



possible

# QUARTERLY IMPACT REPORT

Q3 FY2017

02.01.2017 - 04.30.2017

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Bayalpata hospital in Achham



# LETTER FROM THE CEO

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Dear Partners,

This letter focuses on our FY17 Q3 highlights across our three strategic investment areas:

1) Direct Delivery, 2) Public-Private Partnership Marketplace Building, and 3) Shared Services.

Our QIRs track progress against our Organizational Objectives and Key Results, which you can [download here](#).

## Q3 RESULTS IN DIRECT DELIVERY

These are the investments we make to directly deliver healthcare with our Medical, Community Healthcare, Operations, and People Operations teams.

April 3rd, 2017 was a notable day for our team as it was the day we treated our 500,000th patient since the organization's founding.

In Q3, we treated 39,272 patients—23,416 in Achham District and 15,856 in Dolakha District—bringing our historical total to 504,111 patients treated and annual total to 115,994 patients treated. This trend coupled with historical data makes it almost certain we will treat over 150,000 patients this year and fulfill our target, a minimum 35% year-over-year increase in direct patient care.

Our work constructing Bayalpata Hospital as a rural teaching hub has continued on budget and schedule. Ground was broken on the new Outpatient Department, demolition of existing buildings continued to create space for the new Emergency Department, and a plan to complete Phase IV was finalized. Phase IV has been altered from the original plan, which entailed only reinforcements for three existing buildings. Those three buildings were later determined to be structurally unsound, and hence a new design has been put forward that will include demolition and new construction as opposed to reinforcement.

In Dolakha, two additional health posts were constructed, bringing the total to 16 rebuilt in the last 2 years.

Lastly, extension of Community Health was delayed due to the first local elections taking place in Nepal in nearly 20 years. The Election Commission has prevented the hiring of all staff except for essential medical staff since mid-March. We have selected all the CHW required to launch the community part of our services and enroll roughly 34,000 people into this fully integrated healthcare delivery system. However, we cannot issue the contracts and hence our target of enrolling 100,000 patients in the health system before the conclusion of FY17 is in jeopardy. Both our Governance & Partnerships and People Operations teams are using every policy lever feasible to lift this hiring ban that is stalling our growth.

## Q3 RESULTS IN PUBLIC-PRIVATE PARTNERSHIPS (PPP) MARKETPLACE BUILDING

These are the investments we make with our Impact and Governance & Partnerships teams to advance innovations and policies that simplify healthcare delivery through a public-private partnership.

Based on the government funding and procurement cycle, minimal cash and in-kind support from the government flows during Q1-Q3. The marginal outcomes we have seen year-to-date, therefore, are in-line with expectations.

Q3 included two important policy victories, including getting capital expenditures funding approved for distribution in Q4 to our two hospitals and receiving regulatory authorization to expand Community Health across all of Achham and Dolakha Districts over the next three years.

Progress within the national health insurance program in Achham District was slow. A formal reimbursement has yet to be received but our first set of reimbursements were submitted and processed in Q3.

### Q3 RESULTS IN SHARED SERVICES

These are the investments we make to strengthen the organization's financial and strategic standing with our Finance, Partnerships, and Executive teams.

Because of the aforementioned hiring freeze put in place by the Election Commission, our People Operations team was unable to execute on a large part of our hiring plan. However, they were successful in negotiating approval to continue hiring medical staff even though non-medical staff hires remain halted.

The primary focus of Q3 was to drive an integrated budget process to compile the FY18 budget, which will be approved at the May 20th meeting of our Board of Directors. This was executed on time by our Finance team.

Year-to-date budget execution rate stands at 85%. The difference is largely driven by outstanding construction bills which are expected to be paid in Q4 and delays due to the imposed hiring freeze.

Of final note, I will be taking a short summer sabbatical from May 26th - September 5th, 2017, and Dr. Ryan Schwarz, our current COO, will be operating as Interim CEO during this time.

Please [contact me](#) directly if you have any questions about this QIR. We deeply appreciate your continued partnership.

Regards,  
Mark

# DIRECT DELIVERY

## PATIENTS TREATED:



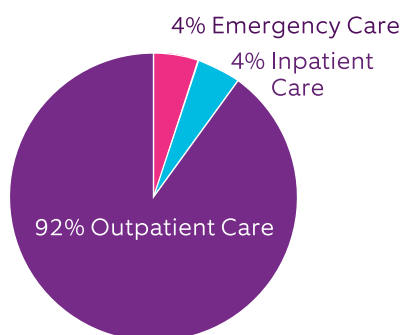
504,111

Total patients treated since 2008



39,272

Total patients treated in Q3



## HEALTHCARE KPI RESULTS:

0%

Surgical Complications  
Target: <5%

This means that there were no reported surgical complications this quarter.

32%

Chronic Disease Control  
Target: 50%

This means 32% of our total chronic disease patients have their disease under control this quarter.

95%

Institutional birth rate<sup>†</sup>  
Target: 95%

This means 95% of women gave birth in a healthcare facility with a trained clinician.

45%

Post-partum contraceptive prevalence rate<sup>†</sup>  
Target: 40%

This means 45% of reproductive aged women who delivered in the past 2 years are using contraceptive methods.

KPI DEFINITIONS

KPI HISTORICAL DATA

## HIGHLIGHTS:

- We treated our 500,000th patient since our founding, including 23,416 patients in Achham and 15,856 patients in Dolakha this quarter.
- The MoH provided a three-year authorization for the roll-out of our Community Health Worker program across Achham and Dolakha districts, significantly improving the speed and efficiency with which our team can expand the program.
- At Bayalpata Hospital in Achham, we processed our first transaction for reimbursement through Nepal's federal health insurance program, laying a foundation for an important financing mechanism for our healthcare model.
- Our hospital and community teams developed quality improvement programs for malnutrition, respiratory diseases, and maternal-child health. As some of the first in the country, these initiatives serve as a foundation for improved quality nationally.

## CHALLENGES:

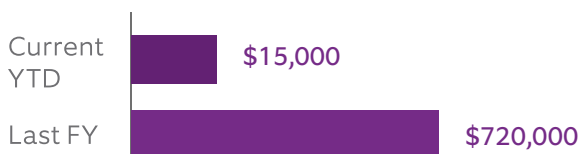
- As a result of the government's hiring freeze in the lead up to Nepal's first local elections, we could not fill multiple positions across the organization as planned, thereby delaying program roll-out. Hiring is expected to resume after authorization from the Election Commission.
- Integrating government staff into our management model has remained challenging. We're addressing the challenges comprehensively by drafting a national-level staff integration policy with the MoH but the process has progressed slowly.
- The new version of the MOTECH platform, used to enable data flow between the hospital system and CHW's mobile devices, was delayed to FY2018. Our team has created workarounds in the interim.

IMPACT DASHBOARD

<sup>†</sup> Indicator measured annually.

# PUBLIC PRIVATE PARTNERSHIP MARKETPLACE

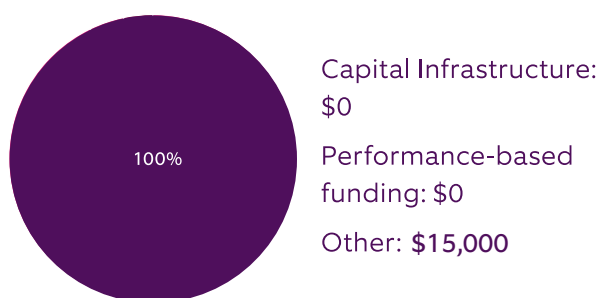
## CASH SUPPORT FROM GOVERNMENT:



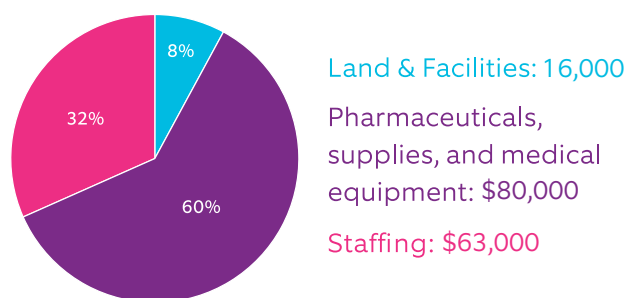
## IN-KIND SUPPORT FROM GOVERNMENT:



## YTD CASH SUPPORT BY TYPE:



## YTD IN-KIND SUPPORT BY TYPE:



## POLICY AND INNOVATION HIGHLIGHT

Possible's Community Healthcare Team oversees our CHWs, which are a core component of our integrated hospital-to-home healthcare delivery model. As we prepare to expand our CHW work into Dolakha, following successful implementation in Achham, a recent policy development will allow us to conduct this expansion expeditiously and efficiently.

Possible, jointly with the Ministry of Health, is implementing a USAID-funded Partnerships for Enhanced Engagement in Research (PEER) study of our CHP.

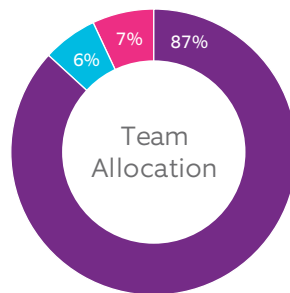
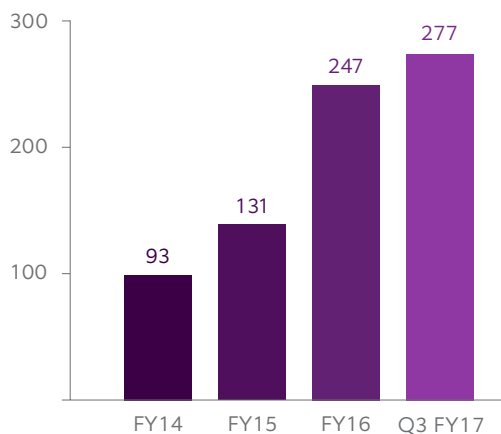
This is a three-year implementation research study evaluating the impact of a bundled reproductive, maternal, newborn and child health (RMNCH) intervention delivered through CHW network on institutional birth, post-partum contraceptive prevalence, and under-two mortality rates. The study will be implemented in a population of approximately 300,000 across villages throughout Achham and Dolakha districts.

Securing authorization from each village council would have been burdensome, and significantly slowed and complicated CHP scale-up. As a result, Possible worked closely with the Ministry of Health to secure authorization for roll-out throughout Achham and Dolakha districts over the next three years. This broad district-wide authorization is an important milestone: it not only eliminates the need for separate authorizations from village councils and facilitates scale up, but also signals an even deeper endorsement of our CHW program by the Ministry of Health.



# PEOPLE OPERATIONS

## FULL-TIME TEAM SIZE:



Direct Delivery: 244

PPP Marketplace: 17

Shared Services: 16



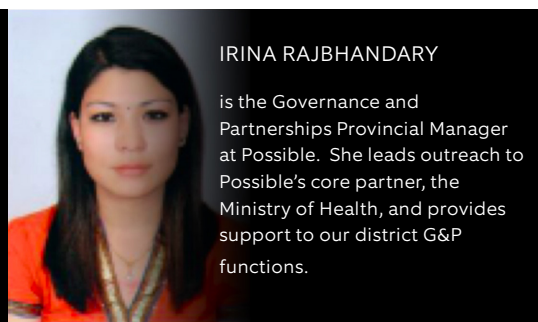
NAV RAJ JOSHI

is the People Operations Associate at Bayalpata Hospital. He assists with recruitment, performance evaluation, and the professional growth and development of the team in Bayalpata.



HEEM SHAKYA

joins Possible as the Director of Procurement, following a rich professional career involving positions with the Governments of Nepal, Cambodia, Indonesia, and Afghanistan in the areas of Health Logistics and Supply Chain Management.



IRINA RAJBHANDARY

is the Governance and Partnerships Provincial Manager at Possible. She leads outreach to Possible's core partner, the Ministry of Health, and provides support to our district G&P functions.

## HIGHLIGHTS:

- Despite the government enforced hiring freeze, Possible managed to get approval from the Election Commission to proceed with medical hiring at both sites. We hired 21 medical staff in Q3.
- Possible recruited a People Operations Associate in Achham. With this hire, we have secured People Operations support in both our program districts, which is critical for efficient recruitment for open positions as well as on-boarding of new hires.
- Dr. Santosh Dhungana assumed leadership as the new Medical Director of Bayalpata Hospital in Achham. He replaces Dr. Bikash Gauchan who has started a new role at Possible of Director of Medical Education.

## CHALLENGES:

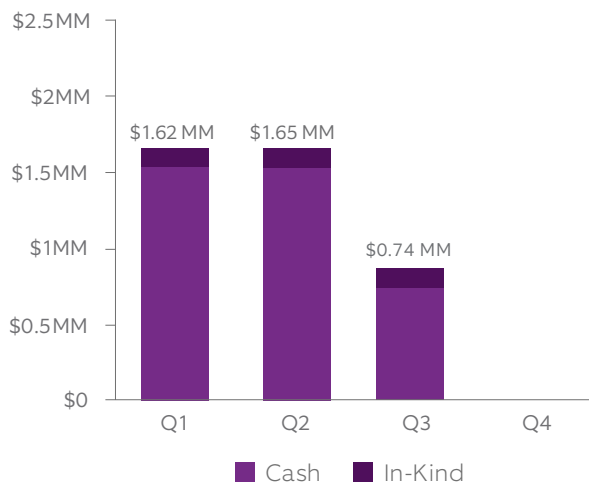
- The hiring freeze has proven a significant burden on existing staff. We continue to lobby with the Election Commission to open up hiring.
- The planned CHP program expansion in Dolakha in a heightened political environment around the time of local elections is challenging because of increased attention and sensitivities related to the expansion process, beginning with the recruitment of CHWs.

ORG CHART

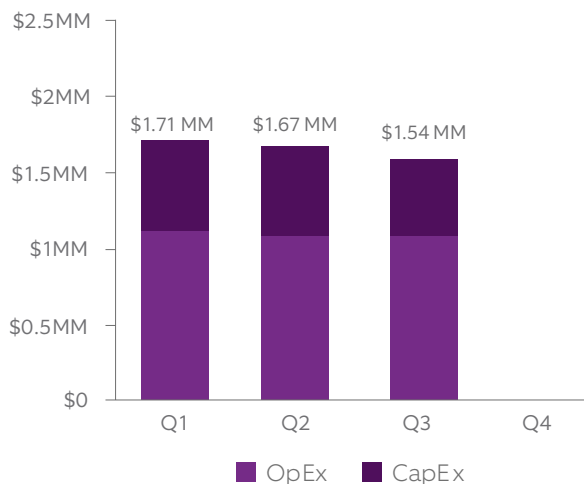
OPEN POSITIONS

# FINANCE

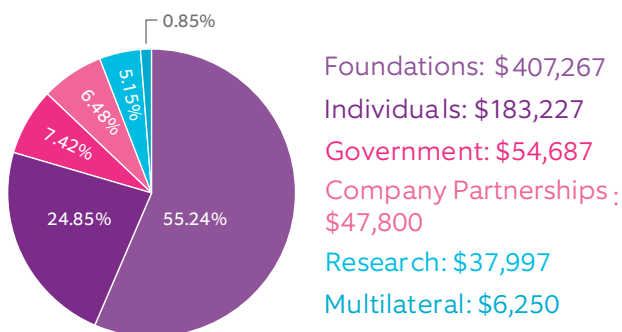
## REVENUE BY QUARTER:



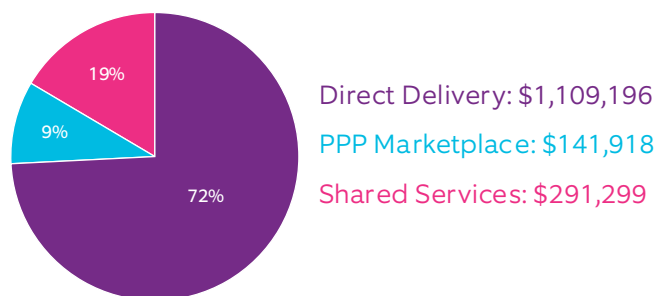
## EXPENSES BY QUARTER:



## Q3 REVENUE BY TYPE:



## Q3 EXPENSES BY INVESTMENT AREA:



## HIGHLIGHTS:

- The Finance team completed a mid-year reconciliation for the FY17 budget during the past quarter.
- The Finance team led the development of team-based FY18 budgets during the last quarter, involving close collaboration and consultation with the various teams within the organization.
- The Finance team worked closely with the teams within Possible to ensure that the FY18 work plans were in compliance with the team budgets.

## CHALLENGES:

- The greater than anticipated resources required to execute the FY18 budgeting process prevented the Finance Team from finalizing financial policies.
- The prediction of cash flows for FY17 was made challenging because of the unreliability with respect to timing and amount of government funding.

CONSOLIDATED  
BALANCE SHEET

CONSOLIDATED  
CASH FLOW





## OUR COMMUNITY HEALTH TEAM RESPONDS TO THE CHAUPADI PRACTICE

Subeskha Poudel, Partnerships Manager at Possible, sheds light on the inhuman practice of Chaupadi in Nepal and how Possible is addressing it through the community health network in our catchment area.

[READ MORE](#)



## POSSIBLE'S PPP IN CHARIKOT

This Himalayan Times article discusses Possible's PPP at Charikot Hospital as a means to provide affordable, high-quality and accessible healthcare. It's jointly authored by Possible's Director of Governance & Partnerships, COO, and the Chief Specialist from the MoH.

[READ MORE](#)



## NEW NEPAL HEALTH INFRASTRUCTURE DEVELOPMENT STANDARD RATIFIED

The Nepal Health Infrastructure Development Standard (NHIDS) endorsed by cabinet on May 4th recategorized health facilities on type and quality of service provided versus number of beds. NHIDS positions Possible's facilities to be recognized as more significant facilities in their communities based on a wide range of services.

[READ MORE](#)