2008

Karunafoundation

"Saving Children from Disability, One by One"

First Year Report

Karuna*foundation*

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Karuna*foundation*

Remarks from the founder

I feel honoured to write some reflections on the achievements and progress of Karuna Foundation in this very first official publication of Karuna Nepal.

2008, the first fully active year of Karuna, was a year full of challenges.

1) We developed and finalized our vision, mission and strategies

2) We built-up a professional organization in Nepal and Holland

3) We initiated our projects in 3 different districts of Nepal, Sunsari, Kavre and Rasuwa.

In this year report you can find the results on these 3 major activities. One of the very important results was the process itself and the equal and professional relationship developed during this process between our people in Holland and the Nepali team. We achieved this by working closely together and reaching consensus on each and every issue respecting the many cultural differences we have. My Nepalese colleagues and their culture have taught me many things.

At the end of the year I realized that each staff member of Karuna, every day, develops more commitment to work towards our ultimate goal:

"Saving Children from Disability, One by One."

I am extremely grateful for this as it is the reason why it all started.

With sincere thanks to all stakeholders, in the Netherlands and in Nepal

Rene aan de Stegge

Arnhem, January 2009

Meeting in Mechchhe community

Retrospection and reflection

We can look back on a dynamic year full of challenges, results, problems and misunderstandings solved and lessons learned.

We built up and professionalised our organization in Holland and Nepal and strengthened the relationship within and between both offices through many team meetings, frequent visits of the Country Director Deepak Sapkota to Holland and of the founder and myself to Nepal. We also took time for reflection by engaging in intensive participatory five-day team training in September. We finalized our vision and strategies, though we are always open and willing to adjust it. And last but not least, we made a good start with our projects, including the initiation of important partnerships with DHO of Kavre and Sunsari, Resource Center for Rehabilitation and Development, and the Cooperative Management Health Committee of VDC Mecche, Kavre, and VDC Hansposa, Sunsari, and many other partners. We made progress in developing a replicable and sustainable Share and Care-model and have meetings with the Ministry of Health and Population and with the Minister himself, Mr. Pokhrel Girirajamani, about the future of this program in Nepal.

The projects have been implemented in a very cost-effective way. The principle of every Karuna staff is to spend the money as if it is their own money. And it works. We can be proud of a total amount of expenses of 160.000 euro with so many activities, projects, initiatives and people in movement and taking up responsibility for their own lives. Our ambition to multiply our effect by participation and cooperation with other organizations and people has become reality. There are already some examples in the field that other international development partners along with local authorities i.e. Village Development Committee, District Development Committee and District Health Offices are willing to co-finance initiatives coming from the communities where we work. We very much welcome these initiatives and endeavour to incorporate them in local structures so we are sure to remain faithful to our philosophy of independence and self-reliance of the communities we work for.

We learned that it takes time to introduce an innovative idea in the community and at the same time improve the health services and work on a replicable model. We learned how important it is to involve political parties and to identify local leadership before implementing the program. We realise that quality is more important than quantity. In 2009 we will keep focusing on the success of our existing projects. The communities need our love, attention and support while they work on the improvement of their lives. Our programs only benefit the community if our method of empowering them is successful, maternal-child health indicators improve and the quality of life of children with a disability and their families get better. Monitoring and evaluation on process and projects are essential to gain insight on this. Therefore we look forward to have additional results and experiences from other villages in the coming years. That is why, in 2009, we will expand our programs to more VDCs and districts. It's a big challenge and we are all very committed to achieve this.

I would like to thank my Nepalese colleagues and friends for their commitment, openness, trust and perseverance to solve each and every problem they face. We must and will never give up.

Betteke de Gaay Fortman

General Director

'The initiation of Karuna Foundation in Nepal'

Karuna Foundation did not exist when I first met Rene and Betteke in April 2007. They were in Nepal to explore the feasibility to start a project on prevention of disability. It was quite a new area for me as, until then, I was involved with child rights programming and policy formulation. We had two discussion meetings and realised our close and common understanding at personal and professional level. We agreed to work together and I was entrusted to develop a strategy paper.

Rene aan de Stegge founded Karuna Foundation to initiate prevention of disability program in developing countries. The birth of miraculous Carolina Suzanne aan de Stegge, his daughter, was the underlying cause of his motivation. His graceful wife Brigitte was supporting all his endeavours in this regard. There was a strong drive to start and many relevant causes to be addressed and cared for. That's why the birth of Karuna *"A COMPASSIONATE ACTION"* was apparent and now it is one year and few months old, already standing and taking steps forward.

As per the agreement with Rene and Betteke, the draft strategic plans were shared during my visit to Holland in May 2007. The prevention of disability is a very new discipline in development arena. There is limited information available in this field. Still we agreed with the developed strategic plans and decided to go ahead. We also agreed that the organization would improve day-by-day with conviction on "learning by doing", "ongoing improvements" and "flexibility" in terms of implementation. We were further convinced that through our efforts there should be qualitative changes in the life of people in a sustainable manner.

We started enthusiastically with the practical daily work and development of the organisation. KARUNA was registered in Social Welfare Council of Nepal as an INGO on August 17, 2007 and the project agreement was signed in October 2007. By that time we were already able to find highly committed colleagues in the team. The project areas were identified and we began our work in two pilot areas. Our passion to change the lives of people in a sustainable manner gave birth to many ideas for our projects, one of which is "Share and Care". You can read about these projects further along in this year report. We are very open to comments and improvements as this is the basis of our work-philosophy.

I would like to take this opportunity to share with you one final observation about working together with the Dutch people. It is superb to work with the Holland team. I feel blessed to be able to get some glimpses of the personality of Rene- as a highly successful entrepreneur as well as a very sharp and visionary thinker. It was amazing to work with him. Some of his key principles like *structure first*, *people's empowerment through participation*, *equal status*, *identification of leadership* and *ownership of the community* are immensely useful to the team while planning and implementing programs. Betteke is my boss but also my friend and I'm grateful to her for her patience and rich knowledge on trainings of medical professionals and global development processes. It is enriching for me to work with these two very professional and humane people.

Lastly, I feel blessed to have such a productive and cooperative team here in Nepal. Gratitude to all my colleagues for their unconditional support and commitment to carry out Karuna's philosophy. Together we aim further and higher in the year 2009 to contribute to the community.

Thank you, everybody, for such a remarkable support and unconditional love.

Deepak Raj Sapkota, Country Director

Introduction

Karuna Foundation derives its name from a Sanskrit word, *Karuna*, meaning 'all efforts undertaken to reduce the suffering of others.' In the teachings of Gautama Buddha, it is understood as 'compassionate action.' It is the gesture made by Amitabha, the Buddha of compassion.

Karuna Foundation is the mature form of Carolina Foundation, which was established in 1997 in the Netherlands, with its mission to finance research aimed at offering children with congenital disabilities better medical treatment. In 2007, the executive board decided to expand the activities of Carolina Foundation, and to rephrase its objectives. At that time, the new name, Karuna Foundation, was adopted.

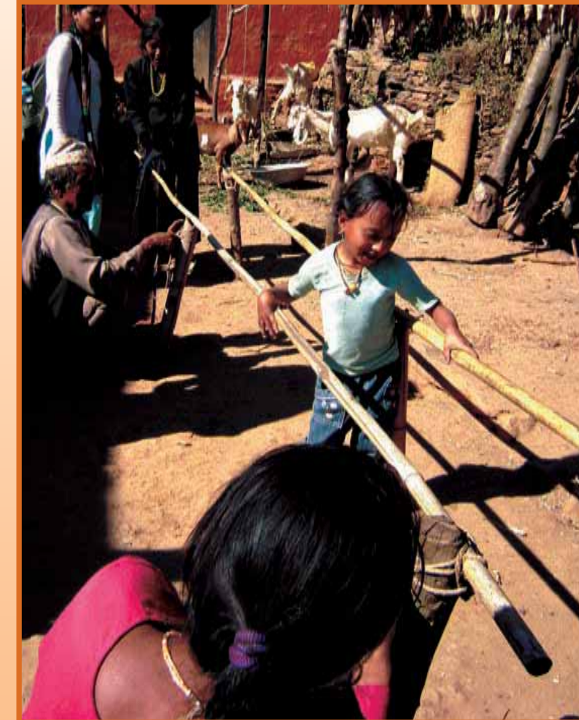
Karuna Foundation is a dynamic young development organization based in Arnhem, the Netherlands. Karuna Foundation Nepal, [KFN], is also registered as an international non-governmental organization (INGO) in Nepal, the country where nearly all of its projects are presently being implemented.

Examples of prevention, rehabilitation and medical treatment of children with disability

Karuna*foundation*

Vision

Karuna Foundation believes in a world in which each individual, with and without disabilities, has equal access to good-quality health care, can lead a dignified life, and can participate as much as possible in community life.



Mission

“SAVING CHILDREN FROM DISABILITY, ONE BY ONE”

Karuna Foundation strives to reduce the number of birth defects and disabilities among children in developing countries, and to improve the quality of life of children with disability, and the lives of their families through community participation in providing health-care services.

Strategies

In the coming five years, Karuna Foundation will strive to realize its objectives by employing these strategies:

- Setting-up better health services from existing local health posts
- Stimulating community participation and responsibility through **Share and Care**
- Training health workers in prevention of avoidable disabilities and development of prevention projects

Training of medical professionals

- Facilitating treatment and extra care for children with disability
- Lobbying to include the needs of children with disability in national policy

Through these strategies, Karuna aims to achieve these goals:

- 5-10 percent less birth defects among newborns
- 30-40 percent less children develop a disability caused by illness, accidents or malnutrition
- Sustainable access to improved health services for 500,000 people
- Access to education, financial support and community life for 5,000 children with disability and their families
- A proven successful, sustainable and replicable model for **Share and Care**

Most attention will be paid to (prenatal) care for young (expecting) mothers and their newborn children. Karuna is developing a Share and Care-model that will be easily replicable and sustainable, always based on the needs and possibilities of the local population and the policy and objectives formulated by the authorities in the field of health and disability care.

Improvement of existing structures is stressed instead of creating parallel structures, so that the duty of a more efficient and socially sensitive service is demanded from the health care professionals in the community. This decreases the scope of investment required on the part of Karuna and the community, and creates a transparent mechanism for people to have ownership over the health care infrastructure in their area.

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Nature of Projects Implemented by KFN

Project 1: Share and Care

Scaling up Essential Community Health Services and Awareness Raising Activities for the Prevention of Avoidable Disabilities (Share and Care) is a program aiming to provide health services and facilities to families living in a geographical region by inspiring and working with them to define their health needs; to create strategies to meet those needs; and by empowering them to manage the defined health needs.

A community is identified in close consultation with District Development Committee (DDC) and District Health Office (DHO). This choice is based on expected needs, such as prevalence of CWDs and quality of existing health services. Another factor is the expected readiness of the inhabitants to improve the quality of their life through participation in Share and Care, and a positive expectation on their part of Karuna's capability to serve in their VDC.

Community meeting in Mechchhe

Share and Care Committee meeting in Hansposa

A meeting with the community is used to inform them about the interests and aspirations of Karuna, and to disseminate the details regarding Karuna's mission and the implementation of Share and Care. Since the idea depends upon community participation, a direct interaction with the community is very important. The community is provided with all pertinent information and requested to discuss and decide within two weeks about whether or not they would like to implement the program in their locality. Thereafter, all important decisions are taken by the community.

If the community is ready to implement Share and Care, with the active support of political parties and other local stake holders, and if the DHO is ready to transfer his power of attorney to a specifically reorganized Cooperative Health Management Committee (HMC), Share and Care is initiated in a region after a written agreement between KFN, HMC, DHO and VDC. A baseline survey with important information about the community, regarding birth defects and disabilities, child and maternal mortality, health status and habits, use of health services, income and economic status, etc., is carried out to provide a set of scientific indicators against which future achievements or needs can be assessed.

The involvement of representatives from each ward of the VDC, various ethnicity and marginalized groups of the community is guaranteed in the reorganization of the HMC. The members of the HMC are trained with administrative and financial management skills, and organizational coordination skills. The HMC identifies from its body a leader or a program manager to be trained on leadership issues, the details of Share and Care, and the HMC's relationship with local bodies and Karuna. This leader will be the person responsible to carry out the agreed activities in close collaboration of the Incharge of Sub/health post.

Sub health post in Hansposa before and after Share and Care

Sub health post in Mechchhe before and after Share and Care

In order to avoid false expectations or flawed calculations, the unit family and its size is defined before the contribution share for each family is calculated. This definition is reached at through a consensus between Karuna and the Cooperative Health Management Committee. Factors like prevalent disease rates, incidence of disability among infants and children, etc., are considered.

Since Share and Care is not a one-time payment, and since it involves everyone in a community, the community decides the individual family's contribution, and identifies members of the community who can only pay a part of the share, or not at all. Community members make the necessary decisions on behalf of those who can not participate at all or can only participate partially. Thus, a community arrives at a consensus to share the burden of health care service delivery in the area.

Share and Care incorporates every member of the community. It is not only for those who can participate. This gesture of solidarity reflects the civilization of our community. KFN makes sure that every member of the society also has access to wealth-generation opportunities, not only to participate in this program but also to raise their socio-economic status.

The HMC is facilitated in calculating the immediate cost of implementing the Share and Care program over the next two years. A further calculation of the estimated cost of five years is also made. The fund for implementing Share and Care, which includes amounts from all sources including the community, is managed by the HMC through a transparent HMC account, accessible by every member of the community.

The main goal of introducing Share and Care program is to make the efforts of a community sustainable. We are quite confident on the matter of sustainability because we expect that the accumulated problems like chronic diseases, issues of CWDs and livelihood programs, infrastructure development and improvement of physical facilities etc., will be addressed during the two-year period before Karuna exits. The level of awareness shall be increased on prevention, thus the number of people getting ill will be less. By then, the community will be empowered enough to plan, implement and evaluate its programs. The community will continue to provide financial contribution to cover the running cost, and Government of Nepal will be more pro-active in introducing free health services as well as encouraging initiatives like Share and Care.

Training of professionals in Sunsari

Project 2: Training of Professionals [ToP]

ToP is aimed at creating a pool of competent professionals within a community to meet its health care service delivery needs. During an intensive five-day training health workers learn to analyze the causes of disabilities, and ways to prevent them in their village. They receive support in the development of their own project in their local health post or sub-health post. They learn to analyze the problems and causes of disabilities; to design strategies to solve these problems; to develop indicators to measure the results; and to mobilize local resources to implement a project. Knowledge of preventative measures is also stressed, as preventive measures impact the rate of incidence of disability in a community more than any other factor. After the training, ToP graduates design projects for their community, which Karuna Foundation co-finances the implementation of with NPR 20000.00 in each Sub/Health Post. Future projects are expected to be operated with resources mobilized by the community.

Health workers with such training can be very effective conduits of new knowledge in a community. In a number of regions pregnant women start to smoke more to conceive a smaller child which will lead to an easier birth, and continue to drink alcohol because they are unaware of the consequences of alcohol upon the fetus. ToP trains local health workers to explain to expectant mothers the risk posed by these choices

Developing Prevention Project

upon the health of the unborn child. Also, a local health post might consider buying scales to be able to identify and refer children with severe malnutrition. Such small-scale actions can have profound effects in a place with nearly non-existent infrastructure and knowledge base regarding prenatal and postnatal health of mother and child. When the simple knowledge that it is important to record the weight of children regularly can help in identifying malnutrition, such professionals can be enormous help in realizing the core mission of Karuna, and enhancing the credibility of CBR and Share and Care.

ToP makes a big impact in the community by putting familiar faces in charge of explaining and practicing new health care service delivery techniques. It helps to re-define community's notions about disability. The community no longer sees itself as the object of study by outsiders interested in their health care problems, but as an empowered community capable of the change necessary to improve the quality of life. It enriches the community's pool of health care professionals. Moreover, when people from the community monitor Community Based Rehabilitation programs, it allows children and other people living with disabilities to lead more normalized lives by including them in the community life. Greater amount of trust is placed on the demonstrated results of CBR, and the marginalized or skeptical part of the community can better understand why they should participate in Share and Care.

Project 3: Community Based Rehabilitation [CBR]

Karuna's mission includes the imperative to create a community-based platform of opportunities for those members of the community that have been born with or are living with some form of disability, to lead a dignified life free of prejudice, and if possible, to get an education, earn for their families, and participate as much as possible in the community life.

Karuna's CBR work, as a part of Share and Care, is based on the WHO CBR matrix.

It aims at achieving independence for the child living with disability, while reducing the burden upon the child's family of the child's upbringing and health care needs. It is important that the children learn to maintain social contacts and participate in community life. In the end, a child should be able to contribute as much as possible to its own life and to that of its family and community.

The CBR worker will take into account the specific skills and stage of development of each child with a disability. He or she will involve the family and the neighbourhood in the rehabilitation process, so that they will gain more confidence in the potentials of the child. The Health Management Committee along with CBR worker will link the CWDS and their families with many other programs/schemes by state and non-state agencies.

Through its CBR program, a community gets new health care service delivery professionals who look after the CBR, which includes assisting parents to diagnose their children for disabilities that, in Nepali culture, are often hidden from outsiders out of shame. As children with disabilities are identified, they are referred to doctors or given treatment as necessary. For instance, chronic ear-infections can render a child partially hard of hearing, which then affects the child's ability to learn at school, to interact

with peers, and to be an active member of the family. Simple treatment and preventative knowledge can rescue the child's future from one at the fringe of the society into being at the center of it.

Very often, neurological conditions are misunderstood, leading to inhumane treatment of children by exasperated parents without access to the right set of information. A CBR worker from Share and Care can identify the problems with the child and make necessary references, leading to dramatic impacts: a child whose life was regulated by numerous daily epileptic fits can be prescribed a drug to prevent such fits, making it possible for the child to gain independence from constant surveillance, to go to school, to play with friends, to regain a dignity lost to superstitious blames.

These concrete changes effected by CBR workers also serve as the best proof of the effectiveness of Share and Care. The new knowledge about health care service delivery for the community remains within the community and will not be affected by political or economic upheaval, as it becomes a matter of communal property rather than policy directed from a far away center, or results of health care market reality.

Project 4: Advocacy

By doing our job well, we hope to influence the Nepalese authorities at the local, district and national level. In addition, Karuna Foundation Nepal will actively engage itself in putting the rights of, and care for, disabled children high on the political agenda. We will point out to the government that it is obliged to fulfil the UN Convention on the Rights of People with a Disability and its optional protocol as well as the Convention on the Rights of the Child, to which Nepal is a signatory.

KFN: Work Culture & Values

KFN team members in the Netherlands and in Nepal bring into play their personal qualities, passions and inspiration in order to make the projects successful. They believe that everybody has the right to a humane existence, including the right to health; that there should be a relationship based on equality between people at all levels. They bring together people and their competence; they are sensitive to, and take into account, local social and cultural factors and they strive continuously to improve themselves and the organization in order to better serve their mission.

KFN team members believe that successful aid should never create dependence but encourage self-reliance, empowerment and responsibility. There also needs to be equality between all stakeholders; between staff of Karuna and health workers, between Karuna and community, and, equality between men and women. Women in developing countries bear an unfair share of the burden of providing food safety and health care services. By focusing on the gender aspects in our projects and improving gender equality we also hope to contribute to the Millennium Development Goal that strives for gender equality, and definitely the equality between disabled and non-disabled.

The way we care for disabled members of our society reflects the very soul of humanity, and their place among us, in relation to us, shows how civilized we are as a people. KFN team members believe in these tenets, and strive to implement these values in each day they spend in serving the vision of the organization.

What Sets Apart Karuna?

The **community-based approach** of KFN is unique in its insistence upon the **community's responsibilities**—financial and managerial—for health care service delivery for all members of a community.

KFN acts as the **facilitator/initiator of programs** that encourage and train community members to develop a long-term solution to their health care service delivery needs. The program also includes the fact that KFN will exit the program area after a period of two years. By this time, the community is expected to meet the full costs of running an improved version of existing infrastructures, and of bearing the cost for additional programs. All the programs are designed by trained community members to address specific and evolving health care service delivery needs of the community.

Congenital, post-natal and early childhood disabilities often result from the lack of simple information on and monitoring of safe pregnancy and nutritional choices.

KFN's strategy to assist the community in supporting and demanding sustainable comprehensive health care services shows a bottom-up approach to solving a complicated (policy) problem in Nepal.

A strong emphasis is laid on training the community members in fiscal management and a **culture of transparency and inclusive participation**. All decisions—whether to enter a partnership with KFN or not, whether to include financially incapable members of the community—are taken by the community after intensive consultation and debate. The responsibility is given to the community to manage every aspect of the programs being implemented, and to identify new challenges and opportunities.

Development efforts by KFN should **not create parallel structures**. The intention should not be to add an isolated structure for delivering services already being provided by another agency. Cooperation is more productive than competition in such cases. KFN will engage local and existing bodies like the Health Post and Sub-Health Post, the Village Development Committee, the District Health Office, and heads of local political organizations and opinion builders to build a more effective health care service delivery apparatus that is designed to address specific local needs.

This culture of ownership and direct accountability to the immediate local community is the strength of KFN's programs. The scope for redundancy of KFN which is built into the various agreements it enters with local and state-level governing bodies encourages selfless service by KFN office bearers, and also engenders an atmosphere of trust between KFN, governing bodies and local political parties, and members of the participating community. This atmosphere of trust at the set up of a program, and long after Karuna has made its exit, is vital to the sustainability of a program.

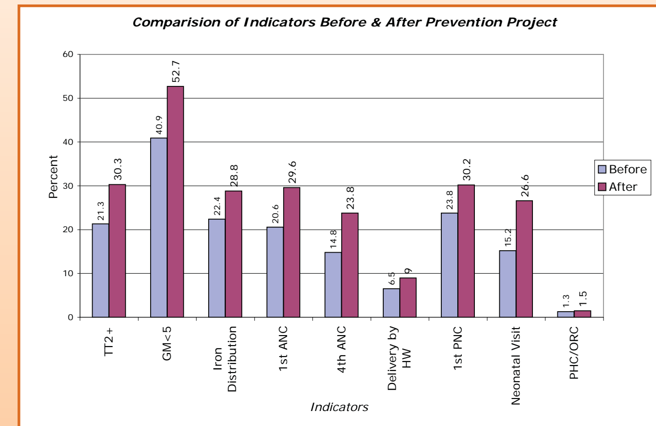
Areas of Work: What we have achieved so far

Living in poverty increases the chance of giving birth to a child with a disability, while having such a child raises the chances of a family being pushed into poverty, or makes it harder for the family to escape poverty. Poverty and disability in children become entangled in a vicious, generational cycle. Karuna Foundation aims to break this cycle by raising awareness, changing behavior, and empowering families with disabled children.

In Nepal, 70 out of 1000 live-born babies die in their first year. Failed midwifery and medical care before, during and after the delivery is a major cause. Lack of access to care and a balanced diet, malnutrition, diseases such as polio, AIDS, and malaria, neglect of wounds and illnesses all contribute that shameful statistics. Violence, poverty, and negligence also create disability among infants and children.

In this given scenario, Karuna Foundation has been operating pilot projects since July 2007, in three different regions: Rasuwa, situated in the high Himalayan region; Kavrepalanchok, situated in the Middle Mountains; and, Sunsari, situated in the tropical lowlands of Terai. Some of its achievements are summarised here.

Training of Professionals (ToP)



	Kavre	Sunsari	Rasuwa	Total	Remarks
Total Health Institutions Covered	**36**	**32**	**5**	**73**	
SHP	36	32	3	71	
HP			1	1	
PHC			1	1	
Total running prevention project	**34**	**29**	**5**	**68**	
Trained Health Professionals	**121**	**93**	**15**	**229**	
AHW	36	32	3	71	
ANM/MCHW	36	32	5	73	
VHW	34			34	
Health Supervisors	15			15	
Medical Officer			1	1	
Health Assistant			1	1	
VDRC/Community mobilizers			5	5	

Achievements of ToP in 2008

Share & Care

- Two Cooperative Health Management Committee formed
- Services and facilities defined in two VDCs.
- Agreement signed between CHMC and KFN in two VDCs.
- 1046 plus households became members of Share & Care by contributing 1000.00 and 1100.00 NPR respectively for a year. (Mechchhe: 452 HH. Hansposa : 594 HH.).
- About 6000 population Mechchhe and 15000 people in Hansposa are using the services.
- Additional health workers appointed by CHMC (3 in Mechchhe and 4 in Hansposa)
- Additional drugs (other than provided free by the government) are made available (76 in Mechchhe and 100 in Hansposa)
- Referral service provided for 17 patients in Mechchhe and 18 in Hansposa
- Mechchhe SHP declared the birthing center
- Infrastructure development done: which includes repairing building, supply equipment, solar light, telephone, contribution in new building construction in Mechchhe.
- Two sub centers started, one in each VDC, for the population to whom the existing Sub Health Post is not accessible.
- 3 Program Leaders in Hansposa and 1 in Mechchhe selected. (A leader is a person selected by community to carry out all the tasks of Share & Care, being accountable to the community and CHMC. The leader is also responsible to make future plans according to the need, mobilizes resources, make reports, maintain financial activities and so on.)

CBR Work for Children with Disability (CWD)

Mechchhe (*Total reported CWDs 62*)

- 1 CBR worker received 100 days CBR training
- 7 Children taken to hospital for treatment and others in queue
- 12 Children receiving therapy support in the community and parents learned to do therapy
- 3 Self Help Groups of families of CWDs organized
- Process to get ID card of all PWDs from the government is in the last phase
- Profile with pictures of all CWDs is prepared.

Hansposa (*Total reported CWDs 102*)

- 1 CBR worker appointed
- 44 CWDs receiving medical treatment
- 38 CWDs getting physiotherapy service in their own home
- 4 CWDs cured after treatment
- 4 CWDs enrolled in school
- Ramp Constructed – in 4 schools
- 68 CWD got Identity card (out of 131 PWDs)
- 2 days disability orientation training to the community leaders
- Profile with pictures of all CWDs is prepared.
- Collaboration with other agencies working in the same theme is ongoing.

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Five VDCs in Rasuwa (*Total reported CWDs 205*)

- 5 CBR workers completed 100 days CBR Training
- 5 CBR workers appointed in 5 VDCs
- 5 Village Disability Rehabilitation Committees formed
- CBR workers supporting the CWDs for physiotherapy, counseling for treatment and education

Beside its regular work,

Karuna contributed support materials equivalent to NPR 50000.00 for Koshi flood victims in Sunsari. The support was provided on the request of DDC Sunsari to the DDC fund.

KFN contributed NPR 80000.00 financial support to organize South Asian CBR Conference in Nepal.

The General Director and The Country Director visited Assist India in Andhra Pradesh in November 2008, to acquire knowledge on the field of Sustainable Community Development.

Years to come:

Karuna will be continuing its current projects in the years the come. The piloting phase is almost over and expansions of all programs are planned in various VDCs from 4 different districts: Sunsari, Kavrepalanchowk, Rasuwa and Mahottari. By learning from different experiences in the field we will improve our model in the coming years. Maintaining our focus on sustainability and good quality will be one of the major concerns where as replication of the projects in different parts of the country together with government and other organizations also will be our priority.

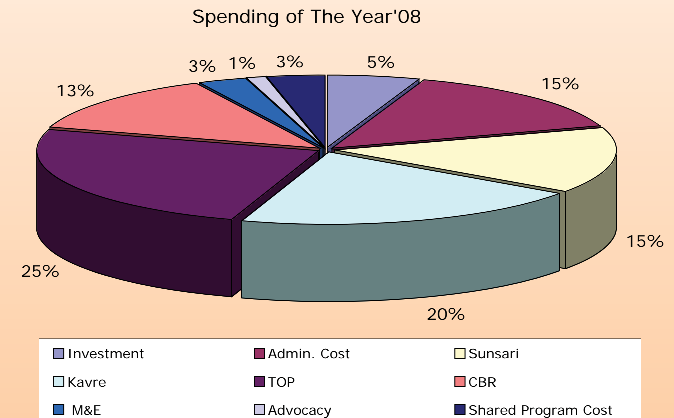
Health education workshop in Mechchhe

Inauguration of Share & Care Mechchhe

Budget Analysis for Fiscal Year 2008:

In fiscal year 2008 (Jan to Dec) total budget of KFN amounted to Rs.24, 876,603.00 (Rupees. Twenty four million eight hundred seventy six thousand six hundred and three only). Out of the total budget, expenses incurred are as shown below:

Expenses Head	**Spending of the year'08 (Amt)**
1. Investment	844,258.32
2. Admin. Cost	2,401,903.79
3. Share & Care	
a. Sunsari	2,359,478.00
b. Kavre	3,286,911.76
4. TOP	4,003,039.00
5. CBR	2,133,758.00
6. M&E	458,830.00
7. Advocacy	154,263.00
8. Shared Program Support Cost	552,901.20
Total	**16,195,343.07**



Over all utilization of fund in FY 2008 is approximately 66% of total budget. Budget utilization under administrative head is found to be satisfactory as the expenses reduced approximately by 10% of the budget. Some of the project budget is underutilized as its being in the initial phase. Yet in totality the utilization of fund is appropriate and quite satisfactory.

(from the audit report)

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Our Office in Holland

Stichting Karuna Foundation has its renewed legal status in Holland as a Foundation since April 2007. Its office is in Arnhem, a city in the east of the Netherlands, near the German border.

The Dutch team is small and works closely together with the Nepali team.

Betteke de Gaay Fortman has been the director of Karuna Foundation since 1 April 2007. She has gained international experience through the setting up and management of her own business in Spanish- language services and as director of the De Waal Foundation. *"It is a privilege for me to help building up an entire new organization to reach the targets of Karuna Foundation."*

René aan de Stegge is entrepreneur at Giesbers Groep and initiator of Karuna Foundation. With his pioneer mentality and the experience he has gathered in his existence as an entrepreneur, he aspires to set up better and more sustainable health services in rural villages. As a chairman of the Board, he is closely involved in the policies and building up of the organization, both in the Netherlands as well as in Nepal. *"It is a challenge to contribute from my own experience as an entrepreneur to our final aim: decreasing the number of avoidable disabilities and a better life for children with a disability and their families."*

Merel Schreurs is a nutritionist with field experience in developing countries who devoted her knowledge and expertise to Karuna Foundation Nepal for a year. From our office in Kathmandu, she developed and implemented the first baseline survey and offered support to the division 'Research and Monitoring'. Currently residing in the Netherlands, she gives technical support to the director as a program manager.

Wim Bor is part-time financial controller at Karuna. He has been entrusted with the financial administration of the office in the Netherlands, and supervises the activities of our office in Nepal. He also is an independent accountant/tax consultant in Veenendaal, Netherlands. *"I find it enriching to add value from my field of work to the targets Karuna Foundation aims to reach."*

Nepal Team: Challenges and Rewards

Share and Care is such a new idea that community members, local hospitals and development workers in our program areas are curiously watching how we go about achieving our goals, and if they can learn from our experiences in the field. Although Share and Care is a different approach, people are eager to acquire membership, which shows their desire to take ownership of the Share and Care model.

Share and Care isn't yet a proven model, but once the community takes ownership of the projects, it is definitely sustainable. We haven't completed even a one-year cycle, let alone the two-year period necessary to prove the program. But, as members of Karuna, we have strong belief that the model is sustainable and replicable over the long run. We must set ourselves the difficult goal of achieving our vision in two years to convince the community that we will exit after that, and to motivate the Karuna team and CHMCs.

The community is not as cohesive as we imagine. Creating a Cooperative HMC by itself doesn't empower the community. Our preparations do not always suit the conditions we find in the program areas. We have to continuously adapt our strategy to the reality in our program areas. But, as we have the freedom to practice our judgment, to test and adapt our ideas on the field, to find our own priorities and take responsibility for our choices, our methods are effective and have immediacy.

We face too many challenges to put them in words. This is a completely new approach to an old and complicated problem of the vicious-cycle relationship between poverty and disability and poverty and health services. Given the extreme poverty in most of our program areas, it is a challenge to convince people that this is a necessary program for their benefit. Where most people make a hand-to-mouth living, for us to ask for even the minimum monetary contribution is to put an additional burden upon them.

The extent of interrelated problems seems overwhelming at first encounter. Our efforts feel inadequate. It is hard to decide where to start. Parents are reluctant to have their children assessed for disability status. They seek immediate benefit without any stake in the responsibility of caring for their disabled children, and expect money and other benefits, which are set as a bad cultural example in most areas. There is no communal sense of duty towards CWDs.

Community is a vague concept—when we talk about community acceptance, we can't walk away with a signed document to say we have the community's approval. There are too many stakeholders to consider. There comes a point when our work is challenged by something as elemental as human nature itself: negative elements in the community can seriously jeopardize Karuna's efforts. Our good intentions are confronted by the greed of individuals, inability to sense the upcoming challenges and many more, which forces us to reassess our moral relationship with the work.

Lack of formal education is a challenge, as it makes the training the Cooperative HMC, and communicating Karuna's vision to the community difficult. For the community to take ownership of the projects, they must understand the issues involved in implementing programs like Share and Care. For places like Mechchhe in Kavrepalanchowk, and villages in Rasuwa, geography itself is our biggest challenge.

Money in rural Nepal is a seasonal phenomenon. Motivating community to pay their dues is a challenge. Even when a community is enthusiastic, often they have to wait for harvest season to pay the household's share. Productive and marginally literate manpower has migrated away from the

villages, so that a severe form of poverty is prevalent. Government health care service workers are generally passive, unmotivated, and resistant to a culture of responsibility. Cooperative HMC, in charge of monitoring all health care service related work in the community, is often dominated by the Health Worker who should be working for them.

Despite these challenges, there are rewards, too. When we see that all the community people are visiting the sub /health post for their problems, babies are born in institutions, CWDs are recognized and empowered, and most importantly, when they sit together, identify and manage their needs, we witness an awakening of awareness among experienced health care service providers who had been working in local health posts for years when, after participating in the Training of Professionals program, they said that they had been unaware of their own roles in the community, and about so many of their practices. Our approach is actually empowering them along with their client 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 to face challenges and create solutions is strong. We hope to achieve the difficult goal we have set for ourselves within the determined time frame.

Our team in Sunsari - Yogendra, Kundan, Sitaram and Rajiv

Our team in Kathmandu - Mandar, Deepak, Harka, Kimat, Archana, Bikesh, Rupa, Khagendra and Milan

Change is possible:

During our initial survey in Hansposa, we found a 14 year old boy. When I first visited his house, he was tied to a pillar. His parents had gone for work and he was with his younger siblings. I talked to his neighbor during the first visit. During my second visit, I introduced myself as a CBR worker to the boy's father. He was disappointed and started complaining that lots of disability related organizations had come to their home but had not done anything for his son. I listened to him but did not react. I tried to communicate to him that the major responsibility is with the parents to take the necessary initiative for their child, not other organizations. I gave him examples of other children with similar problems who have improved their quality of life. After he was comfortable, I discussed with him about the physiotherapy his child needed, and the CBR program in Biratnagar that provides assistive devices for this kind of children.

Thereafter, I met the father several times. He visited the Biratnagar CBR program and received assistive walking device for his child. He is also continuing with the boy's exercises. The disabled child can now stand and move with the help of a walker.

Testimony- Sita Ram Chhaudhari,

CBR worker, Sunsari

Cerebral Palsy

A 3 year old girl child born in a Chaudhary family of Hansposa, she is afflicted with cerebral palsy. Because of her disability she is incapable of any physical movement. Her poor family is incapable of meeting her medical care and rehabilitation needs. She came to our notice during our initial survey of children to determine the rate of prevalence of disability in Hansposa. We went to her house, where her mother told us that the girl child hadn't cried for over four hours after her birth. They had taken her to a doctor at the time of birth, and the doctors had warned them that there could be complications later since she hadn't cried after birth.

Whenever we visited her home, we found her sleeping on her back. Because she was malnourished, her weight was very low, and her body had failed to develop. She was referred to BPKIHS after consultation with the family. The doctors there diagnosed her condition as: SGA baby with birth asphyxia with cerebral palsy with mental retardation with microcephaly with PEM. The doctors recommended physical therapy and a stint at the malnutrition treatment center. According to the doctor's recommendation, CBR workers visited the girl child at her home to teach the parents the necessary physical therapy techniques.

After regular physical therapy in the morning and in the evening, the girl child can raise her head and turn to her right and left. The family has coordinated with the malnutrition treatment center in Biratnagar for her treatment. Her parents and neighbors are very happy at the progress she is showing in her condition.

Epilepsy

Fulmaya is a 15 years old Tamang girl living in Hansposa VDC. She is a mentally disabled child. When asked her name, she would stare back without answering. When we asked her mother about Fulmaya, she said that she had been bitten by a white mosquito when she was six years old. Spinal fluid had collected in a pocket in her back, and she had been taken to various places for treatment. After treatment, she was able to speak a little, but two years after that, she started falling down suddenly and fainting. People in the community diagnosed that she had been possessed by spirits, and started treatment with shamans and domestic remedies. There was no change in her condition. Her father died around that time, and her treatment stopped. When we met her, she was fainting three, four times in twenty four hours. Since their house was on the edge of the forest, it was hard to give her family much time out of our schedule. After she came into our contact, we studied all relevant details and took her to BPKIHS in Dharan and started treatment. She was diagnosed with a case of epilepsy. We bought all the medicine prescribed by the doctors and administered them to her and showed the family how to administer. After the treatment was initiated, she fainted once during the night. She has been taking the drugs regularly, and hasn't fainted even once since.

Earlier, Fulmaya wouldn't eat properly, but now she has a healthy appetite. She is able to hold normal conversations with us. Her health is improving. We talked to her mother and counseled her on the way she ought to interact and talk to her daughter. Fulmaya's mother is very happy with the results we have achieved with her after the treatment of epilepsy.

Our partners in Nepal:

RCRD: Resource Centre for Rehabilitation and Development (RCRD) is one of the prominent NGOs working in the field of Community Based Rehabilitation (CBR) in Nepal. Its rich knowledge and information in the field of disability is highly rewarding while working with communities and children with disability. RCRD partners with KFN to implement CBR program in 5 VDCs of Rasuwa district. Village Development Rehabilitation Committees are formed in all these VDCs. Children with Disability have been identified in the area, 5 local youths are trained as full time CBR worker, and efforts are being made to help these CWDs and their families also by linking with government programs and schemes as well other existing programs.

HCN: Help for Change, Nepal (*Paribartan ko Lagi Sahara Nepal*) is working with KFN in Timal region of Kavre district mainly helping KFN to organize the community activities.

DHO: District Health Offices are the focal health agencies of government of Nepal in the districts. We partner with them to plan, implement and evaluate the Training of Professionals and Scaling up Community Health Services. Their human resources, technical and material support is vital to make the programs successful.

Community Based Organizations: Karuna's partnership with communities through the Cooperative Health Management Committee (CHMC) carries high value and importance to ensure the ownership of program by the communities because it empowers them and makes them able to handle their own problems acquiring all financial and managerial know how. It is greatly enriching to work with the community in many ways and at the same time provides wider opportunities to ensure the success of the programs. Partnership with them gives high aspiration so that the whole responsibility of improved basic essential health care service and CBR are managed by the community itself with the technical and financial support from Karuna.

Signing of the project agreement with Social Welfare Councl: Oct. 2007

Signing of Share & Care agreement with CHMC, Hansposa

The Shared Vision

Assist is an Indian organization for comprehensive development of rural villages set up in 1985. The development of India must start at the village level, 'because independence must begin at the bottom'. Karuna Foundation will make use of the experience and knowledge of Assist in the implementation of its projects. [www.assist.org.in]

BAIF is an Indian development organization based in Pune, focusing on improving earnings 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 is supporting and consulting KFN regarding the development and implementation of the Share and Care system in poor rural communities in Nepal. [www.baif.org.in]

Impulsis, with strategies and an approach gathered by forty years of experience in development cooperation, works with entrepreneurs, the business community and authorities to address sensitive issues in politics and society. After all, poverty is a complicated phenomenon for which no simple solution exists. Impulsis Initiatives, which Impulsis supports as a development organization, always aims to empower people towards self-reliance. Impulsis is an initiative of Edukans, ICCO and Kerk in Actie (Church in Action). KFN has entered a partnership with Impulsis by being a recipient of its grants. [www.impulsis.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 a disability, and to put the issue on the development agenda. Karuna Foundation is a member of DCDD. [www.dcdd.nl]

Giesbers Groep and Blue Guideline

Giesbers Groep is active in construction, project and area development. René aan de Stegge, entrepreneur and owner, developed The Blue Guideline with and within Giesbers, a philosophy which is now also being applied by Karuna Foundation. [www.giesbersgroep.nl]

The very begining of the merge between business and development

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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