



ANNUAL REPORT

2010



NYAYA HEALTH

From Our Director

Five years ago when Nyaya's founders first visited Achham there was no road, cellular phone reception, or a single doctor in a region of over 250,000 people. Today, as we reflect on the past year, and the past five, we are humbled by the immense changes that have taken place in the region, and honored by the partnership of people from Achham, Nepal, and throughout the world.

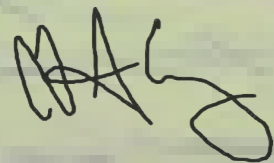
Achham is one of the least developed regions in Nepal, and indeed in the entirety of South Asia. It is plagued by poverty, lack of infrastructure or public services, and still bears the scars of a recent 10-year civil war. It has one of the highest rates of mother and child mortality and HIV prevalence in Nepal. Yet it remains drastically underserved.

Our model is one of solidarity, not charity. Nyaya works hand in hand with the community and government to provide immediate health services while developing a long-term and sustainable system that is owned, operated and informed by the very people who use it and understand its priorities most: the people of Achham. In 2008, Nyaya opened Achham's first health center, and with it brought Achham's first doctor. In 2009, we moved our central operations to the Bayalpata Hospital complex and have now offered free health care to over 50,000 patients. Through the simultaneous development of health infrastructure and local workforce capacity, we believe that our work will empower our local partners to continue Nyaya's efforts independently and into the long-term.

For Nyaya, 2010 was a year filled with successes that inspired us and challenges that motivated us. Over the past year, we've developed successful new programs, including the first ambulance system, HIV/AIDS treatment center and x-ray services in the region. Our team has also developed new partnerships and collaborations including local organizations like Gangotri Rural Development Forum and WAC Nepal, that have bolstered our community health services, and international agencies like Partners in Health, that have enhanced our ability to advocate for our patients in Achham and patients in similar situations of poverty throughout the world. At the same time, our team has struggled with challenges including a continued lack of reliable power, supply shortages of food and water, infectious diseases including tuberculosis and cholera, and most importantly, poverty – the root of ill health in Achham. Through each success and each challenge, our team has learned more working with the poor, and how we as advocates can continue to serve them better each year.

This year's experiences have taught us daily that every challenge is further progress towards equitable and high-quality health care – a basic and fundamental human right, whether in the United States or in Achham. As we reflect upon another year, we thank you – our supporters, friends and, family – for all you do. It is because of you that our work and collective future successes are possible.

Best wishes for 2011 - we look forward to working with each of you this year.



Dan Schwarz
Executive Director
Nyaya Health

TABLE OF CONTENTS



4

Our Work and Mission

7

Bayalpata Hospital

12

Community Health

14

Transparency, Accountability and
Collaboration

17

Financial Summary

19

Looking Forward: 2011

20

Nyaya Health Nepal

21

Nyaya Health Governance

22

Thank you to our Supporters

OUR WORK AND MISSION

Nyaya Health is a non-profit organization registered in Nepal and the United States working in partnership with the Nepali Ministry of Health and Population to develop health care services in the impoverished, western region of Nepal. Our mission is two-fold:

1. to develop health care capacity by providing free community-based healthcare in rural Nepal; and
2. to establish and disseminate a scaleable model of healthcare delivery in regions affected by poverty, isolation, war, and neglect.

HEALTH CARE SYSTEMS DEVELOPMENT

As a partner of the Nepali Ministry of Health and Population (MOHP), Nyaya's health care development activities are based in the district of Achham and centered at the Bayalpata Hospital. The Achham district is one of the poorest in Nepal, and indeed in all of South Asia. It is home to Nepal's highest HIV/AIDS prevalence and some of the world's highest maternal mortality rates; yet prior to Nyaya's arrival there was not a single doctor in the entire region. Nepal also recently emerged from a 10 year civil conflict with Achham as its epicenter. The region has only recently begun to rebuild its devastated infrastructure and public services.

Nyaya began delivering health services in Achham in 2008 by opening of the Sanfe Bagar Medical Center and bringing the 250,000 people of Achham their first allopathic doctor. Due to the enormous need of health services in the region, Nyaya joined with the MOHP in 2009 to reopen the Bayalpata Hospital, very nearby to the Sanfe Bagar Medical Center.

Additionally, Nyaya relies on a team of Nepali and international volunteers to offer technical advisory and funding support for our programs. Currently, Nyaya operates the Bayalpata Hospital which offers completely free medical services

and public health programs in the region, while maintaining a focus on outreach to the poorest and most marginalized in the community.

Nyaya aims to provide health services and, more importantly, to create long-term and sustainable systems that ensure access to high-quality health care in Nepal. Key to our approach is our commitment to work with the public sector, which ensures that ownership of all programs remains with the local and national government, simultaneously enhancing their efficiency and effectiveness.



Health Assistant Uday Kshatriya attends to a patient in the Bayalpata Hospital Emergency Room, which provides 24-hour services to the area, the first such Emergency Room in the entire region.

This approach also increases the accountability of our programs by involving the people of Achham in its design. Nyaya employs an all-Nepali staff, preferentially hiring local applicants to increase human resource capacity in the rural regions.

DEVELOPING A SCALABLE MODEL FOR HEALTH DELIVERY

Nyaya's long-term mission is to develop sustainable health services in Achham and offer our own experiences as lessons to help inform the Nepali health care system and global health delivery field. There are many settings throughout Nepal and the world that face similar health access challenges to those of Achham. Thus, as both implementers and advocates, Nyaya strives to develop programs that are scalable to similar settings and informative in diverse global contexts.

To do so, Nyaya utilizes a fully transparent organizational model making all of our programs, protocols, outcomes data and financial information fully accessible to patients, partners and colleagues. This approach enables our stakeholders to engage us in the development of our programs and allows critical feedback and improvement suggestions, while sharing our work with similar organizations the world around. It is our ultimate goal to help develop best practices for the health delivery field, continually working towards the goal of equitable and high-quality health care for all.

ACHHAM

The Achham district is located in the Far Western region of Nepal and is one of the poorest areas in all of South Asia. There are over 250,000 people in the district. Yet due to historical circumstances and a recent 10-year civil conflict there has been little development of public services in the region. Conflict destroyed much of what had been built in previous years, and Achham is only now beginning to recover from the effects of its war.

Before Nyaya's arrival in 2008, there were no allopathic doctors in all of Achham. Today we are proud that there are 4 doctors divided between our Baylapata Hospital facility and the District Health Office hospital in Mangalsen, the district capital. Since 2008, Achham has seen the development of roads, cellular and landline phone networks and enhanced water and electricity services. These changes are enormous successes, and Nyaya is proud to have helped the government achieve them. But there is still much work to be done.





Nyaya Health works in the Achham district in the rural west of Nepal. Achham is one of the poorest and least developed districts of Nepal.

Today in Achham the average income of a family is less than \$1 per day. Literacy is at 33% and highlights the severe inequity between women and men: 52% of men are literate in contrast to only 14% of women. Similarly, education rates are very poor with only 18% of men and 2% of women having completed post-secondary education. And while there are more doctors available today than ever before, health services are still inadequate. Only 7% of Achhami women deliver in health facilities, resulting in critically high rates of maternal death. Meanwhile, childhood malnutrition rates are among the worst in the country, and health infrastructure in the district remains severely limited.

Before beginning its work in Achham, surveys suggested that over 95% of houses did not have access to electricity, and only 45% of people had access to safe drinking water -- 2.5 times worse than the national average. Additionally, due to lack of gainful employment opportunities in the region, over two thirds of men in the region migrate to India for work. This migration pattern has fueled the largest HIV/AIDS prevalence in the country as men frequently solicit commercial sex workers in India and return to transmit HIV to their wives and children.

Since the founding of the Sanfe Bagar Medical Center 3 years ago, Achham has seen great progress, but there remains enormous progress yet to be made. Nyaya is committed to Achham and is proud to be a partner of the Ministry of Health and Population in administering the Bayalpata Hospital.

BAYALPATA HOSPITAL

In 2009, Nyaya entered a formal five-year contract with the MOHP and to assume management of the Bayalpata Hospital (BH) complex. Before then, Nyaya had opened the Sanfe Bagar Medical Center (SBMC) in 2008. Yet after only a few months of operation, it became apparent that the SBMC was inadequate to address the health care needs of Achham. Community members encouraged Nyaya to renovate and reopen Bayalpata Hospital – a nearby government facility that hadn’t been used effectively for over 30 years. At that time services at the SBMC were transitioned to local health authorities who continue to maintain its operation.

Similar to our approach at the SBMC, Nyaya offers all health services at BH free of charge in order to avoid the barriers that health care fees cause in extremely impoverished areas. Our collaboration with MOHP and local health authorities ensures that our programs bolster the public sector health system in a continued effort to create a long-term and sustainable approach to health care in Achham.

CLINICAL PROGRAMS

Nyaya’s clinical services operate out of the Bayalpata Hospital and increasingly involve public health programs in the region:

General hospital services – Nyaya has full inpatient, outpatient and emergency room services. Our ER operates 24 hours per day with a delivery suite for mothers.



Bayalpata Hospital is located in the Achham district of Nepal and is run in partnership by Nyaya Health and the Nepali Ministry of Health And Population

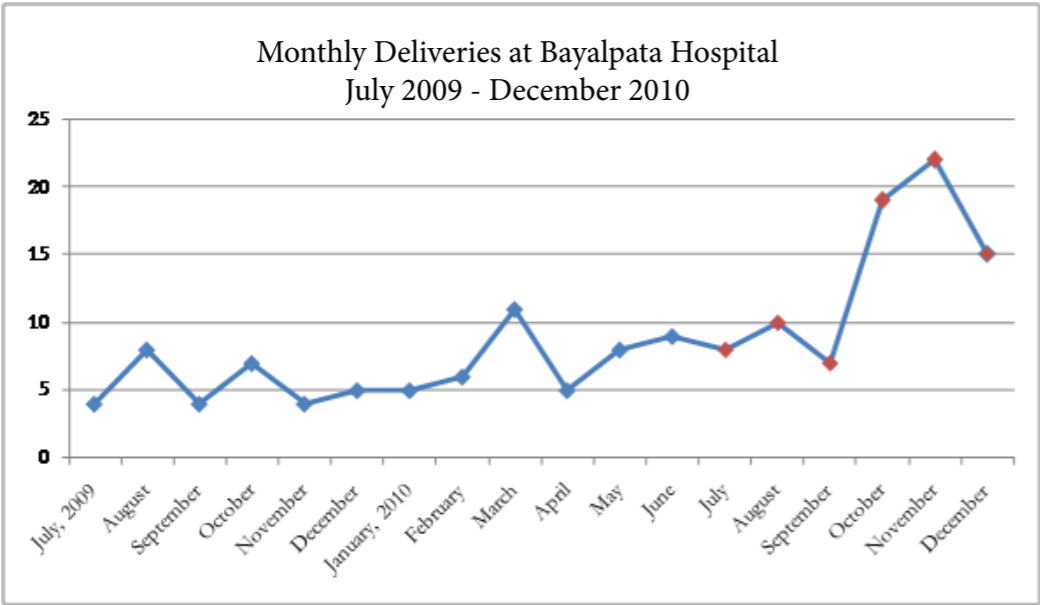
Laboratory and pharmacy services – BH has full-service onsite laboratory and pharmacy services that are also free of charge to patients.

Women’s health – One of the main inspirations for Nyaya’s work in Achham was to address a critical level of maternal mortality and morbidity. A key component of our work in women’s health is to enhance education about the importance of antenatal and postnatal care, as well as the health benefits of delivery at health facilities. In 2010, Nyaya partnered with the MOHP’s Safe Motherhood Program to offer financial incentives to women who attend antenatal check-ups and deliver their children in the hospital. Through this program and Nyaya’s general health education in local communities, Nyaya has seen a marked increase in rates of in-hospital delivery. We are excited by this early success and committed to working to truly address maternal health in our communities.



The Indian Embassy to Nepal generously donated an ambulance to Bayalpata Hospital. This year it has been a critical service for patients in the Achham region and has greatly enhanced access to other regional health facilities which were previously challenging to get to for Nyaya’s patients.

HIV/AIDS treatment – Achham has one of the highest rates of HIV/AIDS in all of Nepal. This is due in large part to high migration rates to India (for work) among men, where an estimated 8-11% are infected with HIV, largely through contact with commercial sex workers. After labor migrants, wives of labor migrants compose the second largest population of HIV-infected individuals in Nepal. In 2010, Nyaya opened its HIV/AIDS Treatment Center and is rapidly enrolling more patients each month. Nyaya’s treatment center is only the second HIV/AIDS facility in all of Achham and has greatly enhanced access to anti-retroviral treatment for Achhami people living with HIV/AIDS.



The Safe Motherhood program, in which mothers are paid R1000 (~\$13) incentives for in-hospital deliveries, began in July, 2010. Since then Bayalpata Hospital has seen a marked increase in deliveries. While this data is preliminary we are hopeful this trend will continue and are committed to continuing to work on similar innovative strategies for health.

Type of patient	Totals for 2010
Total number of admitted patients	772
Total number of inpatient days	1,541
Total number of Outpatient Department patients	19,514
Total number of Emergency Department patients	1,897
Total number of patients	21,797

Category	Total in 2010
Total number of X-Rays *	106
Total number of ultrasounds	612
Total number of lab tests done	14,168
Total number of deliveries	125
Total number of HIV patients enrolled on therapy **	80
Total number of CAC (Comprehensive Abortion Care)	288

*X-ray services were begun in November 2010. Data from November 2010
**HIV therapy enrollment from August-November 2010.

Tuberculosis – Nyaya has operated a TB treatment program since the opening of SBMC yet continually struggles with the challenges of ensuring effective diagnosis, treatment and follow-up of this disease given the longterm treatment required. This is not a challenge unique to us; for years, Achham has had among the lowest TB case-detection rates in the country. In 2010 Nyaya made several important steps in enhancing our community follow-up of patients while also enhancing our diagnostic capabilities.

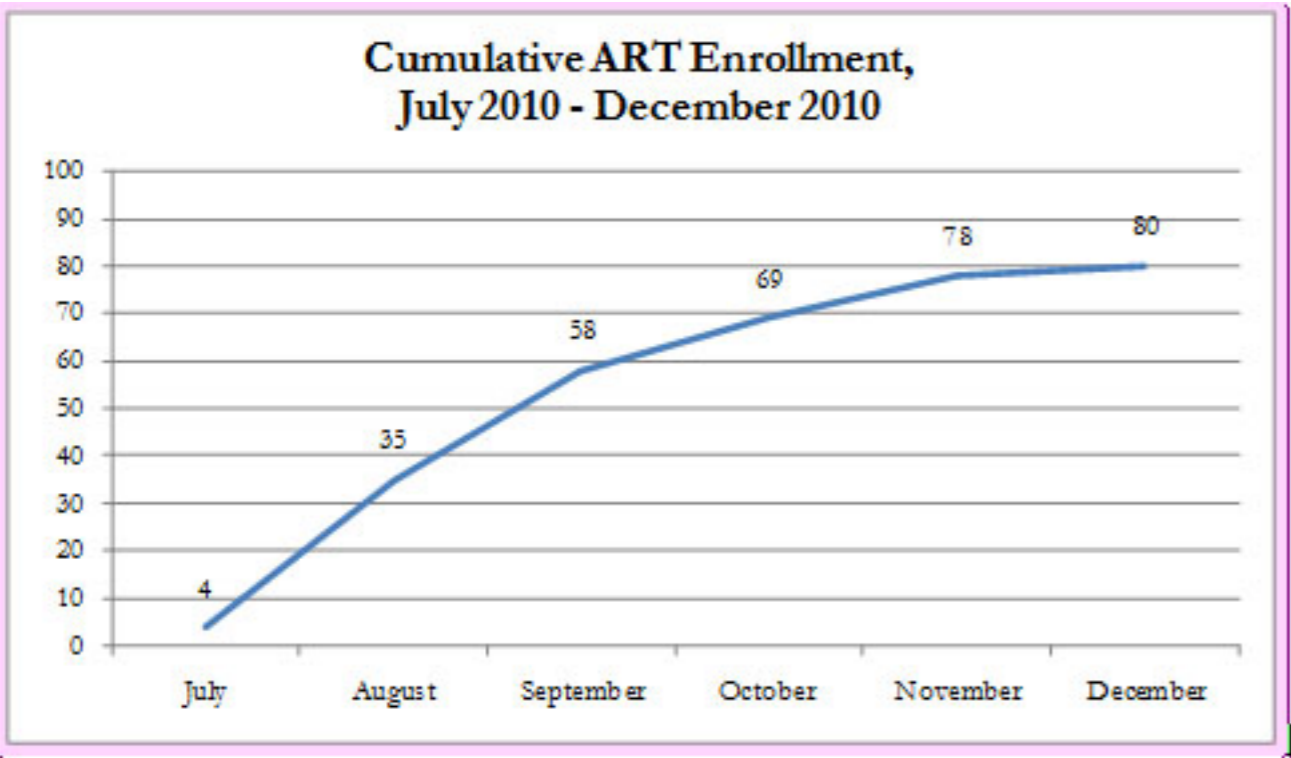
Community-based management of acute malnutrition – Achham is home to some of the highest rates of malnutrition in the world. As part of the Government of Nepal’s new community-based treatment program for acute malnutrition Bayalpata Hospital established itself as one of only two stabilization centers in Achham in 2010. In this capacity, Nyaya’s staff can now treat complicated cases of severe malnutrition in the hospital while identifying and treating uncomplicated cases of acute malnutrition throughout the community via our community health workers and the distribution of ready-to-use therapeutic foods.



X-ray technician Dhan Bahadur Bogati (left) assists a patient for an x-ray in the new x-ray center at Bayalpata Hospital.

Diagnostic imaging – Nyaya Health currently offers ultrasound and x-ray services at Bayalpata Hospital. In 2008, Nyaya brought the first ultrasound machine to Achham, which still offers critical diagnostic support to our clinicians and patients. However, ultrasound is inadequate for many diagnostic imaging needs. As a result, Nyaya began x-ray services at BH in 2010. X-ray services have already provided critical diagnostic support to our patients, and as our staff become more adept in x-ray utilization, these services promise enhanced support for thousands of patients throughout Achham.

Ambulance services – Nyaya operates an ambulance service to transport patients from local communities to BH, as well as patients in critical condition from BH to other health facilities where they may receive better care. This service has been integral in addressing health care barriers, including lack of roads and high fees for transport, and ultimately saved many lives.



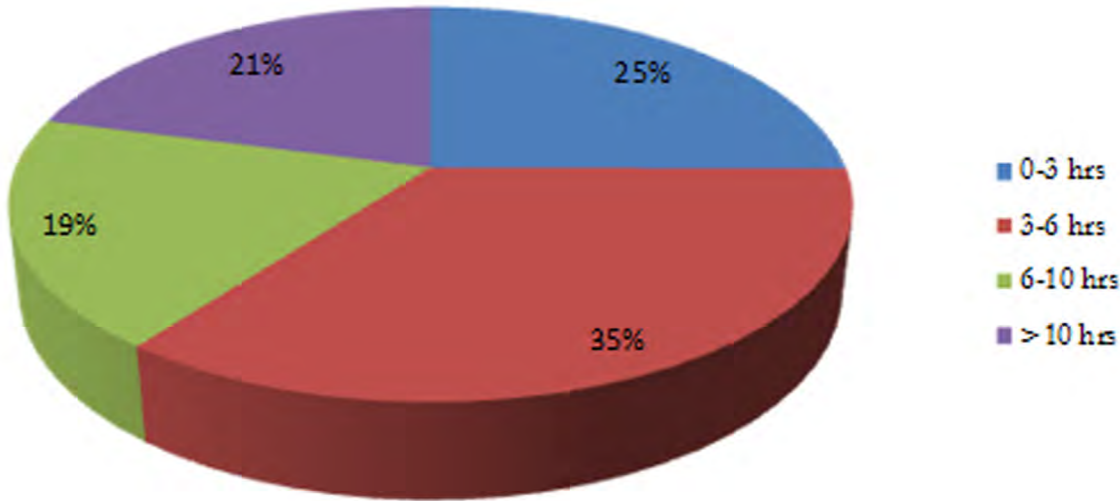
Bayalpata Hospital’s HIV/AIDS antiretroviral treatment program (ART) began in July of 2010. It is only the second facility in the Achham district to offer ART and is already fulfilling a critical need. We will continue to scale-up our program in 2011 in partnership with the National Center for AIDS & Sexually-Transmitted Disease Control.

ASSOCIATED PROGRAMS

To ensure our clinicians are able to effectively provide health care requires an entire team of non-clinical staff. The provision of health services is especially complicated in resource-poor areas like Achham and necessitates systems-level strategies for all operations. A few of our key departments focus on:

Data management – To ensure effective monitoring and evaluation, our team oversees both paper hard copy and digital medical records, tracking dozens of patient outcomes and characteristics. These reports are regularly reviewed by our staff to inform program design and revision.

Distance walked by patients for X-Ray services (each way)



This chart underscores the significant lack of health services available in the Achham region. Further, as no other health facility is free patients are often willing to walk even further to access services at Bayalpata Hospital.

Financial accounting – Nyaya receives funds from multiple sources and must keep extremely detailed accounting records for each donor. Additionally, Nyaya’s supply chain comes from local vendors in Achham and from throughout Nepal, requiring accurate and timely documentation. This is a critical part of our services as it ensures our funds are effectively and efficiently utilized to bring the best health care to our patients we are able.

Waste management – Health facilities generate significant amounts of waste, some of which is toxic or dangerous. Proper waste management facilities are critical, especially in rural areas where public sector waste management systems do not exist. In 2010, Nyaya built a new waste management facility and adopted new protocols to enhance safety precautions for both staff and patients alike.

Utilities – Sustainable energy and water sources are critical to providing health care, yet extremely challenging in rural Achham. In 2010, Nyaya invested in new community water pipelines, which greatly stabilized water provision at BH. In 2011, we hope to expand these services to local communities which still have inadequate water supplies. Energy also remains a challenge. In 2010 Nyaya explored new and various solutions to its energy needs. During that time, we received seed funding to develop solar power in 2011, which we are confident will bring even more reliable energy to BH.

Ongoing hospital renovations – BH is a 12-building complex, yet when Nyaya took it over none of the buildings were in operational condition. Since 2009, we have opened 7 of the buildings and will open the remaining 5 in 2011.

NYAYA HEALTH COMMUNITY HEALTH



Bayalpata Hospital Community Health Worker Sunita Kumal conducts a survey regarding hospital utilization and traditional medicine practices in Ridikot, the village that surrounds Bayalpata Hospital.

In addition to providing high-quality, free health services through Bayalpata Hospital, Nyaya strives to develop public health programs in its surrounding communities, including health education and preventive health care, follow-up of patients who recently visited the hospital, and collaborations with local health authorities. In 2010, Nyaya revised its community health

worker program and expanded collaboration with the MOHP's Female Community Health Volunteer program.

In 2008, with the development of the Sanfe Bagar Medical Center, Nyaya developed a community health worker (CHW) program. Nyaya CHWs are women from local communities with little to no formal health training. Nyaya selected those women who are inspired to promote health in their communities and focused particularly on recruiting marginalized women to this role to ensure underserved communities in our catchment area could be served by our CHWs. Unfortunately, our CHW program met many challenges. We consequently decided to reconceptualize our approach but maintain the same goals of developing local community advocates for health, empowering community members and engaging them in their own health care.



Dr. Bikash Gauchan, BH Medical Director (center), conducts a training on infection control at BH. The training was in collaboration with local health authorities as BH has become a training site for regional health care personnel.

Unfortunately, our CHW program met many challenges. We consequently decided to reconceptualize our approach but maintain the same goals of developing local community advocates for health, empowering community members and engaging them in their own health care.



Nyaya CHWs work with local FCHVs to train and coordinate health promotion activities in the local communities. Weekly meetings take place in the community the FCHVs operate in. Pictured here are BH Hospital Administrator Nandram Gahatraj (left) and FCHVs from Siddheswor village development committee.

In 2010, Nyaya developed a new CHW program that focused particularly on bolstering public sector services. The Ministry of Health and Population runs the Female Community Health Volunteer (FCHV) program throughout the country, which is very similar to a CHW model. The FCHV program in our region however has met with challenges as well, in particular due to the severe poverty of the region. FCHVs are unpaid, and our experience with FCHVs was that women were forced to choose between volunteer health promotion in their communities and their own household work and family obligations. Further, due to the rural nature of Achham, and few human resources, administration and management of the program was significantly decentralized and limited. In response, Nyaya has developed a new program in collaboration with local health authorities, allowing integration of our CHWs as coordinators and trainers for local FCHVs. To address challenges of poverty our new program offers FCHVs a financial incentive to attend regular trainings and meetings with Nyaya's CHWs. These meetings enable Nyaya to work hand-in-hand with the FCHVs, enhance their training, and simultaneously more effectively coordinate their health promotion throughout the region.

This program is still young but we are excited about its potential to enhance public health in Achham while also improving the government's FCHV program. This is yet another example of the critical importance of working in partnership with the public sector. We are confident that initiatives such as these will ultimately contribute to a long-term and sustainable health care solution in Nepal.

TRANSPARENCY, ACCOUNTABILITY AND COLLABORATION

A critical component of Nyaya's work is to foster transparency, accountability and collaboration within the global health field. "Transparency" means that we disclose and publicly discuss all aspects of our work and operations. "Accountability" means we try to involve all parties concerned with our work in the development and ongoing maintenance of our programs. "Collaboration" means that we try to work with partner organizations locally, nationally and internationally to ensure that patients in Achham, and similar resource-poor areas globally, have access to the health care they deserve.

In Nyaya's case "transparency" means that whether it is the protocol for our ambulance services, malnutrition program outcomes data, or line-by-line financial accounting, all are publicly available. Our primary venue for communicating our work is through our wiki website (<http://wiki.nyayahealth.org>), where we systematically document all operational documents and data in a user-friendly format. Similarly, Nyaya also writes about our work on



Nyaya Health's Wiki page is an online repository of information documenting our programs, protocols and outcomes. Nyaya's Wiki aims to foster transparency and accountability to our stakeholders, while also enabling opportunities for collaboration with partner organizations.

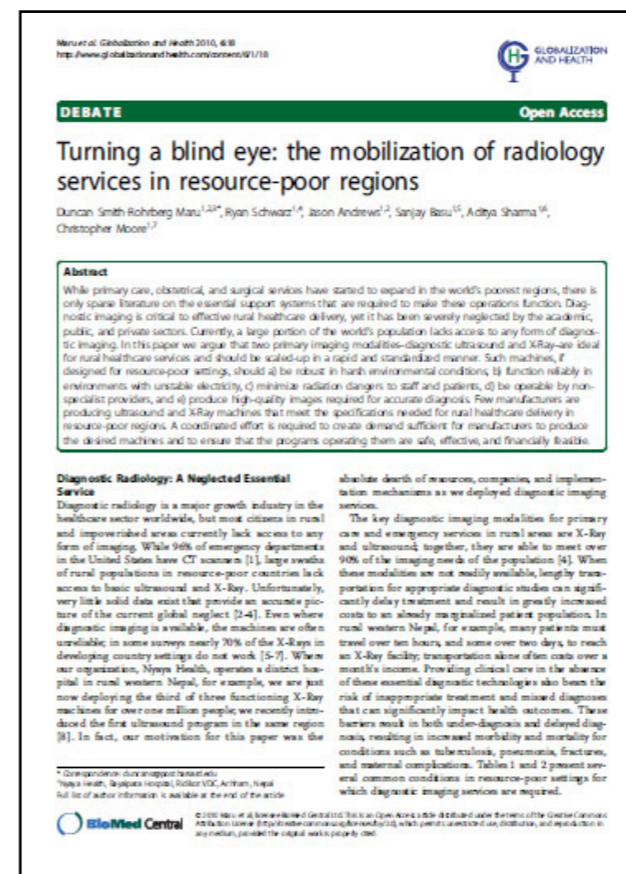


Nyaya's Blog shares stories of our work in Achham and discusses associated issues in the field of global health.

towards identifying best practices that ensure high-quality and equitable health care globally.

our blog (<http://blog.nyayahealth.org>) and in academic and lay press outlets.

By documenting and publicly sharing our work, Nyaya hopes to enhance our accountability to stakeholders and encourage further collaboration throughout the field. Similarly, by sharing our own programs, we hope that our partners will learn from us and further develop their own programs, while collaborating with us to enhance our services. Such collaboration will be integral to the young and evolving global health field, as we collectively work



Nyaya strives to share our work in both academic and public press outlets. This year Nyaya had articles written about our work in multiple news outlets, including the Nepali Times (above, right) and also shared our work in academic journals, such as Globalization and Health (above, left).

PARTNERSHIPS FOR GLOBAL HEALTH

In an effort to enhance our services, and participate in collaborative work throughout the global health field, Nyaya is a Partner Project of Partners In Health and a member organization of Still Harbor's Praxis Network.

Partners In Health

Partners In Health (PIH) is a non-profit organization working to develop global health care services in resource-poor settings with "a preferential option for the poor" (www.pih.org). PIH has been a leader in the global health movement and an important inspiration for Nyaya's work.



Nyaya is proud to be a Partners In Health Partner Project. Through collaborations such as this Nyaya aims to work with partners to enhance access to health care throughout the world.

To support and foster similar work – programs focusing on the most marginalized of populations throughout the world – PIH selects Partner Projects to offer technical advisory support to as they develop their programs. Nyaya is honored to be a PIH Partner Project (<http://www.pih.org/pages/nepal>) and excited to work with PIH to share our own work and gain critical advisory capacity for our programs.

Still Harbor’s Praxis Network

Still Harbor is a non-profit organization working to support and accompany individuals and organizations as they wrestle with questions of personal meaning, purpose, and social concern. The organization serves as a mentoring community and learning partner by providing opportunities for reflection, discernment, and meaningful collaborative exchange (<http://www.stillharbor.org>).



Team members of Nyaya Health (NH) and Project Muso (PM, www.projectmuso.org), both Praxis Network members, meeting at Still Harbor (SH) to share and discuss organizational operations. From left: Chhitij Bashyal (NH), Jessica Beckerman (PM), Ed Cardoza (SH), Ryan Schwarz (NH), Jhapat Thapa (NH), and Kate Brackney (PM).

Still Harbor developed the Praxis Network to support evolving high-impact social justice organizations as they grow and encourage collaboration between such organizations, thereby enhancing organizational impact, as well as efficiency and effectiveness. Work in 2010 with other Praxis Network member organizations included discussions on organizational management structure, cooperative development of fundraising initiatives, sharing of financial accounting documents, and much more.



FINANCIAL SUMMARY

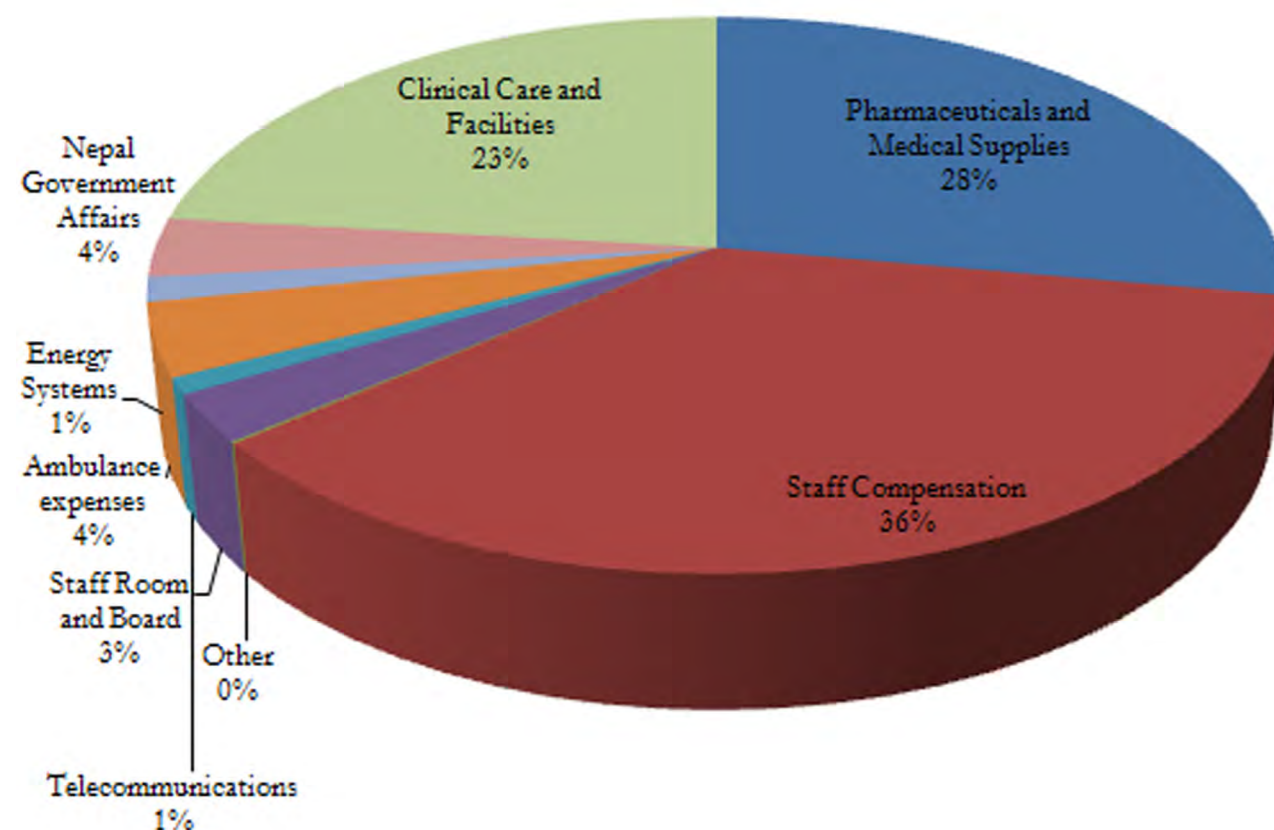
At Nyaya, we strive to maintain a high level of financial and operational transparency. This allows us to rigorously monitor and evaluate our operational costs, while providing our donors with detailed information on the social return on their investment and full disclosure of how their funds are spent. Additionally, it allows us to collaborate with other organizations and work to develop a scalable model for financing health services in resource-poor areas such as Achham. We believe that this level of transparency and accountability is critical to Nyaya’s mission of providing the highest quality of care and ensuring that our funds are thoughtfully spent in accordance with our goals and mission. Accordingly, Nyaya operates with minimal overhead costs, ensuring that over 99% of donor funds are used to fund medical care in Nepali government. In 2010, Nyaya’s income totaled \$171,017. This funding came from three main sources: 1) individual donors (\$82,302), 2) private foundations (\$47,336), and 3) the Nepal government (\$41,379). Our expenditures in 2010 totaled \$162,279. The pie chart on the next page shows our expenses. Nyaya’s primary expenditures were in staff compensation, pharmaceuticals, and clinical facilities, which encompass maintenance/renovations and non-medical supplies for the facility.

Revenue	FY2010	FY2009
Individual Donations	\$ 82,302	\$ 76,886
Foundations and Grants	\$ 47,336	\$ 47,890
Nepal Government	\$ 41,379	\$ 22,500
In Kind Donations	\$ 18,932	\$ 19,010
Total Revenue	\$ 189,949	\$ 166,286
Expenses		
Pharmaceuticals and Medical Supplies	\$ 45,009	\$ 16,045
Staff Compensation	\$ 58,608	\$ 49,456
Clinical Care and Facilities	\$ 37,737	\$ 14,417
Ambulance expenses	\$ 6,856	\$ 0*
Staff Room and Board	\$ 4,489	\$ 1,297
Telecommunications	\$ 1,525	\$ 1,439
Energy Systems	\$ 2,302	\$ 840
Nepal Government Affairs	\$ 5,590	\$ 221
Other	\$ 164	\$ 419
Total Expenses	\$ 162,279	\$ 84,135
Excess / (shortfall) of revenue over expense	\$ 27,670	\$ 82,152
Investment Income (loss)	\$ 9	\$ 243
Change in Net Assessts	\$ 27,679	\$ 82,394
Net assessts at beginning of year	\$ 84,074	\$ 1,680
Net assessts at end of year	\$ 111,753	\$ 84,074

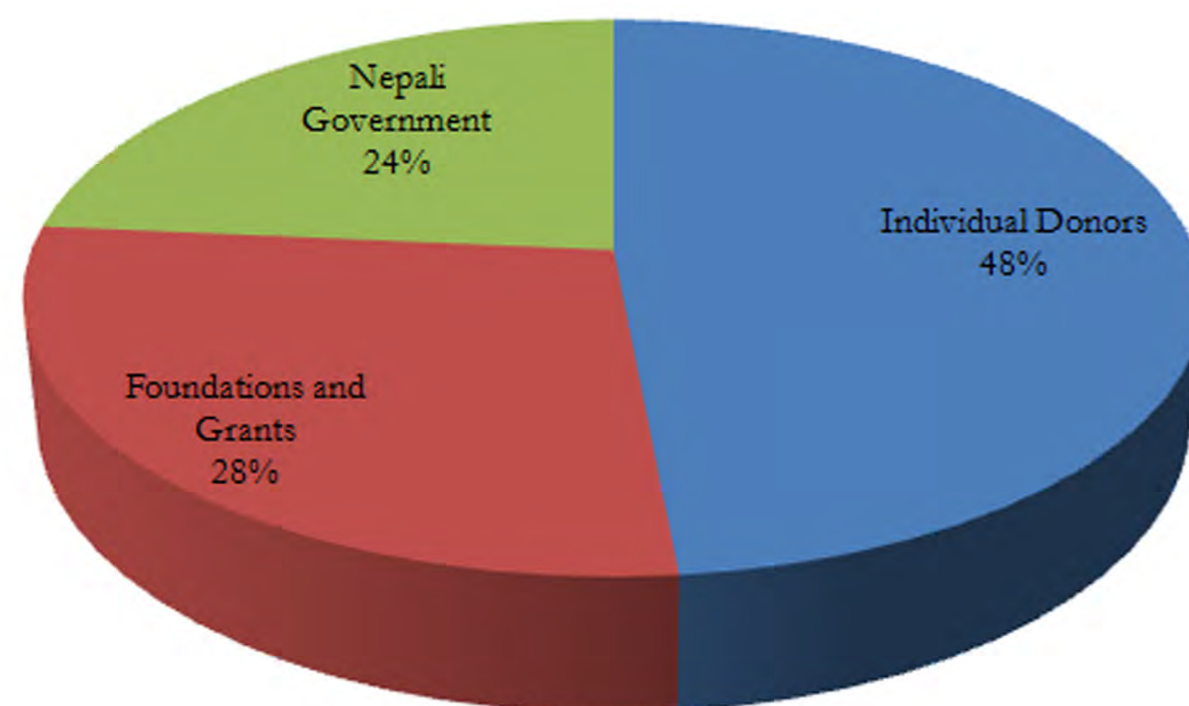
*Note: Ambulance program began in 2010.

This year we have expanded services to include necessary ambulance transportation for our patients, which has added a new category of expenses. In keeping with our goals of transparent operations, full financial records and a detailed line-by-line accounting of our expenses can be found on Nyaya's wiki at <http://wiki.nyayahealth.org/budget>.

EXPENSES BY CATEGORY FY2010



REVENUE BY SOURCE FY2010



LOOKING FORWARD: 2011

2010 was a year of large steps forward but we are left with many challenges yet unaddressed. For 2011 Nyaya has set several key goals.

CLINICAL WORK

For our clinical programs our efforts will focus on 3 initiatives:

Scaling up surgical services – To ensure access to full health services in Achham, and specifically address its burden of maternal mortality due to obstetric complications, Nyaya will open a Surgical Center at Bayalpata Hospital in 2011.



Nyaya has begun renovations on its new Surgical Center at Bayalpata Hospital which it plans to open in 2011.

Expanding community health programs – Community-based preventive health care, patient education and follow-up are critical components of all health systems. In an effort to empower local communities and prevent disease, Nyaya will continue to expand its CHW/FCHV program while also developing new innovative regional public health programs.

Quality improvement – In continued efforts to offer the highest quality health services possible, our clinical team will implement a number of quality improvement initiatives.

These efforts will educate staff members on new protocols and techniques while monitoring forward progress and patient outcomes.

ASSOCIATED PROGRAMS

To support our clinical work and expand our global health efforts, we have identified 3 main goals:

Solar power scale-up – Given its lack of local reliable resources, Bayalpata Hospital currently relies on inconsistent and poor energy sources which directly threaten quality of care. Reliable energy is critical to providing health services, and solar power offers an environmentally sustainable and effective source. In 2010, Nyaya secured seed funding and support to develop solar power at Bayalpata Hospital in 2011.

Expanded research and advocacy – Nyaya strives to share its work through both research and advocacy venues as a way to ensure that our experiences and lessons from Nepal can inform health service development in other resource-poor settings. In particular, Nyaya's work targets operations research and quality improvement in health delivery. In 2011 we will expand our research and advocacy agendas to include the development and maintenance of surgical services, quality improvement initiatives, and advocacy work in academic and lay press outlets.

USA-based office and full-time Executive Director – To effectively manage and ensure continued funding for our expanding programs, Nyaya will open a U.S.-based office in 2011 and hire its first US-based office and full-time Executive Director. Free office space has been secured through our partnership with Still Harbor in Boston, Massachusetts. This expansion will offer Nyaya increased fundraising and development capacity, while enabling more effective management of our volunteer team, and continued collaboration with our team in Nepal.

NYAYA HEALTH NEPAL

NYAYA HEALTH GOVERNANCE

All of Nyaya Health's Nepal-based operations are conducted by our partner organization, Nyaya Health Nepal, which is a local non-governmental organization (NGO) based in the cities of Pokhara and Kathmandu. The NGO's primary role is developing an in-country structure to support operations in Achham. It does so by directly interfacing with the central government (primarily the Ministry of Health and Population of Nepal), working with the oversight bodies (Social Welfare Council), seeking collaborations with similar organizations, managing financial transactions, meeting legal requirements of the non-profit structure, assisting with a strong supply-chain for the Hospital, raising financial and other resources for the Hospital, recruiting volunteers and publicizing our team's work in Nepal.

The Executive Committee of the NGO is headed by President Mr. Bishnu Acharya. Mr. Acharya has extensive experience in the healthcare field. He ran a pharmacy and managed a clinic with 4 physicians in Pokhara for 10 years. Subsequently, he was the Managing Director of Fewa City Hospital, a private hospital in Pokhara. Currently, he oversees Nyaya's operations in Kathmandu and Pokhara.

Mr. Suraj Dangol serves as the Member-Secretary of Nyaya Health Nepal. Mr. Dangol completed his high school from the prestigious Budhanilkantha School in Kathmandu and is currently studying to become a Chartered Accountant. He is currently based in Kathmandu and has been instrumental in meeting the multiple goals of the NGO by working closely with the Executive Committee.

THE NYAYA HEALTH NEPAL EXECUTIVE COMMITTEE

Mr. Bishnu Acharya, President
Dr. Ashwata Pokhrel, MBBS, Vice-President
Mr. Suraj Dangol, Member-Secretary
Dr. Bijay Acharya MBBS, M.D., Co-Secretary
Dr. Suraj Gurung MBBS, Treasurer
Ms. Elen Shrestha, Executive Member
Ms. Bhumika Piya, Executive Member

Annual Report 2010 | 20

THE NYAYA HEALTH BOARD OF ADVISORS

Sheldon Campbell, M.D., Ph.D., Yale University School of Medicine
Kathryn Chu, M.D., Mediciens Sans Frontieres
Prabhjot Dhadialla, M.D., Ph.D., Earth Institute, Columbia University
Paul Farmer, M.D., Ph.D., Harvard University, Partners In Health
Gerald Friedland, M.D., Yale University School of Medicine
Kaveh Khoshnood, Ph.D., Yale University School of Public Health
Fernet Leandre, M.D., Zanmi Lasante
Christopher Moore, M.D., Yale University School of Medicine
Michael Rich M.D., M.P.H., Harvard University, Partners In Health
Alfred Sommer, M.D., M.H.S., Johns Hopkins School of Public Health

NYAYA HEALTH BOARD OF DIRECTORS

Bibhav Acharya, Yale University School of Medicine
Bijay Acharya, MBBS, M.D., Bronx Lebanon Hospital Center, New York
Jason Andrews, M.D., Co-Founder, Division of Infectious Diseases, Massachusetts General Hospital;
Harvard Medical School and Harvard School of Public Health
Chhitij Bashyal, School of International and Public Affairs and the Earth Institute, Columbia University
Sanjay Basu, M.D., Ph.D., Co-Founder, Department of Medicine, University of California San Francisco
Astha KC, University of Washington
Duncan Smith-Rohrberg Maru, M.D., Ph.D., Co-Founder, Brigham and Women's Hospital and
Children's Hospital Boston, Harvard Medical School
Shefali Oza, MSc, University of Washington
Dan Schwarz, Executive Director, Brown University School of Medicine, Harvard School of Public
Health
Ryan Schwarz, Director of Operations, Yale University Schools of Medicine and Management
Jhapat Bahadur Thapa, MBBS

21 | Annual Report 2010

THANK YOU TO OUR SUPPORTERS

Without the critical support of Nyaya’s donors, our work would not be possible. Our sincere gratitude and appreciation goes to all who have helped us work for health equity in Nepal. Over half of Nyaya’s support comes from thousands of individual donors around the world, each giving sums from \$25 to \$25,000, and each of whom have been crucial in helping us continue our work each day. In addition to our many individual supporters, we wish to thank the following institutional donors for their ongoing support:

- Abbott Laboratories
- America Nepal Medical Foundation (ANMF)
- Brigham & Women’s Hospital
- Brown University
- Buddha Air
- Cents of Relief
- Child Health Foundation
- Children’s Hospital of Boston
- CIWEC Clinic Travel Medicine Center
- The Daily Grommet
- Ella Lyman Cabot Trust
- Equity Edit
- Google Grants
- Harvard University
- Nepali Ministry of Health and Population
- QBC Diagnostics
- Quidel Corporation
- Ten Friends
- The Hunger Site
- The International Foundation
- The Shelley and Donald Rubin Foundation
- Until There’s A Cure Foundation
- William Prusoff Foundation
- Yale University



135 College Street, Suite 323
New Haven, CT 06510 USA
Phone: +1.724.986.5050

info@nyayahealth.org
www.nyayahealth.org
wiki.nyayahealth.org
blog.nyayahealth.org

Badelgada, Ridikot-2
Achham, Nepal
Achham: (977) 094 690 404
KTM: (977) 9845236035

