
10 YEARS of
possible

2018 Annual Impact Report

Our story begins in far west Nepal, months after the ending of the 10-year civil war, with an abandoned hospital and a community in urgent need of quality healthcare. It was also a time when community health models, based in social justice, equity, and government partnerships, were gaining momentum. From the beginning, our approach was “intersectoral”; health equity meant tackling the local burden of disease, which included chronic diseases, alcoholism, and severe malnutrition, in addition to improving reproductive, maternal and child health. We also knew that transforming health outcomes could not be accomplished through a silver bullet; we envisioned integrated care delivery, from hospital to home. We remain committed to these roots.

10 Years of Possible

Dear friends,

Thank you for supporting Possible over the past decade! Your confidence has inspired us to expand healthcare in some of the most underserved communities in the world.

Many of you have visited Nepal and have seen the stunning Himalayan foothills of the Far West— the winding rivers, the brilliant mustard flowers, the fantastic green of rice, the deep pine forests. This breathtaking landscape, however, also makes access to timely care particularly challenging.

We started comprehensive primary services in Achham in 2008. At the time, all we had was an invitation from the Government of Nepal to operate a facility that was unused and in disrepair. With local Achhami leaders, we committed to building health systems that secured quality healthcare for populations that until then did not have access to basic services.

We were told it would be difficult to manage logistics, find talent, and coordinate transportation in a place so remote that getting there from Kathmandu took over 30 hours by car. But you stood by us, knowing that if we solved for patients most in need, we could get closer to making healthcare work for all.

Like the terrain of Far West Nepal with dizzying peaks interspersed with deep chasms, our journey has been one of extremes. On one hand, there has been an urgency to meet the needs of pregnant women, children with bone fractures, the elderly, and others for whom transportation and costs stood in the way of life-saving treatments. Yet at the same time, we have considered the long arc of nyaya (justice) and are building institutions that can meet both current gaps and needs unforeseen. It is at that intersection, of service delivery and systems change, that we have worked.

We have achieved much in these ten years. Bayalpata is now under the new democratic Federal system, formally a Provincial Hospital, that serves the community healthcare, outpatient, inpatient, and surgical needs of patients from Achham and beyond. Bayalpata's catchment area has seen a notable reduction in under-two mortality - and, equally important, we have developed a system that reliably, affordably, and accurately captures pediatric mortality at both a household and population level.

When the devastating earthquakes of 2015 forced us to consider our role in rebuilding health systems that were decimated, you were with us as we committed to Dolakha, not just for the short-term, but for the long-haul. We have brought lessons from Achham to Dolakha and Dolakha back to Achham with your support.

Today, the 350+ staff across the two provinces annually deliver home-to-hospital integrated care for over 200,000 individuals, and attend to over 150,000 hospital visits. We continue to partner with municipal, provincial, and federal institutions to improve our services and identify scalable solutions, with government adoption as the endgame.

We know our path forward is long and we will stumble along the way. We hope for your continued partnership as we advance integrated care delivery systems in Nepal that can be beacons for health systems globally.

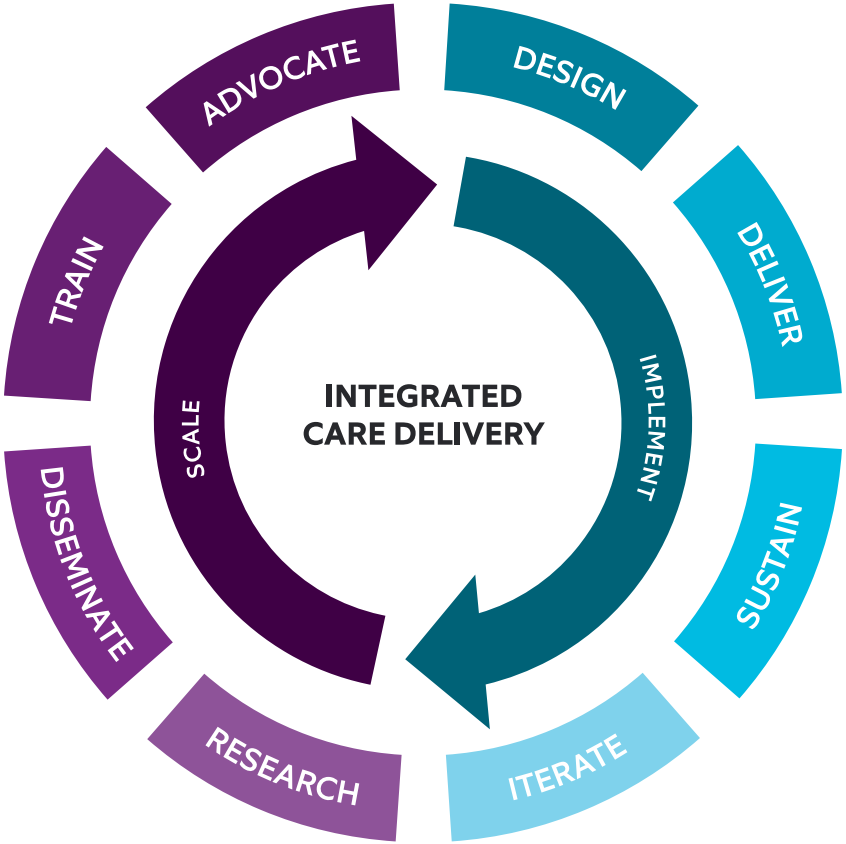
We have made this progress because of your support.

Thank you.

Duncan Maru
Possible, CEO

S.P. Kalaunee
Nyaya Health Nepal, Executive Director

Possible, a US-based non-profit, and Nyaya Health Nepal, a Nepal-based NGO, have partnered over the last decade to provide quality, accessible care to underserved communities in Nepal.



Advancing Universal Healthcare in Public Sector Delivery Systems

Research
Apply implementation research, quasi-experimental, experimental, and mixed methods to study evidence generated by our care delivery efforts.

Disseminate
Shape the financing environment by advancing principles of population health, value-based healthcare, and social protection for universal healthcare.

Train
Train new cadres of healthcare workers, utilizing hospital infrastructure and staff.

Advocate
Encourage government adoption of electronic health record, chronic care models, and public investment and professionalization of community health workers.

Design
Design and test ideas that fill gaps in public health systems.

Deliver
Deliver and coordinate care via government hospitals and community health workers.

Sustain
Diversify revenue through insurance, municipal, provincial, and federal grants, research and philanthropy.

Iterate
Iterate our care delivery system through data feedback loops and integrated electronic health record.

10 Years of Innovation & Learning

In 2007, we opened Sanfebagar Primary Clinic, at a time when Bayalpata Hospital, the closest primary care provider, had been abandoned. It was also a time when Nepal experienced a highly fragmented provider landscape, exacerbated by historic disinvestment and civil war. We recruited healthcare staff who worked in the closest town, 10 hours by road, and had roots in Achham. Staff who knew the community were the best hopes for retention and sustainability.

Patients often walk for hours or even days to receive treatment, that could have been managed at home. In 2008, we started comprehensive primary care services in Achham, at no cost to the patient at the point of care. We leveraged the existing frontline health worker systems and added technology, supervision, and a meaningful living wage, to introduce a cadre of professionalized community health workers (CHWs) to leapfrog our efforts.

At Charikot Hospital, a government facility where Possible started work after the 2015 earthquakes, we perform 150 to 200 orthopedic procedures per month, a common occurrence in hilly regions. Too many people, children especially, die or are disfigured owing to treatable injuries. So we developed our safe surgery program based on three principles: task-share with local generalist physicians and mid-level providers; utilize the hospital as a place of training; and provide longitudinal care via CHWs.

Read about a patient who came in for a bone fracture.

In far west Nepal, the nearest psychiatrist is 30 hours away by road. We have piloted an integrated mental healthcare program that includes primary care providers, on-site psycho-social counselors (PSC) and a remote psychiatrist, with the additional support of CHWs who do home visits and follow-up. With our mental health protocol, 52% of our patients with depression demonstrated a clinical response over a 24-month period.

Read more about our integrated mental health program

10 Years of Community Health

Building a clinic, alone, could not improve healthcare in a hilly region with minimal transportation; CHWs were needed to provide timely follow-up and preventative care.

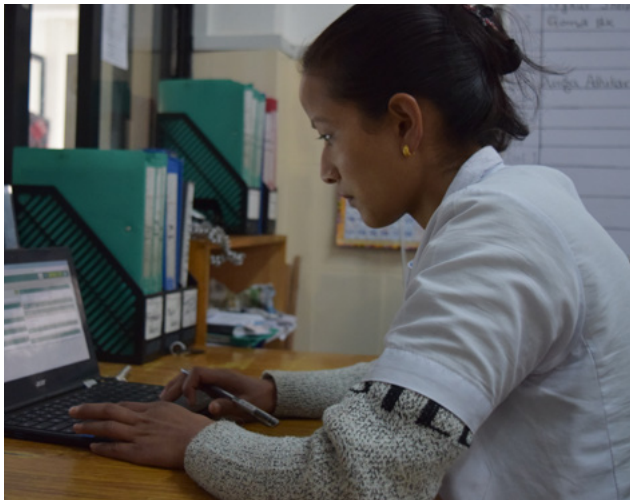
Over time, our CHW program evolved into monitoring and managing reproductive, maternal and child health, and non-communicable diseases. Their work can be organized into three areas: 1) active and passive identification of conditions in the community; 2) triage and referral care with facilities; and 3) community-based diagnosis, treatment, and counseling.

CHWs are at the center of our integrated EHR. CHWs collect sensitive information about household economics, illness, and deaths in the family, that are integrated with facility-level data to support decisions about care. We leverage this experience to push for national adoption of a professionalized CHW model. And with our CHW Impact Coalition peers, we champion high-performing CHW design principles around the world.

Read how our professionalized Community Health Worker program works.

10 Years of Data & Technology

From the beginning, data and technology have been embedded into our work, with all staff, from frontline health workers to human resources, collecting and analyzing data. We scoured for EHR models, but nearly all were optimized for billing rather than for learning. So we built our own.



In February 2015, we launched NepalEHR with our partner GIZ. By 2018, we successfully integrated the Government of Nepal's District Health Information System (DHIS2) for data reporting with an OpenMRS-based NepalEHR platform our team developed, allowing for seamless and automatic reporting of facility data to the central government's health database. This direct integration of OpenMRS and DHIS2 was the first of its kind anywhere in the world.

This year, we set out to determine if the NepalEHR could be implemented in a government hospital not managed by Possible, to determine the feasibility of institutionalizing the EHR on a national scale. We realize that the impact of the NepalEHR is only as powerful as its users, and we are equally investing in the user experience.

Read how our team is scaling our EHR in public hospitals across Nepal.

NATIONAL MILESTONES

November 2006
Comprehensive Peace Accords signed, formally ending the civil war

April 2008
First post-war elections conducted, which resulted in Maoist leader Prachanda as Prime Minister

April - May 2015
Series of earthquakes strike, one epicentered at Dolakha

2016 - 2017
Expanded local control, an outcome of municipal, provincial, and federal elections

October 2017
National Health Insurance passed, incorporating financial and utilization data from Bayalpata Hospital

ORGANIZATIONAL TIMELINE

March 2006
Conceived vision for Integrated Care Delivery in Achham

April 2008
Treated first patient at Sanfe Bagar Medical Clinic, the precursor to Bayalpata Hospital

June 2009
Formed public private partnership between The Ministry of Health and Bayalpata Hospital

August 2013
Bayalpata named Nepal's best hospital

July 2014
Signed agreement with the Ministry of Health to build a rural center for learning and innovation at Bayalpata Hospital

January 2016
Started managing post-earthquake integrated care delivery services at Charikot Hospital with a Bayalpata-inspired public private partnership with Ministry of Health

March 2018
Replicated NepalEHR at Nuwakot Hospital, a government-managed hospital in a heavily earthquake-affected zone

July 2018
Established partnership with Arnhold Institute for Global Health at the Mount Sinai School of Medicine to develop design, research, and training programs in Nepal

INTEGRATED CARE DELIVERY MILESTONES

June 2008
Launched CHW program

September 2010
Established radiology services at Bayalpata Hospital, at a time when radiology services did not exist in the district

July 2013
Performed 1st C-section at Bayalpata Hospital

October 2014
Expanded the CHW program and incorporated digital tools

February 2015
Launched the first integrated EHR in Nepal, to evolve into NepalEHR

May 2018
CHW coverage area surpasses 200,000 population in Achham and Dolakha

April 2018
Integrated facility-based OpenMRS and national DHIS2 into NepalEHR, the first time anywhere in the world

Impact in Numbers

200,000
Receiving “Facility to Home” Integrated Care Services

Reducing Under 2 Mortality

In Achham, the number of under 5 deaths, compared to the national under 5 mortality rate, is among the highest in the country. As a result, Possible has focused on monitoring deaths among children through the age of two years, noting the probability of a child dying is highest in the first year. We have observed a persistent decrease in the mortality rate of children under two years of age, from 36 in 2015, to 18 in 2016, to 12 in 2017 per 1,000 live births.

Read the impact of our Under 2 research.

Improving Institutional Birth Rate

Possible’s professionalized CHWs currently deliver home-based care to over 200,000 people. We have seen measurable improvements in maternal and child health outcomes in the areas served by our CHWs. For example, institutional birth rate, a proxy for maternal health, increased from 30% to 95% between 2012 and 2017 in our catchment area in Achham.

Read about our approach to reducing maternal mortality.

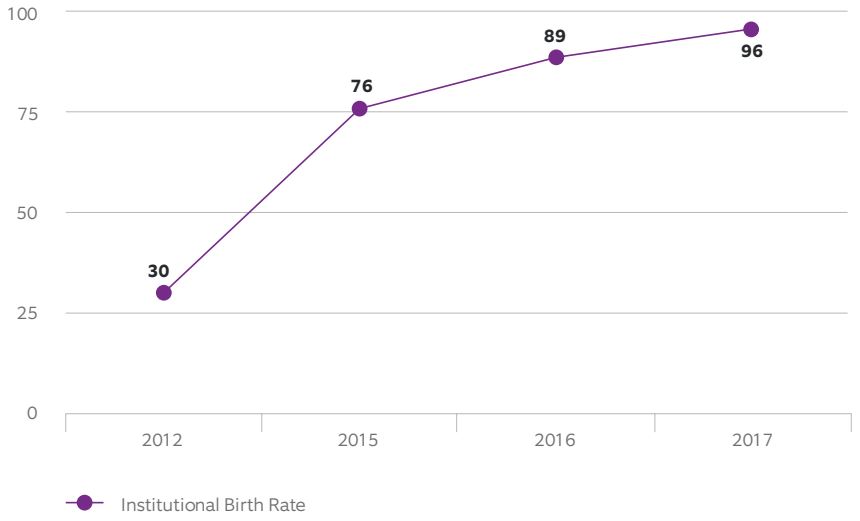
IMPACT DASHBOARD

For a comprehensive review of our metrics and KPI definitions login:

username: impactreport
password: Possible1

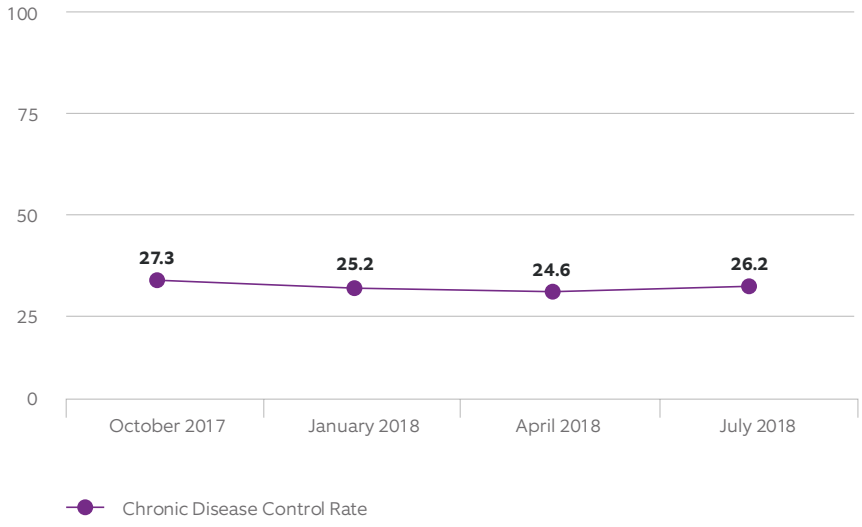
KPI - Institutional Birth Rate

Sanfebagar catchment area



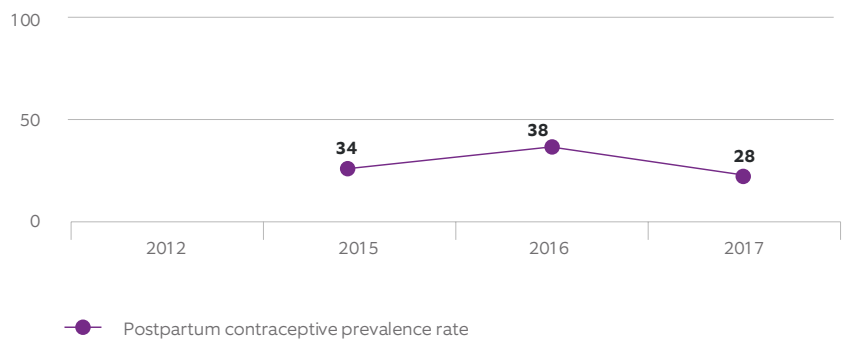
KPI - Chronic Disease Control Rate

Achham



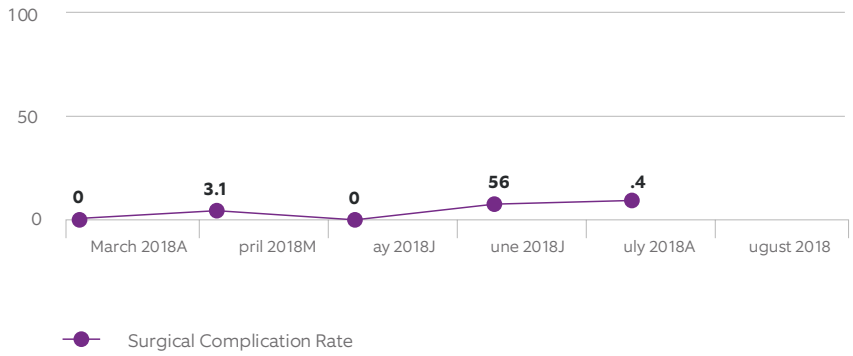
KPI - Postpartum Contraceptive Prevalence Rate

Sanfebagar catchment area



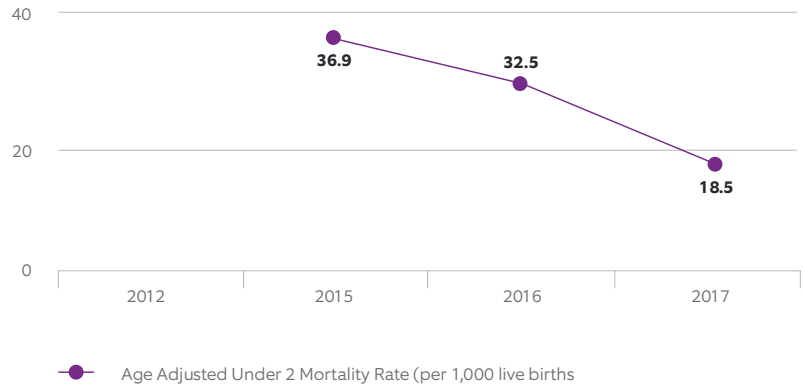
KPI - % of Surgical Complications

Achham



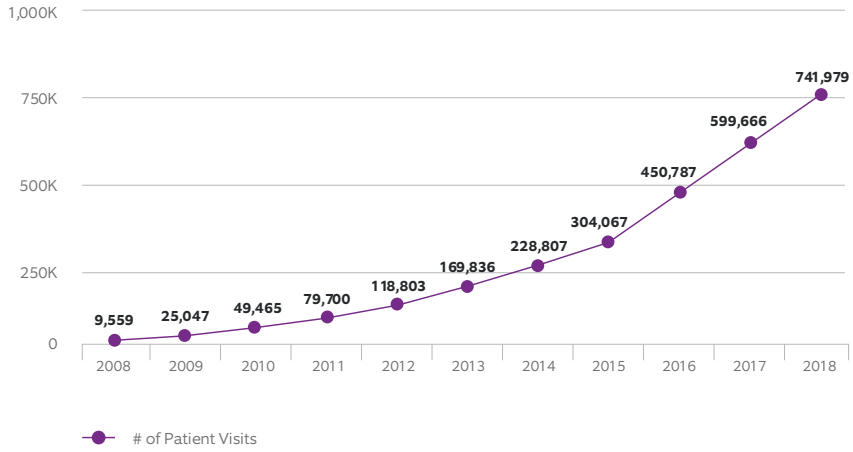
Age Adjusted Under 2 Mortality Rate

Sanfebagar catchment area



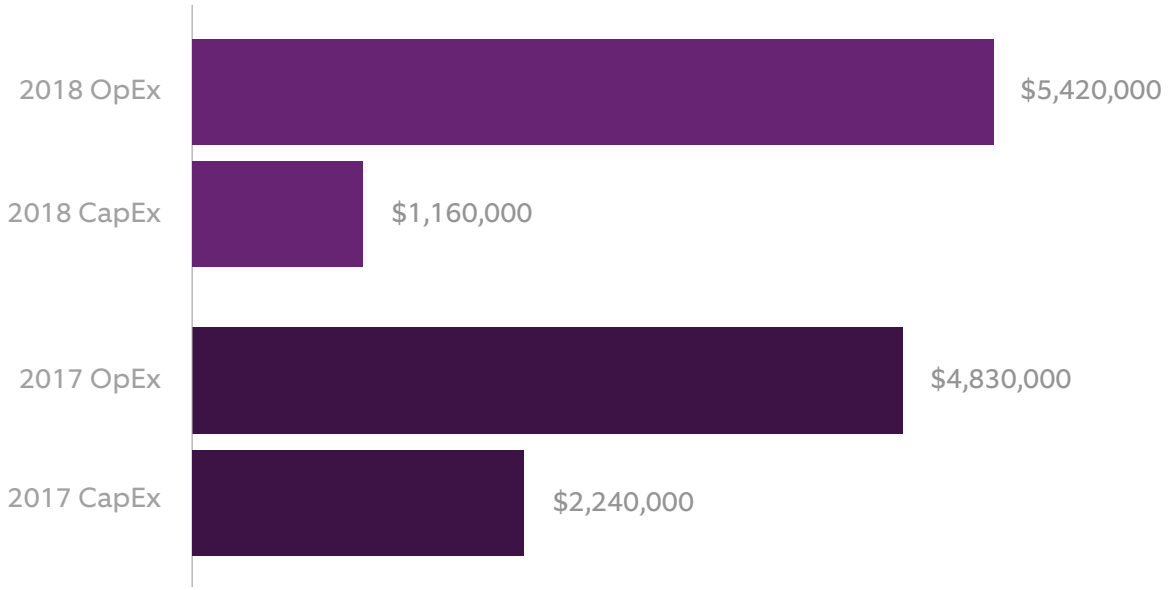
QIR - # of Patient Visits

Achham, Dolakha

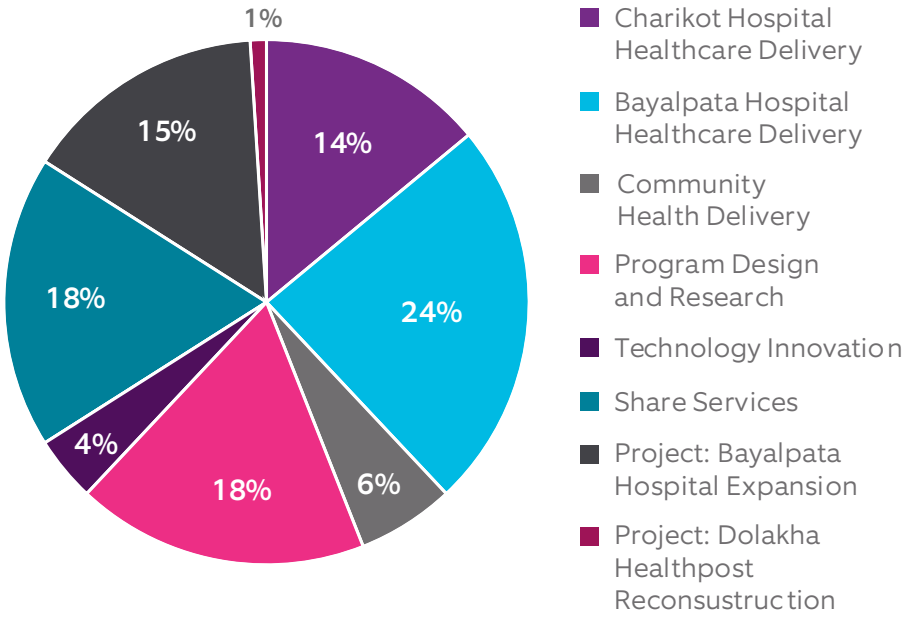


Financials

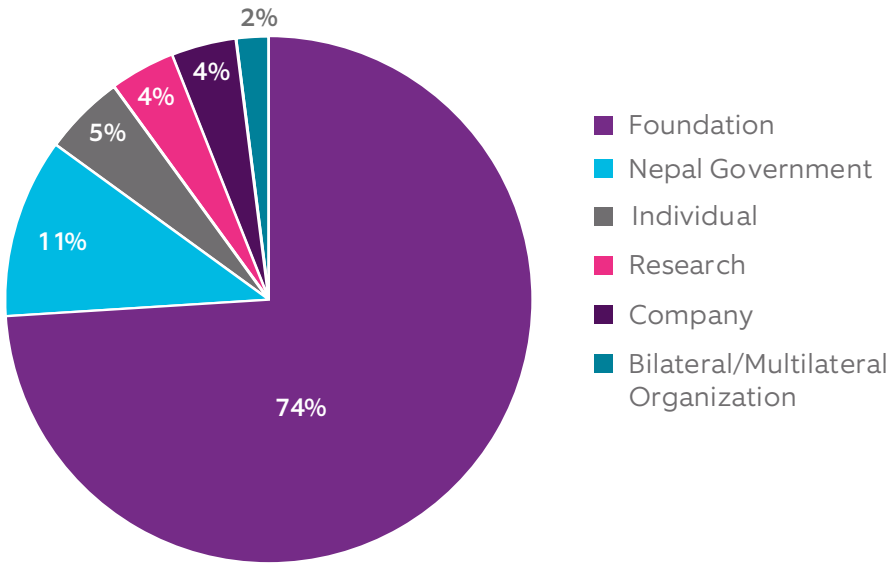
August 1, 2017–July 31, 2018



Expenses by Investment



Revenue by Type



Financials

August 1, 2017–July 31, 2018

Statement of Activities: August 1, 2017 - July 31, 2018

	FY17 Act	FY18 Act	FY19 est
Catchment area population	81,517	176,201	240,000
Patients at the facilities	150,879	160,521	220,000
Community based healthcare delivery Costs	$235,294	$388,588	$868,572
Hospital based healthcare delivery costs	$2,019,608	$2,369,848	$3,037,134
Total Program Design, Systems Building, and EMR Team	$740,000	$864,247	$1,199,635
Total on going costs	$2,944,902	$3,622,683	$5,105,341
Per capita community healthcare costs	$2.89	$2.21	$3.62
Per patient costs at the facilities	$13.39	$14.76	$13.81
Total costs per capita	**$36.74**	**$20.56**	**$21.27**

Financial Sustainability Metrics

Revenue by Type (in US$)	**FY 2018**	**FY 2017**
Foundation	$5,217,770	$4,588,384
Nepal Government	$779,854	$552,225
Individual	$352,596	$658,344
Research	$260,018	$253,989
Company	$292,402	$235,587
Bilateral / Multilateral Organizations	$127,666	$132,277
Total Revenue	**$7,030,306**	**$6,420,807**
Expenses by Investment (in US$) FY 2017		
Charikot Hospital Healthcare Delivery	$920,491	$849,802
Bayalpata Hospital Healthcare Delivery	$1,547,064	$1,185,771
Community Health Delivery	$389,106	$237,154
Program Design and Research	$1,195,814	$1,250,693
Technology Innovation	$255,529	$252,624
Share Services	$1,198,863	$1,026,261
Project: Bayalpata Hospital Expansion	$1,001,785	$1,454,544
Project: Dolakha Healthpost reconstruction	$70,018	$810,277
Total Expenses	**$6,578,671**	**$7,067,126**

Thank You

Funders

$1M AND ABOVE
Pineapple Fund
Tondo Foundation
$500,000 to $999,999
Deerfield Foundation
Nepal Ministry of Health & Population
UBS Optimus Foundation
$250,000 to $499,999
Manan Trust
Nick Simons Foundation
TATA Trust
$100,000 to $249,999
Alwaleed Bin Talal Foundations
Grand Challenge Canada
Mulago Foundation
Pfizer Foundation
Younger Family Fund
Harvard Medical School for Global Health Delivery- Dubai
$50,000 to $99,999
Elmo Foundation
Horace W. Goldsmith Foundation
Justin Durand
Partners Healthcare
Planet Wheeler
USAID PEER
$10,000 to $49,999
Albert J Kaneb
America Nepal Medical Foundation
Asana
Bhimeshwor Nagarpalika
Capital Group
District Health Office- Achham
District Health Office- Dolakha
Dropbox
Eswar Priyadarshan
GIZ- German Development Corporation Office
Invesco Hong Kong
Joanne Kagle
Joel Wittenberg & Mary Ann Ek
John Bauman
Knut Skyberg & Borgny Ween
Latika & Rajiv Jain Foundation
National Philanthropic Trust
Nepal Government National Center for AIDS & STD Control
Nepal Government National Tuberculosis Center
Neuman Foundation
Planned Parenthood League of Massachusetts
Robert Heine
RTI
Sall Family Foundation
Sandro Lazzarini
Sanfebagar Municipality
Small Improvements
The Ripple Foundation
The Rosebud Charitable Trust
Umed & Anand Maru
$1,000 to $9,999
Adam Butterworth
Anshuman Patwardhan
Barbara Kamholz
Baupost Group
Bridgit Burns
Bright Funds
Cathay Pacific
Dan Schwarz
Daniel Matlack
Daron Janzen
Dave Chokshi
District Development Committee Dolakha
Elizabeth Carls
Eng Fong Pang
Fidelity Charitable Gift Fund
First Dollar Foundation
Genentech Matching Funds
Giving Wings Foundation
Harvard University
Ilan Zechory
Jackie Bullis & Ryan Duffy
Jeffrey Schwarz
Jennifer T. Cook
Jessica Hawley
Josh Siegel & Meredith Martin
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Khushi Sharma
Leonard Wee
LiberatED Scholar
Marta Barlic
Matthew Busch
Matthew Isanuk
Merck
Meriden School Charitable
Muna Bhanji
Nancy Binder
National Public Health Laboratory
Nepal Government Epidemiology & Disease Control Division
Nepal Government Logistics Management Division
Patrick McKee
Philanthropy Workshop
Plato Malozemoff Foundation
Pravin Kumar
Regional Medical Store, Dhangadhi
Ross Family Charitable Fund
Ryan Price
Ryan Schwarz
Schwab Charitable Fund
Sharad Jain
Simin Gul
Terhilda Garrido
The Herrnstein Family Foundation
The Mount Sinai School of Medicine
Tiwari Medicine Distributors
Truist
Wan-Ju Wu
$500 to $999
Amish Desai
Andrew Bunn
Ari Johnson & Jessica Beckerman
British Nepal Medical Trust
Carol Wright
Cory Surdam
Dag Harald Hovind
Duke School of Medicine
Exelon Foundation
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Academic Partners

Arnhold Institute for Global Health at the Mount Sinai School of Medicine
Ariadne Labs
Dhulikhel Hospital
Brigham and Women's Hospital Division of Global Health Equity
Harvard Medical School Center for Global Health - Dubai
University of California San Francisco Department of Psychiatry
University of Washington Nepal Studies Initiative
Innovations in Healthcare at Duke University
Nepal National Academy of Medical Sciences

We Put Patients First

Possible, a US-based non-profit, and Nyaya Health Nepal, a Nepal-based NGO, have partnered over the last decade to provide quality, accessible care to underserved communities in Nepal. Currently, we work in two districts in Nepal: Achham in the Far-West and Dolakha, which was devastated by the 2015 earthquakes. Our more than 350 staff provide integrated care from home to hospital to over 200,000 community members, provide over 150,000 hospital visits, and conduct over 8,000 surgical procedures annually.

Our approach to integrated healthcare includes three key components: (1) improving quality of care at government-owned facilities; These facilities serve as our teaching and innovation centers. (2) home-based, longitudinal care delivered by professionalized community health workers; and (3) an integrated electronic health record to optimize care between the facility and the home. We use our data, research, and experience as a healthcare provider to inform local, national, and global healthcare policy and practice.

possible

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