Karunafoundation

"Saving Children from Disability, One by One"

2010

Annual Report

KFN would like to express gratitude to people and authorities of programme areas, Government of Nepal, Partner Organizations, Donors and Well-wishers, Prawin Adhikari for editing and N. R. Manandhar for designing this Annual Report

Karunafoundation

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"Saving Children from Disability, One by One"

Karuna*foundation*

2010: A YEAR FULL OF CHALLENGES, LESSONS AND PROGRESS

It has been a challenging year in which our motto of learning by doing was practised at all times.

Let us start with the challenges. In one of our pilot villages, Hashposa in Sunsari district, we decided to phase-out the Share & Care program as we did not see any chance of successfully continuing with Karuna's involvement. The dependency on Karuna was an obstacle to progress in ownership and empowerment. Though we couldn't continue, we believe the program has brought a change in the community and has had an impact on the lives of people of Hansposa, especially on the lives of children with a disability. In Dhaibung, Rasuwa district, we also couldn't continue the Share & Care program after four months of signing the agreement. The political division within the community obstructed any progress. The lessons learnt are numerous, both for Karuna as well as for the community.

We faced management and structural difficulties in all the Share & Care communities. The Community Based Rehabilitation work in Rasuwa faced similar challenges, as well as geographical constraints.

We came through all these challenges by having intense internal and external discussions about the leadership, structure, financial involvement and project period.

We realized that, on the one hand, our technical support had to continue for a few more years to be able to guarantee the sustainability of a good and locally embedded rehabilitation and prevention system. On the other hand, we learned that the more financial support we give, the more difficult it is to achieve sustainability. Therefore finding the right balance between Karuna's support and sustainability in the community remains one of our biggest challenges.

Furthermore, we need to intensely work on building the knowledge and capacity of the health facility operation and management committees, health and rehabilitation staffs and other key persons to be able to reach the entire community. Health insurance education, transferring leadership and management skills and principles as well as communication and mobilization skills are high priority in the New Year.

VDRC Formation, Narayansthan, Kavre

Female Community Health Volunteer being felicitated at Narayansthan

Apart from the lessons learnt from our own experiences, we saw some very good examples of well-organized grass-root structures for the implementation of community based health insurance schemes during our visit to India. It inspired us, and has influenced our strategies and approaches.

The year 2010 was also a year full of steps towards the achievement of our goals. Thanks to the joint effort of the people of the community, the District Health Offices and Karuna Foundation, many children could be prevented from living with a disability, and hundreds of children with a disability could be treated, rehabilitated and empowered. It is our ambition to make these results more sound and evidence-based over the years.

In our work, we emphasize the role of the communities because this strengthens local responsibility and ownership. That is why the communities are our most important partners in reaching our mission towards prevention and rehabilitation.

At the end of 2010, we are strongly convinced that despite—or perhaps because—of all the challenges, sustainability of the projects is closer than ever.

All these lessons and intense discussions in the past year resulted in a more united Karuna team with stronger commitment and enthusiasm, and innovative, renewed strategies and solutions which were implemented immediately.

In the year 2011, we are fully committed to achieving the success and quality needed for a sustainable system through which rehabilitation and prevention will be locally embedded, year after year, eventually also without Karuna's input and existence.

On behalf of our founder Rene aan de Stegge and the other Board Members, I would like to express our gratitude to our colleagues of Karuna Nepal, our donors and all the stakeholders for their commitment and confidence, for supporting us and for being with us. Only together we can work structurally on preventing children from disability, one by one, and on achieving a better life for children with a disability, who deserve a life of dignity, respect and opportunities, like every other human being.

Betteke de Gaay Fortman,
General Director

REMARKS FROM THE COUNTRY OFFICE

Time has passed quickly. In March 2007, the discussion was initiated to carry out something concrete to address disability, mainly the prevention of disability among children, and improvement of the quality of life of children with disability, and their families. As a result, Karuna Foundation was born. It has been 3 years since! We have gained a lot of experience; ideas have been discovered and possibilities found. Karuna Foundation Nepal (KFN) is moving steadily ahead. Its projects now cover 8 Village Development Committees, affecting change in the lives of 60 thousand people directly and indirectly, breaking many myths and creating more options and opportunities.

It is really a matter of joy once again to mark the passage of the year 2010. We have had heavy and distressing discussions in the beginning of the year, from which we have learned tremendously. KFN exited from Hansposa after 2 years of implementing of Share & Care (SC), facing many pulls and pushes; successfully introduced SC in Madhesa; learned great many lessons in Bhokraha; successfully implemented SC in Chapakhori; facing leadership challenges in Syafru and encountered managerial problems in Mechchhe and Narayansthan. KFN introduced SC with a lot of zeal in Dhaibung, but unfortunately had to close the program after barely a few months! KFN found a good model of collaboration with the Government. There are many more stories to share.

We have learned that in terms of implementing SC, managerial and structural issues, along with coordination, are the main challenges. Commitment from all the sides is also equally important.

Two years of implementing the Training of Professionals project was completed this year. A total of 431 health professionals and managers from Kavre, Sunsari and Rasuwa districts have been trained on prevention of disability. It is phenomenal that we have supported to establish birthing centres and strengthened existing ones in Sub/ Health Post, strengthened Primary Health Care/ Out-reach Clinic and implemented prevention projects, and most importantly, we have been able to prevent children born with disabilities, in partnership with the existing government healthcare system.

Service inauguration program, Madhesha, Sunsari

Birthing Center Slab Construction, Bhokraha, Sunsari

Another achievement was to directly and concretely influence the lives of 400 children with disability in all the project villages. About 12 percent of 400 children have been successfully rehabilitated in the year 2010. Strong coordination and collaboration with local governmental and non governmental bodies was created in the project areas. Simultaneously, we continue to face enormous challenges to rehabilitate the children with intellectual and multiple disabilities. But to have successfully created recognition and respect for persons with disability by families, community and others is a priceless achievement.

We successfully collaborated with Ministry of Health and Population, its units and Ministry of Women, Children and Social Welfare. The joint publication of the resource book on disability related issues, and our contribution towards the government's plan to make more effective community based health insurance by developing a social health protection model are products of this fruitful coordination and collaboration.

As we strongly believe in *ongoing improvements*, the year 2011 is going to be a milestone year as our learning and experiences are going to be well reflected in our actions. We are committed to creating a standard and structured Share & Care model which may then be replicated in a sustainable manner. This will be achieved by introducing Community Based Health Insurance as a tool to create participation in, and ownership of the program by the families. This will emphasize community solidarity for better health, livelihood, and most importantly, the prevention of disability and improved quality life of children with disability. Implementation of prevention and rehabilitation focused programs in some villages is also being planned for the year 2011.

We thank for your support and collaboration: the villages where we work, the District Health Office, the Ministry of Health and Population, Ministry of Women, Children and Social Welfare, hospitals, development organizations, media and every individual associated with us!

The team, working in Nepal and in the Netherlands, is committed to achieving our set targets. We move forward with our collective motto: "We will be effective agents of change!"

Deepak Raj Sapkota
Country Director and the team Nepal

KARUNA FOUNDATION: INTRODUCTION

Karuna Foundation, established in 2007, is a dynamic young development organization based in Arnhem, the Netherlands. Karuna Foundation Nepal, is registered as an international non-governmental organization in Nepal, the country where nearly all of its projects are presently being implemented.

Vision: Karuna Foundation aims to contribute to a world in which each individual, with or 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.

Motto: "Saving children from disability, one by one!"

Mission: Karuna Foundation strives to decrease the number of birth defects and disabilities among children in developing countries, by improving existing health systems and empowering communities and vulnerable groups within these communities, such as children with a disability, mothers and newborns, to develop their capacity to claim their right to healthcare. Besides, Karuna works to improve the quality of life of children with a disability and their families.

Strategies: Over a period of five year—starting in 2008—Karuna Foundation will set up better health services from existing local health institutions; stimulate community participation and responsibility through its Share & Care project; train health workers to prevent avoidable disabilities, by developing their own prevention projects; facilitate treatment and extra care for children with disability; and, lobby to include the needs of children with disability into the national policy.

Goals: Through these strategies, Karuna aims to achieve 5-10 percent less birth defects among newborns; 30-40 percent less children developing disabilities caused by illness, accidents or malnutrition; a sustainable access to improved health services for 100,000 people; access to education, financial support and community life for 1,000 children with disability and their families; and, a proven successful, sustainable and replicable health care model.

Implementation Planning Strategy Workshop, Chapakhori, Kavre

Share & Care inauguration, Madhesha, Sunsari

Birthing Center Inauguration, Bhokraha, Sunsari

PROJECTS IMPLEMENTED

Share & Care

Scaling up Essential Community Health Services and Awareness Raising Activities for the Prevention of Avoidable Disability (Share & Care)

Share & Care, a community based, focused, entrepreneurial program where the community shares the health risks, responsibilities, and cost of improved health services, was implemented as a pilot program in Mechchhe VDC of Kavre and Hansposa VDC of Sunsari districts in July, 2008, and expanded in 2009 to four more VDCs: Chapakhori, and Narayansthan of Kavre district; Bhokraha of Sunsari district; and Syafru of Rasuwa district. The implementing partner for this program is the Health Facility Operation Management Committee (HFOMC). Under the Government of Nepal's decentralization initiative, the HFOMC is a formally constituted body responsible for operating, managing and regulating local health facilities.

With the insights gained over the year 2009, we made changes to the Share & Care program in the year 2010. We developed a more realistic benefit package and collected targeted membership within a fixed period and created provision for a range of trainings to develop skills and capacity of the HFOMC members. In Madhesha of Sunsari, for instance, within two months of commencement of the agreement with the community, the target of membership was achieved. The Health Facility Operation and Management Committee entered agreements with hospitals to provide tertiary health care services to health insurance members. We conducted regular analysis of the financial contribution made by Karuna and the community (HFOMC), and reviewed the expenses. User friendly reporting formats were developed, and we focused more on promoting better health practices, disability prevention and rehabilitation activities.

> *In the Muslim community of Bhokraha, where institutional delivery was a rare practice, each month around 15 babies are now born in the new birthing center established with the support of Karuna.*

Our continuous partnership with the community has yielded a regular ambulance service for Bhokraha, an achievement much appreciated by the community.

The path forward is not always easy. We face numerous challenges. Community mobilization in difficult geographical terrain, the low priority given by the community to health services, location of the health institution, developing ownership and leadership on the part of HFOMC, and increasing awareness of risk sharing through financial participation in community (i.e. Health Insurance) are some of our biggest challenges. The community perception of an international development organization like the Karuna Foundation solely as a funding agency has been an eye-opening lesson.

The two-year exit strategy has proved challenging. Based on the request from the communities and recommendations from different experts, Karuna Foundation has decided to extend technical and, in some exceptional cases, limited financial support to the programs for an additional two years, bringing the total program period to 4 years. Though the community has not taken full ownership yet, the extent of their involvement, ownership and leadership is increasing each day. Besides, Karuna is investing to strengthen their knowledge, self-confidence and empowerment.

Ambulance providing service, Bhokraha, Sunsari

Models	Contribution Collection per HH	Benefit Package	Life Insurance
Madhesha	NRs 1200 per Household of upto 5 members NRs 200 per person for additional members	Medicine: *OPD: NRs 1000 *Indoor: NRs 4600 Operation: NRs 5000 Ambulance: NRs 1000 Bed: NRs 1000 Diagnostic: NRs 3500 ICU/INCU: NRs 5000	NRs 5000 per person for a insured member.
Bhokraha	NRs 750 per Household of upto 6 members NRs 50 per person for additional members	Medicine: *OPD: NRs 500 *Indoor: NRs 1500 Operation: NRs 4000 Ambulance: NRs 1000 Bed: NRs 500 Diagnostic: NRs 2000 ICU/INCU: NRs 2500	NRs 2500 per person for upto two insured members.
Mechchhe	NRs 1000 per Household of upto 6 members	*All medicine free * Referral service up to NRs 5,000	NRs 10,000 per person for a insured member
Narayansthan	NRs 1000 per Household of upto 6 members	*All medicine free * Referral service up to NRs 5,000	NRs 10,000 per person for a insured member
Chapakhori	NRs 1000 per Household of upto 6 members	*All medicine free * Referral service up to NRs 5,000	NRs 20,000 per person for a insured member
Syafru	NRs 1000 per Household of 6 members NRs 200 per person for additional members	All Services upto NRs 20,000 including Referral.	NRs 10,000 per person if one person is insured, NRs 5,000 per person if two people are insured.

Share & Care model information

S.No	Indicators/VDCs	Madhesha	Bhokraha
1	***Total Annual Budget (NRs.)***	2691350	3084560
	Community's Contribution (NRs.)	1130000	1648500
	KFN Contribution (NRs.) in running cost	520350	468060
	KFN Contribution (NRs.) in investment	1041000	968000
2	***DPAC Meeting***	1 (Sunsari District)	
3	***Total No of Patients Visited S/HP***	7307	18240
	Members	2920	3092
	Non-Members	4388	15148
4	***No of Deliveries conducted in the S/HP***	_	38
5	***Contribution on birthing center establishment***	1	1
	PREPARATION		
6	Skill Management Training to HFOMC	1	_
7	Annual planning workshop	1	1
8	Agreement between KFN, DHO, VDC & HFOMC	1	_
9	Renew agreement	_	1
	ORGANIZATION DEVELOPMENT		
10	***Training of Program Coordinator, HP In charge and Chairperson, Administrator (if any)***	2	2
11	On site training on administration & financial management	_	12
	HEALTH INSURANCE		
12	Publicity/ Awareness Campaign	3	6
13	Conduct awareness on CBHI in ward & tole level including PHC/ORC committee	10	_
14	Total Number of Households in the VDC	1290	3204
15	Total Households enrolled in the Insurance Program	526	383
16	Life Insurance	7	1
17	Referral service	65	85
	UPGRADE HEALTH FACILITIES		
A	**Develop Infrastructure**		
18	Building expansion & renovation	1	1
19	Establish laboratory	1	_
20	Equipments support	1	_
B	**Health Service Delivery- Appoint Health Workers, Additional Drugs**		
21	ANM (no …)	1	1
22	AHW (no …)	1	1
23	Lab assistant	1	_

a	Mechchhe	Narayansthan	Chapakhori	Syafru	Dhaibung
560	2749300	2475400	2554140	849200	2738670
500	1310415	734900	713770	609740	1880975
060	619035	536500	549770	223131	401425
000	819850	1204000	1290600	16329	456270
	1 (Kavre District)			1 (Rasuwa District)	
40	13949	4628	4019	2741	
02	1920	480	1380	1094	
48	12029	4148	2639	1647	
3	12	38	_	9	
	1	_	_	_	_
	1	_	1	1	1
	1	1	1	1	1
	_	_	_	_	1
	1	1	1	1	_
	_	_	_	1	_
2	8	4	10	10	_
	4	4	12	_	_
	1	1	2	2	2
04	1306	637	555	485	2612
3	320	80	301	203	114
	_	_	1	_	_
5	43	16	70	6	_
	_	_	1	1	1
	_	_	_	_	_
	1	1	1	1	_
	_	1	_	1	_
	_	1	1	_	_
	_	_	_	1	_

S.No	Indicators/VDCs	Madhesha	Bhokraha
24	Others	2	_
25	Medicines Consumed by members (In NRs)	194695	131310
	HEALTH PROMOTION & CHILD DISABILITY PREVENTION		
26	Ward Level Health Education	5	9
27	Orientation to newly married couples	2	3
28	Street drama presentation	_	_
29	Health Camp	2	2
30	Establish Birthing Centre/ Support	1	1
31	Sanitation & safe drinking water	_	_
32	School Health Education	4	_
	LIVELIHOOD		
33	Families Supported (Number)	25	_
34	Total Investment (NRs)	280000	_
36	Total Collection (NRs)	102580	_
37	Total Saving (NRs)	8280	_
38	Skill Development Training	0	_
39	No of categories of Entrepreunership	10	_
40	Types	Livestock, Shops, Rikshaw, Spice mill, Small hotel, press supplies, veg. farming, masonic tools	_

a	Mechchhe	Narayansthan	Chapakhori	Syafru	Dhaibung
	_	2	3	1	_
310	530733	65804	317197	79511	28075
	_	_	_	1	1
	_	_	_	_	_
	1	1	1	1	_
	1	_	_	1	_
	1	1	_	_	_
	1	_	_	2	_
	_	_	_	_	1
	Planned for 2011				
	_	_	10	31	_
	_	_	100000	229400	_
	_	_	_	starts in 2011	_
	_	_	960	9300	_
	_	_	_	1	_
	_	_	2	4	_
	_	_	Livestock, Vegetable Farming.	Shops, Livestock, Vegetable/Fruit Farming, sewing and weaving.	_

Health workers sharing about progress of prevention project

Training of Professionals [ToP]

ToP program aims to develop professional competency of community level heath workers to meet community health care service delivery needs. Health workers participate in an intensive five-day long workshop to develop childhood disability prevention projects to be implemented in their village. Health workers are oriented on disability, its causes, and methods of prevention. They then develop a plan of action on the basis of their analysis of existing problem. They analyse the health indicators, identify the areas that need improvement, and develop strategies to solve the identified problems. The whole process is based on participants setting their target to improve the indicators within certain time-frame, with greater emphasis on local community resources mobilization. At the end of the workshop, health workers develop a prevention project for their local health institution.

Achievement till date

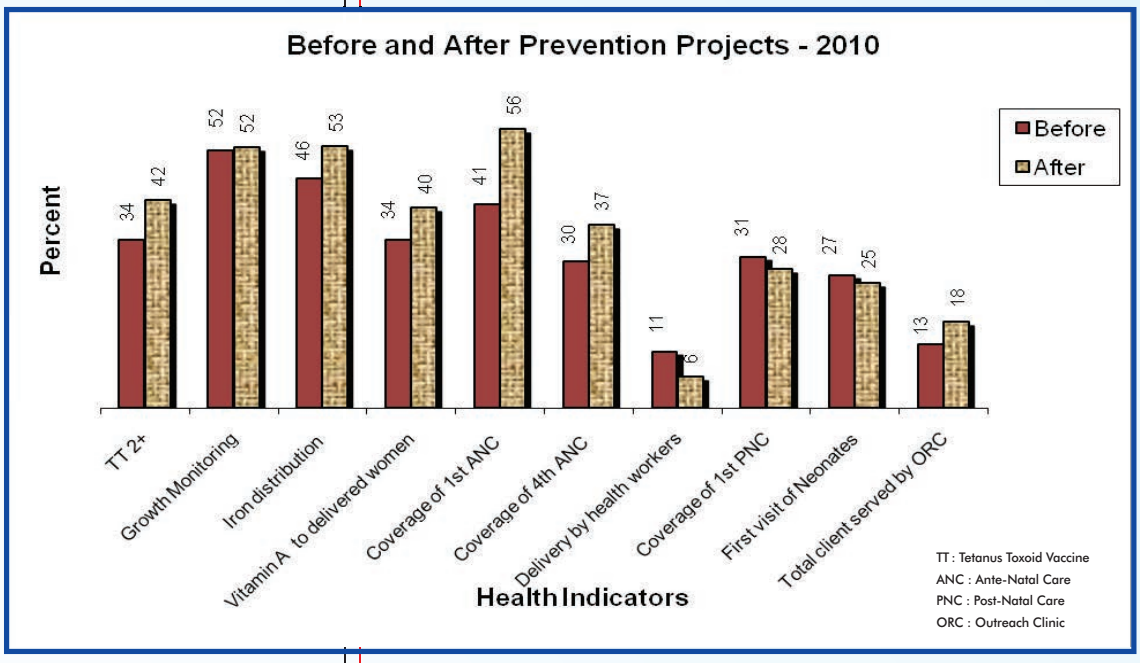
District	
Year	2008
Total Health Institutions Covered	36
Sub Health Post	36
Health Post	
Primary Health Care Center	
Total Running Prevention Projects	34
Trained Health Professionals	121
Auxiliary Health Worker	36
ANM/MCHW	36
Village Health Worker	34
Health Supervisors	15
Health Assistant	
Medical Officers	
VDRC/Community Mobilizer	
Training to the Health Facility Operation and Management Committee	
Support to Primary Health Care/ Outreach Clinics	
Support at Birthing Centres	

The prevention project thus developed is endorsed by the Health Facility Operation and Management Committee (HFOMC) before it is implemented. Karuna Foundation provides seed money of NRs 20,000/- to each Sub/ Health Post for the implementation of the project. Integrated supervision with the District Health Office is done to assess the progress of the prevention projects. Participation of the HFOMC during supervision and on-site feedback, annual review of the prevention projects and awards to the best performing health institutions are part of the evaluation of the prevention projects and their implementation.

The year 2010 was designated to review prevention projects implemented in the last two years. In the last two years, a total of 431 health professionals have been trained; 136 prevention projects were developed by the health workers, 6 HFOMC received capacity

Kavre		Sunsari		Rasuwa	Total
3	2009	2008	2009	2008	
	43	32	20	5	136
	43	32	8	3	122
			7	1	8
			5	1	6
	45	29	23	5	136
	121	64	110	15	431
	43	32	18	3	132
	43	32	15	5	131
	23		49		106
			19		34
	9		7	1	17
	3		2	1	6
				5	5
	6				**6**
	94				94
	17		5		22

The following graph shows the change in Health Indicators before and after prevention projects have been implemented.



development training to bolster their empowerment. Subsequently, 94 primary health care /outreach clinics and 22 new birthing centres received necessary equipments to ensure access of safer birth and post-natal care within the community, thus strengthening the health services at local level.

Integrated supervision, in coordination with the District Health Office (DHO)- through 113 separate supervision visits and 7 annual review meetings took place in the year 2010 to assess the achievement of the projects and to re-plan for 2011 and beyond. Six birthing centres are now supported in Sunsari as per the demand and need assessed during the supervision. The DHO and Karuna Foundation made joint evaluation of prevention projects to reward 20 health institutions in Sunsari and Kavre. The results so far have been encouraging. Due to all these efforts, access to health services has increased. The program has contributed to sensitize the health workers on the various issues of childhood disability, and thus towards the prevention of disability in the community.

Contribution of ToP towards disability prevention:

Prevention of childhood disability is the main objective of the Karuna Foundation. There is still a lack of clear information regarding causes of birth defects and childhood disability. There are thousands of known causes of disabilities but in a great number of cases the exact cause of impairment is never known. Several factors may combine to create a disability.

So on the basis of known causes and number of assumptions made, we calculated the number of children that may have been saved from disability due to ToP interventions. This is based on the propositions made by March of Dimes, a US based NGO. To calculate the number of children saved from being disabled, March of Dimes assumes that antenatal, intra-natal, postnatal and early childhood are the periods when disabilities occur most often, or conversely, when measures taken to prevent disability are most effective. According to March of Dimes, causes of birth defects and childhood

Calculation

	A	B	C	D	E	F	G	H	I
1			Kavre	Sunsari	Rasuwa	* Expected Cause wise distribution of childhood disability %			
2	Total population		276657	1100211	23829	# Genetic	Pre natal care	During birth	After birth
3	+ Expected Children with disability (2%)		5533	22004	477	39.60%	4.40%	46.00%	10.00%
5	Cause	Expected Cause wise distribution of childhood disability No.	Total indicator	Effective total indicators	Total children prevented from disability	Gain in indicators with ToP implementation	Effective gain in indicators	No of children saved with ToP implementation	Remarks
6	**Kavre**				D__%*B__			G__%*B__	
7	# Genetic	2191.12	0.00	0.00				0.00	
8	Pre natal care	243.46	38.85	31.08	75.67	12.10	9.68	23.57	
9	During birth	2545.24	18.82	17.88	454.98	1.60	1.52	38.69	
10	After birth	553.31	53.80	26.90	148.84	3.70	1.85	10.24	
11	**Total Kavre**	**5533**			**679**			**72**	**10.67%**
12	**Sunsari**								
13	# Genetic	8713.67	0.00	0.00				0.00	
14	Pre natal care	968.19	50.56	40.45	391.60	1.35	1.08	10.49	
15	During birth	10121.94	31.13	29.58	2993.86	0.50	0.47	48.01	
16	After birth	2200.42	64.91	32.46	714.15	1.06	0.53	11.67	
17	**Total Sunsari**	**22004**			**4100**			**70**	**1.71%**
18	**Rasuwa**								
19	# Genetic	188.72						**0.00**	
20	Pre natal care	20.97	54.75	43.80	9.18	4.31	3.45	0.72	
21	During birth	219.22	30.50	28.98	63.52	4.63	4.39	9.63	
22	After birth	47.66	71.10	35.55	16.94	7.38	3.69	1.76	
23	**Total Rasuwa**	**477**			**90**			**12**	**13.51%**
25	*** March of Dimes research**								
26	**+ KFN Baseline**								
27	**# There was no intervention for genetic cause of disability**								

Participants presenting their plan during Review Workshop

disability before birth contribute 44%, during birth 46% and after birth 10% to disability causation. Therefore, we measure the effect of ToP on disability prevention by taking those health indicators of prenatal care (antenatal visits, iron intake and vaccination against tetanus), intra-natal and postnatal care (delivery, postnatal care and Vitamin A intake), early childhood care (immunization, growth monitoring, neonatal care) where we have made significant changes. Net gain in health indicators is thus calculated and converted to the number of children that could have been saved from disability using statistical tools which take into consideration the above mentioned propositions and assumptions.

Since all interventions were not covered, effectiveness of 80% in prenatal, 95% during intra-natal and 50% in postnatal was assumed for calculating effective gain in health indicators and total number of children saved from being disabled calculated. This system of calculation shows that 5061 children could have been saved from disability out of which the contribution of ToP in Disability prevention accounts for total 154 children (72, 70, 12 in Kavre, Sunsari and Rasuwa respectively) as shown by progress in health indicators which are directly related to disability.

Challenges and Responses

There were some challenges involved in the ToP program. The transfer of health workers in some health institutions proved disruptive, while some health workers were apathetic towards the training. We oriented the new health workers about prevention projects during supervision and review.

The District Health Office has been supportive towards the program. It has kept those health workers in close observation who were not found to be accountable. It has recruited health workers on contract basis to fulfil the human resources gap in health institutions.

Sustainability of the ToP program largely depends on continuous supervision and review of the prevention projects. As these two aspects—supervision and review—are regular activities within the health system, it is likely that the respective District Health Office will continue these processes in a more organized manner, with more effort. Our main concern is the prevention of disability by strengthening existing health service delivery system, specially focusing on the components that contribute towards preventing disability (birth defects). We believe existing health service delivery systems have been strengthened in the past two years, as shown by the improved indicators.

In the year 2011, a separate training department has been established to handle the ToP project. We will continue the follow-up of prevention projects implemented in 2009 through integrated supervision and review. The training department will also work to develop the capacity and leadership of the health facility operation management committee to make them capable of leading and sustaining health programs at the local level. Secondary prevention will be a part of the training as required by the health workers in the coming year. Karuna staffs will also be trained to better equip them to provide technical support and to transfer leadership skills to the community.

Presentation of re-planning during Review Workshop

CBR worker providing physiotherapy, Rasuwa

Community Based Rehabilitation

Community Based Disability Prevention and Rehabilitation of Children with Disability

Community Based Rehabilitation (CBR), at present, a part of Share & Care (SC), is based on the World Health Organization's CBR matrix. It aims at achieving independence for children living with disability, while reducing the burden upon the family for the child's upbringing and health care needs.

There is a provision of trained CBR Worker in each SC Village. The trained CBR worker takes into account the specific skills and stage of development of each child with a disability, and involves the family and the neighbourhood in the rehabilitation process, so that they gain more confidence in the child's potential. The Health Facility Operation and Management Committee (HFOMC) along with the CBR worker also

connect the children with a disability and their families to other opportunities available through state and non-state agencies for rehabilitation, empowerment and increased participation in the society.

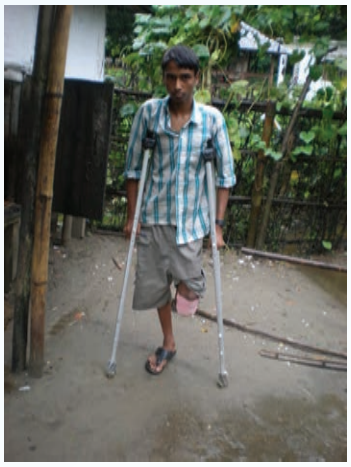
As we felt the need of CBR expertise within Karuna, and to give priority to rehabilitation, a CBR officer has been recruited to make the program more effective. This has led to an improved focus on rehabilitation and prevention of disability.

A two-day workshop was organized in Kathmandu with the facilitation of Mr Huib Cornielje, an international expert from Enablement, an organization based in the Netherlands. The workshop has helped to enhance knowledge and skills of the Karuna team. New formats, improved guidelines and education materials have been developed for effective and systematic implementation and recording of the program and its achievements. We have started providing orientation on rehabilitation to the HFOMC members, school teachers, school management committees and the community. We encourage the representation of People with Disability in the HFOMC.

The expression of happiness and gratitude towards rehabilitation program from children with a disability and their parents who received rehabilitation services and are now enjoying their improved quality life has been a source of enormous inspiration. This inspiration gives us the courage to proceed forward in spite of the challenges we face. However, many families still want Institution Based Rehabilitation rather than Community Based Rehabilitation, as the parents of children with disability feel burden and social stigma in the community. Increasing the ownership of the program by the community people and parents of children with disability, will be our goal as it is difficult for any external agent to bring change unless the parents feel that it is their duty and responsibility to bring about positive change in their children's lives. Inclusion of children with disability in society as equal citizens is also another challenge we face.

For further increased focus, improvement in implementing modality and sustainability, Karuna will be implementing their rehabilitation program through respective Village Disability Rehabilitation Committee together with the HFOMC in the coming years.

Manoj Poddar during first assessment


Manoj Poddar after operation


Manoj Poddar in bicycle

Achievements from CBR intervention in the year 2010

S.No	Indicators/VDCs	Hansposha	Bhokraha	Madhesha	Mechchhe	Chapakhori	Narayansthan	Syafru
A	**Management**							
1	Total CWDs	118	110	25	82	34	20	11
2	Total no. of CWD Rehabilitated	18	8	0	12	3	0	4
3	Current no of CWDs	100	100	25	70	31	20	7
	Classification:							
	Physical	38	50	16	33	13	5	5
	Visual	5	4	0	11	5	5	1
	Hearing	14	20	5	11	6	2	0
	Vocal and Speech	2	3	1	2	0	2	0
	Mental	14	4	0	0	0	2	0
	Intellectual	0	9	2	2	9	0	1
	Multiple	27	10	1	1	1	4	0
4	Training to CBR Worker	0	0	1	0	0	1	0
5	New CWDs Identified	3	0	25	2	0	9	1
6	Assessment, goal setting & CWDs profile updated	3	0	17	26	26	20	7
B	**Health**							
7	Average number of home visit per CWD	3	6	4	4	11	5	2
8	Physiotherapy (No of CWDs)	53	48	8	25	18	6	4
9	Treatment of CWDs	14	44	15	18	17	8	2
10	Assistive Device to CWDs	4	1	1	2	1	0	0
11	Nutrition support and counseling	2	0	0	1	0	0	0
C	**Education**							
12	Support CWDs in School enrolment	1	0	0	0	1	0	0
13	Inclusion of CWDs in special education	1	1	0	2	0	0	0
14	Educational Support to CWDs	0	0	23	34	25	15	0
15	Access or inclusion in primary and secondary education	1	2	0	0	0	0	0
D	**Livelihood**							
16	Loan support for Income generating program to the parents of CWDs	0	0	0	0	0	0	2
E	**Social**							
17	Access of CWDs in Identity Card	55	45	0	0	4	0	1
18	Awareness on disability to community	9	19	3	3	7	2	0
19	Street drama presentation	0	0	0	0	0	0	1
F	**Empowerment**							
20	Formation of CWDs club	0	0	1	0	0	0	0
21	Formation of CBR /VDRC committee	0	0	1	0	0	1	0
22	Skill development training to CWDs	6	4	0	0	0	0	0
24	Leadership and Capacity Building Training	29	0	0	0	0	0	0

National Level Policy, Networking, Coordination & Advocacy/Awareness (PAAN)

This program aims at establishing strong links with the concerned government bodies and other key stakeholders to influence a shift in the policies of the Government of Nepal towards the prevention of disability, recognizing the rights of Persons with Disability and creating a sustainable health-care service delivery system. This also intends to share with others Karuna's learning and experiences, for the replicability of Karuna's work.

We have been successful in coordinating with the Ministry of Women, Children and Social Welfare (MWCSW), which is the focal ministry of Government of Nepal for issues related to the rights of Persons with Disability. With constant effort and determination, we have successfully signed a Memorandum of Understanding with the Ministry of Health and Population (MoHP) to ensure the government's active involvement in creating a sustainable health-care service delivery system. A Disability Resource Book has been published in coordination with MWCSW, RCRD, National Federation of Disabled Association Nepal, Action Aid and Save the Children. The process of publishing its second edition is underway as it has been highly useful to get the ideas on the programs related to disability as an advocacy tool. We have successfully conducted Project Advisory Committee meetings at the central and the district levels and meetings with expert groups this year, receiving good feedbacks, comments and commitments.

Collaboration with the government structures takes up a lot of time and effort. It has become further complicated as the country is passing through a very challenging period in its modern history. There needs to be more efforts spent and constant follow ups made to establish good coordination with the ministries, departments and government offices that will be useful for the programs, as they ultimately are responsible for making the system effective.

We have confidence that governance will become more decentralized, and the state power more diffused. This will allow communities and people to participate more actively and take ownership of policies that are implemented at the local level. People can then take the initiative to start new programs and take leadership to develop their communities.

GTZ consultant interacting with community members on Health Insurance, Chapakhori

The Karuna Team

NEPAL TEAM: CHALLENGES AND REWARDS

Share & Care is a new approach to make health care accessible, prevent disability and improve quality of life of children with disability. The base of Share & Care is the ownership by the community and the sustainability. Community Based Health Insurance is an integral part of Share & Care which is being globally accepted as the best means of health financing. Our effort is not only targeted to reach our organizational goals but will provide learnings for those who are implementing Community Based Health Insurance.

Share & Care is a completely new approach to the old and complicated problem of the vicious-cycle of poverty and disability and poverty and health services. Given the extreme poverty and unorganized forms in most of our program areas, it is a challenge to convince people that they need this program. The field experience the team has gained is relatively short where the challenges seem endless. The program itself needs to be more organized and systematic. There are some issues with the health insurance, with the service utilization itself, its quality, over-consumption and irrational demand for service. There is a lack of awareness about the Share & Care program in the villages where we work. The reorganizing Health Service Care System has multiple faces which sometimes give the impression that we have at times deviated from our primary goal. Thus we have to focus more on health promotion and disability prevention activities, together with reorganizing health service care System.

It is sad that the program in Hansposa had to be closed after 2 years of successful implementation. The Share & Care program also had to be closed in Dhaibung, Rasuwa district in its very first year. This has taught us to be more cautious while selecting the program villages and to be more demand driven. We have been trying continuously to improve the program step by step. Hence, on going improvements, following the steps of the Blue Guidelines, learning from the experiences of others, critical self analysis are some of the methods we have taken to get over the situation. We have conducted various meetings with Central and District Project Advisory Committees, expert groups and government stakeholders and have incorporated their suggestions in our program. We have also improved our overall reporting formats. Despite

these challenges, there are many rewards. Most importantly we achieved good results in working towards our mission. According to internal calculations 154 healthy born children could be saved due to joint interventions strengthened by prevention efforts of the District Health Office, Sub/Health Posts and Karuna Foundation through ToP. We have impacted lives of 400 children with a disability out of which 12% were completely rehabilitated.

Besides, our work is gradually being recognized by the Government of Nepal. We were successful in signing a Memorandum of Understanding with the Ministry of Health and Population.

We are also witnessing an awakening of awareness among experienced health care service providers who, after participating in the Training of Professionals program, say that they had been unaware of their own roles in the community. Our approach is actually empowering them along with their communities. No matter how much we prepare for the field, the unexpected challenges that come up allow us to learn by doing. Our belief in Karuna's vision and in the ability of our team help us to face challenges and create solutions.

The practice of good governance and recognition of one's powers; realization of the importance of ownership and participation, also financially; involvement of the political parties to mobilize people and resources; strengthening existing local structures and making them responsible and accountable are some of the milestones of the program, although we only have 3 full years of experience.

Club formation of children with disability, Sunsari

HANSPOSA: Phasing out from Hansposa

Start, Challenges, Process, and Future

Start:

The Share & Care program in Hansposa started officially in July, 2008, and was one of the two pilot villages. In August, 2010, two years of the program had been completed.

This is a crucial moment in the process of Share & Care to see if the development and ownership in the community has grown sufficient enough to guarantee further sustainable results and continuation.

Below is a summary of the most important achievements as well as the decision making process at Hansposa.

Challenges:

We, the Karuna team, encountered challenges at two different levels.

1. Implementation level: Lack of leadership, responsibility and accountability on the part of community people, mainly the political and the opinion leaders was one of the biggest challenges we faced. We observed a high level of dependency on development partners. The cooperation from government health workers was not at the desired level. Health investment is not the most important issue for the poor. And, health services, especially referral and drugs, were overused.

2. Concept level: Health insurance is a new concept, and is not always seen as having tangible benefit for the people. Management of micro health insurance in complex setting became too technical for community members to process. Low degree of influence on government health service complicated and slowed down the progress. Covering the cost of local administration when there is no other financial support besides the contribution of the families is difficult. We hadn't identified the appropriate organisational structure.

Achievements after two years of Share & Care in Hansposa

Components and Activities	Results	
	1st year	2nd year
Health Insurance		
Families enrolled	873	710
Per family contribution (NPR)	1100	1200 &1100
Improved Health Services		
Total number of patients in SHP	8364	11378
Total number of referred patients	453	594
Additional health staffs hired	4	1 (Total =5)
Additional administrative staffs hired	3	1 (3 staffs hired in the first year were dismissed and another new one was recruited)
Provision of additional drugs	124 items	173 items
Establishment of basic laboratory	1	0
Referral provision	BPKIHS	BPKIHS
Health Promotion & Prevention		
No of Health Education program to newly married couples and pregnant mothers	7	8
Street Drama Presentation		10
Wall Painting	2	2
Health Camp	2	2
Community Based Rehabilitation		
Identification of # of Children with a Disability (CWDs)	111	3
Medical treatment including Operation	47	28
Physiotherapy (No of CWDs)	40	52
Assistive devices	6	8
New School enrolment	4	2
Educational Support	50	55
Ramp construction	5	0
Access to ID Card	68	55
# Families of CWDs supported by livelihood	9	5
# Children who completely recovered from their physical disability	7	11
CBR worker trained		1
Livelihood		
Number of families enrolled	43	45
Loan invested (NPR)	340250	377600
Loan collected (NPR)	14777	574063

Community Based Rehabilitation committee meeting, Sunsari

Process

Two months before the expiration of the second year agreement, Karuna organized a planning workshop for 3rd and 4th year plan in Hansposa. In this workshop, Karuna, the Health Facility Operation and Management Committee and the leaders analysed the situation at the micro level.

All of the above mentioned challenges were discussed at the workshop. The Health Facility Operational Management Committee realized the problems and agreed to make balanced budgets for the third and the fourth years. In return, if a sustainable budget were developed, KFN agreed to support them technically and with nominal financial means in order to be well prepared for a sustainable continuation of the program. In fact, it was viable to develop a balanced budget for the third and fourth year. But the main interest of the political leaders was to receive funds from KFN, despite knowing that the program could run without any financial support. We deeply regret that the efforts had to collapse simply because of the dependent mentality of the opinion builders and leaders.

Unfortunately, during this period, the committee and leaders were neither motivated nor committed towards making a clear and sustainable plan together with KFN based on the available local resources and keeping in mind that Share & Care should serve the entire community.

Lessons and the Future:

Considering the above detailed facts and after discussing in the team the consequences with all stakeholders, KFN decided to exit from Hansposa. Karuna did not see any chance of the continuation of the program in Hansposa if we were to continue with our involvement.

Though it was a very difficult decision, in such context and scenario, the only option was to exit in order to reduce the community's dependency and to create a new opportunity for a sustainable initiative coming from the community. Karuna terminated the program in August, 2010 after fulfilling the obligations towards the community.

Karuna has learned a great deal from the project in Hansposa. It has shown us we need to be even better prepared on the expectations of the community, their cultural values and

perspectives before starting Share & Care and signing an agreement. We also realized that our financial investment was too high, which created expectations and dependency, and undermined progress towards sustainability.

However, Hansposa was not a failure. It has brought a change in the community and has had an impact on many lives of people living in Hansposa as was also seen in the external evaluation reports from both Dr. Shrikant Khadilkar (BAIF, India) and the Social Welfare Council of the Government of Nepal. The community based rehabilitation and the livelihood programs were very successful and have brought sustainable benefits to children with a disability and their families as well as to many of the poorer families. The future of the community of Hansposa lies in their own hands. If a strong and independent initiative and plan arises, Karuna will certainly be the first to support it. Very hopeful is the CBR committee, who has shown initiative and commitment to continue the Community Based Rehabilitation program. Karuna looks forwards to the future where these initiatives arise from the community stronger than ever and continue.

Hansposa: Financial Details

		First Year	Second Year
SN	Particulars	Amount (NPR)	Amount (NPR)
	Income		
1	Membership Fee	893,750	869,600
2	Karuna Foundation Nepal	2,477,665	1,077,200
3	Sales of Medicine (Non Member)	81,594	230,086
4	Interest Income	3,680	10,581
5	Employees Donation	53,013	
6	From WfW for UP Camp	150,000	
7	Loan Collection		504,665
	Total	**3,659,702**	**2,692,132**
	Expense		
1	Organisation Development	276,915	93,378
2	Community Based Health Insurance	1,092,221	1,823,350
3	Upgrade Health Facilities	476,714	597,800
4	Health Promotion and Child Disability Prevention	35,106	202,385
5	Community Based Rehabilitation	165,892	19,548
6	Livelihood Program	159,750	565,457
7	Program Support Cost	129,893	385,725
	Total	**2,336,491**	**3,687,643**

Social Welfare Council Evaluation

EXTERNAL EVALUATION

This study was undertaken by the Social Welfare Council Team, as a part of mid-term evaluation of the projects in October, 2010. The main objective of the study was to explore the level of progress, evaluate the effectiveness of the project, examine financial regularities, identify good lessons to be replicated in other projects, and identify aspects to be improved in days ahead. Primary sources like meetings, interviews, focus group discussions, group interaction were used for qualitative data; and secondary sources like project documents, progress reports, publications, annual reports, financial reports, base line reports and feasibility study reports were used for quantitative data.

Here is the abstract of the findings:

Karuna Foundation focuses on the prevention of disability and the rehabilitation of Children with Disability in Nepal through its various projects. A small pilot project targeting the vulnerable groups might give an insight and proper direction to develop broad policy formulation for a health services delivery scheme for the deprived and poor community. In this context, Karuna Foundation appropriately selected the issue of childhood disability with the pilot Community Based Health Insurance (CBHI) approach in Nepal.

Progress of work on each project is found moving according to the objectives of the plan and the set targets. However, their full implementation is found to have been delayed due to growing problems and demands by the community at the project villages. The local Health Facility Operation and Management Committee (HFOMC) was one of the active community participants. It was involved in the preparation of the annual work plan with budget as per the guideline provided by the KFN, and also in enrolling new members into the scheme. It was strongly felt that the present capacity level of the HFOMC on project management and governance should be enhanced. It was found that during the implementation

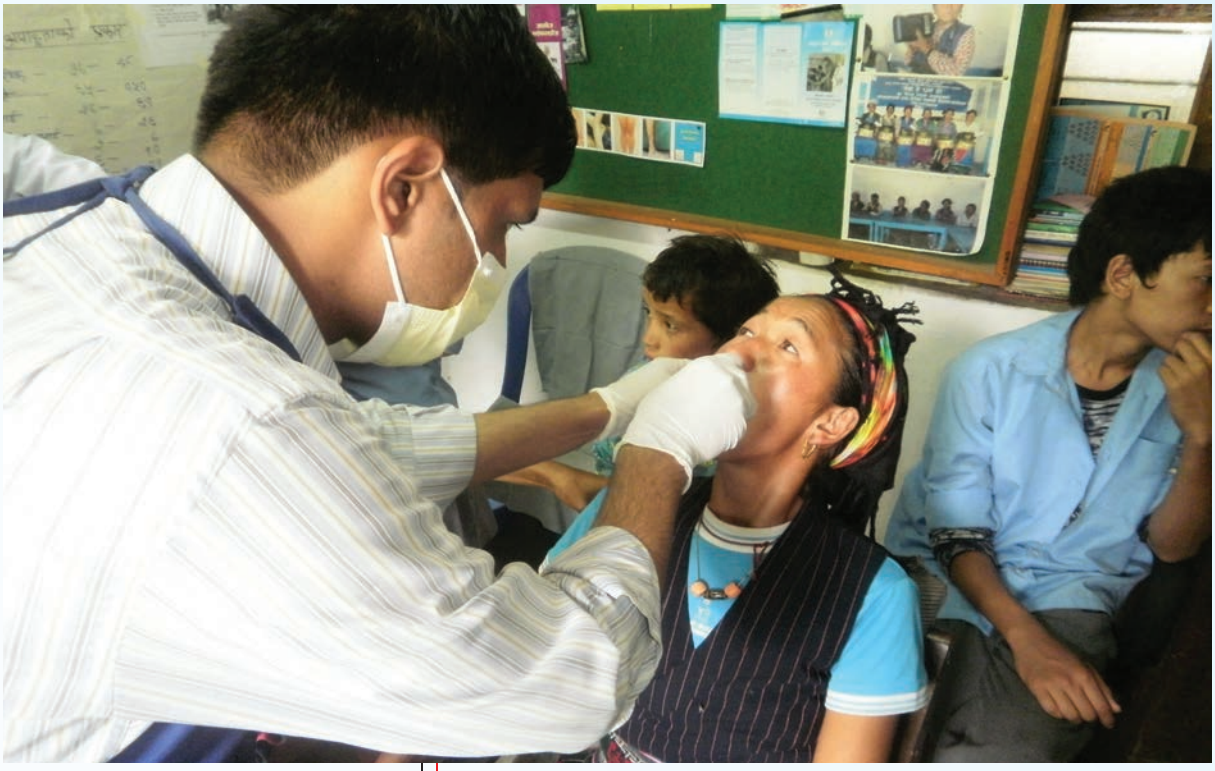
of the project activities the HFOMC had also organized awareness programs in each ward with the participation of the local teachers, the Female Community Health Volunteers (FCHVs) and the community people to generate awareness on the scheme. The health awareness program regarding safe motherhood, child health and prevention of disability program was also organized by mobilizing the local FCHVs. These activities demonstrated the interest of community participation in the scheme, which should be continued.

The people interviewed were favourable towards the project. Since Share & Care is a new and innovative scheme with health insurance component for scaling up community health services and facilities, in this context there is a risk of discontinuation of CBHI program if the project period remains only two years. This is more so because of the newness of the insurance scheme in the community members who do not seem to know much about the actual benefits of the insurance scheme. The Livelihood approach further supports KFN objective to make Share & Care sustainable, as it gives opportunity to the marginalized families to use and enhance their skills through local entrepreneurship. This is a good approach, as it will discourage dependency mentality of the community people.

The success of the pilot project can set an example and perhaps encourage the Ministry of Health and Population (MoHP) to formulate the CBHI policy to replicate in other districts, too. *The importance of CBHI and the use of available services are also found to have contributed to reducing the overall maternal, child morbidity and mortality rates. The existing network of health infrastructure was also found to be mobilized to sustain the project activities in the long run.*

It was understood that the MoHP was looking for appropriate model for health financing policy, so the present KFN model can give it some direction to formulate the policy.

External Evaluation



Health camp, Rasuwa

Most of the caretakers of Children with disability(CWD) seemed satisfied with KFN support through the local HFOMC. The District Health Office, health workers and the members of HFOMC also had recognized the need for support to the CWD and were looking forward for more support for the livelihood of the families of CWD. The family members of the CWD were regularly getting information on prevention of health problems. The parents were able to provide simple physiotherapy to their children, which they had learned from the local CBR workers. Most of the children with disability are enrolled in school for education. The HFOMC had supported the cost of school stationeries; the cost for books was being borne by the KFN.

The capacity building of the health workers on prevention of childhood disability is another key aspect to the success of the program; additional refresher training package with as comprehensive coverage as possible, should therefore be a part of the project.

FINANCIAL REPORT 2010

Budget analysis for the period from January to December 2010

SNo	Budget Head	Annual Budget for 2010	Expenses 2010	Budget Utilazation %
1	SC-Sunsari	7,877,123	6,734,740	85.50%
2	SC-Kavre	5,056,617	4,002,365	79.15%
3	SC-Mahottari	44,524	83,383	187.28%
4	SC- Rasuwa	2,005,639	1,132,101	56.45%
5	ToP	1,532,816	1,452,314.86	94.75%
6	M&E	1,901,360	1,957,309	102.94%
7	CBR	505,702	427,881.58	84.61%
8	PAAN	946,729	935,733	98.84%
9	CBR Rasuwa (RCRD)	427,400	364,569	85.30%
10	Country Office ADMIN	4,165,359	4,423,373.15	106.19%
11	UP Camp	1,013,888	934,909	92.21%
12	Training/ Capacity building	950,000	693,021	72.95%
13	Exchange loss	-	202,089	
	Total	**26,427,157**	**23,343,789**	**88.33%**

The above budget analysis table for the period from January to December 2010 shows the pattern of expenditure for the year. Some variances are noted in the budgeted and actual expense. However, overall utilisation of the fund in FY 2010 is found to be 88 percent. Although some of the project budget is underutilised, in totality the utilisation of fund is appropriate and satisfactory.

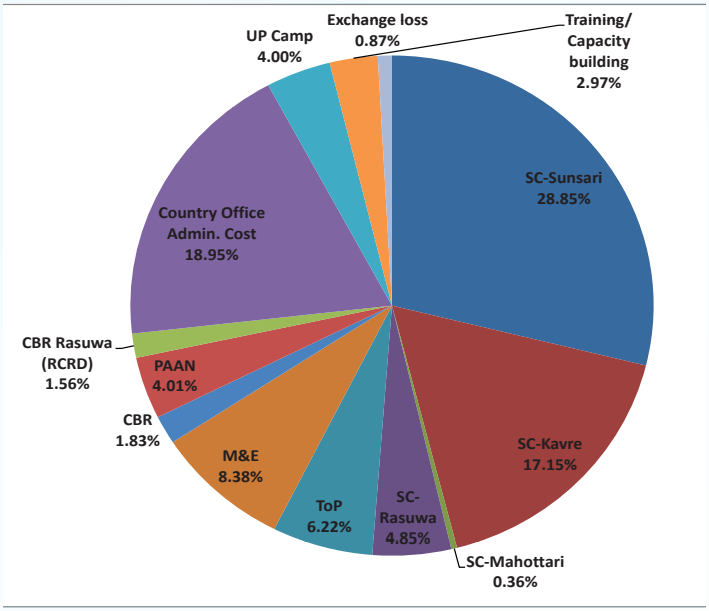


Figure: Program-wise total expense in the fiscal year 2010

Health Camp, Kavre

2011: Year for Effectiveness

As we enter the year, 2011, the team, as ever passionate to be an effective means of change, has learned a lot in the previous three years. Milestones have been reached; and new goals have been set. We have learned many lessons, and it is now time for us to concretely implement the conclusions of our learning, so that it is reflected in our work, in our team dynamics, and in our work with the community.

The team is eager to prove its effectiveness by making the year 2011 efficient and goal-oriented, and by achieving the set targets of prevention of avoidable disability and of improved quality life of for Children With Disability (CWD) by making Share & Care a practical and viable project. Activities to promote health practices, and to prevent disability will be further strengthened along with strengthening the local health system. Ensuring every household's access to health services and facilities through Community Based Health Insurance, and ensuring the dignity of each CWD will be our highest priority. Our team will not leave any stone unturned to achieve the goals we've set for ourselves.

Our team in the Netherlands and in Nepal has never been short of vision and passion to be an effective change agent. The team has learned mostly by doing. For the coming year, a separate training department has been set up to devote its energies to further develop skills required by our team members and partners to facilitate change necessary in the community to help us achieve our goals.

Training of Professional (ToP) project will be handled henceforth by the Training Department which will follow up with childhood disability prevention projects started in three districts of Nepal. Review workshops and integrated supervision will be done in collaboration with the District Health Offices (DHO). By the end of the year, we will complete the review of three years implementation, and then decide how to continue in the years ahead.

In the Village Development Committees (VDC) where the training programs have created a positive impact, we will start the Prevention program—creating a conducive environment for better access and utilization of maternal and child health services for the prevention of childhood disability, thus making progress in the health management information system

indicators—and the Rehabilitation of CWDs by following the World Health Organization's Community Based Rehabilitation (CBR) Matrix. The CBR program will be implemented through the Village Disability Rehabilitation Committees (VDRC); and prevention related activities will be practiced through the Health Facility Operation Management Committee (HFOMC).

Share & Care is to be expanded in two new VDCs inf Sunsari. The VDCs have been selected. We are at present working hard on the implementation of the program.

In summary, our specific goals are to ensure that:

- Each pregnant women is identified in time to receive all necessary maternal health services;
- All birth are institutional deliveries, or at the least, each child is born with the assistance of a skilled birth attendant;
- Each child born is ensured with neonatal care, complete immunization, nutrition, and control of childhood illnesses;
- CWDs are identified and assessed and provided with medical, social and educational interventions to rehabilitate them to their maximum possible physical and intellectual potential;
- The health system at the grassroots level is well-functioning, and provides quality primary health services;
- Capacity and leadership development in the community is done to identify, prioritize and plan its real health needs with financial, human, and technical resources mobilization at the local level;
- Good governance, responsibility and accountability in the community is developed;
- Sustainable and self reliant development is put in place.

Empowerment of the CWDs and their families and the community in general, self-reliance and sustainability of the program are targets we have set for ourselves. The team is passionate, ambitious and determined to prevent avoidable disabilities and to improve the lives of CWDs in the coming years. But, of course we need the support and guidance from our partners, donors and stakeholders in this mission. Only together, we can make a change.

CBR Planning workshop, 2010

Karuna Office, Holland

OUR OFFICE IN HOLLAND, THE BOARD AND OUR DONORS

Organisation

Karuna Foundation has its renewed legal status in Holland as a foundation since April, 2007. Its office is in Arnhem, in the Netherlands. Since January 2010, Karuna Foundation is based in the same building as Giesbers Groep, our main donor and inspirer of our organizational values.

Team

The Dutch Karuna team is small, consisting of 1 full-time and 2 part-time staffs and is in very close contact with the Nepali team. The responsibilities of the Dutch team are to strongly support, supervise and motivate Karuna Foundation, Nepal, as well as guarantee the necessary funds from the Netherlands. It provides financial and technical reports to the donors and the Board, and compiles the information and experiences needed to develop a sustainable and replicable community-based health-care model. Additionally, it builds networks in the Netherlands, and internationally, to exchange good practices and findings, and inspire other entrepreneurs and organizations.

The Board consists of the founder of Karuna Foundation, Rene aan de Stegge (President), as well as Toon Kasdorp (Secretary), and Huub Timmer (Treasurer).

Informally, we have received regular and valuable advice from different experts in the field of development and disability: Brigitte aan de Stegge, Henk van Stokkom, Huib Cornielje, Niek Bakker and Ad van der Woude.

Funds in 2010

Our philosophy is that every invested euro should generate a euro at the local level, in Nepal, and also in the Netherlands. By mobilizing others to participate financially, we strive to multiply our effects and generate sustainability.

Karuna Foundation had 3 major donors in 2010:

Donations from Rene aan de Stegge and his Giesbers Groep covered all operational costs for Karuna Holland, 40% of the costs of Karuna Nepal, as well as the costs for some development projects carried out by other organizations.

Impulsis, part of the Dutch development organization ICCO, gave €100,000 in grants to support the implementation of Share & Care, Training of Professionals and advocacy projects at Karuna Nepal.

Eureko Achmea Foundation, established by a well-known and large Dutch insurance company, gave €100,000 in grants to support the SC program in 3 new villages over 2009 and 2010.

Few other donors must be mentioned: the Start Fund of Fred Foundation (www.fredfoundation.org) in the Netherlands donated nearly €10,000 for our training program. The Dutch fund Johanna Donk-Grote Stichting also made a significant contribution towards our overall activities.

We are very grateful to all our donors for their confidence in our work. We strive to have utmost transparency at all levels. It is the responsibility and the commitment of the Board and the management in the Netherlands and in Nepal to spend the money as effectively and wisely as possible to reach our goals of preventing disabilities and creating a better life for children with a disability.

GiesbersGroep

Impulsis
Steun•Inspiratie•Samenwerking

EUREKO achmea FOUNDATION

Water Project supported by Madat Nepal and organised by Karuna, Mechchhe

Second Year Agreement, Bhokraha, Sunsari

PARTNERS IN NEPAL

District Health Office: District Health Offices are the focal health agencies of the Government of Nepal in the districts. We team up with them to plan, implement and evaluate the Training of Professionals and Scaling up Community Health Services. Their human resources, technical and material support are vital towards making our programs successful.

Health Facility Operation and Management Committee (HFOMC): HFOMC is a formally constituted body, under the Government of Nepal's decentralization initiative, responsible for operating, managing and regulating local health facilities. Each HFOMC owns and implements the Share & Care program in its village. It takes care of the financial participation by the community, as well as the managerial aspect.

Help for Change, Nepal (HCN): HCN (Paribartanko lagi Sahara Nepal) is working with KFN in Timal region of Kavre district, mainly helping KFN in awareness raising and to organize community activities.

Support from PHECT Nepal in medical intervention of children having cleft lip and palate and post burn contractures, CBR Biratnagar for assistive devices for the Children With Disabilities, HRDC for orthopaedic surgery and Dhulikhel Hospital, Kathmandu Model Hospital and BPKIHS for providing referral services are the hands put forward to achieving our targets. We are grateful to all of them and look forward to working together in the years ahead as well.

THE SHARED VISION

Bharatiya Agro-Industry Foundation (BAIF) is a development organization based in Pune, India, focusing on improving income and work opportunities for rural families. BAIF has experience in setting up micro insurance systems for women's groups. On behalf of BAIF, Dr. Srikant Khadilkar supports Karuna in the development and implementation of the Share & Care system in poor rural communities in Nepal. In 2010, he organized a study visit by the team from Nepal and Holland to different health insurance and disability organizations in Pune. [www.baif.org.in]

Assist is an Indian organization set up in 1985, focusing on comprehensive development of rural villages. Assist believes that the development of India must start at the village level, "because independence must begin at the bottom." Karuna Foundation draws inspiration from Assist, and utilizes its experience and knowledge while implementing Karuna's projects. [www.assist.org.in]

Impulsis is an initiative of Edukans, ICCO, and Kerk in Actie (Church in Action). It has a support department for Dutch companies and entrepreneurs who want to promote local entrepreneurship and entrepreneurial approaches in developing countries. Impulsis has a well developed network and an extensive expertise in the field of development cooperation. The initiatives and projects Impulsis supports always aim to empower people towards self-reliance. Since

Interaction session with women's group in Pune running micro insurance

2008, Karuna Foundation has entered a partnership with Impulsis by being a recipient of its grants. [www.impulsis.nl]

Eureko Achmea Foundation is an initiative of the Dutch Insurance Group Eureko/Achmea. The foundation strives to contribute to the improvement of the socio-economic environment of marginalized groups in the Netherlands and in other countries. In 2009, Karuna Foundation received a two-year grant for our Share & Care program from the foundation. [www.eurekoachmeafoundation.nl]

The Dutch Coalition on Disability and Development (DCDD) is a network of organizations and individuals that jointly advocate to bring attention to the plight of people with disability, and to put the issue on the development agenda. Karuna Foundation is a member of DCDD. [www.dcdd.nl]

Women for Women provides medical support to women in Nepal, mainly focusing on prolapsed uterus, a frequent medical problem in Nepal. Apart from the medical treatment, Women for Women also focuses on education, awareness, and research. They implement training and health camps for women in the same project areas as Karuna Foundation. [www.vrouwenvoorvrouwen.nl]

Madat Nepal and Sathsathai are two Dutch organizations working on education, water, and sanitation. As Karuna Foundation works in the same project areas, there is regular coordination between KFN, Madat Nepal and Sathsathai. Karuna Foundation Nepal is the implementing partner for Madat Nepal on a drinking water project in Mechchhe Pauwa, Kavre district. The project started at the end of 2010 and will be completed by mid 2011.
[www.madatnepal.nl and www.sathsathai.com]

The StartFund was set up by the **Fred Foundation**. It offers co-funding for projects that are proposed by inspired individuals and organizations. With it's financial support, the StartFund aims to contribute to the empowerment of people. The focus of the StartFund's support is on projects in the fields of healthcare, care for nature and environment and community care. In 2010 they gave financial support to the Training of Professionals Program. [www.fredfoundation.org]

CASE STUDIES:

"Relieved from fear of cancer"

Rehana, (name changed) 28, lives in Bhokaraha VDC. She has four daughters. She has partial visual and hearing impairment. She had been suffering from uterus prolapse along with piles and other complications for the last 8 years. She sought treatment at various hospitals in Nepal and India, but did not recover. Though doctors had warned her of cancer if she didn't receive proper treatment promptly, operation in India was financially inaccessible for her.

A medical camp was jointly organized by Karuna, The Rural Health and Education Service Trust and Women for Women, the Netherlands, in Bhokraha to identify women with uterus prolapse. Tanuja's problem was identified at the camp and she was referred to BPKIHS, Dharan. Due to a large number of patients in the camp, blood of her grouping became unavailable and so blood had to be arranged from Damak and Biratnagar in case she needed transfusion. Her husband at one instance was furious and took her out of the hospital stating he cannot stay in the hospital for so many days. The Share & Care focal person in BPKIHS helped to arrange for the blood and to convince the family. Ultimately, she was operated and returned home after a successful surgery. She is completely fine now. Her family and neighbors are thankful towards Karuna and Share & Care Bhokraha for the assistance. Her family has enrolled in the Share & Care and is receiving benefits.

Relieved from fear of cancer

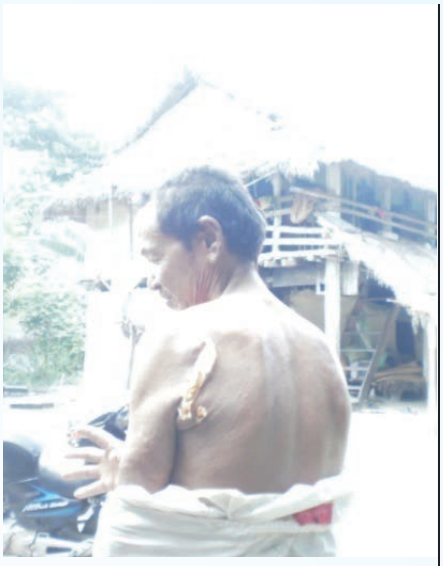
"Jawahar Ansari, beneficiary of CBR networking"

Jawahar Ansari, 30, lives in Bhokaraha VDC. He suffers from post-burn contracture. It is a result of an accident that happened when he was just 5 months old. His burn wound healed, but later resulted into contracture of his leg.

We referred him to the surgical camp at CBR Biratnagar, supported by Handicapped International. After a primary check-up, he was given a date for surgery at Nepal Orthopaedic Hospital, Kathmandu.

After a successful surgery he returned home and no longer has the contracture.

Jawahar Ansari, After the treatment



Harka Bahadur after operation

"Lightened from the burden of cyst"

Harka Bahadur Thapa Magar lives in Madheha-8. He had been living with a cyst for the last 10 years. His family was dependent on agriculture and daily wages for income. Though he knew about the availability of treatment for his ailment, he could not get the treatment due to lack of money.

When Share & Care was launched in Madhesha, he enrolled into the Community Based Health Insurance scheme. He was referred to BPKIHS, Dharan for treatment. The case was rare for the doctors and they became interested in the case. After discussion with the Share & Care focal person, the doctors offered to operate free of cost. His treatment was successful and he is now able to carry out his daily chores. He is very happy with the Share & Care program after receiving the treatment.

Asmita, before treatment

Asmita, after treatment

"Change is Possible"

Asmita Chaudhary, 5 years, lives in Hansposha. She has cerebral palsy. Her family is poor. Her home is near the forest, far from the village. She came in contact with KFN on January 1, 2008, during assessment. Her condition was severe. She could only sit by herself and could do nothing. Her parents were in search of a way to rehabilitate her.

We developed a relationship with her family and talked to them about the capacity that she has and what she could achieve. We counselled her family that Asmita needed physiotherapy. At first, the family was reluctant and did not believe in physiotherapy as a treatment for their child. We had to take the family and the child to the Hospital and Rehabilitation Center for Disabled Children, Itahari, and CBR, Biratnagar. When all organizations emphasized physiotherapy for their child they were convinced about regular practice of physiotherapy. Her family, with our advice, started a physiotherapy regimen. We visited her regularly for physiotherapy and counselling. Finally, the family was able to witness positive change in Asmita's condition: she started to stand up. Her family was very happy and also bought her a three wheeler toy.

Now she is able to stand and move, and her family is satisfied.

"Improving Lives"

Anita Mehta, from Bhokraha VDC, is a child with a speech problem. The financial situation made it difficult for her family to obtain necessary treatment for her.

She first came into our contact through the assessment conducted on May 31, 2009. Doctors and the physiotherapy specialists recommended surgery for her. For her initial check-up we took her to Public Health Concern Trust Nepal (PHECT), Biratnagar, on November 6, 2009.

Her surgery was performed at PHECT Nepal on Jan 1, 2010. The surgery was successful. Surgery was done free of cost by PHECT Nepal and medicines were supported by Share & Care, Bhokraha. On the April 1, 2010, we sent Anita to PHECT Nepal in Biratnagar to participate in speech therapy training. After receiving the training, there has been improvement in her speech.

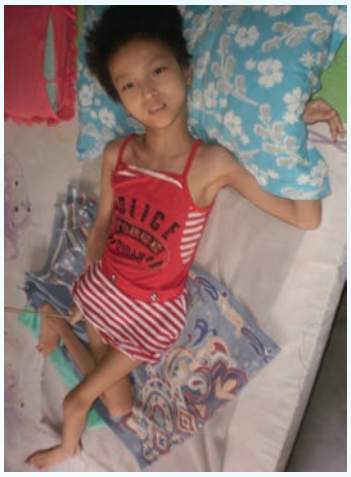
Anita Mehta, before treatment

Anita Mehta, after treatment

"Touching lives through Livelihood Program"

Rewani Chaudhary, 50 year old, is a single woman. Before participating in the income generation program, she was working as an agricultural daily wage earner. When she had no work, she had no food. She didn't have any savings.

When she joined the Share & Care (SC) program through income generation program, she took a loan of Rs.4500/ including the health insurance fee. After a 5-day entrepreneurship training, she started a small temporary dhungri, papad (both are locally made instant foods) business and raised fish in her small pond. Now her daily income is between Rs.200 to Rs.350 /-. She did not get any benefit from her pond because the banks of the pond were damaged during the rainy season. Through her small business, she has been earning and saving everyday; she renewed her health insurance by paying 75 percent (Rs. 825) of the premium. She lives an easier life than before. She dreams of starting a small grocery shop and raising fish properly again.



Muskan Rai before treatment

Muskan Rai after treatment

"A Family's blessing"

Muskan Rai of Hansposha is a child with congenital cerebral palsy. Her family is financially sound. Her family spent a lot of effort, even taking her to various hospitals in India, but could not improve her situation.

She came in our contact in January, 2008. She was lying on the bed when we first saw her. Even though her family was supportive, they had seen no change in her condition.

We provided regular physiotherapy to prevent further deterioration of her body. Finally, in 2010, we provided her with a special chair. Initially, she found it difficult to sit on that special chair, but later she was able to sit and was also able to grasp it with her hand.

Nowadays she sits on the special chair on the balcony of her house and listens to her favourite songs on her cell phone. Her family is very glad to see the positive change in her life, and hopes Karuna will be successful in every attempt of saving children from disability, one by one.

"Entrepreneur in Madhesha VDC "

Sati Devi Chaudhary is a permanent resident of Madhesha- 8. She has seven members in her family—a husband, a daughter and a son, father-in-law, mother-in-law, and a relative's child with a disability. Her in-laws are old and suffer from asthma. The family's income consists of her husband's wages from driving a farm tractor. Her 15 year old daughter and 8 year old son go to school. The relative's child now receives a school bag and stationary as an educational support for children with a disability through the Share & Care program, Madhesha.

Sati Devi Chaudhary in her shop

Sati Devi was running a small grocery shop at her house, earning between Rs 150 to 200 every day. When she enrolled into the livelihood program under Share & Care, she received Rs. 10,000/- for her shop. She participated in a 5-day micro-enterprises training, after which she expanded her grocery shop and added a sweetmeats corner for her mother-in-law. Now, she makes a profit of between Rs. 200 and Rs. 350 daily. Her mother-in-law earns minimum Rs 300, and up to Rs 500 on school days. Her father-in-law assists her at the grocery shop and looks after the house. These days, Sati Devi is a happy and grateful lady.

Giesbers Groep, Karuna and the Blue Guideline

Giesbers Groep is a Dutch company active in construction, project and area development.

For Giesbers Groep corporate social responsibility means contributing to sustainable development processes in developing countries like Nepal. Giesbers Groep decided to support Karuna Foundation on a structural basis using its entrepreneurial approach for development at the community level.

Rene aan de Stegge, owner of Giesbers Groep, developed the Blue Guideline, which he has incorporated into his business approach. This philosophy regarding process and risk management has been applied by Karuna Foundation from its initiation in 2007, and continues to be of great influence and inspiration during the implementation of its projects.

Apart from sharing office and facilities in Arnhem, the Netherlands, both organizations also share the same organizational values, like continuous improvement, investing in the people, learning by doing, daring to take risks, and applying a decentralized structure.

The Blue Guideline

STEP 1

Analyze the problem

a. Who are the stakeholders?
b. What are their interests?
c. What are contradictions in these interests?
d. How much importance have these interests?

STEP 2

Define an intervention – a solution – in the interest of all

a. Think creative – innovative – outside the normal ways (out of the box)
b. Think together, take time, reflect
c. Describe a solution-direction that has the support of all involved

STEP 3

Do you want to continue with this project?

a. Do you want to continue with these stakeholders?
b. Are you capable and willing to do this project?
c. Will you achieve results within a reasonable period?
d. Do you accept the risks?

YES: continue and take the lead

NO: be prepared to stop

STEP 4

Manage the process professionally in steps

a. Formulate a higher goal
b. Map the process. Divide it into steps and define decision moments per step
c. Eliminate wasteful investment → an optimal process
d. Obtain commitment of the stakeholders for the process
e. Define who is the process manager
f. Evaluate the process periodically and adjust where needed

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