



Nyaya Health: Prospectus for the Social Investor

Mission Statement

Nyaya Health is an international NGO partnering with communities in Nepal and the Ministry of Health of Nepal to improve healthcare services in the poor, western regions of the country. The district of Achham is a rural agricultural area with some of Nepal's highest poverty, infant mortality, maternal mortality, and HIV rates. Our mission in Achham is two-fold: to establish essential public health services in one of Nepal's most underdeveloped areas, and to develop a model program demonstrating how to scale-up and manage comprehensive healthcare services in remote areas.

Relevant statistics of the district

- Number of citizens: 250,000
- Number of doctors (excluding Nyaya Health): 1 (located 5 hours from the clinic)
- Number of ultrasound machines: 0 (none in an area covering over 1 million people)
- 99.5% of babies are delivered outside a health center
- 1 in 125 deliveries result in death of the mother
- 60% of children are chronically malnourished
- Average person makes \$150 a year
- Over 50% of the men migrate to India in search of work
- Over 7% of the men returning from Mumbai are HIV-positive
- Nearest functioning airport and hospital: 10 hours by bus, costs 1 month's average income

Present Activities

The heart of Nyaya Health activities in Achham is a four-bed, five-room clinic focusing on primary care, maternal and child health, HIV, and tuberculosis. Our clinic is run by [an all-Nepali staff](#) consisting of a physician, community healthcare workers, midwives, lab technicians, and project managers. We are expanding a [network of community health](#) workers who provide essential outreach and triage services to our geographically dispersed population. These services have been developed in collaboration with the government of Nepal; the ultimate goal is full integration with public-sector health programs. Over the next year, we will be developing a community telemedicine center, applying [information and communication technologies](#) in innovative ways to improve the effectiveness and equity of our health services. We will also be developing innovative [management programs](#) to improve community ownership, accountability and responsiveness of health services. Additionally, we are exploring mechanisms of sustainable, accountable financing through [microfinance and community-based insurance](#). Over the coming years, we are renovating, restocking and staffing a hospital that was abandoned 25 years ago, to expand our medical, obstetric, and surgical capacity. Our long-term vision is to work with local communities as part of a global healthcare for all movement that: 1) facilitates re-distribution of finances to resource-denied areas; 2) fosters grassroots collective action; 3) involves the central government in pro-poor health infrastructure.

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Current Funding Needs

We have secured private funding for capital costs and for two years of operating costs (\$115,000). With the expected expansion of EquityEdit over the upcoming year, the implementation of a community-based health insurance scheme, and further support from the government, we anticipate self-sustainable financing of the minimum operating costs of the clinic over the coming years (\$60,000). Thus, our primary funding needs presently are to implement additional clinical services and to expand the reach of these services. Additional services include X-Ray, Ultrasound, and Blood Transfusion. Expanding access will be achieved particularly through developing our community healthcare worker (CHW) network. Given the dire state of health services in the region, we aim to expand rapidly and effectively. At the same time, we must expand safely and responsibly, ensuring long-term, sustainable revenue for all services. Some examples of what your tax-deductible contributions can achieve include:

- **\$5** will provide a course of antibiotics to save the life of an infant suffering from pneumonia
- **\$25** will provide comprehensive antenatal services to one woman.
- **\$50** will provide the materials and personnel for safe, normal delivery to one woman.
- **\$100** will provide transportation and operation costs for a life-saving cesarean section.
- **\$250** will pay for for a life-changing operation for a woman suffering from uterine prolapse.
- **\$500** will purchase equipment for telemedicine applications for an additional CHW.
- **\$1,000** will provide for the annual salary and expenses for one midwife.
- **\$2,500** will support the salary and expenses of one MBBS physician for three months.
- **\$5,000** will purchase an ultrasound with a 3.5 MHz convex transducer for use in pregnancy.
- **\$10,000** will purchase X-Ray equipment essential for diagnosing pneumonia and fractures.
- **\$25,000** will provide the necessary costs for construction, equipment, and staffing for one year of a blood transfusion center to prevent deaths of mothers from post-partum hemorrhage
- **\$60,000** will provide the necessary costs for construction, equipment, and staffing for one year of an obstetric surgical center to prevent the deaths of mothers from post-partum hemorrhage

Service Delivery and Grassroots Empowerment

For our work on the ground in Achham, service delivery is fundamentally tied to grassroots organizing. While many organizations do excellent service work and others do empowerment, our aim is to pursue both simultaneously. In a region as impoverished as Achham, providing essential services requires outside financing. These services can then be used as a center piece of organizing and empowerment. Our community-based management structures are designed to foster local ownership over the services and to engage members in civic and political action. Citizens can then believe that they can take control over the health of their communities, and begin to demand of their political leaders the more complete services they are entitled to.



Guiding Philosophy

We aim to take a comprehensive, community-based approach to rapidly and effectively expanding health services. The following basic principles guide our practical, on-the-ground approach to clinical and public health practice:

- *Facilitating resource distribution to resource-denied areas.*
We will continue to utilize our grassroots social network that is procuring finances and equipment and developing sustainable economic models for resource distribution to one of the most impoverished areas in Nepal. This work provides a responsible injection of critical resources for local communities to believe in their right to health and their ability to achieve it.
- *Fostering grassroots collective action to improve local ownership over healthcare.*
The local community members and district health officials have been advocating for the expansion of the very popular Nyaya Health services. Local community members take ownership over the health services through local management structures. We will continue to employ a diverse all-Nepali staff from all socioeconomic and caste backgrounds. We will expand local investment in healthcare through community-based health insurance.
- *Involving the central government in pro-poor health infrastructure.*
The District Health Office of Achham, operating under the Ministry of Health, is providing us essential medicines for our primary care clinic. For expansion of services, they have agreed to provide us with an abandoned hospital and assist with renovations. Our negotiations with them emphasize their role and responsibility in public healthcare provision.
- *Achieving transparency and collaboration in global health delivery*
As an open-source and transparent organization, we continue to make available all our planning documents, costing tools, and clinical protocols available online for free download to the public through our wiki (nyayahealth.pbwiki.com).

Maximizing Social Returns, Minimizing Risk

Nyaya Health is developing several strategies to maximize the social returns on our donors' investments:

- Fully transparent, line-by-line [accounting of expenditures](#).
- Empowering local community members to take ownership over services.
- Institutional policy that ex-patriate staff, consultants, and physicians will be unpaid volunteers, such that donor funds go to providing healthcare services.
- Minimal overhead in United States and Kathmandu; 99% of finances go directly to Achham.
- Epidemiological monitoring to quantify the health and social effects of our interventions.
- Developing scalable models for implementation into national policy.
- Conducting research to facilitate replication internationally.

At the same time, we minimize investment risk in the following ways:

- Developing sustainable, market-driven fundraising strategies to ensure long-term financial solvency (e.g., equityedit.org which edits medical research papers to raise funds for the clinic).
- Working with communities and government bodies to develop local capacity and ensure long-term functioning of services.
- Engaging key community and political leaders to ensure participation of all groups at a local and national level.

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Healthcare is a Human Right

Today's world offers a stark contrast between the health outcomes of resource-supplied and resource-denied regions. An infant born today in a middle class community in the United States is 20 TIMES more likely to live to five years of age than an infant born in Nepal; a woman in Nepal is 100 TIMES more likely to die as a result of complications associated with pregnancy.

Fundamentally addressing these global health inequalities requires not only a large-scale redistribution of finances into resource-denied regions; it requires a social movement. Building that social movement requires ALL OF US to work together, from those living in resource-supplied and resource-denied, and from among the rich and the middle class and the poor.

Social Movements and Health Financing

Although we have paid professional Nepali staff of administrators, physicians, midwives, and community health workers, we do not have paid managers outside of Nepal. For most global health organization, having paid US-based staff is required to generate a sustained flow of funds into programs. Our model is instead to develop a large social network of skilled, dedicated, committed volunteers who work together to achieve sustainable financing—without the overhead and negative incentives. These volunteers contribute money, energy, and technical expertise reliably and professionally.

When you do share your generosity, give with the expectation that those funds will be put to the best possible use. Yes, in the short-term your funds will buy essential vaccines and fund health workers in one of the most impoverished places on earth, but you must ask yourself and your beneficiaries, are we fundamentally changing our world? Are we moving towards a world where “donors” and “beneficiaries” is no longer relevant, where families and communities are able to control their own destiny, where governments are well-funded AND accountable to their people?

Join the Movement!

A fundamental aspect of the movement is all of us redistributing some of our own finances towards healthcare for the poor. We all can contribute something. By doing so, we contribute in fundamental ways to essential supplies and infrastructure and show to our public officials that we are serious about addressing social inequalities.

What You Can Do

If you do choose to donate to Nyaya Health, here are a few concrete steps you can take to make certain your donations have a full effect.

- *Sustainably Contribute.* Make recurrent [donations](#) on a regular schedule.
- *Learn about Injustice.* Study Nyaya Health's work in Achham, and similar work throughout the world.
- *Contribute ideas.* Join one of our [working groups](#) and apply your expertise to a pressing technical issue. Set up something like [equityedit.org](#) to use your skills to generate funds.
- *Engage with others.* Whether you set up a group in your own community to discuss global inequalities, or electronically communicate with other Nyaya members in Nepal and throughout the world, or travel to Achham, making that fundamental HUMAN connection is what this social movement is all about.

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