

FACT SHEET

Health and Education Office

Strengthening Rehabilitation in District Environs (STRIDE) Project

To improve the quality, accessibility, and sustainability of rehabilitation services in Nepal, USAID introduced the STRIDE project in 2010. The project provides direct technical and financial support to five physical rehabilitation centers (local partner organizations) and their three satellite units.

The fundamental needs of people living with disabilities do not differ from those of other people. However, people living with disabilities have more practical requirements to live as dignified and equal citizens. To improve their mobility and functional independence (to carry out everyday activities like eating or going to school or work without personal assistance from others, for example), they often need quality physical rehabilitation services. These services enable them to more fully participate in education, employment, and everyday living. During Nepal's decade-long conflict and political instability, the needs of the disabled were more difficult to meet, and the number of disabled people increased due to injuries.

The physical rehabilitation centers and their three satellite units fit custom-made orthotic and prosthetic devices and provide physiotherapy and community-based rehabilitation services to people living with disabilities in the four development regions of Nepal. The project was recently extended through January 2016.

PROJECT OVERVIEW

The \$2.71 million STRIDE project improves the functional independence of people living with disabilities in Nepal and encourages their education and employment. It does this by using evidence-based activities at rehabilitation facilities in eight districts. The project seeks to ensure sustainable, accessible, and quality physical rehabilitation services and community-based follow-up for physical rehabilitation and social inclusion for victims of conflict and other people living



A physiotherapist at a USAID-supported rehabilitation center assesses a child's physical condition in order to determine whether an assistive device will facilitate his mobility.

SNAPSHOT

Life of Project: January 2010 to January 2016

Goal: People living with disabilities in Nepal are functionally independent and participate in all sectors of society.

Implementing Partners: Handicap International and seven local organizations – managing five physical rehabilitation centers, and three satellite units

Geographic Focus: Kanchanpur, Banke, Kathmandu, Sarlahi, and Morang with outreach to surrounding districts

with physical disabilities.

PROJECT ACTIVITIES

- **Improved quality of services** – STRIDE enhances the ability of partner organization staff to deliver physical rehabilitation services through formal training and on-the-job coaching. The program provides human resource support, consumables like plastic powders used in the making of prosthetic or orthotic devices, and tools to improve the capacity of the rehabilitation center units.
- **Extended access to rehabilitation services** – Organizes mobile camps in remote areas; operates satellite units in hilly districts; mobilizes community workers, district public offices, community-based organizations; and provides financial support to the most vulnerable communities.
- **Integrated into community life** – Helps integrate 2,000 persons with disabilities, including disabled ex-combatants, into their communities in 13 districts. Provides counseling and links to livelihood programs and related vocational training opportunities and helps community development workers advocate for the rehabilitation of physical disabilities through local government mechanisms.
- **Enhanced organizational sustainability** – Enhances the sustainability of the physical rehabilitation centers by partnering with rehabilitation service providers, the Government of Nepal, and disabled people organizations. STRIDE works to strengthen the national, district, and local network of disability actors and stakeholders as well as the GON-operated community-based rehabilitation programs.



A variety of lower and upper limb orthotic and prosthetic devices are displayed for viewing by patients and families at a mobile assessment camp organized by a USAID-supported rehabilitation center

KEY OUTCOMES

- Eight technicians have completed an 18-month technical training in India and 15 Community Disability Workers completed a 3-month primary rehabilitation therapy course at the Hospital for Rehabilitation of Disabled Children.
- 25,615 out of a target of 27,000 people living with disabilities have received quality physical rehabilitation services including reconstructive/surgical intervention.
- All five rehabilitation centers have contributed at least 60 percent of the funds required for their operating costs.
- 1,846 out of a target of 2,000 persons with disabilities have benefited from personalized social support for livelihoods, helping them better integrate in their communities.
- An increasing number of District Development Committee and Village Development Committee entities dedicate a portion of their budgets to physical rehabilitation activities.
- 3,176 out of a target of 4,752 assistive devices have been produced and fitted.

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