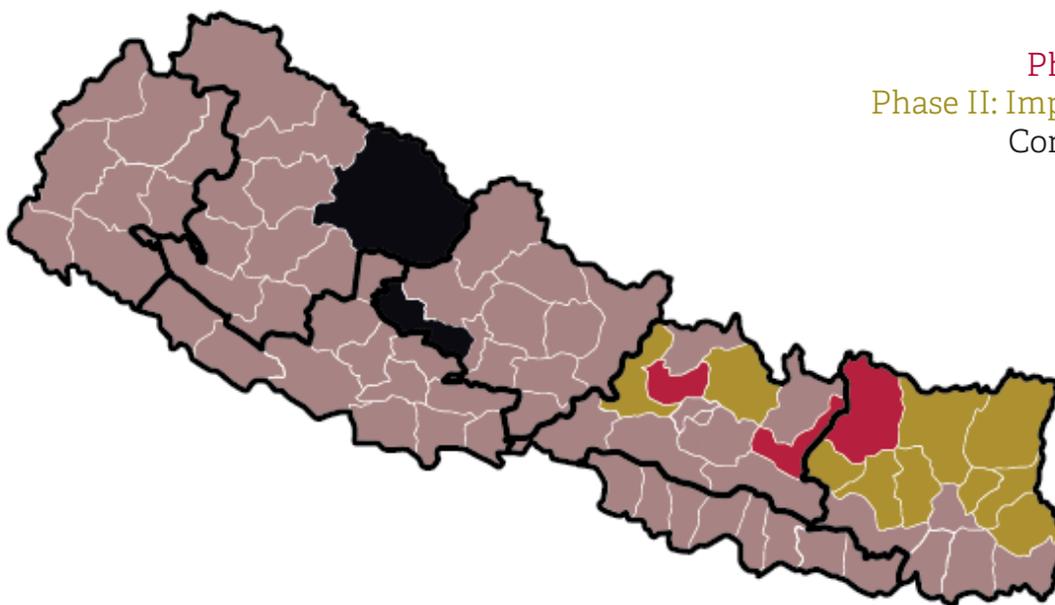


WHERE WE WORK

One Heart World-Wide (OHW) is currently active in **13** districts representing **122** palikas (municipalities), a population of **2,626,970**, and **70,448** annual pregnancies. Under the new federal structure, a palika is the local government body charged with the implementation of national policy and strategy on healthcare delivery. Palikas have the legal and financial means to plan, implement and enforce healthcare delivery decisions and regulations that were previously rested with the district health office.



Phase I: Set-up
Phase II: Implementation
Completed Sites

PHASE 1 SITES (SET-UP)

During Phase 1, OHW works in direct collaboration with government officials from each palika (municipality) with technical oversight from government officials at the district health office (DHO) level. Each new district usually includes 6-12 palikas. Activities in this 12-month phase focus on building human resources and establishing all internal and external baseline data systems to lay the foundation for full program implementation (Phase 2). In 2018, Phase 1 extends our programs to **3** new districts, representing **28** palikas, a population of **595,706**, and **16,034** annual pregnancies.

Province	District	Terrain	Palikas	Population	Pregnancies per year
1	Solukhumbu	Mountain	8	104,045	2,741
3	Ramechhap	Hills	8	207,510	5,671
3	Nuwakot	Hills	12	284,151	7,622

- The external baseline survey has been completed in all three districts.
- In Solukhumbu, all local staff for the district office have been hired. The OHW team met with all palika-level leadership and completed the full needs assessment for the district.
- In Ramechhap and Nuwakot, we have begun hiring local staff for the district office.

PHASE 2 SITES (IMPLEMENTATION)

Phase 2 is the most resource-intensive phase of program development, typically requiring a three-year timeline. All training programs and facility upgrades occur during this phase, establishing a framework for long-term systemic change. Once implemented, all activities are strictly monitored by our field teams for quality assurance.

Phase 2 currently extends to **10** districts representing **94** palikas, a population of **2,031,264**, and **54,414** annual pregnancies.

Province	District	Terrain	Palikas	Population	Pregnancies per year
3	Dhading	Mountains	12	349,827	9,483
3	Sindhupalchok	Mountains	12	293,180	7,741
1	Bhojpur	Hills	9	163,711	4,360
1	Khotang	Hills	10	183,511	4,943
1	Terhathum	Hills	6	101,242	2,778
1	Panchthar	Hills	8	196,038	5,309
1	Taplejung	Mountains	9	130,132	3,474
1	Sankhuwasabha	Mountains	10	157,091	4,196
1	Okhaldhunga	Hills	8	150,881	4,113
1	Ilam	Hills	10	306,381	8,017



Community Stakeholders Trained



Community Outreach Providers Trained



Skilled Birth Attendants Trained



Medical Providers Receiving CME



New Birthing Center Upgrades

Q1 + Q2 + Q3 Target	1,309	3,472	96	294	60
Q1 + Q2 + Q3 Actual	1,192	3,416	74	294	67
Variance	-117 (-9%)	-56 (-2%)	-22 (-20%)	0	7 (12%)

The recent changes in the health facility management structure has resulted in some confusion and as a result, some of the community stakeholders did not show up for training.

We have completed all the community outreach provider training planned for 2018. The slight variance is mostly due to staff turnover and absenteeism.

Because the SBA training program is offered by the Government of Nepal via certified training centers, training dates are liable to change. The missing 22 trainees had not completed their training by the end of Q3 (training completion is scheduled for the beginning of Q4). Despite this slight delay, we expect to meet our SBA training targets for 2018.

We also provided 10 ultrasounds to previously upgraded BCs and supplemental medical equipment/supplies to 21 previously upgraded BCs, which brings our cumulative totals to 29 for ultrasounds and 27 for additional medical equipment and supplies

PHASE 3 SITES (TRANSITION)

During Phase 3, program leadership transitions to the local palikas, typically requiring a two-year timeline for completion. OHW maintains regular contact with the local palikas, DHOs, trainees, and birthing centers, offering refresher trainings and providing support as needed. We currently have no districts in Phase 3. Given recent political restructuring, OHW decided to postpone Phase 3 in the earthquake-affected districts of Dhading and Sindhupalchok until 2019.

COMPLETED SITES

OHW completed our programs in **18** palikas, representing a population of **318,401** and **9,082** annual pregnancies.

Province	District	Terrain	Palikas	Population	Pregnancies per year
4	Baglung	Hills	10	278,244	8,058
6	Dolpa	Mountains	8	40,157	1,024

The OHW team did an in-depth site visit in Dolpa to follow up on the status of the program post-transition. The team visited five upgraded birthing centers facilities including the district hospital in Dunai. Both local government representatives at the palika level and local communities had taken ownership of the program and all birthing centers were fully operational under local ownership. Service utilization had increased in these 5 facilities, however the team did notice some issues with service quality which was not always maintained as per established government standards. All the quality issues were duly noted and addressed with the palika-level representatives.

PROGRAM UPDATES, CHALLENGES, AND OPPORTUNITIES

Additional changes at the government level

At the palika (municipality) level, local representatives have a very limited understanding of healthcare systems and value. As a result, the Ministry of Health has put forward a proposal to maintain the district health office structure but in more of a technical support role. Actual planning and budgetary control will be maintained by the palika.

What this means for OHW: We will still be working directly with the representatives of each palika, but we will most likely also have to add the representatives of the DHO in our local negotiations. We are still in the process of figuring out how to best navigate this new development. Should the motion of maintaining the DHOs pass, it would behoove us to focus some of our train-the-trainer activities at the DHO level, since their role will be mostly as technical support, all the while continuing our collaborative work with palika leadership.

Limited program understanding among palika-level government representatives

Local representatives at the palika-level still have a limited understanding of our program. Most of the newly elected representatives tend to ask only for physical structure support (BC renovations and upgrades) and are less inclined to request activities fostering other aspects of our program such as community outreach, quality of care, and long term program maintenance.

What this means for OHW: We plan to spend more time providing additional training to the palika representatives in our program districts in order to increase their understanding of our program model and thereby further strengthen the local health system.

New partnerships with the palikas

All of our 2019 program activities will be jointly implemented with local palikas. We have already received a significant portion of resource commitment from palika leadership in our program districts to implement the *Network of Safety*.

What this means for OHW: This commitment of resources towards our program activities tremendously increases long-term sustainability and community ownership of our programs.

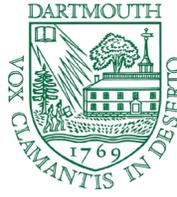
PARTNERSHIPS



Medic Mobile mHealth Project Baglung and Dhading

The final project evaluation of the project was completed. Results showed that FCHVs registered only 42% of all expected pregnancies. This is far below what OHW intended for this program (above 75%). It is noteworthy to mention that all of the FCHVs and health workers reported that they liked this mHealth program and anecdotal evidence showed that it improved communication with mothers, but that this effect was mostly due to mobile phones facilitating communications (not the SMS-based program). OHW started the process of handing over the mHealth program to the local municipalities. We expect the hand-over to be completed by end of 2018.

Dartmouth College Supply Chain Project Terhathum



Since March 2018, all 32 health facilities in the project have been sending regular SMS updates to report the status of their stocks of chlorhexidine, misoprostol, and oxytocin. Monthly reports on drug stock status has been obtained every month. We have seen a steady improvement in the stocks of these three essential medicines in all the facilities since the beginning of the program. In September all 32 health facilities finally reported having enough stocks of all three medicines. We will continue to monitor the program to ensure continued re-stocking as needed.

Medical Aid Films

Training Materials Project Countrywide

The production of the five educational films has been completed and all five received final approval from the National Health Education, Information and Communication Center for public use and sharing. We have also received approval from the Nepal Health Research Council to pilot the project in Khotang and at several SBA training sites.



WE CARE SOLAR

Solar Suitcase Project Countrywide

Following the recent government restructure, we have been unable to obtain a tax exemption letter and as a result have not been able to import the solar suitcases into Nepal. We are in the process of exploring options to resolve this issue.



Brilliance Pro Phototherapy Project Countrywide

We installed phototherapy devices in seven additional hospitals, bringing the total of facilities equipped with the Brilliance Pro at 30. All the necessary baseline data has been collected.

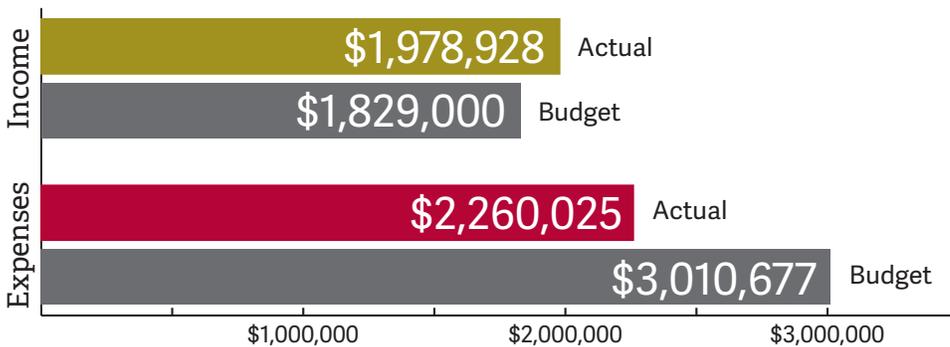


Infant Warmer Project Sindhupalchok

The government has given us conditional verbal approval for the scaleup of the project, but we are still waiting for the written notification. This process is likely to still take some time due to the recent changes at the Ministry of Health and Population.

FINANCIAL SUMMARY

January-September 2018



New & Increased Commitments:

- Planet Wheeler - \$400,000 over two years (increased)
- Anonymous - \$300,000 over three years (increased)
- Morris Family Foundation - \$54,024 (new)
- Sorenson Legacy Foundation - \$10,000 (new)

Human Resources:

- Full-time: 74
- Part-time: 9