

## Centre for 'Volunteers to Assist Children with Disabilities' (VACD)

Proposed site: Collocated with the District Hospital Bandarawela, Uva Province, Sri Lanka

### Schedule of Briefed Areas (Draft 07, 15 May 2014 – revised for a new site collocated with the District Hospital Bandarawela)

The proposal in summary:

- A centre offering day services for rehabilitation, vocational and life training skills, multi-faceted health, teaching and recreation services for children with disabilities;
- Training, education, resources and support for carers and parents, medical staff and volunteers;
- Headquarters of the VACD charity.

Codes: **GF** = Ground Floor location only, generally to suit access for the children **VO** = Visiting Officer **TC** = Therapy Centre **OC** = Occupational Therapy **Physio** = Physiotherapy  
**ST** = Speech Therapy **VT** = Vocational Training **OHP** = Overhead projection displays **AV** = Audio-visual presentations **DHB** = District Hospital Bandarawela/ Ministry of Health

Functional Group	Space Name	Notes, descriptions & functional relationships Areas shown in brackets ( ) indicate unenclosed spaces and included in the totals	Area Sq Metres	Width x Length Feet	Area Sq Feet	Total Area Sq Feet
<b>Main Internal Spaces</b>						
Arrival	Entry Canopy	External arrival shelter for rain & sun protection, wet shoes & umbrellas, with sufficient space for minibus/ customised wheelchair vehicles dropping off disabled children under cover. A space for people to relax on bench seating, allowing breezes on other open sides, location for building signage. Next to foyer, visibly obvious as the main entrance at the front of the building, GF	21	17x15	(225)	
	Foyer & Reception	Control point for all persons accessing the facility. Reception desk, counter, VACD displays, visitors waiting chairs, computer linked. Next to Canopy secured at night with a roller shutter, Shop, near Counselling Room, Med Exam Room, GF	22	12x20	240	
	Retail Shop	Display and sales room for children's and parent's fund raising craft and awareness programs, glazed wall unit to foyer, well lit wall & island bench display units, small sales counter, window extended to floor level to show off room to the outside, roller shutter window security. Next to Foyer, GF	10	10x10	100	
Admin	Administration Office	For 1-2 persons. Desks, visitor's chairs records storage & archives, display charts, computer linked. Near VO's Office.	13	12x12	144	
	Visiting Officers (VO's) Office	For 2 non-permanent staff, as required e.g. Visiting Trainer and/or Programs Officer, at desks, with minimal storage, display charts, computer linked. Near Admin Office.	13	12x12	144	
	Committee Room/ Lecture Room	Flexible room for use by committees, for lectures to staff or parents: a) For 10-12 people seated at a large table, displays, OHP, refreshments side table; b) For 15-20 seats in lecture format, lectern, OHP, display wall. Near common circulation, speech privacy, dim-out capable for AV & OHP, computer links.	20	10x22	220	

	Chair/Table Store to Committee Room	Store provides flexibility for the multiple uses of the Committee Room, storing modular tables & stackable chairs. Near Committee/Lecture Room.	8	10x8	80	
Children	Therapy Centre (TC)	Divided into 4 departments for physical & mental therapy, vocational training, supported by specialists, nurses, VOs, mothers groups & regular carers. Near outdoor grassed area for related activities. All generally co-located at GF and near children's disabled accessible toilets. Admissions controlled by reception point in Foyer; with transitional space at Children's Leisure/Play Room. (Detail concepts for further development).		see a) - d)		
	a) Occupational Therapy Department (OT)	<p>i) <i>Treatment area</i> - 1 larger space, with a pleasant outlook &amp; garden access, space for toys, children's tables, displays and larger shelves, floor mats, slings, wall mirrors etc. Staff desk, chair, file storage, good supervision.</p> <p>ii) <i>Habitation area</i> – smaller adjacent space with adapted daily living furniture &amp; fit out.</p> <p>iii) <i>Splinting room</i> – smaller one-on-one treatment room with couch, chairs, equipment shelves, tools</p> <p>iv) <i>Sensory integration therapy room</i> – sound proof, specialised fit out</p> <p>v) <i>Secure storage room</i> – for equipment, toys, valuable items, medications fridge (holding medications for children with existing prescriptions).</p>	28	35x12	420	
			13	12x12	144	
			8	10x8	80	
			10	10x10	100	
			8	10x8	80	
	b) Physiotherapy Department (Physio)	<p>i) <i>Treatment area</i> - 1 common space for group activities or several supervised children - as a space with a pleasant outlook &amp; garden access. Generous wall area for physio equipment, rails, mats, walking &amp; stepping structures, wall mirrors (concepts for further development). Staff desk, chair, file storage, good supervision</p> <p>ii) <i>2 Curtained alcoves</i> - for one-on-one physio work or treatment on couches</p> <p>iii) <i>Storage room</i> - for portable physio equipment and more valuable items</p>	28	35x12	420	
			16	2x 10x8	160	
			8	10x8	80	
	c) Speech Therapy Department (ST)	<p>2 rooms with specialised equipment, for quieter &amp; controlled use, used on a one-to-one basis, equipment cupboards, displays, chairs, staff desk and chair, file storage, computer linked for screen based aids, both with speech privacy, one sound proofed.</p> <p>Comment on group activities: In medium-term utilise other part-time spaces: Auditorium/lecture Room, 'story telling corner' in Library, or outside on the central lawn.</p>	20	2x 10x10	200	
	d) Vocational Training Department (VT)	<p>i) <i>Training room</i> – a large area where specific activities can be executed on a given day; mostly craft &amp; table based, but occasionally at purpose built benches or equipment e.g. sewing, basic woodworking, note also use of Kitchen see below (concepts for further development). Initially allow space for 20 children seated at group activity tables, display &amp; equipment storage walls. Staff desk, chair, file storage.</p>	28	35x12	420	

		<i>ii) Storage Room</i> - for table based equipment, more valuable items, consumables	8	10x8	80	
	Quiet Room/ Prayer Room/ Meeting Room	Room for 'time out' for noisy or disturbed children; or as retreat for timid ones. Alternative uses: Prayer Room, Small Meeting Room - as a second consulting, counselling room, or for one-on-one care, but predominantly a child friendly space. Allow for an adjacent outside wash point to conform to religious practices. Near TC, in a quiet location, speech privacy, GF	10	10x10	100	
	Medical Examination Room/ Meeting Room	For visiting doctors consulting with children & parents. Examination couch, write up desk and chair, hand basin, 2 visitors chairs, cabinet, x-ray viewer, computer linked, speech privacy. Alternative uses: Small Meeting Room. Near Reception, GF, near inside Staff Toilet.	10	10x10	100	
	Children's Auditorium	Flexible room for use by children for group entertainment, group sessions for the TC purposes; alternative facility for parents and Mothers Groups in discussions, and craft/fund raising activities: a) Children seated on the floor, on chairs, or on perimeter padded benches; b) For 10-12 people seated at large tables, displays, OHP. Near common circulation, speech privacy, dim-out capable for AV & OHP, computer links, GF	20	10x22	220	
	Chair/Table Store to Auditorium	Store provides flexibility for the multiple uses of the Auditorium, storing modular tables & stackable chairs, GF	8	10x8	80	
	Children's Leisure/Play Room	A separate space for more informal uses, for 4-6 children plus parents. Near reception as a transition/informal play area prior to entering the TC, also near outside garden areas, access to toilets, GF	16	13x13	169	
	Library/Resource Centre	For parents and children's use, provided with books, AV & toy lending library. Storage shelves, seating & desks, computer carrels, shared floor seating zones for group book readings and informal uses, displays, staff desk and file storage, good day lighting. Near common circulation, GF	26	12x24	288	
	Dining Shelter	To provide dining for lunches and snacks for children, parents and staff. Occasional one-off larger functions for children's parties and adult gatherings. With stackable plastic all-weather tables and chairs. Built as a rain and sun shelter & with washable floor slab. Adjacent to Kitchen servery & garden, near toilets, GF	13	14x14	(144)	
Parent Facilities	Counselling Room	For consultations with parents of new children or at review times. Allow 3-4 people, speech privacy, pleasant outlook. Alternative uses: small staff meetings. Near Foyer, GF	10	10x10	100	
	Parents Retreat	Lounge area with several relaxing chairs, refreshments side table. Near common circulation, possibly at a First Floor verandah.	16	12x14	(168)	
Services	Kitchen	Lunches and snacks for parents, children & staff. Cooking, preparation, serving & wash up. Consider max number of meals served to support 1-off larger functions. Cold store, cool store, dry store. Sheltered delivery & separated waste storage. Capable of accommodating several children preparing and cooking food as a VT activity. Allow for slide out platforms below the central island bench for children's use of the worktop. Stainless steel bench tops. Grease interceptor trap at sink wastes, fume exhaust hoods to stove tops. Specific fire extinguisher hardware and	17	18x10	180	

		fire blanket. Adjacent Dining with servery counter, near deliveries point, GF				
	Garden & Maintenance Store	Small store for garden equipment and consumable building items, workshop bench, external vehicle wash down point, storage of children's external play equipment. Near vehicular access, external location, GF.	10	10x10	100	
Amenities	Public toilets	General adult day visitors & parents, 2 unisex units, with toilet & basin	5	2x 3x9	54	
	Children's 'accessible' toilets	Disabled access, carer assisted, 2 unisex units, with toilet & basin to suit wheelchair access, shower cubicle with curtain, flush floor (no hob or step) and shower chair. Grab rails to suit all fixtures. Double swing door. Nappy change table in one unit.	12	2x 8x8	128	
	Staff toilets	2 unisex units, each with toilet & basin. Design layout may require additional facilities	5	2x 3x9	54	
	Doctor's toilet	Separate unisex unit, with toilet & basin. Adjacent to Medical Examination Room	3	3x9	27	
	Kitchen staff toilet & rest room	Adult unisex unit, with toilet & basin, with small staff rest room	5	6x9	54	
	Cleaner's room	Storage for equipment & consumables, bucket sink, linen washing trough, bench and storage. Adjacent to drying yard.	2	3x6	18	5,321
Circulation & structure	Corridors, stairs, fire escapes; Walls & columns.	Typically allow additional 15-30% (noting wheelchair access width & usage). Some (or many) of the circulation corridors may well be configured as verandahs or covered ways (to be determined) As the building grows fire escape becomes more critical & complex: alternative means of escape in long corridors, limits to corridor lengths, outward opening doors at the perimeter that will release in the event of a fire or manual operation of internal levers, and stairs that conform to recommended treads, widths, height clearances and handrails. Allow 20%		note		1,064
		<b>Main Internal Spaces - Sub-total (rounded)</b>				<b>6,400</b>
<b>Accommodation</b>						
Visitors	Visiting Officer's Bedroom Suites	Accommodation for visitors from other places: medical officers, specialist, trainers, work experience/volunteers, VACD team members. 3 Bedrooms each with an attached Bathroom, with toilet, shower & basin. It is recommended for fire separation that these units be separated from other uses by rendered masonry/concrete construction through to underside of roof sheeting. Provide fire egress. May be at an upper level.	42	3x10x15	450	
Caretaker's Residence	Private Family Living Unit	A small residential unit for the VACD caretaker, located to provide good informal supervision over the facility and entry/access. Separately metered power and water supply. Independent access. Fire separation from other uses by rendered masonry/concrete construction through to underside of roof sheeting. May be in-part at an upper level.		note		

		<p>i) Sleeping areas - 3 Bedrooms &amp; Common Bathroom, with toilet, shower, hand basin.</p> <p>ii) Living areas - Dining, Living room, Kitchen with Pantry, where for religious 'arms giving' occasions the main floor is to be at one level and at ground floor.</p> <p>iii) Store room &amp; parking for 1 vehicle. (28m<sup>2</sup>)</p> <p>iv) Private outdoor space or Balcony, clothes drying provision</p>	total 125	note	total 1,345	
		Accommodation Circulation & Structure, allow 15%			270	
		<b>Accommodation - Sub-total (rounded)</b>				<b>2,100</b>
<b>Future Expansion</b>						
	Therapy areas, and VACD charity functions	<p>While not specifically identified at this point it can be expected that demand for services may well increase over time and that a greater range of specialised equipment may be sought. It would be wise to consider the possibility of site provisions that allow the infrastructure to expand in the future. Substantial expansion at a First Floor level with implications for lifts, ramps and fire stairs is not a first preference.</p> <p style="text-align: right;">Allow 20% growth</p>	160	note	1,720	
	Hydrotherapy Pool	<p>While a Hydrotherapy Pool is highly valued it may need to be part of a staged development due in part to the high cost implications. Allow space on site and consider the functional relationship planning. Brief elements would include consideration for: capital and ongoing cost, capacity, clinical/ therapeutic/ fitness uses, size and depth, ramp, steps &amp; rails, pool surfaces, pool surrounds, safety detailing, acoustics, change rooms, access, emergency call buttons/cords. Filtration and disinfection, temperature &amp; heating, chemical storage.</p> <p>Rooms may include: Foyer, Reception, Office, Male and Female Change, Showers, Disabled Showers, Disabled Toilets, Staff Toilets, Pool Room, Storage of pool room user equipment, Circulation, Plant Room, and Chemical Store.</p> <p>Allow adjacent vehicular access for disabled users, services and emergencies. Need to confirm capacity of the local service industry to maintain this specialised equipment.</p> <p>From other examples a complex required to accommodate a 12m x 6m pool may comprise:  a) 11m x 35m (390m<sup>2</sup>) complex, b) 18m x 27m (490m<sup>2</sup>) complex.</p> <p style="text-align: right;">Allow</p>	400		4,300	
	Gymnasium	<p>A dedicated large hall for group games, informal sports, and exercises. Robust surfaces &amp; high ceiling. Store Room for games and exercise equipment. Allow adjacent vehicular access. Provide convenient access to site Toilets or provide dedicated facilities.</p> <p style="text-align: right;">Allow</p>	180		1,950	
		<b>Future Expansion - Sub-total (rounded, including Circulation)</b> Note these three items nearly double the built space required on site.				<b>8,000</b>
		<b>Total of all Built Spaces (including semi-enclosed areas, circulation &amp; walls)</b>				<b>16,500</b>

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<b>External Functions &amp; Building Services</b>						
Children & Adults	Children's play space	Grassed open space suitable for a variety of children's games and outdoor therapy activities for groups and singles, Wheelchair access. Allow also for 1-off larger garden functions connected with the Dining area.		note		
	Children's sheltered play area	Outdoor sun screened and paved area for similar purposes as above during inclement weather.		note		
	Parents & children's relaxing areas	Associated with the above spaces provide shade & seating for small groups & singles to relax and observe the children at play. Consider space for paths in landscape, play structures/sculptures, small animal houses.		note		
Vehicles	Vehicle drop-off point, Special access vehicles and secure storage	See Entry Canopy above. In addition there may be scope in the future for a specialised vehicle to transport children with physical disabilities, e.g. equipped with lowering dock, wheelchair or sling capabilities (as recommended by a paediatrician); and/or mini-bus for group pickups. All-weather access roads to be installed by VACD and to be maintained by DHB.		note		
	Vehicle parking for parents, staff & VO's	Many visitors and staff will use public transport. The local bus service is very convenient and 3-wheelers offer door to door services. However, provide for several vehicles with ability to expand in the future. This car parking requirement to be determined in the context of existing DHB parking facilities (If too remote or inadequate a VACD Carpark may be required).		note		
Pedestrians		All-weather access footpaths connecting VACD and DHB to be installed by VACD and to be maintained by DHB. Consider canopy covers to main routes. Adopt disabled access design to grades and construction detailing.		note		
Signage		Provide graphic street signage at the DHB entry and at the VACD facility. Provide both pedestrian and vehicular directional signage to the VACD facility in the context of the DHB larger site and given that it may well be hidden for direct view. Consider visitors, staff, service deliveries, emergency services, and DHB interconnections.		note		
Building Setbacks & Landscape		Provide separation of buildings from side and rear boundaries. Allowing privacy both for the centre and to neighbours, good daylight access at building perimeters, soft landscape zones, and added security. Where needed, emergency services access (e.g. for fire fighting). Limited allowance for unbuildable land at embankments or natural forms and stormwater flow zones. Utilise landscape design to improve microclimate qualities, provide easy care maintenance, and enjoyable external spaces for children and adults. Boundaries and external spaces beyond the buildings are to established by VACD and maintained by DHB		note		
Building Services	Electrical	New connection, with independent metering for VACD from DHB. Independent metering to the Caretaker's Residence. Earth leakage protection at GF children's areas. Capacity for future expansion (see above)		note		

		Seek solutions that achieve power conservation and maximise passive solar qualities. Consider active solar power systems on their merit. Installations of electrical services by VACD, maintenance and running costs by DHB				
	Hydraulic	New potable water storage & reticulation supplied from DHB supply, new hot water storage & reticulation, new sanitary drainage connected to DHB if grades permit, new roof drainage system and ground level run-off & storm water drainage connected to DHB if grades permit. Seek solutions that achieve water conservation, and minimise harmful environmental flows to the larger site and neighbourhood beyond. Installations of hydraulic services by VACD, maintenance and running costs by DHB		note		
	Fire services	Full masonry/concrete separation of Accommodation units. Fire equipment – general and specific risk extinguishers, smoke detectors, emergency lighting, international standard illuminated Exit signs & well defined fire egress routes. For further research: Determine if town mains/DHB supply can support a GF entry 30m fire hose reel; and/or external hydrant point compatible with town fire appliances.		note		
	Other services	Gas cooking fuel tank, service vehicle access, ext. storage location to best fire prevention practice.		note		
	Site Security	Security fencing and gates to be reviewed in context of the DHB site and to enclose the VACD facility, installed by VACD and infrastructure maintained by DHB. Security lighting to buildings. External security surveillance of the VACD facility to be provided by DHB 24hr/day, 7 days/week.		note		

<b>Site Area Summary</b>			m2	sq ft	sq ft
	The optimal site area allows for:				
	i) Main Internal Spaces, and Accommodation, see above. Assume also that 2,000 sq ft of this may be located at First Floor (e.g. Accommodation and Admin functions)			8,500 -2,000 8,000	
	ii) Future Expansion, see above				
	iii) External Functions, courtyards and immediate boundary setbacks, see above. Assumes car parking, access roads and footpaths as additional. Allow area equal to built space at Ground Floor			14,500	
		<b>Total Site Area (rounded) (or expressed in Perches)</b>	2,700		<b>29,000 (107p)</b>

Appendix 1  
**Supplementary Information**

22.8.2013 Advice provided by Phil Quinton  
**Greenfield Site Checklist**

Checklist of qualities to look for in an undeveloped property for the VACD Therapy Centre. The first three categories are central to an appropriate site (i.e. location, area, and terrain).

Site Element	Description of issue at hand	Value Comment
Site Location	Is the site well located for access by families using the facility? Are there any bus routes near-by? Is the neighbourhood safe? Is the neighbourhood compatible? Is it quiet from road noise? Is the neighbourhood geographically safe from adjacent river flood levels, mudslides from higher land, exposed to high wind?	Proximity to the population is central to usability. Affordable access is important. Asset security from theft and vandalism is important. Residential areas tend to be preferred. Are the precinct buildings religiously neutral, allowing parents to feel safe? Are any buildings liable to attract political demonstrations? Risk of storm damage.
Site Area	Is the site large enough for the currently briefed purposes and surrounds; future expansion possibilities; cars, minibuses etc, or must these be parked on adjacent public land? Is the property well defined? Is it currently part of a larger parcel of land? Is it fenced?	Refer Schedule above for areas  A boundary survey would assist the legal purchase purposes and allay any confusion.
Site Terrain	Is the site flat enough to build a facility that needs to be wheelchair accessible and substantially at one level?	Cross falls of less than 6ft height in 100ft length are acceptable and more affordable.
Existing Buildings	Is the site encumbered with existing buildings that would be incompatible with VACD uses, requiring demolition? Is it forested?	A clear site is more economical
Site Services	Are there municipal services to the site – town water & electricity? Would VACD need to contribute to these utilities in order to have them service the site? Can stormwater flow from the site onto public land (i.e. not onto other private land)?	Water & electricity are preferred Hidden costs Costs in control measures to avoid private land
Immediate Accessibility	Is there an existing public road adjacent to the site? If not, is there an expense to VACD in extending road access to the site? Does it have a legal 'right of way' for access? Is the road bitumen or concrete sealed?	Hidden costs may apply.  A sealed surface is preferred



## Project Proposal



This Project Proposal is made  
and entered into in Badulla, Sri Lanka, on .....2014

Between

### ***Lak Saviya Foundation Australia Incorporated (LSF)***

No: 100, Bingara Crescent, Bella Vista  
NSW 2153, Australia

(Australian Incorporation: INC19879052/ABN 74230501620

In 2002 and Sri Lanka Registration No: L – 106804 dated 6<sup>th</sup> January 2006)

On behalf of

LSF affiliated not-for-profit, non-government charity:

### ***Volunteers to Assist Children with Disabilities (VACD)***

No: 26, Worthing Place, Cherrybrook  
NSW 2126 Australia

And

### ***The Secretary to the Ministry of Health, Uva Province***

Uva Province, Badulla, Sri Lanka

1. A VACD Clinic was opened at the Bandarawela District Hospital, on Wednesday, 19<sup>th</sup> February 2014 of which details are outlined in the “existing/interim arrangements” document marked: **annexure – A**

2. Following the establishment of the VACD therapy and rehabilitation centre, the charity now seeks the assistance of the Ministry of Health for an allocation of a reasonable and sufficient area of land within the Bandarawela District Hospital grounds for the purpose of building a more modern, environmentally friendly and comprehensive centre in the near future that will be co-located with the District Hospital Bandarawela. Details of the type of facilities and services the centre is likely to provide are outlined in **annexure - B**

3. Given that this proposed project will come under the ultimate jurisdiction of the Ministry of Health, it is crucial that all Ministry, medical authorities and VACD personnel involved in the program respect and adhere to the guidelines, spirit and intentions of the Code of Conduct and Ethics enshrined under the VACD Charter (**see annexure - C**) in order to safeguard vulnerable children and the reputation of all personnel involved. The Ministry of Health, the medical authorities and VACD leadership must ensure that a clearly defined process is followed and a proper audit maintained in this respect.

4. The proposed building will be classified as crown property belonging to the Ministry of Health, where VACD will be given full autonomy to operate its programs in consultation with the medical authorities at the Diyatalawa Base Hospital and Bandarawela District Hospital while staying strictly within codes of practice and guidelines that govern the use and maintenance of crown property.

5. The proposed building will be designed, planned, built and facilitated to meet present and future needs of children with disabilities and also comply with strict local and international building codes that govern facilities, programs and buildings of this nature. The entire design and construction phase of the project will be fully funded by VACD.

6. VACD agrees to ensure proper and regular maintenance of the building fabric and associated exterior infrastructure, and its enclosed courtyards while the access roads, gardens and boundaries if any will be maintained by the Ministry of Health.

7. The Ministry of Health will bear regular costs of water and electricity usage at the building while providing proper security for the building at all hours, including public holidays.

8. The architectural drawings, plans etc. for the proposed building will be submitted to the medical authorities and the ministry for formal approval before any work on the project can commence.

9. The particular parcel of land that the Ministry of Health is considering to be allocated to VACD from within the Bandarawela District Hospital grounds should essentially allow for co-location with the Bandarawela District Hospital and have the following attributes and provisions:

- **Buildability.** A relatively flat site is important and should be economical to construct given that funds that will be raised for this program will be from public donations. It is also inherently easier for pedestrians to traverse, particularly children with physical disabilities, as it will not require as many graded ramps in its access ways.
- **Accessibility.** Both vehicular and pedestrian access will be essential for: initial construction access, day to day use, emergency services (fire, police, and ambulance). A well graded route will facilitate disabled pedestrians, who are expected to be the majority of the clients and their parents. The pedestrian route need not necessarily follow the road, where traversing the existing footpath network may be more direct.

- **Carpark.** Proximity to the existing Carpark may be an advantage but is not essential. Note however if it is not nearby the VACD facility will require its own Carpark construction and minibus housing.
- **Services.** The VACD facility is to be connected to hospital infrastructure: water supply, sewerage (or septic system), stormwater (if any), electrical supply and the regular ongoing costs and maintenance costs incurred for these services will be borne by the Ministry of Health. The cost of connection and installation of such utilities will form part of the building project.
- **Security.** The site needs to be included within the hospital fenced compound and hospital security staff should ensure the security of this part of the site.
- **Land survey.** As an initial input to the program, the Ministry of Health should provide any existing land survey reports for this part of the hospital site and work towards providing VACD a 'detail survey' (as opposed to a boundary survey) showing contours, fences, buildings and land features. This will assist the VACD Engineer/Architect/Draftsman to prepare a draft plan for a building with the most up-to-date facilities that we envisage providing for children with disabilities at the new centre.
- **Prominence.** The site need not be immediately visible from the main entrance or main Carpark while signage can assist in directing users to the facility.
- **VACD signboard & Logo.** The Ministry of Health and the Bandarawela District Hospital authorities will grant VACD permission to display a signboard with the VACD logo in recognition and acknowledgement of the services the charity provides to the hospital and the community.

10. By signing this Project Proposal, the Ministry of Health, the hospital administration, LSF and VACD declare their individual and collective commitment to pursue the construction and establishment of a modern VACD centre at the District Hospital Bandarawela and agree to adhere to a timetable that collectively commits us to first immediately identify and allocate a sufficient plot of land that is co-located in the Bandarawela District Hospital, survey and prepare and submit plans within three (3) months of signing this document, allow six (6) months from the date of the submission of design plans for approval of the building by the relevant authorities and allow eighteen (18) months for the time such approval has been granted for construction etc.

Signature:  
Name: Felix Stephen  
Project Sponsor

Signature:  
Name: Yasmin Stephen  
Project Sponsor

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Date:

Date:

## Annexure (A)

### Existing/Interim Arrangements

1. In January 2014, VACD a not-for-profit and non-government charity, sought the assistance of the Ministry of Health for the allocation of an area in the Bandarawela District Hospital building to establish a centre that would provide therapy and rehabilitation services for children with disabilities in the Bandarawela area and eventually across the Uva province.
2. The Paediatricians, Physiotherapists, and other specialist medical staff including nurses from the Diyatalawa Base Hospital and Bandarawela District Hospital are to provide their voluntary services at the centre on a rostered basis.
3. Upon such an area being allocated to VACD, a centre that was refurbished at the sole expense of VACD was opened on Wednesday, 19<sup>th</sup> February with the aim of providing the following services:
  - Health clinic services two times a week on a rostered basis for all children registered with VACD so that they would undergo regular medical examinations, their medical history and data updated and any health concerns attended to by medical staff.
  - Physiotherapy being provided to those children requiring this service on one day of the week.
  - Rehabilitation activities carried out on one day of the week
  - Administrative tasks such as record keeping, database updating to be carried out on the remaining day of the week.
4. VACD aims to provide the centre with medical equipment, furnishing and other tools required for rehabilitation and vocational training programs and also undertakes to maintain the interior of this centre.
5. VACD aims to support and administer the activities of the centre in close and regular consultation with the Paediatric consultants, the medical authorities at the Diyatalawa Base Hospital and Bandarawela District Hospital and through its own leadership team.
6. In view of the fact that these activities are funded and sponsored by VACD, and considerable funds have been invested in modifying the premises, VACD seeks the permission of the Ministry of Health to display a sign with the name of the organisation and logo in acknowledgement of the services the charity provides to the community and as a means of identification of the centre for clients and visitors.
7. The Ministry of Health hereby grants VACD the use of the allocated premises as an interim solution, for the purpose of providing therapy and rehabilitation services to children with disabilities

as outlined above, for as long as it is required, in the spirit of community service and goodwill and in keeping with the aims, objectives and core mission, vision and values of VACD

## **Annexure (B)**

### **Facilities and Services to be provided at the new proposed centre**

- Provide a wide range of therapeutic, vocational and life skills training programs for the children including computer, library, sewing, handicraft, cooking, developing skills in the arts such as drama, music and painting, rooms for meetings and health talks, sales outlet cum cafe for items produced by the mothers and children,
- Provide equipment and skills training for parents of the children so as to enable them generate additional income to ease their economic burdens.
- Invite and encourage overseas medical experts in the fields of Paediatrics, Disabilities and allied disciplines to provide voluntary services at this centre, in cooperation with the Paediatric Consultants at Diyatalawa and Bandarawela hospitals.
- Conduct training sessions and educational programs for medical staff, volunteers, parents, teachers etc
- Work closely with the Ministry of Health to extend the facilities provided at this centre across the entire Uva province and beyond, in keeping with core values, aims, aspirations and objectives of VACD.

## **Annexure (C)**

### **Code of Conduct for V.A.C.D. Committee Members and Volunteers**

This Code of Conduct has been framed with the intention of safeguarding the rights of the children with disabilities and providing them with a safe and secure environment whilst also enabling all VACD committee members and volunteers to carry out their duties in a safe, ethical and transparent manner so as to avoid any form of future litigation, loss of reputation or personal harm. The strict adherence to these guidelines will go a long way to secure and safeguard the reputation and public trust of VACD, its committee members and volunteers.

1. All VACD committee members and volunteers, while in the process of communicating, interacting and engaging with the children, parents and carers must demonstrate a high degree of respect, understanding and appreciation for the unique value and human potential in each child, and for the circumstances, difficulties and challenges faced by family members and carers as they cope with these children.

2. All VACD committee members and volunteers must demonstrate the highest standards of honesty and personal integrity in all their dealings with each other or external parties, in order to inspire trust and confidence in each other, the public, in the children, their families, carers and the broader community.
3. All VACD committee members and volunteers must honour and respect the diversity in race, religion, political alliances, culture, language and all other differences among each other, the public, the children, families, carers and the broader community and not behave in a manner that is disrespectful, harmful or detrimental to VACD or to others.
4. All VACD committee members and volunteers should disclose to the project steering committee any instances of errors, incompetence or inappropriate behaviour on the part of a VACD committee member or a volunteer, child or family member that may compromise the safety of another, lead to litigation or bring disrepute to VACD and its members and volunteers.
5. All VACD committee members and volunteers must actively encourage the participation of children and families, supporters and the public and broader community wherever appropriate in all organised VACD projects and programs.
6. All VACD committee members and volunteers must be responsible for safeguarding the confidentiality of all personal data in written, verbal and electronic communications (unless required by law)
7. All VACD committee members and volunteers must disclose any personal gifts over the value of Rs 1,000 received by them in the course of discharging their duties and this information should be recorded in a 'Register of Gifts' to be maintained by the Project Holder for periodic scrutiny and audit.
8. All VACD committee members and volunteers should not encourage, condone, facilitate or agree to any financial benefits from VACD funds being given to salaried state sector or private sector employees whose official responsibility is to support VACD programs, projects and activities in the normal discharge of their official duties. Any exceptions to this code of conduct must be approved by the project steering committee.
9. All VACD fundraising activities will be the sole responsibility of the Australian sponsors of this program. Any exceptions to this code of conduct must have the explicit prior approval of the Australian sponsors or officials from Lak Saviya the registered charity.
10. Soliciting other forms of help, donations, assistance and sponsorship for VACD programs and projects by any VACD committee member or volunteer must first have the explicit approval of the VACD steering committee. Such donations and assistance must be minuted and recorded by the project holder.
11. The VACD steering committee must endeavour to obtain written or verbal character references of all volunteers and maintain a confidential register of this information.
12. The VACD steering committee must obtain written consent from any person or persons prior to the publication of their photographs in any promotional or publicity material.

13. The VACD steering committee must ensure that apart from the teachers, no volunteers, advisory committee members or steering committee members should spend time alone with a child or take a child away from the others without the prior consent of the parent, carer or the VACD steering committee.
  14. The VACD steering committee must ensure that 2 volunteers or 2 VACD members, either steering committee or advisory committee must, in unavoidable circumstances, accompany a child who needs to be taken away from the others, in the absence of a teacher, parent or guardian.
  15. The VACD steering committee and volunteers must ensure that engaging in rough play and physical touching of the children is to be avoided; also doing things such as helping a child with clothing which the child could be reasonably expected to do him/herself must be monitored closely by responsible members of VACD.
  16. The VACD steering committee and volunteers must refrain from giving drugs or inappropriate substances to the children in their care.
  17. All VACD committee members and volunteers must at all times refrain from making inappropriate comments, even in fun about the children, their families or carers.
  18. The VACD steering committee must maintain a register of all visits made by advisory committee, steering committee or volunteers to homes of children. Any visit to homes of the children must be done by 2 VACD members or volunteers. The information recorded in this register must include the names of the VACD persons making the visit, date and time of visit, name of person being visited, the purpose of the visit, the address and contact details of the person being visited, whether the visit had been arranged earlier, who were the family members and details of all other persons present at the home while the visit was made, the time the visit was concluded and the mode of transport used for the visit and all key points discussed during this visit. This register must be examined and signed off by the project Holder.
  19. All property of VACD including intellectual and promotional property belongs solely to the charity and should not to be abused or misused by any VACD advisory committee member, steering committee, or volunteers for their personal benefit or for the benefit of any of their friends, family members or associates.
  20. Any VACD member or volunteer who leaves the charity voluntarily or involuntarily must agree not to act in a manner that brings VACD or its members or volunteers to disrepute and agree not to use intellectual or any other property belonging to VACD for the benefit of a similar or competing organisation up to and including a period of three years from the time of leaving.
  21. Any VACD committee member or volunteer who does not attend three consecutive team meetings that have been called by the project advisory committee or the project steering committee and where such meetings have been called with sufficient notice, will deem to have left the charity voluntarily, other than for valid and pre-informed reasons, and will have to comply with clause 20, as detailed above.
  22. All VACD members should be committed to ensuring the safety and best interests of any child accessing the services of the charity and engaging the VACD programs and also take suitable precautions to prevent the risk of abuse while adhering to prevailing "Child Protection Policies and Procedures" enforced by the ministry or national authorities.
  23. VACD reserves the right to prosecute or discharge any committee member or volunteer who deliberately and/or knowingly violates the above code of conduct.
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