

**Share&Care
and
Prevention&
Rehabilitation
Karuna *Foundation***

Impact Assessment



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Acronyms

ANC-Ante-Natal Care

AHW-Assistant Health Worker

ANM-Auxiliary Nurse Midwife

CBHI-Community Based Health Insurance

CBR-Community Based Rehabilitation

DDC-District Development Committee

DPHO-District Public Health Office

FCHV-Female Community Health Volunteers

FGD-Focus Group Discussion

IA-Impact Assessment

KFN-Karuna Foundation Nepal

MoHP-Ministry of Health and Population

MoWCSW-Ministry of Women, Children and Social Welfare

NDVS-National Development Volunteer Service

NNC-Neo-Natal Care

ODF-Open Defecation Free

P&R-Prevention&Rehabilitation

PNC-Post-Natal Care

PHCC-Primary Health Care Center

SWC-Social Welfare Council

SC-Share&Care

SBA-Skilled Birth Attendants

ToP-Training of Professionals

VDC-Village Development Committee

VDRC-Village Disability Rehabilitation Committee

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Executive Summary

As journalists, we conducted a study to assess the outputs, outcomes and impacts of Share&Care (SC) as well as Prevention&Rehabilitation (P&R) of childhood disability projects run by the KFN in partnership with the local HFOMCs and VDRCs.

Our Impact Assessment (IA) exclusively focuses on Share&Care and P&R projects. As it was not possible for us to visit each and every VDC of all the three districts within a limited period of time, we visited just eight VDCs – four in Rasuwa and four in Sunsari district – out of 14 VDCs.

We have primarily used qualitative methodology, which includes tools like Focus Group Discussion (FGD), interactions, interviews and observation, to assess the impacts of Share&Care and P&R projects.

At the same time, we have also used quantitative methodology to assess the outputs, outcomes and impacts of Share&Care. As for this purpose, we have used secondary data collected from local health posts and sub health post.

Quantitative achievements

In a bid to find out quantitative achievements of Share&Care project, we have looked at several health indicators like numbers of people visiting local health facilities, pregnant women seeking or getting ANC, PNC care, anti-worm drugs, Vitamin-A and Iron Tablet and Neonatal care service for their newborn babies. Most importantly, we have looked at numbers of women delivering babies at local birthing centers or health facilities.

We have tried to figure out whether these health indicators have improved over the last five years (from 2064/65 B.S.-2068/69 B.S.). In other words, we have tried to find out whether these indicators have really improved after the implementation of Share&Care project.

And, the results are very positive. Barring a few exceptions, in almost all VDCs where Share&Care is underway, these indicators have improved from the very first year of the project.

In Syafru, the number of people visiting the local health post rose sharply with the start of Share&Care project. More interestingly, the growth rate was sustained in the following years. The number of women delivering babies at the health post has also increased significantly.

In Bhaluwa VDC, the number of people visiting the local sub health post has consistently increased with the launch of Share&Care project. Other indicators have also improved.

Bhokraha, where Share&Care program was launched before Bhaluwa and Madhesha VDCs, has been outstanding. Consistent growth has been recorded in all the health indicators in this

VDC. The number of people visiting the health post slightly dipped in one year but then quickly picked up in the next year.

But, in Madhesha VDC, growth has eluded most of health indicators. Numbers of pregnant women getting health services have either dipped or remained stagnant.

Qualitative achievements

While quantitative methodology was used especially for Share&Care, qualitative method works for both projects.

In all VDCs where Share&Care and Prevention&Rehabilitation projects are underway, the local HFOMCs and VDRCs have been reactivated. With the revival of HFOMCs, the sense of ownership of the communities over local health posts has increased. The local people, through the HFOMC, now feel more responsible for managing the local health post.

Previously, there were HFOMCs in all villages but they were very massive. Share&Care project has helped reactivate them. They regularly organize meetings and discuss their health needs. It is them who decide which types of medicines they really want. And, they buy medicines accordingly.

The locals also take initiatives to fill vacant posts at health facilities. Under Share&Care project, more human resources and technical equipments have been arranged at health posts. In Bhaluwa VDC, the government has allocated postings of just three health workers, but altogether 11 people, including 8 technical staff, work there. It was made possible after Share&Care project was launched there.

To an extent, Share&Care project has restored the people's faith in local health posts. With strengthening of health facilities, the locals are getting more health services in their own villages. If needed, they can go and get service at referral hospitals. Share&Care program has also saved uneducated people from being exploited by unqualified health workers.

Similarly, P&R program has made families of disabled children aware of facilities like disability allowances and scholarships, which they are rightfully entitled to. Several disabled children have been rehabilitated medically as well as socially.

Introduction

Karuna Foundation Nepal (KFN) is an International Non-Governmental Organization (INGO). Although it is based in the Netherlands, the KFN works exclusively in Nepal with its country office in Kathmandu and field office in Sunsari district.

Since 2008, the KFN has been working in three different districts of Nepal, which represent three distinctive geographical regions of the country namely Sunsari, Kavre and Rasuwa. While Rasuwa represents Himali region (the mountainous area), Kavre and Sunsari represent Pahadi (the hilly) and Tarai (the plain) respectively.

After it was registered at Social Welfare Council (SWC) of Nepal in 2007, the KFN has been relentlessly working to achieve its goal of protecting children from birth defects by strengthening local communities as well as scaling up local health facilities and rehabilitating disabled children in the community through several projects.

The KFN is an extended and developed form of Carolina Foundation. Established by Rene aan de Stegge in 1997, Carolina Foundation's primary mission was limited to just financing research aimed at providing better medical care to children suffering from congenital disabilities. In 2007, the Executive Board of Carolina Foundation not only renamed it as Karuna Foundation but also widened its vision and expanded its activities.

The word 'Karuna' means a compassionate action undertaken to reduce the sufferings of other people. True to the meaning of its name, the KFN has been helping the poor and uneducated people overcome their sufferings through scientific, practical and scientific approaches.

This report is an outcome of a study conducted by us to assess the outputs, outcomes and impacts of Share&Care and Prevention&Rehabilitation of childhood disability projects run by the KFN in partnership with the local HFOMCs and the VDRCs.

Literature Review

In the last five years (2008-2012), Karuna Foundation Nepal (KFN) has implemented several projects like Share&Care (SC), Prevention&Rehabilitation (P&R) or Community Based Rehabilitation (CBR), Training of Professionals (ToP) and PAAN (National Level Policy, Networking, Coordination & Advocacy and Awareness).

An intensive literature review of several reports and documents related to the KFN makes it amply clear that the KFN's all projects are unique from each other yet interrelated with each other.

Through its every project, the KFN strives to fulfill its one single vision: creating a world in which each individual, with and without disabilities, has equal access to good-quality health care, can lead a dignified life, and can participate as much as possible in community life.

'Saving children from disability, one by one' has been the KFN's mission. The KFN has designed and developed its projects in different manners but with the same mission. In one way or the other, the KFN's projects aim at strengthening local communities, increasing their access to health facilities, avoiding birth defects and rehabilitating disabled children in the society.

The KFN has not been on the forefront of its projects. It is either unseen or less visible in its every project. Working behind the curtain, the KFN has not only organized, motivated and empowered the local communities but also increased their access to health facilities. It has worked closely with the Ministry of Health and Population (MoHP), the Ministry of Women, Children and Social Welfare (MoWCSW) and other local government bodies.

As part of literature review, we have gone through all annual reports of the KFN (from 2008-20110), previous External Evaluation Report of the KFN's projects, several baseline surveys, samples of agreement signed by the KFN and the HFOMCs/the VDRCs.

Objectives of Assessment

The objectives of Impact Assessment (IA) of projects run by the KFN, especially Share&Care and Prevention&Rehabilitation (P&R) of childhood disability focuses on three aspects: output, outcome and impact.

As for output, we have looked into several aspects, some of which have been mentioned below:

- a) Ward committees of VDCs covered by the projects
- b) Number of households covered by the projects
- c) Number of people covered by the projects
- d) Caste composition of people covered by the projects
- e) Types and amounts of medicines purchased under the projects

As for outcome, we have looked into several aspects, some of which have been mentioned below:

- a) Has the number of local people visiting health post increased or decreased after the implementation of the project?
- b) Has the number of women visiting health post for Ante Natal Care (ANC) increased or decreased after the implementation of the project?
- c) Has the number of women delivering babies in health facilities increased or decreased after the implementation of the project?
- d) Has the number of women getting Post Natal Care (PNC) increased or decreased after the implementation of the project?
- e) Has any woman died during delivery after the implementation of the project?

As for impact, we have looked into several aspects, some of which have been mentioned below:

- a) Have local government bodies like Village Development Committee (VDC) and District Development Committee (DDC) shown interest in continuation of the projects run by the KFN?
- b) Have local representatives of political parties become more active in managing health facilities in their villages after the implementation of the project?
- c) Have local people become more concerned about their health or health services provided by the government after the implementation of the project?
- d) Has any woman given birth to disabled child after the implementation of the project?
- e) Are they ready to continue with the program on their own even after the KFN's exit?

Methodology

As part of Impact Assessment (IA), we visited several VDCs of Sunsari and Rasuwa districts, where Share&Care and Prevention&Rehabilitation (P&R) projects are being run by the KFN.

In each VDC where the KFN has run its Share&Care project, we conducted Focus Group Discussion (FGD) with local representatives of political parties, health post chiefs, VDC secretaries, other members of Health Facility Operation and Management Committee (HFOMC), Community Based Rehabilitation (CBR) facilitator, Female Community Health Volunteers (FCHVs), members of Community Based Health Insurance (CBHI) program, local health workers, teachers, social workers and general people.

We also conducted in-depth interviews with beneficiaries of the CBHI program in each VDC of Sunsari and Rasuwa district, where Share&Care project is going on. In addition, we also visited health facilities and observed how health workers provide service to the CBHI members in particular and the local people in general.

Similarly, in each VDC where the KFN has run its Prevention&Rehabilitation (P&R) project, we organized social interaction programs with local representatives of political parties, health post chiefs, VDC secretaries, Community Based Rehabilitation (CBR) facilitator, Female Community Health Volunteers (FCHVs), other members of Village Disability Rehabilitation Committee (VDRC), child club members, beneficiaries of livelihood programs run under the P&R project, disabled children and their family members.

As social impacts of such projects are difficult to be gauged in numbers and figures, we used observation, interaction with local people and group-discussion with all stakeholders as major tools to find out whether the KFN's Share&Care and P&R projects have really made any difference in the lives of the local communities.

In addition to observation and interaction, we also collected several types of statistics from local health facilities and analyzed them to assess impacts of Share&Care and P&R projects on the local communities. We particularly analyzed two types of statistics – one showing the overall number of people visiting local health facilities and the other about numbers of women seeking several health services related to pregnancy and delivery – in a bid to quantify the impacts of Share&Care and P&R programs.

Keeping in view the average years spent by the KFN in implementing Share&Care and P&R projects in Sunsari and Rasuwa districts, we focused on the last five years, between the fiscal years 2064/65 and 2065/66, while collecting the data. A careful analysis of statistics related to several health indicators of the last five years helped us understand the difference between the pre-project and the post-project situations. Our all activities were conducted in May and June of 2013.

Share&Care

Syafru VDC, Rasuwa district

Output

Syafru VDC of Rasuwa district is spread in an area of 1514 sq. k.m. It makes up for 8.08 per cent of Rasuwa's total population. As per the latest census report (2011), Syafru has population of 2271 people –1,172 male and 1,099 female. There are altogether 621 households in Syafru, according to VDC profile of Syafru provided by the KFN.

Situated in the mountainous region of the country, Syafru is predominated by Tamang people (77 per cent), followed by Sherpa (6.6 per cent) and Lama 6.4 (per cent). The rest 10 per cent consists of several other castes and communities, which do not figure prominently in the caste composition of Syafru.

Syafru has a health post. Most of the local people of Syafru visit the health post for health services. As some of its ward committees are close to Dhunce, the district headquarters of Rasuwa, some people of Syafru also go to the District Hospital, which is in Dhunche, for treatment. In addition, there is a health facility in Thulo Syafru area of Syafru VDC, which is funded by some American people. People of Thulo Syafru area depend on this clinic for health services. Furthermore, people from surrounding VDCs of Syafru visit the HP as it is on the way to many other VDCS toward northern part of this health Post

The KFN launched Share&Care project in Syafru VDC following an agreement with the local HFOMC in the fiscal year 2066/67. In the first year of the program, altogether 188 households became CBHI members under Share&Care project.

At present, in the fourth year of the program (2069/70), only 118 households, which is just 19 per cent of the total 621 households in Syafru VDC, became CBHI members. In the last two fiscal years (2067/68 and 068/69), a total of 164 households were CBHI members, which stood at just around 26 per cent of the total VDC population.

In the year 2068/69, the KFN had set a target to make at least 230 households, which is 37 per cent of the total households, CBHI members in Syafru VDC. But, it fell short of 67 households to meet its target.

In Syafru, most of CBHI members are in ward numbers 1 and 9, which are along the Pasang Lhwamu Highway toward Rasuwagadhi. Only a very few households of other ward committees have become CBHI members due to various reasons.

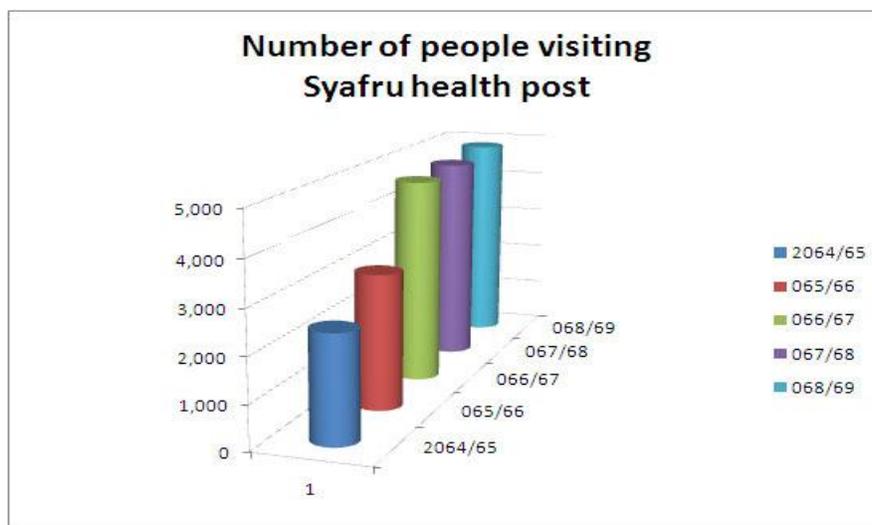
Ward number 2 of Syafru are in geographically difficult areas. As it is very difficult to reach these ward committees, the KFN or the local HFOMC have failed to reach out to people living there. Since ward numbers 4, 5 and 6 are close to Dhunche, people living there

naturally prefer to visit the district hospital instead of the Syafru health post. Similarly, the Thulo Syafru clinic caters to people living in ward numbers 3, 7 and 8.

As part of its objective of scaling up of local health facilities, the HFOMC has provided a post of lab assistant at the Syafru health post. Under the project, the Syafru health post has managed 70 types of additional medicines, which are not in the list of 32 free-of-cost drugs distributed by the government through the health post.

Outcome

One of the major outcomes of the KFN's Share&Care project has been a sustained increase in the number of people visiting the local health post for health services.



Graph 1

Before Share&Care project was implemented in Syafru VDC, hardly around 3,000 people used to visit the Syafru health post in a year. In the last three fiscal years before the start of the project in Syafru (2063/64, 064/65 and 065/66), altogether 1,546, 24,026 and 3,069 people visited the Syafru health post.

However, after the start of the project (2066/67), the number of people visiting the Syafru health post has always remained above 4,000. In the first year of the project, 4,684 people visited the health post, followed by 4,726 people in the year 2067/68 and 4,854 in 2068/69. In the ongoing fiscal year, the number of people visiting the Syafru health post is all set to hit a new high.

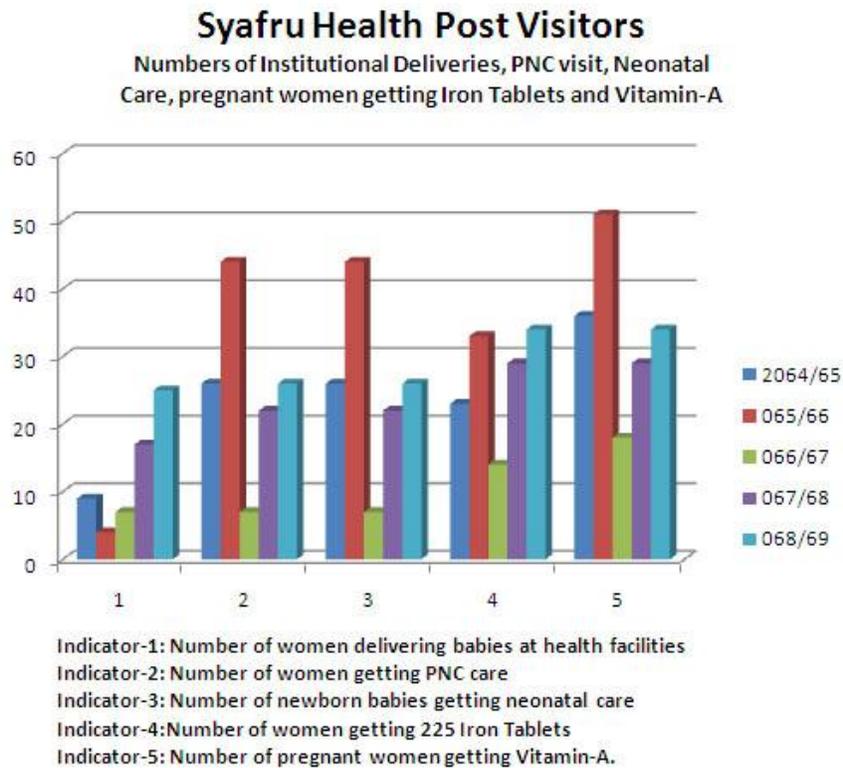
"The number of people visiting the health post in the fiscal year 2069/70 B.S. has surpassed that of the previous year in just 10 months," says Enough Syangden, In-Charge of the Syafru Health Post. "By the end of this fiscal year, we are expecting to have an all-time high number of visitors."

However, the number of pregnant women visiting the health post for Ante-Natal Care (ANC) does not seem to have increased. In fact, it has been declining ever since the project was started. In the first year of the project, the number of women visiting the health post for ANC was just 27 – down by 10 compared to the previous year. Although there was a progress in the second year (42), the number of women seeking ANC again dwindled to 33 in the third year of the project.

The trend of institutional deliveries is on the rise, though. In fact, the number of women delivering babies at the Syafru health post has consistently gone up after the start of the project. Only four women chose to deliver their babies at the Syafru health post in the year 2065/66. With the start of the project, the number of women delivering their babies at the local health post rose to 7 (2066/67), 17 (2067/68) and 25 (1068/69).

"Today, no woman wants to deliver baby at home. Only a few pregnant women who suddenly suffer from labor pain and cannot be taken to the health post immediately deliver babies at home," says Syangden. "After the launch of Share&Care project, more women are coming to the health post baby delivery."

Indicators of women getting Post Natal Care (PNC), necessary medicines like Anithelmenthis (Albendajol), Iron Tablet and Vitamin-A have also been, by and large, positive.



Graph 2

Not a single woman who came in contact with the health post and her newborn child have died in Syafru after the start of the project.

Impact

The underlying goal of the KFN's Share & Care project is to reduce the number of children born with birth defects. In order to achieve this goal, the KFN has motivated women to seek several services related to pregnancy test, ANC, PNC, Iron Tablet, anti-worm drugs like Antihelmenthis, Vitamin-A and delivery service of Skilled Birth Attendants (SBAs). Strengthening of local health facilities and uniting the local people under the CBHI scheme are just efforts to save newborn children from birth defects.

In this regard, the KFN seems to have achieved its underlying goal. Since the start of Share&Care project, no newborn child with birth defects has been born in Syafru. Not a single woman, at least those who visited the Syafru health for services related to delivery and pregnancy care, has given birth to any disabled child in the last four years.

The HFOMC, which was almost dysfunctional until some years ago, has now been revived. And, local representatives of political parties have become quite active in operating and managing the Syafru health post.

Local government bodies like VDC and DDC are also concerned about Share&Care project. Both these local bodies have allocated some budget for the project. Interestingly, the management committee of Chilime Hydropower Project, which is based in Syafru, has also allocated some budget for the project.

Local representatives of political parties say they will press the Chilime Management Committee to allocate more budget for the project in the years to come. "We are trying our best to explore new resources to sustain the program," says Nurpu Chhiring Lama, a local representative of the CPN (UML).

However, as the KFN gears up to exit from Syafru, the locals do not seem ready to carry on the project on their own. They say the KFN needs to support them for a few more years.

Bhaluwa VDC, Sunsari district

Output

There are 975 households in Bhaluwa VDC of Sunsari district.

Situated in the eastern Tarai region of the country, Baluwa is predominated by Tharu communities. People belonging to Dalit communities of the Tarai like Rishidev and Khatwe also live in Bhaluwa.

Bhaluwa has a sub health post. There is no other major health facility. Only a few private medical shops exist there. Those patients whose treatment is not possible in Bhaluwa Sub Health Post need to reach either Inaruwa or Biratnagar for treatment.

The KFN launched Share&Care project in Bhaluwa VDC following an agreement with the local HFOMC in the fiscal year 2067/68.

In the first year of the program, altogether 416 households became CBHI members under Share&Care project, followed by 422 in the second year (2068/69).

In the year 2067/68, the KFN had set a target to make 41 per cent of the total households CBHI members in Bhaluwa VDC. But, unlike in Syafru of Rasuwa, it achieved more than its target. It succeeded in making 16 more households CBHI members.

Unlike in Syafru VDC, the KFN and the local HFOMC has been able to cover almost all ward committees of Bhaluwa.

As for as scaling up of local health facilities is concerned, tremendous progress has been made in Bhaluwa VDC. Although the government has provided just three postings – sub health post in-charge, ANM and AHW – in Bhaluwa, a total of 11 employees, including eight technical staff, are working there.

"Health facilities have been affected by manpower crunch in Nepal's most villages," says Uchit Narayan Sah, In-Charge of Bhaluwa Sub Health Post. "But, in our case, we do not have any complaint. We are satisfied. We have adequate manpower to provide service to the villagers. This is all thanks to Share&Care project."

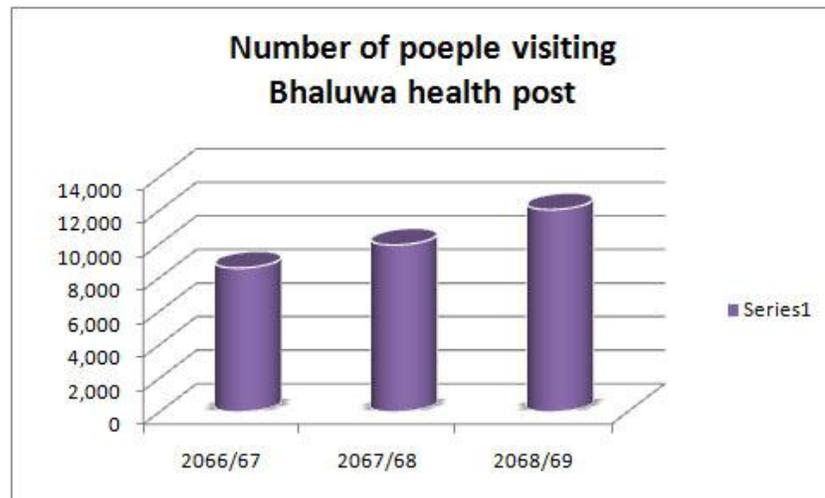
Directly under Share&Care project, four postings – lab assistant, CBR facilitator, ANM and assistant accountant – have been created in Bhaluwa Sub Health Post. Similarly, three more postings – ANM by DHO, AHW by NDVS and one support staff by VDC – have been created as part of the project. One more person also works as a referral support staffer in the project.

In a bid to encourage more pregnant women to deliver babies at health facilities, a new building for birthing center is now being constructed. "Until now, we just have a room for

birthing center," says Sah. "Once our new building is complete, then we will be able to provide delivery service to more women."

Outcome

After the start of Share&Care project in Bhokraha VDC in the fiscal year 2066/67, the number of people visiting the local health facility has increased sharply.

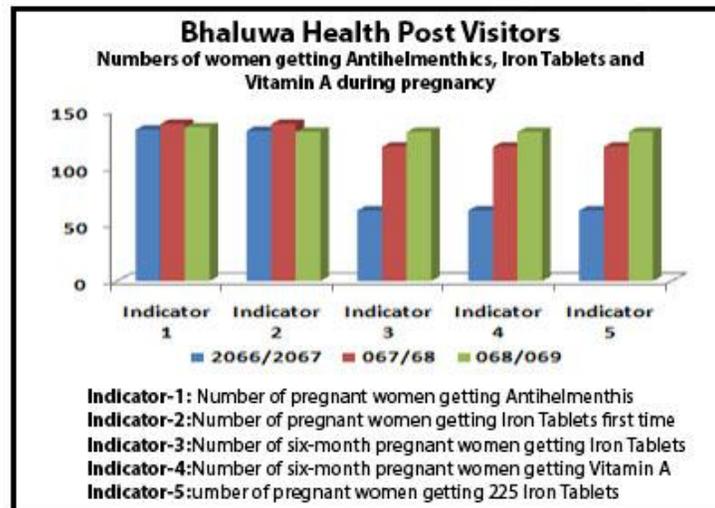


Graph 3

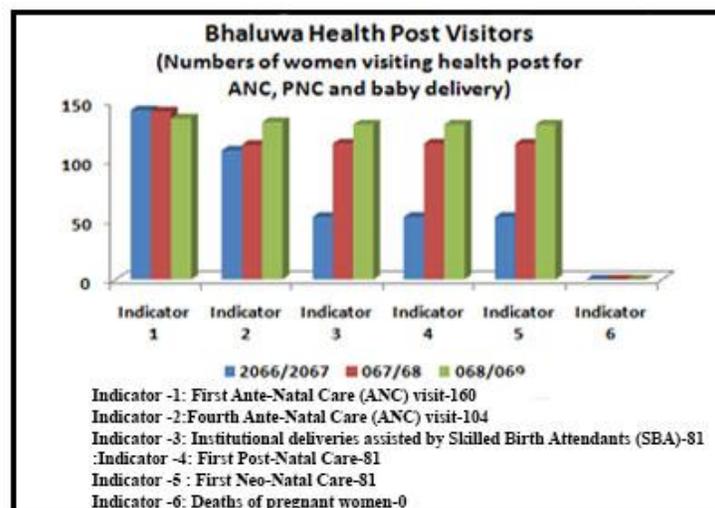
In the first two years before the start of the project, the number of people visiting the Bhokraha sub health post was just 10,560 and 13,172 respectively. But, in the first year of the project, the number rose to 16,218. In the next year, the number declined to 12,440. But, in the third year, the number again hit an all-time high. In the year 2068/69, a total of 17,499 people visited the Bhokraha sub health post for health services.

With the launch of the project, the number of women delivering babies at the birthing center set up at Bhaluwa Sub Health Post has also been on the rise. As the SBAs assist pregnant women in their baby delivery, the number of women preferring to give birth to their children at home has been declining.

In the last fiscal year (2068/69), as many as 131 pregnant women delivered their babies at Bhaluwa Sub Health Post. In the previous year, the number of pregnant women preferring institutional deliveries was 115. And, one year earlier, only 53 pregnant women had visited Bhaluwa Sub Health Post to deliver babies.



Graph 4



Graph 5

As expectedly, no woman, at least among those who visited Bhaluwa Sub Health Post to seek health services, has lost their lives while delivering babies.

The numbers of women seeking PNC and NNC services have also increased significantly in Bhaluwa.

While the number of pregnant women seeking PNC service, which was just 53 in the year 2066/67, has increased to 115 and 131 respectively in the following two years, the number of newborn babies getting NNC service, which was also 53 in the year 2066/67, has also increased in similar manner in the following two years.

The project has also spurred a rise in the number of pregnant women getting Iron Tablet and Vitamin-A in Bhaluwa. However, the number of pregnant women getting anti-worm

drugs like Antihelmenthis does not seem to have increased. It has been virtually stagnant in the first three years of the project.

Impact

Efforts like strengthening of local health facilities and uniting the local people under the CBHI scheme have been undertaken to protect newborn children from being born with birth defects in Bhaluwa VDC. And, such efforts seem to have borne fruit quite perceptibly.

Since the start of Share&Care project, no newborn child with birth defects has been born in Bhaluwa. No woman, at least among those who visited the Bhaluwa health for services related to delivery and pregnancy care, has given birth to any disabled child in the last three years.

Local government bodies like DDC and VDC have lent their support to scale up Bhaluwa Sub Health Post, which is an integral part of Share&Care project. The under-construction building for birthing center – smooth functioning of which is a key to encourage women to seek delivery service from the SBAs and reduce likelihood of births of disabled children – speaks volumes about how active local government bodies are in Share & Care project.

Local representatives of political parties are also very active in managing the local health facility through the HFOMC.

"Active participation of local communities is a key to sustainability of any program," says Khila Acharya, Secretary of Bhaluwa VDC, who is also coordinator of the Bhaluwa HFOMC. "Thankfully, our share&care project has received tremendous support from the local people. They have a very keen interest in the project."

Bhokraha VDC, Sunsari district

Output

Bhokraha is one of the largest VDCs in Sunsari district. With its population totaling over 30,000 people, Bhokraha has been listed as an A-class VDC by the District Development Office (DDO) of Sunsari. The DDC categorizes VDCs under several groups based on the number of people living there and geographical area covered by it.

As per the census report-2013, there are altogether 3,500 households in Bhokraha VDC.

Predominately a Muslim village, Bhokraha is also home to several other castes and communities like Mehata, Sah, Uraun and other Dalit communities. The Muslim households make up for nearly 40 per cent of the total population of Bhokraha, though.

Bhokraha has a sub health post. A majority of the local people of Bhokraha visit the sub health post. As some of its wards are close to Inaruwa, the district headquarters of Sunsari, some people of Bhokraha also visit the District Hospital. Some local people of Prakashpur, another VDC of Sunsari district, also tend to visit Bhokraha. Especially pregnant women being rushed from Prakashpur to the District Hospital are admitted at Bhokraha's birthing center as it is on the way to Inaruwa.

Bhokraha is the second VDC to get Share&Care program. In the fiscal year 2066/67, the KFN launched Share&Care project in Bhokraha following an agreement with the local HFOMC.

Share&Care project is in its fourth year in Bhokraha. The number of people becoming CBHI members under Share&Care project has been increasing every year in Bhokraha. In the first year, only 165 families had become CBHI members. The number of families becoming CBHI members rose to 451 in the year 2067/68 and to 565 in the year 2068/69. In the present year, the Bhokraha HFOMC has aimed to make over 600 families CBHI members.

In spite of a sustained rise in the number of families becoming CBHI members, still only around 17 per cent of families of Bhokraha are CBHI members. More than 80 per cent of families are yet to become CBHI members.

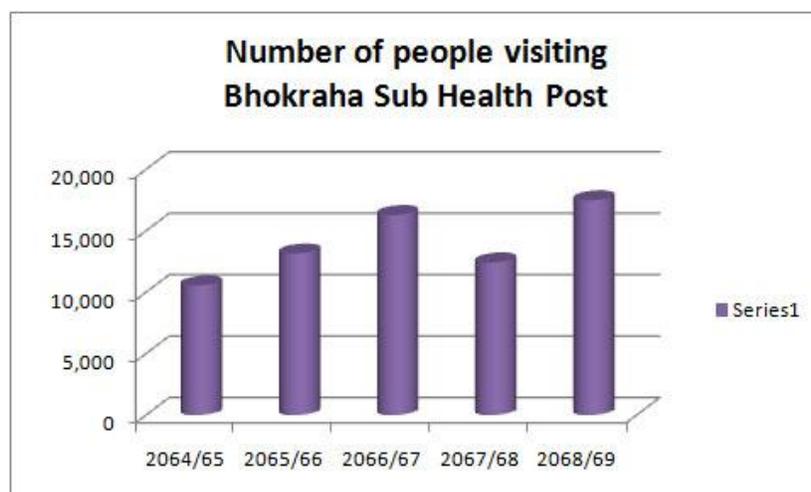
However, the CBHI scheme has touched upon all nine ward committees of Bhokraha VDC. Similarly, caste composition of CBHI members is also in tune with the whole VDC's caste composition. "Certainly, we have more CBHI members from Muslim community," says Israin Mansuri, In-Charge of the Bhokraha sub health post. "It is because majority of population in our VDC are Muslims. But, we have CBHI members from other communities, too. In short, all communities have taken part in the program."

Outcome

By and large, the number of people visiting the sub health post has gone up with the launch of Share&Care project in Bhokraha.

In the year the Bhokraha HFOMC launched Share&Care project following a deal with the KFN, the number of people seeking services from the local sub health post rose to 16,218 – up from the previous year's record of 13,172.

The number of people visiting the Bhokraha sub health post declined to 12,440 in the year 2067/68 only to rise up again to 17,499 in the year 2068/69.



Graph 6

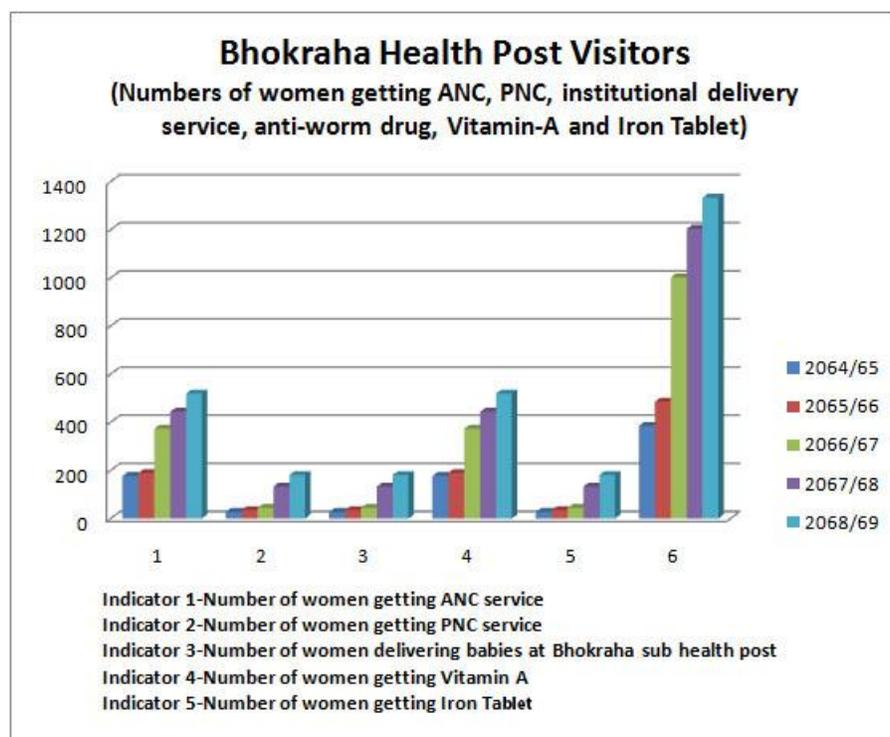
A look at the chart clearly indicates that the number of pregnant women seeking Ante-Natal Care (ANC) has rocketed sharply with the start of Share&Care project in Bhokraha.

In two years prior to the fiscal year 2066/67, when the KFN launched Share&Care project in Bhokraha VDC following an agreement with the local HFOMC, the number of women seeking ANC service was less than 200. While just 177 pregnant women sought ANC service in the year 2064/65, the number of women wanting ANC service was just 189 even in the year 2065/66.

However, in the year 2066/67, the number of women seeking or getting ANC service nearly doubled. As many as 373 pregnant women visited the Bhokraha sub health post for ANC service, which was followed by 444 women in the year 2067/68 and 519 women in the year 2068/69.

Such tremendous progress has been made even in the number of pregnant women getting Vitamin-A. Actually, all pregnant women who visit the health post tend to get and consume Vitamin-A, which explains similarity between the progress in the numbers of women seeking ANC service and getting Vitamin-A.

The numbers of women delivering babies at the birthing centre with the assistance of Skilled Birth Attendants (SBAs), getting PNC service and Iron Tablet have not been as high as the numbers of pregnant women getting ANC service and Vitamin-A. But, these numbers are on the rise, albeit not on par with the numbers of women getting ANC service and Vitamin-A.



Graph 7

This number went up to 44 in the year Share&Care project was launched in Bhokraha. And, the number continued to increase to 133 in the year 2067/68 and to 181 in the year 2068/69.

No woman has died in Bhokraha during or soon after baby delivery since the launch of Share&Care project.

"We now have an ambulance thanks to the program," says Bhagalu Mehata, Bhokraha village committee chairman of Nepal Sadbhavana Party (Anandidevi). "The ambulance has been a key in providing health services to more people, especially pregnant women."

Impact

The VDC office has demonstrated exemplary interest in running Share&Care project in Bhokraha VDC, which is well confirmed by the link up of Open Defecation Free (ODF) campaign with the CBHI scheme of Share&Care project.

The Bhokraha VDC has announced that it will pay insurance fees of those families who build toilets in their villages.

In fact, as part of the ODF campaign, the Bhokraha VDC has allocated a certain amount of budget to award each and every household that builds toilet. And, this budget has been used to encourage people to become CBHI members and visit the sub health post and seek health services.

As VDC secretary also works as the HFOMC chairman, it has been possible to link up the ODF campaign with the CBHI scheme and thereby with Share&Care project. It can be seen as a positive impact of Share&Care on the local community.

"Linking up of ODF campaign with Share&Care has been a very pragmatic approach, given the economic condition of our village," says Chandra Dev Mehata, a local representative of Rashtriya Prajatantra Party (RPP). "Many people are poor and do not have toilets. Now, they can have free medical treatment if they build toilets in their houses."

Once almost dysfunctional, the HFOMC has now been not only revived but also reactivated. The HFOMC meets at least twice a year to discuss the local people's concerns about their health. As local leaders of political parties are members of the HFOMC, they have grown more interest and concerned about operating and managing the Bhokraha sub health post with the launch of Share&Care project.

However, despite significant increases in the numbers of people visiting the local health facility and pregnant women seeking several health services, a local Muslim woman has given birth to a disabled child in Bhokraha – something that has not happened in any other VDCs (*see case study-rehabilitating disabled child-annex-3.4*).

Beside, two babies have died during delivery because the mothers came to the health center too late.

Madhesha VDC, Sunsari district

Output

Share&Care program was expanded to Madhesha VDC of Sunsari district in the year 2067/68.

Madhesha is relatively a developed VDC of Sunsari district. It is close to Inaruwa, the district headquarters of Sunsari, and connected with the East-West highway.

Despite being located in the Tarai, Madhesha has a significant number of households belonging to Chhetri, Brahmin communities of the hills. Dalit castes like Mochi and Sarki also live there.

In the first year of the program, 551 families of Madhesha had become CBHI members, which is around 42 per cent of the total households of the VDC. Compared to other VDCs where Share&Care project is underway, the number of households of Madhesha becoming CBHI members in the first year was quite impressive.

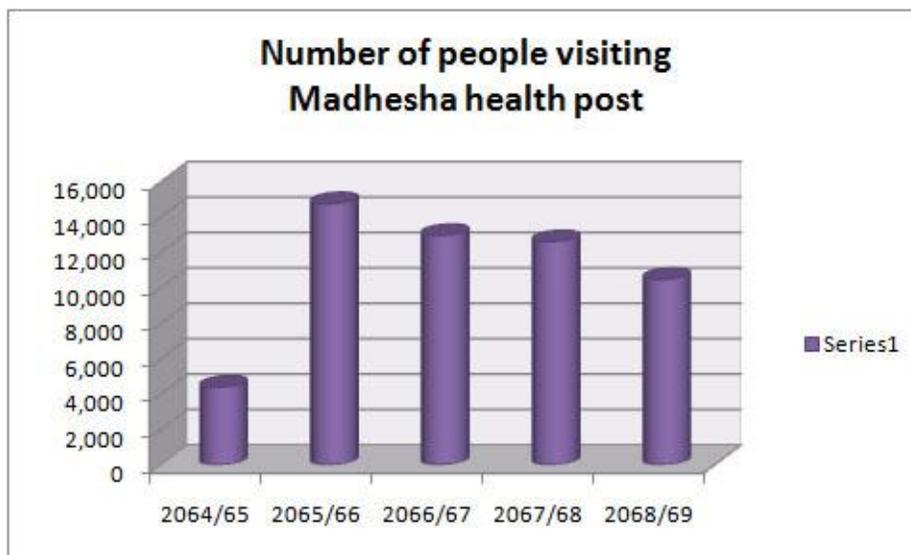
But, such impressive record could not be sustained in the following two years. In the second year, just 421 households became CBHI members, followed by 477 households in the third year of the program. Percentage of households becoming CBHI members declined to 36 per cent – down by 6 percentage points from the first year.

The CBHI membership scheme of Share&Care has not only covered the Brahmin-Chhetri communities but also people belonging to the Dalit, marginalized and downtrodden groups. Almost all ward committees of the VDC have been covered by the program. In fact, in ward committees predominated by Dalit communities, several sub-committees and saving groups have been formed to spur growth in the CBHI membership.

Outcome

In other VDCs where Share&Care project is underway, one of its major outcomes seems to be a significant and sustained growth in the inflow of patients at the local health facility. But, this is not the case in Madhesha VDC.

In fact, the number of patients visiting Madhesha sub health post seems to have gone downhill in the last few years. Even the launch of Share&Care project has failed to spur growth in the inflow of patients.



Graph 8

In the year 2065/66, a record number of 14,762 patients visited Madhesha sub health post. But, the number went down to 12,967 in the year 2066/67, followed by 12,614 in the year 2067/68 and 10,488 in the year 2068/69.

However, the Madhesha HFOMC members and sub health post staff assert that Madhesha's case should be dealt with as an exception. They say the annual inflow of patients at

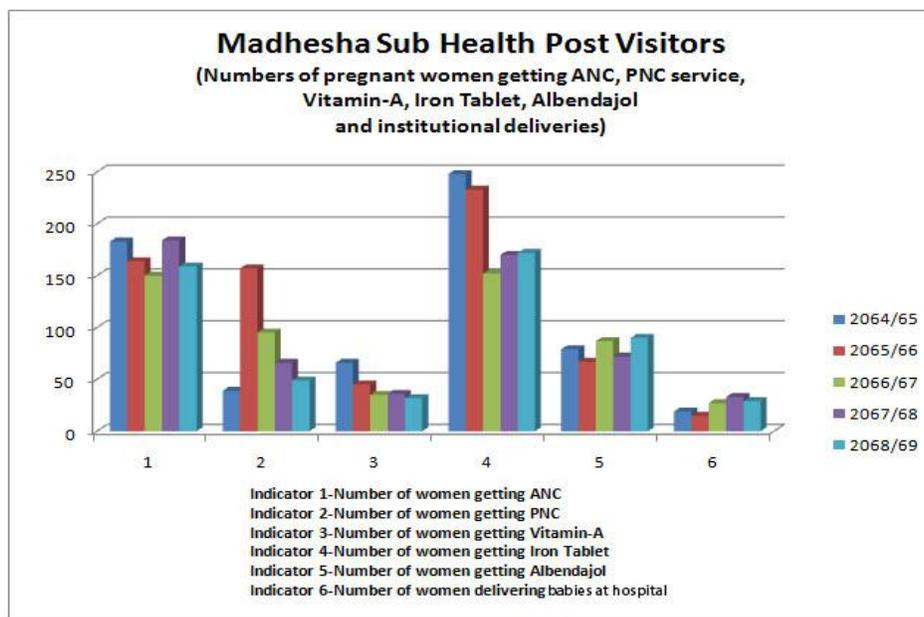
Madhesha sub health post was as low as to 3,000-4,000 until a few years ago. Indeed, in the year 2064/65, only just 4,390 patients had visited Madhesha sub health post.

As a result of several efforts, the number of people visiting Madhesha health post hit an all-time high in the year 2065/66. They argue that it is only natural for the inflow of patients to go down after reaching some point. "You cannot remain on the top of the Mt. Everest all the time," explains Mahesh Pokharel, In-Charge of the Madhesha Sub Health Post. "You struggle to climb up to the top. But, once you reach there, you start coming down. This is what exactly happening in our case."

Pokharel says the annual inflow of patients in the Madhesha sub health post was too low that they had to do all they could at once to boost it. "Now, more than 10,000 people visit us every year," says he. "Is it not a remarkable progress?"

There seems to be no consistency in the growth in the number of pregnant women visiting Madhesha sub health post for ANC care.

In the first year of Share&Care in Madhesha, the number of women seeking ANC service at Madhesha sub health post rose to 184 – up by 34 from the previous year. But, it fell to 159 in the subsequent year.



Graph 9

There has not been any progress in the number of women seeking PNC care since the start of Share&Care. In fact, the number of women getting PNC service has declined continuously in the last three years. In the year 2066/67, it was 95, which fell to 66 in the year Share&Care program was launched. It declined further to 49 in the year 2068/69.

Ups and downs are seen in the numbers of pregnant women seeking Vitamin-A, Iron Tablet and Albendajol in the last three years. The number of women getting Vitamin-A has remained almost stagnant. There was a progress in the number of women getting Iron Tablet in the first year of program. But, no further progress was made in the following year. The number of women getting Albendajol has fallen in the first year of the program and gone slightly up in the following year.

The number of women delivering babies at the local health facility has also gone up to 33 from 27 in the first year of the program. But, this number fell to 29 in the following year.

In short, conclusion can be made that the delivery of quality services is a bit unstable in Madhesha VDC probably because of performance of the local health in-charge.

Impact

The HFOMC in Madhesha has been quite active, which is one of the most obvious impacts of Share&Care.

Local leaders of political parties, who are members of HFOMC, take out time to organize meetings and persuade the locals, especially those belonging to the Dalit and marginalized communities, into becoming CBHI members and visiting the health post if they fall sick.

The underlying goal of the KFN's Share&Care project is to reduce the number of children born with birth defects. In order to achieve this goal, the KFN has motivated women to seek several services related to pregnancy test, ANC, PNC, Iron Tablet, anti-worm drugs like Antihelmenthis, Vitamin-A and delivery service of Skilled Birth Attendants (SBAs). Strengthening of local health facilities and uniting the local people under the CBHI scheme are just efforts to save newborn children from birth defects.

In this regard, the KFN seems to have achieved its underlying goal. Since the start of Share&Care project, no newborn child with birth defects has been born in Madhesha. Not a single woman, at least those who visited the local health facility for services related to delivery and pregnancy care, has given birth to any disabled child in the last four years.

No woman has died during pregnancy or while delivering babies in the last few years. "This is indeed a great achievement," says Hari Lal Shrestha, Coordinator of Ward Citizen Forum (Madhesha-4). "We do not say this is solely because of Share&Care project. But, we have no qualms in stating the fact that Share&Care project has definitely contributed to achieving this goal."

Local government bodies like VDC and DDC are also concerned about Share&Care project. As the KFN gears up to exit from Madhesha, the locals say they will not let Share&Care program die just like this. They seem strong-willed to continue with the program on their own.

Prevention&Rehabilitation (P&R)

Laharepauwa VDC, Rasuwa District

The KFN launched its Prevention&Rehabilitation (P&R) of childhood disability program in Laharepauwa VDC of Rasuwa district in 2068 B.S. following an agreement with the local Village Disability Rehabilitation Committee (VDRC).

A baseline survey was conducted before P&R program was launched, which found out that altogether 79 people with several forms of disabilities were in Laharepauwa VDC. By the year P&R program was launched, 36 of the total disabled people were below the age of 18.

P&R program has two straight yet hard-to-achieve objectives: avoiding birth defects in newborns by ensuring that all women get Vitamin-A, anti-worm drugs, Iron Tablet and T.T. injections during pregnancy and deliver their babies at the local birthing centre and rehabilitating disabled children in tune with CBR guidelines.

As P&R program is still in its nascent stage in Laharepauwa VDC, it is too early to show or gauge its impacts. However, its outcomes have been encouraging so far, some of which have been given below.

- a) The government has been providing allowances to disabled people. But, most of the disabled people in Ramche VDC were not aware of this provision. So, they had neither applied for disability cards nor had they received disability allowances. With the launch of P&R program, they became aware of disability cards and allowances. Now, 35 of the total 36 disabled people below the age of 18 have received disability cards. Some of them are even getting disability allowances.
- b) The VDC office allocates 5 per cent of its budget for disabled people, women, children, Dalit and elderly people. Prior to the start of P&R program, the VDC was not able to spend budget for welfare of disabled people due to the lack of a specific program. But, after P&R program was launched, the VDC started allocating budget categorically for disabled people. While Rs 30,000 was spent for disabled people in the first year, the amount went up to Rs 80,000 in the second year.
- c) Of the total 36 disabled children, treatment and rehabilitation of 14 children are found to be possible, which has generated hope in their families. And, 11 of them are already in the process of being treated and rehabilitated.
- d) As part of P&R program, a soft loan of Rs 10,000 has been provided to each of the 10 poorest families of disabled children for their livelihood each. They have invested the loans in goat-farming.
- e) With the launch of the program, five disabled students have received scholarships. Earlier, they had no idea that they could get scholarship meant for disabled students.

Ramche VDC, Rasuwa district

The KFN launched its Prevention&Rehabilitation (P&R) of childhood disability program in Ramche VDC of Rasuwa district in 2068 B.S. following an agreement with the local Village Disability Rehabilitation Committee (VDRC).

A baseline survey was conducted before P&R program was launched, which found out that altogether 75 people with several forms of disabilities were in Ramche VDC. By the year P&R program was launched, 24 of the total disabled people were below the age of 18.

P&R program has two straight yet hard-to-achieve objectives: avoiding birth defects in newborns by ensuring that all women get Vitamin-A, anti-worm drugs, Iron Tablet and T.T. injections during pregnancy and deliver their babies at the local birthing centre and rehabilitating disabled children in tune with CBR guidelines.

As P&R program is still in its nascent stage in Ramche VDC, it is too early to show or gauge its impacts. However, its outcomes have been encouraging so far, some of which have been given below.

- a) The government has been providing allowances to disabled people. But, most of the disabled people in Ramche VDC were not aware of this provision. So, they had neither applied for disability cards nor had they received disability allowances. With the launch of P&R program, they became aware of disability cards and allowances. Now, 16 of the total 25 disabled children have received disability cards. But, none of them have so far been entitled to disability allowances because the government has provided just four quotas of disability allowance, which have already been taken by above-18 disabled people.
- b) The VDC office allocates 5 per cent of its budget for disabled people, women, children, Dalit and elderly people. Prior to the start of P&R program, the VDC was not able to spend budget for welfare of disabled people due to the lack of a specific program. But, after P&R program was launched, the VDC started allocating budget categorically for disabled people. The amount allocated for disabled people was Rs 91,000 in the second year.
- c) Of the total 24 disabled children, treatment and rehabilitation of 6 children are found to be possible. One of them, Lalimaya Tamang, has been rehabilitated medically as well as socially. Lalimaya, 13, who lives in Ramche VDC-5, could not even open or stretch her mouth properly. Under P&R program, her surgery was conducted successfully. Now, her mouth looks normal. She can eat and chew food properly.
- d) As part of P&R program, a soft loan of Rs 10,000 has been provided to each of the 10 poorest families of disabled children for their livelihood each. Nine of them have invested the loans in vegetable farming, while one Yosingi Tamang, who suffers from Muscular Dystrophy, now runs a small grocery shop.
- e) With the launch of the program, one disabled student has received scholarship. Some disabled children have been sent to a special school in Dhunche, the district headquarters of Rasuwa.

Dumraha VDC, Sunsari district

The KFN launched its Prevention&Rehabilitation (P&R) of childhood disability program in Dumraha VDC of Rasuwa district in 2068 B.S. following an agreement with the local Village Disability Rehabilitation Committee (VDRC).

A baseline survey was conducted in Dumraha after the KFN signed an agreement with the VDRC. In the baseline survey, altogether 59 people with several forms of disabilities were found in Dumraha VDC. Later, some more disabled children were found. Now, there are altogether 63 disabled children below the age of 18.

P&R program has two straight yet hard-to-achieve objectives: avoiding birth defects in newborns by ensuring that all women get Vitamin-A, anti-worm drugs, Iron Tablet and T.T. injections during pregnancy and deliver their babies at the local birthing centre and rehabilitating disabled children in tune with CBR guidelines.

As P&R program is just in its second year in Dumraha VDC, it is not right time to show or gauge its impacts. However, its outcomes have been encouraging so far, some of which have been given below.

- a) The government has been providing allowances to disabled people. But, most of the disabled people in Laharepauwa VDC were not aware of this provision. So, they had neither applied for disability cards nor had they received disability allowances. With the launch of P&R program, they became aware of disability cards and allowances. Now, 54 of the total 63 disabled children have received disability cards. And, some of them are getting disability allowances, too.
- b) With the launch of P&R program, the VDC allocated budget categorically for disabled people. In the first year, around Rs 200,000 was allocated. In the second year, around Rs 127,000 was allocated for welfare for disabled people.
- c) Some of disabled children are now in the process of being treated and rehabilitated socially as well as medically.
- d) As part of P&R program, a soft loan of Rs 10,000 has been provided to each of the 10 poorest families of disabled children for their livelihood each.
- f) With the launch of the program, some disabled students have received scholarships.

Observation

On June 9, 2013, a middle-aged woman, clad in a shabby maxi, was sitting on a wooden bench in a sub health post in Bhaluwa VDC of Sunsari district. She was tightly clutching a little worn out card; and waiting for her turn to share her problem with an Auxiliary Nurse Midwife (ANM), who was pretty busy in checking other patients.

When we asked her why she had come to the health post, she showed a little cut on her right hand, right above her palm. She said she had the cut while working on a crop field. We were also curious to know about the card that she was holding. As we rightly presumed, it turned out to be a CBHI membership card, which encouraged her to seek health service even as she just had a cut -- not a festering wound.

After a while, she was called by the ANM, who checked her cut and gave her some medicines. Then, she walked off without pay a single penny, not even for medicines that she was given by the ANM.

It was amazing to see an uneducated village woman visit the health post for treatment of just a little cut – something that is quite uncommon in Nepal's villages. In most villages, many people do not visit the health post unless their wounds fester. Unlike in other villages, people in Bhaluwa visit the health post for treatment of even minor health problems."In our village, people visit us even when they get a little scratch," says ANM Anita Chaudhary, adding, "It was not like this until a few years ago."

Indeed, the number of people visiting the health post in Bhaluwa has increased over the last few years. So, what led to such a big change? We believe two things are required for people, regardless of their economic status, to seek health services. First, they must be health conscious. Second, they should have money to buy health services.

With the launch of Share&Care project by Karuna Foundation Nepal (KFN) in partnership with the local Health Facility Operation Management Committee (HFOMC) of Bhaluwa, the level of awareness about health among the villagers has visibly increased. Revival of the HFOMC has helped increased health awareness.

As for money, the provision of CBHI membership has helped the locals overcome their worries for treatment and medical costs. Once they become CBHI members, they do not need to pay up to a certain amount of money for medical expenses. This has encouraged the local villagers to seek health services even when they suffer from minor problems. Prevention of diseases in early stage seems to have been a key component of Share&Care project.

Strengthening of local health facility has been another key impact of the project. With the launch of Share&Care project, the Bhaluwa sub health post has got more human resources -- most of them from health background. Additional medicines have been arranged, too. Most of people we spoke to in Bhaluwa VDC said they would barely go to the local health post in the past. They said they would hardly meet health staff or get medicines even if they visited

the health post. Weak management of the health post had kept the locals from seeking health services. Now, this is no longer the case.

In Madhesha, another VDC of Sunsari district where Share & Care project is ongoing, we followed a group of the local HFOMC members, accompanied by the local KFN staff, to a settlement of Mochi people. Mochi people are cobblers by tradition. But, most of Mochi people of Madhesha work on either local landlords' fields or in factories in nearby towns like Itahari and Duhabi. Due to their poverty, they would hardly seek health services until a few years ago.

On June 10, 2013, the HFOMC members had a meeting with the locals of Mochi settlement of Madhesha. Karna Shrestha, who represents UCPN (Maoist) in the Madhesha HFOMC, told the villagers: "I know one thousand rupees is a very big amount of money for you people. But, it is nothing compared to services that you get from the health post or the referral hospital by becoming CBHI members. If your treatment is not possible at the local health post, you will be referred to BPKIHS hospital in Dharan. And, in Dharan, you will not have to worry about hassles in getting treatment. Some project staff will be there to guide you through all the process."

Shrestha's speech convinced the locals. However, a local woman had a little query. She said, "I want to become CBHI member. But, I do not have money right now. Can I get my family's names registered now for CBHI membership and pay for it later?" The KFN staff told her that she would not have to pay for CBHI membership straight away. "You can pay it one or two weeks later when manage money," replied a field staffers of the KFN.

The door-to-door campaign by the HFOMC members and the KFN staff for renewal of CBHI membership program in Mochi settlement of Madhesha proved to be quite fruitful. Almost all families renewed their CBHI membership. Some new families also joined the program. The way the HFOMC members and the KFN staff reached out to the people was impressive – a necessary step that we think needs to be taken in Syafru VDC of Rasuwa district.

As compared to Sunsari, we found people's response to Share&Care project in Syafru, Rasuwa a little lukewarm. On May 19, 2013, when we reached Syafru sub health post to conduct Focus Group Discussion (FGD) with local people, we had to wait for hours to start the program. Unlike in Sunsari, local representatives of political parties had no interest in having constructive discussion on Share & Care project. They came very late and willing to return immediately on various pretexts.

Later, when we spoke to some local villagers, they pointed out the need of some field staff of the KFN in Syafru to run the project in a more effective manner. They said the in-charge of the health post, who is coordinator of the HFOMC, is overburdened with works and cannot give enough time to the project. They said the lack of a field-based focal person is a key reason why a majority of households were left out of the project.

Conclusion

Share&Care is a unique and innovative approach to save children from disability. There is possibly no such program being run anywhere in Nepal.

The most outstanding feature of Share&Care is its functioning. Unlike many other projects, Share&Care has discarded the top-down approach and adopted the bottom-up approach. It is indeed run by the community people, not the KFN. The KFN has only facilitated the community people to get organized and run the project on their own.

Within just a few years, Share&Care has succeeded in encouraging more people to visit local health facilities. More pregnant women are now getting ANC, PNC care, Vitamin-A, Albendajol and Iron Tablet than ever before. Most importantly, more women are delivering babies at local birthing centers. The number of home delivery cases has declined drastically. These improvements demonstrate how successful Share&Care program is.

The locals are now, by and large, capable of managing health facilities, discussing their health needs and arranging medicines and human resources accordingly. It speaks volumes about the success of the project.

Unlike Share&Care, P&R project is yet to show its tangible impact. Especially in the prevention component of P&R project, it is too early to show results or assess progress. But, as far as its rehabilitation component is concerned, there have been some tangible outcomes. Some disabled children are now getting allowances and scholarships. Some of them have been rehabilitated, too.

As for as continuation of Share&Care Project is concerned, the locals are willing to carry it on even after the exit of the KFN. But, they are simply not adequately capable of it at this moment. Especially in Syafru VDC, even the HFOMC members seem confused about their roles after the KFN's exit. The KFN needs to work a few more years with greater efforts in Syafru. In VDCs of Sunsari, the HFOMCs are more capable of continuing with Share&Care after the KFN's exit. But, CBHI membership program should be expanded more widely for continuation of Share&Care. If the KFN returns just like this, the risk of losing much of progress made by the projects so far could be greater than imagined.

Recommendations

- a) Continuation of Share&Care project is very important. But, as the KFN cannot provide support to the local communities forever, it is essential to include as many households as possible in the CBHI membership scheme. Only then will it be possible for the local HFOMC to run the project smoothly even after the exit of the KFN.
- b) In order to include more than 80 per cent of households in the CBHI membership scheme, strengthening of health facilities is very important. If health facilities cannot provide quick and effective services to the locals, they will not realize the importance of the CBHI program, affecting sustainability of the whole project.
- c) As part of scaling up of health facilities, several equipments have been bought and handed over to health post and sub-health posts under Share&Care projects. All local HFOMCs must ensure that these equipments are in good condition and there are enough human resources to handle them.
- d) Birthing centers are in operation in all VDCs, where Share&Care project is underway. The HFOMCs must take initiatives to operate these birthing centers 24 hours.
- e) If possible, well-managed public or community-based hospitals should be selected as referral centers for the CBHI members. As private hospitals charge hefty amounts of money, the CBHI members are unable to get maximum service with the maximum amount of insurance money.
- f) A CBHI-help desk should be set up in each referral hospital. As most of the staff of referral centers is unaware of the contracts between their hospital and the HFOMCs, the CBHI members, who are sent to the referral center, are compelled to face administrative hurdles.
- g) As in Bhaluwa, Madhesha and Bhokraha VDCs of Sunsari, a Share&Care staffer must be deployed in Syafru VDC as well. Due to the lack of such a field staffer, the locals have complained of having missed important notices including announcement of CBHI membership renewal period.
- h) While issuing or renewing CBHI memberships, the HFOMC members and the KFN must explain each and every aspect of the CBHI membership program to the local people. Now, most of CBHI members seem to have misconceptions about the program, which leads to the dropout rate of CBHI members and eventually hampers the KFN's project.
- i) In Madhesha VDC, the HFOMC has formed several intra-ward committees and saving groups of CBHI members. It is an effective way to reach out to the local people especially in the marginalized communities. It should be replicated in our VDCs as well.
- j) In Bhaluwa VDC, poor Dalit families have been encouraged to become CBHI members with the money they get as nutrition allowances for their under-five children. It has obviously brought more poor Dalit families into CBHI membership program. Although it is a good effort to reach out to poor and Dalit families, the HFOMC and the KFN must ensure that poor and Dalit children will not be deprived

of nutrition. Utilization of nutrition allowances in CBHI membership could make more children vulnerable to malnourishment, if there is no effort to ensure that they are not deprived of nutritious food.

- k) In Bhokraha VDC, the Open Defecation Free (ODF) campaign has been linked up with the CBHI membership program, which is yet another effective way of encouraging more families to seek health services. It must be replicated in other VDCs, too.
- l) A fund can be created with collective efforts of the KFN, VDC, DDC and other NGOs to provide subsidy to people living below the poverty line to become CBHI members.

Annex-1

Annex 1 (1)

FGD in Syafru

On May 19, 2013, we organized a Focus Group Discussion (FGD) in Syafru VDC of Rasuwa district to know several aspects of Share&Care project.

Following stakeholders were involved in the FGD in Syafru VDC.

- a) Nurpu Chhiring Lama, CPN (UML)
- b) Rikche Tamang, UCPN (Maoist)
- c) Enough Syangden, In-Charge of Syafru Health Post, CBHI focal person
- d) Kumari Rana Magar, HFOMC member
- e) Kul Prasad Burlakoti, senior Assistant Health Worker (AHW), Syafru
- f) Kami Ghindu Tamang, CBHI member
- g) Chiktu Tamang, FCHV
- h) Devraj Simkhada, Principal, Shyame Wangfel Higher Secondary School
- i) Tekung Tamang, a local resident

Below are some key points raised by the participants of the FGD in Bhokraha VDC.

Nurpu Chhiring Lama

Syafru village committee chairman, Syafru

- a) Share & Care project has been beneficial to the poor people. Once they pay Rs 1,000 for a family of six, they can get treatment cost of up to Rs 20,000, which is very good. Many have benefited from this program. But, there are many people who cannot afford to pay Rs 1,000, either. We should think of them, too.
- b) We have asked the management committee of Chilime Hydropower Project to provide support to our program.
- c) Some villagers have a misconception. Regardless of what their illness is, they want to get additional medicines. If they do not given just free-of-cost medicines, they get disappointed. While making them CBHI members, we have perhaps failed to explain everything to them. We need to carry out awareness programs.

Kumari Rana Magar

Member, the Syafru HFOMC

- a) We have noticed several changes after the implementation of Share&Care project. First of all, our health post has been strengthened. Earlier, it would often run out of medicines; and we would have to go to Dhunche. But, we have several types of additional medicines. CBHI members can get additional medicines without paying

money. Even non-CBHI members can get additional medicines by paying certain amounts of money.

- b) We have failed to make people understand about the program. Many believe that they can get Rs 20,000 just when some of their family members fall sick.

Tekung Tamang
Syafu VDC

- a) VDC secretary is the chairman of the HFOMC, too. But, he is overburdened with many responsibilities. He has failed to manage time for the HFOMC. This is one of the reasons why many people have several misconceptions about the program.

Devraj Simkhada
Principal, Shyame Wangfel Higher Secondary School

- a) The most obvious impact of Share&Care project is that more people are visiting the health post for several health services. Even shamans and faith-healers now tend to go to the health post. They have become CBHI members, too. It is indeed a great change.

Annex 1 (2)

FGD in Bhaluwa

On Jun 9, 2013, we organized a Focus Group Discussion (FGD) in Bhaluwa VDC of Sunsari district to know several aspects of Share&Care project.

Following stakeholders were involved in the FGD in Madhesha VDC.

- a) Khila Prasad Acharya, VDC secretary, HFOMC chairman
- b) Uchit Narayan Sah, In-Charge, Bhaluwa Sub Health Post, HFOMC secretary
- c) Chandra Narayan Biswas, HFOMC member
- d) Kantu Lal Rishidev, Rashtriya Janmukti Party
- e) Parshu Ram Khan, Member, Birthing Center Construction Committee
- f) Bhim Chaudhary, Bhaluwa VDC-4
- g) Chhedi Lal Chaudhary, Bhaluwa VDC
- h) Gulab Chanda Chaudhary, Bhaluwa VDC-2
- i) Tek Chanda Biswas, Madheshi Jan Adhikar Forum

Below are some key points raised by the participants of the FGD in Bhokraha VDC.

Khila Prasad Acharya
Secretary of Bhaluwa VDC and chairman of the Bhaluwa HFOMC

- a) Share&Care is a holy program. Under this program, we have helped the locals get additional medicines within their own village. As we fix a certain hospital as a referral center for those patients whose treatment is not possible within the village, chances of people falling victims at the hands of quacks are very less. People can get right treatment from the right place.
- b) However, as we have failed to make all families CBHI members, there seems to be a sense of discord between CBHI member families and non-CBHI member families. We are also compelled to develop two separate files – one for CBHI member families and the other from non-CBHI member families. We must end this gulf between two sections of the village.
- c) Most of Dalit families are very poor. They find it difficult to manage even two squares of meal a day. We can develop a fund from which the poor Dalit families can be supported to become CBHI members. Our VDC office is ready to create such a fund. Is the KFN ready to help us? We have a lot of other NGOs working in Bhaluwa. Are they ready to help us? We can create this fund together. Once we create such a fund, we can conduct a survey to find out which Dalit families really need to be supported.
- d) We are constructing a new building for birthing center. As of now, our birthing center provides service only in the day. We must make some arrangement to run the birthing center 24 hours a day.

Gulab Chanda Chaudhary
Bhaluwa VDC-2

- a) We have a gap between the haves and the haves-not. We can charge 10 per cent more insurance fees to the haves. But, we must give some discount to the poor and Dalit families. Else, they will not come under the CBHI scheme ever.

Tek Chanda Biswas
Madheshi Jan Adhikar Forum

- a) Before Share&Care project was launched, the government would provide only certain types of medicines in our hospital. And, most of those medicines were not in sync with our needs or demands. As a result, they would remain unused and eventually expire. But, this is no longer the case. Such situation has completely changed. Today, we can discuss what types of medicines we really need. And, we can manage additional medicines as per our own needs and demands.

Uchit Narayan Sah
In-charge of Bhaluwa health post/secretary of the Bhaluwa HFOMC

- a) You must have heard of many health post chiefs whining about the lack of manpower. But, I have not had to complain about it. We have altogether 11 staff. Eight of them are technical staff. We are capable of providing service to the whole village. Until a few years ago, we also faced the dearth of manpower. But,

after Share&Care program was implemented, we got more health staff. Even VDC supported us to hire a few more staff.

Annex 1 (3)

FGD in Bhokraha

On Jun 10, 2013, we organized a Focused Group Discussion (FGD) in Bhokraha VDC of Sunsari district to know several aspects of Share & Care project.

Following stakeholders were involved in the FGD in Bhokraha VDC.

- a) Israin Mansuri, in-charge, Bhokraha sub health post/HFOMC secretary
- b) Bhagalu Mehata, Nepal Sadbhawana Party (Aanandidevi)
- c) Kadam Lal Uraun, CPN (UML)
- d) Chandra Dev Mehata, Rashtriya Prajatantra Party (RPP)-Nepal
- e) Sunita Sah, ANM, Bhokraha sub health psost
- f) Ganesh Sah, HFOMC member
- g) Brahma Dev Gurung, a local resident
- h) Surendra Mehata, CBR facilitator
- i) Pawan Sah, Senior AHW, Bhokraha sub health post

Below are some key points raised by the participants of the FGD in Bhokraha VDC.

Israin Mansuri

In-charge of Bhokraha sub health post and secretary of the Bhokraha HFOMC

- a) Given the increasing growth in the CBHI membership, we are pretty sure that we will be able to make 100 per cent of households of Bhokraha CBHI members. But, it cannot be done overnight. It takes more years. We need patience, dedication and hard-work to achieve this target. Even if we make 90 per cent of households CBHI members, this program can be sustained.
- b) We have set a unique example by linking up CBHI program with the ODF campaign. This is yet another way of achieving our target of making all households CBHI members and sustaining this program without the help of any other organization. This strategy can be replicated even in other VDCs.
- c) As part of Share & Care project, we have managed to buy 30-40 types of additional drugs, which are not provided free-of-cost by the government. Calcium is important to pregnant women. But, the government does not provide calcium in health posts. We have also included it in the list of additional drugs.

Bhagalu Mehata

Bhokraha village committee chairman, Nepal Sadbhawana Party (Aanandidevi)

- a) I have become a CBHI members right from the beginning of Share&Care project. I have also encouraged my friends, relatives and neighbor to insure their families under the CBHI scheme.
- b) Most of people in our village are poor and uneducated. There are even those people who cannot afford to pay Rs 500 in a year to become CBHI members. And, there are some well-off families, too, who do not see any benefit of CBHI programs. They say they can afford to take their families to any hospital without becoming CBHI members.

Kadam Lal Uraun

Bhokraha village committee chairman, CPN (UML)

- a) It is true that there are some families who cannot afford to pay even Rs 500 to become CBHI members. But, it is not true that they cannot afford to pay at all. They can. But, they cannot pay it within a certain period of time. As of now, we have been asking the locals to become CBHI members or renew their membership within just a couple of months. And, if they cannot manage money within the given period of time, they do not become CBHI members or renew their membership. This is one of the reasons why most of the villagers are still left out of the CBHI program. While some have failed to renew their membership, some have not come to us at all. We should be more flexible in this regard. May be, we can come up with a strategy to keep the CBHI membership scheme open throughout the year.

Chandra Dev Mehata

Bhokraha village committee chairman, Rashtriya Prajatantra Party (RPP)-Nepal

- a) Allowing the locals become CBHI members or renew their membership throughout the year seems to be a good idea. But, it could open the Pandora box. It could lead to a lot of problems. If we keep the CBHI scheme open throughout the year, only those who see probability of some of their family members falling ill in near future can come forward to become CBHI members. For an instance, only if a woman gets pregnant, her husband can become a CBHI member. If his wife is not likely to bear a newborn in near future, he might just refuse to renew membership.
- b) Instead, the government should provide some subsidy to the people living below the poverty line to become CBHI members.

AnitaxSah

ANM, Bhokraha sub health post

- a) I do not agree with the argument that allowing the locals to become CBHI members or renew their membership whenever they manage money could open the Pandora box. It could. But, if we think of some provisions associated with this policy, we can avoid all problems. May be, we should have a provision that clearly stipulates that anyone can become CBHI member in any month of the year but they will be able to enjoy the benefit of CBHI scheme only after a certain period of time. This could

avoid the possibility of people renewing CBHI membership just before they take their patients to the hospital.

- b) I do not believe that the government can provide subsidy to every poor family. Maybe, we should give some discount to the poor. But, this is possible only when a majority of the locals get into the CBHI membership.

Annex 1 (4)

FGD in Madhesha

On Jun 10, 2013, we organized a Focused Group Discussion (FGD) in Madhesha VDC of Sunsari district to know several aspects of Share&Care project.

Following stakeholders were involved in the FGD in Madhesha VDC.

- a) MaheshPokharel, in-charge, Madhesha health post/ HFOMC secretary
- b) Karna Kumar Shrestha, UCPN (Maoist)
- c) Parshu Ram Regmi, Nepali Congress (NC)
- d) Koshraj Adhikari, CPN (UML)
- e) Panalal Chaudhary, Rashtriya Prajatantra Party (RPP)
- f) Harilal Shrestha, Coordinator of WardCitizenForum (WCF), Madhesha-4
- g) Rambabu Karki, UCPN (Maoist)
- h) Jagrit Bhattarai, UCPN (Maoist)

Below are some key points raised by the participants of the FGD in Bhokraha VDC.

MaheshPokharel

In-charge of Madhesha sub health post and secretary of the MadheshaHFOMC

- a) Ours is a sub health post. But, it is in the list of A-grade sub health posts. It is a matter of pride for us to see our sub health post as an A-grade health facility. Even a health post cannot necessarily be an A-grade health post. The reason why the District Public Health Office (DPHO) of Sunsari has listed our sub health post an A-grade facility is because the high inflow of patients. Today, we provide treatment to 12,000-18,000 patients every year. Share&Care program, among other factors, has contributed to the increase in the in-flow of patients in Madhesha.

Karna Kumar Shrestha

Office secretary, UCPN (Maoist), Madhesha Coordinator, CBR sub-committee

- a) We have formed two-three committees in each ward of Madhesha VDC. We have also formed several saving groups along with these intra-ward committees. The income generated by the saving groups can be used by the locals to renew their CBHI membership. It is a new approach to expand the CBHI membership program.

Formation of such committees and groups has helped us reach out to the marginalized and excluded groups.

- b) Continuation of Share&Care project is very important. Along with the KFN, the VDC office has also been helping us run this program. I think this program should not just be at the VDC level. The government should take up this program and expand it to each and every VDC.

Parshu Ram Regmi

Regional member (Sunsari-5), Nepali Congress (NC)

- a) The message of Share&Care program is very important: share the burden and care for each other. But, most of people have failed to understand it. Well-off families can take their patients to Dharan, Itahari and Biratnagar. They do not need to rely on CBHI program for treatment. But, they must realize that CBHI program is actually meant for the poor, marginalized and vulnerable groups. It is for those who cannot afford to pay even Rs 1,000 when some of their family members fall sick. If a well-off family becomes a CBHI member, even though they do not really need to depend on the CBHI program, their money (insurance fee) can be useful to some other poor and downtrodden family. Their money can really save one's life in some poor family. We have failed to spread this message. We must look at this aspect as well.
- b) We are not going to let Share&Care program die just like this. Even after the KFN exits, we will continue with the program. But, for this, we must have an MBBS doctor in our sub health post. I know the government does not provide an MBBS doctor to a sub health post. But, there is a doctor's quota in a Primary Health Care Centre (PHCC) in Inaruwa, which is close to the district hospital. Why should we have an MBBS doctor at PHCC if it is very close to the district hospital. This quota should be transferred to our sub-health post. We must lobby for it. If our sub-health post is strengthened, we can persuade more people into becoming CBHI members.

Koshraj Adhikari

Madhesha village committee chairman, CPN (UML)

- a) Many families in our village are poor. We should help them in their livelihood. If they start earning money, they will undoubtedly come to us to become CBHI members.

Annex 2

Annex 2 (1)

Interaction with stakeholders in Laharepauwa

- a) Shekhar Bhushal, VDRC coordinator, technical assistant of VDC office
- b) Jiwan Sunuwar, VDRC facilitator
- c) Surendra Thapa Magar, President, Sangam Child Club
- d) Bindya Poudel, mother of a disabled child
- e) Om Prasad Acharya, Laharepauwa village committee chairman, Nepali Congress

Annex 2 (2)

Interaction with stakeholders in Ramche

- a) Dawa Furba Tamang, VDRC facilitator
- b) Krishna Bahadur Tamang, Ramche village committee chairman, CPN (UML)
- c) Yosingi Tamang, Ramche-8, beneficiary
- d) Yosingi Tamang, Ramche-9, beneficiary
- e) Jigme Lama Tamang, beneficiary
- f) Yosingi Lopchan, beneficiary
- g) Nim Bahadur Tamang, Ramche village committee chairman, Nepali Congress
- h) Chamsing Tamang, Ramche village committee chairman, UCPN (Maosit)

Annex 2 (3)

Interaction with stakeholders in Dumraha

- a) Bhagwan Dahal, VDRC chairman and VDRC secretary
- b) Rajkumar Sah, VDRC secretary and in-charge of Dumraha health post
- c) Mahendra Uraun, CBR facilitator
- d) Hari Karki, social worker
- e) Kashinath Singh, teacher
- f) Dhruva Chaudhary, VDRC member, representatives of disabled people
- g) Lok Kumari Chaudhary, VDRC member, representative of disabled people

Annex 3

Annex 3 (1)

I understand and value the idea of CBHI

Nar Bahadur Ghale, 26
Syafu VDC-9, Rasuwa district



In 2009, when Karuna Foundation (KFN) launched its Share&Care project in Syafu VDC of Rasuwa district, some local villagers were skeptical of its relevance. They were particularly skeptical of Community Based Health Insurance (CBHI), which is a key component of the project.

Nar Bahadur Ghale, who lives in Syafu VDC-1 with his wife Jenimaya and two little daughters – Sajina and Dilasha, also had some misgivings about the CBHI. He was not sure whether he would really benefit from the project if he became a CBHI member. Therefore, although some of his friends become CBHI members, he decided to stay away from it.

However, in the very first year of the project, many of his neighbors, who became CBHI members, benefited from the project, which inspired Nar Bahadur to join the project in the second year. In 2010, he became a CBHI member by paying Rs 1,000 for his family of three.

When Nar Bahadur became a CBHI member, his wife Jenimaya was pregnant with their second child. Jenimaya's pregnancy was not normal. She was suffering from several complications. Once she had almost bled to death. Only when she was rushed to the District Hospital of Rasuwa in Dhunche, her bleeding had stopped; and she had escaped from the jaws of death.

In Dhunche, doctors had informed NarBahadur and Jenimaya that their baby was placed in a bottom-down position in the womb. In addition to his neighbors' positive experiences with the project, Jenimaya's complicated pregnancy also compelled NarBahadur to become a CBHI member.

As anticipated, Jenimaya did not undergo a normal process for baby delivery. Health workers at Syafru Health Post referred her to Model Hospital of Kathmandu, where she had to undergo a cesarean to deliver baby.

It cost the Ghale couple Rs 25,000 to bring their second daughter to the earth. But, Nar Bahadur, who is largely unemployed and depends on his father to run his family, did not have to worry about it.

As per the CBHI policy, Nar Bahadur received Rs 20,000 from the Health Facility Operation Management Committee (HFOMC) of Syafru, which oversees the whole project. "If I had not become a CBHI member, I would have to borrow loan to take my wife to Kathmandu," says Nar Bahadur. "And, I would have probably not paid off the loan until now."

Nar Bahadur says he would not have even mustered courage to take his pregnant wife to Kathmandu if it was not for the CBHI scheme. "It is really good that you can get up to Rs 20,000 for treatment of your family members by paying just Rs 1,000 for one year," says he. "True to its name, the project helps us share our problems and care for each other."

Nar Bahadur did not renew his insurance in the next year, though. "I was out of Rasuwa when I was supposed to renew my insurance," says he. "So, I missed it. But, even when I returned, no one from the project office reminded me of it."

Nar Bahadur says he did not become a CBHI member just keeping in mind Jenimaya's complicated pregnancy. "I am ready to become a CBHI member even now; even when my wife is not pregnant," says he. "I understand and value the idea of this project. If all of us become CBHI members, none of us have to worry about our health problems. Even if no one falls sick in my family, then my money would be useful in saving some other villagers' lives."

However, Nar Bahadur says he had to face several hurdles when he reached Model Hospital along with his pregnant wife, as no doctor knew about the contract between the hospital and the HFOMC. "Only when I called at the KFN office, I got help," says he.

Nar Bahadur advises the KFN and the HFOMC to ensure that all doctors, nurses and employees of the referral hospital know about the CBHI. "I could call the KFN office," says he. "But, other villagers cannot do it. To ease their problems, all doctors at the referral hospital should be ready to help them when they produce an official letter written by the HFOMC."

Annex 3 (2)

Best utilizing nutrition allowances

Anshu Rishidev
Anita Rishidev
Bhaluwa VDC-5, Sunsari



Anshu Rishidev, a resident of Bhaluwa VDC-5 in Sunsari district, works as a manual laborer at a jute factory in Sonapur, which is located along the Sunsari-Morang industrial corridor. Anshu, who belongs to Musahar community – one of the highly marginalized Dalit groups

in the eastern Tarai districts, earns about Rs 3,000 every week. As he works on daily wage-basis, his monthly income is not stable. At times, he earns up to Rs 12,000 a month. But, when he falls sick and stays home for just a couple of days, his income slumps sharply.

At 25, Anshu has already fathered three children. Apart from three children – all of them below five, he has a wife and two brothers to look after. With his meager income, he bears the entire living cost of his family of seven. "In my family, there is no one else who makes money," says he. "So, I have to work every day. Yet, I always find it difficult to feed them."

Probably because he fails to provide sufficient nutritious food to his kids, Anshu's little children fall sick every now and then. But, unlike two years ago, he now needs not worry much about his children's well-being. His wife Anita takes their children to Bhaluwa Sub Health Post whenever they suffer from any kind of sickness. "I need not worry about money," says Anita. "I just come here and get treatment and medicines free of cost."

Actually, when Karuna Foundation Nepal (KFN) signed an agreement with the local Health Facility Operation Management Committee (HFOMC) to run Share&Care Project in Bhaluwa two years ago, Anshu became a member of Community Based Health Insurance (CBHI) program, which is one of the six major components of Share & Care. Since then, the Rishidev couple has not ever had to worry about money for medical treatment.

Eight months ago, when Anita gave birth to their third child, the Rishidev couple did not have to spend a single penny. In addition, the Bhaluwa HFOMC even provided Rs 1,000 for hiring an ambulance to take Anita to Model Hospital, Biratnagar for baby delivery. "When I gave birth to my first and second child, I was worried about how my husband would manage money," says Anita, adding, "But, this time around, I was not worried about it at all."

When Share & Care Project was launched, the Rishidev couple, like many other poor and Dalit families, did not have money to become CBHI members. In order to include poor and Dalit families in the CBHI program, the HFOMC encouraged them to utilize nutrition allowances, which are provided by the Village Development Committee (VDC) to all under-five children born in Dalit families, as insurance fees. The Rishidev couple agreed with it.

The VDC provides monthly nutrition allowance of Rs 200 to every under-five Dalit child. As the Rishidev couple had two under-five children two years ago, they would get Rs 4,800 in a year to buy nutritious food for their children. They decided to spend a portion of nutrition allowance to insure their family's health, which they say has led to positive results.

"It is not just about getting free medical treatment," says Anita. "It is about dignity, too." Anita says she used to visit a private medical shop when any one in her family fell sick until two years ago. "When we had no money, we would request the medical shop owner to give us medicines in credit. He would give us medicines only when we joined our hands before him," says she. "At times, we would have to return empty-handed, which was a humiliating experiences. Toda, we do not have to be humiliated when our children fall sick. We can go to the health post and get free treatment and medicines without fearing humiliation."

Showing her insurance card, Anita says, "This card is like money. If we do not have money, we just take out this card and asks for medicines." She says they have already decided to renew their card as long as the HFOMC runs the CBHI program in Bhaluwa VDC.

According to Khadga Narayan Bishwas, who works as a Community Based Rehabilitation (CBR) facilitator in Bhaluwa, 61 Dalit families became CBHI members by utilizing nutrition allowances meant for their under-five children in the second year of Share & Care project. "We are expecting more Dalit families to join this program in the coming years," says he.

Annex 3 (3)

I feel like health post has come closer

Dhane Ram Mochi, 35
Madhesha VDC-8, Sunsari



Madhesha VDC of Sunsari district is located right off the East-West Highway. About 50 per cent of its population consists of the so-called higher castes of the Hills like Brahmin, Chhetri and Newar castes belonging to the Hills. In addition, people belonging to indigenous communities of the Tarai like Tharu also make up for a significant portion of the population composition of Madhesha. Apart from them, people belonging to Mochi, or cobbler, community also live in Madhesha.

Mochi people are considered to be one of the so-called untouchable communities. Most of them are poor and landless. They are arguably the most marginalized community in Madhesha VDC.

In Madhesha, most of Mochi families have no lands to till. They till other local landlords' lands to feed their families. At times, they also go to nearby towns like Inaruwa, Itahari and Biratnagar to work as manual laborers to make a little more money.

Dhane Ram Mochi, 35, who lives in a small dingy hut in Madhesha VDC-8, is a true representative of Mochi people. He lives with his wife, three little children and an elderly mother on someone else's land. Apart from farming on some other people's land, he also goes out of the village to make money.

Dhane Ram's hut is just a stone's throw away from Village Development Committee (VDC) office and Sub Health Post of Madhesha. Yet, to Dhane Ram, the health post looked like miles away from his house until a few years ago. "When you have no money, you do not have courage to visit health post," says he. "And, it looks far away even though it is just next to your house."

After Karuna Foundation Nepal (KFN) signed an agreement with the local Health Facility Operation Management Committee (HFOMC) to run Share&Care Project in Madhesha VDC, Dhane Ram felt like the health post was close to his house. Under the project, Dhane Ram insured his family's health as per Community Based Health Insurance (CBHI) program.

Dhane Ram suffered from severe and prolonged fever just after he became a CBHI member. His treatment at the local health post could not be possible. He was taken to the BP Koirala Institute of Health Science (BPKIHS), where he spent two weeks to fully recover from the illness. "It was beyond my capacity to go out of the village and stay there for two weeks for treatment," says he. "But, as I was a CBHI member, I was not bothered much."

Under Share&Care project, when CBHI members are referred to the hospital, a project staff from the KFN would be stand-by to help them. Most of the CBHI members are uneducated. They do not know the process of getting admitted at the hospital for treatment. But, as the project provides full assistance, they do not need to fret much about the process. "It feels like going to the hospital as a child and with our own father," says Dhani Ram.

Even when Dhani Ram's wife Sabitri gave birth to their third child, the CBHI membership came in handy for him. "My wife had a normal delivery," says he. "Even if her delivery was complicated, I would not have to worry much as I had the CBHI membership card."

Dhani Ram says the CBHI membership program is very helpful to people like him. "Earlier, no one would care for us," says he. "But, now I feel like the entire villages stands up to support me if any one falls sick or die in my family." He says he will keep renewing his membership as long as the CBHI program goes on.

Annex 3 (4)

Rehabilitating disabled child

Saddam Ansari
Bhokraha VDC-5, Sunsari



After the start of Share&Care and Prevention&Rehabilitation (P&R) program by the KFN and the local HFOMCs, no child has been born with birth defects in many VDCs of Rasuwa district like Laharepauwa, Dhaibung, Syafu, Madhesha and Bhaluwa.

However, in Bhokraha VDC of Sunsari, a disabled child has been born after the start of Share & Care project.

Mehrun Khatun, 21, who lives in Bhokraha VDC-5, around five kilometers from Inaruwaa, the district headquarters of Sunsari, gave birth to her first baby, Saddam Ansari, last year.

Saddam was born with a club foot. His both feet were twisted. Soon after his birth, it became clear that he will not be able to stand properly on his feet.

Mehrun's family is very poor. They survive on a small plot of land. After Saddam's birth, Mehrun's husband Kamrul Ansari went to the gulf as a migrant worker, leaving her behind to raise their newborn by herself.

A pregnant women needs to visit the nearby health post four times during her pregnancy. She must take Iron Tablet, Vitamin-A, anti-worm drug and even calcium.

But, Mehrun went to the Bhokraha Sub Health Post only twice. The insufficient intake of drugs like Albendajol, Vitamin-A and Iron Tablet during pregnancy, among other factors, also might have led to her child's deformity.

Share&Care project does not just aim at protecting children from being born with birth defects but also helps rehabilitate disabled children.

Under Share&Care project, Saddam was taken to Hospital and Rehabilitation Center for Disabled Children (HRDC) in Itahari, where he underwent plastic surgery of his feet four times. HRDC also provided him with a club shoe – an assistive device used to help children suffering from club feet to stand on their feet and walk.

In addition, the CBR facilitator of Share & Care project has taught Mehrun to provide physiotherapy service to Saddam. After plastic surgery and with the help of assistive device and regular physiotherapy, Saddam's condition has proved slightly.

"My son's feet have now become more straight and stronger," says Mehrun. "But, he still cannot stand on his feet."

According to CBR facilitator Surendra Mehata, around 90 disabled children under the age of 18 are in Bhokraha VDC. Last year, the number of disabled children below the age of 18 was 117. "We rehabilitated most of them," says Mehata. "We provide physiotherapy and help them visit the hospitals where they can get treatment."



Om Bahadur Rai, currently working as Social Affairs Editor of Republica English daily newspaper, has been active in journalism for a decade. He writes in English as well as in Nepali. Beginning as a stringer in 2001, Mr Rai worked for Samaya weekly and Nagarik daily before joining Republica daily in 2008.

An alumni of the Asian College of Journalism (ACJ) in Chennai, India, Mr Rai has been covering a wide range of social issues such as public health, environment, education and migration. He has won two national-level awards – one for his story about the impact of mental health problems of Nepali migrant workers on the country's remittance-based economy and another for writing about how unjustly the society treats rape victims.



Govinda Pariyar, a senior correspondent with Annapurna Post daily newspaper, has spent almost a decade in Nepali journalism. In addition to reporting extensively about Nepal's politics, he has also written several stories on social issues.

Mr. Pariyar has conducted a study titled "*Reservation for the Dalits in Nepal*" for the Netherlands Cooperative Organization (SNV-Nepal) in 2009. Mr Pariyar is co-editor of a book titled *Dalits in New Nepal (2009)*, published by the National Dalit Commission (NDC). He has also edited a book titled *Dalit women in State restructuring Process in Nepal (2006)* published by Feminist Dalit Organization (FEDO). He was part of a public health research conduct by National Health Research Centre (NHRC) in 2005.