DIGITAL PROSTHETICS IN NEPAL: PROJECT REPORT

"Establish and Strengthen 3D Printed Orthosis and Prosthesis Centre to Enable Improved Participation of Children with Disabilities Preferably from Disaster Areas in Nepal."

Supported By:

unicef for every child

AT2030

Ugani Foundation

Implemented By:

Government of Nepal
Ministry of Health and Population
Department of Health Services
Epidemiology and Disease Control Division

Center for Disabled Children Assistance
Kathmandu, Nepal

Global Disability Innovation Hub

01 MARCH 2025
GLOBAL DISABILITY INNOVATION HUB | CENTER FOR DISABLED CHILDREN ASSISTANCE
Kathmandu, Nepal

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1. Executive Summary

The Center for Disabled Children Assistance (CDCA), through financial support of UNICEF Nepal, Global Disability Innovation Hub (GDI Hub) and UGANI Foundation in coordination with Department of Health Services, Epidemiology and Disease Control Division, successfully implemented the project "Establish and Strengthen 3D Printed Orthotics and Prosthetics Centre to Enable Improved Participation of Children with Disabilities Preferably from Disaster Areas in Nepal." This initiative aims to improve access to assistive technology (AT) for person with disabilities, particularly those affected by natural disasters, by leveraging innovative 3D printing technology.

A key priority of the project was to support individuals injured in the recent Jajarkot and Rukum earthquakes in Karnali Province. To achieve this, the project developed a comprehensive approach that combined infrastructure setup, capacity building, and direct service delivery. Two 3D printing lab were established—one at INF Shining Hospital in Surkhet and another at CDCA Nepal in Kathmandu. These centers are now fully operational, providing prosthetic and orthotic support to people in need.

In total, 75 customized AT devices were provided to 67 users with some users receiving multiple devices, ensuring improved mobility and participation in daily life. A key component of the project was the training of 16 Prosthetists and Orthotists (P&O) professionals from across Nepal, equipping them with the knowledge and skills to utilize digital prosthesis technology effectively. The project also facilitated collaboration with government agencies, hospitals, and rehabilitation centers to ensure a coordinated approach toward assistive technology service delivery.

The successful implementation of this project not only benefits individuals affected by disabilities but also strengthens Nepal's healthcare system by initiating digital workflow system into rehabilitation services. The project's learnings and outcomes will help shape future policies and programs to further support persons with disabilities in Nepal.

Additionally, follow-up visits, clinical assessments and impact studies will be conducted to evaluate the effectiveness of the devices and provide necessary adjustments. The lessons learned from this initiative will be instrumental in shaping future policies and interventions related to digital prosthetics in Nepal.

Overall, the project has demonstrated the viability of 3D printing in transforming prosthetic and orthotic services. By integrating technology, capacity-building, and stakeholder collaboration, it has laid the foundation for a sustainable and scalable model that can be expanded to other regions in Nepal.

2. Introduction

Project Background

Access to Assistive Technology (AT), such as prosthetics, plays a critical role in enhancing the physical, psychological, and social well-being of individuals. However, in Nepal, limited access to AT disproportionately affects people with disabilities, particularly children. Delays in provision of appropriate prosthetic and orthotic (P&O) solutions hinder mobility, increases the risk of psychological challenges such as depression, and reduces participation in community activities[1].

For children, the need for customized solutions is particularly acute due to their continuous growth, which requires frequent updates, repairs, and replacements of devices. The distribution of conventionally fabricated and mass distributed prosthesis amongst children may not be able to meet the demand due to its intensive and lengthy production process. This results in children wearing one product for a long time even after their needs have changed. This situation is further worsened by natural disasters, such as earthquakes[1], which not only increase the prevalence of injuries but also disrupt P&O services, creating a gap between demand and supply. Hence, it was necessary to explore whether 3D printing and digital process can address this. Integrating 3D printing workflow into contemporary standard fabrication process will help local P&O service providers address provision gaps locally. 3D printing workflow drastically reduces physical labour-time and material waste, bringing cost reductions, while enabling customised localised production of P&O and other devices[2].

In this context, the project titled *"Establish and Strengthen 3D Printed Orthosis and Prosthesis Centre to Enable Improved Participation of Children with Disabilities Preferably from Disaster Areas in Nepal*" was initiated through the Enabling Fridays Consortium (EFC) led by Center for Disabled Children Assistance (CDCA) in collaboration with Global Disability Innovation Hub (GDI Hub), Ugani Foundation and the Government of Nepal, Ministry of Health & Population, Department of Health Services, Epidemiology & Disease Control Division (EDCD)/ Leprosy Control and Disability Management Section (LCDMS). The project activities were funded by United Nation's Children Development Fund Nepal (UNICEF).

The project aimed at utilizing digital workflow such as 3D Scanning for measurement and assessment, and 3D Printing for production of user specific sockets to overcome the limitations of conventional methods and provide sustainable, high-quality prosthetic and orthotic solutions. The focus was not only on meeting the immediate needs of the individuals but also on enhancing local capacity of the Prosthetist and Orthotists to ensure the long-term availability of these services. Following the assistive devices provisioning, the project ensures device-user

[1] K C, B. Rehabilitation Status among Lower Limb Amputee at Community Level: Earthquake Survivors, Nepal, 2015. (Bangladesh Health Professions Institute, Faculty of Medicine, the University of Dhaka, Bangladesh., 2016)

[2] Gallup, N., Bow, J. K. & Pearce, J. M. Economic Potential for Distributed Manufacturing of Adaptive Aids for Arthritis Patients in the U.S. *Geriatrics* **3**, 89 (2018).

fit and user-device-environment interaction through longitudinal impact studies and repairs under the support of GDI Hub AT2030 programme.

Objectives

Specific Objectives

- Establish a digital 3D printing prosthetics lab in Karnali Province with the aim to provide continued support to persons with disability and potential users in western Nepal.
- Provision of high-quality prosthetics and orthotics support to 50 children with disabilities, leading to improved participation, mobility, and quality of life.
- Empowerment of certified prosthetist and orthotist from local service providers through capacity-building workshop on digital prosthetics, enabling them to deliver sustainable prosthetics and orthotics support beyond the project duration.

Wider Objectives of AT2030 Programme in Nepal

- To explore if local production of assistive technology can help create more solutions for people with disabilities.
- To understand how a sustainable service provisioning can be ensured through local system strengthening.

3. Methodology

This project implements a noble digital method for prosthesis production as opposed to standard conventional workflow. In the latter, user assessment and measurement are lengthy as it undergoes manual measurement and Plaster of Paris mold making before modifying prosthetic sockets. Whereas digital methods automate both measurement and prosthetic fabrication with light-based 3D scanning and additive 3D printing technology.

The *figure 1* shows the digital prosthesis workflow, and the amount of time required for each process.

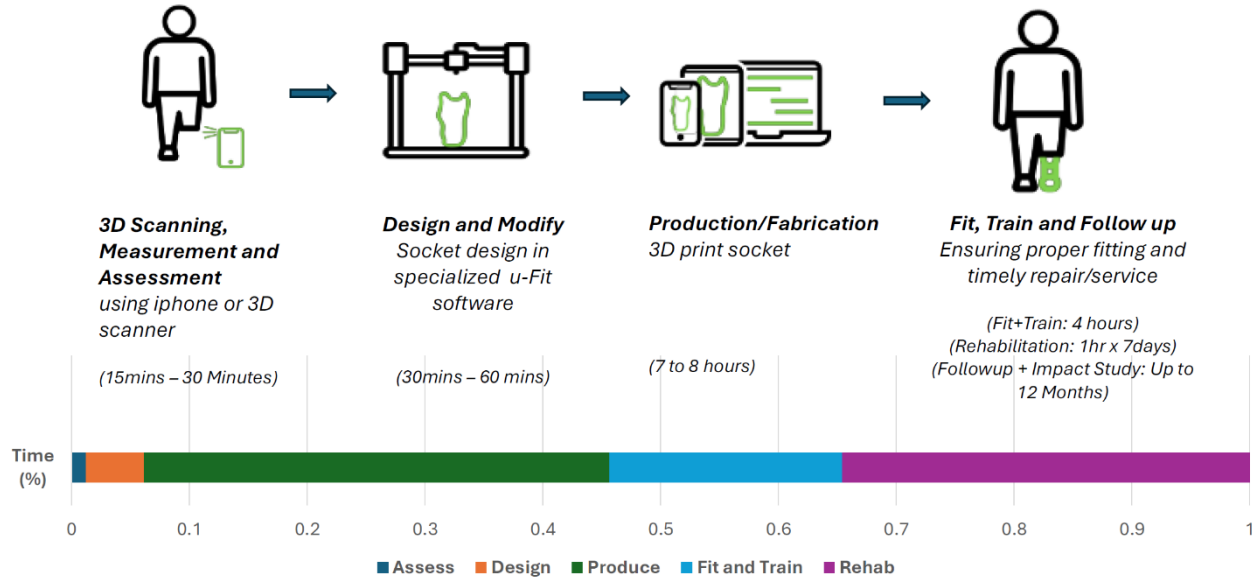


Figure 1. Digital workflow saves significant amount of time and cost in measurement & assessment and modify & fabrication stage with scanning and printing automation.

i. Measurement and Assessment

Digital scanning of amputated limbs using EM3D iphone scanning application and Revo Point POP 3D scanner device. Assessment and measurement were conducted in the field camps and P&O labs in Surkhet and Kathmandu. During the community camps, iPhone scanner was mostly used. The scanner has accuracy with variations of 0.2% of the scan data and the real stump. iPhone scanning application was found to be easy, efficient and cost effective compared to dedicated scanning hardware.

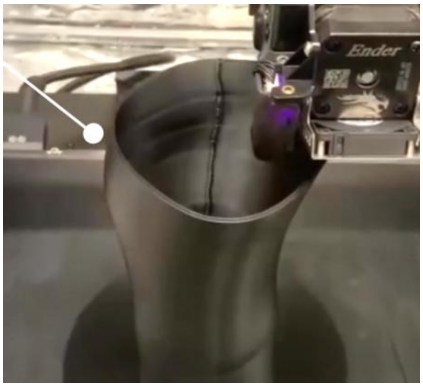
- iPhone EM3D Scanner: https://apps.apple.com/us/app/em3d-ethan-makes-3d-scanner/id1546149822
- Revo Point POP 3D Scanner: https://www.revopoint3d.com/pages/portable-3d-scanner-pop3plus
- Scanning time: 15-30 minutes

ii. Design and Modifications

Design and modification of lower limb transtibial socket involves importing scanned file into Blender 3D software and processed through 13 sequential steps in u-Fit plugin developed by Ugani Prosthetics. Designs were co-developed by Certified P&O and production engineer.

- Process: Socket design in specialized u-Fit software
- u-Fit Plugin Link: https://ufit.ugani.org/
- Time Required: 30-60 minutes

iii. Production/Fabrication of Prosthesis



FL-Sun V400 delta 3D Printers were used for prosthetics socket fabrication. The first 5 transtibial cases and a few others with complex stump went through multiple iterations for which check sockets were made from PLA material before final sockets were made from Polypropylene (PP) filament. The extruder melts down the PP filament at 210 degree Celsius and starts printing the socket, layer after layer. This printer with the nozzle size of 0.8mm is able to print an 18-20 hours long print in 7-8 hours.

- Process: 3D printing socket
- 3D Printer Link: https://www.tomshardware.com/reviews/flsun-v400-review
- Polypropylene Filament link: https://www.ppprint.de/en/produkt/p-filament-721-beige/
- Time Required: 7 to 8 hours

iv. Fit, Train and Follow-up

The preliminary fitting of the socket for 5 patients were done using a PLA check socket. Considering the complications encountered during the initial stage of fitting, thorough research and trial was carried out. As a result, the modifications needed for proper fitting were sorted out, that made fitting of rest of the patients easier and without any complications.

Digitally fabricated sockets were assembled with standard prosthetic components. Then the device was fitted on users by the certified Prosthetist & Orthotist. Training on device use, posture and stump care was provided through P&O and Physiotherapist ensuring the prosthetic limb was correctly aligned for comfort, stability, and optimal functionality.

- Fit and Train: 4 hours
- Rehabilitation: 1 hour per day for 7 days to the first-time users
- Follow-up: Up to 12 months

4. AT Standard and Compliance

This project was implemented after obtaining approval from the local, provincial and federal government departments. It was approved for implementation from the Ministry of Children, Women and Senior Citizen, Social Welfare Council (SWC) and a continuous consultation was made with Epidemiology and Disease Control Division (EDCD), Leprosy Control and Disability Management Section (LCDMS), a focal department under the Ministry of Health and Population (MoHP). The Priority Assistive Product List (PAPL) of Nepal mandates "Assessment, Prescription of Prosthesis and Orthosis should only be done with involvement of qualified certified Prosthetist and Orthotist (P&O), rehabilitation health professionals, registered in Nepal Health Professional Council (NHPC) or other related councils. Once the prescription has been finalized concerned professional should measure and provide services including training of its usage" *(Page 17, PAPL-Nepal 2018).*

National Standard for Assistive Technology (NSAT) further highlights that "Any prosthetic hands, feet, or other assistive devices (prosthesis and orthosis) produced through 3D printing must undergo the complete prosthetics and orthotics clinical process before being provided as a service (to users). This service should be operated by trained personnel according to national standards *(Page 32 – NSAT, 2022).*"

This project follows the local and international guidelines and further expands on the capability of multidisciplinary team approach to refine local product development and service provision. Below is the list of professionals involved in product and service delivery.

Multidisciplinary Team:

Personnel	Roles and Responsibilities
2x Certified Prosthetist & Orthotist	Clinical assessment, measurement, design, fitting, test, rehabilitation/training and follow-up
1x Rehabilitation Officer	Training and therapy to users; Understanding and identifying users
1x Engineer	Design and Production of Prosthesis
1x Project Coordinator 1x Financial Officer	Admin support, project management, financial management and coordination with stakeholders

Other consultants involved are:

Consultants	Roles and Responsibilities
1x International Trainer	Digital workflow software training and technology transfer to local team and P&Os.
1x International Development Engineer/Researcher	Consortium coordination, activities and research planning, training materials development
1x Logistics and Support Company	Prosthesis components import, technology provider and after sales support.

Figure 2. Digital prosthetics provision necessitates multidisciplinary team approach for effective solutions to users.

5. Project Outcomes

The project capacitated 2 clinics/hospitals in Karnali and Kathmandu and successfully delivered a total of 75 AT devices to 67 users of whom 43 users fitted with 50 devices were funded by UNICEF Nepal and 24 users fitted with 25 devices were supported by Ugani Foundation. Out of total beneficiaries, 27 users were female and 20 children under the age of 18 years. These outcomes demonstrate the project's positive impact in enhancing mobility, participation, and quality of life for the users. The charts below illustrate disaggregated data on target vs achievement aligned with project objectives.

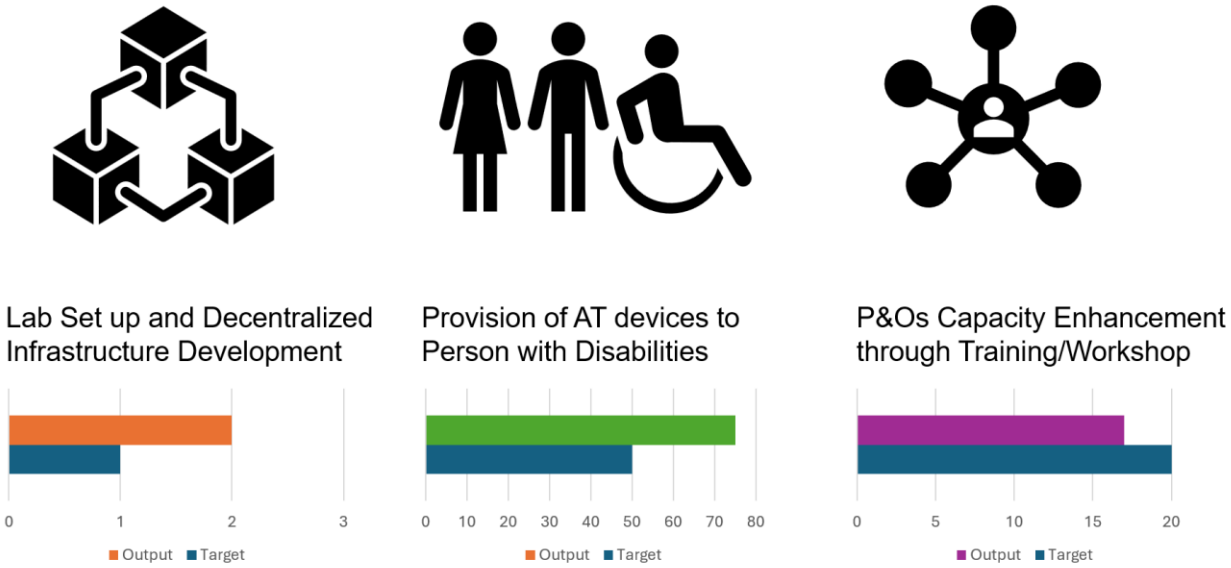


Figure 3. Target vs Achievement based on project objectives.

Assessment camps were conducted across several areas where the data comprising measurement and scanning of the residual limbs were collected for prosthetic provision. Out of 93 people assessed for product provisioning, 67 users received assistive devices. The table below list out the assessment camp locations and details of users assessed:

SN	Camp Location	No. of users assessed	No. of users fitted
1	Khalanga Health Post, Salyan	6	4
2	Sanibheri Rural Municipality, West Rukum	7	4
3	Jajarkot District Hospital, Khalanga, Jajarkot	8	4
4	Salli Bazar, Salyan	2	2
5	Karnali Province hospital, Surkhet	15	13

6	INF Shining Hospital, Surkhet	6	6
7	Limb Care Nepal, Kathmandu	31	29
8	Panchkhal Municipality, Kavre	8	2
9	Kathmandu University, Dhulikhel, Kavre	10	3
Total		**93**	**67**

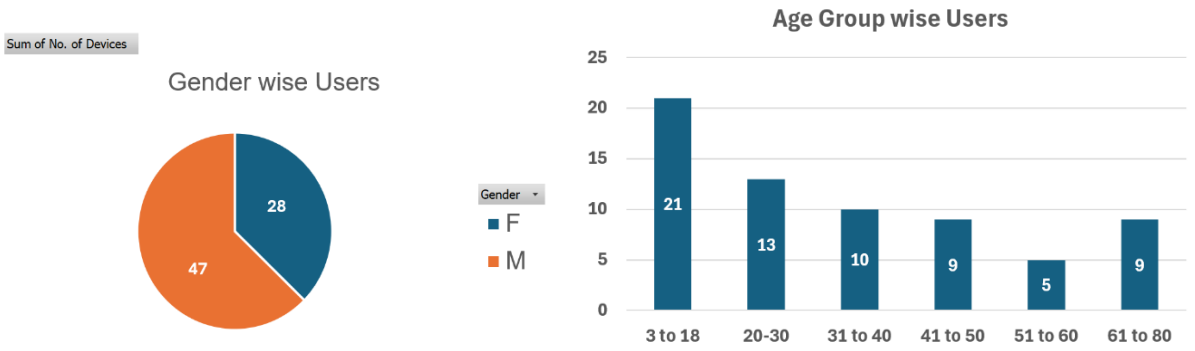


Figure 4. AT Product distribution across gender.

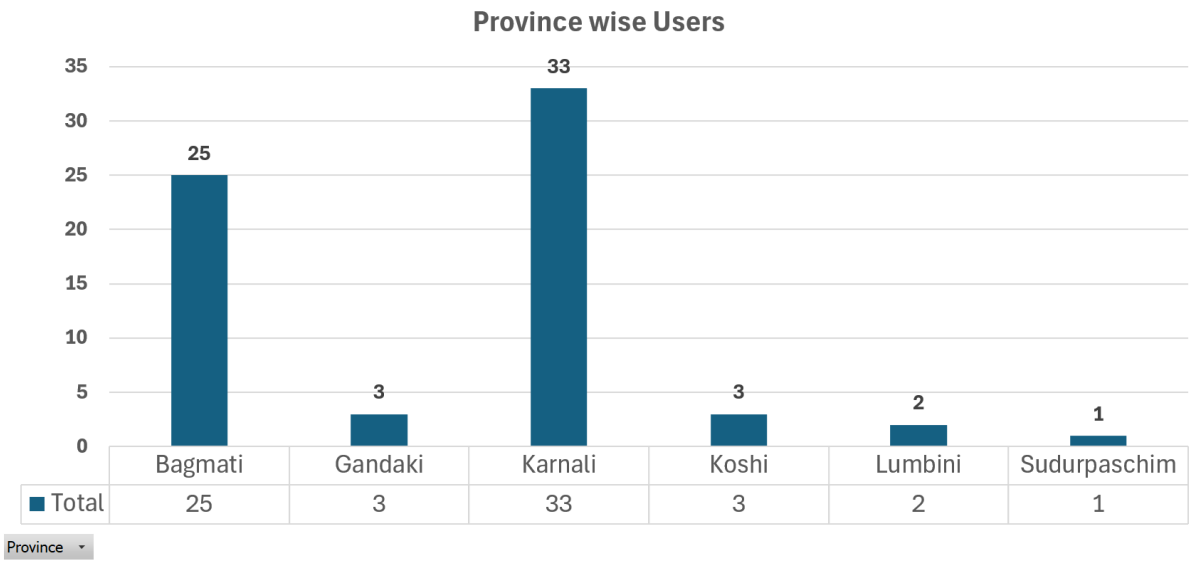


Figure 5. Province wise user distribution.

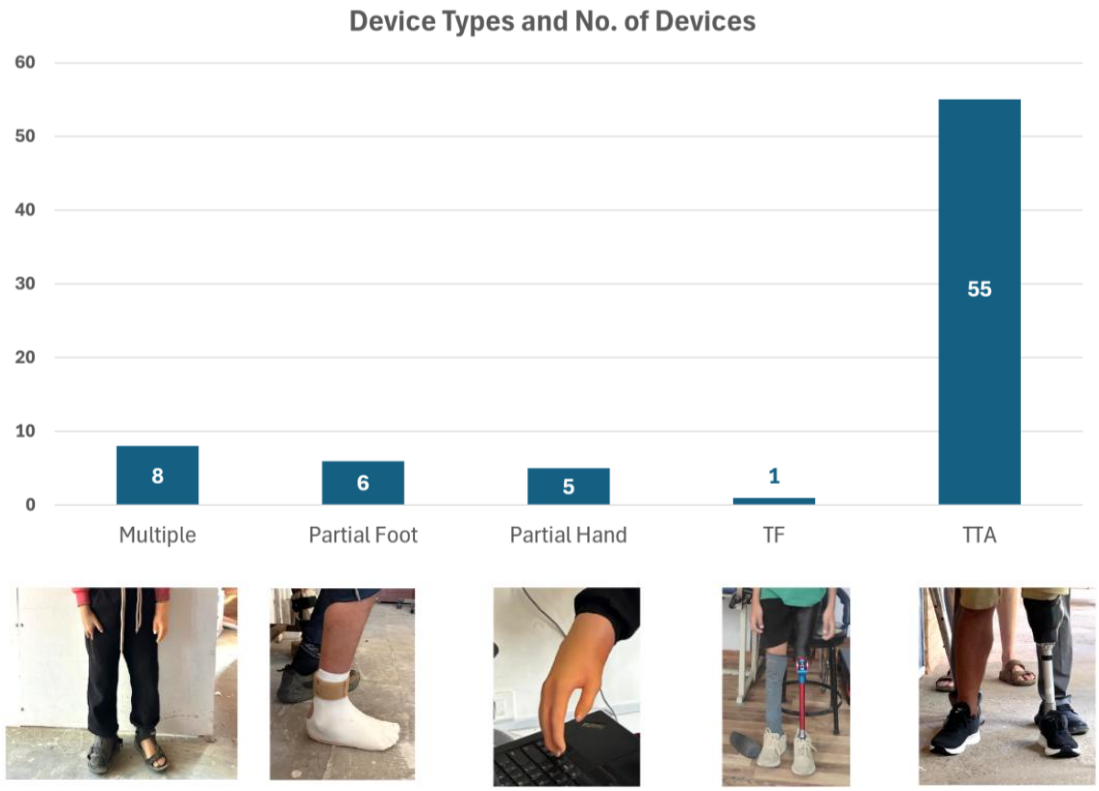


Figure 6. Number of devices distributed per type.

17 P&O professionals from all 7 provinces of Nepal were capacitated during a 5-day training/workshop on prosthetics workflow systems using digital technologies. The training, organized under the leadership of the government, equipped them with the skills and knowledge to adopt modern approaches in P&O services, ensuring sustainable and efficient service delivery.

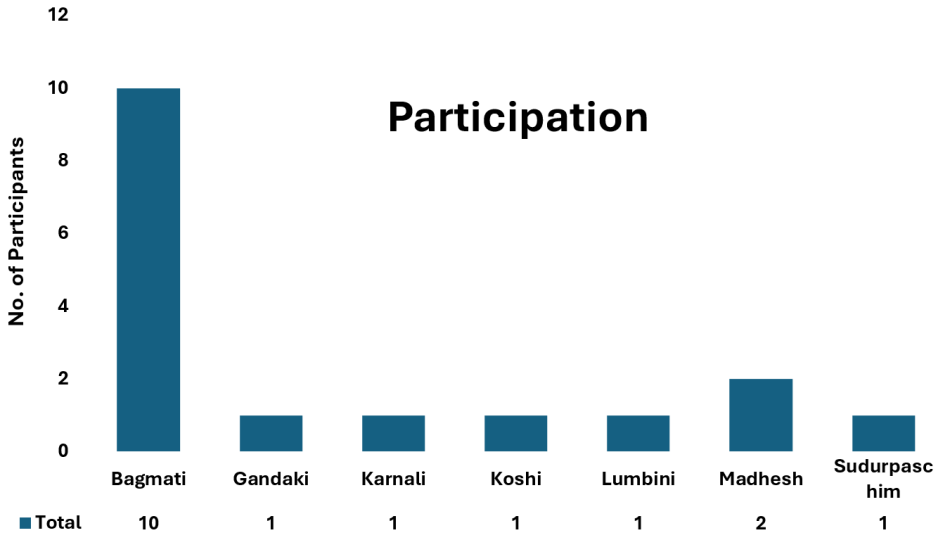


Figure 7. 5-days digital prosthetics workshop participation from P&O clinics all across Nepal.

6. Digital Prosthetics and Orthotics (P&O) Capacity Building Workshop

A five-days training workshop on digital prosthetics workflow systems utilizing digital technologies was conducted, equipping 16 Prosthetics and Orthotics (P&O) professionals from Nepal with knowledge and skills in 3D technology for the fabrication of assistive devices. The workshop was organized in collaboration with the Epidemiology and Disease Control Division (EDCD) and facilitated by an engineer from Ugani Prosthetics, the developer of the u-Fit software for digital prosthetics.

Figure 8. Participants of the 5-days digital prosthetics training/workshop organized in Kathmandu

Training Itinerary

Day 1: Inauguration and Introduction to Digital Prosthetics

The workshop commenced with opening remarks from EDCD officials, who emphasized the objectives and significance of the project in advancing assistive technology solutions in Nepal. The first technical session featured a review of transtibial amputation anatomy and biomechanics, delivered by a certified prosthetist and orthotist. This was followed by an introductory session on 3D scanning, where participants installed the necessary software and practiced basic scanning techniques.

Day 2: Hands-on Training in Digital Socket Design

On the second day, participants engaged in practical training on socket preparation using the Blender-based u-Fit software. The session included step-by-step demonstrations of the software, followed by hands-on practice in groups of three. Additionally, participants conducted 3D scanning exercises using iPhone scanners, refining their skills in digital capture and model refinement.

Day 3: Advanced Software Training and 3D Printing

The third day began with a review and troubleshooting session addressing challenges encountered during the previous day's activities. Participants then advanced to the next stages of the software workflow, applying additional sequential steps in digital socket design. By the end of the day, each group successfully completed their final socket designs, which were then processed for 3D printing.

Day 4: Introduction to 3D Printing and User Fitting

The fourth day focused on 3D printing operations and workflow management. Participants received training on printer setup, material selection, and the technical aspects of the printing process. Each group was tasked with producing a liner for their printed socket. The session concluded with a user fitting exercise, where the printed sockets were tested and evaluated for comfort, alignment, and usability.

Day 5: Evaluation, Presentations, and Closing Ceremony

The final day featured a comprehensive assessment of the training, including a short quiz to evaluate participants' understanding of the concepts covered. Groups presented their findings and shared feedback on the training experience. The workshop concluded with closing remarks from representatives of EDCD, UNICEF, and CDCA, highlighting the importance of digital prosthetics in enhancing service delivery and patient outcomes.

The program successfully concluded with participants demonstrating a solid understanding of digital prosthetics workflow and its potential application in Nepal.

7. Digital P&O Lab Setup

The laboratory for digital prosthetics was set up in INF Shining Hospital, Birendranagar, Surkhet under the recommendation of Provincial Health Directorate, Karnali Province. The lab is equipped with two 3D printers, a scanner and other equipment necessary for prosthetics fabrication and fitting. Other two printers are set up at CDCA in Kathmandu with the aim of starting Digital Prosthesis Training Center to support P&O professionals learn and practice prosthetics product development.

Figure 9. Digital Prosthetics Lab set up at Birendranagar, Surkhet, Karnali Province.

8. Challenges and Recommendations

Challenges	Consequences	Mitigation/Recommendations
Lack of data about people needing new prosthetics. Although data is available of the existing users, they are still incomplete.	Increases project cost and delays in implementation due to need for community outreach activities. Chances for duplication of users as they are not tracked/recorded.	Mobile camps in coordination with local government and OPDs. **Recommendations:** It is essential that a centralized database is maintained by Government and data should be available upon request for project purpose. Rather than NGOs/OPDs doing users identification of their own, Government departments should update it periodically so that project efforts are made into product and service provision.
Unreliable electricity and basic infrastructure.	Electricity supply is not reliable for smooth operation of machines. Basic infrastructure pose risk to electrical appliances due to high humidity and heat.	A power back up system was installed which provided continuous supply of electricity for the printer to run smoothly. Partition walls were built to provide a personal and safer working environment. **Recommendations:** Prioritise power backup facility and well-ventilated room/space for better performance.
Lack of proper stump care by users/patients.	Size and shape of residual limb cause problem in fitting. The soft tissue inconsistency, bulbous shape, volume fluctuations etc. were difficult to accommodate in digital production methods.	Called for re-assessment after the condition has improved and socket was remade. Educated users about stump care: Proper donning of prosthesis, 8 bandaging steps illustration, managed stump volume fluctuation with layer of socks if problem occurred. **Recommendations:**

		Awareness in pre-prosthetic management for health care professionals. Scheduled follow up is necessary to mitigate health impacts on users.
Struggle during the first 5 pilot cases.	Digital process is still struggling to address issues such as bony prominence and complex stumps. There was no standard/validated software parameters for modifications (during training). Digital solution is limited to residual limb - shape, length, soft tissue.	Scaling factor was increased for appropriate fit and adjustment. Design modification parameters was given a set of range values that could address almost all patients. **Recommendations:** Every case is different and needs to be addressed differently. It requires further study and validation.
Users' reluctance to stop over for extended physiotherapy and rehabilitation.	The time is inadequate for user training and posture management which could result in infections due to improper use and after care.	
High number of unaddressed upper limb (Hand) cases occurred mostly from Burn Injuries and Accidents in remote areas.	Upper limb cases (needing functioning hands) were not recruited due to complexities and technology limitations.	More research and exploration is necessary to develop context specific upper limb prosthetics. Conduct user satisfaction survey around existing upper limb solutions to recommend products/designs that satisfies uses in Nepal.
Reluctance towards 3D sockets amongst P&Os due to limited information about its wide scale usage and lack of mass test data.	Transitioning from conventional standard provisioning process to digital workflow can be challenging.	5 days of hands-on training. Initial piloting in smaller number of users before wide scale implementation.

9. Sustainability

The project was started by signing a Memorandum of Understanding (MoU) with the Government of Nepal, Ministry of Health & Population, Department of Health Services, Epidemiology & Disease Control Division. This collaboration ensured alignment with National Standard on Assistive Technology (NSAT) and facilitated effective implementation by leveraging the support and coordination of government agencies. The project will follow its impact on users through follow-up, repairs and longitudinal studies for up to 12 months. The impact studies will be funded by GDI Hub and facilitated by the Government focal department. Efforts are underway to hand over the digital P&O lab in Surkhet, Karnali Province to the Local Government health facility, which shall ensure public ownership to get the project going sustainably long after our intervention. Furthermore, the P&O participants of the 5-days training on digital prosthesis, who are spread across Nepal, will have opportunity to practice and apply digital workflow at the Digital Prosthesis Training Center in Kathmandu run by CDCA and consortium partners.

APPENDIN 1: MoU between CDCA and EDCD for Project Partnership

Memorandum of Understanding (MoU)

Between

Centre for Disabled Children Assistance (CDCA)

And

Epidemiology and Disease Control Division (EDCD), Department of Health Services (DOHS)

For

"Implementation and Enhancement of 3D Printed Orthotics, Prosthetics in Karnali Province, Nepal (SWC letter No: 009045)"

I. Preamble

This Memorandum of Understanding (MoU), effective from 26 June 2024, is made between the Centre for Disabled Children Assistance (CDCA), located at Budhanilkantha Municipality - 11, Kathmandu District, and Epidemiology and Disease Control Division (EDCD), Department of Health Services (DOHS) located at Teku, Kathmandu.

EDCD/DOHS/Leprosy Control and Disability Management Section (LCDMS) is a Leprosy control & disability inclusive health, rehabilitation and assistive technology related focal unit of the Government of Nepal, Ministry of Health and Population.

CDCA is an NGO working in the rights and needs of children and person with disabilities by providing shelter, education and assistive technologies such as wheelchairs and prosthetic devices for their empowerment in societies. CDCA and United Nations Children`s Fund (UNICEF) have recently entered into a project agreement to implement and enhance 3D printed orthotics and prosthetics in Karnali Province through the 'Enabling Fridays' consortium model. The key partners of the consortium are CDCA, Limb Care Nepal, Ugani Prosthetics and Zener Technologies.

This MoU formalizes the collaboration for the project titled "Implementation and Enhancement of 3D Printed Orthotics, Prosthetics Program in Karnali Province, Nepal." The project is funded by UNICEF Nepal and has got Social Welfare Council (SWC) approval (SWC letter No: 009045).

Proof of approvals are available in Appendix I and II.

Background:

In Nepal, particularly in remote regions like Karnali Province, children with physical disabilities face significant challenges in accessing essential assistive technologies such as prosthetics, orthotics, and wheelchairs. These challenges are compounded by geographical barriers, economic constraints, and a lack of specialized medical and rehabilitation services. Recognizing

Government of Nepal
Ministry of Health and Population
Department of Health Service
Teku, Kathmandu

1.2 Human Resources: CDCA will contribute towards the costs of local certified rehabilitation staff (*P&O, Physiotherapist, Occupational Therapist*) necessary for the implementation of the project.

1.3 Capacity Building: CDCA in coordination with *Ugani Foundation, Belgium* and Zener Technologies Pvt Ltd. will train existing P&Os in digital prosthetics workflow, 3D scanning, design, and 3D printing for sustainability and institutional capacity building.

1.4 Logistical Support: CDCA will cover the logistical costs of its project staff during camps, impact assessments and monitoring visits.

1.5 Assessment Camps: CDCA in collaboration with Federal/Provincial/Local Government will conduct assessment camps to identify potential users of assistive products, with coordination support from EDCD/LCDMS.

1.6 Impact Studies: Coordinate with LCDMS, SWC and UCL GDI Hub for impact studies and project monitoring. Impact studies will be conducted through the funding and technical support of UCL GDI Hub.

EDCD/LCDMS Responsibilities:

2.1 Overall Planning, Implementation and Monitoring of the project in coordination with the Social Welfare Council (SWC), and local and provincial government.

2.2 User Identification: During assessment and measurement camps, EDCD/LCDMS will facilitate identifying potential users by gathering information from previously conducted assessments and local government databases.

2.3 Selection of P&Os for Training/Workshop: EDCD/LCDMS will recommend Prosthetists and Orthotists for the 5 days training and workshops on digital prosthetics development provided by CDCA and Ugani Prosthetics.

2.4 Sustainability and Equipment: EDCD/LCDMS will coordinate with local and provincial stakeholders in the plan for sustainability of Program and use of Equipment after the project duration.

2.5 Impact Studies: Impact studies will be conducted by UCL Global Disability Innovation Hub (GDI Hub) in collaboration with EDCD/LCDMS. The leadership of the study will be under the EDCD/LCDMS. Necessary ethical clearance will be sought from Nepal Health Research Council (NHRC) before conducting studies in the field.

Government of Nepal
Ministry of Health and Population
Department of Health Service
Teku, Kathmandu

IV. Terms of Agreement

Duration of MoU:

This MoU is effective from 26 June 2024 and will remain in effect until 30th October 2024 with potential extension until the completion of the project.

Modification of Terms:

Modifications to this MoU must be made in writing and agreed upon by both parties.

Termination:

Either party may terminate this MoU with 60 days of written notice if obligations are not met.

V. Signatures

By their signatures below, the parties to this MoU agree to the terms and conditions outlined above.

For Centre for Disabled Children Assistance (CDCA):

Name: Dendi Sherpa

Title: Founder (CEO)

Signature:

Date: 26/06/2024

Stamp: Regd. No. 661/062/63 Centre for Disabled Children Assistance

For EDCD/LCDMS:

Name: Dr. yadu chandra Ghimire

Title: Director

Signature:

Date:

Stamp: Director; Government of Nepal, Ministry of Health and Population, Department of Health Service, Teku, Kathmandu

For United Nations Children's Fund (UNICEF):

Name: Harsha Raj Dalal

Title: Program Officer (Data and Evidence)

Signature:

Date: 26/06/2024

APPENDIX 2: Social Welfare Council Approval

समाज कल्याण परिषद्

(योजना शाखा)

केन्द्रीय कार्यालय
हरिहर भवन, पुल्चोक
ललितपुर, नेपाल

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पत्र संख्या
च. नं. ००७९६६ 009045
(१६६०)

मिति: २०८१।०२।०६

श्री बाल अपाङ्ग टेवा संस्था, काठमाण्डौं ।
स.क.प. आवद्धता नं : २०७२६
(फोन नं. ९८५१०४७७७३)

विषय : परियोजना स्वीकृति बारे ।

त्यस संस्थाले परिषद् परियोजना प्रस्ताव दर्ता गराएको मिती २०८१।०१।२३ को पत्रवाट दातृ संस्था **UNICEF, Nepal** को आर्थिक सहयोगमा तपसिल उल्लेख भए बमोजिमको कार्यक्रम/परियोजना संचालन गर्न स्वीकृति माग भई आएको सन्दर्भमा कार्यवाही हुँदा, प्रस्तावित कार्यक्रम/परियोजना कार्यान्वयन गर्दा सम्वन्धित स्थानीय निकाय/तहसंग समन्वय र सहकार्यमा गर्न, कार्यक्रम/परियोजना प्रगति प्रतिवेदन, ४/४ महिनाको आय/वाय विवरण, लेखापरिक्षण प्रतिवेदन वार्षिक रुपमा परिषद् लगायत सम्वन्धित निकायमा पेश गर्नु पर्ने एव कार्यक्रम संचालन गर्नु पूर्व सम्वन्धित जिल्ला समन्वय समिति, नगरपालिका/गाउँपालिकामा परियोजना प्रस्ताव उपलब्ध गराउनु पर्ने गरी प्रस्तावित कार्यक्रम/परियोजना संचालन गर्न मिति २०८१।०१।३१ को सदस्य-सचिव स्तरीय) निर्णयानुसार स्वीकृति प्रदान गरिएको व्योहोरा अनुरोध गर्दछु ।

तपसिल :

परियोजनाको नाम	परियोजना संचालन गर्ने भौगोलिक क्षेत्र	परियोजनाको अवधि	आर्थिक श्रोत		
			वैदेशिक सहयोग रु.	आन्तरिक सहयोग रु.	कुल लागत रु.
नेपालका प्रकोप क्षेत्रका अपाङ्गता भएका बालबालिकाको सुधारात्मक सहभागिताताई सक्षम बनाउन थ्रीडी बयोटिक्स र प्रोस्थेटिक्स केन्द्र स्थापना र सुदृढ गर्ने ।	सुर्खेत , जिल्ला ।	२५।०१।२०८१ देखि ३०।०१।२०८२ सम्म ।	८१,६४,८६९.०६।-		८१,६४,८६९.०६।-

पुनश्च : " कार्यक्रम स्वीकृति लिई परियोना सन्चालन गर्ने गैरसरकारी संस्थाहरुले सरोकारवालाहरु बीच परियोजनाको सामाजिक लेखापरीक्षण सार्वजनिकरण गर्ने कार्य वा जानकारी विभिन्न निकायमा पठाउँदा वा परियोजना कार्यक्रम स्थलमा राखिने होर्डिङ्ग बोर्डमा परियोजना विवरण उल्लेख गर्दा परिपद्को मिति र सम्झौताको अवधि उल्लेख गर्न पर्नेछ । साथै हरेक ६/६ महिनामा अनुगमन र परियोजना अन्त्यमा मूल्याङ्कन गर्ने । मिति २०८१।०२।०६ सस्थाले स्वास्थ्य सेवा विभाग यप गर्न भनि निवेदन पेस भएकोले यप मिति २०८१।०२।२० गते वेवसाई उपलब्ध गराएको छ ।

(आनन्द थापा)
सहायक निर्देशक

बोधार्थ :

१. श्री प्रधानमन्त्री तथा मन्त्रिपरिषद् कार्यलय (महिला,बालबालिका,जेष्ठ नागरिक,श्रम तथा सामाजिक सरक्षा शाखा), सिंहदरवार,काठमाण्डौ ।
२. श्री महिला,बालबालिका तथा ज्येष्ठ नागरिक मन्त्रालय, सिंहदरवार,काठमाण्डौ ।
३. श्रीमान् सदस्य सचिवज्य स. क. प. , हरिहरभवन, ललितपर ।
४. श्री जिल्ला प्रशासन कार्यालय, काठमाण्डौं ।
५. श्री जिल्ला समन्वय समिति, सुर्खेत ।
६. श्री समन्वय शाखा स. क.प., भृकटीमण्डप,काठमाण्डौ ।
७. श्री अनुगमन तथा मूल्याङ्न विभाग, स. क.प.- आवश्यक कार्यार्थ ।
८. श्री नेपाल सरकार स्वास्थ्य तथा जनसंख्या मन्त्रालय, स्वास्थ्य सेवा विभाग, इपिडीमियोलोजी तथा रोग नियन्त्रण महाशाखा,टेकु , काठमाण्डौं ।

Annex 1: P&O Training Participants List

Annex 2: User's/ Beneficiaries List