possible

QUARTERLY IMPACT REPORT

Q2 FY2018

11.01.2017–01.31.2018

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A Community Health Worker visits a patient at his home.

LETTER FROM THE CEO

Dear Partners,

The second quarter of FY18, like many before it, was defined by partnership.

At the global level, we saw six partners come together to advocate for the role of Community Health Workers (CHWs) in advancing Universal Health Coverage. In partnership with Hope Through Health, Last Mile Health, Living Goods, Muso and Partners In Health, we distilled key findings from our respective CHW programs into design recommendations for global health policy-makers and funders. The full report put out by the CHW Impact Coalition can be found here.

At the local level, our team is adapting our integrated care delivery model to new opportunities of local Mayoral decision-making and health insurance funding availability, while building on experience from our existing sites. Our expansion to a third site will serve as a case study for how healthcare can be most optimally designed in a new federal structure driven by Mayors. You can read more about our third site in the Spotlight section.

And in another part of the country, our team of engineers implemented our Electronic Health Record (EHR) in a government facility. It is another valuable form of partnership—one that holds lessons for how Possible can best design technology for government adoption and what assistance is needed to sustain the improvements introduced by new technology. This expansion has served as an important wedge of innovation for our team—helping us refine our EHR to be useful to government healthcare workers and administrators.

Through these partnerships we are seeing a virtuous cycle take hold—integrated care delivery creates impact. Impact, well-measured and communicated, drives policy change. Policy then drives health system improvements beyond our sites of care.

We look forward to sharing what we have learned through expansion to our third site next quarter.

Warmly,

Mark Arnoldy
Chief Executive Officer

INTEGRATED CARE DELIVERY

Selected KPIs aligned toward monitoring the key drivers of morbidity and mortality in rural Nepal. For a comprehensive review of our 80+ metrics, see the link to our Impact Dashboard below.

PATIENTS SERVED:

614,755 total since founding in 2008

34,075 in Q2
20,950 in Achham
13,125 in Dolakha

HEALTHCARE KPI RESULTS:

4%
Surgical Complications
Target: <5%
% of surgical patients with complication after surgery

26%
Chronic Disease Control
Target: 50%
% of chronic disease patients with disease under control

95%
Institutional Birth†
Target: 95%
% of women who gave birth in a healthcare facility with a trained clinician, helping to reduce the likelihood of maternal mortality

45%
Contraceptive Prevalence†
Target: 40%
% of all married reproductive aged women who delivered babies over the past two years and use modern contraception

IMPACT DASHBOARD | HISTORICAL KPI DATA | KPI DEFINITIONS

COMMUNITY HEALTHCARE ASSOCIATE LEADS PRESENTATION TO REGIONAL DIRECTOR, SOCIAL DEVELOPMENT MINISTER, AND MUNICIPALITY MAYOR IN ACCHAM.

†Indicator measured annually.

SPOTLIGHT: SERVICE EXPANSION AT A MOMENT OF NATIONAL CHANGE

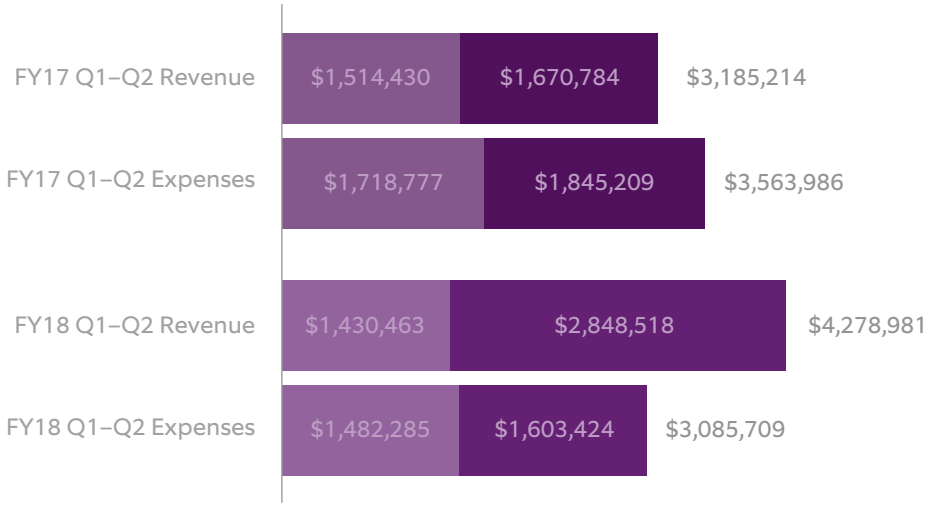
Possible last initiated service delivery expansion at a new facility in January 2016, in Dolakha, in the wake of the devastating 2015 earthquakes. In the intervening two years, the political landscape of healthcare has dramatically shifted. Local municipal elections have been held, an essential landmark in Nepal's democratic transition. The Health Insurance Act—legislation that Possible and its allies have been deeply involved in over the last several years—has passed, codifying the government's financing role in social protection in the new federal republic.

Over the course of this dynamic period, Possible has engaged in conversations around service delivery of a third hospital in Chaurpati, Achham. Approximately six hours walking distance from Bayalpata Hospital, local leadership have been pushing for Possible's engagement. We have recently rolled out the Community Health Worker (CHW) component of our model in Chaurpati as part of our national CHW research study. The expansion at the facility level presents the opportunity to build and iterate on our integrated household-to-hospital care model, offering high-quality health services closer to home to many people who otherwise would have to travel great distances to access care.

This is an exciting step for Possible. Our leadership team is busy at work with a formal needs assessment in conjunction with the local Mayor and village governance committee. Following this assessment, the team will set a schedule for roll out of services, staffing, supply chain management, and financing. From the start, this facility will participate in the new national health insurance scheme, our first experiment in receiving insurance financing from inception. It will also be our first implementation of our integrated electronic health record at the primary hospital level (previous ones having been at referral hospitals). In addition to expanding our service delivery footprint, we are looking to this opportunity to learn how other municipal governments throughout the country could adopt our model. The three components embed in our integrated care delivery model include: 1) care by CHWs; 2) longitudinal care across time and space; 3) digital learning systems. Our hope is to offer lessons for Nepal, and more broadly, other countries looking to transform rural healthcare systems.

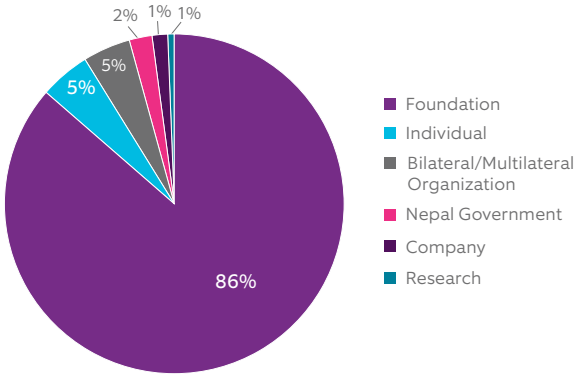
FINANCIALS

This section summarizes our financial position as of January 31, 2018. For more detail, please view our balance sheet and this quarter's financial data.

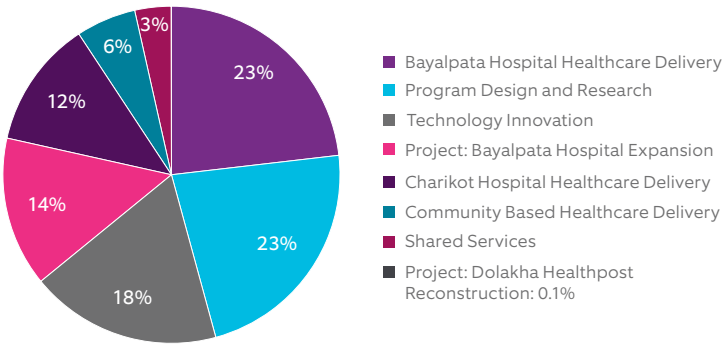


For Q2, expenses are lower than projected due to delays in Health Post reconstruction, whose costs we expect to resume in Q3. In addition there was a hiring freeze that caused delays in new hires due to elections in the municipal government.

Q2 REVENUE BY TYPE:



Q2 EXPENSES BY TYPE:



SEE FINANCIAL DATA HERE

POSSIBLE IN THE GLOBAL DIALOGUE

Read updates and publications by Possible staff.

What lessons can we learn from a public-private partnership in Nepal?

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How Nepal is embracing global standards for community health care, on path towards UHC.

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INPATIENT STAFF AT BAYALPATA HOSPITAL