NYAYA
(‘knee-eye-uh’)

The Sanskrit-based word nyaya means ‘justice in action’—it’s perhaps a shorter and more elegant term for global health delivery.

—Dr. Paul Farmer, Partners In Health
2012 was a year of important milestones.

Together we moved $1 million to our work for the first time. We built the first microbiology laboratory for over 2.2 million people. We launched a transformative and new way of funding care for the world’s poorest by being the first to crowdfund medical care in partnership with Watsi.

Most importantly, together we treated our 100,000th patient.

In an organization committed to putting the dignity and opportunity of our patients first, it is this milestone that stirs the most reflection at the end of a year. To us, it’s a paradoxical figure that represents both rapid growth and humble beginnings.

For we know these early years represent only a small fraction of the commitment we share with you to build the partnerships, infrastructure, human resources, data, and belief required to realize the right to health for the poor around the world.

Thank you for your partnership. There are many more milestones ahead as a result.

With gratitude,

Mark

Mark Arnoldy
Executive Director
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t I @markarnoldy
In 2006, then Yale medical student, Jason Andrews and his Nepali wife and filmmaker, Roshani Andrews, traveled to Nepal’s neglected Far-Western region on their honeymoon to document the lives behind the HIV crisis they had heard so much about.

Here is what has happened since.

- The 1st U.S. office is opened with a full-time Executive Director.
- NH is ranked by the nonprofit evaluator GiveWell as a Standout Organization, placing it in the top 10 of over 800 organizations examined.
- NH launches a series of partnerships with the government, including HIV, TB, safe motherhood, malnutrition, radiology, and data.
- NH’s supporters help the organization cross the $1 million funding milestone.
- Dr. Paul Farmer visits Nepal for 9 days to help advise NH’s growth.
- NH’s 100,000th patient is treated.
- A grain shed is transformed into the area’s 1st functional clinic with community and government support.
- NH’s 1st patient is treated by Nepali clinicians.
- NH is invited by Partners in Health to become their official partner.
- NH launches its community health program, expanding its partnership with the Nepali government.
- Nepal’s government invites NH to open an abandoned hospital as part of a unique public-private partnership.
- Bayalpata Hospital is reopened after being closed for nearly 30 years.
- NH shares its vision for the future of global health by publishing a paper titled “Global Health Delivery 2.0”
- Dr. Paul Farmer visits Nepal for 9 days to help advise NH’s growth.
- NH’s 100,000th patient is treated.

Jason writes from Nepal to two other Yale medical students, Duncan Maru and Sanjay Basu. Together, they cofound Nyaya Health.
OUR CULTURAL DNA

OUR CULTURAL DNA IS A SET OF CONVICTIONS THAT DEFINE US AS A TEAM. THIS LIST IS THE RESULT OF WHAT HAPPENS WHEN YOU COLLIDE THE CARE AND CONCERN OF A GLOBAL HEALTH CLINICIAN WITH THE INSATIABLE DRIVE TOWARDS EFFICIENCY AND SCALE OF A TECHNOLOGY ENTREPRENEUR.

1. Put our patients first
   Not our own egos—the dignity and opportunity of our patients is far more important.

2. Good ideas and intentions ≠ good enough
   We celebrate the results of well-designed implementation, not merely ideas and intentions.

3. Be transparent until it hurts
   Doing so is an accountability guarantee against our own human frailties, and it is a way to shift a shamefully substandard global paradigm.

4. Efficiency = a moral must
   Being a ‘nonprofit’ (we prefer ‘for-purpose’) doesn’t destine us for slowness or waste. We’re out to prove that purpose can triumph over profit by constantly pushing towards greater efficiency with entrepreneurial tenacity.

5. Think BIG
   Lions can catch, kill, and eat mice, but they will die doing so because it’s a calorie negative endeavor. So instead they hunt antelopes.
   Like lions, we can’t afford to hunt mice.

6. Build simple
   That’s it.

7. Challenge convention
   Especially the conventional thinking and way of acting that keeps the poor without health care. Leapfrog in thought and action.

8. Barriers → opportunities
   Turn barriers into opportunities. The lens of possibility is desperately needed.

9. Great design → dignity
   Everything we build, from a hospital to a business card, is a metaphor for the dignity of the communities we work in.
   Good design isn’t a luxury—it’s a powerful and real priority.

10. Smile + support
    This work is hard enough without creating problems for ourselves. We value those we work with, find joy in what we do, celebrate progress, and smile...a lot.
In 2006, then Yale medical student, Jason Andrews and his Nepali wife and filmmaker, Roshani Andrews, traveled to Nepal’s neglected Far-Western region on their honeymoon to document the lives behind the HIV crisis they had heard so much about.

**IMPACT 2012**

- **262** babies delivered (45% increase)
- **19,247** CHW-patient encounters (no comparison data)
- **34,414** patients treated (5% increase)
- **30** community leaders signed a document requesting more government funding
- **861,449** people reached in 2 weeks to win 8th of 7,000 organizations in the Chase Giving Contest
- **$35,000** invested from Nepal’s government for the 3rd year in a row
- **107%** growth in Nepali staff
- **100%** facilities tiled
- **200%** increase in solar power

**2012 FIRSTS**

- **1st microbiology** laboratory opened for over 2.2 million people
- **1st partner** of the patient-crowdfunding platform Watsi
- **1st trip to Nepal** by renowned global health doctor Paul Farmer
We are committed to serving the poorest of the poor. We are committed to working extra hard to ensure health care for every last person here that needs it.

—Dr. Duncan Maru, Cofounder, Nyaya Health
It is a model with all the right pieces—it reaches the poorest, government resources are leveraged, and data and transparency are used to prove that results demand more investment.

—Governor Howard Dean, M.D.
Programs are designed so that every last patient, regardless of their condition, can access the care they need. We work at all tiers of Nepal’s health system—hospitals, clinics, and community health workers—to deliver comprehensive care.

**HOSPITAL BASE**
Build a hospital as a rural hub of clinical and operational excellence.

**COMMUNITY HEALTH POST**
Deliver primary care at clinics and develop infrastructure to connect to the hub.

**COMMUNITY HEALTH WORKER**
Use Community Health Workers for referral, follow-up, training, and disease surveillance.
Bayalpata Hospital acts as the hub of Nyaya Health’s operations in Far-Western Nepal. It is home to over 58 Nepali staff members from the clinical, administrative, and community health teams.
Bayalpata Hospital was built in 1979, but remained largely abandoned for roughly 30 years before Nyaya Health was invited by the Nepali Government to renovate, operate, and manage the hospital through a unique public-private partnership.

This year, we celebrated our 3rd year anniversary at Bayalpata Hospital by launching a surgical center and microbiology laboratory—two key steps forward for the facility to become a rural teaching hospital that will serve as a training base for Nepal’s rural health care leadership.
Community Health Workers perform a “mass education campaign” to hundreds in a village community on water, sanitation, and hygiene.
Nyaya Health’s Community Health Workers accompany patients across the emotional, educational, and literal distance to health in irreplaceable ways.

Since its beginnings in 2010, the Community Health Program has grown to become a program made up of 93 women in 9 communities who oversee the health of approximately 22,500 people.

Built in formal partnership with the Nepali Government, the Community Health Program enhances the existing Female Community Health Volunteers program in a set of strategic ways by adding female management support, providing performance-based payments, and improving training so women can be effective leaders in referral, follow-up, disease surveillance and educating their communities.
**Global Team**

Our global team is lean in cost, but not in commitment. We invest heavily in local leaders to build a durable system of health care. In 2012, our Nepali staff grew by 60%.

<table>
<thead>
<tr>
<th>Full-time Team Members</th>
<th>Volunteer Support Staff</th>
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<tbody>
<tr>
<td>4</td>
<td>12</td>
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</tbody>
</table>

<table>
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<tr>
<th>Partnerships for pro-bono legal &amp; financial work</th>
<th>Global Team Members</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td>5</td>
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</table>

Nyaya Health is a U.S.-based 501(c)(3) organization that partners with a sister Nepali-registered non-governmental organization by the same name. Thus the organization is governed by both a pair of global and local Boards. This structure allows us to receive organizational support from experienced professionals at multiple levels across the organization.

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**Nepal Team**

We invest heavily in local leaders to build a durable system of health care. In 2012, our Nepali staff grew by 60%.

<table>
<thead>
<tr>
<th>Nepali Team Members</th>
<th>Community Health Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>160</td>
<td>93</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Health Worker Leaders</th>
<th>Hospital-based Clinical &amp; Administrative Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>58</td>
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</table>
Partnership is a core component of our operating philosophy, and thus our team is constantly at work building partnerships globally and within Nepal to bring care to more patients. Thank you to the individuals and organizations that partnered with us in 2012.
In 2012, Nyaya Health partnered with Watsi to be the first in the world to crowdfund medical care for patients living in last mile communities.

Through this partnership, we identify patients requiring complex care unavailable in rural Nepal, tell their story online with fully transparent costs of care, and donors from around the world collectively can directly fund care with investments of as little as $5.

After seeing this model transform the lives of patients like Priyanka, we are working to scale-up crowdfunding partnerships to ensure that every patient—no matter the complexity of their care—will get treatment.

Learn more at: watsi.org
“Only when the members slow down and look up from the constant barrage of e-mails do they allow themselves to be a bit impressed with their work. They’ve turned an abandoned hospital in a small corner of the world into a house of healing and justice.”

—Yale Medicine Magazine
Nyaya Health’s Fiscal Year 2012: August 1, 2011—July 31, 2012

**2012 REVENUE**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Foundations and Partners</td>
<td>$383,381</td>
<td>49%</td>
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<tr>
<td>Individuals</td>
<td>$271,844</td>
<td>35%</td>
</tr>
<tr>
<td>Corporate Partners</td>
<td>$81,752</td>
<td>11%</td>
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<tr>
<td>Nepali Government</td>
<td>$35,000</td>
<td>5%</td>
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<tr>
<td><strong>Total</strong></td>
<td>$771,978</td>
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**2012 EXPENDITURES**

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<tr>
<th>Category</th>
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<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Nepal Programs</td>
<td>$451,345</td>
<td>93%</td>
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<tr>
<td>Management and Administration</td>
<td>$23,114</td>
<td>5%</td>
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<tr>
<td>Fundraising</td>
<td>$9,657</td>
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<tr>
<td><strong>Total</strong></td>
<td>$484,116</td>
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**IN-KIND GIFTS: $148,135**

**2012 REVENUE: $771,978**

Full financials available at [www.nyayahealth.org](http://www.nyayahealth.org)

Starting January 1, 2012, the Nyaya Health team made a commitment to fund its organizational growth in the U.S. separately via special donors, in-kind gifts, and volunteers to guarantee that 100% of general donations go directly to work in Nepal.