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

Completed Districts: (1) Dolpa; (2) Baglung
Transition Phase: (3) Dhading
Implementation Phase: (4) Sindhupalchok; (5) Okhaldhunga; (6) Khotang; (7) Bhojpur; (8) Sankhuwasabha; (9) Taplejung; (10) Terhathum; (11) Panchtar; (12) Ilam; (13) Nuwakot; (14) Ramchhap; (15) Solukhumbu
Set-up Phase: (16) Dolakha; (17) Kavrepalanchok; (18) Udayapur
Q4 MILESTONES

Skilled Birth Attendants Trained 11%
- Total Achieved: 38
- Quarterly Target: 33

Community Stakeholders Trained 75%
- Total Achieved: 873
- Quarterly Target: 500

New Birthing Center Upgrades 2%
- Total Achieved: 56
- Quarterly Target: 55

Supplemental Medical Equipment & Supplies 72%
- Total Achieved: 81
- Quarterly Target: 47

Community Outreach Providers Trained 42%
- Total Achieved: 314
- Quarterly Target: 228

Medical Providers Receiving CME 35%
- Total Achieved: 265
- Quarterly Target: 197
**Community Groups Mobilized**

- Total Achieved: 27
- Quarterly Target: 27
- Additional Support: +0%

**Birthing Centers Receiving Quality of Care (QoC) Support**

- Total Achieved: 90
- Quarterly Target: 73
- Additional Support: 23%

**Municipalities Receiving Technical Support**

- Total Achieved: 3
- Quarterly Target: 0
- Additional Support: +3%

**Supplemental QoC Support**

- Total Achieved: 18
- Quarterly Target: 19
- Additional Support: 5%
Endline Survey Completed in Baglung and Dolpa: MITRA SAMAJ, an external third-party research agency, completed the endline cross-sectional survey among women who gave birth within the last 12 months in our two pilot districts of Baglung and Dolpa. The survey assessed both the utilization of maternal and newborn health services and mortality. The results revealed that service utilization in both districts surpassed target impact metrics, improving far beyond the initial target of 30% since the beginning of the program. Mortality improvements also significantly exceeded the 50% target as well, decreasing maternal and newborn deaths by over 80%.

The HMIS 3.6.1 Study Nomination: The Government of Nepal has been transitioning all health facilities from their previous paper-based reporting system to digital reporting of their service delivery data. Assisting the government in this transition, OHW is pilot testing a suite of facility-based electronic health (eHealth) systems that will allow providers to easily track facility and patient level data in rural health facilities and transmit information regularly. One of the components of this project is a pilot study of an individual patient electronic record system that will improve the accuracy of the data collection process at the facility level and allow for patient follow-ups (something that the current aggregated data collection system does not allow). Our pilot has been nominated as a country-led implementation research initiative for Universal Health Coverage (CIRU) in Nepal. This implementation research program will be co-funded by the World Health Organization (WHO) and Nepal Health Research Council (NHRC).

Q4 HIGHLIGHTS

Achievements

• Endline Survey Completed in Baglung & Dolpa
• HMIS 3.6.1 Study Nomination
• Social Audits in Okhaldhunga & Tapplejung

Challenges

• Delayed Program Launch in Dolakha
• Government Staff Adjustment
• “Appropriate ANC” as an OHW Program Indicator
Social Audits conducted in Okhaldhunga and Tāplejung: OHW conducted social audits in the districts of Tāplejung and Okhaldhunga. Social audits are a formal procedure to assess how our program is perceived among local communities. They allow us to understand the perspectives of program beneficiaries and local stakeholders and to improve their engagement in program planning, implementation, monitoring and evaluation of activities. While we have always worked in direct participation with our program beneficiaries and local stakeholders, this is the first time we are conducting this interactive process using the format from the Social Welfare Council for INGOs. We will continue to conduct these audits on a regular basis in our program districts at least once a year in order to maintain organizational responsiveness, transparency and accountability towards our program beneficiaries, local stakeholders, and the general public.

Delayed Program Launch Dolakha: Under the new decentralized government structure, OHW must sign a Memorandum of Understanding (MoU) at the Provincial level as well as the Municipality level prior to beginning the program in a new area. This MoU with Province 3 is expected to be signed by January 2020, but subsequently delayed the official launch in Dolakha. However, we do not anticipate that this will impact program delivery for 2020.

Government Staff Adjustment: Due to the government staff readjustment process, some of the existing OHW-trained SBAs transferred out of our districts, leaving gaps in care and service delivery. In response, OHW trained additional SBAs to ensure appropriate staffing in the upgraded birthing centers, particularly in districts such as Tāplejung, Sankhuwasabha, and Solukhumbhu which faced a higher number of transfers.

“Appropriate ANC” as an OHW Program Indicator: Using “Appropriate ANC” as one of our program indicators has proven challenging over the last 3 years. We have worked closely with our government partners to identify the issues behind these results as ANC rates are down nationally, not solely in OHW program districts. Ultimately, this issue is linked to changes in the definition of “Appropriate ANC” attendance, which applied a more rigid structure to the metric (4 visits at specific times during pregnancy) instead of the previous structure which counted 4 visits anytime during pregnancy. Part of the problem stems from lack of communications between the various health posts and the lack of a centralized recording system. Some pregnant women will attend ANC in more than one health facility, and while they may attend their 4 visits, these will be separately recorded in each BC they visit. As a result, these women will not qualify as having their 4 visits on schedule. Many pregnant women also do not follow the recommended schedule for ANC even if they are getting 4 prenatal visits. Travel can be very difficult in Nepal depending on the season, and many women are subsistence farmers who cannot just abandon their crops on a set schedule. As a result, they attend ANC when they can, but not always when required. Four visits outside the set schedule no longer qualifies as “Appropriate ANC” and as a result drops the rates. Subsequently, our M&E team felt it best to remove “Appropriate ANC” from our top indicators list. We will continue to collect data related to ANC, but solely for internal monitoring purposes. In 2020, we intend to revise our M&E plan to add a new indicator on our top-three proxy indicators list.
RESEARCH & DEVELOPMENT

**Dartmouth College - External Impact Assessment:** Funding for the project is now fully secured. Ethical approval from the Dartmouth’s Institutional Review Board (IRB) has been received and background research is being completed as we await approval from the Nepal Health Research Council’s IRB.

**We Care Solar - Solar Suitcase:** Seventy-two rural health facilities across 7 districts received a solar suitcase this past quarter, enabling them to provide appropriate care during nighttime deliveries in remote areas lacking stable power sources. The remaining 14 Solar Suitcases will be installed in early 2020.

**D-Rev - Brilliance Pro Phototherapy Project:** While focusing only on the program in two districts, Graduate students from Dartmouth College sought to assess the overall impact of OHW’s rural USG program in terms of skills retention by nurses and the identification, referral, and subsequent outcomes of pregnancy complications. Conducted between May and October 2019, the evaluation identified the need for additional refresher training for the RUSG program and an increased investment in mobile services to increase access in hard to reach areas. Recommendations and findings were shared with representatives from the government, national training hospitals, and international development agencies who include MNH in their scope of service.

**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

**New & Increased Commitments:**
- JAG Molina Foundation - *new*
- David Kelby Johnson Foundation - *new*

**Q4 Expenses**

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**Q4 Revenue**

<table>
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One Heart Worldwide’s (OHW) Solar Suitcase program is an innovative approach to providing efficient and cost-effective solution to the power shortage problem faced by remote villages in Nepal. Supported by We Care Solar, One Heart is implementing this sustainable program by installing portable solar suitcases at the birthing centers in all of its working districts.

Many of the remote villages in Nepal, either lack total access to electricity or suffer from extreme power outages several times a day—putting pregnant mothers and babies at risk. Midwives working at these birthing centers depend upon combinations of candles, flashlights, flashlights on their mobile phones and oil lamps as their source of light while conducting the childbirths, a rather simple and traditional solution which is largely ineffective and unhygienic.

These solar suitcases are powerful enough to light typical birthing centers, comprised of mostly four-room single-storied buildings, to light the whole birthing center. The two LED lights are fixed on the wall and ceiling inside the delivery room and the two portable LEDs are a convenient way of providing an effective service.

We embarked on a journey to portray OHW’s Solar Suitcase program with a film project for We Care Solar in the last week of November. We selected Walankha village for the project.

“The solar suitcase has been an absolute game-changer for us,” says Amrit Wanim, one of the ANMs, who has been working at the Walankha Health Post for the last 13 years. “The number of women seeking ANC and delivery services is increasing day by day and solar suitcase is one of the contributing factors, along with OHW’s supported birthing center renovation, equipment support and training programs. We are in a much better position to provide effective services to the community.”