Dining for Women
In 1997, Arlene Samen had a life-changing encounter with His Holiness, the Dalai Lama, during which he asked her to help the many women and infants who were dying in childbirth.
History

- 1998 One Heart begins surveys in Tibet
- 2002 One Heart opens its first office in Tibet
- 2004 One registers as a non-profit
- 2006 Programs expanded to second county in Lhasa
- 2008 Tibetan Health Bureau reports no maternal deaths and newborn deaths decreased from 10-3%
- In 2010 One HEART Tibet becomes One Heart World-Wide and the Network of Safety is implemented in Mexico and Nepal
The population served in Nepal amounts to 380,000 with about 11,000 pregnancies per year
Network of safety

- Effective, replicable, adaptable, and ultimately sustainable model
- Continuum of Care from the beginning of pregnancy through the newborn period
- Network operates at all levels from the mother’s home to the referral hospital
Program Objectives

• Train medical providers at different levels (from the health posts to the referral hospitals)

• Upgrade health facilities in remote regions to function as certified birthing centers

• Train Community Health Volunteers as community outreach providers
Community Outreach

Community Health Volunteers are trained in:

• Infection Prevention
• Birth Preparedness Program (delivery plans)
• Community-Based Newborn Care Package
• Community planning for emergency evacuations
• Basic health during pregnancy and delivery
• Effective outreach through the use of teaching aides and distribution of essential resources
Health Facility Improvements

- Upgrading first level of care health posts into birthing centers (equipment and basic structural improvements)
- Training Skilled Birth Attendants
- Upgrading referral hospitals/clinics (equipment)
- Training of referral hospital/clinic staff

Dho Tarap Birthing Center, upgraded and certified in 2012
Partnerships

• Strong government partnerships despite often challenging political climates, to create a sustainable model of intervention

• Partnerships with other NGOs facilitate field implementation of our programs (for example cost-sharing for transport, reduced costs of equipment purchase)

• Technical partnerships for program improvement include Medic Mobile, D-Rev, Karuna Shechen, Embrace, We Care Solar
Impact

• **Short Term**
  • Improved knowledge, attitudes and skills related to maternal and neonatal health (MNH) care

• **Medium Term**
  • Appropriate care seeking behavior at the community level
  • Improved prevention services
  • Appropriate referral and case management of obstetric and neonatal emergencies
  • Improved management of maternal and neonatal conditions & emergencies
  • Improved relationship between government & communities

• **Long Term**
  • Decreased maternal and neonatal mortality
Impact Indicators

• **Short-term impact:**
  • Increase in the number of women receiving appropriate prenatal care (at least 4 visits prenatally and one post-natal)
  • Increase in the number of deliveries with a skilled birth attendant
  • Increase in the number of deliveries in a health facility

• **Long-term impact:**
  • Decrease in maternal and neonatal mortality
Accomplishments in Nepal

- Master Trainers trained: 14
- Skilled Birthing Attendants trained: 6
- Female Community Health Volunteers trained: 557
- Front-line health workers trained: 293
- Health posts renovated and equipped with equipment and supplies to meet standards to be certified as official birthing centers
- Increase in health facility deliveries: 5
- Increase in women receiving appropriate prenatal care: 293
- Increase in attendance of a skilled provider at deliveries: 5

Dolpa:
- Skilled Birthing Attendants trained: 1%
- Skilled Birthing Attendants trained: 25%
- Skilled Birthing Attendants trained: 0%
- Skilled Birthing Attendants trained: 3%
- Skilled Birthing Attendants trained: 10%

Baglung:
- Skilled Birthing Attendants trained: 10%
- Skilled Birthing Attendants trained: 48%
- Skilled Birthing Attendants trained: 21%
- Skilled Birthing Attendants trained: 82%
- Skilled Birthing Attendants trained: 10%
- Skilled Birthing Attendants trained: 70%
Long-term Impact in Baglung District

<table>
<thead>
<tr>
<th>Baglung</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td># Births</td>
<td>7,771</td>
<td>8,336</td>
<td>6,942</td>
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<tr>
<td># Maternal Deaths</td>
<td>31</td>
<td>30</td>
<td>13</td>
</tr>
<tr>
<td>MMR</td>
<td>399/100,000 live births</td>
<td>360/100,000 live births</td>
<td>187/100,000 live births</td>
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<tr>
<td># Neonatal Deaths</td>
<td>301</td>
<td>307</td>
<td>147</td>
</tr>
<tr>
<td>NMR</td>
<td>39/1,000 live births</td>
<td>37/1,000 live births</td>
<td>21/1,000 live births</td>
</tr>
</tbody>
</table>

This is the first district in which we started program implementation in Nepal and we are now able to measure long-term impact.
Dining for Women Support

• Will allow for the training of 800 community outreach providers
  • Including transportation, lodging, meals, and training materials
• Will empower the community outreach providers by strengthening their knowledge of maternal and neonatal care and enabling them to impart this knowledge on their peers
• Will cover the cost of 2,000 clean birth kits to be delivered to expectant mothers
UN Millennium Development Goals

We address UN Millenium Goals four and five of decreasing child mortality and improving maternal health
Our Future Trajectory

- Continue to develop partnerships for better program implementation

- Expanded program into new districts (at least three in Nepal for the next three years)

- Integration of supplemental projects into main model (Nutrition study, Medic Mobile, POP program)

2013 - Dhading, hill region
Thank You for Your Support