from pilot towards impact

Karuna*foundation*

FIRST PHASE IN NEPAL (2007-2013)

Photos on front page: (Henk Braam)

Above: Newborn baby at Bhokraha Sub-Health Post Sunsari

Below: A mother with her daughter who has multiple disabilities.

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Contents

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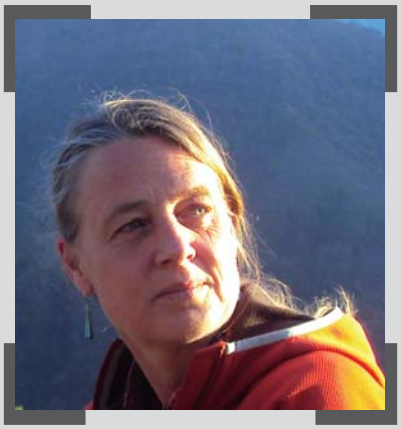
"Saving Children From Disability, One by One"

by strengthening existing health system and empowering communities

A Dream



Betteke de Gaay Fortman

General Director

René aan de Stegge

Founder

In March 2007 Karuna Foundation did not exist. In April, we (the founder René aan de Stegge, me and child rights activist/researcher from Nepal, Deepak Raj Sapkota), got to know each other. In May 2007 we formulated our vision and our mission: reduce the number of children with a disability and improve the lives of children with a disability in developing countries. But we also had a dream: to develop a model which could be replicated so that many more children and their families could benefit.

Now, at the beginning of 2014, this dream has become reality. Karuna Foundation was able to inspire communities to work on prevention of avoidable childhood disabilities and on improvement of health care for the entire population with special attention for children with a disability. By improving access to adequate maternal health care, risks of having a newborn child with a disability were reduced. According to calculations, in the past 7 years we have prevented 750 children from being born with a birth defect. The lives of more than 500 children with a disability have been improved, and communities have become more receptive and more inclusive towards children and adults with a disability and towards their families. Around 60% of the villages, in which we introduced the projects, will continue the activities with their own resources, knowledge and commitment after the project period. So it is clear that the system has started to change.

Besides the important results directly related to our goal there were many other results. The ability of poor communities to claim ownership and to

take their lives into their own hands has increased. Local, district and central authorities serve their people in a more accountable way by implementing disability and health policies and laws more effectively and efficiently than before. Finally, other development organisations, both small and established larger ones, were inspired by the results of a decentralized and cost effective approach and adopted some of the strategies to increase community ownership and sustainability in their own programmes.

Reaching the children with a disability, fulfilling their needs, and creating an enabling environment so that they can fully develop themselves, has become a reality because of the dedication, professionalism and learning attitude of the team of Karuna Nepal, the leadership and inspiration of the Board, and the support of the advisors and donors of Karuna Foundation. Without our founder, René aan de Stegge, who inspired us with his dream, led us and motivated us to make our common dream come true, we wouldn't have come this far.

In the past seven years we have made many mistakes, learnt from them and improved our approach, performance and strategies. We are very grateful and indebted to the communities of the first phase that worked so hard, and invested resources, time and people. It is due to their success that the time has come to scale up some of the programs. Therefore, we are grateful to the people from the communities who taught us so many things.

At the moment of the publication of this report, we are at the verge of entering a completely new phase. In the first 7 years Karuna Foundation developed a promising and innovative approach towards improving the lives of the poorest of the poor for this generation and generations to come and towards creating an inclusive society, including persons with disabilities and other vulnerable groups. The two developed models, named Inspire-2Care and Share&Care,have been locally embraced in several villages of Nepal. We are very close to establishing a joint-venture with Liliane Foundation and Netherlands Leprosy Relief to jointly scale-up our Inspire2Care program from the community level to the Ilam and Rasuwa districts.

The Share&Care model is also ready to be further developed and fine-tuned on a district level in the two districts mentioned above, preferably in partnership with established organisations. If these two models can be successfully implemented in these two districts, we hope that both models can be replicated in the whole country and even beyond the borders of Nepal. This is our next dream.

We feel proud of having planted a small seed that is now growing bigger and bigger. We feel challenged to meet the level of expectations of the people who have the right to lead a dignified life, as well as of our partners and donors. We are committed to saving children from disability, one by one, to improving the lives of children with a disability, one by one, and to reaching the poorest of the poor, one by one. This is only possible with the continued trust, support and joint efforts of the people who we try to serve, and of our team members, partners, donors and Board members.

A Life Awakening Journey

Deepak Raj Sapkota

Country Director

It's been amazingly great to be able to express myself in this report. While writing this page, I travelled back in time and I was reliving again those six great years with the Karuna Foundation, travelling from one village to the next in Nepal, in India and in Holland together with the thousands of people who have contributed to our work. During my journey, I worked with extremely poor people, people having a good life, professionals running after career and money, and the passionate people aiming for effectiveness and impact. Inequality is one of the deepest concerns I encountered. I have heard some profound reflections and retrospectives! I can undoubtedly say that this period was the most blissful and life awakening journey for me. I am no more the same person as I was when I joined and started Karuna Foundation with my great friends and inspirers: René, the Founder and Betteke, the Director. My strong commitment in the years to come is to inspire and change the lives of people who still don't have a dignified life in this modern era.

My Nepalese colleagues have supported every move and decision unconditionally; they have encouraged Karuna to set higher goals; and gave their best performance. Thank you everybody for this generosity and humility ! In terms of organization, the voyage started with three people from Holland and Nepal and now we are a team of 21. A team of strong and dedicated professionals committed for effectiveness and creating impacts. To have a team of committed people is half a race won!

In terms of result and impact of our work, we are quite optimistic and inspired by what we have achieved. The endorsement and appreciation from many organizations and individuals is rewarding. But the most satisfying part for us is to see the changes in the quality of lives of children with disability and their families, and the changes in the community perspective. In terms of health Insurance, the program is currently operational in 7 villages with about 8000 households covering a population of approximately 40,000. On an average more than 30 percent of the total households have been enrolled as member households and 80% of population (both members and non-members) have utilized improved health services. We have established functioning birthing centers, organized people, identified concerns, and proposed possible solutions. These are some of our significant achievements that give us motivation as well as add challenges. The confident feeling of 'we can make it!' which emerges within the community is the most rewarding proof of development.

Progressive changes in the policies, higher and visible commitments at policy making levels, and increased resource allocation are the examples of successful lobbying and networking. Serving as an INGOs steering committee, being nominated for the national level policy drafting body for Health Insurance, and creating accessibility guidelines are the examples of recognition and acceptance of Karuna's approach.

In terms of prevention of childhood disabilities and rehabilitation of children and adults with disabilities following Community Based Rehabilitation Matrix, we have made our successful reach to more than 750 Children and adults with disabilities with the empowerment of their families. Early detection campaigns were conducted in various schools focusing on eye, ear and malnutrition for early detection of disability. Likewise, by strengthening maternal child health programs including but not limited to programs like pregnancy registration, antenatal care visits, child birth planning, and immunization, and nutrition promotion, we are sure that many children were prevented from disabilities.

With all these concrete foundations, we have decided to move further covering a specific geography i.e. Ilam district to demonstrate expansion and replication of a proven model at a larger scale. This new challenge we have set for us is highly motivating to aim higher.

At last, my humble thanks to all people involved in the process, from an isolated remote community to national policy bodies, my colleagues from Nepal office to Holland Office, all the donors and well-wishers, our partners and most importantly the children with disabilities and their families and the children born without disabilities. Thank you everybody for either crossing or travelling the journey with us!!

Introduction

Vision

Karuna Foundation believes in a world in which each individual, with or without disabilities, has equal access to good quality health care, can lead a dignified life, and can participate as much as possible in community life. Karuna Foundation was founded in the year 2007 by a Dutch entrepreneur, René aan de Stegge, with the aim of reducing the incidence of preventable disability and improving the quality of life of children with disabilities in developing countries.

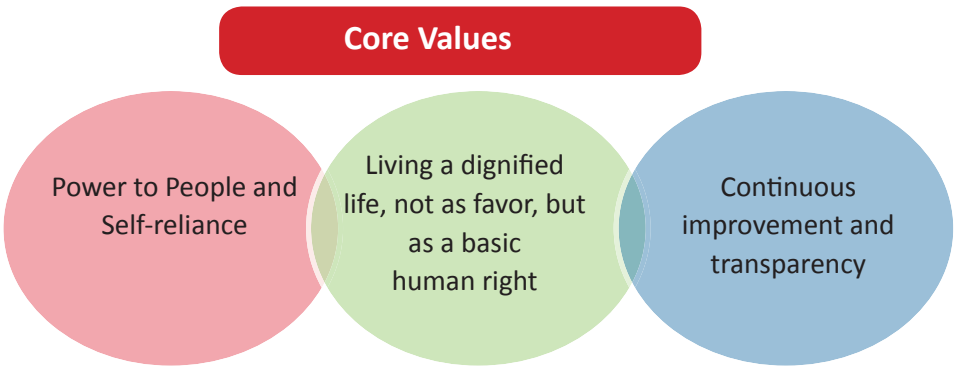
Mission

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

Approach

Karuna Foundation's approach is entrepreneurial and action-oriented, working towards setting up and strengthening existing local health care systems, stimulating community participation and responsibility - including health promotion, prevention and rehabilitation - through empowerment of communities, with the aim of:

- Reducing children born with birth defects by 5-10% by ensuring safer pregnancy and safer delivery; and reducing the number of children with malnutrition, diseases and disabilities by 30-40% by ensuring safe infancy and a healthy childhood.
- Improving the quality of life of Children with Disabilities, through better health care, education, participation, empowerment and livelihood.
- Developing a sustainable and replicable health care model.



The Cause Karuna Foundation Heralds

Prevalence of childhood disability and its definition is still a contentious issue. However, it is well established that disability is largely preventable. Strengthening maternal and child health care, especially ensuring safe pregnancy, safe delivery and safe infancy with a healthy childhood, are considered critical health system approaches towards preventing disability. In addition, early detection of childhood disability and crucial interventions ,together with awareness creation, can prevent disability acquired at a later stage in life. Karuna Foundation has also devoted its efforts towards rehabilitation of children with disabilities in their communities, following Community Based Rehabilitation (CBR) guidelines developed by the World Health Organization (WHO).

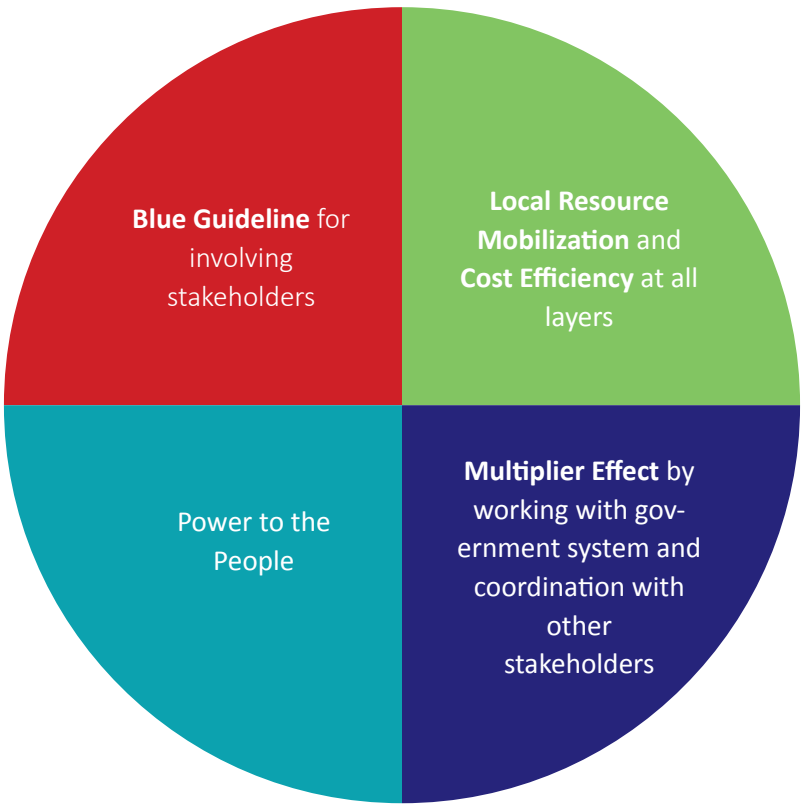
A physiotherapist counseling parents of children with a disability

Principles

Karuna Foundation's efforts are based on a set of principles. One of the principles of Karuna Foundation is to work in coordination with stakeholders to bring about a multiplier effect. This coordinated effort is carried out by empowering the community and nurturing leadership within the community (Power to the People). Local resources from Village Development Committees (VDC), District Development Committees (DDC), and communities are mobilized to an optimal degree so that activities are oriented towards ownership-building and sustainability. In carrying out coordinated efforts in the community development process, Karuna Foundation Nepal follows a Blue Guideline for involving stakeholders (see page 57).

(http://www.karunafoundation.nl/aanpak/blauwe_draad_uk.html.)

Principles of Karuna Foundation

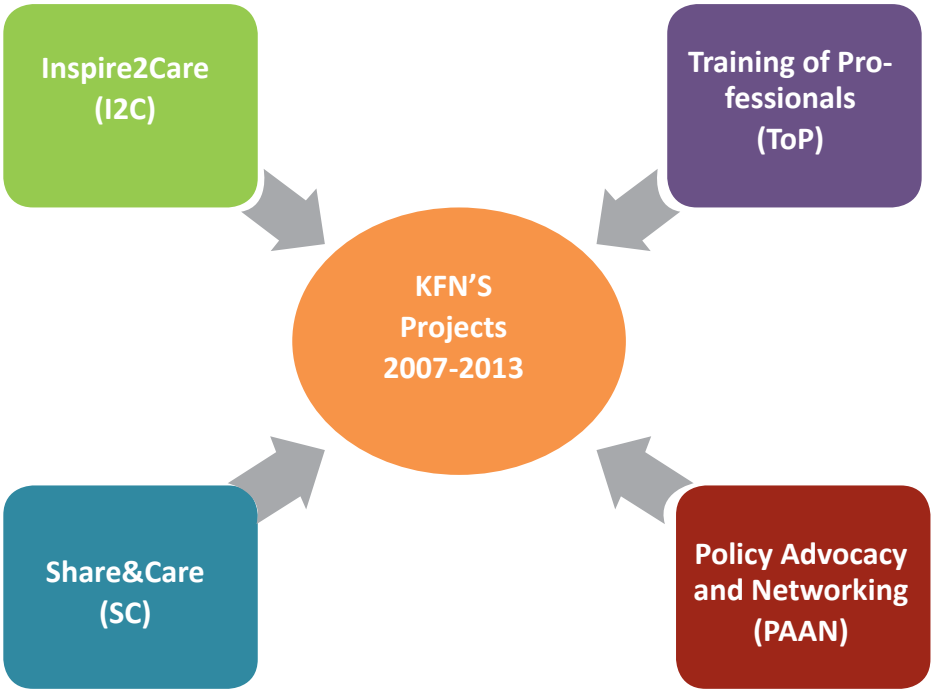


Karuna Foundation in Nepal (2007-2013)

Country Director KFN (left) and SWC Member Scretary (right) signing a KFN project Agreement

After registering with the Social Welfare Council (SWC) of Nepal as an International Non-Governmental Organization (INGO) in August 2007, Karuna Foundation Nepal (KFN) started its operations in Rasuwa, Kavre and Sunsari districts, with the country office in Kathmandu, and field offices in Sunsari, Kavre and Rasuwa. To support the programs, organization and fundraising, there is a small office in Arnhem, the Netherlands. Over the six years period starting in 2007, Karuna Foundation aimed to set up better health services from existing local health institutions; stimulate community participation and responsibility through its Share&Care project (SC); train health workers to prevent avoidable disabilities by developing their own prevention projects through Training of Professionals project (ToP); facilitate comprehensive package for improvement of quality of life of chil-

dren with disabilities through Inspire2Care (Community Based Rehabilitation and Disability Prevention project) and, lobby to bring synergy between KFN's projects and national policies through Policy Advocacy and Networking (PAAN).



Project I: Share&Care (SC)

As an entrepreneurial organization, KFN has always sought to initiate programs in a community that understands the value of self-reliance, takes ownership and aspires to bring about substantial changes in their lives by recognizing self-esteem. Respecting the role and power of the community as a force of change, KFN has actively welcomed its meaningful participation from the very first day. This way members of the community become a part of the process, carry out the designed activities from the very beginning and realize the principle of cost-sharing. The SC program has been designed in such a way that families participate in every stage of the program evolution, which includes a financial contribu-

Health worker of Bhokraha talking about health insurance

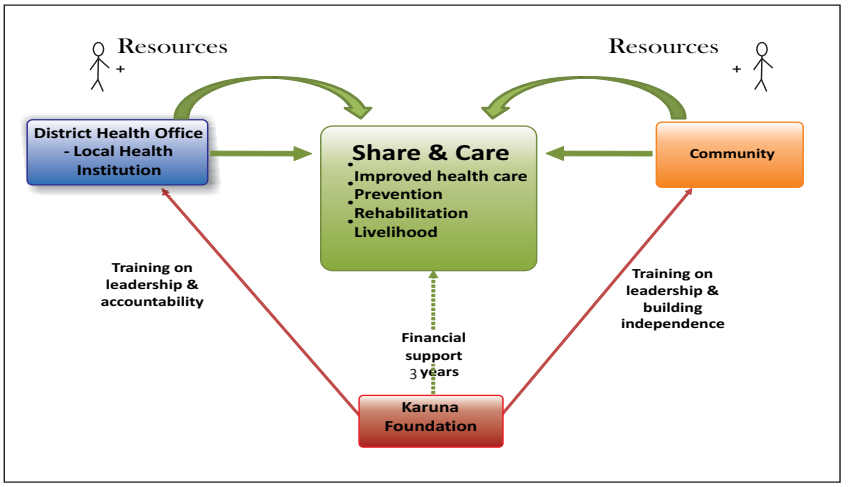
tion, and they also play the role of catalyst by convincing the local authorities/bodies of the value of the program and by taking advantage of existing opportunities.

Process

The inception of Share&Care program (SC) occurs when a community feels the need for better health care and improved quality of life for disadvantaged groups. Once Karuna Foundation, together with the community, agrees to explore the possibilities of starting the SC program, a meeting is organized with community leaders, including representatives of the political parties, Health Facility Operation and Management Committee (HFOMC) to share information about the pre-requisites to launch the program and benefits of the program. Once the community is ready to implement the program after an initial assessment, a baseline survey is conducted, insurance package is defined; and training and capacity-building of HFOMCs and health workers is carried-out. HFOMC is both the owner of and leader for this program. KFN particularly facilitates the membership campaign and overall technical issues during the implementation phase. The basic operational framework of SC is shown in the following figure. As shown here, the financial resource for the program comes from the community, local health institutions, and local government where KFN also contributes during the first 3 years.

Process of Implementation of Share&Care

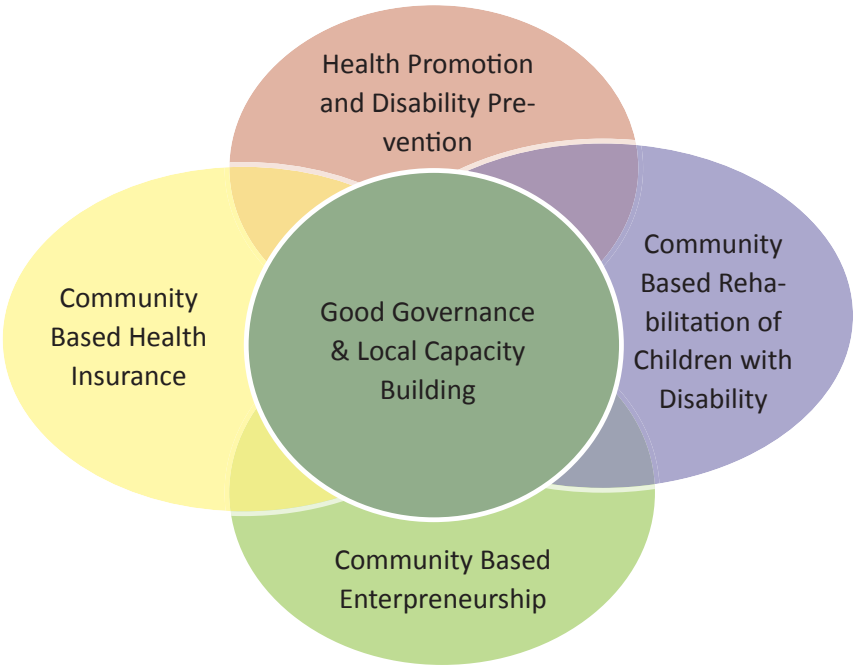
Financial Resources for Share&Care



Our Share&Care program is guided by five major objectives.

- **Health Promotion and Childhood Disability Prevention** is focused on activities related to the improvement of maternal and child health like promoting registration of pregnancy at health institutions; pregnancy care, including nutrition, immunization and regular antenatal checkup; promotion of institutional delivery, awareness activities, etc.
- **Community Based Rehabilitation (CBR)** is focused on identifying Children with disabilities, assessing their situation and developing rehabilitation plans together with families based on the individual child's assessment and diagnosis. This sets out the social, medical and educational goals of the child and includes a plan to achieve them. The individual projects are carried out by a Community Based Rehabilitation Facilitator (CBRF) together with the parents of the child.
- **The Community Based Health Insurance (CBHI)** scheme pools the costs and financial risks of health care. It includes awareness raising activities; membership campaigns where community people pay to become members of the scheme; management of additional drugs beside those available through the free health care program; and, lab services and referrals

Five Major Objectives of Share&Care



Livelihood program in Bhokraha

for secondary and tertiary treatment and life insurance. This cashless scheme that aims to cover the whole population of village is managed by the Health Facility Management and Operation Committee.

- **Community Based Entrepreneurship** includes livelihood schemes for marginalized families and families of children with disabilities. It enhances local entrepreneurship, promotes local skills, and helps to explore new opportunities in the local level. Loans are provided to the poorest of the poor so they can increase their income and thus improve their living standards, make regular savings and become members of the insurance scheme, which ultimately ensures better health and nutrition of children.
- **Good Governance and Local Capacity Building:** The Health Facility Management and Operation Committee manages the fund in a transparent manner and publishes status updates periodically. Along with the financial contribution, the households also oversee the management and demand access to the status updates, which has been now established as an entitlement. Community members participate in planning and designing workshops, and attend review meetings. All these mechanisms contribute to the practice of good governance. Good leadership and accountability towards the local population ultimately contributing to good governance are the basis for the implementation of all components. The project leads to additional affordable and accessible services at local health institutions. The program is managed by the HFOMC, which is a local structure with members representing the community, teachers, Female Community Health Volunteers (FCHV), Health In-charge, and the VDC Chairperson. Further, training on leadership development and program management, and engaging them in financial and overall management has simultaneously resulted in local leadership-building and ownership of the program.

Year-by-year SC Program implementation Status

S.N.	VDCs	2008	2009	2010	2011	2012	2013	Rationale for phase-out
1	Syafru							
2	Dhaibung							Inadequate community support
3	Naryansthan							Inadequate community support
4	Chapakhori							Management problems, dependency on KFN too high
5	Mechchhe							Management problem, lack of ownership of local committee. Program is still running at very small scale but not including CBR.
6	Hansposa							Dependency on Karuna too high and not sufficient local accountability
7	Bhokraha							
8	Madhesa							
9	Bhaluwa							
10	Aurabani							
	Total VDCs	2	6	8	7	7	7	
	New VDCs	2	4	2	2	0	0	
	Phase out VDCs	0	0	3	0	0	0	

Legend

Pilot VDC	
Phased outVDC	
Ongoing VDCs	
Functional with limited service	

Year-by-year evolution of SC Program in different Village Development Committees (VDCs) of Rasuwa, Kavre and Sunsari districts

The SC program was initiated in Mechcche VDC of Kavre and Hansposha VDC of Sunsari at the end of 2007, and was consolidated in 2008. As it was a new program for us as well, we learnt about the community dynamics and local ideas while the program was evolving. In 2009, the program was further expanded in Chapakhori VDC of Kavre, an adjoining VDC

of Mechchhe, because some community leaders were inspired by the first VDC. By the end of the year, Narayansthan, an adjoining VDC of Chapakhori of Kavre, also wanted to adopt the program, and therefore it was introduced in Narayansthan too. In case of Sunsari, the leaders from Bhokraha VDC were enthusiastic to have the program brought to their community. Interestingly, the Syafru VDC of the Rasuwa district where KFN was implementing only the Community Based Rehabilitation program, along with four other VDCs of Rasuwa came to know about the SC program and approached us to introduce the program in their VDC. At the end of 2009, the program had a presence in 6 VDCs (with 1799 Families), Unfortunately, in 2010 the program could not go ahead as planned in one of the first villages of KFN – Hansposa VDC of Sunsari district. All basic conditions were present for successful implementation of SC and people were developing an aptitude for the program even though it was very difficult to get meaningful political commitment from the political leaders. Even though they were always supportive in discussions, their support could not be translated into reality. The ambiguous role played by Health Professionals also was against the principles of the program. As an entrepreneurial organization, following the Blue Guideline(continue with the project:Yes/No), we therefore decided to end the program in August 2010, not going along with the general trend of development actors to continue for years and years without concrete results.

The year 2010 became a year of retrospection. There were more requests from Sun-

Membership Campaign in Kavre

sari and Rasuwa districts. Karuna introduced Share&Care in Dhaibung VDC of Rasuwa, where the political commitment was higher. A baseline survey was conducted in Madhesha, Ghuski and Narsingh, three VDCS in Sunsari, where the local and district-level political leadership showed an interest. But, by the end of the year, Narsing and Ghuski could not show the commitment required to start SC, which resulted in the decision to refrain from starting Share&Care there. KFN also reached the conclusion that in Dhaibung of Rasuwa district, and Narayansthan of Kavre district, SC could not achieve the desired goal due to lack of coordination between key players within the VDCs. Fortunately, Madhesha VDC was all set to go, and the program was launched successfully.

In 2011, Mechhe, Chapakhori, Syafru, Bhokraha and Madhesha achieved new heights by being able to enroll almost 40 percent households into the program, locally raising almost a million Nepalese Rupees for the program. Concurrently, two new VDCs from Sunsari – Bhaluwa and Aurabani – came with proposals to commence the program. After assessing the minimum criteria to start the program in light of our learning over the past years, we decided to collaborate with these two VDCs as well. By the end of the year 2011, there were altogether 7 VDCs implementing SC.

The year 2012 became quite important for us as this was the fifth year of our operation in Nepal. We assembled quietly and reflected seriously on the challenges faced and the achievements made in past 4 years. The conclusion was simple and solid: the achievement was phenomenal and we should continue on a larger scale, with some governing principles, i.e.: change agent are the people themselves, not us; people should realize the need for change; any new initiatives must go together with existing programs and structures; there has to be wider political support and cooperation; and the district and central level authorities must be involved, etc. Furthermore, it became clear that it is productive to implement such programs in clusters rather than in a scattered way. Unsurprisingly, all 7 villages were able to run the program successfully, making some significant progresses in 2012.

The year 2013 was a year of preparation for scaling up the SC program. Madhesa and Bhaluwa were able to maintain the momentum by enrolling almost 50% households, whereas Bhokraha and Aurabani VDCs maintained the momentum gained in previous years

Signing of 3rd year agreement of Share&Care, Bhaluwa, Sunsari

with nearly a quarter of households enrolling into the program. Syafru also completed three successful years of running the SC program, but took a longer pause to prepare for the renewal and membership campaign for the fourth year. We are assertively backing up the process. We had a plan to phase out from Kavre in 2013 after the fifth year of program implementation. However, due to lack of ownership by the Health Management Committee, and management problems in Chapakhori, the program could not continue into the fifth year. In Mechche, however, the population had high regards for the program, but there was no leadership from the Health Management Committee. The Health Incharge was a stable factor, and was still motivated to continue. The insurance scheme was shrinking and could not continue as we desired, but the program still exists there in some forms.

In 2013, based on what we had learned, we were all set to implement the SC on a larger scale, covering entire districts. Following the national initiation of piloting health insurance in five districts of Nepal, we submitted our formal request to the Ministry of Health and Population for partnership in Ilam district, with the knowledge base we had gained by implementing SC for half a decade in various villages of Nepal. Due to the prolonged national insurance policy formulation process, the Karuna team spent considerable time in further developing the other community model – Inspire2Care, based on Prevention & Rehabilitation and incorporating lessons from Share&Care.

Opening of membership Campaign in Bhaluwa

Year-by-year status of membership in current VDCs of Share&Care Program

					Year 1		Year 2			Year 3			Year 4			Recent Agreement period	
	Complete year	Total Households	Total Populations	Households within reach of HF	New	% members of total households	Total	% Renewal	% of total households	Member households	% of total households	% Renewal	Total	% renewal	% of total households	% members out of total households	% members out of those within reach of HF
Syafru (2009)	3	485	2,535	315	188	39	164	36	34	118	24	43				24	38
Bhokraha (2010)	4	3,200	19,368	2,080	165	5	451	55	14	564	18	35	595	38	19	19	29
Madhesa (2010)	3	1,290	7,023	839	551	43	421	58	33	477	37	90	517	71	40	40	62
Aurabani (2011)	2	1,567	9,200	1,018	394	25	423	55	27	236	15	40				15	23
Bhaluwa (2011)	2	9,75	3,604	634	415	43	419	68	43	441	45	76				45	70
Total		**7,517**	**41,730**	**4,886**	**1,713**	**23**	**1,878**	**57**	**25**	**1,836**	**24**	**58**	**1,112**	**54**	**25**	**25**	**39**

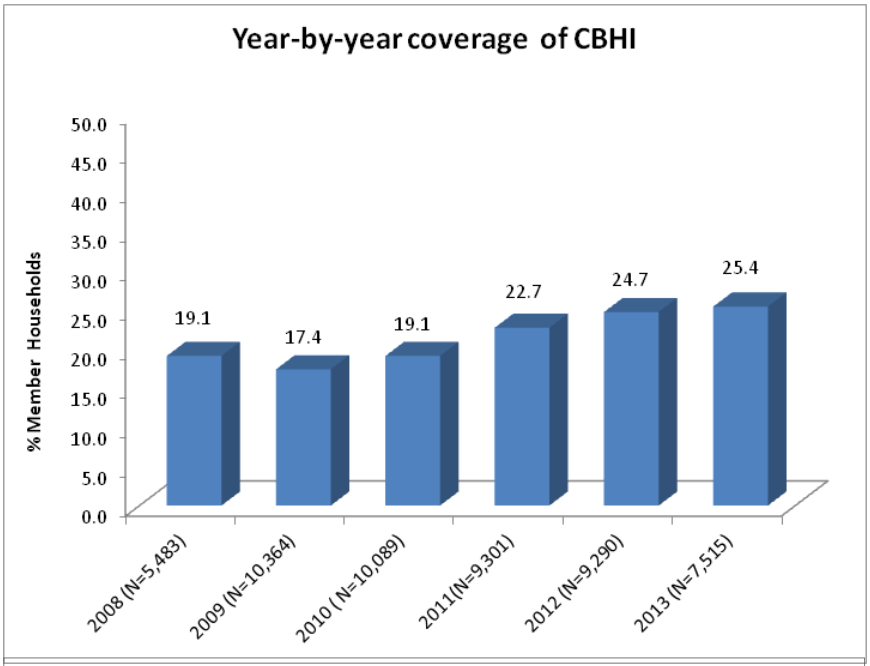
Program Coverage and Key outputs of SC program 2008-2013

S. No.	Indicators/VDCs	2008	2009	2010	2011	2012	2013
1	Community Based Health Insurance Coverage						
1.1	VDCs covered	2	6	7	7	7	5
1.2	Total number of households in coverage VDCs	5,483	10,364	10,089	9,301	9,312	7,515
1.3	Total population of VDCs	31,000	61,147	59,525	54,969	54,955	41,730
1.4	Total Member Households	1,046	1,799	1,927	2,114	2,294	1,907
1.5	member population	4,006	10,794	11,370	12,472	13,010	11,250
1.6	**% member households of total households**	19%	17%	19%	23%	25%	25%
	Service Utilization CBHI						
1.7	Number of persons Referred	35	NA	285	445	523	530
1.8	% referral out of member population	0.9%	0.0%	2.5%	3.6%	4.0%	4.7%
1.9	Total OPD Visits	21,000	50,000	50,844	69,399	60,425	42,030
1.10	% OPD visitors of total population	68%	82%	85%	126%*	110%*	101%*
2	**Upgrade Health Facilities**						
2.1	Renovation of Health Facilities	0	6	5	0	0	0
2.2	Support to /establishment of birthing centre	1	1	4	5	5	1
2.3	Laboratory establishment	0	2	1	0	0	0
2.4	Additional HR by committee	7	30	18	0	0	0
3	**Livelihood**						
3.1	Total families Supported (Number)	43	88	66	214	30	56
3.2	Total Saving (NRs)	N/A	42,688	18,540	75,363	81,414	86,369
3.3	Skill Development Training	0	0	1	1	0	3
4	**Health Promotion and Disability Prevention**						
4.1	Ward-level and School Health Education	0	0	21	33	32	3
4.2	Health Camp	2	9	6	8	9	6
4.3	Strengthening PHC/ORC	0	17	0	4	0	0

NA-Not Available, N/A-Not Applicable

*Exceeds 100% because of repeated visits and people from adjacent villages visiting facilities due to improved health care.

Member Households from 2008 to 2013



N= Number of total households in project villages

CBHI = Community Based Health Insurance

Reflections and Achievements of the Share&Care Journey

While running our projects for more than 5 years, we have been through various ups and downs. As an external development organization we were committed to strengthening existing health programs and systems rather than creating new ones. As every VDC has a public health facility, we established a functional relationship with them. At the beginning it was difficult for us to convince people and authorities that an INGO could develop a program using financial support from the locals themselves. In terms of local resource mobilization, we have proved that it is possible. There was commitment and willingness to support the program from district and local health system personnel.However, translating it into day to day work was very challenging. Huge amounts of energy and time were spent on coordination.The reality is that it is still "an INGO project" for some health workers until the system accepts it as a government program. The challenge may remain the same even though the impact created is huge.

KFN learned tremendously from all these experiences and events throughout the years. Our only commitment was – and remains – to make people aware that the development required for the population is possible only if the service users themselves realize the need, and, more importantly, take collective decisions and assume responsibility to bring about changes in the quality of their lives. Realization by community and cooperating systems is the basis for any developmental endeavour. Thus, wherever and whenever we realized that the population was not moving with breaking the "mental dependency," i.e., always expecting help form outsiders for their development; and that the system was not cooperating up to the expected level, we withdrew the program, although it was always a very painful choice. The decision to not continue Share&Care in some of our program villages indirectly increased the leadership in the surrounding villages, as the leaders realized that they really had to and assume responsibility.

Key Achievements of SC Program 2008-2013

Community Based Health Insurance

- Nearly 64,753 person years*(21.3%) out of 303,326 person years were financially protected through health insurance scheme from 2008-2013.
- Nearly 242,661 person years (80% of total person years) utilized the improved health care services. Out of this 58,278 (24%) person years were the members and 184,383 (76%) person years were non-members.
- A total of 1,818 members out of 64,753 members in 6 years (2.8%) got financial protection for hospital referral expenses.
- A total of 497 families (4.5 % of total households in project villages) below poverty line received loans which they utilized for income generation.
- We tried to include as many households as possible in the system (25% of the total households and 40% of households within reach of Health Facilities are now members)
- We covered an entire region or cluster of villages so that adjacent villages share ideas and learn from each other, and the program operation also becomes easier.
- Now, the local health systems in the program villages accept it as their regular business.

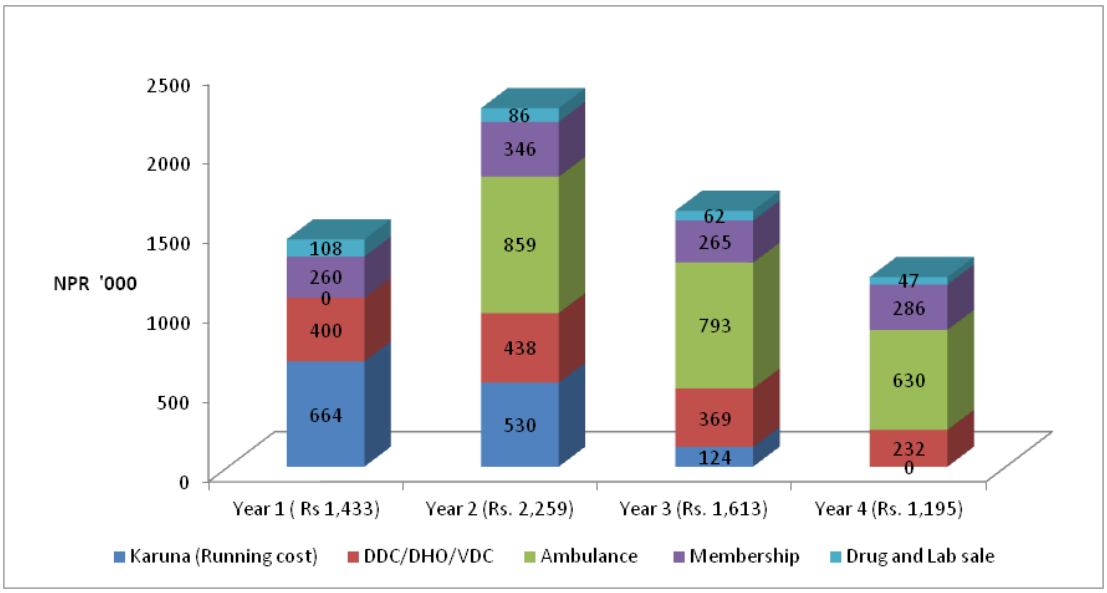
Prevention &Rehabilitation

- A total of 342 persons with disability were identified through screening/health camps leading to early management and referral.
- A total of 479 children with disabilities have been identified in Share&Care program villages. All of these children have been receiving a comprehensive community based rehabilitation services on health, education, livelihood, empowerment and social skills through village level facilitators. When needed, children are referred to specialized health care. Out of total identified children, 91 children (19%) with disabilities have been fully rehabilitated. All the other children are still in the community based rehabilitations program tailored to their needs, barriers in the communities are broken down and children are being included and accepted in their communities.
- Our experiences show that the CBR program could be organized effectively and at a lower cost if a wide range of stakeholders are involved.
- CBR approach can create an immense impact in the life of children with disabilities and their families, as well as the community as a whole .

** If one person is enrolled into the program for 5 years, it is counted as 5 person years*

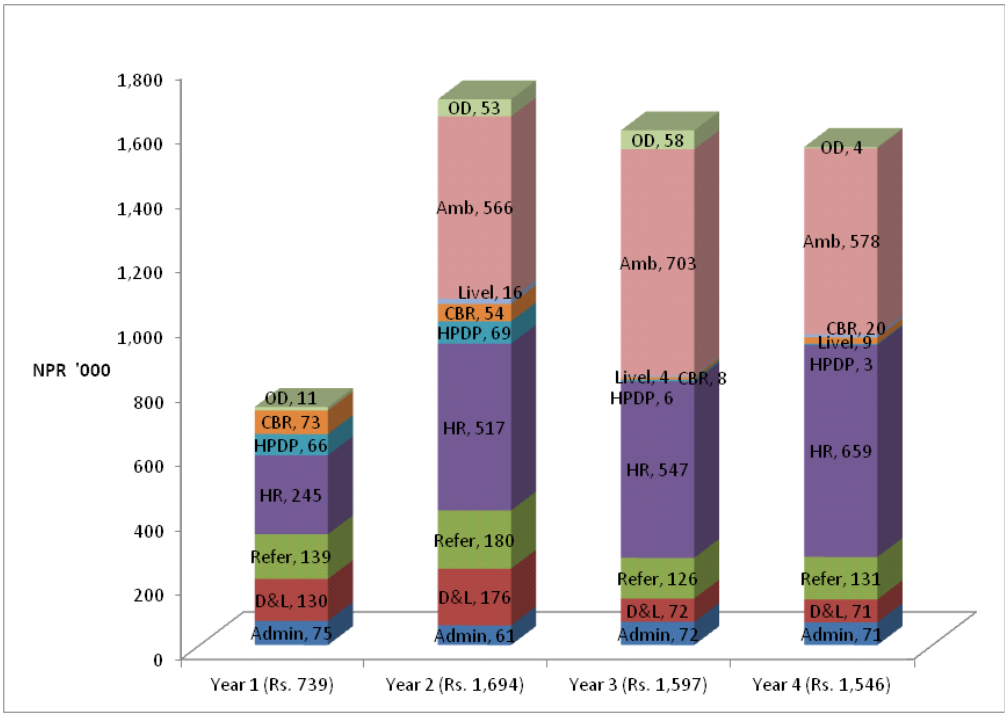
The below figure shows different sources of income in the years since the implementation of the SC program in Bhokraha Village of Sunsari district,the first village in Sunsari that implemented the SC program. Upon exit of financial support from Karuna Foundation in the fourth year, Bhokraha VDC has successfully implemented the program using local resources. The number of member households is on the rise: 165 in the first year, 451 in the 2nd year, 564 in the 3rd year and 595 in the 4th year (Table page 15).These data depict that Karuna Foundation's approach to local capacity building, leadership and institutional strengthening , has been able to gather local resources. On the basis of high participation and continuation of membership in current program villages, the KFN team is very optimistic that current project villages are moving in the direction of attaining financial sustainability and are on their way to establishing themselves as self-sustained health care institutions.

Year-by-year Income by source in a SC village (Bhokraha)



100 NPR = 1 euro
Acronyms: DDC= District Development Committe,DHO = District Health Office, VDC = Village Development Committee

Running costs in a SC Village (Bhokraha)



Acronyms- Admin- Administrative cost, D&L: Additional drugs and lab expenses, Refer: Referral cost HR-Human Resource cost HPDP- Health Promotion and Disability prevention activities, CBR-Community Based Rehabilitation, OD- Organizational Development, Amb- Ambulance, Livel-Livelihood cost

Major expenses in the village consisted of ambulance, human resources, referral and drugs costs. On an average, a program required an annual running cost of NPR 1.5 million (15.000 euro). However, the average program cost may vary between the program areas. On the expenditure heads, the program staff has to closely monitor the "referral" expenditures as it could go beyond the expected budget. Until now, due to regular monitoring and necessary intervention from the program authorities, the overall program cost has remained within the budget.

A New life is born! A Case Study from Aurabani Sub Health Post, Sunsari District

Karuna Foundation started the Share&Care program in the Aurabani Sub-health Post in 2011. At that time people had to travel for hours for institutional delivery and many chose to deliver at home under risky conditions. Observing a need to have a birthing center in the village, Karuna Foundation and Rural Reconstruction Nepal (RRN) joined hands to provide the necessary support. After the establishment of the birthing center, days were passing. Suddenly, early in the morning of 2nd April, 2014, good news came:The first and second delivery in the newly established birthing center took place on the same day!

Ms. Lalita Uraw, 28, a non-formal literate resident of the same VDC was pleased to have delivered her baby boy in the local health facility - without any discomfort! It was a normal delivery. When asked why she chose to come here for the delivery, she replied, *"I could have gone to the Koshi Zonal Hospital as I did for my previous delivery, but as I came to know that the birthing center had been established and is very close to my home, I chose to come here."* Responding to a question about how she felt regarding the services and behavior of health professionals involved in the delivery, she replied: *"The behavior of*

The happy couple with their baby

Newborn baby with the mother

the staff is really appreciable. I'm very much touched. No wrong impression came to my mind even for a single second. They treated me in such a good way! I got very personal care. I'm thankful to them." According to Lalita's husband, Mr. Santosh Uraw, Lalita got all the necessary care and support from him and all the family members, during her pregnancy. And, he said, *"I did;, and I will always take care of my wife and children to the best of my capacity. If my wife is happy and healthy, all of our family members will be happy and healthy!"*

All of this is possible because of capable and confident health professionals with commitment to their duty. Kanchan Chaudhary, Amrita Thandar and Ranju Yadav – three of the nursing staff members remarked:"*We are very happy about this success. And the birthing center has been geared up!" "We learned in the Interpersonal Communication training conducted by Karuna Foundation Nepal about how much the health professionals' behavior means to the life of patients. Hence we tried and will always try to behave as supportive as possible towards those who come to the Sub Health Post. Technical knowledge and behavior should go together. Thanks to all who have shown their trust in us."*

Nursing staff at the Aurabani SHP

Project II: Training of Professionals

Training of Professionals (ToP) aimed to develop professional competence of community-level health workers in order to reduce the gap between the existing and the desired health situation indicated by the Health Management Information System (HMIS). The training project, implemented from 2008-2011, focused on strengthening skills in prioritization, project planning, resource mobilization, and reporting and extending service accessibility by routine situation analysis.

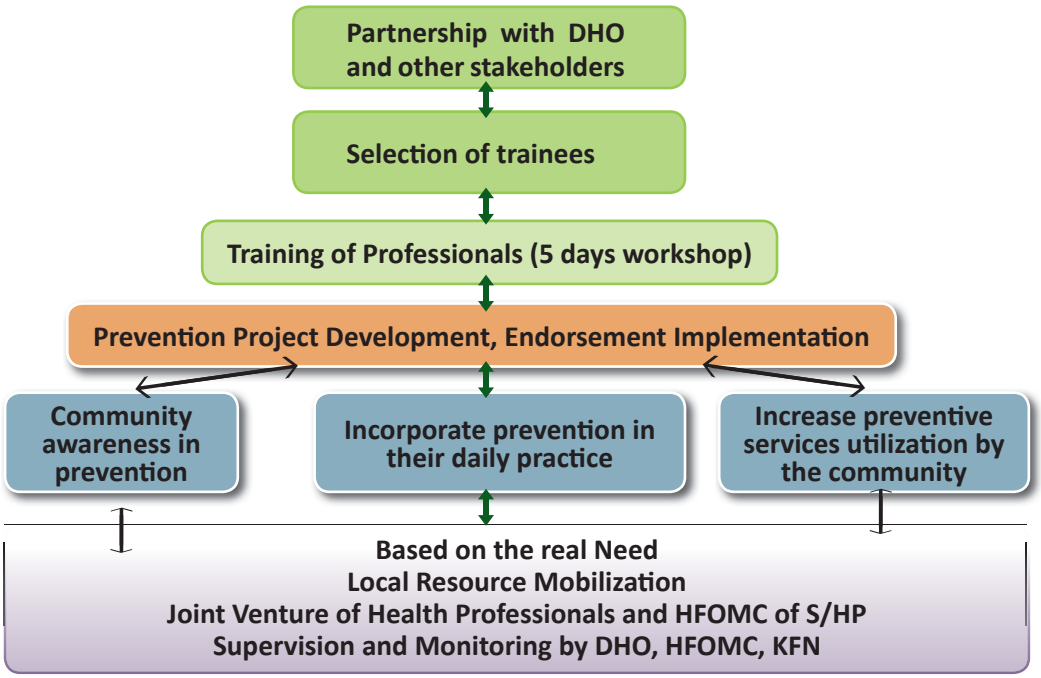
Process

The process of ToP starts with an agreement with the District Health Office (DHO), which is followed by selection of health institutions to participate in phase-wise trainings. A five-day long workshop is organized for the selected participants. The training broadly has three components –exchange and enhance knowledge on disability, and on causes and prevention of childhood disability; analyze the current situation of HMIS indicators in the vicinity of the health facility (focusing on maternal and child-health indicators); and finally, develop a plan to improve the situation. At the end of the workshop, health workers develop a proposal for a prevention project for their local health institution, which is then endorsed by the Health Management

Leadership and Management Training to the Village Development Rehabilitation Committee members in Rasuwa

Committee before its implementation. Karuna Foundation provides a seed fund of NRS 20,000- (200 euro) to each Health Institution through the District Health office for the implementation of the project. Integrated supervision with the District Health Office is done to assess the progress of the prevention project. Participation of the Health Committee during supervision, onsite feedback, annual review of the prevention projects, and awards to the best performing health institutions are part of the evaluation of the prevention projects. Ten health institutions from Kavre were awarded for significantly improving maternal and child health indicators. One village from Kavre locally generated NPR 75,000- (750 Euro)in addition to the seed money from Karuna Foundation and used the fund for strengthening outreach clinics. These clinics operate once a month in a designated place close to communities and provide maternal and child health services and other general health care. In 2011, the responsibility for this training program was handed over to the DHOs of Kavre and Sunsari district,who will now ensure the continuation of supervision and prevention care. Thus KFN's efforts for this program have been reduced since 2012.

Process of Training of Professionals (ToP)

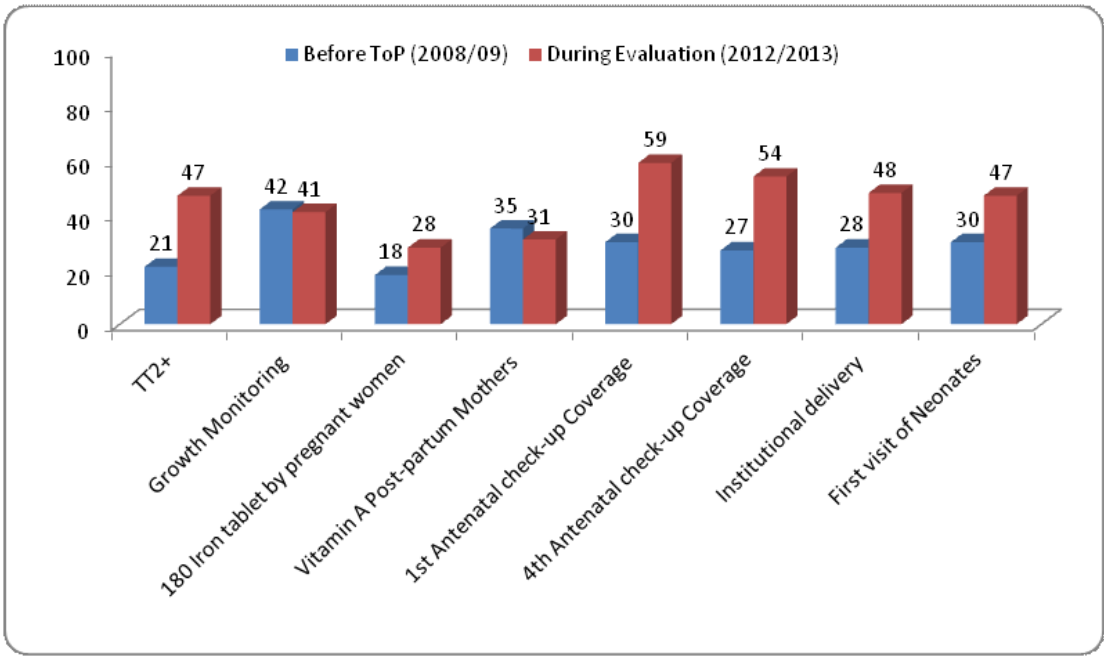


Acronyms: DHO-District Health Office, HFOMC-Health Facility Operation and Management Committee, S/HP-Sub/Health Post

Impact Assessment of ToP

ToP evaluation was carried out by an independent public health consultant in 2013/14 to identify the impacts of ToP program on health workers,health facilities and communities.The evaluation report showed a significant improvement in maternal and child health indicators in the districts. The following figure shows the improvements in indicators in Kavre District.

Change in health indicators before and after ToP in Kavre District (ToP Evaluation Report)



Training and Capacity Building

Positive change is possible if people from all segments of society are efficient, motivated, result oriented and willing to join hands constructively towards common objectives. This can happen only when there is investment in the people in order to achieve ongoing improvement.

The main aim of the training and leadership development activities in Karuna Foundation is to produce skilled, knowledgeable and motivated human resources at every level by creating a conducive environment for learning and ultimately resulting in the promotion of good governance. Hence, Karuna

Social Mobilization Training to Karuna staffs

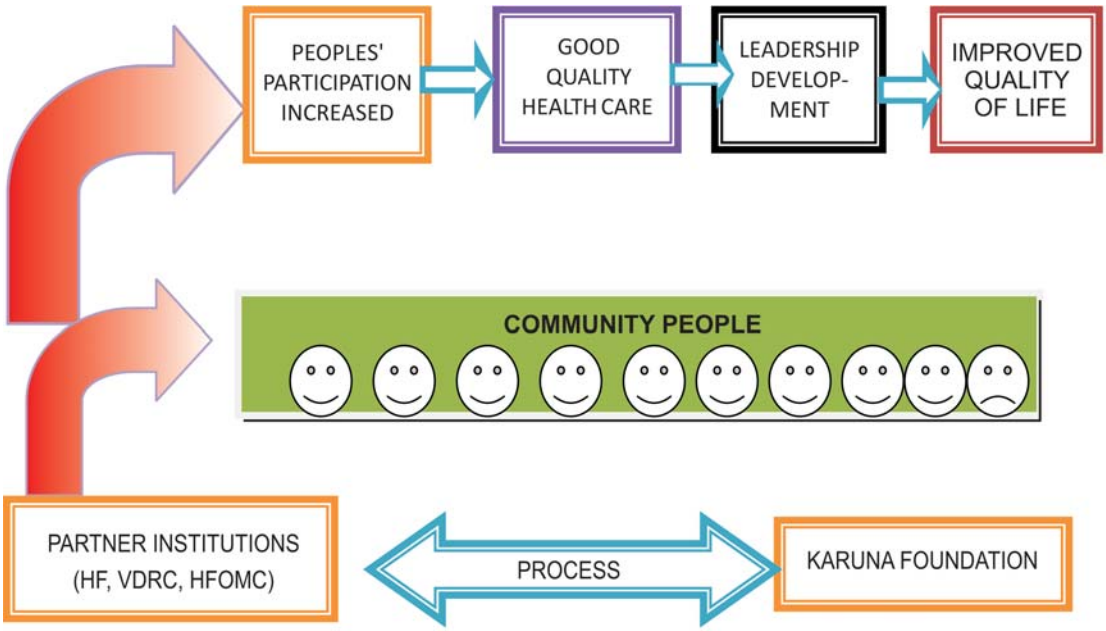
Foundation considers capacity building as a process input for better results. In this context, Karuna Foundation's capacity building activities can be broadly classified into 3 categories: capacity building of partners (HFO-MC, VDRC, Health Professionals),capacity building of the community (families, group members, Child Club Members) and capacity building of staff.

All capacity building activities are designed and executed on the basis of a needs assessment followed by preparation of appropriate material (curriculum, manual, community awareness raising material, etc). An action plan with clear roles and responsibilities along with specified timeline is prepared for most of the capacity building activities. These activities serve as a foundation for follow up activities. Later, the capacity building activities undergo evaluations during various phases (short, intermediate and long term) to assess their effectiveness in creating the desired result.

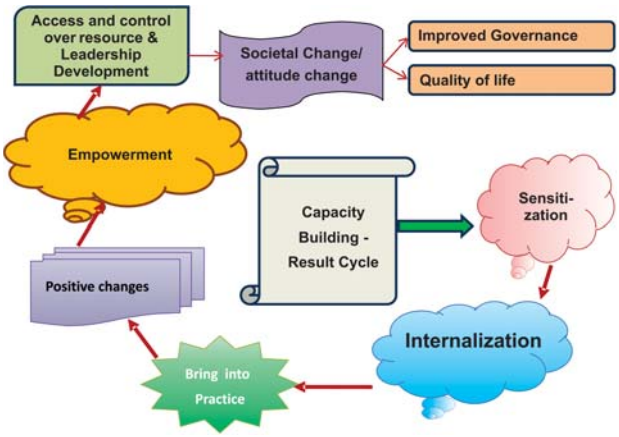
KFN'S capacity building activities are carried out following a participatory learning approach and respecting local needs and

values. Our facilitators always appreciate the needs, interest and experience of participants. Besides, the facilitator's respectful behaviour towards the participants, and the two-way learning process makes knowledge and skill transfer simple. Furthermore, Karuna's capacity building activities are carried out in collaboration with like-minded organizations and individuals.

In this context, different orientation/training programs on disability prevention, disability rehabilitation and community based health insurance were organized to enhance understanding and skills of community members, management committees (HFOMC,VDRC) and Community Based Rehabilitation Facilitators. Furthermore, leadership development, program management, appreciative inquiry, accounting and record keeping, group management, interpersonal communication and accountability trainings were organized in order to build up the capacity of management committees, staff and village level facilitators. The below diagrams show how capacity building has been considered as a process input and the next figure shows the result cycle of capacity building.



Capacity Building: A process input



Key Achievements of Training of Professionals Project

- 457 health workers from 150 different villages were trained in three districts (all health facilities of Kavre and Sunsari districts and 5 facilities of Rasuwa district);
- 150 prevention projects were designed and implemented by the health professionals;
- 22 birthing centres were established and strengthened; and
- More than 750 births defects prevented due to ToP (Calculation based on contribution of increase in maternal and child health indicators towards birth defect prevention according to March of Dime's report)

Capacity Building Achievements

- 182 participants (Health Management Committees Village Development Rehabilitation Committees, including Community Based RehabilitationFacilitator) received training and orientation on disability and rehabilitation;
- 68 participants representing partners participated in social training;
- 89 community people (community leaders, group members, married couple, etc) participated in different training activities;
- 71 KFN staff received opportunity for capacity development through trainings and workshops.
- During the period 1 training manual and 3 awareness raising materials were prepared.

Project III: Inspire2Care Project (formerly Prevention & Rehabilitation Project)

Two years have passed since Karuna Foundation started the Inspire2Care project. Activities of this project are similar to the Share&Care project, except for the Health Insurance component. It is developed as a box within the box, i.e. Inspire2Care is a box within the bigger box of Share&Care. This project includes Health Promotion and Childhood Disability Prevention activities, which focus on awareness raising activities and improving maternal and child health. CBR is focused on identifying children with disabilities, making assessments, and developing and implementing individual rehabilitation plans for the child. This sets out the social, medical and educational goals for the child, and how to achieve them. In addition, investments are made in entrepreneurship and lending to the families of children with disabilities so that they improve their livelihood. All together these activities lead towards a more inclusive and disability sensitive community and society.

Process

This project has been implemented as per the CBR guidelines of Government of Nepal. Before launching a program, KFN signs a MoU (Memorandum of Understanding) with the Community Based Rehabilitation District Coordination Committee (CBR-DCC) at the district level. CBR-DCC is a committee chaired by the Chief District Officer (CDO), with the Women and Children Development Officer (WCDO) as the member secretary, along with other district authorities like the Local Development Officer (LDO), District Health Officer (DHO), and District Education Officer (DEO). Representatives from CBR organizations and other related organizations are also members.

This committee is responsible for monitoring and supervision of all disability related activities implemented in the district. The Village Disability Rehabilitation Committee (VDRC) is the implementing partner at the VDC level. The VDRC, composed of VDC officials, health professionals, and parents of children with disabilities, persons with disabilities, teachers and political leaders, is responsible for implementation of the project in coordination with the Health Management Committee. In every VDC, there is a Community Based Rehabilitation Facilitator (CBRF) selected by the VDRC and the CBR-DCC, and trained by Karuna Foundation, which plays a central role in facilitating and leading the project as a secretary of the committee. The project is currently implemented in three villages in Sunsari: Baklauri, Madhuvan and Dumraha; and four villages in Rasuwa: Laharepauwa, Bhorle, Dhaibung and Ramchhe.

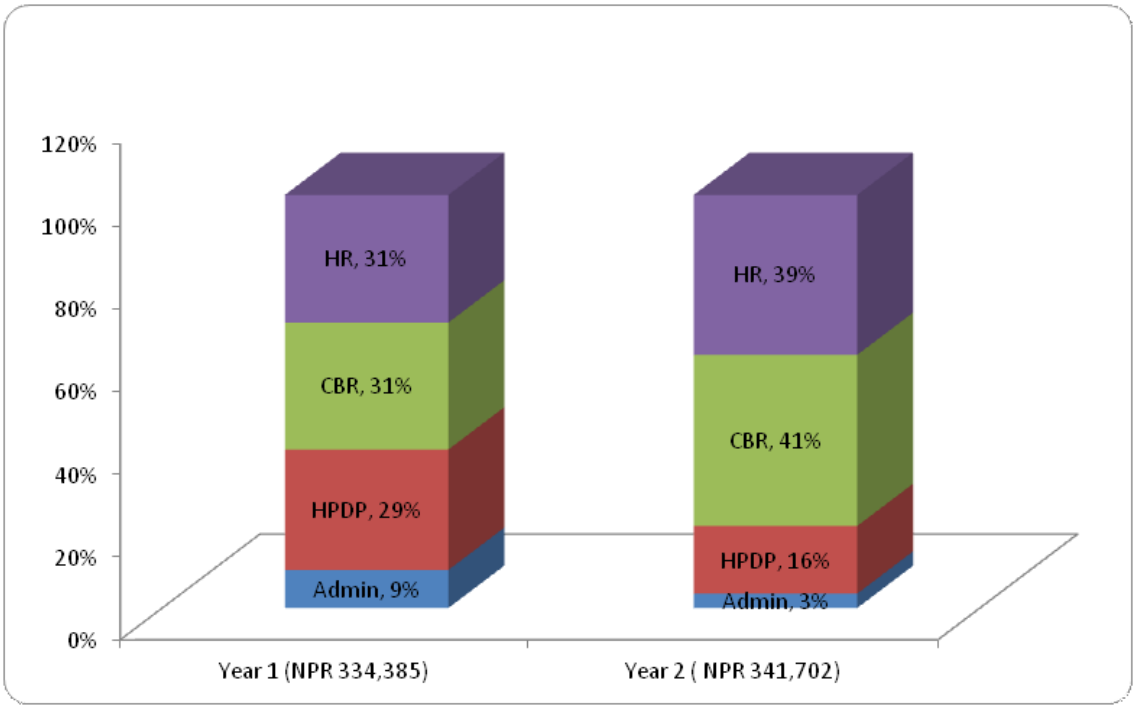
Key Achievements of Inspire2Care project from 2011-2013 in 7 VDCs of Sunsari and Rasuwa

- Birthing centres have been supported in 7 sites.
- Outreach Clinics have been Strengthened in 6 villages by ensuring sitting arrangements, privacy for health check-up and through additional equipments.
- Day celebrations, street drama presentations and orientation on reproductive health issues were conducted in project VDCs.
- A total of 59 School Health Education classes were run.
- A total of 32 newly married couples were given orientation on disablity prevention measures.
- A total of 268 children with disabilities have been identified in Inspire2Care villages and have been receiving rehabilitation services through the CBR approach. Out of this, 17 children have been successfully rehabilitated in their communities.
- In 2013, P&R project was further developed into Inspire2Care which is now ready to be scaled up.

Income and Expenses in Inspire2Care villages

The local Village Disability Rehabilitation Committees (VDRC) are demonstrating responsibility and developing leadership skills. For the first year, KFN contributed nearly 80%, and nearly 19.4% of the total fund was generated locally, amounting to NPR 493,150 (4500 euro). In the second year, local resource generation increased and reached an average of NPR 103,270 per village (1000 euro). KFN's share in the total income was reduced from over 80% to 76%) in the second year. The investment expenses decreased in the second year, while running costs increased in comparison to the first year due to added activities. For the ongoing agreement year (3rd agreement year) a commitment of an average of NPR 259,979 (2500 euro) has been received from program villages. Increased financial commitment from local bodies indicates ownership and acceptance of the program. To further increase the proportion of local resources as the program evolves, VDRCs and Self Help Groups are lobbying and advocating for adequate budget allocation at local level; and KFN is lobbying at central level.

Average expenses in Inspire2Care villages in the First and Second year



Acronyms: Admin-Administrative cost, HPDP-Health Promotion and Childhood Disability Prevention CBR-Community Based Rehabilitation,HR-Human Resources

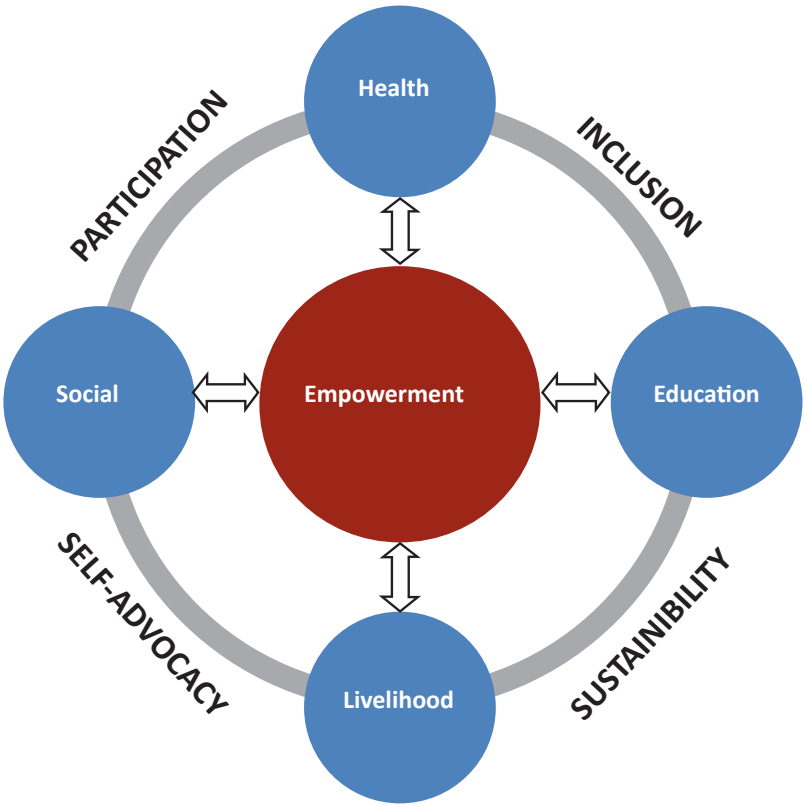
Community Based Rehabilitation (CBR)

CBR is a strategy for community-based inclusive development in order to mainstream disability in development initiatives, and in particular, to reduce poverty, and to meet the basic needs and enhance the quality of life of people with disabilities and their families. (WHO;CBR guideline, 2010).This is a common component both for the Share&Care and Inspire2Care programs of Karuna Foundation at the VDC level.

CBR is a grassroot strategy to implement the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). CBR takes the role to create awareness about UNCRPD, empowering persons with disabilities, and strengthen state parties in fulfilling the UNCRPD targets. Karuna Foundation follows the CBR Matrix developed by the WHO for rehabilitation of children with disabilities. The matrix consists of five key components: health, education, livelihoods, social context and empowerment. As per local needs, priorities and resources, the CBR program has been designed and implemented by local-communities of KFN program VDCs following the above-mentioned five key components of the CBR Matrix.

Children with disability within their communities and families

CBR Matrix



Process

CBR Facilitators, together with children with disabilities and their families, develop appropriate and holistic rehabilitation plans so that the children are ensured to medical care, rehabilitation, education, social participation and inclusion,while also ensuring equal rights to different facilities and opportunities, thus nurturing their enormous capabilities. Multi-sector coordination and collaboration is important in providing different rehabilitation services and implementing CBR programs in cost effective ways, and for sustainability. Sensitization on disability, empowerment of persons with disability and their families and the local communities is equally important for leadership and ownership by the local community, and for fund-raising and sustainability of CBR.

The CBR program is implemented following the spirit of the UN Convention on the Rights of the Persons with Disabilities, which requires us to promote, protect, and ensure the full enjoyment of all human rights and fundamental freedom by persons with disabilities and ensure that they enjoy full equality under the law.

Principles of KFN & way forward

Our learning from past experiences has further reinforced our principles and we can firmly say that these principles have been tested and are evidence-based in the Nepalese context. Therefore, our upcoming programs will continue on the basis of our proven philosophical foundations. Hence, coordination with government and non-government stakeholders will be emphasized in carrying out the Inspire2Care program; so will resources from village and district authorities be continued to be mobilized so that the program orients towards sustainability from the very first day. Karuna Foundation will provide financial support for the initial three years, and technical support for five years. As always, the Blue Guideline will be the mantra of Karuna Foundation to direct the program by innovatively blending development and business approaches. People will always remain at the centre, whether it is in planning of the program or taking leadership. Karuna Foundation will act merely as the facilitator.

Tricycle helps Rabindra in his daily life and social activities

Unveiling a young entrepreneur through Inspire2Care Program: Jamuna's road to success

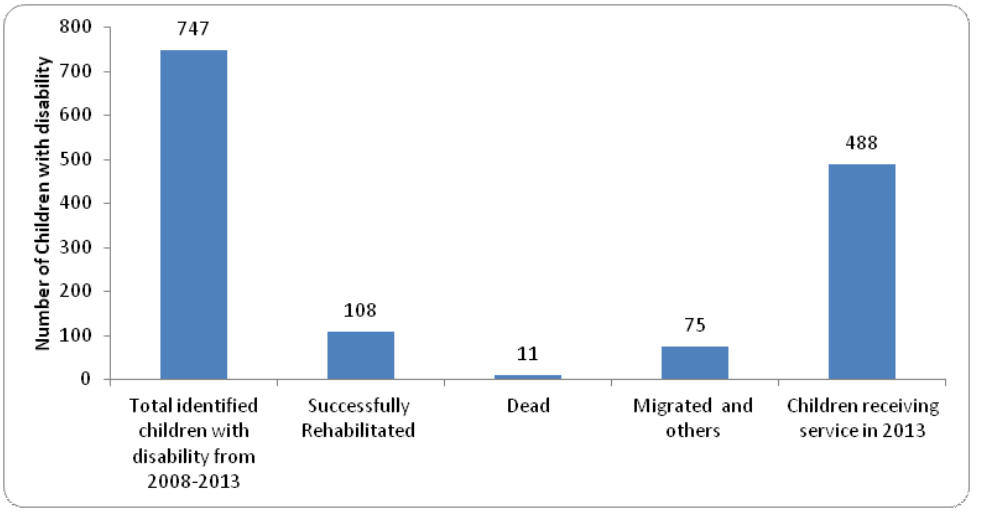
Jamuna Waiba, 18, lives in Laharepauwa-5, of Rasuwa district. At the tender age of 6, her family clearly noticed that she had a hearing and speech problem. Her family took her to a hospital and enrolled her in a sign language class. In the class, Jamuna was always stressed and couldn't make friends. She even had many episodes of mood swings and difficulty in expressing her emotions. She first came in contact with the Inspire2Care program in Rasuwa through an assessment camp in 2011. After the assessment camp, CBR facilitators regularly visited her home. Subsequently, she was enrolled in the vocational tailoring training. Her family was enrolled in a livelihood program as well, and she rejoined her school, Shree Navabijayai Secondary School.

Currently, Jamuna is studying in class 8 and pursuing her tailoring career as well. Her family bought her a sewing machine and she is earning 5-6 thousand rupees a month from the tailoring business. After a constant follow up and lobby by the CBR facilitators, Jamuna has now been selected for another 3 months of special tailoring training organized by CTEVT (Council for Technical Education and Vocational Training). When asked about the Inspire2Care program, she wrote: "Before, I was angry all the time that I couldn't read or write as good as my friends, and used to think that everyone is making fun of me. But, after I got the tailoring training, I found my passion in it. I want to pursue this career in future. My friends and even my teachers come to my tailor shop and ask to make dresses for them. I am very happy that everyone is supporting me."

When asked about her daughter's status, her mother replied, "I tried everything to make her engage in social activities and schooling, but she was always hostile. After this program came to our community, she got the chance to meet other kids in the children's club and even got training. After the training her whole personality has changed. She now smiles and is always willing to work. This makes me very happy."

Jamuna with her mother

Overall Achievements of CBR program



 # the sum of current children in 2013, and children with given outcomes do not add up to the total number of identified children due to discontinuation of the program in some VDCs

The CBR program has provided a multitude of facilities to children with disabilities through a comprehensive approach within their communities and families. Children have hugely benefited-the results shown above demonstrates their all-round development. Not only short-term results and outcomes are observed, but an overall improvement in their quality of life has been documented. A Masters of Health Science student from VU University, the Netherlands conducted a qualitative study to assess the impact of the CBR program on the lives of children with disability from Chapakhori village of Kavre district, and Bhokraha and Madhesa villages of Sunsari district. The study highlights the changes the CBR program brought to the lives of children with disabilities. The findings of this research are published in 'Disability, CBR and Inclusive Development' (2014- Volume 25, Issue 1 pages 5-20). The abstract can be accessed through http://dcidj.org/article/view/299. Conclusion part of the paper states:

"CBR has brought positive changes in the lives of the majority of the children. The changes were not similar to the impact experienced after CBR. The major changes occurred in physical health, while the impact was mainly experienced on a social level, in empowerment and in the level of independence. Children mentioned that they had more friends, experienced less discrimination, attended school more often and therefore felt more independent and were more positive about their future. Due to this impact, children and their families felt happier and more confident about themselves. These findings emphasise the importance of paying adequate attention to improving the physical health and functioning of children with disabilities."

Key Achievements of CBR

Health

- All children (N=747) have received some form of medical treatment in a hospital or at a specialized center.
- Physiotherapy and training in daily living activities has been provided tochildren at home and also at specialized centers.
- A total of 209 children have received assistive devices such as wheelchairs, prosthesis, and hearing aid.
- 52 children were assessed with malnutrition. They were counselled, supported with nutritional food, and some were referred to nutritional rehabilitation centers .
- 108 children were fully rehabilitated, often through medical and social intervention. These children do not have any functional limitation and restriction in social participation and inclusion.

Education

- A total 276 children are regularly attending school and most of the school going children have been getting regular scholarships from the government.
- 644 children have received educational support like textbooks and uniforms to encourage and motivate them for better performance in education.
- 42 children were enrolled in integrated and special schools. 18 children with hearing, visual and intellectual disabilities were enrolled in special schools.

Livelihood

- 82 families of children with disability received vocational training.
- 52 families of children with disabilities have received an entrepreneurial training and 144 families of children with disabilities received loan support to start income generating activities.
- The families of children with disability are also members of the Share&Care insurance and therefore are protected against financial risk arising due to health problems.

Social Inclusion and Empowerment

- 626 children got disability identification cards from the government. It entitles them to certain provisions and allowances and allows them to claim their rights, such as disability allowance, scholarship, and many more.
- 24 Self-help groups with 368 families of children with disabilities were formed in the 7 P&R program villages and 6 SC program villages and 140 families have been involved in savings and credit activities in a group.
- 14 VDRCs have been formed and trained for their capacity development.
- 13 inclusive Child Clubs have been formed and 148 children are participating in clubs.
- 53 leadership and skill development trainings were conducted and 86 children participated in the trainings.
- 40 children with disability have been trained in different skill development trainings. The trainings helped them build their capacity and confidence.
- 372 awareness raising events through posters, wall paintings, information sessions in communities for teachers, local health volunteers, school children and women's groups, etc., were organized. It helped people to get knowledge on disability, its prevention, CBR and other related issues of disabilities.
- 15 ramps were constructed in public places like schools, public offices, and health posts for easy access and mobility in services place, etc.

Shrawan's Story: A milestone for CBR approach

4 year old Shrawan Kumar Mandal from Madhuban village, Sunsari,was born with cerebral palsy. His parents took him to a local Primary Health Care Center, where the health worker advised that the child had delayed development and was referred to a higher centre. But, the parents believed that the child would not improve, so they did not take the child to the doctor.

The child came in contact with the Inspire-2Care program at the age of one and half year old. He was unable to sit and stand at the time of assessment done by CBR Facilitators. As per the rehabilitation plan, he was taken to a neurological camp organized by Karuna and SGCP, Dhapakhel, in Sunsari. The doctor advised regular exercise, as Shrawan had a delayed development, and therefore the treatment needed to focus more on stimulation of developmental milestones. Shrawan's parents provided him with regular physiotherapy in direct follow up and guidance of the CBR facilitator. They built a home-made rotator to use as an assistive device. After regular exercise, now Shrawan can sit and stand with support. He has been practicing to walk with the help of rotator and started to play with his toys and friends.

Now, the community people are also helping his parents in his rehabilitation process. His parents are more than happy with the progress and are willing to see more progress in the life of their child. They want to send him to a nearby ECD center for pre-schooling.

Before

After

CBR program helped unleash the talents in Manju

16 year old Manju Maya Tamang is from Chapakhori, Kavre. Her family is dependent on farming. At the age of 3, she fell from a ladder and had regular bleeding from both ears. She slowly lost her hearing and later lost her speech as well.

The Share&Care program had just begun at the Sub Health Post, Chapakhori, in 2009. Manju came in contact with Share&Care program through the baseline survey. Her disability assessment was done by a pediatrician and a CBR expert. The pediatrician referred her to Dhulikhel Hospital for investigation and treatment. She was then referred to TU Teaching Hospital, Maharajgunj. The ENT doctor said that it was impossible to restore her hearing even with a hearing aid.

She tried very hard in her studies and completed grade 5 at the local inclusive school, then left the school. She could not continue her study because of lack of special school with sign language in her home district or a nearby district. She was keen on doing something and family members also requested for vocational training. Share&Care program supported her with training fee and food allowance. She completed a 6 month long sewing, tailoring and knitting training along with sign language training in Aanda Apanga Technical Vocational Skill Development Training Centre, Kritipur, in 2011. The trainers were very happy with her performance and encouraged her to be a role model for the community. She decided to take an advanced course on sewing, tailoring, knitting training at the same training centre on her own cost, and also joined a professional tailoring center in Lalitpur. Because of her commitment, and competence she found a job at the same tailoring center. Now, she holds a job and also runs her own business through which she is able to financially support her family.

Expressing gratitude to the Share&Care program, her parents say, “We would have never perceived and understood her ability and interest, and would never see her in present stage if there was no Share&Care - Community Based Rehabilitation program in our village.”

Project IV- Policy, Networking, Coordination & Advocacy/Awareness (PAAN)

Looking back at these years, we are proud that we have been able to establish working relationships with key government ministries and departments at the local, district and national levels. This activity has always aimed at establishing strong linkages with the concerned government bodies and other key stakeholders to bring effective and meaningful changes in the lives of children with disabilities and their families; and at scaling up community health services so that it is owned by the population and quality service is accessible to all.

A central level Networking meeting with stakeholders

Over the years, we have been able to make some significant achievements in terms of coordination and collaboration with various stakeholders. We have also emerged as one of the main organizations in the areas of strengthening community health systems and successfully introducing Community Based Health Insurance in Nepal.

Some major accomplishments of PAAN over the period are:

- Publication of Disability Resource Book together with the Ministry of Women, Children and Social Welfare (MoWCSW). By 2013, it has already been published for the 4th consecutive year, incorporating disability related provision and facility,

program and plan, policy, acts, and guidelines of the government. This book has been well received and highly appreciated by stakeholders and its demand is ever increasing.

- The finalization of 'National CBR Guideline' was supported by MoWCSW. The guideline is expected to be endorsed in 2014.
- Various Project Advisory Committee meetings have been held, both at central and district levels, for feedbacks, comments and commitments on our work.
- The finalization of Accessibility Guideline has been supported and facilitated. Karuna was a part of the committee for developing the guideline. The guideline has been endorsed by the Government of Nepal and mostly focuses on the accessibility of physical infrastructures.
- A consultancy assignment was executed by Swiss Health Centre and Deutsche Gesellschaft fur Internationale Zusammenarbeid (GIZ) (commissioned by the Ministry of Health and Population, Nepal) for an investigation with respect to coverage, and access to care, financial sustainability and empowerment of community based health insurance schemes, including our Share&Care program and other organizations implementing health insurance schemes in Nepal. Share&Care emerged as the best model. More information is available at:http://www.swisstph.ch/fileadmin/user_upload/Pdfs/SCIH/2013_04_Nepal_CBHI_GIZ_report.pdf0.pdf
- In November, 2012, Karuna was awarded the Jobena Award for its approach and for the SC project, which uses self-development both as a method and an objective. It was distributed in Nepal in the form of

Persons with disabilities registering their CVs in Career Expo

Participants in Career Expo-2013

a Mini-Jobena Award to deserving health workers, village committees, CBR workers and civil servants.

- Within the Association of International Non Governmental Organization (AIN), a Disability Working Group was formed for effective collaborative and coordinated work in Nepal in the area of disability.
- On 5th December, 2012, the first ever career expo for persons with disabilities was organized together with key stakeholders like MoWCSW, AIN, NFDN,FNCCI, Federation of Nepalese Journalists, and Merojob.com. Many governmental organisations, development organisations, private companies, banks, etc were involved. More than 50 persons with a disability were reported to succeed to find a job after the Career expo in 2012.
- After the success of 1st Career Expo, the trend continued in 2013 also, when, on 13th December, 2013, the 2nd Career Expo was held.
- Country Director, Karuna Foundation Nepal, has been elected and re-elected for second time as a Steering Committee Member of Association of International Non Governmental Organizations (AIN) for 2nd consecutive year, and is contact person for disability and health working group.
- A public hearing program was organized in Bhokraha in coordination with Watchdog Media Service Pvt. Ltd. in May, 2013.

Partnership

To accomplish our fundamental goal, we have partnered with various governmental and non- governmental organizations. And it wouldn't be wrong to say that we wouldn't have been at this stage without the help and support of our different partners.Our major partners at the national level are: MoWCSW, & MoHP. Our partners at the district level are: District Health Office, DDC, CBR-DCC, and at the local level: Health Management Committees and Village Development Rehabilitation Committees. We believe that we need to focus on strengthening our partnership with the government system in order to have a sustainable project in the future.

Our partnership with medical institutions has also been remarkable in bringing significant changes in the health status of communities and children with disabilities. We have been partnering with HRDC in orthopedic surgery and other disability related camps. BP Koirala Institute of Health Sciences, (BPKIHS), Kathmandu Model Hospital, Dhulikhel Hospital, and Nobel Hospital, Biratnagar, are referral hospitals for our CBHI scheme. Besides local and national level partnerships, we were entrusted by some International organizations, such as Madat Nepal, WfW(Women for Women), FEMI Foundation, GIZ Nepal, Stichting Beter ter Been , Enablement, and others.

Training before Uterus Prolapses camp in partenership with Women for Women,Netherlands

Major partnerships Karuna was a part of in the past Six years

S N.	Partners	Activity and Year
1	Resource Center for Rehabilitation and Development (RCRD)	Implement CBR in 5 VDCs of Rasuwa CBR training for CBRFs
2	Help for Change,Nepal, (HCN)	Help organize community activities and awareness raising programs in Timal, Kavre (2008-2012)
3	PHECT Nepal	Medical intervention for children with disabilities (2010-2011)
4	CBR Biratnagar	Assistive devices for children with disabilities (2010-2012) Training and orthopedic shoes production for for children with disabilities through Beter ter Been (BtB) (2013)
5	Spinal Injury Rehabilitation Center (SIRC)	Sponsor for the rehabilitation of people with spinal injury who have poor economic background (2011-2012)

6	MADAT Nepal -Kusheshwor Higher Secondary School Water Project	Drinking water project in Mechchhe, Kavre, 2012 Health Camp in Kavre- 2013 .
7	Rural Reconstruction Nepal (RRN)	Supported construction of Birthing Centre in Aurabani Sub-health post Sunsari- 2011
8	National Federation of the Disabled Nepal (NFDN)	Different disability movement, support for organizational development and office equipment- 2012 Organized two annual Career Expos in 2012 and 2013 with huge enthusiasm and achievements.
9	Self Help Group for Cerebral Palsy (SGCP)	Organize health camp, training and capacity building of rehabilitation facilitator, advocacy and networking for different disability issues- 2012 and 2013. Organized health camp for children with neurological problem in Kavre,Rasuwa and Sunsari in 2012 and 2013.
10	Deutsche Gesellschaft für Internationale Zusammenarbeit (GiZ)	Financial support for continuation and strengthening of Inspire2CareProgram- 2012
11	NDRS	Wheelchair and tricycle support to children/person with disability in Sunsari and Rasuwa- 2012 and 2013
12	Impact Nepal	Technical and medicine Support to conduct school health camp in Kavre and treatment and surgery of ear problem of children with disability from Sunsari in Lahan Hospital, Saptari- 2012 and 2013.
13	DHO Dhulikhel and Dhulikhel Hospital	Specialized health camp (Dental, Gynecological, ENT) organized in Sub-Health post, Mechchhe- 2012
14	Women For Women, the Netherlands	Screening of Uterus prolapsed women and provide appropriate treatment according to their need i.e. counseling, legal exercise, ring insertion and surgery- 2012 and 2013
15	BP Koirala Institute of Health Sciences, (BPKIHS)-Dharan, Kathmandu Model Hospital-Kathmandu, Dhulikhel Hospital-Kavre, and Nobel Hospital, Biratnagar	Referral hospitals for our Community Based Health Insurance scheme (2008-2013).

Financial Summary

In the first phase of the project (2007-2013), Karuna Foundation spent a total of NPR 138,062,658 (1.38 million Euro). The expenditure mainly concentrated on the SC and Inspire2Care programs, covering 44% of total expenditure, Administrative cost covered 17% , training expenses were 11%, partnership expenses were 10% and combined expenses of M&E, CBR, PAAN, Expansion, Misc, Fixed Cost were 17%. During the last 6 years, it was observed that the expenditure growth accelerated around the middle of the project period, i.e in 2010 and 2011. The rise was observed because CBR and ToP expenses incurred since 2010 and the P&R program incurred expenses since 2011.

It was observed that the CBHI component of SC drastically increased the expenditure pattern of the program. To incorporate this component in the next phase of the program, organization requires huge fundraising. The program also has high recurring cost compared to start up cost. This means a funding commitment of longer duration needs to be sought. However, the total amount of the expenditure throughout the years is average. This information gives us the opportunity to strategize our next phase budgeting. To have effective control over expenditure, manuals and policies of the organization have been revised in a timely manner.

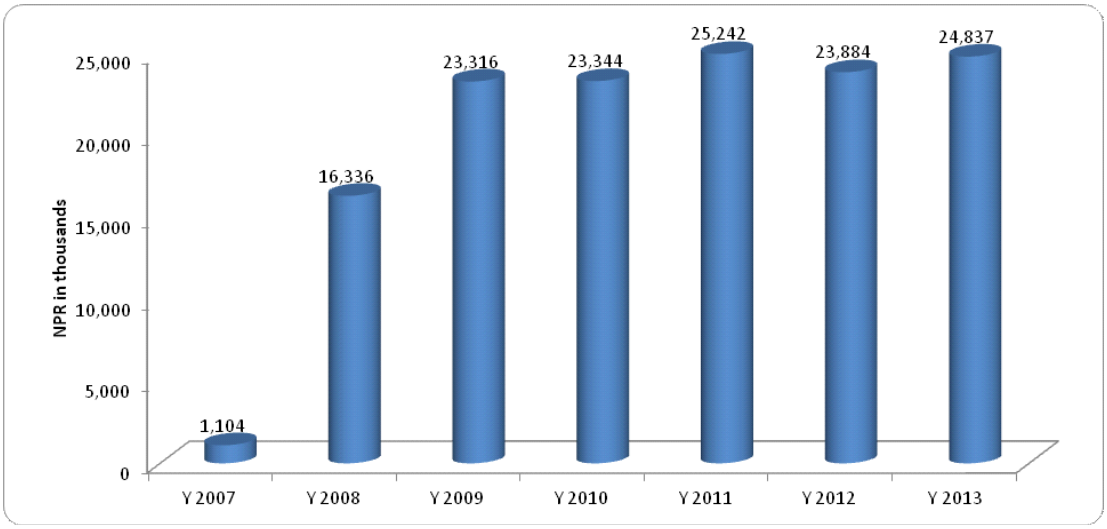
Karuna Foundation has been able to maintain a transparent financial management system throughout the period. There has been yearly auditing of the country office, field office and accounts of Health Facility Managemetnt Committee and Village Disability Rehabilitation Committee. The budget to the community was released on a monthly basis against the approved plan and activity of that particular month. Health Facility Management committee and Village Disability Rehabilitation Committees report to KFN field offices on monthly basis. And the compiled report is forwarded to the Country office and to the Head office each month.

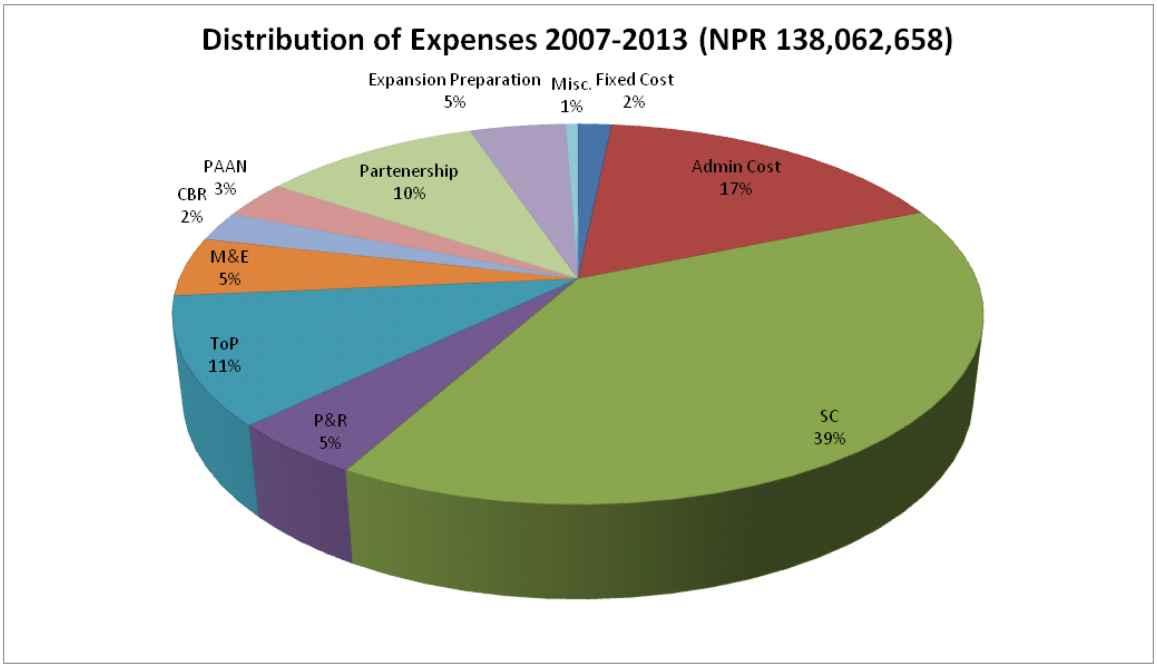
KFN has fully covered basic initial investments costs as it can be a gesture to build up rapport with the community and make the environment suitable for the program. The running cost of the program was shared on proportionate basis by KFN with the community. KFN financially supported only for the initial 3 years of the program.

Financial Summary 2007-2013

Particulars	2007	2008	2009	2010	2011	2012	2013	Total (NPR)
Income								
1.Opening Fund		902,915	1,693,848	2,307,599	5,252,205	4,800,658	5,319,762	20,276,987
2. Fund Received from Karuna Foundation, the Netherlands	1,499,340	16,873,577	22,800,530	26,160,006	24,471,489	22,232,777	24,151,257	138,188,976
3. Partnership and Miscellaneous Income		252,904	5,089	128,389	319,251	2,170,307	519,600	3,395,540
Total Income (A)	**1,499,340**	**18,029,396**	**24,499,467**	**28,595,993**	**30,042,945**	**29,203,742**	**29,990,619**	**161,861,502**
Expenditure								**0**
Fixed Cost	403,418	844,258	576,674	277,970	15,540	2,900	84,516	2,205,276
Administrative Cost	546,051	2,401,904	3,246,973	4,088,853	4,297,305	4,816,943	4,173,071	23,571,100
Project Activities Cost								**0**
1. Share and Care	142,337	5,874,395	10,750,255	11,952,588	11,399,491	8,704,060	5,603,732	54,426,858
2. Inspire2Care Project					1,308,600	2,432,790	2,673,787	6,415,177
3. Training of Professionals (ToP)	4,026	4,003,039	3,993,249	1,452,315	1,312,205	1,010,997	513,284	12,289,115
4. Monitoring and Evaluation (M&E)	0	458,830	1,921,711	1,957,308	1,193,566	682,633	753,668	6,967,716
5. Community Based Rehabilitation (CBR)	0			427,882	1,087,926	853,556	1,156,297	3,525,661
6. PAAN	0	154,263	597,592	935,733	414,408	944,421	1,417,454	4,463,871
7. Training	0			693,021	1,129,749	274,053	520,646	2,617,469
8. Miscellaneous Expenses	8,401	140,205	277,272	258,641	0	0	130,783	815,301
9. Expansion preparation							6,321,870	6,321,870
10.Partnership (Women for Women, Foundation Step Forward, GIZ, MADAT Nepal)	0	2,458,654	1,952,322	1,299,478	3,083,497	4,161,627	1,487,667	14,443,246
Total Expenditure (B)	**1,104,233**	**16,335,548**	**23,316,047**	**23,343,788**	**25,242,287**	**23,883,980**	**24,836,775**	**138,062,658**
Fund Balance (A-B)	**395,107**	**1,693,848**	**1,183,420**	**5,252,205**	**4,800,658**	**5,319,762**	**5,153,844**	**23,798,844**
Fund Balance Represented By								
Cash & Bank	2,007	1,579,721	198,303	5,117,613	2,901,934	4,122,585	3,309,742	17,231,906
Loan & Advances	393,100	575,760	1,231,110	1,096,216	2,195,997	2,050,011	3,694,695	11,236,888
Payable		-461,633	-245,993	-961,624	-297,273	-852,834	-1,850,592	-4,669,950
Fund Balance	395,107	1,693,848	1,183,420	5,252,205	4,800,658	5,319,762	5,153,844	23,798,844

Annual Expenses from 2007-2013





Acronyms: SC-Share&Care, P&R- Prevention and Rehabilitation, ToP-Training of Professionals, M&E-Monitoring and Evaluation,
CBR- Community Based Rehabilitation, PAAN- Policy Advocacy and Networking

Major Evaluation Studies conducted during the period

1. SWC Evaluation -Mid-term evaluation, (2010)

Mid-term evaluation of Karuna Foundation's SC project was completed in 2010 by a team of five members representing public health institution, SWC and accounting. A small section from the summary and conclusions highlights the uniqueness and challenges of the project:

"The assessment result demonstrated that given the newness of the project, a two year project design in one VDC was too short to achieve intended achievements. But at the same time the scheme has offered a forum for the Local Health Facility Operation Management Committee and also to the community to know about the benefits of such an entirely new concept. It can be hoped that slowly the beneficiary groups will be keen to share their contribution for a better and ensured health services in their community and referral hospitals with specific packages. The success of the pilot project can set an example and perhaps encourage the Ministry of Health and Population to formulate the Community Based Health Insurance *policy to replicate in other districts too"*

2. Share&Care, Rapid Assessment Survey (2012)

A survey carried out to assess situation and advise on the way forward for improving the Share&Care program concludes:

"As a pilot program Community Based Health Insurance *has been successful to make a dent in rural health sector. It however is faced with problems and challenges too. The CBHI model works as proven by Bokraha SHP and Madhesa SHP to a greater extent. KFN however should revisit its approach, strategy, review them and make needful amendments informed by field study for replication."*

3. Evaluation of the Community Based Rehabilitation Projects (2012) :

An expert in the field of disability from the Netherlands, Huib Cornielje, conducted an evaluation of CBR program implemented by KFN. Highlighting KFN's CBR approach,the report concludes:

"The CBR work done by the Karuna Foundation is highly appreciated by the community at large,its leadership,and the immediate beneficiaries. The strength of the programme is formed by the integral approach. It is not just focusing on disabled children but views children in their context and tries to influence that context also in order to contribute towards a more inclusive society (which is the main goal of CBR). As such the work of the Karuna Foundation in the field of CBR is distinctly different from the more individual oriented child assistance provided."

4. SWC Evaluation -Final Evaluation(2013)

A team of four people representing the Social Welfare Council, the Ministry of Health and Population, and a financial expert, under the leadership of an independent consult-

ant, carried out the final evaluation of Karuna Foundation's first phase of program.The conclusion section of the final evaluation report about SC project states:

"The project implemented in seven villages found success ranging from 42 percent to 104 percent of the targeted households. The project in Bhaluwa village of Sunsari District has achieved more than the target. However, Bhokraha and Mechhe achieved below fifty percent. The overall performance of the target was found to be 63 percent and marginalized family inclusion who need subsidy range from 14 to 36."

5. Share&Care and Inspire2Care Impact assessment (2013)

Two journalists conducted an Impact Assessment of Share&Care in four VDCs of Sunsari and one VDC of Rasuwa; and that of *Inspire-2Care* in one VDC of Sunsari and two VDCs of Rasuwa. Following is an excerpt from the assessment report.

"The most outstanding feature of Share&Care is its functioning. Unlike many other projects, Share&Care has discarded the top-down approach and adopted the bottom-up approach. It is indeed run by the community people, not KFN. KFN has only facilitated the community people to get organized and run the project on their own. Within just a few years, Share&Care has succeeded in encouraging more people to visit local health facilities. More pregnant women are now getting Ante Natal Care (ANC), Post Natal Care (PNC), Vitamin-A, Albendajol and Iron Tablets than ever before. Most importantly, more women are delivering babies at local birthing centers. The number of home delivery cases has declined drastically. Unlike Share&Care, Inspire2Care is yet to show its tangible impact. Especially in the prevention component, it is too early to show results or assess progress. But, as far as its rehabilitation component is concerned, there have been some tangible outcomes. Some disabled children are now getting allowances and scholarships. Some of them have been rehabilitated, too." The entire impact assessment report can be downloaded through http://service.scep.nl/karuna/pags/download/Impact%20Assessment-Final.pdf.

6. ToP Evaluation (2013)

An independent public health consultant conducted an impact assessment of ToP program in Sunsari and Kavre districts at the end of 2013. Underlining the key achievements and suggestions for program replication, the report summarizes:

"Overall, Training of Professional was found to improve 15 selected maternal and child health indicators by an average of 13.4% in Kavre and 5.3% in Sunsari in selected facilities. Undoubtedly, Training of Professional is a program with an innovative concept. It aimed to prevent birth defects and childhood disability in community through improvement of immunization, nutrition and safe motherhood indicators. It is necessary to implement this program in other districts with direct involvement of local community and FCHVs. Further, ToP might have brought greater impact if intensive follow up of health workers and strict monitoring and supervision system had been put in place."

The Organization

Nepal

Led by Deepak Raj Sapkota as the Country Director, Karuna Foundation Nepal is a team of twenty one committed and competent team members who spend a large portion of their time in the villages. Karuna team is a blend of professionals from diverse development sectors like child right, rural development, sociology, population studies, public health, and business studies.

Country Office Team

Their contributions range from the policy level to the grassroots level. Members of this dedicated team have embraced the vision, mission and goals of the organization, along with a firm conviction for the promising future of Karuna Foundation. The team has a learning attitude, is convinced of the vision and philosophy of Karuna, and is highly motivated. Our Country office is located in Baluwatar, Kathmandu. There are also small regional offices in Inaruwa, Sunsari, and Dhaibung, Rasuwa.

Sunsari Office Team

The Senior Management Team of Karuna Foundation Nepal consists of Deepak Raj Sapkota (Country Director), Mandar Shikhar Bandyopadhyaya (Technical Director), Yogendra Giri (Program Director), Manju Singh Rana (Manager -Training and Leadership Development), Deepti Silwal Bhattarai (Manager -Finance, Admin,HR) and Yuba Raj Paudel (Sr. Officer - Monitoring and Evaluation).

Learning by doing

The Karuna team has a learning attitude and experiences of the past have taught us a lot in shaping our future programs. Our full-time partnership with the community has enlightened us that local capacity-building has to be at the centre of all development efforts if sustainability is desired. Further, to garner full community involvement and ownership financial par-

ticipation from community is needed. Our constant perseverance and determination despite several ups and downs and innumerous tough times has created a 'Dare to Confront!'feeling in our team. Challenges and obstacles on the way towards the goal do not motivate us to swerve from our path; instead we try alternatives, since we have a strong faith in ongoing improvement.

The Netherlands

The Dutch organization has Betteke de Gaay Fortman as the General Director, supported by regular professional advice from Merel Schreurs, a consultant. There is intensive and regular consultation between the management of Karuna Netherlands and Karuna Nepal. The General Director and Country Director, Nepal, have regular contact on operational, strategic, financial, and policy issues. This leads to the desired changes in policy and strategy.

Board

The Board is composed of its founder, René aan de Stegge (Chairman), Toon Kasdorp (Secretary), and Huub Timmer (Treasurer).

Informally, we receive regular and valuable advice from different experts in the field of development and disability: Brigitte aan de Stegge, Ad van der Woude and some senior managers at the Giesbers Groep, like Martijn Bax.

Our Donors

Our philosophy is that the invested money should create measurable social impact. By mobilizing communities and coordinating with like-minded organizations to participate financially and technically, we strive to multiply our effects and generate sustainability.

Karuna Foundation has had a number of donors in its journey in Nepal between 2007 and 2013. The generous support from our donors helped us reach the most deprived sections of our communities and improve the quality of their lives.

GiesbersGroep

www.giesbersgroep.nl

Giesbers Groep brings together six companies involved in construction and property development. With offices in Wijchen, Arnhem, Nijmegen, Rotterdam and Naarden-Vesting, it operates across a large part of the Netherlands. For Giesbers Groep, corporate social responsibility means contributing to sustainable development processes in developing countries such as Nepal. Giesbers Groep decided to support Karuna Foundation on a structural basis using its entrepreneurial approach.

Giesbers Groep and René aan de Stegge have invested venture capital in the first phase of Karuna (2007-2013), covering more than 60% of the total costs.

(www.impulsis.nl)

Impulsis is an initiative of Edukans, ICCO, and Kerk in Actie (Church in Action). It has a support department for Dutch companies and entrepreneurs who want to promote local entrepreneurship and entrepreneurial approaches in developing countries. Since 2008, Karuna Foundation has entered a partnership with Impulsis by being a recipient of its grants. Impulsis grants supported the implementation of Share&Care, Inspire2Care, ToP and advocacy projects of Karuna Foundation Nepal.

Eureko Achmea Foundation (EAF) aims to actively contribute to a sustainable improvement of the socio-economic environment of those in need in societies both in the Netherlands and abroad, by making financial resources available. EAF supports projects aimed at a structural improvement of disadvantaged groups.

www.femi.org

The FEMI Foundation offers opportunities to people, young and old, to achieve a more dignified existence in a more sustainable manner. It offers inspiration based on mutual respect and equality in collaboration and rapport towards active involvement and creativity. It initiates and connects in every area of well-being and welfare while recognizing everybody's own responsibilities and individuality.

In 2012, the cooperation/partnership with the Dutch FEMI Foundation continued after the feasibility study in 2011 in Tanzania. FEMI is interested in working together with Karuna in Sunsari district, Nepal, to implement an integrated approach to development in a most disadvantaged dalit community. The work is set to start in 2014.

In addition, private funds supplement the rest of the budget for Karuna Foundation. The Start Fund of Fred Foundation (www.fredfoundation.org) in the Netherlands, the Dr. Hofstee Foundation (www.hofsteestichting.nl) the Dutch fund Johanna Donk-Grote Stichting, the Stichting Weeshuis der Doopsgezinden, Madat Nepal, Stichting Vrouwen voor Vrouwen, Stichting Beter ter Been also contributed to our efforts. From time to time, we received smaller individual donations as well.

Plan to scale up Inspire2Care (2014-2017)

After five years, Karuna has proven, through internal analyses and external evaluations, that the programs have achieved sustainable results on health care, improvement in quality of life of children with disability,maternal and child health indicators as well as community empowerment and leadership. Inspire2Care has been designed embracing the lessons learned from Share&Care and Inspire2Care projects and borrows activities and processes from these two projects, which Karuna implemented in Rasuwa, Kavre and Sunsari districts in its first phase (2007-2013).

The plan is to scale up Inspire2Care to the whole district of Ilam and Rasuwa.

The goal of the Inspire2Care program is to improve the quality of life of 2,000 children with a disability, as well as 2,500 adults with a disability, reach about 40,000 young women and mothers with safe pregnancy, safe delivery and safe infancy activities, and to decrease the incidence of birth defects and disabilities among children by 20%, and develop a replicable model for prevention and rehabilitation.

The activities will focus on primary prevention (safe pregnancy, delivery and infancy), secondary prevention (early detection and treatment of diseases, malnutrition, wounds, infections and fractures), and community based rehabilitation of children with disability, including the awareness and positive attitude change in communities.

Inspire2Care is a model that directly meets the needs of the target group, is cost efficient, and both socially and financially sustainable. After some time, and on the basis of good local leadership and governance as well as a politically conducive environment, the Inspire2Care program will be extended with an insurance component, implementing the so-called health insurance model: Share&Care developed by Karuna Foundation.

Need in the context of Nepal

Safe motherhood and a healthy childhood are still major challenges in Nepal, especially in the rural areas. According to the 2011 Nepal Demographic and Health Survey (NDHS), the country experiences 54 child deaths per

Community level awareness program

1000 live births, 40% of children under 5 years have chronic malnutrition. Low use of maternal care prevails and only one-third of the women deliver with assistance. Although in decreasing trend , maternal mortality rate is still high with 229 mothers dying during pregnancy and childbirth per 100.000 live births according to a survey conducted in 2008/2009. Health depends on care, and the utilization of health care in developing countries like Nepal depends on the availability, affordability and accessibility of services. Almost 3-5% of the children have disability and suffer from stigma and exclusion ,leading to more poverty, abuse and suffering.

Process

The Inspire2Care program is a community run program fully planned, implemented and evaluated by the local leaders, health workers and rehabilitation workers who are organized in village development committees. With every committee, Karuna Nepal has an agreement based on equal partnership. Karuna trains and coaches local leaders and the committee, and facilitates the implementation process of the program for 5 years. After that period, the community can continue the prevention and rehabilitation activities by themselves with local funds available from the municipal, district and national authorities, as well as from the households.

In the first 3 years, Karuna invests in the direct costs of the program: first year with 80%, second year with 50%, and the third year with 30%. In the fourth year, the program is financially sustainable, at which point Karuna only offers technical support for 2 more years. After the 5th year, the community is able to continue the program without external support.

Mass meeting with a community group in Sunsari

Coverage

Inspire2 Care aims to cover 63 villages of Ilam and Rasuwa districts of Nepal, in cooperation with the Government of Nepal.

	Rasuwa District	Ilam District
Total population	*43,300*	*290,254*
Women of childbearing age*	10,514	83,298
Children under 5 years*	3,755	20,494
Children with a disability**	260	1,742
Adults with a disability*	756	5,894
Target population	**15,285**	**111,428**

* estimated figures based on Nepal Census, 2011

** Data based on Karuna surveys in the project villages

Ward level health education in Sunsari

The Blue Guideline

René aan de Stegge, owner of Giesbers Groep, developed the Blue Guideline, an entrepreneurial approach regarding process and risk management. This philosophy also has been applied by Karuna Foundation from its initiation in 2007, and continues to be of great influence and inspiration during the implementation of the projects.

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

Step 1. Analyze the problem

Determine who the stakeholders and what their interests are. Look for common interest and synergy but also establish the threats and contradictions.

Step 2. Define a solution or intervention in the interest of all

Listen carefully to all stakeholders and think- creative- innovative- outside the normal ways (out of the box). Do this together and take time to reflect. Describe a solution that has the support of all involved.

Step 3. Determine the chance of success (Continue Yes/No)

Establish is moment when to decide to continue the project. Is there good chance of achieving sustainable results and success within a reasonable period? But also be prepared to stop a project if the risks are too high or when there is no common interest. If you continue do this with commitment and take the lead.

Step 4. Manage the process professionally in steps

Formulate a higher goal and map the process with other stakeholders. Divide it into steps and define decision moments. be efficient en effective. Evaluate the process periodically and adjust where needed.

Karunafoundation

"Saving children from disat lity, one by one"

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