Interim Progress Report – describe the use of the grant funds, compliance with the terms of the grant, and the progress made towards achieving the goals of the grant.

Organization Name: One Heart World-Wide
Program Title: Training Community Outreach Providers to Increase Access to Safe Births in Remote Rural Areas of Nepal. (Dhading, Sindhupalchok, Bhojpur, Taplejung, & Khotang)
Grant Amount: $60,000 over three years ($20,000 per year)
Contact person: Dr. Sibylle Kristensen (sibylle@oneheartworld-wide.org)
Address: 1818 Pacheco St., San Francisco, CA 94116

1. Recap briefly what outcomes the program was designed to achieve.

The program was designed to improve the quality of healthcare services in rural, remote areas of Nepal and ultimately improve access to and utilization of these services for pregnant women and their newborn children by training community outreach providers in quality healthcare delivery. Community outreach providers are composed of Female Community Health Volunteers (FCHVs) and Health Workers - active members of the community that have been trained in safe motherhood practices. They are trained to relay messages to prepare pregnant women and their families to better understand the pregnancy process, potential risks, danger signs and the need for a safe and clean birth.

Our program is a critical supplement to the Nepali government’s efforts to reach out to Nepali women, especially in the rural areas where access to health facilities is sparse. After our training programs, both FCHVs and Health Workers are better equipped to recognize maternal and neonatal emergencies and are able to provide appropriate outreach to the communities they serve, improving access to pregnancy related services and ultimately working to reduce the rates of maternal and neonatal mortalities in these remote areas of Nepal.

2. Has funding changed for this program? E.g. have you received unexpected funding from another source?

As our programs in Nepal have been expanding, we have received additional unrestricted funding to scale our Network of Safety model in Nepal. Some of this additional funding will be allocated to training community outreach providers while the rest of it will go towards implementing the other components of the NoS model to additional districts. New funders include:

1. Direct Relief - $300,000 over three years
2. Anonymous - $300,000 (Increase in funding)
3. Ping and Amy Chao Foundation - $119,000 (Increase in funding)
4. Anonymous - $150,000 (Increase in funding)
5. Cubit Family Foundation - $51,000
6. Anonymous - $80,000AUD (new funding)

3. Is your organization or program situation different than presented in the approved proposal? E.g. new executive director, significant program staffing changes or NGO affiliation, loss of large funding, or other significant changes?
There are no major programmatic changes. As of the end of 2017, we are now in twelve districts and planning to add three new districts in 2018 (though does not directly impact the present proposal). Organization wise, our Country Representative resigned earlier this year. Mr. Ashoke Shrestha stepped in as interim Country Representative. Mr. Shrestha has been a trusted board member and leader for OHW for the past 3 years and he provided continuity as we conducted the executive search. We have just hired a new Country Representative, Mr Subhakar Bayda who will start before the end of this fiscal year.

4. What challenges are you facing as you move forward with this project? How are you approaching these challenges?

**Changes in the government structure:** Recent changes in the Nepali constitution restructured the 75 districts of Nepal down to 7 provinces. Each province is now subdivided in municipalities, which each include about 4-6 of the previous Villages Development Committees (VDCs). This change is intended to decentralize most of the decision-making authority and budgetary decisions down to the local level (municipalities). For OHW, the initial transition process (election of the new local bodies and following adjustment period) has contributed to some program implementation delays. **Resulting opportunity:** Under the previous district structure, OHW worked with the District Health Office to deploy our programs. Under the new structure, OHW will be working directly with each municipality, which will entail more work upfront. However, as the Network of Safety is a community-based model heavily dependant on local community participation, the closer partnerships that will be established at the local level with those making programmatic and budgetary decisions directly impacting their own communities will increase the long-term sustainability of our programs.

**Updates in governmental training packages:** Periodically, the Nepali government will update their official training packages. This year, the Birth Preparedness Package with Misoprostol (BPP/Miso) that we use for training Community Outreach Providers (FCHVs and Health Workers) was updated. The Nepali government asked OHW to cease all BPP/Miso-related training activities in our districts until the updates were completed. We were allowed to complete our Community Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI) training programs that were solely aimed at the earthquake districts (Dhading and Sindhupalchok) as an emergency response. Because of the recent governmental restructure, the updating process took longer than usual, thus delaying the roll-out of our Community Outreach training program in several of our districts. **Resulting opportunity:** OHW has taken the opportunity to strengthen other aspects of our own program activities. For example, several of our districts have met or exceeded their CME targets for SBAs, while still others did the same for Birthing Center renovation/upgrade targets, despite a particularly extended and severe monsoon season. The Ministry of Health recently finalized all updates to the curriculum, allowing training to resume. We expect to complete the initially planned FCHV training between now and Q1 of 2018 and resume training for health workers in early 2018.

5. Have you revised your original objectives since the program began? If so, why? What are your new objectives?

As we requested in our letter to Dining for Women in December 2015, we have included three of the districts added in 2016 (Bhojpur, Khotang, and Terhathum) in addition to Dhading and
Sindhupalchok as a part of this project. Outside of the additional three districts, we have not revised our original objectives.

6. What progress have you made toward achieving your objectives? Please address each stated objective.

We are training Female Community Health Volunteers (FCHVs) at the village level to educate pregnant women, their families, and their communities on the importance of prenatal care, recognizing warning signs for complications, and the importance of delivering with a Skilled Birth Attendant (SBA) in a certified birthing center. FCHVs are integral to increasing access to care for pregnant women living in the most remote regions of Nepal. They are the first point of contact for many pregnant women with the healthcare system.

We have trained a total of 3,576 Community Outreach Providers since implementation began in 2015 through the end of September 2017 in our target districts. Despite initial training delays resulting from nationwide elections and an extended and particularly severe monsoon season, we have been able to catch up and achieve our targets for community health provider training.

Once trained, the outreach providers are expected to use their newly acquired skills and reach out to their respective communities. They will identify and counsel pregnant women in their areas, distribute clean birth kits and prenatal supplements, and refer potential problems to the nearest facilities. They will raise maternal and neonatal health awareness at the community level and ensure that each pregnant woman under their care attends correct prenatal care, delivers with an SBA, and for home deliveries, uses a clean birth kit. Since 2015, we have reached 53,514 pregnant women in our five target districts.

As a result of our trainings and our NoS model, we expect the following outcomes from our program over three years’ time (in 2018 for Dhading and Sindhupalchok; 2019 for Khotang and Bhojpur and 2020 in Taplejung):

- Increase by at least 30%
  - The pregnant women who attend appropriate prenatal care
  - The number of pregnant women who deliver their babies with the help of a trained Skilled Birth Attendant (SBA)
  - The number of pregnant women delivering in a health facility
- Reduce both maternal and neonatal mortality by at least 50%

<table>
<thead>
<tr>
<th>DISTRICTS</th>
<th>Appropriate ANC</th>
<th>Delivering with SBA*</th>
<th>Institutional deliveries*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dhading (beginning of 2015)</td>
<td>No change**</td>
<td>35% increase (goal achieved)</td>
<td>33% increase (goal achieved)</td>
</tr>
<tr>
<td>Sindhupalchok (beginning of 2015)</td>
<td>No change**</td>
<td>78% increase (goal achieved)</td>
<td>109% increase (goal achieved)</td>
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<tr>
<td>District</td>
<td>Start Date</td>
<td>17% Increase</td>
<td>69% Increase</td>
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</tr>
<tr>
<td>Bhojpur</td>
<td>(beginning of 2016)</td>
<td>No change**</td>
<td>(goal achieved)</td>
</tr>
<tr>
<td>Khotang</td>
<td>(beginning of 2016)</td>
<td>No change**</td>
<td>(goal achieved)</td>
</tr>
<tr>
<td>Taplejung</td>
<td>(end of 2016)</td>
<td>No change**</td>
<td>(goal achieved)</td>
</tr>
</tbody>
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*Note: The level of improvement of our indicators depends on (1) the start date of the program and the pre-existing conditions of the district (in districts where less resources were present when our program started, improvements tend to be higher)

**Note: The Nepali Government changed the way they measured the number of appropriate antenatal care visits in 2015. Instead of just asking for 4 visits at any time (pre 2015 protocol), they are now requiring the visits to be at 4, 6, 8 and 9 months to be counted as appropriate ANC. As a result, the levels of ANC have not improved over the past couple of years as both providers and patients are getting used to the new expectations.

Mortality data is currently being collected and is not yet available. These numbers will be shared with you through our upcoming annual report.

7. Do you anticipate any difficulties in completing your project in the timeframe outlined in your proposal?

Currently, we are on track to meet our program deliverables.

8. Please attach five high-resolution JPG photographs of the program depicting the women/girls who have benefited from the grant funds. Include confirmation of grantee’s right and consent to use photos/videos as per law.

Please see attached.

9. Please attach a detailed list of all expenses

Please see attached.

10. Additional Comments:

None