



# Research in Action: Advancing Disability-Inclusive Maternal Healthcare in Nepal

Laura Herren, Francesca Lanzarotti, Savo Noori,  
Dr. Hridaya Devkota, Dr. Kate Roll, and Dr. Sara Hillman



# Executive Summary



In collaboration with local Nepali researchers, Reach Alliance researchers interviewed women with disabilities, healthcare providers, and policymakers in Kathmandu to learn about the current state of maternal healthcare for women with disabilities and relevant policy implementation. The findings and associated actionable recommendations were published in 2023 in *Maternal Healthcare for Women with Disabilities in Nepal: Access and Quality*. Following the publication, we co-created two workshops with local experts in Nagarjun and Dakshinkali, the municipalities in Kathmandu where the research was conducted, for stakeholders from the three participant groups. The workshops engaged over 85 people and provided a platform to disseminate the research findings, foster dialogue among key stakeholders, and enable discussions about future policy action to ensure improved disability-inclusive maternal healthcare.

The workshops began with a remote presentation by the Reach Alliance University College London (UCL) team to disseminate the actionable research insights, followed by a powerful personal story from a woman with a disability on her maternal healthcare experience. This set the stage for a panel discussion and question-and-answer session led by the Nepal-based team, where key stakeholders addressed policy implementation challenges, gaps in healthcare infrastructure, and the role of government in improving access. The discussions fostered a shared understanding of barriers to disability-inclusive maternal healthcare, reinforcing the original case study's findings.

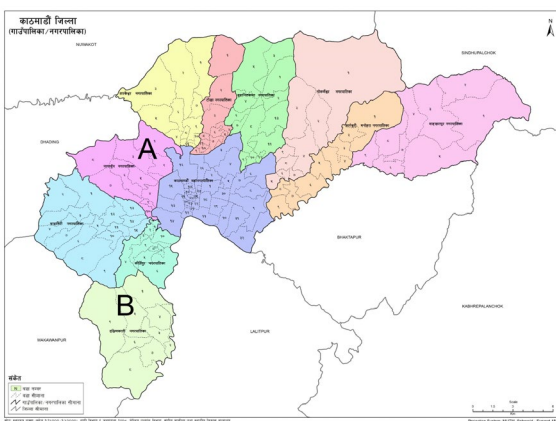
**A key outcome was that both municipal and national-level policymakers committed to prioritizing disability-inclusive initiatives in their short- and long-term planning with a focus on creating and implementing targeted policy and improved training.**

## Acknowledgements

Our deepest gratitude goes to the women with disabilities who shared their personal experiences. Their stories serve as the most powerful reminder of why disability-inclusive maternal healthcare must remain a priority in Nepal's healthcare agenda. A special thanks to Dr. Hridaya Devkota and Ms. Suyasha Adhikari for organizing and executing the workshops, ensuring they were contextually relevant and impactful.

Appreciation also goes to the National Assembly members, representatives from the Ministry of Women, Children, and Senior Citizens, municipal leaders, hospital staff, representatives from organizations of persons with disabilities, and community health volunteers who participated in the discussions and committed to driving policy improvements. By leveraging the insights gained from these workshops, we hope to see sustained progress toward a more inclusive and equitable healthcare system for women with disabilities in Nepal.

We extend our sincere gratitude to the Reach Alliance and the UCL Global Engagement Office for their funding and support in making these workshops possible.



**Figure 1.** Map of Kathmandu district sectioned into municipalities. Nagarjun is labelled A; Dakshinkali is labelled B.



# Why Host Policy-Focused Workshops?

The workshops established a platform for the women with disabilities involved in the research process to share their experiences directly with the policymakers who have the agency to drive change. These workshops were co-designed to disseminate and discuss actionable research insights from the Reach Alliance case report on the access to and quality of maternal healthcare for women with disabilities in Nepal. As researchers, we felt strongly that the data and stories captured in the research process had the ability to affect change. We also felt a duty to report back to the community in which we conducted the research to demonstrate that their voices were heard and acted upon.

The workshops engaged a diverse group of local stakeholders to address the challenges in policy implementation and service delivery of maternal healthcare for women with disability. The sessions created an opportunity to collectively brainstorm actionable change to achieve disability-inclusive maternal health services. This touched upon the first recommendation of the original research: to convene participants and encourage intergroup communication to drive meaningful change.

**Figure 2.** A woman with a visual disability tells her personal story to policymakers



## Co-designing and Co-Delivering Policy-Focused Workshops

- The workshops were organized collaboratively by the Reach Alliance research team (Savo Noori, Laura Herren, and Francesca Lanzarotti) and the Nepal research team (Dr. Hridaya Devkota and Ms. Suyasha Adhikari). This collaboration was important to ensure that the workshops were contextually relevant, appropriate, and feasible with localized knowledge.
  - During preparation, the UCL research team created slideshow presentations and videos to summarize the case report's findings, the workshop agenda, and policy briefs to outline the recommendations (see appendix).
    - The Nepal research team focused on the logistics of securing the venue, translating the material, sending the invites, and delivering the workshops. They met with each municipality representative four or five times to plan the events — with the deputy mayors' support in organizing. The healthcare staff were also pivotal in facilitating communication and circulating invites within their organization.
  - Two workshops were delivered in the two municipalities within Kathmandu, Nepal, where the research had been conducted: Nagarjun and Dakshinkali. The municipalities kindly offered their central offices to host the workshops. They took place on 19 December 2024 (Nagarjun) and 22 December 2024 (Dashinkali).
- Both workshops were funded and supported by the UCL Global Engagement Office and the Reach Alliance. Both the Reach Alliance and Nepal researchers had multiple meetings with the funding partners to discuss proposed budgets and key performance indicators (KPIs) prior to agreeing on the final grant. The researchers had support from their Reach Alliance mentors on the budget proposal and workshop conceptualization.

## A Seat at the Table: Who Was Engaged

The two workshops took place in the respective municipality buildings to ensure a local context and audience. Women with disabilities, a selection of local policymakers, hospital staff, healthcare volunteers, and representatives of Organizations of Persons with Disabilities (OPDs) were invited to attend. There was a high attendance rate at both events.



**Figure 3.** Female community health volunteer (FCHV) participating in the workshop Q&A

**Table 1. Summary of workshop participants**

	Nagarjun	Dakshinkali
Total people invited	57	64
Total attendees*	42	52
Key informants	Woman with physical disability	Woman with visual disability
Panel presenters	Representative from the National Assembly Medical officer, Nagarjun Municipal Hospital Deputy mayor of Nagarjun Municipality Member of National Federation Disabled — Nepal (NFDN) President of Prayatna Nepal (OPD)	Representative from the National Assembly Medical officer, Municipal Hospital of Dakshinkali Undersecretary of the Ministry of Women, Children, and Senior Citizens Deputy mayor

\* Because some participants attended both workshops, the total number of attendees across both events was 86.

1

Introductions by the Nepal research team to contextualize the research on women with disabilities and their challenges in Nepal's healthcare system.

and potential actionable interventions based on the research report, including:

- Organizing structured and recurring meetings where policymakers, women with disabilities, and healthcare providers meet to exchange on existing obstacles to maternal healthcare and discuss solutions together;
- Increasing funding for disability infrastructure, especially by reprioritizing current funding;
- Creating and integrating specialized training for healthcare providers so they are able to deliver quality healthcare for people with disabilities.

2

Presentation of the Reach Alliance and UCL research team video (with Nepali subtitles) to describe the research aims, methods, and outcomes.

3

Elaboration by the Nepal research team on policy recommendations



**Figure 4.** Nepal research team leading the workshop in Nagarjun Q&A

4

Personal stories from a woman with a disability on her experience of maternal healthcare, mainly regarding the difficulties in obtaining disability-friendly hospital equipment, the difficulties of delivery, the impact of social stigmatization and

stereotypes, and the benefits of disability-inclusive services.

5

Panel discussion among the key stakeholders within the municipality.

6

Open-floor Q&A between the workshop participants and panellists.

7

Conclusions and distributions of policy briefs, printed versions of the case report, and printed journal articles.



# Outcomes

*"When I decided to have a second child, many friends and relatives suggested not to conceive as I was already vulnerable from my disability status and I wouldn't be able to manage the second child."*

— Woman with a physical disability in Nagarjun

*"It was unfair that service providers used to be more interested to know about my disability rather than asking about my womb."*

— Woman with a visual disability in Daksinkali

The workshops raised awareness, fostered dialogue, and encouraged policy action toward disability-inclusive maternal healthcare in Nepal. By convening a diverse range of stakeholders, the sessions created a much-needed platform for discussing the challenges that women with disabilities face in accessing maternal healthcare. The workshops examined existing gaps in healthcare provision, enabling participants to collaboratively formulate strategies to address barriers.

The personal experiences shared by the women with disabilities were among the most impactful elements of the workshops. Their presentations gave women with disabilities a representative voice in policy discussions, ensuring that their experiences were not only acknowledged but also used

as the basis for developing actionable solutions. These powerful personal accounts provided direct insight into the lived realities of navigating maternal healthcare with a disability. Women described their struggles in accessing hospitals that lacked ramps or wheelchair-accessible delivery rooms, the difficulties of receiving appropriate medical attention due to healthcare providers' unfamiliarity with disability-specific needs, and the stigma they often faced when seeking maternal care. The presentations resonated deeply with attendees, shifting abstract policy discussions into tangible, real-world challenges.

Municipalities' increased awareness of the need to prioritize disability-inclusive maternal healthcare in their future planning and policy implementation was

another significant outcome. Throughout the discussions, municipal representatives acknowledged that despite existing healthcare policies, there remained a substantial gap between policy formulation and effective implementation. This awareness is particularly crucial because municipal-level planning dictates the allocation of healthcare resources in Nepal's federal healthcare structure, determines infrastructure development, and influences service delivery at the community level. By raising awareness of the importance of embedding disability-inclusive policies into municipal governance, the workshops helped establish a foundation for improvements in healthcare access for women with disabilities.



**Figure 5.** Participants in the panel discussion in Nagarjun

Beyond municipal-level engagement, the participation of national policymakers — including National Assembly members and representatives from the Ministry of Women, Children, and Senior Citizens — underscored the broader significance of the workshops' impact. Policymakers' involvement signalled increasing recognition of disability-inclusive maternal healthcare as a national policy priority. Importantly, their engagement suggested a willingness to integrate the workshops' recommendations

into national health strategies, potentially influencing legislation and funding allocations in the future.

Healthcare professionals, including senior hospital representatives, midwives, and female community

health volunteers (FCHVs), expressed strong interest in integrating disability-inclusive training into their practice. Many participants shared their challenges in providing adequate maternal care for women with disabilities due to a lack of proper training and infrastructure. Their discussions emphasized the need and demand for specialized training programs to equip healthcare providers with the skills necessary to deliver quality care to people with disabilities.

The workshops successfully met their objectives by disseminating critical research findings, fostering constructive discussions among key stakeholders, and securing concrete commitments from policymakers and healthcare professionals. By bridging the gap between research and policy, these workshops not only highlighted the urgent need for disability-inclusive maternal healthcare but also laid the groundwork for meaningful change in Nepal's healthcare landscape.

A tangible and immediate impact of the workshops was the strong interest in the printed policy briefs and case reports distributed during the sessions. Many participants, particularly those from municipal health departments and national ministries, took copies of the materials, signalling their intent to refer to the research findings in their future work. The enthusiasm for these materials suggests that the workshops will have some degree of influence, with policymakers and healthcare professionals continuing to engage with the research beyond the event itself.



**Figure 6.** A woman with visual disabilities sharing her story in Nagarjun



# What's Next?

Direct participation from women with disabilities made systemic healthcare gaps impossible to ignore and reinforced the need for those most affected to be part of the policymaking process. The workshops highlighted the persistent gap between policy and practice — while disability inclusion is often referenced in policy, implementation remains a challenge. Structured, ongoing dialogue among policymakers, healthcare providers, and communities is key to translating commitments into meaningful improvements.

The role of research in advocacy and action cannot be overlooked. Data and analysis alone are not enough; impact comes from actively sharing co-created findings with those who can use them — policymakers, healthcare

professionals, and the women themselves. These workshops made clear that research has the most power when it is connected to real-world change and that sustained engagement and follow-up are essential in turning discussions into concrete action.

Sustaining the momentum generated by these discussions is important. Continued advocacy, structured follow-ups, and the integration of disability-inclusive training for healthcare providers are essential actions to ensure long-term, systemic improvements in maternal healthcare services for women with disabilities in Nepal.

**Figure 7. Participants reviewing the Nepali version of the policy brief**



## Appendix 1

Participant groups invited to the workshops:

- Two women with disabilities who were part of the study  
National Assembly members
- Representatives from the Ministry of Women, Children, and Senior Citizens
- Mayors and deputy mayors and representatives from the municipal departments (Education, Public Health, Social Development, Public Health Inspectors)
- Senior hospital representatives and healthcare workers (nurses, midwives, female community health volunteers [FCHV], ward chairpersons)
- Representatives from OPDs
- Local researchers and academics

## Appendix 2

[Policy Brief \(in English and Nepali\)](#)

## Photo credits

Cover photo & Figures 2 to 6 by Mr Rakesh Pradhan

Figure 1 <https://www.nepalarchives.com/map-of-kathmandu-district-of-nepal/>





The Reach Alliance is a consortium of global universities — with partners in Ghana, South Africa, Mexico, Canada, United States, United Kingdom, Australia, and Singapore — developing the leaders we need to solve urgent local challenges of the hard to reach — those underserved for geographic, administrative, or social reasons. Working in interdisciplinary teams, Reach's globally minded students use rigorous research methods to identify innovative solutions to climate, public health, and economic challenges. The United Nations Sustainable Development Goals (SDGs) provide inspiration and a guiding framework. Research is conducted in collaboration with local communities and with guidance from university faculty members, building capacity and skills among Reach's student researchers.

The power of the Reach Alliance stems from engaging leading universities to unleash actionable research insights for impact. These insights have been published in numerous journals such as *The Lancet* and *BMJ Global Health* and are being used by policymakers and sector leaders, such as the Government of Canada and the *Stanford Social Innovation Review*, to catalyze impact around the world.

The Reach Alliance was created in 2015 by the University of Toronto's Munk School of Global Affairs & Public Policy, in partnership with the Mastercard Center for Inclusive Growth. It is guided by an advisory council of leaders in academia, and in the private, public, and nonprofit sectors who help to drive impact, influence and scale, and support fundraising efforts.