft form since the first of February, 1981. The social workers should, upon returning from their training in Manila, prepare a final draft of the Social Rehabilitation program and submit it to the Board for their approval. A draft of an Education program should be prepared during the first 3 months of the second year. The same time frames could be set for the Vocational Training program. The Administrative program should be in draft form one month after the Chief Administrator returns from his training.

To further upgrade the vocational activities at the Center the following is recommended: Definite plans should be made by the NDBA to have the vocational training evaluated and approved by the HMG Cottage Industries. Prior to this the vocational workshops should be relocated to their new facilities and the new equipment which is now available should be phased in.

The quality of the general education of the Center should improve soon as the NDBA will hire two trained teachers. It is recommended that the more qualified residential disabled teachers be provided 6 months of teacher training through the Ministry of Education so that their contribution to the Center would be greater. Furthermore, they could be discharged at some point and live in an apartment on their own. This would increase their independence and also free some slots for other disabled persons. The salaries of the disabled teachers should then be raised to HMG recommended levels. The NDBA might consider setting a goal of 6 months for upgrading the education program and staffing it with 5 trained teachers. At that time the HMG Ministry of Education's Special Education Division should be invited to provide consultation and to evaluate the impact and effectiveness of the teaching process. A written education program could then be submitted to the NDBA for final approval.

The Head Mistress has been on extended sick leave and the training we had planned for her has been suspended. The NDBA Board might discuss this problem to decide if the Assistant Head Mistress or someone else should receive this training in her place.

The Center is expanding very rapidly and many new buildings and staff have been added within the last year. The NDBA Board has been very active and supportive in the administration of the Center but, in this the International Year of Disabled Persons, they have many other demands on their time. It is recommended that the NDBA consider ways in which they can delegate more of the day to day responsibilities to the staff at the Center. Most of the staff have, under guidance of the NDBA Board and technical assistance from IHAP, grown professionally and they can, no doubt, carry out their responsibilities in a competent

manner. A clearly outlined policy for the Center and a written description of the programs and detailed job descriptions coupled with a detailed reporting system should help facilitate this process.

In her report, Mrs. Curie Rubio has recommended the NDBA Board members and the IHAP Project Advisor have the opportunity to visit rehabilitation centers in Manila and, if possible, in some other Southeast Asian countries. The purpose would be to expose the decision makers to innovative programs which might have some applicability here in Nepal. If the NDBA concurs, the IHAP Project Advisor will search the project budget to see if funds are available. Possibly IHAP/NY might provide supplemental funds for this recommended training.

Conclusion

At this the end of our first year of implementation, the Khagendra New Life Center is much closer towards becoming a comprehensive rehabilitation facility. Several new buildings have been erected and are being erected to expand the physical capacity of the Center and much new equipment has been purchased to increase and upgrade services for the disabled. The addition of 2 social workers has had a major impact in providing social rehabilitation services to the residents and the addition of the medical staff - two nurses and a part-time physician - have enabled the residents and staff to receive, for the first time, routine health and medical care at the Center. The NDBA Board and the staff have worked diligently to improve conditions at the Center and the IHAP/NDBA project has contributed in no small way towards the progress the Center has made and continues to make.

The expansion, consolidation and building of infrastructure will put more demands on the staff and the NDBA so all will have to aggressively prepare for these challenges. The administration must provide sustained support and anticipate developments. Creative problem solving activities involving all can lead to a team approach which will carry the new activities closer towards the goal of developing a comprehensive rehabilitation facility at the Khagendra New Life Center.

Progress Report
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	Yearly target	Quarterly Progress.
(1) General education 1 to 7 th standard.		
(2) <u>Vocational education.</u>		
(a) <u>Cane and Bamboo Unit.</u>		
Market basket, Paper basket, Flower stand, Chair Table rack are made in the centre..	217	133
(b) <u>Carpet Unit</u>		
Big size carpet 3' to 6'-----	11	6
Small size carpet 16' to 16'-----	20	22
(c) <u>Handloom Unit</u>		
Dhoti pices-----	11	10
Hand woven choltes in miter-----	422	156
(d) <u>Knitting Unit</u>		
Full woolen sweater-----	55	83
(e) <u>Tailoring Unit</u>		
Frock, Blouse and night dresses-----	84	122

(1) This year 36 clints were admitted in this centre. in that male were 26 and female were 10.

(2) 14 disabled students were admitted in different middle and High Schools for further studies.

(3) Five disableds were employed, one female disabled is appointed as assistant Handloom Teacher at Manahara Pulshi Nether Asram, one male disabled appointed as a office peon in Handicapped Social Service National Co/ordination Committee and one disabled is working in "Marine House", one is in Cottage Industries as a carpet Teacher, other Blind clints is at present settled at self employed basis by the help of Handicapped committee.

(4) Two dumbs clints are taking training at Manashu Press for three month, after compliting training, they will be employd in the press work.

(5) Prosthetic and Orthotic Unit.

Prosthetic & Orthotic Unit is not functioning smoothly due to lack of three Phase Electric, supply and raw materials.

(6) Physio-Therapist.

NDBA Physiotherapy is taking training at Bir Hospital thrice a week & from Doly foundation physiotherapist come in this centre to give training to our clints & physiotherapist thrice a week

(7) General Medicine Unit.

According to disease of the patient medicine & advice are provided by the prescription of Doctor, Assistant health worker & staff Nurse.

(8) Social worker.

According to NDBA policy and students ambition social workers are trying to admit them in School Home & trying to find out suitable job for rehabilitating them.

(9) Construction.

(a) With the help of IHAP the 55% of the construction work is in the completing stage and 75% of the equipments has been pursued uptill now.

(b) With the help of SOS 32% of the construction work is in the completing stage.

(c) With the help of Ryder Chasire Home 90% of Bricks work has been completed uptill now.

Mun Chha

Mun Chun Mishra
Chief Adm. Officer

N.D.B.A.

31 May 1981.