

# KarunaNL *foundation*



Annual report 2022

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# 1. Introduction

The KarunaNL Foundation is supporting the Karuna Foundation Nepal (KFN) with the introduction of the Disability Prevention and Rehabilitation Program (DPRP) in Nepal in 58 communities in Koshi province (formerly called Province 1).

There is still little focus on preventing birth defects and caring for people with physical and mental disabilities in Nepal. Although the government has good legislation on care for people with disabilities, there are no programs to help the people. Too many children are born with disabilities (6%), these children are stigmatized, hidden by their families out of shame, and they hardly receive medical care and education and have no chance to live a full life. Based on government figures, we estimate that there are 420,000 people with disabilities in Nepal.

To show that things can be done differently, a small-scale project based on what is known as "Community Based Rehabilitation" was started in the Ilam district in 2014. Karuna Foundation Nepal developed the Inspire2Care program together with the local government and with support from the Netherlands. In 2019, the success of this program and the accumulated knowledge and experience formed the basis for a major new government program in Province 1 and 58 municipalities, the "Disability Prevention and Rehabil-

itation Program" (DPRP). In 2023, based on lessons learned and amended This program has the following goals: 1) To prevent physical and mental disabilities in new-borns and schoolchildren; 2) To improve the care and rehabilitation of children and adults with physical or mental disabilities so that they can participate again in the social life of their local community and 3) To strengthen the local (care) system so that local governments can continue the program sustainably.

The municipalities implement the program and Karuna Foundation Nepal provides training, advice, co-financing, and support in implementation with the goal that they continue this program independently after 3 years. The program has three unique characteristics: (1) integrality: prevention is linked to rehabilitation, which is not limited to the physical but also extends to the social domain, (2) "community-based": the core of the activities is as close as possible to the target group, the people in neighborhoods and villages, and is carried out together with them and (3) co-financing: the funding is shared between Karuna Foundation Nepal and local and provincial governments. Karuna Foundation co-funds for 2 years only, provides advice and support for the third year, and then the local and provincial governments continue the program themselves. In summary: integral, "community-based," and temporarily co-funded. An ambitious program



with a mission to strengthen the healthcare system in Nepal in a few years to provide long-term better life opportunities for children and adults with disabilities.

The DPRP is implemented in Nepal's easternmost Koshi province with its capital at Biratnagar. This province has a population of 5 million and stretches from Mount Everest in the north to near sea level on the border with India. It is home to 60,000 people with disabilities. Because of this geographical variation, Province 1 can be a model for Nepal as a whole. This same variation presents a challenge for the project; the approach must be different in the high mountain villages than in the lowlands or the neighborhoods of the big city. At the same time, this variation provides opportunities to learn from different experiences. This is important for the rollout across the country.

## 2. Reflections on the year 2022

In 2022, we are halfway through the first phase of program implementation and good outputs become visible. In the past two years, the Karuna Foundation has invested a lot in training and coaching municipal officials and health workers, which was evident in the good results in terms of "system strengthening" and reaching people with disabilities. It was often mostly about the process: how many children were reached, rather than the outcome: how many children were helped. In the last half of 2022 and the first 3 months of 2023, the program visibly changed the lives of 30,000 people with disabilities, because good care and aids were provided at that time, and/or people were helped with assistive devices and medical intervention. The figures and infographics in this annual report will show more detailed results. With funding from the UBS-Optimus Foundation, a midterm "impact study" will



be conducted by KIT Amsterdam starting June 2023. It will provide an objective first picture of the actual impact of the program and offer insights on how to further optimize the program. Starting July 15th, 2023, the financial support by Karuna stops in the 58 municipalities and they will continue the program independently with co-financing from the province. The way they will continue is another good test for the sustainability of the program.

The board of the KarunaNL Foundation made a trip to Nepal in March 2022 and visited several communities to see and hear for themselves how the program is implemented and appreciated. The impressions were very positive. It led to discussions on how to make the program accessible to all children with disabilities in Nepal. Together with the management in Nepal, we discussed possible scaling-up strategies and ways of starting the program in the other half of the province. Full replication of the DPRP Phase 1 is both financially difficult to achieve and conceptually not very sensible. Karuna Foundation Nepal now has developed a plan for implementing the program in the 2e half of the province, the so-called DPRP 2.0. In this plan, "lessons learned" have been incorporated and efficiency gains have been made, making the program feasible, affordable, and scalable in the eyes of the team in Nepal. In June



the board of KarunaNL issued a letter with a conditional commitment for funding this DPRP 2.0 to the director and board of Karuna Foundation Nepal. This commitment made it possible for the Nepali Government to allocate its part of the funding before the start of the new fiscal year on July 15th.

In addition to this DPRP 2.0, Karuna Foundation Nepal is in discussion with UNICEF Nepal to implement a modified DPRP, under the banner of UNICEF, in Provinces 2 and 7 with a focus on children. By early 2023, Karuna Foundation Nepal has become a formal partner of UNICEF Nepal.

The federal government also started showing its interest in the program. It has decided to include two of our program components namely the distribution of folic acid and "birth defect screening" in the national health care system starting in

2024. The federal government also announced its intention to start CBR programs in other provinces as a pilot.

Interest in the program from NGOs from other parts of the world is increasing. For example, the large NGO Friendship Bangladesh visited Karuna Foundation Nepal with a delegation of the team to learn from their methods and experiences so that they can start a similar program in Bangladesh. Congo is also learning from our experiences in a pilot program. An exchange program is planned for the fall of 2023 with an NGO in Uganda.

In short, very good developments. This summer will reveal how and where the program will be anchored and continued so that we can prevent thousands of disabilities and provide tens of thousands of people with disabilities with sustainable care and access to a dignified life.

**We thank all our funding partners for their support and confidence in the Karuna Foundation. They have made this success possible.**

*Annet van den Hoek,  
director KarunaNL foundation*



### 3. Results achieved

The main results for the program's three components through March 15, 2023, are summarized below. These are prevention, community-based rehabilitation, and system strengthening. The latter focuses on the sustainable embedding of the program in the government system and local NGOs involved.

#### **Prevention program results (cumulative by year).**

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**6813 women** took folic acid before conception.

**23288 pregnant women** took it in the first 3 months after conception.

**32867 pregnant women** were registered in the M-Health program and received "Healthy Pregnancy" information.

**23043 pregnant women** received ultrasounds from trained nursing staff.

**26361 women** gave birth at the local birthing center.

**28302 babies** were screened for birth defects through our program.

**181 babies** were diagnosed with birth defects.

In 59 of them, we were able to prevent disability through early intervention (such as for harelip, and clubfoot).

**91,065 children** (under 10 years of age) were screened through school health screenings. 3771 of them had hearing, vision, or other problems that could lead to disability. Meanwhile, 1156 children already received glasses, hearing aids, and other devices.

#### **Results CBR**

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**27,502 people** with disabilities (4,562 children) were identified and received government identity cards (plus a monthly allowance).

**5189 people** with disabilities (498 children) received assistive devices (wheelchairs, crutches, etc.)

**2810 people** with disabilities (776 children) received medical assistance.

Meanwhile, 542 of them attend school and 361 receive some form of homeschooling. We expect 2000 fathers or mothers of these children are members of self-help groups.

**9321 people** with disabilities or their family members joined a Self-Help "Mulijuli" group and received training and a loan to start income-generating activities. There is now a total of 520 of these Mulijuli groups. In addition to providing a source of income, these groups also provide a social life.

#### **Strengthening the system**

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**10 municipalities of Ilam and 1** municipality of Sunsari district (Barahkshetra Prototype) continued the program after Karuna's departure (2 years).

**58 municipalities** (Phase 1) are managing the program and accounts and can continue the program without KFN in July 2023.

**In each municipality**, "Organization of Persons with a Disability" OPDs have been set up to advocate and lobby in their municipality.

**The provincial government** adopted two new policies to strengthen the program: 1) funding for the OPD and 2) the set-up of a help desk.

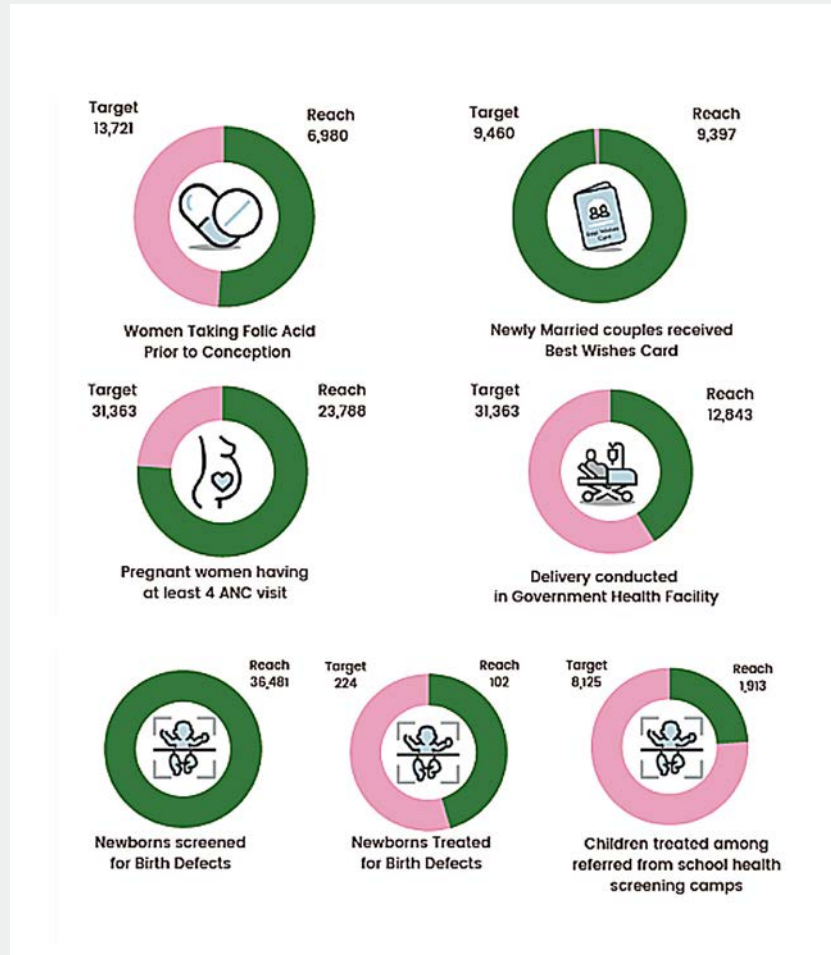
**Lobbying the federal government** resulted in 1) the approval of folic acid distribution and birth defect screening in the national policy provided free of charge (starting 2024).and 2)the funding of CBR programs in Provinces 5 and 6, besides Province 1)

**Partnership with UNICEF Nepal** aiming to launch the program in 6 municipalities in provinces 2 and 7. Collaboration and knowledge sharing on how the program works with FAIRMED in Nepal, and Friendship in Bangladesh

The major outputs of the program till March 15th, 2023 are illustrated in the infographics below.

## Prevention and early treatment

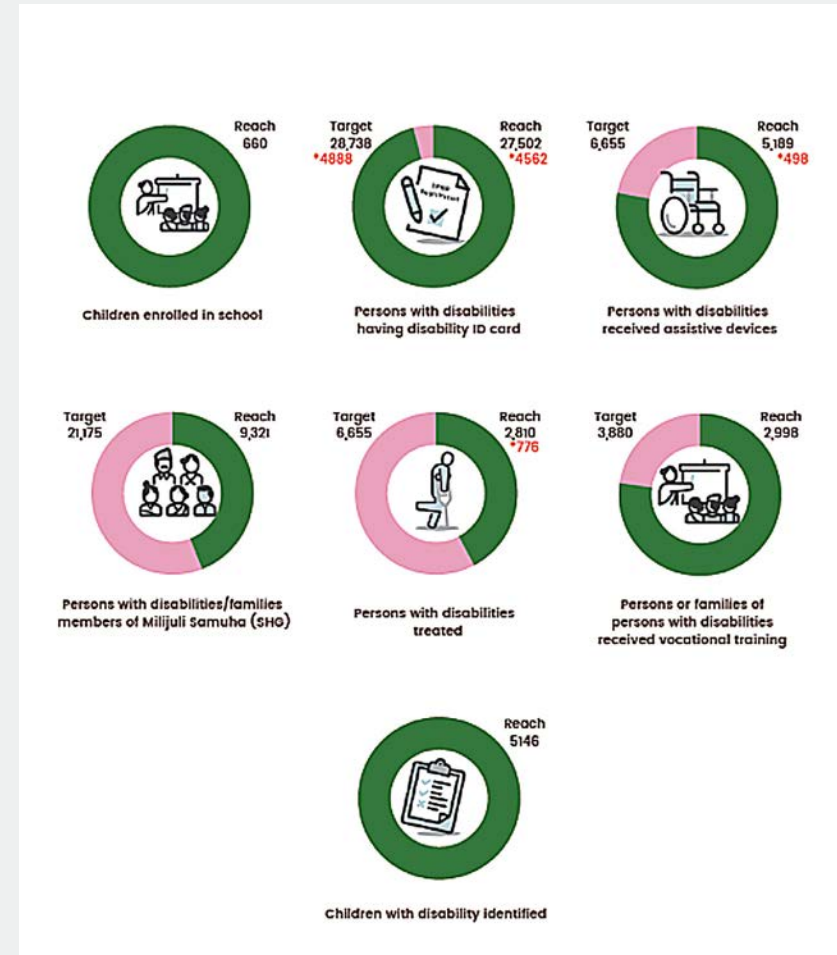
total achieved result



The first four circles under Prevention are targets set by year, while the others are cumulative since the start of the program.

## Rehabilitation and Inclusion

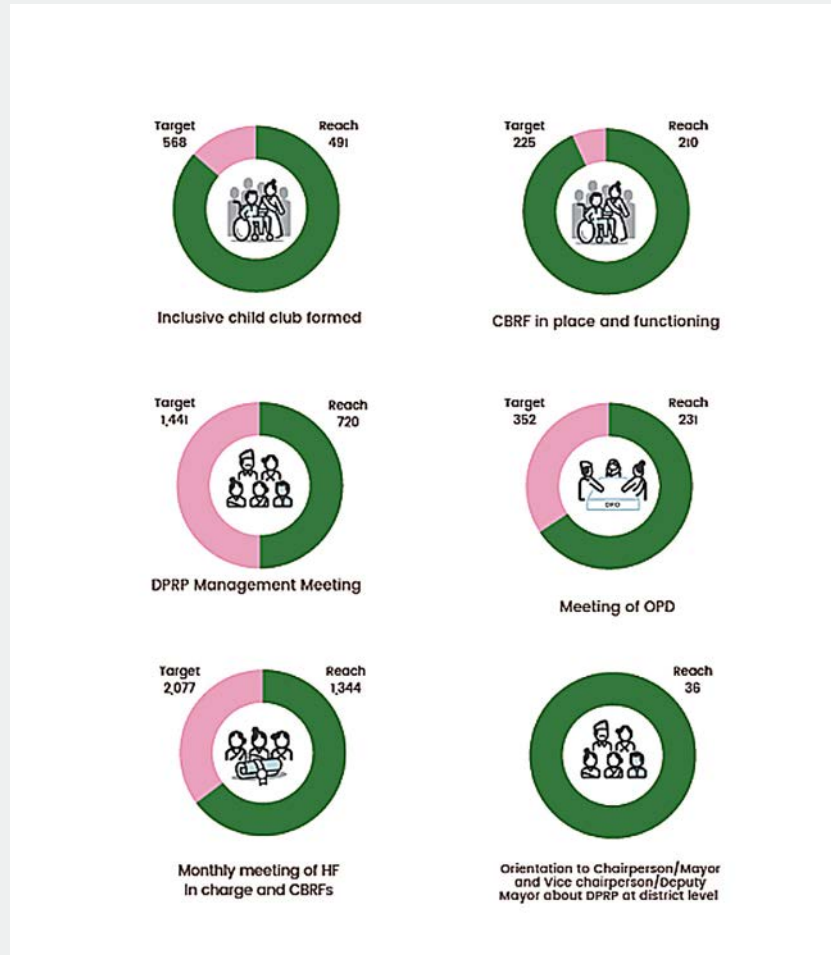
total achieved result



The major outputs of the program till March 15th, 2023 are illustrated in the infographics below.

### Strengthening (care) systems

total achieved result





## 4. Stories from the field

On the basis of a number of photos and stories, we give an idea of what the program brings about.



Geeta Thapa approached the local health center in Aamchowk township when she was 5 months pregnant. Since that time, she received her pregnancy check-ups and decided with her husband to also give birth at the local health center. At birth, the midwife - trained by Karuna ("skilled birth attendance") - saw that the baby had a harelip. She reported this to the Karuna Team in the district, who put the baby's parents in touch with the organization "Smile Train." This NGO aims to correct harelips in children to prevent disabilities. They advised the parents to wait until the child was 3 months old and then successfully treated the girl (see photo on the left). She now drinks from her mother's breast and is growing well. The parents are immensely grateful.



The girl Rupa is 2 years old and born with physical and mental disabilities. She lives in the Dhankuta district. Her parents received a red disability ID card through the DPRP and receive €20 per month from the government. This is the first time they have received recognition and attention for their disabled daughter from the government. They are happy with the visits and help from the CBRF. In addition, they received a wheelchair so Rupa can sit in the yard during the day while her parents work on their farm and can now give more attention to their oldest child. Rupa is fascinated by her mother's phone.

Meera has a clubfoot, no family left, and tried to sustain herself by starting a small shop by the roadside. Through our program, she has now got an ID card and joined a self-help group in her village, which has enabled her to get a loan to expand the range of products in her shop. Karuna Foundation convinced the local management committee to also give her extra help in improving the construction of the shop. As a young woman living alone in the village, Meera is vulnerable. By making her successful as a small entrepreneur and giving her positive attention in the local community the Karuna team believes she will be helped with social control and status.



43-year-old Ranjita Kumari Dutta lives in Duhabi, a village in Sunsari Municipality, with her husband and 2 daughters. The CBRF came across her at the Disability Assessment Camp. She was diagnosed with a speech impediment. During the camp, she received the Blue Disability Identity card (and thus a € 6/month allowance from the government) With the help of the DPRP program and the OPD in her village, she expanded her small business to include a beauty salon. In addition, she received a loan for a sewing machine through the Self-Help group she joined. Now she earns € 140 a month.

These women have been employed by the municipality since the start of the program as CBRFs (community based rehabilitation facilitators) and have been trained by the Karuna Foundation. This is a picture of the Refersher Training in Sankwasawa District. They go door to door to track down people with a disability, make sure they get an ID card (and with it a government allowance) and provide them with good care. They arrange the resources, education, training and/or access to self-help groups or medical interventions. Indira, one of the CBRFs, said that her biggest motivation is that in her own community she can actually help these people to participate in the local community again.

## 5. The organization

The program is run by the Karuna Foundation Nepal. This foundation has a Nepali board, consisting of prominent leaders and doctors from the country. This board oversees an enthusiastic team of 70 people in Nepal, led by two very committed Nepali directors, Deepak Sapkota and Yogendra Giri.

To support the activities of the Karuna Foundation, a foundation with ANBI status has been established in the Netherlands under the name KarunaNL. The funding from all funding partners is coordinated and sent via KarunaNL Foundation to Nepal. This foundation looks after the interests of the Dutch donors by supervising the responsible spending of their donations and good reporting. This foundation also recruits new donors. Agreements have been made between Karuna Nepal and KarunaNL about regular reports on content and financial matters and about adequate control, about which the Dutch donors are

subsequently informed. For this complex project, a good balance between control and efficiency has been found. Karuna NL sees its role, by the way, not only as controlling but also supporting the directors Deepak and Yogendra with challenging questions like approaches for nationwide scaling, sharing knowledge and experience via a learning center, new partnerships with NGOs in Nepal and UNICEF, and other matters.

The partner organizations in Nepal are the provincial government and all 128 municipalities (10 in Ilam, 58+1 in DPRP phase 1, and 59 in DPRP 2.0). In addition, Karuna Foundation Nepal started a collaboration with local NGOs for 1) complementary care and 2) support in collaboration with the government and further scale-up. The first group includes organizations such as Smile Train Nepal (harelip surgery), Biratnagar Eye Hospital, Global Fund for Children with Hearing Loss, Center for

Autism, Koshi Nepal for psychosocial counseling, and Medic Mobile. Partners working together in further scaling up the program are UNICEF Nepal and FAIRMED. For the latter, Karuna Foundation Nepal has a coordinating role in implementing their program in two districts.

**The provincial government** has designated the Ministry of Social Development to implement the CBR program, while the prevention components are run by the Ministry of Health. They have set up a Steering Committee, established guidelines for implementation, agreed on funding modalities, and selected the municipalities to start each year. The Steering Committee manages the implementation of the program, advises the Ministry of Economy and Planning on budget allocation, develops the Health Management Information System (H-MIS), and ensures that funds are transferred on time. In doing so, they mobilize local leaders and health institutions to work well together.

**Municipalities** are responsible for implementation and success. The elected mayors play an important role in this. Municipalities determine the quality of care, hire and manage CBR facilitators, and manage the local finances of the program. After two and a half years, they continue the program with their funds, when the support from Karuna stops.



## 6. Plans for the future



Plans include the following components:

- 1. Advice and support for the implementation of the final year in 1 DPRP** phase 1 in 58 municipalities. Karuna Foundation will stop co-funding in these municipalities from July 2023 and is focusing its activities this last year on advice and support, so that the program can be continued independently by the municipalities in 2024.
- 2. Support and co-financing the implementation of DPRP 2.0 in Koshi Province and the remaining 59 municipalities.** The emphasis is on the implementation of the CBR so that active work is done in each village to identify, help and assist children and adults with disabilities. In addition, simple but highly effective activities aimed at the prevention of disabilities are implemented.
- 3. Start of a national knowledge center (K&E lab)** for other provinces or villages that want to implement the DPRP. All experiences gained in the first phase, along with "fine-tuning," will be compiled and made public in DPRP 2.0, including through portals, apps, booklets, and training. Some districts will experiment with forms of technical assistance and "knowledge sharing." What forms of knowledge sharing are

effective, who should be trained, and how best to access knowledge and support in areas far from the big city and with poor connectivity? The findings will be used in the final design of the national DPRP Knowledge&Evidence Lab.

- 4. Cooperation with UNICEF Nepal.** In a pilot in 6 communities in Provinces 2 and 7, Karuna Foundation Nepal will support UNICEF with the implementation of the DPRP. This program focuses on children and pregnant women. Upon successful implementation, UNICEF plans to lobby the federal government to implement this program at the national level.
- 5. Lobbying for embedding in national programs** for a successful rollout, it is essential that the concepts of prevention and rehabilitation be embedded in national programs and the thinking of those shaping social and health care in society. We call this "advocacy and lobbying." Karuna Foundation Nepal has already convinced the federal government to make folic acid distribution and birth defect screening part of their health care policy (starting in 2024). Also, the federal government allocated funding to start a pilot with CBR in provinces 5 and 6, besides their co-funding in Koshi Province.

Collaboration with the federal government, UNICEF, national lobbying organizations, and OPDs (organizations of people with disabilities) is crucial for this to succeed.

- 6. Knowledge sharing with NGOs abroad.** In addition, Karuna Foundation Nepal will use the lab to accommodate requests from other NGOs in Bangladesh, Congo, and Uganda to learn from Nepal's approach and insights to launch CBR programs in their own countries.

The funding for the DPRP 2.0 has not yet been finalized. As mentioned earlier, a decision on a possible launch of the DPRP 2.0, the K&E lab, and the collaboration with UNICEF, by Karuna Foundation Nepal and the Provincial Government will be made in July. We envision shifting more responsibility to Karuna Nepal in DPRP 2.0. Detailed financial statements will then not be needed, nor 4 months' progress reports at a detailed level. The emphasis will be on a more lump-sum-like form of support and annual reporting on a limited number of key indicators. Moreover, it is our wish to have our counterpart, the board of Karuna Nepal, play a greater role.

# 7. Risk management

Karuna is aware that implementing and scaling up the program is a challenging process. It requires collaboration among multiple stakeholders in a local political context. We expect the following challenges and risks and have determined several risk mitigation measures.



## Potential risks

Political changes (next elections) or replacing key individuals (politicians, officials) within ministries and municipalities.

Political issues and conflicts of interest with partners

Delayed funding from local partners

Shortage of funding

Financial management

Delayed implementation

Insufficient care capacity for the growing demand for specialty care

Loss of quality due to scaling up

## Measures

Program institutionalization (policy, legislation, funding modalities, steering committee, three-year agreements)

Karuna Nepal's strong network. Cooperation with NFDN and DPOs strengthens local lobbying and government control.  
Signed agreements for co-financing and financial management & control systems for all three parties.

Fundraising by KarunaNL and Nepal. Adjustment of plans.

Careful financial management by the director and highly engaged KarunaNL board.  
Reserves budgeted for changing exchange rates and unexpected costs.

Plan for scaling up with various 'routes' to increase government capacity.

Collaboration with partner organizations that can provide complementary care.

Focus on core values of good care and operational management information system to monitor implementation.

Team agility, adapting plans and strategy in response to new circumstances and opportunities.

# 8. Financial report and notes

## Karuna NL - Overview income and expenditures phase 1 (in Euro's)

	Actual 2019	Actual 2020	Actual 2021	Actual 2022	Budget 2023	Budget 2024	Total
<b>Income</b>							
Ineke Feitz Stichting	535.000	300.000	535.000	200.000	216.747	-	1.786.747
Stichting Perspectief	535.000	300.000	535.000	310.000	106.747	-	1.786.747
Stichting Weeshuis der Doopsgezinden	535.000	300.000	535.000	200.000	216.747	-	1.786.747
Stichting Hofstee	-	100.000	100.000	100.000	-	-	300.000
Onno van de Stolpe	-	50.000	50.000	50.000	50.000	50.000	250.000
Kinderfonds Dusseldorp	-	25.000	15.000	15.000	15.000	15.000	85.000
Stichting Equilibrio	-	-	15.000	15.000	-	-	30.000
Stichting 't Bosje	-	-	25.000	13.954	-	-	38.954
Cornelia Stichting	-	14.000	-	-	-	-	14.000
Stichting True Blue	7.000	-	-	-	-	-	7.000
Stichting Maha Mata	919	-	-	3.223	-	-	4.142
Quatfass	-	-	-	25.000	-	-	25.000
Afas foundation	-	-	-	-	25.000	-	25.000
Overige	-	85	1.496	970	2.000	-	4.551
ProVictimus *	-	100.000	190.000	-	10.000	-	300.000
<b>Total income Karuna NL phase 1</b>	<b>1.612.919</b>	<b>1.189.085</b>	<b>2.001.496</b>	<b>933.147</b>	<b>642.241</b>	<b>65.000</b>	<b>6.443.888</b>
Covid-19 emergency aid	-	23.312	-	-	-	-	23.312
<b>Total income Karuna NL</b>	<b>1.612.919</b>	<b>1.212.397</b>	<b>2.001.496</b>	<b>933.147</b>	<b>642.241</b>	<b>65.000</b>	<b>6.467.200</b>
<b>Expenditures</b>							
DPRP phase 1 - Karuna NL	-617.118	-1.294.795	-2.132.536	-1.243.846	-1.317.780	-374.364	-6.980.439
<b>Total expenditures Karuna NL phase 1</b>	<b>-617.118</b>	<b>-1.294.795</b>	<b>-2.132.536</b>	<b>-1.243.846</b>	<b>-1.317.780</b>	<b>-374.364</b>	<b>-6.980.439</b>
Covid-19 emergency aid	-	-23.312	-	-	-	-	-23.312
<b>Total expenditures Karuna NL</b>	<b>-617.118</b>	<b>-1.318.107</b>	<b>-2.132.536</b>	<b>-1.243.846</b>	<b>-1.317.780</b>	<b>-374.364</b>	<b>-7.003.751</b>
<b>Total income -/- expenditures Karuna NL phase 1</b>	<b>995.801</b>	<b>-105.710</b>	<b>-131.040</b>	<b>-310.699</b>	<b>-675.539</b>	<b>-309.364</b>	<b>-536.551</b>

## Annex 1 Budget overview 2023 (2022) (in Euro's)

	Budget 2023	Actual 2022	Budget 2022	Actual 2021	Budget 2021	Actual 2020	Budget 2020	Actual 2019	Budget 2019
<b>Income</b>									
Income from own fundraising	642.241	933.147	820.000	2.134.251	2.000.000	1.212.397	1.935.127	1.612.919	1.764.215
<b>Total income</b>	<b>642.241</b>	<b>933.147</b>	<b>820.000</b>	<b>2.134.251</b>	<b>2.000.000</b>	<b>1.212.397</b>	<b>1.935.127</b>	<b>1.612.919</b>	<b>1.764.215</b>
<b>Expenditures</b>									
To spend on objective	1.216.125	1.151.188	999.409	2.164.186	2.756.784	1.216.687	2.679.453	516.733	1.644.338
Costs own fundraising	42.803	36.512	45.726	26.465	46.306	29.985	47.347	29.977	50.991
Costs management and administration	58.852	56.147	73.087	74.640	75.103	71.435	62.127	70.408	68.886
<b>Total expenditures</b>	<b>1.317.780</b>	<b>1.243.846</b>	<b>1.118.222</b>	<b>2.265.291</b>	<b>2.878.193</b>	<b>1.318.107</b>	<b>2.788.927</b>	<b>617.118</b>	<b>1.764.215</b>
<b>Result</b>	<b>-675.539</b>	<b>-310.699</b>	<b>-298.222</b>	<b>-131.040</b>	<b>-878.193</b>	<b>-105.710</b>	<b>853.800</b>	<b>995.801</b>	<b>-</b>



At the start of the DPRP in 2019, funds had been secured from three major Dutch funders and the UBS -Optimus Foundation to roll out the project in half of Province 1 together with funding from the Nepalese governments. In practice, this meant that 58 of the 117 municipalities (villages or districts that form a political unit, so-called palikas) could participate. The first phase of the DPRP had a duration of 4 years. For this phase, a total budget of 1,622,128,140 Nepalese rupees (€ 12 million) was agreed upon between Karuna Nepal and Karuna Netherlands in 2021. From Nepal, 710,992,755 rupees (€ 5.27 million) were contributed, and Karuna Netherlands committed 838,701,000 rupees (€ 6.2 million). So, a deficit of € 553,000 remained at the time. It was expected

that by taking efficiency measures during the life of the project, by acquiring additional Dutch donors, and by currency gains this deficit would disappear.

We can now conclude that we have indeed succeeded in connecting new donors to the project. This leads to total funding of € 7,104,743. In addition, cost-saving measures have been taken in Nepal. Together with the development of the exchange rate, this previously led to, that the deficit decreased. However, due to the delay in the implementation of activities by Corona, it was decided to extend the end date of the program by one year (July 2023- July 2024). The cost for this additional year (€ 885,000) is largely financed by

cost savings. All of this adds up to a shortfall in Phase 1 funding of € 637,000. However, if we launch DPRP 2.0 in July 2023, this deficit will be reduced to € 121,000. We can then divide the cost of personnel in 2023-2024 between DPRP Phase 1 and DPRP 2.0, and we do not need to reserve exit costs in that case either. Moreover, last year we found some new funders again for phase 1.

In 2022, a catch-up was made to make up for the delay in operational activities and related expenditures. Of the budgeted program costs of € 999,409, even more was spent, namely, € 1,151,188. Partly for this reason, instead of the expected drawdown from accumulated reserves of € 224,048, an amount of € 310,699 was spent. These reserves had arisen due to delays related to Covid and the delayed start of the program.

Annex 1 shows the development of the budget for the overall DPRP program and its realization through 2022.

Costs for Karuna NL are 2% (fundraising) and 5% (management costs) of total program costs in 2022, which is in line with our target.





## **Fundraising strategy**

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KarunaNL works with a group of highly valued donors, most of whom have committed to multi-year funding for DPRP Phase 1. In 2022, we were able to secure several new funders for DPRP Phase 1.

In 2022, we approached our current funders asking if they would also fund the next step in implementation, namely the DPRP 2.0. To make this plan fundable and ease the burden on current funders, we have found three new "funding partners" (> € 1 ton/year), in addition to several smaller donors. In May, KarunaNL will decide on possible funding for DPRP2.0. This time in the

form of a lump sum. Then the decision lies with Karuna Foundation Nepal and the partners: the province and municipalities on their share of funding and the start in July 2023.

## **Forecast 2023**

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KarunaNL expects to spend €1.216 million on program costs for DPRP Phase 1 in Nepal in 2023. This includes the extension from July to Dec 2023, during which only advice and support will be provided by KFN staff. Implementation costs will then be fully funded by municipalities and the province.

If DPRP 2.0 is launched, activities related to preparations, recruitment of CBRFs, and training in the municipalities will start in July 2023.

In line with a possible lump sum funding, KarunaNL also wants to revise its mode of management. More tasks will be transferred to Nepal and KarunaNL's role will be limited to reporting and communication with funding partners. This is also possible because Karuna Foundation Nepal has brought its (financial) reporting in line with our expectations over the past years.





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