Evaluation Summary

Building Sustainable Physical Rehabilitation Systems in Nepal

EVIDENCE FROM THE CAPDR END-OF-PROJECT EVALUATION
(MAY 2023 - DECEMBER 2025)

18,253

people with disabilities in project areas

5,040

people reached through mobile rehabilitation camps

47%

of outreach participants were women & girls - improving inclusive efforts

2

Provincial Rehabilitation Centres set up physiotherapy services

5

facilities equipped with rehabilitation equipment

161

people trained in rehabilitation and disability inclusion

577

corrective surgeries performed

897

people recieved assistive technology

1,380+

people recieved follow-up rehabilitation support

4

municipalities committed resources for sustainability

Aashika, 7, laughing with her Mum after surgery to treat severe burns.

Nepal faces significant gaps in physical rehabilitation. There is no dedicated government rehabilitation hospital, and most public facilities provide only basic physiotherapy. As a result, people with physical disabilities - especially in remote areas - have limited access to specialised services, affecting their independence and participation in community life.

These challenges are compounded by limited access to assistive technology, weak referral systems, geographic and financial barriers, and low awareness of disability rights and inclusion.

About the Project

Project period: Phase 2 - May 2023 – December 2025

Location: Banke, Kavre, Siraha, and Dhanusha districts, Nepal.

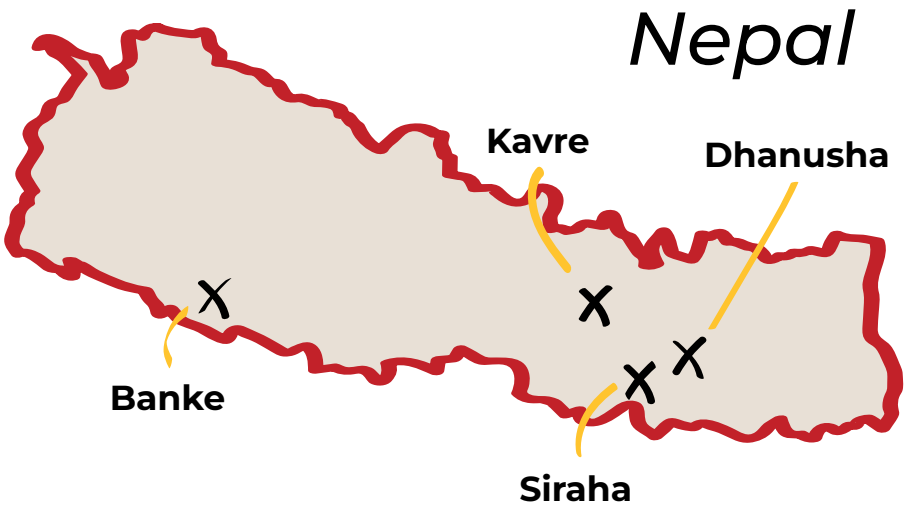
Funder: CBM Australia with support of the Australian Government through the Australian NGO Cooperation Program (ANCP).

Implementer: Friends of the Disabled/ Hospital and Rehabilitation Centre for Disables Children (FOD/HRDC)

Front image: **Aashika practicing walking with support during post-surgery physiotherapy for burn injuries.**

Project overview:

The Children and Adults' Physical Disability Rehabilitation (CAPDR) Project (Phase II) was implemented between 2023 and 2025 to improve the quality of life for people with physical disabilities in Nepal.



The project was funded by CBM Australia with support from the Australian Government through the Australian NGO Cooperation Program (ANCP), and implemented by CBM's local partner, Friends of the Disabled/Hospital and Rehabilitation Centre for Disabled Children (FOD/HRDC). It addressed significant gaps in access to rehabilitation services, particularly in underserved and rural areas.

The project reached people across four districts (Banke, Kavre, Siraha, and Dhanusha), where an estimated 18,253 people with physical disabilities live, many who faced preventable dependency, stigma and exclusion due to limited accessible rehabilitation services. It aimed to improve mobility and independence for people with disabilities, while supporting sustainable, community-based rehabilitation services.

HRDC Banepa Hospital, Nepal
as seen on 14th October, 2025

Approach:

The project combined community-based service delivery and individual rehabilitation support with health system strengthening. Mobile outreach camps brought screening and rehabilitation services closer to remote communities, while surgeries, assistive devices, and therapy addressed immediate needs.

At the same time, the project strengthened local systems through training health workers, equipping health facilities, and building partnerships with local governments and Organisations of People with Disabilities. This dual focus supported both immediate impact and longer-term sustainability.

A mobile camp organised by HRDC delivers disability screening, treatment, and support, ensuring access to care for underserved communities.

Key Achievements:

The project shifted rehabilitation from a charity model to a rights-based approach embedded in local systems through:

Improved accessibility: bringing services closer to communities

The project significantly expanded access to rehabilitation services, particularly in remote and underserved areas.

Mobile outreach camps reached 5,040 people (47% female), many for the first time, demonstrating strong demand and addressing geographic, financial, and informational barriers.

Without these services, many individuals would likely have remained excluded due to distance, cost, and lack of awareness. Outreach camps acted as entry points for screening, referral, and treatment, while also linking people to longer-term care. They enabled many participants to obtain disability certification required to access government allowance schemes, connecting rehabilitation services with broader social protection systems and extending impact beyond health outcomes.

Accessibility was further enhanced through the **establishment of physiotherapy services in two Provincial Rehabilitation Centres** and the capacity building of government health facilities, increasing local access to physiotherapy, prosthetic, and follow-up services. **Six specialist consultation visits** supported clinical assessment, diagnosis, and referral for complex cases, improving treatment planning and decision-making.

The project also demonstrated the importance of **reasonable accommodation** in enabling access to

rehabilitation. Through targeted support such as transport and logistical assistance, individuals from low-income households were able to complete treatment and rehabilitation cycles that would otherwise have been out of reach, highlighting the need to address financial and contextual barriers alongside service delivery.

Importantly, improved accessibility translated into meaningful functional and social outcomes. A total of **577 corrective surgeries,** alongside rehabilitation support, enabled individuals to achieve greater independence in daily activities, contributing to increased participation in education, livelihoods, and family life.

By addressing geographic, financial, and informational barriers to access, the project did more than expand service delivery. It created enabling conditions for inclusion - where individuals could not only reach services, but also use them to improve their independence, reduce caregiving burdens, and participate more fully in their communities.

An accessibility ramp providing safer and more inclusive access to toilet facilities at a Provincial Rehabilitation Centre.

Aashika, 7, rests next to her mum following surgery to treat severe burns sustained at three months old when a fire spread to her hammock. The injuries have long made walking painful and difficult, affecting her daily life and schooling. This procedure marks an important step in her recovery, supported by CBM's CAPDR project.

577

Corrective surgeries

Ankle and foot orthosis made at the prosthetics and orthotics department at HRDC Hospital in Banepa.

Assistive technology: enabling functional participation

The project strengthened access to assistive technology, reaching 897 individuals with devices such as prosthetics, orthotics, wheelchairs, and mobility aids.

Importantly, support extended beyond provision to include assessment, fitting, and follow-up adjustments - ensuring devices remained appropriate over time. This was particularly critical for children requiring frequent prosthetic adjustments and those in remote areas.

Assistive technology was integrated into rehabilitation plans, improving mobility, independence, and daily functioning. Participants were better able to engage in education, work, and community life, demonstrating how access to assistive technology supports participation beyond surgical outcomes.

Pralhad, the Head of the Prosthetics and Orthotics Department at HRDC, stands next to prosthetic legs, tools that help transform lives through mobility and rehabilitation.

Support services: ensuring continuity of care

A key strength of the project was its emphasis on continuity of care, with over 1,380 individuals receiving follow-up services.

Support included post-surgical physiotherapy, home visits, caregiver engagement, and counselling. People were also supported to develop essential self-care skills - such as feeding, dressing, bathing, mobility, and social participation - strengthening functional independence and ensuring that physical improvements translated into practical, everyday capabilities. Individualised plans were monitored by local staff and adapted to each case.

Through ongoing, community-based support, the project helped ensure functional improvements are sustained and translate into meaningful participation in everyday life.

With over four decades at HRDC, Shyam, a paediatric physiotherapist and Head of Department, is driven by the transformation he sees as children gain mobility and reintegrate into their communities.

1,380

people given follow-up services

Chandraman stands in the HDRC workshop where he creates customised prosthetics and orthoses to help people regain independence.

Strengthening systems and institutional capacity

Beyond individual outcomes, the project strengthened local rehabilitation systems through investments in infrastructure, workforce capacity, and coordination.

Ganga, a physiotherapist, works with 16-year-old Pramod as he practices walking with a mobility aid received through a project outreach camp.

- **Five health facilities and rehabilitation centres were equipped with essential rehabilitation equipment,** including prosthetics and orthotics workshop materials, instruments, tools, and physiotherapy equipment, increasing both service capacity and access to care.
- **161 people, including 64 people with disabilities and 72 women,** from partnering organisations, OPDs, Self-Help Groups, and health professionals **were trained in physical rehabilitation and disability inclusion,** strengthening technical capacity and delivery of inclusive, rights-based services.
- **Physiotherapy services are now operational at two Provincial Rehabilitation Centres,** increasing local access to treatment, prosthetic services and follow-up care. **Improved referral pathways** also strengthened connections between communities and rehabilitation providers, helping people access services closer to where they live.
- Local government ownership increased, with **four municipalities** committing land, infrastructure, or funding for continued services.
- By embedding services within local systems, the project moved beyond direct delivery toward longer-term system change, contributing to **more inclusive and accessible health services.**

Awareness raising addressing stigma and increasing demand

The project contributed to increased awareness of disability, rehabilitation, and rights through outreach, community engagement, and collaboration with OPDs and local actors

Community mobilisation - supported by OPDs, health workers, and local governments - played a critical role in identifying beneficiaries and increasing service uptake. Radio, social media, and local networks further extended reach in remote areas.

These efforts helped challenge stigma and improve understanding, contributing to more enabling attitudes and reducing social barriers that often limit inclusion.

Gender: strengthening inclusive participation

The project integrated gender considerations across implementation, with 47% of outreach participants being female.

Targeted strategies increased participation of women and girls, including outreach delivered in schools and health posts and engagement with Female Community Health Volunteers and school teachers.

Information materials shared during outreach promoted gender equality and social inclusion, while OPDs and Community-Based Inclusive Development (CBID) partners challenged gender stereotypes and helped shift community attitudes.

While barriers remain, these approaches contributed to more equitable access and demonstrate the importance of targeted, context-specific approaches to inclusion for women and girls with disabilities.

Aashika at school and using her walker.

Partnerships and resource sharing

Strong partnerships were central to project success.

Collaboration between health providers, OPDs, and local governments enabled effective outreach, referral, and follow-up systems.

Each partner contributed complementary strengths: HRDC provided technical expertise, OPDs mobilised communities, CBID partners supported outreach and follow-up, and local government contributed land, infrastructure and financial support.

This coordinated approach enabled results beyond what any single actor could achieve and supports long-term sustainability.

Key lesson: rehabilitation alone is not enough

Improved mobility does not automatically lead to inclusion.

The evaluation found that children who received additional support - such as family counselling about educational rights and accessibility needs, as well as support to enrol and participate in school - were far more likely to attend school and participate in community life.

The project demonstrated that strong links with schools are critical for social integration. By working with schools, teachers, families, and local stakeholders to promote disability-inclusive practices and accessible learning environments, children were better able to engage in education and participate alongside their peers.

Without these supports, many may remain excluded despite successful medical outcomes.

This highlights the importance of a holistic approach, where rehabilitation is combined with broader supports that enable people with disabilities to participate fully in society.

Overall, the project demonstrates that rehabilitation outcomes are strongest when *combined* with broader efforts that address barriers *to access, participation, and support* - helping create the conditions necessary for meaningful and sustained inclusion.

Aashika is smiling.

CBM Australia acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP) and thanks our implementing partner the Friends of Disabled Children / Hospital and Rehabilitation Centre for Disabled Children (FOD/HRDC)

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