



QUARTERLY IMPACT REPORT

Q3 of FY 2016

02.01.2016–04.30.2016

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LETTER FROM THE CEO

While I usually reflect only on the last three months in this space, it's hard to imagine doing so this time around.

Roughly one year ago, the worst disaster in Nepal's history unraveled. 8,700 people were killed, 22,000 were injured, and over 400 government healthcare facilities were damaged.

A year later, and a lot of the news we have read is about disappointment. I'm also disappointed more hasn't been done. But there's one thing I'm not disappointed in: our team.

Over the last year, our team has displayed selflessness, embraced challenge with grit, and stayed dedicated to the idea that it's our responsibility to build back differently and serve our patients.

We didn't raise money during the relief phase. We diverted money to relief organizations so patients could get care faster.

We didn't stop making progress rebuilding 21 clinics in spite of a 141 day blockade that restricted fuel and supplies. We found workarounds and simply got the work done.

We didn't rush into a new region chasing funds. We identified where the government needed us most and signed a 10-year partnership agreement to operate a long-term, durable healthcare system.

What we did do is commit to stretching ourselves—to saying yes to solving for the needs of patients, even if the situation would demand uncertainty and risk.

The last quarter has brought some wins that remind us this was the right decision. We saw a dramatic increase in patients getting treatment at our 2nd hospital, launched our electronic health record in the new district, handed over the first rebuilt clinic to the government, and saw our first single day where more than 1,000 patients were treated across the organization.

One year later, we are choosing dedication over disappointment because it's what our patients need.

As always, please send me any feedback or questions, mark@possiblehealth.org.

With hope,

Mark

IMPACT: DOLAKHA

This is an additional impact page on our new district. In future reports, we'll represent our entire impact data on one page and breakout site differentiations in our Impact Dashboard.

TOTAL PATIENTS TREATED:



- 2% inpatient care
- 3% emergency care
- 95% outpatient care

 270
average daily patient flow

 14,535
total patients treated to date



Established comprehensive services within 5 days of re-opening a second hospital hub



Deployed our Electronic Health Record in a second district: Dolakha



Handed over the first reconstructed health post to Nepal's government

UP-TO-DATE METRICS FROM CHARIKOT HOSPITAL:

Within five days of re-opening a hospital in a district devastated by the earthquakes, we re-established high-quality services, including surgery. In three months, our impact data show:

273
HIGHEST DAILY PATIENT COUNT

99
MAJOR SURGERIES

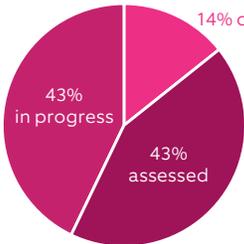
605
MINOR SURGERIES

214
BABIES DELIVERED

48
C-SECTIONS PERFORMED

30
HOSPITAL BEDS

REBUILDING UPDATES FROM DOLAKHA DISTRICT:

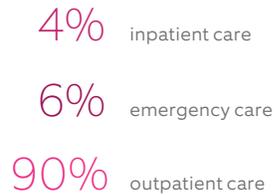


- 3 HEALTH POSTS COMPLETED
- 9 HEALTH POSTS IN PROGRESS
- 9 HEALTH POSTS VISITED + ASSESSED

3 of 21 health posts have been completed and handed over to the Nepali government.
Rebuilding work is in progress at 9 health posts. 5 health posts are nearing completion.
Reconstruction at other sites has been delayed due to land ownership issues.

IMPACT: ACHHAM

TOTAL PATIENTS TREATED:



336,790
total patients treated since 2008



61,138
patients treated year to date



Signed government MoU to expand Community Health to another Primary Health Center and surrounding communities



Piloted mobile data collection tools integrated with biometric fingerprinting for improved population health surveillance



Completed handover of first staff house and transitioned store into a larger, more functional space in our new inpatient department

KEY PERFORMANCE INDICATOR RESULTS:

Review our fully defined KPIs [here](#).

1.4

OUTPATIENT UTILIZATION

target: 1.3

On average, each person in our catchment area visited one of our healthcare facilities 1.4 times.

0.9

EQUITY

target: 1.0

This means marginalized patients* are accessing our healthcare system almost as frequently as the non-marginalized.

48%

CHRONIC ILLNESS FOLLOW-UP[^]

target: 90%

48% of our total chronic disease patients had a follow-up interaction with a provider.

100%

SURGICAL ACCESS

target: 95%

The full set of resources and people to perform surgeries was available every day.

80%

SAFE BIRTH[†]

target: 95%

In the past year, 80% of women gave birth in a healthcare facility with a trained clinician.

43%

FAMILY PLANNING[‡]

target: 40%

43% of reproductive aged women who delivered in the past two years are using contraceptive methods.

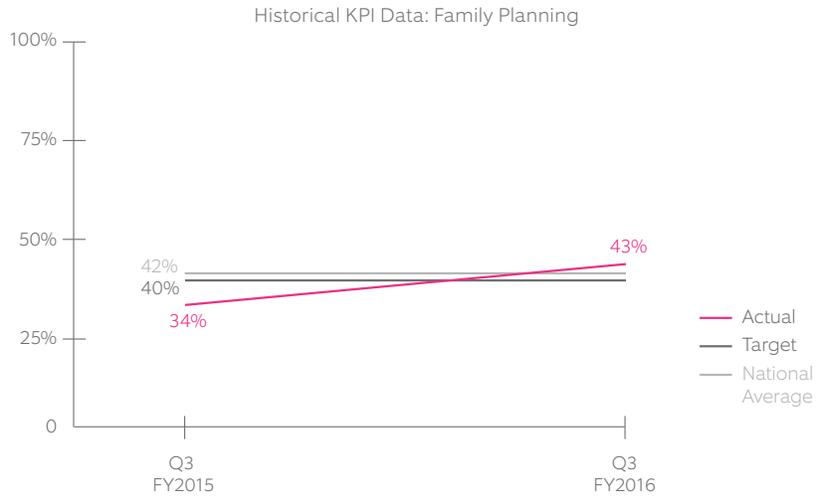
*Marginalized defined as dalit (low-caste) or janajati (indigenous) according to MoH classification.

[^]Now measured through our EHR.

[‡]Indicator measured annually.

Historical KPI Data: Family Planning

Family Planning Uptake has been linked to lower rates of poverty and reduced maternal and child mortality. This KPI encompasses uptake methods of contraception including intrauterine devices and implants, condoms, and contraceptive pills. We noticed an increase in this KPI, perhaps reflective of increased penetration of our Community Health Workers in reaching women for reproductive services, and Bayalpata Hospital becoming an official site for surgical contraceptive methods.



ADDITIONAL INSIGHT: IMPACT



Dive into our complete set of quarterly data, published openly.



We welcomed our first **University of California San Francisco HEAL Fellow** to Bayalpata Hospital as part of growing our academic partnerships



We had two articles accepted for publication: **one on community health worker surveillance data**, and another on the mental health education gap in rural Nepal.

MILESTONES

Our team identified four high-level milestones for Q3 at the start of FY 2016.

✓ REPLICATE OPENERP PLATFORM TO MANAGE PUBLIC & PRIVATE SUPPLY CHAIN IN NEW DISTRICT:

The openERP system was completed ahead of schedule in our 1st district earlier this year and replicated fully in our 2nd district this quarter.

✗ COMPLETE TRANSFER OF \$500K FROM NEPAL GOVERNMENT TO EXPAND BAYALPATA HOSPITAL AS TEACHING HOSPITAL:

\$250k was transferred in Q3, the earliest government funds have been transferred in a given year. The other half will be transferred in Q4.

➔ COMPLETE PHASES 1 AND 2 OF BAYALPATA HOSPITAL EXPANSION BY JUNE 2016:

Bayalpata Hospital expansion is on track, with the Inpatient Department and the first housing unit complete. Phase 3 & 4 will progress in FY17.

●●● PROCURE AT LEAST \$500K OF IN-KIND SUPPORT FROM GOVERNMENT ANNUALLY:

Including the transfer of our 2nd hospital facility and land from government, this number already exceeds \$1 MM. Excluding land and capital assets, we are on track.

✓ ACCOMPLISHED

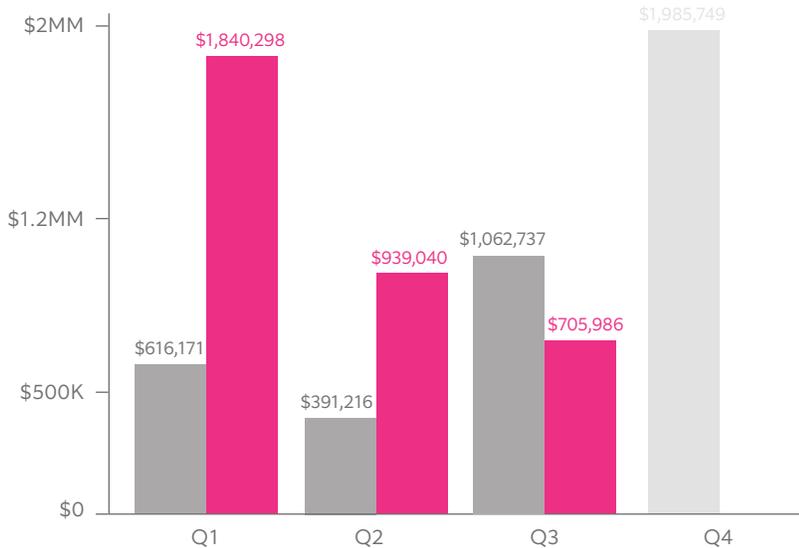
✗ MISSED

➔ SHIFTED

●●● ON TRACK

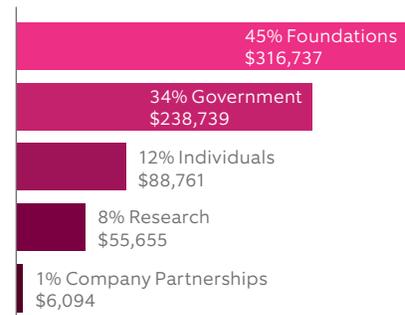
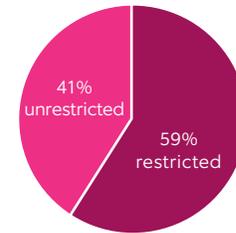
REVENUE

REVENUE BY QUARTER: ■ LAST YEAR FY 2015 ■ THIS YEAR FY 2016



TOTAL Q3 REVENUE:

\$705,986



ADDITIONAL INSIGHT: REVENUE



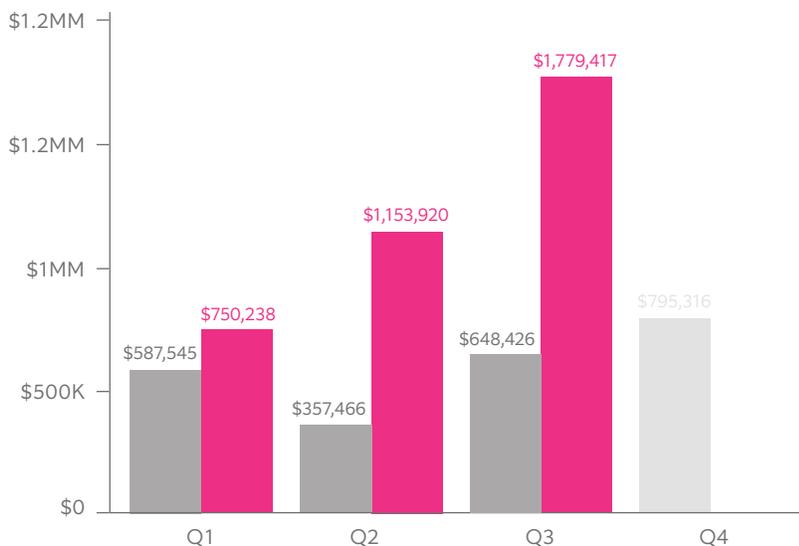
We advanced our partnership with the government in two notable ways. First, we received a capital infrastructure grant in Q3 (vs. Q4) for the first time. Second, Achham District was formally approved as a site for the national health insurance model in 2017, providing another revenue source from government.



Our team finalized a partnership with the UBS Optimus Foundation to expand and test our integrated healthcare model to decrease under two mortality.

EXPENSES

EXPENSES BY QUARTER: ■ LAST YEAR FY 2015 ■ THIS YEAR FY 2016



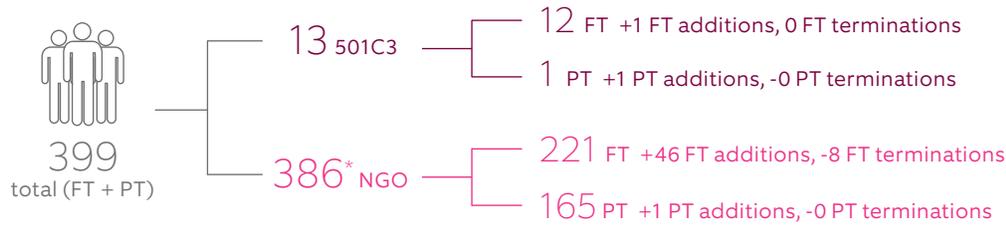
TOTAL Q3 EXPENSES:

\$1,779,417

ADDITIONAL INSIGHT: EXPENSES

- Budget execution rate for Q3 was 90% overall for recurrent and capital expenditures
- Budget execution rate for Q3 recurrent expenditures was 98%
- Q3 FY16 expenditure represents 108% year over year growth vs. Q3 FY15
- Targeted goal of maintaining minimum 4 months cash on hand was achieved throughout Q3

PEOPLE OPERATIONS



*Note: 28 FTEs and 1 PTE are paid by Nepal's government but managed by Possible.

The increase in employee headcount is partially due to our People Operations team performing a restructuring of our Human Resource Information System to accommodate the new integrated staffing model we've adopted in Dolakha District.

PEOPLE OPERATIONS SPOTLIGHT:



INDIRA BASNET (bio)
Director of Global Public Sector Development



NANDINI CHOUDHURY (bio)
Delivery Science Analyst



DIWASH TIMILSINA (bio)
Impact Reporting Associate

ADDITIONAL INSIGHT: PEOPLE OPERATIONS



View our updated organizational chart.



We are still looking for a Chief Financial Officer. Learn more, spread the word, & [apply here](#).



Learn more about our expansion into Dolakha, which has grown our team and increased impact.

AUDIENCE

WEBSITE:

526,526* 9,752*

vs. 36,180 visits (1,355% increase)

vs. 1,534 donation page views (535% increase)

FACEBOOK:

25,891 21%

Likes

Increase in growth vs. last quarter

TWITTER:

3,385 4%

Followers

Increase in growth vs. last quarter

*In Quarter 3, we started running in-kind ads from Google and AppNexus, which partially explains the increase in website visits.

ADDITIONAL INSIGHT: AUDIENCE



The Atlantic, in partnership with Cathay Pacific, produced a [multimedia feature](#) on our rebuilding work.



Our team, alongside Nepal's Health Secretary, wrote [an article](#) in Health Affairs on building healthcare systems.



We [published a photo essay](#) that illustrated how we've delivered dignified care after re-opening our 2nd hospital hub.

BOARD

One Board member completed her term during this quarter, bringing our total number of board members to six.



MENTAL HEALTH SERVICES IN RURAL NEPAL

Three years ago, a man committed suicide in Nirmala's* community. After hearing about it, Nirmala could not get it out of her mind. Why did he kill himself? How did he do it? She kept to herself, working all day at her family's shop stitching clothes and gluing faux-stones into fabrics. Her parents were worried. Nirmala didn't sleep, didn't want to eat, and was increasingly distressed being around people. Like many families in rural Nepal, Nirmala's parents pegged this behavior not to depression, but an evil spirit.

One day, enraged by violent treatment from a local healer, she walked the half hour to our hospital hub. Here, she met our psychosocial counselor. "Initially, when she came in, she wouldn't speak. Wouldn't say anything," he says. The counselor gave her medicine to help her sleep. In the follow-up sessions, she was more forthcoming and started opening up: Her uncle had been killed in the civil war; a person she knew had committed suicide. She herself had suicidal thoughts.

It's estimated there are 50 psychiatrists for a population of nearly 28 million in Nepal. To provide comprehensive, high-quality healthcare, this year our team implemented mental health services in order to "solve for the patient" in its entirety.

Our counselor prescribed a combination of therapy and relaxation sessions, along with medicine. Nirmala has started to improve, and is open to speaking about her past. Though she still doesn't go out very much, she now sleeps better. Her parents, encouraged by the progress, discontinued the local healer's treatment. Our Community Health Worker Leader visits her home, reminds her of follow-up appointments, and keeps our doctors updated on her health. She also uses her story to encourage other families to pursue treatment—to help recognize the importance of mental health services in comprehensive healthcare systems.

*Name changed for confidentiality.