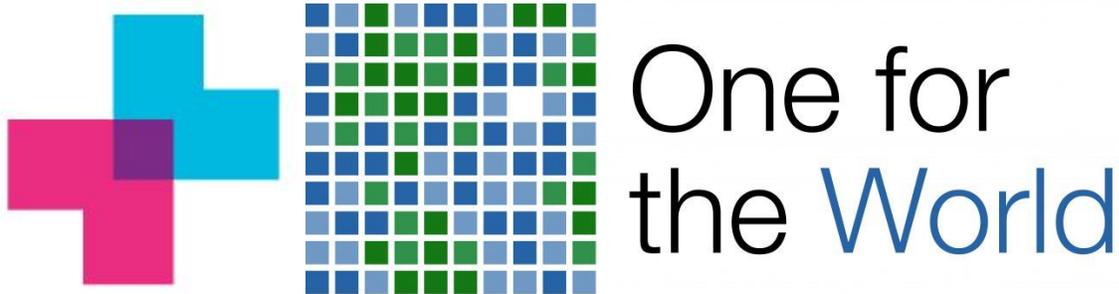


One for the World Partner Summary – Possible



Possible was founded in 2008. Possible provides high-quality and cost-effective health care services to Nepal's rural poor in partnership with government medical programs.

What's the need?

- Nepal's Constitution guarantees the right to universal healthcare for the poor; however, rural, poor communities live far away from Kathmandu, the country's capital and main health care center.
- Hospitals, clinics, and community health workers in these communities also lack vital resources and capacity to provide quality treatment and follow-up care.
- These needs have been acutely amplified since the 2015 earthquake, which [damaged or destroyed over 1,100 healthcare facilities](#).

What they do (program details)

- Possible provides accessible and comprehensive care through a 'hub and spoke' model
- A hospital acts as the hub, with clinics and community health workers as the spokes.
- The initial health care session creates a digital health record, which allows effective follow-up care. Follow up care is provided from a community health worker or at a hospital, depending on the patient's need.
- Treats patients at an average cost of delivery of \$36

Evidence of impact of intervention

- Services provided by Possible [have been shown](#), through a broad base of rigorous counterfactual evidence (i.e., guidelines set by the World Health Organization), to reduce patient morbidity and mortality when delivered at similar quality.
- Community health workers track patient care using mobile, geo-tagging technology, allowing for near real-time data collection and measurement of childhood mortality rates.
- [Very low chance of "displacement"](#) (occurs when philanthropic dollars crowd out other dollars that would have delivered the same service) due to poor or nonexistent infrastructure in rural Nepal.

Evidence of impact of charity

- In 2017, Possible [served 150,879 patients](#). Since its founding, Possible has served over 500,000 patients, with patient volume more than doubling over the past two years.
- Possible reaches patients at a marginal cost of approximately [\\$36 per patient](#).
- Possible is working to [rebuild 21 of the most frequently used health clinics that were damaged in the 2015 earthquake, and took over management of a main hospital hub](#).
- Possible [tracks impact against Key Performance Indicators](#) on a quarterly basis, striving for <5% surgical complications, 50% patients with chronic disease under control, 95% of births in institutional settings, and 40% contraceptive use among women who gave birth in the past two years. In 2017, they met or exceeded targets on three out of four KPIs.

Plans for 2018

- Increase patient catchment population [nearly threefold to ~240,000](#).
- Continue rebuilding clinics in Dolakha, one of the worst-hit districts by the earthquake.
- Expand Bayalpata Hospital (Possible's innovation hub and center for healthcare provider trainings).
- Operate a new primary health center in the Acham District which will serve as a hub for expanding the community health worker training program.
- Lower average costs by continuing to expand and scale.

Remaining uncertainties

- Struggling to meet one of their KPIs (Contraceptive Prevalence) so far this year; however, we think it is due to a recent rapid expansion into new patient areas that are underserved.
- Specific KPI criteria have changed in recent years; however, old KPIs focused on similar categories, so we believe Possible is maintaining continuity in performance measurement.

Sources and more information

- Possible website: <http://possiblehealth.org/>
- The Life You Can Save information page on Possible: <https://www.thelifeyoucansave.org/Where-to-Donate/Possible>
- ImpactMatters Audit: <http://www.impactm.org/impact-audits/possible>