The Ping and Amy Chao Foundation Final Report:

January - December 2018

One Heart WORLD-WIDE

1818 Pacheco St. San Francisco, CA 94116

Project Background:

Following the geopolitical restructuring which went into effect mid-2017, Okhaldhunga joined 13 other districts to make up Province 1. Located high in the hills of northeastern Nepal, Okhaldhunga's size is only a quarter of the state of Rhode Island and home to 150,881 people from many different ethnic backgrounds. The breathtaking views of the Himalayan mountains and peaks such as Sagarmatha and Kanchenjunga in the distance come at a price however, as many parts of the district are left inaccessible during the bitter winter and torrential monsoon seasons, severely limiting access to care for the 4,200 pregnancies occurring annually and contributing to a district-wide baseline maternal mortality rate (MMR) of 170/100,000 and a neonatal mortality rate (NMR) of 13/1,000.

In early 2017, One Heart World-Wide (OHW) started Phase 1 (Set-up) activities in Okhaldhunga, one of three districts added to its portfolio that year. Comprised of 8 independent local governments called Palikas (or Municipalities), Okhaldhunga possesses a particularly proactive local leadership in terms of prioritizing healthcare delivery structures given the historical minimal support of the previously established District Health Office. As such, OHW has benefited from higher than average levels of community investment which allowed us to complete all set-up activities ahead of schedule and fully transition to Phase 2 (Implementation) before the end of 2017.

2018 was Okhaldhunga's first full year of Active Implementation (stage 2) and the local stakeholders' dedication to our program that we benefited from in 2017 was continued throughout 2018. Thanks to this very strong community-based support, our local team achieved all possible targets except for one birthing center whose completion was slightly delayed to Q1 of 2019 (see delivery data report below). As a result of the work achieved in 2018, we are already starting to see exciting results in terms of initial program impact (see impact results below). Over the next two years, we will continue to work in collaboration with the local Palikas and communities. Based on our current results from other districts, our goal in Okhaldhunga for the next five years is to double the rate of deliveries with a Skilled Birth Attendant, and to reduce both maternal and neonatal mortality by at least 50%.

1. Report actual against quantifiable annual target

Process Indicators:

All Regions in Nepal (Overall Program): 2018				
	Mid-Year Actual	**Year-End Actual**	**2018 Targets**	**Variance**
Community Outreach Providers Trained	2914	3501	3597	-3%
Local Stakeholders Trained	1054	1195	1400	-15%
Medical Providers Trained as SBAs	47	108	108	0
CME for Medical Providers	220	361	373	-3%
New Birthing Center Upgrades	14	112	119	-6%
Supplemental Equipment and Supplies*	6	41	43	-5%

**In 2018, OHW modified reporting to reflect all Birthing Center upgrades as either "New" or "Supplemental". New upgrades refer to both structural renovations and medical equipment supplied to a facility for the first time. Supplemental support refers to medical equipment and supplies provided to a facility which has received previous support.*

Explain Variance (if any):

- **Community stakeholders training** (-15% variance): The training guidelines for community stakeholders are regularly revised by the Ministry of Health and Population. We were expecting these revisions to be completed by the end of Q3, however the federalization process delayed the process to the end of Q4. As a result, the remainder of the community stakeholders awaiting training will be trained in 2019.
- **New birthing center upgrades/Supplemental support** (-6% variance; -5% variance): The decentralization of the government has had a direct impact on the BC upgrade process as each facility has to be individually negotiated at the municipality level (versus centrally at the DHO level). This process can sometimes cause delays in the expected timeline for completion. There were 6 birthing centers where renovations were still in progress at the end of the year which we had expected to have been finished already. These renovations will be completed by the end of Q1 2019. In addition, there were 2 birthing centers expected to receive supplemental equipment which were delayed but will receive them in 2019.

Okhaldhunga Region (Chao Foundation Sponsored Region): 2018				
	Mid-Year Actual	**Year-End Actual**	**2018 Targets**	**Variance**
Community Outreach Providers Trained	703	703	703	0
Local Stakeholders Trained	243	243	243	0
New Skilled Birth Attendants Trained	6	15	15	0
Medical Providers Receiving CME	22	36	35	3%
Birthing Centers Newly Upgraded	4	21	22	-5%
Supplemental Equipment and Supplies*	0	0	0	0

**Because Okhaldhunga has only just finished its first year of implementation, it would be too soon for already-upgraded facilities to require supplemental support.*

Explain Variance (if any):

- New birthing center upgrades (-5% variance): There was only one birthing center where renovations were still in progress at the end of the year which we had expected to have been finished already. This facility will be completed by the end of Q1 2019.

2. **Report any change/variance against stated project objectives and quantifiable goals**

Project Objectives in terms of human and/or social impacts (Whole Year)	
Major Milestones/Goals	**Project Key Indicators**
Increase the number of women delivering their babies in a health facility that is equipped for this purpose (birthing center or referral hospital). **Decrease maternal deaths (defined as "The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or**	We expect an increase of at least 15% over three years. - With a **22% increase in institutional births** in just the first year of active implementation, Okhaldhunga **has already exceeded** the expected program milestones. We expect a minimum of a 50% decline over three years. - With an **80% decrease in maternal mortality** in just the first year of active implementation, Okhaldhunga **has already exceeded** the expected

aggravated by the pregnancy or its management, but not from accidental or incidental causes.")	program milestones.
Decrease neonatal deaths (defined as the death of a baby within the first 28 days of life).	We expect a minimum of a 50% decline over three years. - With a **31% decrease in neonatal deaths** in just the first year of active implementation, Okhaldhunga is **well on its way** to achieving the expected program milestones.

Impact Data:

	*2017**	*2018*	*Progress against Milestones*
Appropriate Antenatal Care Visits	*41%*	*36%*	*12% decrease*
Delivery with Skilled Birth Attendant	*54%*	*66%*	*22% increase*
Institutional Deliveries	*55%*	*67%*	*22% increase*
Maternal Mortality Ratio(MMR)	*142*	*29*	*80% decrease*
Neonatal Mortality Rate (NMR)	*13*	*9*	*31% decrease*

*Baseline: Aggregate of 3 years data.

Report any change/variance: There is a national problem with Appropriate ANC. The rates are down nationally (not solely in OHW program districts). We have worked in partnership with our government partners to identify the issues behind these results. 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 BC. They might technically attend their 4 visits but will be separately recorded in each BC they visit, and as a result 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 difficult in Nepal depending on the season, and many of these 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 does not qualify as appropriate ANC and as a result drops the rates.

3. Report any changes to core team members Human Resources:

	Key Personnel & Responsibilities
US Team	JR Schlachmann - Communications Coordinator
Nepal Team	Poonam Shakya - Administration and Finance Director

Report any change:

- JR Schlachman replaced Smruti Aravind as Communications Coordinator in May 2018.

- Mr. Purushottam Pradhan (Administration and Finance Director, Nepal) retired from his position in September 2018, after serving with OHW for 5 years.
- Ms. Poonam Shakya joined OHW as the Administration and Finance Director for Nepal in November 2018. She has more than 15 years' experience managing grants, finance, operations, compliance and internal audits of both financial institutions and global development programs, including Helen Keller International (HKI) and FHI360 (then Family Health International). She is thoroughly familiar with the local development context in Nepal.
- Mr. Luke Ifland (Director of Development and Administration) resigned from his position in December 2018, after serving with OHW since 2016. He will remain with OHW on a part-time basis as a consultant through March 2019 in order to ensure a smooth transition process. OHW has taken advantage of this opportunity to work with our board to reassess the staffing needs of our US office moving forward for the next 5 years.

Current HR Status: 80

Full Time Staff: 76

Nepal: 71

US: 5

Consultants: 4

Nepal: 2

US: 2

4. ***<u>Report Actual Spending vs. Annual Program Budget:</u>***

(annual report before March 31 after the year-end)

Actual Spending vs. Budget (January - June 2018)			
Income			
- 2017 Grant Remainder	**$30,660**		
- 2018 Disbursement - TFISH - Ping and Amy Chao Family Foundation	**$100,000** - $20,000 - $80,000		
Total 2018 Income:	**$130,660**		
	Actual	**Budget**	**Variance**
Operating Expenses			
Facility Upgrades	$76,583	$120,825	$44,242 37%

Training	$63,647	$73,367	$9,720 13%
M&E	$21,992	$21,905	$87 +0.4%
Payroll	$73,121	$34,653	$38,468 +111%
Travel	$14,762	$10,272	$4,490 +44%
Overhead Expenses	$7,885	$4,361	$3,524 +81%
Total Operating Expenses	**$257,990**	**$265,383**	**$7,393 (3%)**

Report any change/variance (if applicable):

While several line items were significantly varied from our initial plans, ultimately we were only underspent by 3% across the district which is in alignment overall with the activities conducted this year.

- *Facility upgrades:* We budget a standard amount per facility upgrade, however not all facilities require extensive structural renovations. As a result, the actual amount of funding spent on facility upgrades can vary tremendously from the amount originally budgeted. In Okhaldhunga last year, we completed all of our targets but one in terms of facility upgrade but most of the renovations ended up not costing as much as originally planned, hence the significant under-spending. Instead, we focused our program efforts towards technical assistance and quality control (see payroll)
- *Training:* under-expenditure is consistent with the reduction in training for local stakeholders as reflected in our reported targets.
- *Payroll:* this increase in payroll expenditure is an accurate reflection of the significant increase in staff time required to provide technical support to each of the 8 municipalities in Okhaldhunga (as compared to just interacting with one district health office in the past) and quality control for each of the newly upgraded health facilities. These program activities are not currently captured through our traditional delivery targets, which is why we will be adjusting our reporting targets in 2019 to more accurately reflect the program support needs beyond implementation. We have shared more about this in Section 6: Government Partnership Update
- *Travel*: Because of the increase in activity mentioned above there was a direct increase in travel.
- *Overhead Expenses:* Any increase in payroll is typically accompanied in an increase in overhead given the additional office and administration needs by the local teams.

5. Current Program Site Priorities:

2019 is poised to be an exciting year as it is the second full year of implementation for Okhaldhunga. With the funding authority as well as the responsibility for all health care service delivery now placed at the municipality level, our district team will build upon the key relationships built over the past 2 years to ensure that local priorities include funding for maternal and newborn health. At this point in the program, our current focus is predominantly concerned with finalizing facility upgrades and key training activities in preparation for the third and final year of implementation where we focus more on

maintenance and making sure the established programs are running effectively. This is critical for each district to achieve prior to the transition to local ownership. Key priorities for 2018 include:

Okhaldhunga 2019 Milestones					
	Q1	***Q2***	***Q3***	***Q4***	***Total***
Community Outreach Providers Trained	0	0	0	0	0
Local Stakeholders Trained	21	49	0	0	70
New Skilled Birth Attendants Trained	4	1	0	8	13
Medical Providers Receiving CME	18	16	3	21	58
Birthing Centers Newly Upgraded	1	5	1	7	14

Detailed Program Outline

- *Community Outreach Providers Training:* All targeted community outreach providers were trained already in 2018
- *Local Stakeholders Training:* Of the 70 individuals to receive Health Facility Operation Management Committee training, 16 are health coordinators and sub-coordinators from the eight municipalities.
- *Continuing Medical Education (CME) Courses:* 1 SBA is scheduled to receive training for the rural USG program and will receive a USG machine for her own Birthing Center upon completion of the program.
- *Birthing Center Assessments:* 11 health facilities require assessments in order to receive equipment support.
- *Onsite Mentoring/Coaching for SBAs:* health workers from 6 Birthing Centers will receive onsite coaching to improve the quality of care at their facilities
- In addition to our traditional service delivery milestones, we will be adding new milestones/indicators to better reflect the nature of our local teams' changing role in implementing change in Okhaldhunga and across Nepal. These will be outlined in detail in our 2019 Proposal, but include such features as: technical support to municipality leadership; our work around improving not only ***access*** to care, but ***quality*** of care for mothers and newborns; strengthening the health information systems at the health facility level to support accurate reporting; our work with community mobilization; and finally, the support we provide to health facilities through their mobile outreach service delivery programs.

6. Government Partnership Update

Okhaldhunga, like the rest of Nepal, is currently undergoing a significant administrative overhaul through the creation of a new geopolitical structure as it transitions from a unitary state to a federalized structure. In response to this transition, new roles and functions have been established at each of the new government levels to facilitate the significant administrative overhaul. The national government is now solely responsible for broader issues such as policy-making, regulations, standards development, and monitoring while authority over public services (such as health care delivery) and financing is now held at the local (municipal) level, with coordination from the provincial governments. 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 any real transition plan, as evidenced by the premature dismantling of the district health offices. 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. For example, under the previous structure, the Ministry of Health and Population were traditionally responsible for the annual programming and budgeting, while the district health offices were responsible for implementation. Newly elected representatives at the municipality level have little to no experience planning and managing the healthcare resources at their disposal, and while they are more closely connected with local needs, they largely lack understanding and practical training to meet those needs. Although the district health offices were recently reinstalled to provide technical support to the municipalities, they lack any budget, accountability, or resources to do so. As a result, there are now some gaps in oversight and accountability at the government level. In an unsuccessful effort to counter the collapse of the current infrastructure and resulting widespread confusion, the federal government has passed two different healthcare delivery structures (replacing each other) over the past year, which have largely served only to add more ambiguity to a system already struggling to find stability. Ultimately, this systemic uncertainty has had a definite negative impact on health care access and health outcomes nationwide this past year.

This transitional period has certainly proven to present a plethora of new challenges, both for OHW and for our government partners. It is likely to continue to do so until the systemic uncertainty is resolved, and the service delivery structures are able to work as it was intended to do. 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.

In an effort to best support our partner (the Nepali government) during this growth process, we continue to strategize internally, as well as with both government and funding partners, to 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. Our current response in the short term is 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 man-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 defined, we will incorporate them into the *Network of Safety* as well. In the meantime, these bigger-picture challenges have provided opportunities for the communities themselves to step up as advocates for change in their own communities, which is a cornerstone of OHW’s model. ***For example, the local community contributions toward birthing center renovations have largely increased from 20% to 35% with active local committees, further establishing local ownership of the program.***

7. Opportunities and Challenges

- ***CHALLENGE:*** As mentioned in the section above, the primary responsibility for healthcare service delivery structures have been shifted from the previous district level government to the newly created local level government (municipalities) who ultimately lack the capacity to implement effectively. Concurrently, much of the new leadership possess little, if any, experience or awareness in terms of healthcare priorities, much less in areas such as maternal and newborn health. As a result, funding priorities in many districts (including Okhaldhunga, to an extent) have largely favored physical infrastructure projects and road construction - understandable given that many of the rural communities lacked direct access to roads, though it does little to benefit the healthcare delivery structures. Furthermore, what budget has been allocated to Health have focussed predominantly on the procurement of medications, rather than health promotion or public health programs.
  OHW's Opportunity: Overall, Okhaldhunga's leadership possesses a better awareness and more favorable perspective in terms of commitment to strengthening maternal and newborn healthcare delivery solutions. What expertise they may lack in MNH-specific awareness is countered by the willingness to collaborate and embrace OHW's ability to provide technical assistance in establishing these healthcare service delivery structures as evidenced by the progress already seen towards program milestones. While it is still early in the program, the relationships built thus far have been positive and our team will continue to work with the municipalities in supporting maternal and newborn health as a priority. This can also be seen in the way funding has been allocated in each of the 8 municipalities towards supporting the FCHVs to help them increase their own capacity to serve pregnant mothers through increased home visits.
- ***Opportunities:*** Our onsite coaching programs for SBAs can be done collaboratively with the municipalities providing co-investment for the program.
- Opportunities: Our commitment to strong data means that we are better able to garner local support for our Public Health programs and innovative activities (such as our partnership with Embrace) which can also be implemented collaboratively with the municipalities.

Quotes from the field:

"I had one of my babies at home and the second one at the health post. The delivery room was very small, and I was scared if people outside could see me. But I when I went to the HP to immunize my child, the new building was being built. The SBA told me that it would be the new delivery room. People from other nearby wards will also get to benefit from new delivery room.''

Maya R.,
Mother of 2, Thulachhap Health Post

"All the FCHVs in Khijikati had been waiting for this day to come. Since, knowledge on importance of institutional deliveries and safe birthing was lacking before, but now they cannot even try neglecting it, now that the birthing center looks better and has better facilities than even the Health Post. The whole community will always be grateful to One Heart for making this Happen."

Tek Maya S.,
FCHV based out of Khijikati Community

"Khijifalate is a very cold place, and it was very difficult to conduct deliveries here, as the birthing center was made out of wood, and there was dust getting all over the floor and cleanliness maintenance was a challenge, but now the new BC had lessened our challenge and is pleasing to the eyes as well. We have high numbers of deliveries here, 54 women delivered last year, so such infrastructure was of great need here.''

Sharada K.,
SBA posted to Khijifalate Community

“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 justa 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 both Khijikati and Khijiphalate wards. 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