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.

As we reflect upon the passing year, it fills us with a profound sense of accomplishment and purpose. We are thrilled to share the milestones achieved through our partnerships with the government of Nepal, in particular with the national government’s Nursing and Social Security and Epidemiology of Disease and Control Divisions, and with several local municipalities.

For testing and scaling the CHW model, we have continued to implement and rigorously evaluate the government’s CHW guidelines in two municipalities, in partnership with local government. We are encouraged by two additional municipal governments contributing to financing and implementing the model. With our Dhulikhel Hospital partners in Dolakha, we successfully migrated the data of the community health worker program there. This migration posed significant operational challenges, but we got the migration done, translating from a private platform to an open-source one. This aligns with the government’s vision for digital platforms for community health programs and with our path to scale. For new community health service innovation, we also have secured the prestigious 5-year R01 research grant from the United States National Institutes of Health for an implementation-effectiveness study of BECOME (Behavioral Community-based Combined Intervention for Mental Health and Noncommunicable Diseases) delivered by community health workers. We are also preparing for a robust trial to assess the effectiveness of the Multi-component family Intervention to Lower depression and Address intimate Partner violence (MILAP) among young women. In addition, we are honored to be part of the 2023 cohort grantee of the Sexual Violence Research Initiative, expanding our family intervention to women of reproductive age together with Women’s Rehabilitation Centre (WOREC).

Through the expansion of our work, we are deepening our engagement with research participants and community advisory boards. These engagements are vital for ensuring equitable and user-centered research.

To each of you, we extend our heartfelt gratitude for your outstanding support, collaboration, and partnership. Together, achieving our mission to engage in rigorous and collaborative research and innovation to address evidence, implementation, and policy gaps in the equity, quality, and accessibility of healthcare.

With hope,

Dr. Sabitri Sapkota
Executive Director

Dr. Indira Basnett
Board Chair
**Sudurpashchim Pradesh**
- Partnering with Nepal Disabled Women Association (NDWA) at national and sub-national levels to co-create an intervention to address Sexual and Reproductive health and rights needs of Women with Disabilities in Nepal

**Bagmati Pradesh:**
- Qualitative exploration of dementia care in Dolakha
- Community Health Technical Support to Dhulikhel Hospital, Kathmandu University
- Partnering with the Nursing and Social Security Division (NSSD) to test and evaluate a pilot community health program
- Partnering with the NSSD to test and evaluate BEhavioral Community-based COmbined Intervention for MEntal Health and Noncommunicable Diseases (BECOME) delivered by community health workers

**Madesh Pradesh:**
- Pilot Study For a Family Intervention to Address Mental Health and Domestic Violence Among Young Women in Nepal
- Partnering with the Nursing and Social Security Division (NSSD) to test and evaluate a pilot community health program
- Partnering with the NSSD to test and evaluate BEhavioral Community-based COmbined Intervention for MEntal Health and Noncommunicable Diseases (BECOME) delivered by community health workers
- Partnering with Nepal Disabled Women Association (NDWA) at national and sub-national levels to co-create an intervention to address Sexual and Reproductive health and rights needs of Women with Disabilities in Nepal

**Koshi Pradesh:**
- Pilot Study For a Family Intervention to Address Mental Health and Domestic Violence Among Young Women in Nepal
- Partnering with Nepal Disabled Women Association (NDWA) at national and sub-national levels to co-create an intervention to address Sexual and Reproductive health and rights needs of Women with Disabilities in Nepal

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2023 ANNUAL REPORT
Non-Communicable Diseases (NCDs) and Common Mental Health Disorders (CMDs) often coexist. Behavioral risk factors such as stress, isolation, tobacco use, low physical activity, poor diet, and poor treatment adherence are linked to both. An intervention addressing these risk factors could potentially improve both NCDs and CMDs. The World Health Organization’s (WHO) Mental Health Gap Action Program Intervention Guide (mhGAP-IG) and Package of Essential NCD Interventions (PEN) recommend evidence-based behavioral interventions.

In alignment with this recommendation, Possible, in collaboration with the Nursing and Social Security Division (NSSD), and Epidemiology and Disease Control Division (EDCD), is conducting a stepped-wedge randomized controlled trial to evaluate the effectiveness and implementation of a combined intervention called BECOME. This intervention addresses CMDs and NCDs at the community level using locally trusted, salaried, full-time employed, trained, supervised, and digitally enabled Community Health Workers (CHWs).
BECOME is essentially an integrated package of three evidence-based interventions: Evidence-based Stress Reduction (EBSR) for anxiety, Behavioral Activation (BA) for depression, and Motivational Interviewing (MI) techniques for lifestyle modification, delivered by CHWs.

The study will be integrated within the broader Community Health Program (CHP) implemented by NSSD in two municipalities. CHWs will deliver 6-8 sessions of the BECOME intervention to 600 co-morbid individuals across 20 clusters. In a stepped-wedge fashion. Randomly selected four clusters will receive the intervention every three months, while the remaining clusters serve as a control period until the last four clusters also receive the intervention. Irrespective of the intervention/control phase, assessments of all study participants will be conducted at three-month intervals to measure the primary outcome indicators: anxiety and depression severity, fasting blood glucose, and blood pressure measures.

WHAT’S NEXT?
We are currently in the trial preparation phase, undertaking essential tasks such as forming the community advisory board, completing the trial protocol, finalizing the BECOME manual, adapting tools into local languages, and uploading them onto REDCap. Concurrently, we are diligently handling logistics and recruiting research staff, actively gearing up for the trial initiation.
Worldwide, 30% of women report intimate partner violence (IPV) in their lifetime. IPV doubles the rates of depression and PTSD. Despite ongoing IPV, many young women in low- and middle-income countries (LMICs) are less likely to divorce or separate from their husbands. Additionally, young women in LMICs often live in multi-generational households, where mothers-in-law (MILs) drive young daughters-in-laws’ (DILs) autonomy and freedom of movement, substantially affecting their mental health. To address these complex challenges, we developed an innovative intervention: A multi-component family Intervention to Lower depression and Address intimate Partner violence (MILAP, meaning unity/reconciliation in Nepali). We have completed the early pilot of MILAP among young women (15-24 years) in Nepal.

Our preliminary analysis showed participants reporting 100% scores on acceptability surveys. The intervention was found to be safe, acceptable, and feasible, and reduced moderate depression (PHQ-9>9) (baseline: 46%, 6 months: 13%; p=0.02) and mean rate of IPV events in the last month from 2.1 to 0.75.

WHAT'S NEXT?
Together with our collaborating partner, Women Rehabilitation Centre, we are conducting a single-arm trial among women of reproductive age group funded by the Sexual Violence Research Initiative (SVRI). Simultaneously, we are preparing for a more robust trial to evaluate MILAP through a powered study and investigate the underlying drivers and theories behind MILAP’s effectiveness.
DEVELOPMENT AND PILOT TESTING OF THE COMMUNITY-BASED MHEALTH MOTIVATIONAL INTERVIEWING TOOL FOR DEPRESSION (COMMIT-D) IN RURAL NEPAL

The mHealth tool called COMMIT-D was developed using human-centered design to assist CHWs in engaging with clients facing depression. Following a prototype pre-pilot, a pilot study was conducted in rural Nepal with 38 participants with depression. CHWs delivered a minimum of three Motivational Interviewing (MI) sessions to patients, with at least one month between sessions. The pilot revealed a notable increase in medication adherence from none to 93% after the first MI session, rising to 97% after the second session. Those CHWs who had practiced MI for three or more visits reported increased comfort and overcoming initial hesitations. More than 94% of CHWs found COMMIT-D highly beneficial for communication, client understanding, and promoting medication adherence. The tool was instrumental in providing decision support and continuous feedback through audio recordings. Overall, COMMIT-D demonstrated high acceptability among CHWs, supervisors, and clients, highlighting its effectiveness in supporting the delivery of MI for individuals with depression who struggle with treatment adherence.

WHAT’S NEXT?
The insights from COMMIT-D have been seamlessly integrated into the BECOME intervention component, and we are currently in the process of preparing it for implementation within the government-led community health program. This marks a crucial step in transforming our findings into actionable strategies through an implementation research framework.
Dhulikhel Hospital, Kathmandu University Hospital (DHKUH), with support from Possible and our digital partner, SunyaEK, transitioned the digital health platform of its Community Health Support Program (CHSP) in Dolakha from the Open Data Kit (ODK)-based private system to an affordable, open-source, and free Community Health Toolkit (CHT). The CHSP has been providing healthcare through CHWs, reaching approximately 100,000 people across four municipalities in Dolakha. The change in the digital platform involved a comprehensive migration process of existing workflows and data, with continuous team engagement, form design, field mapping, and workflow and task configuration on a pre-pod. This was followed by actual migration on the server after a series of quality assurance activities. Possible leveraged its prior experience working on a digital platform, closely monitoring the migration process for quality assurance. We provided programmatic support for integrating workflows into the CHT system and facilitated communication between CHSP and SunyaEk for smooth coordination. Additionally, we supported the training of the CHSP program team on CHT.
KEY LEARNINGS:

1. **Systematize Communication**
   Continuously engage teams for cross-learning and ensure language synchronization between Health IT Professionals and grassroots implementers.

2. **Facilitate Adoption and Acceptability of the System**
   Introduce the system gradually to end-users with clear messaging about add-ons and limitations.

3. **As Close as Possible**
   Reduce significant deviations from the previous platform and clearly tailor any deviations.

WHAT'S NEXT?

This migration process serves as an invaluable use case for refining the digital component of the Government of Nepal’s pilot of the community health program for further scaling. While the exploration of appropriate platforms to systematize community health information systems is ongoing, efforts are underway to build one using CHT by forming an active forum for community health information system development and strengthening.

The CHT is the digital platform that the Government of Nepal is using for its ongoing pilot project. This project utilizes licensed, well-trained, and supervised community health nurses (CHNs) to deliver a life-cycle approach-based care through regular home visits. The migration of a substantial volume of prehistoric longitudinal data to an open-source system owned by the Government is a pioneering global practice. This will enable the eventual integration and adoption of the CHSP program by the local government.
PRESENTATIONS/CONFERENCES

- Reducing violence and depression: findings from a pilot study of a Multi-component family Intervention to Lower depression and Address intimate Partner violence (MILAP) among young women in Nepal.
  Global Mental Health Conference 2023; Symposium, NIMH, October 30-November 1, 2023

- Family-based intervention to address domestic violence against women and mental health – a single arm trial

- Acceptability and Feasibility of a Family Intervention to Improve Mental Health and Address Domestic Violence among Young Married Women in Nepal
  Ninth National Summit of Population and Health Scientists, NHRC, April 2023.

- Assessing a person-centered approach to Postpartum Contraception through Community Health Workers in rural Nepal

- A case study of a digital platform change to support national scale-up of digitally enabled Community Health Care in Nepal
  Digital Health Conference “Spectrum of Digital Healthcare in Developing Countries; Now, Next and Beyond, November 2022

- Increasing access to high-quality mental health services through collaborative care model: experience from primary care clinic in rural Nepal
  7th Global Symposium on Health System Research, October 30-November 4, 2022

- Even things they won’t share with their sisters-in-law*: Assessing a Person-Centered Approach to Postpartum Contraception through Community Health Workers in Rural Nepal
  7th Global Symposium on Health System Research, October 30-November 4, 2022

- Engaging professionalized local community health workers to close gaps in access to maternal healthcare in rural Nepal
  7th Global Symposium on Health System Research, October 30-November 4, 2022

- Introducing Community-based mHealth Motivational Interviewing Tool for Depression (COMMIT-D) in Nepal.
  Yale Global Mental Health Program Seminar Series. November 2022

- From Evidence to Practice. What does it take to implement high quality mental health services in rural Nepal?
  Yale Global Mental Health Program Seminar Series. November 2022

PEER REVIEW PUBLICATIONS

- Improving the Quality of Global Mental Health Services with Digital Tools: Best Practices and Lessons Learned from Rural Nepal
  https://doi.org/10.1007/s41347-024-00389-8

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

- Labour conditions in dual-cadre community health worker programmes: a systematic review.

- Evidence-based, multilevel interventions for sustained behaviour change.
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

Image: Post-Monthly Meeting Gathering at Workspace

Image: Engaging with Mental Health Advisor and Community Health Program Team in Bardibas Municipality

Image: Research Assistants Engaged in Training for Domestic Violence and Mental Health Research

Image: Exploring Nature: Team Hiking Adventures on Retreat

Image: Alongside Board Members During the Monitoring and Evaluation Visit to Dolakha
MEET THE TEAM

Image: Collaborative Co-Design Session: Working with Members of Nepal Disabled Women Association and Stakeholders

Image: Morang Momentum: Team Gearing Up for Co-creation Sessions

Image: Research team with WOREC counselors at the capacity building session

Image: Team members actively participating in one of the team building sessions

Image: Our team post-annual review, planning, and retreat
"I have been associated with Possible for a year and it has been wonderful. The core values and working environment at the institution has made me feel comfortable to work in since the first day. There are plenty of learning opportunities for every employee which helps a person grow, professionally and personally. Working with dynamic, non-judgemental team members in diverse issues, and reaching out to different places and community of research participants has been an amazing and fulfilling experience for me."

"I am over the moon to have received the opportunity to work in an organization where the organization’s values are not just limited to words but reflected in every single action. It's amazing to see how every single member at Possible aligns with Possible’s values despite coming from a very diverse background. Possible provides you with a very positive work environment with continuous learning and growth opportunities both professionally and personally. Moreover, it feels great to know that the organization you work for is creating a distinct positive impact in the health sector of Nepal. Working with Possible has been a very gratifying experience so far."
"It's been 2 years since I have been associated with Possible. I have been working in different non-profit organizations since 2001. The work culture and flexible environment of this organization has been increasing my motivation towards my work since I joined here. The best part about Possible is it promotes growth and believes in equality among every employee. I feel grateful to be a part of this organization."

"I am glad to be part of the Possible team. I feel excited to work in the field of my interest and create an impact on people who are living with depression and anxiety. I hope for better learning, sharing, and working together in the team."

"Associating with an organization that works on healthcare research and innovations is a great opportunity for an early career researcher like me. Not only has working at Possible boosted my implementation research skills but also crafted the values to evolve as a better version of myself. I am especially grateful to the entire Possible team for the supportive and friendly work environment here which made my recent pregnancy journey even more precious."
COLLABORATORS

Ministry of Health and Population, and its divisions, Nepal
Arnhold Institute for Global Health at Icahn School of Medicine at Mt. Sinai
Community Health Impact Coalition
SunyaEk
Dhulikhel Hospital-Kathmandu University 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
Nyaya Health Nepal
Wheaton College
Yale University
Women’s Rehabilitation Centre
Nepal Disabled Women Association

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THANK YOU!

ANY QUESTIONS?
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