I’m excited to be sharing our 4th Quarterly Impact Report with you.

In the last quarter we added key leaders to our healthcare delivery team, including Nepal’s first female orthopedic surgeon. We launched a trial of our electronic medical record, and most importantly built a digital data foundation for tracking the outcomes of our work across our entire population.

I hope this last achievement in particular is not overlooked. Our team has used mobile technology to count the number of people in over 6,000 households in the area we serve, compiled health information on them, and geo-tagged the location of each house.

This is an unprecedented foundation of data that will enable us to map patient locations, track patients across the care system more effectively, and measure outcomes in a way that wasn’t previously feasible.

In many ways it’s the final piece of a data foundation we needed to execute on before we could embark on an ambitious effort to scale our work across the entire district.

That scaling challenge now begins as we enter Q3.

If you have questions or feedback, please write me at mark@possiblehealth.org.

Thank you,

Mark

P.S. Don’t forget to download the additional documents that provide deep insight at the end of each section.
**IMPACT**

**TOTAL PATIENTS TREATED:**

- **13,329**
  - total patients treated Q2
- **235,828**
  - total patients treated since 2008
- **$26.54**
  - cost per patient treated in Q2

Principle components for EMR have been installed at Bayalpata Hospital, and initial team training is underway.

A Community Advisory Board was formed to provide independent advice and critical feedback on the relevance, acceptability, and feasibility of our community programs.

Nearly completed our first household survey using mobile phones. In the first six weeks of the survey, we enumerated 6,336 households.

**KEY PERFORMANCE INDICATORS:**

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

- **Surgery Access** (measured quarterly)
  - % of days surgical services are fully available to patients
- **Equity** (measured quarterly)
  - Ratio of service utilization of marginalized* patients vs. general catchment population
- **Safe Birth** (measured yearly)
  - % of women giving birth in a healthcare facility with a trained clinician
- **Follow-Up** (measured quarterly)
  - % of chronic disease cases successfully followed-up in our catchment area
- **Outpatient Use** (measured quarterly)
  - Frequency of healthcare service utilization among our catchment population
- **Family Planning** (measured yearly)
  - % of reproductive aged women who delivered in the past 2 years using contraceptive methods

**KPI RESULTS**:

*We will have a baseline measure for the 2 remaining KPIs next quarter.

- **Surgical Access**
  - 100% vs. target of 95%
  - The full set of resources and team needed to perform surgeries were available every day this quarter.
- **Equity**
  - 1.6 vs. target of 1
  - Marginalized patients accessed our healthcare system 60% more frequently than the non-marginalized.
- **Follow-Up**
  - 49% vs. target of 90%
  - 49% of indicated follow-up interactions occurred for chronic disease patients from our catchment population.
- **Outpatient Utilization**
  - 1.5 vs. target of 1.3
  - On average, each person in our 36,000-person catchment area visited one of our healthcare facilities 1.5 times this quarter.
**MILESTONES**

Our team identified six high-level milestones for Q2 at the start of FY 2015.

<table>
<thead>
<tr>
<th>Accomplished</th>
<th>Missed</th>
<th>Shifted</th>
</tr>
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<tbody>
<tr>
<td>Get government-funded essential medicines successfully embedded in our supply chain.</td>
<td>Receive $1 million 50/50 matching grant from Nepali government into our bank account.</td>
<td>Ensure follow-up system for 15 chronic conditions and antenatal care is implemented across our catchment.</td>
</tr>
<tr>
<td>Nearly completed (&gt;97%) a household survey of every house in our catchment area.</td>
<td>Break ground on infrastructure master plan at hospital.</td>
<td>Pilot electronic medical record at hospital.</td>
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**ACCOMPLISHED INSIGHT**: We executed a new system to receive government-funded essential medicines free of cost, grew our Community Health Worker Leader team to implement a system of chronic disease follow-up care, and GPS tagged and counted 97% of the households in our catchment area.

**MISSED INSIGHT**: We failed to get $1 million of committed government funding in our account, and it will reach our account in segments starting in Q3. We failed to break ground on Phase I of our infrastructure master plan due to delays in government funding reaching our bank account. It is being started in the first two weeks of Q3.

**SHIFTED INSIGHT**: We did not yet fully pilot our electronic medical record at our hospital, though we completed our server setup, network, templates, and began trainings.

**FOLLOW UP SPOTLIGHT**

34-year-old Basu came to our hospital experiencing obstructed labor. Our medical team acted quickly, making the necessary arrangements for an emergency c-section.

Dr. Bikash, our Medical Director, soon learned her uterus had ruptured and the baby had not survived. In order to save Basu’s life, we performed an emergency hysterectomy—the first time this complex surgery had ever been performed, both by Dr. Bikash and in Achham District.

The surgery was a success, and Basu stayed at our hospital for an entire month while we closely monitored her health.

What sets Possible apart is we don’t just send patients home after immediate care. We told Basu to follow-up with us in one month, and she came back exactly one month later.

She traveled the entire way herself—a 1.5 hour bus ride and six hour walk. After an overnight stay, she is now completely healthy. As we initiate a follow-up system for post-operative care, she will be followed-up on by our team member in her community in two months.

**ADDITIONAL INSIGHT: IMPACT**

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

We executed a new system in our supply chain to receive in-kind, government-funded essential medicines.
INCOME

TOTAL INCOME:

$391,216
22% restricted
78% unrestricted

$47,381
in-kind value for 501c3
4
letters of inquiry & nominations submitted

$36,091
in-kind value for NGO
6
applications submitted

$725,319
total $ applied for
7
reports submitted

NEW IN-KIND PARTNERS:

Quad Graphics® provides discounted printing services to our team. Thanks to Quad, this quarter we were able to print our For-Impact Culture Code and the 2014 Annual Report at a reduced cost.

ADDITIONAL INSIGHT: INCOME

View the 2014 Annual Impact Report. It provides deeper insight into how money was spent and the impact achieved over the last year.

EXPENSES

$353,699.39
38%
total Q2 expenses%
of expected Q2 budget spent*

DOWNLOAD ADDITIONAL INSIGHT: EXPENSES

View our 501c3 Quarterly Expense Summary and full line-by-line detail.

View our NGO Quarterly Expense Summary and full line-by-line detail.

*This number appears artificially low because we made our large quarterly expenses just after the close of Q2, and it will be reflected in Q3.
TALENT

300 total (FT + PT)

8 501c3

292 NGO

8 FT +0 FT additions, -0 FT terminations
0 PT +0 PT additions, -0 PT terminations
128 FT +17 FT additions, -9 FT terminations
164 PT +0 PT additions, -0 PT terminations

TALENT SPOTLIGHT:

DR. AARADHANA JHA (bio)
Orthopedic Surgeon

DR. BIINA SHRESTHA (bio)
Staff Physician

POSHAN THAPA (bio)
Director of Research

SEE ADDITIONAL INSIGHT: TALENT

View our updated organizational chart.
Share our top hiring priority: Chief Development Officer.
We’re hiring! View all of our open positions.

AUDIENCE

WEBSITE:

21,169
vs. 18,768 visits
(13% increase)

HOSPITAL EXPANSION MICROSITE:

2,180
vs. 804 donation page views
(63% increase)

7,819
page visits

BLOG SPOTLIGHT:

669 page views

REMARKABLE MOMENTS: OUR NIH AWARD

December 16, 2014 - The Possible Team

This fall, our Chief Programs Officer Duncan was awarded an Early Independence Award from the National Institutes of Health (NIH)—the largest source of funding for medical research in the world.

Learn more about the award, our work, and why this is true.

Read It Now
FACEBOOK:

Instead of telling you how remarkable 2014 was, we’ll just show you! Our top 10 photos of 2014: http://bit.ly/possiblephotos

OUR TOP 10 PHOTOS OF 2014

likes 20,485 ▲ 3% engagement increase vs. last quarter

TWITTER:

It’s here! YOU can build Nepal’s first rural teaching hospital: bit.ly/possibilist

#GivingTuesday

followers 2,585 ▲ 3% engagement increase vs. last quarter

ADDITIONAL INSIGHT: AUDIENCE

We launched a community of monthly funders called Possibilists who will help build Nepal’s first rural teaching hospital.

Our For-Impact Culture Code was named one of the top Slideshare presentations of 2014.

We are a finalist in Open IDEO’s human centered design challenge with hopes to secure $100K to implement our group child care project.

BOARD

Our Board of Directors remained unchanged over the last quarter.

DOWNLOAD ADDITIONAL INSIGHT: BOARD

Possible is seeking a Board Chair. Read about and share the position.
Thank you.

Have questions after reading our report? We will do our best to answer them. Just write us at answers@possiblehealth.org.