



QUARTERLY IMPACT REPORT

Q3 of FY 2015

2.01.2015–04.30.2015

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LETTER FROM THE CEO

We are committing to build back differently.

The earthquakes that have struck Nepal since the first 7.8 quake on April 25th represent the greatest natural disasters to befall Nepal in modern history.

When the first quake hit, our team was 300 km from the epicenter planning next year's expansion. In spite of our physical distance from the epicenters, there is no question the earthquakes change everything for us and the country of Nepal.

They have left the country in a scenario we call "acute on chronic"—meaning an acute emergency has been layered on top of a chronic one.

I'm proud of our team's response in this relief phase. We have continued care in our setting of chronic emergency and used our seven years of experience in Nepal to move major resources to communities most in need. There have been important gains, like working with Direct Relief and the Nepali government to move \$15 million of medical supplies and equipment into the country.

But as the country begins to structure a rebuilding phase, we have much more to do.

The events of the last few weeks have forced us, like so many others, to reflect on our role in Nepal.

I wanted to share with you today that we, driven by a deep sense of responsibility, are committing to play a major role in rebuilding the healthcare system in one of the worst hit districts.

The details will come into focus as the country moves from relief to rebuilding. But what we do know, based on seven years of building a health system where none existed before, is that now is the time to act. Now is the time to build the kind of healthcare system that can serve the poorest and be resilient in the face of future natural disasters.

It is time, as our Co-Founder Dr. Duncan Maru and Dr. Senendra Uprety from Nepal's Ministry of Health stated in The Washington Post, to "build back differently."

The road ahead for Nepal is uncertain. But the need is not. And never before has it been so important to prove it's possible to build back differently and address the chronic healthcare needs that existed before April 25th.

With hope,

Mark

p.s. I am available to answer questions about our rebuilding plans. Please write me at mark@possiblehealth.org.

IMPACT

TOTAL PATIENTS TREATED:



3% inpatient care
includes deliveries

5% emergency care

92% outpatient care
includes HIV care patients



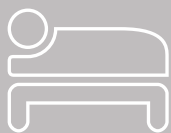
254,343
total patients treated since 2008



48,199
patients treated year to date



\$13.88
cost per patient treated in Q3



Treated our
250,000th patient



Started construction to
build rural teaching hospital.



Completed launch of 1st phase
of electronic medical record

KEY PERFORMANCE INDICATOR RESULTS:

This is the first quarter we are able to report on all 6 KPIs. To review our fully defined KPIs [click here](#).

1.8

OUTPATIENT UTILIZATION

target: 1.3

On average, each person in our catchment area visited one of our healthcare facilities nearly 2 times.

1.9

EQUITY

target: 1.0

Marginalized patients* accessed our healthcare system with nearly twice the frequency than non-marginalized patients.

52%

CHRONIC ILLNESS FOLLOW-UP

target: 90%

52% of our total chronic disease patients had a follow-up interaction with a provider.

100%

SURGICAL ACCESS

target: 95%

A full set of resources and people to perform surgeries were available every day.

78%

SAFE BIRTH

target: 95%

78% of women gave birth in a healthcare facility with a trained clinician in the past year.

30%

FAMILY PLANNING

target: 85%

30% of reproductive aged women who delivered in the past 2 years are using contraceptive methods.

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

MILESTONES

Our team identified four high-level milestones for Q3 at the start of FY 2015.

- | | | |
|---|---|--|
| ✓ | BREAK GROUND ON INFRASTRUCTURE MASTER PLAN AT HOSPITAL: | Delayed from Q2, we broke ground on a project to build a rural teaching hospital that will serve as a national model with earthquake-resistant design. |
| ✓ | LAUNCH ELECTRONIC MEDICAL RECORD: | Delayed from Q2, we launched the first electronic medical record of its kind in Nepal, complete with integration of government reporting systems. |
| ✗ | RECEIVE 20% INCREASE IN PERFORMANCE-BASED FUNDING FROM NEPALI GOVERNMENT: | While we were close to finalizing this at the end of Q3, conversations were necessarily delayed owing to the national tragedy that struck on April 25th. |
| ➡ | RECEIVE \$1 MILLION 50/50 MATCHING GRANT FROM NEPALI GOVERNMENT: | Our funding was renegotiated, and a \$500,000 agreement was confirmed, representing a 7-fold increase in government funding from last year. |

✓ ACCOMPLISHED INSIGHT

✗ MISSED INSIGHT

➡ SHIFTED INSIGHT

ADDITIONAL INSIGHT: IMPACT & MILESTONES



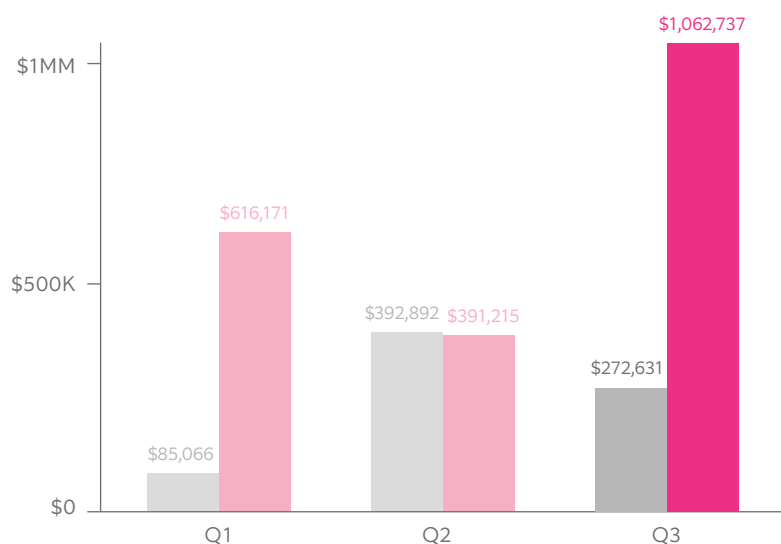
Dive into our complete set of quarterly data, published openly.



[Read more](#) about the impressive strides our team has made to integrate Nepal's first EMR. Built on the government's preferred open source platform, we hope it will service as a pilot for the country. Our clinical team is generating crucial user-driven improvements in functionality, and recently submitted its first government report using all EMR data.

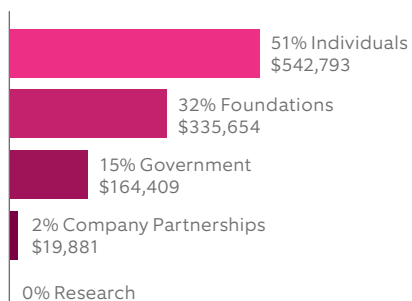
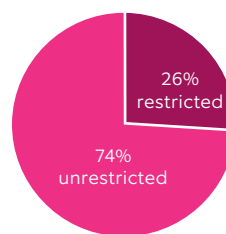
INCOME

INCOME BY QUARTER: ■ LAST YEAR FY 2014 ■ THIS YEAR FY 2015



TOTAL INCOME:

\$1,062,737



TOTAL IN-KIND VALUE:

\$88,938

TOTAL \$ APPLIED FOR:

\$4,086,132

ADDITIONAL INSIGHT: INCOME



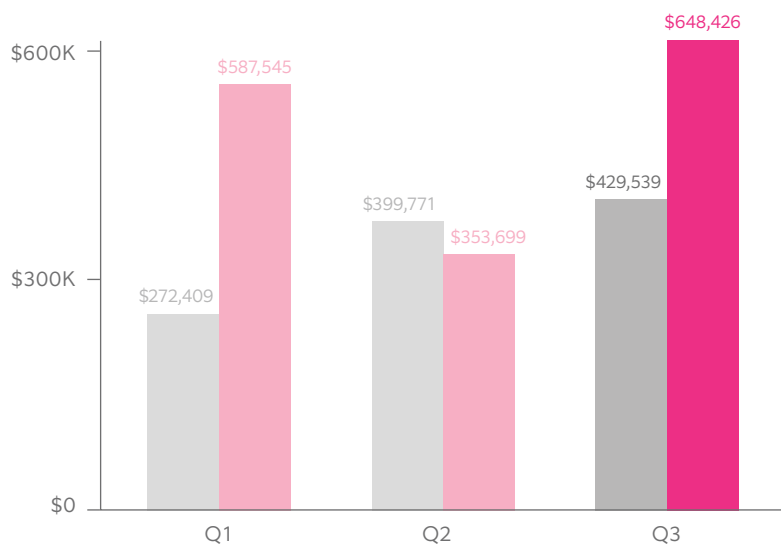
Our team worked with Direct Relief and the Nepali government to bring in \$15 million of medical supplies and equipment for earthquake relief. This will serve as the foundation for a long-term relationship with Direct Relief.



We confirmed a \$500,000 matching agreement and processed the first distribution. This represents a 7-fold increase in government funding vs. last year.

EXPENSES

EXPENSES BY QUARTER: ■ LAST YEAR FY 2014 ■ THIS YEAR FY 2015



TOTAL Q3 EXPENSES:

\$648,426

% OF EXPECTED
Q3 BUDGET SPENT:

85%

ADDITIONAL INSIGHT: EXPENSES

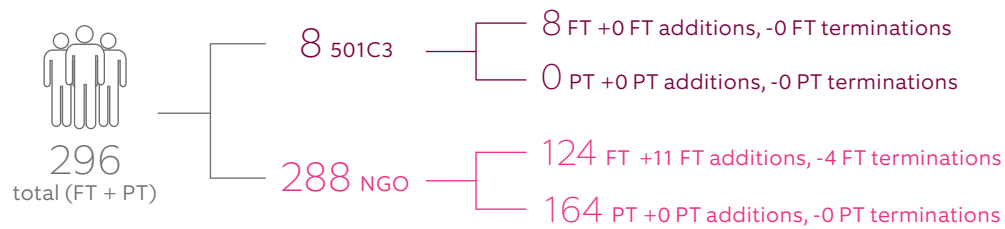


View our 501c3 Quarterly Expense Summary and full line-by-line detail.



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

TALENT



TALENT SPOTLIGHT:



GAURAV TIWARI (bio)
Operations Director—Nepal

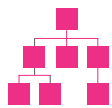


BIBHU TAMRAKAR (bio)
Director of Communications



DR. YUVRAJ BASNET (bio)
MD-GP Resident

ADDITIONAL INSIGHT: TALENT



View our updated organizational chart.



We're hiring! Share all of our open positions.



Share our top hiring priority: Finance Director.

AUDIENCE

WEBSITE:

26,906 vs. 21,169 visits (27% increase)
1,316 vs. 1,334 donation page views (1% decrease)

FACEBOOK:

20,429 likes
10% increase vs. last quarter

TWITTER:

2,865 followers
10% increase vs. last quarter

ADDITIONAL INSIGHT: AUDIENCE



Mark Arnoldy and Duncan Maru were named **Schwab Social Entrepreneurs of the Year**, and will work with distinguished entrepreneurs around the world to improve healthcare delivery systems.



Our **first piece** was published in Harvard Business Review, which speaks to management's crucial role in healthcare delivery systems.



We began publishing stories on **Medium**, a crisp content platform that helps tell our stories in a dignified way.

THE IMPACT OF ADVANCED ORTHOPEDIC PROCEDURES

Last quarter, Dr. Aaradhana Jha—Nepal's first female orthopedic surgeon—joined Possible, which has allowed us to treat fracture cases at Bayalpata Hospital at an increasingly rapid rate.

Yet some complex fracture cases require surgical implants and instruments, tools unavailable to us (and most rural healthcare facilities) until just a few weeks ago.

19-year-old Nabina broke her right leg when she slipped and fell returning home from school. She went to a district hospital and was given a cast, but showed no signs of improvement a month later. A community health worker from her village referred her to Bayalpata Hospital.

When she arrived, she was not able to bare weight on her leg and was in a great deal of pain. The X-ray revealed a fracture that hadn't healed at all since her fall three months ago.

Fortunately, our team had recently received tools and instruments from SIGN Fracture Care International for nail placement surgeries. This would be the first time our hospital performed a nail surgery.

"I was apprehensive at first, but our great operating room team invested time and interest in going through each step beforehand multiple times, making the whole procedure smooth," says Aaradhana.

We expect Nabina to be able to completely use her right leg in three months, and to remove the nail in a year and half.

"I will never be able to forget what this hospital has done for me!" beamed Nabina. "It gave me a new life."

Up until few weeks ago, we would not have been able to treat Nabina. But with our new SIGN tools and instruments, and our dedicated clinical team, we are humbled to say we can provide this treatment with no cost to our patients—delivering quality care until they are completely healed.

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

