

EXPANDING POSSIBILITIES

This year, we broke ground to turn our hospital hub into the leading rural teaching hospital in Nepal. We treated 69,505 patients, added 39 people to our team, and overall funding grew over 150%, with a 7-fold increase in government support. We also expanded our healthcare model to another district after the earthquakes struck.



"Before the first earthquake on April 25th, we had already broken ground to turn our hospital hub into a leading rural teaching hospital using earthquake-resistant design. After witnessing the devastation,

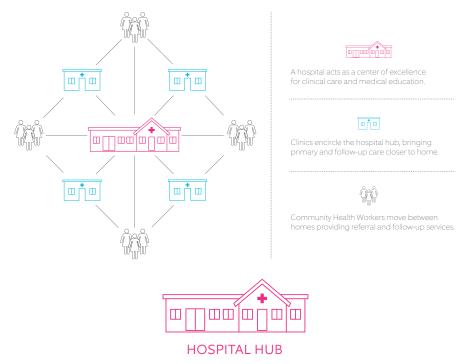
we committed to rebuild the healthcare system in one of the worst hit districts where 87% of the facilities were damaged.

With your support, we've made it a mission to expand our durable healthcare model further than previously imagined—inspired by the patients who need care and by the health workers who are advocating for safer, better healthcare system to be built with an urgency that matches the need they see on their doorstep."

-Mark Arnoldy, CEO

OUR MODEL

Our integrated model means healthcare does not end at the hospital. Patients receive the care they need, and closer to where they are, through an integrated system of hospital, clinics, and community health workers.



Bayalpata Hospital is the hub of our model, where we treat over 69,000 patients each year. We offer a set of advanced services—from surgery to lab work, digital x-rays to dentistry.



Communities are at the heart of our model. We work to transform primary clinics into accountable, fully staffed, stocked, and connected facilities. Currently, we operate in 13 health clinics in order to bring immediate and follow-up care closer to the home.



COMMUNITY HEALTH

One of the most important aspects of our model is the integration with Nepal's Community Health Worker (CHW) network and our home-visits program. CHW's live and work in the surrounding villages performing triage, providing primary care, and managing follow-up care.



KEY PERFORMANCE INDICATORS

You can't improve what you can't measure.

It's our job to prove possibility with data. We use these six KPI's because they can be feasibly collected in rural impoverished areas and reflect the overall performance of our model. The Nepali government only pays us when we hit these indicated targets, showing we're improving population health outcomes.

100%

SURGERY ACCESS

Target: 95%

A full set of resources and people to perform surgeries were available every day. 1.6

EQUITY

Target: >1

Marginalized patients accessed our healthcare system 60% more frequently than nonmarginalized patients.

76%

SAFE BIRTH

Target: 95%

76% of women gave birth in a healthcare facility with a trained clinician in the past year.

50%

FOLLOW UP

Target: > 90%

50% of our total chronic disease patients had a follow-up interaction with a provider.

1.7

OUTPATIENT USE

Target: > 1.3 visits/person

On average, each person in our catchment area visited one of our healthcare facilities nearly 2 times.

34%

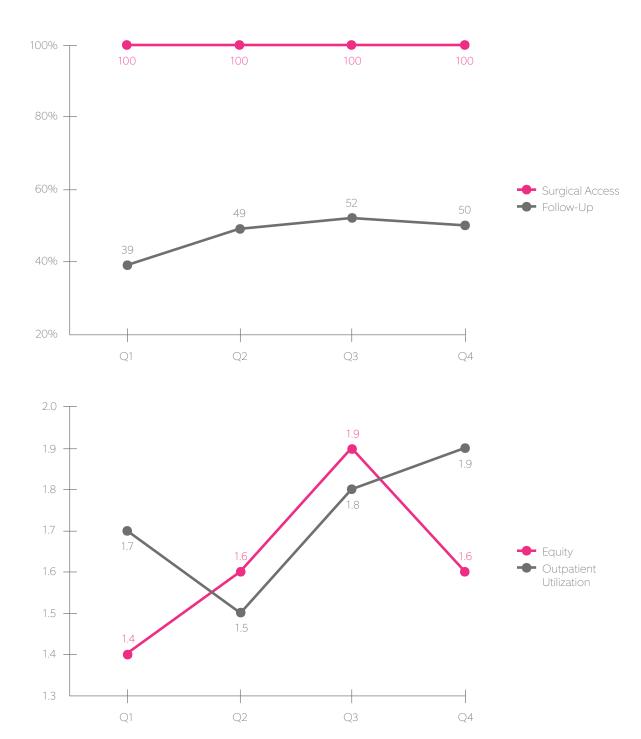
FAMILY PLANNING

Target: > 75% uptake

34% of reproductive aged women who delivered in the past 2 years are using contraceptive methods.



KEY PERFORMANCE INDICATOR PROGRESS Q1-Q4





69,505

PATIENTS TREATED THIS YEAR

90% Outpatient care7% Emergency care3% Inpatient care (inpatients + HIV + deliveries)

5,528

SURGICAL PROCEDURES

This year there was a 49% increase in surgeries. We use this data to evaluate surgical usage and capacity, and to create a baseline for necessary follow up.

597

BABIES DELIVERED

In our hospital alone there was a 25% increase in safe deliveries. We also completed 1,538 Antenatal Care patients for expecting mothers, critical for mapping institutional birth rate and evaluating new areas of intervention.

10,754

DIGITAL X-RAYS

There was a 74% increase in digital x-rays this year, which has significantly improved patient care. Having specific technologies ensures operations function properly and we can meet patient demand.



HOSPITAL HUB



HOSPITAL EXPANSION

We broke ground on Nepal's leading rural teaching hospital, a replicable model that will transform the status quo of rural healthcare systems in Nepal.



TEAM HOUSING

Having dignified, comfortable housing at the hospital hub ensures we can better serve our patients and attract top Nepali healthcare leaders.



RAMMED EARTH

The benefit of using stabilized rammed earth technique for construction is its high thermal mass, which reduces the need for air conditioning and heating and saves energy.



PHASE TWO: 2016

We are about to break ground on a brand new inpatient and outpatient department, meaning we can significantly increase our number of services, patient treatments, and academic spaces.



33K

OUTPATIENT VISITS

This year we had more than 30,000 patients visit our health clinic facilities versus having to travel far distances to our hospital hub. 348

DELIVERIES PERFORMED

Over 300 mothers had safe births at our clinics equipped with a trained physician.

599

ANTENATAL CARE PATIENTS

We enrolled nearly 600 expecting mothers into our Antenatal Care program.



GROUP ANTENATAL CARE (ANC)

Group antenatal care meetings provide expecting mothers with the valuable information and care they need to have a safe pregnancy with a trained clinician.



POWERED BY SOLAR

Our partnership with SunFarmer enables clinics to be powered fully by solar energy. We have generated enough electricity to power 1,094,500 hours of light.



IMPROVING ACCESS

Hills are often a patient's path to healthcare. Strengthening clinics makes this path faster and safer.

13,500 Additional people had access to clinics this year.



COMMUNITY HEALTH

184

COMMUNITY HEALTH WORKERS

We increased our Community Health Worker Leaders to 20 and Community Health Workers to 164.

23K

HOME VISITS

We visited and treated over 20,000 pregnant and chronic disease patients at their home.

234

GROUP ANC SESSIONS We held 234 Group Antenatal Care Sessions for pregnant mothers.

522

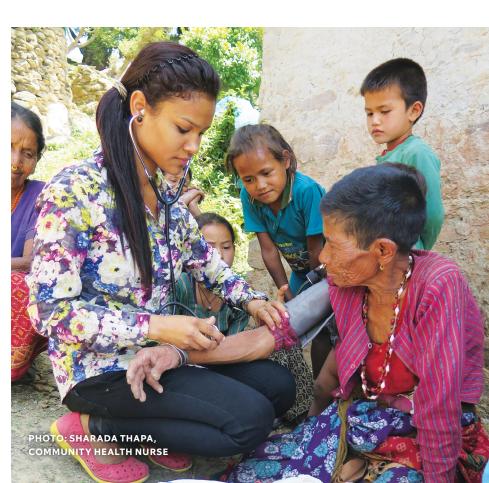
COMPLETED FOUR ANC VISITS In 234 sessions, we had over 500 pregnant mothers complete all four classes in

the program.



"No one should fall through the cracks of any healthcare system. Our Community Health Program prioritizes supporting patients and their families to overcome the social and contextual barriers that prevent them from accessing care—both at healthcare facilities and patients homes."

—Isha Nirola, Director of Community Health





COMMUNITY HEALTH



FIRST SPECIALIZED NAIL SURGERY

19-year-old Nabina broke her right leg when she fell returning home from school. She went to a traditional district hospital, was given a cast, but showed no signs of improvement a month later. One of our community health workers from her village referred her to our hospital. A digital x-ray revealed a fracture that hadn't healed. Our team had recently received tools and instruments from SIGN Fracture Care International for nail placement surgeries. This is the first time our hospital performed a nail surgery, which allowed Nabina to use her right leg within three months.



BRINGING CARE TO THE PATIENT

Our Community Health team met Padma during her first group antenatal care (ANC) visit. We discovered she had a prolapsed uterus and began closely monitoring her health at ANC visits and at her home. Padma ended up going into early labor. A Community Health Worker alerted Dr. Bishal, along with our nurse, Sonu, and they drove straight to Padma's house, where she was bleeding and in great pain. Our medical team immediately went to work and brought her to our hospital, where Padma delivered a baby boy.



DIGITAL X-RAYS IN RURAL NEPAL

Imagine This Scenario:

A mother walks for two days to bring her 5-year-old son, who has a broken arm, to our hospital hub. The boy's x-ray is taken and the image is saved electronically. Our orthopedic surgeon examines the x-ray on her computer through the boy's patient ID and recommends a treatment.

Ever since our team procured a digital x-ray, this scenario has become a reality. Every day, our x-ray department takes up to 50 images for fractures, chronic obstructive pulmonary diseases (COPD), tuberculosis, and various pulmonary infections prevalent in HIV-positive patients.

As our surgical and orthopedic services expand, it's essential we have specific technologies to ensure operations function well and we can meet our patient demand.

REMARKABLE MOMENTS



DEPLOYED AN ELECTRONIC HEALTH RECORD (EHR)

This is the first integrated EHR system in Nepal, where we strive to enhance patient care by utilizing data.



CONDUCTED FIRST DIGITAL HOUSEHOLD CENSUS

Using smartphones, we collected data from over 7,500 homes to measure impact across the tiers of our work.



FORMALIZED A COMMUNITY ADVISORY BOARD

The board provides critical advice and feedback on the relevance and feasibility of our community programs.



SIGNED A GOV'T CONTRACT TO REBUILD POST-EARTHQUAKE

This enables us to expand our Public-Private-Partnership and begin rebuilding 21 health clinics.



BROKE GROUND ON OUR HOSPITAL-HUB EXPANSION

We began construction to turn our facility into the leading rural teaching hospital in Nepal.



FUNNELED \$20MM DOLLARS IN IN-KIND DISASTER RELIEF

We worked with partners after the earthquakes to move \$20MM dollars to high-impact relief organizations.



HIRED NEPAL'S FIRST FEMALE ORTHOPEDIC SURGEON

Dr. Aaradhana's specialization meant we could take care of major trauma cases without the need to refer patients to urban hospitals.



ENROLLED OUR FIRST MD GENERAL PRACTICE RESIDENT

We formalized a partnership to enroll MDGP residents at our rural teaching hospital.

EARTHQUAKE RESPONSE

On April 25th, in a single moment of tectonic unrest, all of our lives changed.

In response to the series of over 400 earthquakes that struck this spring, we expanded our work in Nepal and are rebuilding the healthcare system in one of the worst-hit districts. We chose Dolakha District, where 87% of its healthcare facilities were damaged or destroyed, and 40% of people now lack access to healthcare.



We signed a contract with the Government of Nepal and immediately began rebuilding 21 clinics, installing solar electricity, and ensuring supplies reach facilities via the supply chain.



More importantly, we began laying down the foundation for a long-term healthcare system in Dolakha that is resilient in the face of future natural disasters and can transform the lives of hundreds of thousands of people.



Our partners have committed to fund more than \$2.5 MM to our rebuilding efforts.

Rebuilding Partners











EARTHQUAKE RESPONSE



"In one terrible moment of tectonic unrest, all of our lives changed. It is incomparable, and incomprehensible, to experience the unstoppable moving of the earth with the immediate passing of over 7,000 fellow human beings. We can never again gaze out across the landscape where our patients live and work without a deeper sense of the transience and sheer power of the earth."

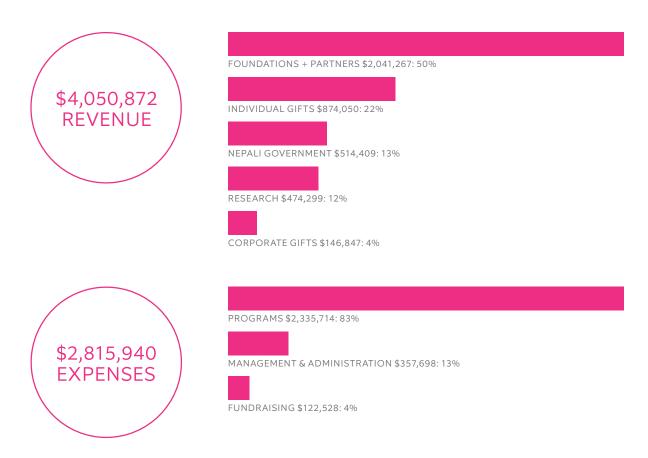
-Duncan Maru, Chief Strategy Officer



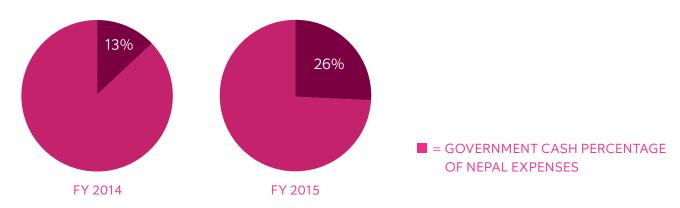


FINANCIALS August 1, 2014–July 31, 2015

Transparency is a moral must.



In addition to significant in-kind support, Nepal's government invested \$514K in cash FY 2015, a 390% increase from FY 2014 that represents the current strength of our PPP and the opportunities for deeper public-sector commitment as we continue to expand.



^{*}This financial overview represents the combined unaudited financials for the U.S. 501c3 and Nepal-based NGO. Audited financials will be available for each entity on our website as soon as the audits are completed.

TEAM

Our entire team is here for one purpose: to solve for the patient. This means making healthcare more accessible and tailored to a patient's specific needs, and delivering it in a dignified way.



NEPAL

Our Nepali team makes up 97% of our organization. We invest heavily in local leaders.



GLOBAL

Our global team acts as the fuel to push forward remarkable results in Nepal.

297

FULL-TIME & PART-TIME EMPLOYEES

12

FULL-TIME & PART-TIME EMPLOYEES

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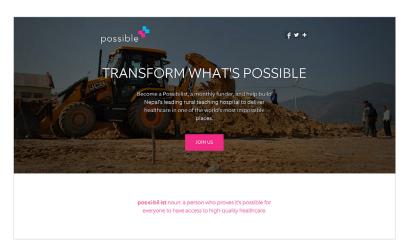
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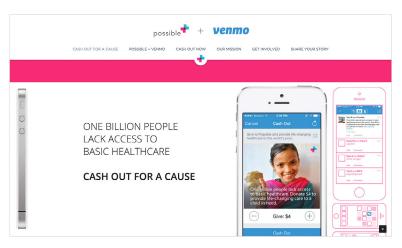
MARKETING & MEDIA

Here's how we spread our work and vision around the world.



POSSIBILISTS

Last December we launched our monthly giving program of Possibilists, who are proving it's possible to build Nepal's leading rural teaching hospital in one of the world's most impossible places.



VENMO

We worked with Venmo, the world's leading mobile payment app, so users could directly support our work. In nine months, we raised over \$270,000 and interacted with more than 67,000 Venmo users.



CATHAY PACIFIC AIRWAYS

We launched our partnership with Cathay Pacific Airways to support earthquake rebuilding. Now our team can travel back and forth from Nepal free of cost, which allows us to use the money saved on airfare directly for patient care.

MARKETING & MEDIA

100,247

POSSIBLEHEALTH.ORG
PAGE VIEWS

214% Growth

24,014

FACEBOOK LIKES

34% Growth

3,009
TWITTER FOLLOWERS
22% Growth



Access, Excess, And Medical Transformation: Delivering Durable Health Care In Rural Nepal

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A Model of Health

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Fixing Healthcare Will Require More Than a New Payment System

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THANK YOU

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Gerzoff \cdot Robert \, Echter \cdot Robert \, Mathews \cdot Robert \, Nicholas \cdot Robert \, Tinworth \cdot Robert \, Trescott \cdot Robert \, Vinci \cdot Robin \, Tang \cdot Roger \, \& \, Anne \, Blattberg \cdot Robit \, Tang \cdot Robert \, Tinworth \, Anne \, Tinworth \,$ Burju • Rojan Shrestha • Ronald And Nancy Angoff • Ryan Biehle • Ryan Price • Ryan Schwarz • Sage Norman • Sai Ulluri • Sally Guttmacher • Sam Barrett • Sam Herzberg • Sam Rosen • Sam Winer • Samir Dangol • Samuel Creenaune • Samuel Yu • Sana Khadka • Sandro Lazzarini • Sanjay Reddy • Sara K Shinbach • Sara $Mcdermott \cdot Sara Wade \cdot Sarah \ Hanck \cdot Sarah \ Lerner \cdot Sarah \ Rasmussen \cdot Scott \ Byrnes \cdot Scott \ Halliday \cdot Scott \ Wellenbach \cdot Sean \ Cavanaugh \cdot Seppo \ Enarvi \cdot Sean \ Cavanaugh \cdot Sean \ Cavan$ Seth Adams • Seth Godin • Seth Procter • Shan Soe-Lin • Sharda Umanath • Shaswat Sapkota • Shiwani Srivastava • Shraddha Mainali • Simeon Reilly • Simin Gul • Sindhya Rajeev • Skip Press • Skyler Cho • Sofia Sequenzia • Sonal Panchal • Sonia Sarkar • Stan Arnoldy • Stephan Skinner • Stephanie Pfeiffer • Steve Dennis • Steven Daskal • Steven Izen • Steven Knuesel • Steven M Berger • Steven Roesch • Story Cosgrove • Sukti Dhital • Sunami Gurung • Susan Fletcher • Susan Trabka • Susan Webster Schultz • Suzanne Loui • Tabish Mustufa • Tanya Shah • Tassana Landy • Ted Perriton • Teju Ravilochan • Tenzing Tekan Lama • Tess $Panizales \bullet Theofani \, Makrinos \bullet Thomas \, Chartier \bullet Thomas \, Otto \bullet Thomas \, Pogge \bullet Thuy \, Ngo \bullet Tiffany \, Anderson \bullet Tiffany \, Bell \bullet Tim \, Hartigan \bullet Tim \, Scarborough$ • Tim Shnell • Tina Chang Walderman • Tobias Kuehne • Tom Belford • Tom Tang • Tommie Pegues • Tomoko Lim • Travis Chamberlain • Ubin Malla • Umair Daimee • Usha A Babaria • Uttam Rajbhandary • Uttara Partap • Verena Schenk • Veronica Franchino • Victoria Rogers • Vin Gupta • Vitol Foundation • Vivek Maru • Vlad Georgescu • Vladimir Dubovskiy • Walter Eduardo Castro Abarca • Wendy Wecksell • Wesley Trotman • Will Schuerman • William H. Garmany • William Laughlin • William Norvell • William Simpson • William Wade • Yunji Kim • Zach And Sara Luck • Zach Schwartz