



possible 

# QUARTERLY IMPACT REPORT

Q1 FY2018

08.01.2017–10.31.2017

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Community Health Workers, the heart of our integrated care delivery model, join hands in solidarity.

# LETTER FROM THE CEO

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Dear Partners,

I returned from a summer sabbatical and re-joined my colleagues in what has proven to be a significant quarter for our vision of delivering integrated healthcare from the hospital to the home in rural Nepal.

In the first quarter of FY18, we witnessed a confluence of watershed events that our team had been working toward for years.

First, a National Health Insurance Act was passed -- creating mandatory national enrollment, and in its wake, a viable financing mechanism for our integrated care model that has been supported to-date by a blend of philanthropic and government funding.

Second, as Nepal converted to a Federal Republic, local elections were held and mayors were elected all over the country. Shortly after, we signed an agreement to operate a third, smaller facility in Achham District. Termed as a "Primary Health Center", this smaller hospital is a critical component of our expansion strategy, and its approval had been held for 18 months in the previous government structure. These smaller, more decentralized hospitals require far less capital expenditure and staffing. And they serve as hubs from which our CHW program can expand.

Third, our electronic health record has generated widespread interest among government and private facilities outside of our direct management.

In these three events, we see our vision of a scalable health system taking hold: A lean and replicable hospital model, supported by a sustainable source of in-country financing (insurance), and backed by a scalable system of data (the EHR) that allows CHWs to integrate and deliver targeted home-based care to patients most in-need.

This work is never easy. And continued progress towards this vision is not inevitable. But the events of the last quarter, along with your continued partnership, make healthcare expansion in the most remote areas significantly more probable.

Warmly,



Mark Arnoldy  
Chief Executive Officer

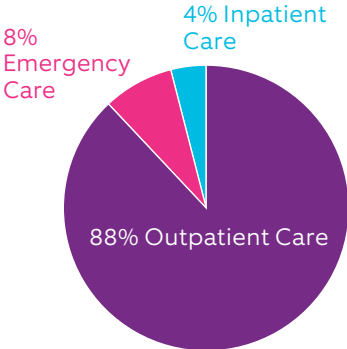
# INTEGRATED CARE DELIVERY

These are some of the key outputs of our work in Q1. For a comprehensive review of our 80+ metrics, see the link to our Impact Dashboard below.

### PATIENTS SERVED:

 **580,680** total since founding in 2008

 **41,739** in Q1  
24,057 in Achham  
17,682 in Dolakha



### HEALTHCARE KPI RESULTS:

**1%**  
Surgical Complications  
Target: <5%  
% of surgical patients with complication after surgery

**38%**  
Chronic Disease Control  
Target: 50%  
% of chronic disease patients with disease under control

**95%**  
Institutional Birth<sup>†</sup>  
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<sup>†</sup>  
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

### SPOTLIGHT: WHAT THE NATIONAL HEALTH INSURANCE ACT MEANS FOR POSSIBLE

In truly a watershed moment, the Parliament of Nepal passed the National Health Insurance Act in October 2017. With an individual mandate, the Act presents a path toward expanding healthcare access to all, including those in the most remote and under-served rural areas where Possible has operations. Services covered via insurance will be in addition to the free services provided by the government such as immunization, maternal and child care, and dialysis.

Next steps will include institutionalizing a framework for and operationalizing healthcare quality, as noted in Possible’s Chief Strategy Officer Duncan Maru’s [article in Health Affairs](#). This is where Possible can play a crucial role to close the gap for the thousands who have been left out.

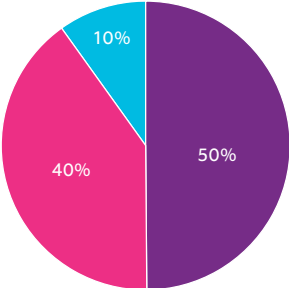
For Possible, the Insurance Act presents an opportunity for strategic scale-up and financing of our integrated care delivery model to reach more catchment areas and serve more patients. We will continue to report on how the Act fares in upcoming months.

<sup>†</sup>Indicator measured annually.

# PUBLIC PRIVATE PARTNERSHIP

This section summarizes investments by the Government of Nepal during Q1 of FY18.

## IN-KIND SUPPORT BY TYPE:



Staffing: \$27,098

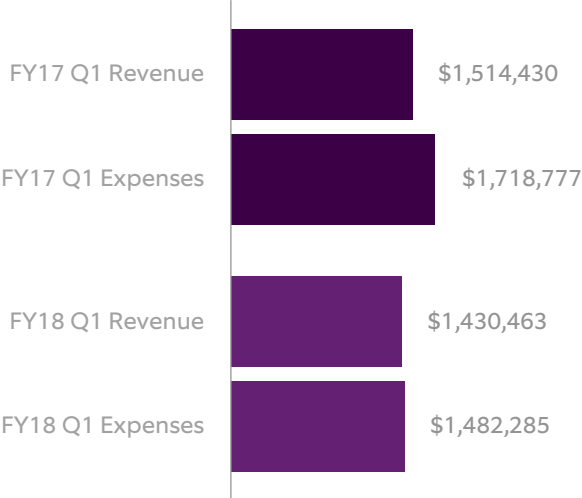
Land & Facilities: \$21,855

Pharmaceuticals, supplies, and medical equipment: \$5,375

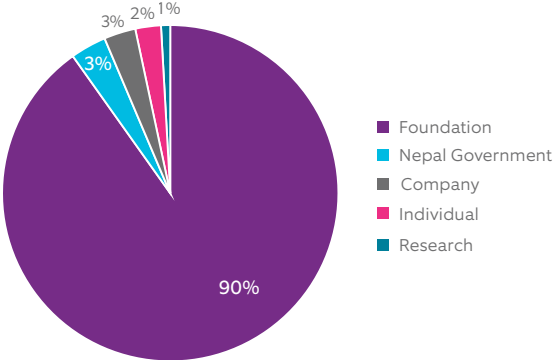


# FINANCIALS

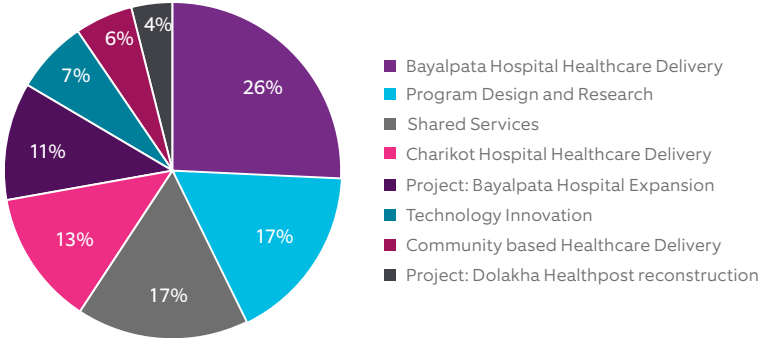
This section summarizes our financial position as of October 31, 2017. For more detail, please view our balance sheet and this quarter’s cash flow statement in the links below.



Q1 REVENUE BY TYPE:



Q1 EXPENSES BY TYPE:



[SEE FINANCIAL DATA HERE](#)

## IN THE NEWS

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Read updates and publications by Possible staff.

What are the opportunities and pitfalls in global health academic partnerships?

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How strategic investments in emergency obstetric services can lead to improved quality and expanded services at public health facilities?

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