



QUARTERLY IMPACT REPORT

Q4 of FY 2015

05.01.2015–07.31.2015

VISIT WEBSITE

SUBSCRIBE

LETTER FROM THE CEO

In the last quarter of our fiscal year, we closed our largest year of growth and opened a new chapter for our future.

There are certainly causes for celebration when reflecting on the year. Overall funding grew by 150%, with a 7-fold increase in government money. This means our business model gained traction and we reached more patients than ever before.

But this last quarter was also the most challenging our team has ever faced.

When our last QIR was published, we had only just experienced the April 25th earthquake and its immediate aftershocks. Since then, the total number of earthquakes have reached 375+ of at least 4.0 strength, including the 7.3 quake that struck on May 12th.

It was this May 12th earthquake that destroyed 87% of the healthcare facilities in Dolakha District, which means 186,000 people in the District now face critical challenges in accessing healthcare.

In the wake of this reality, we committed to **rebuild Dolakha District's healthcare system**. In the last three months, we conducted site visits, built an operating plan, signed an expansion agreement with Nepal's government, and launched a Rebuilding Fund with partners who have committed \$2 MM+. This will enable us to replicate the durable healthcare model we've been running in another part of the country since 2008.

There is a tremendous amount of work ahead. But as a result of the last three months, our team has never been better equipped to build a long-term healthcare system that can serve the country's most vulnerable and be resilient in the face of future natural disasters.

Warmly,

Mark

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

IMPACT

TOTAL PATIENTS TREATED:



4% inpatient care
includes deliveries

5% emergency care

91% outpatient care
includes HIV care patients



275,360
total patients treated since 2008



69,912
patients treated in FY 2015



\$36.60
cost per patient treated in Q4



Highest number of in-hospital
births in one month



Completed 2nd phase of
EMR at Bayalpata Hospital



Conducted national mid-level
practitioner training

KEY PERFORMANCE INDICATOR RESULTS:

To review our fully defined KPIs [click here](#).

1.9

OUTPATIENT UTILIZATION

target: 1.3

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

1.6

EQUITY

target: 1.0

Marginalized patients* accessed our healthcare system 60% more frequently than non-marginalized patients.

50%

CHRONIC ILLNESS FOLLOW-UP

target: 90%

50% 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.

76%

SAFE BIRTH[†]

target: 95%

76% of women gave birth in a healthcare facility with a trained clinician in the past year.

34%

FAMILY PLANNING[†]

target: 75%

34% 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.

[†]Value reflects updated computation. Indicator measured annually.

MILESTONES

Our team identified four high-level milestones for Q4 at the start of FY 2015.

-  LAUNCH AN OPERATING PLAN AND FUND TO EXPAND MODEL INTO HIGHEST-NEED AREA POST-EARTHQUAKE: We are expanding into Dolakha District where 87% of healthcare facilities were damaged and raised >\$1.5 MM through an Earthquake Rebuilding Fund. See attached feature for more information.
-  INCREASE GOVERNMENT FUNDING 7-FOLD: Shifted from Q3 after a renegotiation, we successfully brought in \$350,000 from the Nepali government, bringing annual total to >\$500,000 and representing a 7-fold increase vs. last year.
-  EXPAND EMR FROM HOSPITAL TO CLINICS AND COMMUNITY HEALTH WORKERS: This was shifted in light of the earthquake rebuilding efforts to next quarter. The EMR remains the first design of its kind at the hospital level and expansion is in process.

 ACCOMPLISHED INSIGHT

 MISSED INSIGHT

 SHIFTED INSIGHT

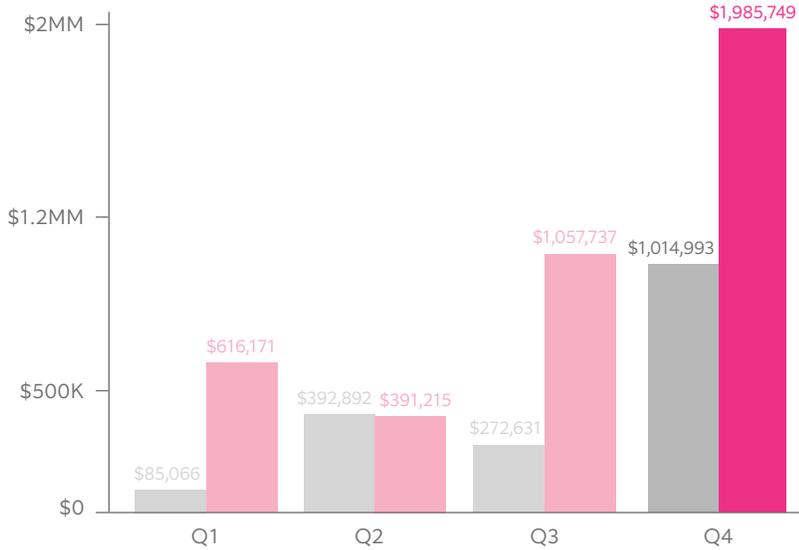
ADDITIONAL INSIGHT: IMPACT & MILESTONES

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

 We finalized plans for the next phase of our continuous surveillance system. [See the results](#) of the first phase of our digital continuous household census to establish baseline data for key population health measures in our catchment area.

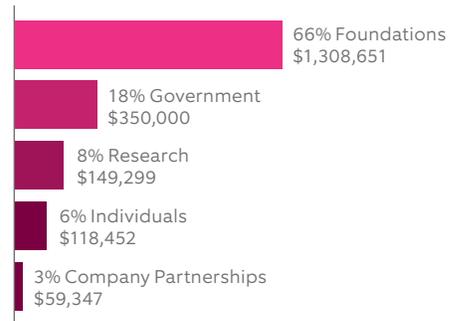
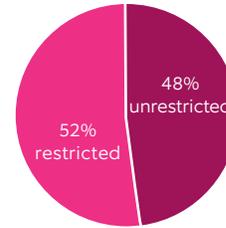
REVENUE

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



TOTAL REVENUE:

\$1,985,749



TOTAL IN-KIND VALUE:

\$514,623

TOTAL \$ APPLIED FOR:

\$3,320,488

ADDITIONAL INSIGHT: REVENUE



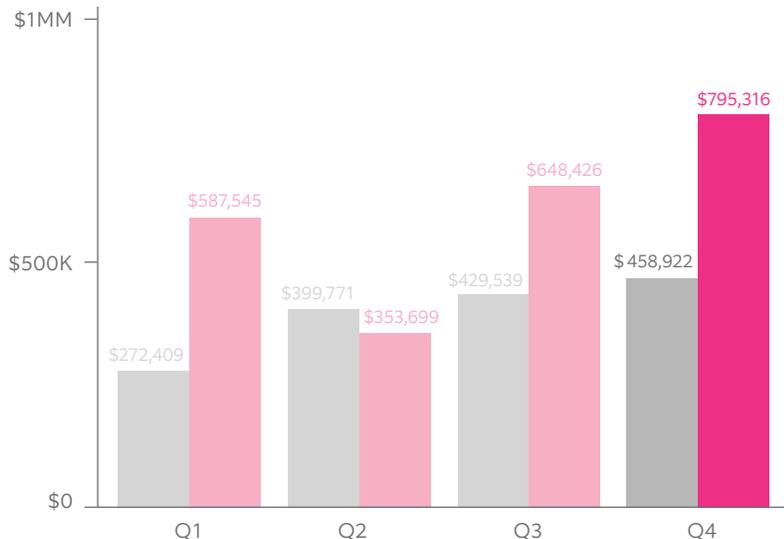
Possible launched an Earthquake Rebuilding Fund to rebuild the healthcare system in one of Nepal's worst hit districts. Learn more in our special [one-page addition](#).



In financial cash and commitments, our revenue grew by 149% in FY15 vs FY14.

EXPENSES

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



TOTAL Q4 EXPENSES:

\$795,316

% OF EXPECTED Q4 BUDGET SPENT:

103%

ADDITIONAL INSIGHT: EXPENSES

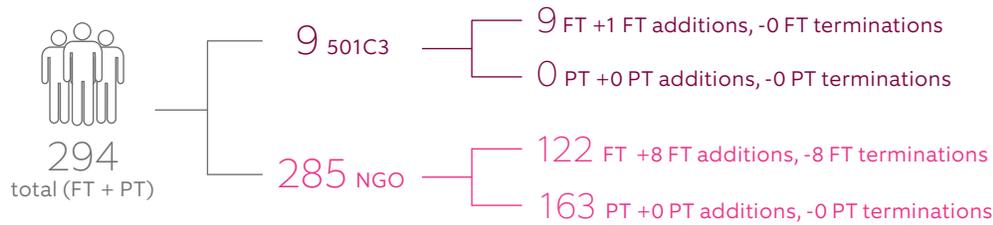


View our 501c3 Quarterly Expense Summary and full line-by-line detail.



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

PEOPLE OPERATIONS



PEOPLE OPERATIONS SPOTLIGHT:



RYAN SCHWARZ (bio)
Chief Operations Officer



MONICA LANDY (bio)
Director of People Operations



SONU KHADKA (bio)
Community Health Nurse

ADDITIONAL INSIGHT: PEOPLE OPERATIONS



View our updated organizational chart.



We're hiring! Learn more, share, and apply today.

AUDIENCE

WEBSITE:

33,147 vs. 26,906 visits (20% increase)
1,521 vs. 1,316 donation page views (15% increase)

FACEBOOK:

24,011 likes
79% increase in growth vs. last quarter

TWITTER:

3,006 followers
19% decrease in growth vs. last quarter

ADDITIONAL INSIGHT: AUDIENCE



We reached our 150th Possibilist who will help build Nepal's leading teaching hospital, built with earthquake resistant design. Sign up to receive updates like this.



Our durable healthcare model and the problems of fee-for-service healthcare systems were covered in Health Affairs.



We announced our decision to expand our model to Dolakha District, laying down the foundation for a long-term healthcare system that can be resilient in the face of future natural disasters.

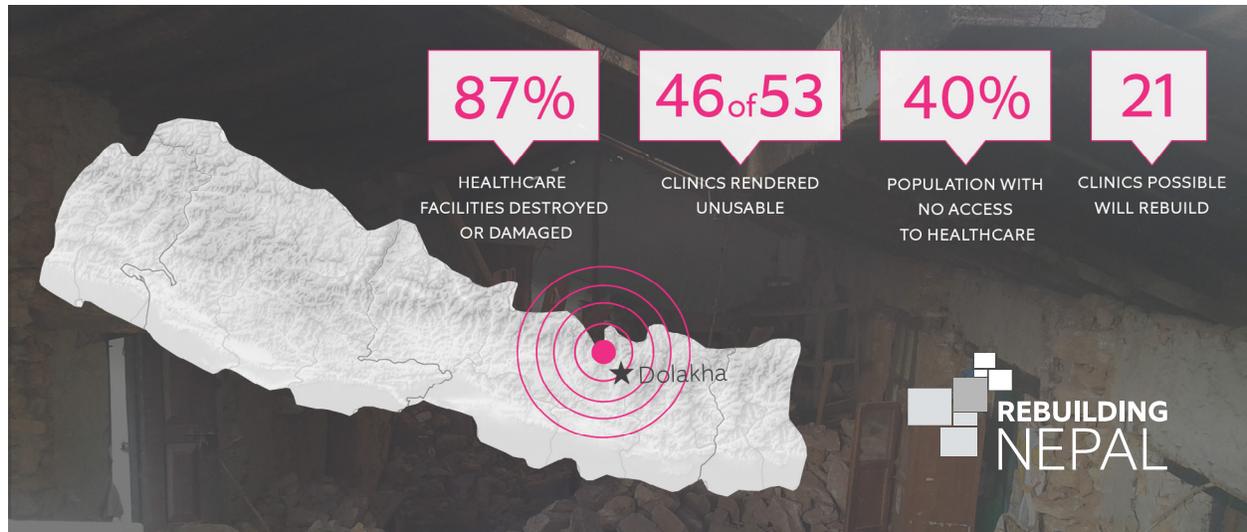
AN UPDATE ON OUR REBUILDING EFFORTS

In our last QIR, we announced our commitment to build back differently, and rebuild the healthcare system of one of the worst-hit districts.

IN THREE SHORT MONTHS, WE'VE COME A LONG WAY.



We decided on Dolakha District, near the epicenter of the second earthquake that struck on May 12th. Dolakha's entire district population is 186,000 people.



We signed a contract with the Government of Nepal to start rebuilding of 21 clinics.



Our partners have committed to fund more than \$2 MM to our rebuilding efforts so far.



We're laying the foundation for a long term, resilient healthcare system.

THERE IS STILL MUCH MORE TO ACCOMPLISH

We are committed to both the immediate and long-term work of building back differently that can serve Nepal's poorest citizens. This will happen in three phases:

PHASE I: Rebuild critical health infrastructure, which includes 21 clinics

PHASE II: Operate a central hospital and establish a five-year performance-based agreement with Nepal's Ministry of Health & Population to support a hub-and-spoke model

PHASE III: Implement our durable healthcare model to include an electronic medical record system, HR and project management platforms, household data surveillance tools, medical education, and quality improvement initiatives

Thank You to our Current Rebuilding Partners



ANMF

Google

Seva

Toms



SONU KHADKA, OUR COMMUNITY HEALTH NURSE WHO ACTED QUICKLY AND GOT PADMA THE CARE SHE NEEDED.

THE IMPORTANCE OF BRINGING CARE TO THE PATIENT WITH OUR COMMUNITY HEALTH TEAM

Our Community Health team met Padma during her first group antenatal care (ANC) visit when she was four months pregnant. There, we discovered she had a prolapsed uterus caused by her first pregnancy, and began closely monitoring her health at ANC visits and at her home.

Padma ended up going into early labor, and there was no midwife present at the clinic to take care of her—a stark reality, and problem our team is continuously working to solve. Dr. Bishal, along with our nurse, Sonu, found out the news from a Community Health workers in Padma's district, and drove straight to her house, where she was bleeding and in great pain.

Our medical team immediately went to work and brought her to our hospital, where Padma delivered a baby boy.

This was a success story that could've easily been otherwise; regular monitoring of Padma's pregnancy as high-risk, and quick actions from our team, led us to save both Padma and her newborn. Otherwise, she could have easily fallen through the cracks.

Her story continues, though. Our team now makes regular visits to Padma's house to teach her about personal hygiene and breastfeeding. The baby will also be placed under a malnutrition category so we can monitor him more closely and for a longer period of time.

The road to delivering a baby in this part of Nepal is quite different from most places around the world. But through our healthcare model, we are able to provide fully, not partially, for our patients.