One Heart
WORLDWIDE
Annual Report
2018

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LETTER FROM OUR PRESIDENT

Dear One Heart Worldwide Friends,

"I believe that one of the most important things to learn in life is that you can make a difference in your community no matter who you are or where you live".

–Rosalyn Carter

At the end of each year, as I take time to reflect on our organization's work and think about lessons learned for the future, I consider the challenges One Heart Worldwide (OHW) faced that year, and the solutions that helped us persevere. In 2018, most of the challenges we faced were overcome as a direct result of the strength of community, both within our organization and within the populations we serve.

Last year, the Nepali government was restructured to place more resources in the hands of rural communities. Though not without a learning curve, the restructuring gave the local communities themselves a greater level of autonomy in deciding the best ways to prioritize their own local maternal and newborn health needs, and the most appropriate solutions for each community. Fortunately, OHW was in the perfect position to help. In 2018, more than ever before, our commitment to locally-driven advocacy and capacity building provided the tools needed to truly create change - not only for today, but in the future as well.

Throughout the year we continually heard stories from our field teams about communities coming together to help save lives. In one instance, an entire village helped to carry an eighteen year old woman, whose placenta failed to deliver after a home birth, over an hour to the nearest health post. Luckily, the facility had recently been renovated and equipped by OHW, and the skilled birth attendant (SBA) who successfully removed the placenta had been trained through our program. Traditional rituals throughout Nepal and cultural beliefs, such as the concept that death during childbirth is predestined and therefore inescapable, have kept women from delivering in a certified health facility under the care of a trained SBA. We are working with these communities to identify respectful solutions which can transform culture and tradition into fierce advocates for maternal and newborn health. As a result, in all of the districts we serve, more women are now able to better access care during pregnancy and deliver with a SBA.

At the same time, we have been striving to strengthen our own community as an organization in order to be a more compassionate, productive, and impactful team. This year was the first time that all 80 members of the OHW team came together to engage in a three-day strategic meeting. The overall message was clear, "Together we can overcome any obstacle!" I am very proud of each and every member of my team and I was deeply touched by their dedication to our mission and their willingness to live in some of the most remote areas of the world to ensure that not one more mother finds it necessary to risk death in order to give life.

As an organization we cannot possibly succeed on our own. Every single person who supports our work matters - as a donor, you become part of our team. You share your hard-earned resources, time, and guidance to make sure we are able to spread our life-saving model to more and more women each year in the most remote corners of Nepal. I want to thank you from the bottom of my heart for your generosity, kindness, and trust. We strive to be the best stewards of your funds and promise we will all continue to work hard to save the lives of women in Nepal as they are a part of our global community.

With deep gratitude and solidarity,

Arlene M. Samen, Founder and President

THE GLOBAL CHALLENGE

Every 10 seconds a newborn dies during delivery, or within the first 28 days of birth

Every 108 seconds a woman dies as a result of complications during pregnancy and childbirth

99% of these deaths occur in developing countries and most could be prevented with simple interventions [1]

All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth

1 World Health Organization, UNICEF, United Nations Population Fund and The World Bank, Trends in Maternal Mortality: 1990 to 2015, WHO, Geneva, 2015.

One Heart Worldwide builds a Network of Safety around a mother and her baby to end these needless deaths

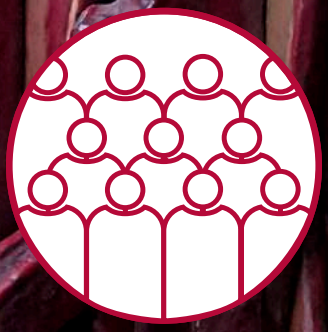
We invite you to join us on this ambitious mission to save lives


With your help,
by the end of 2019 we
will have reached over
200,000 pregnancies

MILESTONES

One Heart Worldwide is currently active in 13 districts across Nepal, representing 122 palikas (municipalities), a population of 2,626,970 and 70,448 annual pregnancies.

Since our inception in 2010:



Community Stakeholders Trained

8,291

Community Outreach Providers Trained

13,251

Skilled Birth Attendants Trained

276

CME* to medical Providers

1,032

Birthing Centers Upgraded

345

Pregnancies Reached

147,642

*Continuing Medical Education

WE DELIVER: RESULTS IN 2018

1,195
local stakeholders trained

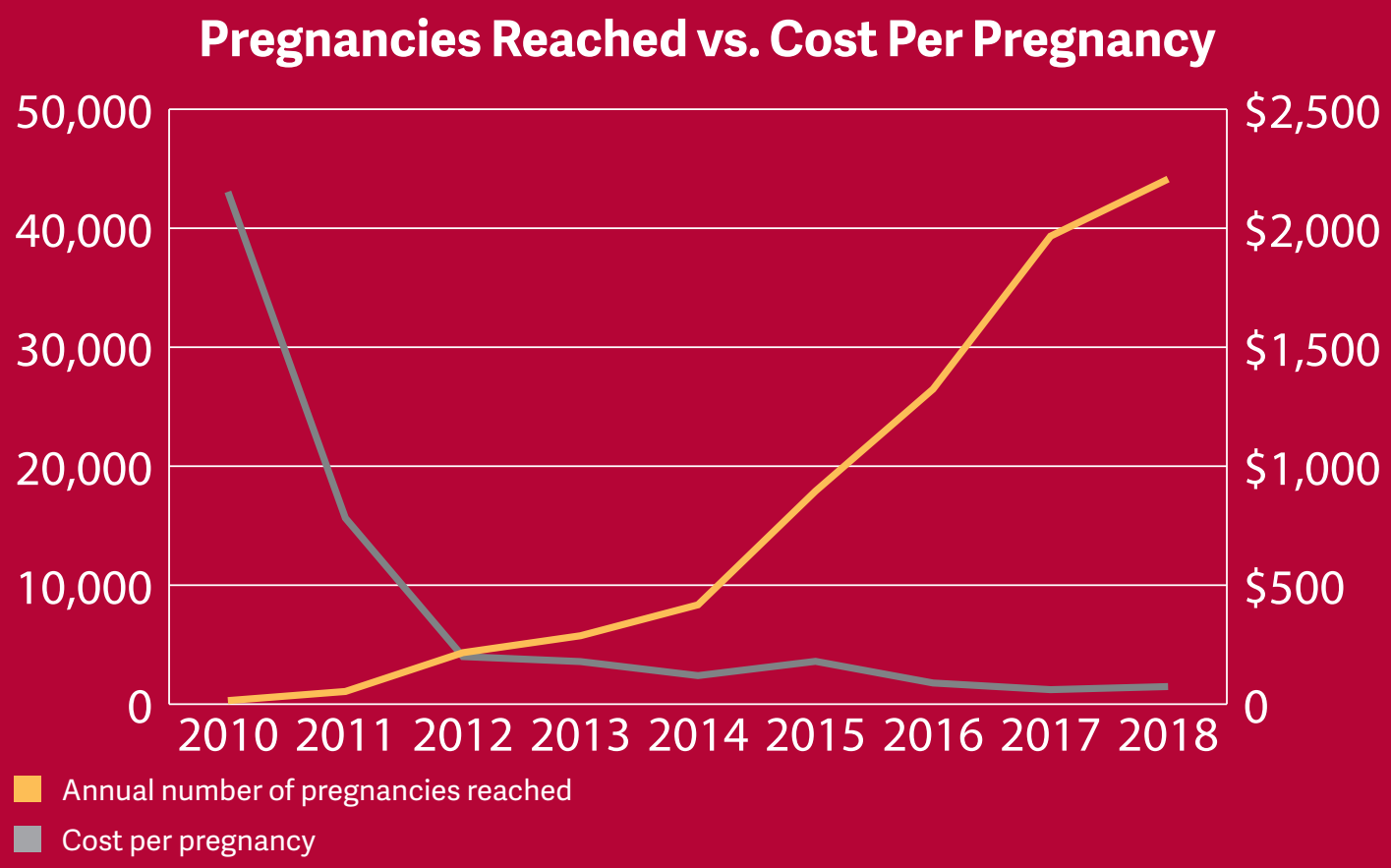
3,501
community outreach providers trained

108
skilled birth attendants trained

361
CME offered to medical providers

112
birthing centers upgraded

In 2018 alone, we reached 44,132 pregnancies for only $74 per pregnancy, a 97% reduction in cost since 2010



DATA-DRIVEN RESULTS

One Heart Worldwide relies heavily on data for all programmatic decisions. As such, we are committed to robust data management methods and 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 (HMIS). This is the government data that is gathered by all health personnel and transmitted to a central record 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 key informant methodology in each community to enumerate all maternal and neonatal deaths. Baseline surveys have been completed in 13 of our districts so far.

OHW is committed to exploring creative ways to improve the way we collect and interact with our data. In 2018, we started implementing an electronic health (eHealth) system to support the Government of Nepal's transition from paper-based to electronic record-keeping with DHIS2, a platform designated as the national health database. This new database will track facility-level data to more effectively assess ANC, institutional deliveries, SBA-attended deliveries, and mortality events. We anticipate that our own data capabilities will benefit from this investment in Nepal's data collection capabilities in a number of ways. Once fully implemented, the new system will:

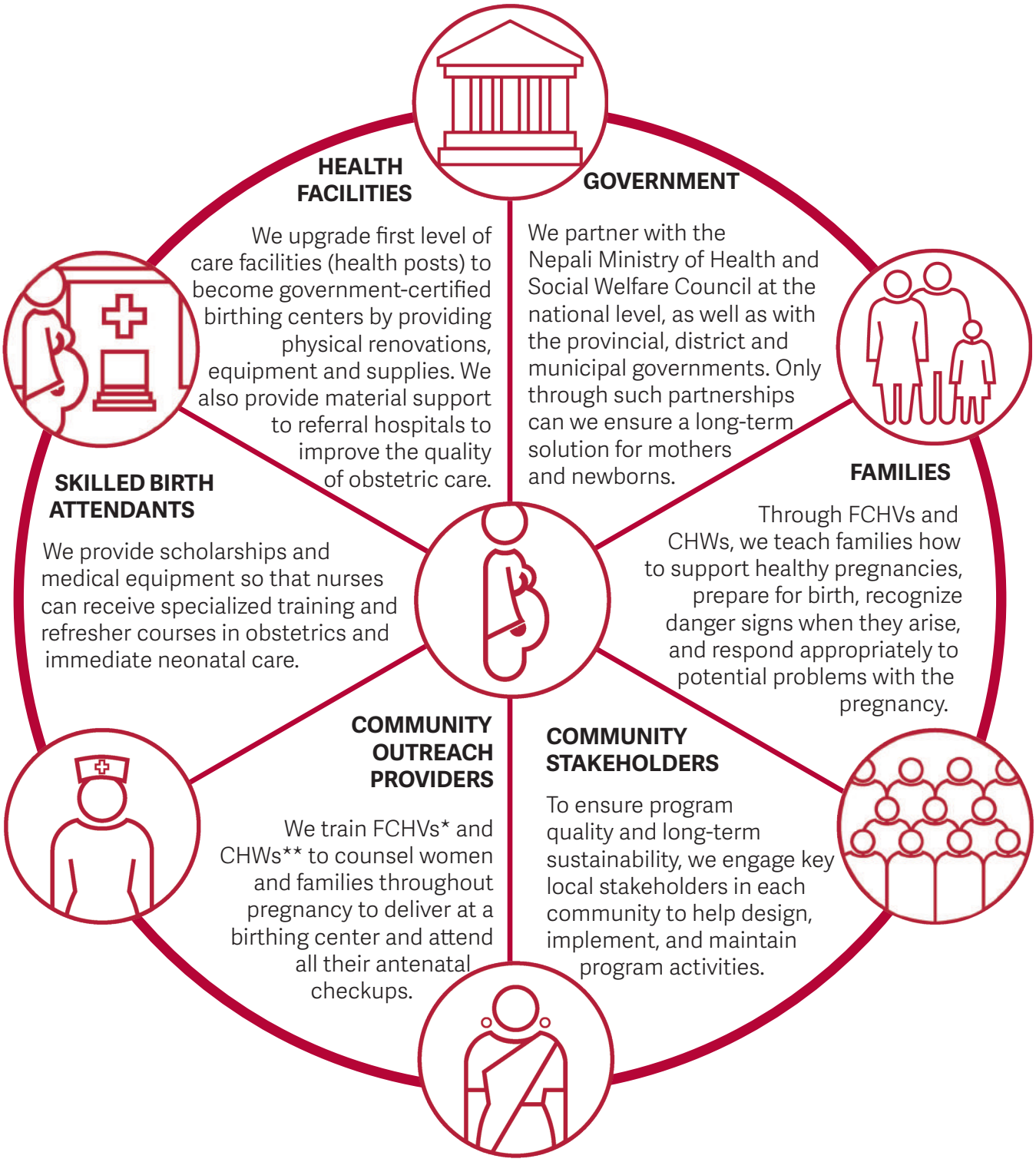
- Provide real-time data and dashboards to skilled birth attendants to better manage their patients;
- Provide a high performing system to the government to monitor and reduce adverse events;
- Reduce the overall burden of reporting required of health facilities; and
- Enjoy long-term government support financially and operationally.

In 2018, OHW completed the training and hardware transfer in 32 health facilities for 3 districts: Sindhupalchok, Terhathum, and Sankhuwasabha. The remainder of the program will be completed in the pilot districts by the end of 2019, when we will begin assessing the program's cost-effectiveness, feasibility, acceptability, and impact to determine whether it can be taken to scale in other districts.

In conjunction to the DHIS2 platform roll-out, OHW is working with a tech company to develop a new electronic medical record system (HMIS 3.6.1). We plan to pilot this system in in one of our districts (Sankhuwasabha) in 2019.

Subsequently, in early 2019 we plan to customize our pre-existing Salesforce database to host data from each of the aforementioned external systems, as well as track and report on our program delivery data.

THE NETWORK OF SAFETY



*Female Community Health Volunteer
**Community Health Worker

OUR PROGRAM CYCLE

Phase I: Set-up
During this introductory phase, OHW initiates all program implementation negotiations with our local government partners (previously at the district level and now at the District Health Office and 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 districts to complete Phase 1 is one year.

Phase II: Implementation
As the most resource-intensive phase of our program development, Phase II typically requires a 3-year timeline for completion. OHW implements training programs and facility upgrades. We offer Continuing Medical Education (CMEs) to medical providers and provide scholarships for them to become certified Skilled Birth Attendants (SBAs). We provide specialized training to Female Health Community Volunteers (FCHVs) and HWs to increase their capacity as community outreach providers and 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 2 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 techincal assistance and perform quality assessments for our birthing centers, and support as necessary for each program site to achieve long-term sustainability.

PARTNERSHIP IN FOCUS

From the very beginning, OHW has depended upon close working relationships with the rural communities where we work to build local capacity and establish long-term sustainability. However, recent changes to Nepal's government structures provided exciting opportunities to foster partnerships in different ways with the newly created Palikas (municipalities) and their locally-elected leadership who are now responsible for providing healthcare services to their people, instead of with the previous district-level governments. Possessing critical insight to the unique context of each community, Palika representatives play an integral role in the successful integration of the Network of Safety at the local level. They know the area best as most of them are locals themselves and have a personal vested interest in seeing their own communities thrive. Over the past year, our field teams have been working closely with each of the 122 Palikas currently covered by our programs to support them in creating locally-led solutions for improving maternal and newborn health. For example, many Palikas have agreed to increase cost-shared contributions towards birthing center renovations from 20% to 35%. In addition to increasing OHW's capacity, this enables communities to step up as advocates for change in their own homes and further establishes local ownership for the program - a cornerstone of OHW's model.

IN THEIR OWN WORDS

"It had given all of us good vibes when One Heart first arrived here for assessment, and later the equipments were supplied. Even though I am not from health background, I have come to understand that birthing is no more just a female issue. Rather men like us who are chosen by the community need to be aware about how safe deliveries can save so many lives and support this. Coordination between Khijidemba Rural Municipality and One Heart Worldwide had brought many smiles in health workers and mothers of [our area]. We are positive towards any venture or any type of coordination One Heart seeks from us in days to come."

~ Kamal N.
HFOMC member in Khijikati Community, located in Okhaldhunga District

"As elected Ward Chairman, I will make this my foremost agenda and it is because of OHW. Working with them for the renovation of the Yangpang BC was the first time I came to realize the importance of quality in healthcare. Now that I know the importance of delivering at a health facility, I have proposed a budget for our ward to support a mobile RUSG (rural ultrasound) program at all the birthing centers so that mothers can be encouraged to go and have these services available for safe delivery. Seeing the newly renovated BCs encourages me to increase our efforts to improve access for mothers and their babies. We are looking forward to the awareness activities to be launched so that more of our people can know about the importance of institutional delivery.

~Nagendra Khatri,
Ward Chairman Yangpang,
Arun Rural Municipality"

GOVERNMENT PARTNERSHIP UPDATE

2018 was Nepal's first full year under the new federal administrative structure The previous District and Village Development Committee (VDC)-based system was dismantled and Nepal is now divided into 7 provinces and 753 local bodies (palikas/municipalities). As part of the decentralization process, the national government is now responsible for broader issues such as policy-making, regulations, standards development, and monitoring, while the funding power and oversight of healthcare services implementation was transferred from the previous District Health Offices (DHOs) to the local governments (municipalities) with coordination from the provincial government. The DHOs were subsequently scheduled for dissolution in early 2018. As a result, the planning and delivering of "basic" health services has now become the sole responsibility of local governments (municipalities).

These changes, while positive in terms of the potential for achieving long-term sustainability when the funding authorities exist in closer proximity to local needs, have simultaneously presented significant challenges as the national healthcare restructuring was installed without having a clear transition plan. This is evidenced by the premature dismantling of the district health offices while many of the newly elected local representatives at the Palika level lacked the practical experience in terms of planning and managing healthcare delivery. Furthermore, though elected leadership at the municipality level as well as the provincial and federal governments have been in place since the latter half of 2017, the broader structure and defined functions and roles necessary for effective implementation still remain to be finalized. Though the DHOs were recently re-installed to provide technical support to the municipalities, they lack the broader structure and resources necessary, resulting in gaps in oversight and accountability at the government level.

In an effort to best support our partner (the Nepali government - at all levels) during this growth process, OHW leadership has worked closely with our advisors and partners to strategically adapt our model to the changing geopolitical landscape of Nepal and better respond to the additional needs the new healthcare delivery structure requires to be successful at this juncture. In the short term, we plan to increase our presence and coordination at the various levels of the government. We have been assisting each municipality to develop a local health profile to inform evidence-based program planning and budgeting. We are seeing the potential for OHW to transition to a more technical and advisory role rather than as sole implementers, translating into increased person-hours from our team that may not be immediately reflected in terms of our program targets, but is a reality for reaching our long-term goals in the current environment. We are continuing to work with our partners at the federal level to effect policy change in terms of maternal and newborn health. Once the role of the provincial governments is more clearly defined, we plan to incorporate them into the Network of Safety as well. While this period of transition does possess challenges to overcome, it is important to remember that one of the primary benefits to this new structure is that it places the funding authority at a level where local needs are most visible, thus laying the foundation to affect long-lasting change by connecting local resources with local needs.

STORY FROM THE FIELD

An SBA's Reason for Hope

Atop the hills just south of the Himalayas, in Nepal's Sankhuwasabha District, rests the small town of Siddhakali. On clear days, clusters of snow-capped mountains can be seen from Siddhakali's main street - a narrow dirt road lined on each side with an assortment of local businesses and residences. A half kilometer down the road, opposite the local Health Post, sits the Siddhakali Birthing Center (BC). This cozy thatched-roof, clay building provides prenatal and delivery services to more women than any other BC in the district. Sunita has been working as Auxiliary Nurse Midwife (ANM) at the Siddhakali BC for nearly three decades and is one of the most well-known and respected health workers in the district. Born and raised in the area, Sunita has worked here since it first opened as a single rented room serving the six thousand people living in Siddhakali and the surrounding villages.

Ever since her mother died shortly after giving birth to Sunita's younger sister, she has made it her mission in life to improve the quality of maternal care in Nepal. Sunita is currently leading the effort for Siddhakali to be recognized as one of the zero-home-delivery municipalities. *"I have always wanted to be a health professional,"* she explained. "My mother passed away because of a retained placenta, three days after giving birth to my sister. I was too young to remember everything in detail but I remember that after, things were never the same." Sunita has worked her entire life to ensure women in Nepal do not have suffer to the same fate as her mother. *"Looking back, I'm glad that I have chosen to live my life helping women have safe deliveries."*

Sunita was honored to be the first person appointed by the Nepali Government to work at the Siddhakali BC and has thrown her heart and soul into serving the community and its mothers despite the cramped quarters of the previous space. A 2018 renovation vastly increased the capacity of the facility by upgrading its exterior, waiting room, exam and pregnancy counseling room, and completely overhauled the existing delivery room. In addition, a brand new recovery room was added to allow new mothers a comforting space to heal and bond with their new babies after delivery. The six health workers who manage the BC's 24/7 delivery services are thrilled with their new work environment and take great pride in sharing the space with any who are in need of care.

Since the BC renovations were completed, Sunita believes Siddhakali is well on its way to achieving its goal to be a zero-home-delivery municipality. *"Times have changed a lot since I began. I used to regularly make home visits to perform deliveries. Fortunately, we have worked hard to educate communities about the importance of attending regular ANC check-ups and giving birth in a health facility."* "It took a while," Sunita lamented, "but now we are on our way to making Siddhakali a place where no woman will die during childbirth. Now we have the tools we need and a beautiful place where mothers will want to come and have their babies. We are so grateful to OHW for supporting us towards achieving our goals. Now we are on our way to making Siddhakali a place where no woman will die during childbirth. We are grateful to OHW for supporting us towards achieving our goals."

Dagini, 28, has worked as an FCHV in Siddhakali for the last six years. She is both hopeful and confident about becoming a zero-home-delivery municipality.

"The number of women giving birth at home has decreased significantly in the last two years. Before, we had to be stubborn in order for people to understand the importance of having regular check-ups. Now, they come to us. I am sure that we will achieve zero-home-delivery in few years."

HIGHLIGHT: MANEBHANJYANG BIRTHING CENTER RENOVATIONS

In 2018, One Heart Worldwide upgraded 112 birthing centers across Nepal. Our program creates a network of functioning birthing centers and assists with the provision of necessary medical equipment, infrastructure, and specialized training for health care providers. We upgrade existing government healthcare facilities, both first level of care facilities (health posts) and district hospitals so that they have the necessary tools and capacity to provide appropriate obstetrical services.

Before Renovations

Exterior

Outdoor Toilet

Delivery Room

Labor and Recovery Room

"One Heart Worldwide has had a huge impact in maternal and neonatal health by renovating birthing centers and providing them with essential equipment. They have also helped to build the capacity of our health professionals and stakeholders through various trainings, mobile health programs and collaboration with the local government. Most of our birthing centers look modern, clean, organized and well-lit. Thanks to the Network of Safety programs of OHW."

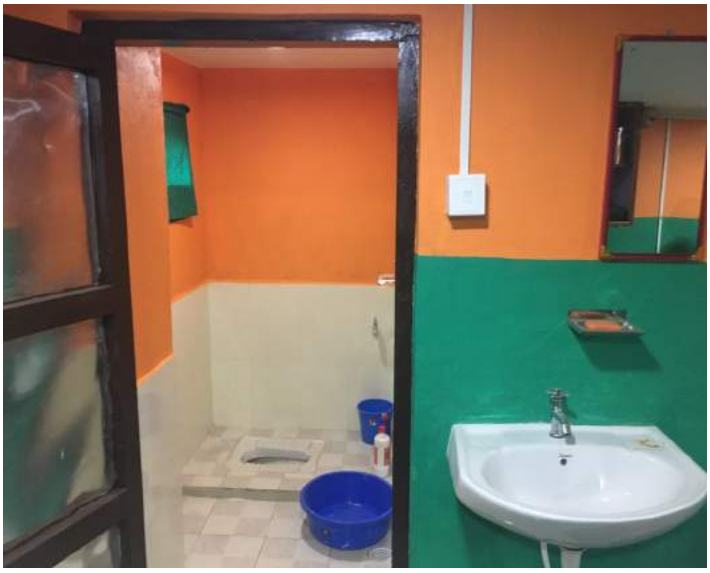
-Maheshwor Shrestha

Chief Heath Education Administrator, Ministry of Health and Population

After Renovations

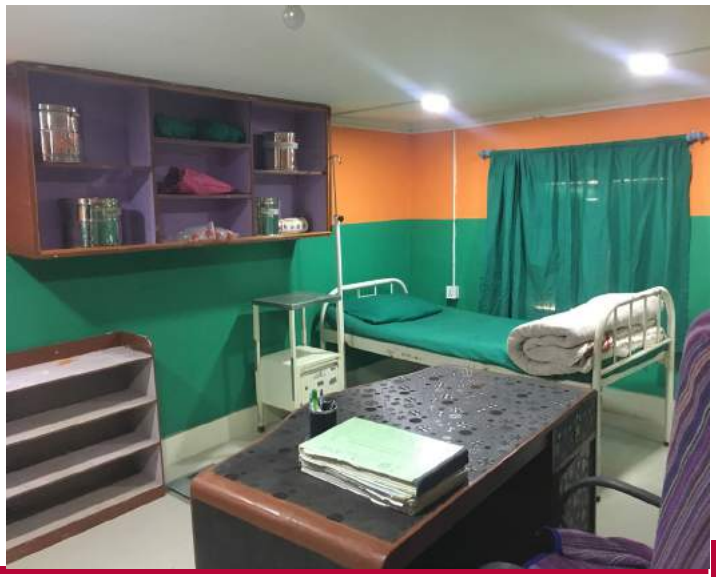
Exterior

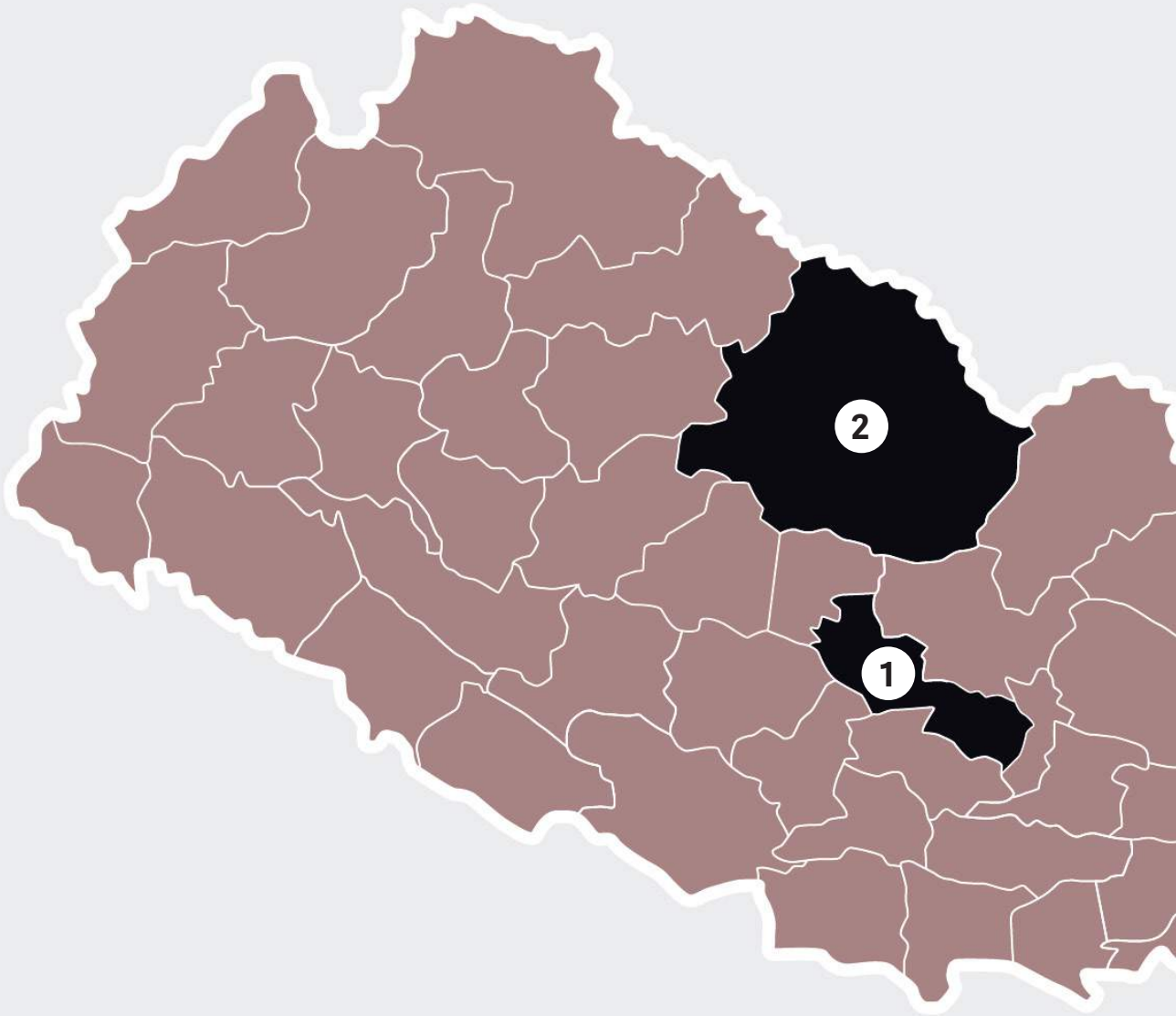
Indoor Toilet



Delivery Room

Labor and Recovery Room





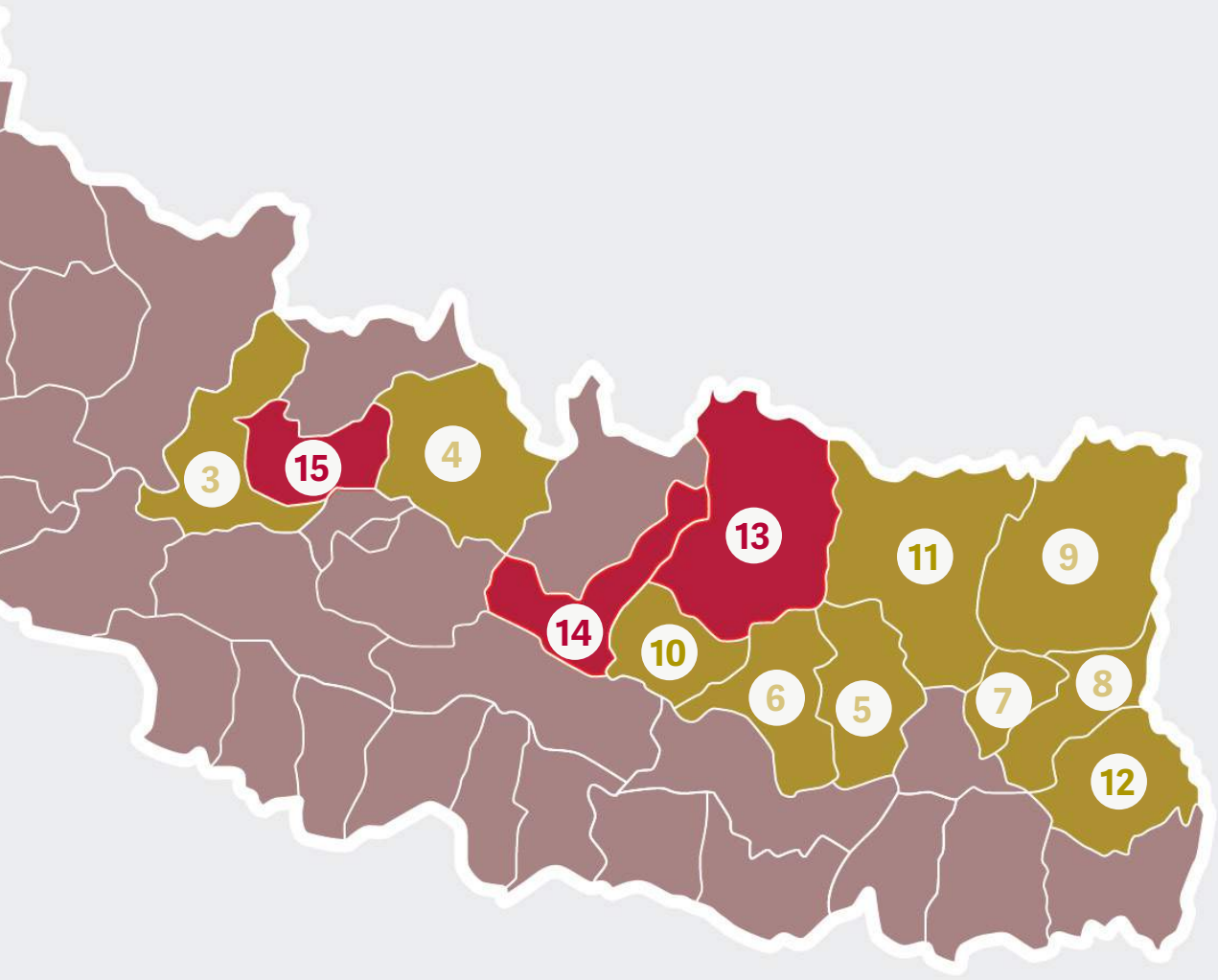
COMPLETED

1. Baglung
2. Dolpa

IMPLEMENTATION

3. Dhading
4. Sindhupalchok
5. Bhojpur
6. Khotang
7. Terhathum
8. Panchthar
9. Taplejung
10. Okhaldhunga
11. Sankhuwasabha
12. Ilam

OUR FOOTPRINT IN 2018



SET-UP

13. Solukhumbu
14. Ramechhap
15. Nuwakot

NOTES ON PROGRAM DATA

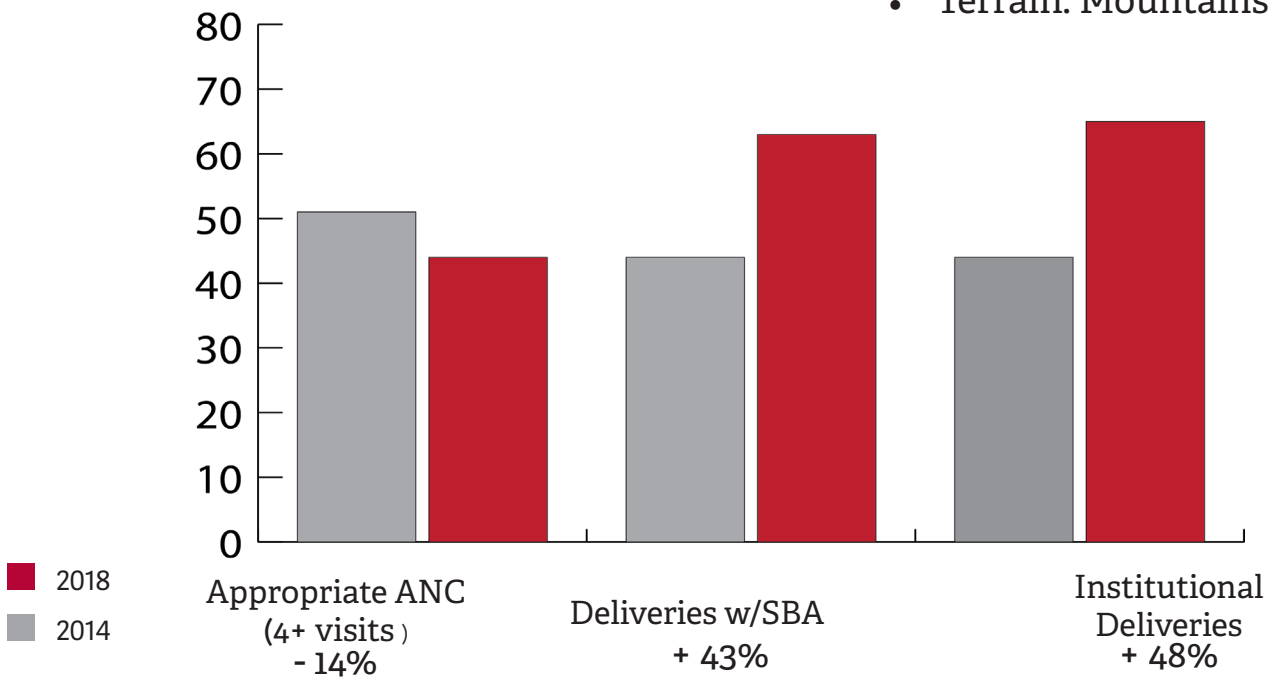
- A long-term sustained impact on mortality takes time to achieve. During the program implementation phase, the mortality numbers fluctuate up and down. After 6 years in a district, our goal is to achieve and maintain a reduction of at least 50% in both maternal and neonatal mortality (as compared to baseline). In the meantime, we measure associated proxy indicators to assess program impact.
- The SBA attended deliveries and institutional deliveries rates presented below include the pregnant women from each district that are attending care outside the district.
- In 2015, the government of Nepal changed the definition of appropriate ANC to state that only visits at four, six, eight, and nine months of pregnancy would be counted as "appropriate ANC." Prior to 2015, all women attending at least four visits (regardless of timing) were counted as receiving appropriate ANC. As a result of this change, we have observed steady decline in this indicator throughout Nepal.

DHADING

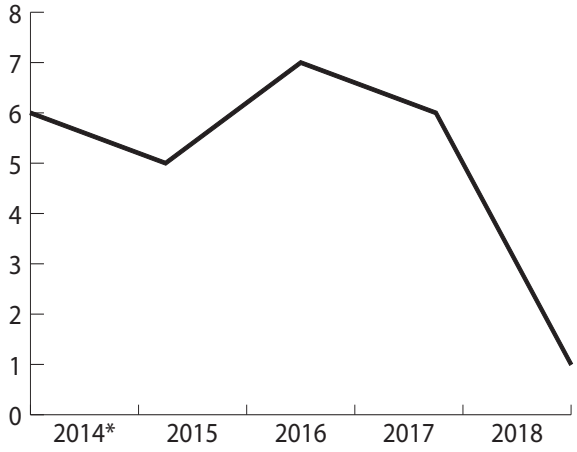
Province 3: Implementation

- Population: 347,734
- Pregnancies per year: 9,530
- Area: 744 sq mi / 1,926 sq km
- Terrain: Mountains

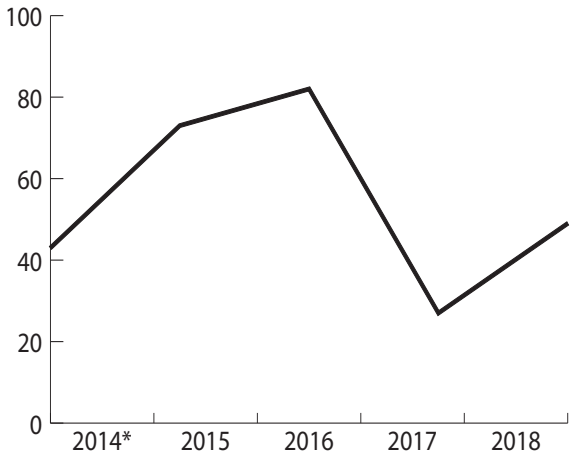
Proxy Indicators



# of Maternal Deaths



# of Neonatal Deaths



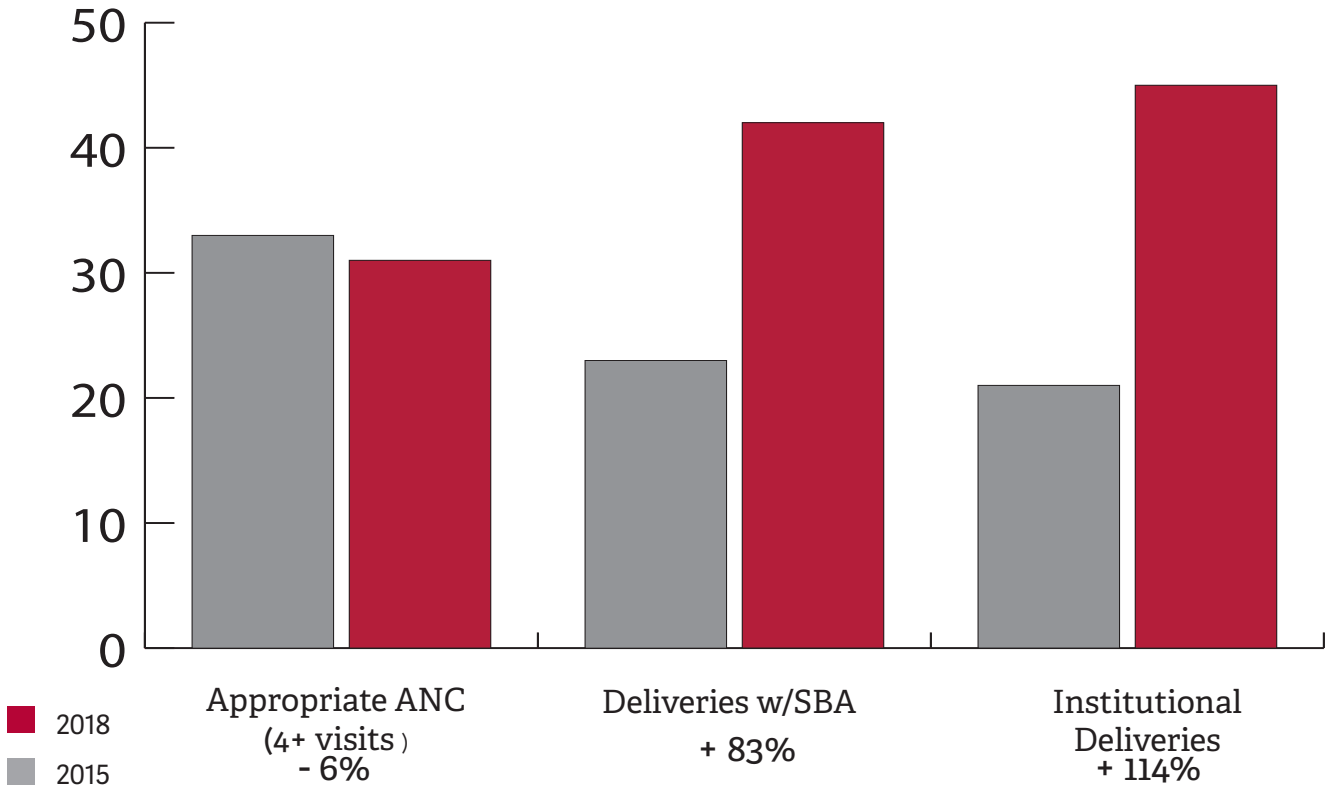
* Baseline data

SINDHUPALCHOK

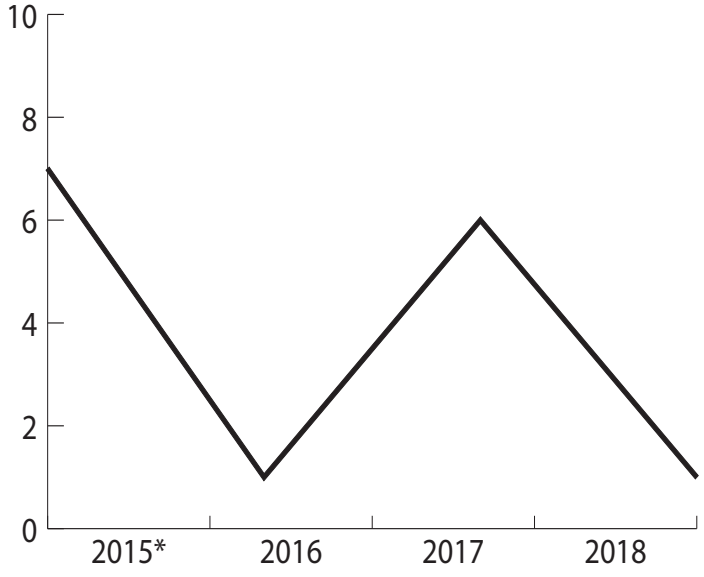
Province 3: Implementation

- Population: 292,450
- Pregnancies per year: 7,814
- Area: 981 sq mi / 2,542 sq km
- Terrain: Mountains

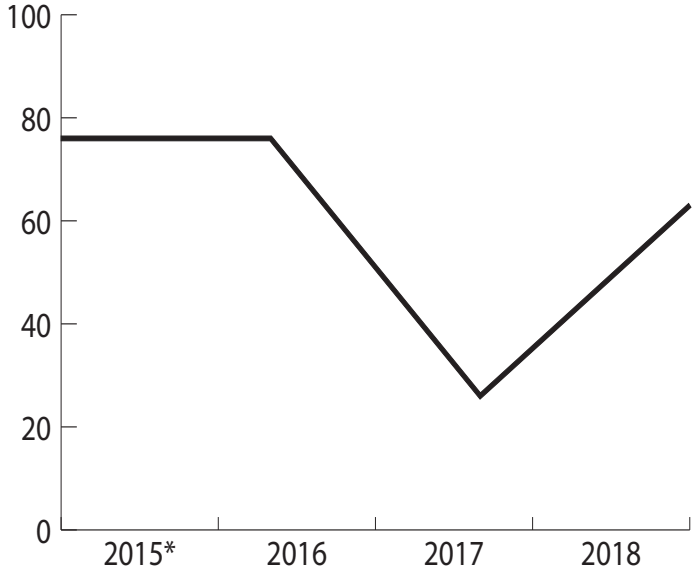
Proxy Indicators



# of Maternal Deaths



# of Neonatal Deaths



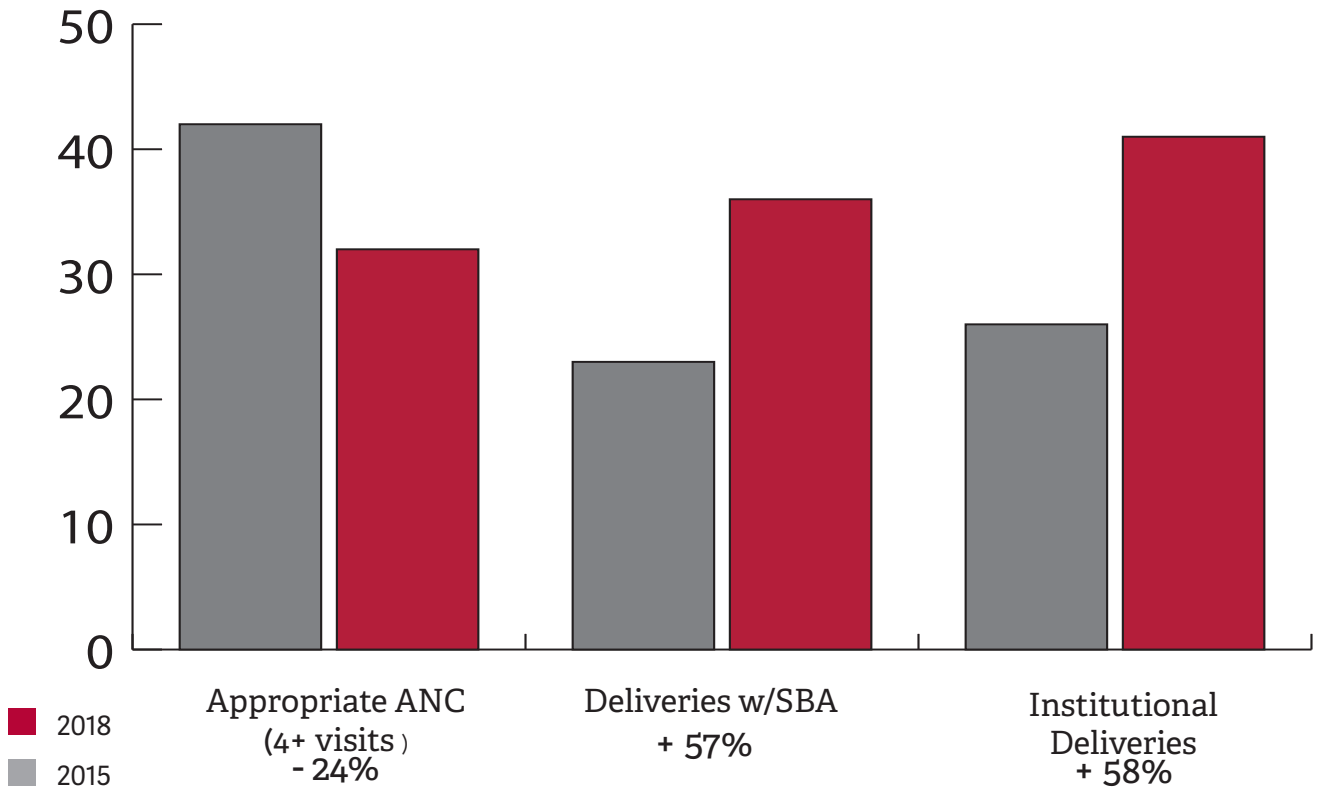
* Baseline data

BHOJPUR

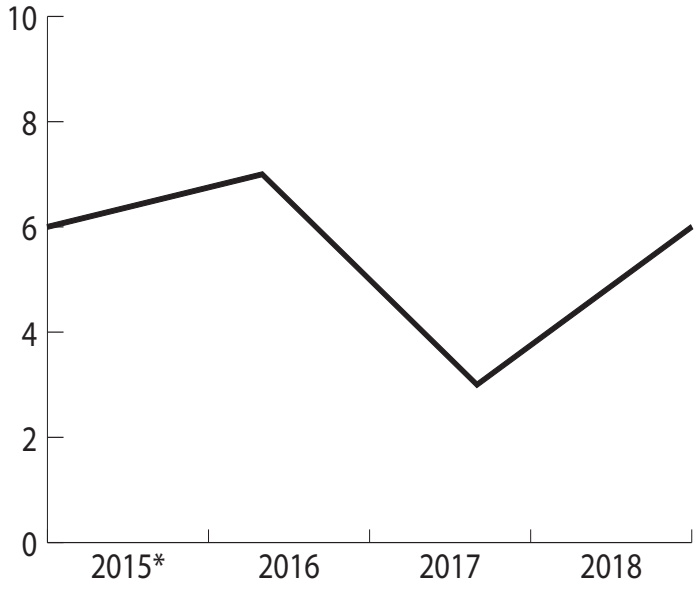
Province 1: Implementation

- Population: 167,058
- Pregnancies per year: 4,521
- Area: 582 sq mi / 1,507 sq km
- Terrain: Hills

Proxy Indicators



# of Maternal Deaths



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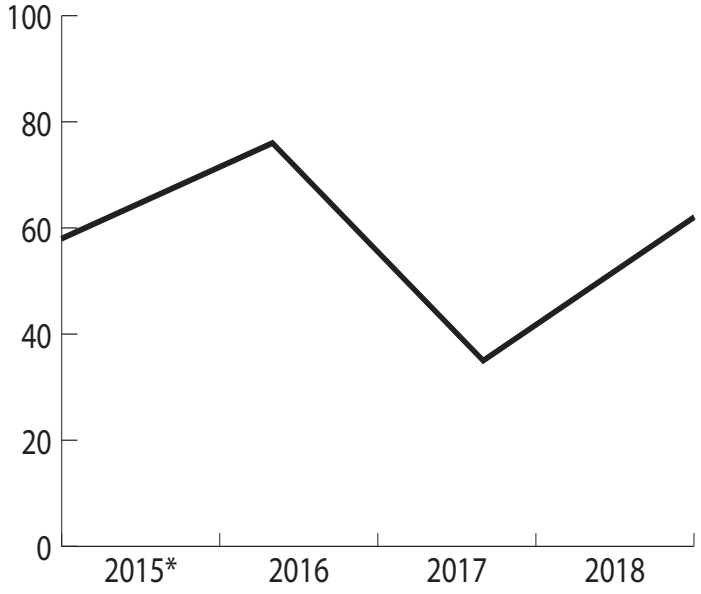


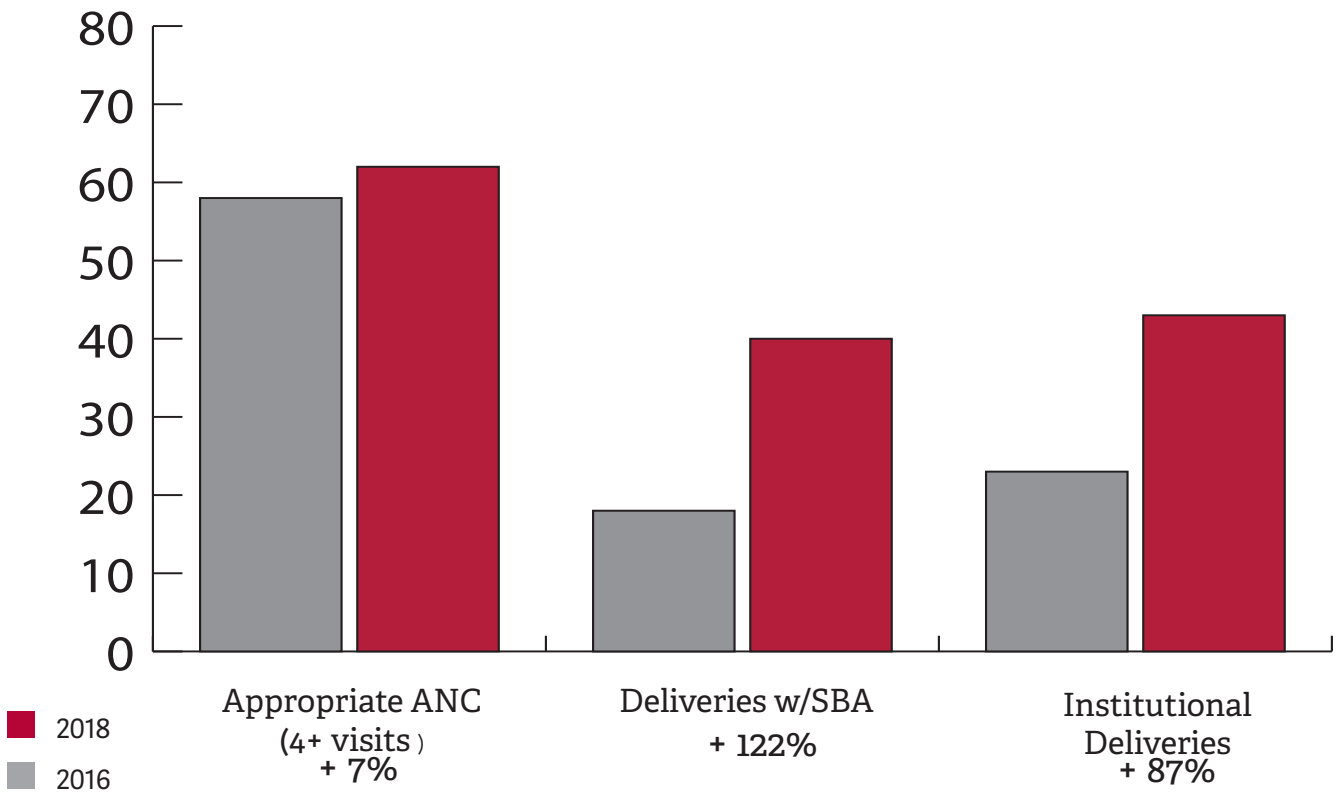
* Baseline data

KHOTANG

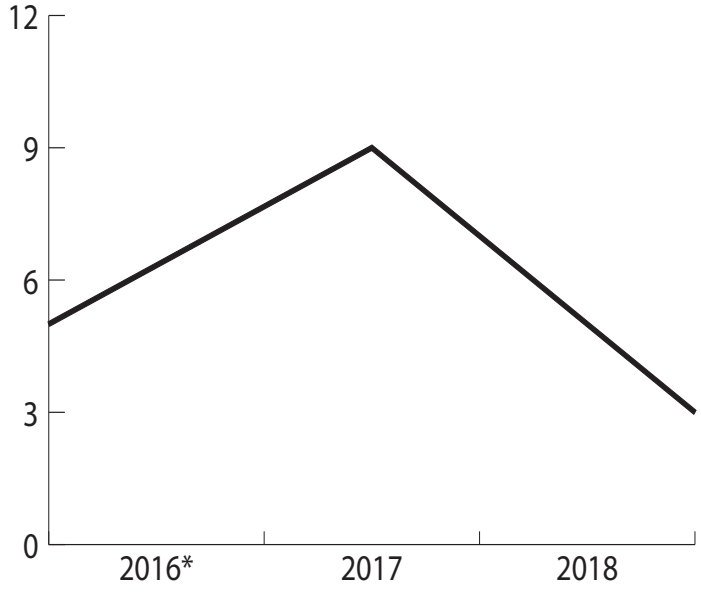
Province 1: Implementation

- Population: 187,577
- Pregnancies per year: 5,108
- Area: 614 sq mi / 1,519 sq km
- Terrain: Hills

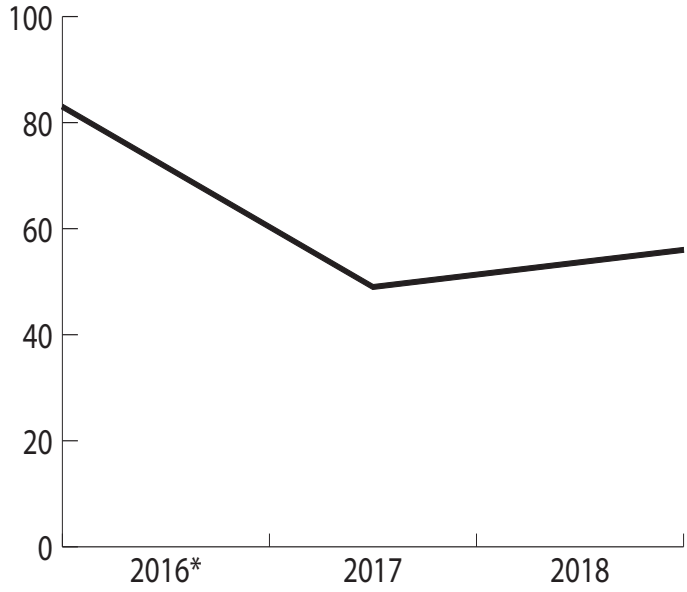
Proxy Indicators



# of Maternal Deaths



# of Neonatal Deaths



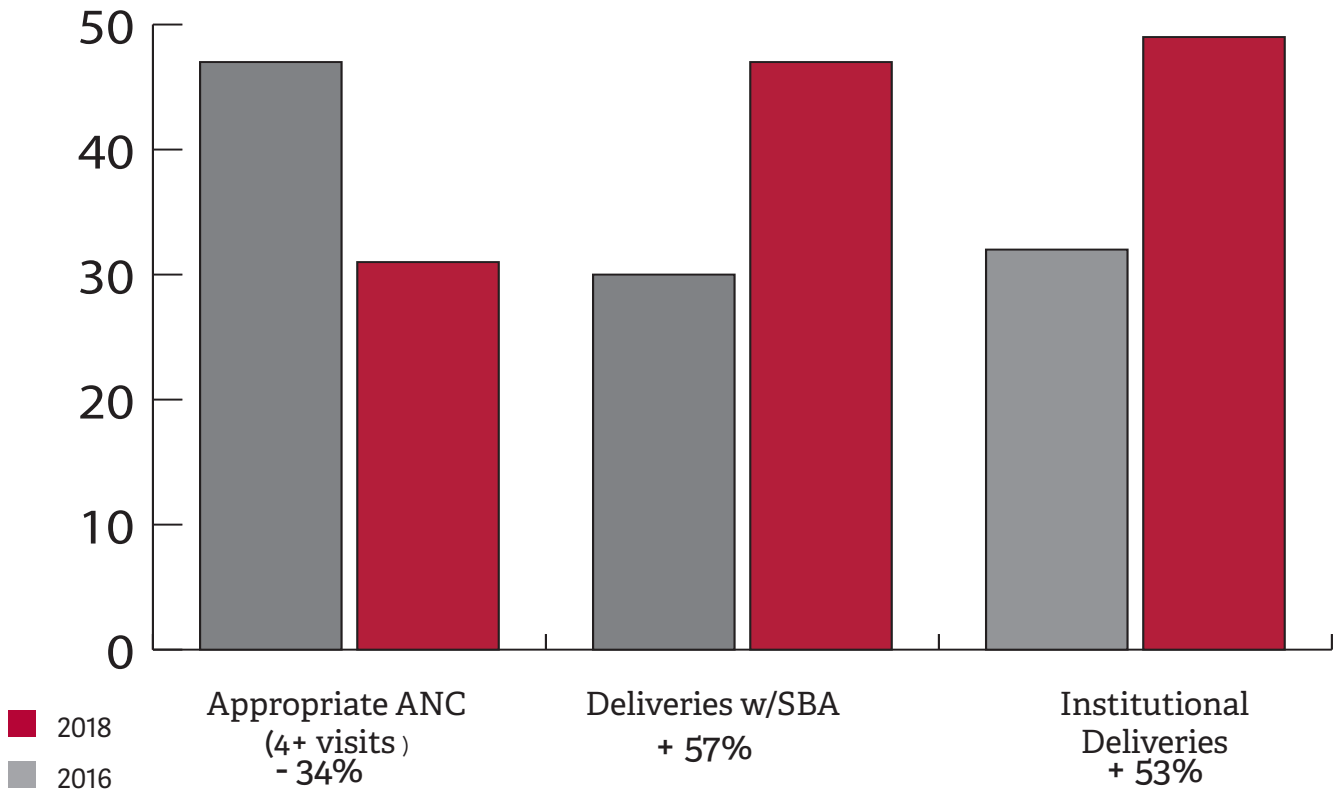
* Baseline data

TAPLEJUNG

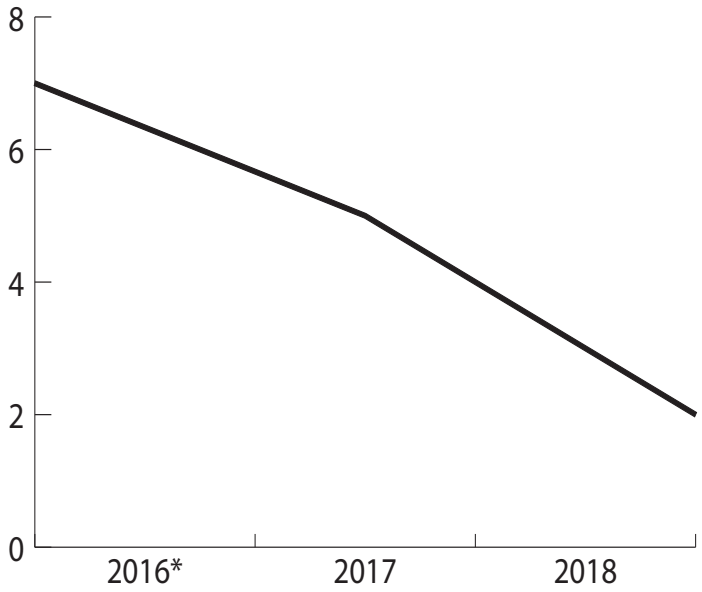
Province 1: Implementation

- Population: 129,758
- Pregnancies per year: 3,507
- Area: 1,408 sq mi / 3,646 sq km
- Terrain: Mountains

Proxy Indicators



# of Maternal Deaths



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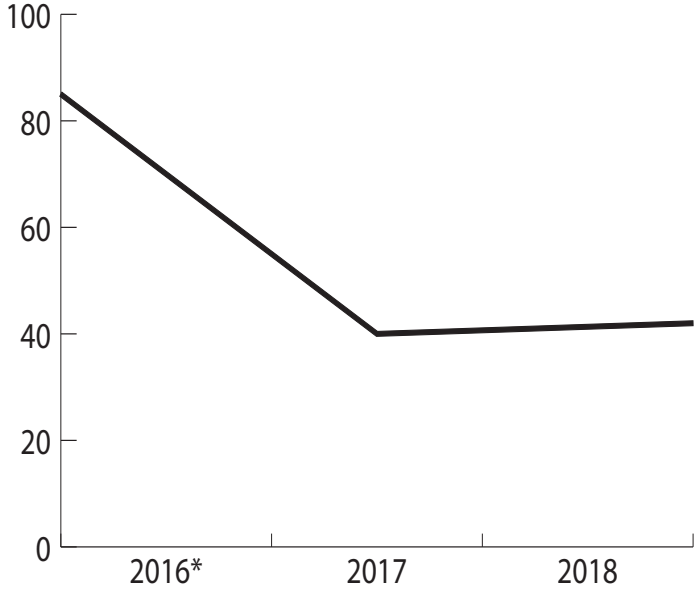


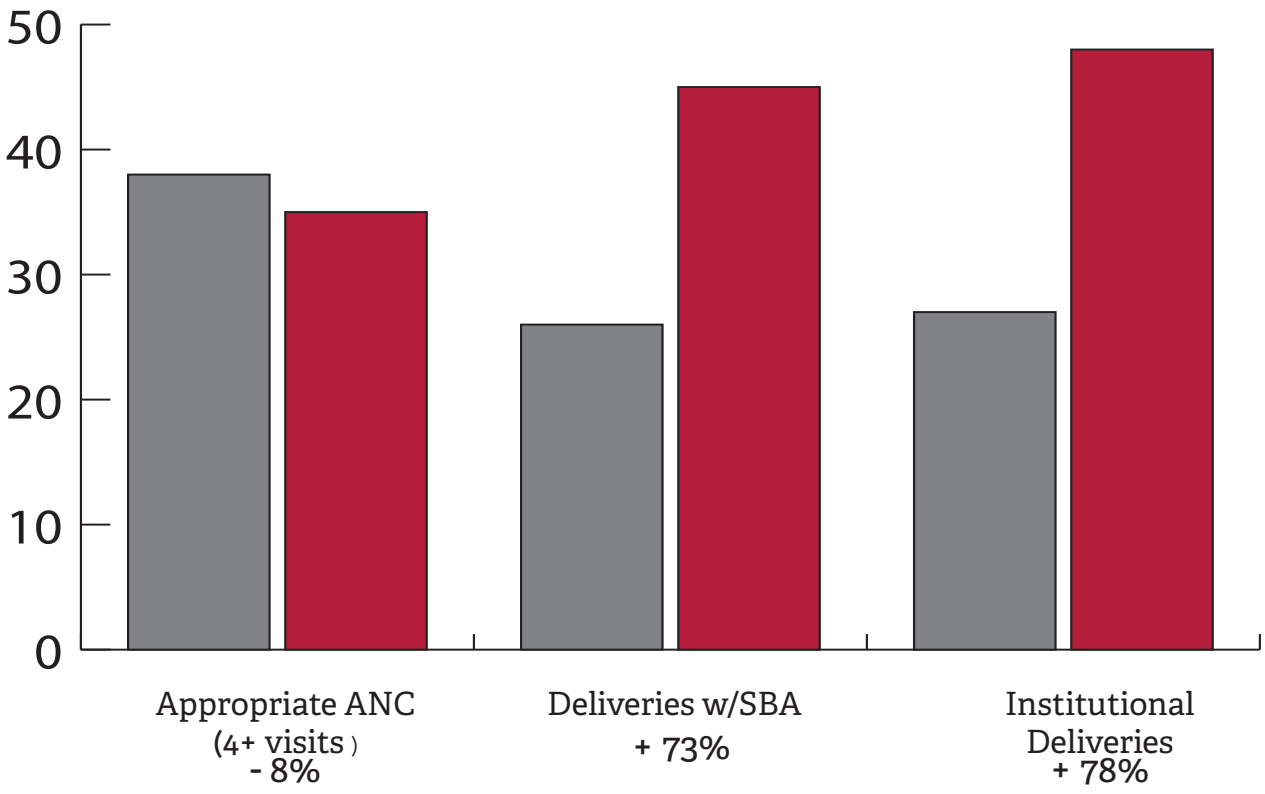
* Baseline data

TERHATHUM

Province 1: Implementation

- Population: 101,366
- Pregnancies per year: 2,811
- Area: 262 sq mi / 679 sq km
- Terrain: Hills

Proxy Indicators



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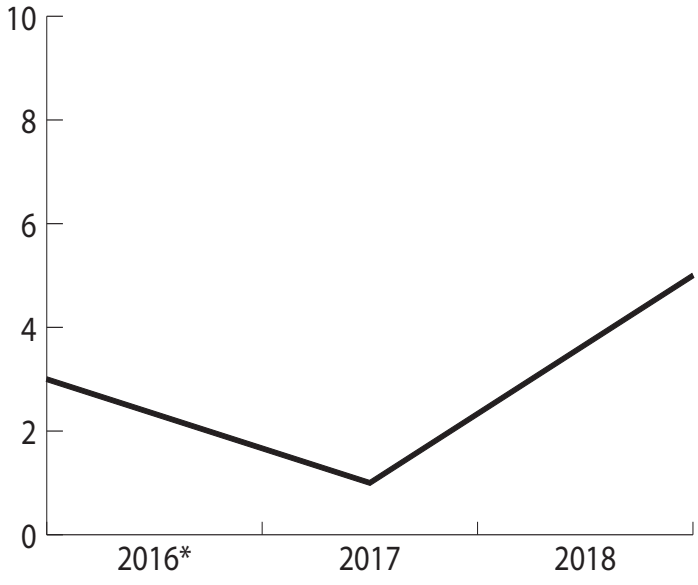

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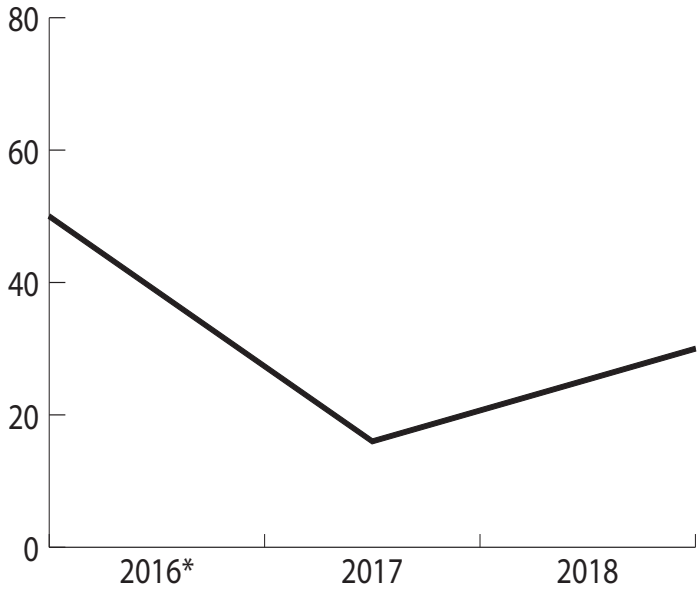


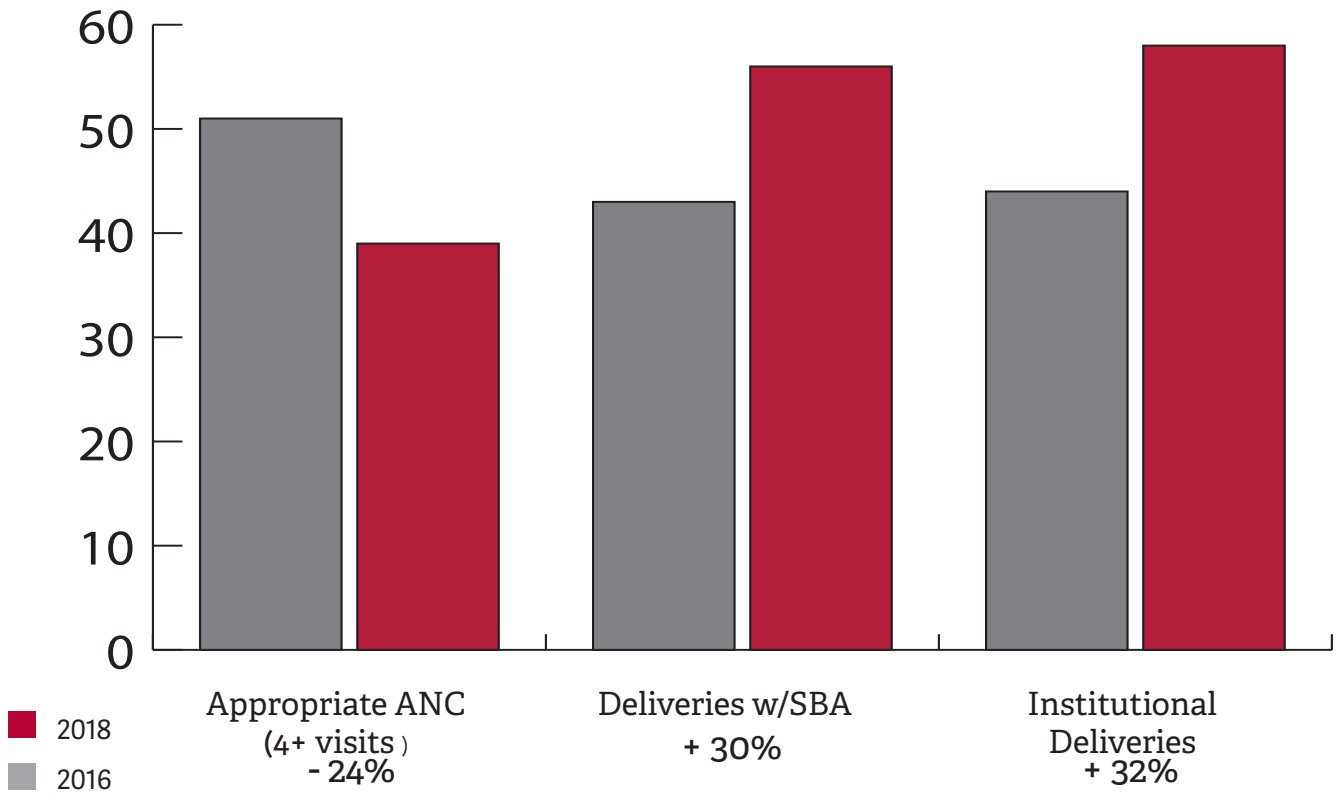
* Baseline data

PANCHTHAR

Province 1: Implementation

- Population: 109,450
- Pregnancies per year: 5,347
- Area: 479 sq mi / 1,241 sq km
- Terrain: Hills

Proxy Indicators



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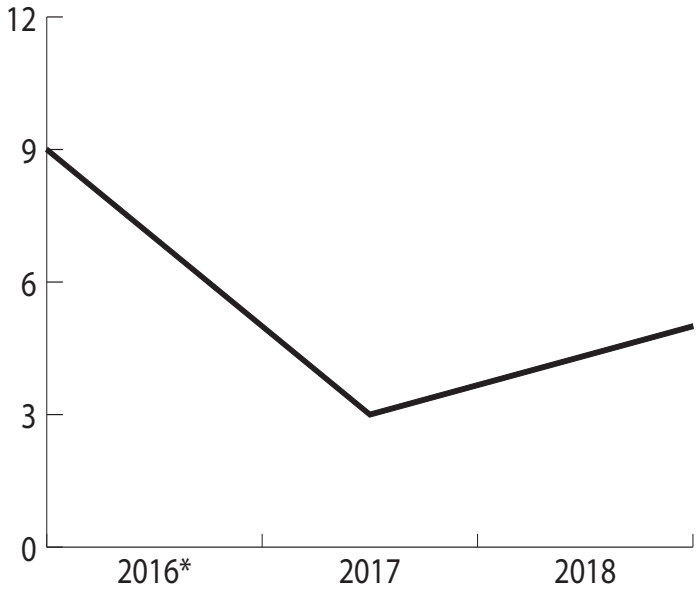
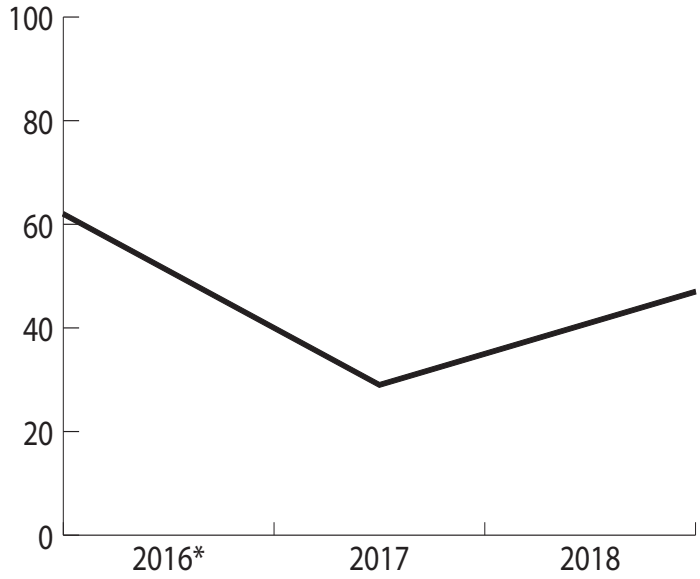


# of Neonatal Deaths



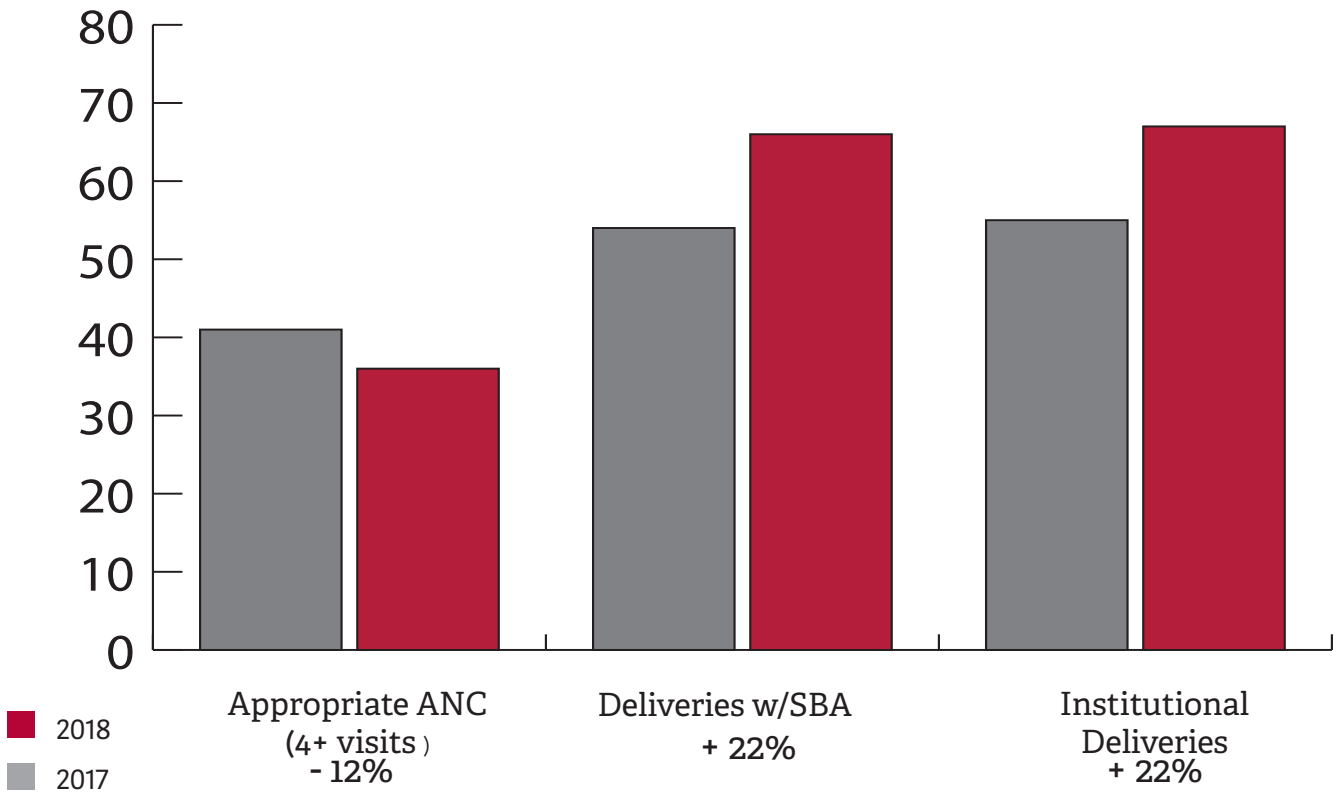
* Baseline data

OKHALDHUNGA

Province 1: Implementation

- Population: 105,487
- Pregnancies per year: 4,155
- Area: 415 sq mi / 1,074 sq km
- Terrain: Hills

Proxy Indicators



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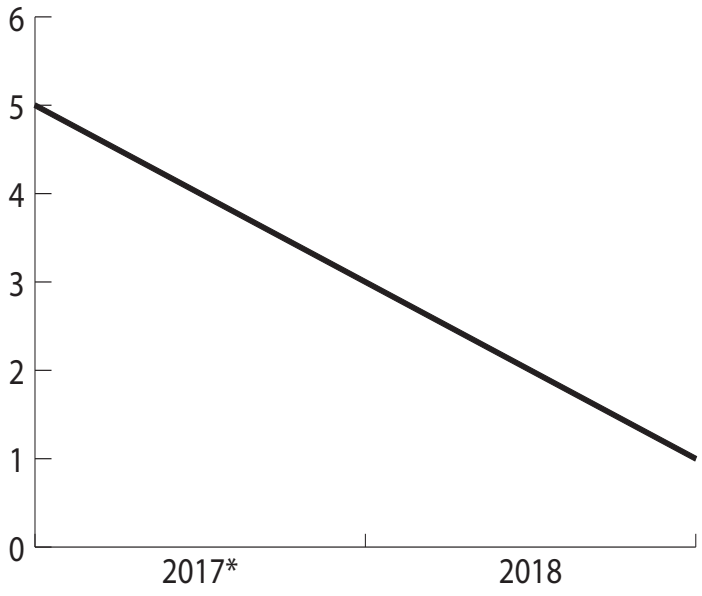
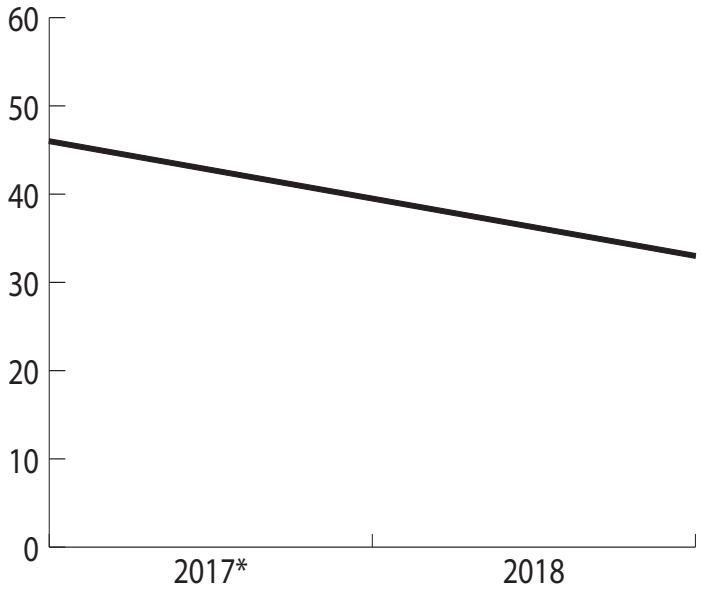


# of Neonatal Deaths



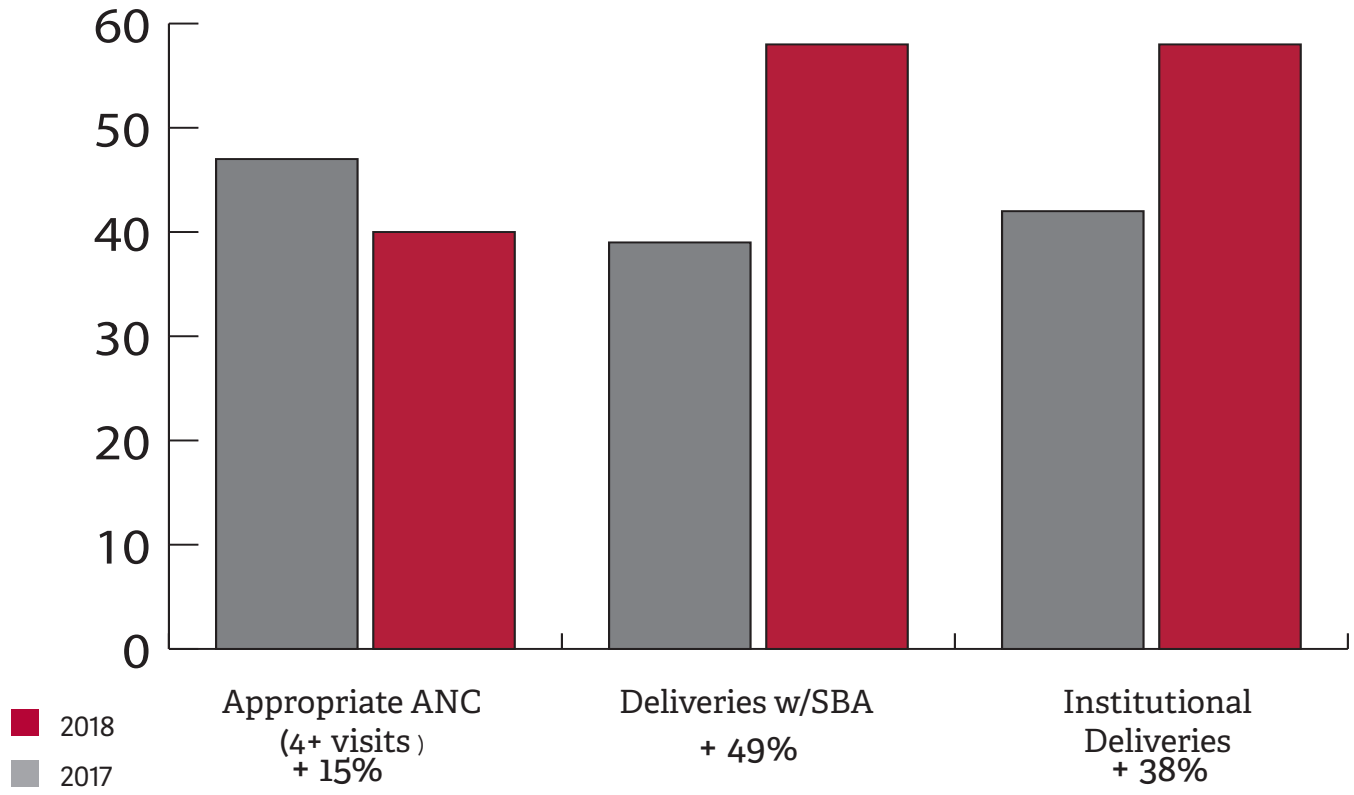
* Baseline data

SANKHUWASABHA

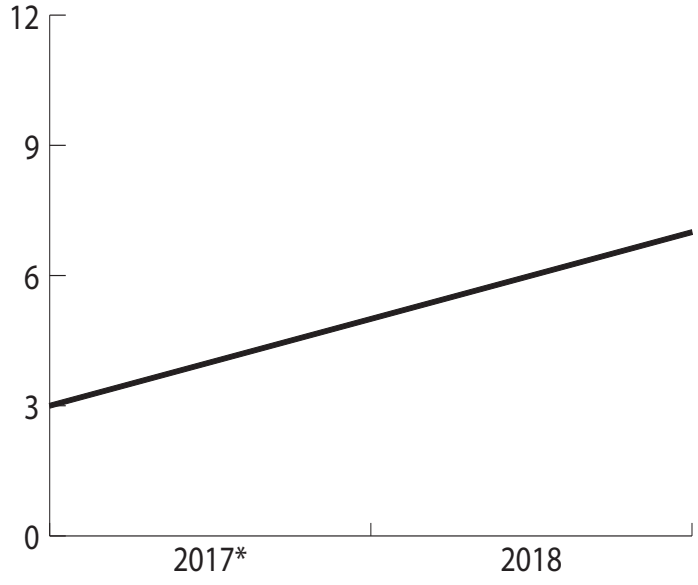
Province 1: Implementation

- Population: 157,467
- Pregnancies per year: 4,254
- Area: 1,340 sq mi / 3,480 sq km
- Terrain: Mountains

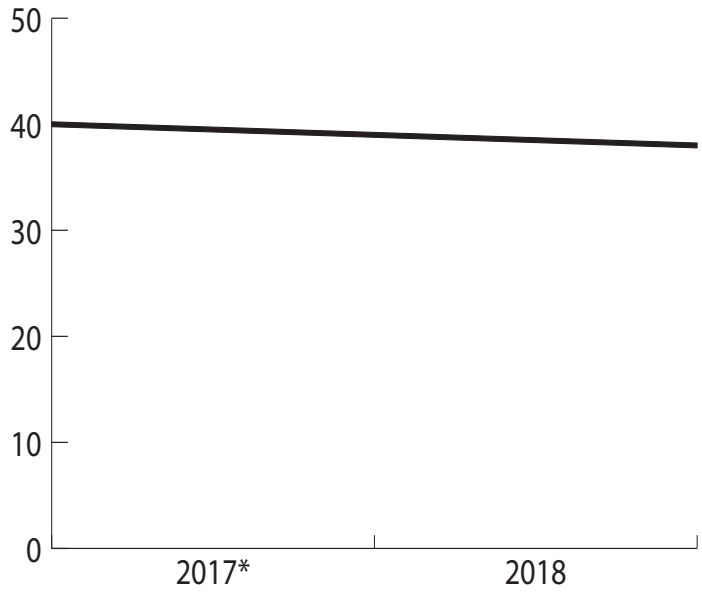
Proxy Indicators



# of Maternal Deaths



# of Neonatal Deaths



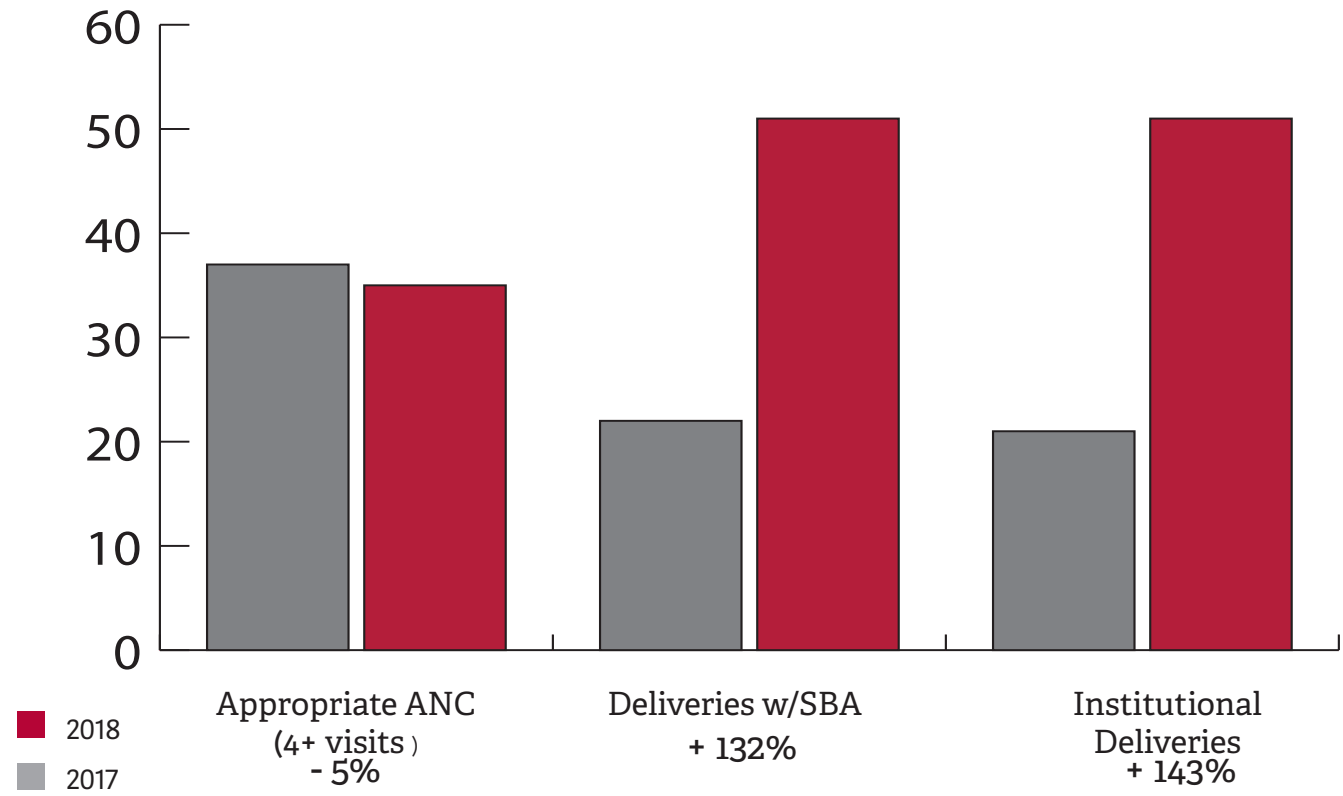
* Baseline data

ILAM

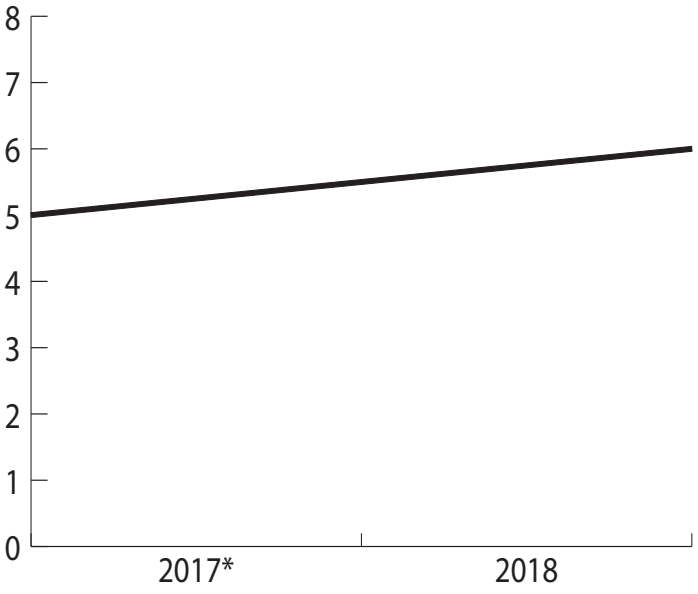
Province 1: Implementation

- Population: 303,858
- Pregnancies per year: 8,043
- Area: 658 sq mi / 1,703 sq km
- Terrain: Hills

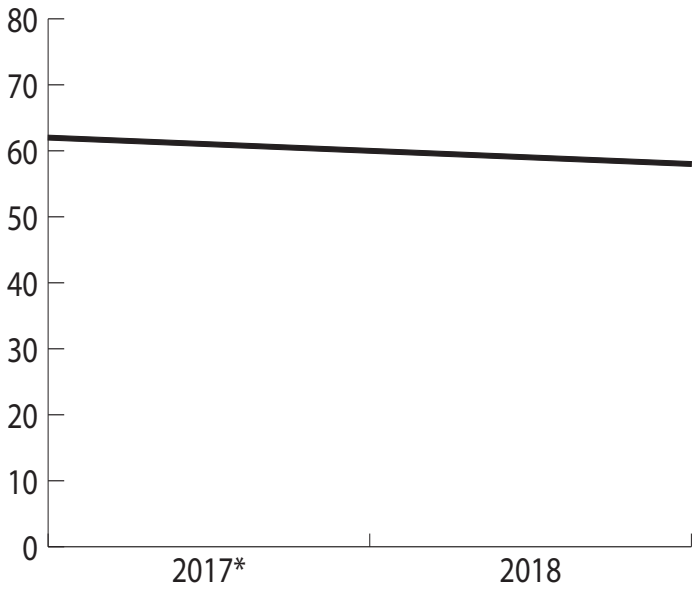
Proxy Indicators



# of Maternal Deaths



# of Neonatal Deaths



* Baseline data

DISTRICTS IN PHASE I: SET-UP

In 2018 we began setting up our program Phase I) in three new districts: Ramechhap, Nuwakot and Solukhumbu. The addition of Solukhumbu has completed our eastern region program expansion, while adding Ramechhap and Nuwakot initiated our central region program expansion. With each new district, we plan to spend one year to set up our program locally.

SOLUKHUMBU

- Population: 103,595
- Pregnancies per year: 2,697
- Area: 1,279 sq mi / 3,312 sq km
- Terrain: Mountains

RAMECHHAP

- Population: 207,510
- Pregnancies per year: 5,671
- Area: 597 sq mi / 1,546 sq km
- Terrain: Mountains

NUWAKOT

- Population: 282,295
- Pregnancies per year: 7,563
- Area: 433 sq mi / 1,121 sq km
- Terrain: Hills

LOOKING FORWARD: 2019

One Heart Worldwide is growing and 2019 promises to be an amazing year for the organization. As we expand our programs to include three new districts (Dolakha, Kavrepalanchok and Rasuwa), OHW will be operating at peak annual capacity. Excluding the three districts completed or in final transition, the Network of Safety will be actively implemented across fifteen districts. Eleven districts will be in full Implementation Phase. We will also be receiving the endline assessments from our first two completed regions of Baglung and Dolpa, which will provide our roadmap as the next set of districts begin their own transitions. As the municipalities increase their cost-sharing commitments from 20% to 35%, we look forward to supporting opportunities for community-led advocacy and sustainable change.

In addition to building relationships with the municipalities, OHW created several new partnerships in 2018 which will enhance our capacity to impact maternal and newborn health across several structures moving forward. We partnered with the Government of Nepal and GIZ to implement a pilot eHealth program to help catalyze the government's transition from paper-based to electronic reporting at the facility level. We are excited at the potential to better track mortality, ANC attendance, SBA-attended births, and institutional deliveries. Training for this program will continue in 2019 across the 3 pilot districts (Sindhupalchok, Terhathum and Sankhuwasabha), with lessons learned providing a platform for scale-up in 2020. This opportunity to improve our data collection is well-timed as we embark upon a separate partnership in 2020 with Dartmouth University to evaluate the impact of OHW's programs in Nepal. The insights gained from both projects will enable us to better support our Nepali partners.

We hope you will follow our journey as we work tirelessly to ensure that mothers and their babies have access to the care they need in Nepal and around the world.

RASUWA

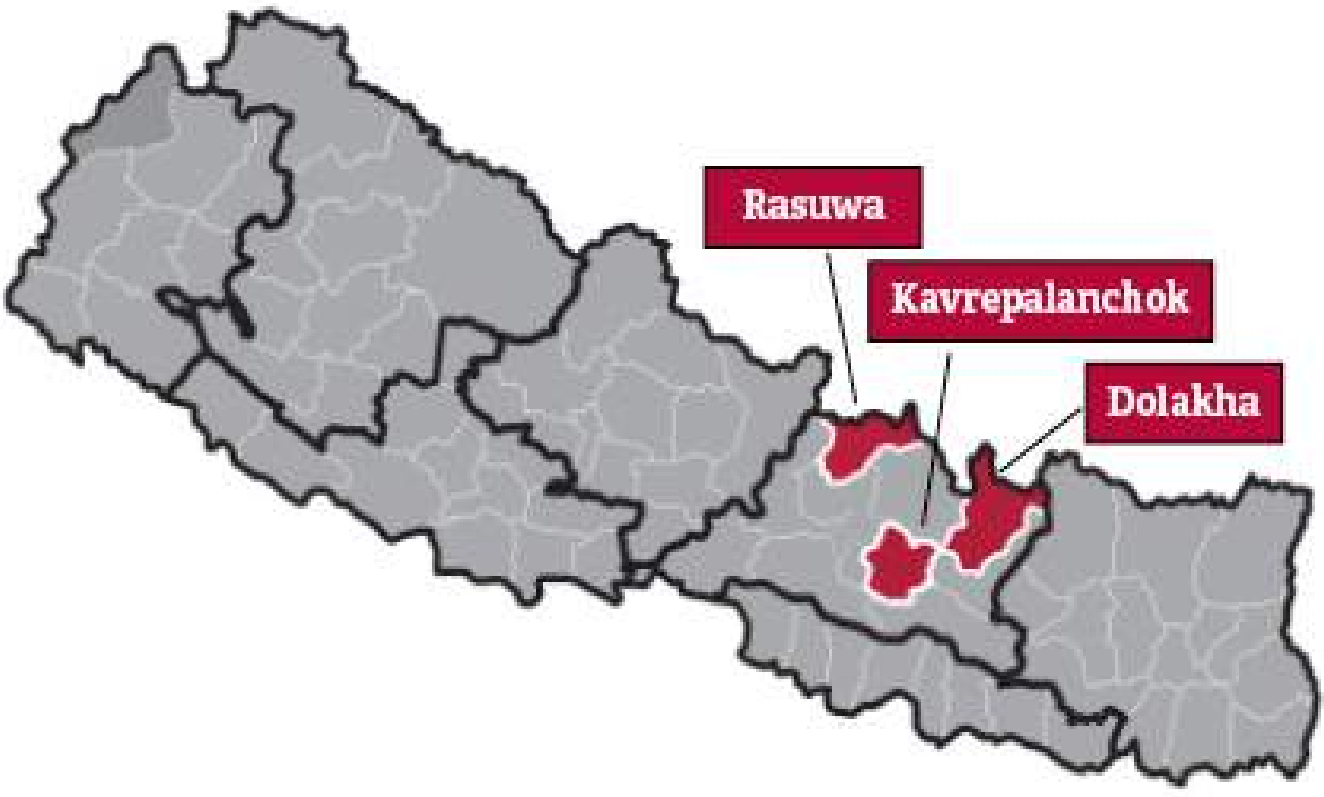
- Population: 44,657
- Pregnancies per year: 1,162
- Area: 596 sq mi / 1,544 sq km
- Terrain: Mountain
- Province 3

DOLAKHA

- Population: 187,406
- Pregnancies per year: 5,133
- Area: 846 sq mi / 2,192 sq km
- Terrain: Mountain
- Province 3

KAVREPALANCHOK

- Population: 125,517
- Pregnancies per year: 3,299
- Area: 539 sq mi / 1,369 sq km
- Terrain: Hills
- Province 3



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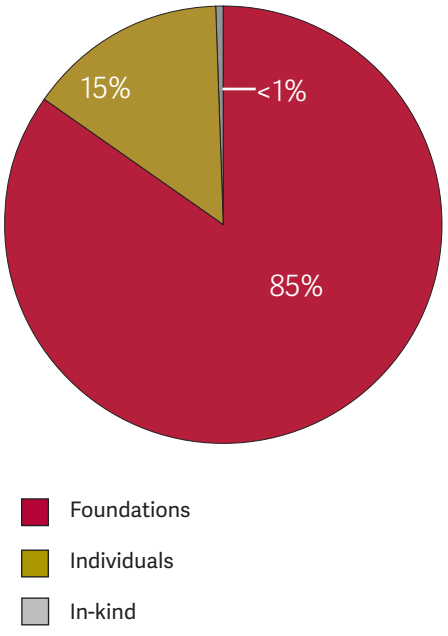
STATEMENT OF ACTIVITIES

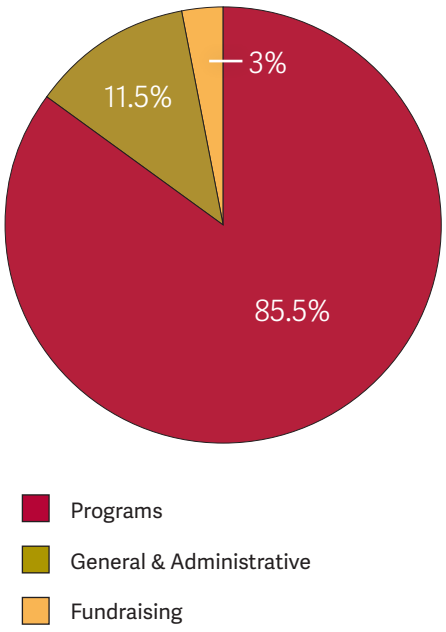
INCOME	2017 Audited	2018
Foundations	1,782,462	2,098,000
Individuals	670,945	363,000
In-kind	117,166	9,000
Events & Other	10,625	0
TOTAL	2,581,198	2,470,000

EXPENSES	2017 Audited	2018
Program Services	2,170,344	2,786,000
General & Administrative	153,448	375,000
Fundraising	91,700	99,000
TOTAL	2,415,492	3,260,000

Income 2018



Expenses 2018



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