One Heart Worldwide

Quarterly Report

Q2 2019: April - June

photo by: Simon Needham
WHERE WE WORK

In 2019, One Heart Worldwide’s (OHW) programs are deployed throughout 16 districts of Nepal, representing 145 palikas (municipalities), a total population of 3,285,782 and 88,335 annual pregnancies.

1. Dolpa
   Phase: Completed

2. Baglung
   Phase: Completed

3. Dhading
   Phase: Transition

4. Sindupalchok
   Phase: Implementation

5. Okhaldhunga
   Phase: Implementation

6. Khotang
   Phase: Implementation

7. Bhojpur
   Phase: Implementation

8. Sankhuwasabha
   Phase: Implementation

9. Tappejung
   Phase: Implementation

10. Terhathum
    Phase: Implementation

11. Panchtar
    Phase: Implementation

12. Ilam
    Phase: Implementation

13. Nuwakot
    Phase: Implementation

14. Ramechhap
    Phase: Implementation

15. SoluKhumbu
    Phase: Implementation

16. Rasuwa
    Phase: Set-up

17. Dolakha
    Phase: Set-up

18. Kavrepalanchok
    Phase: Set-up

photo by: Simon Needham
Q2 MILESTONES

Skilled Birth Attendants Trained

Community Stakeholders Trained

New Birthing Center Upgrades

Supplemental Medical Equipment & Supplies

Community Outreach Providers Trained

Medical Providers Receiving CME

Total Achieved
Quarterly Target

Total Achieved
Quarterly Target

Total Achieved
Quarterly Target

Total Achieved
Quarterly Target

Total Achieved
Quarterly Target

Total Achieved
Quarterly Target
NEW INDICATORS

Birthing Centers Receiving Quality of Care (QoC) Support

- Quarterly Target: 33
- Total Achieved: 41

Supplemental QoC Support

- Quarterly Target: 52
- Total Achieved: 60

Palikas Receiving Technical Support

- Quarterly Target: 127
- Total Achieved: 109

Community Groups Mobilized

- Quarterly Target: 56
- Total Achieved: 52

- **BC Receiving QoC Support**: the number of Birthing Centers (BC) receiving an initial Quality of Care (QoC) support visit from OHW. This process includes an on-site in-depth assessment visit scoring the performance of all key facility functions based on a standardized assessment tool from the Family Welfare Division. Following the assessment, the facility staff, local HFOMC and OHW staff create an action plan to address the mutually identified gaps. This process is maintained with supplemental visits on a quarterly basis until the facility meets their agreed upon targets and scores above 80% on the standardized assessment tool.

- **Supplemental QoC Support**: the number of follow-up visits to birthing centers after the initial Quality of Care assessment visit. These are dependent upon the needs and progress accomplished by the individual BC. Follow up visits involve a review of the first visit’s action plan and occur at least once a quarter until the BCs assessment scores reach the appropriate levels.

- **Palikas Receiving Technical Support**: the number of local municipalities (Palikas) receiving technical assistance/support from OHW. We build the capacity of municipality council members and health officers to manage their maternal and newborn health programs. This activity focuses on skill development for effective prioritization, program planning and budgeting.

- **Community Groups Mobilized**: the number of community groups receiving support from OHW. This includes FCHVs groups, mothers groups (women of reproductive age), pregnant mothers groups (subset of mothers groups including only currently pregnant women), husbands groups, and In-law groups. OHW staff helps establish local groups when missing, and provides all members with specialized culturally appropriate MNH training to promote healthy behaviors and increase access to care during pregnancy, childbirth, and the newborn period.
New Indicators: In an effort to better reflect the recent changes in (1) our program emphasis and (2) the new local geo-political context, we launched several new indicators within our existing M&E system (see above). Given the recent changes in the geopolitical landscape in recent years, it is vital that our program reflect these changes, both in our program roll-out and in our data collection systems. As we constantly strive to improve our processes, recent research has pointed out the need to increase not only the presence of care in communities, but also a focus on the quality of care provided, as critical components of our package to improving overall access to care.

Social Welfare Council Evaluation (SWC): The SWC completed the mid-term evaluation of our programs. This is a descriptive cross-sectional study conducted twice during our project agreement period, once at mid-term and once at the end. Assessments covered programs in the sample districts of Ilam, Panchthar, Tapplejung, and Dhading, where our projects were found to be helpful in supporting the scale-up of the safe motherhood program component of the Nepali government. Both local constituents and the SWC evaluation team also found the overall OHW approach to be effective and useful. The new cost-sharing modality of the program (a minimum of 35% from each municipality) for birthing center renovation was also identified as effective in engaging local communities for long-term program sustainability.

HFOMC Training Guidelines Impact: The Nepali government recently updated the community stakeholder (HFOMC) training guidelines which required us to include additional training for the municipality and district health coordinators in addition to those at the health facility level. While the inclusion of stakeholders at the higher levels is a beneficial addition and improves communication and advocacy at all levels of government, this addition was somewhat sudden and prioritized this level of training over many of our other training commitments for the quarter as resources are shared across the various training programs. We are re-structuring our training schedule in future quarters to accommodate the increased requirements and expect to resolve the training gap in the next quarter.

MoHP Civil Servant Adjustment Process Update: The Government’s Civil Servant Adjustment Process is expected to be resolved within the next few months. In the meantime, we have had to delay several of our training programs focusing on government health workers. This impacts mostly our community outreach provider trainings and our Continuing Medical Education for medical providers. Once this process is resolved, we will be able to more effectively roll-out these training programs with government staff who are expected to remain in the area.
**External Impact Assessment:** The Dartmouth team has finalized the external evaluation protocol in collaboration with OHW’s Programs and M&E teams. In Q3 the Dartmouth team will submit the protocol for review by the Nepal Health Research Council (NHRC) while the OHW team is fundraising for this initiative.

**Brilliance Pro Phototherapy Project:** We continue to collect impact data from each of the 30 hospitals where the D-Rev devices were deployed. While there were 222 cases of infant jaundice reported in Q2, OHW staff found that overall, there were fewer jaundice cases treated than expected. Our team is following up with the hospitals in Q3 to learn more.

**Solar Suitcase Project:** We were able to successfully receive a shipment of 100 solar suitcases. We have also completed 72 facilities needs assessments in preparation for installation.

**Maternal and Newborn health (MNH) educational films dissemination:** Our team has been expanding the integration of these educational videos within our existing outreach programs. This quarter, we reached 791 pregnant mothers with information on ANC, Warning Signs During Pregnancy, and Newborn Care as well as 237 FCHVs with a film on Postpartum Hemorrhage.

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**FINANCIAL SUMMARY**

### Expenses

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### Revenue

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**New & Increased Commitments:**
- Anonymous Donor - $82,866
- James and Vicki Berger - $26,000
“Surrounded on all sides by spectacular green hills, Bedmaya, a 22-year-old mother of three, rocks one of her newborn sons on her lap, while the other kicks the air nearby. As her two-and-half year old daughter plays happily under the watchful eye of Bedmaya’s mother-in-law, she recalls the quiet experience of her first child’s birth compared to that of her boys.

Although she had visited the Priti Health for Antenatal check-ups, she chose to deliver her daughter at home alone at the urging of her mother in law. When she later learned she was pregnant again, Bedmaya assumed she would have this baby at home as well.

That fateful morning, despite the discomfort of being 9 months pregnant, Bedmaya had finished her normal morning chores before walking an hour to work on her small farm. She pulled weeds in the field her family was preparing for maize cultivation, when she began to have sharp back pains that slowly crept into her abdomen.

“I have a very faint memory of that night. I might have passed out due to pain. I have some flashes of darkness. I was at Jiri Hospital at one point but woke up on the hospital bed at Kathmandu. I was feeling little bit better then, when the doctors told me I was pregnant with twins. I delivered my first boy by natural means but could not deliver my second child. I had the surgery for my second delivery and stayed at the hospital for about a week. I am fortunate to be alive.”

Devi Maya S., ANM at the Priti Health Post, who had observed Bedmaya during the ANC check-ups, concludes that Bedmaya had been lucky in so many ways to have survived. “We do not have ultrasound service at our health post. But considering that her abdomen was relatively big, we had suspected twins. We counseled her to either go to the district hospital or Jiri Hospital, to do the ultrasound, but it turns out that she had not done so. She was dilated, but she was not progressing into labor. After monitoring her for few hours, we had no options other than referring the case to the bigger hospitals. We later figured out that her case was so complicated that she was referred to Kathmandu from the Jiri Hospital. We are indebted to the driver who volunteered to drive her to Jiri Hospital and then to Kathmandu in our Ambulance because our driver was sick, himself. Had it rained that time or during the day, they might not have ever made it out of the district because the road gets shut down during monsoon weather.”