

possible 

QUARTERLY IMPACT REPORT

Q4 FY2017

05.01.2016–07.31.2017

Join Our
Newsletter

A home visit with our Community Healthcare Team

LETTER FROM OUR DIRECTOR OF PEOPLE OPERATIONS

Dear Partners,

We have reached the end of our 2017 Fiscal Year and a remarkable year it has been. As the country experienced the first historic local elections after 20 years, we completed expansion of our integrated hospital to home healthcare model at our second location in Dolakha district. We treated 150,879 patients across both locations, Achham and Dolakha districts, achieving our objective of serving 150,000 patients this year.

In Nepal local elections of 744 municipal bodies aimed to finally decentralize power from old feudal systems. Gender equity is a primary focus of the decentralization process, including provisions for the mayor and deputy mayor to be of differing genders in each of the municipalities. While the nation is pushing for more women representation at the local decision-making level, Possible has positioned our Community Healthcare Workers (CHW) as trusted local women driving forward change to reach our vision of an integrated healthcare system. Possible's Community Healthcare Team rolled out services in Dolakha district for the first time in Q4, reaching 25,000 people living in Charikot Hospital's catchment area.

Following the local elections, our team is adapting to the new governance structure and actively engaging with newly-elected local representatives to introduce them to Possible's integrated healthcare model. This local relationship building, in addition to our existing national level engagement with the Ministry of Health, will be critical to program success moving forward.

Fiscal year 2017 ends with the formation of a Gender Equity Committee (GEC), an internal committee formed to identify gender discrimination and related issues in our communities that we can solve for through our work and also to ensure that our commitment to gender equity is reflected in our internal policies, strategies and structures of power.

Going forward, the GEC will actively advocate for and drive recruitment of more women in leadership positions within the organization, provide skills development opportunities for women to grow within the organization and in their communities, and work with the communities and local representatives in a holistic manner to combat practices like [Chhaupadi](#), which involves banishing menstruating women to cramped sheds outside their homes.

As a deep-rooted socio-cultural practice, [Chhaupadi](#) is one of the most pernicious forms of gender-based violence. We firmly believe that we can act as a change agent in the communities we work. During an interview in Bhageshwor, a Chhaupadi-free village in Achham, we spoke to a recently married woman enjoying her newly "granted" freedom from Chhaupadi when she moved into her in-law's house after marriage. She was surprised to realize that she could stay in the house during menstruation; where she grew up, she stayed in the shed for the four days each month. She is still expected to avoid the kitchen, is not allowed to cook and must avoid the temple. Interestingly after her marriage, her home village also became chhaupadi-free.

The woman is happy knowing that her daughter will not have to suffer the practice of Chhaupadi like she did. One of our own CHWs from Kamalbazar in Achham shared how she felt compelled to let go of this tradition after she got a job with Possible because she was a change agent in her community; all her counseling would be in vain if she continued the practice herself. As we advance Community Healthcare further in the districts, we will celebrate more of these successes.

As Director of People Operations, it has been inspiring to witness the incredible talent emerge in the organization. As we grow as an organization, the People Operations Team in Nepal will continue to evaluate our policies and procedures to ensure that the organizational commitment to quality and equity is reflected in our internal structures through the diversity among staff, equal representation of women at all levels of the organization and the nurturing of local talent. As we strive for 50% of women in key leadership roles within Possible in Nepal by the end of FY19, we will also tirelessly work to ensure free, dignified and quality healthcare for our patients, the majority of whom are women.

As a Nepali woman in a key leadership role at Possible, it is heartwarming to be of service to our female patients who fight everyday against social injustices and to hold myself accountable to all our staff, particularly female staff, who work resolutely to deliver care to these patients.

As Ms. Mohana Ansari, Member of National Human Rights Commission of Nepal puts it, “if women are not getting easy access to health and education, there is nothing in life.” Moving forward in FY18, we commit to fighting against Chhaupadi practice and educating ourselves and the communities we work with to end this human rights violation against girls and women.

Regards,

Hima

Hima Bista



DIRECT DELIVERY

These are some of the key outputs of our direct delivery work. For a comprehensive review of our 80+ metrics, see the link to our full Impact Dashboard below.

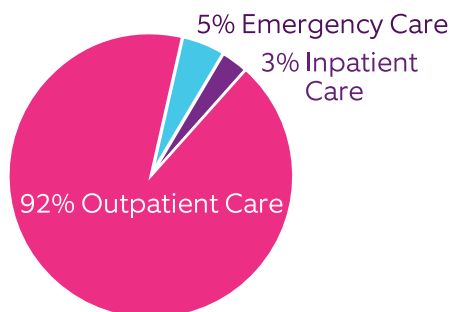
PATIENTS TREATED:



538,961 total
since founding in 2008



34,885 in Q4
18,207 in Achham
16,678 in Dolakha



HEALTHCARE KPI RESULTS:

0%

Surgical Complications
Target: <5%

Similar to previous quarters there were no reported surgical complications this quarter.

32%

Chronic Disease Control
Target: 50%

This KPI only tracks patients seen and recorded by a physician at the hospital. We are currently evaluating how this metric is measured.

95%

Institutional Birth[†]
Target: 95%

95% of women gave birth in a healthcare facility with a trained clinician, up from 78% in FY16.

45%

Contraceptive Prevalence[†]
Target: 40%

We are currently evaluating this KPI to determine if it should be replaced by one that measures success against unmet need for contraception.

KPI DEFINITIONS

HISTORICAL KPI DATA

HIGHLIGHTS:

- In Q4, we treated close to 35,000 patients, bringing the total patients treated in FY17 to over 150,000.
- We rolled out Community Health services in Dolakha district for the first time in Q4, reaching 25,000 people in Charikot Hospital's catchment area.
- Electronic Health Record (EHR) uptake among government and Possible staff improved significantly in Q4; prescriptions done through EHR, for example, jumped from 56% to 75%.

CHALLENGES:

- Implementation of Community Health services in Chaurpati in Achham was delayed due to the government-imposed hiring freeze around local elections. Implementation has begun in full swing with the lifting of the freeze.
- Water shortage is an ongoing challenge in Achham, complicating patient care and staff living conditions. We are working with local communities to identify new sources in FY18.
- Implementation of cervical cancer screening and treatment and resumption of digital x-ray services in Achham were delayed due to supply chain challenges. Our team is identifying ways to streamline the process and improve supplier options.

IMPACT DASHBOARD

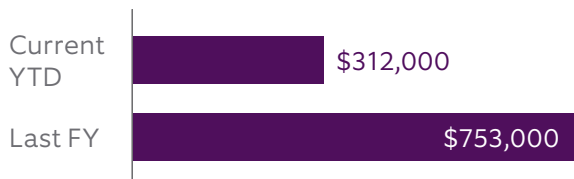
[†]Indicator measured annually.

PUBLIC PRIVATE PARTNERSHIP (PPP)

This section summarizes investments by the Government of Nepal in its partnership with Possible.

Government contributions in Q4, and consequently in FY17 overall, decreased relative to FY2016 in part due to local elections and subsequent changes in governance and power structures. Local governing bodies will be a critical source of support moving forward and we are engaging with them accordingly.

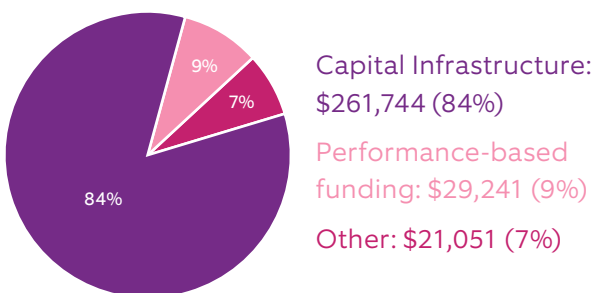
CASH FROM NEPAL GOVERNMENT:



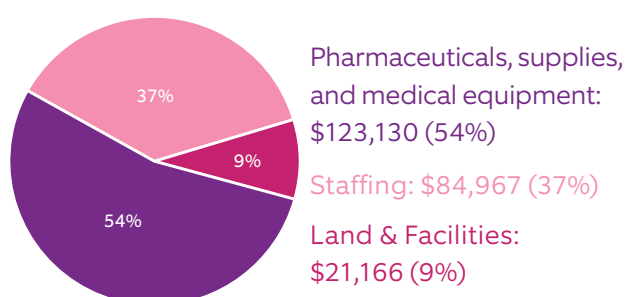
IN-KIND FROM NEPAL GOVERNMENT:



CASH SUPPORT BY TYPE:



IN-KIND SUPPORT BY TYPE:



SPOTLIGHT ON CHAUPADI:

Urmila Basnet, Possible's Deputy Nurse In-Charge, was 15 years old when she first menstruated. She had to stay in a separate room each month and expected to avoid the kitchen and the temple.

Typical to Nepali tradition, she moved in with her husband's family after marriage, where she had to follow even more stringent rules: while on her period she had to live in a 4x4 foot shed. "I felt restricted and stifled every time I stayed in the shed," Urmila explained.

There were days when the shed was overcrowded with more than five menstruating women inside. On those nights, they had to sit next to one another or sleep on their backs with their legs stretched up the wall.

One day Urmila could not take it anymore. As a healthcare provider at Possible, she counseled women in her community on basic health and human rights. Her adherence to the practice of Chhaupadi meant that she wasn't practicing what she was advocating.

"My husband is a teacher and more open to accepting progressive values. When I urged him to support me in not practising Chaupadi, he willingly agreed," says Urmila. The first few times Urmila and her husband kept it a secret from their family, which grew suspicious over time and refused to eat what Urmila made, suspecting it to be impure. But Urmila's quiet revolt was well underway.

As an economic provider for her family, Urmila gained the confidence over time to practice what she felt was a right to live with dignity. As her mother-in-law grew old and was dependent on Urmila's wage, she came to accept the food that Urmila made independent of the time of month.

Other women in Nepal have also chosen to fight against such deep-rooted forms of gender-based violence. This generation's fight has not been in vain. The Supreme Court banned the practise of Chaupadi in 2005 and the parliament criminalised it in 2017 -- however Urmila feels it will take another generation to actually abolish Chaupadi from its roots.

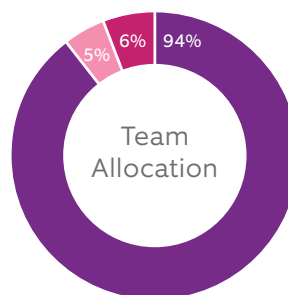
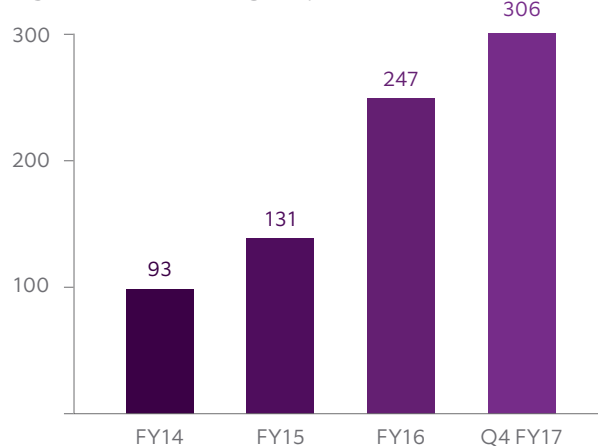
More than 95% of women in Nepal even today are ostracised in some way during menstruation. Three women died as a result of practising Chaupadi in the last 10 months. Possible alone cannot address deeply-embedded forms of gender-based discrimination in Nepal but our community health workers have proven to be strong change-agents within their communities, subtly yet persistently driving home the message of health with dignity as a human right.



PEOPLE OPERATIONS

Our people operations team oversees hiring, retention and staff planning. 93% of Possible staff is Nepali.

FULL-TIME TEAM SIZE:



Direct Delivery: 256

PPP: 14

Shared Services: 16



Bhawana Joshi

Community Health Nurse, is one of three additions to the Community Health Team in Bayalpata Hospital. She completed PCL Nursing From Far-West Technical College Dhangadhi.



Laxmi Chaulagain

is one of eight Community Health Workers in Dolakha. She completed +2 from Baiteswor H.S.S. and is currently pursuing a diploma degree.



Dr. Prakash Bahadur Chand

Staff Physician, joined Charikot Hospital. He did his M.B.B.S. from Rajendra Institute of Medical Sciences from Ranchi, India where he also worked as a Medical Officer.

HIGHLIGHTS:

- We rolled out our intra-organizational newsletter, the Record, in Q4 to maintain communication and sense of community as Possible grows and also initiated quarterly all-staff meetings.
- All employment contracts for FY2018 were renewed on schedule and aligned to have the same end date of July 31st.
- Leaders from the 501c3 and NGO came together in May for the fourth Summit for Clarity (S4C) to align on objectives for FY18, and develop detailed annual work plans and team budgets for FY18.
- We recruited a People Operations Associate (POA) in Dolakha in Q4. With this hire, we have achieved the needed PO capacity to respond expeditiously to district team needs.

CHALLENGES:

- The employment contract renewal process stretched longer than expected because of the effort to align all renewed employment contracts to the same end dates, pushing back other priorities.
- The hiring freeze imposed by the Election Commission resulted in a large backlog of recruitment in Q4.
- The People Operations Manager position in Achham has remained unfilled despite efforts, highlighting the challenge of finding qualified talent in the district.

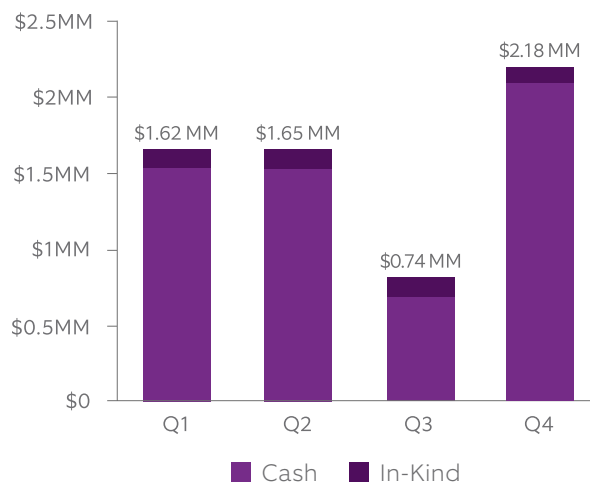
ORG CHART

OPEN POSITIONS

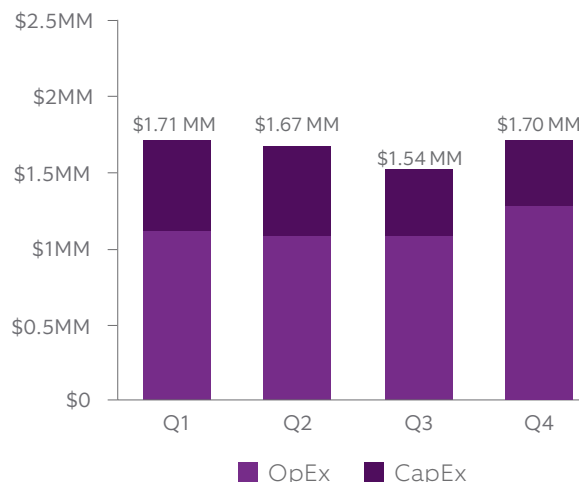
FINANCE

This section summarizes our financial position as of July 31, 2017. For more detail, please view our balance sheet and this quarter's cash flow statement in the links below.

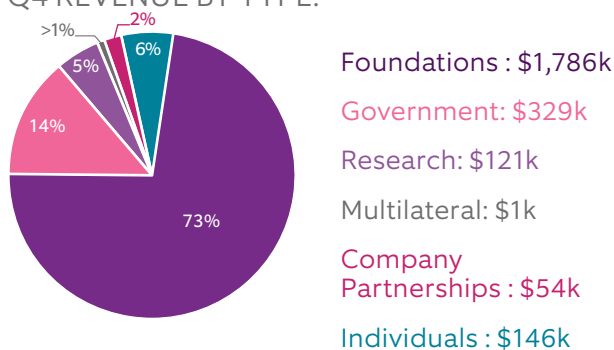
REVENUE:



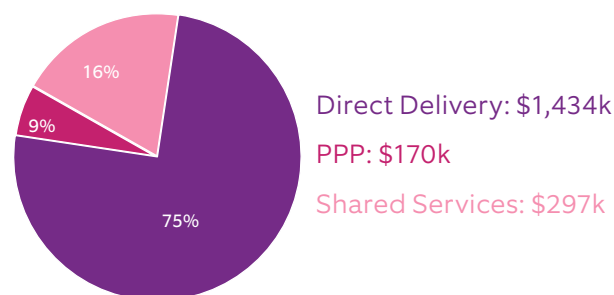
EXPENSES:



Q4 REVENUE BY TYPE:



Q4 EXPENSES BY INVESTMENT AREA:



HIGHLIGHTS:

- The FY18 budget formulation process was successfully completed with strong participation of leaders across teams. The budget reflects the strategic priorities and programmatic targets of the organization as a whole.
- FY17 drew to a close with an overall budget execution rate of 95%. The finance team concluded an intense FY18 budgeting process in Q4, institutionalizing the organizational budget and strategic planning process at the same time.
- The Finance team hosted the Global Health Group from UCSF, which is studying innovative PPP models in six different countries. The study shall inform the current and future healthcare partnerships between state and non state actors.

CHALLENGES:

- Unpredictability of government funding; we did not receive the anticipated FY2017 funds in the time period we had projected.
- Uncertainty about exact timing of the funds from our partners creates stress on the organization around cash flow. We are working to address this by building cash reserves that will allow the organization to better weather this strain.

[CONSOLIDATED
BALANCE SHEET](#)

[CONSOLIDATED
CASH FLOW](#)

WINS

POSSIBLE ON EXPERT PANEL

Our Community Healthcare Director, Isha Nirola, joined an expert panel hosted by Harvard's Global Health Delivery Online. The focus was on strengthening and scaling Community Health Workforce worldwide.

SEE
DISCUSSIONS HERE



FEATURED AS A GLOBAL HEALTH INNOVATOR IN IMPROVING HEALTH OUTCOMES

Touted as an example for US providers and policy makers, our Electronic Health Record (EHR) system was featured in a study of overseas innovators as the key to improving health outcomes while reducing cost.

INTERNATIONAL
EXAMPLES OF
"ACCOUNTABLE" CARE

BRINGING MENTAL HEALTH SERVICES TO RURAL NEPAL

Possible has built an innovative mental health program using psychosocial counselors who consult weekly with a psychiatrist based in Kathmandu.

RESEARCH PAPER
PUBLISHED BY OUR TEAM

