

Karuna *foundation Nepal*

Saving children from disability, one by one

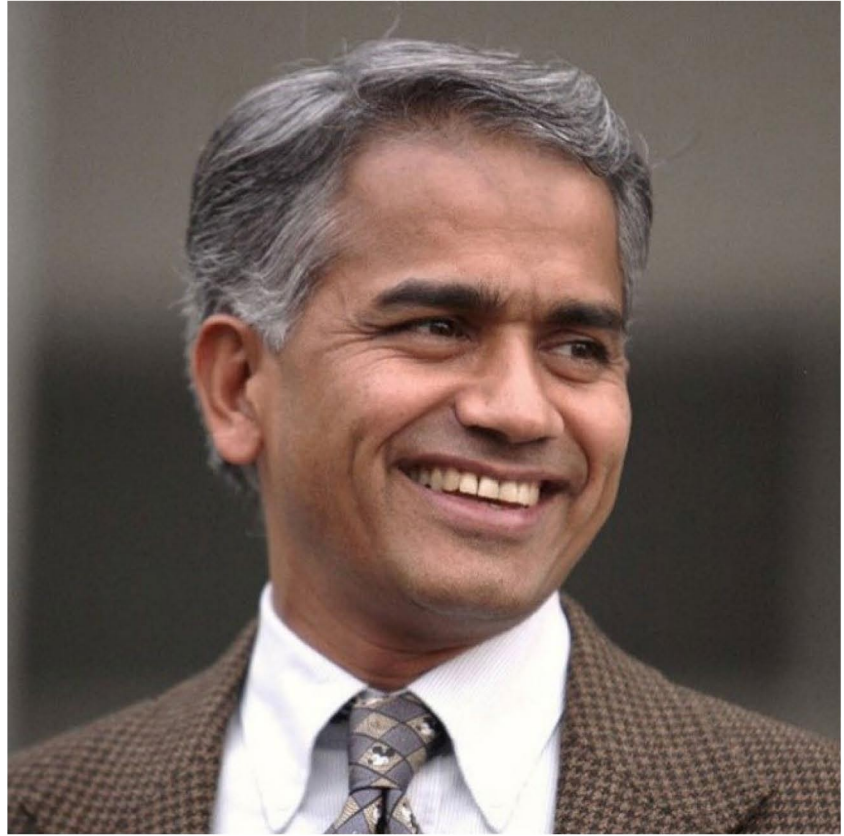


"KFN endeavors to prevent avoidable disabilities among children and improve quality of lives of children and adults with disabilities"

ANNUAL YEAR REVIEW 2019

Message from the Chairperson

Karuna Foundation Nepal has been working with the vision of a world in which each individual, with or without disabilities, leads a dignified life and participates equally in the community. Karuna Foundation Nepal embarked on this journey as an INGO in 2007 and later transformed into an NGO in 2016. Over the years, we have been able to touch the lives of children, women and persons with disabilities in remote corners of Nepal which I believe to be the organization's biggest achievement.



We work to strengthen maternal, neonatal and child health and nutrition services for prevention of avoidable disabilities at birth and during the first ten years of life. Rehabilitation of persons with disabilities in their own communities is our other equally important area of work. In our quest to prevent avoidable disabilities and improve quality of life of persons with disabilities, we have worked in direct partnership with communities and local governments. As a result, our disability prevention and rehabilitation model - Inspire2Care - has recently been adopted by the provincial government of Province No. 1. This acceptance and ownership sends out a positive message in a country that places disability at the bottom of its development agendas.

We will firmly continue our work to influence and promote accountability; support local and national governments for efforts to prevent avoidable disabilities; change the perception of society regarding the position and value of persons with disabilities; and engage the state in materializing the existing policies related to disabilities.

It gives me a pleasure to note that we have been blessed with generous funding partners, supportive government agencies and motivated team members. Their dedication and diligence has made the past year of Karuna a magnificent experience that surpassed our expectations. I hope that we will have continued support in the years ahead.

Last but not least, it is my immense pleasure to be part of this program which has an overarching motto of creating big impact through joint effort.

Prof. Dr. Bhagwan Koirala

Chairperson

From the Desk of Executive Director

Deepak Raj Sapkota



The year in review has been a momentous one for Karuna as we continued passionately on our journey to impact the lives of people with disabilities, pregnant mothers and young children. We have been relentless in our pursuit of creating lasting impacts in the lives of people through our prevention and rehabilitation services. This year (2019) in review has had many highlights, with progress made on several fronts from government level to beneficiaries at field level.

The year was a dynamic and successful year for Karuna with many significant accomplishments, capping off over a decade of active role in helping persons with disabilities lead meaningful lives and enhance their acceptance in the communities. This year is significant as our Inspire2Care program, now known as Disability Prevention and Rehabilitation Program, is in the radar of the Provincial Government which has enacted a directive for its

implementation. An agreement has been signed between the Ministry of Social Development, Province No.1 and Karuna Foundation Nepal to jointly take the program to all 14 districts of the province. Moreover, for easy access to and timely utilization of maternal and neonatal health care services provided by the Government of Nepal, we have also adopted Best Wishes Program. We believe that it will support for safe motherhood program of the Government of Nepal.

With the provincial government of Province No. 1 taking over the DPRP, we are confident that a new and strong partnership has emerged to expand the reach of this program. Through our Policy, Advocacy, Awareness and Networking activities, we amplified united voices of persons with disabilities and marginalized populations for acceptance and their inclusion. We know it is just a beginning, and we need to communicate and share the model with many partners globally.

Reaching every milestone boosts us up to aspire for the next ones. Challenges are formidable yet we are committed to realizing our goals which have been set. Strong governance and effective utilization of generous contribution from funding partners are prime source of our success. For us every single penny we receive, we see the face of the contributor-- it is not treated like a money flow from some unknown faces or foundations. As we work together, I would like to thank the Government of Nepal, the Social Welfare Council, our funding partners, National Federation of the Disabled, Nepal (NFDN) and our local level governments for their immense support towards the betterment of the marginalized groups. Of course, the Board and the team mates of Karuna also deserve praise for their commitment to Karuna's mission. Without their support, our work would not have been possible. Karuna is committed to pursue its goals in creating a world where everybody leads a dignified life.

Finally, our commitment is to make a program that is fully owned by the people and government of the country where it is being implemented.

Karuna Foundation Nepal's Working Area

Number of Municipalities in each districts of Province No. 1



Administrative Division of Nepal by Province



Total Reach of Karuna Foundation Nepal's Program, 2019



Prevention of avoidable disabilities

46

health facilities strengthened through furniture, equipment and renovation support for maternal and child health services

5888

pregnant women followed up for health services

7215

mothers reached with nutrition education

3961

golden 1000 days mother reached

4560

women reached with Best Wishes Card information

9384

children screened during health screening camp



Community Based Rehabilitation Service

528

received treatment support

48

children enrolled in formal education

246

persons with disabilities or their family members engaged in income generation activities

718

persons with disabilities supported with assistive device

83

children received home based education

3971

improved access to ID card

What we stand for?



About Karuna Foundation Nepal

Karuna Foundation Nepal (KFN) is a Non-Governmental Organization working to prevent avoidable disabilities among children and improve quality of lives of children and adults with disabilities and their families by creating an enabling environment through strengthening community structures.



Vision:

A world in which each individual, with or without disabilities, leads a dignified life and participates equally in the community.

Mission:

Saving children from disability, one by one and creating enabling environment for inclusive society.



Goal:

Prevent disabilities and improve quality of lives of children and adults with disabilities.

Objectives:

KFN strives to realize its objectives broadly in following areas:

1. To improve access to and utilization of Maternal and Child Health Services
2. To improve quality of lives of persons with disabilities and their families through health, education, livelihood and social empowerment interventions.
3. To strengthen the capacity of community for ownership and local resources mobilization.
4. To promote issues of disability in mainstream of development.
5. To achieve holistic development of targeted constituents.



What we strive for?

"The values and principles that we strive for as an organization have been reflected in the activities we have conducted."



For over twelve years, Karuna Foundation Nepal has developed a disability inclusive community development model named Inspire2Care, which is now reframed and renamed as “Disability Prevention and Rehabilitation Program” by the provincial government of Province No. 1. This model will be implemented in all 137 rural municipalities of the province in a phase wise manner. This year, the DPRP has been initiated in 27 rural municipalities of Province no. 1. Over the years, we have gradually witnessed persons with disabilities being identified, accepted and received their due recognition in society. Furthermore, the prevention program is also creating visible footsteps in maternal child health. Since this is a change that we would like to facilitate all over Nepal, we have taken the first step in this direction by initiating scaling up the program throughout Province No. 1.

KFN Programmes and Key Achievements



Inspire2Care in Ilam

Inspire2Care(I2C) program in Ilam, is a community run program that synonymously reflects the goals and principles of Karuna Foundation Nepal- saving children from disability, one by one. It is a model that directly aims to improve the quality of life of people with disability, ensuring young women and mothers with safe pregnancy and safe delivery thereby reducing the incidence of birth defects and disabilities among children.

After the initiation of this program, we observed significant changes that resulted in preventing avoidable disabilities among children and adults; in creating enabling environment for children/adults with disabilities and their families across Ilam district. We are convinced that the prevention of avoidable disabilities is possible through the strengthening of maternal and child health service utilization, which directly prevents birth defects and contributes to the reduction in maternal and child mortality. The strengthened maternal and child

health and nutrition services enhance overall health and nutrition status of mother and child. Upon this belief, several activities on disability prevention focused on increasing the access of pregnant women, newly married couples, children and marginalized groups to essential health services, reaching over 34,609 people in Ilam.

Mobile based Best Wishes Program (mHealth) continued to reach pregnant women and new mothers for increased utilization of maternal and child health care and nutrition services. The knowledge and skills to use mobile phones of all Female Community Health Volunteers (FCHVs) in Ilam to register and follow up pregnant women were enhanced through refresher trainings. Through this mobile based messaging technology, 5888 pregnant women were registered and received best wishes cards that contained information regarding ANC, institutional delivery, PNC, and immunization schedule while 4,560 newly married couple were registered and received information related to importance of marriage registration, family planning, reproductive health and disability prevention.

This program places disability at the center of its intervention and the provision of rehabilitation rely upon the community-based rehabilitation tool developed by World Health Organization, also following the principles defined by United Nations Convention on Rights of Persons with Disabilities (UNCRPD, 2006). The program is also guided by the national laws, policies and plans. Community Based Rehabilitation Facilitators (CBRFs) are responsible to carry out the activities related to community-based rehabilitation of persons with disabilities. Activities related to community-based rehabilitation this year recorded medical treatment support for 465 persons with disabilities and assistive devices for 653 persons with disabilities. Likewise, 3,971 have access to new disability identity cards. In addition, many persons with disabilities were also referred to centers such as B&C hospital, Nobel hospital and The Medico for special treatment and regular follow-up to improve their health condition and prevent their situation from worsening.



Karuna Foundation Nepal strives for increased access to education of children and adults living with disabilities. Thus, the efforts of the I2C are also focused on ensuring equal and accessible education by building an inclusive learning environment and providing the needed assistance for children with disabilities. This year, we recorded 691 children of school going age with disability, out of which 369 are currently attending schools and 218 are receiving scholarships from government. The remaining 322 are not attending schools because of the severity in disability conditions and other factors such as distance to school, and reluctance on the part of the family to send them to school. . The program was also able to enroll 26 children with disabilities in school and 86 children with severe disabilities were able to receive home based education.

Wheelchair and regular physiotherapy have improved Niroj's health condition!



Niroj Bhandari was born as the first child to parents Paras Bhandari and Lila Rai in Mai Municipality of Ilam district, Nepal.

Niroj's story begins in 2012 when he was born in the supervision of unskilled birth attendant at home. His family found that he was paralyzed by birth and took him to different hospitals in Nepal and neighboring country India for his treatment. However, no improvement was observed in his condition. Since he was unable to move his limbs, head and was fully dependent on his family for all activities of daily living, it was very difficult for his family to provide constant care to him and had to take unpleasant decisions at times. For instance, when they had to go to their work, they were compelled to leave him lying down on the bed, which had the potential to further deteriorate his posture and health.

In 2018, Inspire2Care Program was launched in his village and the Community Based Rehabilitation Facilitator working in Mai Municipality developed rehabilitation plans for him in consultation with his family. Niroj was also continuously visited by the CBR facilitator and provided regular physiotherapy services. Within ten months of the intervention, visible changes were seen in Niroj. Furthermore, he was provided wheelchair in the same year which supported his daily mobility.



“While reminiscing those painful days, I never thought that I could walk on my own. I am fully convinced that I would be bed ridden for whole life were it not for the regular physiotherapy. I feel like I got a new life” says Lilamaya Rana Magar who was spending her life at bed because of spinal cord injury. Learning about her deteriorating condition, her rehabilitation measures were taken ahead under I2C program. She was taken to the hospital for further treatment and also provided with red disability identity card. She is now able to walk after the treatment from hospital and regular physiotherapy provided by CBRF. She moves around her house, helps with household chores, feeds the cattle and performs other basic daily activities.



Livelihood opportunities and support enhances the lives of people providing long term impact. KFN also offers livelihood support program as a tool to bring improvement and change in the lives of persons with disabilities and their families. KFN has enthusiastically supported the formation of Milijuli Samuha in its working areas as a tool to bring improvement in the quality of life and promoting livelihood. These groups were provided with seed money and they have actively mobilized seed capital provided through I2C to ensure their economic growth and livelihood. So far 571 persons with disabilities or their family members have utilized the seed capital from their respective SHGs. Different types of vocational training like bakery, small groceries, bee keeping, driving, poultry farming, mushroom farming, computer and doll making were provided to 246 persons

with disabilities or their families which has helped the families to start a small-scale business and increase their income.

The cost sharing mechanism and promotion of leadership capacity of community people that are being adopted by Karuna Foundation Nepal have led to positive changes in shifting responsibilities and accountabilities. The governments have taken prime leadership and community showed ownership towards the program. The local government has been involving persons with disabilities in all aspects of program management, which has promoted social participation of persons with disabilities. Now, the government's leverage towards cost sharing and increased ownership brought visible changes in the quality of health care and lives of persons with disabilities.

Suk Maya Lepcha, hails from Erautar Village Development Committee of Ilam District. Ms. Lepcha has speech problem due to which she cannot speak clearly. Owing to the high aptitude for learning and continuation of education, District Education Office, Ilam provided her with the scholarship. Despite her high aptitude for continued education, mocking and mimicry of hers by her friends stood as discouraging elements for Suk Maya. She made up a decision to quit school and stay back home. No sooner the principal heard of the case, he immediately visited her house and consoled her. His assurance to the girl that no bullying would take place against her in coming days made her rejoin the school again.



I am happy that Suk Maya has now rejoined school. I very much hopeful that she will learn well from this school and will work for the benefit of the society and children like hers. I want to ensure that till I remain in this school, no children will be left out from education in Erautar VDC.

Principal of the school who was also the promoter of child club in the village.

Inspire2Care in Barahakshetra, Sunsari



With the encouraging results obtained from implementation of Inspire2Care program in Ilam, a decision was taken to replicate the further re-designed program throughout Province 1. As a result, Barahakshetra was chosen as a prototype municipality to test the re-wired model for its feasibility, consistency and motivation to replicate the model in the whole Province. The program mainly incorporates major activities that were proven to reduce birth defects, prevent childhood disability and increase the quality of life among the persons with disability. All activities of the prototype have been carried on based upon the high level of readiness and ownership by the Municipality stakeholders of Barahakshetra to implement the program.

The main constituents of Prototype program are newly married couples, pregnant women, children under 10, and children and adults with disabilities and their families. It prioritizes to find local solutions, local rehabilitation strategies and develop the potential from or among the people and children with disabilities. Deployment of mHealth tool to track pregnancy and make regular follow-up visits to utilize the services has been effective. A total of 1,328 pregnant women were registered and monitored through best wishes program. All five health facilities have access to pre-conception folic acid supplementation and Best wishes cards with relevant information on maternal, and child health, and disability prevention.



Six Community Based Rehabilitation Facilitators (CBRFs), recruited by the Municipal Office were trained on disability management, and they delivered the CBR activities. The disability assessment camps were conducted to find out the magnitude, type and nature of disability. In total, 1,361 persons with disabilities were identified and assessed in Barahakshetra Municipality. The detailed profile of persons with disabilities have been developed along with their rehabilitation goal and plan. This year the CBRFs conducted 2880 home visits to persons with disability. During home visits, rehabilitation services such as counseling and physiotherapy were provided. They facilitated assistive device, treatment care and support services as well. This year, 233 persons with disability received physiotherapy service at home while 14 families were provided with special counseling to transfer the disability management skills at home. As envisioned, the CBRF plays the core role of Rehabilitation related work,. However, retaining them and motivating them has remained a challenge as six of the CBRFs have quitted the job.



Disability Prevention and Rehabilitation Program (DPRP)



As shared previously, the team Nepal stayed busy by redesigning the model or negotiating with the provincial government to roll out the model throughout the province with their leadership and cost sharing model, the team Netherlands was busy looking for resources required for the provincial level implementation. In the process of redesigning the model, lessons learned from Barahchhetra, the prototype Municipality and Ilam where I2C program had been implemented since 2015 provided a path to follow. After multiple intense discussions and follow-up visits, the Provincial government agreed to expand Inspire2Care program in all Palikas of the Province. The recommendations and support provided by the mayors of municipalities of Ilam and Barahchhetra were instrumental in convincing the Provincial government to own the model. Though the negotiation process was not easy, one point to be mentioned here is that the Chief Minister and the other key personalities of the provincial government were committed with the cost sharing and ownership modality right from the beginning. During the process, the Province government also proposed changing the name of model Inspire2care into Disability Prevention and Rehabilitation-DPRP, to make it more concrete. They also agreed to mainstream all their prevention and disability management related activities under the banner of DPRP by endorsing Disability Prevention and Rehabilitation Directives. A unique way of collaboration ensued: the collaboration among the Provincial government of Province No.1, local governments and a development partner (in this case Karuna Foundation Nepal). The longstanding ambition where these three parties come together to decrease the incidence of birth defects, reduce maternal and neonatal mortalities and develop disability inclusive society in Province 1 has been materialized. With the endorsement of 'Disability Prevention and Rehabilitation Implementation Guideline 2019, by the government of Province no. 1, the first of its kind in Nepal, DPRP has been integrated into the government system. We envision this to be the beginning of a new way of approaching development issues in Nepal by many other partners too!

Table 1: Total Target Beneficiaries

Target Groups [Source HMI target 2076-77, Census 2011 for U10*]	Province 1	% of total Province 1 Pop.	4 districts (Jhapa, Morang, Sunsari, Udayapur)	% as of total four districts' Pop.
Children U10*	860,771	18	566,728	17
Expected Live births	109,264	2	71,509	2
Married Women of Reproductive Age	1,436,739	29	731,745	22
Expected Pregnancies	128,849	3	84,327	3
Golden 1000 days mothers	205,850	4	219,511	7
Persons with Disabilities	94,640	2	50,619	2
Families of Persons with Disabilities	378,560	8	202,476	6
Population of Province 1	4,921,498		3,269,125	

Stepping on the guideline, an Expression of Interest from MoSD for a partner organization was called where Karuna Foundation applied. Based on the submitted proposals, the MoSD selected Karuna as a partner followed by an agreement between MoSD and Karuna Foundation Nepal. This is a monumental moment for all of us. We would like to reiterate here that the model was adapted within the system, the leadership and ownership was created with Governments (provincial and municipals) and the limited role and an exit plan of external partner was clearly spelled out. The external partner's role was to inspire and provide technical support (with one third of the total program budget) instead of leading the whole program as in many other initiations across the globe. Some key features to mention in DPRP modality is- cost sharing of the program by all three parties in equal basis initially, program to be implemented in four different phases, program period of each phase will be for three years. The Karuna Foundation shares the cost only for the first two years and provide technical support in the third and last year, and the impact evaluation will be conducted from the very first phase of implementation by internationally credible party.

Table 2: Presentation of Districts and municipalities by Batch

Batch	Program Period	Districts	# (Rural) Municipalities
I	2020-Mid 2023	Dhankuta, Morang, Panchthar, Sunsari	27
II	Mid 2020-Mid 2023	Bhojpur, Morang, Sankhuwasabha, Sunsari	31
III	Mid 2021- Mid 2024	Udayapur, Okhaldhunga, Solukhumbu, Khotang	33
IV	Mid 2022- Mid 2025	Jhapa, Taplejung, Terhathum	26
	Total		117



As mentioned previously, Karuna believes on the principles of local ownership, cost-sharing, and exit plan in place before initiating the implementation phase. Karuna invests 100% for the preparation of implementation of the program and the cost is shared equally between the three partners for the first two years. From the third year onwards, the cost is shared equally by the provincial and local governments. KFN provides technical support only in the third year and exits from the community upon its completion.

Table 3: The Cost Sharing Model

Project	Local Government/Palika	Province Government	Karuna Foundation Nepal
Preparation period			100%
Year I	1/3rd	1/3rd	1/3rd
Year II	1/3rd	1/3rd	1/3rd
Year III	50%	50%	Only technical support

Cervical Cancer Screening and Prevention Project

Women's cancer including breast, cervical, and ovarian cancer lead to hundreds of premature deaths. Cervical cancer can be easily treated if identified in the early precancerous stages. Yet, it is the second most common cancer in women worldwide and because of poor access to screening and treatment services, the vast majority of deaths occur in women living in low and middle income countries like Nepal. Though cervical cancer is non-communicable and preventable, many women are dying and many of these deaths go unreported.

To address the problem, Karuna Foundation Nepal with the support of Female Cancer Foundation has been working in all ten (rural) municipalities of Ilam and two municipalities (Duhabi and Barahakshetra) of Sunsari to prevent cervical cancer and facilitate early management of cervical cancer under Cervical Cancer Screening and Prevention Project since 2018. This project mainly focuses on awareness raising at the community level and capacity building of health workers to provide screening services for cervical cancer. The awareness raising programs work through the distribution of IEC/BCC materials to women, Public Service Advertisements (PSAs) through local FM radios and installation of hoarding boards on cervical cancer and its prevention. Local health workers are trained to conduct Visual Inspection with Acetic Acid



(VIA) testing for cervical cancer screening and doctors and nurses are trained to treat precancerous lesions at the community and district level through the project. Fourteen (14) ANMs were trained on VIA from 11 Health Facilities of Sunsari. So far, 40 (25 from Ilam, 14 from Sunsari and 1 from Rasuwa) ANMs have received VIA training and VIA equipment has been provided for screening.

Insufficient infrastructure, lack of access to preventive vaccines, screening and treatment stand as barriers and make the battle against cervical cancer a challenging one. Therefore, in addition to capacity building on cervical cancer screening and management, health facilities have also been provided with VIA



equipment and Cryotherapy machines and Thermocoagulators machine for screening and treatment of precancerous lesions in rural parts of the project area.

As part of awareness raising, FCHVs have been oriented on prevention, causes and management of cervical cancer. They were informed about availability of VIA screening services in their respective health facilities and encouraged to promote VIA screening among women in the community. Furthermore, 40 ANMs have received training on cervical cancer screening through VIA methods and they were also provided with VIA equipment for screening. With the conduction of VIA screening camps, 963 women were screened through 25 health facilities of Ilam, among whom 26 women were found to be VIA +ve. Similarly, 11 VIA camps were organized where 1,121 women were screened for cervical cancer; 66 were suspected for cervical cancer. All the suspected cases were referred to BPKIHS, Dharan for further examination. In addition, to raise awareness on prevention of cervical cancer, orientation programs were also carried out in schools targeting the school going adolescents. A total of 261 adolescents were educated on the causes, prevention and management of cervical cancer.



Sapana Thapa Magar is very happy to be able to provide VIA screening services to the women of remote areas. She joined Ebhang Health Post in Ilam three years ago as an Auxiliary Nurse Midwife. During her first year at the Health Post, she received an opportunity to be trained on cervical cancer screening through Visual Inspection with Acetic Acid. The three-day training was organized by Karuna Foundation Nepal in support of Female Cancer Foundation at BP Koirala Institute of Health Sciences, Dharan. Her health post was also equipped with a set of instruments for conducting VIA screening. Equipped with skills for cervical cancer screening, Sapana returned to her work station and started providing VIA screening services. Since she wanted more women to come to the health post for screening, she oriented the 21 FCHVs working for Ebhang Health Post on cervical cancer screening and prevention. She urged the FCHVs to spread the message in the community that VIA test would be provided free of cost at Ebhang Health Post. For greater awareness, she also reached out to schools to orient adolescents on cervical cancer. After the orientation program, she noticed a marked increase in client flow at Ebhang Health Post for VIA screening and expressed her gratitude to Karuna Foundation Nepal for enabling her to save more women from this life threatening disease.

Up-Scaling MAX- WASH in Nepal-Integrated WASH, Health, Education, Empowerment and Livelihood Intervention



Nepal has made considerable progress towards improving water supply and sanitation (WASH) situation in the country by formulating and enforcing a number of WASH policies, guidelines and acts and is heading on the road to universal access to total sanitation facilities. However, access to improved sanitation facilities is still low in many urban and rural settings especially among marginalized and Dalit communities. Malnutrition persists among under five children and pregnant women. Based on learning from similar projects in Rasuwa and Sunsari, a holistic development project comprising water, sanitation, hygiene, maternal and child health, nutrition, education, empowerment and livelihood is being implemented in Dalit communities of ward numbers 1 to 6 in Duhabi Municipality, Sunsari.

Karuna Foundation Nepal strives for the prevention of avoidable disabilities and community-based rehabilitation of children and adults with disabilities. It is only possible when there is provision of WASH, maternal health institutions, nutrition, education and proper livelihood facilities. Thus, this project contributes to the improvement of child health status and social and economic well-being of children by reducing prevalence of water and water borne diseases and malnutrition among two and under five children and enhancing educational and livelihood opportunities for children and adults from Dalit communities.



“The prevention of avoidable disabilities and community-based rehabilitation of children and adults with disabilities is only possible when there is provision of WASH, maternal health institutions, nutrition, education and proper livelihood facilities.”

We were able to facilitate access to safe drinking water to 208 households and 2008 school children through the project intervention. Similarly, the project was able to facilitate access of improved sanitation facilities for 357 households through construction/repair of toilets. Through various awareness activities related to WASH, 1,575 people were made aware on the importance of WASH while 1,973 people were sensitized on sexual and reproductive health issues. In addition, with the initiation of mHealth program, 315 pregnant women from Duhabi were registered and provided Best Wishes Card that provided information on maternal health. The project was based on cost sharing principle and Duhabi municipality and project beneficiaries contributed almost 5 million rupees in hardware installation (60% of infrastructure works).

Suvekshya Chaudhary, aged two years is from Duhabi-3. She was identified as MAM during home visit. And she was referred to OTP center in Aurabani, Sunsari and her family is counselled by our Health Technician. Due to the intervention, she is normal within 3 months. Her recent MUAC is 13.5 cm.



OUR PARTNERS-PRESENT



OUR PARTNERS-PAST



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