

# Karuna*foundation*

**The scaling of innovative health care in a Public Private Partnership in Nepal.**

## **Why this program?**

While there have been strides of improvement in maternal and child health over the years in Nepal, the figures on neonatal deaths, rates of disability by birth and stunted growth are still high, as quality of health care is lacking behind. Also, an estimated 78.000 persons with a disability live in Province 1 in Nepal. They are stigmatised, considered a burden for the family and often hidden in the houses. Family members do not know how to care for them, nor do they see any potential.

In the past 12 years, the Karuna Foundation Nepal has developed a proven cost-effective program in close collaboration with the local government with the aim to strengthen the current health care system. Besides care for persons with disabilities, also the prevention of disabilities has become an important target via effective (evidence based) maternal & childcare programs. Annex 1 describes the interventions.

Good results, great enthusiasm of all stakeholders involved in the pilot district and a lobby of mayors with the provincial government, made them decide to adopt our model as a formal government program. This renamed "Disability Prevention and Rehabilitation Program" (DPRP) will be implemented in the first half of the province 1. Province 1 and a first batch of 58 municipalities committed themselves to the implementation and co-funding of € 5.4 million. Karuna Foundation will fund €5.6 million and UBS Optimus Foundations co-funds €578,000. Our ultimate aim is to have this program first been scaled to the whole Province 1, followed by the rest of the country.

## **What has been our impact so far?**





In the pilot districts we have supported over 5000 persons with a disability, while 3500 pregnant women per year receive Ante and Post Natal Care. The rate of institutional delivery increased from 77% to 99% and the issue of disability ID cards (access to social security) increased from 25 to 91%.

In the scaling of the Disability Prevention and Rehabilitation Program the following results have been achieved in 2021:

- system changes in government health care system (new policy act and cost sharing modalities)
- Provincial Government (Ministry of Social Development) took ownership for the implementation and co-funding of the program
- 58 municipalities have signed agreements, formed local management committees and allocated government funds (while another 59 are on the waiting list)
- 230 local health and rehabilitation workers (CBRF's) have been recruited and employed by the municipalities. (They are trained/supported by Karuna Foundation)
- Around 30.000 persons with a disability have been identified in locally organised screening camps in municipalities, provided with ID cards and first care at their homes by CBRF's
- During the year 2500 pregnant women are being supported to take folic acid, visit ANC and PNC and upgraded birthing clinics for institutional delivery. Also, school screening camps are organised to address ear, eye and growth problems among young children.
- The local government agreed on an exit of Karuna Foundation after 2,5 years of support in a municipality (government will continue on own accounts)
- Strengthening of H-MIS by improved data collection via our Medic Mobile program

- Collaboration with other NGO's active in Province 1 has been formalised in MOU to organise specialised care. Among others with FAIRMED (rehabilitation and medical appliances), The Foundation for children with hearing loss, Nepal Society for Comprehensive Eye Care, Centre for Autism Nepal, "Smile Train" (providing surgery for children with cleft lips).
- Cost effectivity has improved from €384 Cost/Daly averted in the pilot to an estimated €155 in DPRP (based on a first forecasting exercise with 2004 weighting rates).

The Covid-19 pandemic has challenged Karuna staff and health workers to show agility and work in those areas where possible and implement activities in smaller groups and mobile formats. Expected impact of the program is shown in table below:

			
<p><b>70% of the 16.000 children</b> with disabilities experienced an improvement in their quality of life (scores measured by WHO Quality of Life Tool).</p>	<p><b>80%</b> of the expected 108.000 deliveries/year are professionally guided in a clinic (compared to 62% in 2016).</p>	<p>From 2016-2025, amongst <b>786.000 children below 10</b> years old:</p> <ul style="list-style-type: none"> <li>• Decrease in stunting from 33 to <b>20%</b>.</li> <li>• Decrease in wasting from 12 to <b>5%</b>.</li> <li>• Decrease in underweight from 24 to <b>16%</b>.</li> </ul>	<p><b>108.000</b> pregnant women per year receive 4 prenatal and 2 postnatal check-ups. This is increased from 59% to <b>80%</b>. <b>50%</b> of expected pregnant mothers taking folic acid prior to conception.</p>
<p><b>20% of the 62.000 adults</b> with disabilities experience this improvement in quality of life</p>			
<ul style="list-style-type: none"> <li>• Death of just born babies will reduce from 21 to 14 per 1000 live births.</li> <li>• 100% of school-going aged children with a mild disability go to school.</li> <li>• 80% of all municipalities continue the programme after Karuna exits.</li> </ul>			

*\* In 9 districts the program will be implemented by the NLR foundation with a similar approach and 1 district of Ilam is already covered as pilot. Hence, we expect to reach in our program 62.000 adults and 16.000 children with a disability (out of a total of 100.000)*

UBS-OF funded an impact study, to be implemented by dr Pierre Pratley from KIT Amsterdam, to measure the outcome and output of our program in the coming years and learn during our process of implementation. A baseline survey has been implemented in 2020.

In response to COVID, Karuna developed a new strategy for the further upscaling and “transformative change” of the health care system with the following components: 1) Showing good results in the first 58 municipalities to convince all stakeholders; 2) Involvement of Federal Government; 3) Collaboration with other NGO's; 4) Involvement other NGO's for program implementation while Karuna provides technical support; 5) Focus on key-levers for change based on outcome impact study and 6) Set-up of expertise centre.

We would love to explore collaboration with your foundation to transform the lives of children and adults with curable disabilities and prevent birth defects and disabilities among children.

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## Annex 1: The Disability Prevention and Rehabilitation Program (DPRP)

Our key levers to change are:

<p><b>1. Strengthening of maternal, neonatal and child health care to prevent deaths and disabilities by:</b></p> <ul style="list-style-type: none"><li>- distribution of folic acid tablets to just married couples</li><li>- registration of pregnant women via a mobile-Health program and sending messages for ANC and PNC.</li><li>- professional support during delivery in the upgraded birthing centres</li><li>- training of local health workers on birth defects prevention and identification,</li><li>- organising school health screening camps to screen children below 10 years</li></ul>
<p><b>2. A proven cost effective CBR program, manageable and fundable by the local government with:</b></p> <ul style="list-style-type: none"><li>- door to door visits to persons with disabilities for counselling, physiotherapy and other CBR services by the new local health and rehabilitation workers, employed by local government</li><li>- assessment by multi-disciplinary team to identify rehabilitation need</li><li>- participation of family in setting rehabilitation goals, its implementation and evaluation</li><li>- support to children with a disability to enter school and inclusive child clubs and peer education</li><li>- establishment of self-help groups (providing seed capital and vocational training</li><li>- cooperation with other NGO's, hospitals and schools to organise specialised care and devices</li></ul>
<p><b>3. Adoption by the Government via:</b></p> <ul style="list-style-type: none"><li>- new directives and Implementation Guidelines by Provincial Government</li><li>- a steering committee of stakeholders of different Ministries and Karuna foundation in the province</li><li>- responsibility of local government for plan, implementation, budget and success (in agreement)</li><li>- local program management committees-to steer progress and results</li><li>- introduction of mobile technology and set-up of MIS with health posts</li><li>- training &amp; Resource Centre to share information/knowledge on disability prevention and rehabilitation</li><li>- strengthening the role of DPO to raise the voice of the persons with disability in the future</li><li>- tri-partite co-funding (2 years) and support by Karuna for 3 years in 117 municipalities.</li></ul>
<p><b>4. Collaboration among NGOs</b></p> <ul style="list-style-type: none"><li>- Combining forces and resources to achieve our shared aim of giving people in rural Nepal quality healthcare services within their own communities and innovate solutions in rural healthcare</li><li>- Referring persons in need of specialised care to other NGO's or district hospitals</li><li>- Supporting NGO' in collaboration with the government</li></ul>

See our movie on the results in the pilot district of Ilam: <https://youtu.be/AreZ5-haErs>