

Karuna*foundation*

Annual Report Karuna NL Foundation
2024.



Amsterdam, April 2025

1. From the Chairman

By the year 2024, the "Disability Prevention and Rehabilitation Program" DPRP will be implemented in all 136 of Koshi province's 137 municipalities. Only 1 municipality has decided to continue care on its own. In July, we started introducing the program in the last 30 municipalities. In doing so, we achieved an important goal.

The program includes both disability prevention and rehabilitation of people with disabilities. The numbers of people we reach are now large. As part of the prevention program, 12,000 pregnant women a year receive better education and counselling. Also, by January 2025, 25,700 babies were screened for birth defects and 110,000 school children were screened for disabilities. They received aids or care as needed. In the rehabilitation program, 4,640 children with disabilities are cared for. They receive care, aids and, if possible, a future perspective. In addition, 60,000 adults with disabilities are part of the program. They too receive care, opportunities for a source of income and contact with peers. From a fledgling beginning in Ilam district, disability prevention and attention has then spread like an oil slick across a province of 2.5 million people. An amazing result.

This care is sustainable. All municipalities in the province have adopted the program, both managers and caregivers have been trained, work processes are organized, and budgets are allocated annually. But most importantly, mayors and local communities are satisfied with the results of the program and proud of what they themselves are now achieving. People with disabilities are no longer hidden away and stigmatized, but are seen as members of the community, who also generate a source of income and/or can go to school.

Over the past year, Karuna Foundation Nepal has again organized its implementation more efficiently and effectively. The district offices have been abolished, and in their place, the Karuna Foundation Nepal (KFN) now works with one coordinator per two municipalities. Because of this the staff of KFN is closer to the implementation and can offer better support. The municipality has also appointed a data manager who registers all information of people with disabilities during the assessment camps. This now saves Karuna a lot of work. In addition, in close consultation with the municipalities, it was decided to significantly reduce the number of health workers (CBRFs) (from 235 in DPRP phase 1 to 151 in DPRP 2.0). This is to keep the program affordable for the municipalities in the long run. Now we see an average of 2.5 CBRFs per congregation. In addition to home visits, assistance by CBRFs has now become more demand driven. People with disabilities or their family members have the CBRF's phone number and know how to reach her when they need a question or care. Also, every municipality has a "help desk" where a staff member (with a disability) can give advice. Deepak and Yogendra, the directors in Nepal confirm that the quality of care has remained adequate with this new approach.

Over the past year, Karuna Nepal has regularly invited a minister "into the field," both from the provincial and federal governments, to bring the program to the attention of politicians and to show what the program brings about. The team also lobbied hard for the program at the ministries in the capital, Kathmandu. This has yielded results. Karuna Nepal is now in talks with three new provinces about introducing the DPRP. The Federal Government in this wants to co-finance as the 4th partner. The province of Karnali is the most advanced. They have drafted a policy act, allocated funds and wanted to start in July in 14 municipalities (2 districts). Karuna Foundation Nepal is discussing the terms and conditions, and we are in talks with a potential new donor who can help realize this expansion.

In the meantime, DPRP is becoming more firmly embedded in government institutions. For example, DPRP is included in the "16th Five-Year National Plan 2024/25-2028/29." But the Ministry of Women, Children, and Senior Citizens (MoWCSC) has also established a steering committee and allocated budget for the launch of DPRP in the 3 new provinces. There are also new policies for "birth defect screening," for the distribution of folic acid, and for "school health screening (Ministry of Education). All thanks to the work of Karuna Foundation Nepal. Deepak has also been asked to help develop guidelines for dealing with autism.

The program is also gaining attention internationally and the approach is being adopted by other NGOs. Karuna Nepal received visitors from Ethiopia, Sierra Leone, Kenya and Uganda in March 2025, there was a first meeting of the DPRP Alliance of cooperating NGOs from DR Congo, Kenya, Bangladesh, Tanzania and Nepal, which was also attended by Deepak and Yogendra on behalf of Karuna. These NGOs intend to adopt the DPRP approach and adapt it to the local context. The alliance aims to exchange knowledge, new insights and materials.

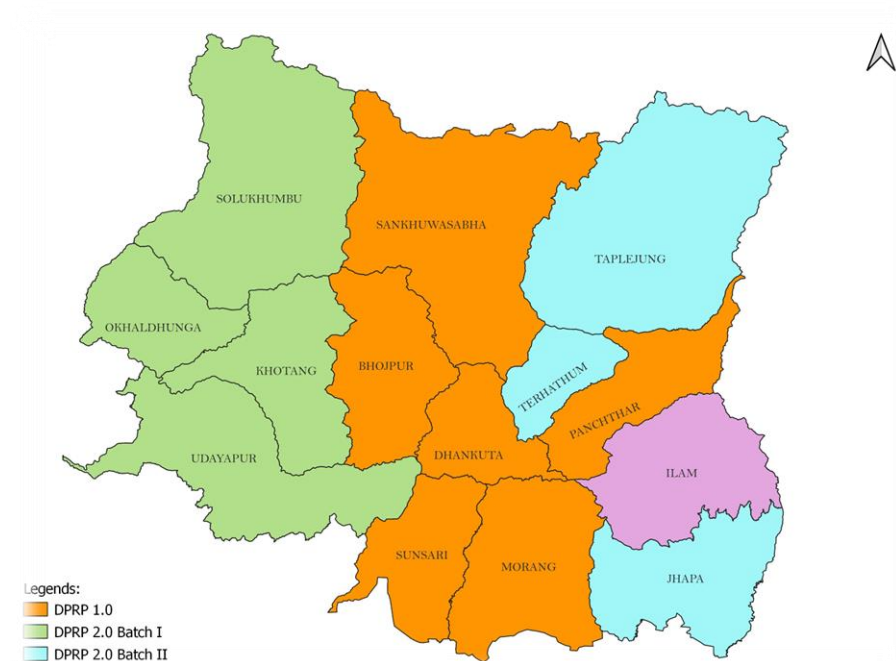
For KarunaNI, 2024 was a transitional year in the cooperation with Nepal. We decided to steer more remotely and agreed on only 2 moments of reporting. One in September, where the board discusses progress based on a number of Milestones and the other in November during the annual donor meeting, where Deepak and Yogendra give a presentation on results and developments. We also decided to organize the funding according to pre-agreed annual amounts. We abolished the position of our director Annet van den Hoek. We asked her, as coordinator, to assist the board in communicating with the team in Nepal and with donors, and to help with reports. This worked well last year, and we have decided to continue this in the coming year.

I conclude by expressing our great thanks to the donors, both the "faithful" donors who also started DPRP 1.0 with us and also the new donors of the DPRP 2.0, who were willing to commit to the project for 4 years. I cannot conclude better than to reproduce here the year 2024 report of Karuna Nepal. We hope the content speaks for itself.

Also, on behalf of Charles Nijman, member of the board,
Geert Blijham, chairman

2. Results and progress of DPRP by Karuna Foundation Nepal (through Jan 2025)

In this chapter, we first report on developments and results in the DPRP Phase 1 program. In the Koshi Province map below, that area is shown in orange. The 58 municipalities have continued the program independently since July 2024 (following the exit of the Karuna Foundation). Next, we present the results of DPRP 2.0 which is two-step implementation. The first 34 municipalities started implementing DPRP 2.0 in 2023 and the remaining 30 municipalities started the program in July 2024. Ilam is the pilot district which is already continuing independently since 2020.



Results and continuation of the DPRP phase

Of the DPRP Phase 1 program and the pilot program in Ilam District, 72 of 73 municipalities have continued the program without Karuna support. The Sundarharaicha municipality from Morang District has decided to continue the program without provincial support with its own budget.

An important indicator of the success and appreciation of the program by the local community, municipalities and province is their willingness to continue the program independently. They have allocated a total amount of €1,150,111 for this purpose in 2024-2025. In 2024, the federal government also pledged a contribution for the first time:

Continuation DPRP phase 1

Budget Allocated -72 municipalities

Name	Amount 2022/023	Amount 2023/024	Amount 2024/025
Provincial	€ 475.240	€365.140	€269.316
Federal	-	€35.045	€49.645
Municipal	€475.240	€825.125	€831.150
Karuna	€475.240	-	-
Total	€1.425.720	€1.225.310	€1.150.111

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Karuna foundation Nepal
Saving children from disability, and by one

An important lesson in the continuation of the DPRP Phase 1 is that Karuna Foundation Nepal must continue to lobby the province strongly and that the National Federation of Disabled-Nepal and Organizations of Persons with Disabilities were important partners in this. It also became clear that the municipalities wanted to continue with an average of half of the CBRFs in order to keep the program affordable. By making care more demand-driven and using technology (such as an app and the portal) for CBRFs, Karuna Foundation Nepal aims to maintain the quality of care. Karuna Foundation Nepal has also realized that a limited form of support in DPRP phase 1 remains necessary even after Exit. It has made 4 staff members available part-time for this purpose. Support is especially needed in planning and budget allocation in the municipality. But also, municipality coordinators and CBRFs can request help with major issues of care.



Exit ceremony in Temkemayang municipality.

Implementation DPRP 2 .0 in Koshi Province.

The implementation of the DPRP2.0 takes place in two steps (batches): Batch 1 (green area in the map) includes 34 municipalities and batch 2 (blue area) the last 30 municipalities. We present below the main results of the DPRP 2.0 in 64 municipalities for both the Prevention program and the Rehabilitation program:



A newly wed couple receives the Best Wishes card with information on family planning and healthy pregnancy.

Prevention

823 newly married couples	received "Best Wishes" cards with information on pregnancy planning and folic acid tablets to prevent birth defects
573 women of childbearing age	Received folic acid tablets before conception from health facilities.
3,008 pregnant women	were given folic acid tablets after conception.
3,664 newborns	were screened for birth defects, identifying 21 cases. Of these, 16 were already receiving treatment (e.g., for clubfoot and harelip) .
11,845 school-age children from Early Childhood Development (ECD) to grade 5	were assessed for possible disabilities particularly in vision, hearing or growth. Among them, 264 children were identified. They received a referral and/or treatment.



Assesment Camp in Rawabesi



Homeschooling Lhiku

Community-Based Rehabilitation DPRP 2.0

Until mid-January 2025, the program reached 29,884 persons with disabilities, including 4,639 children, in 64 municipalities. The main results in these 64 municipalities during the reporting period from mid-July to mid-January 2025 are presented below. Of the 29,884 persons with disabilities, the following received some form of care:

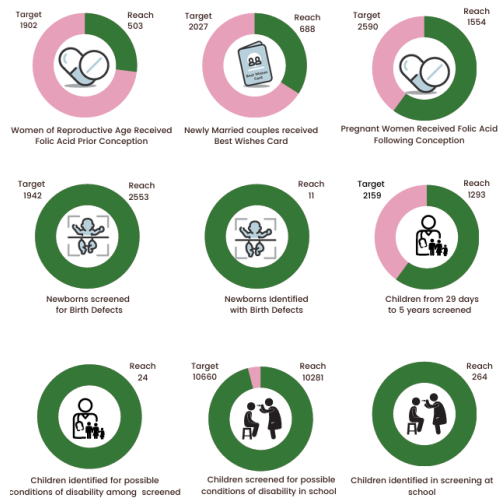
29,134 people with disabilities, including 4,530 children	received a disability ID card and became part of the DPRP
1,076 persons with disabilities, including 219 children	received the necessary medical and surgical treatment .
1,269 persons with disabilities, including 106 children	received tools.
67 disabled persons or their families	received vocational training and/or loans for income-generating activities . 61 disabled people received employment.
10 children with disabilities	were newly enrolled in schools or assisted living centers. 11 severely disabled children were homeschooled
7,929 disabled people and their families	became members of <i>Milijuli Samuha</i> (self-help groups). Meanwhile, 1,109 persons with disabilities or their family members received income-generating loans. Also, 58 persons with disabilities and/or their family members received vocational training
17,511 disabled people, including 2,812 children	With a red or blue disability card received a benefit from the government. (The others have a white card with no financial allowance from the government).

Note 1: some people with disabilities cannot get ID cards because they are not registered in the country.

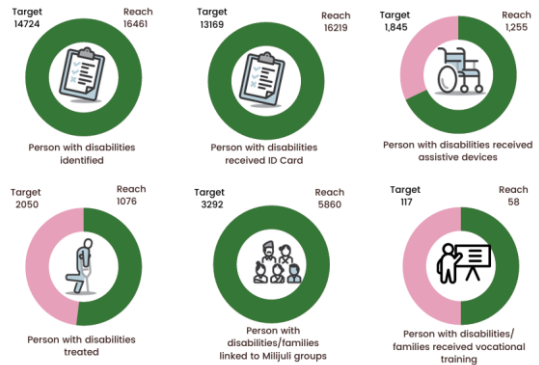
The results are also shown in infographics for Batch 1 and 2 separately

DPRP 2.0 batch 1:

DPRP 2.0 Batch I (Semi Annual Period -15 July,2024 to 15 Jan,2025) DISABILITY PREVENTION

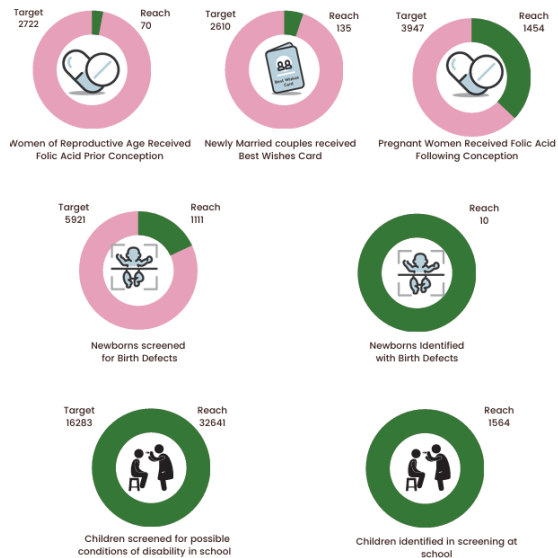


DPRP 2.0 Batch I (Semi Annual Period -15 July,2024 to 15 Jan, 2025) DISABILITY REHABILITATION

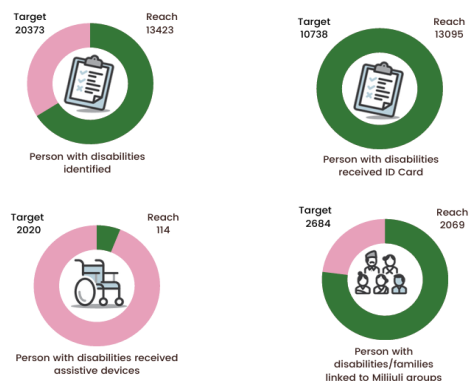


DPRP 2.0 Batch 2 (start July 2024)

DPRP 2.0 Batch II (Semi Annual Period -15 July,2024 to 15 Jan,2025) DISABILITY PREVENTION



DPRP 2.0 Batch II (Semi Annual Period -15 July,2024 to 15 Jan, 2025) DISABILITY REHABILITATION



We can conclude that after six months of implementation in DPRP 2.0 batch 2, the program is already showing many concrete results (much faster than in DPRP phase 1). It is also noticeable that the distribution of folic acid is still struggling, especially among newly married couples. With the scale-up, the demand for resources has also grown significantly. Karuna Foundation Nepal is

working with a number of NGOs in Nepal to increase the supply of these resources. Karuna Nepal has also facilitated with the establishment of a workshop that can repair aids such as wheelchairs and crutches. Karuna Foundation Nepal's team is working to optimize the Livelihood Program to improve "vocational training" and better support Mulijuli groups with income generating activities.



Child health screening for children < 5 years old

Strengthening the government and healthcare system

A management committee has now been formed in 49 municipalities to drive the program. Disability organizations (OPDs) are now functional in every municipality. They lobby for the interests of people with disabilities with the municipality. Also, 23 *Milijuli Samuhas* (self-help groups) have been formed and are functional. These are a type of cooperatives that provide a social environment for people with disabilities, provide loans and enable a source of income.

A total of 148 CBRFs (including 33 persons with disabilities and 4 family members) were employed, trained and employed by the municipality. Also, 30 Help Desk have been established, staffed by 30 persons with disabilities as Disability Support Facilitators (DSFs). 23 persons with disabilities are represented in government structures at the community level.



Deepak and Yogendra sign cooperation agreement in Jantedhunga municipality.

Conclusion

The program has been warmly received by local leaders, people with disabilities and their families. The Karuna Nepal team is under immense pressure from the high expectations of parents of children with disabilities and their families. They regularly expect to see immediate changes, especially when it comes to severe disabilities. They also expect to see immediate access to high-quality aids and medical interventions, or employment or livelihood support. The team along with the municipality tries to manage expectations well by always explaining what the program can offer. Challenges vary by region, with Taplejung's extreme geography posing logistical problems and Jhapa's large population (more than a million) requiring extensive outreach and many resources. Overall, the strong start of the DPRP 2.0 program is widely appreciated. Going forward, maintaining this momentum will be a key focus for Karuna Nepal's leadership.

Knowledge & Evidence lab and scaling up to other provinces.

The portal with all relevant information and documents about the DPRP program is now online and can be accessed through the Karuna Foundation Nepal website. Also, the first training modules are online, and videos have been made of different cases, to visualize what the program achieves and how it works.



Annual review meeting of the entire team of Karuna Foundation Nepal

3. Scaling up the program to the national

During the "assessment camps," Karuna Nepal has regularly invited a minister both from the province and the federal government, to bring the program to the attention of politicians and show what the program brings about.



Koshi Province Chief Minister Hikmat Karki gave an ID card to parents of a child with disabilities during a visit to an "assessment camp" in Baradashi RM, Jhapa

Karuna Nepal is now in talks with three new provinces about introducing the DPRP. Karnali province is the most advanced in this. They have drafted a policy act, allocated money and wanted to start in July in 14 municipalities (2 districts). They propose a cooperation of 4 parties: the federal government, province, municipalities and Karuna Nepal. In their policy act they have committed to co-fund 25% each. Karuna Nepal has always indicated that it does not have the money for co-financing across the province but now realizes that without them it will not happen. We are now in talks with a new donor to fund the introduction of DPRP in these first 14 communities. We see this as a "catalytic investment" in this new province.

In the meantime, DPRP is becoming more firmly embedded in government institutions. For example, DPRP is included in the "16th Five-Year National Plan 2024/25-2028/29." But the Ministry of Women, Children, and Senior Citizens (MoWCSC) has also established a steering committee and allocated budget for the launch of DPRP in the 3 new provinces. There are also new policies for "birth defect screening", for distribution of folic acid and for "school health screening (Ministry of Education). Deepak has been asked to help develop guidelines for dealing with autism.

4. International scale-up

Internationally, the program is also being adopted by other NGOs and thus scaled up. In 2024, Karuna Foundation Nepal hosted organizations from Sri Lanka, Ethiopia, Kenya and Sierra Leone who wanted to learn from the program.

In March 2025, a first meeting took place of the DPRP Alliance. It is a collaboration of NGOs from DR Congo, Kenya, Bangladesh, Tanzania and Nepal, which was also attended by Deepak and Yogendra on behalf of Karuna. These NGOs intend to adopt the DPRP approach and adapt it to the local context. The Alliance aims to exchange knowledge, new insights and materials.

5. Financial report

In 2023 DPRP phase 1 is fully completed, the surplus remaining budget of € 57,000 will be used by Karuna Foundation Nepal to provide limited support and advice to all 58 municipalities, after the official exit of Karuna Foundation Nepal.

From July 2024, Karuna Foundation Nepal will focus entirely on implementing the DPRP 2.0 in the remaining 64 municipalities in Koshi province. This program will be handed over to the local municipalities and province in 2027. In the coming years, Karuna Foundation Nepal will also partner with the federal government to introduce the program in more provinces. The total cost for the DPRP 2.0 is €9,7 million, of which Province and Municipalities will each pay €1.75 million, and Karuna Foundation Nepal will pay €6.2 million. Karuna Foundation NL has committed funding of €5 million to Karuna Foundation Nepal and has now received €5.4 million from a growing group of 12 funding partners. Some of these partners choose to transfer donations directly to Nepal (and not through Karuna FoundationNL). Karuna Foundation Nepal has committed to fundraising €800,000.

The program for the implementation of 2nd phase of DPRP 2.0 in the remaining 3 districts (30 municipalities) started in July 2024. A total of € 1,314,924 in funding has been provided to DPRP 2.0 Karuna Nepal in 2024, of which € 932,884 has been funded directly through Karuna NL Foundation. In 2025, € 1,590,000 has been budgeted for Dutch funding, of which € 1,001,000 will go directly through Karuna NL Foundation.

The annual budget for Karuna NL Foundation has been reduced to € 25,000 per year, of which € 21,000 has been spent in 2024. The coordinator of KarunaNL (Annet van den Hoek) supports part-time the board of the KarunaNL foundation with maintaining contacts with Deepak and Yogendra, making newsletter and reports for the funding partners, taking care of the annual report and organizing the annual donor meeting. The accountant is also paid from this budget.

For KarunaNL's financial figures for 2024, please refer to the annual figures in the ANBI publication form on the website.