



ANNUAL IMPACT REPORT

2025

August 01, 2024 - July 31, 2025

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Dear Friends,

Thank you. Our collective commitment - of our staff, partners, advisors, and the communities we serve - kept our services going throughout 2025's national and global crises. Together, we advanced community-informed health interventions.

We provided longitudinal care and quarterly follow-up to over 4,000 participants, ensuring they received support they might not have otherwise. We safeguarded participants through strong referral pathways and protected over 60 staff members, many of whom support families with limited employment options.

Innovation remained at the heart of our work. We engaged continuously with a broad network of partners, including six community advisory boards, three data safety and monitoring boards, two implementation research committees, and two technical working groups. Over 100 experts, including clinicians, researchers, and individuals with lived experience, contributed their expertise, ensuring our interventions remained practical, community-informed, and responsive to real-world needs. Together, we co-designed four solutions with the potential to scale, all aimed at reducing suffering and improving health: a family-based approach to support women experiencing ongoing violence; a behavioral program to help people manage chronic illnesses and mental health challenges; a home-based care model for older adults living with dementia; and a primary care-based approach to suicide prevention and response.

We shared our learnings widely, presenting at eight local and global platforms, including the Global Mental Health Summit 2025, and delivered over 15 presentations to foster dialogue and exchange insights. In partnership with the Ministry of Health and Population, we co-hosted Nepal's first national symposium on CHW-led longitudinal care, welcoming over 170 policymakers, implementers, community leaders and community health workers to showcase the impact of longitudinal care on safer pregnancies and births. Over seven peer-reviewed manuscripts from our work are advancing knowledge globally, guiding understanding of effective health and social interventions. Through transparent communication and initiatives prioritizing the most vulnerable, we strengthened trust with government and community partners, fostering collaboration and shared ownership of innovation.

Our brief annual report reflects what we can achieve together, even in the face of uncertainty. We are deeply grateful for your continued support in improving health and lives across Nepal and beyond.

With gratitude,

Dr. Sabitri Sapkota
Executive Director

Dr. Indira Basnett
Board Chair

Possible's mission is to reduce suffering and improve lives by co-designing, testing, and scaling solutions that strengthen community care systems. In 2025, funding uncertainty challenged our operations and planning. We protected our mission, our people, and the communities we serve. We delivered our services uninterrupted, and our organization came out stronger.

WE STAYED TRUE TO OUR VALUES AMID GLOBAL CRISES BY

1. Ensuring uninterrupted clinical services
2. Avoiding layoffs and prioritized the livelihoods of lower-paid staff
3. Maintaining institutional knowledge and organizational fiscal position
4. Strengthening local partnerships, including co-investment



IMAGE: The Nepal Board and its leadership and management team at the annual general assembly

2025 HIGHLIGHTS

Convened a National Symposium on Driving Safer Pregnancies and Births Through CHW-led Longitudinal Care

See the [videos](#) that introduce CHW-led longitudinal care, showcase success stories and CHW empowerment journey.

We completed an assessment of bundled reproductive, maternal and child health care delivered through community health worker (CHW)-led longitudinal support in partnership with the Ministry of Health and Population (MoHP). The model is fully financed and owned by the Government of Nepal, with shared funding between federal and local governments. We co-hosted the first national CHW symposium with the Ministry of Health and Population to disseminate our findings. Early pregnancy identification within the first 12 weeks increased from 14% to 21%, enabling timely care. Home births declined, and institutional deliveries rose from 75% to 94%, making childbirth safer for mothers and newborns.

Consistent with findings from the [Possible-supported CHW program in Nepal](#) and [global evidence](#) on community health worker effectiveness, the CHW-led longitudinal program has strengthened community trust. Initial skepticism toward visiting CHWs has shifted to acceptance, with community members now viewing them as part of their families.

Use of a digital platform has streamlined early identification and follow-up of high-risk cases, improving care for pregnant women and children under five, particularly in remote and marginalized communities. Home-based counseling and services have also reduced travel time and financial burdens for vulnerable families.

Despite challenges such as difficult geography, CHW safety, and occasional technical issues, the program is highly acceptable and cost-effective, at just NPR 107 per person annually (less than 1% of the municipal total budget). Our CHW program also demonstrates strong potential for sustainable national scale-up, offering substantial health benefits across Nepal.



IMAGE: One of the sites implementing CHW-led longitudinal care



IMAGE: A Community Health Worker providing home-based postnatal care to a woman in Dolakha



IMAGE: Panel discussion during the National Symposium



IMAGE: Participants gather at the National Symposium after discussing the feasibility of scaling CHW-delivered longitudinal intervention in Nepal

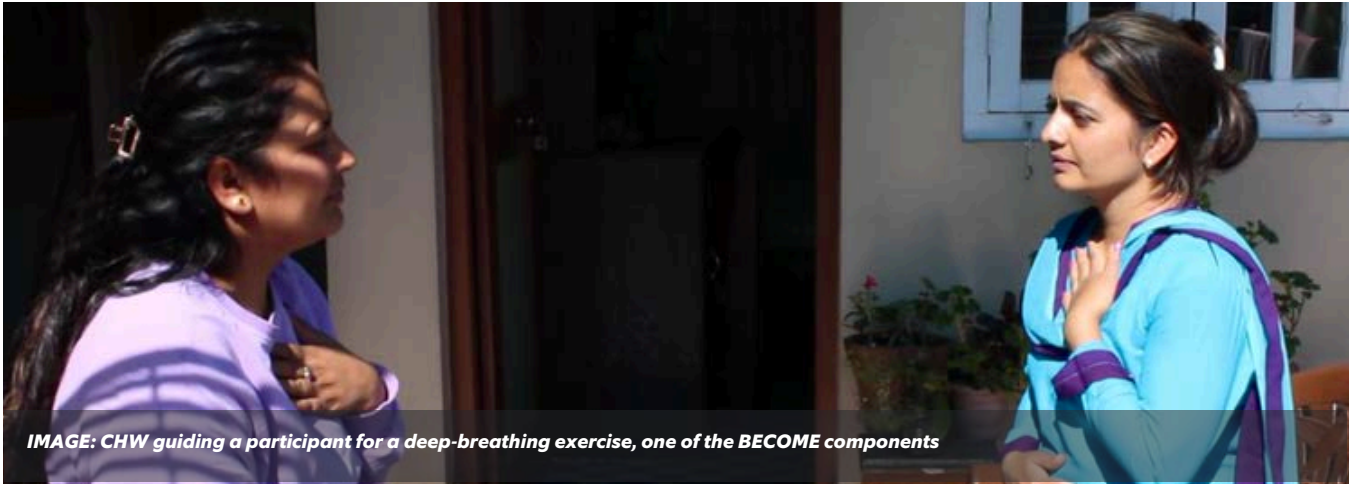


IMAGE: CHW guiding a participant for a deep-breathing exercise, one of the BECOME components

Recognized at the Global Mental Health Summit for Community-based Combined Behavioral Intervention for Comorbid Mental Health and NCD Conditions

We delivered a culturally adapted, home-based behavioral intervention (called BECOME), through CHWs, designed to support people living with co-occurring mental health conditions (anxiety, depression) and non-communicable diseases (hypertension, diabetes). The BECOME intervention consists of 6–8 structured, home-based sessions, including behavioral strategies for anxiety and depression and motivational support for managing chronic conditions, supported by mHealth tools for CHWs.

Early on, we approached 4,171 adults aged 40 and above, of whom 3,261 consented and completed screening; the majority were female (59%) with a mean age of 55.8 years. Screening revealed a 28% prevalence of comorbid mental and physical health conditions, higher than national and global estimates. Key findings from the screening phase and insights from the adaptation process were presented at the Global Mental Health Summit in November 2025 at Cape Town, where Sajama Nepali, our Data Manager, received the Early Career Researcher Award.

We are currently delivering the BECOME intervention among 700 participants with comorbid conditions. Follow-up assessments are conducted quarterly for up to 12 months post-intervention to evaluate both the effectiveness and implementation of the program, informing potential future scale-up.



IMAGE: BECOME team reflecting their learnings and challenges in the field



IMAGE: Our team member (second from the left) at the 7th Global Mental Health Summit

Piloted Home-Based Behavioral Intervention to Strengthen Caregiver Skills and Wellbeing for People with Dementia

We pilot-tested a culturally-adapted, home-based behavioral intervention delivered by CHWs to empower caregivers of people living with dementia or mild cognitive impairment, while also addressing chronic conditions such as hypertension, diabetes, and mental health challenges like anxiety and depression. The intervention consisted of nine interactive sessions, including dementia education, strategies to manage anxiety and depression, and motivational support for chronic disease management. Participants reported reduced anxiety and depression, improved quality of life, and strengthened caregiver skills, while caregivers highlighted more meaningful and engaged time with their loved ones. The pilot suggests that home-based, caregiver-focused behavioral interventions are both acceptable and feasible within local health systems, offering valuable insights to guide future, larger-scale implementation research in Nepal and beyond.



IMAGE: A Community Health Worker conducting routine well-being monitoring during a home visit

2026 PRIORITIES

We aim to:

- Continue to build the CHW evidence base on interventions across the lifespan to inform national scale
- Expand integrated care for mental health and chronic conditions
- Design and implement suicide prevention interventions in primary care settings
- Expand family-led interventions that improve health outcomes and wellbeing of women, children and their families
- Test stigma-responsive digital health tool to improve HIV care and treatment outcomes in ART centers
- Empower caregivers of children with autism with skills, confidence, and support systems
- Strengthen funding partnerships and local leadership to sustain and scale evidence-based solutions
- Cultivate talent and future leaders to continue to innovate and sustain impact

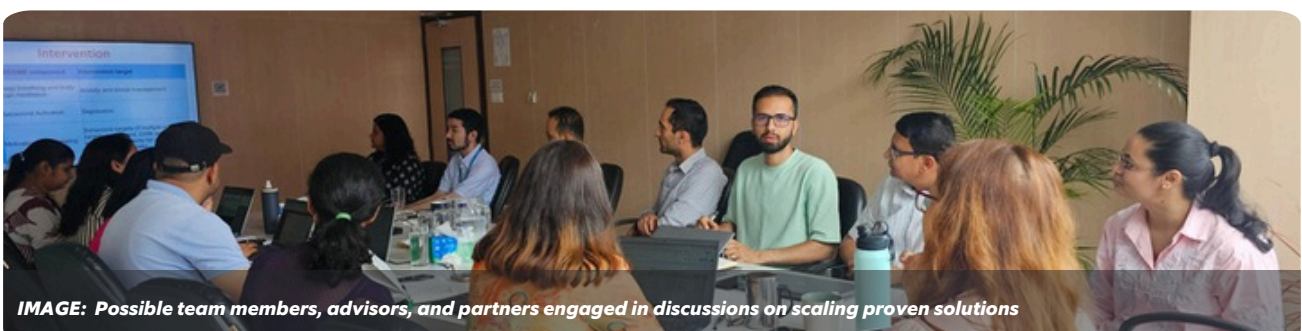


IMAGE: Possible team members, advisors, and partners engaged in discussions on scaling proven solutions

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COLLABORATORS

- Ministry of Health and Population, its departments, divisions and centers, Nepal
- Nepal Health Research Council
- World Health Organization
- Chandragiri Municipality
- Bardibas Municipality
- Dhulikhel Hospital, Kathmandu University Hospital
- Bhimeshwor Municipality
- Tamakoshi Rural Municipality
- Baiteshwor Rural Municipality
- Kalinchowk Rural Municipality
- Women's Rehabilitation Centre (WOREC)
- Nepal Disabled Women Association
- Nyaya Health Nepal
- Weiss Asset Management Foundation
- Deerfield Foundation
- National Institutes of Health, USA
- University of California San Francisco
- Wheaton College
- Yale University
- Arnhold Institute for Global Health at Icahn School of Medicine at Mt. Sinai
- University of Connecticut
- University of California, Los Angeles
- Community Health Impact Coalition
- SunyaEk
- Dalit Lives Matters
- Transcultural Psychosocial Organization Nepal (TPO Nepal)
- Blue Diamond Society

SAMBHAV (POSSIBLE)

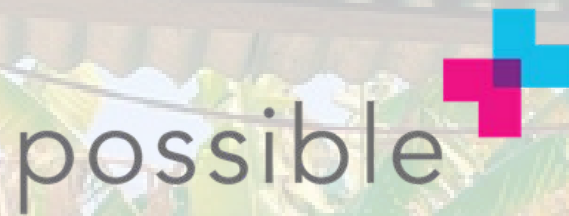
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- Kimberly Lipman-White, MSc



Possible is a collaboration between two independent organizations: Sambhav (Possible-Nepal), a Nepal-based non-governmental organization, and Possible-US, a U.S.-based nonprofit. While we operate independently, we maintain a mutually interdependent partnership with a shared mission to advance health innovation in Nepal.

THANK YOU!

ANY QUESTIONS?

ANSWERS@POSSIBLEHEALTH.ORG

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