



One Heart
WORLD-WIDE

FINAL REPORT FOR DINING FOR WOMEN

Organization Information

- a. Organization Name: One Heart World-Wide
- b. Program Title: Implementing a Network of Safety around mothers and newborns in Western Nepal
- c. Grant Amount: \$50,000 USD
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Expected outcomes:

The overall goal of the One Heart World-Wide (OHW) program in Nepal is to implement a Network of Safety surrounding vulnerable mothers and their newborns in remote rural areas. The Network of Safety includes the training of health providers at different levels (community level, first level of care level, and referral hospital level).

The goal reflected in our proposal to Dining for Women was to train and empower Female Community Health Volunteers (FCHVs) as effective maternal and neonatal health outreach providers in the Baglung and Dolpa districts.

Specifically, the expected outcomes of training FCHVs in the Baglung and Dolpa districts of Nepal were:

- Increased access to skilled birth attendants, essential resources, and safe motherhood messages for vulnerable pregnant women within the remote reaches of their communities.
- Educational messages, skills, and resources necessary for a safe pregnancy and birth are delivered directly to the homes of rural indigenous women who are at high risk of having an unattended home birth.
- Strengthened maternal and neonatal health knowledge and skills among local FCHVs who care for women and their newborns at the village level.

The expectation is that after 4 years in the context of the Network of Safety being implemented, these three outcomes will ultimately decrease morbidity and mortality among pregnant women and their newborn infants in the regions by at least 70%.

Accomplishments:

We have not modified any of our objectives. When we begin delivering the Network of Safety to Dolpa and Baglung, our goal was to train each necessary FCHV in both districts to make sure



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that every pregnant woman would have access to pregnancy and delivery services. We are proud to say that with the support of Dining for Women and other partners, we have met our goal. Every FCHV needed to reach the women of Baglung and Dolpa have been trained (1,280 in Baglung and 280 in Dolpa).

During the last year a total of 980 FCHVs were trained in Baglung and 141 in Dolpa. The training sessions have been limited to small groups of 10-15 volunteers and two One Heart World-Wide Master Trainers, allowing for an in-depth and hands-on learning experience. The training sessions focused on three broad concepts: teaching their community about birth preparedness, community-based newborn care, and infection prevention. At the training sessions each volunteer received a backpack full of essential supplies so they are able to offer basic prenatal care and assist in normal home deliveries (deliveries without complications) when a woman cannot make it to the birthing center. The backpacks include items like clean birth kits, blood pressure monitors, stethoscopes, sterile cutting instruments, and sterile blankets.

The trained FCHVs now seek out all of the pregnant women in their communities and work with them to develop a safe delivery plan. The volunteers are trained to refer the expectant mothers to the nearest birthing center and introduce them to the center's skilled birth attendants, distribute clean birth kits and prenatal supplements, and recognize and refer those with problems to the appropriate facilities. The FCHVs are also trained to build maternal and neonatal health awareness at the community level, teach the women under their care to practice recommended prenatal care, and, in the case of emergency home deliveries, use a clean birth kit.

Challenges:

- Most of our challenges are related to the difficult geographical conditions, making travel very difficult at times. Compounding the issue are the lack of roads, high altitude, and extreme temperatures.
- Another challenge is that some of the FCHVs have limited reading and writing abilities.

Solutions:

- We have become much more strategic in scheduling our training sessions. There are times during the year when access is impossible (for example, in summer during monsoons in Baglung, where roads wash out or in winter in Dolpa, when the snow makes travel virtually impossible).
- We have adapted our training materials to use more pictorial charts and guides (for illiterate trainees) and more hands-on training.

Organizational changes:



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We have not had any more organizational changes since the interim report. The most significant organizational change for One Heart World-Wide since the submission of the proposal in October of 2013 was the hiring of a three new key staff to support development, monitoring and evaluation, and administrative needs in the Nepal and in the San Francisco offices. These new staff, and One Heart World-Wide's plans to take our programs to scale were outlined in our interim report.

Lessons learned:

FCHVs are a key component in the reduction of maternal and neonatal deaths. The skilled birth attendants are the ones performing the deliveries, but they ensure that the mothers go to the birthing center to deliver their babies. They remind expectant mothers of the importance of prenatal care, perform basic check-ups, are able to assist in case of an unplanned home delivery and most importantly, they are trained to recognize emergencies and know how to handle them (stabilize the patient and evacuate).

Changes in our organization

We are now able to provide full service coverage for the districts of Baglung and Dolpa. We will continue to assess the results of the program in Dolpa and Baglung in the coming years to monitor trends. As a result of our programs at least 30 mothers and 260 newborn infants are saved every year in the Baglung District. In Dolpa, 13 mothers and 90 infants are saved every year. These numbers represent nearly 400 lives saved annually, a tremendous feat. These results have led to the government of Nepal requesting that we expand our program to other areas of need. There are 35 other districts in Nepal that could benefit greatly from our programs. In the coming year, we are planning to expand our program to three new districts: Dhading, Bhojpur and Sindhupalchok.

Unexpected events/outcomes

We did not really experience any unexpected events except that the reduction in maternal mortality was much higher than expected. We were able to reduce maternal mortality over 90%, a result that we did not anticipate happening so fast.

In remote rural areas such as Baglung and Dolpa, the women are relied on not only to raise and educate the children, but also to farm the family's land, providing a main source of income. The impact of saving a mother's life in Dolpa and Baglung is tremendous in terms of economics, education and nutrition for her family and ultimately her community. The larger impact of the lives saved with the help of Dining for Women is extraordinary.

Changes in strategy



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We are always adapting our program to better respond to the local needs. We have added components to our training program (mostly on post-partum management and uterine prolapse). We are working with the government to modify and improve government-led training initiatives. However, overall, our strategy has not changed, except for the increase in pace. We are poised and ready to take our Network to scale and cover 35 districts by 2025.

Number of lives impacted by the program

Each trained FCHV can reach anywhere between 5 and 20 expectant mothers in her community each year. Each of those women will be far more likely to have a safe birth that they and their babies are likely to survive. In the Baglung district, 9,000 pregnant women and their families were reached this year by the trained FCHVs, and in Dolpa district, 934.

Measurements:

Appropriate data collection, management, and analysis methods are a priority for OHW for assessment and evaluation purposes. Our Monitoring and Evaluation team and field personnel maintain detailed records on our program processes and outcomes under the supervision of our Chief Operations Officer Dr. Kristensen, a trained perinatal epidemiologist. Outcomes evaluation assesses the change in practices associated with the program as well as associated maternal and neonatal outcomes. Assessment is conducted through quantitative (records review and surveys) and qualitative (focus groups, direct observation, and in-depth interviews). Outcomes indicators are measured through the comparison of baseline survey data (data collected among families who had a childbirth within the last 2 years prior to program implementation) and post-program-implementation-data (data collected on a bi-annual basis among families experiencing pregnancy and childbirth post-program-implementation). Our main outcome indicators include:

- Appropriate use of prenatal care (4 or more visits) and postnatal care (1 visit)
- Deliveries with a skilled birth attendant
- Deliveries in an upgraded birthing center
- Maternal and Neonatal mortality

Results:

Program impact assessments are conducted in December each year. As of today we know that:

In Baglung

- The percentage of pregnant women receiving appropriate antenatal care and postnatal care increased from 40% to 61%
- The percentage of deliveries attended by a skilled birth attendant increased from 22% to 40%



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- In the areas with a functioning birthing center, facility-based deliveries have increased from 19% to 40%

The year is not yet over, but as of today in Baglung, we have had **0 maternal deaths and only 8 neonatal deaths**. When we started the program in 2011 there were 30 maternal deaths and 300 neonatal deaths per year (total population is 300,000).

In Dolpa

- The percentage of pregnant women receiving appropriate antenatal care and postnatal care increased from under 1% to 25%
- The percentage of deliveries attended by a skilled birth attendant increased from 3% to 28%
- In the areas with a functioning birthing center, facility-based deliveries have increased from 1% to 25%

As of today in Dolpa, we have had only **1 maternal death and 6 neonatal deaths**. When we started the program in 2011 there were 14 maternal deaths and 91 neonatal deaths per year (total population is 30,000).

These numbers represent a significant impact for the mothers and newborn infants of Baglung and Dolpa, and we want to thank Dining for Women for helping us reach this level of success.

Program plans:

The program is completed in Baglung and Dolpa. According to our contract with the government of Nepal, we are now transitioning the program to the government and we plan to continue monitoring results for a couple of years in both districts to ensure a smooth transition process. At the same time we plan to start implementation of our programs in 3 new districts, Dhading, Bhojpur and Sindhupalchok. For the three new districts, we expect a three year implementation phase followed by a two year period for transition to the government.

Expenses:

See attached.

Leverage:

We are very thankful to Dining for Women for helping us reach our goal. Partly due to your support, we were able to leverage several new donors this year, including the NOVO Foundation, The Wheeler Foundation, and the Jester Foundation.