

# **Karuna** *foundation Nepal*

*Saving children from disability, one by one*



**FY 2077/078**

**ANNUAL  
REPORT**

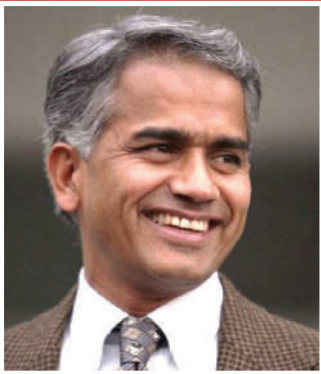
**"Karuna Foundation Nepal endeavors to prevent avoidable disabilities among children and improve quality of lives of children and adults with disabilities"**



# Abbreviations

ANC	Ante Natal Care
ANM	Auxiliary Nurse Midwife
CBR	Community Based Rehabilitation
CBRF	Community Based Rehabilitation Facilitator
DPRP	Disability Prevention and Rehabilitation Program
ECD	Early Childhood Development
FCHVs	Female Community Health Volunteers
HRDC	Hospital and Rehabilitation Center for Disabled Children
KFN	Karuna Foundation Nepal
NFD-N	National Federation of the Disabled, Nepal
NHTC	National Health Training Center
PHTC	Provincial Health Training Center
PNC	Post Natal Care
RM	Rural Municipality
SBA	Skilled Birth Attendants





## Message from the Chairperson

From the inception of Karuna Foundation Nepal till now is not just a milestone but the hallmark of our continuous efforts towards creating a world in which each individual, with or without disabilities, lead a dignified life and participated equally in the communities. For this it always initiates programs which predominantly focuses on offering the best assistance, guidance and escort people with disabilities in their endeavors. Over the year, it has been able to touch many lives of persons with disabilities in remote corners of Nepal. This year book houses the past reflections and the present strategies followed by the future innovations.

We believe, the continuation of Disability Prevention and Rehabilitation Program and allocation of budget for its continuation by Provincial government of Province 1 and local government predominantly help to decrease the incidence of birth defects, reduce maternal and neonatal mortalities and develop an inclusive society.

While we began with a new modality winning cross governmental confidence and support, we continue to build upon our experiences. Meanwhile, COVID-19 pandemic dismayed the world forcing the nation in the state of lockdown. It has changed the lives of all regardless of age, gender and economic well-being worldwide. The times are uniquely challenging. Persons and children with disabilities, in particularly, have become more vulnerable with limited or no access to life-impacting rehabilitation services, support systems and havens of safety and care. KFN, working in the field of disability, has taken time to mitigate the suffering through various response.

The prevailing scenario is provoking us to think penetratingly and do differently. We are positive of accomplishing our tasks at hand and we hope of the support and encouragement from all helping hands for moving ahead. And we are confident that KFN will make further progress to relentlessly serve the persons with disabilities in spite of challenges owing to its tacit knowledge, expertise and well-established processes. Together let us look to an inclusive world with brighter opportunities for every deserving individual.

**Prof. Dr. Bhagwan Koirala**  
Chairperson



## From the Director of **Karuna Foundation Netherlands**

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In the past fiscal year, the Covid pandemic has hit hard in Nepal with hospitals overburdened and families desperate to find care for their loved ones. The team of Karuna Foundation Nepal showed its resilience and strength to deal with this complex situation and responded in the following two ways:

1. They kept the program running, making sure the pregnant women new born babies and persons with disabilities get access to good care
2. They set-up emergency aid by organising 209 oxygen concentrators for hospitals all over the country, a quarantine house for nurses and 1200 kits and protective equipment

This was highly appreciated by all funding partners and Karuna NL. We also highly value the role of the government of Province 1 and all municipalities in their management of the program in these harsh times. Their support and funding of the program shows their high commitment and interest in the DPRP also in the new fiscal year.

We are all aware of the importance of showing good and tangible results in the first 58 municipalities. This is also the opinion of the funding partners in Europe. They approved the revised budget and supported the postponement of a next phase in scaling. We were pleased to have the Provicimis Foundation as new funding partner of phase 1.

The baseline survey provided some interesting data and will enable us to measure the impact of the DPRP in the future. We thank UBS-OF for their support in funding this study and the KIT Amsterdam for their professional work in doing the research.

We look forward to a next year of collaboration and successful implementation of this great program.

**Dr. Annet van den Hoek**



## From the Desk of Executive Director

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I am pleased to present our 2077/78 Yearbook which highlights many of our achievements over the past year together with challenges we have faced. At the time of my writing this report, the COVID-19 crisis had gripped the world and the year has not been easy with COVID-19 bringing challenges across the country. The second wave of the COVID-19 pandemic hit Nepal and the government enforced prohibitory orders in some parts of the country and in all districts of Province No. 1 which directly hampered the program implementation. Under these unprecedented circumstances, persons with disabilities are particularly disadvantaged by the socio-economic consequences of the pandemic.

At the peak of the second wave, many Covid-19 patients died as hospitals ran out of oxygen. Following such untoward situation, KFN, was able to get the most lifesaving equipment i.e Oxygen Concentrator in close coordination with its always supportive partners in the very beginning of the crisis. The total of 209 oxygen concentrators were handed over to the federal and provincial governments. KFN also handed over antigen kits, PPE sets, masks and sanitizers to the district hospital of DPRP program implementation districts. With the rise of COVID-19, the persons with disabilities who are already vulnerable group are more prone to vulnerabilities. The accessibility to health services is limited. KFN made an effort to address the need of persons with disabilities when they needed the support the most reaching 18,671 persons with disabilities through CBRFs providing them with COVID related information and addressing their health infection via tele counseling.

This report highlights the achievements made despite several challenges- which further strengthen our commitments to be closer with the partners and the stakeholders. The many stories presented in this report show a snapshot of what happened throughout the year. The disability prevention component-- periconceptional folic acid consumption, pregnancy registration and follow up on ANC, PNC and institutional deliveries using mobile phones, birth defect screening at community level and school health screening gained a momentum. This year in DPRP, we have been able to reach 7,453 pregnant women through Best Wishes Card, 8,171 pregnant women by mHealth, 623 couples taking periconceptional folic acid and 4,329 pregnant women taking folic acid after conception which is the significant factor for disability prevention. Likewise, our interventions have been able to reach to 16,786 persons with disabilities among which 14,909 persons have access to disability ID card, 520 received assistive devices while 47 persons with disabilities received treatment support.

As we move on, we reaffirm our commitment to the cause and will continue with all our efforts to scale up to new heights in realizing the vision and mission- where everybody including persons with or without disability is respected, enjoys a good quality of life without any discrimination. While doing so, KFN has received immense support from the Province government of Province No.1, local government, Social Welfare Council, collaborative partners, and National Federation of the Disabled, Nepal (NFD-N) , Province No. 1 to continue its effort for the prevention of avoidable disabilities and rehabilitation of persons with disabilities. We have been encouraged more than ever to keep being committed to serve the persons with disabilities. Our humble gratitude to all our donors who supported KFN programs in Nepal. And my sincere thanks go to KFN board and to all team for upholding the KFN's values.

Next year presents new and continued challenges and opportunities to share learning. Over the following pages, you will find more details of our work during the year 2077/78. I hope this yearbook will be insightful and informative.

**Deepak Raj Sapkota**

# Stakeholder's Voice

“ Significant changes in the lives of people with disabilities is evident after the Disability Prevention and Rehabilitation Program is implemented in the ward. The ward office will do all possible on our end to bring people with disabilities to the forefront. Ward will not cut corners when it comes to providing service facilities for people with disabilities.

**Mr. Balkrishna Lawati**

Ward Chairperson, Phidim Municipality Ward no. 1, Panchthar



“ Persons with disabilities who had been hiding and did not want to reveal their impairment were brought out of the nook and given a disability ID card. They are now also receiving a disability allowance, which has proven to be beneficial in the lives of people with disabilities. We believe they will be more empowered as a result of the deployment of assistive equipment based on need.

**Mr. Gorakh Nath Mishra**

CAO, Madi Rural Municipality, Sankhuwasabha

“ All parents have the sweetest dreams for their children. I have no words to describe the tragedies and painful experiences I had evidenced during the entire period of health camps. I couldn't stop giving many thanks, congratulations and best wishes to the Disability Prevention and Rehabilitation Program for helping people out of their misery and to alleviate the burden of family in terms of economy, physical and social well-being of persons with disabilities in a society.

**Ms. Bhima Rai**

Deputy Mayor, Panchkhanan Municipality, Sankhuwasabha



“ Disability prevention and rehabilitation programs can make a positive difference in the lives of people with disabilities and the community, but persons with disabilities and DPOs shall be fully mobilized in every activity for long term sustainability.

**Mr. Navinchandra Dhungel**

Chairperson

Handicap Service Association, Phidim Municipality, Panchthar

“ Working in the disability sector can be challenging, but I had the pleasure of working as a Community Based Rehabilitation Facilitator under the DPRP program which serves for persons with disabilities. Working for persons with disabilities to make changes in their lives requires patience, which is a tough yet life-changing opportunity. For me, the single smile that we can bring to the faces of those persons with disabilities is a source of pride.

**Leela Basnet**

CBRF, Barahakshetra, Sunsari



# Karuna Foundation Nepal at a Glance



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

## Vision

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

## Mission

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

## Goal

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

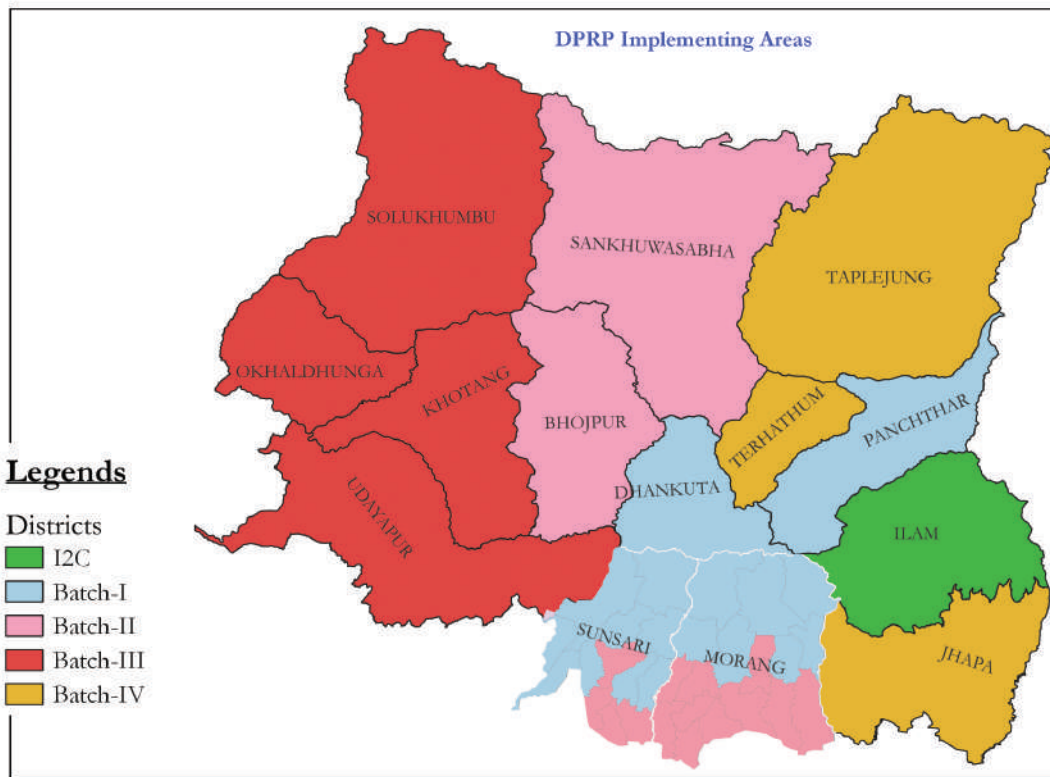
## Objectives:

**KFN strives to realize its objectives broadly in following areas:**

- To improve access to and utilization of Maternal and Child health services
- To develop disability inclusive society focusing on health, education, livelihood and empowerment of persons with disability and their families
- To strengthen the capacity of community or developing ownership and mobilizing local resources so that program sustains
- To promote disability inclusive Disaster Risk Management
- To lobby and advocate for mainstreaming disability
- To ensure holistic development of targeted constituents



# Karuna Foundation Nepal's Geographical Coverage



Nepal's Map highlighting Province 1

- **Batch-I**
- **Batch-II**
- **Batch-III**
- **Batch-IV**
- **I2C**

# Programs and Key Achievements

## 1. Disability Prevention and Rehabilitation Program



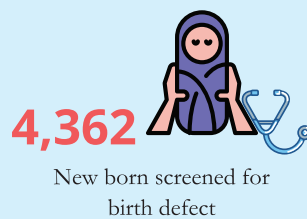
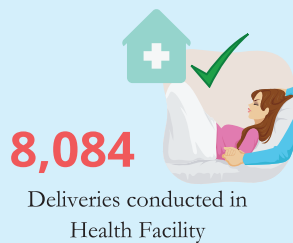
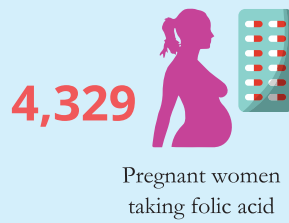
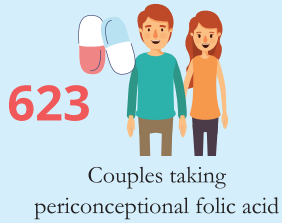
Disability Prevention and Rehabilitation Program (DPRP) is a government program aimed at the prevention of avoidable disabilities and community-based rehabilitation (CBR) of persons with disabilities. This program focuses on reaching at doorsteps of persons with disabilities for rehabilitation purposes, mobilizing a cadre of workers-Community Based-Rehabilitation Facilitators (CBRFs). This joint venture of the provincial government and local governments of Province No. 1, together with KFN is, being implemented in six districts and will be implemented in a phase-wise manner in the remaining districts of Province No. 1, Nepal. National Federation of Disabled Nepal (NFDN) province committee, province number 1, is a technical partner of the program. Morang, Sunsari, Dhankuta, Panchthar, Sankhuwasabha, and Bhojpur are the districts of Phase I of DPRP, whereas Ilam, the former Inspire2Care program district, is guiding the process as a pilot district.

The funding modality of the program is a unique modality, that illustrates sustainability and ownership of government stakeholders as one-third of the three-year program budget is invested by the Provincial government, the other one-third by local government, with KFN investing the remaining one-third.

**Table 1: Cost Sharing Ratio under DPRP**

Program Year	Cost Sharing		
	Local Government	Provincial Government	Karuna Foundation Nepal
Preparation			100%
First Year	One-third	One-third	One-third
Second Year	One-third	One-third	One-third
Third Year	50%		50%

# 1.1 Prevention



## 1.1.1 Prevention of Avoidable Disabilities: DPRP



A healthy start to life begins from the womb and early childhood, and so do the prospects of disability prevention. Centering on this belief, the disability prevention component of the program focused on increasing the access of pregnant women, postpartum mothers, and children to essential health services. The major pillars contributing to disability prevention are Peri-conceptual folic acid supplementation, pregnancy registration and follow-up on antenatal care (ANC), postnatal care (PNC), and institutional deliveries using mobile phones, and birth defect screening and school health screening.

In the continuum of disability prevention, folic acid supplementation to couples at least three months before conception and pregnant women three months after conception reduces the risk of neural tube defects such as Spina Bifida, Hydrocephalus, Cleft Lip and Palate by 50%. So, the DPRP program ensures the availability and consumption of folic acid tablets to couples planning conception. For the same, a total of 1540 health workers in 2077/78 were oriented on folic acid supplementation and distribution, following which 623 couples consumed folic acid before conception and 667 pregnant women after conception.



# Changing the lives :

## Corrective surgery of a Child with bilateral Cleft Lip

“A baby with masking tape around the lip is an option for a mother to hide her baby’s deformity tells more.”

The family was saddened with pain when the only child, a baby boy of mother Manjana Limbu and Father Buddhiman Limbu, was born in a family with a birth defect, a congenital anomaly in a child.

Parents are temporary residents of ward number 5, Itahari Sub- Metropolitan City of Sunsari District, and permanent residents of Jhapa. For livelihood, the father paints at newly built homes, and the mother stays at home taking care of the baby and is engaged in household chores.



The poor financial status of the family and a child with a congenital disability was a heart-wrenching moment to look at when CBRF of Disability Prevention and Rehabilitation Program from Itahari Sub- Metropolitan City made her first visit to the child’s home. Mrs. Sita Dhital, CBRF of ward number 5, found him with bilateral cleft lip. The child’s mother said that despite the ANC check-ups she had done at the health facility, a baby was born with a cleft lip, and nothing prior to the birth was known to her. However, the mother also confessed that she did not consume any folic acid, calcium, or iron tablets during her pregnancy.

The child was born in B.P. Koirala Institute of Health Sciences Dharan. At this moment, a 3-months old child cannot suck milk properly because of a defect in his lip. However, surgery is planned to correct the child’s lip when he reaches the age of 6 months and gains weight of at least 5 kg in total.

A small support from our CBRF and her active role in her referral can drastically change the life of a child



Best Wishes program continued to reach pregnant women and newly married couples for increased utilization of maternal and child health care and nutrition services. Under the Best Wishes program, 3,735 married couples and 8,171 pregnant women in 2077/2078 received Best Wishes cards by ward offices and Female Community Health Volunteers (FCHVs), respectively, which could be attributed to the number of beneficiaries consuming folic acid and doing ANC and institutional deliveries. The Mobile health program (mHealth) has also started in 5 DPRP districts this year. mHealth is a mobile

messaging program that tracks and registers pregnant women, informs pregnant women on ANC, safe delivery, and PNC timing, and motivates pregnant women to get services from health facilities (HF). A total of 544 health workers from HFs of 40 Palikas were trained, who in turn trained 1,997 FCHVs of their respective HFs. After the Health Workers and FCHVs were trained on mHealth, the registration of pregnant women through mHealth has also increased significantly. This year 8,171 pregnant women were registered in the mHealth system who were then counseled for protocol-wise ANC check-ups. A total of 1585 deliveries were reported this year as per mhealth registration, of which 80.56% were institutional deliveries.

The Golden 1,000 days are a time of tremendous potential and enormous vulnerability. The first 1,000 days are when a child's brain begins to grow and develop and when the foundations for their lifelong health are built. DPRP stepping on the importance of Golden 1,000 days for a mother and child's development also for the prevention of avoidable disabilities, the health workers and FCHVs oriented a total of 7,586 golden thousand days mothers on a child's nutritional requirements this year. It has also become a platform to make



them aware of the importance of folic acid consumption before conception. These women act as change agents that disseminate the need for folic acid consumption to our target beneficiaries. Likewise, 608 adolescents were oriented on reproductive health through school health orientation programs, linking it with disability prevention. These adolescents could potentially also act as change agents for the prevention and rehabilitation of persons with disabilities.

Another significant milestone for disability prevention, School Health Screening Camps, was also achieved this year. For the school health screening program, 218 health workers were trained, and the trained health workers screened 8,808 children under the age of 18. Nine hundred five children were diagnosed with some conditions that could lead to some disabilities, and 608 had undergone for treatment. Since eye specialists from Biratnagar Eye Hospital accompanied the school health screening team to schools with a visual van, the diagnostic and treatment options for the children become easier.



DPRP program also supported 40 birthing centers with needful equipment and maintenance to ensure quality delivery service. Sixty-one nursing staff from different health facilities of Sunsari district were trained on Helping Baby Breathe, and Skilled Birth Attendant (SBA) training was started enrolling 19 nursing staff in the two-months training.

Alongside PNC household visits, birth defect surveillance also gained momentum. The auxiliary nurse midwives (ANMs) screened 4,362 babies, out of which 36 had some form of congenital anomaly. Of those identified, 9 have already received treatment, and others are in the process of receiving appropriate treatment. This simple step of surveillance at the community level has impacted many lives.

## 1.1.2 Prevention :Ilam



This year 19 health facilities and 27 Primary Health Care Out Reach Clinics were improved in Ilam district. Best Wishes program (mHealth) continued to reach pregnant women and new mothers for increased utilization of maternal and child health care and nutrition services in Ilam. Through mobile-based messaging technology, FCHVs registered a total of 4,892 pregnancies. Moreover, 3,371 newly married couples were registered and provided a Best Wishes Card with information related to the importance of marriage registration, reproductive health, family planning, and disability prevention and folic acid. A total of 3,375 pregnant women completed 4 ANC visits as per government protocol, 636 delivered at health institutions, and 3,305 had completed 3 PNC check-ups. The PNC check-up accounts for 5.7% of the overall deliveries. In total, 205 awareness sessions were also conducted on disability prevention targeting Golden 1,000 days mothers.

## 1.2 Community-Based Rehabilitation



■ No. in black represents total beneficiaries ■ No. in red represents children with disabilities



**2954/16,786**

Persons with disabilities registered in DPRP



**36/520**

Persons with disabilities received assistive devices



**4,627**

No. of Persons with disabilities/families are members of Milijuli Samuha (SHG)



**1916/11,148**

Persons with disabilities having disability ID card



**7**

No. of persons /family of persons with disabilities received vocational training



**28/47**

Persons with disabilities treated

Persons with disabilities are among the most marginalized in communities, who are restricted from basic services and opportunities owing to various physical and attitudinal barriers in the environment. The DPRP program aims to reach persons with disabilities in most rural communities and improve their access to health, education, livelihood, social, and empowerment activities ; i.e. five components defined by the World Health Organization in the CBR matrix.



## 1.2.1 Community-Based Rehabilitation: DPRP

As an initial step for the rehabilitation of persons of disabilities, disability assessment camps have been organized in 40 municipalities of six districts where 16,786 persons with disabilities were identified in this fiscal year. Among the total identified persons with disabilities, physical disabilities account for 45.34% of the disabilities (highest), followed by hearing-related (17.23%), Multiple (12.29%), Vision-related (7.20%), Intellectual (6.23%), Mental and Psychosocial (4.77%), Autism (0.55%), Deafblind (0.46%), and Hemophilia (0.09%). Currently, 88.81% (11148) of the population with disabilities has access to disability ID cards. Following Disability Assessment Camps, 44.67% (11,148) of the persons with disabilities received a new or renewed ID card from Palika, and 21.73% (3,649) had their ID cards before the DPRP implementation.

With the completion of disability assessment camps, 4209 persons with disabilities were identified to need assistive devices, and 1,654 required medical treatment. DPRP supported assistive devices to 520 persons with disabilities and treatment to 27, and other people will receive the services in the next fiscal year.

The received assistive devices enhanced the quality of life of persons with disabilities. Moreover, 188 persons with disabilities received nutrition support, and 20 children with profound disabilities received home-based education support (reading materials and stationaries). The CBRF carried out regular household visits to persons with disabilities and provided physiotherapy services to 65 persons with disabilities. This year 7 (Seven) persons with disabilities and their families also received vocational training.

Enhancing livelihood opportunities for people can have a far-reaching impact on their lives and can prove to be a transformative tool for social change. Hence, DPRP employs this tool to bring improvement in the quality of life of its targeted constituents. With the emergence of micro-credit, the importance of Milijuli groups in promoting livelihoods has been widely recognized. A total of 498 Milijuli Group were formed, and almost 73% have already received seed capital in their accounts. These group members have been trained on leadership skills, saving & credit mobilization, and proper record keeping.

In an effort to provide a conducive environment to children with disabilities, capacity building of 81 child club members, from six Palikas, on leadership development and 481 teachers and early child development (ECD), on Inclusive Education was accomplished. The training has widened up children's views towards fellow children with disabilities, and teachers expressed commitment for advocating on disability-friendly infrastructure and disability-sensitive teaching and learning environment. For the long-term advocacy on accessible infrastructure, 35 engineers from Morang, Sunsari, and Panchthar were trained and capacitated on Disability Accessible Designs. At the community level, 6896 people from DPRP districts were oriented on community-based rehabilitation and their role towards the person with disabilities.



## Success in clubfoot management of Prince

“It is not a big problem, and it will recover soon, and your baby’s foot will be normal like others” were the word of consolation from a CBRF to the parents of a baby who was born with a club foot matters. After learning about the possible treatment of club foot, the worried family sighed a relief breathe.

Prince Mandal is from Koshi RM. He was born with a club foot at Nobel Medical College and the teaching hospital. After the baby and mother were discharged from the hospital, the family, who already knew about the program in their municipality, approached Disability Prevention and Rehabilitation Program. They approached the Koshi RM office and sought treatment support for their baby.

Through the municipal office, they contacted CBRF, who then paid a visit to their home on the 4th day of his birth. After the visit, the detailed birth defect identification form was filled, and CBRF counseled about the possible treatment of the clubfoot.

The CBRF coordinated with HRDC, Itahari, and explained about the case of Prince.

After the necessary coordination, Prince was sent to HRDC for treatment. And his course of treatment has been started. There ponsetti casting was done for six settings for six weeks.

After the corrective measures, the baby’s foot is corrected and is using special CTEV shoes. Prince’s parents also received some monetary support from Palika for his treatment. Seeing Prince’s foot change, both parents are happy and are very grateful to CBRF and DPRP program for all the support and coordination. His mother added, “had the DPRP program not started in our municipality, we would never have been able to treat our child. This program saved my baby’s life from disability.”

With early identification, treatment, and bracing, almost all babies with clubfoot grow up to have a regular functioning foot. If left untreated, clubfoot will worsen and make it hard for the child to walk and live everyday life. Therefore, early treatment and awareness programs regarding the possible treatment of clubfoot are of utmost importance.



## 1.2.2 Community-Based Rehabilitation: Ilam

This year the CBRFs paid home visits to 4,300 persons with disabilities catering to the counseling, physiotherapy, and other needs at the doorstep. Medical treatment and assistive device supports were provided to 226 and 233 respectively, to ease their activities of daily living. Likewise, access to disability ID cards was ensured for 4,038 persons with disabilities. A total of 119 children with disabilities were reached with nutrition support. Likewise, to access education for adults and children with disabilities, KFN also strives to support them with educational materials. Seven hundred sixteen children with disabilities are recorded of school-going age, (5-18 years) out of which 228 school-going children have access to government scholarships, fifty-eight children with disabilities were enrolled in formal education, while 38 attended resource classes.

The program helped in improving the livelihood of 2,072 persons with disabilities so far and their families, thereby providing vocational training and/or supported with loan. The Milijuli samuha continued to gather and involved themselves in imparting

leadership. The local governments' continued commitment to sustain and improve the program through budget allocation and regular monitoring. Moreover, new activities were also introduced by the local governments as part of the program, which included free or subsidized health insurance for people with profound disabilities. As KFN prepares to exit from Ilam fully, such events serve as a powerful reminder of sustaining positive changes for a disability-inclusive society.



## Not just of Rakshya but many others like her



“It was just heart-wrenching seeing Rakshya few years ago-she could neither move nor speak, and was lying on her bed”, says Indu Khatiwada, a CBR Facilitator working with Karuna Foundation Nepal under Inspire2Care Program in Ilam.

Rakshya is a child diagnosed Cerebral Palsy with a profound disability. She was born as a first child to Dharmila Rai and Mangal Bahadur Rai, who married at an early age and conceived immediately a year later. She had a delivery complication resulting in vacuum delivery, which might have resulted in a birth injury. Unaware of the complications to follow, delighted with both mother and child safe, the couple rejoiced their family life until they noticed their child not developing as per her expected milestones. Parents reported that their child would not respond to stimulus and would not play as her coevals would.

Their small world was upended, when hospitals confirmed on Rakshya’s developmental delay and attributed it to vacuum delivery related injury. However, they chose to deny the fact and opted for doctor shopping. But to their dismay, things did not pan out the way they expected. So, heartbroken, unaware of how to take care of the child, they were constantly bemoaning about the child and the economic fragility given the opportunity cost of constant supervision of the child. When Indu, CBRF entered the family’s life, their life took a positive turn.

Rakshya was immediately taken to a disability assessment camp organized under Inspire2Care Program. She was provided with a “red” disability ID card that allowed her to receive a monthly allowance of NPR 4,000. Given the repeated visits from CBRF, for physiotherapy for the child and counseling for the parents, Rakshya started responding and started small movements. Her parents appreciated the progress and got more involved in her care. Rakshya’s mother was also sent to the cerebral palsy training center, where she learned a great deal about taking care of her child and was also inspired by similar stories of other parents. “Now a smile crosses my face, and I lit up every time I see Rakshya. Her health status has gradually improved; she can easily swallow the food provided, can hold her head upright and can crawl around”, says Indu. After providing Rakshya with a wheelchair, her mother can also work in the fields without losing sight of Rakshya. Under the Inspire2Care program, KFN does all they can for children like Rakshya, but not limiting their efforts to rehabilitation; they are also striving to prevent disabilities for children like Rakshya, who has to succumb to birth injuries.

## 1.3 Strengthening Community Support System



Strengthening community support systems has remained a key component for most of our programs, much in line with our emphasis on sustainability and ownership. As a backbone to DPRP, CBRFs were recruited based on the number of persons with disabilities in the catchment area. They were trained on various aspects of disability prevention and community-based rehabilitation on the curriculum registered in the Council for Technical Education and Vocational Training (CTEVT). This capacitated them to implement DPRP activities at the field level and to provide quality services to persons with disabilities.

The disabled peoples' organization (DPOs) were formed in all Palikas with technical support from the NFDN, Province No.1. The NFDN members also provided leadership and management training to DPOs and following the training DPOs helped in the formation of Milijuli groups. All trained Milijuli groups are equipped with cash receipt bills and record-keeping registers and have started using them. Ensuring child inclusiveness, 62 ward-level child clubs were also formed. The capacity building of child club members on leadership development and early childhood development, and inclusive education was accomplished. The training has widened up children's views towards fellow children with disabilities and also increased commitment for advocating on disability-friendly infrastructure and disability-sensitive teaching and learning environment.

In the meantime, program focal persons and chief administrative officers were oriented on DPRP and their role in its implementation.

As KFN provided only technical support in Ilam municipality, only two trained CBRFs were left to carry out I2C activities. However, following the DPRP guideline issued by the Province government for CBRFs selection criteria, the Ilam municipality deployed five health workers with added responsibility to carry out rehabilitation works. Likewise, the Mansebung rural municipality also followed the CBRF guideline for the selection of CBRF and appointed accordingly. This we believe is the greatest approach for the sustainability of the program.

## 2. Mayor Housing Project, Duhabi



The Mayor Housing Project has been implemented in partnership with Duhabi Municipality and Karuna Foundation Nepal. The total of 40% has been financed by KFN and remaining 60% was managed by Duhabi Municipality for land purchase and also from the contribution of project beneficiaries. The project aimed to enhance self-reliance, dignity and empower disadvantaged homeless communities with the provision of low-cost housing adequate to meet basic standard of dignified living. This project helped increase access of 20 landless people for decent housing with basic facilities like road, water and sanitation, community hall, primary school and health center and improve their living standard through promotion of entrepreneurial activities.

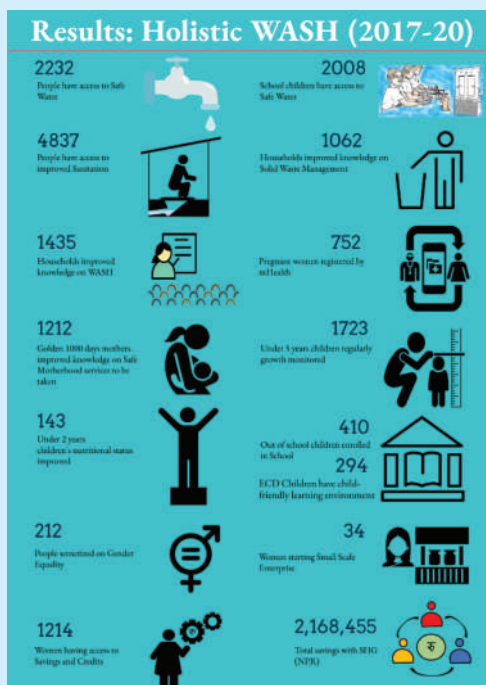
As a partner in construction of the household, KFN team in Sunsari regularly visited the site and organize meetings with beneficiaries to discuss progress and challenges and provides necessary feedback for the timely construction of the houses. The construction worked had been completed and handed over to Duhabi Municipality. The Duhabi Municipality is preparing for the relocation of communities in a newly constructed houses along with property title in their own name.

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

Safely managed water, sanitation, and hygiene (WASH) services are essential to preventing infections and protecting human health and are more critical during infectious diseases outbreaks, including the current COVID-19 pandemic. Although the pandemic has highlighted the crucial role of hand hygiene in disease prevention, access to safe



water and improved sanitation facilities is still low in both urban and rural settings, especially among



marginalized and Dalit communities. Based on learning from similar projects in Rasuwa and Sunsari, a holistic development project comprising water, sanitation, hygiene, maternal and child health, nutrition, education, empowerment, and livelihood; has been implemented in Dalit communities in ward number 1 to 6 of Duhabi Municipality, Sunsari.

KFN strives to prevent avoidable disabilities and CBR of children and adults with disabilities ultimately contributes to the reduction of child mortality and maternal mortality besides supporting families at risk. It is only possible when WASH, maternal and child health, nutrition, education, and proper livelihood facilities are provided. Thus, this project contributed in improving child health status and social and economic well-being by reducing the prevalence of water-borne diseases and malnutrition among under two and under-five-year-old children, respectively, and

enhancing educational and livelihood opportunities for children and adults from Dalit communities. The project was completed in this FY.

## 4. Cervical Cancer Screening and Prevention Project



Cervical cancer is one of the leading causes of cancer deaths for women worldwide. Cervical cancer can be easily treated if identified in the early precancerous stages. Yet, it is the second most common cancer in women worldwide and because of poor access to screening and treatment services, the vast majority of deaths occur in women living in low- and middle-income countries like Nepal. Though cervical cancer is non-communicable and preventable, unfortunately many women are dying and many of them are even unreported.

To contribute to the improvement of women's reproductive health by strengthening government healthcare system in order to fight cervical cancer in Nepal, KFN with the support of Female Cancer Foundation has been working in all ten (rural) municipalities of Ilam and two municipalities (Duhabi and Barahakshetra) of Sunsari. The program helps to prevent cervical cancer by early detection and facilitate early management of cervical cancer. This project mainly focuses on awareness raising at the community level and capacity building of health workers to provide screening services for cervical cancer. Because of COVID-19 pandemic, activities could not be implemented this year because in person training were required before program implementation and COVID did not favor mass gathering.



# Policy, Advocacy, Awareness, and Networking (PAAN)



NFDN is one of the most vital partners of the program. KFN and NFDN have also signed an Memorandum of understanding (MoU) at the province level for providing training to the palika level Disability Coordination Committee, Disabled People’s Organization (DPO), and engineers of the Palika. Despite the pandemic crisis, the directive committee, chaired by the social development minister, also managed to have rounds of discussion with KFN to finalize the DPRP implementation guideline. For the regular support during the program implementation, continuous coordination with Provincial Health Directorate, National Health Training Center (NHTC), and Provincial Health Training Center (PHTC) has been carried out.

Apart from advocacy for persons with disabilities, KFN also focused on strengthening the relationship with various stakeholders. The monitoring visit led by Karuna’s executive director with the high-level officials of the provincial government to Sankhuwasabha, Bhojpur, Morang, and Sunsari districts established a good program understanding among visiting executives and local authority, i.e., Mayor, Deputy Mayor, and Chief Executive Officer. The visit broadened the member’s understanding of the ground situation.

Collaboration and coordination are vital to yield better outcomes in any program. Considering the fact, a workshop was organized with the officials from the district health office, provincial health directorate, provincial health training center, and health division of Ministry of Social Development (MoSD) to make a common understanding of the DPRP. The event remained very productive to bridge the felt gap with the stakeholders during program implementation. These oriented executives are now entirely aware of DPRP and have shown commitment to work together and avoid duplicating similar activities at the Palika level.

The coordination visits were carried out to District Health offices, District Hospitals, PHTC, etc. by the Province team and coordinated for the ownership building.

# Training and Leadership Development



This year one hundred Seventeen CBRFs mostly from (Sankhuwasabha- 20, Bhojpur - 37, Morang /Sunsari- 32, ), were trained for 45 days. This significant achievement has further capacitated the CBRFs to implement DPRP activities at the field level systematically. Apart from this, on the programmatic front, Biratnagar Eye Hospital oriented 230 health workers and 99 CBRFs from Sunsari, Morang & Bhojpur districts on Retinopathy of Prematurity (RoP), and 77 health workers (health facility in-charge) from Sunsari and Morang districts on common ear disease for children. The knowledge and skill acquired by the health workers will be helpful for the prevention of eye and ear-related disabilities.

This year a leadership and project management workshop was also organized for the thematic lead and district team leaders of KFN that enhanced the analytical capacity of 21 team leaders and helped them embrace different leadership skills in different scenarios. Similarly, 48 team members were virtually trained on Advance Excel for nine days, which is expected to support data records and monitor the program's progress. Four team members participated in a training program on inclusive art therapy for children with disabilities organized by Snedhara Foundation, India.

# 5. Response Against COVID-19 Pandemic

Following the untoward situation, KFN, in coordination with its always reliable partners, supported the government with the most necessary lifesaving equipment, i.e., an oxygen concentrator. KFN supported the federal and provincial governments with 209 oxygen concentrators. KFN also handed over 1580 antigen kits (approx.), 89 personal protective equipment (PPE), Masks, and sanitizers to the district hospitals of DPRP program implementation districts. In the meantime, 31 tricycle users' food needs from the Morang district were supported in coordination with the MoSD and the NFDN. A COVID-19 infected pregnant woman from Panchkhapan Rural Municipality of Shankhuwasava district was



facilitated for her safe delivery and needful COVID care. She later gave birth to a healthy girl.

The rise of COVID infected cases has made the already vulnerable group, persons with disabilities, more vulnerable. In addition to inaccessibility to health services, they were also trapped by the fear of COVID-19 uncertainty. Thus, KFN decided to make an effort to address the need of our beneficiaries when they need our support the most. KFN reached 18,671 persons with disabilities through CBRFs, providing them with COVID-related information and assessing their infection status via phone. Throughout the process, CBRFs identified 87 persons with disabilities to be infected with COVID-19 and regularly followed up on their status. One hundred thirty-one of the family members of persons with disabilities found to be COVID positive were also

continuously tracked to ensure that the infection is not transferred to persons with disabilities. KFN also partnered with an NGO, KOSHISH Nepal, to extend psychosocial counseling to all in-need populations, including those with disabilities. We were able to provide tele-counseling to 20,941 persons with disabilities and their families in Sunsari, Morang, Dhankuta, Sankhuwasabha, Ilam, Panchthar and Bhojpur.

“  
Helping  
Nepal  
Fight  
Against  
COVID-19  
”



209 oxygen concentrator



36 boxes of surgical and examination gloves



1580 antigen kits



89 PPE sets



Food items provided to marginalized and persons with disabilities



20 boxes of mask & 50 bottles sanitizer

# Major Learnings

**Despite an untoward situation led by the COVID-19, given the experience, KFN learned the following significant lessons this year:**

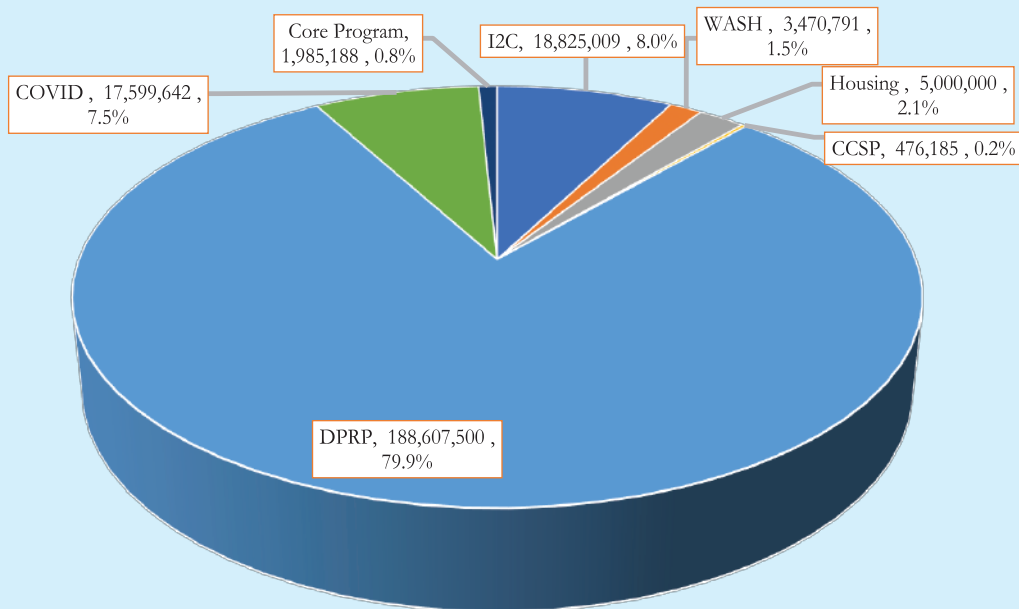
- COVID-19 has changed the way we worked and has forced us to innovate new strategy and amend our plans. In post lockdown period, rigorous efforts were made to gain the momentum that was once evidenced before this pandemic and were successful because of adaptability and flexibility as per the time's demand.
- Joint meeting with key stakeholders, i.e., Mayor, Deputy Mayor, and Chief Executive Officer from all the Palikas, is fruitful for progress sharing, making common understanding of the program, smooth operation of the program, formulating new strategies, and sustainability of the program.
- The disability assessment camp was reportedly hard to manage by the Palika due to the program's limited budget and also the scarcity of Audiologists. The amount planned for medical professionals was insufficient, making it difficult to arrange the camps, and no funding was allocated for the mobilization of, for example, Palika officials and volunteers. Hence, the needful budget for the disability assessment camp needs to be issued by all three implementing partners while preparing the budget. Further, all equipment, materials, and human resources should be managed before conducting camps.
- Lack of comprehensive understanding of the program among DPRP program focal persons has been mitigated by organizing visits of senior officials from the provincial government. The visit by senior officials made them realize the program's importance and ownership.
- To overcome the coordination challenge, the provision of two program focal persons in one Palika has been approved by MoSD, and DPRP implementation guideline now illustrates the provision of two program focal persons at the Palika level.
- Number of CBRFs to be selected is dependent on the number of persons with disabilities, the data for which is unavailable everywhere. This has resulted in delays in CBRF selection. Hence, having Palika-wise detailed data of persons with disabilities is paramount for planning the CBR activities. In addition, there is an urgent need for the data collection of children below 10 for school health screening camps to be done in advance.
- Palikas need to own the program for its successful implementation and sustainability. As the elected representatives of political parties leading Palikas might change after each election year, and ownership of each will determine the program's sustainability, regular coordination and updates of the DPRP need to be shared.
- Comprehensive orientation to the health workers of all health facilities up to community health units about the prevention-related program can produce better outputs regarding the prevention of avoidable disabilities.

# Financial Progress

## Project wise expenses of the year

Projects	Annual Budget	Actual Expenses	Utilization %
Disability Prevention and Rehabilitation Program	331,424,448	188,607,500	57%
Inspire2Care in Ilam	21,912,555	18,825,009	86%
Emergency Response COVID-19	21,012,566	17,599,642	84%
Housing Project	6,021,061	5,000,000	83%
Holistic WASH Project	3,710,757	3,470,791	94%
Organization Core	1,985,188	1,985,188	100%
Cervical Cancer Screening and Prevention Project	476,185	476,185	100%
<b>Grand Total</b>	<b>386,542,760</b>	<b>235,964,315</b>	<b>61%</b>

## Project wise expenses of the year



# Financial Funding Partners and Supporters

A big thank you to our funding partners and supporters, who have always stood by Karuna, encouraging our initiatives, strengthening our objectives, and helping us expand our reach. We are grateful for your generosity which will go a long way in transforming the lives of persons with disabilities and the underprivileged.

## Funding Partners



**Karuna***foundation*



UBS Optimus Foundation



*Reach Out 2*



## Technical Partners



**KIT** Royal  
Tropical  
Institute



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