



# ANNUAL IMPACT REPORT



Namaskar

As we closed 2024, we reflected with pride on the milestones achieved and the shared purpose that drives our work in Nepal. This year, we expanded our footprint into new study sites, primarily in Koshi and Madhesh provinces. Our expansion enables us to advance formative research, co-design and pilot targeted interventions, and convert promising results into larger trials. A significant focus has been on strengthening and innovating community health systems in collaboration with local partners including federal and local governments, and Dhulikhel Hospital, Kathmandu University Hospital.

We completed the interim analysis of the National Government Community Health Worker (CHW) guidelines implemented in two municipalities and look forward to finalizing the study next year. This work aims to provide robust evidence and actionable insights for scaling the CHW program. Additionally, we are empowering CHWs to prepare and test a community-based behavioral model that addresses mental health and noncommunicable diseases under a prestigious 5-year research grant from the United States National Institutes of Health (NIH). Alongside our Dhulikhel Hospital partners in Dolakha, we are integrating the WHO's Thinking Healthy Program into routine CHW care delivery, and co-designing integrated suicide prevention strategies for primary healthcare settings to create a comprehensive ecosystem for care.

Our team achieved remarkable growth this year, securing two additional US National Institutes of Health R01 grants. The first is a 5-year intervention trial, together with Women's Rehabilitation Centre (WOREC). This trial builds on earlier pilots, expanding into three sites in Koshi and Madhesh provinces. The second is a 3-year study focusing on developing and testing a digital health tool to assess and reduce intersectional stigma across multiple levels and dimensions, aimed at improving HIV care in Antiretroviral Therapy (ART) centers in collaboration with the government and other partners.

Through formative studies, such as dementia care, and targeted pilot interventions, we continue to explore practical solutions to local challenges. These efforts—co-designed with communities, local stakeholders, and experts lay the groundwork for larger trials and scalable innovative interventions. We strengthened existing partnerships and forged new ones- locally and globally, aligned with our mission to translate evidence into practice and policy.

We continue our commitment to building local capacity. This year, we onboarded an Associate Scientist, Dr. Mina Shrestha, to co-lead trials and drive initiatives for early-career researchers.

Sambhav (Possible) and Possible We strengthened our Community Advisory Boards, Implementation Research Committees and Co-designing groups to facilitate inclusivity and shared ownership of our goals.

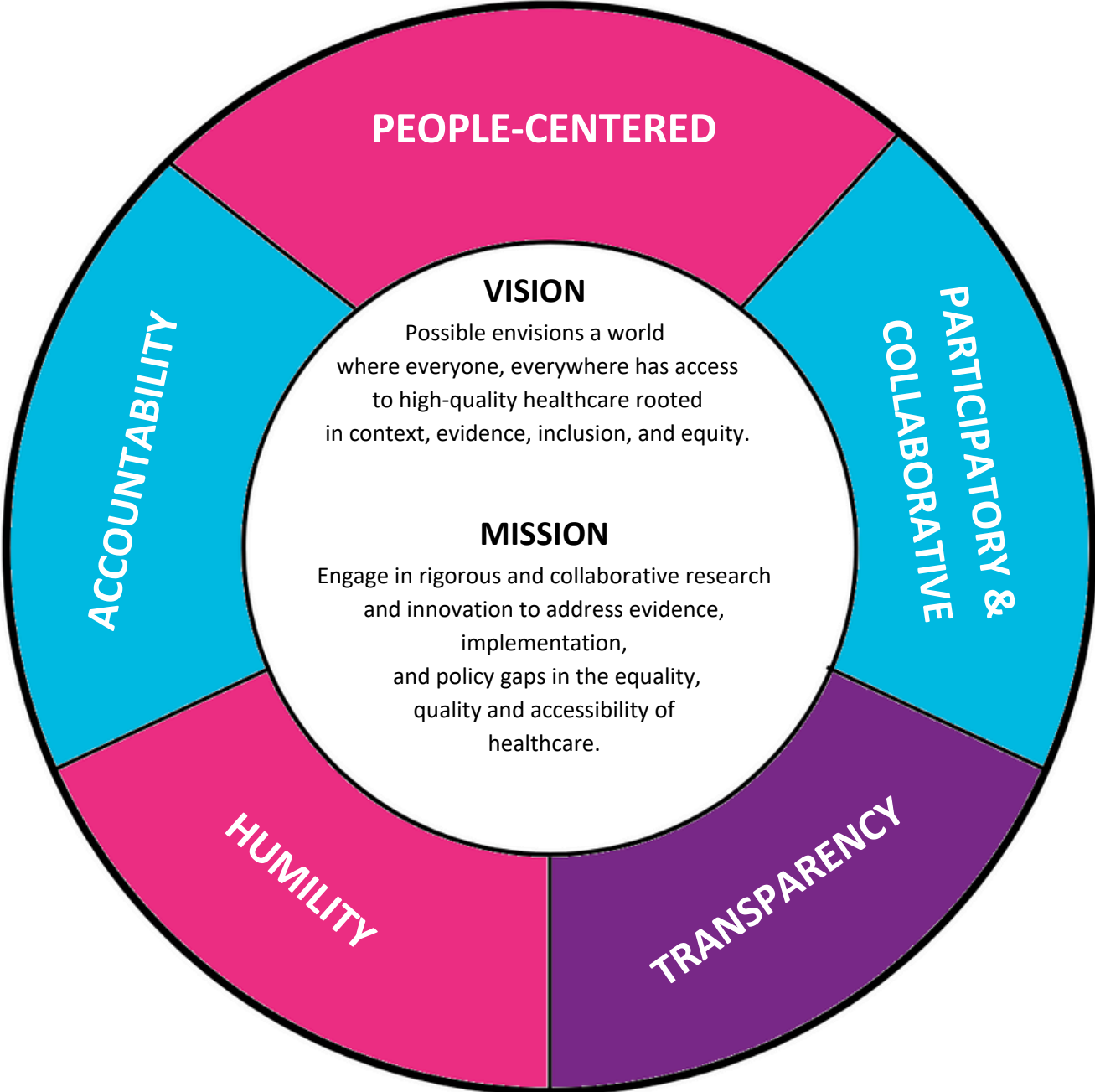
We extend our heartfelt gratitude to our supporters, collaborators, and partners for the commitment and contribution. As we move forward, we invite your reflections and continued engagement in our vision of addressing healthcare gaps through innovation and evidence-based approaches.

With hope,

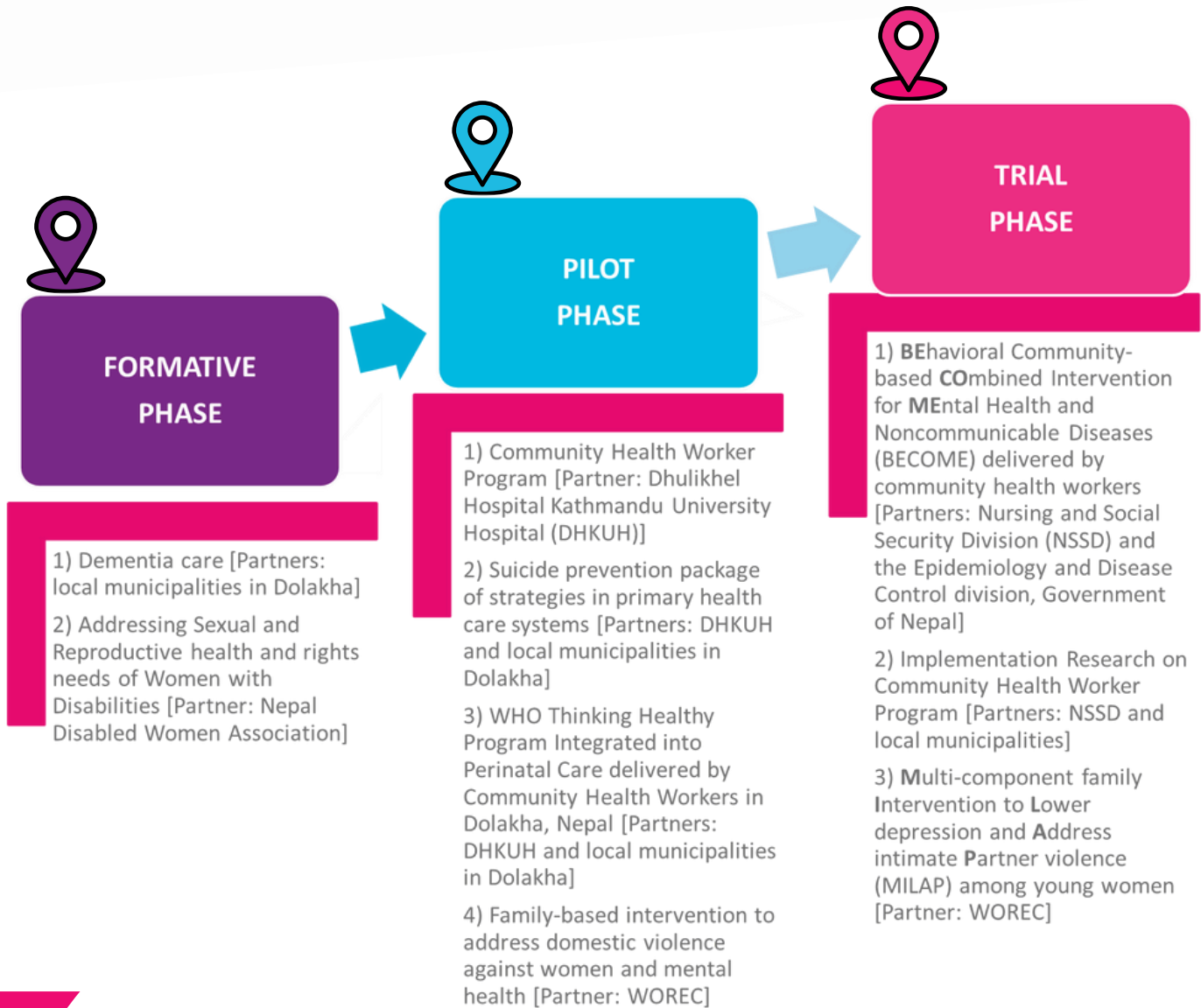
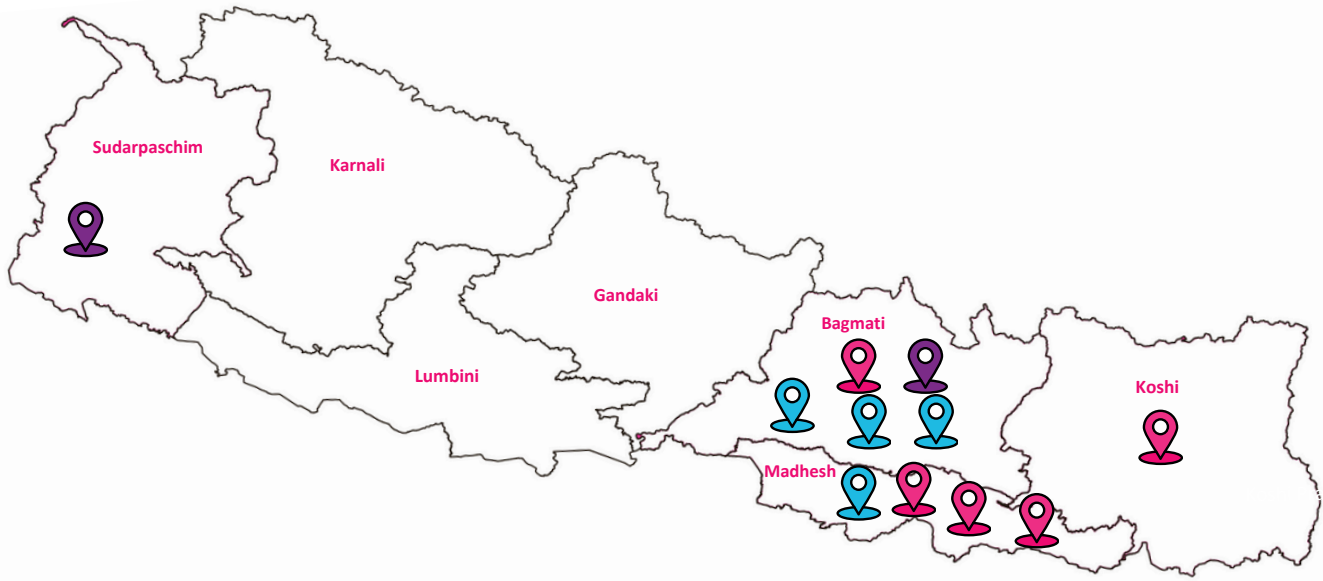
Dr. Sabitri Sapkota  
Executive Director

Dr. Indira Basnet  
Board Chair

# OUR MISSION, VISION AND VALUES



# CURRENT FOOTPRINT



## WHAT IS THE CURRENT STATE OF DEMENTIA CARE FOR SENIOR CITIZENS IN NEPAL?

We conducted a qualitative study in Dolakha, Nepal, to explore the factors affecting dementia care for senior citizens in facility and community settings, between August 2023 and July 2024. Through focus group discussions with community health workers and in-depth interviews with caregivers of individuals with dementia or cognitive impairment (mostly close family members), we identified several challenges, including low family and community awareness, difficulties in diagnosis, limited resources for continuous care, and financial constraints. Interviews with healthcare providers, geriatric care providers, and focal person from the Department of Health Services highlighted the fragmented healthcare system as a major barrier to accessing care for people with dementia.



*Image: A landscape of Dolakha where the formative study on dementia was conducted.*



*Image: Focus discussion with community health workers in Dolakha [photo with consent].*

Participants recommended several strategies to improve dementia care, such as raising awareness through media and community health workers, expanding government insurance programs, providing specialized training for health workers, and prioritizing family-centered care and rehabilitation programs. Based on these findings, we aim to develop an innovative and scalable intervention to support health workers and caregivers of people with dementia in Nepal.

## WHAT ARE THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF WOMEN LIVING WITH DISABILITY IN NEPAL?

Our team, in collaboration with the Nepal Disabled Women’s Association (NDWA), explored the sexual and reproductive health (SRH) needs of women with disabilities (WWD) in Nepal. Using design thinking process, a participatory research approach, we engaged over 80 women with diverse disabilities—ranging from physical to hearing and visual impairments—and gathered insights from more than 20 different key stakeholders, including program managers, service providers, and policymakers.

Women with disabilities face significant discrimination and stigma from their family members, society, and healthcare providers. They struggle to gain acceptance within their families and communities, and often encounter substantial challenges in accessing SRH-related information and healthcare services. These challenges stem from various barriers, such as physical and structural obstacles that hinder their ability to reach and utilize health facilities, and a lack of sensitivity and understanding from healthcare professionals.



*Image: Design thinking session with key stakeholders and study team members.*



*Image: Discussion of findings of define phase during design thinking process with study team members*

Inadequate communication and navigation systems further complicate their access to and navigation of SRH-related services. Women with disabilities frequently do not feel respected or consulted. They are often victims of sexual harassment and violence in their communities, usually by people they know, forcing them to endure feelings of hate and guilt- highlighting the urgent need for safe spaces for these women within their families and society. To address these deep-rooted issues, coordinated efforts are crucial to creating safe, healthy and respectful care environments for women with disabilities, extending beyond mere sensitization and awareness.

## CAN A FAMILY-BASED INTERVENTION IMPROVE FAMILY RELATIONSHIP AND MENTAL WELLBEING AMONG WOMEN IN NEPAL?



*Image: Participants during a dissemination event in Morang district.*

Possible, in partnership with WOREC, designed and piloted an intervention called MILAP, which stands for "unity and reconciliation" in Nepali. This family-based intervention is designed to help women experiencing intimate partner violence (IPV) by involving their husbands and mothers-in-law. In the first round of our pilot study conducted among young married women aged 15-24 years (25 families), MILAP proved to be safe, practical, and effective, leading to a significant reduction in depression among the women.



*Image: During SVRI visit at Possible's office in Kathmandu.*

Similarly, in the next round, we extended the MILAP to married women of reproductive age, funded by the Sexual Violence Research Initiative (SVRI). This pilot study was conducted with 61 families (183 participants) from Dhanusa and Morang districts in Nepal. The results showed a significant reduction in depression and rates of violence among the women. Additionally, the intervention received 100% acceptability from the women, their husbands, and their mothers-in-law.

## HOW TO STRUCTURE CHW INTERVENTIONS TO IMPROVE HEALTH OF SPECIFIC SUB-POPULATIONS?

### How effective is community based combined behavioural intervention delivered by trained community health workers in managing non-communicable diseases and mental health conditions [BECOME]?

Non-communicable diseases, such as hypertension and diabetes, and common mental health conditions, such as depression and anxiety, are increasingly common, particularly among adults aged 40 and above, globally and in Nepal. These conditions often overlap, making it essential to address them together for better health outcomes. The Behavioral Community-Based Combined Intervention for Mental Health and Non-Communicable Diseases (BECOME) study was launched to tackle this challenge head-on. Funded by the NIH, BECOME brings evidence-based strategies—like stress reduction, behavioral activation, and motivational support—into communities through trained CHWs. Using a robust research methodology, we are testing to assess the effectiveness and implementation process for the combined care of mental health and non-communicable diseases to provide a holistic and sustainable approach to improving lives.

In 2024, the study made significant progress. After extensive preparation and training of Research Outcome Assessors (ROAs) and Research Assistants (RAs), BECOME was implemented in Chandragiri and Bardibas municipalities. Over 3,200 individuals were screened, and 699 participants were enrolled to receive care and support through this initiative. Community engagement was a cornerstone of this process, with two Community Advisory Board (CAB) meetings held in each municipality to ensure that the study remained aligned with local priorities and needs. This five-year collaborative effort (until April 2028) is funded by NIMH, supported by the Government of Nepal, the Ministry of Health and Population (MoHP) and its divisions, local municipalities, and international collaborators such as UCSF, Wheaton College, and Possible Health. As the study progresses, it promises to reduce the growing burden of chronic conditions while empowering CHWs and local communities to sustain these improvements for years to come.



Image: Mayor of Chandragiri Municipality sharing his concluding remarks during BECOME CAB meeting.



Image: Health Coordinator of Bardibas Municipality addressing BECOME introductory meeting.

## WHAT APPROACHES OPTIMIZE CHW-DELIVERED WOMEN AND CHILD HEALTH SERVICES IN THE PUBLIC SECTOR?



Image: Our data analyst with Community Health Officers from local municipalities during data literacy workshop.

Over the past three years, Possible, through implementation research, has collaborated with the MoHP, in particular the NSSD, to generate evidence supporting the scale-up of community health programs in two municipalities. While there remain areas for further improvement and iteration in the program such as refining workflow design for care delivery and strengthening supervisory system, our recent interim analysis shows a significant increase in institutional birth rates compared to baseline.



Image: CHNs, NSSD and EDCC officials along with our team during PEN training, part of enhanced usual care in BECOME.

As we prepare to conclude the IR this year, we aim to share our collaborative learnings and reflections from the program. Additionally, we are extending our efforts to support the potential scale-up of this program beyond the pilot municipalities.

## CAN INTEGRATION OF PERINATAL MENTAL HEALTH EXTEND THE IMPACT OF COMMUNITY-BASED ROUTINE CARE DELIVERED BY CHWS?



*Image: Our research manager with CHWs and DHKUH coordinator in Dolakha.*

Perinatal mental health (PMH) issues such as anxiety and depression during pregnancy and after childbirth are a major concern, especially in low- and middle-income countries. Our community health support program is being implemented in collaboration with Dhulikhel Hospital Kathmandu University Hospital (DHKUH) and local municipalities, with funding from the Weiss Asset Management Foundation. This aims to integrate mental health care into routine home-based services using the WHO's Thinking Healthy Program (THP).

By connecting CHWs with hospitals, we hope to reduce anxiety and depression in mothers, improve birth outcomes like low birth weight, and increase access to care in addition to sustaining the achievement of institutional birth rate brought by CHW's routine care. Working with local governments, we plan to test the program, ensure its long-term success, and share results to encourage similar efforts beyond Dolakha. We are currently adapting the THP manual working closely with the relevant stakeholders.



*Image: CHWs and community health support program team, DHKUH in Dolakha.*

## IS A MULTICOMPONENT FAMILY INTERVENTION, EFFECTIVE IN IMPROVING MENTAL WELLBEING AND REDUCING INTIMATE PARTNER VIOLENCE AMONG YOUNG WOMEN IN NEPAL?

The Multi-Component Family Intervention to Lower Depression and Address Intimate Partner Violence (MILAP) aims to create safer and healthier lives for young women in Nepal. After a successful pilot that tested its feasibility and acceptability among women, their husbands and mother-in-laws, we are now conducting a larger trial involving 300 families across Sunsari, Udaypur, and Sarlahi districts to prepare for scaling up the program. This 5-year rigorous randomized controlled trial (RCT), launched in June 2024 with funding from the National Institute of Mental Health, will evaluate how well MILAP works, how it helps women and families, and what resources are required for broader implementation.

By addressing both mental health challenges like depression and the critical issue of intimate partner violence (IPV), MILAP seeks to empower women and families. The evidence generated through this trial will not only guide efforts to improve mental wellbeing and reduce IPV in Nepal but also offer hope for women in other countries facing similar struggles.



Image: Our team along with WOREC visiting Sarlahi for research site assessment.



Image: Our team with WOREC with Deputy Mayor of Triyuga Municipality, Udaypur.

## HOW CAN WE STRENGTHEN SUICIDE PREVENTION AND CARE IN NEPAL'S PRIMARY HEALTHCARE SYSTEM?

Suicide is a serious global health problem, and South Asia, including Nepal has some of the highest rates in the world. However, efforts to address this issue remain very limited. To tackle this challenge, we are starting a new research initiative, supported by NIH funding, to improve suicide prevention and care in Nepal's primary healthcare system. This project, called PSuPP, is a collaborative effort with Dhulikhel Hospital, Kathmandu University Hospital, Yale University, and local municipalities in Dolakha. It focuses on integrating suicide prevention strategies into the World Health Organization's Mental Health Gap Action Programme (mhGAP). Building on the existing Community Health Support Program, which already works closely with community health workers, we aim to maximize the reach and impact of our efforts.



*Image: View from Dolakha bazar, our P-SuPP study site.*

Through the Preventive Suicide Package, we will co-develop practical solutions in partnership with primary health workers, community health workers, a Community Advisory Board (CAB) and a co-design committee. To evaluate this approach, we will conduct a pilot study to test how feasible and effective these solutions are. Our ultimate goal is to improve the identification, care, and follow-up of individuals at risk of suicide in primary healthcare settings. We are currently in the preparatory phase, working on the formative component to co-design and adapt P-SuPP by directly engaging with the CAB and co-design committees, which include various relevant stakeholders.

## HOW CAN CHWS SUPPORT PEOPLE WITH DEMENTIA AND THEIR CAREGIVERS?

Building on our work with community health workers (CHWs) to help manage health conditions like chronic diseases and mental health issues, we are now focusing on adapting this support for people with dementia and mild cognitive impairment, as well as their caregivers. We are adjusting the BECOME which includes behavioral activation, evidence based stress reduction technique, and motivational interviewing, to meet the specific needs of this group. The goal is to make the community health program work better for people with dementia and their caregivers by refining the approaches based on their needs and experiences.

## CAN A CO-DESIGNED DIGITAL TOOL HELP ASSESS AND REDUCE MULTIDIMENSIONAL STIGMA FOR PEOPLE LIVING WITH HIV?

People living with HIV (PLWH) often face poor health outcomes due to stigma, including factors like mental health, race, gender, and sexual orientation. Key challenges include limited tools to assess stigma, mismatched stigma-reduction programs, and a focus on individual behavior rather than the broader clinic environment. In collaboration with government and non-government stakeholders, and PLWH, we are working to tackle these issues in our upcoming initiative, “Developing and Testing a Digital Health Tool for INterseCtional stigma assessment and reduction at multiple Levels and mUltiple DimEnsions (INCLUDE) To Improve HIV Care in ART Centers in Nepal”, supported by NIH.

IN ACCORDANCE  
WITH OUR  
COMMITMENT TO  
ACCOUNTABILITY  
AND  
TRANSPARENCY,  
AND CAPACITY  
BUILDING OF EARLY  
RESEARCHERS...



Reviewing and reflecting our research process and compliance procedures with partners and team in an event in Kathmandu.



**Mina Shrestha, PhD**

We are thrilled to announce the joining of our first 'Associate Scientist' to co lead our scientific works and mentor our early career researchers at Possible.



A REDCap data workshop was conducted by our technical partner, SunyaEk, for the capacity-building of our early career researchers.

# KNOWLEDGE SHARING



## PRESENTATIONS / CONFERENCES

- Cross-cultural Adaptation & Testing of Motivational Interviewing for Low-resource Settings: Lessons From a Depression Study in Rural Nepal. American Psychiatric Association Annual Meeting, New York, USA, May 4-8, 2024.
- Preliminary Impact and Potential Pathways for Reducing Depression and IPV among Young Women using Multi-component family Intervention to Lower depression and Address intimate Partner violence (MILAP). Community Mental Health Conference, Jumla, Nepal, May 4-5, 2024 [Poster Presentation].
- Co-Designing and Adapting the Multi-component family Intervention to Lower depression and Address Intimate Partner Violence (MILAP) in Nepal: Pilot Study Findings Nepal Mental Health Research Webinar Series 29, May 15, 2024.
- Exploring the Intersection of Disability and Sexual and Reproductive Health: Reported Needs for Women's Access to Care. Tenth National Summit of Population and Health Scientists, Nepal Health Research Council, Kathmandu, Nepal, April 10-12, 2024.
- Acceptability and Feasibility of Motivational Interviewing Using mHealth Tool among Patients with Depression: Building Evidence to Address the Dual Burden of Mental Health Conditions and Non-Communicable Diseases. Tenth National Summit of Population and Health Scientists, Nepal Health Research Council, Kathmandu, Nepal, April 10-12, 2024.
- An Innovative Family Intervention for Intimate Partner Violence and Mental Health in Resource-Limited Settings: Results from a Pilot Study in Nepal. Symposium, Consortium of Universities for Global health (CUGH), Los Angeles, USA, March 7-10, 2024.
- 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, National Institute of Mental Health, Maryland, USA, October 20-November 1, 2023.
- A pilot study of a Multi-component family Intervention to Lower depression and Address intimate Partner violence (MILAP) among young women in Nepal. Annual Conference, Health Foundation Nepal, Baltimore, USA, October 28-29, 2023.

## PEER REVIEW PUBLICATIONS

- Khatri R, Rimal P, Ekstrand ML, Sapkota S, Sigdel K, Sharma D, Shrestha J, Shrestha S, Acharya B (2024) **Community health workers' barriers and facilitators to use a novel mHealth tool for motivational interviewing to improve adherence to care among youth living with HIV in rural Nepal.** PLOS Glob Public Health 4(7): e0002911. <https://doi.org/10.1371/journal.pgph.0002911>
- Paudel K, Gautam K, Bhandari P, Shah S, Wickersham JA, Acharya B, Sapkota S, Adhikari SK, Baral PP, Shrestha A, Shrestha R. (2024). **Digital health interventions for suicide prevention among LGBTQ: A narrative review.** Health Prospect, 23(1), 1–10. <https://doi.org/10.3126/hprospect.v23i1.62795>
- Gautam K, Aguilar C, Paudel K, Dhakal M, Wickersham JA, Acharya B, Sapkota S, Deuba K, Shrestha R. **Preferences for mHealth intervention to address mental health challenges among men who have sex with men in Nepal: Qualitative study.** JMIR Hum Factors. 2024 Mar 29;11:e56002. doi: 10.2196/56002. PMID: 38551632; PMCID: PMC11015371.
- Ballard M, Olaniran A, Iberico MM, Rogers A, Thapa A, Cook J, Aranda Z, French M, Olsen HE, Houghton J, Lassala D, Westgate CC, Malitoni B, Juma M, Perry HB (2024). **Labour conditions in dual-cadre community health worker programs: a systematic review.** Lancet Glob Health 2023; 11: e1598–608. <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2823%2900357-1>
- Acharya B, Sapkota S (2023). **Evidence-based, multilevel interventions for sustained behaviour change.** Lancet Glob Health, 11 (11): e1694. [https://doi.org/10.1016/S2214-109X\(23\)00372-8](https://doi.org/10.1016/S2214-109X(23)00372-8)
- Tiwari A, Thapa A, Choudhury N, Khatri R, Sapkota S, Wu W-J, et al. (2023) **A Type II hybrid effectiveness-implementation study of an integrated CHW intervention to address maternal healthcare in rural Nepal.** PLOS Glob Public Health 3(1): e0001512. <https://doi.org/10.1371/journal.pgph.0001512>

# KNOWLEDGE SHARING



One of our young researchers, Shuvam Sharma delivered an impactful presentation, highlighting findings from a pilot family-based intervention, and received the 'Runner-up- Best Researcher Presentation by a Young Researcher' at the Sexual Violence Research Initiative (SVRI) Forum, held in Cape Town, South Africa. Congratulations, Shuvam!



Image: Our team along with our advisors at the 2024 American Psychiatric Association annual meeting in New York.

## INTERVENTION BRIEF



**M**ulti-component Family Intervention to **L**ower Depression and **A**ddress Intimate **P**artner Violence (**MILAP**)

## ETHICS BRIEF



Beyond Informed Consent: Ensuring Ethical Consideration with Vulnerable Population

Link to briefs : <https://possiblehealth.org/research-brief/>

# WHAT ARE THE FEATURES OF POSSIBLE'S WORK CULTURE THAT YOU APPRECIATE THE MOST?



*Renasha Ghimire*

IMPLEMENTATION RESEARCH  
COORDINATOR, DOLAKHA

"Possible has always been known to me for its excellent work culture, and ever since I first heard about it, I've wanted to be part of the organization. Now that I've joined the team, I'm thrilled to be here! In just three months, I've never felt a sense of monotony with the work; there are always new challenges to tackle. The work culture here is highly encouraging, thanks to the conscious efforts made by the leadership team and everyone involved. Their initiatives really motivate us and hold us accountable for our work. The working model aligns closely with international standards and that has really enhanced our efficiency. Possible promotes a strong work-life balance, and I love how transparency and ethical values are at the forefront here. It makes the workplace feel so respectful. I'm excited to collaborate more with the team and see what we can achieve together!"



*Navin Kumar Sah*

RESEARCH ASSISTANT,  
BARDIBAS

"Being part of Possible for the past six months has been a remarkable experience. Working with an organization dedicated to healthcare research and innovation has provided me with an incredible opportunity as an early-career researcher. The organization fosters a cooperative and transparent environment, where equality and accountability are highly valued. I've had the privilege of working alongside supportive and helpful colleagues, in a well-managed, positive atmosphere. The focus on personal and professional growth, along with a commitment to staff wellbeing and security, has truly made this experience rewarding."



*Soni Maharjan*

FINANCE AND ADMIN ASSISTANT,  
KATHMANDU

"Oh Wow! It's been almost 2 years working with Possible Team and I am really happy to share my thoughts on it. The collaborative spirit within our teams fosters an environment where ideas are freely exchanged, and everyone feels valued. Regular check-ins and open channels for feedback allow us to stay aligned and address challenges proactively, which strengthens our collective efforts. I appreciate the safe space we create for each other to share thoughts and ideas without fear of judgment. The culture of recognizing individual and team contributions is inspiring. Finally, the integration of fun into our team-building activities and informal gatherings—creates a vibrant atmosphere that strengthens our relationships and enhances morale."



*Saugat Joshi*

QUALITATIVE RESEARCH MANAGER,  
KATHMANDU

“At Possible, the team dynamics are incredible. I feel fortunate to collaborate with such talented and supportive colleagues, which makes even Monday mornings something to look forward to! I love how approachable and inspiring the leadership team is. The atmosphere is open and non-judgmental, making work not just productive but also fun and engaging. Additionally, as we focus on implementation research, it’s fulfilling to know that the work we do contributes to real-world healthcare solutions, addressing critical challenges and making a tangible difference in society.”



*Pinki Limbu*

MENTAL HEALTH RESEARCH OFFICER,  
KATHMANDU

“I am very much allured by the organization work culture as it promotes work-life balance that prioritizes employees well-being, providing ample growth opportunities. I feel fortunate to be involved in Possible that engage in collaborative research innovation to address gaps in the equity, quality, and accessibility of healthcare. The idea of bringing change in society for a good cause gives me immense pleasure and motivation for future splendid achievements!”



“Here at Possible, the working culture and environment are different from others. Our organization does not treat us as a staff, they treat us as the members of their own family. All the members of our team are respected equally and workload is distributed as distributed in the family. Here, the coordination and communication channels from each level i.e. from top to bottom and intersectoral level are easy and effective. Possible is where we can express our feelings, feel mentally and physically healthy for the trustful environment.” - **Group reflection of Research Outcome Assessors from Bardibas**



“The things that we enjoy the most in our workplace is the supportive and collaborative environment. Over the past 9 months, we've had the opportunity to work with a great team that values open communication and mutual respect. It has been incredibly rewarding to learn from our colleagues and contribute to meaningful projects. Additionally, we appreciate the challenges that come with our role, as they push us to grow professionally and improve our skills every day.” - **Group reflection of Research Outcome Assessors from Chandragiri**



## COLLABORATORS

Ministry of Health and Population, and its divisions, Nepal  
Women's Rehabilitation Centre  
Nepal Disabled Women Association  
Dhulikhel Hospital-Kathmandu University Hospital  
Nyaya Health Nepal  
SunyaEk  
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  
Wheaton College  
Arnhold Institute for Global Health at Icahn School of Medicine at Mt. Sinai  
Community Health Impact Coalition  
Yale University  
University of Connecticut  
John Hopkins University  
World Health Organization  
University of California, Los Angeles

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**Outgoing members-** Shailee Chaudhary and Aradhana Thapa

## POSSIBLE, NON-PROFIT BOARD OF DIRECTORS- USA

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

# A GLIMPSE INTO OUR ACTIVITIES THIS YEAR



Image: One of the implementation research committee meetings at NSSD office.



Image: Board members of Sambhav (Possible) with WOREC team at their office in Janakpur.



Image: Our team during annual planning meeting.



Image: Signing MOU between MOHP and Sambhav (Possible).



Image: Exchanging signed MOU between Chandragiri Municipality and our team in the presence of Chandragiri's Mayor, Chief Administrative Officer and Health Coordinator.

# MEET THE TEAM



Image: Our team members after GEDSI training with the facilitator.



Image: Our young researchers attending the 10th NHRC Summit 2024.



Image: Team members all dressed up for Teej Potluck.



Image: Meeting/Team luncheon with our partners and advisors.



Image: Team participating in a fun game during a pre-tihar event.



Image: Team members catching up and having casual conversation in between work.



Image: Happy Faces during annual team engagement.



Image: ED with board members at a local sweet shop in Dhanusa.

possible



Possible is a collaboration between an independent Nepal-based non-governmental organization, Sambhav (Possible) and a US-based non-profit, Possible. We are two entities who operate independently, with a mutually interdependent partnership and a common goal of supporting health innovation in Nepal.

**THANK YOU!**

ANY QUESTIONS?

[ANSWERS@POSSIBLEHEALTH.ORG](mailto:ANSWERS@POSSIBLEHEALTH.ORG)

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