



QUARTERLY IMPACT REPORT

Q2 of FY 2016

11.01.2015–01.31.2016

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LETTER FROM THE CEO

Replication beyond roadblocks.

This is what comes to mind as our team reflects on the last quarter. Previous challenges continued—literal roadblocks at the border with India prevented fuel, supplies, and equipment from entering Nepal for another full quarter. In total, the blockade lasted over 140 days.

Even though those essential ingredients of rebuilding were absent from the country, our team made important progress.

We treated our 300,000th patient. We made substantial progress on rebuilding nine clinics with the limited supplies we had. Most importantly, we signed an agreement with the government to replicate our model in Dolakha District, one of the regions most impacted by the earthquakes.

Five days after signing the agreement, we were operating a second hospital. After another week, we had 54 new employees (both our own and some provided by the government) operating under our management model.

This was deemed a “historic” partnership: It is the first contract that gives independent management to a nonprofit of a functioning government facility, co-financed and centrally regulated by the Ministry of Health.

In what we hope is a telling sign of things to come, the number of patients seen at this hospital doubled in the first week of Possible’s management.

As always, please send me any feedback or questions, mark@possiblehealth.org.

Warmly,

Mark

IMPACT

TOTAL PATIENTS TREATED:



6% inpatient care
7% emergency care
87% outpatient care



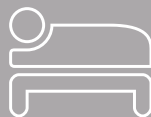
313,356
total patients treated since 2008



37,704
patients treated year to date



Signed government MoU to expand model to Dolakha District



Treated our 300,000th patient since founding



Developed new procurement metrics; witnessed 79% decrease in stock out rate to 1.5%

KEY PERFORMANCE INDICATOR RESULTS:

Review our fully defined KPIs [here](#).

0.9

OUTPATIENT UTILIZATION

target: 1.3

On average, each person in our catchment area visited our hospital about one time.

1.5

EQUITY

target: 1.0

Marginalized patients* accessed our hospital 50% more frequently than non-marginalized patients.

54%

CHRONIC ILLNESS FOLLOW-UP[^]

target: 90%

This means 54% of our chronic disease patients had a follow-up interaction with a provider at our hospital.

100%

SURGICAL ACCESS

target: 95%

The full set of resources and people to perform surgeries was available every day.

76%

SAFE BIRTH[†]

target: 95%

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

34%

FAMILY PLANNING[‡]

target: 75%

34% of reproductive aged women who delivered in the past two years are using contraceptive methods.



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

[^]Now measured through our EHR.

[‡]Indicator measured annually.

MILESTONES

Our team identified four high-level milestones for Q2 at the start of FY 2016.

- | | | |
|---|---|---|
|  | SIGN A LEASE AGREEMENT TO TRANSFER CHARIKOT HOSPITAL IN DOLAKHA DISTRICT TO POSSIBLE'S INDEPENDENT MANAGEMENT WITH GOVERNMENT CO-FINANCING: | We officially expanded into our 2nd district—one most impacted by the earthquakes—by signing a public-private partnership agreement to operate Charikot Hospital in Dolakha District. |
|  | TRANSITION ACCOUNTING SOFTWARE FROM QUICKBOOKS TO NEW ENTERPRISE SOFTWARE ALONGSIDE A FINANCIAL POLICY UPDATE: | This goal was narrowly missed. The new software and policies will launch one week after the close of Q2 and provide a cloud-based, enterprise accounting environment. |
|  | COMPLETE REBUILDING 21 CLINICS TO GET CRITICAL SERVICES BACK UP AND RUNNING IN DOLAKHA DISTRICT: | 9 of 21 clinics are currently being rebuilt. This is due to an economic blockade that prevented supplies from entering Nepal since September. The government has officially shifted all rebuilding contracts to end on July 31st, 2016. |
|  | PROCURE AT LEAST \$500K OF IN-KIND MEDICATIONS, EQUIPMENT, AND SUPPLIES FROM GOVERNMENT ANNUALLY: | In Q2 alone we received a new 25 bed hospital facility by the government, >\$40,000 government medication and supplies, and a \$517,885 donation of supplies and equipment from Doctors Without Borders. |

 ACCOMPLISHED

 MISSED

 SHIFTED

 ON TRACK

ADDITIONAL INSIGHT: IMPACT & MILESTONES



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



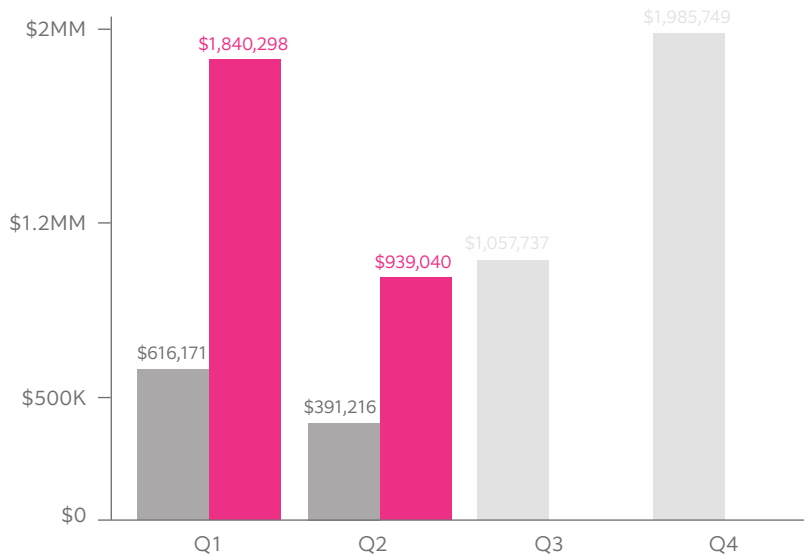
Signed an agreement with the District Health Office to manage public health programs in communities surrounding our hospital.



We published a study on patient navigators (PN), which describes our design and implementation of a PN program to improve the patient experience. [Click here](#) to read the full study!

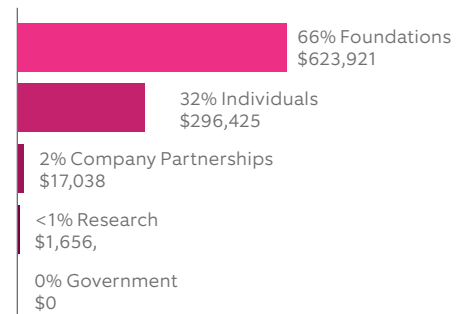
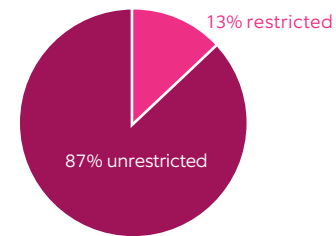
REVENUE

REVENUE BY QUARTER: ■ LAST YEAR FY 2015 ■ THIS YEAR FY 2016



TOTAL Q2 REVENUE:

\$939,040



TOTAL Q2 IN-KIND VALUE: TOTAL \$ APPLIED FOR Q2:

\$591,578

\$2,314,479

ADDITIONAL INSIGHT: REVENUE



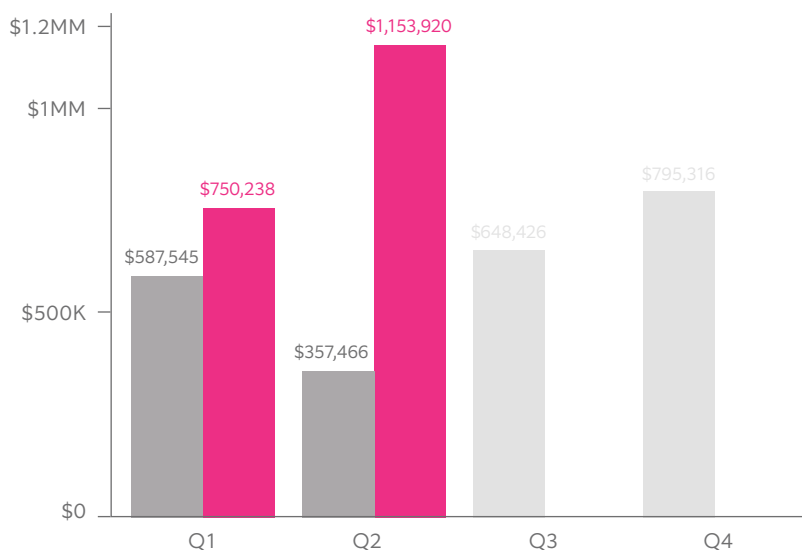
Possible passed ImpactMatter's new "Impact Audit," which verified that our team is evidenced-based and deserves funding based on our expansion plans and ability to absorb additional funds.
[Read the audit here.](#)



We released our [Annual Impact Report](#), which highlighted our hospital construction, team expansion, and overall funding growth with the Nepali government, despite challenges faced after the tragic earthquakes hit.

EXPENSES

EXPENSES BY QUARTER: ■ LAST YEAR FY 2015 ■ THIS YEAR FY 2016



TOTAL Q2 EXPENSES:

\$1,153,920

ADDITIONAL INSIGHT: EXPENSES

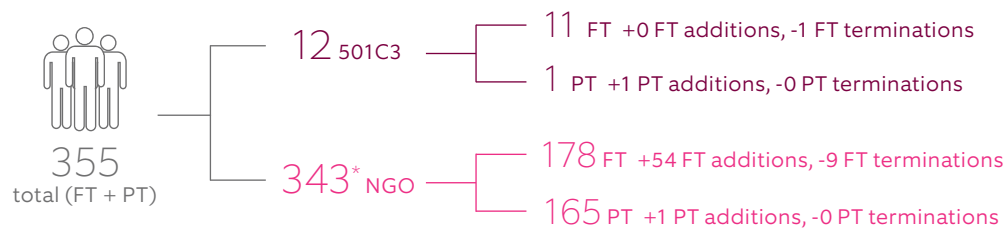


View our 501c3 Quarterly Expense Summary and full line-by-line detail.



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

PEOPLE OPERATIONS



*Note: 28 FTEs and 1 PTE are paid by Nepal's government but managed by Possible.

PEOPLE OPERATIONS SPOTLIGHT:



MANISHA JHA (bio)
People Operations Manager



SANJAYA POUDEL (bio)
Digital Systems Engineer



ASMITA DHITAL (bio)
Charikot Operations Manager

ADDITIONAL INSIGHT: PEOPLE OPERATIONS



Read the letter we send to every candidate before making an offer.



We're hiring! Learn more, share, and [apply](#) today.



View our updated organizational chart.

AUDIENCE

WEBSITE:

36,180 1,534
vs. 32,447 visits (12% increase)
vs. 1,113 donation page views (38% increase)

FACEBOOK:

25,590 3%
Likes Increase in growth vs. last quarter

TWITTER:

3,265 4%
Followers Increase in growth vs. last quarter

ADDITIONAL INSIGHT: AUDIENCE



In December, we launched a [campaign](#) to support our work expanding healthcare across Nepal while visualizing how our team is "Building Back."



A story on our partnership with IDEO.org was [published on Medium](#), generating conversations around the importance of patient-centered design.



Our Co-Founder Duncan Maru was [featured](#) on the World Economic Forum's website for his insight on organizational talent and performance.

BOARD

We added one Board member to bring our total number to seven.

BOARD ADDITION SPOTLIGHT:



JAVIER MORALES ([bio](#))
CEO & Co-Founder, Grupo Beryllium

ADDITIONAL INSIGHT: BOARD



Possible is seeking a Board Chair.
[Read about](#) and share the position.



MEET OUR MEDICAL DIRECTOR DR. BINOD DANGAL

Dr. Binod joined our team shortly after we expanded our work in Dolakha District when the earthquakes struck.

Dr. Binod's journey is unique. At a young age, a British teacher volunteering in his rural village recognized his potential, and sent him to study in Kathmandu. He quickly immersed himself into city life, living with classmates who "didn't like when someone studied more than they should."

Having never spoken English until moving to Kathmandu, Binod barely passed his first exams. But he pushed forward, and graduated high school with impressive scores, especially in science. He went to China to complete his Bachelors in Medicine, where he finished top of his class.

He conducted his higher-level MD studies in Nepal, and then moved to Dolakha, a three hour jeep ride on bumpy roads from the rural village where he grew up. When he visits home, patients approach him and he draws out the stethoscope from his coat pocket without hesitation.

After the earthquakes, many rural villages in and surrounding Dolakha were destroyed. Dr. Binod's own home turned to rubble, and many of his family members and neighbors passed away. After spending countless, extended shifts to respond to the immediate needs of earthquake victims, he joined our team.

After his journey to Kathmandu and abroad, Dr. Binod now leads Possible's medical strategy in one of the worst-hit districts in Nepal, while also coming back close to home to deliver dignified care.