



possible

# QUARTERLY IMPACT REPORT

Q4 FY2018

05.01.2018–07.31.2018

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A mother and her child during a visit with a Community Health Worker, who uses mobile tools to track maternal and child health.  
Dolakha, Nepal.

# LETTER FROM THE LEADERSHIP

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Dear friends,

I will share a story. It may be painful to some readers. I share it because it is emblematic of the layers of barriers that exist for so many of our patients in far west Nepal.

Nine months pregnant, twenty-year-old Pabitri was herding goats when she started to feel abdominal pains. She had been educated by a Possible community health worker about the symptoms and knew that she needed to go to the hospital. An ultrasound done at a group antenatal care session had demonstrated placenta previa, a condition that places both her and her newborn at risk. This was her second pregnancy. She had been convinced to stay close to the hospital, but she had to negotiate subsistence work and care for her two year-old.

When she reached home, her father-in-law rallied community members to carry her 45 minutes down the road to call a jeep where she could take a one hour ride to Bayalpata Hospital. In transit, however, her labor progressed and she delivered. The female baby emerged blue. Despite several attempts to revive the child, the baby appeared dead. They brought Pabitri and the baby back up the hill.

The placenta, however, did not deliver, and the next day, Pabitri bled and ran up a fever. Her community health worker advised her to go immediately to the hospital to get the placenta removed. Four hours later, the team at Bayalpata Hospital gave intravenous fluids, stopped the bleeding, gave antibiotics, and removed the placenta. After two days, not being able to afford the jeep ride back, Pabitri made the four hour trek back home on foot.

Over the last six years in Achham, institutional birth rates in the areas where Possible works have increased from 30% to over 95%, a demonstration that access to facility care and maternal health outcomes are improving. Pabitri represents that remaining 5% of situations that the team is working hard to overcome. The hospital-based care was essential in saving Pabitri's life from bleeding and infection due to the retained placenta, but she accessed care too late to save her daughter. Given her baby was full term, it is likely that with basic neonatal resuscitation techniques, she would have survived.

Community health workers need a number of supports – supervision, digital tools, adequate training – but an under-appreciated one is connection to a well-functioning hospital.

Pabitri's case sits at the intersection of how economics, access, and quality care are critical to building a learning health system that solves for the majority of patients who we serve. It also underscores how one-size solutions may scale, but leave too many behind.

We have found that integration from home to hospital, the foundation of Possible's model, is not only critical to treat pregnancy, HIV, tuberculosis, diabetes, and depression. It is the only way to meaningfully reduce morbidity and mortality among those most in need.

As we conclude FY 2018, we thank you for your partnership. We cannot do this work without you.

With hope,

Duncan Maru, MD, PHD, CEO  
On behalf of Possible's global team

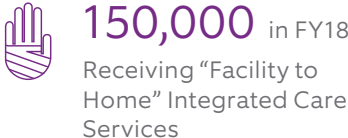
*This is an amalgam of real stories, with details changed to protect the identity of the individuals with whom Possible works.*

# INTEGRATED CARE DELIVERY

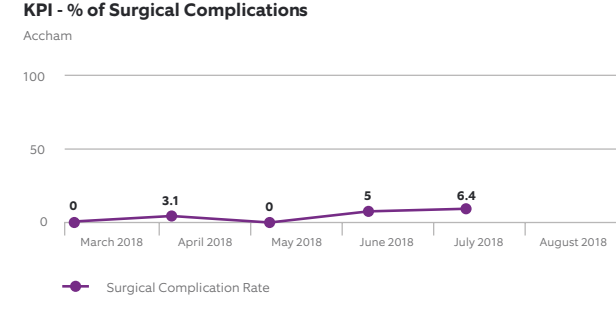
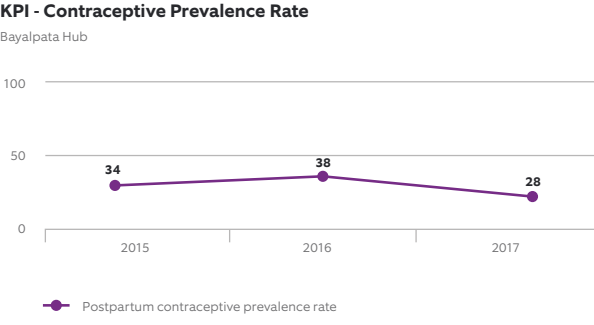
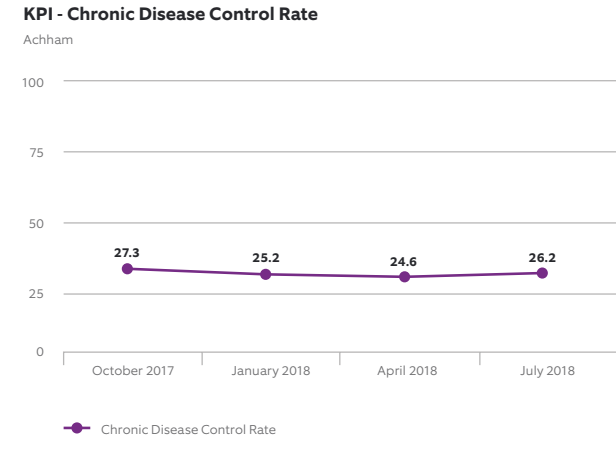
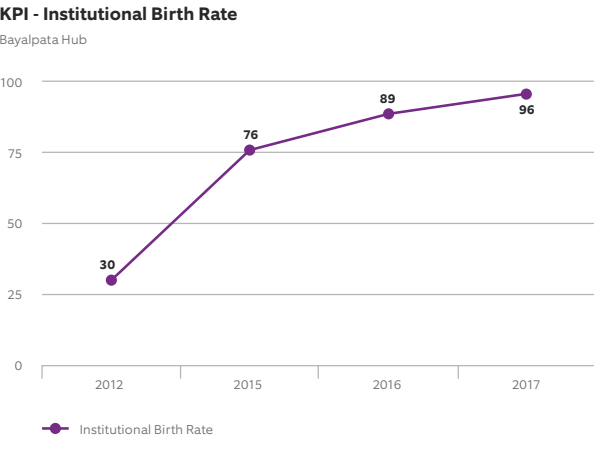
Our KPIs aim to monitor the key drivers of morbidity and mortality in rural Nepal. In this QIR, we highlight our KPI “Contraceptive Prevalence Rate” (CPR), which indicates the proportion of women who delivered a baby and are currently using contraception. This KPI has evolved to provide a clearer indication of access and uptake of contraception. In 2016, we modified the KPI to include only “modern” methods of contraception, as defined by the WHO. We set targets based on prevalence rates in the regions we work as well as Nepal government targets.

The definition and calculation, however, left out a very important part of the picture-- women’s own reproductive intentions. In 2018, we are modifying the KPI to look at “Contraceptive Demand Satisfied”. This updated definition is calculated with CPR in the numerator and CPR+unmet need for contraception in the denominator. ‘Unmet need’ means married women who are of reproductive age and sexually active, but who would like to delay or prevent pregnancy, but are not using a modern method of contraception. The denominator represents the total demand for contraception. As we continuously collect feedback from patients and staff, we acknowledge that a dynamic health system is one that continues to adapt and support a woman’s unique reproductive choice and plans.

PATIENTS SERVED:



HEALTHCARE KPI RESULTS:



IMPACT DASHBOARD

For a comprehensive review of our metrics and KPI definitions login:  
username: impactreport  
password: Possible1

# SPOTLIGHT: SCALING ELECTRONIC HEALTH RECORD IN PUBLIC HOSPITALS IN NEPAL

In December 2017, Possible entered a collaboration with the German development agency, GIZ, to implement Possible's electronic health record ([NepalEHR](#)), developed with the Ministry of Health. Possible is acting as a technical implementing partner, a distinct role from our direct management role in Achham and Dolakha. As a critical test of scale, we set out to determine the opportunities and roadblocks to adapting NepalEHR in government hospitals not managed by Possible. The implementation at Trishuli District Hospital, a public hospital in Nuwakot district, serves as an opportunity to conduct research and collect evidence on the feasibility of scaling and institutionalizing the EHR on a national level.

As a healthcare provider committed to health systems innovation, we are vested in the success of this project, beyond our role as a vendor. We define success of this project as (1) the public hospital staff's engagement with the platform and (2) the culture of data review and analysis embraced at large. The impact of the NepalEHR at scale can only be fully realized if all users across the continuum are fully invested, trained, and continuously learning. These include users who enter data to frontline clinicians to managers.

As such, our team has set benchmarks around user experience, adoption, behavior change and usage among staff, costing, and replicability.

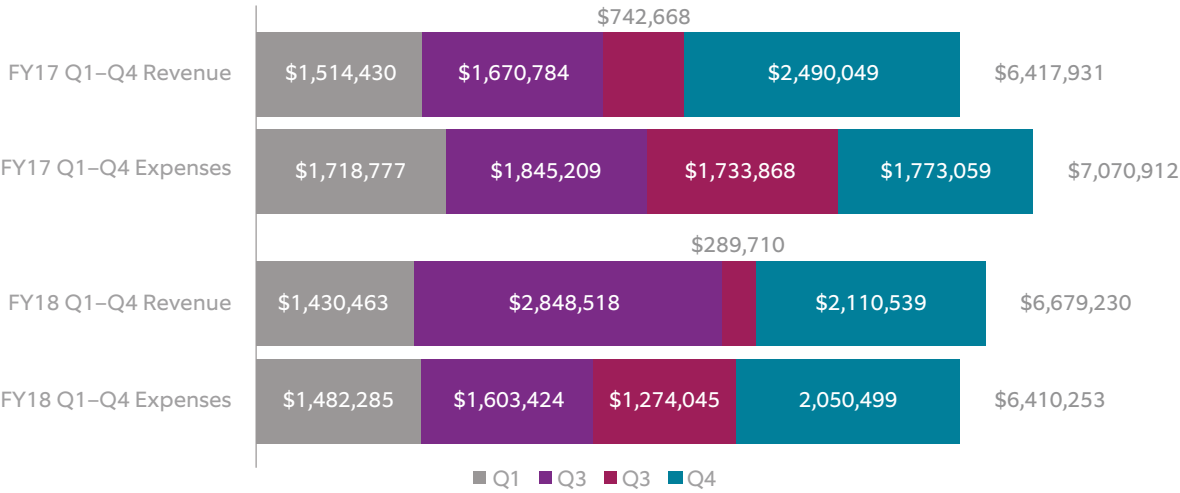
The municipality, along with the hospital development board, is providing overall governance oversight and regulation to the EHR deployment. Possible's team, the hospital staff, and the municipality will work together to ensure risk mitigation. We will continue to share updates regarding the impact of this innovative new area of work for us.



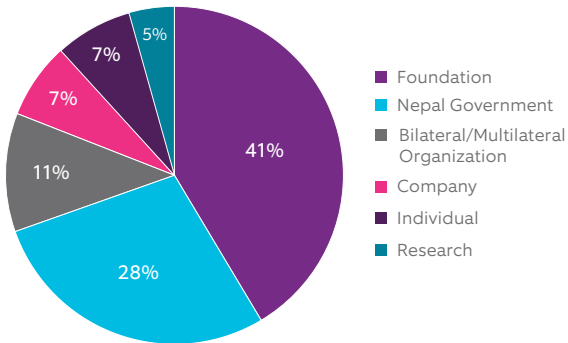
NUWAKOT DISTRICT HOSPITAL STAFF ENTERS DATA INTO THE EHR.

# FINANCIALS

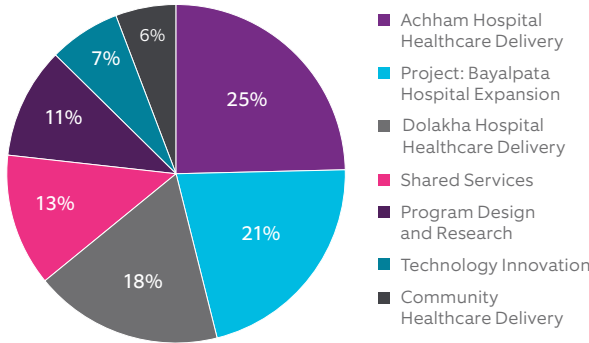
As we closed FY18 on July 31, 2018, we received our biggest contribution yet from the Nepali government, approximately \$600K. This amount includes in-kind and vertical program contributions and approximately \$525K for Bayalpata Hospital construction, a 5-year capital project which is scheduled to end in FY19.



Q4 REVENUE BY TYPE:



Q4 EXPENSES BY TYPE:



A COMMUNITY HEALTH WORKER COUNSELS A PREGNANT MOTHER, AS A COMMUNITY HEALTH NURSE PROVIDES ADDITIONAL SUPPORT.

# POSSIBLE IN THE GLOBAL DIALOGUE

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Read updates and publications by Possible staff.

Watch a powerful video in which a Community Health Worker supports patients with diabetes, hypertension, and other non-communicable diseases

[WATCH VIDEO](#)

Learn how a community health-centered, worker-driven, digitally-enabled system is deployed in municipalities in rural Nepal.

[READ MORE](#)

Read about the interplay between NGOs, partnerships, and public-private discontent in Nepal's health care sector.

[READ MORE](#)

What is the role of the general practitioner in improving rural healthcare access?

[READ MORE](#)



AN 80-YEAR-OLD PATIENT SMILES AFTER RECOVERING FROM ABSCESS, A SIMPLE PROCEDURE THAT INVOLVES SURGICALLY DRAINING PUS THROUGH AN INCISION. IF NOT TREATED AT A FACILITY BY A TRAINED CLINICIAN, A SERIOUS INFECTION COULD RESULT. BAYALPATA HOSPITAL, ACCHAM, NEPAL.