

Rapport final et annexes –Ev Karuna Shechen

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External Evaluation of Health-Related Programs in Bihar and Jharkhand States in India and in the Suburbs of Kathmandu, Nepal

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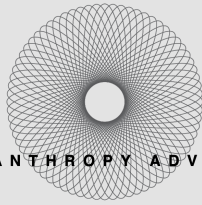
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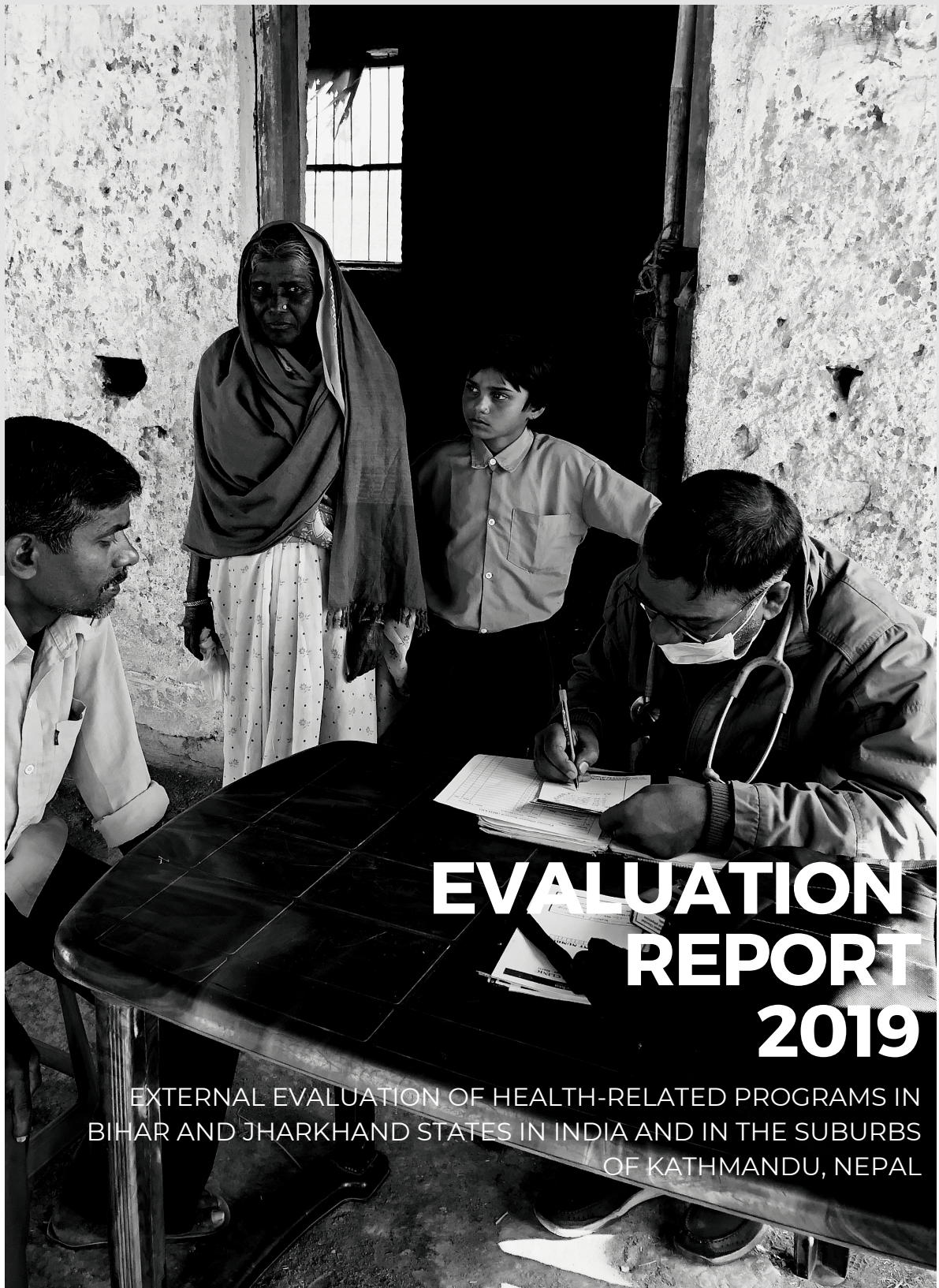
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EVALUATION REPORT 2019

EXTERNAL EVALUATION OF HEALTH-RELATED PROGRAMS IN
BIHAR AND JHARKHAND STATES IN INDIA AND IN THE SUBURBS
OF KATHMANDU, NEPAL



Karuna-Shechen
Humanitarian Projects in the Himalayan Region



EVALUATION REPORT 2019

KARUNA - SHECHEN

EXTERNAL EVALUATION OF HEALTH-RELATED PROGRAMS IN BIHAR
AND JHARKHAND STATES IN INDIA AND IN THE SUBURBS OF
KATHMANDU, NEPAL

Supported by F3E

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ACRONYMS

AMCH	Adolescent, Maternity and Child Health
CPR	Cardiopulmonary Resuscitation
DOTS	Directly Observed Treatment Short-Course
EMR	Electronic Medical Records
FGD	Focus Group Discussion
INS	Indian Rupees
KAP	Knowledge, Attitude and Practice
MBBS	Bachelor of Medicine/Bachelor of Surgery
MHM	Menstrual Hygiene Management
MoH	Ministry of Health
MoU	Memorandum of Understanding
NADEM	Nepal Disaster and Emergency Medicine Centre
NCD	Non-Communicable Disease
NRS	Nepali Rupees
OPD	Outpatient Department
RTI	Reproductive Tract Infection
ToT	Training of Trainers
TB	Tuberculosis
WHO	World Health Organisation

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EXECUTIVE SUMMARY

This evaluation assesses the overall performance of health-related programmes in Bihar and Jharkhand States in India and in the suburbs of Kathmandu, Nepal, as well as looking at Karuna-Shechen's internal processes, vision and operating model. The evaluation results are based on data collected through interviews, focus group discussions and observations conducted during the field mission in January 2019, as well as a desk review and observations of internal meetings.

Whilst the findings of this report may be difficult for stakeholders involved in the Karuna-Shechen association, and the process of this evaluation has at times been challenging for those involved, the less positive findings detailed below are fairly common across the development sector and especially in young organisations. It should be recognised that Karuna-Shechen has achieved much in terms of organisational development and outreach, notably during the 2015 Nepal earthquakes, since its origins as a project created between friends. This report, as well as presenting findings, also provides recommendations which the evaluators hope will aid Karuna-Shechen in capitalising on its assets to become a stronger and more impactful organisation.

MAIN FINDINGS

Although some areas for quality improvement have been identified, health programming in India is relevant, effective and efficient overall. There is a good uptake of services offered, which respond to a need amongst the population. A logical strategy of intervention allows Karuna-Shechen to reach those of a lower socioeconomic status and those in more isolated areas. Specialist services and the free prescription of medicines are found to be strong motivating factors for the use of Shechen clinics but observation suggests polypharmacy is an issue at both OPDs and mobile clinics. Health programmes are efficiently run. The public health strategy of Karuna-Shechen in India could now be slightly more ambitious and look to new areas of intervention to further the potential impact.

OECD-DAC RATINGS: INDIA HEALTH PROGRAMMES			
	OPD CLINICS	MOBILE CLINICS	WOMEN'S HEALTH
RELEVANCE	GOOD	GOOD	GOOD
EFFECTIVENESS	AVERAGE	AVERAGE	GOOD
EFFICIENCY	GOOD		
LIKELIHOOD OF IMPACT OVERALL	HIGH		

Current health programming in Nepal is, overall, lacking in terms of relevance, effectiveness and efficiency. Despite specialist services at the Shechen Clinic and Hospice being relevant to needs and having a good reputation, the general medicine offer is lacking quality. Low patient numbers speak to the limited relevance of the current strategy and a

disinvestment by management, as well as a changing local context. Very high costs per consultation and a bloated staff to patient ratio severely undermine efficiency and sustainability. The lack of a clear intervention strategy for mobile clinics and their limitation to the Kathmandu Valley impedes their relevance and effectiveness in terms of public health. As in India, over-prescription of medicines is an issue, as is the lack of adherence to certain medical best practices. However, the first aid training programme is very relevant to the context and has the potential to become a quality programme with a redefinition of the intervention model to improve its effectiveness, efficiency and sustainability.

OECD-DAC RATINGS: NEPAL HEALTH PROGRAMMES			
	OPD CLINIC	MOBILE CLINICS	FIRST AID TRAINING
RELEVANCE	POOR	POOR	GOOD
EFFECTIVENESS	POOR	POOR	AVERAGE
EFFICIENCY	POOR		POOR
LIKELIHOOD OF IMPACT OVERALL	MEDIUM-LOW		

Karuna-Shechen is lacking clear overall leadership and management. In both India and Nepal, the absence of middle management provides limited room for staff progression and development, although an organisational development plan is in place in India. Although management in India is capable and experienced, there is cause for concern in Nepal where management is top-down and widespread disillusionment has taken root. Project design, monitoring and evaluation processes are currently insufficient to transparently keep track of projects or report on their results, as well as to ensure accountability, and there is a lack of human resources committed to this end. Governance of Karuna-Shechen is currently unclear with a lack of real decision-making powers in the hands of executive committee members.

Karuna-Shechen's operational approach, based on the participation of communities, empowerment of women and holistic programming, is not especially unique or innovant for the sector, but programming in India provides good examples of these approaches in practice. The long-term strategic vision of the organisation is in need of development and articulation but should include health programming going forward. In terms of fundraising, currently weak internal procedures would make applying for institutional funds difficult without improvement in these areas. However, Karuna-Shechen's positioning as linked to the Himalayan peoples and connection to Matthieu Ricard, as well as certain projects which have the capacity to become 'flagships' mean that the organisation has strong potential in attracting funding from less formalised sources.

Whilst there is a need for organisational restructuring, Karuna-Shechen possesses strong assets (physical assets, dedicated teams in the field and at branches, fundraising potential, links to the community and a good reputation) which can be capitalised on to provide impactful programming for beneficiaries.

RECOMMENDATIONS

PROGRAMMATIC LEVEL

The following recommendations relate to the improvement of health programming generally and in India and Nepal specifically.

Health Programmes - General Recommendations	
Recommendation	Priority
<p>Adopt responsible prescribing practices: Both the OPDs and mobile clinics prescribe a high amount of medicines per patient encounter. Although this is also linked to local culture and expectations in both India and Nepal, the medical teams need to ensure responsible prescription of medical drugs and discourage over-usage. Clinical guidelines based on international standards (WHO) should be put in place and overseen by a medical director.</p> <p>Prescribers should be further sensitised to these issues and trained. Procedures will then need to be put in place and monitored, with potential incentives for compliance.</p> <p>Prescriptions should be monitored (with a monitoring system put in place) and analysed in order to adhere to good practices.</p>	High
<p>Hire medical directors: in both India and Nepal. Medical directors should be recruited to define and oversee the medical approach of health programmes and to ensure alignment with international public health standards.</p>	High
<p>Ensure adherence to best practices and norms at mobile clinics in terms of consultation and the prescription of medicines: e.g. private consultation spaces with patient confidentiality at mobile clinics and double-checking of understanding when providing patients with medicines.</p>	High
<p>Continue working towards full registration of Karuna-Shechen in India, enabling the organisation to work towards better coordination and integration of medical programmes with the relevant authorities in the longer term.</p>	High
<p>Rely on and implement national clinical guidelines (national protocols) and WHO recommendations for diagnosis and treatment. Comply with the national essential medicine recommended list of prescribed drugs.</p>	Low (long-term)
<p>Consider a greater focus on maternal and child health: which is a huge area of concern in both India and Nepal and an area in which</p>	Low (long-term)

Karuna-Shechen could potentially make a significant impact in terms of public health.	
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Health Programmes - India	
Recommendation	Priority
CLINICS (OPD)	
Go further in terms of services provided: There is potential to increase relevance by going further in terms of medical investigation than just routine testing, e.g. by having x-ray or radiology services at the OPDs, or malaria and diabetes testing at mobile camps. Antenatal care and pediatrics should also be explored as relevant areas for the provision of services.	Medium
Rethink the strategy of making patient numbers manageable: in Bihar, rather than using a fee to reduce numbers of less important cases, put in place a triage system for the prioritisation of more urgent and severe patient cases. This will help not to exclude those who cannot afford the 50 rupees fee.	High
MOBILE CLINICS	
Extend testing and treatment options for conditions which can be dealt with directly at the camp, rather than referring patients to the OPD or other facilities.	Medium
WOMEN'S HEALTH AND HYGIENE	
Gradually expand the focus to include other relevant, interlinked issues such as maternal health and nutrition, using the experience and connections of trainers as an inroad and to build trust.	Low
Introduce monitoring activities such as short surveys which can assess changes in knowledge, attitude and practices (KAP) due to the workshops and build the case for impact.	Medium
Continue to make efforts to coordinate with others working on similar issues in order to exchange best practices and avoid overlap.	Low

Health Programmes - Nepal	
Recommendation	Priority
SHECHEN CLINIC AND HOSPICE	
Redefine the clinic approach and strategy: reinvest in the clinic, focusing on areas which have an added value such as dentistry, and including the creation of an outreach strategy to reach the more vulnerable within Kathmandu and further afield.	High
Improve general medicine quality: If the OPD will carry on providing general medicine services as part of its redefined strategy, improve the quality by investing in experienced medical doctors who can commit to longer periods and full days in order to improve the patient experience.	Medium
Rethink the current payment system: As part of a redefinition of the clinic strategy, redefine the payment system so that those who can afford to do so pay the market rate for treatments in popular departments, and those that cannot afford to do so do, are treated free of charge (or pay a reduced fee). Income generated could be used to reach out to the more vulnerable in the community of further afield. However the pricing strategy is defined, the system should be clear and transparent and doctors should have the chance to challenge decisions based on their interaction with the patient.	Medium
MOBILE CLINICS	
Redefine the logic of intervention and selection strategy so that mobile clinics are reaching those who need them.	High
Gain the relevant permit to operate outside of the Kathmandu Valley (it has been indicated to the evaluators that this would be possible).	High
NADEM FIRST AID TRAINING - GENERAL	
Redefine the training strategy: improve efficiency and expand impact by implementing a model whereby Dr Ramesh does not undertake all trainings himself. This could be achieving by hiring a team of local paid trainers who are extensively trained and then overseen by Dr Ramesh.	High
Focus on advocacy aims: as an expert in the field and passionate advocate for the subject, Dr Ramesh should focus on advocacy aimed at the institutionalisation of first aid, for example in the school curriculum, as well as in the official organisation of public health services at country level as this is where significant impact will be built.	High

Provide follow up and refresher trainings to ensure retention of knowledge, which is not assured in one-shot trainings. Follow up also on the replenishment of first aid kits to monitor whether this is being done or not by health posts.	High
Conduct training evaluations and reflect on how to measure the real impact of the programme: for example by systematically gathering feedback from participants and using KAP surveys.	Medium
Improve coordination with local authorities and other organisations working in similar areas on similar subjects: in order to include institutional capacity building and work towards institutionalisation of the programme.	Medium
NADEM FIRST AID TRAINING - AMBULANCE DRIVERS AND ASSISTANTS	
Either drop this axe, or, link with authorities and other organisations working on the same issue: without integration into programmes working on the development of wider ambulance systems, there is little added-value to NADEM's involvement.	High
NADEM FIRST AID TRAINING - AMCH	
Reform as a ToT: formalised and targeted to those who can disseminate the knowledge more widely (women's groups, schools, etc.) and be paid for doing so.	Medium
NADEM FIRST AID TRAINING - TOT	
Reform the Training of Trainers (ToT): as above, the ToT model should be rethought so that training provided is much more extensive and results in the creation of a paid team of trainers who can take over the training burden of Dr Ramesh.	High
Improve evaluation and certification: include robust testing of learning and the capacity to train others in a more serious certification process.	Medium

ORGANISATIONAL LEVEL

The following recommendations are for change at the organisational level and are aimed at management in India and Nepal, as well as the Executive Committee and wider organisation who should oversee their implementation.

Organisational Recommendations - India

Recommendation	Priority
Provide further opportunities for staff development and promotion: There currently exists no real level of middle management, which increases pressure on the director and provides little opportunity for higher level staff promotion. Karuna-Shechen India should continue working towards the implementation of the future organigram and recruitment plan to create a level of middle management to whom the director delegates responsibilities. Further investment in training and development opportunities for staff will benefit both individual staff members and the organisation. Professional development meetings should be held with individual staff to determine their goals and training and/or other growth opportunities should be explored.	High
Further develop and formalise design and M&E processes: Consider the use of the results-based management model and tools such as the Logical Framework or the Theory of Change in the design process (which should be participative) to clearly set objectives, document the project conception phase and track progress. Reflect on useful indicators and monitoring information which could help build the case for impact and achievements and create an M&E plan for projects, with project coordinators in charge of reporting. This will enable the organisation to reach out for international and institutional funds for programmes in India.	Medium

Organisational Recommendations - Nepal	
Recommendation	Priority
Redefine the overall organisational and operating model of Karuna-Shechen in Nepal, including a redefinition of the public health and partnerships strategy and an assessment of current human resources, as part of a wider organisational development process.	High

STRATEGIC LEVEL

The following recommendations cover the Karuna-Shechen organisation as a whole, and its future strategic direction.

Strategic Recommendations	
Recommendation	Priority
Put in place an organisational development plan covering the	High

<p>Karuna-Shechen global association aimed at redefining governance and the strategic vision of the organisation, as well as developing internal systems and procedures which comply with international norms and building the capacity of Karuna-Shechen teams. This should include the evaluation of non-health projects and an assessment of current human resources. The process should be driven by the creation of a taskforce internal to Karuna-Shechen who are given a mandate and decision-making power and supported by external resources as necessary. This will allow the organisation to capitalise on its assets and ensure impactful programming for beneficiaries going forward.</p>	
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