This year, we made bold commitments.

Each commitment was made to ensure more patients could receive high-quality, low-cost healthcare from the hospital to their home.

In the wake of devastating earthquakes, we committed to rebuild clinics and replicate our model in a new region where it was needed most.

Because we know hospital care alone cannot fully serve our patients’ needs, we committed to expand our community health worker program.

When we saw technology could be a lever for better care, we committed to build the electronic health record and mobile tools to integrate care and prevent patients from falling through the cracks.

These were just a few of the commitments we made in 2016. See the results of our commitments in the pages to follow.

OUR CULTURE CODE PRINCIPALS

We put our patients first.
We embrace challenge with grit.
We treat efficiency as a moral must.
We think big.
We build simple.
We challenge conventional thinking.
We realize great design creates dignity.
We are transparent until it hurts.
We balance professional intensity with personal support.
We make commitments with integrity.
We believe everything is impossible, until it isn’t.

A small body of determined spirits fired by an unquenchable faith in their mission can alter the course of history.

—Mahatma Gandhi
Committed from **hospital to home.**

Possible’s healthcare delivery model is designed to be comprehensive and guard against the shortcomings of more limited forms of care.

Providing only fragmented, acute care at hospitals does not do enough to improve health outcomes for the poorest. And even the most well-equipped community health workers are unable to address many drivers of morbidity and mortality without referrals to a strong network of facilities.

As a result, we focus on integrating care across hospitals and community health workers to create the kind of high-access, comprehensive care patients need. This approach also enables patients to be enrolled in a system of care that responds to their needs over time.

Committed to **solving for more patients.**

The rate of increase of patients treated continues to grow at each of our hospital hubs.

We are well aware this increase reflects volume, but not quality. But we also believe in paying attention to patients who are voting with their feet. Here are some of the ways patient care expanded in 2016.

**112,179 patients treated in FY 2016.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Treated</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY12</td>
<td>21,585</td>
</tr>
<tr>
<td>FY13</td>
<td>34,027</td>
</tr>
<tr>
<td>FY14</td>
<td>56,106</td>
</tr>
<tr>
<td>FY15</td>
<td>69,505</td>
</tr>
<tr>
<td>FY16</td>
<td>112,179</td>
</tr>
</tbody>
</table>

There was a 41% increase in the total number of patients treated at our hospital hubs in 2016. This was driven by increased patient volume at our first hospital and the addition of a second hospital halfway through the year.

Care is paid for by combination of government and philanthropic sources based on performance.

- Patient receives initial care from a professional community health worker or at a hospital.
- An electronic health record is created to enable effective follow-up care.
- Patient receives ongoing, comprehensive follow-up care from CHW or at hospital, depending on condition.
- Care is paid for by combination of government and philanthropic sources based on performance.

**387,730 patients treated since founding.**

- We support pregnancy planning by creating individual birth plans and helping women receive government cash reimbursements for their antenatal care visits. In 2016, we completed antenatal care visits with 2,598 expecting mothers.
- We more than doubled the number of safe deliveries in our hospitals in 2016 vs. 2015.
- This year, there was a 23% increase in surgeries. We use this data to evaluate surgical usage and capacity, and to create a baseline for necessary follow-up.
Impact Milestones

TREATED OUR 300,000TH PATIENT
We treated our 300,000th patient in January 2016 after seven years of operating Bayalpata Hospital through a public-private partnership.

SIGNED 10 YEAR CONTRACT AT CHARIKOT HOSPITAL
We became the first nonprofit to independently manage a functioning government facility when we signed a 10-year public-private partnership agreement for Charikot Hospital.

INAUGURATED BAYALPATA HOSPITAL AS DR-TB CENTER
We inaugurated Bayalpata Hospital as an official government drug-resistant tuberculosis center.

PASSED IMPACTMATTERS NEW IMPACT AUDIT
We passed ImpactMatters’ new Impact Audit, independently verifying we deliver on evidence-based strategies, deserve funding, and have room to absorb more funding.

COMMUNITY HEALTH EXPANDS TO 7 NEW VDCS
We expanded our Community Health Worker program to 7 additional village development committees, growing the total population receiving CHW-based care to nearly 60,000.

CONTINUOUS SURVEILLANCE SYSTEM LAUNCHED
We launched a system that allows Community Health Workers to access patient records on smartphones and provides a geo-location for every household in our catchment area. We use this tool to survey and visualize health data for the population we serve in real time.

“Treat us with love, and we will be thankful to you.”
—Bayalpata Hospital Staff
Committed to quality healthcare.

We hold ourselves accountable to healthcare quality and we made important advancements in measuring quality in 2016. Our healthcare KPIs have been consolidated from six to four indicators, based on the scientific evidence linking these KPIs to reduced morbidity and mortality.

These four KPIs were chosen because they can be feasibly collected in a rural area and reflect the overall strength of an integrated healthcare system. These KPIs serve as the basis for an early stage pay-for-outcomes model we have developed with government partners and drive change in our internal strategies.

Our healthcare KPIs are complemented by over 80 volume and process measures that we track monthly in an Impact Dashboard.

**HEALTHCARE KEY PERFORMANCE INDICATORS (KPIs)**

- **100% SURGERY ACCESS**
  - Target: 95%
  - Outcome: A full set of resources and staff to perform surgeries were available everyday of the year.

- **50% CHRONIC DISEASE FOLLOW-UP**
  - Target: 90%
  - Outcome: This means 50% of our total chronic disease patients had a follow-up interaction with a provider.

- **78% INSTITUTIONAL BIRTH**
  - Target: 95%
  - Outcome: 78% of women gave birth in a healthcare facility with a trained clinician in the past year.

- **45% CONTRACEPTIVE PREVALENCE**
  - Target: 40% uptake
  - Outcome: 45% of reproductive-aged women who delivered in the past two years are using contraceptive methods.

*measured annually

**Change in KPIs over time.**
Committed to technology.

In 2016, we launched, expanded, and integrated several technologies to enable us to enroll patients in our catchment area, track patient care longitudinally, and digitally manage our supply chain.

We partnered with ThoughtWorks to implement Nepal’s first integrated Electronic Health Record (EHR), replacing an often costly and ineffective paper-based system. This year, we reopened Charikot Hospital following the earthquake, and rolled out the base EHR model in under 30 days at this second facility.

We expanded our EHR to integrate with OpenERP, a platform used to digitize all procurement and supply functions. This has allowed us to more efficiently track our stock levels and pull data to make more cost-effective purchase decisions for our hospitals.

Our integrated EHR extends beyond the walls of our hospital hubs. CHWs use an Android-based app called CommCare to access patient records in the field using mobile technology, allowing them to track follow-up care, and update patient records. To build our continuous surveillance system, we geotagged every house in our catchment area using the Android devices.

Committed to expanding our care.

2016 was a year of expansion. We rebuilt clinics and opened a new hospital in a second region, continued the construction of a rural teaching hospital, grew the community health worker program, and added new services, like mental health, at our hospital hubs.

Expanding Bayalpata Hospital.

We made major progress in expanding Bayalpata Hospital as a rural teaching hospital—with the overall four-year project reaching about 50% completion in 2016.

Phase 1 was completed on schedule, including the new inpatient department (IPD) basement, dormitory, and seven staff houses. Phase 2 is nearly complete, with the IPD and administration buildings under two months away from completion.

In the year ahead, Phases 3 and 4 will begin—with the goal of completing a new outpatient department, maternity ward, emergency department, and operating theater.
Rebuilding and expanding in Dolakha.

Following the earthquake, our approach was to build back differently. We made a commitment to replicate our model in one of the worst-hit districts, Dolakha, by rebuilding clinics and reopening Charikot Hospital to be resilient in the face of natural disaster.

We completed rebuilding 7 clinics in 2016 and have 8 more nearing completion. In January 2016, we became the first nonprofit to independently manage a functioning government facility when we signed a 10-year public-private partnership agreement to operate Charikot Hospital.

7 CLINICS REBUILT
Rebuilding work has been completed on 7 of our sites: Boch, Mali, Lakuridanda, Sahare, Hawa, Bhusafeda, and Jhule.

8 CLINICS UNDER CONSTRUCTION
Reconstruction is in progress for eight additional clinics as of Fall 2016.

25,000+ PATIENTS TREATED AT CHARIKOT HOSPITAL
We reopened the doors to Charikot Hospital in January 2016 where we served over 25,000 patients in the first 7 months.

67 FULL-TIME EMPLOYEES
Our integrated staffing structure includes members of medical, operations, and partnerships working tirelessly to solve for the patient.

Expanding Community Health to Kamal Bazar.

This year, we expanded our Community Health Worker program to Kamal Bazar, a community south of Bayalpata Hospital. This expansion increased our catchment area to nearly 60,000 people.

This expansion includes adding 10 new team members, including 1 Senior Program Manager, 2 Community Health Nurses, and 7 Community Health Worker Leaders (CHWLs).

Immediately upon entering this new region, we executed a household survey to identify and geotag all households and collect a baseline of health data for those living in the region. We are currently in the process of identifying and referring reproductive-age women for group ANC and pediatric care sessions with our CHWs.
Committed to expanding mental health.

Solving for the patient means solving for the whole patient. Globally, healthcare facilities are perpetually under-invested in mental health services. In a culture where mental illness is heavily stigmatized, and where there are less than 50 psychiatrists available to the entire country, we launched a new range of mental health services to break barriers and provide comprehensive, quality support to the communities we serve. Top amongst these services is enhanced counseling that can be provided by mid-level providers instead of only relying on psychiatric specialists.

“Achham has witnessed the history of Maoist insurgency. It also has alcohol related problems and a high domestic violence rate. Introducing mental health in this region was indeed of prime importance.”
—Dr. Jasmine Lama, Implementation Research Manager

Our Co-Founder and Mental Health Advisor, Dr. Bibhav Acharya (pictured), recognized the necessity to enhance clinician training surrounding Mental Health issues, and introduced online lectures for all doctors and health assistants on the team.

Committed to our team.

We added 67 team members in Dolakha District in 2016 and initiated a new integrated staffing model at Charikot Hospital where government-paid team members operate within Possible’s management structure.

GROWTH IN FULL-TIME TEAM MEMBERS

<table>
<thead>
<tr>
<th>Team Members by Strategic Investment Area</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Delivery</td>
<td>66</td>
<td>93</td>
<td>131</td>
<td>247</td>
</tr>
<tr>
<td>Public Private Partnerships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared Services</td>
<td></td>
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Team Allocation

86% Direct Delivery: These are the investments we make to directly deliver healthcare.
7% Public Private Partnerships: These are the investments we make to advance policy, improve governance, and generate evidence.
7% Shared Services: These are the investments we make to strengthen the organization’s financial and strategic standing.
Committed to our world class partners.

We endeavor to bring the best global innovations to our patients, ensuring they receive the benefits of developments in medical science, management and technology. This year, Cathay Pacific Airways committed to our work by allowing our global team to travel to and from Nepal for free, so that we can put the money saved on airfare directly toward patient care.

“We are proud and privileged to work with an airline that is as committed to delivering healthcare to those who need it as they are to delivering a great flying experience to their customers.” —Mark Arnoldy, CEO

One year after the Nepal earthquakes, The Atlantic team partnered with Cathay Pacific Airways to discover how the country was rebuilding its healthcare system, and the role our team has played in building it back differently. The three-part series is highlighted on the right.

Cathay Pacific Airways’ support of our integrated healthcare model, provided more than 13,000 patients with healthcare.

Thanks to Our Partners
Thank You
Have questions after reading our report?
We will do our best to answer them.
30 Broad Street, 9 Fl. New York, NY 10004
possiblehealth.org