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Photography credits: Jason Houston (front cover, pp 24, 27, 29, 32, back cover); Simon Needham (pp 6-7, 9, 13, 30)
COMMON ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Antenatal care</td>
</tr>
<tr>
<td>ANM</td>
<td>Auxiliary nurse midwife</td>
</tr>
<tr>
<td>CHW</td>
<td>Community health worker</td>
</tr>
<tr>
<td>CME</td>
<td>Continuing medical education</td>
</tr>
<tr>
<td>FCHV</td>
<td>Female community health volunteer</td>
</tr>
<tr>
<td>mHealth</td>
<td>Mobile health technology</td>
</tr>
<tr>
<td>SBA</td>
<td>Skilled birth attendant</td>
</tr>
<tr>
<td>VDC</td>
<td>Village development committee</td>
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</table>

OUR PROGRAM CYCLE

In this annual report, you will notice mention of various phases of program development. The following are descriptions of each phase:

Phase I: Start-up
During this introductory phase, OHW starts all the initial program implementation negotiations with our local government partners (previously at the district level and now at the municipality level); hires a field team; sets up a field office; conducts a baseline study and needs assessment; and establishes a plan of action for program activities. The typical timeline required for each new program site to complete Phase I is one year.

Phase II: Implementation
As the most resource-intensive phase of our program development, Phase II typically requires a three-year timeline for completion. OHW implements training programs and facility upgrades. We train medical providers to become SBAs and offer CME to medical providers. We train FCHVs and CHWs to become community outreach providers; and we train local stakeholders in birthing center management and program collaboration. Lastly, we upgrade key health facilities into fully functioning government-certified birthing centers. All activities then undergo a strict monitoring system where services and quality of care are randomly assessed by our field teams.

Phase III: Transition
In this final phase, OHW focuses predominantly on the effective transition of our program to our local government partners (previously at the district level and now at the municipality level), typically requiring a two year timeline for completion. We maintain regular contact with our local government partners, our trainees, and the birthing centers we upgraded. Additionally, we continue to offer refresher trainings, perform quality assessments of our birthing centers, and support as necessary for each program site to achieve long-term sustainability.
All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth.

One Heart World-Wide builds a *Network of Safety* around a mother and her baby to end preventable deaths.

**We invite you to join us on this ambitious mission to save lives.**
LETTER FROM THE PRESIDENT

Dear One Heart World-Wide Friends,

“There are those whose lives affect all others around them. Quietly touching one heart, who in turn, touches another. Reaching out to ends further than they would ever know”.

—William Bradfield

2017 has been a demanding yet incredibly insightful year for us at One Heart World-Wide. Nepal has undergone a complete restructuring of their government which has given more autonomy and resources to the communities. Since the very beginning, One Heart World-Wide has focused our work in the most remote areas where the need is the greatest. We believe this countrywide shift will help bring more resources to those who need it the most.

When we began our work in Nepal in 2010 after leaving Tibet, we had no idea what challenges we would face: earthquakes, political restructuring, and catastrophic floods. All of you walked beside us, making sure we had the resources and guidance needed to navigate through the ups and downs and save more lives. We are now in 12 Districts and reached almost 40,000 pregnant women and their infants.

Each year in Nepal, there are an average of 630,000 deliveries, many of which take place at home without a skilled provider present. Each year in Nepal, 1,500 women die in childbirth and more than 13,000 babies die within their first month of life. **Women literally face death in order to give life.**

Our goal is to reach over 200,000 deliveries in Nepal by 2030. By training skilled birth attendants and female community health volunteers, as well as upgrading health posts, we aim to make sure women have access to a safe, clean birth with a trained provider. Our teams travel for days on dangerous mountain roads to make sure that our medical supplies, education, and medical equipment, reach even the most remote areas. There is nowhere too remote for our teams to reach.

There is a saying by John Wesley that inspires me each day to never give up:

“Do all the good you can, 
By all the means you can, 
In all the ways you can, 
In all the places you can, 
At all the times you can, 
To all the people you can, 
As long as ever you can.”

May these words serve to inspire all those who are helping the communities where we work. With your continued support, we can and will save more lives.

With deep gratitude and solidarity,

Arlene M. Samen, Founder and President
ANOTHER MOTHER SAVED

Muna Rai, a young mother of 20 years of age, went into labor at Durchhim Health Post, in the district of Khotang. Seven hours later, the baby was born, under the care of ANM Parbati Acharya. Both mother and newborn appeared to be safe. Parbati transferred Muna to the postnatal ward, and took a break to have lunch. Almost immediately, a man came rushing to her, clearly distressed.

“My wife is in pain,” he said in a quivering voice. “She is badly bleeding!” Parbati dashed back to the health post. Her heart sank at the scene before her.

Muna was lying in a pool of blood, with a large blood clot next to her, on sheets that had turned dark red.

Suspecting that a strand of placenta or a membrane had been retained in the uterus, Parbati called out to another on-duty ANM for help. Their immediate and obvious task was to stabilize the vital signs of the mother. After setting Muna up with a Methergine drip in one hand, and Oxytocin in the other, Parbati began examining her uterus. She could not find any cervical or perineum tears, but the bleeding continued.

“I felt helpless,” Parbati says. “Her uterus was clean. She had a very normal delivery. But she was dispelling blood clots and occasionally turning blue.”

Not finding any clues, Parbati thought hard about what she could do to save this young mother. That’s when it struck her – like a last-minute revelation – to employ the condom tamponade technique.

Two weeks before, Parbati attended a One Heart World-Wide (OHW) training. It was a three-day refresher course on pregnancy complications which had an extensive session on the condom tamponade procedure and how it could be used to save lives.

First developed in Bangladesh in 2001, the low-cost technique is a kind of intrauterine balloon, created from a catheter, a male latex condom, and a string to tie the condom to the catheter. In 2013, OHW became the first organization to introduce the condom tamponade to Nepal after getting government approval to bring in the materials needed and conduct trainings on the procedure.

Parbati gave her colleague instructions to prepare the equipment while she checked Muna’s vital signs again. Two hours after employing the condom tamponade, Muna was no longer bleeding, and her vital signs returned to normal. Parbati breathed a sigh of relief. Muna was kept under supervision for a week at the health facility before the new mother was discharged.

“"The happiness you feel after saving a life is inexplicable. You establish such a powerful bond with the mother and her family, that it stays with you forever. It makes me very emotional when I meet these mothers I have saved, and see how they are doing now. Sometimes they come to visit me with gifts. I treasure them like they are my awards.”

Parbati Acharya, ANM
Durchhim Health Post, Khotang

Durchhim Health Post Staff
THE NETWORK OF SAFETY

HEALTH FACILITIES
We upgrade first level of care facilities (health posts) to become government-certified birthing centers by providing physical renovations, equipment and supplies. We also provide material support to referral hospitals to improve the quality of obstetric care.

GOVERNMENT
We partner with the Nepali Ministry of Health and Social Welfare Council at the national level, as well as with the provincial, district and municipal governments. Only through such partnerships can we ensure a long-term solution for mothers and newborns.

FAMILIES
Through FCHVs and CHWs, we teach families how to support healthy pregnancies, prepare for birth, recognize danger signs when they arise, and respond appropriately to potential problems with the pregnancy.

SKILLED BIRTH ATTENDANTS
We provide scholarships and medical equipment so that nurses can receive specialized training and refresher courses in obstetrics and immediate neonatal care.

COMMUNITY OUTREACH PROVIDERS
We train FCHVs and CHWs to counsel women and families throughout pregnancy to deliver at a birthing center and attend all their antenatal checkups.

COMMUNITY STAKEHOLDERS
To ensure program quality and long-term sustainability, we engage key local stakeholders in each community to help design, implement, and maintain program activities.
ADAPTABILITY IN TIMES OF CHANGE

Nepal is undergoing a significant administrative overhaul through the creation of a new geopolitical structure. The new federal constitution came into effect in 2015, and has restructured the previous 77 districts and almost 3,500 local bodies (mostly comprised of “Village Development Committees”) into seven provinces and 753 local bodies (municipalities or “palikas”). Decision-making and funding authority has moved from the national government to local (municipal) governments, with coordination from the provincial governments.

Local elections have been completed in all 12 districts where we currently operate. The municipalities in these districts have new locally elected leaders, with whom we now coordinate our programs, in addition to the pre-existing national agencies and eventually the provincial governments as well. The functions and authority of the different levels of elected bodies are still undergoing finalization, resulting in a period of ambiguity in the role and authority of recently elected local bodies and old structures and bodies.

This has implications for OHW as we have always depended on close collaboration with local communities to identify health needs, plan and implement interventions, and monitor and report on progress. This entails significant additional effort and time as the previous structure required planning and finalization only with the District Health Office. Thus, the restructuring has limited our ability to plan, implement and scale our program model as planned. It also has potential to cause additional delays as we continue to roll out our programs in the next couple of years. OHW is meeting with local government authorities in each municipality to get a new program mandate which fits with the responsibilities of the new elected body, and to confirm plans for future activities to prevent further disruption in activities.
2017 BY THE NUMBERS

540 local stakeholders trained
813 community outreach providers trained
73 skilled birth attendants trained
278 CME offered to medical providers
76 birthing centers upgraded

ANNUAL NUMBER OF PREGNANCIES REACHED
DATA-DRIVEN RESULTS

One Heart World-Wide relies heavily on data for all programmatic decisions. As such, we are committed to robust data management methods and to full transparency in reporting. Our primary program data is collected quarterly by the central and district level teams through site visits, record reviews and phone calls. We use both quantitative and qualitative methods to collect our primary data. Our secondary data comes from the Health Management Information System. This is the government data that is gathered by all health personnel and transmitted to a central recordkeeping area in Kathmandu. We access this data once a year.

To better assess our impact, OHW contracts a third-party external evaluator to conduct a community-based survey using a census methodology to enumerate all maternal and neonatal deaths. Baseline surveys have been completed in ten of our districts so far.

OHW is committed to exploring creative ways to improve the way we collect and interact with our data. Since 2015, OHW has partnered with Medic Mobile to pilot their mHealth platform in Baglung. By the end of 2017, the Medic Mobile mHealth platform has been fully implemented in Dhading as well. We continue to actively assess performance in these two program sites to inform the expansion of mHealth to all of our districts, allowing real-time reporting of new pregnancies, service delivery data (i.e. the number of births attended by an SBA), and mortality data.

As you read through the data, you may notice lower than expected rates of ANC coverage. In 2015, the government of Nepal changed the definition of appropriate ANC visits to state that only visits at four, six, eight, and nine months of pregnancy would be counted toward receiving “appropriate ANC.” Prior to 2015, all women attending at least four visits regardless of timing were counted as receiving appropriate ANC. The decline in this indicator can be observed across Nepal.
1. BAGLUNG
Year started: 2010
Phase: Transition

2. DOLPA
Year started: 2011
Phase: Transition

3. DHADING
Year started: 2014
Phase: Implementation

4. SINDHUPALCHOK
Year started: 2015
Phase: Implementation

5. BHOJPUR
Year started: 2016
Phase: Implementation

6. KHOTANG
Year started: 2016
Phase: Implementation

7. TERHATHUM
Year started: 2016
Phase: Implementation

8. PANCHTHAR
Year started: 2016
Phase: Implementation

9. TAPLEJUNG
Year started: 2016
Phase: Implementation

10. OKHALDHUNGA
Year started: 2017
Phase: Start-up

11. SANKHUWASABHA
Year started: 2017
Phase: Start-up

12. ILAM
Year started: 2017
Phase: Start-up

OUR FOOTPRINT IN 2017
NOTES
We are working with our local partners to investigate the recent increase in maternal deaths and whether these may be linked to any new conditions in this particular area.
DOLPA

Province: 6
Population: 40,158
Area: 3,046 sq mi / 7,889 sq km
Municipalities (Palikas): 8
Terrain: Mountains
Pregnancies per year: 1,024
Program Phase: Transition

Proxy Indicators

Maternal Mortality Ratio

Neonatal Mortality Rate

- Deliveries w/ SBA
- Institutional deliveries
- Appropriate ANC (4+ visits)

* Baseline
DHADING

Province: 3
Population: 347,734
Area: 744 sq mi / 1,926 sq km
Municipalities (Palikas): 13
Terrain: Mountains
Pregnancies per year: 9,530
Program Phase: Implementation

NOTES
Dhading continues to recover from the destruction of the 2015 earthquakes. Because the first year of our program was solely focused on earthquake recovery activities, OHW has decided to delay the start of the transition process until 2019.
Province 3  
Population: 292,450  
Area: 981 sq mi / 2,542 sq km  
Municipalities (Palikas): 12  
Terrain: Hills  
Pregnancies per year: 7,814  
Program Phase: Implementation

Proxy Indicators

Maternal Mortality Ratio

Neonatal Mortality Rate

NOTES
Like Dhading, Sindhupalchok continues to recover from the destruction of the 2015 earthquakes. Because the first year of our program was solely focused on earthquake recovery activities, OHW has decided to delay the start of the transition process until 2019.

* Baseline
BHOJPUR

Province: 1
Population: 167,058
Area: 582 sq mi / 1,507 sq km
Municipalities (Palikas): 9
Terrain: Hills
Pregnancies per year: 4,521
Program Phase: Implementation

Proxy Indicators

- Deliveries w/ SBA
- Institutional deliveries
- Appropriate ANC (4+ visits)

Maternal Mortality Ratio

Neonatal Mortality Rate

* Baseline
The unexpected spike in maternal deaths this past year has prompted us to create a new perinatal and maternal mortality review committee to review all maternal and newborn deaths. This will provide invaluable technical guidance and feedback to better tailor our interventions to the local context.

**NOTES**

* Baseline
TAPLEJUNGR

Province: 1
Population: 129,758
Area: 1,408 sq mi / 3,646 sq km
Municipalities (Palikas): 9
Terrain: Mountains
Pregnancies per year: 3,507
Program Phase: Implementation

Proxy Indicators

Deliveries w/ SBA
Institutional deliveries
Appropriate ANC (4+ visits)

Maternal Mortality Ratio

Neonatal Mortality Rate

* Baseline
**TERHATHUM**

Province: 1  
Population: 101,366  
Area: 262 sq mi / 679 sq km  
Municipalities (Palikas): 6  
Terrain: Hills  
Pregnancies per year: 2,811  
Program Phase: Implementation

---

**Proxy Indicators**

- **2016***  
- **2017**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2016*</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>Deliveries w/ SBA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate ANC (4+ visits)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Maternal Mortality Ratio**

- 2016*  
- 2017

**Neonatal Mortality Rate**

- 2016*  
- 2017

* Baseline
PANCHTHAR

Province: 1
Population: 195,450
Area: 479 sq mi / 1,241 sq km
Municipalities (Palikas): 8
Terrain: Hills
Pregnancies per year: 5,347
Program Phase: Implementation

Proxy Indicators

- Deliveries w/ SBA
- Institutional deliveries
- Appropriate ANC (4+ visits)

Maternal Mortality Ratio

- 2016*
- 2017

Neonatal Mortality Rate

- 2016*
- 2017

* Baseline
2017 PHASE I: SET-UP

OKHALDHUNGA
Province: 1
Population: 150,487
Area: 415 sq mi / 1,074 sq km
Municipalities (Palikas): 8
Terrain: Hills
Pregnancies per Year: 4,155
Program Phase: Set-up and Implementation (started Oct 2017)

SANKHUWASABHA
Province: 1
Population: 157,467
Area: 1,340 sq mi / 3,480 sq km
Municipalities (Palikas): 10
Terrain: Mountains
Pregnancies per Year: 4,254
Program Phase: Set-up and Implementation (started Oct 2017)

ILAM
Province: 1
Population: 303,858
Area: 658 sq miles/1,703 sq km
Municipalities (Palikas): 10
Terrain: Hills
Pregnancies per Year: 8,043
Program Phase: Set-up

“Thanks to the support of OHW and all the essential equipment and drug supplements they have provided, we were able to manage the case [of retained placenta] promptly and save the mother and her child. Many things could have gone wrong if we did not have the equipment and medicine at hand.”

Pushpa Saru Magar ANM
Balakhu Health Post, Okhaldhunga
One Heart World-Wide will continue to scale its life-saving program model across northern Nepal in three new sites: Ramechhap, Nuwakot and Solukhumbu.

The addition of Solukhumbu completes coverage of the Eastern Region and the addition of Nuwakot and Ramechhap signals our continued expansion in the Central Region. The establishment of our Eastern regional office in Dharan in 2017 has provided essential administrative support to our field teams as they now manage sites with widely varied levels of program maturity.

Today, the Network of Safety is in active implementation in ten districts, with an additional two districts completing the Transition Phase to complete local ownership. We believe the most sustainable projects are ultimately locally owned and directed, and we are confident that the the Network of Safety in these districts will thrive long after our involvement.

OHW saw new partnerships and collaboration opportunities come to fruition in 2017 and we are excited for the possibilities. OHW is pleased to collaborate with Medical Aid Films (MAF) to adapt existing maternal and newborn health training videos to the Nepali context. We have received approval from the National Health Education, Information and Communication Center to shoot the MAF training videos. These training videos will provide the program with high quality content to supplement the existing curricula.

We invite you to follow our journey as we continue to work tirelessly to ensure that mothers and their babies have access to the care they need in Nepal and around the world.
<table>
<thead>
<tr>
<th>District</th>
<th>Province</th>
<th>Population</th>
<th>Terrain</th>
<th>Area</th>
<th>Municipalities (Palikas)</th>
<th>Pregnancies per year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ramechhap</strong></td>
<td>3</td>
<td>207,510</td>
<td>Hills</td>
<td>597 sq mi</td>
<td>8</td>
<td>5,671</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,546 sq km</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Nuwakot</strong></td>
<td>3</td>
<td>284,151</td>
<td>Hills</td>
<td>433 sq mi</td>
<td>12</td>
<td>7,622</td>
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<td></td>
<td></td>
<td>1,121 sq km</td>
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<tr>
<td><strong>Solukhumbu</strong></td>
<td>1</td>
<td>104,045</td>
<td>Mountains</td>
<td>1,279 sq mi</td>
<td>12</td>
<td>2,741</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>3,312 sq km</td>
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Ramechhap is a mountainous district situated between the Sun Koshi river on the South side and the base of the Everest range in the North. Elevations vary greatly, resulting in a variety of climates and vegetation. Agriculture and farming are the primary economic activities.

Nuwakot is a small, hilly district just northwest of Kathmandu. It is known for several sites of religious and historical importance, including the nine hills for which it is named, and the seven-story old palace located at the top of the hills.

Solukhumbu is a mountainous district best known for Mount Everest, known locally as Sagarmatha, which sits at its northern border. Sagarmatha National Park is a UNESCO World Heritage Site and an understandably famous destination for tourism.
BOARD OF DIRECTORS

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President & Founder

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Co-Chair

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Co-Chair

Dr. Deanna Byck  
Vice Chair

Evan Kaplan  
Treasurer

Dr. Michael Draper  
Secretary

Dr. Alan Greene  
Director

Dr. Sarah Averbach  
Director

Ayelet Baron  
(resigned September 2017)

Jill Smith  
(resigned December 2017)

Meihong Xu  
(resigned December 2017)

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Dr. Sarah Averbach, Obstetrics & Gynecology  
Dr. Sienna Craig, Anthropology  
Dr. Patti Fernandez, Health Psychology  
Dr. Beena Kamath, Pediatrics & Neonatal Health  
Dr. Sibylle Kristensen, Global Maternal Health & Perinatal Epidemiology  
Dr. Jeanette Lager, Obstetrics & Gynecology  
Dr. Suellen Miller, Midwifery & Global Maternal Health  
Dr. Susan Niermeyer, Pediatrics & Neonatal Health  
Suzanne Stalls, Certified Nurse Midwife

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Natalie Orfalea  
Chad Talbott (joined June 2017)  
Rick White

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Dr. Shibesh Chandra Regmi  
Dr. Shankar Sharma, former Nepali Ambassador to the US  
Mr. Ashoke Shrestha

Below: OHW Nepal staff at a retreat in December 2017.
IN MEMORIAM

Nancy Walker Koppelman, a beloved board member, passed away at her home on May 26, 2017 at the young age of 62. Nancy devoted her life to social justice, health equality and women’s rights. She was passionate about politics and served as a member of the Democratic National Committee and on President Obama’s National Finance and Election Committee. She was on the board of Direct Relief, Global Neighborhood Fund, UCSB Arts & Lectures, and the Aspen Brain Institute.

She loved with such deep passion, and everyone who knew her thought she was their best friend. In her honor, we have set up the Nancy Walker Koppelman Fund to sponsor SBA training and upgrade birthing centers.

To you, sister, we raise the roof of a birthing center with a mountaintop view in Nepal!

Birth is beautiful. It is messy, It is hard, and the most magnificent space I have ever lived. Deborah Frank, my midwife, held the space for me to birth at home; and with her impeccable skill and knowledge and deep compassion, I felt safe and cared for. I am immensely grateful to her.

With love and reverence, Carrie-Anne Moss

Last year, we lost a dear friend and dedicated supporter, Deborah Frank.

Deborah was a pioneer in the field of nurse-midwifery. With degrees from Duke University and Yale, she was the first certified nurse-midwife to be granted clinical privileges at Cedars-Sinai Hospital in Los Angeles, and paved the way for the value of nurse-midwives to be recognized in a physician-dominated field.

Years ago, Debbie learned about One Heart Worldwide and became one of our greatest advocates. To honor her legacy, we have established the Deborah Frank Memorial Fund, which will spread the art and science of skilled birth attendance throughout rural Nepal.

Dhunesanghu Health Post, Taplejung. Upgraded through the Nancy Walker Koppelman Memorial Fund.
At One Heart World-Wide, we know that the presence of a skilled birth attendant (SBA) is the single most effective intervention to reduce maternal and newborn mortality. An integral part of our Network of Safety model involves training SBAs in safe delivery practices and equipping them with adequate resources and a supportive infrastructure. These hard-working and compassionate women provide health services and education, not only for the mother, but also for the family and the community.

The Birth Center of Boulder (BCoB), based in Colorado, is staffed by a dedicated group of women – certified nurse-midwives, registered nurses, and lactation consultants – to provide nurturing support and education-based care. OHW is proud to partner with BCoB to enhance our mission of reducing maternal and neonatal mortality across Nepal. Midwives from BCoB will travel to Nepal semi-annually to provide education, on-going mentorship, and support to SBAs by sharing their experiential knowledge.
## STATEMENT OF ACTIVITIES

### INCOME

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<thead>
<tr>
<th>Source</th>
<th>2016 Audited</th>
<th>2017</th>
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<tbody>
<tr>
<td>Foundations</td>
<td>1,469,775</td>
<td>1,783,000</td>
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<tr>
<td>Individuals</td>
<td>130,382</td>
<td>695,000</td>
</tr>
<tr>
<td>In-kind</td>
<td>197,791</td>
<td>117,000</td>
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<tr>
<td>Events &amp; Other</td>
<td>14,358</td>
<td>9,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,812,306</strong></td>
<td><strong>2,604,000</strong></td>
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### EXPENSES

<table>
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<tr>
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<tr>
<td>Program Services</td>
<td>2,146,115</td>
<td>2,051,000</td>
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<tr>
<td>General &amp; Administrative</td>
<td>137,926</td>
<td>293,000</td>
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<tr>
<td>Fundraising</td>
<td>60,766</td>
<td>67,000</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,344,807</strong></td>
<td><strong>2,411,000</strong></td>
</tr>
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![Income 2017 Pie Chart]

- **Foundations**: 68.5%
- **Individuals**: 26.5%
- **In-kind**: 0.5%
- **Events & Other**: 4.5%

![Expenses 2017 Pie Chart]

- **Programs**: 85%
- **General & Administrative**: 12.2%
- **Fundraising**: 2.8%
DONORS

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The donors mentioned have generously given $1,000+ over the course of 2017.
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