LETTER FROM THE CEO

While I usually reflect only on the last three months in this space, it’s hard to imagine doing so this time around.

Roughly one year ago, the worst disaster in Nepal’s history unraveled. 8,700 people were killed, 22,000 were injured, and over 400 government healthcare facilities were damaged.

A year later, and a lot of the news we have read is about disappointment. I’m also disappointed more hasn’t been done. But there’s one thing I’m not disappointed in: our team.

Over the last year, our team has displayed selflessness, embraced challenge with grit, and stayed dedicated to the idea that it’s our responsibility to build back differently and serve our patients.

We didn’t raise money during the relief phase. We diverted money to relief organizations so patients could get care faster.

We didn’t stop making progress rebuilding 21 clinics in spite of a 141 day blockade that restricted fuel and supplies. We found workarounds and simply got the work done.

We didn’t rush into a new region chasing funds. We identified where the government needed us most and signed a 10-year partnership agreement to operate a long-term, durable healthcare system.

What we did do is commit to stretching ourselves—to saying yes to solving for the needs of patients, even if the situation would demand uncertainty and risk.

The last quarter has brought some wins that remind us this was the right decision. We saw a dramatic increase in patients getting treatment at our 2nd hospital, launched our electronic health record in the new district, handed over the first rebuilt clinic to the government, and saw our first single day where more than 1,000 patients were treated across the organization.

One year later, we are choosing dedication over disappointment because it’s what our patients need.

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

With hope,

Mark
IMPACT: DOLAKHA

This is an additional impact page on our new district. In future reports, we’ll represent our entire impact data on one page and breakout site differentiations in our Impact Dashboard.

TOTAL PATIENTS TREATED:

- **11,540** total patients treated Q3
- **2%** inpatient care
- **3%** emergency care
- **95%** outpatient care

**270** average daily patient flow

**14,535** total patients treated to date

UP-TO-DATE METRICS FROM CHARIKOT HOSPITAL:

Within five days of re-opening a hospital in a district devastated by the earthquakes, we re-established high-quality services, including surgery. In three months, our impact data show:

- **273** highest daily patient count
- **99** major surgeries
- **605** minor surgeries
- **214** babies delivered
- **48** C-sections performed
- **30** hospital beds

REBUILDING UPDATES FROM DOLAKHA DISTRICT:

- **3** health posts completed
- **9** health posts in progress
- **9** health posts visited + assessed

3 of 21 health posts have been completed and handed over to the Nepali government.

Rebuilding work is in progress at 9 health posts. 5 health posts are nearing completion.

Reconstruction at other sites has been delayed due to land ownership issues.
IMPACT: ACHHAM

TOTAL PATIENTS TREATED:

- **23,434** total patients treated Q3
- **4%** inpatient care
- **6%** emergency care
- **90%** outpatient care

- **336,790** total patients treated since 2008
- **61,138** patients treated year to date

Signed government MoU to expand Community Health to another Primary Health Center and surrounding communities

Piloted mobile data collection tools integrated with biometric fingerprinting for improved population health surveillance

Completed handover of first staff house and transitioned store into a larger, more functional space in our new inpatient department

KEY PERFORMANCE INDICATOR RESULTS:

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

1.4

**OUTPATIENT UTILIZATION**

<table>
<thead>
<tr>
<th>Target</th>
<th>Result</th>
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<tbody>
<tr>
<td>1.3</td>
<td>1.4</td>
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</tbody>
</table>

On average, each person in our catchment area visited one of our healthcare facilities 1.4 times.

0.9

**EQUITY**

<table>
<thead>
<tr>
<th>Target</th>
<th>Result</th>
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<tbody>
<tr>
<td>1.0</td>
<td>0.9</td>
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This means marginalized patients* are accessing our healthcare system almost as frequently as the non-marginalized.

48%

**CHRONIC ILLNESS FOLLOW-UP**

<table>
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<th>Target</th>
<th>Result</th>
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<tbody>
<tr>
<td>90%</td>
<td>48%</td>
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48% of our total chronic disease patients had a follow-up interaction with a provider.

100%

**SURGICAL ACCESS**

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<thead>
<tr>
<th>Target</th>
<th>Result</th>
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<tbody>
<tr>
<td>95%</td>
<td>100%</td>
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</table>

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

80%

**SAFE BIRTH**

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<tr>
<th>Target</th>
<th>Result</th>
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<tbody>
<tr>
<td>95%</td>
<td>80%</td>
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In the past year, 80% of women gave birth in a healthcare facility with a trained clinician.

43%

**FAMILY PLANNING**

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<th>Result</th>
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<tbody>
<tr>
<td>40%</td>
<td>43%</td>
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43% of reproductive aged women who delivered in the past two years are using contraceptive methods.

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

†Indicator measured annually.
ADDITIONAL INSIGHT: IMPACT
Dive into our complete set of quarterly data, published openly. We welcomed our first University of California San Francisco HEAL Fellow to Bayalpata Hospital as part of growing our academic partnerships. We had two articles accepted for publication: one on community health worker surveillance data, and another on the mental health education gap in rural Nepal.

MILESTONES
Our team identified four high-level milestones for Q3 at the start of FY 2016.

- **REPLICATE OPENERP PLATFORM TO MANAGE PUBLIC & PRIVATE SUPPLY CHAIN IN NEW DISTRICT:** The openERP system was completed ahead of schedule in our 1st district earlier this year and replicated fully in our 2nd district this quarter.
- **COMPLETE TRANSFER OF $500K FROM NEPAL GOVERNMENT TO EXPAND BAYALPATA HOSPITAL AS TEACHING HOSPITAL:** $250k was transferred in Q3, the earliest government funds have been transferred in a given year. The other half will be transferred in Q4.
- **COMPLETE PHASES 1 AND 2 OF BAYALPATA HOSPITAL EXPANSION BY JUNE 2016:** Bayalpata Hospital expansion is on track, with the Inpatient Department and the first housing unit complete. Phase 3 & 4 will progress in FY17.
- **PROCURE AT LEAST $500K OF IN-KIND SUPPORT FROM GOVERNMENT ANNUALLY:** Including the transfer of our 2nd hospital facility and land from government, this number already exceeds $1 MM. Excluding land and capital assets, we are on track.

Historical KPI Data: Family Planning
Family Planning Uptake has been linked to lower rates of poverty and reduced maternal and child mortality. This KPI encompasses uptake methods of contraception including intrauterine devices and implants, condoms, and contraceptive pills. We noticed an increase in this KPI, perhaps reflective of increased penetration of our Community Health Workers in reaching women for reproductive services, and Bayalpata Hospital becoming an official site for surgical contraceptive methods.
**ADDITIONAL INSIGHT: REVENUE**

We advanced our partnership with the government in two notable ways. First, we received a capital infrastructure grant in Q3 (vs. Q4) for the first time. Second, Achham District was formally approved as a site for the national health insurance model in 2017, providing another revenue source from government.

**ADDITIONAL INSIGHT: EXPENSES**

Our team finalized a partnership with the UBS Optimus Foundation to expand and test our integrated healthcare model to decrease under two mortality.
PEOPLE OPERATIONS

INDIRA BASNET (bio)
Director of Global Public Sector Development

NANDINI CHOUDHURY (bio)
Delivery Science Analyst

DIWASH TIMILSINA (bio)
Impact Reporting Associate

ADDITIONAL INSIGHT: PEOPLE OPERATIONS

We are still looking for a Chief Financial Officer. Learn more, spread the word, & apply here.

Learn more about our expansion into Dolakha, which has grown our team and increased impact.

ADDITIONAL INSIGHT: AUDIENCE

Website: 526,526* vs. 36,180 visits (1,355% increase)
Facebook: 25,891 Likes vs. 1,534 donation page views (535% increase)
Twitter: 3,385 Followers vs. 9,752 increase in growth vs. last quarter

*In Quarter 3, we started running in-kind ads from Google and AppNexus, which partially explains the increase in website visits.

The Atlantic, in partnership with Cathay Pacific, produced a multimedia feature on our rebuilding work.

Our team, alongside Nepal’s Health Secretary, wrote an article in Health Affairs on building healthcare systems.

We published a photo essay that illustrated how we’ve delivered dignified care after re-opening our 2nd hospital hub.

ADDITIONAL INFORMATION:

PEOPLE OPERATIONS SPOTLIGHT:

399 total (FT + PT)

13 non-profit

12 FT +1 FT additions, 0 FT terminations

1 PT +1 PT additions, -0 PT terminations

221 FT +46 FT additions, -8 FT terminations

165 PT +1 PT additions, -0 PT terminations

386* NGO

*Note: 28 FTEs and 1 PTE are paid by Nepal’s government but managed by Possible.
The increase in employee headcount is partially due to our People Operations team performing a restructuring of our Human Resource Information System to accommodate the new integrated staffing model we’ve adopted in Dolakha District.
One Board member completed her term during this quarter, bringing our total number of board members to six.

Three years ago, a man committed suicide in Nirmala’s* community. After hearing about it, Nirmala could not get it out of her mind. Why did he kill himself? How did he do it? She kept to herself, working all day at her family’s shop stitching clothes and gluing faux-stones into fabrics. Her parents were worried. Nirmala didn’t sleep, didn’t want to eat, and was increasingly distressed being around people. Like many families in rural Nepal, Nirmala’s parents pegged this behavior not to depression, but an evil spirit.

One day, enraged by violent treatment from a local healer, she walked the half hour to our hospital hub. Here, she met our psychosocial counselor. “Initially, when she came in, she wouldn’t speak. Wouldn’t say anything,” he says. The counselor gave her medicine to help her sleep. In the follow-up sessions, she was more forthcoming and started opening up: Her uncle had been killed in the civil war; a person she knew had committed suicide. She herself had suicidal thoughts.

It’s estimated there are 50 psychiatrists for a population of nearly 28 million in Nepal. To provide comprehensive, high-quality healthcare, this year our team implemented mental health services in order to “solve for the patient” in its entirety.

Our counselor prescribed a combination of therapy and relaxation sessions, along with medicine. Nirmala has started to improve, and is open to speaking about her past. Though she still doesn’t go out very much, she now sleeps better. Her parents, encouraged by the progress, discontinued the local healer’s treatment. Our Community Health Worker Leader visits her home, reminds her of follow-up appointments, and keeps our doctors updated on her health. She also uses her story to encourage other families to pursue treatment—to help recognize the importance of mental health services in comprehensive healthcare systems.

*Name changed for confidentiality.

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