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The Resilience of Non-Profit Organizations in the Funding Crisis: Learning from CRP Bangladesh's Strategic Innovation in Prosthetics and Orthotics

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Abstract. The termination of the International Committee of the Red Cross' (ICRC) support in 2023 has made significant changes to the sustainability of prosthetic and orthotic (P&O) services at the Centre for the Rehabilitation of the Paralyzed (CRP) Bangladesh. This study aims to analyze how CRP adapts organizationally, diversifies funding, and strengthens partnerships after donor-exit. The research used a qualitative method with a case study design and interviewed nine informants from CRP Savar, CRP Mirpur, TMSS, as well as former ICRC staff. The results of the study show that organizational adaptation takes place through revision of policies and SOPs, material and cost efficiency, strengthening human resource capacity, and adjusting procurement systems and technology. The funding diversification strategy is carried out through increasing internal revenues (commercial units, high-tech services, and cross-subsidy mechanisms) as well as expanding external funding from governments, international NGOs, local donors, CSR, and individuals. On the partnership side, CRP strengthens existing collaborations, builds new networks, and enhances multi-donor transparency as a basis for public legitimacy. Overall, the study concludes that the sustainability of P&O CRP services is built through a combination of operational adaptation, funding innovation, and long-term partnership strategies, and makes a theoretical contribution to the study of nonprofit organization management in the donor-exit context.

Keywords. Organizational adaptation, Diversification of funding, Partnerships, Sustainability of services, Donor-exit, Prosthetics and Orthotics

Introduction

For nearly two decades, the International Committee of the Red Cross (ICRC) has been the main partner supporting the sustainability of Prosthetics and Orthotics (P&O) services at the Centre for the Rehabilitation of the Paralyzed (CRP), Bangladesh. ICRC support includes the provision of raw materials and prosthetic components such as polypropylene, EVA liners, and modular components as well as subsidized patient costs covering transportation, accommodation, and consumption during rehabilitation (ICRC, 2022). In addition, the ICRC also organizes advanced training and technical workshops for P&O professionals at CRP. However, the termination of ICRC support in 2023 caused a significant funding shock for the CRP. CRP's internal data (2025) shows an increase in the price of prosthetic raw materials of

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more than 30 percent and a decrease in the number of prosthetic patients receiving services after donor support is stopped. Patients now bear all non-material costs such as transport, meals and accommodation previously subsidised by the ICRC at an average of around BDT 13 000 per patient (see Table 1). This condition narrows access to services for low-income people and puts pressure on the financial capacity of institutions.

Table 1. The contribution of ICRC costs to the price of P&O devices in the CRP.

Category/Devices	**Actual Price (BDT)**	**Patient-Paid Price (BDT)**	**ICRC Support (BDT)**	**ICRC Contribution (%)**
Prosthetic leg below the knee (Transtibial prosthesis)	27.847	18.100	9.747	35%
Prosthetic leg above the knee (Transfemoral prosthesis)	63.317	35.300	28.017	44%
Prosthetic hand below the elbow (Transradial prosthesis)	18.000	11.500	6.500	36%
Upper elbow prosthetic hand (Transhumeral prosthesis)	28.000	14.000	14.000	50%
Ankle Foot Orthotics	17.515	4.300	13.215	75%
Knee Ankle Foot Orthotics	23.040	16.400	6.640	29%

Description: BDT = Bangladesh Taka. The data is based on the CRP's internal report in 2025. The ICRC's contribution ranges from 29–75%, with an average of 45% of the total cost of the device.

In addition, the loss of donor subsidies also has implications for the increased burden of the cost of assistive devices that must be borne by patients. Table 2.1 shows that out-of-

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pocket payments increased sharply after donor support was stopped. For transtibial prosthesis, the cost increased from 18100 BDT to 39147 BDT (an increase of 116 %), and for ankle foot orthosis jumped from 4300 BDT to 28815 BDT (an increase of 570 %). The increase shows a heavy economic burden on patients and their families, especially for low-income groups. The data in Table 1.1 and Table 1.2 show that the cessation of ICRC support directly increases the cost of P&O services and limits access to previously subsidized patients. The data also shows that since the ICRC stopped support in 2023, patients have had to bear non-device costs such as food, accommodation, and transportation themselves. Whereas previously, the ICRC covered around 350 BDT per day for food and 350 BDT per day for accommodation, with the length of stay for prosthetic patients ranging from 14–21 days. These changes create a significant financial burden for poor patients and contribute to a decrease in the number of recipients of prosthetic services. Similar phenomena have also been found in other countries with limited resources, such as Cambodia, where the cost of travel, accommodation, and length of stay in rehabilitation centers are the main barriers to patient access to prosthetic and orthotic services (Metcalf et al., 2023).

Table 2. Increased patient cost burden to obtain a P&O device in CRP.

Category/Devices	**Patient OOP in the presence of ICRC (BDT)**	**Patient OOP without ICRC (BDT)**	**Additional Load (BDT)**	**Load Gain (%)**
Prosthetic leg below the knee (Transtibial prosthesis)	18.100	39.147	21.047	116%
Prosthetic leg above the knee (Transfemoral prosthesis)	35.300	74.617	39.317	111%
Prosthetic hand below the elbow (Transradial prosthesis)	11.500	29.300	17.800	154%
Upper elbow prosthetic hand (Transhumeral prosthesis)	14.000	39.300	25.300	180%

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Knee Ankle Foot Orthotics	16.400	34.340	17.940	109%
Ankle Foot Orthotics	4.300	28.815	24.515	570%

Description: OOP = *Out-of-pocket payment*. The highest increase occurred in assistive devices below the knee (570%), indicating the patient's financial vulnerability to basic orthotic devices that were previously heavily subsidized.

This increase in costs has implications for a decrease in the number of patients as seen in Table 1.3, in the period July–December 2024 CRP Savar serves 66 patients and CRP Chittagong 62 patients, while in January-June 2025 the number drops to 28 patients in Savar and 40 patients in Chittagong. The consistent decline in these two locations suggests that the loss of donor subsidies has a direct effect on patients' ability to access prosthetic services.

Table 3. Number of CRP Prosthetic Service Patients (Savar and Chittagong).

Period	**CRP Savar**	**CRP Chittagong**	Total
July – December 2024	66 patients	62 patients	128 patients
January – June 2025	28 patients	40 patients	68 patients
Decline	-38 patients (-57.6%)	-22 patients (-35.5%)	-60 patients (-46.9%)

Data shows a significant decrease in the number of patients receiving prosthetic services in the first six months of 2025 compared to the previous period, confirming the direct impact of the ICRC subsidy termination on service accessibility.

This condition reflects a broader challenge in the provision of prosthetic and orthotic services in Bangladesh. As a lower-middle-income country, public access to technical rehabilitation services is still very limited due to high material costs, dependence on component imports, and the absence of a national financing scheme that includes assistive devices. Most P&O services are provided by non-profit organizations such as CRP and some other NGOs, while government funding mechanisms are still limited to specific case subsidies. This context shows that the sustainability of P&O services in Bangladesh is highly vulnerable to changes in donor support. This phenomenon is in accordance with the framework of Resource Dependence Theory (Pfeffer & Salancik, 1978) which explains that organizations that are heavily dependent on one external resource are likely to experience structural shocks when that resource is discontinued.

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Rehabilitation institutions' dependence on donors is not only in Bangladesh, but is also a global problem. According to the World Health Organization (WHO) and UNICEF (2022), only 5–15% of individuals with assistive device needs in low-income countries are able to access them due to limited financing and infrastructure (WHO & UNICEF, 2022). WHO (2017) asserts that a sustainable P&O service system requires long-term financing, trained professionals, and a three-aspect stable supply chain that is often unsustainable after donors have stopped (WHO, 2017). In Bangladesh itself, Bangladesh's Ministry of Social Welfare (MoSW) (2023) reported an increase in the number of registered persons with disabilities, but state support for rehabilitation services is still limited and has not been integrated into the social security system. The Rapid Assistive Technology Assessment (rATA) survey conducted by CBM Global Disability Inclusion (2021) showed that 43% of respondents in Bangladesh needed one or more assistive devices, but only 18% were able to obtain them due to cost barriers, distance of facilities, and lack of professionals (CBM Global Disability Inclusion, 2021). Similar findings were revealed by Neill et al. (2023) who emphasized the importance of integrating rehabilitation services into the national health system in lower-middle-income countries. Such integration requires a commitment to long-term financing and ownership of the program by the government, which is also a major challenge for Bangladesh's CRP after the cessation of donor support. Huffstetler et al. (2022) found that the termination of donor assistance without careful transition planning often leads to supply chain disruptions, professional shortages, and decreased healthcare coverage (Huffstetler et al., 2022). Shroff et al. (2024) add that the success of the post-donor transition is highly dependent on managerial capacity and national policy support (Shroff et al., 2024). The ICRC (2022) also mentioned that the cessation of support in Bangladesh is part of a global priority with an encouragement for partner institutions to develop local funding mechanisms. Several studies show how institutions in South Asia have successfully adapted after donors leave. Banskota et al. (2025) show a public–private–philanthropy partnership in Nepal that successfully maintained rehabilitation services for children with disabilities for more than four decades without a major donor (Banskota et al., 2025). Hamdard et al. (2023) found that diversification of funding sources increases the financial flexibility and resilience of non-governmental institutions in Afghanistan (Hamdard et al., 2023). Grasse and Lam (2021) show a non-linear relationship between diversification and financial stability in non-profit institutions in Canada (Grasse & Lam, 2021).

Tariq et al. (2025) assert that the influence of diversification on financial health depends on managerial capacity and cost structure (Tariq et al., 2025). Yu (2025) found that diversification can increase organizational flexibility when accompanied by internal efficiency and good governance (Yu, 2025). Overall, this literature shows that diversification strategies are not a single solution for organizational sustainability, but must be accompanied by an internal adaptation process that is appropriate to the local context. Most previous research has focused on the national policy level and has not examined the internal adaptation process at the level of rehabilitation service providers. Although studies have addressed the sustainability of rehabilitation services and the impact of donor transitions, research that specifically examines the dynamics of adaptation of P&O organizations after the cessation of long-term support is still very limited. Most previous studies have only highlighted aspects of funding or service management in general, without elaborating on how a P&O unit that relies heavily on material supply and technical competence adjusts its internal structure, procedures, and capacity post-donor exit. This underscores the need for a more in-depth and contextual study of the institutional adaptation process of P&O services in Bangladesh. This study provides a new

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perspective by examining adaptation strategies, funding diversification, and strengthening partnerships simultaneously in the context of P&O services after the cessation of donor support.

The funding crisis following the cessation of ICRC support has created a serious financial gap for the sustainability of prosthetic and orthotic services in CRP Bangladesh. This gap arises amid the growing need for P&O patients and limited sustained domestic financing support. This condition has the potential to reduce the accessibility of services due to the increase in device prices and slow down the progress of rehabilitation of people with disabilities in Bangladesh. Based on these dynamics, this study focuses on three main aspects that determine the sustainability of P&O services after donor exits, namely organizational adaptation, funding diversification, and strengthening partnerships. These three aspects were chosen because they represent crucial areas that were directly identified in the context of the CRP transition following the termination of ICRC support.

Research Methods

The main research location is CRP Savar, Dhaka, Bangladesh, which was designated as a bounded single case according to the case study approach of Yin (2018). The selection of this location was based on three main considerations: (1) CRP Savar is the largest and most comprehensive rehabilitation service centre in Bangladesh; (2) it was a major recipient of ICRC support for more than two decades prior to its discontinuation in 2023; and (3) all phenomena of organizational adaptation and funding diversification analyzed in this study occur in real life in the Savor unit. Interviews with key informants from CRP Savar were conducted face-to-face to gain an in-depth contextual understanding.

This research was carried out in the period from June to November. The activity began with the preparation of Research Proposals in June and July as an initial preparation stage to design the focus of the research area. Furthermore, in September and October, the researchers carried out a Licensing and Ethical Review at CRP Savar as an administrative and ethical requirement before data collection was carried out.

This study uses a qualitative approach with a single case study design to understand in depth the organizational adaptation strategy and diversification of funding for prosthetic and orthotic (P&O) services after the termination of donor support. The qualitative approach was chosen because it provides the flexibility to explore the dynamics of change, the experience of actors, and the decision-making process in a real context (Creswell & Poth, 2018).

Data collection was carried out using triangulation methods through in-depth interviews, participatory observations, and documentation studies. The combination of these three techniques provides rich, in-depth data and allows cross-verification between sources to increase the credibility of the findings.

Data analysis was carried out in a thethematic-integrative manner referring to Miles, Huberman, and Saldaña (2018). The analysis procedure takes place simultaneously with the data collection process (concurrent analysis), to maintain the depth of interpretation and allow researchers to act responsive to field findings.

Research and Discussion Results

Based on a thematic analysis of in-depth interviews with nine key informants, participatory observations, and documentation studies, this study uncovered three main domains of the CRP strategy after the ICRC ceased support: organizational adaptation, diversification of funding, and strengthening partnerships. The following is a complete and systematic presentation of the research results. The cessation of ICRC support (donor-exit) in

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2023 poses significant structural pressure on the CRP. From the data analysis, it was found that four pillars of organizational adaptation were carried out in stages and coordinated. The four pillars and their indicators are summarized in Table 4.

Table 4. CRP Post-Donor-Exit Organizational Adaptation Strategy

Adaptation Pillar	Key Indicators	Frequency Referred (from 9 Informants)
Structure & Policy Adjustments	Revised SOP; Rearrangement of unit roles; Organizational readiness evaluation (PRECEP).	9 (100%)
Cost Efficiency & Resource Management	Elimination of donor subsidies (meals/accommodation); Strict expenditure control; Implementation of internal subsidy (A-F) policies.	9 (100%)
Strengthening Human Resources & Technical Capacity	Transition of CPD to internal HR; Ongoing training; Capacity building of young professionals.	8 (89%)
Material & Technology Adaptation	Adjustment of the procurement system; Switch to paid materials; Exploration of new technologies (e.g., 3D printing).	9 (100%)

The first step of adaptation is internal restructuring. CRP management has made a thorough revision of the Standard Operating Procedure (SOP), especially in the flow of procurement of materials and patient services. Previously, 85-90% of technical decisions related to prosthetic components referred to ICRC standards. After donor-exit, CRP formed an internal transition team tasked with remapping responsibilities between departments. The observation results show that there was an increase in the frequency of interdepartmental coordination meetings by 40% in the first quarter of 2024 compared to the same period the previous year, with the main agenda being efficiency and policy adjustment. The loss of ICRC subsidies led to an increase in the direct costs that patients had to bear by 116-570% (see Table 1.2 in the manuscript). CRP responds with:

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1. Abolish all non-medical subsidies (food and accommodation) that were previously worth an average of BDT 700/day/patient.
2. Implementing a tiered subsidy (A-F) policy from full-pay to 100% is exempt, with stricter budget allocations.
3. Improving the control of material use in production workshops, which has an impact on reducing material waste by 15% based on quarterly internal reports.

Previous ICRC support has included ongoing technical training and the Continuing Professional Development (CPD) program. After exit, CPD's responsibilities were fully transferred to the CRP HR Department. However, internal capacity is still limited. Only 60% of annual technical training needs can be met by in-house trainers by 2024. To address this, CRP began exploring training collaborations with ISPO Bangladesh and other institutions.

The most critical changes occur in the supply chain. CRPs should move from subsidized components of the ICRC to self-procurement through commercial markets. Price data analysis shows an increase in the cost of core components by 30-80%. Adaptation strategies include:

1. Diversify suppliers to Chinese and local vendors to keep costs down.
2. Encourage the use of modular components in able patients, with an increase in the choice of components from 2 types (ICRC era) to 5 types.
3. Early exploration of 3D printing technology for the production of prosthetic sockets, which is projected to reduce material costs by up to 25% in the long run.

To fill the funding gap, CRP implements a multi-source and multi-model diversification strategy. The research findings group these efforts into four core strategies, as summarized in Table 5.

Table 5. CRP Funding Diversification Strategy

Diversification Strategy	Key Indicators	Implementation Rate (2024-2025)
Development of New Funding Sources	Government; international NGOs (BRAC, CBM, GIZ); Local donors and zakat.	Initial Negotiation Stage (60%)
Social Enterprise Activities & Internal Revenue	Cross-subsidy model; Commercial unit (CRP Mirpur); High-tech service.	Active Implementation (80%)
Multi-Donor Transparency & Accountability	Complete documentation; Internal audit; Regular reporting.	Full Implementation (95%)

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Challenge Mitigation & Opportunity Exploration	Overcome the increase in material prices; Building new partnerships.	Sustainable (70%)

CRP actively reaches out to five potential donor clusters: (1) the government (Ministry of Social Affairs, NITOR), (2) international NGOs (Hanger, Handicap International), (3) philanthropic institutions (BRAC, CBM), (4) corporate CSR, and (5) individual donors/zakat. However, only 30% of the initial approaches have entered the substantive discussion stage. One of the main obstacles is the mismatch of donor priorities with the need for high-cost and sustainable P&O funding. This strategy is the most stable financial support after donor-exit. CRP Mirpur, as a commercial unit, is fully operational without subsidies and accounts for about 20-25% of CRP's total internal revenue. The cross-subsidy model is applied with the principle that income from able-paid patients and high-tech services are used to subsidize poor patients at CRP Savar. Internal financial data shows that the contribution of internal revenue to P&O operating expenses increased from 40% (2023) to 65% (2025).

CRP implements a strict accountability system to maintain donor trust. Each incoming fund comes with complete documentation: donation letter, bank notification, official receipt, and usage report. In addition, quarterly internal audits are conducted to monitor the efficiency of material use. This system is a key factor in retaining old donors and attracting new donors.

Key challenges include: (1) high material costs, (2) the absence of national health insurance covering P&O, and (3) the risk of other donors (e.g. Primark in 2026). On the other hand, opportunities arise from the increasing demand for services as well as potential partnerships with international P&O industries and disability sports organizations. Cross-sector partnerships are the third pillar of CRP's sustainability strategy. Based on the analysis, four patterns of partnerships develop post-donor-exit, as presented in Table 3.

Table 6. CRP Partnership Pattern for Service Sustainability

Partnership Type	Key Partners	Contributions	Development Stage
Partnerships with the Government	NITOR, Ministry of Social Affairs.	Patient referrals, policy legitimacy.	Walking, but slowly.
Technical Partnerships with International NGOs	Hanger, Handicap International.	Technical support, training, component access.	Exploration Stage.
Education & Professions Network Partnership	Human Study, ISPO Bangladesh.	Curriculum development, CPD.	Active Implementation.

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Partnerships with Local Donors & Communities	Rotary Club, corporate CSR, individual philanthropy.	Specific funding, case support.	Active & Growing Implementation.

CRP maintains and deepens partnerships with government institutions such as NITOR and the Ministry of Social Affairs. Although direct financial contributions are still minimal, these partnerships provide institutional legitimacy and strengthen the CRP's position in the national rehabilitation system. CRP actively opens up communications with international P&O companies (e.g. Ottobock) and disabled sports organizations. It is hoped that this partnership can provide access to technology, training, and long-term funding. Currently, most are still in the early stages of discussion. Consistent with the funding strategy, absolute transparency is applied in all partnerships. Direct verification by donors through field visits or video calls with beneficiaries is a common practice that increases accountability and trust.

The donor-exit process provides valuable organizational lessons. The CRP concludes the importance of: (1) planning for donor exit early on (at least 3-5 years in advance), (2) building the capacity of human resources and local leadership before donors leave, and (3) developing social enterprise models as an independent financial buffer. These lessons are now integrated into the CRP 2025-2030 strategic plan.

The three domains of strategy—organizational adaptation, diversification of funding, and strengthening partnerships—do not run separately, but are interrelated and reinforce each other in an integrative model. Organizational adaptation creates an efficient operational foundation, funding diversification provides financial stability, while partnerships expand resources and legitimacy. The synergy of the three allows CRP to continue to provide quality P&O services despite facing significant funding gaps following the termination of ICRC support. The results of this study provide empirical evidence that the sustainability of specialist healthcare in developing countries can be achieved through a combination of adaptive internal responses, strategic financial innovations, and extensive external collaboration. These findings are not only relevant for CRP, but can also serve as a reference for other rehabilitation organizations facing similar funding transition situations.

Discussion

The findings of the study confirm that the CRP has activated all three components of *dynamic capabilities* (Teece, 2018) in response to the termination of ICRC support.

First, *sensing*: CRP quickly identifies structural threats, particularly in the 30–80% increase in material costs and the loss of non-medical subsidies. This *sensing process* occurs not only at the top management level, but also at the operational level, where the technical staff immediately sense changes in the availability of components and the patient's financial pressure. The ability to detect environmental changes is the foundation for all subsequent adaptation strategies.

Second, *seizing*: CRP transforms threat awareness into concrete action through restructuring SOPs, implementing tiered subsidy (A–F) policies, and transferring CPD responsibilities to internal departments. These measures demonstrate the organization's ability to mobilize limited internal resources to fill the void left by donors. However, the findings also reveal that this *seizing* process is not fully optimal, especially in terms of human resource capacity development, where only 60% of training needs can be met independently.

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Third, *transforming*: CRP began to reshape its operating model through diversification of material suppliers, exploration of 3D printing technology, and strengthening of Mirpur's commercial unit. This transforming stage is still in its early stages, but it shows a long-term orientation towards greater independence. However, *path dependence*—the tendency to remain dependent on work patterns formed over two decades of working with the ICRC—is a challenge in accelerating this transformation.

From a theoretical perspective, the adaptation of CRP shows that non-profit organizations in developing countries can develop *dynamic capabilities* even with limited resources. This process is not linear, but iterative, in which learning from each adaptation step is used to refine subsequent responses.

The finding that 65% of P&O's operating costs are now supported by internal revenue (up from 40% in 2023) directly supports the *Resource Dependence Theory* (RDT) proposition that organizations will seek to reduce dependence on dominant external resources (Pfeffer & Salancik, 1978).

First, the loss of the ICRC as a single donor, which previously accounted for 80–90% of the supply of components and subsidies, creates *a resource shock*. CRP responded by expanding its funding portfolio through five different donor clusters, although its effectiveness was still limited in the initial negotiation stage (30% entered substantive discussions). This effort is a classic strategy of RDT to *increase bargaining power* by increasing alternative resources.

Second, the development of CRP's Mirpur commercial unit, which accounts for 20-25% of internal revenue, and the implementation of *the cross-subsidy* model, are forms of *internal resource generation*. This is in line with the RDT argument that organizations can reduce external dependency by developing internally controlled resources. This model not only provides financial stability, but also increases the strategic autonomy of the CRP in determining patient priorities and types of services.

Third, the finding that CRP is still heavily dependent on component imports from China and other vendors indicates that the dependence is shifting from only one actor (ICRC) to another (commercial suppliers), has not been fully resolved. This demonstrates the complexity of RDT implementation in the context of P&O services that are technologically dependent on expensive external inputs.

Thus, CRP funding diversification has succeeded in reducing *vulnerability* due to single dependence, but has not fully achieved *resource independence*. This strategy needs to be complemented by strengthening local production capacity and technological innovation to reduce dependence on material imports.

The Nonprofit Financial Resilience *Framework* (Crisan & Dan, 2018) emphasizes that the resilience of nonprofit organizations is not only determined by revenue diversification, but also by legitimacy, collaborative networking, and adaptive capacity. The research findings align with this framework on three levels.

On a financial level, partnerships with governments (such as NITOR) and international NGOs (such as Hanger) serve as *resource buffering*. Although the direct financial contribution is small, the partnership opens up access to patient referral schemes, technical support, and potential future funding. It strengthens *financial resilience* by creating a flow of resources that does not depend on a single channel.

At the level of legitimacy, partnerships with government institutions and professional associations (ISPO Bangladesh) increase public credibility and trust in the CRP. Absolute transparency in reporting—verified directly by donors through field visits—strengthens the

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legitimacy of the organization's capital. This legitimacy becomes an important intangible asset to attract new donors and maintain community support.

At the strategic capacity level, a wide network of partnerships allows CRP to conduct *knowledge sharing* and *capacity building*, for example through training collaborations with ISPO. This helps overcome internal limitations in human resource development. The multi-level and multi-sector partnership pattern built by CRP reflects the principle *of collaborative governance* where the sustainability of public services is achieved through synergy between actors.

However, challenges remain, especially in terms of coordination and alignment of goals between CRPs and potential partners. The slow process in government partnerships shows that building *resilience* through collaboration requires time, commitment, and a supportive policy context.

The research findings show that the three domains—organizational adaptation, funding diversification, and partnerships—do not work separately, but reinforce each other in an integrated, adaptive system.

Dynamic capabilities in organizational adaptation create the internal efficiencies and operational flexibility needed to manage new funding sources and complex partnership relationships. Conversely, successful diversification of funding provides financial stability that allows organizations to invest in long-term capacity and technology development. Meanwhile, strong partnerships expand access to resources, knowledge, and legitimacy that support both internal adaptation and external diversification.

This integrative model overcomes the weaknesses of the partial approach often encountered in the previous literature. For example, diversification of funding without adequate internal adaptation can lead to inefficiencies and *mission drift*. On the other hand, organizational adaptation without financial support and external networks will be difficult to sustain in the face *of large* resource shocks.

Conclusion

The study concludes that the discontinuation of ICRC funding is a catalyst for CRP to carry out a strategic transformation towards self-reliance through three mutually reinforcing pillars: organizational adaptation, funding diversification, and partnership strengthening. Internally, CRP restructured policies and operations, cost efficiency, increased human resource capacity, and optimized the material procurement system. To reduce dependency, funding is diversified by strengthening internal sources (such as paid services and *cross-subsidies*) and expanding external networks to governments, NGOs, and corporate donors. Multi-actor partnerships are built not only for funding, but also for technology access, training, and supply stability, with transparency and accountability as their foundation. Overall, the sustainability of post-donor Prosthetic and Orthotic services is achieved through the organization's ability to adapt operationally, expand its financial resource base, and build resilient collaborative networks.

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