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# impact audit

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## MISSION

To build a high-quality, low-cost healthcare system that integrates government hospitals, clinics, and community health workers.

## PROBLEM

Achham and Dolakha, two rural districts of Nepal, lack high-quality affordable health services. A significant portion of both districts' populations lack access to any healthcare.

## INTERVENTION

Possible manages government health infrastructure in the districts, implementing a hub and spoke model that provides integrated hospital, clinic, and community healthcare.

What is an impact audit?

## MOTIVATION

- 1 Give the nonprofit feedback on how to use and produce appropriate evidence.
- 2 Certify to donors that the nonprofit is appropriately evidence-based.

## PROCESS

Evidence review • Document review • Staff Interviews  
More: Page 3 of this report or [impactm.org/standard](http://impactm.org/standard).

## Audit Results

We conclude that Possible delivered **high-quality** health care services to **296,485 patients** since 2008, **improving health outcomes**, for example through **safe birth**, and **improving health equity**. Possible reaches patients at a **marginal cost of \$36.01 per patient** (FY 2016 Q1).

### Impact assessment

#### Does the nonprofit change the world?

We believe Possible substantially improves **health outcomes** among people who otherwise lack high quality care, and improves **health care access and health outcomes for the marginalized**.

We reached this conclusion based on the quality of, and evidence-base behind, Possible's health care, and the lack of alternative high-quality health care in the area. (details below)

#### ✓ Outcomes and cost

In assessing the **evidence for Possible's impact**, we do not need to consider a single randomized trial. We can substantiate Possible's impact through the following logic: (1) Possible delivers health care services at high quality given the context, (2) many of those services have been shown, through a broad base of rigorous counterfactual evidence, to reduce patient morbidity and mortality when delivered at similar quality, and (3) others would not have provided similar care if Possible did not exist. Based on review of internal and external data, protocols, and other sources, we conclude that all three steps in the logic chain are strongly supported, fully substantiating Possible's impact.

evidence base

#### World Health Organization

Integrated Management of Childhood Illness  
IMAI District Clinician Manual (and others)  
Possible relies on WHO guidelines, which follow the best evidence where available, or expert consensus. For some conditions, Possible uses other guidelines.

evidence base

#### Condition-specific and national

PIH Guide to Chronic Care  
UpToDate (and other sources)  
Possible adapts guidelines to local context.

### Operations assessment

#### Does the nonprofit do what it says it does?

We conclude Possible delivered **high-quality** health care services to **296,485 patients** since 2008 and is a **learning organization** and a **transparent organization**.

We reached this conclusion from Possible's internal monitoring data, monitoring systems, and quality assurance protocols, which are credible and strong. (details below)

#### ✓ Activities and outputs: Quantity

In assessing the **evidence for quantity**, we received and reviewed internal processed data.

- Since 2008: 296,485 patients
- FY 2015: 69,505 patients
- FY 2015: 5,528 surgeries
- FY 2015: 597 babies delivered

All as of November 2015

#### ✓ Activities and outputs: Quality

In assessing the **evidence for quality**, we received and reviewed internal protocols and program/monitoring documents.

- Internal monitoring staff: Yes
- Routine staff training: Yes
- Management control: Yes
- Strong partner supervision: Yes
- Responds to data: Yes
- Quality improvement: Yes

#### ✓ Learning organization

We considered Possible's current quasi-randomized step-wedge study, and interviews with senior management.

#### ✓ Transparent organization

We considered the breadth and depth of Possible's published reports, activity data, and organization data.

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## Feedback

We welcome your feedback at [impactm.org/feedback](#).

We recommend you view this page side by side with the previous summary page.

## Impact audit standard

Version 0.1

December 11, 2015 • Public beta release

### ANALYTICAL QUESTIONS

- 1 Does the nonprofit use and produce appropriate evidence of impact?
- 2 Does the nonprofit produce evidence of quantity and quality of operations?

What is an impact audit?

### MOTIVATION

- 1 Give the nonprofit feedback on how to use and produce appropriate evidence.
- 2 Certify to donors that the nonprofit is appropriately evidence-based.

### PROCESS

Evidence review • Document review • Staff Interviews  
More: Page 3 of this report or [impactm.org/standard](http://impactm.org/standard).

## Audit Results

*This section describes our overall conclusion, including our summary of the impact and marginal cost of the program, as well as the quantity and quality of the nonprofit's operations. Wherever possible, we try to provide context for what the nonprofit's impact means in terms of people's lives.*

### Impact assessment

Does the nonprofit change the world?

*This section summarizes the impact of the program, in terms of change in outcomes for people reached.*

*Summary of information used for that conclusion.*

#### ✓ Outcomes and cost

*Here we discuss our analysis of the evidence that enabled us to reach the above conclusion on impact. Every source of evidence has trade offs. We try to clearly but concisely explain those trade offs, and summarize why we believe for this particular organization a synthesis of the available evidence fully substantiates impact. More details on our analysis of the the validity and findings of studies, as well as other sources of evidence used in our analysis, are available in the full audit report.*

*Authors (Publisher, year published)  
Effect: How much the intervention improved lives  
Internal validity: How well was the study was done?  
External validity: Is the study comparable to the nonprofit's program?*

### Operations assessment

Does the nonprofit do what it says it does?

*This section summarizes the impact of the program, in terms of change in outcomes for people reached.*

*Summary of information used for that conclusion.*

#### ✓ Activities and outputs: Quantity

*Information used by us when assessing quantity.*

*People reached or other relevant metrics of activity and output.*

#### ✓ Activities and outputs: Quality

*Information used by us when assessing quality.*

*List of quality assurance and improvement criteria the organization meets.*

#### ✓ Learning organization

*Information used to designate learning organization.*

#### ✓ Transparent organization

*Info used to designate transparent organization.*

# 1 Possible

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**Mission** To build a high-quality, low-cost healthcare system that integrates government hospitals, clinics, and community health workers.

**Problem** Achham and Dolakha, two rural districts of Nepal, lack high quality affordable health services. A significant portion of both districts' populations lack access to any healthcare.

**Intervention** Possible manages government health infrastructure in the districts, implementing a hub and spoke model that provides integrated hospital, clinic, and community healthcare.

Possible's hub and spoke model works as follows:

- Possible runs a hospital, which provides health care services, such as surgery and safe birth, to the community. The hospital also serves as a teaching center for the system.
- Possible provides oversight (but no direct management control) to clinics, which provide appropriate services to the community.
- Possible manages community health workers, who provide home referral and follow-up services. Possible pays community health workers a performance-based stipend.

Possible delivers its core intervention in two districts of Nepal, Achham and Dolakha.

## 2 Impact

<b>Question</b>	Does the nonprofit change the world?
<b>Conclusion</b>	We believe Possible substantially improves health outcomes among people who otherwise lack high quality care, and improves health care access and health outcomes for the marginalized. Possible reaches patients at a marginal cost of \$36.01 per patient (FY 2016 Q1).
<b>Mechanism for certifying of impact</b>	Delivery of services with rigorous counterfactual evidence of impact with low potential for displacement.

### Outcomes and cost: Evidence from Possible

We can substantiate Possible's impact through the following logic: (A) Possible delivers health care services at high quality given the context, (B) many of those services have been shown, through a broad base of rigorous counterfactual evidence, to reduce patient morbidity and mortality when delivered at similar quality, and (C) others would not have provided similar care if Possible did not exist.

#### (A) High quality health care services

Please see the section below, (3) Operations > Activities and Outputs: Quality.

#### (B) Services with rigorous counterfactual evidence of impact

Possible draws its evidence primarily from World Health Organization guidelines. In order to set a guideline, WHO follows a process that considers the best available evidence to arrive at a guideline for recommended care.

All new guidelines are done using the Grade process, which is evidence-based. The exception is emergency guidelines, such as the recent pocket guide for Viral Haemorrhagic Fever, which was cleared through in-house expert review and published through an interim emergency guideline process. More information on how the World Health Organization sets its guidelines here: [http://apps.who.int/iris/bitstream/10665/75146/1/9789241548441\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/75146/1/9789241548441_eng.pdf)

Possible primarily relies on the Integrated Management of Childhood Illness (Note: IMCI went through WHO's GRC process before the WHO GRADE requirement was instituted. The GRC process was rigorously evidence-based), the Integrated Management of Adolescent and Adult Illness: District Clinician Manual, and Guidelines on Maternal & Reproductive Health.

In addition, Possible, for specific conditions, chooses to use guidelines that are not published by the World Health Organization. Here is the list of guidelines Possible substitutes:

- Chronic Disease management for adults – The Partners In Health Guide to Chronic Care
- Condition-specific algorithms for adult and pediatric conditions - UpToDate
- HIV / AIDS & STD care – NCASC Guidelines
- Tuberculosis care – National Tuberculosis Program Guidelines
- Mid-level Practitioner Inpatient and Outpatient care – MLP Program Teaching Guidelines

Decisions on when to substitute guidelines are made by trained medical staff. Staff are instructed at the facility level to appropriately adapt guidelines to local context, such as substituting medications based on supply chain availability.

## (C) Others would not have provided similar care

Please see the section below, (2) Impact > Displacement

## Possible's cost of outcomes

### We report two cost figures: what's the difference?

“Cost of outcomes” compares the cost to deliver the program to the benefits of the program, both adjusted for the purchasing power of a dollar in that particular country. This makes these cost and benefit figures comparable across countries. In contrast, “cost of service delivery” captures the actual amount of money (reported in U.S. dollars, at the average exchange rate for the year) to deliver the program to one more woman.

### How we calculate

Here we report Possible's marginal cost per patient, calculated for 2016 Q1 (ending October 31<sup>st</sup>, 2015; note, Possible follows the Nepalese fiscal year, which does not sync up with the United States fiscal year). After reviewing Possible's methodology for calculating this number, we find no reason to adjust this figure or caveat it.

We report this figure in USD purchasing power parity cost (PPP), in order to make it comparable with numbers that we report for other nonprofits.

### Cost

\$130.07 PPP per patient treated (2016 Q1)

### Benefit

High quality healthcare services for one patient

## Possible's marginal cost of service delivery

<b>How we calculate</b>	We use Possible's calculations, as above.
<b>2015 marginal cost</b>	\$36.01 per patient treated (2016 Q1)

## Displacement

**What we consider displacement** “Displacement” occurs when philanthropic dollars crowd out other dollars that would have delivered the same service (often, though not always, without philanthropic dollars). A classic example is a healthcare clinic funded by donors: that clinic may simply be replacing an existing clinic, perhaps private, that served roughly the same population with roughly the same quality of services. The “impact” of those donor dollars is then roughly zero (those patients would have gotten the same quality of care anyway.)

Displacement can be negative or positive. Negative displacement reduces the impact of the donor dollars, as the outcome would have happened anyway. Positive displacement increases the impact of the donor dollars, by displacing programs that are having little impact or doing harm (such as a clinic that is actually performing dangerous services.)

**How we analyze** Displacement can be estimated through rigorous studies, but these studies are very seldom done on any social sector programs anywhere in the world. In the absence of rigorous data, we instead make our best guess on a particular's organization's displacement, basing that guess on anecdotal information, non-counterfactual data from studies, and general knowledge. We emphasize these conclusions are judgments only, but we believe that displacement (and externalities below) are often relatively apparent when they are significant enough to be of concern.

**Our conclusion** **Very low chance of any displacement.**

Possible works in Achham district in rural Nepal. Possible states that when they began operations in Achham in 2008, there was no doctor practicing in the district. While we have no way of verifying this fact, based on our understanding of similar settings elsewhere, we see no reason to dispute it. Although there was one government hospital in the district, it was not staffed by a doctor at the time. As a result, we see very low chance of displacement in Achham. The Nepalese government agreed to give management control of their hospital to Possible; while this does qualify as displacement, we characterize this as positive displacement, given the resources Possible has brought into that facility, as well as the community and clinic level, which we believe significantly improved the quality of care.

Displacement is different in Dolakha, where Possible started operations in 2015 in response to

the Nepalese earthquake. This audit does not consider Possible's work in Dolakha (see note in Activities and outputs: quality > Information provided), which may be displacing some private healthcare providers, though the quality of those private providers is unknown, and potentially very poor.

## Externalities

### What we consider externalities

Externalities are any effects that Possible's work has on third parties; in other words, anyone other than Possible or the children whom Possible aims to improve learning outcomes for (note: here we note teachers as "third parties", but there is a strong argument to be made that Possible aims to directly serve teachers as well, giving them the tools and structure to achieve better learning outcomes for their students, regardless of background).

As with displacement, externalities can be either positive (such as local economic growth) or negative (community ill-will). Externalities also vary in importance: some externalities may be so insignificant as to not merit much concern.

### How we analyze

We analyze externalities in a similar manner to displacement. The final conclusion is our best judgment based on the available information. As with displacement, we believe externalities are often relatively apparent when they are significant enough to be of concern.

### Our conclusion

**Very low chance of significant negative externalities. High chance of significant positive externalities.** We

*Undermine state capacity  
 (negative, insignificant)*

A common concern with private-public partnerships is the potential to undermine state capacity, through essentially "outsourcing" the key functions of state. Given Possible's deep partnership with many within the Government of Nepal, and commitment to building local capacity when possible (the vast majority of Possible's staff is Nepalese), we believe this concern is insignificant in this context. This is a judgment.

*Better community health  
 (positive, significant)*

The provision of high quality health care services likely improves community health, beyond the direct recipients of those services. Such health care reduces the prevalence of communicable diseases, which in turn may reduce communicable disease incidence. Similarly, strong local capacity in one district can have "spillover" effects to other districts, as was demonstrated following the earthquake in Nepal in 2014. Possible was able to



make the decision, fairly rapidly, to expand its program to Dolakha to start to rebuild health infrastructure. If Possible did not already have significant experience and connections in Nepal, this would likely have been impossible, creating a positive “spillover” of Possible’s past health care delivery in Achham district to ongoing health care delivery in Dolakha.

## Our conclusion

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In assessing the evidence for Possible’s impact, we do not need to consider a single randomized trial. We can substantiate Possible’s impact through the following logic: (A) Possible delivers health care services at high quality given the context, (B) many of those services have been shown, through a broad base of rigorous counterfactual evidence, to reduce patient morbidity and mortality when delivered at similar quality, and (C) others would not have provided similar care if Possible did not exist. Based on review of internal and external data, protocols, and other sources, we conclude that all three steps in the logic chain are strongly supported, fully substantiating Possible’s impact.

### 3 Operations

<b>Question</b>	Does the nonprofit do what it says it does?
<b>Conclusion</b>	We conclude Possible delivered high-quality health care services to 296,485 patients since 2008 and is a learning organization and a transparent organization.
<b>How we reached this conclusion</b>	<p>To assess quantity of activities and outputs, we received and reviewed internal monitoring data (processed) from Possible. We also collected and reviewed public reports.</p> <p>To assess quality of activities and outputs, we reviewed systems, protocols, and other documents on Possible's quality assurance and quality improvement activities.</p> <p>To assess whether Possible is a learning organization, we considered information from staff interviews. In addition, we considered the stepped-wedge study (quasi-random design) Possible is currently implementing (NIH Project Number: 5DP5OD019894-02).</p> <p>To assess whether Possible is a transparent organization, we considered the nature, quantity and frequency with which Possible publishes information on both its activities and its organization on its website and through other mediums.</p>

### Activities and outputs: quantity

<b>What is quantity</b>	Quantity is relatively straightforward: can we substantiate that the organization has actually performed the activities, resulting in measurable outputs, it says it has? While a straightforward concept, quantity can be difficult to establish without sufficient internal monitoring data.
<b>How we analyze quantity</b>	To estimate quantity, we triangulate data, analysis and claims from public sources with internal data and documents provided by the nonprofit and in-depth interviews with nonprofit staff. To watch every activity be delivered would be far too costly; we believe that this method provides a high degree of confidence that an organization is delivering as stated.
<b>Information collected and provided</b>	<p>We collected reports, blog posts, news reports and other information from Possible's website. We requested and received the following information from Possible:</p> <ul style="list-style-type: none"> <li>• <b>Patient targeting:</b> Possible tracks two key performance indicators (KPI) to measure patient targeting. Outpatient utilization tracks the average frequency of with which each person in Possible's catchment area visits one of Possible's healthcare facilities. This number is reported quarterly. Equity tracks the ratio of marginalized patients accessing Possible's facilities (defined as low-caste or indigenous, by the Nepalese Ministry of</li> </ul>

Health) compared to non-marginalized. This is also measured quarterly. Below we reproduce Possible's KPIs for Q1 of FY 2016 (August 1, 2015 to October 31, 2015):

- Outpatient utilization: 1.9 (Possible's target: 1.3). *On average, each person in our catchment area visited one of our healthcare facilities nearly two times.*
- Equity: 1.5 (Possible's target: 1.0). *Marginalized patients\* accessed our hospital 50% more frequently than non-marginalized patients.*
- **Activities:** Possible provided a range of information, including monitoring plans, monitoring protocols, data collection instruments, monitoring reports, and impact evaluations for its work. Possible shared the full range of internal patient care guidelines, as well as additional staff manuals and other information to substantiate Possible's activities.
- **Outputs (without counterfactual):** Possible reports four additional key performance indicators, which provide evidence of outputs, without counterfactual: % chronically ill patients who had a follow-up with a provider, % of days with full surgery access, % of women who gave birth in a healthcare facility in the last year, % of reproductive women who delivered in the past two years using contraceptive methods (note: the two key performance indicators mentioned above, outpatient utilization and equity, also substantiate outputs without a counterfactual)

**Our conclusion** We have high confidence that Possible has delivered the following services:

- Since 2008: 296,485 patients
- FY 2015: 69,505 patients
- FY 2015: 5,528 surgeries
- FY 2015: 597 babies delivered

All figures as of November 2015.

## Activities and outputs: quality

### What is quality

Quality captures how well a particular intervention has been carried out. An intervention when implemented at a particular quality may have a strong effect, but may have a weaker effect at a lower quality. As nonprofits should not have control group for every participant (too costly), understanding the ongoing quality of implementation is important. Quality can be broken down in to two different activities:

**Quality assurance.** Are the standard procedures followed well for implementing that

intervention? For instance, if the best guidelines call for giving a particular medicine rapidly to treat a severely ill patient, quality assurance is assuring each staff member consistently follows those guidelines for all of those patients.

**Quality improvement.** Can we improve the standard procedures to deliver the intervention better? For instance, if giving a particular medicine rapidly is important, can we reduce the average time to give patients that medicine from 30 minutes to 20 minutes? Quality improvement is working to improve how the intervention is delivered.

#### How we analyze quality

To assess **quality assurance**, we consider the existence (and quality!) of some important quality assurance mechanisms:

- **Internal monitoring staff:** Does the organization have designated staff monitoring activities and outputs?
- **Routine staff training:** Does the staff routinely train staff or otherwise teach staff to consistently implement standard protocols?
- **Management control or strong partner supervision:** Does the organization have management control (i.e. the chief executive indirectly supervises all staff)? If the organization partners for part of its implementation, what is the nonprofit's mechanisms for ensuring the quality of the implementing partner? We look for some key things: formal memorandums of understanding or contracts, advance planning, organization training and knowledge transfer, routine site visits and meetings, audit checks if appropriate, availability of and access to staff from the parent nonprofit, activity, output, and financial data reporting.
- **Regular monitoring data review and response:** Does the organization regularly collect data on activities and outputs, and do organization staff actually review and respond to that data?

**Quality improvement** can take two forms. Some organizations implement plan-do-study-act (PDSA) cycles or similar formal, iterative quality improvement mechanisms into their operations. Others improve quality on an ad-hoc basis. While there are benefits from the former, this is not always feasible or necessary. To assess quality improvement, we place less weight on mechanisms and more on past performance, looking for specific instances where the nonprofit has adjusted standard operating procedures based on recognized areas for improvement and making a judgment as to whether that is sufficient.

#### Information provided

**Quality assurance:** Possible has provided substantial documentation, on the basis of which we have concluded they are implementing strong quality assurance measures. This documentation has led us to conclude Possible has:

- Sufficient internal monitoring staff
- Routine staff training
- Management control
- Strong partner supervision. Possible implements at three levels of the health care system in Nepal: community, clinic and hospital. Currently, Possible has management control over two of those levels: community (i.e. community health workers, who are paid performance-based incentives by Possible) and hospital. Possible lacks management control at the clinic level in Achham, and implements processes, such as audit checks, to manage quality at these facilities. Possible has identified this as a key area to continue improving its quality assurance work.
- Systems in place to respond to regular monitoring data. Possible has several systems in place to respond to regular monitoring data. At the hospital level, Possible has implemented an electronic health record system, enabling Possible to track service delivery systematically and efficiently, and support quality improvement activities, as described further below. In addition, Possible reports data through the Nepalese government health management information system. Possible implements other data management systems, and demonstrates a strong, ongoing commitment to collecting, understanding and responding to relevant data on the quality of its services.

Note: Responding to the recent earthquake in Nepal, Possible took the unplanned step of expanding to a second district, Dolakha. Possible did so at the request of the Government of Nepal, in order to support the rapid rebuilding of the health infrastructure, which was largely destroyed. Possible has been candid with us about both the challenges and the successes of this new work. As of December 2015, we believe it is too early to adequately assess whether this work meets the impact audit standard (the earthquake struck Nepal in April 2015). Possible has shared their plans and progress with the ImpactMatters team, and has similarly provided an overview of this work in their recently released annual report. However, given Possible's progress to date, we are optimistic about this work, and optimistic that Possible will bring the same level of quality that has led us to certify its work in Achham district.

**Quality improvement:** Possible implements a formal internal quality improvement mechanism in its hospital that has been set up over the past year and a half. There are clear protocols for a plan-do-study-act (PDSA) cycle in place, and quality improvement activities are carried out by directly responsible individuals. Possible has implemented four formal, sequential PDSA-like initiatives. Possible is working to move from sequential to concurrent PDSA cycles at the hospital level, and exploring other areas to incorporate continuous quality improvement systems into its work. Possible has made the decision that all quality improvement will be directed and owned by Nepalese staff.

In addition, Possible implements ad-hoc quality improvement initiatives throughout its

program. Possible's work to implement an electronic health records (EHR) system is one example, and Possible continues to iteratively improve that EHR system.

**Our conclusion** Possible is implementing its program at a high level of quality.

## Learning organization

### What is a learning organization

We define a learning organization as any group that has demonstrated a strong commitment to expand its own knowledge base, and share that knowledge with the world. Such organizations have a strong internal consensus on what qualifies as rigorous evidence. Learning organizations do not necessarily have to be running their own studies, but they must demonstrate a commitment to understanding the knowledge base around the program they implement.

Learning organizations can include those where generating counterfactual evidence is particularly difficult or even impossible, such as some forms of advocacy groups.

### How we judge learning organizations

We pass learning organizations based on a two-pronged test:

- 1) If the organization has implemented or otherwise participated in a counterfactual study in the past five years, the organization passes.
- 2) If not, we conduct interviews with senior staff to gauge whether they understand the justification for and importance of counterfactual evidence.

*ImpactMatters note: We recognize this decision is a judgment, and reflects a preference on our part for learning organizations. We are particularly keen on feedback on this component of the audit.*

### Information used to reach this conclusion

We considered Possible's current quasi-randomized step-wedge study, and information from interviews with senior management.

Interviews with senior staff demonstrate that Possible internally has a strong understanding of and appreciation for evidence.

**Our conclusion** Possible is a learning organization.

## Future learning

We are interested in seeing the results of the stepped-wedge quasi-randomized study Possible is implementing. We have no specific recommendations for areas of future learning beyond what Possible has already named to us as priorities for their team. Possible has made an internal decision to focus on implementation science research and not

clinical research, a decision that we understand and respect.

## Transparent organization

### What is a transparent organization

We define a transparent organization as any group that publishes enough information for a reasonable person to understand the following:

- The mission of the organization
- The activities of the organization
- The intended impact of the organization
- The organizational status and history of the organization
- Recent program accomplishments

In addition, we consider the “culture of transparency”: does the organization state a commitment to transparency, and is that substantiated in its actions? This is a judgment.

### How we judge learning organizations

We consider widely circulated public information sources (primarily the organization’s website) to see if a reasonable person could understand the basic program and operations of the organization.

We also considered information from interviews with senior staff, on current and future transparency initiatives.

### Information used to reach this conclusion

Possible’s website, blog posts, news articles, and published studies conducted on Possible’s programs.

### Our conclusion

Possible is a transparent organization.

## 4 Our conclusion

### Impact analysis

**Mechanism for certifying Possible's impact:** delivery of services with rigorous counterfactual evidence of impact with low potential for displacement.

#### Outcomes and cost

In assessing the evidence for Possible's impact, we do not need to consider a single randomized trial. We can substantiate Possible's impact through the following logic: (A) Possible delivers health care services at high quality given the context, (B) many of those services have been shown, through a broad base of rigorous counterfactual evidence, to reduce patient morbidity and mortality when delivered at similar quality, and (C) others would not have provided similar care if Possible did not exist. Based on review of internal and external data, protocols, and other sources, we conclude that all three steps in the logic chain are strongly supported, fully substantiating Possible's impact.

#### World Health Organization

Integrated Management of Childhood Illness

IMAI District Clinician Manual

Maternal and Reproductive Health

*Possible relies on WHO international guidelines, which follow the best evidence where available, or expert consensus. For some conditions, Possible uses other guidelines.*

#### Condition-specific and national

PIH Guide to Chronic Care

UpToDate

NCASC Guidelines (HIV/AIDS, STDs)

National Tuberculosis Program Guidelines

MLP Program Teaching Guidelines

*Possible works to appropriately adapt guidelines to local context.*

### Operations analysis

**Operations:** We conclude that Possible delivered high-quality health care services to 296,485 patients since 2008, improving health outcomes, for example through safe birth, and improving health equity. Possible reaches patients at a marginal cost of \$36.01 per patient (FY 2016 Q1).

#### Activities and outputs: Quantity

In assessing the evidence for quantity, we received and reviewed internal raw and processed data.

- Since 2008: 296,485 patients
- FY 2015: 69,505 patients
- FY 2015: 5,528 surgeries
- FY 2015: 597 babies delivered

*All as of November 2015*



### Activities and outputs: Quality

In assessing the evidence for quality, we received and reviewed internal protocols and program and monitoring documents.

- Internal monitoring staff
- Routine staff training
- Management control and strong partner supervision
- Responds to monitoring data
- Quality improvement activities

### Learning organization

We considered Possible's current quasi-randomized step-wedge study, and information from interviews with senior management.

### Transparent organization

We considered the breadth and depth of Possible's published reports, activity data, and organization data.

## Conclusion and certification

We conclude that Possible delivered high-quality health care services to 296,485 patients since 2008, improving health outcomes, for example through safe birth, and improving health equity. Possible reaches patients at a marginal cost of \$36.01 per patient (FY 2016 Q1).



## Expansion plans

An ImpactMatters certification is a statement that we believe this nonprofit deserves donor funding. This is based on a holistic appraisal to assess past and future potential impact.

However, we understand that donors often wonder what their specific dollar will do. This question is not necessarily difficult to answer, but it is costly to answer. Tracking individual donor dollars with that precision (rather than within a pool of unrestricted revenue, as is standard accounting practice) takes staff time, and that staff time costs money.

That being said, below we provide an overview of where Possible is planning to spend discretionary money (i.e. money that is not restricted by specific donor requests) over the next several years. This overview is based on statements from Possible, and Possible may shift based on changing circumstances (something we encourage, as nonprofits have much more information about the specifics of their work). While we cannot guarantee where your dollar will be spent, we believe it will advance Possible's mission of building a high-quality, low-cost healthcare

system that integrates government hospitals, clinics, and community health workers.

<b>Funding priorities</b>	<p><b>Direct delivery.</b> Possible continues to expand direct delivery of health services in the districts in which it currently operates.</p> <p><b>Leveraged opportunities.</b> Possible’s core business model seeks to leverage government funding from the Government of Nepal to deliver high quality health care services. Possible seeks to operate as a form of public-private partnership, implementing on behalf of the Government of Nepal. Possible uses some discretionary money to leverage additional funds, through matching programs and similar mechanisms.</p> <p><b>General operations.</b> Possible receives “earmarked” money from various sources to implement specific aspects of its program. While valuable, this money often comes with conditionality that can be difficult to implement well without money from other sources. Possible uses some discretionary money to “fill in the gaps” as necessary around these earmarked programs, to achieve higher efficiency.</p>
<b>Geographic areas of future expansion</b>	Additional districts in Nepal.
<b>Capacity to absorb additional funds</b>	<b>High.</b> Possible has clear paths for expansion of its program.

## 5 Metadata

Download structured data: [impactm.org/data](http://impactm.org/data)

### About Possible

<b>Legal name</b>	Possible
<b>EIN</b>	20-3055055
<b>Founded</b>	Founded in 2006 Operations began in 2008.
<b>Website</b>	<a href="http://possiblehealth.org">possiblehealth.org</a>
<b>CEO</b>	Mark Arnoldy
<b>Revenue</b>	\$1,583,658 (as of 2014)
<b>Contact email</b>	<a href="mailto:answers@possiblehealth.org">answers@possiblehealth.org</a>
<b>Addresses</b>	<b>Mailing and physical:</b> 30 Broad Street 9th Floor New York , NY 10004
<b>Note from to potential donors:</b>	Please donate here: <a href="http://donate.possiblehealth.org">donate.possiblehealth.org</a>  For more information, you can contact possible here: <a href="mailto:donations@possiblehealth.org">donations@possiblehealth.org</a>

### Our review

<b>Review activities conducted</b>	Evidence review, document review, senior management interviews
<b>Completed</b>	December 11, 2015
<b>Released</b>	December 11, 2015
<b>Valid through</b>	December 31, 2017
<b>Audit team</b>	Elijah Goldberg, Dean Karlan
<b>Conflict disclosures</b>	Kevin Starr (member of ImpactMatters Board of Directors): Kevin directs Mulago Foundation, which funds Possible

## Glossary

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<b>Cluster-randomized</b>	Randomization done at the group (or cluster) level. Types of clusters include but are not limited to villages, schools and districts.
<b>Economic significance</b>	“Economically significant” results means the study found an effect of an intervention (say increased literacy) that is not only statistically significant (i.e. unlikely to arise by chance), but also is of a size that is “meaningful”. For instance, a 1% change in income may not be meaningful enough to invest in the program, but a 1% change in temperature may be. Economic significance combines the effect size, the statistical significance, and the context to make a statement about whether that particular intervention achieves something that is “worth it”.
<b>Effect size</b>	How big was the measured effect of the intervention in the group that received the intervention, compared to a similar group that did not receive the intervention?
<b>External validity</b>	<p>External validity has two meanings. In the more general sense, it means, how sensitive is this program to context? In other words, if we tried the same thing elsewhere, how confident are we that we would find the same results?</p> <p>Within the context of this impact audit, we use a more narrow definition: “external validity” compares the findings of a particular study to the nonprofit’s program to determine whether the conditions under which that study were implemented are similar enough to believe they would hold for the nonprofit’s program instead.</p> <p>In general, we consider four dimensions of comparability:</p> <ul style="list-style-type: none"> <li>• Intervention design: What components were included in the intervention? No two interventions will be exactly the same, and here theory places a valuable role in understanding whether any differences in design are likely change the “mechanism” through which the program works.</li> <li>• Intervention fidelity: How “well” was the intervention implemented? The same design can be carried out well or poorly. If you held a training on the exact same material, but one was carried out by a native speaker and the other by only a proficient speaker, we would consider the latter to potentially have lower “intervention fidelity”.</li> <li>• Setting: How similar are the geographic areas, and the accompanying social, cultural, and political structures of those areas? This is challenging</li> </ul>

to assess, given the complexity of human nature. One approach here is to replicate across different settings, and examine differences in effect size. Another is to look at the mechanism through which a program works – for instance, providing a woman with a grant to start small shops – and see if the market failure (credit constraints) applies elsewhere. If it does, an intervention adjusted for that context that does a similar thing – for instance, providing a woman with a grant to purchase livestock – is likely to work as well.

- **Population:** Does the intervention target generally the same group of people? This is challenging as well. However, looking for similarities in economic situation (such as credit constraints) or in other concrete similarities that motivate a program (such as too poor to afford health care services) is one approach to mapping population external validity.

#### **Internal validity**

Internal validity is the extent to which we are able to say that no other variables except the one under study caused the result. In other words, high internal validity denotes a degree of confidence that we can attribute causation (in some ways, another way of saying “impact”) to the intervention.

#### **Intervention**

An “intervention” is what researchers study and nonprofits do. An intervention includes anything from a medical procedure to a conditional cash grant. ImpactMatters studies the intervention that a nonprofit implements, mapping that intervention to the evidence base out there on that particular intervention.

#### **Randomized controlled trial**

A randomized control trial is an evaluation design by which individuals (or groups) are randomly allocated into treatment and control groups, where the treatment group receives the program. The outcomes of the two groups are then compared in order to estimate effect size (see above).

#### **Rate of return**

Rate of return has specific finance connotations. In an impact audit, we use this term more loosely, essentially, how much will you get for your dollar? Sometimes this takes a strict cost-benefit ratio form (\$x leads to \$y future income for the ultra-poor). Other times we think assigning a dollar value misses the point somewhat: what is the value of a student reading one grade level higher than otherwise? We could study their 10-year income, but we could never hope to adequately capture the positive general equilibrium effects of a more educated population.

#### **Statistical significance**

A statistically significant result (often a difference of means of the main outcome of interest) is a result that is unlikely to arise as a result of chance. This doesn’t mean the finding cannot be due to chance – just that it is very unlikely.