ANNUAL IMPACT REPORT

AUGUST 1, 2020 - JULY 31, 2021
2021 has been a year of challenges and adaptation. While we continue to grapple with the impacts of COVID-19, we continue our work in long-term health-system strengthening and universal health coverage. We have continued to engage in collaborative research and innovation to address gaps in healthcare equity, quality, and accessibility.

This year, we have been building on our core areas of mental health, community health, and reproductive maternal and child health, while simultaneously supporting COVID response efforts. We leveraged our technical expertise, historical knowledge, and research programs to:

- Develop and test a family-based intervention to address domestic violence and co-existent mental illness in partnership with the Women’s Rehabilitation Centre
- Develop and test mobile apps for frontline providers to help them use motivational interviewing to improve adherence to depression and HIV care
- Facilitate and support the integration of the Dolakha CHW program by Dhulikhel Hospital, Kathmandu University, including its adaption for COVID response efforts
- Provide support to the Government of Nepal to pilot a community health program with strong municipality ownership, modeled after Possible-supported community health worker programs
- Support efforts to advocate for COVID-19 vaccine equity, particularly for Nepal during the devastating second wave
- Spotlight the importance of mental health and share mental health resources with partners, stakeholders, and team members alike
- Build a team of experts positioning us to drive our work forward

Through our work, we improve the equity, quality, and accessibility of healthcare in Nepal, while also informing the global discourse on equitable healthcare models through our dissemination efforts.

Thank you, as ever, for being with us on this journey.
Possible Team and Board of Directors
RESEARCH SPOTLIGHT

Current Footprint

Province 7:
- Testing engagement in care via Community-based mHealth Motivational Interviewing Tool for HIV-positive youth in Achham

Province 2:
- Pilot Study For a Family Intervention to Address Mental Health and Domestic Violence Among Young Women in Nepal

Province 3:
- Testing acceptability and feasibility of Community-based mHealth Motivational Interviewing Tool for Depression to improve adherence to treatment in Dolakha
- Community Health Technical Support to Dhulikhel Hospital, Kathmandu University
MENTAL HEALTH

Mental health is an important but often undervalued component of healthcare. In response, we test models of care that have the potential to make mental health care accessible to traditionally underserved populations.

A Pilot Study For a Family Intervention to Address Mental Health and Domestic Violence Among Young Women in Nepal

Globally, one in three women experiences physical or sexual violence from an intimate partner in their lifetime (WHO, 2019). The current COVID-19 pandemic has further made women vulnerable to domestic violence (DV) (UN, 2020). Most interventions focus on either DV or mental health and most of what is known in DV and mental illness have been derived from studies conducted in high-income countries.

To address this large gap in research and practice, Possible has partnered with the Women’s Rehabilitation Centre (WOREC). WOREC is a leading national organization that helps to address violence against women and its consequences. Together we are testing a family-based intervention that involves the mother-in-law and the husband alongside the woman experiencing DV. If successful, our study will provide key insights in addressing both DV and depression among vulnerable women in rural Nepal.

What’s Next?
DV and the consequent mental illnesses like depression are areas of concern for public health globally, including in South Asia and other resource-limited settings. If these interventions can be successfully implemented by trained non-doctoral mental health professionals, this may be a cost-effective approach that can be implemented on a larger scale and in other settings globally.

Image: A WOREC Counselor providing support to a landslide survivor of Sindaupalchowk. Photo credit: WOREC.
Improving engagement in care via Community-based mHealth
Motivational Interviewing Tool for HIV-positive youth (COMMIT+)

Worldwide, youth living with HIV are poorly engaged in care and have worse health outcomes than adults. Despite this, there is a lack of effective interventions to improve their engagement in care. In partnership with Nyaya Health Nepal, we are testing a mobile app to use motivational interviewing (MI) by Community Health Workers (CHWs) to address challenges in treatment adherence. MI is an interactional approach that focuses on improving the person’s motivation to engage in healthy behaviors, such as keeping their clinic appointments and regularly taking medications. Using the app, CHWs can learn and maintain MI skills to support youth in healthy behaviors.

What’s Next?
As part of this study, our team has created Nepal’s first manual for motivational interviewing. In addition to helping improve adherence to treatment among youth living with HIV, our work will allow practitioners in Nepal to use motivational interviewing for numerous behavioral conditions (e.g. helping someone stop smoking).

Learn more about our experience adapting MI
MENTAL HEALTH

Acceptability and feasibility of Community-based mHealth Motivational Interviewing Tool for Depression to improve adherence to treatment (COMMIT-D)

Poor adherence to treatment is a global problem in depression care, with one-third of clients discontinuing antidepressants in the first month of treatment. In partnership with Dhulikhel Hospital, Kathmandu University, we are assessing the acceptability and feasibility of the use of a mHealth tool (COMMIT-D) by CHWs in support of care management for clients with depression. Similar to our COMMIT+ work, we developed a mobile app to provide prompts to CHWs to support their use of MI to support improved adherence to depression care.

What’s Next?
After we analyze the results from this intervention, we expect to demonstrate that this process is acceptable and feasible. Leveraging this evidence, we will test this intervention in a large randomized controlled trial to directly study the link between our mhealth app and improved depression outcomes via the pathway of improving treatment adherence. The findings have the potential to identify an effective mHealth intervention that can be used globally for engaging people with depression in ongoing care.
COMMUNITY HEALTH

In partnership with Dhulikhel Hospital, Kathmandu University, we are building the evidence in Nepal for paid, well-trained, and supervised CHWs. This program expanded service-delivery efforts and provided an essential linkage between the community and the hospital, for this critical time and beyond.

**CHWs continued providing essential services in Dolakha during COVID-19 Pandemic**

Despite personal fear, family and societal opposition, and the very real risk of contracting the illness themselves or spreading it to their family, CHWs continued their work providing essential services. Ensuring the safety of both CHWs and the community members was the top priority during this time. CHWs were oriented on safety updates to the program, COVID-19, supplied with personal protective equipment.

During this time, CHWs also supported local health facilities in client registration, dressing, quarantine, and screening activities. They also helped local health authorities in identifying suspected or high-risk cases. They were instrumental in ensuring the community was informed and aware of resources available to them. These efforts continue as they support the ongoing vaccine campaigns.

**What’s Next?**

Possible will continue to provide technical support to the Dhulikhel Hospital, Kathmandu University community health program as they continue to evolve the program and ensure its sustainability.

Leveraging Possible’s experience and evidenced community health worker program model, Possible is providing support to the Government of Nepal to pilot a community health program with strong municipality ownership, modeled after Possible-supported community health worker programs.

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“We were afraid that we would be blamed if anyone we visited happened to get infected. Actually, everything was shut down but we were still working... As the situation grew difficult I went to the health post. I helped them there and served emergency cases through phone calls... We never stopped working. [We were either serving through phone calls, the health post, or the ward office].

- Dhulikhel Hospital, Kathmandu University CHW

Image: CHW provides family planning counseling using balanced counseling cards. Photo credit: Kathmandu University, Dhulikhel Hospital
Below we highlight ways in which we have shared our findings and advocated for health equity:

**Presentations, Webinars and Conferences**
- **Group Antenatal Care across the globe: Improving quality for diverse, vulnerable populations; Group Antenatal Care: A prospective type I hybrid effectiveness-implementation study in rural Nepal**
  32nd International Conference of Midwives Virtual Triennial Congress, Oral Presentation on Panel (June 30, 2021)
- **An integrated RMNCH intervention by community health workers in rural Nepal: a type II hybrid effectiveness-implementation study**
  7th National Summit of Health and Population Scientists in Nepal (01-02 July 2021)
- **Global COVID-19 Vaccine Apartheid: Nepal**
  Webinar - June 4, 2021. Hosted in partnership with Mt Sinai AIGH, Nepal Rising, Global Health Institute, Elmhurst, & Ohio State University

**Mental Health Videos**
As COVID 19 continues to impact us globally, we responded to the mental health strain it has had on our team and our partners. We engaged our partner organizations and collaborators to identify and understand their internal mental health needs. We used our experience and expertise in mental health to address these needs. Additionally, our Co-Founder and Mental Health Advisor Bibhav Acharya created a series of videos in Nepali focusing on:
- How can we support someone who is going through a difficult time? Tips, dos, and don’ts when supporting others
- Understanding panic attacks and what to do if they are a problem for you.
- How to manage/grief and loss

**Watch these videos as well as other helpful videos**

**Publications, Blogs and Articles**
- **Building a Global Evidence Base to Guide Policy and Implementation for Group Antenatal Care in Low- and Middle-Income Countries: Key Principles and Research Framework Recommendations from the Global Group Antenatal Care Collaborative.**
- **Technical Expert Revision for The role of community health workers in COVID-19 vaccination, implementation support guide.**
  World Health Organization and the United Nations Children’s Fund (UNICEF), 2021. This work is available under the CCBY-NC-SA 3.0 IGO license. WHO reference number: WHO/2019-nCoV/NDV/CHWs_role/2021.1
- **Compensation models for community health workers: Comparison of legal frameworks across five countries**
- **Cross-cultural adaptation of motivational interviewing for use in rural Nepal.**
- **With COVID-19 cases surging, Nepal asks global community for urgent vaccine help**
  Rankin, K, Citrin, D, Murton G, and Craig, S. Theconversation.com May 26, 2021
- **In ‘vaccine apartheid,’ Nepal is ground zero. It needs U.S. help**
- **Collaborative care model for depression in rural Nepal: a mixed-methods implementation research study**
Possible is a collaboration between an independent Nepal-based non-governmental organization, Sambhav (Possible), and a US-based non-profit. We are two entities that operate independently, with a mutually interdependent partnership and a common goal of supporting health innovation in Nepal. The US-based nonprofit is a connector and facilitator in getting funds to our partners in Nepal and the two entities work together in identifying needs, developing proposals, implementing projects, and providing support and mentorship.

As a global enterprise, we are continuously striving to combat systems of inequities. An essential part of this is ensuring that the Nepal leadership, partners, and other stakeholders—who are closest to the problems we are trying to address—are directly leading the decision-making processes. While we have no perfect solution and acknowledge the larger systems of inequities we work within, we are committed to working in equitable and inclusive ways.

Leading the collaboration's strategic direction is Sambhav (Possible) Executive Director, Dr. Sabitri Sapkota Devkota, based in Kathmandu, Nepal. She and her team are supported by a diverse Board with a deep connection and commitment to inclusive healthcare. The Nepal Board Chair Dr. Indira Basnett has worked in Nepal's health sector for over thirty-eight years and has experience working with Nepal’s Ministry of Health. She has a strong understanding of the Nepal Health sector to ask challenging questions and hold us accountable to our values and mission.

This dynamic and diverse team works alongside partners and supporters, including the Nepal government, to facilitate an ecosystem of critical healthcare system researchers to address the health priorities of Nepal.

Learn more about our team
Fiscal Year 2021: August 1, 2020 - July 31, 2021

Statement of Activities

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<tr>
<th>Revenue by Type</th>
<th>FY2021</th>
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<tbody>
<tr>
<td>Foundation</td>
<td>$ 888,346</td>
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<tr>
<td>Individual</td>
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<tr>
<td>Other</td>
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<td><strong>Total Revenue</strong></td>
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<table>
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<tr>
<th>Expenses by Type</th>
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<td>Program Services</td>
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<td>Direct Delivery</td>
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<td>System Building</td>
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<td>Design and Research</td>
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<td>Supporting Services</td>
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<td>General and Administrative</td>
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<td>Fundraising</td>
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<td><strong>Total Expenses</strong></td>
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*Program services expenses include funds provided to our collaborating partners Nyaya Health Nepal, Dhulikhel Hospital, Kathmandu University, and WOREC.*
THANK YOU

Funding Partners

$250,000 to $499,999
Nick Simons Foundation
Schooner Foundation

$100,000 to $249,999
Google Adworks
Anonymous
Pierre and Pamela Omidyar Fund
Justin Durand

$50,000 to $99,999
National Institutes of Health
Arnold Institute of Global Health
Mulago Foundation
Albert Kanib

$10,000 to $49,999
The Life You Can Save - AUS
The Life You Can Save
Elmo Foundation
Duncan & Sheela Maru
John Bauman
Capital Group

A to Z Impact Foundation

$1,000 to $9,999
Asana
Angelo Tomedi
Dropbox
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First Dollar Foundation
Hernstein Family Foundation
Community Health Impact Coalition
Small Improvements
Maurice & Jeanne Ferrante
Patrick McKeen

Sandro Lazzarini
Jackie Bullis
Richard Katzman
The Brennan and Cianciolo Family Fund
Ravi Alimchandani & Juliana Macri
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Frederic Bhanson
Elen Shrestha & Bibhav Acharya
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Matthew Busch
Elisabeth Baron

Dan Schwarz
Ryan Schwarz

$500 to $999
Alex Horowitz
Margaret Forrest
Jessica & Ari Beckerman
Johnson
Young Hoon Oh
Jhapat Thapa
Cliff B
Eric Walter
Nutsheils Support Group

Sambhav (Possible) Board - Nepal

Indira Basnett, MD, PhD
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Sushama Gautam
Rajesh Parajuli, FCA
Meeta Sainju Pradhan, PhD
Prakash Nepali, LLM
Lhamo Yangchen Sherpa, MSc, PhD
Manish Prasai, MBA
Kalpana Poudel, MA

Possible Board - US

Bibhav Acharya, MD,
Duncan Maru, MD, PhD
Kimberly Lipman-White, MSc

Collaborators

Arnold Institute for Global Health at Icahn School of Medicine at Mt. Sinai
Community Health Impact Coalition
Dhulikhel Hospital, Kathmandu University Hospital
Division of Global Health Equity at the Brigham and Women’s Hospital
Department of Psychiatry and Behavioral Sciences, and HEAL fellowship program at the University of California San Francisco
Department of Global Health and Nepal Studies Initiative at the University of Washington
Department of OBGYN at the Boston University School of Medicine
Nyaya Health Nepal
Wheaton College
Women’s Rehabilitation Centre

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