Karunafoundation Nepal

Sharing Meeting at the Prime Minister Office

Kathmandu (Nepal), 26 March 2012

In this presentation

- Objective of the meeting
- Organization sharing
  - Karuna Foundation Nepal (KFN)
- Strength and challenges in CBHI
- Expansion plan
- Review of CBHI initiatives in Nepal 2012

Objective of meeting

- Share activities and experiences of KFN on CBHI
- Expansion plan
- Discussion on extension of CBHI in Nepal

Karuna Foundation Nepal (KFN)

- A Netherlands based INGO
- Working in Nepal since August 2007

  (general agreement – 19 Aug. 07 & project agreement 17 Oct. 07 with SWC)

- Working areas
  - Kavre, Sunsari, Rasuwa
- Working for prevention and rehabilitation of disability

Karuna Foundation Projects

- **Project 1:** Scaling up Essential Community Health Services and Awareness Raising Activities for the Prevention of Avoidable Disabilities ***(Share & Care)***
- **Project 2:** Training of Professionals (***ToP*** - medical, paramedical and Health service providers/managers)
- **Project 3:** Community Based Disability Prevention and Rehabilitation of Children with disabilities (***(P& R)***
- **Project 4:** National Level Policy, Networking Coordination and Advocacy Awareness (***PAAN***)

Program VDCs

Share&Care VDCs

Sunsari : Bhokraha, Madhesa, Bhaluwa, Aurabani

Kavre : Mechchhe, Chapakhori

Rasuwa : Syafru

P&R VDCs

Rasuwa: Dhaibung , Lahare Pauwa, Ramchhe, Bhorle

Sunsari : Madhuwan, Baklauri, Dumraha

ToP

Rasuwa: 5 VDCs, **Sunsari and Kavre:** Whole district

Share & Care (with CBHI) :Working principles

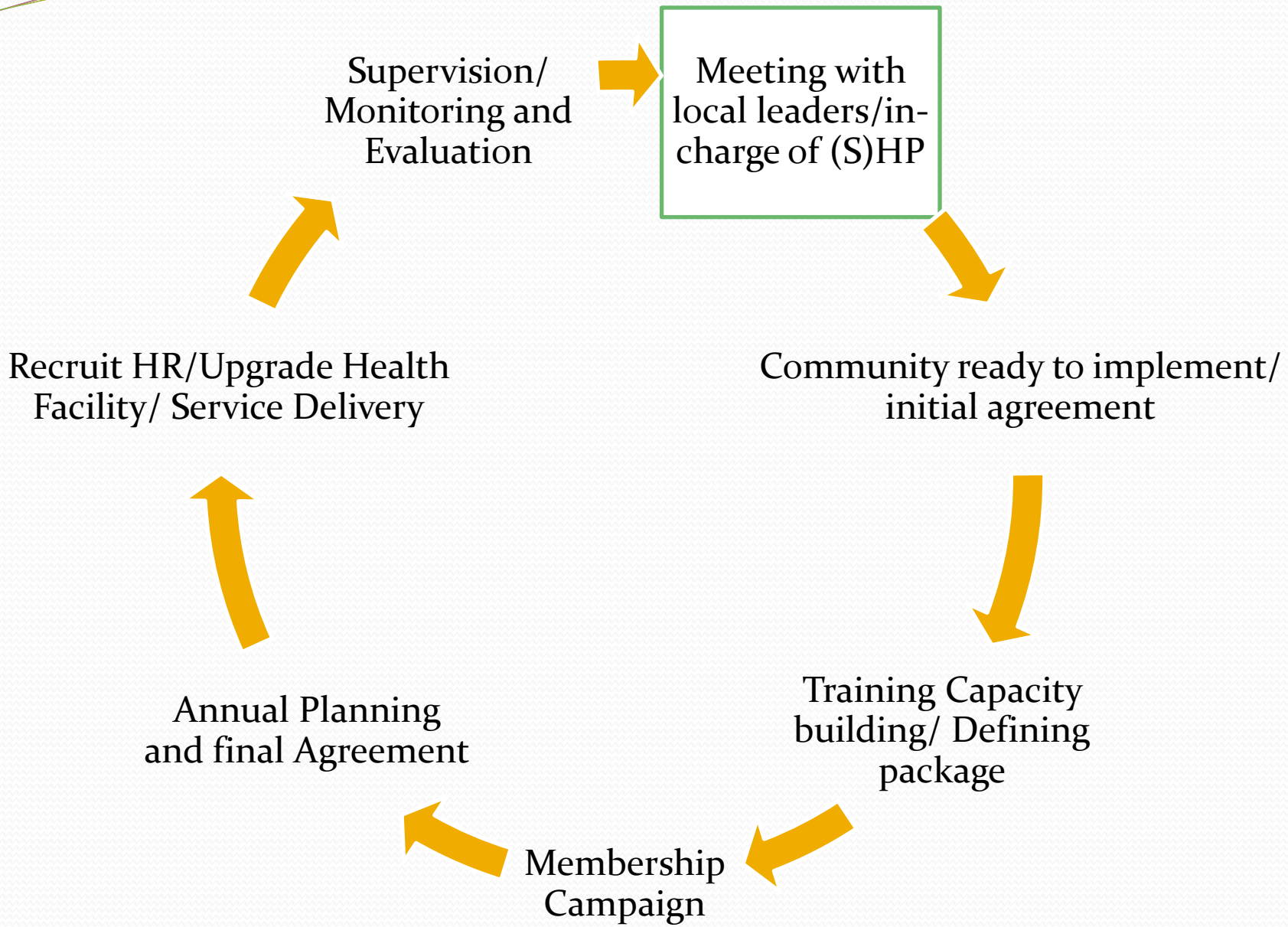
- Working **through & with Government Facility/No parallel structure**
- Demand driven

- **Ownership and leadership by community is the key for sustainability**

Share & Care :Working principles …

- Health Facility Operation and Management Committee (HFOMC) implements the program
- **KFN's cost participation**
  - Agreed initial investment
  - Running cost
    - 50 percent in the 1st year
    - 30 percent in the 2nd year
- KFN financial support for 2 years and 2 years technical support

PROCESS of implementation in a VDC



Share & Care : Major components

- Preparation
- Organization Development
- Community Based Health Insurance (CBHI)
- Health Promotion & Child Disability Prevention
- Community Based Rehabilitation (CBR) for Children with Disability
- Community Based Entrepreneurship (CBE)

Improvement After Share &Care (SHP)

General Situation	With SC
• Three room space • Three Health workers (AHW, MCHW, VHW) • FCHVs • 25 free drugs	HR (Health Worker, CBR facilitator, Admin staff)
	Additional drugs (as per the essential drug list)
	Referral service established
	Basic laboratory establishment
	Strengthening of PHC/ORC
	Support in equipments and furniture
	Repair existing building and expansion
	Establishment of Birthing Center
	Ambulance (Bhokraha)
	Water and Sanitation
	Computer/ Television /solar /telephone
	General Health and UP camps

Additional Services …

- Referral in tertiary health care centre (Sunsari – BPKIHS, Kavre – Dhulikhel Hospital, Rasuwa – Kathmandu Model Hospital)
- Additional Essential Drugs (70 +)
- Life Insurance to two designated members of the family

Pro poor approach

Inclusion of families of disabilities, disadvantaged and marginalized

- Discount in membership premium for access to services
- Livelihood program for marginalized people (5 % coverage)
- Awareness program (a functional local health institution is always beneficial for the marginalized people.)
- Linkage with child protection program
- Increase in accessibility to the tertiary hospital for complicated cases

Membership Status with Project Year (30 Falgun 2068)

Program VDCs	Total HH	Member HHs			
		1st year	2nd year	3rd year	4th year
Chapakhori	555	230	155	191	-
Mechchhe	1306	468	295	220	115
Madhesha	1375	527	419	-	-
Bhokraha	3361	164	451	507	-
Bhaluwa	904	414	-	-	-
Aurabani	1726	394	-	-	-
Syafru	485	188	164	-	-

Membership Status with Project Year
(30 Falgun 2068)

Program VDCs	Total HH	Target HH	Member HHs	% out of target HH	Drop out #	% Drop Out
Chapakhori(3rd year)	555	231	189	81.8%	0	0.00%
Mechchhe (3rd year)	1306	450	220	48.89%	75	25.42%
Madhesha(2nd year)	1375	600	419	69.8%	204	38.71%
Bhokraha (2nd year)	3361	750	507	67.6%	79	48.17%
Bhaluwa (1st year)	904	400	414	103.5%	NA	NA
Aurabani (1st year)	1726	600	394	65.67%	NA	NA
Syafru (2nd year)	485	231	164	71.00%	121	64.36%
Total	9712	3321	2307	68.46%		36.04%

Contribution and Benefit Packages

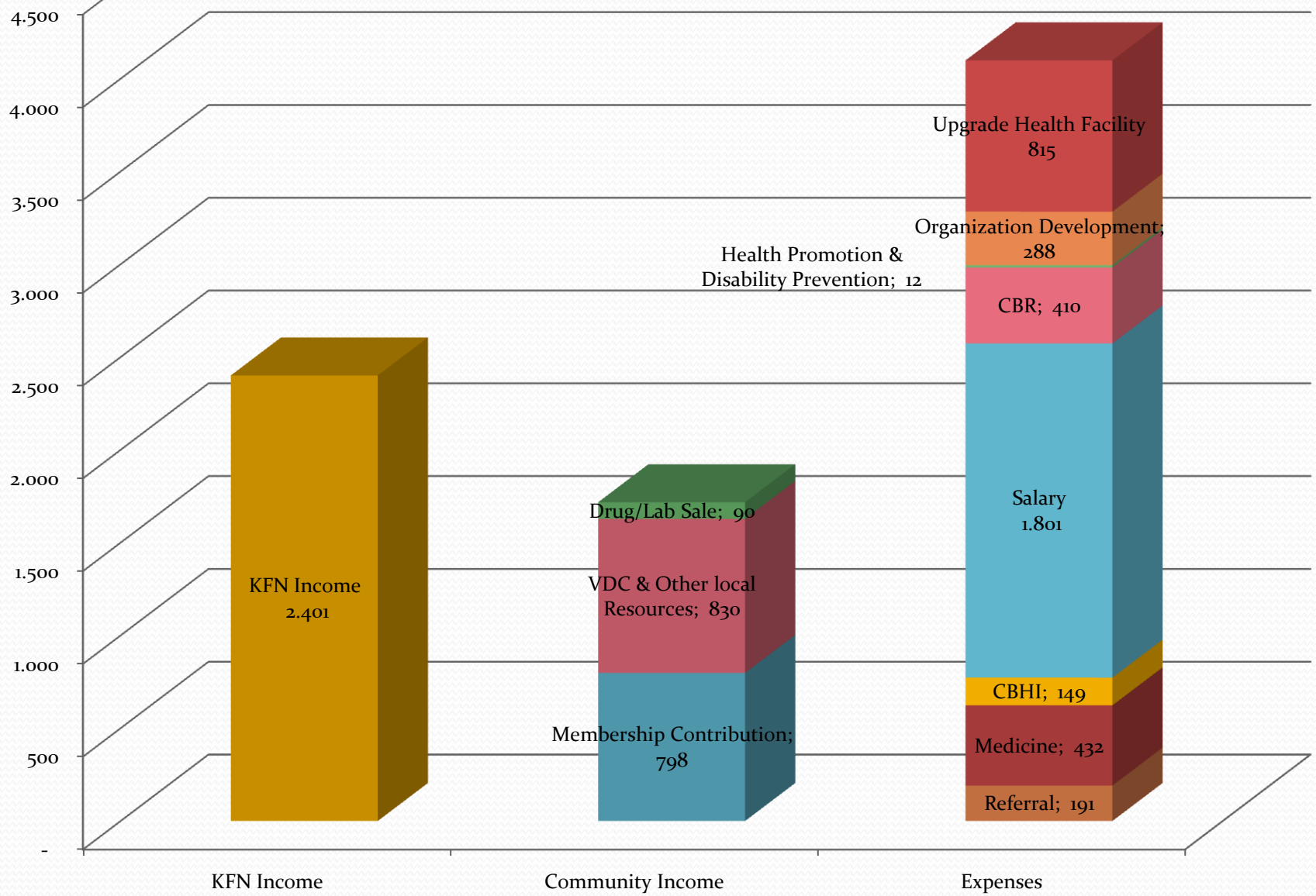
Heads	Kavre		Sunsari				Rasuwa
	Mechchhe	Chapakhori	Bhokraha	Madhesha	Aurabani	Bhaluwa	Syafru
Membership contribution	500	500	500	1,200	1,200	1,200	1,000
Total benefit /referral	Only from SHP	5000 /Person	12000 /family	30600 / family	16500 /family	21800 /family	20,000 /family
In local health institution (Per Family)	Added service Free	Additional drugs 2000	Additional drugs 300 Lab 200	Additional drugs 1000 Lab 1000	Additional drugs 800	Additional drugs 800	Within total package
Life insurance	-	10,000 /family	2,500 /person	5,000 / person	2500 /person	5000 /person	10,000 / person

Income Vs Expenses status

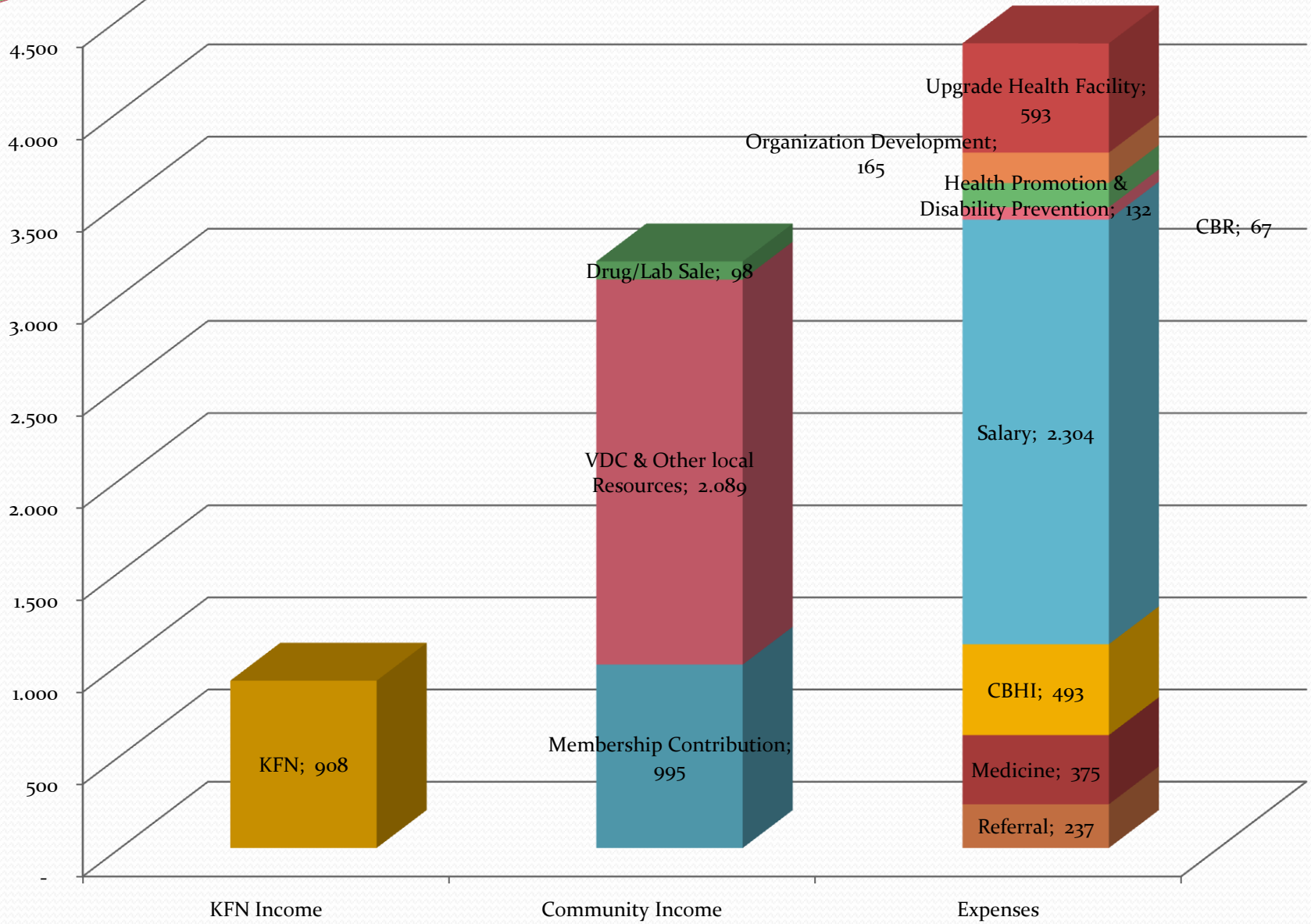
VDC	Year I		Year II	
	Income	Expense	Income	Expense
Syaphru, Rasuwa	1,393,128	1,272,154	732,991	677,750
Chapakhori, Kavre	1,223,875	1,307,518	2,067,069	1,630,618
Bhokraha, Sunsari	2,055,779	1,724,131	3,524,667	3,230,219

Benefit Analysis

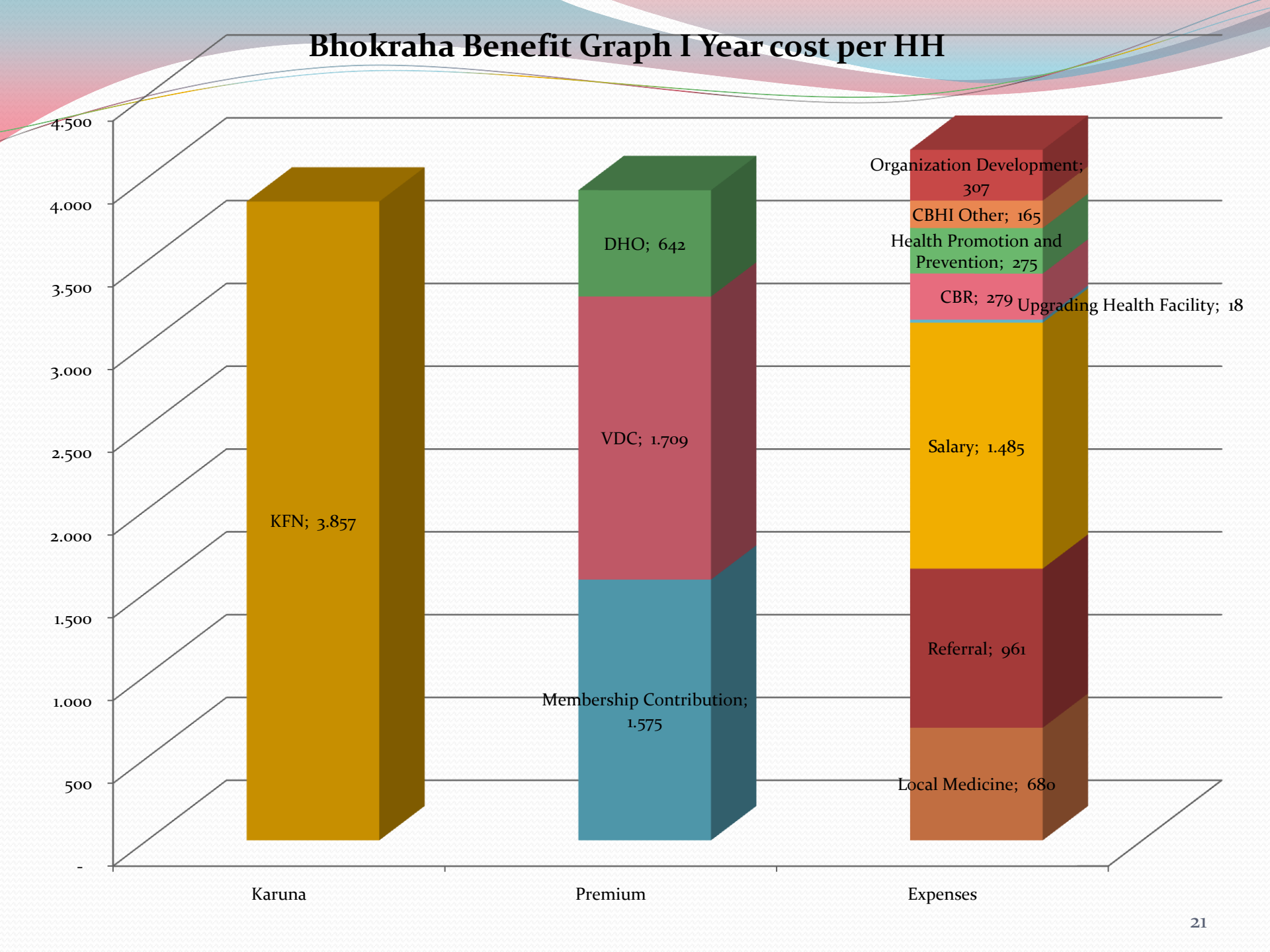
Benefit analysis Syaphru I Year cost per member HH



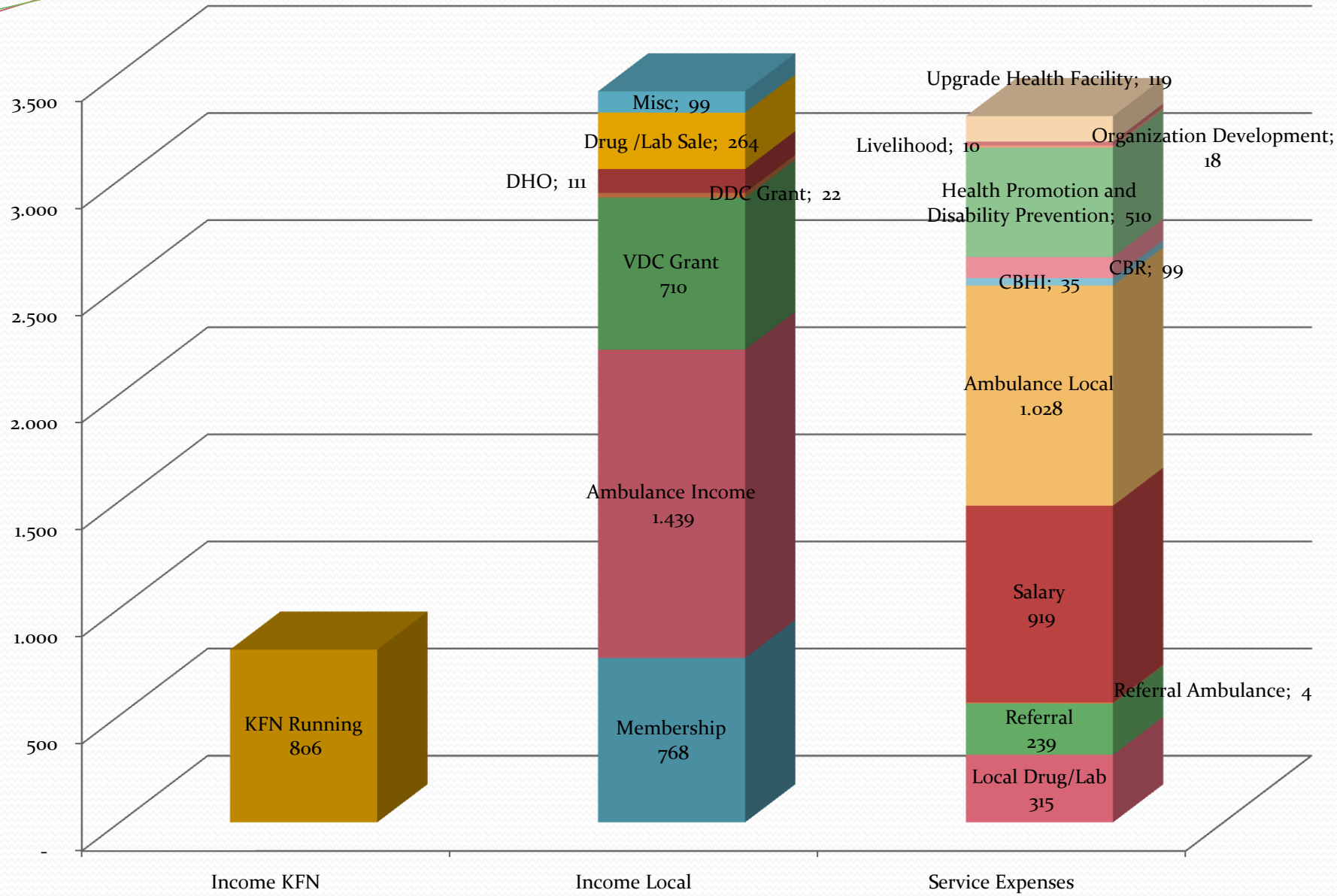
Benefit analysis Syaphru II Year cost per member HH



Bhokraha Benefit Graph I Year cost per HH



Bhokraha Benefit Graph II Year cost per HH



Strength and Challenges

Strength of CBHI

Advantages in Local health facilities

- **Strengthen** the local health facilities
- **Capacity building** of HFOMC and SHP staffs
- **Additional Human resources**
- **Renovation** in health facility **infrastructure** through local resource mobilization
- **Training** of health professional in disability prevention and rehabilitation
- **Recruitment of Community based Rehabilitation workers**

Strength of CBHI

Income generation at VDC level for financial sustainability of the program

- Financial contribution from community people for health
- Financial support from VDC, DHO, DDC and others for health
- Income generation from other sources such as **lab**, **ambulance**, **livelihood** program etc.
- Income generation of around 9 Million Rupees in 7 VDCs till date
- Good coordination with other stakeholders in Central, district and VDC level

Strength..

In health services

- **Resume**, increase in **accessibility** and **quality** of services in project VDCs
- **Establishment of referral** system
- Increase in **availability of essential drugs** in the local health institution, besides provided in free health services
- Improve in **indicators** of **maternal and child health** which helped in disability prevention

Strength..

In community

- **Community participation** physically and financially
- Accessibility of health services through local health facilities and referral hospital
  - to all people (Poor, middle, rich) and of all ethnic group and disadvantaged/ marginalized group
- **Pro poor** as this program enhances the economic status of poor through involving them in livelihood program
- Increase in **trust** of community people in health facilities, quality of services and human resources
- **Political consensus** for implementing the program
- **Local employment** opportunities

Overall Pros of program

- **Pre-payment / Co-payment** system developed
- Out Of Pocket Payment **(OOP) decreases**
- **Health protection**/security of people of community
- Improve in health status – focusing on **promotion, prevention, curative and rehabilitation** services
- Achievement in the **national goals and MDGs**
- Attainment towards **universal coverage of health** of all people of Nepal

Learning

Program is sustainable if following 3 conditions are met:

- **Financial resources**: *Financial resource could be managed without support from external donor*
- **Service** : *Resume -> Accessible -> Quality*
- **Management** : *Manage service, HR, Finance with transparency and Accountability towards the consumers*

Challenges

- To convince people to be enrolled in CBHI (lack of national policy in CBHI)
- Motivation of Health Facility Management Committee (HFOMC) members
- Rationale prescription and use of drugs
- Management of referral services
- Community attracted towards tangible results like building, equipments rather than services
- Rationale of hiring additional human resource

Challenges…

- Role of Health workers
- Service delivery hours
- Location of Health Institution
- Ratio of health worker to population
- Difference in policy and practice
  - Upgrading SHP into HP
  - Fulfill the vacant post of Health Workers
  - Regular and sufficient supply of Free drugs

Replication plan

- We expect to implement CBHI in a **whole district** or in **cluster of VDCs in adjoining districts** rather than in scattered PHCC in all over Nepal for better coverage of the population and services
- National level policy formulation and implementation committee formulation
- There is no need of additional budget from GoN
- Utilization of budget allocated for CBHI

Replication plan

Government TFT
Master Plan

Cooperation
I/NGO, Donor Agency

Distribution of Roles

Large Scale CBHI program

Review of CBHI initiatives in Nepal 2012

CBHI provided by Government

Name of the CBHI scheme	Date of start of operation	Number of VDCs / Municipalities* covered	Nr of enrolees in FY 2011
Mangalabare PHC	2004	9	3,842
Katari Hospital	2006	1	2298
Chandranigahapur PHC	2006	6	2,636
Dumkauli PHC	2004	9	1676
Lamahi PHC	2006	6	6,259
Tikapur DH	2006	5+1*	5,980

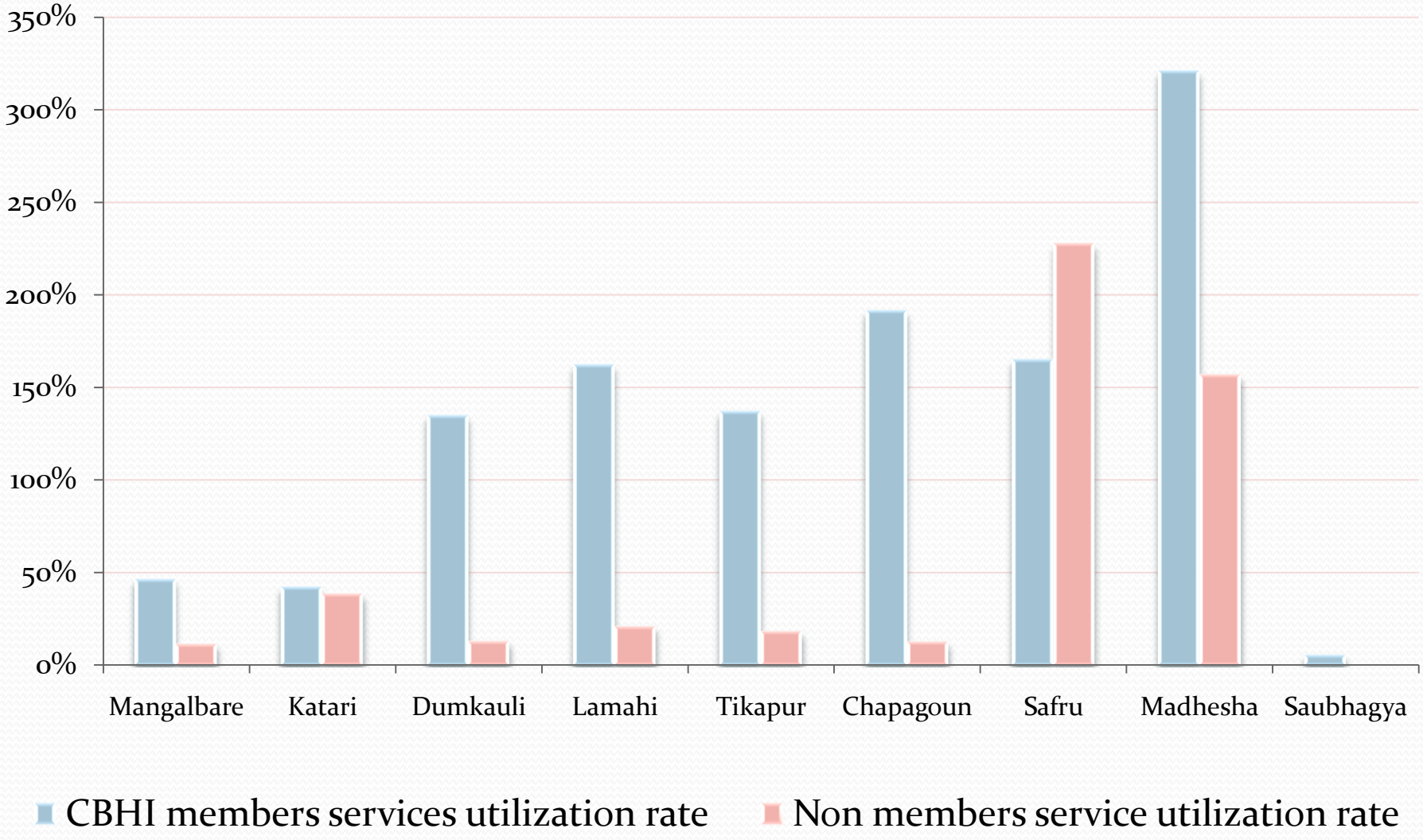
CBHI run by private

Name of the CBHI scheme	Date of start of operation	VDCs/ Mun.	# of Enrollees	Nature of Scheme
Syafru HP	2009	1	831	Provider based, support by Karuna Foundation.
Madesha SHP	2009	1	2083	Provider based, Support by Karuna foundation
Saubhagya Laghu Swasthya	2011	9	908	Community based supported by Misereror/STC/MIA/DEPROSC
PHCRC, Chapagaon	1972	15	4311	Community based, UMN initiated. Presently supported by KOICA.
Rajmarga Cooperative Society Limited	2003	20	599	Cooperative
Bikalpa Cooperative	2000	2+1*	1,376	Cooperative
Nirdhan	2010	15 VDCs and 1 municipality		

Household coverage

Scheme name	Demographic Information of Insured Population		% of HHs covered under CBHI
	HHs	Insured Population	
Mangalbare	697	3842	1.60
Katari	392	2298	11.04
Chandranigahapur	493	2636	3.30
Dumkauli	296	1676	1.50
Lamahi	1310	6259	8.92
Tikapur	988	5980	4.26
Madesha	**426**	**2083**	**28.46**
Rajmarga	119	597	0.60
Saubhagya	339	908	1.93
Chapagoun PHCRC	784	4311	4.95
Bikalpa	320	1376	1.83
Saprubesi	**164**	**831**	**28.42**
Grand Total	6328	32797	**3.29**

Service utilization rate



Thank you