In 2019, One Heart Worldwide’s (OHW) programs are deployed throughout 16 districts of Nepal, representing 146 palikas (municipalities), a total population of 3,292,682 and 85,653 annual pregnancies.
Q3 MILESTONES

Skilled Birth Attendants Trained

- Total Achieved: 40
- Quarterly Target: 35
- Increase: 5%

Community Stakeholders Trained

- Total Achieved: 1,157
- Quarterly Target: 1,585
- Decrease: 27%

New Birthing Center Upgrades

- Total Achieved: 24
- Quarterly Target: 31
- Decrease: 23%

Supplemental Medical Equipment & Supplies

- Total Achieved: 11
- Quarterly Target: 17
- Decrease: 35%

Community Outreach Providers Trained

- Total Achieved: 429
- Quarterly Target: 493
- Decrease: 13%

Medical Providers Receiving CME

- Total Achieved: 181
- Quarterly Target: 280
- Decrease: 35%
Birthing Centers Receiving Quality of Care (QoC) Support 9%↑

<table>
<thead>
<tr>
<th>Total Achieved</th>
<th>Quarterly Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>22</td>
</tr>
</tbody>
</table>

Supplemental QoC Support 9%↑

<table>
<thead>
<tr>
<th>Total Achieved</th>
<th>Quarterly Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>99</td>
<td>91</td>
</tr>
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</table>

Municipalities Receiving Technical 9%↑

<table>
<thead>
<tr>
<th>Total Achieved</th>
<th>Quarterly Target</th>
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<tbody>
<tr>
<td>23</td>
<td>21</td>
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</table>

Community Groups Mobilized 19%↑

<table>
<thead>
<tr>
<th>Total Achieved</th>
<th>Quarterly Target</th>
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<tbody>
<tr>
<td>37</td>
<td>31</td>
</tr>
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</table>
Changes in the Nepal Senior Management Team (SMT): We are thrilled to announce that:

1. Our previous Program Director, Mr. Surya Bhatta (BPH, MHCDS), has agreed to step in as our new Executive Director for the Nepal Program. Mr. Bhatta, who was our first employee in Nepal, has grown alongside our program, giving him a thorough understanding of our vision and philosophy as well as of the unique MNH environment in Nepal. His dedication to OHW's mission will be crucial to the roll-out of our scale-up plan in Nepal.

2. Mr. Liladhar Dhakal, our previous M&E team leader was promoted as our new Director for Monitoring, Evaluation, Research and Learning. Mr. Dhakal’s contribution has been essential in the recent improvements of the OHW M&E systems.

3. We hired a new Program Director, Ms. Geeta Sharma, with 25 years of experience in women’s health, including maternal and child health, family planning, and health systems strengthening. Her hire is bringing better gender equity to our Nepal SMT who is now 50% female and to our full SMT who is now 60% female.

Digitization of our M&E system: The digitization of our entire M&E system has been completed. All of our program data has been uploaded in a centralized Salesforce CRM database and a new field reporting template has been developed. We expect this new exciting development to improve our data quality and most importantly, to be able to provide us with real time data for program decision-making. It will also facilitate report generation and data presentation via dashboards. In addition to our new Salesforce CRM database, our field teams also started collecting data via tablets (versus paper) using the KOBO platform for data collection. All data collection processes, including deaths validation is now done directly on the tablets in the field and are uploaded on our server when the field teams get back into internet range. The tablets also collect GPS coordinates of events recorded which will enable us to make GIS maps for our program monitoring.
**SWC contract renewal and Terai expansion:** We renewed our 5-year contract with The Social Welfare Council (SWC). This contract renewal follows the recent positive SWC evaluation of our programs (featured in Q2 report). With their continuing commitment of support to the OHW programs, this renewal also included a request for OHW to extend our programs to underserved districts in the southern Terai districts in addition to the northern Hills and Mountain districts where OHW has worked thus far. We anticipate the insights from Dartmouth’s external evaluation to guide our adaptation of the Network of Safety as our team expands our model to this new geographic area.

**Target district change:** We initially intended to bring our program to the district of Rasuwa in 2019 but our field needs assessment revealed that another organization (CARE) had recently launched a Maternal and Newborn Health (MNH) program in the district. Given Rasuwa’s relatively small size and its lack of BC renovation needs (most facilities were reconstructed after the 2015 earthquakes), our team felt it was more appropriate to launch the program in another district. In partnership with the government, we agreed to start the implementation of our program in the district of Udayapur (total population 354,466, expected annual pregnancies 9,434), as this district currently has no external development partners supporting MNH and some of its current service delivery indicators indicate an urgent need for support. Udayapur lies in the Inner Terai, and has characteristics of both plain (Terai) districts and hilly districts. While the overall rate of institutional deliveries for the district is 39%, it varies widely between urban and rural areas, being as low as 11% in some of the rural municipalities.

**Delays in program implementation:** We continue to face some delays in program implementation due to the government’s staff readjustment process which has been impacting our training programs this year. We are still waiting for the final placement of some of the government staff before rolling out their training (to avoid training staff who may not stay in the district). Additionally, some of our program activities have been impacted by heavy monsoons during Q3 as these often result in landslides and floods, making both travel and construction difficult; therefore impacting both trainings and BC renovations.
Dartmouth College - External Impact Assessment: Now that the evaluation plan and research materials have been finalized, Dartmouth and Social Sciences Baha have submitted the evaluation protocol for Ethical Review by the Nepal Health Research Council (NHRC). In the meantime, the OHW team continues to fundraise for this landmark initiative which will serve to guide our program scale-up in the coming years, in Nepal and beyond.

We Care Solar - Solar Suitcase: 14 rural health facilities in Ilam have received a Solar Suitcase this past quarter, enabling them to provide appropriate maternal and newborn care during night-time deliveries in places lacking stable power sources. The remaining Solar Suitcases will be installed in 86 health facilities during the next two quarters.

D-Rev - Brilliance Pro Phototherapy Project: The final report of our Phototherapy Project revealed a number of valuable insights on current gaps in newborn care, both at the community and at the referral hospital level. In response to the needs identified, we will be adding a new training component to the Network of Safety. This component will focus on improving early recognition of newborn complications at the community level, improved referrals and the introduction of Sick Newborn Care Units (SNCU) at the district hospital level, in order to better manage newborn care in remote districts of Nepal.

Rural Ultrasound (RUSG) project: There is currently only one training site offering rural ultrasound training to SBAs from remote areas. To strengthen the local training capacity, OHW signed an MoU with the Thapathali Maternity hospital in Kathmandu to develop them into an official RUSG training site.

### FINANCIAL SUMMARY

#### Expenses

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tr>
<td>2019</td>
<td>$536,910</td>
<td>$800,339</td>
<td>$763,088</td>
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<tr>
<td>2018</td>
<td>$704,926</td>
<td>$820,422</td>
<td>$734,677</td>
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#### Revenue

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<tr>
<th></th>
<th>2019</th>
<th>2018</th>
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<tbody>
<tr>
<td></td>
<td>$1,279,789</td>
<td>$1,286,212</td>
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<tr>
<td></td>
<td>$592,724</td>
<td>$558,933</td>
</tr>
<tr>
<td></td>
<td>$154,761</td>
<td>$133,783</td>
</tr>
</tbody>
</table>

#### New & Increased Commitments:

- Rotary International - *new*
- Schooner Foundation - *new*
- Anonymous - *increased*
- Elmo Foundation - *increased*
- Sorenson Legacy Foundation - *increased*
- The Forgotten International - *increased*
One of the main tenets of the Network of Safety model is our direct partnership with the local government. Through our partnership with the Government of Nepal, we are increasing the effectiveness and efficiency of Nepal’s public healthcare infrastructure and systems, rather than creating a “parallel” system of care.

To maintain data continuity, OHW decided to continue using Nepal’s districts to geographically delineate our program expansion. However, our actual partnerships for program implementation are now with Nepal’s municipal governments. One of the primary benefits of Nepal’s new federal system is that it places much more funding authority at the municipal level, where local needs are most visible, thus laying the foundation to affect long-lasting change by connecting local resources with local needs by local people.

Despite some logistical challenges, this decentralization presents a unique opportunity to OHW. As part of our new scale-up strategy, we are aiming to increase the local municipalities’ cost-sharing participation in our program implementation. This initiative was started in 2016 with all of our new Birthing Center (BC) upgrades (BC upgrades are the biggest cost drivers of our field implementation). Due to the increased municipal autonomy, we have been able to significantly increase, the cost-share contribution of the municipal governments towards BC renovations since 2016 (by 1,167% - from 3% to 38%). This is a major win for us. Such an increase in cost-sharing is a strong indicator that our program is not only desired by the communities we serve but worth investing in by the communities we serve.

<table>
<thead>
<tr>
<th>Average % of BC renovation cost-share contribution by municipalities</th>
<th>2016 (baseline)</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2022 (goal)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipalities’ cost-share contribution % increase as compared to the previous year</td>
<td>-</td>
<td>233%</td>
<td>110%</td>
<td>81%</td>
<td>32%</td>
</tr>
<tr>
<td>Municipalities’ cost-share contribution % increase as compared to 2016 (baseline)</td>
<td>-</td>
<td>233%</td>
<td>600%</td>
<td>1,167%</td>
<td>1,567%</td>
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</table>
Based on our progress and on the willingness of our government partners built from increasing trust, we are confident in our ability to increase the local government’s cost-share contribution to our BC renovations to 50% over the next three years. We are also aiming to increase the government’s cost-sharing participation in other areas of the model (such as training costs). In Q3, we are starting to see the beginning of a shift in this area as well. All of our municipality partners have started prioritizing MNH by setting aside budgets specifically earmarked for this purpose. Out of the 40 SBAs who were trained this quarter, 2 were partially covered by their local municipalities (in the district of Tehrathum). Out of 14 trainees in our rural ultrasound program (Continuing Medical Education for medical providers), 4 have been financed by the government. Our three-year goal is to have 50% of our active municipality partners widen their cost-sharing agreement to include other OHW program activities such as training and purchasing of medical equipment and supplies. This increased cost-share participation will allow us to scale our model more efficiently throughout Nepal.

“We were having a tough time managing Walankha Birthing Center because the facility was in dire need of renovation. Though we had allocated a budget for the facility management, the full upgrade that was needed was too much for our annual budget because of other priorities like road repair and drinking water. We were very delighted to know that One Heart Worldwide was willing to help us upgrade the birthing center. We were happy to contribute 35% for the renovation from the budget of our Walankha Rural Municipality. On behalf of the whole community, I want to extend our gratitude to One Heart for providing support at one of the most remote municipalities in the district. We are already seeing improvement in the MNCH services, which will improve even more in the days to come.”

Netra Bahadur Khatri
Chairperson, Walankha, Ward Aamchok R.M-4, Bhojpur