OUR VISION

Possible envisions a world where everyone, everywhere, has access to high-quality healthcare rooted in context, evidence, inclusion, and equity.

OUR MISSION

Engage in rigorous and collaborative research and innovation to address evidence, implementation, and policy gaps in the equity, quality, and accessibility of healthcare.
Namaskar.

This year has been one of growth and healing for our team. We have continued our mission of innovation and research that lead to scalable interventions improving the health of people facing economic or social exclusion.

Together with our many partners inside and outside Nepal, we are succeeding in demonstrating that “global health” is about local leadership in global dialogue. Our partnership and collaboration with various divisions of the Ministry of Health and Population have been significant milestones in our journey toward evidence-based policymaking. To achieve our goals, we maintain close partnerships with the Government of Nepal at municipal, provincial, and national levels, along with local and global health institutions.

We describe here some of the scalable solutions we are co-developing in several parts of Nepal. Together with the Government of Nepal’s Nursing and Social Security Division (NSSD) and Kathmandu University, we are deepening our community health worker models in Bhaktapur, Bardibas, and Dolakha. With courageous partners at the Women’s Rehabilitation Centre (WOREC), we are testing a family-based intervention addressing domestic violence and mental health in Dhanusa and Morang. With the Nepal Disabled Women’s Association (NDWA), we are conducting formative research to address the sexual and reproductive health needs of women with disability in a national context.

We are immensely proud and grateful for the unwavering support of our dedicated team, advisors, partners, funders, and supporters who have played an integral role in enabling us to successfully build the foundation for global health research and innovation. We hope you take inspiration from our Annual Impact Report. We look forward to further dialogue and partnership.

With hope,

Dr. Sabitri Sapkota
Executive Director

Dr. Indira Basnett
Board Chair
Sudurpashchim Pradesh:

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

Madesh Pradesh:

- Family Intervention to Address Mental Health and Domestic Violence Among Young Women in Nepal
- Implementation and evaluation of a Municipal community health worker program

Bagmati Pradesh:

- 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
- Implementation and evaluation of a Municipal community health worker program
PILOT PHASE: FAMILY INTERVENTION TO ADDRESS MENTAL HEALTH AND DOMESTIC VIOLENCE AMONG YOUNG WOMEN

Together with Women’s Rehabilitation Centre (WOREC), we are testing a family-based intervention to address mental health and domestic violence. Our intervention involves the mother-in-law and the husband alongside the woman experiencing domestic violence.

In this study, we included married women 15-24 years old, their husbands, and their mother-in-law. We recruited 25 families for this pilot intervention and have recently completed the intervention and three-month follow-up sessions. Preliminary analysis from our qualitative interviews shows that the participants have found the intervention helpful and experienced improved relationships. Participants also shared that they would recommend this intervention to others.
While describing their experiences, participants shared that they have started supporting each other at home and have started to listen, understand then respond versus immediately reacting which used to make things worse at home.

“My daughter-in-law shouts...and if I shout back, it would initiate a fight...so when my daughter-in-law shouts I keep quiet, and let her speak.”

--- Participant Mother-in-Law

The family relationship has already changed. The fights that used to happen between mother-in-law and daughter-in-law before are less now. Not only less actually there are no fights at all now. Now when she (mother-in-law) speaks, she (daughter-in-law) listens calmly and when she (daughter-in-law) speaks, she (mother-in-law) listens calmly.

---A husband participant

“If I am busy with my work such as cooking, my mother-in-law looks after my child. Similarly, I also support her when she is busy with her work.

--Woman Participant

WHAT'S NEXT?

We are collecting 6-month follow-up data from the participants and shall share the findings of the study after we complete a detailed quantitative and qualitative analysis. We will then test the intervention with a wider demographic to inform the next phase of testing and scale up. If these interventions continue to show promising results this may be a cost-effective approach to domestic violence that can be implemented on a larger scale and in other settings globally.
Utilizing evidence from the innovative Community Health Worker model we developed over the past 15 years, the Government of Nepal’s Nursing and Social Security Division (NSSD) and the local municipal governments are piloting a community health worker intervention in two municipalities. Possible has provided technical assistance on the design and roll-out of the program. We are conducting an evaluation to elucidate impact and cost and understand key enabling factors, challenges, and iterations. Our shared goal is scaling an effective and inclusive CHW intervention.

In this work, the Community Health Workers are licensed nurses who receive training and supportive supervision to conduct regular home visits to:

- monitor and promote the utilization of healthcare services
- promote self-management, social support, and emergency planning
- provide person-centered counseling centering individual values and wishes
- identify major causes of morbidity, and refer for appropriate treatment
- leverage mobile technology to support care delivery and robust data capturing.
Who knows the community people more than their own community members?

CHWs are local women who know the locality and deliver tailored evidence-based interventions

--Kripa Sigdel
Possible's Senior Mental Health Research Manager

WHAT'S NEXT?
We will be working collaboratively with government partners and key stakeholders on the impact evaluation over the coming year. The training, implementation learnings and evaluation has the potential to be used to support the scale-up of the model across the country. The federal government's Ministry of Health and Population has committed to expanding this pilot program. Additionally, the municipal offices where the program is being implemented have committed to ongoing budget allocation. These are promising steps towards providing free and effective professional community health services throughout Nepal.
A brief produced by UN Women on Sustainable Development Goals has identified the lack of access to sexual and reproductive health and rights among the most pressing concerns for women and girls with disabilities. In Nepal, very few studies have been conducted on access to and factors affecting sexual and reproductive health services for women living with disabilities. This lack of evidence is despite the government’s commitment to making necessary provisions for the protection of the health and reproductive right of women with disabilities.

Preliminary work among women living with disabilities has found illiteracy, lack of information, socio-economic status along with distant health facilities, and behavior of healthcare providers as reasons for low utilization of sexual and reproductive health services. In partnership with the Nepal Health Research Council and the Nepal Disabled Women Association, we are conducting formative research to address the sexual and reproductive health needs of women with disability in a national context. We are exploring the needs and barriers to accessing services to co-create an intervention using human-centered design.
Lessons for Implementing and Testing the Collaborative Care Model from Three Studies in India, Nepal, and Seattle: Implications for Scale-Up of Mental Health Services for Vulnerable Populations Worldwide
The 25th National Conference on Mental Health Services Research: Transforming Challenges into New Opportunities (August 2022)

Community health workers expand access to sexual and reproductive health services in Rural Areas in Nepal
WHO & UNFPA Sexual and Reproductive Health and Universal Health Coverage Learning by Sharing Portal (July 2022)

Strengthening Mental Health Systems through Collaborative Care Model: Evidence and Learnings from Rural Nepal

Implementation Research on Community Health Worker Model in Improving Maternal and Child Health in Rural Nepal
Martin Chautari Health Policy Discussion Series (March 2022)

Challenges and Opportunities in Implementing the Collaborative Care Model in Vietnam and Nepal
Columbia University Seminar Global Mental Health (March 2022)

Lessons from Implementing Collaborative Care for Five Years in Rural Nepal
Annual WHO mhGAP Mental Health Forum, Time to Act: Transforming Mental Health Systems Doing More and Better (December 2021)

Task sharing and Implementation of Collaborative Care Model in Rural Nepal
Nepal Mental Health Research Series, Webinar IV (November 2021)

Mental Health: Underprioritized and Emerging
Martin Chautari Health Policy Discussion Series (October 2021)

Collaborative Care Model for Depression in Rural Nepal
UBC REMAP- Digital’s Inaugural Conference for Research in Mental Health Equity and Digital Health in the Asia Pacific (October 2021)

"Our mothers do not tell us": a qualitative study of adolescent girls’ perspectives on sexual and reproductive health in rural Nepal

Implementing Collaborative Care in Low-Resource Government, Research, and Academic Settings in Rural Nepal

Comparing two data collection methods to track vital events in Maternal and child health via community health workers in rural Nepal

Community Health Workers in Pandemics: Evidence and Investment Implications

A Type II hybrid effectiveness-implementation study of an integrated CHW intervention to address maternal healthcare in rural Nepal

2022 ANNUAL REPORT
CORE VALUES

As a team, we have identified these core values to guide and inform how we work internally and externally.

We aim to revisit these values and evaluate their relevance and our approach to operationalizing these values regularly in our work and impact.

PEOPLE-CENTERED

- We anchor our work in the lived experiences of the people we aim to serve in our vision of achieving access to high-quality healthcare rooted in evidence, equity, and inclusion
- We value our employees and their growth, so we strive to support employees’ work/life balance, flexibility, and continuous development

PARTICIPATORY & COLLABORATIVE

We ensure team members, partners and collaborators not only have access to information but feel empowered and have mechanisms to provide input and feedback into the work and organization.

HUMILITY

We foster and embrace a culture of openness, curiosity, and continuous learning to ensure we are staying accountable to our values, our mission, and our vision.

TRANSPARENCY

We strive to ensure clarity and understanding of organizational strategy, decision making, processes, and access to information with regular check-ins and reviews of information.

ACCOUNTABILITY

We continuously strive to bridge the gap between those with decision making power and those impacted by decisions. We do this by actively reflecting on how we can improve processes to ensure participation as well as open up difference vehicles of feedback.
MEET THE TEAM
"I am grateful to be a part of the Possible team, where our work and culture are centered on equity, social justice, and accessibility in healthcare. It has been extremely fulfilling to contribute to research that aims to innovate and make healthcare available to all, regardless of social or geographical divides. I appreciate the efforts that are made to create a safe and supportive work environment, as well as the investment in team members' growth through shared opportunities and collaboration. These values align deeply with my own and has made for a meaningful and rewarding work experience."

"It’s been more than a year working as a Finance & Operations Officer with Sambhav(Possible). Sambhav (Possible) is an institution that creates an environment where everyone feels comfortable to express their opinions freely and honestly. Additionally, learning and development opportunities are infinite with supervisors to board members in both Nepal and US encouraging the learning and development of the employees."

"The values of Sambhav(Possible) is something I have found significant. The team members are promising. I am enthusiastic towards my current position and upcoming roles and responsibilities. The team is growing and feels good to be a part of this vibrant team that creates a non-judgemental and admirable workplace."
FINANCIALS

FISCAL YEAR 2022: AUGUST 1, 2021 - JULY 31, 2022

Statement of Activities*

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<th>Revenue by Type</th>
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<td>Individual</td>
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<th>Expenses by Type</th>
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<td>System Building</td>
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<td>Grants and Operations</td>
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<td><strong>Total Expenses</strong></td>
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*These numbers represent the audited financials of the US 501c3 entity that supports Possible. Audited financials are available at: https://possiblehealth.org/impact-reports-financials/

*The excess of expense over revenue relates to a shift in funding directly to Nyaya Health Nepal, which the 501c3 non-profit also supports.
THANK YOU

COLLABORATORS
Arnhold Institute for Global Health, Icahn School of Medicine at Mount Sinai
Community Health Impact Coalition
Dhulikhel Teaching Hospital, Kathmandu University School of Medical Sciences
Department of Psychiatry and Behavioral Sciences, University of California San Francisco School of Medicine
Department of Global Health and Nepal Studies Initiative, University of Washington
Nepal Disabled Women Association
Nepal Ministry of Health and Population
Nyaya Health Nepal
Wheaton College
Women's Rehabilitation Centre, Nepal

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*Incoming board members

FUNDING PARTNERS

$250,000 TO $500,000
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$100,000 TO $249,999
Anonymous

$50,000 TO $99,999
Arnhold Institute of Global Health

$10,000 TO $49,999
National Institutes of Health
Schooner Foundation
Maru Family
Latika & Rajiv Jain Foundation
John Bauman
GQQG Partners Community Empowerment Foundation
Open4All Charitable Foundation

$1,000 TO $9,999
Hans and Usha Maru Charitable Fund
Community Health Impact Coalition
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THANK YOU!

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