Annual Report
July 2012 – June 2013

VISION

To ensure the inclusion of girls and boys, women and men with disabilities into mainstream society

MISSION

To promote an environment where all girls and boys, women and men with disabilities have equal access to health, rehabilitation, education, employment, the physical environment and information

OBJECTIVES

• To provide treatment, rehabilitation and support services focusing on physical, emotional, social, psychological and economic aspects.
• To promote the development of skilled personnel in health care and rehabilitation in the country.
• To develop centres in different parts of the country to expand the services for disabled people in collaboration with other organizations.
• To organize and promote programs for the prevention of disability.
• To develop programs for early identification, therapeutic interventions and education.
• To promote advocacy and networking on disability issues.
• To promote empowerment of disabled people through community based services.
• To promote empowerment of disabled girls and women.
• To raise awareness about disability issues nationally, regionally and internationally.
• To conduct research consistent with the vision, mission and overall objectives of CRP.
• To promote sports and recreational opportunities for disabled people.
• To promote collaboration opportunities nationally, regionally and internationally to share experiences and expertise.
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MESSAGE OF THE CHAIRMAN, TRP

WELCOME MESSAGE

On behalf of my colleagues on the Board of Trustees, I am happy to welcome you to this Annual Report, covering the period from 01 July, 2012 to 30 June, 2013. This report is made up of the actions of many different people, the Trustees; the CRP staff members; the volunteers who come from home and abroad; the students studying at the Bangladesh Health Professions Institute, the Nursing Institute and the Madhab Vocational Training Institute; the donors, without whom very little could have been accomplished and of course the part played by the people who have a disability with which to contend, who seek treatment and rehabilitation in its various forms from the different centres where CRP operates.

No one and nothing could have prepared us as an organization to face the challenges of the disaster caused by the collapse of Rana Plaza in Savar Bazar on 24 April, 2013. It was important that in the case of such a catastrophic situation, CRP should rise to the occasion and do all in its power to address the needs of the large number of patients requiring specialized treatment and rehabilitation. It was most heartening to witness the outpouring of financial support from home and abroad which enabled those affected by this incident to receive immediate treatment and rehabilitation at CRP, as well as the assistance needed to re-establish themselves back in their villages, for example, starting a small business of their choice and at the same time providing support for other essentials, including their children’s education. On behalf of hundreds of people affected by Rana Plaza, who received help from CRP in various forms, we take this opportunity to thank all our readers most sincerely who contributed in such a generous way.

We very much hope that this report will make interesting reading. As always, on revisiting the events of the year under review, we are challenged by the enormity of the needs in Bangladesh. This includes the work required to reduce accidents on the roads, in the home and at the workplace. For those who have succumbed to an accident or illness causing disability, there is a huge task of increasing, spreading, improving the quality of the treatment and rehabilitation required for these conditions. The prospect would be daunting indeed if it was not for the assurance that everyone who reads this message will realize that we all have a part to play. We can confidently say that, In shaa a ALLAH, the necessary practical help, financial support, prayers for those who need our assistance will always be forthcoming in the years ahead because you, our readers, have always stood beside us since we took our first step in 1979. For this we are ever grateful to you all.

I commend the efforts of CRP staff members, students, volunteers, donors and patrons, from home and abroad, for their continued generous support. Last but not least, my request to all of you - let us work together, hand in hand, to establish the rights of people with disabilities in their families, in the community and in the country and help them to blend into the mainstream of our society.

Muhammad Saidur Rahman
Chairman
Trust for the Rehabilitation of the Paralysed (TRP)
2. CRP ACTIVITIES

Legend
- CRP Centres
- CRP’s Community Activities
- Self-Help Group Activities Area
3. CRP AT A GLANCE

**CRP Services**
- Medical Care
- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Special Seating
- Prosthetics and Orthotics
- Wheeled mobility aids and assistive devices

**Human Resources**

**Total staff** (45 of whom have physical disabilities, the Proty group) 720  
- **Male:** 434  
- **Female:** 286

**Income Generating Activities**
- Real estate rentals
- Printing press
- Wood workshop
- Metal workshop
- Plant nursery
- Compost production
- Mushroom cultivation
- CRP Aware shop
- Pharmacy
- Cafeteria
- Recycled Paper Technology

**Academic Activities**
- **Bangladesh Health Professions Institute Programs/Courses:**
  - Bachelor of Physiotherapy
  - Bachelor of Occupational Therapy
  - Bachelor of Speech and Language Therapy
  - Diploma in Physiotherapy
  - Diploma in Occupational Therapy
  - Diploma in Health Technology Laboratory Medicine
  - Diploma in Radiology & Imaging
  - Certificate in Education for Special Education
  - Occupational Therapy Assistant
  - Physiotherapy Assistant
  - Master of Physiotherapy (MPT)
  - Master of Rehabilitation Science (MRS)
- **Proposed Programs:**
  - Master of Occupational Therapy (MOT)
  - Diploma in Prosthetics and Orthotics
  - BSc in Nursing
- **William and Marie Taylor Inclusive Primary School:**
  - Inclusive Education Unit (IEU)
  - Special Education Needs Unit (SENU)
- **CRP Nursing Institute:**
  - Diploma in Nursing
- **CRP Madhab Memorial Vocational Training Institute:**
  - Computer Office Application
  - Radio & TV Servicing
  - Dress Making & Tailoring
  - Shop Management
  - Linking Machine Operator
  - Industrial Sewing Machine Operator

**Annual Expenditure**
- **283,826,638 BDT**

**CRP Centres**
- CRP-Mirpur, Dhaka
- CRP-Gonokbari, Dhaka
- CRP-Moulvibazar
- CRP-Gobindapur
- CRP-Manikganj
- CRP-Nawabganj
- A. K. Khan-CRP, Chittagong
- ARDRID-CRP, Barisal
- Afsar Hussain-CRP, Rajshahi
### 4. CRP TIMELINE: MAJOR EVENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1979-81</td>
<td>CRP is established in the grounds of Shaheed Suhrawardy Hospital, Dhaka,</td>
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<tr>
<td>1981</td>
<td>CRP is transferred to a rented house in Dhanmondi</td>
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<tr>
<td>1986</td>
<td>CRP moves, once more, to a rented accommodation in Farmgate, Dhaka</td>
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<td>1990</td>
<td>CRP finally moves to Savar, the Head office at present</td>
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<tr>
<td>1992</td>
<td>Bangladesh Health Professions Institute (BHPI) is launched</td>
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<tr>
<td>1992</td>
<td>2 years PTA and OTA course is initiated</td>
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<tr>
<td>1993</td>
<td>Permanent construction work begins at Savar</td>
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<tr>
<td>1993</td>
<td>A “Special Needs School (SENU)” commences in the grounds</td>
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<tr>
<td>1994</td>
<td>Community Based Rehabilitation (CBR) program is initiated</td>
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<td>1995</td>
<td>A branch of CRP is opened at Gobindapur, Moulvibazar district</td>
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<tr>
<td>1995</td>
<td>CRP introduces Paediatric services</td>
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<tr>
<td>1995</td>
<td>3-year Diploma courses in Physiotherapy &amp; Occupational Therapy are offered at BHPI</td>
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<tr>
<td>1997</td>
<td>Construction of the surgical theatres completed</td>
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<tr>
<td>1997</td>
<td>First student is enrolled in CRP’s Rehabilitation Nursing course</td>
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<tr>
<td>1998</td>
<td>CRP-Savar is officially inaugurated by the present and then Prime Minister Sheikh Hasina</td>
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<td>1998</td>
<td>Completion of the construction of CRP-Gonokbari’s main building &amp; hostel</td>
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<tr>
<td>1998</td>
<td>Commenced construction of CRP-Mirpur building</td>
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<tr>
<td>1999</td>
<td>“Special seating unit” is introduced with the support of “Motivation, UK”</td>
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<td>1999</td>
<td>Telemedicine link for Bangladesh is established at CRP</td>
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<tr>
<td>1999</td>
<td>Dhaka City Centre was founded at Mohammadpur</td>
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<tr>
<td>2001</td>
<td>Inauguration of CRP-Gonokbari by the Norwegian Ambassador, Gerd Wahlstrom</td>
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<tr>
<td>2003</td>
<td>A generous contribution from the Kadoorie Charitable Foundation covers 50% of the costs of a 13 storied building at CRP-Mirpur</td>
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<tr>
<td>2003</td>
<td>Inauguration of CRP-Mirpur</td>
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<td>2003</td>
<td>Mrs. Raihana Mahbub donates a piece of land in Manikganj to establish another CRP branch</td>
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<td>2004</td>
<td>Mrs. Leena Alam donates CRP a two-storied building on 15 decimal of land in Nawabganj</td>
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<td>2005</td>
<td>Domiciliary service is introduced at CRP-Mirpur</td>
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<td>2005</td>
<td>CRP introduces Prosthetics &amp; Orthotics unit with the help of ICRC SFD</td>
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<tr>
<td>2011</td>
<td>Physiotherapy and Occupational therapy services start at A.K. Khan-CRP, Chittagong</td>
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<tr>
<td>2011</td>
<td>Inauguration of Speech and Language Therapy Department at CRP-Savar</td>
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<tr>
<td>2012</td>
<td>Received 0.1610 acre of land from Mr. and Mrs. Mozaharul Hannan for Rajshahi Divisional Centre.</td>
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<tr>
<td>2012</td>
<td>Staff Salaries Revised</td>
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<tr>
<td>2013</td>
<td>Valerie Taylor wins Rotary International award</td>
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<tr>
<td>2013</td>
<td>Masters in Physiotherapy started</td>
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<tr>
<td>2013</td>
<td>CRP manufactured Tilting wheel chair in Bangladesh for spinal injured patient</td>
</tr>
<tr>
<td>2013</td>
<td>REVIVE project for Rana Plaza Victims</td>
</tr>
<tr>
<td>2013</td>
<td>Implementation of Performance Based Evaluation of CRP staff started</td>
</tr>
</tbody>
</table>
CRP is the only centre in Bangladesh for the holistic rehabilitation of people with physical disability following spinal cord injury. The centre at Savar has a 100 bed capacity for inpatients and is the leading centre of its kind in South-East Asia. The Medical Services provides support to People With Disabilities (PWDs) through both inpatient and outpatient facilities. The MS has a total of 100 devoted staff including doctors, nurses, technologists and support staff who work round the clock for their patients.

Outpatient Services:
CRP provides outpatient services daily, except on government holidays, for all types of conditions including orthopaedic, spinal, neurology and rheumatology from 8:00 am to 5:00 pm. This year a total of 41,366 patients received services from the outpatient unit and a digitalized patient management system has been introduced to the outpatient unit to provide better management of appointments.

Inpatient Services:
The Inpatient services remain open round the clock throughout the year for the spinal cord injured (SCI) patients. In this reporting period, a total of 426 patients were admitted to CRP from all over the country irrespective of their age, gender or socio-economic status. 85% of the total admitted patients were male and 15% female. During admission at CRP one third (34.0%) of the patients had pressure sores in different parts of their body. After an average of 94 days comprehensive management a total of 331 patients were discharged at the end of this reporting year. During the reporting year 17 patients passed away and 60 complicated patients were referred to other specialized hospitals for their better management.

Operating Theatre services:
In this reporting period, 457 patients were successfully operated on: 63 spinal fixations, 8 spinal operations, 195 orthopedic, 137 cleft lip and palate operations and 54 plastic-reconstructive operations.
Cleft lip and palate camp:

A team from Surgeons for Smiles, USA led by Dr. Edward Zebovitz performed 70 complicated cleft lip and palate operations from the 10th-18th November 2012 at CRP Savar. Later in the year a team, generously supported by Dutch-Bangla Bank Ltd. provided this service to 67 more children.

Outstanding work to support the survivors of the Rana Plaza building collapse:

CRPs medical services played an important role to mitigate the emergency during one of the most devastating building collapses in the country, which occurred in Savar on the 24th April 2013. From the day of injury we worked tirelessly to rehabilitate 158 survivors of this tragedy.

Club foot management:

With the generous support of Wonder Work (a non-profit corporation of Oak Park, Illinois, USA) CRP is providing low cost/free treatment for children with congenital club foot (deformed foot). We are treating these children using the Ponseti method from two weeks of age. During this reporting year a total of 766 club foot patients were successfully corrected at CRP.

Telemedicine Services:

Since 1999, CRP has been working in collaboration with Swiften Charitable Trust, UK to provide Telemedicine services in Bangladesh. This year a total of 25 patients received various expert opinions regarding their diagnosis and management plan from renowned medical specialists throughout the world.

Pathology services:

A total of 27,176 pathology tests were performed of which 11,555 tests were done free of cost and CRP’s Social Welfare Department (SWD) subsidized 30,550.0 BDT to support the patients who were unable to pay for these services.

Radiology services:

A total of 776 images were done for inpatients, free of charge, and 21,363 x-rays were performed for outpatients. The Social Welfare Department (SWD) subsidized 86,800.0 BDT to support economically disadvantaged patients.

Training:

The nursing bridge program of AK Khan Health Care Trust provided training for the development of nurses during February 2012 to August 2012. Eight nurses from CRP successfully completed this training and enriched their knowledge.

Nurses doing a dressing for an injured patient
5.2 PHYSIOTHERAPY

Physiotherapy is an autonomous health care profession and a branch of modern allopathic medicine. It is concerned with the remediation of impairments and disabilities, the promotion of mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis and physical intervention.

At CRP-Savar physiotherapists provide health services in different areas including spinal cord injury, musculoskeletal, neurology, stroke rehabilitation, sports rehabilitation, pediatrics, orthotics and prosthetics, special seating and the special needs education unit.

From July 2012 to June 2013 a total of 426 patients were treated as out-patients within the musculoskeletal, neurology and stroke rehabilitation units. The total number of patient appointments were 84,234 which included outpatients’ service within the department, outpatients’ first consultancy, emergency patient management, conducted by the Inter disciplinary teams 1 and 2.

Within the physiotherapy department 1 associate professor, 2 senior physiotherapists, 13 qualified clinical physiotherapists, 5 diploma physiotherapists, 10 physiotherapy assistants and 26 interns are working in the in-patient and out-patient units.

Every year the physiotherapy department celebrates some special events. This year the department arranged World Physiotherapy Day, on the 8th of September 2012 which was supported by Prof. Dr. Khondoker Md. Shefayetullah, Director General of Health Services. Beside this, as a tradition of the physiotherapy department, a get together on the 20th April 2013 was organised to welcome BPT and MPT freshers of BHPI.

A number of foreign physiotherapy experts from different specialist areas visited the physiotherapy department throughout the reporting year and trained our staff and interns to update their skills and knowledge. Among them, neuro specialists Jill Fisher and Helen Shearer from the UK helped to expand our knowledge of neuro concepts. Dr. Philomena Commons, International McKenzie instructor, disseminated training to update treatment concepts in back and neck pain management. Physiotherapists, Sharon O’Sullivan from Ireland and Sabine Baeur from Germany, spent one month and shared their knowledge with our staff. Very recently, senior physiotherapist Therese Powell from Royal Rehabilitation Centre, Sydney, Australia, spent two weeks in the department providing training for
our staff on the management of spinal cord injured patients, clinical supervision procedures for supervisors and pain management.

In November 2012, Associate Professor and Head of the Physiotherapy Department, Sohrab Hossain and clinical Physiotherapist, Kornya Marina Momen attended the ASCON conference in Malaysia. Moreover 4 physiotherapists attended a 2 day seminar on orthotics and prosthetics, and 2 physiotherapists attended in 1 day training program on the Ponseti method.

Physiotherapists work in various sectors at CRP and are continually expanding their services into new areas. Consequently the physiotherapy department has proposed to open a hand therapy unit this year. The physiotherapy department is also working with various national and international organizations, such as Bangladesh Physiotherapy Association, International Committee of the Red Cross, Handicap International and Walk for Life.

CRP is dedicated to the continuing rehabilitation of the victims of the Rana Plaza collapse and the physiotherapy department is aiding this process by providing their expertise for these patients. The physiotherapy department is committed to providing outstanding and cost effective services to improve each patient’s health status, physical movement, as well as to rehabilitate the patient into the community. All staff are committed to providing their best efforts to continuous improvement of the profession.
The Occupational Therapy (OT) Department aims to provide quality therapy services for a wide variety of patients to maximize their independence in the areas of self-care, productivity and leisure to improve their quality of life. The occupational therapy services are available in different areas: Out-patient (adult neurology and orthopaedics), Stroke Rehabilitation Unit (SRU), In-patient Spinal Cord Injury (SCI), Paediatrics, Hand Therapy Unit, Special Education Needs Unit (SENU) and Splinting. Over the year a total of 312 patients were treated at the in-patient (SCI) unit where 173 became independent, 88 needing assistance sometimes and the remainder are dependent on carers. A total of 1,647 out-patients with 18,261 appointments have received services from the out-patient OT department. In the current reporting year 755 customized splints were provided to the patients.

In the SRU both individual and group therapy sessions were run. The purpose of the group therapy activity is to enhance specific skilled hand functions, increase interactions and develop self-esteem.

The OT Department has started a special program called ‘Good Start’ which aims to promote reintegration of people with SCI into their community. Over the year, through this project, 50 patients were reintegrated into their communities. ‘Good Start’ ensures health maintenance during the long journey home and facilitates accessibility in their home environment.

Modifications include preparing standard ramps, adjustment of bed height, door width and threshold, kitchen, toilet, bathroom, tube-wells etc. Mrs. Joyce Halliday from the UK arranged the original funds for this program.

Since 2007 Interplast-Australia & New Zealand has been providing continuous support for developing hand therapy services at CRP. This year two senior hand therapists, Kylie Ann Harrison and Yvonne Fellner, visited CRP for two weeks to facilitate the upgrading of knowledge and skills of our local Occupational Therapists. They ran several practical training courses to provide evidence based hand therapy services. In March 2013 two occupational therapists, Narayan Chakraborty and Sumanta Roy from CRP participated in the International Federation Society of Hand Therapy (IFSHT) Congress and Workshops in India. At this
congress they presented an article and a poster which led to communication with senior hand therapist Dr. Wim Brandsma, founder president of Hands Across Borders (HAB) of the Netherlands. Dr. Wim Brandsma visited CRP and has promised long term collaboration and development. The hand therapy unit received 446 patients and provided 1,994 appointments in the reporting year.

The OT department has worked very closely with the Autism Parents’ Forum to raise awareness among parents at an individual level. The OTs have participated in workshops in Dhaka, with parents, schools, teachers and the local authority to demonstrate therapy interventions to help manage autistic and other children with learning difficulties which was organized by the government medical university.

Gundula Stevens, a very experienced Paediatric Occupational Therapist, from the UK visited CRP in March 2013. During her time as a volunteer in the paediatric department, she provided much practical support to our occupational therapists in both in-patient and out-patient departments and worked closely with the special seating department and hand therapy department.

Gundula also made time to work in the Special and Integrated School and with the help of the wood & metal workshops she was able to develop and modify devices for our students/patients.

Damian Ryan, Senior Occupational Therapist from Royal Rehabilitation Centre Sydney (RRCS), Spinal Injury Unit, visited in June. This was a joint project with the Charles Sturt University (CSU) in Australia. During his visit to CRP, Damian supervised students and conducted in-service training based on current evidence in SCI upper limb management for OT staff and students of CRP. Emily White, clinical OT from the UK visited CRP in February. During her time at CRP she initiated some multidisciplinary practice especially under the Bobath treatment approach. In this year Amir M. Rizvi, senior OT and certified FES trainer from Australia visited CRP. Bangladesh Occupational Therapy Association and BHPI jointly organized the Functional Electrical Stimulation (FES) training workshop. More than thirty OTs from CRP later received the certification to be able to use this technology.
In the current reporting year a good number of international OT students conducted their clinical placement under the supervision of our clinical therapists. Hanna Kottl and Anna Rogenhofer from Austria did their placement in paediatric and hand therapy settings. Miriam Currie, Kevin Andrew Liddall and Buv Kular from York St. John University UK completed their placements in the OT department. Courtney Barton from CSU in Australia did her placement here too. It was a great opportunity for international students and Bangladeshi therapists to ensure world standard cross-cultural occupational therapy practice at CRP.

The OT department also ensures continuous professional development is undertaken by their staff. Md. Iqbal Hossain, In-charge OT of the in-patient unit attended a month long training program in Royal Talbot Rehab Centre, Australia organized by Professor Douglas Brown. His training focused on comprehensive SCI management, Traumatic Tetraplegic hand care and the use of FES. Monjurul Karim Anu, Clinical OT won the youth leadership award to participate in a two month long training program in Nepal.

Aminul Haque Chowdhury, COT participated in an international training workshop on ‘Wheel Chair Service Training Package: Basic Level’ at Mobility India in June, 2013 organised by WHO.

5.4 SPEECH AND LANGUAGE THERAPY

Speech and Language Therapy (SLT) is concerned with the management of disorders of speech, language, communication and swallowing among children and adults. This service is very new in Bangladesh. The department is committed to providing outstanding and caring services to people with communication and swallowing difficulties from all over Bangladesh.

Speech and Language Therapists provide services in the adult outpatient unit and the paediatric outpatient and inpatient units at CRP. A total of thirteen qualified SLTs are working both in CRP Savar and Mirpur (academic and clinic). Day by day the demand for SLT is increasing and a large number of patients have been treated by the therapists this year.

Over the reporting period a total of 4663 patients received Speech & Language Therapy at CRP Savar and 1000 at CRP Mirpur.

To support and develop the new profession, SLTs from around the world visit the department and work as volunteers. During this year the department has benefitted from the input of the following professionals:

Ms. Lisa Fedrick from Australia worked for 3 month from June 2012 in the SLT clinic and helped the students in BHPI. She also helped to develop dysphagia protocol for the department.

Ms. Amy Fewtrell from the UK spent 6 weeks in
the SLT Department working on the development of the department and students.

Ms. Mary Brawley from Wisconsin, USA stayed for 2 weeks in November 2012 and conducted a short training course for staff and interns on voice disorders and Speech and Language Therapy treatment.

Ms. Donata Von Platen from Canada has made her 2nd visit to CRP SLT Department from November 2012 to January 2013 and helped support students on placement and assisted the cleft palate surgery camp.

Ms. Janet Steffens from USA made her third visit to CRP in November 2012 and organized the second cleft lip and palate camp in CRP with the help of USA donors, Surgeons for Smiles from USA and Bangladeshi donors.

**Significant Achievements for the SLT Department this year:**

- Successfully completed a cleft lip & palate camp in November 2012.

- Conducted training in Speech and Language Therapy on autism for the general physicians organized by the Director General of Health.

- Attended training on Bangla Sign Language from 21st April to 27th April 2013 organized by the Society for the Deaf and Sign Language users.

- Attended an awareness program on Bangladesh Radio to raise awareness about different speech and language difficulties and their management.

- Participated in a cleft and craniofacial workshop from 29th May to 31st May organized by Dhaka Medical College.

- Participated in the different mobile clinics throughout the year.
5.5 PAEDIATRICS

Last year the CRP Paediatric Unit celebrated the 1st World Cerebral Palsy day, on 4th September, 2012. Children with cerebral palsy and their families joined festivities with experienced multidisciplinary team members including Paediatricians, Physiotherapists, Occupational therapists and Speech and Language therapists from different organisations. During the day five mothers were given awards to recognise the struggles they face during caring for their children with cerebral palsy. Among them was CRP founder and coordinator Valerie A Taylor.

The CRP paediatric unit provides services for a two-week inpatient treatment and training programme for mothers/caregivers and their children as well as outpatient appointment facilities. Common intervention techniques include group and individual therapy, hand therapy, feeding class, hydrotherapy, balance and coordination group, classes on regular activities of daily living, communication, parental awareness, back care training and outreach programs.

During this reporting period the total number of inpatient admissions was 838, an increase of 355 from last year. According to the new database estimate, total outpatient appointments were 16113. Among them 1468 new patients were recorded.
The Paediatric Unit staff endeavour to upgrade their professional knowledge and skills by attending workshops and training across Bangladesh and internationally. Training this year included:

- Update training on Bobath by Jill Fisher and Helen Shearer, senior physiotherapists and experts of the Bobath concept from the UK
- ‘Hippotherapy and Chest therapy basic training’ by expert physiotherapist Sharon O’Sullivan from Ireland
- Orthotic prosthetic seminar arranged by ICRC
- Update training for club foot management using the Ponseti method arranged by Walk for Life
- Autism and early intervention with Activities of Daily Living (ADL) training at Bangabandhu Sheikh Mujib Medical University (BSMMU)
- Four occupational therapists attended an International training program on 'Making sense of senses for children with autism' in Bangalore, India.
- Music Therapy and its introduction at CRP
- Training on maternal health and childhood disability arranged by Interprofessional Project on Disability, Maternal and Child Health (IPODMCH), Queen’s University, Canada
- Functional Electrical Stimulation (FES) by an expert occupational therapist, Amir Mohammad Rizvi, from Australia
- Hand therapy
- In addition to the afore-mentioned training, paediatric staff successfully completed online courses run through Queen’s University, Canada

Staff from the Paediatric unit provided consultancy to Annual Development Program World Vision in Bangladesh. Staff assessed people with disabilities and made recommendations for appropriate assistive devices. This work has been continued by clinical physiotherapist Feroz-Al-Mamun at CRP.

We are very thankful to our friend Jean Ward (senior physiotherapist from the UK) who returned to CRP to share with us her extensive experience and provide support to our therapists. We also got a chance to introduce new music intervention techniques and ideas into our group therapy programs with the help of Joshua Berryman, Meredith Drinkell and Anna-Lee Robertson, music therapists from Australia. Finally we would like to thank Gundula Stevens (senior occupational therapist from the UK) who gave up her valuable time to share ideas about therapeutic OT interventions for children with cerebral palsy.
We were pleased to welcome international students to CRP to complete their clinical placements in PT, OT and SLT on the paediatric unit: Elizabeth Sullivan, Nicole Randt and Megan Kelly were OT students from Pacific University, Oregon, USA; Hanna Kottl and Anna Rogenhofer were OT students from Australia and Austria; Sharon O’Sullivan was an experienced PT from Ireland and Breanna Bailey and Steff Auderer were PT students from Australia.

During the reporting year the CRP paediatric unit has undergone a number of important changes, which have helped to improve our services. We have fully implemented a new database system for inpatient and outpatient appointments to systematically store patient data and improve the accuracy of appointments. From last year orthotic experts and physiotherapists worked to provide an orthotic clinic on the paediatric unit. We also commenced a staggered inpatient admission schedule (20 patients per week), as a way to manage our long waiting list. Three therapists (OT, PT, SLT) have had the opportunity to join the multidisciplinary team in the outpatient service to improve the screening of new patients. CRP and Queen’s University have started a collaboration to produce a picture-based home therapy manual for mothers/caregivers of children with cerebral palsy, we expect this to be published next year. Finally, over the coming year, we look forward to new training opportunities, workshops and visiting clinicians who will help us to further improve our services.

**5.6 SOCIAL WELFARE**

CRP’s Social Welfare Department (SWD) determines the need for all kinds of financial and social support for both In- and Out-Patients through in-depth assessment of socio-economic status. The Department works in two main areas, in the institution and in the community.

**Institutional Service**

At this stage Social Welfare Department (SWD) arranges for patient admission, assessment (taking into account each one’s socio-economic status, family and community environment, educational qualifications) and discharge; facilitates treatment by collecting blood for emergency management for poor patients; arranges financial support for some patients; supplies medicine, shoes and clothes; arranges weekly meetings and capacity building training with patients; communicates with patients’ relatives; arranges emergency transfers; manages referrals; helps prepare patients to take decisions for their future occupations. This Department also arranges recreational programs and sports for patients.

**Community Service**

At this stage SWD arranges follow up services (by Out-Reach Team home visits & telephone communication). Under this service Out-Reach Team (Staff of PT, OT, Nursing & Social Welfare) meet with patients in the community, prepare a report for each of them and later take necessary actions. SWD Department is trying to rehabilitate SCI people in their community through mobilizing local resources, including prominent persons and community leaders.

In this reporting period, the following activities were successfully carried out by the Social Welfare Department:
5.7 PATIENT COUNSELING SERVICE

Psychological and social adjustments are essential considerations for patients following a catastrophic, life-changing injury. As well as treating the physical needs, the patient and his or her care-givers require emotional support. Newly-injured individuals may experience grief, similar to that following the death of a loved one. They may experience Acute Stress Disorder (ASD) and without proper treatment this may turn into Post Traumatic Stress Disorder (PTSD). As well, negative feelings could develop into major psychological problems which could adversely influence the physical rehabilitation process.

In this reporting year, all CRP spinal cord injured in-patients received counseling to help identify and understand their feelings and were helped to adapt to their new situations in terms of developing self-confidence, and encouraging family support.

69 couples received psychosexual counseling and were found to have resumed sexual activity with only a few difficulties. Interestingly, two of our male patients have been able to have children with their partners following their injuries.

Victims, caregivers and family members from the Rana Plaza collapse are receiving mental health services regarding ASD, PTSD, depression, bipolar...
disorder etc. from CRP’s mental health team (counselor, peer group, psychiatrist, volunteer psychologist, occupational therapist and foreign volunteers), which is helping to strengthen their rehabilitation.

My name is Md. Sohel, I am 25 years of age and I am from Jhalokathi. On the 27th of December 2012 my day began as usual. I carried a bag of green chillies on my head. Suddenly, I slipped and fell down. Afterwards I had no muscle power and sensation in my whole body except my head and mouth. With anxiety and frustration I spent three days in the district hospital and then was referred to CRP. I was admitted and diagnosed as complete traumatic quadriplegic with cervical 7 vertebra fracture and neurological level injury of cervical 4. I spent about 6 weeks in traction. During that time I learnt a lot of things about my condition from the multidisciplinary team, which was made up of occupational therapists, physiotherapists, doctors, nurses, counselors, peer counselors, vocational trainers and other professionals. I gained hope about my new life. I started my rehabilitation program to learn how to cope and adjust to life with a spinal cord injury. One day I thought about my sexual life and I was confused, noticing that my wife was frustrated and low in mood about this too. I thought:

❖ Should I continue to have sex?
❖ Will I be able to satisfy my wife?
❖ What happens if I am not able to gain an erection?

These thoughts were too complicated for me to understand and I continued to worry about these things. I was always thinking about this and could not pay attention to other activities of rehabilitation. I was then able to share my thoughts with the peer counselor and was referred to another counselor.

After some time I moved to the halfway hostel at CRP. My partner and I met with the counselor and we had discussions during a sexual counseling session. Step by step we could openly discuss our difficulties with the counselor. With some tips I tried to become intimate with my wife but the result was frustrating because:
My penis was not very erect
❖ The erection was not maintained
❖ I did not ejaculate

Again, we went to the counseling department and gave our feedback. In response to our problems the counselor conducted another session with us and gave some new advice, including the use of local penile rings. With this help we received a better result and found new hope in our sexual lives. With only a few difficulties now I am able to enjoy my sex life and my wife is happy with my performance and free from mental stress. We are confident and believe that with adequate sexual counseling couples who are affected by SCI can enjoy their sexual lives once again.

After my accident I never thought that I can....... but I CAN.

So WE CAN

5.8 COMMUNITY BASED REHABILITATION (CBR)

People with disabilities face many barriers to receiving equal opportunities, which ultimately results in social exclusion and low social status. Through CBR intervention, in close collaboration with Upazila Disabled People Development Council (UDPDC), CRP has been striving for socio-economic empowerment of people with disabilities (PWDs). Thus, PWDs can access health, education, employment and information. They can collectively resist social injustice and demand their rights and entitlements through the improvement of services provided.

Major Interventions
Over this reporting period, CBR staff observed International Disability Day in 60 communities around the country, conducted 4 mobile clinics and arranged 11 community level road safety campaigns in close collaboration with respective UDPDCs. The CBR department also arranged 2 CBR training programs and 3 Patient Care Giver Training programs.

Achievements
Over the reporting period CBR staff helped PWDs become more physically, socially and economically independent, which has helped them to successfully reintegrate into their local communities. This was achieved through the following means:
❖ 387 PWDs received loans ranging from Tk.10,000 – Tk.15,000
❖ 496 PWDs received advice from their local UDPDC in order to access Vulnerable Group Development (VGD) and Vulnerable Group Feeding (VGF) programs which are run by the Government of Bangladesh
❖ 52 PWDs received disability allowance from the Government
❖ 559 PWDs received identity cards entitling them to concessions and priorities
❖ 369 ex-patients received health care accessories including catheters, spare parts for wheelchairs and various educational materials
❖ 168 ex-patients received mobility aids including wheelchairs, special seating, prosthetics and orthotics support
❖ 46 disabled entrepreneurs received capital support and 39 disabled entrepreneurs received equipment support to bolster their enterprises and strengthen their economic rehabilitation
❖ 1258 patient follow-up visits were conducted
❖ 08 cerebral palsy children were visited through CBR intervention.
5.9 SPORTS TRAINING

Disabled sport is increasingly on the development agenda. The World Bank estimated that approximately 600 million people have some form of disability of which 80% live in developing countries like Bangladesh. CRP believes that sports are the gateway to reintegrating this disadvantaged group into society. CRP aims to improve the lives of disabled people in Bangladesh through the promotion and provision of high quality sports opportunities. Patients play both individual and group games on a daily basis and CRP organises monthly, quarterly and annual sports events. Patients from CRP always head the leader board in the physical disability category at national sports events.

CRP’s future plan is sports workforce development, inclusive club development, participants pathway in national, regional and international sports events to raise awareness, work with partners to develop new dedicated and inclusive opportunities and to utilize local self help groups in sports activities. CRP works in partnership with different stakeholders like UK Sports to develop sports.

5.10 VOCATIONAL TRAINING

CRP vocational training institute started its journey in 1999. In October, 2003 this institute was affiliated with Bangladesh Technical Education Board (BTEB). At present, there are two training centres, one located at CRP-Savar and one at CRP-Gonokbari. Physically challenged people from all over Bangladesh can take advantage of the free residential training offered at the two CRP centres. CRP aims to ensure all graduates of their vocational training course move into gainful employment.

Follow Up Information:

A total of 122 vocational trainee graduates have been followed up to check their employment status (100 male and 22 female). 89% were employed and 11% unemployed.

Respected donors:
Marks and Spencer, UK, International Labour Organization (ILO-Bangladesh), Manusher Jonno Foundation (MJF), ICRC, John Reeves family, UK and garments manufacturers and employers of Bangladesh.
Notable events:

- Eight vocational students attended a T-20 Friendship Cricket tournament held at BKSP Field & Radio Colony Field on 17, 18 & 20 May 2013 organised by CRP, ICRC & Disabled Sporting Society India. One vocational student lead the match as captain.

- 22 vocational students attended the National Games on 30 and 31 December 2012 at Moham-madpur Physical College field organised by National Association of Sports for the Persons with Disability (NASPD) and won several prizes.

Future Plan:

CRP wants to set up a vocational training institute specifically for physically challenged people in Manikgonj with the support of the Social Welfare Department of Bangladesh.

5.11 SPECIAL SEATING

The aim of this Unit is to provide high quality mobility aids and assistive devices to CRP clients. In 2013, the Special Seating Unit (SSU) has substantially increased its production capacity by modifying the size and layout of its facilities. As expected, the number of patients requiring postural inserts and mobility aids has also increased from 10 units (in previous months) to 25 units. It is essential for the SSU department to develop a strategic plan to address this situation.
There has been an identified need for a tilt-in-space mechanism to be fitted to wheelchairs. Tilt-in-space wheelchairs are used when a quadriplegic patient commences sitting and feels faint due to slow venous return also for pressure reduction and to enhance appropriate positioning (in some cases during mealtimes). SSU was able to successfully develop and trial a tilt-in-space wheelchair (G2 model). This new product is now available for clients and the feedback from clients and health professionals has been very positive.

As part of SSUs ongoing commitment to training, two of our technicians were selected to further increase their knowledge by participating in specific training programmes: Technical skills, design and ideas, clinical skills and professionalism at the workplace. SSU was delighted to have the assistance of Louise Way (Bio-engineer from the United Kingdom), to conduct several professional development courses and to provide new ideas to the seating production department.

SSU has developed a number of new and affordable therapeutic devices including a clavicle splint, an abduction cushion and a chair for children with athetoid cerebral palsy. All new products are manufactured using locally sourced materials.

In collaboration with volunteers from overseas (Leo Gnivi-OT from Australia) we are planning to develop new accessories to improve the safety of the wheelchairs produced by CRP. We are in the process of developing anti-tip bars to prevent wheelchairs from tipping over and we are also exploring the possibility of fitting pediatric wheelchairs with spoke guards. Spoke guards are used for extra protection and to give the wheelchairs a personal touch (a more attractive/colorful product).

It is also important to explore the use of different materials (alloys, foam and upholstery) in order to improve the quality and to reduce the overall weight of the wheelchairs produced at CRP.

SSU has already developed and put in place an ongoing training schedule (starting 20th August 2013) for new therapists to enhance their knowledge in this highly specialized area. This department will benefit from the implementation of a multidisciplinary approach to specialized seating (assessment and prescription of postural inserts and wheelchairs). However, in order to achieve this goal, it is crucial to provide therapists with the opportunity to access relevant training programs. We are also pleased to report that we are collaborating with BHPI to further develop their curriculum and to increase the number of students and interns at SSU.

Child with cerebral palsy in a specially designed chair

5.12 APPROPRIATE PAPER-BASED TECHNOLOGY (APT)

Our Appropriate Paper-based Technology (APT) has developed and delivered more products than previous years. APT has also trained a new Community Rehabilitation Technician (CRT) and provided training opportunities for participants.
from eight different regions. The training program was conducted by Janet Ivin (OT) and John Carter (engineer). APT has also developed some new products including a mealtime table, weight bearing equipment for spinal cord patients and a new paediatric chair.

5.13 PROSTHETICS AND ORTHOTICS (P&O)

Bangladesh is a poor and overpopulated country. The WHO estimated that in low income countries around 0.5% of a given population are in need of mobility and assistive devices.

Prosthetics & Orthotics (P&O) provision is essential to ensure the inclusion of people with disabilities into mainstream society. It is important also to promote an environment where all people with physical disabilities have equal access to health care, rehabilitation, education, employment, the physical environment and information.

The P&O department at CRP produces a large number of prosthetic and orthotic devices, from simple arch supports to more complicated devices such as above knee prostheses. The P&O department uses modern technology in the assessment, manufacture and delivery by the experts trained in India and Vietnam. We have 6 professional staff and 13 technician staff. There are 5 staff members being trained at Mobility India, 2 in Vietnam and 1 in Tanzania all receiving specialized training in prosthetics and orthotics. The prosthesis and orthosis made at CRP are light weight, durable, easily available, modern, easy to use, cheap, easy to maintain and natural looking.

The International Committee of the Red Cross (ICRC) has been supporting CRP’s P&O services since 2003, providing raw materials, tools, machinery and equipment, as well as providing expertise in clinical management and the manufacturing of devices.

It is understood at the P&O department that quality of services is important in the clinical management of the patient. In this regard, quality control measures have been implemented in the department to ensure satisfactory quality of services.

The public services provided by the Bangladesh health/physical rehabilitation system are lacking, making it difficult for most people living in rural areas to attend clinics. CRP’s CBR workers provide support to disabled persons in the rural community ensuring good follow up to their patients.

CRP is one of the organizations which focuses on a holistic approach to rehabilitation as well as helping poor persons with disabilities to rehabilitate
socially. This P&O service strives for social inclusion of the people with disabilities. It is our pleasure to inform you that CRP extended P&O service to AK Khan CRP, Chittagong (full time) and CRP Mirpur (Saturday and Tuesday).

<table>
<thead>
<tr>
<th>Working Stations</th>
<th>Total patients</th>
<th>Follow Up patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRP Savar</td>
<td>4690</td>
<td>2678</td>
</tr>
<tr>
<td>CRP Mirpur</td>
<td>1083</td>
<td>406</td>
</tr>
<tr>
<td>AK Khan CRP Chittagong</td>
<td>260</td>
<td>62</td>
</tr>
</tbody>
</table>

We continue treating children with clubfeet in the Ponseti method and fitting foot abduction braces where necessary. 504 Dennis Brown splints were delivered and 292 patients returned for follow up.

Last year the P&O department supported the very poor disabled by providing mobility devices with a certain cost contribution from patients where necessary, subsidised with the financial help of International Committee of the Red Cross (ICRC). In the year 2012–2013, 475 patients were supported by ICRC, and the Social Welfare Department of CRP supported another 237 patients with prosthetics and orthotics.

The 1st National conference of Bangladesh Society for Prosthetics and Orthotics (BSPO) was held in CRP Mirpur in April 2013. 4 staff from CRP also attended the International Society for Prosthetics and Orthotics (ISPO) World Congress in Hyderabad in February 2013.

6. EDUCATIONAL PROGRAMS

6.1 Bangladesh Health Professions Institute (BHPI)

This year, BHPI has made fantastic progress. They started a M.Sc program in Physiotherapy under the University of Dhaka, the first of its kind in Bangladesh. BHPI believes the graduates from this program will be able to deliver highly specialized Physiotherapy services to meet the diverse needs of patients. Being a leading educational institution for therapy professions in Bangladesh, BHPI has also committed to starting a M.Sc in Rehabilitation Science under the University of Dhaka with the assistance of SAARC Development Fund (SDF). The SDF Board of Directors have now approved the project for a Regional Inter-professional Masters Program in Rehabilitation Science at BHPI, CRP. The curriculum for the program has been approved by the University of Dhaka and BHPI will have its first intake of 15 international students.
from SAARC countries along with 15 Bangladeshi students from July 2014. The programme will be run in collaboration with Queens University, Kingston, Canada and York St. John University, UK. The program will offer a significant number of scholarships for its students.

BHPI has been running 11 courses at the level of M.Sc, B.Sc, Diploma and Certificates. BHPI is the only educational institution in the country which offers B.Sc in Occupational Therapy and a B.Sc in Speech and Language Therapy. The Institute is affiliated with the University of Dhaka, State Medical Faculty of Bangladesh and National Academy for Primary Education. It reveals that BHPI graduates have made a tremendous impact demonstrating professional expertise both at home and abroad. The students are taught values and are guided towards social responsibilities along with class room teaching. Sports and Cultural events of BHPI aim to revive bodies and minds of students. Students also exhibited their humanitarian role in the Rana Plaza disaster by donating blood and providing logistical support for the victims.

With the expansion of the educational program, physical expansion has also taken place. Moreover, BHPI has established a separate examination centre and obtained approval as the examination centre for the University of Dhaka. Now, only BHPI students have this opportunity and they have been sitting their external examinations at BHPI for both B.Sc and M.Sc level programs. Recently, the University of Dhaka also approved BHPI as one of the Masters Program examination centres.

This year, BHPI demonstrated success in its academic performance. The last published results from Dhaka University show that 88%, (98/111) passed in first, second, third and fourth professional B.Sc in Physiotherapy examinations. Out of 17 occupational therapy students, 17 successfully passed and success rate is 100% at 4th Year examination. In Speech and Language Therapy course, 13 students successfully passed out of 14 students at 4th year final examination, the success rate being 93 %. BHPI was also successful in Diploma level examinations.
The last published State Medical Faculty examination results reveal great success: 61 students out of 71 passed, a success rate of 87%. The result of Certificate in Special Education (C-in-Ed) course shows 100 % passed in the academic session 2011-12.

BHPI library has evolved into a digital library in this reporting year. Recently, the library introduced digital circulation and services (www.library.crp-bangladesh.org) and users have been making good use of these opportunities. Library users can access about 7000 health journals using HINARI.

BHPI has been working towards starting a Master of Occupational Therapy and a Diploma in Orthotics and Prosthetics from 2014.

### 6.2 CRP NURSING INSTITUTE

CRP Nursing Institute at CRP runs a three – year Diploma in Nursing Science & Midwifery course with the approval of the Ministry of Health & Family Welfare in affiliation with the Bangladesh Nursing Council (BNC). The capacity for intake is 50 each year.

In the last 3 years 57 students have passed the BNC licence examination. Those who have passed are working successfully at renowned hospitals across Bangladesh.

The Bangladesh Nursing Council and Ministry of Health and Family Welfare permitted the establishment of CRP Nursing College. We are now awaiting affiliation with Dhaka University.

This year CRP Nursing Institute did not celebrate the International Nurses Day on 12th May. Instead they donated the funds for this celebration to help with the cost of care for the Rana Plaza survivors.

### 6.3 WILLIAM AND MARIE TAYLOR SCHOOL (WMTS) (The Inclusive School of CRP)

The William and Marie Taylor School (WMTS) history traces back to 1993 when a Special Education Needs Unit (SENU) was established to focus on the care of children with disabilities. In 1996, an Inclusive Education Unit (IEU) was formed to promote integrated education. Finally, in the year 2005, a school was set up within the CRP complex to include both units with an aim of providing inclusive education for both able children and those with special needs.

Four classes come under the SENU and these are designated for children with special needs who require additional care and attention. At the time of admission, a child with special needs must
undertake two classes - “Beli” (Jasmine) and “Golap” (Rose). At a growing student population of 260, which includes 85 special needs children, the school is constantly admitting new students who require special care. It is for this reason that “Beli” now has two divisions, “Beli 1” and “Beli 2”. Upon successful completion of the first two classes, these children are then integrated to study alongside their peers in the mainstream school. Two classes, “Shapla” (Water Lily) and “Shimul” (SilkCotton) exist to provide special care for integrated students. The IEU consists of 8 classes with morning and afternoon shifts. The morning shift consists of play, nursery and kindergarten class and the afternoon shift consists of class one, two, three, four and five.

We also attempt to include innovative therapies such as hydrotherapy, riding therapy, recreational therapy, appropriate paper technology, indoor and outdoor games to aid rehabilitation. In addition to these treatment options, students are given the opportunity to take part in vocational training which encompasses gardening, goat, rabbit and poultry rearing, sewing for girls, computer literacy and shop keeping. These training options are formulated with the eventual goal of successful assimilation of our students into the community.

Throughout the year, WMTS played host to numerous visiting organizations from both within the country and abroad. A significant proportion of our visitors represent educational institutions. These include students and faculty members from Dhaka University, Bangladesh Public Administration Training Centre (BPATC), Shikder Medical College & Hospital, International School Dhaka, KOICA and the American International School based in Dhaka. As a school with a strong focus on early childhood and special needs education, we hope that students visiting from these institutions gained knowledge and were inspired by our work. We hope that they will go on to make contributions to the propagation of disability awareness in the wider society. Raising awareness of the necessity of primary education and disability care is indeed an important goal. We were delighted to
receive politically active visitors from the British High Commission, Plan Bangladesh, MPs from parliamentary groups and members associated with the ministry and the Dhaka Cantonment. In addition, visitors from a wide range of local and international companies came to our school, including Li & Fung (Bangladesh) Ltd and representatives from Liliane Fonds.

Our staff attended two specialized training programs at CRP and Bangladesh Protibondhi Foundation (BPF). The training program at CRP was arranged by AHEAD Project of CIDA. This training was on ‘Inclusive Education’ and was arranged for teachers of the WMTS. The Principal of the WMTS conducted the training program. BPF organized training on ‘Use of senses for learning for children with Visual Impairment and Multi-Disability’ which was attended by the occupational therapist and special educator. The principal of WMTS attended a two day workshop on “Pedagogical Skills for Teachers in Inclusive Education” arranged by Prof Nazmul Haque, Institute of Education and Research, Dhaka University.

The WMTS introduced a Pre-Primary School for children this year, which consists of a two hour class. There are 40 children in the Pre-Primary School. The Pre-Primary room has four corners - books & picture corner, creativity corner, puzzle corner and block corner. The purpose of this new service is to facilitate children’s learning through play and fun.

Our collaboration with MAITS, a UK based international training organisation continues. They facilitate training programs for teachers, therapists and caregivers at the WMTS.

Riyadul is an 8 year old boy who came to school with a hearing impairment. At that time he was unable to communicate with teachers and students. He has since received a pair of hearing aids which has changed his life. He is now able to communicate with teachers, students and other people in his community.

To further promote our ideology of “Education for All”, our plan for the future is to further expand admission of children with special needs into the school and to ensure their integration into mainstream education.

7. INCOME GENERATING ACTIVITIES

The Income Generating Activities (IGA) Department has had an eventful year. A good number of new initiatives were taken for the greater welfare of CRP and its patients. Significant increases in production capacity of the metal workshop substantially contributed to the enhanced mobility for paraplegic and tetraplegic patients around the country.

**Metal Workshop**

IGA has served World Vision Bangladesh, Islamic Relief Worldwide, Muslim Aid, British Council, Child Sight Foundation, DRRA and many more benevolent organizations who work in the remote areas of the country. About 26 different types of metal assistive devices are in the product range and the metal workshop works very closely with experts from home and abroad for the innovation of new devices. Under the MOU with World Vision Bangladesh (WVB), IGA now travels with its services to rural areas where health facilities are very poor. A powered wheel chair has been developed over the last year and is now in the test phase.
Wood Workshop

The Wood Workshop continued its services by delivering its goods exclusively to internal and external customers. CRPs six divisional centres, BHPI and the IDLP project offices were equipped mostly with CRP’s own branded furniture. The Wood Workshop kept its retail presence by selling its products from different selling points in Dhaka. The well known retailer Jaatra and Folk International have become retail partners and display CRP’s products on their shelves.

Nursery

The CRP nursery is gradually expanding its business by diversifying its focus to Grow Bags, compost making and mushroom cultivation. Grow bags are extremely useful in a country like Bangladesh where space is limited. Grow bags can easily be used on roof tops, balconies or in corridors and require very simply technology to grow plants effectively. Patients are being trained with this technology and motivated to disseminate this idea among their peers. Compost making from organic waste was reintroduced last year and is a successful operation. This organic compost is used for all the plants at Savar and the process of compost making was disseminated by trained staff to their colleagues and patients.

CRP Aware Shop

A sharp increase was evident in the sales of CRP-Aware shop both in Mirpur and Savar. Constant upgrading of the product range, service delivery and shop management continues. BKASH-the very popular nationwide mobile to mobile money transfer is available in CRP-Aware which is bringing more revenue to the shop. Hence, this service obviously is a great assistance for the patients, students and colleagues to transfer cash in any urgent situation.

Social Business

IGA has drawn up a social business plan based in a small workshop at CRP-Gonokbari. Wheel barrows and stretcher vans have been produced there under the Bordo International sponsored project.

CRP Cafeteria

CRP’s cafeteria was refurbished, equipped and restructured during this reporting year in order to provide hygienic, delicious and reasonably priced meals. Storage capacity was increased, staff management improved and an automated reporting system introduced. All these steps gave a more professional feel to its customers throughout the whole year.

CRP Pharmacy

CRP pharmacy had a great experience in dealing with a larger number of customers with a wider product range during the year. This resulted in increased profits.

Prining Press

The Printing Press is one of the most important sources of income generation for CRP. The press experienced a boost in sales during this reporting year by supplying various printed goods to a number of internal and external stakeholders. A strategic decision was made to expand the press area and buy an additional machine and so generate more revenue in upcoming years.
Recycled Paper-Based Technology (RPT)
Recycled Paper-based Technology has experienced positive growth in this reporting year. All internal use (patient files, folders, letter size envelopes, A4 size envelopes, X-Ray Envelopes) are supplied by RPT. In addition, Bangladesh Garment Manufactures & Exporters Association (BGMEA), BGMEA University of Fashion and Technology, Viyellatex group and Interfab Shirts all reputable organisations, kept up their consistent support by providing us the raw materials as well as buying back the finished products. A significant number of products will soon be added to the product line. Also on-going efforts to improve the quality of the recycled paper will be made.

8. CRP CENTRES

CRP-MIRPUR
CRP-Mirpur is a 13 storied building in Dhaka city, built to provide increased capacity for patient treatment and help the financial sustainability of CRP. Construction was completed in 2004 but some services began in 2003. The building was designed to be wheelchair accessible with ramps providing access to the first five floors of the building. Garden areas are visible from every floor and the innovative use of light and space helps to create a calming atmosphere in the building.

CRP currently occupies the lower 6 floors of the building where it operates high class medical, therapy and diagnostic services. Additional services include a paediatric unit, post-stroke rehabilitation unit, operating theatres, and conference and catering facilities.
The upper seven floors are used for income generation for CRP through renting to tenants. All services at CRP-Mirpur are operated on a commercial basis with a view to making the largest contribution possible to the operating costs of CRP-Savar where many of the services to patients are heavily subsidised.

The first floor provides diagnostic services of the highest standard. The good quality X-ray machine complements the fully equipped pathology laboratory and ECG service.

**CRP-Mirpur provides the following services:**
1. Physiotherapy
2. Occupational Therapy
3. Speech and Language Therapy
4. Stroke Rehabilitation
5. Paediatrics with 14 day program
6. Out patient and Inpatient Medical Care Consultancy
7. Surgical Operations
8. Nursing Care
9. Domiciliary (Home-based) therapy
10. Orthotics and Prosthetics
11. Pathology, X-Ray and ECG facility

**Training:**
Four Diploma courses (PT, OT, Radiology & Imaging and Laboratory Medicine) accredited by BHPI with affiliation of the State Medical Faculty of Bangladesh.

About 400 patients are seen in various departments on a daily basis. Additionally, Mirpur centre generates income by renting floor space, conference and seminar rooms. The future plan of CRP-Mirpur is to rearrange the service areas and implement new services (hand therapy, hydrotherapy and others) in order to provide a fuller service for patients and to utilise the available space more efficiently.

**Summary of Income and Expenditure of CRP-Mirpur for 2012-2013**

Total income  BDT 85,496,894.89 (USD 1,096,114.04)
Total expenditure BDT 54,621,499.64 (USD 700,275.64)
CRP has expanded its rented premises in Moulvibazar for the accommodation of out-patients, in order to make the services more accessible to patients who live in remote areas. During the reporting period a total of 169 patients made 1362 physiotherapy appointments at CRP-Molvibazar and 388 patients made a total of 1677 appointments at the sub-district community health complex.

CRP-Gonokbari

CRP-Gonokbari is 15 km from the main centre at CRP-Savar. Women with disabilities are provided with residential training in industrial sewing machine operation, tailoring and mushroom cultivation. Other activities at this location include a plant nursery, the operation of CRP’s printing press and recycling of paper. This reporting period, a total of 37 women received training on industrial sewing machine operation under the Marks and Start project and a total of 12 women received training on readymade garments under the ILO project. 8 women received training in tailoring and 5 in mushroom cultivation. The income & expenditure in different projects of this centre are as follows:

<table>
<thead>
<tr>
<th>Areas</th>
<th>Expenditures (BDT)</th>
<th>Income BDT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plant nursery</td>
<td>37,329</td>
<td>2,95,559</td>
</tr>
<tr>
<td>Handicraft</td>
<td>14,718</td>
<td>2,18,100</td>
</tr>
<tr>
<td>Fish farming</td>
<td>Nil</td>
<td>1,80,000</td>
</tr>
<tr>
<td>Mushroom</td>
<td>23,636</td>
<td>18,741</td>
</tr>
</tbody>
</table>

CRP-Gobindapur

CRP-Gobindapur is in Moulvibazar District in the north east of Bangladesh. Here CRP has four bungalows set in 13 acres of land. These bungalows are rented to short stay visitors. Student placements in physiotherapy and occupational therapy are also run from the centre. The income from the accommodation rental offsets the operating costs of CRP-Gobindapur.

CRP-Manikganj

In 2003, CRP received a gift of two plots of land in Manikganj, approximately 30km from CRP-Savar. This was a gift from Mrs. Rehana Mahbub in memory of her late husband. CRP is currently developing plans for the use of the land in Manikganj which provides enormous potential for the expansion and improvement of CRP’s services in the area.

CRP-Nawabganj

CRP Nawabganj is yet to develop as a full fledged operational centre. At present activities of CBR (Community Based Rehabilitation) take place there. Various kinds of awareness programs in collaboration with UDPDC (Upazilla Disabled People Development Council) are also conducted.

A.K. Khan-CRP, Chittagong

By understanding the great need for treatment and rehabilitation services in Chittagong, A.K.Khan Foundation (AKKF) have extended their interest to establish a rehabilitation centre named 'A.K.Khan-CRP, Chittagong’ (a collaboration between CRP and A.K.Khan Foundation). This centre has been working since its inauguration on 2nd October 2012.

Patients’ Report January-June 2013:

Total new patients (therapeutic service): 438
Total number of patient treatment sessions: 3,830

Orthotics & Prosthetics Unit:

New Patients: 98
Device Delivery:-
Orthosis: 131
Prosthesis: 31

Activities/Program executed:
- Mobile Clinic
- Awareness program with IPDMCH
- Dissemination meeting
- Advocacy & networking
- Consultation meeting

Services Available:
- Physiotherapy
- Occupational Therapy
- Speech & Language Therapy
- Prosthetics & Orthotics
- Medical Care Service

In Process:
- Expansion of patient accommodation
- Vocational training in sewing, shop management, computer applications
- Cafeteria
- Facility of a generator
- Formation of Disabled People Organisation (DPO)

Inauguration ceremony of AK Khan-CRP, Chittagong

Afsar Hussain-CRP, Rajshahi

Afsar Hussain-CRP has a four storied building in the Rajshahi Division with disabled access. The centre provides rehabilitation services (physiotherapy, occupational therapy and speech and language therapy) and vocational training facilities (tailoring, shop management and computer training) for people with disabilities.

The centre aims to work at a community level to raise awareness of disabilities, advocate for the rights of disabled people and campaign to prevent disability. This is being done through disability awareness days and local campaigns. The centre also aims to create a barrier free community for disabled people by improving accessibility to homes and other places.

On 28th May, Afsar Hussain–CRP at Rajshahi, started its services with 1 centre manager, 1 occupational therapist, 3 physiotherapists, 1 speech and language therapist, 1 receptionist, 1 divisional CBR coordinator, 1 community rehabilitation technician and 4 guards. Since its commencement, staff have worked hard to promote the services of the centre and raise awareness of its referral process among organisations in the area. During this process they have visited 10 NGOs, 5 special schools and 6 hospitals. Some of the special schools founders, directors and NGO managers and disability officers have visited our centre to find out more about the services we provide.

An awareness raising session was conducted on basic disability issues on the 29th May 2013. This marked the start of the CBR program in the Rajshahi Division. The target group was school children in Class V and above. 60 children participated in the session which aimed to raise awareness about disability and prevention of disability. The hope is that the children will spread their knowledge to their communities and help to raise awareness of the facilities we provide at the centre.
A consultation meeting with stakeholders was conducted at Chapainababgonj Sadar hospital of Rajshahi on the 24th June 2013. The Government surgeon, Md. Abu Eusuf was the chief guest. The purpose of the meeting was to create awareness about CRP services and activities, improve the quality of services for people with disabilities and to help empower them. There were 20 participants present from Sadar hospital including an emergency out-patient doctor, 2 participants from CRP, Savar and 3 participants from Afsar-Hussain-CRP, Rajshahi.

From 28th May 2013 to 15th July 2013 we provided treatment for 25 patients. Conditions treated include cerebral palsy, neck pain, back pain, tennis elbow, spinal cord injury, prolapsed disc, arthrogryphosis, speech difficulties and attention deficit hyperactive disorder.

**ARDRID-CRP, Barisal**

With a piece of land donated by the organisation “Ardrid-Barisal”, the work for Barisal Centre has started. Plans for therapeutic services to commence in early July 2013 in a new rented building have been made. Within the next few years, our effort is to concentrate on expanding the land sites and completion of infrastructure for the development of a permanent facility.

The above mentioned divisional centres of CRP based in Chittagong, Rajshahi and Barisal have received generous funding from the Christoffel-Blindenmission Deutschland to cover equipment costs and services of the *Integrated Disability & Livelihood Project (IDLP)* running from October 2012 to December, 2015. IDLP support includes costs of treatment and rehabilitation, awareness raising activities and personnel. In the coming years, vocational training for persons with disabilities will commence in all these centres providing for livelihood support. After completion of this vocational training, they will receive capital support for starting income generation activities.
9. CRP PROJECTS

9.1 Interprofessional Project on Disability, Maternal and Child Health (IPODMCH) in Bangladesh

The International Centre for the Advancement of Community Based Rehabilitation (ICACBR), Queen’s University, Canada has been implementing the IPODMCH in Bangladesh in partnership with CRP since December 2011. The project is funded by the Government of Canada through the Canadian International Development Agency. The purpose of the project is to contribute to strengthening health systems by developing human resources in health capable of using an interprofessional approach. The focus is to respond to Maternal and Child Health and Disability (MCHD) needs at the community level and thus contributing to the reduction of maternal and infant mortality and disability rates in five districts in Bangladesh. This three year long project aims to provide training, education, policy advice and coordination reaching over a thousand interprofessional MCHD workers, community health workers, policy makers, partner organizations, students in health studies and 12,000 community members in Dhaka, Chittagong, Moulvibazar, Rajshahi and Barisal districts.

From July 1, 2012 to June 30, 2013 the IPODMCH completed four modules (five days each) of Training of Trainers (ToT) with 34 health service providers, trainers and administrators and 18 district workshops involving 40 community level service providers. The projects organised 21 Interprofessional Days at the community level to raise awareness of disability and MCH involving 5396 people (M 1498, F 3898) including 258 people with disabilities. In addition to this, two policy fora and a conference were organized by the IPODMCH involving over 100 policy makers from different ministries, directorates from the government of Bangladesh and officials of more than 10 national and international NGOs working in Bangladesh. Moreover, 35 individuals including four people with disabilities working in different Maternal Child Health and Disability organisations completed the Queen’s University
ICACBR online certificate program on ‘Disability in the Community: CBR and International Development’ under this project. CRP staff and volunteers took part in project activities including four employees who completed the ToT Program and fourteen the online program. The project organized six Inter Professional (IP) days at CRP including support for the Open Day and a Sponsored Walk. To facilitate participation of women with disabilities, the project organised a couple of meetings with women with disabilities from CRP to agree on steps to advocate for the rights of women with disabilities. The project donated five pelvic models to the CRP Nursing and Midwifery Institutes to support the teaching process. During the reporting period, Her Excellency Heather Cruden, High Commissioner of Canada and a CIDA official from Canada visited the activities of the project.

In the coming year, the IPODMCH is planning to implement a four module Training for the Trainers course for 38 MCHD service providers, 18 district workshops, over one hundred IP days and five district level networking meetings. These activities will further enhance capacity of MCHD service providers and communities to ensure prevention, early identification of paediatric and maternal disabilities and to enhance access to services in Bangladesh.

9.2 Access to Health and Education for all Children and Youth with Disabilities (AHEAD) in Bangladesh

The International Centre for the Advancement of Community Based Rehabilitation (ICACBR), located at Queen’s University, in Kingston, Ontario, Canada, is an organization committed to mainstreaming disability and advancing the concept of community based rehabilitation (CBR) practice in partnership with women and men with disabilities and their communities around the world.

From early 1991 ICACBR has worked in over 20 projects in 18 countries collaborating with multilateral, international, national government and non-government agencies. Access to Health and Education for all Children and Youth with Disabilities (AHEAD) project is supported by
the Government of Canada and is working in partnership with the Centre for the Rehabilitation of the Paralysed (CRP).

AHEAD project is a five year project that will end in December 2017. The project is designed to address the key barriers in order to contribute to the ultimate outcome - improved quality of life and fulfillment of human rights of young women and men, boys and girls with disabilities in Bangladesh. It will contribute to inclusion of children and youth with disabilities to ensure their safe and secure futures. The key barriers for full participation of children and youth with disabilities are:

- insufficient understanding of disability
- inaccessibility of health education facilities
- negative attitudes
- lack of vocational services
- lack of trained personnel
- lack of coordinated implementation of policies, programs and services

AHEAD is working in 13 locations of Bangladesh where CRP has existing sub-centres or activities. The locations are Dhaka, Manikganj, Narayonganj, Gazipur, Barisal, Sylhet, Moulvibazar, Comilla, Chittagong, Khulna, Mymensing, Tangail and Rajshahi.

The project has organized several day-long introductory workshops including one for primary education teachers on Inclusive Education and another “Peer Counseling: Persons with Disabilities” for people with disabilities. AHEAD will develop a Peer Support Forum in CRP as well as throughout Bangladesh. The Project also organized a Health Professional Stakeholders’ workshop with health professionals from different organizations and two stakeholders’ meetings with representatives of government and non-government organizations in Manikganj and Moulvibazar. The AHEAD project is also supporting the one year Special Education Training for primary Government teachers under the Bangladesh Health Professions Institute (BHPI) and vocational training of women with disabilities through the Vocational Training Institute in Gonokbari.

This project has organized two mobile clinics in cooperation with Manusher Jonno Foundation (MJF) project at CRP-Moulvibazar and CRP-Manikganj. The AHEAD project supported the disability cricket tournament to encourage the Bangladeshi disabled team from CRP play against the Indian disabled cricket team. The AHEAD project is looking forward to implementing many activities and events over the course of the upcoming year.
## HUMAN RESOURCES

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<th>The Board of Trustees</th>
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<tr>
<td>CHAIRMAN</td>
<td>Mr. Muhammad Saidur Rahman</td>
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<td>TRUSTEES</td>
<td>Ms. Valerie A. Taylor</td>
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<td>Maj. Gen. Dr. Muhammad Nurul Haq (Retd.)</td>
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The Human Resources Department of CRP is working to develop efficient human resources through effective and efficient practices and consistent policies. It is a 5 member team. In the reporting year we were engaged in various activities including recruitment, training and development of employees, performance appraisal, compensation and benefits management and employees welfare. The department fulfilled CRPs manpower needs using internal and external sourcing. In year 2012-2013 it arranged different local and international training e.g. 4 years long B.Sc. in Prosthetics and Orthotics in Tanzania, which was supported by ICRC; ISO 9001 training organized by Bureau Veritas; Hospitality and Tourism Management conducted by Dr. Osama SM Khan, University of Surrey. The department also encouraged and provided support to attend seminars and workshops for skill development of the employees. As a part of regular HR activities it also conducted induction programs for new employees to orientate them to the policies and practices of CRP.

As part of policy, CRP encourages the recruitment of people with disabilities. Now in total 45 disabled employees are working in CRP which is 6.25% of the total number of staff. CRP is expanding its services day by day and to keep pace with this expansion, manpower is also increasing. As of July, 2013 the total number of staff is 720 which is 7.78% more compared to last year. An important work of the year was the implementation of performance based employee evaluation system.
11. RESEARCH, MONITORING AND EVALUATION

During this reporting year, CRPs Research and Evaluation Department has implemented a Patient Data Management System at CRP’s head office in Savar. From this digital database it is now easy to monitor the overall performance and progress of our health services. The database is an integrated and customized one which has allowed us to develop reporting systems regarding patient details and scheduling. It also allows financial reporting of different units for monitoring, evaluation and research purposes. CRP is going to introduce a digital patient data management system at CRP-Mirpur within the next few months.

The Research, Monitoring and Evaluation Department with the cooperation of CRP’s IT Department has also implemented the canteen management system in the CRP-Savar canteen allowing daily and monthly digital reporting of the canteen.

This department provides continuous support on the recent Rana Plaza tragedy, developing a comprehensive patient database, overall monitoring and service quality assurance of those patients.

We have started a 14 month long study titled “Outcomes of institute (CRP) based rehabilitation programe for people with spinal cord injury in Bangladesh: A before and after study of a rehabilitation programe” in February 2013. The study’s report will be published in April 2014.

12. INFORMATION TECHNOLOGY

The IT department have had an exceptional year which has brought about a number of changes to the IT infrastructure at CRP. The new IT department and computer training centre has been built with the kind help of Mr. Errol Doobay and his friends. The IT department is now called ‘CRP-Errol Doobay IT Centre’ and the computer training centre has been named ‘CRP-Allan Doobay Computer Training Centre’. Both were opened by Mr Errol Doobay.

In addition to this, the IT department has introduced a machine readable canteen management system for CRP’s staff and the students of BHPI. A digital book circulation system and large institutional repository has been introduced to the CRP-BHPI library with the support of BRAC University. Finally, the internet facilities have been upgraded to 3 Mbps and six wi-fi hotspots have been set up around the CRP campus, including for volunteers in their guest house.

Errol Doobay opening the CRP-IT Centre
13. ADVOCACY AND NETWORKING

This department is a vital cog in the machine that is CRP, helping to raise awareness of the good work we carry out and maintain important links with supporters and likeminded organizations both here in Bangladesh and throughout the rest of the world. In our department we aim to promote the establishment of equal rights for disabled people so that they may access important services such as education, which can in turn lead to increased employability and thus independence.

Here in Advocacy and Networking we are always looking to explore new avenues by which we can raise awareness effectively, reach the widest possible audience and expand our networks. For instance, we have identified social media (e.g. Facebook) as being a highly effective and cost free tool by which we are able to reach out to vast numbers of people, not only to promote the work of CRP, but to launch campaigns and provide advice that we hope will help to prevent avoidable injuries - tackling key problem areas such as road safety.

Coupled with these new techniques the Advocacy and Networking Department is very involved with several tried and tested methods of communication/promotion, such as: organizing community based awareness events (e.g. the annual CRP Open Day, sponsored walks and celebration of the International Disability Day) ensuring representation of CRP at national and international conventions for the rights of disabled people and working in collaboration with other NGOs – lobbying relevant government departments where necessary.

Following the Rana Plaza tragedy of April 24th 2013, CRP took in large numbers of patients with a multitude of injuries. The magnitude of the devastation resulting from this awful disaster has attracted widespread media attention and the Advocacy and Networking Department has been crucial to working with media organizations to ensure the victims of this tragedy have their voices heard throughout Bangladesh and the wider world, conveying the importance of the fantastic care provided by CRP and opening the eyes of the nation to the problems faced by disabled people in all of Bangladesh. The department worked on recording in a separate section of the website the impact of the collapsed building on each survivor. It documents the progress through CRP’s health services and vocational training towards independence. This task is on going.
14. FRIENDS OF CRP

FRIENDS OF CRP SWEDEN

For FCRP-Sweden, this last July-June has been characterized by its various ways of fund raising and of course the tragic collapse of Rana Plaza, which has nevertheless contributed to a great generosity amongst people. The working group has arranged fairs; a business leader has donated funds as well as people collecting money when arranging parties. Furthermore, people have asked friends and family to donate to FCRP for their birthday gifts and we have participated in flea markets. Numerous donation boxes placed in different shops and super markets have also generated funds. Regarding the spreading of information about the important work done at CRP and about us as a support organization, we have shown the film “Steps no, ramps yes!” at a cultural night and we have participated in a seminar concerning human rights. For the rest of our financial activity year we plan to continue our work, as well as encouraging more people to become involved in the organization.

Sofia Portström,
President FCRP-Sweden
Sofia.portstrom@live.se,
fcrp.sweden@gmail.com

THE VALERIE TAYLOR TRUST (VTT), UK

Immediately after the collapse of the Rana Plaza building in April 2013, we launched an appeal for funds for CRP. The result of that appeal far exceeded our expectations and, by September, over 125,000 British pounds had been received by VTT. Whilst much of this money came from UK sources we also received donations from individuals and organisations beyond the UK.

Our supporters across the UK continue to hold a wide range of fundraising activities throughout the year. These range from concerts, stalls at charity fairs and collections at football matches to

Selling cakes in Glasgow to support CRP through the VTT
sponsored walks and golf competitions. There seems to be no limit to the many ways in which funds are raised. We also encourage volunteers to visit CRP and to use their skills to contribute to so many aspects of its work.

Our Annual Supporters Meeting is held ever year in London during May. Anyone who is in the UK then is welcome to come and meet fellow CRP supporters over an excellent curry lunch!

Finally our best wishes go to all the staff at CRP who help to give a better life to so many people.

Bertie Woolnough CBE
Chairman Valerie Taylor Trust
Email: admin@valerietaylortrust.org
www.valerietaylortrust.org

FCRP-CANADA SOCIETY

Overshadowing all of our activities in this reporting period was the tragedy at Rana Plaza on April 24th, 2013. Response to our appeal has been remarkable and, as well as raising a great deal of funding, had the effect of expanding our network in many parts of Canada which has been very positive. President, Carolyn Scott, visited CRP in July, 2012, travelling to CRP’s sub-Centre in Chittagong and to the site of the new one in Rajshahi. Vice-President, Donata von Platen, and partner, Dr. David Sims, supported the “Surgeons for Smiles” Cleft Palate Clinic as well as being very involved in many other projects during November and December. Two Bazaars, both in November, were held within the campuses of Vancouver Community College. Some of their students were joined by Peter Donnelly (visiting from the UK) in giving presentations about their experiences at CRP. We are very pleased to announce that “Polly” Afrina Khan joined our board on June 1st. For more information about our activities, please contact:

Ms. Carolyn Scott (President)
348 St. James Cr.
West Vancouver, BC V7S 1J8
E-mail: carolynleescott@gmail.com Enquiries and donations are also welcomed via ‘snail mail’.

FRIENDS OF CRP-GERMANY

Activities of the Friends of CRP-Germany

In September 2012 we again had the chance to hold a Tombola in the centre of Ottobrunn near Munich. The neighbouring shops helped us with many sponsored toys. A number of people who go to the weekly market were interested in our work and supported us by buying lottery tickets. Our newly printed leaflets give valuable information for customers. We are happy to have collected more than 500 Euro for the CRP on this occasion.

In April 2013 we organized a special Flea Market, where people had the opportunity to sell any items in front of their own houses. Since it was the first event like this in Ottobrunn the local newspapers and some radio stations advertised widely for us. We had about 50 households selling their goods and received from each of them a small amount of money for the CRP. An additional income were the sales from the stall for the FCRP held in front of our house. This made an extra 350 Euro for the CRP and the donations of the other stalls were about the same amount. Apart from the income it was an exciting and enjoyable event in Ottobrunn.

We hope to manage another flea market like this in the summer of 2014. Shortly after our Flea market the Rana Plaza tragedy took place and it was reported widely in the international press. People in my neighbourhood and fellow supporters of the CRP showed their solidarity by giving extra donations towards this cause.
15. STAFF FACILITIES

• **Transport**
CRP provides transport facilities to its employees who come from the city of Dhaka, which is approximately 30 kilometers away from CRP’s head office at Savar. A new bus has been purchased for the welfare of CRP staff which picks them up from different places and brings them to CRP. It also drops them back at the end of the working day.

![A new bus for CRP-Staff](image)

• **Day care centre**
CRP’s day care centre at its head office at Savar continues to provide a service particularly for the children of staff members. This centre is well equipped with modern facilities for children and has a happy, home-like atmosphere.

![CRP-day care centre](image)

• **ATM Booths**
ATM booths of Dutch Bangla Bank Bangladesh Limited are installed inside the premises of CRP-Savar and in the reporting year at CRP-Mirpur, Dhaka. Staff are paid their monthly salary through this bank so the booths’ convenient location is of great help to all.

![ATM Booth in CRP-Mirpur](image)

• **Cafeteria:**
CRP has a well-equipped and well-furnished cafeteria where staff, students, patients and their attendants are welcomed with reasonable prices, hygienic and delicious meals. This year CRP management installed an electronic payment system. Patrons need to pay in advance and then have the cost of their purchases deducted.

![CRP-Cafeteria](image)
16. NOTABLE EVENTS

• Canadian High Commissioner’s visit to CRP-Savar

Canadian High Commissioner in Bangladesh, Her Excellency Heather Cruden visited CRP head office at Savar on 5th July 2012. She was given a warm flowery welcome by CRP’s school children. After that, she was given a brief presentation about CRP by the Executive Director. Then, Djenana Jalovcic, Project Director of IPODMCH (Interprofessional Project On Disability, Maternal and Child Health in Bangladesh) presented a brief description of this project to her Excellency. This project is a joint collaboration of Queens University of Canada and CRP-Bangladesh. After light refreshment, she went on a visit to all the departments of CRP-Savar accompanied by officials.

• Plan International Visits CRP

A group consisting of local and foreign officials of Plan International visited CRP on September 17, 2012. They had a brief discussion with Mr. Shafiq-ul-islam and Valerie Taylor on how to act more effectively for setting up special education schools around the country for disabled children. Emphasis was given on how to change the attitude of society towards these children and to develop a plan to integrate them into mainstream society. There was also brainstorming about how to extend the program with the help of CRP divisional centres in accordance with Govt. rules and regulations. After the meeting, they visited CRP’s paediatric unit.

• ADVOCACY MEETING ON ACCESSIBILITY

With the slogan "Steps No, Ramps Yes", CRP, with support from Manusher Jonno Foundation (MJF) organized an advocacy meeting on PWD’s accessibility at Dhaka University of Engineering & Technology (DUET) in Gazipur aiming to sensitise future architects as to disabilities and accessibility issues and promote inclusive development policies. Chaired by Dr. Engr. Md. Nazrul Islam (Department Head of Civil Engineering, DUET), a total of 70 teachers and students from DUET were present at the meeting. S. M Ali Hasnain Fatme, Project Coordinator and Md. Iqbal Hossain, occupational therapist from CRP presented on disability and accessibility issues. Video footage of CRP about accessibility was also presented. CRP plans to conduct a series of such advocacy meetings with different educational institutions as a part of each long term development strategy to foster inclusion and equal opportunity.
Capping Ceremony CRP Nursing Institute

CRP Nursing Institute celebrated the capping ceremony 2012 for the students of 2011-12 academic session on 19th September 2012, at CRP Reddaway Hall, Savar, Dhaka.

Mrs. Shuriya Begum, Registrar, Bangladesh Nursing Council (BNC) graced the occasion as the Chief Guest. Dr. Valerie Taylor and Mr. Shafiq-ul-Islam along with other CRP officials were also present.

Tilting Wheelchair Made in CRP

The First Ever Tilting Wheelchair in Bangladesh for spinal injured patients: fabricated by CDD and CRP. Patients with high level tetraplegia were assessed sitting up for the first time on the acute spinal unit at CRP. Due to the nature of spinal cord injury, poor postural stability, sitting balance and postural hypotension problems, tetraplegics find it difficult to sit in a low back manual wheelchair without high back support, thoracic supports and tilt-in-space features.

This wheelchair will be used in the spinal unit during the first few weeks of sitting and until the patient’s sitting balance improves. Prescribing this wheelchair for use in the community will probably not occur. It is recommended for use in the acute stages of hospital care only.

Skilled professionals from CRP and the Centre for Disability in Development (CDD) worked together to design and make this tilt-in-space wheelchair. A physician, therapists, engineers and technicians made up this team.

New Solar System installed in CRP-Savar

Now-a-days, global warming is a burning issue throughout the world. Almost all developed and developing countries are giving much emphasis to renewable energy sources. Solar power is one of the most reliable sources among them. To keep pace with its growing need of power, CRP has installed a new solar power system in its head office at Savar, Dhaka with financial and technical support from “Dulas”, a UK based renewable energy company. They donated a 1.6 kilowatt grid solar system to CRP. Cath Peasley, Head of the “Solar for Life” Department of “Dulas” and “Trade Vision” provided all the support to CRP to install the system. It will supply 800 watts per hour of
electricity to the main power grid of CRP.

• **CRP inaugurates its new centre in Chittagong**

In a bid to extend its physical rehabilitation services at divisional level, Centre for the Rehabilitation of the Paralysed (CRP) has opened up a centre in Kalurghat, Chittagong on October 2nd 2012. The facility was opened by Honourable Mayor of the Chittagong City Corporation, Al-Haj Manjurul Alam. Dr. Valerie Taylor; Mr. Shafiq-ul-Islam; Trustee member of Trust for the Rehabilitation of the Paralysed (TRP), Mr. Mustaque Ahmed; Chairman of A.K. Khan Foundation, A.K. Shamsuddin Khan; Trustee Secretary of A K Khan Foundation, Mr. Salahuddin Kashem Khan; Chairman of Chittagong Development Authority, Abdus Salam and Deputy Head of Operation of the International Committee of the Red Cross (ICRC) in South Asia, Christine Cipola were present on the occasion as special guests.

• **Hydrotherapy Pool Installed at CRP**

On 12th October 2012, American International School of Dhaka (AISD) installed two hydrotherapy pools (cryo-tub) in the pediatric units of CRP-Savar and CRP-Mirpur. Hydrotherapy is a special way of treating physically challenged children using the buoyancy of water. These pools were a need of our times and for this generous donation, CRP extends heartfelt gratitude to AISD and everybody associated with it.

• **Certificate awarding ceremony of “RMG sewing machine operator course” at CRP-Gonokbari**

CRP, in collaboration with the International Labour Organization (ILO) and Interfab Shirt Manufacturing Ltd, conducted a training, entitled “RMG Sewing Machine Operators”, under ILO Technical and Vocational Education and Training (TVET) reform project with an objective to demonstrate that people with disabilities, disadvantaged and with low formal education can become highly skilled workers through proper guidance and training. The certificate awarding ceremony to the 2nd and 3rd batch of “RMG sewing machine operator course” for women with disabilities took place on 13th October 2012 at CRP-Gonakbari.

In this ceremony, Mr. Srinivash Reddy (Advisor of ILO TVET reform project), Mr. Arif Abdullah (Senior HR Manager, Interfab shirt mfg. company Ltd). Mr. Shafiq-ul Islam, who opened the ceremony with his welcome speech, were
present. Following that, Mr. Reddy in his speech declared ILO’s consent and continuous support to CRP in future. In their speeches, speakers hoped that the pilot project would help to break down the barriers for the under-privileged including those with disabilities and work towards increased enrolments in TVET courses throughout Bangladesh.

Speakers hailed the training as an initiative that showed students with low formal education could become highly skilled workers if provided with the relevant knowledge and skills. In conclusion, Dr. Taylor thanked everyone associated with this project on behalf of CRP.

• Defence Services Command and Staff College (DSCSC) visits CRP

Defence Services Command and Staff College (DSCSC) is an international training institute of Bangladesh Armed Forces where the officers both from home and abroad attend courses for one year. As a part of their social program, members of the DSCSC ladies club paid a visit to the Centre for the Rehabilitation of the Paralysed (CRP) on 3rd of November 2012. They received a warm welcome from Valerie Taylor and Mr. Shafiq-ul-islam. Following that, there was a multimedia presentation on the activities and services of CRP. Then they enjoyed a guided tour around the campus.

• Executive Director of World Vision Bangladesh visits CRP-Savar

On 14th October, 2012, Jan De Waal, Executive Director of World Vision Bangladesh visited CRP-Savar with one of their volunteers from Australia. They had a lively discussion with Mr. Shafiq-ul Islam and Dr. Taylor of CRP and expressed their interest in working for the children with cerebral palsy in collaboration with CRP.

• Grameen Telecom Trust team visits CRP

On 16th October, 2012, a 6 member team from Grameen Telecom Trust visited CRP’s head office at Savar. This team was lead by Parveen Mahmud, Managing Director of the trust. They had a lively discussion with Dr. Taylor and expressed their interest of working in the rehabilitation sector, in collaboration with CRP and also with children with disabilities. The team then paid a visit to WMTS, CRP’s inclusive school and presented some gifts to the children.
• Dhaka American Women’s Club (DAWC) visited CRP

Jo Lynn Stephens (Charity Chairperson) with two club members of Dhaka American Women’s Club (DAWC) donated some toys to the children who were treated in the free Cleft Lip and Palate Surgical Camp at CRP-Savar on 16th November 2012. DAWC donated BDT 150,000 for the surgical camp.

• US Ambassador Dan W. Mozena visited CRP

US Ambassador in Bangladesh, His Excellency Mr. Dan Mozena along with his wife Ms. Grace Mozena visited CRP’s head office at Savar, Dhaka on 17th November, 2012. They received a warm welcome from students of CRP’s school, Dr. Taylor and Mr. Shafiq-ul Islam. Then they visited the free Cleft Lip and Palate Surgical Camp. Then, a power point presentation was organized to provide an introduction to CRP and its various departments. Mr. Mozena and his wife were then taken on a tour around CRP. They visited some departments, the inclusive school, metal and wood workshops. A wheel chair basketball match played by CRP’s in-patients was taking place at that time. It was a source of great amusement for all. Then they enjoyed a short cultural program performed by the inclusive school children. Mr. Mozena was presented a picture drawn by mouth painter Ibrahim and after that, in his short speech he thanked all at CRP for their contribution and endless support to the physically challenged people of Bangladesh and wished to be with CRP in every possible way in future. Dr. Taylor, on behalf of CRP, thanked the ambassador for visiting.

• Graduation Ceremony of the CRP Vocational Training Institute

The certificate awarding ceremony of CRP Madhab Memorial Vocational Training Institute took place in CRP Reddaway Hall on 27 November 2012. At this ceremony Dr. Md. Abdul Haque Talukder, Secretary, Bangladesh Technical Education Board (BTEB) as the Chief Guest; Nazrana Yeasmin Hira (Program Manager-Manusher Jonno Foundation) as the Special Guest; Dr. Taylor and Mr. Shafiq-ul-Islam were present.
• CRP observes the 21st “International Disability Day”

As elsewhere in the world, CRP observed the 21st “International Disability Day” on 3rd December, 2012. This year’s theme of the day was “Removing barriers to create an inclusive and accessible society for all”. To mark the day, about 400 of CRP’s patients, students and staff took part in a number of activities and events. The day started with a colorful rally sponsored by Epyllion Group. Its aim was to urge everyone to promote an understanding of disability and mobilize support for the dignity, rights and well-being of people with disabilities. There was also a puppet show, wheelchair basketball match, wheelchair race, wheelchair table tennis, weight lifting and a cultural evening. The whole day was a source of great recreation and entertainment for everyone.

• Delegation of ICRC visits CRP

Mr. Marc Achermann, Head of the Delegation of ICRC (International Committee of the Red Cross) visited CRP’s head office at Savar, Dhaka on 5th December, 2012. He received a warm welcome from the children of our school. Then he had a briefing on CRP’s activities presented by Mr. Shafiq-ul Islam. Mr. Achermann then had a guided tour to all our departments. He praised the activities highly. In his speech after a cultural show he showed his gratitude to all connected with CRP and especially to Dr. Taylor, for her outstanding support to humanity. Dr. Taylor then thanked Mr. Achermann and of course ICRC for their continuous support to CRP for so long, especially to the orthotics and prosthetics unit.

• CRP celebrates its 33rd anniversary

This celebration took place at CRP’s Reddaway Hall, Savar on 11th December 2012. It was a special day for everyone. A cultural program was arranged and the cutting of a cake. Also on this day, 33 students from BHPI and the Nursing Institute were given stipends and scholarships. Dr. Taylor thanked everyone for being with CRP on this long, successful journey.

• CRP’s fourth “Cleft Lip and Palate surgical camp”

The fourth free Cleft Lip and Palate surgical camp was held from 10 to 18th December, 2012. Conducted by Dr. Edward Zebovitz and his team of volunteers from "Smiles for Surgeons" (a charitable medical team from USA), a total of 71 operations were performed. A group of nurses, plastic surgeons, anaesthetists, CRP’s doctors and speech and language therapists also took part in the process.
**UN Messenger of Peace visits CRP**

United Nations Messenger of Peace Midori Goto, along with three members of her group and UN officials in Bangladesh visited CRP-Savar on 27th December 2012. Miss Goto is a world famous violinist and was designated as the Messenger of Peace by United Nations Secretary-General Ban Ki-moon on 21st September 2007. Each member of her musical group plays different instruments (violin, viola, cello etc.). They received a warm welcome by Valerie Taylor and Mr. Shafiq-ul Islam. Later, they performed for staff, patients and students in the Reddaway Hall. The audience was highly charmed by their music.

**Physiotherapy Masters Program Begins**

On 12th February 2013, the inauguration of the MSc in Physiotherapy took place in the library building of CRP-Savar. The chief guest, the honorable Dean, Faculty of Biological Science, Prof. Dr. M. Imdadul Hoque spoke along with special guests Dr. Valerie Taylor, Shafiq-ul Islam and chairperson Dr. M. A. Quader, Principal of CRP’s BHPI program.

**Open Day 2013**

CRP celebrated its annual Open Day on the 15th March at its premises in Savar and Gonokbari. The day gave visitors the opportunity to visit CRP’s spacious headquarters where activities were seen at first hand. Cultural and sports events were also included. Handicraft stalls had items on sale. H.E Mr Greg Wilcock, Australian High Commissioner to Bangladesh was present as CRP’s distinguished guest.
Sponsored Walk-2013:

CRP arranged ‘Sponsored Walk-2013’ at Dhanmondi Lake on 10th March 2013. This event was planned to collect donations from different communities and 10 English Medium schools. 50 wheelchair users, 150 volunteers and 300 students participated in the occasion. The event provided an opportunity for the participants to meet with those who are physically-challenged and to familiarise young people and adults with their social responsibilities towards this community. The event was supported by several organisations including Gulshan Health Club, the Rotary Club and institutions including ISD, AISD and Scholastica school.

CRP-Mirpur hosts P and O Conference

Bangladesh Society for Prosthetics and Orthotics (BSPO) organised its first national conference in April 2013 at CRP, Mirpur, Dhaka. The main subject of discussion was development of ongoing professional skills.

Participants from various prosthetics and orthotics centres in Bangladesh, 15 orthopaedic surgeons from various hospitals, 20 physiotherapists, 10 occupational therapists and representatives of various development organisations attended. The conference highlighted the present status of prosthetics and orthotics rehabilitation in the country. On the first day, Dr. Valerie Taylor, was present as the chief guest, Special guests were A.H.M Noman Khan, Executive Director of CDD and Mr. Darko Jordanov, Head of Communication, ICRC, Bangladesh. A representative of Handicap International was also present. The conference was presided over by Mr. Nirmol Kanti Dev Roy, President of BSPO. The need for prosthetics and orthotics for people with disabilities in Bangladesh was discussed. Speakers appealed to the government to establish prosthetics and orthotics centres with skilled manpower to ensure the availability of this kind of service.
• Valerie Taylor wins Rotary International award

CRP Founder Dr. Valerie Taylor received Rotary International award for her humanitarian work at a ceremony in Hong Kong on 6 June, 2013.

She received a custom-designed trophy and US $100,000 as prize money. In the citation, the award committee said “Her work restoring the lives of the paralysed here in Bangladesh is truly unparalleled. She has great compassion for the neglected members of Bangladesh’s society.” A British-born physiotherapist and humanitarian, Valerie established the CRP in 1979.

This generous amount will be used towards the building costs of a new hostel for children with disabilities at CRP.

17. PUBLICATIONS

CRP has a number of publications each year including:

- Annual Report
- Pakkhaghat Barta/ Paralysis News (3 times a year)
- Shwa-kantho/ Self Voice (2 times a year)
- Ajker Sebika/ The Nurse of Today (2 times a year)
- BHPI Newsletter (2 times a year)
- Journals, press releases, leaflets, brochures and bookmarks
- Feature films
- Documentaries

18. IMPORTANT VISITS

1. World Vision Executive Director, Jann De Waal visited CRP-Savar on 14th October, 2012

2. Grameen Telecom Trust Officer visited on 16th October, 2012

3. Jo Lynn Stephens (Charity Chairperson) with two club members of Dhaka American Women’s Club (DAWC) visited on 16th Nov. 2012

4. U.S Ambassador in Bangladesh, His Excellency Mr. Dan Mozena along with his wife Ms. Grace Mozena visited CRP-Savar Head Office on 17th Nov. 2012

5. Mr. Marc Achermann, Head of the Delegation of ICRC visited CRP on 5th December, 2012

6. United Nations messenger of peace, Midori Goto, along with her group members and a few United Nations Officials in Bangladesh visited CRP-Savar on 27th Dec, 2012. Midori is a world famous violinist and she and her group of musicians played classical music for a large audience in the Reddaway hall.

7. Mrs. Liliane Ploumen, Minister of Foreign Trade and Development corporation for the
Netherlands visited CRP on 17th January, 2013.

8. VTT treasurer MR. Michel Woodley and his wife, Sally visited CRP on April 1st, 2013. They visited Savar, Mirpur and Gonokbari centres.

9. Stephen Muldoon visited CRP in April, 2013 to assist us further with the development of CRP’s strategic plan.

10. Luis Tejada Chacon, Ambassador of Spain with his wife and Ms Antonella, the head of the International Club, along with two Spanish entrepreneurs visited CRP on 28th May, 2013.

**19. CRP’S INVOLVEMENT IN RANA PLAZA TRAGEDY**

On April 24, 2013 an eight storied building named “Rana Plaza” collapsed resulting in many fatalities and injuries. Due to the accident a total of 1129 people died and 2515 were rescued alive with varying injuries.

CRP was involved from the very beginning and provided immediate support during the post-accident period on the first day. The support included-

- Medical care
- Nursing care
- Ambulance support
- Blood (collected from CRP staff and students of BHPI)
- Dried food for the survivors
- Cloth for covering dead bodies

Later, a consortium was formed with CRP, Centre for Disability in Development (CDD), Handicap International (HI), International Committee of the Red Cross (ICRC) and BRAC to coordinate the total casualty management, identification of patients needing long term rehabilitation, proper referral and appropriate rehabilitation care.

The number of patients cared for by CRP:

Total: 393
- in-patients: 179
- out-patients: 214

CRP’s activities and support for the Rana Plaza victims were highly appreciated by Non Government Organisations and the Govt. of Bangladesh. CRP also expresses its gratitude to local and foreign donors. The complete re-integration of the survivors will only be possible with the combined effort of all the donors, supporters working with the service providers.

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Staff donating blood following Rana Plaza collapse

The post Rana Plaza ward is full to capacity
CRP Strategic Plan 2013-18

CRP has developed its next five year plan. This process began in early January 2013. It has been developed following extensive consultation with a wide range of stakeholders including the people who use our services, those who deliver these services, our partner organisations and representatives from Government. CRP’s Research, Monitoring and Evaluation department and consultant, Stephen Muldoon, interviewed all the departments and units of CRP to gather critical information. After analysis, the Strength, Weakness, Opportunity and Threats (SWOT) of different units/departments 12 objectives have been set focusing on strengthening the CRP’s core activities. Bearing in mind the CRP vision, mission, values, goals and revised organisational structure, the following objectives have been agreed. These correspond to identified issues and the responses at institutional and program level:

- Improve the quality of existing services
- Expand services in all divisions
- Improve quality of community services
- Increase level of socio-economic inclusion
- Develop our professionalism in all areas
- Improve monitoring and evaluation processes
- Increase our revenue aiming for financial sustainability
- Work in partnership with national and international organisations to strengthen CRPs operations
- Reduce the negative impact on the environment and introduce renewable energy systems
- Develop our infrastructure further

21. PROGRESS REPORT ON ‘PROVIDING LEGAL SERVICES TO INJURED WORKERS TO OBTAIN COMPENSATION’

Implementing Organisation: Safety and Rights Society (SRS) and Centre for Rehabilitation of the Paralysed (CRP)

Safety and Rights Society (SRS), an NGO working to promote safety and enforce rights, provides legal assistance to injured workers and the families (dependents) of people injured in workplace accidents across the country so that they can get compensation from their employers as per the Bangladesh Labour Act, 2006.

This project has been running since January 2009 collecting information based on a questionnaire about workplace accidents, employment and the conditions of injured workers who are given treatment at CRP. After collecting information, SRS contacts employers with a request to provide legal compensation to the injured workers. If the employers do not comply, SRS with the help of Bangladesh Legal Aid and Services Trust (BLAST) provide free legal aid to those workers for filing cases with the respective labour courts. The organization also assists the workers so that they can get assistance from the Bangladesh Labour Welfare Foundation’s fund.

While conducting this project, the following activities have been done:

1. From July 2012 to June 2013 53 injured workers who underwent treatment at CRP have been interviewed using the questionnaire.

2. SRS has provided free legal aid to 7 injured workers. SRS has conducted compensation cases filed against employers in the respective labour courts. Afaj Sheikh was given compensation after the Court pronounced the verdict in June 2013 and ordered his employer to pay compensation including treatment costs of Tk. 176,250/-. Finally
an order was given that compensation be paid after filing a further suit before the Rajshahi Divisional Labour Court. To this date, the employers of 3 other past patients awarded compensation have not deposited payments to the court. Consequently, SRS filed another case against the employer for violation of the Court’s order. This case is still ongoing.

3. SRS took several initiatives to apply for compensation through the respective labour courts. However, sometimes, at the final stage of filing, some victims were reluctant to provide the necessary documents after employers and contractors threatened them.

4. On behalf of several injured workers, Safety and Rights has sent letters to employers asking them to provide legal compensation to victims. However, the employers remain reluctant to assist these injured workers. Therefore, SRS is working to file cases on behalf of the workers. The same few are still reluctant to file their case because of lack of knowledge of legal processes and threats from employers.

Furthermore, if any injured worker does not fall under the Bangladesh Labour Act 2006, legal action is not applicable. In that case, SRS assists such injured workers to apply for assistance from Bangladesh Labour Welfare Foundation’s fund. Applications on their behalf are submitted to the welfare fund with a plea to provide money to help them fight their cases.

In the issue of Rana Plaza, fifty three applications on behalf of injured workers have been sent to Bangladesh Labour Welfare Foundation. The Foundation is yet to give any funding to these victims. In response to a ‘Notice Demanding Justice’ of Safety and Rights, the Foundation has explained that it is trying to generate funds for the betterment of workers.

Hasina Khanam, Legal Officer, Safety and Rights Society, Dhaka
## 22. VOLUNTEERS

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<thead>
<tr>
<th>NAME</th>
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23. WORKSHOPS CONFERENCES SEMINARS

11th Asian Spinal Cord Network (ASCoN) Conference
A team from CRP attended the 11th Asian Spinal Cord Network (ASCoN) conference in Malaysia in 2012. The conference was held on 29th November to 2nd December. On behalf of CRP the Executive Director, Md. Shafiqul Islam presented the rehabilitation service of CRP for spinal cord injury (SCI) patients in Bangladesh. Korny Marina Momen, Clinical Physiotherapist presented her paper on “Effectiveness of the modified educational module to minimize re-admission of the patients with SCI at CRP in Bangladesh” and Anwar Hossain, Secretary General, SCI Development Association of Bangladesh (SCIDAB) gave his presentation on the activities of SCIDAB. Md. Sohrab Hossain, Head of Physiotherapy Department also joined the conference with this team from Bangladesh.

Lessons Learned From MJF Project.

To help address the needs of the enormous numbers of PWD’s in Bangladesh, experts agreed that providing vocational training and microcredit to people with disabilities can make them self-reliant and ensure their involvement in productive work. This form of employment creation can ensure financial wellbeing and, to some extent, restore their dignity and respect in society. The roundtable, “Realizing Potential of Persons with Disabilities: Creating Entrepreneurs”, was organised by CRP in association with Manusher Jonno Foundation (MJF) in the city centre, CRP-Mirpur.
24. FUNDRAISING AND DONOR LIAISON

Fundraisers are working to increase CRP’s bank balance from many sources including individuals, support groups such as “Friends of CRP”, Government of Bangladesh, international agencies, private organizations and trusts and charitable foundations from home and abroad.

In CRP more than 80% of service users come from rural parts of the country. These patients receive services free of cost or subsidised as much as possible with the generous contribution of our donors. CRP is most grateful to all supporters and well-wishers for their continuing cooperation whether by donating money, time or in-kind donations. The following table shows major contributions in the financial year 2012-2013.

### • REGULAR SUPPORTERS

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### • PROJECTS

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<td>Tullow Bangladesh Ltd.</td>
<td>Integrated Rehabilitation Program of PWDs Living Around Bangora Gas Field under Muradnagar &amp; Debidwar sub Districts</td>
<td>1.68</td>
<td>21,052.89</td>
<td>2012-2013</td>
</tr>
<tr>
<td>Project Partner</td>
<td>Project purpose</td>
<td>Donation (BDT) in Millions</td>
<td>Donation in USD</td>
<td>Duration</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------------------</td>
<td>----------------------------</td>
<td>-----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>LI &amp; FUNG (BANGLADESH) Ltd.</td>
<td>Educational Support at CRP’s Inclusive School</td>
<td>0.74</td>
<td>9,308.13</td>
<td>2012-2013</td>
</tr>
<tr>
<td>FUNG (1906) FOUNDATION Ltd.</td>
<td>Educational Support at CRP</td>
<td>0.90</td>
<td>11,149.44</td>
<td>2012-2013</td>
</tr>
<tr>
<td>Christoffel Blinden-mission (CBM)</td>
<td>Bangladesh Integrated Disability and Livelihood Project (IDLP)</td>
<td>65.37</td>
<td>817,124.75</td>
<td>2012-2015</td>
</tr>
<tr>
<td>CRP</td>
<td>Reintegration of Rana Plaza Victims through Rehabilitation Services (REVIVE)</td>
<td>27.13</td>
<td>339,137</td>
<td>2013-2014</td>
</tr>
<tr>
<td>Wonder Work Inc</td>
<td>Treatment Support for Extremely Poor Children with Clubfeet in Bangladesh</td>
<td>0.864</td>
<td>10,800</td>
<td>Jan-2013-Dur-2014</td>
</tr>
</tbody>
</table>

- **Local Organizations:**

  **For the REVIVE Project**


- **Foreign Organizations:**


- **Individual Donors:**

  Abdur Razzak, ABM Golam Mustafa, Aftabuzzaman, Albert Mehr, Ali Amjad Choudhury, Amin Haque, Aminul Haque, Amir Mohammad Rizvi.
## 25. FINANCE & ACCOUNTS

### Consolidated Statement of Financial Position

As at 30 June, 2013

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Note</th>
<th>30.06.13</th>
<th>30.06.12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROPERTY AND ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Current Assets</td>
<td>5.00</td>
<td>382,436,776</td>
<td>363,690,770</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inventory</td>
<td>6.00</td>
<td>46,500,564</td>
<td>8,990,935</td>
</tr>
<tr>
<td>Investments - Financial Films</td>
<td>7.00</td>
<td>259,600,780</td>
<td>243,928,485</td>
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<tr>
<td>Advances and deposits</td>
<td>9.00</td>
<td>689,448</td>
<td>681,888</td>
</tr>
<tr>
<td>Cash and cash equivalent</td>
<td>10.00</td>
<td>2,052,911</td>
<td>1,234,124</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>12.0C</td>
<td>70,520,684</td>
<td>34,183,666</td>
</tr>
<tr>
<td>Inter Government</td>
<td>13.0C</td>
<td>157,643,984</td>
<td>11,125,047</td>
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<tr>
<td><strong>Losses - Current Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Account expenses</td>
<td>12.0C</td>
<td>4,977,903</td>
<td>4,102,443</td>
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<tr>
<td>Accounts payable</td>
<td>12.0C</td>
<td>151,653,012</td>
<td>7,643,610</td>
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<tr>
<td>Security deposits</td>
<td>14.0C</td>
<td>6,283,773</td>
<td>4,091,561</td>
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<tr>
<td>Shoe purpose deposit from clients</td>
<td>13.0C</td>
<td>113,681</td>
<td>70,881</td>
</tr>
<tr>
<td><strong>Net Current assets</strong></td>
<td></td>
<td>173,258,371</td>
<td>16,232,235</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>368,509,978</td>
<td>289,893,823</td>
</tr>
</tbody>
</table>

**Financed by**

- Fund account
- Reserve fund - EGBM
- Reserve fund (U.) BHPF
- Reserve fund - Nursing Institute
- Ruth Zubair Scholarship Fund
- Mujahid Rahman Foundation - Scholarship Fund
- General Reserve
- Endowment Fund
- Staff Gratuity Fund
- Staff Welfare Fund
- Staff PF Fund

**Total**

| 748,546,766 | 653,394,538 |

---

Analyzed notes from 1.00 to 30.06 from an integral part of the financial position.

Md. Mostof Islam
In charge Accounts & Finance

Date: September 09, 2013
<table>
<thead>
<tr>
<th>Particulars</th>
<th>Note</th>
<th>Taka 2012-2013</th>
<th>Taka 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant from foreign donor</td>
<td>16.00</td>
<td>18,445,798</td>
<td>18,529,675</td>
</tr>
<tr>
<td>Grant from Govt., Ministry of Health &amp; Family Welfare</td>
<td>16.01</td>
<td>13,000,600</td>
<td>11,000,600</td>
</tr>
<tr>
<td>Donation from corporate organization</td>
<td>17.00</td>
<td>20,193,075</td>
<td>22,313,534</td>
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<tr>
<td>Donation from sales</td>
<td>18.00</td>
<td>28,390,542</td>
<td>28,802,152</td>
</tr>
<tr>
<td>Contribution from corporate client</td>
<td>19.00</td>
<td>1,382,150</td>
<td>961,000</td>
</tr>
<tr>
<td>Contribution from self-financing Project</td>
<td>20.00</td>
<td>39,074,307</td>
<td>29,923,142</td>
</tr>
<tr>
<td>Sales of items</td>
<td>21.00</td>
<td>94,757</td>
<td>93,574</td>
</tr>
<tr>
<td>Contribution from patient (Direct)</td>
<td>22.00</td>
<td>87,435,485</td>
<td>81,299,217</td>
</tr>
<tr>
<td>Contribution from patient</td>
<td>23.00</td>
<td>39,967,541</td>
<td>33,322,196</td>
</tr>
<tr>
<td>Interest on investment &amp; bank</td>
<td>24.00</td>
<td>11,642,002</td>
<td>7,790,884</td>
</tr>
<tr>
<td>Zakat fund</td>
<td>25.00</td>
<td>6,432,270</td>
<td>3,662,650</td>
</tr>
<tr>
<td>Overhead cost recovery from bilateral project</td>
<td>26.00</td>
<td>9,780,100</td>
<td>1,190,540</td>
</tr>
<tr>
<td>Contribution from patient (Interest)</td>
<td>27.00</td>
<td>38,557,070</td>
<td>27,608,707</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>332,637,302</td>
<td>267,493,387</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel cost</td>
<td>27.00</td>
<td>74,053,305</td>
<td>13,656,301</td>
</tr>
<tr>
<td>Support cost</td>
<td>27.00</td>
<td>21,742,240</td>
<td>12,132,722</td>
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<tr>
<td>Logistics/Transport cost</td>
<td>29.00</td>
<td>9,977,352</td>
<td>8,362,345</td>
</tr>
<tr>
<td>General overheads</td>
<td>30.00</td>
<td>79,703,289</td>
<td>44,692,517</td>
</tr>
<tr>
<td>Medical and Therapeutic services</td>
<td>31.00</td>
<td>17,085,342</td>
<td>94,746,002</td>
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<tr>
<td>Education program</td>
<td>32.00</td>
<td>30,594,228</td>
<td>22,285,317</td>
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<tr>
<td>Rehabilitation Support Services</td>
<td>33.00</td>
<td>9,616,878</td>
<td>39,623,548</td>
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<tr>
<td>Self-financing project</td>
<td>34.00</td>
<td>21,988,290</td>
<td>79,203,889</td>
</tr>
<tr>
<td>Human Resource Development</td>
<td>35.00</td>
<td>781,977</td>
<td>101,250</td>
</tr>
<tr>
<td>Professional &amp; Audit fees</td>
<td>36.00</td>
<td>74,200</td>
<td>55,500</td>
</tr>
<tr>
<td>Depreciation charges</td>
<td>37.00</td>
<td>18,090,339</td>
<td>17,323,207</td>
</tr>
<tr>
<td>Amortization on ERP System licensed</td>
<td>38.00</td>
<td>172,302</td>
<td>215,452</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>381,260,712</td>
<td>225,402,876</td>
</tr>
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</table>

Excess of income over expenditure during the year

**332,637,302**

Annexed notes from 1.00 to 30.00 form an integral part of the financial statement.

Date: September 09, 2013
### Trust for the Rehabilitation of the Paralyzed (THP)
#### Chappai, Savar, Dhaka

**Consolidated Receipt and Payment Accounts**

for the year ended 30 June 2012

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Note</th>
<th>2012-2013</th>
<th>2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Receipts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Balance</td>
<td></td>
<td>34,158,869</td>
<td>27,499,392</td>
</tr>
<tr>
<td>Cash in hand</td>
<td></td>
<td>540,754</td>
<td>3,272</td>
</tr>
<tr>
<td>Cash in Bank</td>
<td></td>
<td>33,618,061</td>
<td>27,496,928</td>
</tr>
<tr>
<td>Received annual Giving from Translated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants from Foreign Donations</td>
<td></td>
<td>22,840,000</td>
<td>24,920,000</td>
</tr>
<tr>
<td>Contribution from Corporate Donations</td>
<td></td>
<td>66,100,000</td>
<td>69,429,894</td>
</tr>
<tr>
<td>Contribution from Corporate Client</td>
<td></td>
<td>86,000</td>
<td>172,000</td>
</tr>
<tr>
<td>Contribution from War Relief Organization</td>
<td></td>
<td>750,000</td>
<td>900,000</td>
</tr>
<tr>
<td>Contribution from Wari Relief Council</td>
<td></td>
<td>20,370,470</td>
<td>7,802,887</td>
</tr>
<tr>
<td>Sales of ULP Woods</td>
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<td>1,816,987</td>
<td>1,945,309</td>
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<tr>
<td>Saving money</td>
<td></td>
<td>3,066,314</td>
<td>3,840,499</td>
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<tr>
<td>Fixed deposits</td>
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<td>2,180</td>
<td>2,200</td>
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<tr>
<td>Contributions from Patients (Dine)</td>
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<td>103,067,677</td>
<td>98,421,472</td>
</tr>
<tr>
<td>Contribution from Patients</td>
<td></td>
<td>21,472,854</td>
<td>21,225,202</td>
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<tr>
<td>General Money</td>
<td></td>
<td>565,845</td>
<td>577,765</td>
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<tr>
<td>Sales &amp; Services</td>
<td></td>
<td>12,161</td>
<td>43,076</td>
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<tr>
<td>Receipts from Barbers</td>
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<td>8,250,656</td>
<td>7,120,666</td>
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<tr>
<td>Receipts from Donations</td>
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<td>53,872,929</td>
<td>14,295,403</td>
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<tr>
<td>TIMR Enforcement</td>
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<td>25,509,319</td>
<td>17,566,866</td>
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<td>Annual Fine</td>
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<td>5,936,870</td>
<td>3,549,696</td>
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<tr>
<td>Uncollected fine</td>
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<td>4,146,978</td>
<td>6,146,978</td>
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<tr>
<td>General Fund</td>
<td></td>
<td>1,566,855</td>
<td>878,855</td>
</tr>
<tr>
<td>College Fund</td>
<td></td>
<td>2,601,139</td>
<td>1,650,839</td>
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<tr>
<td>General Fund</td>
<td></td>
<td>1,566,855</td>
<td>878,855</td>
</tr>
<tr>
<td>General Fund (Org &amp; Staff contribution)</td>
<td></td>
<td>28,930,500</td>
<td>1,905,977</td>
</tr>
<tr>
<td>Proceed Fine (Org &amp; Staff contribution)</td>
<td></td>
<td>12,961,485</td>
<td>14,256,860</td>
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<tr>
<td>Contribution from Self finance project</td>
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<td>13,961,485</td>
<td>14,256,860</td>
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<tr>
<td>Receipts from department</td>
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<td>35,840,774</td>
<td>30,694,134</td>
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<tr>
<td>CRP Advanced Cost recovery from Projects</td>
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<td>0,106,360</td>
<td>3,322,083</td>
</tr>
<tr>
<td>Contributions from UNHCR</td>
<td></td>
<td>37,630,000</td>
<td>800,800</td>
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<tr>
<td>Contribution from Paralyzed:</td>
<td></td>
<td>40,379,411</td>
<td>15,917,337</td>
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<tr>
<td>Interest from Banks</td>
<td></td>
<td>3,415,116</td>
<td>1,565,116</td>
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<tr>
<td>Misc revenue</td>
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<td>2,043,350</td>
<td>2,003,350</td>
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<tr>
<td>Contribution from NGO/CH</td>
<td></td>
<td>3,600</td>
<td>1,900</td>
</tr>
<tr>
<td>Contribution from Government</td>
<td></td>
<td>2,043,350</td>
<td>2,043,350</td>
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</tbody>
</table>

Total: **670,388,046**

68 | F & A
## Receipts

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Note</th>
<th>2011-2012</th>
<th>2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td></td>
<td>34,181,626</td>
<td>27,428,382</td>
</tr>
<tr>
<td>Cash in Hand</td>
<td></td>
<td>948,600</td>
<td>332,727</td>
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<tr>
<td>Cash in Bank</td>
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<td>35,125,222</td>
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<tr>
<td>Transfer against Opening Fund (Term of Trust)</td>
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<td>1,435,021</td>
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<tr>
<td>Grants from Foreign Entities</td>
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<td>22,754,874</td>
<td>18,915,845</td>
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<tr>
<td>Contribution from Corporate Organizations</td>
<td></td>
<td>89,701,991</td>
<td>38,370,984</td>
</tr>
<tr>
<td>Contribution from Corporate Clients</td>
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<td>96,000</td>
<td>112,600</td>
</tr>
<tr>
<td>Contribution from Trade (all Organizations)</td>
<td></td>
<td>774,200</td>
<td></td>
</tr>
<tr>
<td>Contribution from Work in Hand</td>
<td></td>
<td>20,273,439</td>
<td>7,075,847</td>
</tr>
<tr>
<td>Sales of Old Vehicles</td>
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<td>1,010,000</td>
<td></td>
</tr>
<tr>
<td>Sales of Money</td>
<td></td>
<td>1,320,971</td>
<td>2,852,047</td>
</tr>
<tr>
<td>Sales of Spread</td>
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<td>2,000</td>
<td></td>
</tr>
<tr>
<td>Deduction from Balance (Salary)</td>
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<td>103,367,478</td>
<td>79,891,193</td>
</tr>
<tr>
<td>Deduction from Balance (Salaries)</td>
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<td>82,875,009</td>
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<tr>
<td>Deduction from Salaries</td>
<td></td>
<td>506,345</td>
<td>791,780</td>
</tr>
<tr>
<td>Sales of Funds</td>
<td></td>
<td>14,210</td>
<td>43,574</td>
</tr>
<tr>
<td>Sales of Sprayed Goods</td>
<td></td>
<td>1,320,971</td>
<td>2,852,047</td>
</tr>
<tr>
<td>Receipts from Survey</td>
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<td>35,913,523</td>
<td>11,235,463</td>
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<tr>
<td>EDR Encashment Fund</td>
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<td>17,638,216</td>
<td>10,346,650</td>
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<tr>
<td>Social Fund</td>
<td></td>
<td>3,508,372</td>
<td>3,318,660</td>
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<tr>
<td>Equipment Loan</td>
<td></td>
<td>3,145,125</td>
<td></td>
</tr>
<tr>
<td>Grocery Fund</td>
<td></td>
<td>2,000</td>
<td></td>
</tr>
<tr>
<td>Welfare Fund</td>
<td></td>
<td>103,961</td>
<td></td>
</tr>
<tr>
<td>Professional Fund</td>
<td></td>
<td>1,446,094</td>
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<tr>
<td>Welfare Fund (Org &amp; Staff contribution)</td>
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<td>287,096</td>
<td>714,000</td>
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<tr>
<td>Professional Fund (Org &amp; Staff contribution)</td>
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<td>10,063,630</td>
<td>14,290,467</td>
</tr>
<tr>
<td>Contribution from Staff finance project</td>
<td></td>
<td>9,821,088</td>
<td>27,200,169</td>
</tr>
<tr>
<td>Reception from Independent</td>
<td></td>
<td>81,477,730</td>
<td>46,325,167</td>
</tr>
<tr>
<td>DVR Overhead Cost Recovery from Trust</td>
<td></td>
<td>9,310,020</td>
<td>3,092,600</td>
</tr>
<tr>
<td>Contribution from DVR Minus</td>
<td></td>
<td>29,500,055</td>
<td>31,800,000</td>
</tr>
<tr>
<td>Contribution from Beneficiaries (Inland)</td>
<td></td>
<td>48,785,741</td>
<td>65,517,777</td>
</tr>
<tr>
<td>Interest from Bank</td>
<td></td>
<td>5,410,016</td>
<td>7,200,009</td>
</tr>
<tr>
<td>Misc. Income</td>
<td></td>
<td>2,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Contribution from ROCMAHR</td>
<td></td>
<td>14,500</td>
<td></td>
</tr>
<tr>
<td>Contribution from NAUHARGA</td>
<td></td>
<td>3,000</td>
<td></td>
</tr>
<tr>
<td>Contribution from Government</td>
<td></td>
<td>2,000</td>
<td>3,500</td>
</tr>
</tbody>
</table>

Total: 679,898,060  838,634,468
Further to the our opinion in the above paragraph, we state that:

a) We have obtained all the information and explanation which to the best of our knowledge and belief were necessary for the purpose of our audit and made due verification thereof.

b) In our opinion, proper books of accounts as required by law have been kept by TRP an Expiry it appeased from our examination of these books:

c) The Financial Position, Comprehensive Income and Receipts and Payments Statement dealt with by the report are in agreement with the book of accounts and,

d) All expenses incurred were for the purpose of TRP.

Dated: Dhaka
September 09, 2013

Islam Quazi Shafique & Co.
Chartered Accountants
CRP has established Friends of CRP groups in four countries. If you want to become a friend of CRP and make a difference to the lives of disabled people in Bangladesh please follow the instructions below:

**FCRP-Bangladesh**

To become a member of FCRP-Bangladesh please complete and cut out the form below and send it to CRP, PO: CRP-Chapain, Savar, Dhaka-1343.

**Name:**

**Address:**

**Tel:**

I enclose my annual subscription:

- Silver - Annual Membership - Tk. 2,000
- Gold - Mid term Membership - for Five Years Tk. 15,000
- Platinum - Life Membership - Tk. 1,00,000 *
- Any donation - Tk. (Tk. 12,000= covers the cost of a fixed wheelchair
Tk. 14,000= covers the cost of a folding wheelchair
Tk. 37,500/= supports a patient for one month of treatment)

* The goal is to encourage 100 Life Members to subscribe to an endowment fund to further secure the funding required for the treatment and rehabilitation of the poorest spinal cord injured patients at CRP.

The Government of the People’s Republic of Bangladesh has recognised CRP as a ‘Philanthropic Institution’ and as per Internal Resources Division ১২-২০০৭-২০০৮, dated February 24, 2008 your donation to CRP up to Tk. 10 million in a given year will be treated as Investment Allowance to qualify for income tax rebate.

Cheques should be made payable to "Trust for the Rehabilitation of the Paralysed (TRP)".

**Account number:**

01-1245333-01(for foreign currency), SB-18-1245333-01(for local currency), Standard Chartered Bank, Dhanmondi Branch, Dhaka. For further information please contact CRP’s Fundraising Department at fundraising@crp-bangladesh.org and frd@crp-bangladesh.org, Tel: 02 7745464/5 Ext: 304

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**FCRP-Germany**

Freundeskreis des CRP Bangladesch e.V., Stadtsparkasse Munchen, BLZ 701 500 00

Kto.- Nr. 100 005 6976

Kontakt: Elke Sandmann

E-mail: eksandmann@mx.de

**IBAN:** DE27 7015 0000 1000 0569 76

**SWIFT-BIC:** SSKMDEMM

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**FCRP-Canada Society**

Friends of CRP-Canada Society was officially registered in the province of British Columbia in November 2009 and Federal Charitable Status was granted in 2010.

For more information please contact:

Carolyn Scott, President

E-mail: carolynleescott@gmail.com

Donata Von Platen, Vice-President

E-mail: frogplaten@gmail.com

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**FCRP-Sweden**

Organisation number: 802456-1790, dated 20th November, 2010

E-mail: fcsp.sweden@gmail.com

Sofia Portstrom, Chairperson

E-mail: sofia.portstrom@live.se
Valerie Taylor Trust

- I enclose a cheque for £ ............... payable to Valerie Taylor Trust.
- I want to become a member (please tick as appropriate)

In order to become a member, at least £25 per year or £2 per month must be given as a donation. You do not need to be a member to donate to the Valerie Taylor Trust. However, membership will give you regular up-dates on the work of the Trust and voting rights at the annual general meeting.

### PERSONAL DETAILS

Name (Mr/Mrs/Miss/Ms/……..)..................................................................................................................
Address............................................................................................................................................................
.................................................................................................................................................................
Postcode .................................. Contact Telephone Number.................................................................
Email ..............................................................................................................................................................

### STANDING ORDER DETAILS

Your bank ....................................................................................................................................................
Bank / Building Society
Address of bank .............................................................................................................................................
Account name .............................................................................................................................................
Account No................................................................. Bank Sort Code........———— ——

To the Manager: Please pay to HSBC Haslemere Branch, GU32 3HQ
for the credit of Valerie Taylor Trust, Account Number 3122 5227, Sort Code 40-28-29,
IBAN (International Banking Account Number) GB59MIDL40282931225227
the sum of £............. starting on.....................(date) and on the same date each month (delete as appropriate) after that until I ask you to stop.

Signature............................................................................................................................................ Date..........................................................................

[BANK – PLEASE QUOTE ......................................................] (A NUMBER WILL BE ADDED BY THE VALERIE TAYLOR TRUST)

### GIFT AID DECLARATION

- I pay enough UK Income Tax or Capital Gains Tax for the Valerie Taylor Trust to claim tax I have already paid at no extra cost to me. I will tell the Valerie Taylor Trust if this changes.

Please treat this, and any future gifts to the Valerie Taylor Trust, as Gift Aid donations.

Signature ......................................................... Date.................................................................

### THANK YOU FOR YOUR SUPPORT

Please send the completed form to: The Administrator, Valerie Taylor Trust
4 Wilberforce Road, Coxheath, Maidstone, Kent, ME17 4HA
Tel: 01622 743011 E-mail: admin@valerietaylortrust.org Web: www.valerietaylortrust.org
Valerie Taylor Trust is a registered charity in England and Wales (number 1122245)
CRP’s Products
Mobility Aids for patients

- Tilting Wheelchair
- Fixed Wheelchair
- Three Wheeler Wheelchair
- Tri-cycle
- Low Wheelchair
- Knee support splint
- Standing Frame
- Elbow Crutch
- Baby Walker
- Lumbar corset

Special seating unit product
- Special seat (Group-ii)
- Special seat (Group-i)
- Cervical Pillow
- Lumbar Roll

Orthoses & Prostheses
- Ankle Foot Orthosis
- Hip Knee Ankle Foot Orthosis
- Boston Brace
- Knee Orthosis
- Supra Malleolar Orthosis
- Long Cock up Splint
- Wrist Extension Splint
- Lumbo-Sacral Corset

APT product
- Paper based special seat
- Greetings Card

RPT product
- Trans Tibial Prosthesis
- Trans Femoral Prosthesis
- Knock Knee Splint
- Short Cock up Splint

Education and Therapeutic Toys
- Round Stick
- Bangladesh Map
- Snail
- Elephant
- Dolphin
- Duck
- Rocking Horse
- Koala
- Camel
- Parrot mobile
- Snake jigsaw puzzle