



AASHA KIRAN

Souvenir 2025



AASHA KIRAN KENDRA

Registration No: 2119

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United Supreme Pvt. Ltd

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AASHA KIRAN

2025

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Editorial



Dear Respected Readers,

We are pleased to present the first issue of Aasha Kiran Kendra Souvenir in which you will find a summary of Kendra's activities, useful articles from the dignified experts in the field and glimpse of our students' work.

Aasha Kiran Kendra is a beacon of Hope, Dignity, and Possibility !!! Every organization is defined not only by its prosperity, but by the compassion it extends to those who need it most. Following this spirit, Aasha Kiran Kendra (AKK) has been dedicated to quietly transforming lives one child, one family, one small victory at a time through its unwavering commitment to children with developmental disabilities. AKK has created a nurturing and empowering environment for the children who are living with cerebral palsy, autism, Down syndrome, intellectual disabilities, communication challenges, and other developmental conditions. At AKK, these children are not defined by their limitations but celebrated for their potential. For us, hope is not just the motto but our day-to-day practice. We engage children in various activities that bring smile on their face, a sense of accomplishment and a feel of empowerment.

AKK runs through the generous support of its members and well-wishers. Our teachers and facilitators put their efforts to provide full support and care to the children with passion. Through your support, we are able to provide meals, therapy, educational materials, transportation assistance, and safe spaces for play, learning, and growth. Thus, the center is more than a building it is a family where every act of kindness becomes a stepping stone toward a brighter future.

As you read this Souvenir, we invite you to reflect on the difference you can make. Your support big or small has the power to change the course of a child's life. Let us join hands to strengthen this center, expand its services, and reach more children who are waiting for their own ray of hope. Let us build a community where no child is invisible, where no family is left feeling helpless, and where developmental disabilities are met with understanding, empathy, and specialized care.

Together, we can ensure that the light of Aasha Kiran Kendra continues to shine bright, warm, and unwavering illuminating the path for those who need it the most.

Let us give hope. Let us share compassion. Let us help every child rise.



Dr. Ganga Ram Gautam,
Editorial Chief
Life Member - Aasha Kiran Kendra

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Mr. Sunil Gupta
Founder & Chairperson



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Immediate Past Chairperson



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Ms. Madhu Rana
Member



Mr. Ashok Das
Member



Mr. Sanjay Khetan
Member



Mr. Anil Gupta
Member

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Message from Founder & Chairperson



Dear Friends and Well-Wishers,

It fills my heart with immense joy and pride to present our very first annual souvenir Aasha Kiran a heartfelt reflection of our community's spirit, creativity, and collective journey. This publication is not merely a record of our activities; it is a celebration of the love, dedication, and compassion that define the true essence of Aasha Kiran Kendra.

Throughout the past year, we have remained steadfast in our mission to foster social awareness, inclusivity, and community service. Through various initiatives, we have extended continuous support to children with intellectual and developmental disorders in Birgunj. Together, we have shown how teamwork, empathy, and perseverance can transform lives each small effort has helped build a more caring and connected society. I take this opportunity to express my heartfelt appreciation to all our members, volunteers, and contributors whose tireless efforts have made this year's programs and this souvenir a beautiful reality. My special gratitude goes to the editorial team for their dedication in capturing our story so gracefully within these pages.

I am also deeply thankful to all our sponsors for their generous support and advertisements, and to our national and international writers and experts who have shared their valuable experiences and insights. Your words and encouragement have added depth, inspiration, and warmth to this publication.

What makes Aasha Kiran Kendra truly special is not only what we do, but how we do it with kindness, laughter, and genuine care for one another. Every member, volunteer, and supporter has played a vital role in turning small steps into meaningful milestones. I need to personally thank my personal staffs Prabhat, Anil and Aniva for their regular support.

Many private business organizations and social clubs such as the Lions Club, Rotary Club, Ladies Circle, and numerous kind-hearted individuals have come forward to support us both financially and morally. Their generosity and encouragement have played a vital role in sustaining our mission. We are also deeply grateful to Birgunj Mahanagarpalika and Siddhartha School Management for providing us with the space and facilities to operate. Regular technical support from Sneh Foundation and Jai Vakeel Foundation from India is our guiding forces. Their collaboration has given us a stable foundation from which to serve the community effectively.

All these organizations and well-wishers along with many others who continue to contribute in various ways are the true strength behind Aasha Kiran Kendra. Without their unwavering support, it would not have been possible to keep our day care centre running and to continue bringing hope and care to those who need it most. Your unwavering belief in our vision inspires us to continue moving forward with renewed energy, hope, and determination. Finally I would like to request our honorable readers to provide your valuable insight on our souvenir so that we can make amendments and improve in our second annual souvenir which will be coming in both digital and print.

As we look ahead, let us continue to embrace innovation, compassion, and a shared sense of purpose. May this souvenir stand not only as a record of our achievements but also as a beacon of inspiration for the years to come.

Let us keep spreading smiles, extending helping hands, and nurturing hopeful hearts for it is through such love and unity that Aasha Kiran Kendra continues to shine its light into the lives of many.

With heartfelt gratitude and warm regards.



Sunil Gupta
Founder & Chairperson
Aasha Kiran Kendra



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LIFE MEMBERS

Name: Mr. Sunil Gupta Address: Birgunj DOB: 01 March Profession: Business Registration No: 001- 2018	
Name: Mr. Ramesh Agarwal Address: Birgunj Profession: Business Registration No: 002- 2018	
Name: Mr. Prithvi Rajbhandari Address: Birgunj Profession: Business Registration No: 003- 2018	
Name: Mr. Sandeep Mohata Address: Birgunj DOB: 8 March 1972 Profession: Business Registration No: 004- 2018	
Name: Mr. Rajan Shrivastav Address: Birgunj DOB: 18 April 1990 Profession: Business Registration No: 005- 2018	
Name: Ms. Madhu Rana Address: Birgunj Profession: Social Worker Registration No: 006- 2018	

Name: Dr. Ashok Das Address: Birgunj DOB: 30 December 1960 Profession: Medical Doctor Registration No: 007- 2018	
Name: Mr. Sanjay Khetan Address: Birgunj Profession: Engineer Registration No: 008- 2018	
Name: Mr. Anil Gupta Address: Birgunj DOB: 5th January Profession: Business Registration No: 009- 2018	
Name: Mr. Paritosh Gupta Address: Birgunj DOB: 3 January 1987 Profession: Business Registration No: 0010 - 2023	
Name: Ms. Rajeshwari Amatya Address: Birgunj Profession: Housewife Registration No: 0011 - 2023	
Name: Ms. Anamika Pujariya Address: Birgunj DOB: 25 September 1983 Profession: Housewife Registration No: 0012 - 2023	

Name: Ms. Preety Khetan Address: Birgunj Registration No: 0013 - 2023	
Name: Ms. Sangita Mohata Address: Birgunj DOB: 15 January 1973 Profession: Housewife Registration No: 0014 - 2024	
Name: Ms. Rashmi Das Address: Birgunj Profession: Social Worker Registration No: 0015 - 2024	
Name: Ms. Renu Agrawal Address: Birgunj Profession: Housewife Registration No: 0016 - 2024	
Name: Ms. Sapana Agrawal Address: Birgunj DOB: 05 March 1977 Profession: Dietician & Wellness coach Registration No: 0018 - 2024	
Name: Ms. Pabitra Gajurel Address: Birgunj Profession: Housewife Registration No: 0019- 2024	

Name: Ms. Nutan Sarawagi Address: Birgunj Profession: Social Worker Registration No: 0020- 2024	
Name: Mr. Ganesh Lath Address: Birgunj Profession: Writer Registration No: 0021 - 2024	
Name: Mr. Anil Jayswal Address: Birgunj -12, Parsa, Nepal DOB: 22 March 1986 Profession: HR Management Registration No: 0022 - 2024	
Name: Ms. Afsana Afroj Address: Birgunj DOB: 17 Aug 1984 Profession: Social Worker Registration No: 0023 – 2024	
Name: Mr. Arun Agrawal Address: Birgunj DOB: 24th November 1973 Profession: Business Registration No: 0024 - 2024	
Name: M/S Rotary Club Of Birgunj Address: Birgunj Profession: Social Club Registration No: 0025 - 2024	

Name: Ms. Kavita Khetan Address: Birgunj DOB: 13 April Profession: Housewife Registration No: 0026 - 2024	
Name: Mr. Gopal Khetan Address: Birgunj Profession: Business Registration No: 0027 - 2024	
Name: Ms. Munna Devi Kalawar Address: Birgunj DOB: 2nd July Profession: Housewife Registration No: 0028 - 2024	
Name: Ms. Anima Amatya Address: Birgunj DOB: 1st July Profession: Medical Scientist Registration No: 0029 - 2024	
Name: Dr. Amit K Agrawal Address: Birgunj DOB: 1st January 1980 Profession: Cardiologist Registration No: 0030 - 2024	
Name: Mr. Chandan Singh Address: Birgunj Profession: Business Registration No: 0031 - 2024	

Name: Ms. Devaki Chachan Address: Birgunj DOB: 30 Oct 1963 Profession: Housewife Registration No: 0032 - 2024	
Name: Mr. Naresh Agrawal Address: Birgunj DOB: 13 June 1970 Profession: Business Registration No: 0033 - 2024	
Name: Mr. Hariom Kumar Shah Address: Birgunj DOB: 21 September 1983 Profession: Business Registration No: 0034 - 2024	
Name: Mr. Ramchandra Shah Address: Kathmandu DOB: 11 September 1967 Profession: Business Registration No: 0035 - 2024	
Name: Mr. Rabendra Raj Pandey Address: Birgunj DOB: 14 December Profession: Business Registration No: 0036 - 2024	
Name: Mr. Sanjay Joshi Address: Birgunj DOB: 29 Poush 1968 Profession: Business Registration No: 0037 - 2025	

Name: Mr. Anuj Poddar Address: Biratnagar DOB: 24 June 1976 Profession: Business Registration No: 0038 - 2025	
Name: Ms. Ruby Poddar Address: Biratnagar DOB: 24 July 1976 Profession: Business Registration No: 0039 - 2025	
Name: Mr. Siba Bhakta Rajbhandari Address: Birgunj DOB: 11 June Profession: Social Development Registration No: 0040 - 2025	
Name: Mr. Prashant Gupta Address: Birgunj DOB: 6 September 1998 Profession: Business Registration No: 0041 - 2025	
Name: Mr. Rakesh Gupta Address: Birgunj DOB: 27 November 1988 Profession: Business Registration No: 0042 - 2025	
Name: Mr. Deepak Tibrewal Address: Birgunj DOB: 26 February 1972 Profession: Business Registration No: 0043 - 2025	

Name: Mr. Nirmal Pradhanang Address: Kathmandu DOB: 18th February 1946 Profession: Aviation Engineer Registration No: 0044 - 2025	
Name: M/S Rungta Welfare Society Address: Birgunj Establishment: 1968 Profession: Social Organization Registration No: 0045 - 2025	
Name: Mr. Anil Agrawal Address: Birgunj Profession: Business Registration No: 0046 - 2025	
Name: Mr. Bunty Sethia Jain Address: Kathmandu DOB: 21st July 2984 Profession: Chartered Accountant & Entrepreneur Registration No: 0047 - 2025	
Name: Mr. Niraj Kumar Shrestha Address: Kathmandu Profession: Business Registration No: 0048 - 2025	
Name: Mr. Emmanuel Kurian Address: Kathmandu Profession: Social worker Registration No: 0049 - 2025	

Name: Mr. Sushil Khetan Address: Birgunj Profession: Business Registration No: 0050 - 2025	
Name: Ms. Ritaraj Bhandari Amatya Address: Birgunj Profession: Housewife Registration No: 0051 - 2025	
Name: Mr. Piyush Bajra Bajracharya Address: Kathmandu DOB: 12 Dec 1952 Profession: Ayurveda Practice Registration No: 0052 - 2025	
Name: Dr. Ganga Ram Gautam Address: Kathmandu DOB: 15 April Profession: Educationist Registration No: 0053 - 2025	
Name: Mr. Ganesh Shrestha Address: Kathmandu DOB: 22 November Profession: Business Registration No: 0054 - 2025	
Name: Mr. Kedar Bhakta Shrestha Address: Kathmandu DOB: 18 Jan Profession: Diplomat Registration No: 0055 - 2025	

Name: Mr. Ramesh Maskey Address: Kathmandu DOB: 17 March 1944 Profession: Aeronautical Engineer Registration No: 0056 - 2025	
Name: Mr. Jamuna Krishna Tamrakar Address: Kathmandu DOB: 17 Feb 1951 Profession: Forester Registration No: 0057 - 2025	
Name: Mr. Nitesh Mahaseth Address: Janakpur DOB: 29 September 1995 Profession: Business Registration No: 0058 - 2025	
Name: Ms. Kabita Joshi Address: Kathmandu DOB: 18th August 1971 Profession: Insurance Consultant Registration No: 0059 - 2025	
Name: Mr. Shiv Prakash Khemka Address: Kathmandu DOB: 12 Feb Profession: Business Registration No: 0060 - 2025	

Name: Mr. Kamal B. Nyachhyon Address: Kathmandu DOB: 15 Jan Profession: Business Registration No: 0061 - 2025	
Name: Mr. Binit Pradhanang Address: UK DOB: 20th September 1978 Profession: Business Analyst Registration No: 0062 - 2025	
Name: Mr. Vijay Kumar Sarawagi Address: Birgunj DOB: 08 September 1967 Profession: Business & Politician Registration No: 0063 - 2025	
Name: Mr. Pushkar Man Shakya Address: Kathmandu DOB: 14 January 1954 Profession: Business Registration No: 0064 - 2025	
Name: Mrs. Reeta Shakya Address: Kathmandu DOB: 6th July Profession: Housewife Registration No: 00165 - 2025	

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PARENTS BOARD MEMBER

S. No	Name		Parents of students
1	Mrs. Sharmila Maharjan (Parents President)		Sans Raj Shrestha's Mother
2	Mrs. Afshana Khatun (Member)		Rehan's Mother
3	Mrs. Gita Devi (Member)		Gautam Mahato's Mother
4	Mrs. Rabina Ansari (Member)		Musruf's mother
5	Mrs. Priyanka Yadav (Member)		Prince's Mother



Warmest wishes to the
Aasha Kiran Kendra, Birgunj
on the occasion of your Anniversary Day.
Your compassionate service & humanitarian
support for children with mental disabilities
are truly commendable.



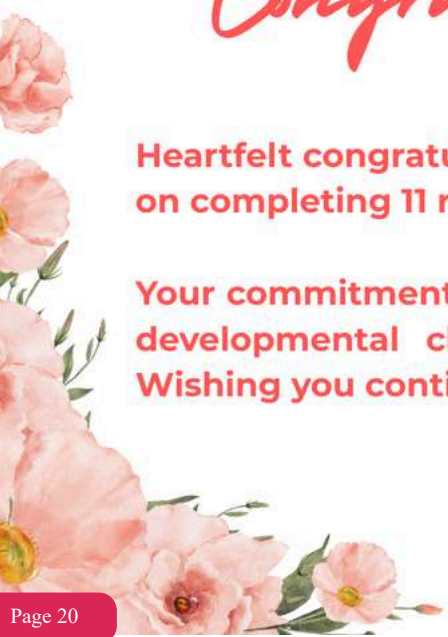
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Congratulations!

**Heartfelt congratulations to Aasha Kiran Kendra
on completing 11 remarkable years of service.**

**Your commitment to empowering children with
developmental challenges is truly admirable
Wishing you continued success and growth.**



Rashmi Das - Life Member

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Name: Mr. Vinay Kabra Address: Birgunj No of Student: 2 Sponsorship Date: 17th Sept 2025 (2nd Year Sponsor)	
Name: Mr. Harinarayan Kabra Address: Birgunj No of Student: 2 Sponsorship Date: 17th Sept 2025 (2nd Year Sponsor)	
Name: Ms. Madhu Rana Address: Birgunj No of Student: 1 Sponsorship Date: 17th Oct 2025 (2nd Year Sponsor)	
Name: Ms. Munna Devi Kalwar Address: Birgunj No of Student: 1 Sponsorship Date: 17th Sept 2025 (2nd Year Sponsor)	
Name: Ms. Ritaraj Bhandari Amatya Address: Birgunj No of Student: 1 Sponsorship Date: 25th June 2025	
Name: Ms. Rajeshwari Amatya Address: Birgunj No of Student: 1 Sponsorship Date: 21st April 2025	

Name: Mr. Paritosh Gupta Address: Kathmandu No of Student: 1 Sponsorship Date: 18th July 2025	
Name: Dr. Amit Agrawal / Dr. Anu Rateria Address: Birgunj No of Student: 1 Sponsorship Date: 15th Oct 2025	
Name: Mr. Manish Jain Address: Mumbai, India No of Student: 1 Sponsorship Date: 16th Dec 2025 (In loving memory of his late father, Mr. Indar Sen Jain)	
Name: Mrs. Namrata Jain Address: Mumbai, India No of Student: 1 Sponsorship Date: 16th Dec 2025 (In loving memory of her late father, Mr. Adarsh Kumar Jain)	
Name: Mr. Prithvi Rajbhandari Address: Maldives No of Student: 2 Sponsorship Date: 16th Dec 2025 (2nd Year Sponsor)	
Name: Mr. Umesh Lal Shrestha Address: Kathmandu No of Student: 2 Sponsorship Date: 16th Dec 2025 (2nd Year Sponsor)	
Name: Mr. Uttam Kumar Shrestha Address: Kathmandu No of Student: 2 Sponsorship Date: 16th Dec 2025 (2nd Year Sponsor)	

Name: M/S Rungta Welfare Society Address: Birgunj No of Student: 1 Sponsorship Date: 17 th Dec 2025 (2 nd Year Sponsor)	
Name: Ms. Amita / Mr. Shailendra Pd. Verma Address: Birgunj No of Student: 2 Sponsorship Date: 17 th Dec 2025 (2 nd Year Sponsor)	

STUDENT SPONSORSHIP 2024

Name: Mr. Vinay Kabra Address: Birgunj No of Student: 2 Sponsorship Date: 7 th Aug 2024	
Name: Mr. Harinarayan Kabra Address: Birgunj No of Student: 2 Sponsorship Date: 7 th Aug 2024	
Name: M/S Nepal Machinery Trader Address: Birgunj No of Student: 1 Sponsorship Date: 25 th Sept 2024	
Name: Ms. Dibya Khurana (Mr. Chandru) Address: USA No of Student: 1 Sponsorship Date: 25 th Sept 2024	

Name: M/S Annapurna Vegetable Products Pvt. Ltd. Address: Birgunj No of Student: 1 Sponsorship Date: 1 st Oct 2024	
Name: M/S Jagdamba Enterprises Pvt. Ltd. (Ramesh Agrawal) Address: Birgunj No of Student: 1 Sponsorship Date: 1 st Oct 2024	
Name: Ms. Munna Devi Kalwar Address: Birgunj No of Student: 1 Sponsorship Date: 7 th Oct 2024	
Name: Mr. Sandeep Kumar Mohta Address: Birgunj No of Student: 1 Sponsorship Date: 16 th Oct 2024	
Name: Ms. Madhu Rana Address: Birgunj No of Student: 1 Sponsorship Date: 16 th Oct 2024	
Name: Mr. Umesh Lal Shrestha Address: Kathmandu No of Student: 2 Sponsorship Date: 5 th Nov 2024	
Name: Mr. Uttam Kumar Shrestha Address: Kathmandu No of Student: 2 Sponsorship Date: 5 th Nov 2024	

Name: Mr. Prithvi Rajbhandari Address: Maldives No of Student: 2 Sponsorship Date: 5th Nov 2024	
Name: Ms. Amita / Mr. Shailendra Pd. Verma Address: Birgunj No of Student: 2 Sponsorship Date: 5th Nov 2024	
Name: Dr. Amit Agrawal / Dr. Anu Rateria Address: Maldives No of Student: 1 Sponsorship Date: 11th Oct 2024	
Name: Mr. Nayan Krishna Shrestha Address: Kathmandu No of Student: 1 Sponsorship Date: 22nd Dec 2024	
Name: Mr. Man Mohan Krishna Shrestha Address: Birgunj No of Student: 1 Sponsorship Date: 22nd Dec 2024	
Name: M/S Rungta Welfare Society Address: Birgunj No of Student: 1 Sponsorship Date: 27th Jan 2025	
Name: M/S Nepal Investment Mega Bank Ltd. Address: Kathmandu No of Student: 2 Sponsorship Date: 17th March 2024	

Best Wishes to Aasha Kiran Kendra on the 11th Annual Function



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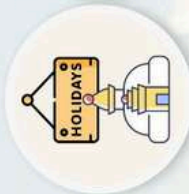
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Name: Ms. Aarti Chaudhary Designation: Co - Ordinator & Teacher	
Name: Ms. Rupsi Chettri Designation: Assistant Co-Ordinator & Teacher	
Name: Ms. Ujjana Gupta Designation: Teacher	
Name: Ms. Anjali Kumari Designation: Teacher	
Name: Mrs. Kunti Devi Designation: Caretaker	
Name: Mr. Sahawan Miya Dhobi Designation: Driver	

VISTING TEACHERS/ STAFF MEMBERS

Name: Mr. Sunil Yadav Designation: Speech Therapist	
Name: Mr. Kiran Singh Designation: Music Teacher	
Mr. Praksh Karn Designation: Dance Teacher	



***Celebrating 11 years of love, care, and
commitment by Aasha Kiran Kendra.***

***May your journey ahead be filled with
more achievements, stronger
partnerships, and endless hope for every
child you serve.***



SWEETY AGARWAL

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LIST OF STUDENTS

Name: Mariya Khatun DOB: 2064.10.05 Gender: Female	
Name: Usha Kumari Ram DOB: 2062.09.07 Gender: Female	
Name: Rehan Ansari DOB: 2062.05.14 Gender: Male	
Name: Hemant Sharma DOB: 2064.03.27 Gender: Male	
Name: Shans Raj Shrestha DOB: 2071.10.06 Gender: Male	
Name: Ranjeet Kumar Kushwaha DOB: 2059.02.02 Gender: Male	
Name: Aaditya Kumar Sonar DOB: 2073.03.22 Gender: Male	
Name: Chhoti Kumari DOB: 2069.10.26 Gender: Female	
Name: Shivanshu Shrivastav DOB: 2072.06.12 Gender: Male	
Name: Bittu Kushwaha DOB: 2072.09.13 Gender: Male	
Name: Mumtaj Miya DOB: 2067.03.15 Gender: Male	

LIST OF STUDENTS

Name: Salman Miya DOB: 2065.09.11 Gender: Male	
Name: Gautam Patel DOB: 2071.06.26 Gender: Female	
Name: Prince Yadav DOB: 2071.06.08 Gender: Male	
Name: Yash Jaiswal DOB: 2067.08.15 Gender: Male	
Name: Aanand Sagar Mukh DOB: 2071.12.05 Gender: Male	
Name: Sunny Kumar Nuniya DOB: 2066.05.13 Gender: Male	
Name: Breej Kumar Sonar DOB: 2064.01.05 Gender: Male	
Name: Aayush Teli DOB: 2071.06.26 Gender: Male	
Name: Bidhan Raj Thakur (Aaditya) DOB: 2062.05.28 Gender: Male	
Name: Md. Kosher Ansari DOB: 27.04.2010 (A.D) Gender: Male	
Name: Priyanka Kumari DOB: Gender: Female	
Name: Sonakshi Lama DOB: 2067.08.14 Gender: Female	

Name: Sweksha Saraff DOB: 2009.11.08 Gender: Female	
Name: Ankush Sarraf DOB: 2073.06.23 Gender: Male	
Name: Masruf Ansari DOB: Gender: Male	
Name: Laddu Kumar DOB: 2074.09.06 Gender: Male	
Name: Istak Hawari DOB: 2071.12.05 Gender: Male	
Name: Gautam Mahato DOB: 2013.05.15 (A.D) Gender: Male	
Name: Shahid Hawari DOB: Gender: Male	
Name: Aalok Kumar DOB: Gender: Male	
Name: Roshan Patel DOB: 2056.02.05 Gender: Male	
Name: Rishab Patel DOB: 2074.09.29 Gender: Male	
Name: Subhiyana Khatun DOB: Gender: Female	
Name: Vicky Mahato DOB: Gender: Male	



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Aasha Kiran Kendra is a dedicated center located in Birgunj, Nepal, committed to providing comprehensive care, education, therapy, & empowerment to children with intellectual and developmental disorders. Aasha Kiran Kendra was established in 2014 at Siddhartha School in Shreepur, Birgunj, Nepal, registered in Birgunj on 3rd October 2018. Established with the core belief that every child deserves equal love, opportunity, & dignity, Aasha Kiran Kendra has been transforming lives since its inception.

Aasha Kiran Kendra is a full fledge day care centre for all types of intellectual and developmental disorder like cerebral palsy, down syndrome, autism in Birgunj. At Aasha Kiran Kendra, we provide a complete free of cost service to all special children with intellectual and developmental disorder.

Our Mission

Aasha Kiran Kendra's mission is to empower and enrich the lives of children affected by intellectual and developmental disorders. The center strives to create a world where every child with unique abilities is embraced, celebrated, and given equal opportunities for a fulfilling and dignified life.

Our Vision

We envision a future where every child with intellectual and developmental disorder like cerebral palsy, down syndrome, autism, etc. experiences boundless possibilities and genuine acceptance in society.

Facilities and Services

Aasha Kiran Kendra provides comprehensive day care services from 10 AM to 4 PM, Sunday to Friday. Currently, the center serves 42 children, offering all facilities and services completely free of cost, regardless of background. All services are as mentioned following:

- Individualized Education Plan (IEP) curriculum
- Speech therapy and physiotherapy
- Life skill training activities
- Recreational and creative activities such as music, dance, drawing and painting
- Regular medical camps

- Sports and physical play (indoor and outdoor)
- Outings and field trips to schools, cinemas, and recreation areas
- Festival celebrations to foster joy and social engagement
- Parental counseling and awareness programs
- Daily nutritious meals and transportation
- Vocational training, etc

Infrastructure

The center operates from the single storied building in the premises of Siddhartha School, at Shreepur, Birgunj, Nepal constructed by the Lions Club of Birgunj Metropolitan and jointly approved by Birgunj Metropolitan Office. It includes:

- Dedicated classrooms for education and therapy
- Medical and vocational training areas
- A kitchen and dining space for meal services
- Administrative offices
- A large open play area as playground
- A transport vehicle for children's daily transfer

Visitors

Aasha Kiran Kendra frequently welcomes visitors such as nursing students, doctors, volunteers, social workers, donors, etc. from Nepal and abroad. We encourage visitors who not only encourage the children but also help spread awareness about intellectual and developmental disorder and inclusion.

A Beacon of Hope

Aasha Kiran Kendra continues to be a beacon of hope for children and families in Birgunj and beyond. With its compassionate mission, professional care, and community involvement, the center exemplifies how love, dedication, and inclusion can transform lives and brighten futures.

Furthermore, Aasha Kiran Kendra has taken a significant step toward excellence by becoming a part of Disha Abhiyan from Jai Vakeel- Mumbai, a national initiative for inclusive education and developmental support for children with intellectual and developmental disorder.

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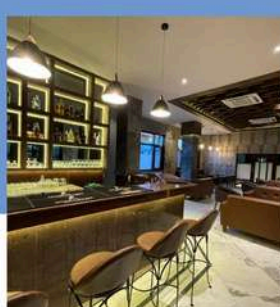
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Condition of Congenital Neurological Disorders in Nepalese Children : Rehabilitation Strategies to Promote Functional Independence and Social Participation

Dr. Basant Pant, MD, PhD
Chairman - Annapurna Neurological Institute



Congenital neurological disorders comprise a group of conditions affecting the brain and nervous system that are present at or shortly after birth and remain a major cause of childhood disability worldwide. In Nepal, as in many low and middle-income countries, these disorders include most commonly cerebral palsy, neural tube defects, congenital hydrocephalus, and certain genetic syndromes imposing long-term physical, cognitive, and social challenges for affected children and their families. According to national newborn surveillance and health facility-based studies in Nepal, congenital neurological disorders contribute significantly to disability, caregiving burden, and educational exclusion. This article reviews the current understanding of their prevalence and causes within the Nepalese context and highlights practical, evidence-based approaches to support these children. It focuses particularly on inclusive schooling, home-based rehabilitation strategies with scientific rationale, and the vital role of rehabilitation centers in helping children develop independence and become contributing members of society.

Global Perception of Congenital Neurological Disorders : From Past to Present

Historically, congenital neurological disorders were poorly understood across much of the world. Before advances in medical science and developmental research on neurological disorders, families and societies often relied on cultural beliefs, superstition, or religion to explain disability rather than biological causes.¹ Physical and intellectual disabilities were frequently viewed through a moral or spiritual lens instead of as developmental or medical conditions. In the past, in many ancient and traditional societies including Nepal, children born with visible neurological or physical impairments were believed to be cursed, possessed by spirits, or punished for ancestral sins.² In several cultures, disability was associated with misfortune, leading to exclusion from education, concealment, abandonment, or institutionalization. Families, especially mothers, often experienced guilt, shame, and social isolation and depression due to stigma and misconceptions about the child's condition.³

During the early modern and industrial periods, attitudes began to change. With the emergence of scientific medicine, disability-rights movements, human rights advocacy, and rehabilitation medicine, disability started to be recognized as a medical and social issue rather than a supernatural one.⁴ Advances in neurological anatomy and improved understanding of cerebral palsy and epilepsy reframed disability from an object of pity to a condition requiring care, inclusion, and treatment. Today, global perspectives emphasize acceptance, empowerment, and inclusion, and families are increasingly recognized as active partners in rehabilitation and advocacy for equal opportunity.

How common are congenital neurological disorders in Nepal?

Congenital disorders are a major cause of neonatal death and long-term disability worldwide, with the highest burden in low- and middle-income countries. According to the World Health Organization, congenital anomalies cause approximately 240,000 neonatal deaths every year, with many more children surviving with lifelong disability.⁵

In Nepal, the National Newborn Birth-Defect Surveillance (2020) reported a prevalence of 116 per 10,000 live births, highlighting congenital disorders as a significant public-health issue. Community-based and hospital-based studies across Nepal report similar findings, with prevalence ranging from 5–12 per 1,000 live births, depending on the study population and methodology.⁶

District-level registries and tertiary care studies with cerebral palsy surveillance in Gorkha district have further described local epidemiology and common etiologies in Nepal.⁸ These studies are critical because national census-based disability reports significantly underestimate childhood disability, due to stigma, lack of awareness, and reliance on self-reporting. The National Population and Housing Census (2021) estimates that approximately 2% of Nepal's population lives with disability; however, active case-finding surveys consistently identify higher rates among children, especially in those with developmental disabilities.^{9,10}

Causes and epidemiology : what drives congenital neurological disorders in Nepal?

Causes are heterogeneous and often multifactorial¹¹⁻¹³

- **Prenatal genetic and chromosomal conditions** : Prenatal genetic conditions such as down syndrome, some inherited metabolic or neuromuscular disorders causes the neurological disorders..
- **Neural tube defects and structural brain malformations** associated with folate deficiency, maternal health, or environmental exposures also lead to neurological disorders.
- **Perinatal events** : Prematurity, birth asphyxia, neonatal infections and severe jaundice can injure the developing brain and account for many cases of childhood motor disability such as cerebral palsy. In Nepal, studies have highlighted perinatal infection and perinatal factors as important contributors to cerebral palsy in certain regions.
- **Post-neonatal causes** : Severe infection or traumatic brain injury in infancy may also lead to non-progressive neurological disability.

The distribution of causes differs between high-income countries (where preterm survival and genetic diagnosis are prominent) and lower-resource settings (where perinatal infections, intrapartum hypoxia and limited newborn care remain important). This epidemiologic pattern shapes prevention and rehabilitation priorities.

Guiding principle: Early, family-centred, multidisciplinary care

Evidence from neurorehabilitation and developmental neuroscience shows the developing brain is highly plastic especially during the first months and years of life which makes early, consistent, targeted interventions powerful. Rehabilitation should therefore be

- **Early Care** : Need to identify delays and start supportive therapy as soon as possible.
- **Family-centred Care** : Need to train caregivers to deliver daily practice.
- **Task-specific and intensive Care**: Meaningful practice of functional task need to repeat
- **Multidisciplinary Care**: Application of multidisciplinary care such as physiotherapy, occupational therapy, speech and language therapy, orthoptics, nutrition, psychosocial support and, if needed, medical or surgical input are highly supportive.

This approach applies in hospital, clinic and critically at home.

Method that families can use for In-house rehabilitation (practical and evidence-based):

Rehabilitation in the home is not a substitute for specialist care, but it is where most learning happens. Below are commonly applied, scientifically supported methods, which families and community therapists can use.

1. Daily functional practice (motor learning)

Principle

Motor learning is enhanced through repeated practice of meaningful, task-specific activities, supported by feedback and progressively increasing levels of challenge.

Practical Application

Break larger goals—such as sitting, crawling, standing, grasping, or self-feeding—into manageable steps. Provide short, frequent practice sessions (10–20 minutes several times per day), using play and real objects (e.g., cups, toys) to keep activities engaging. Encourage repeated practice with small variations to help the child generalize and transfer newly learned skills.

2. Constraint-induced movement therapy (CIMT) for hemiparesis

Principle

Briefly restraining the stronger limb to promote use of the weaker limb facilitates cortical reorganization and improves motor function.

Practical Application

Use short, supervised sessions guided by a therapist, followed by caregiver-led practice at home. This approach is suitable for children who demonstrate some voluntary movement in the affected limb.

3. Neurodevelopmental positioning and handling

Principle

Correct positioning helps reduce the risk of deformities, enhances comfort and breathing, and provides essential sensory input that supports motor control.

Practical Application

Use supportive seating and appropriate positions for diapering and feeding, and ensure proper night positioning to prevent contractures. Teach parents gentle and sensitive ways to hold, carry, and handle the child.

4. Task-oriented play and sensory integration

Principle:

Combining sensory inputs (vestibular, tactile, proprioceptive) with purposeful play can enhance motor and attention systems.

Practical: Engage the child in simple, ability-adapted home activities, such as obstacle courses, crawling games, textured toys, and water play to promote exploration and motor development.

5. Feeding and swallowing management

Principle

Safe feeding maintains adequate nutrition and prevents aspiration, which can otherwise significantly limits a child's participation.

Practical

Therapists train caregivers in using safe feeding positions, modifying food textures, pacing meals, and recognizing signs of difficulty. They also recommend medical evaluation if aspiration is suspected.

6. Communication supports and AAC

Principle

Language and social participation improve quality of life and learning outcomes.

Practical

Promote the use of signs, picture-exchange systems, simple augmentative devices, and frequent turn-taking communication activities. Engage speech therapists early to support language and communication development.

7. Orthoses and positioning devices

Principle

Appropriately timed orthoses can improve function and prevent deformity.

Practical Application

Ankle-foot orthoses, seating systems, and splints should be prescribed by therapists or orthotists and incorporated into daily routines, with regular reviews to ensure proper fit and effectiveness.

Each of these approaches is grounded in well-established principles of neuroplasticity and motor learning, including repetition, specificity, intensity, distributed practice, and meaningful, goal-oriented activity.

Schooling and inclusion: Practical steps for Nepali families and schools

Inclusive education benefits children, peers and communities. Practical steps:

- **Early childhood education:** Where possible, enroll children in early learning programs with trained staff; inclusion at that stage improves social, language and cognitive readiness.
- **Individual Education Plans (IEPs):** Simple, practical goal sheets (school, family, therapist) that set achievable academic and functional targets.
- **Reasonable accommodations:** Modified seating, extra time, adapted writing tools, peer buddies, and teacher training on behavioural and learning support.
- **Community-based rehabilitation (CBR):** Linking school, home and local health services helps children attend school near home and reduces travel burdens.
- **Vocational preparation:** As children approach adolescence, connect them with vocational training programs suited to their abilities such as computer skills, small trades, or handicrafts so they can acquire practical livelihood skills.
- Local NGOs and rehabilitation centres in Nepal already work with schools to build inclusion. Families should ask schools about inclusive policies and request simple accommodations in writing when possible.

Role of rehabilitation institutes in empowering independent lives

Rehabilitation centres are more than just therapy clinics; when thoughtfully designed, they serve as catalysts for social inclusion. Their key roles include:

- Multidisciplinary assessment and individualized plans: Assessment by pediatricians, physiotherapists, OTs, speech therapists, orthotists and social workers produces coordinated, realistic goals.
- Caregiver training programmes: Structured caregiver education that teaches home programmes, safe handling, nutrition and stress management and empowering families to be the child's primary therapists.
- Outreach and community follow-up: Home visits and community rehabilitation networks extend services to remote families, reducing drop-out.
- School liaison and advocacy: Linking schools with therapists to create IEPs and teacher training.
- Vocational and life-skills training: Adolescents can be supported into skills training, apprenticeships and microenterprise.
- Assistive technology and mobility aids: Providing or subsidizing wheelchairs, communication devices and orthoses.
- Data collection and research: Local registries (e.g., district cerebral palsy registers) improve understanding of causes, outcomes and service gaps so programmes can be tailored.

Examples from Nepal, including specialized centers, NGOs, and hospital departments, show that context-sensitive approaches such as public-private partnerships, community outreach, and caregiver training lead to higher attendance, improved functional outcomes, and greater social inclusion.

Practical recommendations for families, communities and policy makers

For families

- Seek early assessment at the first sign of developmental delay.
- Learn and practise a simple home programme daily and keep sessions short but frequent.
- Participate in caregiver support groups where practical tips and psychosocial support help reduce isolation.

For community providers and schools

- Train teachers and community health workers in inclusive practices and basic therapeutic exercises.
- Establish simple referral pathways between community health posts, schools and regional rehabilitation centres.

For policy makers

- Prioritise newborn care (prevent prematurity and birth asphyxia), antenatal folate supplementation and congenital anomalies surveillance which reduce the incidence and severity of congenital neurologic conditions.
- Invest in regional rehabilitation hubs that combine therapy, caregiver education and vocational transition.

Conclusion

Congenital neurological disorders in Nepali children are an important and addressable public-health and social challenge. Prevention (improved maternal and newborn care, folate supplementation and infection control) reduces new cases, while early, multidisciplinary, family-centred rehabilitation unlocks the potential of children who are already affected. When rehabilitation institutes combine clinical care, caregiver training, school linkage and vocational pathways, children gain skills to be more independent, attend school, enter livelihoods and contribute to their families and communities. With coordinated investment from families, communities, NGOs and government, children with congenital neurological disorders in Nepal can lead fuller, more independent lives and be active, contributing adult.



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BEST WISHES AASHA KIRAN KENDRA!

Best wishes on the joyous celebration of your 11th Annual Function.

Your tireless efforts toward inclusion, care, and education make a meaningful difference in countless lives.

Pooja Patwari

INTELLECTUAL DEVELOPMENTAL DISORDER



Dr. Prakash T Shrestha, M.D
Diplomat of American Board of Family Practice
Michigan, United States of America

Intellectual Development Disorder

Intellectual disability is a Neuro developmental disorder with multiple etiologies. It is characterized by deficit in intellectual and adaptive functioning of variety severity, presenting before 18 years of age. ID encompasses broad, spectrum of functioning, disability, and strength. ID effect approximately 1% to 2% of population. It is an important public health issue because of its prevalence and need for supportive service.

Common Examples of IDD's

There are many different conditions that fall under the umbrella of intellectual and developmental disorders, including:

- **Down Syndrome** – a genetic condition caused by an extra copy of chromosome 21.
- **Autism Spectrum Disorder (ASD)** – which affects communication, behavior, and social interaction.
- **Fragile X Syndrome** – a genetic disorder that often causes learning and behavioral difficulties.
- **Cerebral Palsy** – when accompanied by cognitive challenges.
- **Fetal Alcohol Spectrum Disorders (FASD)** – caused by alcohol exposure during pregnancy.

Each of these conditions has its own unique features and support needs, but all share a common message: early care and inclusion make all the difference.

Other terminology use for intellectual disability in children:

Intellectual Developmental Disorder (IDD)

IDD is a neuro development disorder that begins in childhood. It is characterized by limitation in both intelligence and adaptive skills, affecting at least one of the three adaptive domains (conceptual, social and practical). The extent of adaptive impairment is a key to defining intellectual disability and its severity.

Global Developmental Delay (GDD)

GDD is a preferred term to describe intellectual adaptive impairment in infants and young children less than five years of all who fail to meet, expected developmental milestone in multiple areas of functioning.

Syndrome versus Non-Syndromic ID

ID maybe further categorize as syndromic or non-syndromic ID. The term syndromic IDs applied when intellectual and adaptive impairment occurs within other physical or comorbid symptoms that may be recognizable as a syndrome down syndrome, fragile X syndrome.

Epidemiology:

- In general population, the prevalence of ID is approximately one to 2%. ID is mild in approximately 85% of affected individual.
- The prevalence of global development delay GDD is estimated to be 1-3 percent.
- In low and middle income, countries reported prevalence rate of GDD and ID are higher ranging from 4 to 4-10%.
- Approximately 20 to 30% more males are diagnosed with ID compared with a female however, the sex difference is diminished with more severe ID.
- The risk factor and cause of ID within the population example, preterm birth, perinatal, asphyxia, congenital infection, and maternal exposure of alcohol, toxin, and certain medication.

Risk factors:

Numerous risk factor for ID has been identified, though they differ somewhat depending on the severity of ID.

So demographic factors that are associated with increase risk of mild ID includes

- Low level of maternal education.
- Poverty.
- Advanced maternal age.
- Advanced paternal age.
- Increasing pattern age.
- Return birth and low birth weight.

Causes:

Genetic cause, as genetic testing techniques have advanced identification of genetic cause of ID has increased dramatically. A specific genetic cause can be identified in greater than 50% of individual with ID referral for evaluation. Chromosomal abnormalities are common cause of ID -

• Down syndrome or trisomy 21 is the most common non-genetic cause of ID

• Deletion, micro, deletion, and duplication syndromes have been recognized as frequent cause of ID

Examples:

- 22Q 11 deletion syndrome (George syndrome, also known as Velo cardio facial syndrome)
- 7q 11.23 deletion syndrome (William syndrome)
- 17 P 11.2 syndrome (Smith Magis syndrome)
- 15 Q 11-13 metronome & paternal delegation syndrome (Angelman and Prater Willie syndrome)

Single gene disorders causes intellectual disability can be classified as having autosomal, dominant, autosomal, recessive, or x- inheritance.

Genetic variant in genes often can cause other comorbidities such as:

1. epilepsy
2. cranial facial dysmorphism, and
3. congenital anomalies

Autosomal, recessive, inheritance disorder occurs, particularly in consanguineous families. (marriage between same family blood line)

In born errors of metabolism-metabolic disorders are often also associated with ID and maybe positive in up to 3% of patient with unexplained IDD. Newborn screening efforts have been vital in the early diagnosis and treatment of affected children



X link Disorder:

Mutation resulting in ex-linked ID have been reported in more than hundred jeans and account for 5 to 10% of ID in males

- Fragile X syndrome occurs approximately 2 to 3% of the males with ID
- MECP2 – related disorder includes a Rett syndrome. Rett syndrome occurs almost exclusively in females after a period of initially normal development during the first 6 to 18 months of life, girls experience, loss of speech and purposeful hand use, and development of stereotypic hand movement and gate abnormalities
- MECP2 duplication syndrome, also known as lubs syndrome causes profound ID in males
- DDX3X variant - are 1 to 3% of ID causes in females. clinical features vary include other neurodevelopmental problems for example:
 - a. Autism spectrum disorder (ADHD)
 - b. Attention deficit disorder
 - c. Seizure disorder
 - d. Structural brain abnormalities

Mito Condreal Disorder are also associated with ID. Example

Non-Genetic cause of ID

1. prenatal cause such as congenital infection
2. exposure to toxin – alcohol, drug, lead and mercury exposure, radiation exposure
3. nutritional deficiency in pregnancy – iron, B12 deficiency
4. maternal complication during pregnancy – diabetes, epilepsy, preeclampsia
5. prenatal cause of ID – low birth weight, prenatal asphyxia, intra cranial hemorrhage, new born infection, etc

Genetic tests are available for

1. Down Syndrome
2. Fragile X syndrome
3. Rett Syndrome
4. Angelman and Prader Willie Syndrome

Inborn error of metabolism of ID

- most affected children have seizure disorder
- development growth regression

Hypo Thyroidism

All infant should be test for hypo thyroidism

Features

- Macro glossal – big tongue
- Large Fontenelle – large forehead
- Feeding problem
- Dwarfism

Muscular Dystrophy (MD)

Muscular Dystrophy is a group of inherited muscle-wasting diseases. When people refer to muscular dystrophy in boys, they are usually talking about Duchenne Muscular Dystrophy (DMD), the most common and severe form, which primarily affects boys.

Who It Affects

- Symptoms usually appear in early childhood (ages 2–5).
- Girls can be carriers and rarely show mild symptoms.

Parents may notice

- Frequent falling
- Difficulty running or climbing stairs
- Needing to use hands to “push up” from the floor (Gowers’ sign)
- Enlarged-looking calves (due to muscle fiber replacement by fat)
- Delay in walking or rising

Test: Creatine kinase (CK) is a useful test for diagnostic evaluation for muscular dystrophy

Identifying IDD

Likelihood of identifying a genetic disorder is increased when any of the following features are present

- severe intellectual disability
- dysmorphic features
- multisystem, involvement, or multiple congenital abnormalities, like hearing loss, visual problem, heart defect, skeletal abnormalities, central nerves, malformation, seizures, microcephaly or macrocephaly, urogenital abnormalities and other birth defect
- abnormal growth
- abnormal muscle tone
- family, history of consanguinity
- neurological developmental disorder
- maternal history of multiple miscarriages

Clinical suspicion for specific disorder with feature suggestive of specific diagnosis, the evaluation should be targeted testing for the specific syndrome or disorder.





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Cerebral Palsy: Strength Beyond Limitations

Ms. Anima Amatyia
Medical Scientist
John Peter Smith Health Care
Dallas, Texas, USA

Every child is born with dreams as vast as the sky and the potential to touch hearts in unique ways. However, some children face physical challenges that require extra care, understanding, and encouragement. One such condition is **Cerebral Palsy (CP)**, a lifelong neurological disorder that affects movement, posture, and muscle coordination.

Despite its challenges, cerebral palsy is not a barrier to achievement. With early intervention, therapy, and emotional support, individuals with CP can live fulfilling, successful lives and inspire everyone around them.

What Is Cerebral Palsy?

Cerebral Palsy refers to a group of disorders caused by **damage to the developing brain**, usually before, during, or shortly after birth. The term “cerebral” relates to the brain, and “palsy” refers to weakness or problems with movement.

The brain damage in CP does not worsen over time, but its effects may change as the child grows. CP affects body movement, muscle tone & motor skills making activities like walking, speaking, or writing more challenging.

Types of Cerebral Palsy

Cerebral palsy is classified based on the areas of the body affected and the type of movement difficulty:

- **Spastic CP:** The most common type, causing stiff muscles and jerky movements.
- **Dyskinetic CP (Athetoid):** Characterized by uncontrollable, slow, or twisting movements.
- **Ataxic CP:** Involves problems with balance and coordination.
- **Mixed CP:** A combination of the above types, showing symptoms of more than one form.

Causes and Risk Factors

The exact cause of cerebral palsy is often unknown, but it results from damage to or abnormal development of the brain. Possible causes include:

- **Lack of oxygen** during birth
- **Premature birth or low birth weight**
- **Maternal infections** during pregnancy
- **Head injuries** in infancy
- **Genetic mutations** or brain malformations

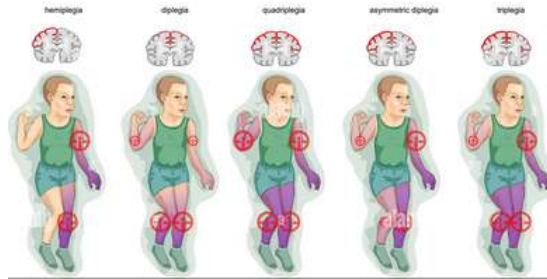
Early diagnosis allows for better management and support, improving long-term outcomes.

Recognizing the Signs

Some early signs of cerebral palsy include:

- Delayed milestones (such as sitting, crawling, or walking)
- Stiff or floppy muscle tone
- Difficulty swallowing or speaking
- Poor coordination or involuntary movements
- Uneven posture or favoring one side of the body

the scheme of the lesion areas of the brain



Parents and caregivers who notice such signs should consult a pediatric neurologist or developmental specialist for assessment.

Treatment and Management

While there is no cure for cerebral palsy, the right combination of therapies and care can help individuals reach their highest potential. Treatment focuses on improving independence, mobility, quality of life.

Common approaches include:

- **Physical therapy** – to strengthen muscles and improve movement
- **Occupational therapy** – to enhance daily living skills
- **Speech and language therapy** – to improve communication
- **Medications or surgery** – to manage muscle stiffness or other symptoms
- **Assistive devices** – such as braces, wheelchairs, or communication aids

Life with cerebral palsy is a story of courage, where children and adults often display extraordinary strength, creativity, and perseverance. Many have become successful artists, athletes, and advocates for disability rights, showing that the human spirit is far stronger than any physical limitation. Families and caregivers play a crucial role, offering love, patience, and encouragement every step of the way, while communities that promote inclusion and accessibility empower individuals with CP to participate fully and joyfully in all aspects of life. Above all, emotional support and acceptance are vital for their growth, confidence, and well-being.

Building an inclusive tomorrow means recognizing that awareness about cerebral palsy goes beyond medical understanding—it is deeply social. Inclusion begins when we see the person, not just the wheelchair or walking aid—their smile, talents, and dreams. Schools, workplaces, and public spaces should be accessible to everyone, ensuring equal opportunities and respect. By standing together to support those with cerebral palsy, we move closer to a world rooted in empathy, equality, and shared humanity.

Though cerebral palsy may be a lifelong condition, it is also a journey of courage, teaching us that true strength lies not in physical ability but in the will to overcome challenges and embrace life with hope. Let us celebrate their achievements, honor their resilience, and commit to building a society where every ability is valued and every person is included.



Congratulations!

**Warm greetings on the occasion of the 11th
Annual Function of Aasha Kiran Kendra.**

**Your unwavering support and humanitarian
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Nisha Agarwal

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Down Syndrome: Embracing Life with an Extra Chromosome

Ms. Anima Amatya

Medical Scientist

John Peter Smith Health Care

Dallas, Texas, USA

Each human being is a miracle a beautiful combination of traits, talents, and dreams. Some people are born with differences that make them unique in the most wonderful ways. **Down Syndrome** is one such condition a genetic variation that teaches the world about love, acceptance, and resilience.

What Is Down Syndrome?

Down syndrome is a **genetic condition** caused by the presence of an **extra copy of chromosome 21**, hence also known as *Trisomy 21*. This extra chromosome affects physical growth, facial features, and intellectual development, but it does not define the person's personality, emotions, or potential.

Individuals with Down syndrome may experience mild to moderate intellectual and developmental delays, but with early intervention and support, they can lead meaningful, independent, and fulfilling lives.

Understanding the Characteristics

Common features of Down syndrome may include:

- Distinct facial features (such as almond-shaped eyes and a flatter nose bridge)
- Low muscle tone or short stature
- Developmental delays (in speech, walking, or learning)
- Affectionate and expressive personality

It's important to remember that each person with Down syndrome is unique. Their abilities, strengths, and personalities vary widely just like everyone else's.

Causes and Diagnosis

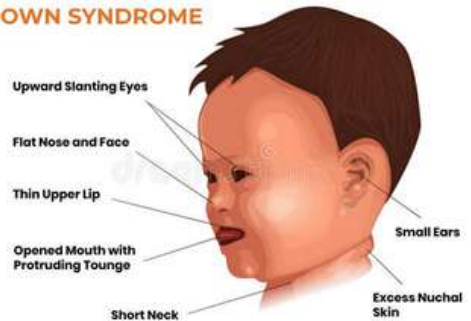
Down syndrome occurs naturally and is not caused by anything parents do or do not do. It happens when an extra copy of chromosome 21 is present in all or some of the body's cells. It can be detected through prenatal screening and diagnostic tests during pregnancy or confirmed after birth through genetic test.

Early Intervention and Support

Early care makes a world of difference. Children with Down syndrome benefit from:

- **Speech and language therapy** to aid communication
- **Physical therapy** to build strength and coordination
- **Occupational therapy** to enhance daily skills
- **Special education** focused on individualized learning
- **Emotional and social support** to encourage confidence and inclusion

DOWN SYNDROME



When families, educators, and healthcare professionals work together, children with Down syndrome thrive academically, socially, and emotionally.

Living with Down Syndrome

People with Down syndrome can attend school, pursue higher education, hold jobs, participate in sports and art, and live independently with the right support. Many individuals with Down syndrome have become public speakers, models, and advocates, showing the world that ability is far greater than disability.

What they need most is understanding and inclusion not sympathy. When given love, patience, and opportunity, they shine with warmth and positivity that touches everyone around them.

Inclusion: The True Measure of Humanity

Inclusion means giving everyone regardless of ability the space to learn, express, and grow. Schools, workplaces, and communities that practice inclusion not only empower individuals with Down syndrome but also teach society the values of empathy, respect, and cooperation.

A smile, a kind word, or a helping hand can make a huge difference. When we choose to see the person before the condition, we open our hearts to a world of compassion.

Down syndrome is not a limitation it is a different way of experiencing life. People with Down syndrome show us that happiness doesn't depend on perfection, but on love, acceptance, and the courage to be yourself.

As a society, we must move beyond labels and embrace every individual as a valued part of our community. Every person deserves to be seen, heard, and celebrated because **every life is precious**.

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Autism: Seeing the World Differently

Ms. Anima Amatyia
Medical Scientist,
John Peter Smith Health Care,
Dallas, Texas, USA



Every mind is unique like a puzzle made up of countless beautiful pieces. Some fit together in familiar patterns, while others form new shapes that challenge and enrich our understanding of what it means to be human. **Autism Spectrum Disorder (ASD)** is one such expression of diversity a condition that affects how a person communicates, interacts, and experiences the world.

Autism is not an illness to be cured but a different way of thinking and perceiving life. With understanding and support, individuals with autism can thrive, achieve, and inspire everyone around them.

What Is Autism Spectrum Disorder (ASD)?

Autism Spectrum Disorder is a **neurodevelopmental condition** that typically appears in early childhood. The word “spectrum” reflects the wide range of abilities and challenges that individuals with autism may have.

Some people on the spectrum may need significant support in daily life, while others live independently, excel in academics, or shine in creative fields. Autism affects **social interaction, communication, behavior, and sensory processing**, but it does not define a person’s intelligence, potential, or character.

Common Characteristics of Autism

People with autism may experience:

- **Differences in communication** – difficulty with spoken language, understanding tone, or using gestures.
- **Social challenges** – preferring to be alone, finding it hard to make friends, or struggling with social cues.
- **Repetitive behaviors** – hand-flapping, rocking, or repeating certain routines or phrases.
- **Deep interests** – focusing intensely on specific topics or hobbies.
- **Sensory sensitivities** – being overwhelmed by loud sounds, bright lights, or certain textures.

It’s important to remember that **no two individuals with autism are the same**. Each person has their own blend of strengths and challenges some may have remarkable memory, artistic talent, or exceptional attention to detail.

Causes and Early Signs

The exact cause of autism is still not fully understood. Research suggests it may result from a combination of **genetic and environmental factors** that affect early brain development.

Early signs can appear before age 3, including:

- Limited eye contact or response to name
- Delayed speech or lack of gestures
- Repetitive play or fixations on certain objects
- Difficulty understanding emotions or social situations

Early identification and intervention can help children with autism develop communication, learning, and social skills more effectively.

Supporting Individuals with Autism. People with autism don’t need to be “fixed”; they need to be understood, accepted, and supported. The goal is not to change who they are, but to help them express themselves and participate fully in life.

Effective supports include:

- **Speech and language therapy** – to improve communication
- **Occupational therapy** – to develop daily living and sensory skills
- **Behavioral therapy** – to encourage positive social interactions
- **Special education and inclusive classrooms**
- **Family and community support** – which is vital for emotional well-being

Living with Autism: Stories of Strength

Across the world, people with autism have achieved remarkable things scientists, artists, musicians, programmers, and advocates who continue to reshape how we see the human mind. Their journeys teach us that **different is not less**.

Behind every child or adult with autism is a story of perseverance and hope and behind every success is a network of caregivers, educators, and friends who believed in them.

Inclusion: The Heart of Understanding

Creating an inclusive world begins with empathy. Schools and workplaces must become safe, accepting spaces that value neurodiversity. Inclusion means giving everyone regardless of ability the chance to learn, grow and belonging. Autism reminds us that there are many ways to think, feel and communicate. When we open our hearts to these differences, we discover new perspectives and a deeper understanding of humanity. Autism is not a tragedy, ignorance and exclusion are. People with autism bring color, creativity & honesty to our world. They show us that communication goes beyond words and that intelligence has many forms of understanding.



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MEDICAL SCREENING CAMPS





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Autism Intervention - Ummeed Child Development Center

IEP - Individual Education Plan

Intellectual and Developmental Disabilities is a term used when a person has certain limitations in cognitive functioning such as difficulty understanding new information, slow cognitive processing time, difficulty in the sequential processing of information and difficulty in comprehending abstract concepts, owing to certain deficits in IQ. These challenges impact their reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience. Hence, the children learn slowly and differently than neurotypical children. IDD furthermore impacts the child's adaptive functioning too, which encompasses those behaviours critical to living independently, including daily living skills (e.g., dressing and grooming oneself), social skills, and communication skills.

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD)

Intellectual and Developmental Disabilities is a term used when a person has certain limitations in cognitive functioning such as difficulty understanding new information, slow cognitive processing time, difficulty in the sequential processing of information and difficulty in comprehending abstract concepts, owing to certain deficits in IQ. These challenges impact their reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience. Hence, the children may learn slowly and differently.

THE PROBLEM

One in every 50 Indians, over 26 million individuals have Intellectual & Developmental Disability (IDD). In spite of this colossal figure, we as a society, still remain largely unaware of this space, & are unable to actively address the needs of these individuals. Within the disabilities space, IDD seems to be the most invisible. Children with disabilities are one of the most marginalized & excluded groups of children, experiencing widespread violations of their rights.

THE CURRICULAR GAP

At its best, education equips students with knowledge and skills that allow them to define and pursue their own goals, and prepare them for participation in the life of their communities (Phillips and Siegel 2015) This holds equally true for each child with IDD. However, the curriculum available to these students are **normative and prescriptive** which does not meet their educational needs in a lifespan perspective. **An absence of a uniform and relevant educational curriculum** for children with IDD is leading to poor **progress and inadequate learning outcomes**.

THE EXECUTION GAP

- 1. Lack of Correct Figures** - There is an absence of consistent data on the magnitude and educational status of children with disabilities, and the disparities between regions and types of disability. This makes it difficult to understand the nature of the problem and to make realistic interventions.
- 2. Student-Teacher Ratio** - Many schools have a large number of children in each classroom and few teachers. As a consequence of this, many teachers are reluctant to work with children with disabilities. They consider it an additional workload.
- 3. Lack of Proper Know-how** - Training for sensitization towards disability and inclusion issues, and how to converge efforts for effective implementation of programs, are important concerns.
- 4. Inadequate Policies of Education** - Different disabilities require different supports. The number of skilled and trained personnel for supporting inclusive practices is not adequate to meet the needs of different types of disabilities.
- 5. Lack of Documentation** - There are no uniform methods of capturing, documenting and measuring a student's progress.

JAI VAKEEL FOUNDATION

We are one of the oldest & largest not for profit institutes in India serving children & adults with IDD. Our approach is holistic; we aim to integrate our students into mainstream society by providing them with healthcare, education, skill development, & support services. We have a 2 acre campus in Sewri where we reach out to nearly 700 individuals & two rural branches that serve 40 children respectively. Over 76% of our students belong to the poorest families in the country. We serve the entire spectrum of IDD from borderline IQ to mild, moderate, severe & even the most profoundly challenged.

OUR VISION

Inclusion of all individuals with Intellectual & Developmental Disabilities (IDD)

- 1. PROJECT DISHA** was formed to initiate the much required systemic change. We believe that each child is unique and every child learns differently. Its goal is to build and disseminate a standardized curriculum to schools for Children with ID and provide training for the implementation of the curriculum across India. The outcomes will be measured by monitoring and evaluation of the program. The curriculum has been certified by NIEPID - National Institute for Empowerment of Persons with Intellectual Disability. Under Project DISHA, has successfully been able to scale to 411 special schools [government aided & unaided], build capacity of 2251 special educators who will be impacting 16850 children across 36 districts of Maharashtra.

In 2025 National Institute for Empowerment of Persons with Intellectual Disabilities (NIEPID) and the Jai Vakeel Foundation (JVF) signed a Memorandum of Understanding (MOU) to roll out a structured and uniform curriculum for Children with Intellectual Disability (CwID) across the country to address the need for a uniform curriculum for CwID in India.



OUR PHILOSOPHY

At Jai Vakeel Foundation, we believe that each child is unique and every child learns differently. Students with special education needs have varying abilities and diverse learning needs. They may learn at different paces and have different styles but they all, without a doubt have the capability to learn. The aim of this curriculum hence is to promote learning for students with Intellectual and Developmental Disability (IDD) in a manner that is relevant, meaningful and enjoyable, whilst bearing in mind the uniqueness of each child's needs.

NIEPID DISHA OFFERINGS

1. ASSESSMENT CHECKLIST FOR INDIVIDUALISED EDUCATION PLAN (IEP)

The Assessment Checklist for IEP is a set of 200 for (3-14 years) and 250 (14 -18 years) skills-based items across developmental domains which are assessed with the primary objective of ascertaining the PwID's current level of functioning, to be able to design an effective IEP. The Checklist aims at assessing the child across domains so as to understand the PwID's strengths as well as areas of support, to equip the teacher with a comprehensive understanding of his/her abilities and therefore planning to ensure the best learning outcomes.

The domains of assessment are:

1. Activities of Daily Living
2. Communication
3. Educational Activities
4. Recreational Activities
5. Social Behavior
6. Life Skills (14-18 years)

1. Tailormade for Teachers: It is a checklist primarily made for a teacher's complete understanding of the student. The skills are listed progressively across domains and are simple to understand without any jargon.

2. Observation based assessment: It is a completely observation based checklist. The teacher fills the assessment based on his/her observation and understanding of the child in the classroom and other surroundings, without creating any testing-like situation for the child.

3. Applicability to all ages and ability: The checklist is built progressively and hence is applicable to all students in the age group 3 to 14 as well as 14-18 years. Additionally it caters to the entire spectrum of Intellectual disability. In our classrooms where differentiated age groups and multiple learning levels is a stark reality, this feature too adds to bringing in uniformity.

4. Culturally relevant: A sincere effort has been made to keep the checklist relevant to all populations, rural and urban.

5. No equipment needed: Since it is an observation based checklist, the teacher assesses the student in his/her natural setting. Therefore there is no special material or equipment to be collected for the same.

6. Easy to score: The checklist has an easy 3 point scoring system, namely Dependent, Partially independent and Independent. The scoring is primarily based on the frequency of the times the student does the activity and the amount of prompt that needs to be given. Although the scoring takes into account the prompt, it does not ask the teacher to distinguish between the various prompts (visual, verbal, gestural, physical) This was done by design as we realised that the complete understanding of the prompt hierarchy among teachers was lacking and it was difficult to be able to separate and record the prompts given. This we believe adds to the ease in conducting and scoring the assessment.

7. Systematic selection and recording of goals: The checklist provides the teacher a section to pick the school and home goals, alongside the assessment and saves additional paperwork and more importantly ensures selection of goals immediately after assessment. This increases the possibility of picking accurate and relevant goals for the IEP.

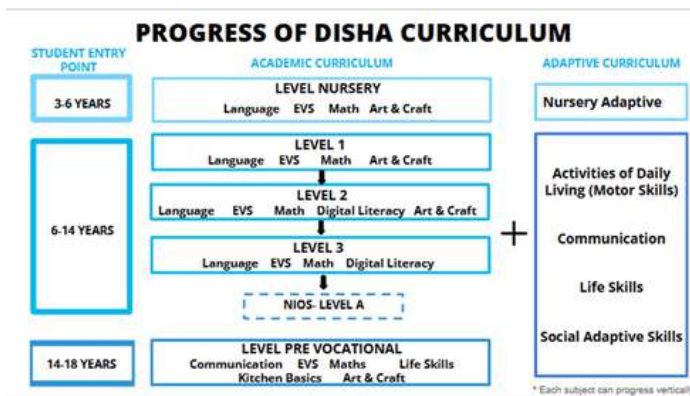
8. Provision of selection of home goals: Parents being equal and important partners in the learning of the student, the checklist allows for the selection of home goals alongside school goals. Which are also assessed quarterly and in turn increases the accountability and partnership of the parents.

9. Frequent goals monitoring: Once the teacher fills the entire assessment at the beginning of the year, that becomes the baseline for the student. After that only the goals that are picked for the student are to be assessed every quarter. Hence, the entire 200 point assessment is to be done once every academic year, but the selected goals are assessed twice a year.



PORTAL

The Digital Portal is designed with the Teachers as the main stakeholders. The Portal enables schools to manage all the student and Teacher information. The Teachers can conduct IEP assessments online annually, select goals for each of their students, monitor the progress of their students and print Reports for easy communication with the parents.. All these details will be available on the portal and can be easily retrieved at any time. This saves the teachers time, which can be utilized for actual curricula planning and execution.



The portal provides control-based access to all stakeholders with customized dashboard at the State, District, School & Teacher level. The dashboard view will enable stakeholders like the School Administration, District and State (Commissioner's office) level Officers to monitor & review the progress of the implementation of the curriculum, as well monitor progress of the student.

The portal has been designed to ensure accessibility on various devices - laptop, tablets, phones. The user-friendly interface and mostly touch based data entry points will ensure acceptance of the portal among the wide network of schools.

CURRICULUM

The curriculum proposes to promote systematic, sequential and simultaneous learning whilst ensuring that the children have fun while they learn.

1. The curriculum is built for children between **3 to 18 years of age**
2. It is designed for students with **Intellectual Disabilities** with or without associated conditions like Cerebral palsy, Autism, Hearing impairment, etc.
3. The Curriculum is built to keep cognisance of students' needs from the **entire spectrum of Intellectual Disability from Mild to Profound**.

PEDAGOGY

The two principles that guide this curriculum are drawn from research-based best practices in the field of education- '**Interest, Teach and Apply**' and the '**VAKT**' model of teaching. Both these principles are existing and widely used teaching methodologies.

1. **The Interest, Teach and Apply** philosophy proposes to promote learning by initially sparking an interest in the subject, followed by a precise methodology to teach it and finally providing relevant avenues to test and apply the newly acquired knowledge.

2. '**VAKT**' model of teaching stands for **Visual, Auditory, Kinesthetic and Tactile** ways of teaching. Research has proved that multisensory teaching uses all learning pathways in the brain to enhance memory and learning, especially in children with disabilities.

Both these principles are widely used teaching methodologies across the world.

The aim of the curriculum is not to be prescriptive, rather to build on the existing frameworks and provide guidelines to teach in a manner that is best suited to the needs of the students and ensure their potential is maximized.

Through this curriculum we sincerely hope to assist teachers working with students with IDD to nurture individuals who are self-reliant and independent and help them towards being truly included in society.



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Inclusion Without Barriers:

What Nepal Can Learn from India's Disability Rights Movement



Dr. Pankaj Maru
Ex -Member Central Advisory
Board for Divyangjan, India

Nepal has a modern rights-based framework for persons with disabilities (PwDs)—the Constitution, the Act Relating to Rights of Persons with Disabilities, 2074 (2017), and implementing Rules (2077/2020). It has also ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol. Yet gaps persist in identification, coverage of benefits, accessibility, data, and enforcement. Looking across the UNCRPD, India's Rights of Persons with Disabilities Act, 2016 (RPwD Act), and Nepal's current policies, this article distills practical, policy-level steps Nepal can implement in the next 2–3 years. .

The UNCRPD: Non-negotiables for domestic policy

The UNCRPD requires a whole-of-government shift from charity to rights: equal recognition before the law (Art. 12), accessibility (Art. 9), inclusive education (Art. 24), work and employment (Art. 27), access to justice (Art. 13), social protection (Art. 28), participation (Art. 4(3)), with independent monitoring (Art. 33). The Committee's General Comments underline meaningful participation of DPOs in all stages of policymaking (GC No. 7) and mainstreaming CRPD principles across sectors.

India's RPwD Act (2016): Design choices worth studying

India's RPwD Act operationalizes UNCRPD principles through: (a) expanded disability list (now 21 categories), (b) reservations at least 4% in government jobs & 5% in higher education for persons with benchmark disabilities, (c) time-bound identification of posts & reasonable accommodation, (d) special courts and penalties, (e) grievance redress officers in establishments, and (f) mandates on universal accessibility in the built environment, transport, ICT & services. While implementation varies by state, these statutory levers create accountability across ministries & employers.

Where Nepal stands today

Legal architecture: Nepal's 2017 Act and 2020 Rules align with the UNCRPD and the Constitution's equality, social justice, education, and health guarantees. The law prohibits discrimination, updates disability classifications, and promises access to education, health, employment, infrastructure, transport, and information.

Identification and benefits: Nepal's disability ID card system (red/blue/yellow/white for profound/severe/moderate/mild) underpins access to allowances and services. However, in practice, regular cash allowances are concentrated on red and blue cardholders, leaving moderate/mild categories with limited support contrary to the UNCRPD's universal design and barrier-removal approach.

Representation and employment: Nepal's inclusive civil-service reservation framework earmarks 45% of posts for marginalized groups, with 5% specifically for PwDs; debates about altering these shares have recurred. Implementation and pipeline development (skills, accommodations, workplace accessibility) remain uneven.

Data and planning: Official prevalence estimates vary sharply (e.g., census vs. survey), complicating targeting, budgeting, and performance management. Without harmonized definitions and the routine use of the Washington Group Questions, planning and measurement stay fragile.

Enforcement and monitoring: As in many countries, enforcement of accessibility standards, employer obligations, and grievance remedies lags behind legislative intent. Independent monitoring under CRPD Article 33(2) needs sustained capacity and cross-sector teeth.

Ten policy inputs Nepal can implement (drawing on UNCRPD & India's RPwD)

- **Create a single national accessibility code with deadlines—then enforce it:** Adopt a consolidated “Nepal Accessibility Code” covering buildings, transport, digital/ICT, public services, and procurement. Mirror the RPwD Act's approach of explicit obligations + penalties, assign inspectors, and publish quarterly compliance dashboards. Tie all public works and vendor payments to compliance certificates.
- **Guarantee ‘reasonable accommodation’ in public employment and education:** Operationalize a standard procedure for accommodations (assistive tech, flexible hours, readers/sign-language, accessible exams), with a fast 15-day decision window and an appeal path to an independent panel. India's Section 2(y) / Section 20 framing offers a template.
- **Strengthen grievance redress in every ministry and municipality:** Mandate a Grievance Redressal Officer (like India's Section 23) in each public entity and large private employer; publish contact details; track resolution times; empower sector regulators to levy fines for non-compliance.
- **Lock in the 5% PwD share within the 45% civil-service reservation—and build the pipeline:** Keep the 5% intact, protect it by law, and add: (i) funded prep coaching, (ii) accessible testing centers, (iii) internship and apprenticeship quotas in ministries and SOEs, (iv) campus-to-career bridges for graduates with disabilities.
- **Broaden social protection beyond red/blue to include yellow/white cards through services:** Maintain higher cash benefits for red/blue, but add service guarantees for yellow/white: personal assistance hours, assistive-tech vouchers, transport credits, job coaching, and community-based rehabilitation. This aligns with CRPD and addresses non-income barriers.
- **Adopt Washington Group Questions across surveys, and fix prevalence/data gaps:** Require national surveys and administrative forms to use standard disability questions; harmonize definitions with the 2017 Act; publish annual disability-disaggregated budgets and outcomes.
- **Hard-wire participation of DPOs (CRPD Art. 4(3)/GC-** Create legally mandated “Disability Policy Councils” at federal/provincial/local levels with majority DPO representation; require impact assessments for every new bill/rule; fund DPO participation and evidence submissions.

- **Inclusive education with enforceable duties:** Move from “best efforts” to enforceable duties: universal school accessibility retrofits; resource rooms; itinerant special educators; reasonable accommodation in exams; Braille and sign-language provision as of right (mirroring constitutional commitments and RPwD Chapter VI). Track enrolment, retention, and learning outcomes for children with each card colour.
- **Access to justice and legal capacity:** Train police, prosecutors, and judiciary on procedural accommodations; ensure accessible courtrooms and remote participation; provide state-funded sign-language/reader support; recognize supported decision-making (inspired by India’s limited-guardianship approach) to comply with CRPD Article 12.
- **Independent monitoring & budget tagging:** Designate/strengthen an independent Article 33(2) mechanism with investigative powers; introduce “Disability Budget Tags” across ministries to track allocations/outlays/impact; publish open data on compliance (accessibility audits, hiring, accommodations, grievances resolved).

Sector spotlights

Social protection: Shift from a binary allowance model to a tiered package: cash (red/blue) + services (all four card colors), with portability across provinces, and digital payment rails linked to ID-card status. Periodically revise benefit levels to inflation and cost of assistive tech.

Employment and skilling: Build inclusive TVET tracks; subsidize workplace accommodations; require large contractors and PPPs to file disability-inclusion plans; add a “comply-or-explain” disability-employment disclosure for listed firms. Reserve a share of government procurement for PwD owned enterprises or for suppliers meeting accessibility and inclusive-employment standards.

Elections and civic participation: Codify accessible polling places, priority voting, tactile ballots/ballot overlays, sign-language interpretation, and transport support turning good practices of the Election Commission into binding duties.

Disaster risk reduction: Make accessibility and targeted early-warning/evacuation assistance a standing requirement in local DRR plans; maintain registries (opt-in) tied to personal assistance in emergencies.

Implementation roadmap (24 months)

- **0–6 months:** Pass a Cabinet directive naming lead and co-lead ministries for each reform; notify national accessibility code drafting committee; set up Policy Councils (with DPO majority) and publish workplans; adopt Washington Group Questions for the next round of key surveys.
- **6–12 months:** Notify accessibility code v1 with deadlines; appoint and publish Grievance Redress Officers; launch PwD civil-service pipeline program; open a public dashboard for allowances and services by card colour and province
- **12–24 months:** Start enforcement (audits & penalties) tied to public works and procurement; roll out service entitlements for yellow/white cardholders; publish the first “Disability Budget Tag” report; conduct an Article 33(2) monitoring review with DPO-authored shadow inputs.

Why this will work?

Nepal already has the core laws, a robust constitutional base, reservations in public service, and active DPOs. Borrowing the RPwD Act’s enforcement architecture (grievance officers, reservations, accessibility mandates, special courts/penalties) while doubling down on UNCRPD participation, reasonable accommodation, and data standards can convert legal promise into lived inclusion—without reinventing the wheel

Key references

- India: The Rights of Persons with Disabilities Act, 2016; Department of Empowerment of Persons with Disabilities (Acts).
- Nepal: Act Relating to Rights of Persons with Disabilities, 2074 (2017) and Regulations, 2077 (2020); Constitution of Nepal; disability ID card system and allowances.
- UNCRPD: Convention, Optional Protocol, and Committee General Comments (esp. GC-7 on participation).

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Nurturing children with special needs at Aasha Kiran Kendra

Aasha Kiran Kendra stands as a beacon of hope, nurturing children with special needs through education, therapy, and love. Each activity from sensory play to speech, music, dance and movement becomes a joyful step toward growth, independence, and confidence. Guided by the vision and mission of our founder, Mr. Sunil Gupta, we remain committed to working together to empower every child to reach their fullest potential and lead a joyful, meaningful, & fulfilling life.



Ms. Aarti Chaudhary
Center Coordinator
BPT, MPH,

Every morning at Aasha Kiran Kendra, the gentle hum of prayers fills the air. Little hands join together, tiny voices recite the national anthem, and soon, laughter blends with the rhythm of morning exercises. These are not just routines, they are rituals of hope, discipline, and belonging. Each stretch, each smile, each softly sung line is a step toward confidence.

Learning at Aasha Kiran Kendra doesn't happen through chalk and talk alone. It happens through colors, songs, stories, and touch. The walls of the classroom echo with cheerful repetition of alphabets and numbers, but also with warmth of acceptance. The VKAT methods are Visual, Kinesthetic, Auditory, and Tactile which transform learning into play. A flashcard becomes a window to imagination, a rhyme turns into rhythm, and curiosity becomes the best teacher.

Every child here follows their own journey, guided by an Individualized Education Plan (IEP) that honors their pace and potential. Progress may look different for each of them like a first word spoken, a button fastened without help, a drawing completed with pride, but every milestone is celebrated like a festival. Because for our children, every step forward is a victory over silence, limitation, or doubt.

Speech therapy sessions often bring the sweetest surprises. A child who once struggled to express themselves suddenly says "Thank You," and the room glows with smiles. Therapists patiently use pictures, imitation, and games to strengthen communication, helping children discover their voice sometimes literally.

In another corner, laughter spills from the physiotherapy room. Children balance, jump, and toss balls to improve coordination and strength. Each movement is more than an exercise; it's a declaration of independence. Their tiny victories, a steadier walk, and a firmer grip remind us that progress isn't measured in speed but in courage.

Alongside physiotherapy, sensory integration activities play a vital role in helping children connect with their surroundings. Through play-based learning, they swing, rock, and jump on trampolines, or balance carefully on beams all while improving body awareness and coordination. Crawling through tunnels or doing animal walks turns therapy into adventure, while pushing or pulling heavy objects helps build strength and control.

To awaken the senses, children explore textures through sand play, clay modeling, and finger painting. They sort materials by touch, learning to recognize what's soft, rough, or smooth. Visual and auditory games like tracking moving lights, color sorting, listening to musical tones, and playing simple instruments sharpen focus and perception. Even smelling fruits and spices or tasting foods with different textures becomes a joyful lesson in sensory awareness. Together, these activities help children focus better, regulate emotions, and respond calmly to the world around them.

The rhythmic click of a mouse fills the computer room, where children learn to paint, type and explore the digital world. It's their window to modern learning, a blend of fun and empowerment. For the older children, vocational training brings an extra layer of purpose. As they craft candles or string beads into jewelry, they don't just make products — they build dignity, skill, and a glimpse of self-reliance.

Music and dance classes fill the day with magic. A familiar tune of Sa Re Ga Ma floats down the hall while little feet tap shyly to the beat. Some sway to rhythm, others clap with joy and all of them glow with confidence. Festivals like Diwali, Saraswati Puja, Dusshera, Christmas, Holi bring color and happiness to their lives. Lights, laughter, and songs remind them and us that inclusion isn't a concept; it's a celebration.

Health camps and medical check-ups are another cornerstone of care. National and international doctors visit the center, offering therapy, guidance, and reassurance. Parents and staff receive training, ensuring that support continues even after the day's lessons end. It's a partnership, one built on compassion and commitment.

And when the day winds down, you'll find children playing outdoors like kicking balls, solving puzzles, passing rings, or simply giggling in the grass. These moments of joy are more than playtime, their lessons in teamwork, confidence, and connection.

At the heart of it all, Aasha Kiran Kendra stands as a quiet symbol of what love, patience, and purpose can create. Here, children are not defined by their limitations but by their laughter, resilience, and light.

Every touch, every smile, every small achievement tells a story of a future being built one gentle day at a time. Because at Aasha Kiran Kendra. We don't just teach children with special needs, but we listen to them, learn from them, and walk beside them hand in hand until they find their own way to shine.

EVENTS - PHOTO GALLERY



Celebrating World Cerebral Palsy Day



Celebrating World Environment Day



Award for drawing competition



Dance performance at The Consulate General of India



10th Annual Function



Charity Dinner



Annual Function



Awareness Program

सुस्त मनोस्थितिका बालबालिकाको जीवनमा उज्यालो ल्याउने आशाको दीप।



Mr. Ganesh Prasad Lath (गणेश प्रसाद लाठ)

Writer
Birgunj

आजभन्दा चार वर्षअगाडिको कुरो हो, एक दिन कामविशेषले राजन श्रीवास्तव आएका थिए। प्रसङ्गवस उनले आशा किरण केन्द्रवारे चर्चा भिके, “सन् २०१४ सालमा स्थापित यो संस्था सिद्धार्थ स्कूल, वीरगन्जको प्राङ्गणमा कार्यरत छ। यस संस्थामा मूलतः सेरेब्रल पाल्सी, अटिजम, डाउन सिन्ड्रोमजस्ता मानसिक समस्याबाट ग्रसित बालबालिकाहरूलाई आधारभूत शिक्षा तथा प्रशिक्षणहरू प्रदान गरिन्छ। अभिभावकसित एक सुको पनि नलिई, एक दम निःशुल्क।” मनभित्र तलवल सुरु भयो। फुसंद मिलाएर सो केन्द्रको भ्रमण गए। हो रहेछ, मानसिक रुपमा रुग्ण रहेका ससाना कलिला बालबालिकाहरूको लागि आफ्नै ससार रहेछ, सो केन्द्र। एक मिनेट पनि हिलो नगरी मैले हाताहात यस केन्द्रको आजीवन सदस्य हुने मन बनाए। र, भए पनि। बेलाबखत त्यहाँ पुग्ने पनि गरेको छु।

बालबालिका इश्वरशय रुप हुन्, तथापि विभिन्न कारणले कतिपयको मानसिक विकास सामान्य ढङ्गसँग हुन पाएका हुदैन। चिकित्सा विज्ञानको क्षेत्रमा यस्ता मानसिक समस्यालाई अनेक नामबाट सम्बोधन गर्ने गरिन्छ। यस्ता समस्याबाट ग्रसित बालबालिका अन्य सामान्य बालबालिकासँगै घुलमिल हुन सकेका हुदैनन्। सामान्य स्कूलमा गई पठनपाठन गर्न पाएका हुदैनन्। कतिपय हुकिंसकेको बालबालिका त स्वयम्को दिनचर्याको लागि आफ्ना मातापिता अथवा सुसारेको मुख ताक्नु पर्ने हुन्छ। यस्ता बालबालिकालाई सधैं जना हेलाको दृष्टिले हेर्छन्। समाजले सहज रुपमा स्वीकार गरेको हुदैन। सहजै अनुमान गर्न सकिन्छ कि मातापिता श्रमजीवी छन भने उनीहरूको त्यस्ता बालबालिकाको लालनपालन गर्नु कति कष्टदायक हुंदो होला। यस्ता समस्याबाट ग्रसित कतिपय बालबालिका प्रतिका चक्चके अथवा हल्लाखल्ला गर्ने खालका हुन्छन् कि बाभामाले उनीहरूलाई कोठाभित्र धुनेर राख्नु परेको हुन्छ। कतिको त शतगोडा नै बाधिएका हुन्छन्। कतिपयले भरपेट खाना पनि पाएका हुदैनन्। ज्यानभरि धुलो, लुगा जततै लविएका, कपाल गुर्जिएका, अनि कतिपय त आफु वसेकै ठाँउमा दिशापेशाव गरिदिएका। एक लाइनमा भनौं भने ती बालबालिकाको अवस्था सामान्य पशुभन्दा तल्लो स्तरमा पुगेको हुन्छ।

बाभामा, दुवै जना श्रमजीवी छन, दुवैलाई घर बाहिर जानु पर्ने बाध्यता छ भने कल्पना गरौं परिस्थिति कस्तो अनीठो बन्दो होला। बाभामाले पनि के गर्नु, एक त आर्थिक स्थितिले साथ दिएको हुँदैन, आर्को के गर्दा ठीक हुन्छ भनेर कोही सही सल्लाह दिने पनि हुँदैन। उपचार गराउन खोजियो भने गोर्जी नै रितिन्छ। अनि यस्ता रोगको उपचार औषधीले मात्र हुँदैन, समुचित व्यवहार, प्रयाप्त प्रशिक्षण र साथसाथै आवश्यक औषधी पनि। आशा किरण केन्द्रले यी सधैं व्यवस्था आफ्नो छानामुनि गर्दै आएको छ। आशा किरण केन्द्रमा हरेक बालबालिकालाई उनीहरूको घरबाट केन्द्रकै गाडीमा ल्याइन्छ। अवस्था हेरेर उनीहरूको लागि सञ्चालित विशेष कक्षामा सामेल गरिन्छ। सो कक्षामा सामान्य शिक्षाको साथसाथै बोलचाल, कामकाज, सामान्य व्यवहार, पहिरन, खानपान आदिको लागि विशेष प्रशिक्षण दिने काम गरिन्छ। यति मात्र होइन, बालबालिकाभित्र लुकेको विशिष्ट प्रकारको कलात्मक अथवा अन्य क्षमताको खोज गरिन्छ। सम्बन्धित बालबालिकालाई उसकै विशिष्ट क्षमताअनुसार प्रशिक्षण दिइन्छ। अन्तमा हरेक बालबालिकालाई उनीहरूको घरसम्म केन्द्रकै गाडीमा सरसत पर्याइन्छ।

विस्तारै ठ्याम्मै बोलन नसक्नेहरू सवाद गर्न थाल्छन्। लरवराउने अथवा हकवकाउनेहरू गीत गुनगुनाउन थाल्छन्, सधैं फोहरी भएर वस्नेहरू कलात्मक कृतिहरू बनाउन थाल्छन्, सदैव परनिभर रहनेहरू अरुलाई सघाउन थाल्छन्, अनाहकमै चिच्याउने हो हल्ला गर्नेहरू अरुहरूलाई शान्त रहन भन्ने थाल्छन्, ढड्डले हिड्दुल गर्ने नसक्ने बच्चा विभिन्न खेलकुदमा सहभागी हुन थाल्छन्। कतिपय बालबालिकाभित्र लुकेको अद्भूत प्रतिभा खुलेर आउँछ। ती बालबालिकामा कतिम्म परिवर्तन हुंदो रहेछ, कि जो बच्चा आफ्नो मातापिताको लागि एक समस्याजस्तै रहन्थ्यो, त्यो बच्चा मातापिताको लागि सहयोगी भइदिन्छन्। आशा किरण केन्द्रको काम त्यतिकैमा टुङ्गिँदैन, आर्थिक रुपमा समेत कसैप्रति निर्भर नरहोस् भन्ने ध्येयका साथ हरेक बालबालिकालाई स्वरोजगारीमुखी तालिम पनि दिने गरिन्छ। तालिमकै क्रममा तैयार गरिएका सामग्री बजारमा बिक्री गरेर सम्बन्धितका अभिभावकलाई सो रकम जिम्मा लगाइन्छ। कल्पना गरौं, रकम समाउँदा ती अभिभावकको मनमा कस्तो भाव जाग्यो होला।

आशा किरण केन्द्र समाजिक सचेतनाको मामिलामा उत्तिकै सक्रिय रहेको देखिन्छ। विभिन्न कार्यक्रममार्फत यस्ता बालबालिकाहरुप्रति समाजमा रहेको गलत धारणा अथवा भ्रमबारे सचेत गराउने काम गरिन्छ। बालबालिकालाई साक्षात देउताकै रुप हुन् भनेर सम्झाइन्छ। मानसिक रुपमा अत्यभन्दा अलि दुर्बल भए पनि यस्ता बालबालिकालाई त भन्ने चराचर जगतको छलकपट, रिसद्वेष, डाहा, इर्ष्या, लोभ आदिजस्ता सक्रमण रोगले छोएको हुदैन भनेर जनतासम्म कुनै पुर्याइन्छ। ती बालबालिका असलमा हेलका होइन, सम्मानका पात्र हुन् भनेर जनचेतना जगाउने काम गरिन्छ। यिनीहरुलाई अलिअलि प्रोत्साहन दिएको खण्डमा समाजको लागि भार होइन बरदान बल्ने छन् भनेर अनेक सत्यतथ्य घटनाहरु सुनाइन्छ। यति मात्र होइन, बालबालिकासँगै तिनका मातापितालाई पनि बेलबखत भेला गरेर विशेष प्रशिक्षण दिने काम पनि गरिन्छ, भन्नुोस्, यस्तो केन्द्रलाई सेवा केन्द्र नभनेर मन्दिर भन्दा कसो होला ?

आशा किरण केन्द्रका संस्थापक तथा वर्तमानका अध्यक्ष, सुनिल गुप्तालगायित त्यहाँ कार्यरत स्वयम्सेवी, प्रशिक्षक र कर्मचारीहरुमा समेत जुन समर्पण र करुणाको भाव देखे, त्यो पनि अविस्मरणीय रहेछ। “कसरी आउँदै रहेछ, बच्चाहरु यति ठूलो परिवर्तन ?” भनेर सोध्दा उनी बडो सरल ढङ्गले फर्काउँछन्, “स्नेह र मायाको बलले।” त्यहाँ कार्यरत प्रशिक्षक एवं स्वयम्सेवीको धैर्य, प्रेम र

समर्पणमा यति शक्ति हुन्छ कि बच्चाहरु विस्तारविस्तार आफ्नो लयमा फर्किन थाल्छन्। हो आशा किरण केन्द्रको छहारी पाएर पनि दस वर्षे बच्चाले ५ वर्षे बच्चाजस्तै व्यवहार गर्छ, होला, अथवा विस वर्षे युवक भएपछि पनि दस वर्षे बालकजस्तो व्यवहार गर्छ, होला, तथापि परनिर्भर रहदैन। अर्थात् सामान्य मान्छे जतिकै सम्मानपूर्वक बाँच्ने आधार पाउँदा रहेछन्।

कसैले पत्याओस्, नपत्याओस्, आजको नितान्त व्यक्तिवादी युगमा यस्ता संस्था पनि सक्रिय छन्। गज्जब छ, हई ! आगामी दिनमा आशा किरण केन्द्रको कार्यक्षेत्र अझै विस्तारित होस्, बाँड्ने बढि बालबालिकाहरु लाभान्वीत होउन्, यस केन्द्रको पुनित कार्यमा सहयोगी हातहरु थपिदै जानुन्। आशा किरण केन्द्रको सदैव जय जय जय भइरहोस्।

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Philanthropy in Nepal: Tradition, Transformation, and Trust



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Introduction: “दानले धन घट्दैन, मन बढ्छ” – a Nepali saying that translates to “Giving does not reduce wealth, it expands the heart” – embodies the spirit of everyday generosity in Nepal. As such, philanthropy in Nepal is deeply woven into culture, religion, and community life. This article briefly examines how the practice of ‘giving’ and ‘sharing’ has evolved from humble acts of *muthi daan* (handful donations) to institutionalized *guthi* trusts, diaspora remittances, and NGO-led initiatives, while retaining its core ethos of collective welfare. In attempting to contrast Nepali practices with Western foundation-based philanthropy, this article also highlights the unique human-centered character of Nepali generosity.

Cultural and Religious Foundations: In Hindu and Buddhist traditions, *daan* (donation) and *bhiksha* (alms) are sacred duties, purifying sins and embodying compassion. *Zakat* reinforces giving as a spiritual responsibility in Islam. Festivals and rituals like *Dashain*, *Tihar*, and *Buddha Jayanti* embed donation into celebration, normalizing generosity in daily life.

Traditional Practices: Traditional practices include *muthi daan* - symbolic handful donations of grain, proving that even small acts matter. The *guthi* system, which included land-based trusts that sustained temples, festivals, waterspouts, and scholarships embodied collective responsibility but weakened under political interference and land reforms. *Tula daan*, or donations equal to one’s body weight, are now modernized into books or cash for schools and libraries.

Modern Expressions: Post-1990 democracy saw a surge in non-governmental organizations (NGOs) and community-based organizations (CBOs) focusing on education, health, and empowerment. Businesses increasingly fund schools, hospitals, and environmental projects as part of their corporate social responsibility (CSR). Migrants abroad pool remittances for roads, schools, and disaster relief – as part of diaspora giving – and organizations like Help Nepal Network (HeNN) and Non-Resident Nepali Association (NRNA) mobilize global resources in response to local needs. Local chapters of international service clubs like Rotary, Lions, and Jaycees, and NGOs like the Red Cross Society combine fundraising with volunteerism in providing community service. Together, they reflect Nepal’s strong tradition of philanthropy, rooted in community, resilience, and collective welfare.

Diaspora Philanthropy: Diaspora giving represents the third wave of Nepali philanthropy with remittances reaching NPR 1.36 trillion (USD 9.96 billion) in 2024/25, and with portions directed to community projects. NRNA raised millions for earthquake relief, rebuilding homes and heritage sites, and HeNN funds health posts, libraries, and schools through chapters in the United States, United Kingdom, and Australia. Migrant workers in the Gulf and Malaysia have organized through community committees to pool funds for roads, temples, and scholarships. Maintaining continuity with tradition, diaspora fundraising embraces the principles of *muthi daan*, and *guthi*, scaling modest contributions into transformative projects.

Religious Fundraising: “Service to others is the greatest religion”. This statement by Anuradha Koirala a social activist and the founder of Maiti Nepal, a non-profit organization dedicated to helping victims of sex trafficking serves as a powerful statement for reframing philanthropy. This form of philanthropy was advanced by figures like Pandit Narayan Prasad Pokharel, who pioneered fundraising through religious and cultural events like the *Bhagavat Katha* and *Mahayagya*, raising millions for schools and hospitals. His son, Pandit Dinbandhu Pokharel, continues the tradition, mobilizing communities through spiritual storytelling. These events blend faith with philanthropy, reinforcing trust and inclusivity.

Nepali vs Western Philanthropy: Nepali philanthropy thrives on community trust and visible impact, while Western models emphasize structured grants, tax incentives, and systemic change. In Nepal, giving is often personal and relational, rooted in shared responsibility and cultural values. By contrast, Western approaches seek scalability and measurable outcomes, prioritizing long-term institutional reform. The table below offers a comparative analysis:

Aspect	Nepali Philanthropy	Western Philanthropy
Motivation	Spiritual duty, community solidarity	Social responsibility, tax incentives
Scale	Small, local, collective	Large, global, institutional
Structure	Informal, trust-based (<i>muthi daan guthi</i>)	Formal, foundation-based, legally regulated
Visibility	Immediate, tangible community results	Long-term systemic impact
Trust	Cultural legitimacy, religious authority	Transparency, audits, legal frameworks

Trust and Accountability: Trust in philanthropy in Nepal is shifting from purely faith-based giving toward greater demand for transparency and accountability. Communities increasingly value initiatives that show measurable impact and ethical stewardship alongside traditional cultural generosity. Historically, traditional and diaspora-led philanthropy enjoyed credibility due to visible impact and cultural legitimacy. However, NGO and government-managed funds face skepticism over transparency, dependency on foreign aid, and weak oversight. Youth demand digital transparency and measurable outcomes, pushing philanthropy toward greater accountability.

Conclusion: Philanthropy in Nepal is a living tradition, adapting ancient values to modern contexts. From *muthi daan* to *guthi*, diaspora remittances, NGOs, and religious fundraising, giving remains central to Nepali identity. Unlike Western foundation-based philanthropy, Nepali generosity is less institutional and more cultural, human-centered, inclusive, and resilience-oriented. As Nepal modernizes, strengthening transparency and accountability will ensure that its philanthropic spirit continues to thrive globally. “सपना देख्नेहरू नै संसार परिवर्तन गर्छन्”, or “Those who dream are the ones who can change the world” – should be the forward-looking message about modern philanthropy and diaspora giving and about how Nepali philanthropy continues to evolve and inspire change. Everybody needs to assess how they need to give back to the society that gave them what they have. In doing so, it is imperative that an environment of trust and accountability becomes an integral part of the philanthropy ecosystem.

WELL-WISHERS - PHOTO GALLERY



FESTIVALS - PHOTO GALLERY



FINANCIAL REPORT

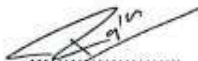
**Aasha Kiran Kendra
Birgunj, Parsa, Nepal
Statement of Financial Position
As at 32 Ashadh 2082 (16 July 2025)**

Particulars	Notes	Current Year (NPR)	Previous Year (NPR)
ASSETS			
Non - Current Assets			
Property Plant and Equipment	4.1	815,613.63	1,001,301.50
Total Non - Current Assets		815,613.63	1,001,301.50
Current Assets			
Accounts Receivable	4.2	-	-
Receivable from Donar	4.3	-	-
Cash and Cash Equivalents	4.4	2,442,874.08	1,140,192.00
Total Current Assets		2,442,874.08	1,140,192.00
TOTAL ASSETS		3,258,487.71	2,141,493.50
LIABILITIES & RESERVES			
Accumulated Reserves			
Operational Funds	4.5	3,228,294.25	195,135.50
Restricted Funds	4.6	-	1,595,770.00
Other Capital Reserves	4.6.1	-	-
Total Accumulated Reserves		3,228,294.25	1,790,905.50
Non - Current Liabilities			
Donor Fund - Fixed Assets Balance	4.1	-	-
Total Non - Current Liabilities		-	-
Current Liabilities			
Accounts Payable	4.7	30,193.46	350,588.00
Total Current Liabilities		30,193.46	350,588.00
Total Liabilities		30,193.46	350,588.00
TOTAL LIABILITIES AND RESERVES		3,258,487.71	2,141,493.50

Significant Accounting Policies and Notes to Account form integral part of Statement of Financial Position

As per our report of even date


Treasurer


General Secretary


Chairperson


CA Guru Prasad Pokhrel
For
Guru & Associates
Chartered Accountants



Location: Birgunj
Date : 9th October 2025



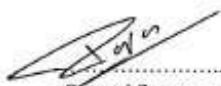
Aasha Kiran Kendra
Birgunj, Parsa, Nepal
Statement of Income and Expenditure
For the Year Ended 32 Ashadh 2082

Particulars	Notes	Current Year (NPR)	Previous Year (NPR)
INCOME			
Annual Program Income	4.8	1,116,990.00	-
Income	4.8	2,624,911.96	940,780.00
Other Income	4.8	356,778.58	80,002.00
TOTAL INCOME		4,098,680.54	1,020,782.00
EXPENDITURE			
Expenses	4.9	2,430,753.92	1,216,263.00
Depreciation	4.1	230,537.88	282,100.50
TOTAL EXPENDITURE		2,661,291.80	1,498,363.50
Net surplus/(deficit) before Taxation		1,437,388.75	(477,581.50)
Income Tax Expenses	4.10	-	-
SURPLUS/(DEFICIT) FOR THE YEAR		1,437,388.75	(477,581.50)

As per our report of even date



Treasurer



General Secretary



Chairperson



CA Guru Prasad Pokhrel

For

Guru & Associates
Chartered Accountants



AASHA KIRAN KENDRA
BIRGUNJ-16, PARS, NEPAL

Location: Birgunj

Date : 9th October 2025

Notes to Financial Statement
Aasha Kiran Kendra
Birgunj, Parsa, Nepal
For the Year Ended 32 Ashadh 2082

4.8 Incoming Resources

Particulars	Current Year (NPR)	Previous Year (NPR)
Annual Program Income		
Annual Program Sponsorship	529,990.00	-
Ticket Sale For Event	587,000.00	-
Total Annual Program Income	1,116,990.00	-
Income		
Life Membership Fee	595,000.00	100,000.00
Lunch Sponser	60,700.00	-
Annual Student Sponser	985,000.00	-
Other Donation	840,211.96	526,780.00
Donation By Quest Pharmaceuticals Pvt. Ltd.	144,000.00	314,000.00
Interest Income	44,926.58	80,002.00
Other Income (payable written off)	311,852.00	-
Total Income	2,981,690.54	1,020,782.00
Grand Total Income	4,098,680.54	1,020,782.00

4.9 Expenses

Particulars	Current Year (NPR)	Previous Year (NPR)
Salary Expenses	1,019,346.17	686,133.00
Van Fuel Expenses	151,128.00	83,179.00
Annual Function and Charity Dinner Expenses	641,095.00	186,559.00
Van Repair and Maintanance	29,450.00	66,376.00
Van Tax And Insurance Expenses	38,130.00	52,230.00
School Maintanance Expenses	56,635.00	15,000.00
Audit Fee	20,000.00	15,000.00
Office Expenses	98,610.75	111,786.00
Old Outstanding Electricity Bill	167,660.00	-
Electricity Expense	4,015.00	-
School Renovation Expenses	204,684.00	-
Food Commodity Purchase	9,285.00	-
Total	2,430,753.92	1,216,263.00

4.10 Income Tax Expenses

Particulars	Current Year (NPR)	Previous Year (NPR)
Provision for Income Tax	-	-
Total	-	-

[Signature]

[Signature]



AASHA KIRAN KENDRA
 BIRGUNJ-14, PARSA, NEPAL

[Signature]



**Aasha Kiran Kendra
Birgunj, Parsa, Nepal
Statement Of Cash Flows
For the Year Ended 32 Ashadh 2082**

Particular	Current Year (NPR)	Previous Year (NPR)
Cash Flows From Operating Activities		
Surplus/ (Deficit) For The Year (Before Tax)	1,437,388.75	(477,581.50)
Adjustments to Reconcile Surplus/(Deficit) to Net Cash Flows: Non-Cash Items:		
Depreciation and Impairment of Property, Plant and Equipment	230,537.88	282,100.50
Working Capital Adjustments:		
Increase/ (Decrease) in Accounts Receivable	-	-
Increase/ (Decrease) in Accounts Payable	(320,394.54)	21,861.00
Net Cash From/(Used In) Operating Activities	1,347,532.08	(173,620.00)
Cash Flows From Investing Activities		
Purchase of Property Plant and Equipment	(44,850.00)	(866,000.00)
Net Cash From/(Used In) Investing Activities	(44,850.00)	(866,000.00)
Unrestricted Funds/ Accumulated Surplus		
Increase/(Decrease) in Fund Balance	-	-
Unrestricted excluding surplus/(deficit) during the year		-
Increase/(Decrease) in Donor Fund - Fixed Assets Balance	-	-
Net Cash From/(Used In) Financing Activities	-	-
Net Increase/(Decrease) In Cash And Cash Equivalents	1,302,682.08	(1,039,620.00)
Cash And Cash Equivalents at the Beginning of the Period	1,140,192.00	2,179,812.00
Cash And Cash Equivalents at the End of the Period	2,442,874.08	1,140,192.00

Significant Accounting Policies and Notes to Account form integral part of Statement of Cash Flows

As per our report of _____



Treasurer



General Secretary



Chairperson



**AASHA KIRAN KENDRA
BIRGUNJ-M, PARSA, NEPAL**



CA Guru Prasad Mishra
For
Guru & Associates
Chartered Accountants

Location: Birgunj
Date : 9th October 2025



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Associated By:





Disha Abhiyan: Revolutionizing Special Education for Children with Intellectual & Developmental Disabilities

Disha Abhiyan is an initiative by the Jai Vakeel Foundation (launched in 2013) to improve special education for children with Intellectual and Developmental Disabilities (IDDs) in Maharashtra. It offers a multisensory, age-appropriate curriculum and assessment tools certified by NEIPED, helping create individualized Education Plans (IEPs) in collaboration with the Maharashtra government. It has reached over 475 special schools, trained 2200+ teachers, and impacted more than 12000 children. The program also includes a digital platform for real-time assessment and progress tracking.

MOU: Jai Vakeel Foundation

On 31st April, 2025, Jai Vakeel Foundation, Mumbai, India, and Aasha Kiran Kendra, Birgunj, Nepal, have signed a MOU for technical support. Under this MOU, Jai Vakeel Foundation (JV) will support Aasha Kiran Kendra by providing the Disha Abhiyan curriculum, IEP assessment checklists, teacher manuals, and student workbooks. JV will conduct online orientation sessions and share training videos on assessments, goal setting, the Disha Portal, and pedagogy. Aasha Kiran Kendra will also give access to the Disha Portal to manage teachers, students, IEPs, and assessments. Additionally, JV will provide Disha bi-annual year calendar.

Together, we all make a difference

Annual Student Sponsor in April

- Mr. Rajivraj Khatiwala

Donor in April

- Mr. Sunil Khatiwala
- Mrs. Lata Shrestha
- Mr. Dharmendra Dubedi
- Mr. Prakash Khatiwala
- Mahabir Engineering & Construction

New Life Members in April

- Mr. Himanshu Prakash Aggrawal

A day care centre for special children with cerebral palsy, down syndrome, autism, etc.



Jai Vakeel Foundation

Jai Vakeel Foundation is one of India's oldest and largest non-profit organizations dedicated to empowering individuals with intellectual and developmental disabilities (IDDs). Since 1984 by Mrs. Sybil Vakeel, the Foundation has been a pioneer in providing education, healthcare, emotional training, & vocational training to children & young adults with conditions such as Down Syndrome, Autism Spectrum Disorder, Cerebral Palsy, other developmental challenges, an intellectual disability. The Foundation continues to inspire change by creating pathways for individuals with disabilities to lead fulfilling lives, supported by compassion, respect and community involvement. Operating primarily from Mumbai, the Foundation runs a special school, vocational center, therapy units, and healthcare services. It also advocates for disability rights and raises awareness about disability & accessibility in society.

Like stars in the night sky, every child shines their own way—brilliant, beautiful, and full of wonder.

Balanced nutrition for natural and healthy development

Our kids exploring the world of music as part of their daily activities learning playing and singing instruments, assignments, and using interactive tools to enhance classroom learning and student engagement. Featuring Aasha Kiran Kendra Life Member Mr. Prashant Gupta actively participated in this insightful session.

Music for development & happiness

Our kids exploring the world of music as part of their daily activities learning playing and singing instruments, assignments, and using interactive tools to enhance classroom learning and student engagement. Featuring Aasha Kiran Kendra Life Member Mr. Prashant Gupta actively participated in this insightful session.

Together, we all make a difference

New Life Members in May

- Mr. Gaurav Kumar

Donor in May

- Mr. Kavita Devi Hatan
- Mr. Prabhu Subudhi
- Mrs. Anshu Khatiwala and Family
- Mr. Dharmendra Dubedi
- Mrs. Nidhi Joshi

Lunch Sponsor in May

- Mrs. Ishwari Shah
- Dr. Nityash Shah

A day care centre for special children with cerebral palsy, down syndrome, autism, etc.



Asha Kiran Kendra's support for children with Cerebral Palsy

Cerebral Palsy (CP) is a neurological disorder affecting movement, muscle tone, and posture due to brain damage or abnormal development, often occurring before or as a result from pregnancy complications, infections, or lack of oxygen. It varies in severity, causing muscle stiffness, involuntary movements, and sometimes intellectual disabilities or seizures. While there is no cure, early intervention through therapy, medication, and assistive devices can improve quality of life. At Aasha Kiran Kendra, we support children with CP, helping them learn, grow, and thrive through therapy, education, and social activities. Our mission is to raise awareness, promote inclusion, and encourage society to stand with these remarkable special children.

School Uniform contribution by Ms. Kavita Devi Hatan

On 10th May, 2025, we were once again touched by the continued generosity and kindness of Ms. Kavita Devi Hatan towards the children of Aasha Kiran Kendra. Like every year, she has graciously donated uniforms for all the students at the center, ensuring that each child feels most confident and cared for. We extend our heartfelt gratitude to Ms. Kavita Devi Hatan for being a cherished part of our journey.

Every child has a different learning style and pace. Each child is unique, not only capable of learning but also capable of succeeding.

Spreading smiles through dance

Our kids exploring the world of music as part of their daily activities learning playing and singing instruments, assignments, and using interactive tools to enhance classroom learning and student engagement. Featuring Aasha Kiran Kendra Life Member Mr. Prashant Gupta actively participated in this insightful session.

Together, we all make a difference

New Life Members in May

- Mr. Gaurav Kumar

Donor in May

- Mr. Kavita Devi Hatan
- Mr. Prabhu Subudhi
- Mrs. Anshu Khatiwala and Family
- Mr. Dharmendra Dubedi
- Mrs. Nidhi Joshi

Lunch Sponsor in May

- Mrs. Ishwari Shah
- Dr. Nityash Shah

A day care centre for special children with cerebral palsy, down syndrome, autism, etc.



Aasha Kiran Kendra

Monthly Newsletter

SHREEPUR - 14, BIRGUNJ, PARSA, NEPAL

1st July, 2025



Aasha Kiran Kendra

Monthly Newsletter

SHREEPUR - 14, BIRGUNJ, PARSA, NEPAL

1st August, 2025



Participation in panel discussion on catering students with special needs

On 28th June 2025, Kathmandu Metropolitan City organized an educational conference on "Enabling innovation" focusing on inclusive practices in education. Representing Aasha Kiran Kendra, our founder & Chairperson, Mr. Sunil Gupta, actively participated in the panel discussion on "Catering to students with Special Needs: Teaching, Learning, Evaluation & Support", held at the KMC Meeting Hall. Moderated by Mr. Subhi Subudhi, the session brought together a diverse group of stakeholders, including representatives from 17 schools, parents, and NGOs, all committed to improving educational opportunities for children with Intellectual & Developmental Disabilities (IDD). The session highlighted key challenges faced by children with special needs and explored innovative solutions to make education more inclusive, engaging, and impactful. This initiative by Kathmandu Metropolitan City is a commendable effort in championing the rights & educational inclusion of children with special needs. We are proud to be part of this meaningful session.

Every child has a different learning style & pace. Each child is unique, not only capable of learning but also capable of succeeding.

Together, we all make a difference

Annual/Student Sponsor in June

- Mr. Shreshth Shrestha Arya

New Life Members in June

- Mr. Sunil Khatiwala
- Mrs. Harna Shrestha Arya
- Mr. Anshu Khatiwala & Family

Donor in June

- National Medical College
- Mrs. Nidhi Joshi
- Mr. Dharmendra Dubedi
- Anushka Bhusari Bhandari
- Mahabir Engineering & Construction
- Mrs. Anjali Gupta & Family
- Dr. Himanshu Prakash Aggrawal

World Environment Day 2025

On 5th June 2025, in celebration of World Environment Day 2025, the children of Aasha Kiran Kendra showcased their creativity and love for nature through painting, drawing, and craft projects. Their efforts highlighted how small changes can create big impacts. The children were inspired to learn, grow, and thrive through therapy, education, and social activities. Our mission is to raise awareness, promote inclusion, and encourage society to stand with these remarkable special children.

A day care centre for special children with cerebral palsy, down syndrome, autism, etc.



Disability Pride Month

On 10th July 2025, Aasha Kiran Kendra had the wonderful opportunity to learn from Mr. Sajed Raza and Mr. Sushant Sankar, esteemed representatives of Disha Abhiyan. The training focused on effectively utilizing the Disha Abhiyan Portal, covering key features such as Accounting workbooks, assignments, and using interactive tools to enhance classroom learning and student engagement. Featuring Aasha Kiran Kendra Life Member Mr. Prashant Gupta actively participated in this insightful session.

Disability Portal Training

On 10th July 2025, Aasha Kiran Kendra had the wonderful opportunity to learn from Mr. Sajed Raza and Mr. Sushant Sankar, esteemed representatives of Disha Abhiyan. The training focused on effectively utilizing the Disha Abhiyan Portal, covering key features such as Accounting workbooks, assignments, and using interactive tools to enhance classroom learning and student engagement. Featuring Aasha Kiran Kendra Life Member Mr. Prashant Gupta actively participated in this insightful session.

National Medical College visit

On 6th June 2025, Mr. Ravi Shrestha Gupta, Vice Principal of National Medical College, Birgunj, along with a team of medical medical students, visited our center. They donated essential laboratory supplies for our children. Mr. Gupta expressed a strong commitment to extending support to our center by providing valuable medical assistance & resources, tailored to the needs of our children and their families.

Together, we all make a difference

Annual Student Sponsor in July

- Mr. Parthiv Singh

New Life Members in July

- Mr. Ganga Ram Dandia
- Mr. Gaurav Kumar
- Dr. Rakesh Shrestha
- Mrs. Ramesh Shrestha
- Mrs. Anshu Khatiwala & Family
- Mr. Nidhi Joshi

Donor in July

- Mrs. Anshu Khatiwala & Family
- Mr. Dharmendra Dubedi

Lunch Sponsor in July

- Mrs. Ishwari Shah
- Dr. Nityash Shah

A day care centre for special children with cerebral palsy, down syndrome, autism, etc.



Disability Pride Month

July is Disability Pride Month, Celebrating Diversity, Empowering Ability!

At Aasha Kiran Kendra, we proudly join the global movement in recognizing Disability Pride Month. This month is a vital just global celebration, but a lived statement of visibility, acceptance, & dignity for people with disabilities. Disability Pride Month began as a way to honor the passage of the Americans with Disabilities Act (ADA) in July 1990. Over time, it has grown into a symbol of empowerment, where people living with disabilities proudly embrace who they are without shame or need for validation. At AKK, we support children with cerebral palsy, autism, down syndrome, and other developmental disorders or any physical challenges. We believe in an inclusive world where every voice matters and every ability is celebrated. The colors & symbols in the image represent the strength & diversity within the disability community, from sign language users to those with mobility or neurodiversity needs.

Together, we all make a difference

Annual Student Sponsor in July

- Mr. Parthiv Singh

New Life Members in July

- Mr. Ganga Ram Dandia
- Mr. Gaurav Kumar
- Dr. Rakesh Shrestha
- Mrs. Ramesh Shrestha
- Mrs. Anshu Khatiwala & Family
- Mr. Nidhi Joshi

Donor in July

- Mrs. Anshu Khatiwala & Family
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Lunch Sponsor in July

- Mrs. Ishwari Shah
- Dr. Nityash Shah

A day care centre for special children with cerebral palsy, down syndrome, autism, etc.

SHREEPUR - 14, BIRGUNJ, PARSA, NEPAL

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