possible

PROVING POSSIBILITY

2014 Annual Impact Report

This year,

WE PROVED POSSIBILITY.

We continued to deliver high-quality,
low-cost healthcare to the world's poor.

We also introduced a new way of thinking:
expanding humanity's belief about
what is possible.

Discover what we've done.

LETTER FROM THE CEO

207,131.

That's the number of patients our team had treated by the end of our FY 2014.

For a community who believes in putting the patient first, crossing the 200,000 patient mark in 2014 was certainly a milestone worth celebrating. But it's also nowhere near enough. Volume doesn't equal impact, and the driving question of our work is:

Can we build healthcare systems that meet our moral aspirations?

To do this, we put solving for the poorest patients first, and we create a team, culture, and revenue model that allows for a clinician to be in front of those patients with the incentive to do the right thing—even in the world's most "impossible" places. And we need to prove it can be done at scale.

With your partnership, we've made dramatic progress on all these fronts in 2014.

We hired extraordinarily talented and committed leaders. We changed our name as an outward reflection of building the For-Impact Culture Code we know is needed to meet the challenges inherent in our work. And we developed a performance-based model with the Nepali government that has already led to a 14-fold increase in government funding while guarding against the failures of traditional healthcare financing models.

207,131 is a significant step, but we know it's only a start to proving it's possible to deliver high-quality, low-cost healthcare to the world's poor.

I invite you to see what we've accomplished in the last year. And more importantly, I invite you to continue to partner with us so we can scale up what you see.

With gratitude,

Mark

WHERE WE STARTED

In 2006, then Yale medical student Jason Andrews and his Nepali wife Roshani Andrews traveled to Nepal's neglected Far-Western region on their honeymoon to document the lives behind the HIV crisis.

They discovered there were zero doctors for over 260,000 people in the district.

Jason wrote from Nepal to two other Yale medical students, Duncan Maru and Sanjay Basu, and together they co-founded Nyaya Health—which is now named Possible.

WHERE WE WENT

In 2008, we transformed a grain shed into the area's first functional clinic. Less than a year later, Nepal's government invited us to open up an abandoned hospital as part of a unique public-private partnership. Shortly after, we reopened Bayalpata Hospital, which had been closed for nearly 30 years.

From there, we launched our community health program, expanding our partnership with the Nepali government. We were ranked by the nonprofit evaluator GiveWell as a standout organization, being placed in the top 10 of over 800 organizations examined. We expanded our healthcare programs, and in 2013, Bayalpata Hospital was named the "Best Hospital" in Nepal.

WHERE WE ARE: 2014

We launched Crowdfund Health with our partners Watsi and Kangu, so people could directly fund medical treatments and safe births.

Then, we rebranded and became Possible, launched a new name, a new site, our For-Impact Culture Code, and most importantly, shared our vision for durable healthcare.
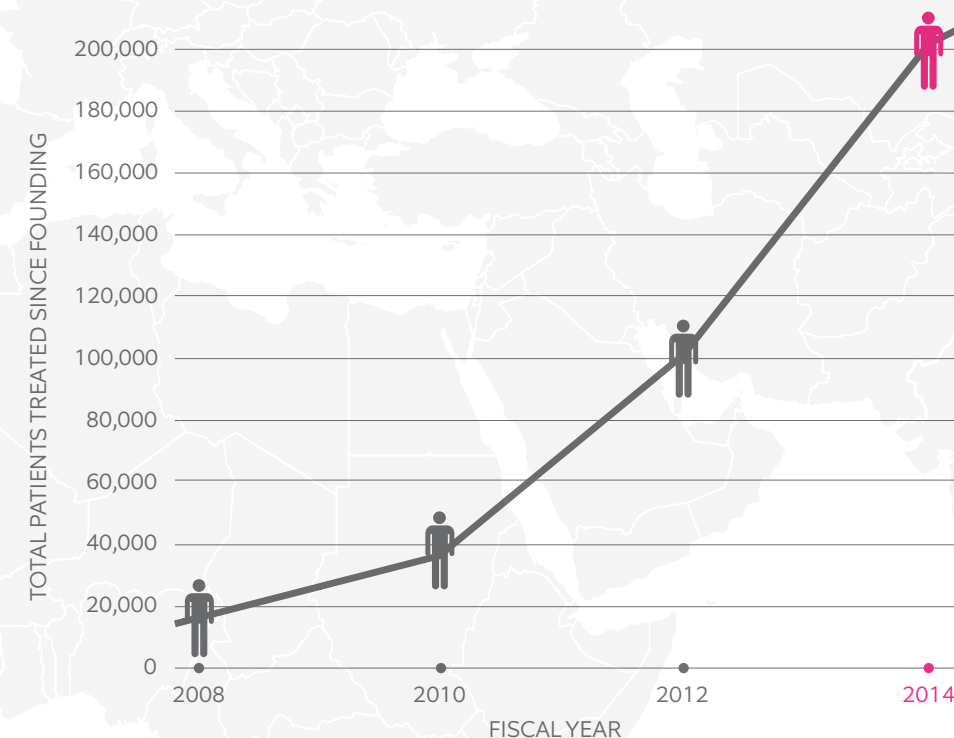
We expanded to six clinics, and treated our 200,000th patient.

We expanded our partnership with the government through a new 5 year agreement that involved a 14-fold funding increase to $1 million USD, and we started work to make Bayalpata Hospital Nepal's first rural teaching hospital.

WHERE WE'RE GOING

In the next two years, we are scaling our funding and impact model by transforming Bayalpata Hospital into Nepal's first rural teaching hospital, expanding to 72 clinics, and working with over 800 community health workers.

We've launched a community of monthly investors called Possibilists, who will help expand our hospital and turn it into an inspiring model that can be replicated throughout the country.

SEE HOW YOU CAN BECOME INVOLVED AND TRANSFORM WHAT'S POSSIBLE:
hospital.possiblehealth.org

TOTAL PATIENTS TREATED SINCE FOUNDING

200,000
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0

2008   2010   2012   2014

FISCAL YEAR

THIS YEAR, WE BECAME POSSIBLE

possible

The rebrand was about way more than the new name, look, and feel.

Our team felt we had a shrinking window of opportunity to better communicate why we exist and how our healthcare model works, and to use our first five years of execution and learning to define a bolder vision matched to the challenges the poor face in the current state of healthcare around the world.
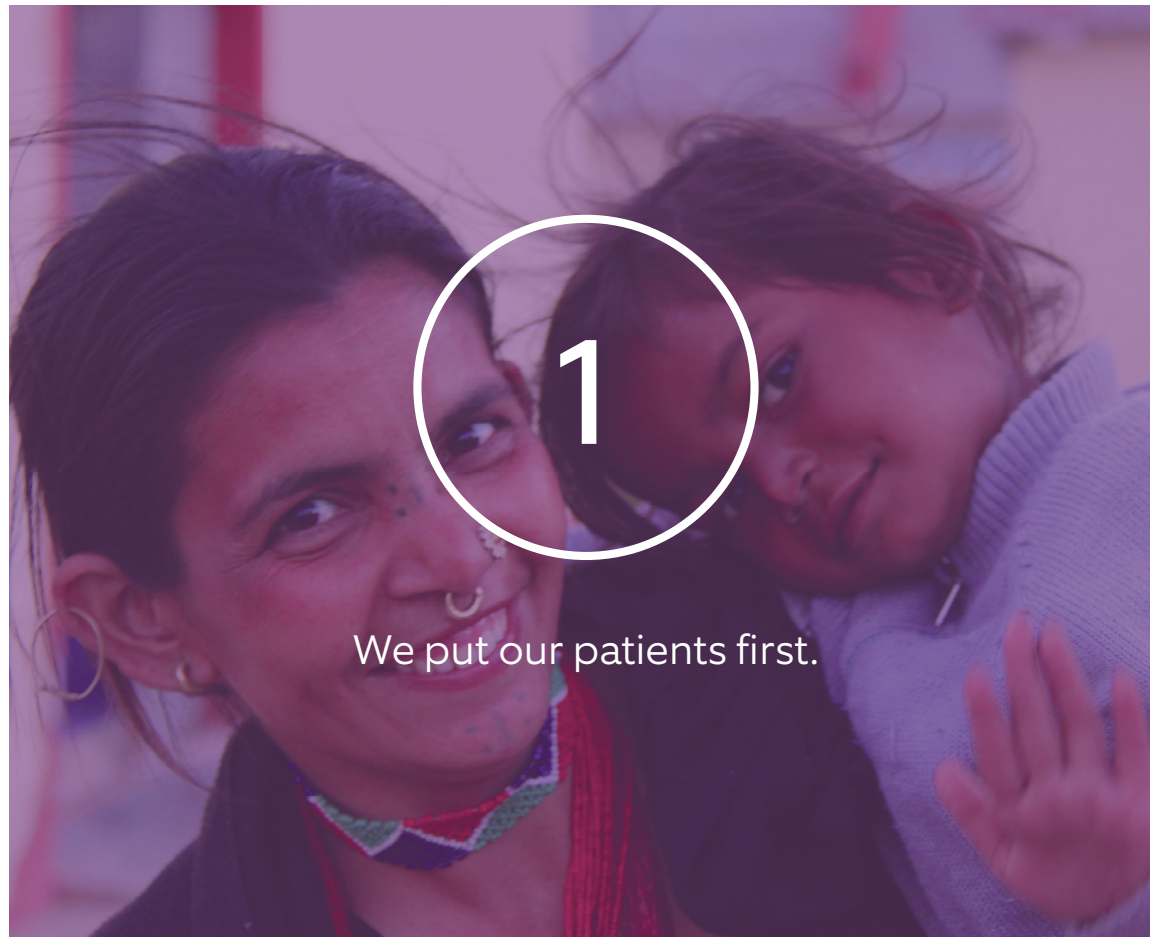
possible

HEALTHCARE IS BROKEN

IT WORKS THE LEAST FOR THOSE WHO REQUIRE IT THE MOST · THE WORLD'S POOREST NEED A NEW APPROACH · IT BEGINS BY PUTTING THE **PATIENT FIRST,** AIMING TO SEE IN THEM THE POSSIBILITIES WE SEE IN THOSE WE LOVE · IT IS PUSHED FORWARD BY PEOPLE WHO EMBRACE **EXTRAORDINARY CHALLENGES** AND HAVE THE GRIT TO GET **REMARKABLE RESULTS** · IT THRIVES BECAUSE OF THE UNWAVERING BELIEF THAT WE CAN BUILD A MODEL OF HEALTHCARE THAT MEETS OUR **MORAL ASPIRATIONS** · ONE BUILT ON **SOLVING FOR THE PATIENT,** NOT PROFIT · ONE DESIGNED TO BE **DURABLE,** NOT DELICATE · ONE THAT WORKS **FULLY FOR THE POOR,** NOT PARTIALLY · AND ONE DETERMINED TO WORK WHERE EVERYONE SAID IT COULDN'T BE DONE

POSSIBLE: MAKING HEALTHCARE POSSIBLE IN THE WORLD'S MOST IMPOSSIBLE PLACES

Our

FOR-IMPACT
CULTURE CODE

A list of 10 principles that drive our work and
create a culture of action and alignment.
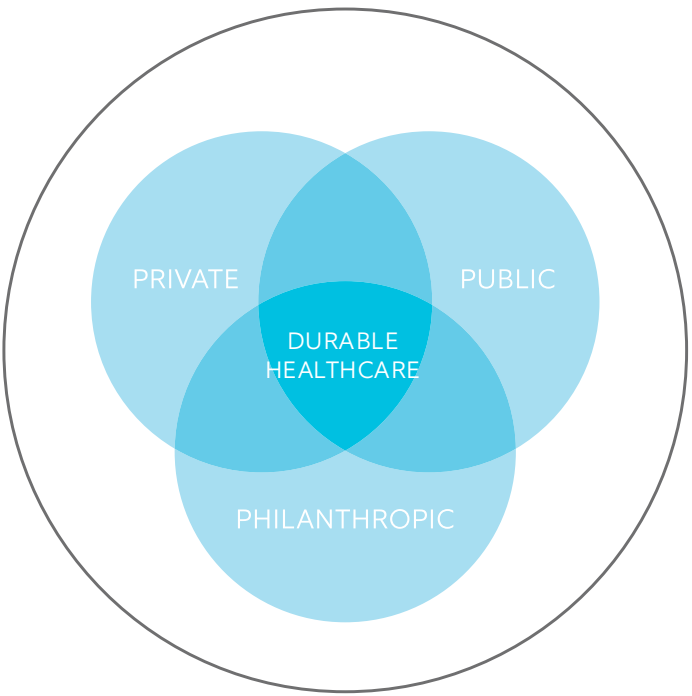

1

We put our patients first.

1 WE PUT OUR
PATIENTS FIRST

Our #1 rule is to solve for the patient. The dignity and
opportunity of our patients are far more important than
our own egos.

2 WE EMBRACE
CHALLENGE WITH GRIT

We do this work precisely because it is labeled as
"impossible" by many. Grit is what we deploy to get
remarkable results anyway.

3 WE TREAT EFFICIENCY
AS A MORAL MUST

We are obsessed with using simple tools to shrink the
time we spend on "work about work" in order to solve
for the patient.

4 WE THINK BIG

Lions can catch, kill, and eat mice, but they will die doing
so because it's a calorie negative endeavor. So instead they
hunt antelopes. Like lions, we can't afford to hunt mice.

5 WE BUILD SIMPLE

Our goal is to minimize complexity as we grow.

6 WE CHALLENGE
CONVENTIONAL
THINKING

Most conventional wisdom says the poor can't have
high-quality, low-cost healthcare. We win debates with
data—not create enemies based on opinion.

7 WE REALIZE GREAT
DESIGN CREATES
DIGNITY

Everything we build, from a hospital to a business card,
has real implications for the dignity of our patients and
the effectiveness of our impact.

8 WE ARE TRANSPARENT
UNTIL IT HURTS

We're incredibly transparent about our impact data,
finances, and failures to consistently build trust and
evaluate our work.

9 WE BALANCE
PROFESSIONAL
INTENSITY WITH
PERSONAL SUPPORT

Our team is both professionally uncompromising and
personally supportive, adding value to one another's
lives in and outside of work.

10 WE BELIEVE EVERYTHING
IS IMPOSSIBLE,
UNTIL IT ISN'T

We believe in a hard-edged hope—one created when
possibility is earned through execution against all odds.

WHY DURABLE?

Durability is based on solving for the patient's needs, regardless of their position in society.

Durable healthcare is a public-private partnership that enables a nonprofit healthcare company to deliver care within the government's infrastructure.
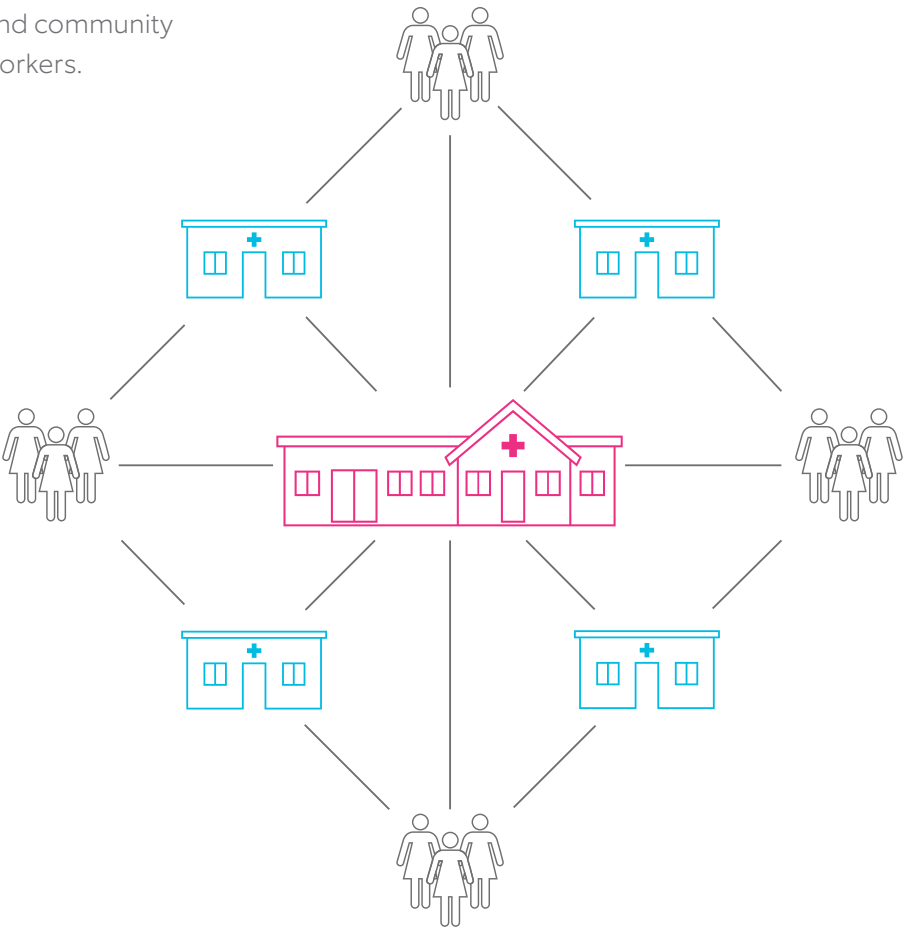
It brings together the quality of the private sector, access of the public sector, and innovation enabled by philanthropy—while tying its core financing to performance to realign revenue with care.
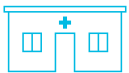
PRIVATE

PUBLIC

DURABLE HEALTHCARE

PHILANTHROPIC

Durable healthcare operates within our hub + spoke model, which works at all tiers of Nepal's health system—hospital, clinics, and community health workers.

A hospital hub acts as a center of excellence for clinical care and medical education.

Clinics encircle the hospital hub, bringing primary and follow-up care closer to home.
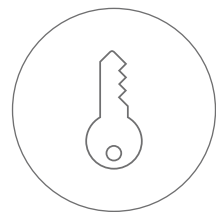
Community Health Workers move between homes providing referral and follow-up services.

Measuring

IMPACT

Key Performance Indicators

These six KPIs were selected because they can be feasibly collected in remote settings at the district level, and reflect overall performance of our durable healthcare model.

SURGERY ACCESS
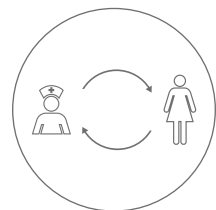The % of days when surgical services are fully available to patients. **Measured quarterly.**

EQUITY
Ratio of service utilization of marginalized patients vs. general catchment population. **Measured quarterly.**

SAFE BIRTH
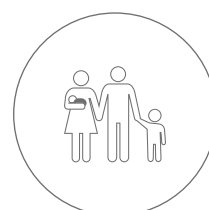The % of women giving birth in a healthcare facility with a trained clinician. **Measured yearly.**

FOLLOW UP
The % of chronic disease cases followed-up successfully. **Measured quarterly.**

OUTPATIENT USE
The frequency of healthcare service utilization among our catchment population. **Measured quarterly.**

FAMILY PLANNING
The % of reproductive aged women who delivered in the past 2 years using contraceptive methods. **Measured yearly.**

We implemented our new KPI system midway through FY 2014. This means we can only accurately report on 1 of 6 indicators: Surgery Access. Because of this, for the remaining five KPIs, we chose to report on the progress we have made since the implementation.

67%
SURGERY ACCESS
Target: 95%
In Q1, our Surgical Services Availability Ratio was 58% and reached 87% by Q4.

1.5
EQUITY
Target: >1
In Q4, marginalized patients accessed our healthcare system 50% more frequently than the non-marginalized.

SAFE BIRTH
Target: 95%
We're still collecting data to measure target success. This year, we had 548 safe births in our healthcare facilities.

27%
FOLLOW UP
Target: > 90%
In Q4, 27% of follow-up interactions occurred among chronic disease patients in our registry.

1.5
OUTPATIENT USE
Target: > 1.3 visits/person
In Q4, our Outpatient Utilization Rate was 1.5 visits per person at our hospital or clinics.

FAMILY PLANNING
Target: > 75% uptake
We're still refining and collecting data, and will be able to accurately report impact in FY 2015.

Dr. Sampurna Shakya, Staff Physician

2014 IMPACT HIGHLIGHTS

56,106
Patients Treated

5%: inpatient* care

8%: emergency care

87%: outpatient care

$23
cost per
patient treated

25%
increase in
patients treated

6
new primary clinics

36,613
people in catchment area have
access to our healthcare system

14
Community Health
Worker Leaders

164
Community
Health Workers

29
crowdfunded safe
births with Kangu

188
crowdfunded referral
patients treated with Watsi

3
referral hospital
partnerships

$1MM
matching agreement
with Nepali government

* inpatient includes: inpatients + HIV + deliveries

PATIENT WITH EMPHYSEMA

Possible's Community Health Nurse Bhawana and Community Health Worker Gangaji arrived at the house of a new follow-up patient in her seventies suffering from emphysema.

Bhawana sat next to her on the second floor of her house. The patient lives alone—her husband having died and her children all having left for marriage or work.

Despite her challenges, she was bright and warm to Bhawana and Gangaji. When asked to bring out her medications, she brought a plate full of them from various providers: our hospital, a government health clinic, and a private clinic.

Despite not having any symptoms of a respiratory tract infection, she had at least two antibiotics to treat one. Another ten tablets were unmarked, wrapped in a piece of newspaper.

Bhawana counseled our patient about taking inhalers for her emphysema, to stop taking antibiotics, and to inform the CHW Gangaji if any new symptoms came up.

Without our community health worker program, this patient would have continued taking medicines she didn't need. Now she has access—close to home—so she knows how to manage her illness.

Bhawana Bogati, Community Health Nurse

JOGENI KUNWAR

"I have been coming to this hospital for treatment for the last four years. I always walk here by myself; it can be very difficult when I'm not feeling well, but I have no choice but to make the journey for treatment.

My daughter-in-law is a Community Health Worker Leader for Possible, and if I forget to show up for my follow-up, she brings me to the hospital herself.

I only come to Bayalpata Hospital, since it cured me when no one else was able to. All the other doctors I previously saw had given up and said that treatment was not possible in the area, and that I had to be taken to the capital.

I am very pleased by the team who works here. And it is only due to the doctors here that I am still alive today."
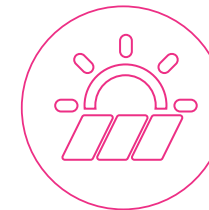
2014 REMARKABLE MOMENTS

200K

We hit a major milestone of 200,000+ patients treated since our founding.

$1MM

The Nepali government increased funding 14-fold to $1 MM.

+5yrs

We renewed our partnership agreement with the Nepali government for 5 more years.

We installed solar systems in six of our primary clinics.

We began providing dental services at Bayalpata Hospital.

160K

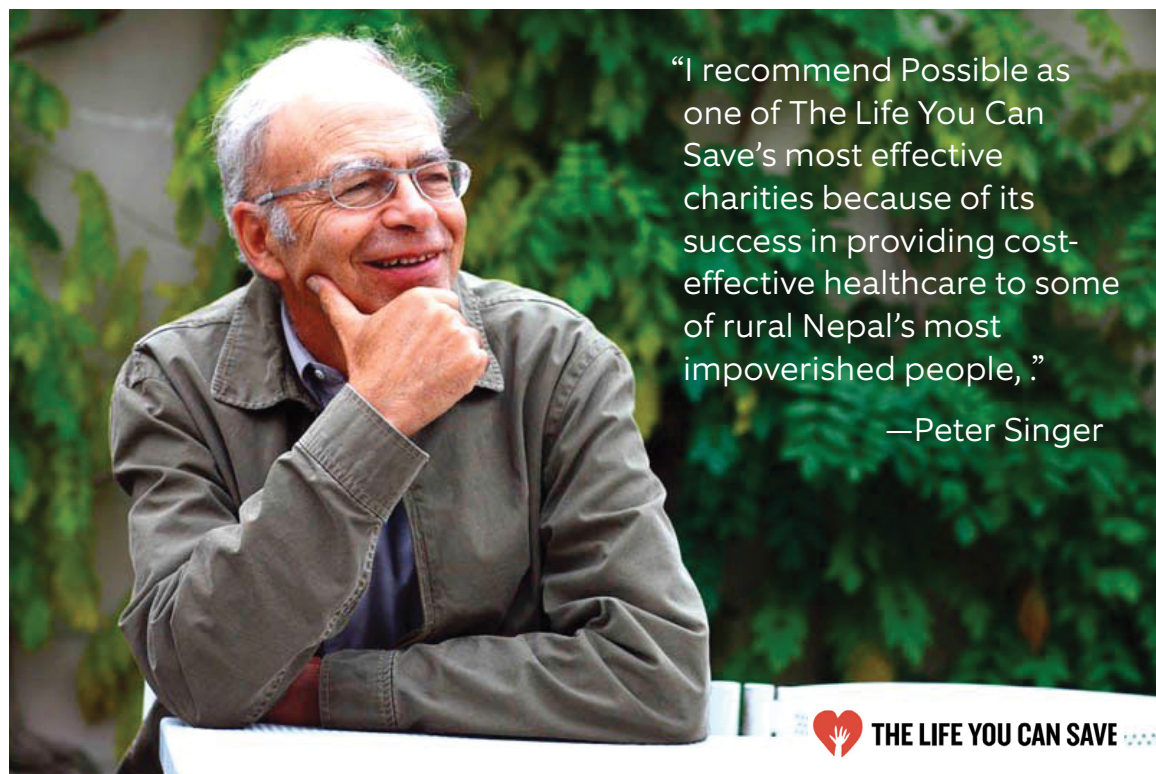Crowdfunding raised $160,724 for direct patient care.

Possible formalized an implementation research team—the Healthcare Systems Design Group (HSDG)—that will test pragmatic approaches to improving rural healthcare delivery.
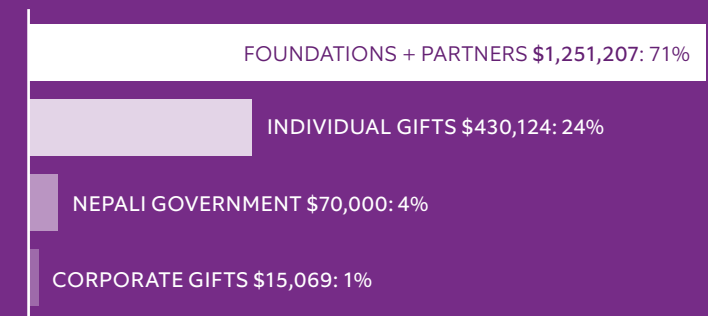
Bayalpata Hospital celebrated its 5 year anniversary, and we finalized the partnerships and agreements to expand it into Nepal's first rural teaching hospital over the next two years.

Realigning
REVENUE
with Care

Durable healthcare allows us to utilize a diverse set of revenue sources to deliver the highest quality of healthcare for some of the world's poorest patients. In 2014, our work was funded through our core investment from the Nepali government, individual and institutional philanthropy, crowdfunding, research funding, and in-kind support.

"I recommend Possible as one of The Life You Can Save's most effective charities because of its success in providing cost-effective healthcare to some of rural Nepal's most impoverished people,"

—Peter Singer

THE LIFE YOU CAN SAVE

$1,766,400 REVENUE

FOUNDATIONS + PARTNERS $1,251,207: 71%

INDIVIDUAL GIFTS $430,124: 24%

NEPALI GOVERNMENT $70,000: 4%

CORPORATE GIFTS $15,069: 1%

$1,555,139 EXPENSES

PROGRAMS $1,055,806: 68%

MANAGEMENT & ADMINISTRATION $264,346: 17%

FUNDRAISING $234,987: 15%

" I DIDN'T HAVE TO DO MUCH RESEARCH TO DECIDE TO GIVE TO POSSIBLE. I BELIEVE THAT ALL LIVES HAVE EQUAL VALUE SO I WANTED TO GIVE TO THE MOST EFFECTIVE ORGANIZATION I COULD FIND, OR WHERE I COULD GET MORE BANG FOR MY BUCK. WHEN DECIDING A CHARITY TO GIVE TO, POSSIBLE WAS ENTHUSIASTICALLY TRANSPARENT AND DEDICATED TO EFFICIENCY. "

—Orlando, Funder

*This financial overview represents the combined unaudited financials for the U.S. 501c3 and Nepal-based NGO. Audited financials will be available for each entity on our website as soon as the audits are completed.

MARKETING & MEDIA

CAMPAIGNS

112k

We launched Crowdfund Health, where people are able to directly fund medical treatment for one of our patients with a simple click through our partners.

FACEBOOK.COM/POSSIBLEHEALTH

19,900 Likes

23% Growth

TWITTER @POSSIBLEHEALTH

2,450 Followers

32% Growth

RECOGNITION

First Round Review

the review | management and company building | this culture deck powers the world's toughest work

This Culture Deck Powers the World's Toughest Work

Read It Now

Stanford SOCIAL INNOVATION Review

FAST COMPANY

lifehacker

> " WITH ALL THESE ODDS STACKED AGAINST THEM, THE POSSIBLE TEAM HAS BEEN TOLD THEIR WORK IS IMPOSSIBLE HUNDREDS OF TIMES, BUT THEY'VE STILL MANAGED TO SUCCEED WHERE OTHERS HAVEN'T. "
>
> - First Round Capital

OUR TEAM

Our team, who spans across the globe, is deeply committed to one unifying principle: solving for the patient.

GLOBAL TEAM
Our global team acts as "the fuel" to push forward remarkable results in Nepal.

10
Full-Time Employees

BOARD OF DIRECTORS:
Beth Kitzinger
Duncan Maru, MD, PhD
Eswar Priyadarshan
Gabrielle Haddad
Jeff Kaplan
Muna Bhanji
Sandro Lazzarini

NEPAL TEAM
Our Nepali team makes up 97% of our organization. We invest heavily in local leaders to build a durable system of healthcare.

260
Full-Time & Part-Time Employees

BOARD OF DIRECTORS:
Agya Mahat, BDS, MPH
Amit Aryal, MPH
Bhaskar Raj Pant
Dileep Agrawal
Kunda Dixit
Subina Shrestha
Suraj Vaidya
Aruna Uprety
Saroj Dhital, MD

*Possible is a U.S.-based 501c3 organization that partners with a sister Nepali-registered non-governmental organization by the same name, and thus the organization is governed by both a global and local pair of Boards. This structure allows us to receive direct government investment within Nepal.

TO OUR PARTNERS: THANK YOU

BOARD OF ADVISORS

Paul Farmer, MD, PhD

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5 Pound Apparel

AllPeopleBeHappy Foundation

America Nepal Medical Foundation

Bright Funds

Child Health Foundation

Deerfield Foundation

Elmo Foundation

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Fiduciary Trust Company

Grand Challenges Canada

Jasmine Social Investments

Kangu

National Philanthropic Trust

Nepal Ministry of Health and Population

Nick Simons Foundation

One Day's Wages

Plato Malozemoff Foundation

Pro Victimis Foundation

Radfall Charitable Trust

Sappi Fine Paper North America

Sierra Club

SOCO Hammocks

SunFarmer

The Circle of Generosity

The Good Works Institute, Inc.

The PIMCO Foundation

The Shelley and Donald Rubin Foundation

Thrasher Research Administration Fund

Toronto Nepali Film Festival

Vanguard Charitable Trust

Watsi

Yale Philanthropy in Action

IN-KIND

Abbot Laboratories

BambooHR

Blue Apron

Buddha Air

CIWEC Clinic

Copilevitz & Canter, LLC

D-Rev

Dhulikhel Hospital

Google

Insource Services

Karma

QBC Diagnostics

Salesforce Foundation

Sherin & Lodgen

Small Improvements

Sun Edison

The Deltree

The Indian Embassy in Kathmandu

UpToDate

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Brigham and Women's Hospital

Children's Hospital Boston

Dartmouth College

Harvard Division of Global Health Equity

Merck & Co.

Non-Resident Nepali Association USA

Partners Healthcare

Partners in Health

Sedecal

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Bailey • John Capuano • John Cary • John Dickinson • John Dresslar • John Fleming • John Foster • John Kearney • John Keating • John Lauther • John Paulius III • John Rosenberg • John Shostrom • John Zalweski • Johnathan Deku • Johnathan Greenberg • Jon Behar • Jon Campbell • Jonathan Marr • Jonathan Shoenig • Jonathan Silver • Jonathan Westerman • Jorge Pablo Oseguera Gamba • Joseph Backer • Joseph Ballou • Joseph Feely • Joseph Rhatigan • Joseph Smith • Joseph W. Bernheim • Josh Grogan • Josh Siegel • Joshua Brown • Joshua Copel • Joshua Greenberg • Joshua Jacobson • Joyce Gamse • Judith Tarbet • Judy Schatz • Julia Todd • Juliana Artier • Julianne Wolf • Julie Brown • Julie Maclachlan • Julie Nicol • Justin Storer • Kaleb Treacy • Kaley Weeter • Kamila Toska • Karen Bissonnette • Karen Favors • Karen Zurheide • Kathryn Pirio • Kathy Yawarski • Kaveh Khoshnood • Keith Barnes • Kendall Dudley • Kevin Curry • Kevin Ferro • Kevin Jack • Kevin Waite • Kiki Berk • Kim Weiner • Knut Skyberg • Krista Donaldson • Ksenia Maryasova • Kyla DeHart • Lakshmi Datla • Lalika Jain • Laura Corlin • Laura Gamse • Laura Schwecherl • Laura Tucker • Lauren Vader • Laurie Drill-Mellum • Laurie Van Dermark • Leon Sadoff • Lev Polinsky • Lewis Kiker • Lily Nichols • Linda Levine • Lindsey DeMay • Liza Antony • Lori Concilus • Lucas Beno • Ludmilla Aristilde • Lyle Gallivan • Marcos Vieira • Mari Heerlyn • Maria de los Angeles Schettino • Maria Panizales • Marise Warner • Mark Arnoldy • Mark Lichtenstein • Mark Schaaf • Martha Woodman Hulbert • Martin Freidman • Martin Frith • Mary Ann Ek • Mary Darnell • Mary Hanson • Mary Hardesty • Mary Kaye Edwards • Mary Kowalski • Mary Somers • Matthew Goers • Matthew Hoffman • Matthew Plummer • Matthew Skinta • Meena Shah • Meenakshi Khanna • Mel Sadownick • Merri Nerdoff • Mia Concilus • Michael Callahan • Michael Hervitz • Michael Marcondes de Freitas • Michael Marcous • Michael Morrissey • Michael Polifka • Michael Rafferty • Michael Renee Galer • Michael Schiavoni • Miranda Weinberg • Mitchell Riese • Mkhuzo Soko • Molly Jacobson • Molly Topf • Monica Landy • Moria Conley-Jackson • Moses Graubard • Moulik Balasubramanian • Muna Bhanji • Nancy Angoff • Nancy Hammond • Nancy Raines • Nancy Rigler • Nancy Stallings • Nandan Sudarsanam • Nathan Bell • Nathan Fleming • Nathan Rockwood • Nathanael Stein • Naveen Bemby • Neil Fraser Hulbert • Nellie Wieland • Nicholas Friedman • Nicholas Parlante • Nicole DiStasio • Nicole Heathwood • Nina Lin • Nisha Ramroop • Odette Batik • Orlando Torres • Oscar Bloomfield • Paolo Buchberger • Parthasarati Dileepan • Patrice Larson • Patricia Mils • Patricia Robinson • Patricia Shakow • Paul Citrin • Paul Lieberman • Paul Rasmussen • Paula Rogers • Paulus Schoutsen • Pavel Dodonov • Peter Lim Choy • Peter Singer • Philip Meyers • Poonam Khadka • Pratik Chhetri • Pushpa Neupane • Quinn Capers IV • Quinn Straub • R.E. Maley • Rachana Pandey • Rachel Cohen • Rachel Taylor • Rafael Grinberg • Rahul Chaudhary • Raj Shrestha • Rajesh Panjabi • Rajiv Jain • Randall MacBlane • Ranjan Sitaula • Faye Rastegar • Rebecca Karpay • Rebecca Sutton • Reynaldo Rodriguez • Rhemashel Hokama • Rhonda Anderson • Richard Cordero • Richard Katzman • Richard Silverman • Richard Wade • Rishav Shrestha • Rita Bedritis • Rob Buemer • Ron Frank • Rob Tinworth • Robert Gerzoff • Robert Heine • Robert Heine • Robert Lerch • Robert Mathews • Robert Tinworth • Robert Trescott • Rodney Omachi • Ronald Angoff • Ronald Hankison • Rose Anne Haines • Rose Coyle • Roxanne Lim • Roy Gamse • Ryan Cruse • Ryan Olton • Ryan Wood • S. Garcia Lopez • Sachit Pandey • Sara Debus-Sherrill • Sara Lyle • Sara Wade • Sarah Bradburn • Sarah Burton • Sarah Deitz • Sarah Gottfried • Sarah Kramer-Harrison • Sarah Pummer • Sarah Rasmussen • Sarah Schaaf • Saraswati Pakhrin • Scott Halliday • Scott Siskind • Sethuraman Paramasivan • Sharad Jain • Sharon Skare • Shashank Kanade • Shawn Wen • Shelley Borrebach • Sheriffa Halal • Shiang Yang • Shradha Subedi • Sindhya Rajeev • Snehal Asher • Stacey Williams • Stanley Arnoldy • Stefania Vendramin Alegre • Stephanie Larson • Stephanie Musgrove • Stephanie Yee • Stephen Herbein • Stephen Kearns • Steven Berger • Steven Fecko • Steven Roesch • Subigya Shakya • Sukriti Raut • Summer Winsett • Susan Bruce • Susan Kashaf • Susan Smith Fletcher • Suzanne Loui • Suzi Malashanko • T.J. Atkins • Tammy Blass • Tara Kraayenbrink • Tassana Landy • Tatiana Vieria • Taylor Field • Tenzing Tekan • Theresa Goh • Theresa Quinn • Theron Pummer • Thomas Caffery • Thomas Delaney • Thomas Ogola • Thomas Werner • Tim Jankowiak • Tobie Galvan • Todd Wintner • Tony Schwartz • Travis Chamberlain • Travis Robbins • Trina Saunders • Trisha Bennett • Tristyn Card • Ujwal Rajbhandari • Usha Babaria • Usha Gurung • Uttara Partap • Valentine Surajdeen • Valeria Torres • Veronica Pear • Vikki DeVries • Vincent Kory • Vivek Maru • Vivek Murthy • Walter Wells • Wanda Rawson • Wendy Evand • William Beyer • William Clark • William Concilus • William Garmany • William Gorman • William Hendley • William Jackson • Yaacov Silberman • Yeji Kim • Yichen Chiu • Yushi Kawasumi • Zahra Aminzare • Zhou Zhang • Zoe Blacksin