This has been the most challenging year our organization has ever faced. But when it comes to solving for the patient, it has also been the most impactful.
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 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.

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.

<table>
<thead>
<tr>
<th>KPI</th>
<th>Target</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>100%</strong> SURGERY ACCESS</td>
<td>95%</td>
<td>A full set of resources and people to perform surgeries were available every day.</td>
</tr>
<tr>
<td><strong>1.6</strong> EQUITY</td>
<td>&gt;1</td>
<td>Marginalized patients accessed our healthcare system 60% more frequently than non-marginalized patients.</td>
</tr>
<tr>
<td><strong>76%</strong> SAFE BIRTH</td>
<td>95%</td>
<td>76% of women gave birth in a healthcare facility with a trained clinician in the past year.</td>
</tr>
<tr>
<td><strong>50%</strong> FOLLOW UP</td>
<td>&gt; 90%</td>
<td>50% of our total chronic disease patients had a follow-up interaction with a provider.</td>
</tr>
<tr>
<td><strong>1.7</strong> OUTPATIENT USE</td>
<td>&gt; 1.3 visits/person</td>
<td>On average, each person in our catchment area visited one of our healthcare facilities nearly 2 times.</td>
</tr>
<tr>
<td><strong>34%</strong> FAMILY PLANNING</td>
<td>&gt; 75% uptake</td>
<td>34% of reproductive aged women who delivered in the past 2 years are using contraceptive methods.</td>
</tr>
</tbody>
</table>

**HOSPITAL HUB**

**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.
### Key Performance Indicator Progress Q1–Q4

**Surgical Access**
- Q1: 39
- Q2: 49
- Q3: 52
- Q4: 50

**Follow-Up**
- Key performance indicator for follow-up.

**Equity**
- Q1: 1.7
- Q2: 1.6
- Q3: 1.8
- Q4: 1.6

**Outpatient Utilization**
- Key performance indicator for outpatient utilization.

**Hospital Hub**
- Milestones for hospital hub.

---

**Graphs:**
- Surgical Access and Follow-Up trends from Q1 to Q4.
- Equity and Outpatient Utilization trends from Q1 to Q4.
69,505
PATIENTS TREATED THIS YEAR
90% Outpatient care
7% Emergency care
3% 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 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.
This year we had more than 30,000 patients visit our health clinic facilities versus having to travel far distances to our hospital hub.

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

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

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

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.

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

PHOTO: SHARADA THAPA,
COMMUNITY HEALTH NURSE
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. Aaradhanas 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.
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.
“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.

$4,050,872 REVENUE

- FOUNDATIONS + PARTNERS $2,041,267: 50%
- INDIVIDUAL GIFTS $874,050: 22%
- NEPALI GOVERNMENT $514,409: 13%
- RESEARCH $474,299: 12%
- CORPORATE GIFTS $146,847: 4%

$2,815,940 EXPENSES

- PROGRAMS $2,335,714: 83%
- MANAGEMENT & ADMINISTRATION $357,698: 13%
- FUNDRAISING $122,528: 4%

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.
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.

**TEAM**

**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

**BOARD OF DIRECTORS**
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12 FULL-TIME & PART-TIME EMPLOYEES

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Eswar Priyadarshan
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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INSTITUTIONAL
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Harvard Division of Global Health Equity
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Partners Healthcare
University of California San Francisco