

What it takes to scale healthcare in Nepal: Challenges in implementing systems change

In Province 1 in Nepal, an estimated 100,000 persons live with a disability (out of 5 million inhabitants). They are stigmatised, considered a burden for the family and society and often hidden in the houses. Family members do not know how to care for their children with a disability, nor do they see any potential. Although Nepal has a legal framework in the form of a Disability Act, stating rights and services, no cost-effective Community Based Rehabilitation (CBR) program exists.

While there have been strides of improvement in maternal and child health over the years in Nepal to prevent disabilities and mortalities, the figures on neonatal deaths, rates of disability by birth and stunted growth (36%) are still high, as quality of health care is lacking behind. Only 59% of pregnant women attend Ante Natal Care and 62% have an institutional delivery.

The Karuna Foundation Nepal developed in the past 12 years a cost-effective CBR and prevention program in a pilot district in Province 1, in close cooperation with local government and communities. The Government noticed the value of this program and decided to adopt it in their healthcare system.

On June 16th, 2019, Nepal's provincial government officially started the Disability Prevention and Rehabilitation Program (DPRP), focusing on:

- Strengthening existing maternal and child care to prevent birth defects, maternal and neonatal mortality and (childhood) disabilities
- Developing disability-inclusive societies by introducing a cost effective CBR program to improve access to healthcare services, education, livelihood opportunities and participation in social life for persons with a disability.

This program aims to reach 540,000 pregnant women, 800,000 children and 100,000 children / adults with a disability (plus their families) in Province 1 by 2022. To fulfil all government procedures the program needed an additional 5 months to start. The COVID-19 lockdown, however, has further delayed the implementation of the program in the field.

Nonetheless, it has brought us to understand some of the challenges that come with systemic change action:

1. Timing and pace

Changing a government system is not easily done and needs energy and momentum, strong commitment of all actors involved and enthusiasm of the team. A slow-down in scaling may lose momentum and add to the costs. Although putting local communities under some pressure to make things happen has been beneficial to success, it also puts the team under pressure to realise good results and fulfil all expectations. The current scaling strategy focuses on introducing the program in all municipalities in Province 1 before the next elections of mayors and provincial government in 2023. Hence, whatever has been agreed can be implemented under the current leadership. All mayors are keen to introduce the program in their municipalities and show good results.

2. Quantity versus quality

One of the reasons the program has been so successful is because of the "miracles" demonstrated during its pilot stage. High quality services are expected to secure the demand and interest of local societies but the scaling project may result in a partial loss of quality control. As such, there needs to be a balance between scale and quality.

3. Risk bearing versus conservative funding

The committed funds by a group of funding partners during phase 1 of the program made this scaling possible. This coordinated funding, fund raising and communication with all partners is

organised by a Dutch foundation called KarunaNL. This funding of a system change comes with many challenges. For example, the budget had to be adjusted after a careful review with the implementing partners; tangible results are also not yet visible due to the delay in implementation; phase 2 (second half of the program) is also not yet fully funded. We have to, therefore, manage the investment risks by ensuring the funding is well organised and showing good results before we approach new funders. At the same time, we are aware of the importance of keeping pace and momentum to deliver systemic change in Nepal's healthcare .

With a shared vision and drive to care for all vulnerable children and those 100,000 persons with a disability, the pragmatic and politically sensible wisdom of the team in Nepal, and the strong open relationships of KarunaNL with the funding partners, we believe we can face these challenges and approach them step by step.

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