



TRANSFORMING RURAL HEALTHCARE FROM HOSPITAL TO HOME 2017 ANNUAL IMPACT REPORT

AUGUST 1, 2016–JULY 31, 2017

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LETTER FROM THE CEO

Dear friends,

World leaders have committed to ensure all people can access quality healthcare without financial hardship by 2030.

But how do we get there?

We believe you start by designing for those who are most at-risk of being left behind.

That was the driving principle in 2008 when we converted a grain shed in a forgotten fold of rural Nepal into a clinic. With your partnership, we have grown into a health system of hospital hubs integrated with a network of community health workers (CHWs).

Throughout this growth, we have tested and learned how to provide access to quality healthcare without financial hardship in even the most challenging of settings.

We learned providing only acute care at hospitals does not do enough to improve population health. We learned even the most well-equipped CHWs are unable to address some key drivers of morbidity and mortality without referrals to high-quality facilities. We learned that the growing burden of non-communicable diseases in Nepal makes it essential to enroll patients in a system of longitudinal care.

Above all else, we learned care must be integrated from hospital to home.

Integration is what prevents patients from disappearing into settings of poverty only partially treated. It ensures no patient is left behind.

This year, 2017, represented a tipping point for our work because we saw our expanded CHW network and newly created electronic health record (EHR) converge and give rise to an integrated hospital to home care system. At the same time, the number of people enrolled



Leadership Meeting featuring Medical Director Dr. Binod Dangal, CEO Mark Arnoldy, Director of Infrastructure Gaurav Tiwari, Director of Procurement & Logistics Heem Shakya, Medical Director Dr. Santosh Dhungana, Director of Performance & Growth Srijana Gurung, Director of Governance & Partnerships SP Kalaunee, Director of People Operations Hima Bista, Director of Community Healthcare Aradhana Thapa. Director of Finance Prajwol Nepal not pictured.

in our system with a unique identifier that will stay with them for the life of their care increased to over 81,000.

The resulting possibilities are exciting, if not transformative.

With our integrated system, not only can we actively survey disease and respond quickly to prevent epidemics, but we can also provide targeted care to patients who need heightened levels of support. That is one reason we can ensure every pregnant woman we reach has a customized birth plan. It has also been instrumental in driving up the percentage of women giving birth in a health facility from 30% in 2012 to over 95% in 2017.

Maternal health is just one domain of success. And the good news is these are still the very early days for what's possible.

As we work to support this hospital-to-home system with a newly launched system of national health insurance, we see a path to scale for millions to access quality healthcare without financial hardship.

Thank you for your partnership and all you do for our patients.

Mark Arnoldy
Chief Executive Officer

HOW POSSIBLE IS TRANSFORMING RURAL HEALTHCARE

Longitudinal Care

We solve for the patient in everything that we do. As a nonprofit, we are not incentivized by fees for number of services rendered. Instead we provide a continuum of care from prevention to follow up, identify conditions before they become acute, and allow for Continuous Quality Improvement.



Advances in healthcare often do not reach rural populations. We demonstrate that when you solve for those who need care the most, you get closer to healthcare for all.

Designing for Scale

Scaling our work is not simply about growing our programs. Our vision is to transform health systems throughout Nepal to make them work for the most poor and remote populations. This is only possible by a close partnership with the Ministry of Health.



Harnessing Technology

We have designed, and are in the process of building out, an electronic health record system that will allow caregivers to access information both at facilities and in the field. With embedded disease protocols, decision-support, and diagnostic tools, the EHR supports health providers at the hospital and in the field deliver efficient, reliable, and protocol-based care.



Integrated Care Delivery is at the heart of what we do. From CHWs who meet patients in their homes to hospitals where patients can access specialized care and surgery, we ensure patients receive a continuum of high-quality care, from hospital to home.



Local Hires and Training

Healthcare cannot be solved by volunteers alone. We hire, train and pay women from the communities that we serve to work as CHWs. CHWs receive training, supervision, and decision support tools to encourage accurate diagnosis and care delivery. Furthermore, CHWs coordinate with existing systems, including Health Posts and Female Community Health Volunteers (FCHVs), to have the widest reach.



Affordability

We are committed to delivering quality healthcare without financial hardship to patients. We accomplish this through a financing partnership with the Nepal government to help cover capital expenses, while we leverage philanthropic support to innovate and improve quality. By securing diverse funding streams, we aim to build a sustainable model and path for scale-up.



Global Best Practices

We collaborate with leading medical and research centers to identify best practices, evaluate and use data for health system innovation and determine scaling strategies for maximum impact.



Shifting Policy

With over a third of the 30 million people in Nepal without access to quality healthcare, the challenge is large. But the historic passage of the National Health Insurance Act in October 2017, legislation that Possible helped influence, is paving the way for universal healthcare access.



SPOTLIGHT ON THE GOLDEN THOUSAND DAYS

Our Reproductive, Maternal, Newborn and Child Health (RMNCH) model focuses on the “golden 1000 days” from conception through age two. We do this through two key components: 1) an integrated hospital-to-home healthcare model utilizing CHWs for monitoring, dispersing maternal and neonatal health knowledge, social support, and emergency planning among mothers; and 2) continuous surveillance of all pregnancies.



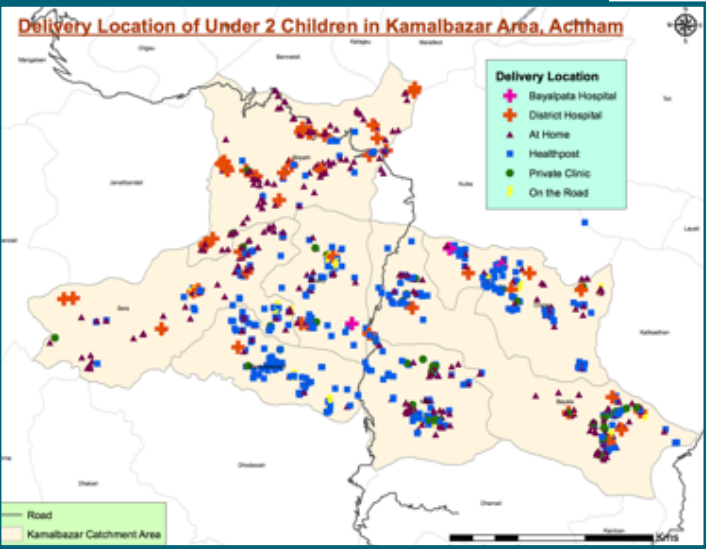
Prenatal Screening

Apsara is a 24 year-old woman who lives in Nandegada and is pregnant for the sixth time. Her previous five infants died within two months of delivery. After meeting with a CHW for prenatal counseling, she scheduled a hospital delivery. For patients like Apsara, regular monitoring and birth planning are key to a safe pregnancy.



Integration through Technology

Healthcare providers use mobile phone technology to enter and access a patient’s medical history, prescriptions, and lab results, from hospital to the home. Real-time access to data helps caregivers identify high-risk patients, accurately diagnose and deliver care, and monitor a patient’s health over time. Such timely and proactive care can be the difference between life and death.



Institutional Birth Delivery

Heera is a 20 year-old woman who lives in Thanti, Achham. Heera was referred by the local health post to the Possible-managed Bayalpata Hospital when her stomach pains became unbearable. There, after a six-hour journey by foot, Heera had a C-section. Her operation was successful, and Heera and her baby are healthy. Without the emergency care she received at Bayalpata Hospital, the outcome of Heera’s delivery could have been catastrophic.



Systems Innovation

Our analysts regularly monitor data from our catchment areas to identify patterns of home versus institutional births. Data are used to target care and adjust care protocols.



Empowering Community

By bringing together pregnant women of similar gestational ages, our group Antenatal Counseling Program centers women’s physical, social, and emotional experiences, while encouraging a peer network of mothers who can share birth plans and resources during this critical time.



Monitoring Morbidity Until Age 2

Ankit is two years old and lives in Bajura. He was referred by our CHW to Bayalpata Hospital where he was diagnosed with pneumonia, febrile seizures and meningitis. He was put on a cardiac monitor and oxygen, services that required hospitalization. He is expected to fully recover. Ankit’s mom says, “The hospital is a temple.”



We take a longitudinal approach to child health that begins with care of the mother during pregnancy. We continue active monitoring and management of all newborn illnesses until a child is 2-years old.

IMPACT

10 Milestones in 2017

Establishing patient-centric care at the hospital level

- 1. Treated 150,000 patients at Possible-managed facilities (Bayalpata, Charikot) in addition to completing 500,000 patient visits at Possible-managed facilities since inception.
- 2. Established Bayalpata Hospital as Possible’s innovation hub and center for healthcare provider trainings with the completion of new administrative and inpatient buildings in FY17.
- 3. Celebrated one-year anniversary of successfully managing Charikot Hospital in partnership with the government, which we took over in the aftermath of the 2015 earthquakes.


Expanding CHW network to make care more efficient, cost-effective and accessible

- 4. Enrolled over 81,000 patients in Possible’s integrated health and longitudinal care model including health promotion, follow-up and referral services by CHWs.

- 5. Observed an increase in institutional birth rate, a proxy for maternal mortality, in the 14 village clusters where Possible works, to 95% in 2017, up from 30% in 2012.
- 6. Expanded the Community Healthcare program to Dolakha to reach 25,000 people in Charikot Hospital’s catchment area.

Enabling cost-effective, quality rural healthcare delivery through systems building


- 7. Customized and deployed an integrated digital platform to link patient records across Community Healthcare and Hospital programs.
- 8. Secured district-wide authorization by Nepal’s Ministry of Health to scale up our professionalized CHW program throughout Achham and Dolakha districts.
- 9. Bayalpata Hospital became the only privately managed hospital to participate in the national health insurance scheme rollout pilot.
- 10. Invited to participate on the Nepal Lancet Commission on High Quality Health Systems for Sustainable Development Goals, to inform country-wide health systems.



95%

Institutional Birth
Target: 95%


95% of women gave birth in a healthcare facility with a trained clinician, up from 78% in FY16.



0%

Surgical Complications
Target: <5%

Similar to previous quarters there were no reported surgical complications this year.



32%

Chronic Disease Control
Target: 50%

This cross-disease measure tracks patients seen by a physician at a hospital.

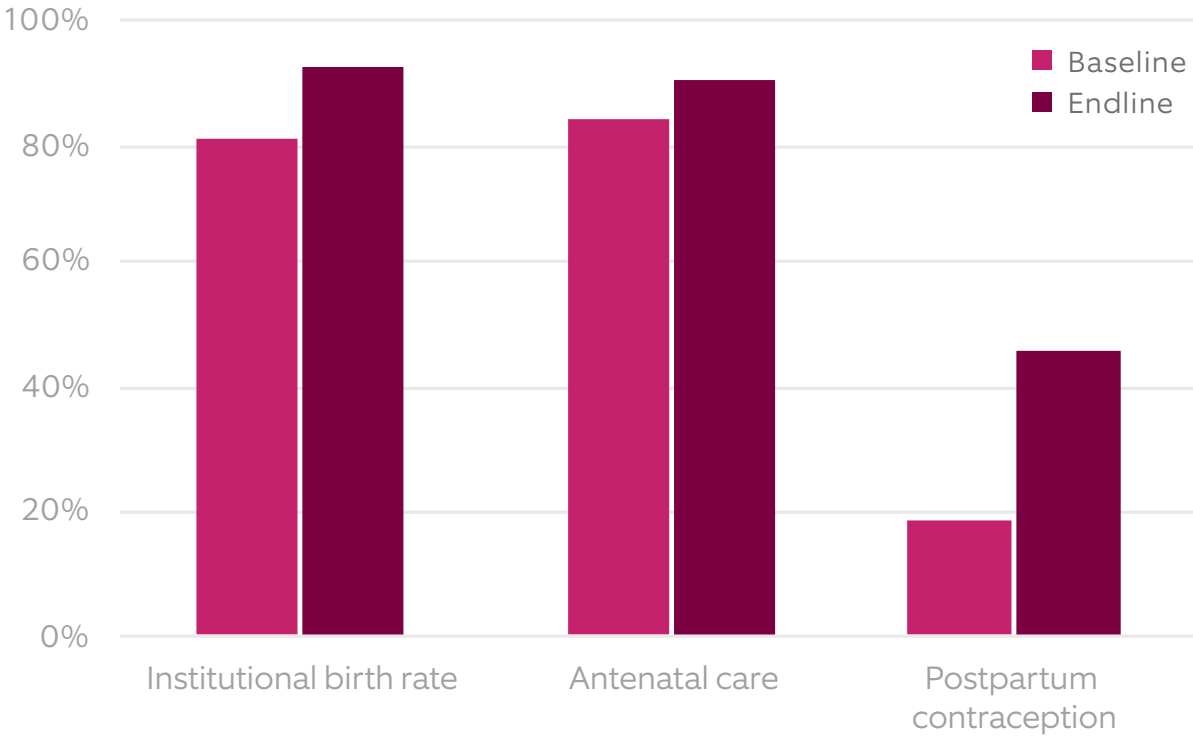


45%

Contraceptive Prevalence
Target: 40%

This metric represents birth planning efforts at both the community and hospital levels.

Population-level outcomes at one year in the Possible reproductive, maternal, newborn, and child intervention in Nepal

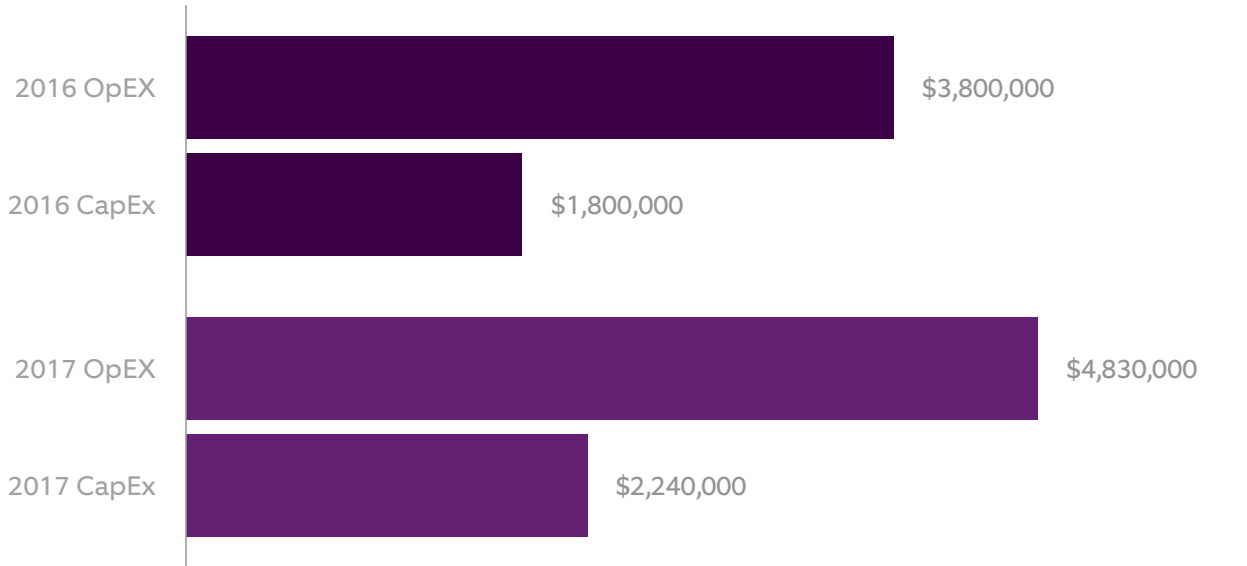


Health Affairs publishes impact of Possible’s integrated care approach on key maternal outcomes collected between November 2014 and July 2016. Source: Health Affairs, 36: 1965–1972.

[VIEW THE IMPACT DASHBOARD](#)



Financials



Capital expenditures increased from \$1.8m in FY16 to \$2.24m in FY17 attributable to Bayalpata Hospital expansion project and an increase in Healthpost reconstruction costs.

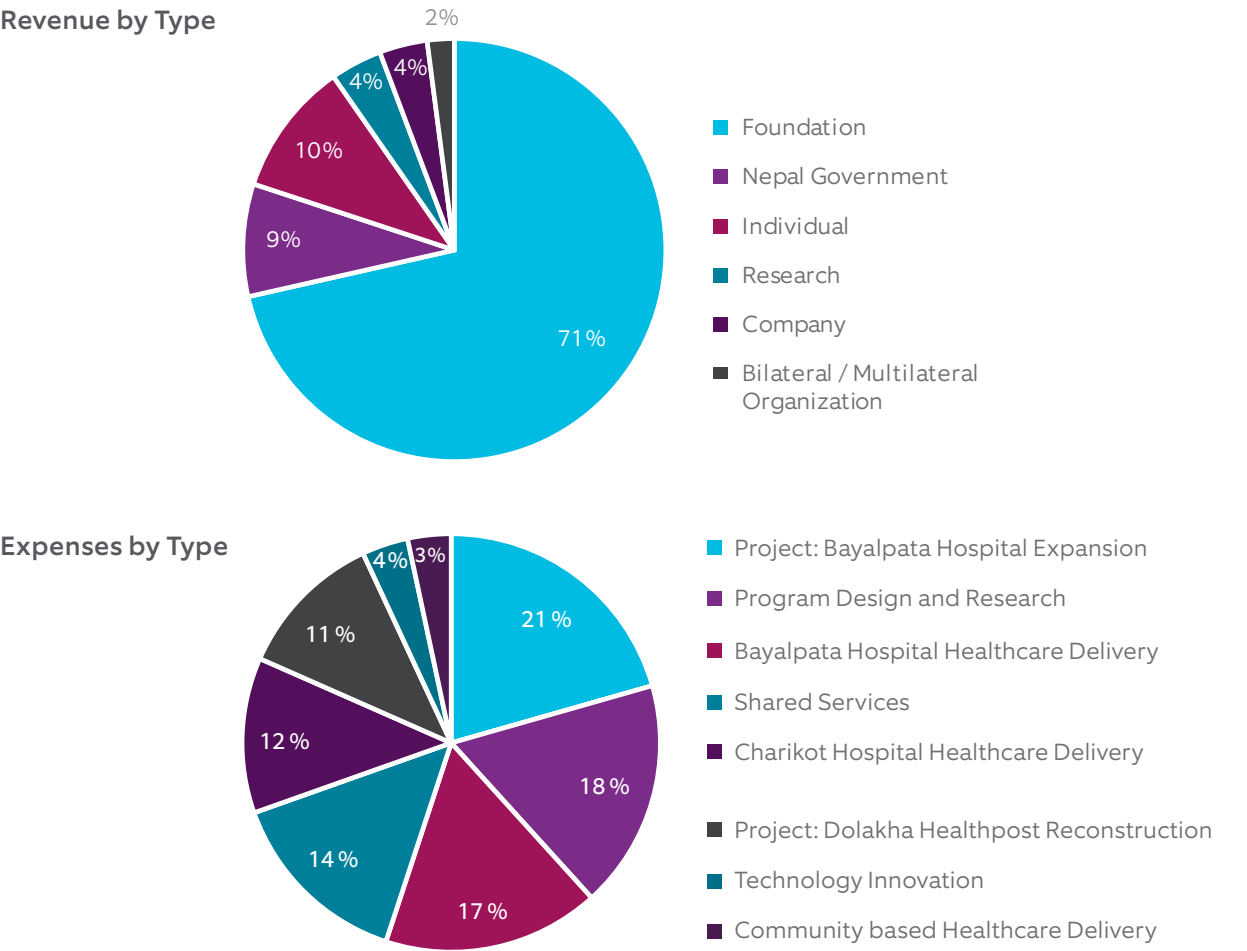
Operating expenditures increased from \$3.8m to \$4.8m driven by first year expenses at Charikot Hospital, increased staffing for the new Inpatient Department in Bayalpata Hospital and significant expansion to our CHW program.

	FY 2017 act	FY 2018 est	FY 2019 est
Catchment area population	81,517	238,362	346,275
Patients at the facilities	150,879	181,960	285,572
Community based healthcare delivery costs	235,294	558,824	1,000,000
Hospital based healthcare delivery costs	2,019,608	2,970,588	4,019,608
Total Program Design, Systems Building, and EMR Team	740,000	1,110,000	1,540,000
Total on going costs	\$2,944,902	\$4,639,412	\$6,559,608
Per capita community healthcare costs	\$2.89	\$2.34	\$2.89
Per patient costs at the facilities	\$13.39	\$16.33	\$14.08
Total costs per capita	\$ 36.74	\$19.46	\$18.94

The table summarizes our current and projected growth over a three year period from FY17–FY19. We had originally calculated cost of integrated healthcare delivery as \$45 per capita. We have adjusted the direct delivery cost per capita to exclude the one-time CapEx. The adjusted number for FY17 is \$36 cost per capita. Over the next two years, we estimate this number to go down as our scale and catchment area increases.

Statement of Activities: August 1, 2016–July 31, 2017

Revenue by Type (in US\$)	FY 2017
Foundation	4,588,384
Nepal Government	552,225
Individual	658,344
Research	253,989
Company	235,587
Bilateral / Multilateral Organization	132,277
Total Revenue	\$6,420,807
Expenses by Type (in US\$)	FY 2017
Charikot Hospital Healthcare Delivery	849,802
Bayalpata Hospital Healthcare Delivery	1,185,771
Community Health Delivery	237,154
Program Design and Research	1,250,693
Technology Innovation	252,624
Share Services	1,026,261
Project: Bayalpata Hospital Expansion	1,454,544
Project: Dolakha Healthpost reconstruction	810,277
Total Expenses	\$5,816,433



Partners

Possible extends our gratitude to our supporters who made significant contributions from August 1, 2016 to July 30, 2017. You made quality healthcare possible in rural Nepal. Thank you.

\$1M AND ABOVE

Tondo Foundation

\$500,000 TO \$999,999

Manan Trust

Nick Simons Foundation

\$250,000 TO \$499,999

CII Foundation

Nepal Ministry of Health and Population

Skoll Global Threats Program

\$100,000 TO \$249,999

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WE PUT PATIENTS FIRST

Possible delivers high-quality, affordable healthcare in rural Nepal. In a country devastated by civil war and natural disasters, Possible is transforming health systems in partnership with the Ministry of Health. Possible's 300 full time staff delivers care to over 150,000 patient annually in two hospital hubs and through our community health worker network that serves a catchment area of 100,000 people. We have witnessed dramatic results through our integrated hospital-to-home model that has helped reduce maternal and infant morbidity and mortality. We envision a future where everyone, regardless of location or income, is guaranteed universal health coverage as a human right, not a privilege.

[Possible](#)

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