### Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Letter from the President</td>
</tr>
<tr>
<td>8</td>
<td>Our Journey</td>
</tr>
<tr>
<td>10</td>
<td>Our Network of Safety</td>
</tr>
<tr>
<td>13</td>
<td>Our Work</td>
</tr>
<tr>
<td>14</td>
<td>Our Delivery and Impact</td>
</tr>
<tr>
<td>25</td>
<td>Our Road Ahead</td>
</tr>
<tr>
<td>26</td>
<td>Our Earthquake Response</td>
</tr>
<tr>
<td>32</td>
<td>Our Partners</td>
</tr>
<tr>
<td>40</td>
<td>Our Organization</td>
</tr>
</tbody>
</table>
Dear Friends,

This past year, our work faced an unprecedented challenge. In April and May of 2015, two major earthquakes struck Nepal, devastating 35 districts in the northern part of Nepal. Among the districts most affected by the devastating earthquakes, are two of One Heart World-Wide program areas, Dhading and Sindupalchok. In all the years I have been working in Nepal, I prayed that call would never come. My first concern was the safety of our staff and all the women who now had no food, shelter, water, or a safe, clean place to deliver their babies. In the midst of such chaos, pregnant women and newborns went from an afterthought to nearly becoming invisible amongst the various vulnerable groups in need of immediate help. As One Heart World-Wide faces these challenges, we see them as opportunities we can face together.

There is a saying in Tibetan, “tragedy should be utilized as a source of strength.” No matter what the difficulties, the real disaster happens if we lose our hope. The crisis showed One Heart’s resilience and the strength of the foundation we’ve been building together in Nepal for the last five years. We were able to respond quickly, delegating and deploying resources effectively by drawing on our experience and understanding of the culture and needs.

Thanks to your support and our partnerships with the Government of Nepal and many others, we were able to continue to give new families this hope, and a secure place to bring their newborns safely into this world. Immediately after the earthquakes, One Heart World-Wide was able to set up fully equipped birthing tents where health posts had been destroyed. In partnership with Direct Relief we were also able to distribute over one million dollars in medical equipment and supplies, along with life-saving medications. Our amazingly dedicated team on the ground, who had been sleeping on the streets for days, left their families and selflessly dedicated their efforts and service for the benefit of others.

As we work together to assist in the recovery of Nepal, I am continually reminded of the importance of our mission. With each birthing tent erected, skilled birthing attendant trained, and community reached, we are a step closer to ensuring that women’s lives are honored, and that every child grows up with a mother, anytime and anywhere.

Nepal is not out of the woods yet. One Heart World-Wide is dedicated to working with communities to deliver accessible healthcare and encouraging long-lasting systemic change to reduce maternal and neonatal mortality long into the future. In the coming year, we are preparing to expand our Network of Safety model to four additional districts, and continue our rebuilding efforts.

With your support, we have been able to make a real change for the futures of many. Thank you for standing with us during the challenges in the devastating aftermath of the earthquakes. Only together can we continue our journey to deliver accessible healthcare to mothers and babies around the world, as we help rebuild Nepal.

In deep gratitude and solidarity,

Arlene Samen, RN, APRN,
Founder and President

“One HEART has proven that when unrestricted supporters upfront the startup capital and the NGO delivers on the impact, the local stakeholders are capable and willing to take ownership of the intervention.”

Nina Gené, General Manager
jasmine SOCIAL INVESTMENTS

“Relationships save lives. One Heart saves lives world-wide.”
Nancy Koppelman, Director of the Board
Direct Relief

Direct Relief

4 OHW Annual Report 2015

5 OHW Annual Report 2015
PURPOSE
Our Journey

Arlene Samen, a nurse practitioner with over 30 years’ experience in high-risk obstetrics at the University of Utah Health Science Center, had a life-changing encounter with His Holiness, the Dalai Lama, in 1997. At the time, one in ten Tibetan newborns and one in hundred Tibetan pregnant women died during childbirth. His Holiness’ own mother had seen only seven of her sixteen children survive to adulthood. The Dalai Lama asked Arlene to help the women and children in Tibet. There was no turning back for Arlene after that initial meeting. She gave up her clinical practice to dedicate her life to serving pregnant women living under the most vulnerable conditions and in the most remote places of the world. She started to redefine the impossible.

Arlene founded One H.E.A.R.T. (Health Education and Research in Tibet), a non-profit organization working with the local community to understand the plight of pregnant women and newborns in low-resource settings as well as high-risk regions. She set out to understand the local traditions, religious and cultural beliefs of women giving birth in Tibet and developed a culturally sensitive, comprehensive and collaborative model to reduce the risk of maternal and infant mortality. Her mission was to train local health providers and community members, families and mothers in safe birthing practices, and to provide them with a safe and clean place to give birth. Her vision was to save lives, one birth at a time.

Between 1999 and 2009, One H.E.A.R.T. piloted a unique community-based healthcare delivery model in Tibet. Over these ten years, One H.E.A.R.T. successfully developed what is today called the Network of Safety model, a culturally sensitive maternal and newborn program from the village level through the secondary and tertiary healthcare facilities. One H.E.A.R.T. was able to decrease unattended home births from 85% to 20%, mostly by ensuring the presence of a Skilled Birth Attendant at delivery. In 2008, in the two counties where One HEART was working, the Lhasa Prefecture Health Bureau reported no maternal deaths and newborn death rates dropped from 10% to 3%. In 2009, One H.E.A.R.T. stepped out of Tibet and turned over their program to the local Tibetan team, who registered themselves as a non-governmental organization. To this day, our Tibetan team successfully continues their work with local resources.

The long-term sustainability and demonstrated success of the Network of Safety model led Arlene to expand the operations to other sites in need. In 2010 One H.E.A.R.T. expanded to a global scale as One Heart World-Wide (OHW), a 501(c)3 organization providing on-the-ground training in maternal and neonatal health, and moved its operations to Nepal. In collaboration with a team of international experts in maternal and neonatal health, Arlene refined the unique One H.E.A.R.T. program into the simple, effective, replicable and sustainable model, the Network of Safety. By the end of 2015 the maternal and neonatal mortality were significantly reduced in Baglung and Dolpa, our two pilot districts in Nepal in which the 5 and ½ year program had initially been rolled out. Today, Baglung reports zero maternal deaths, and Dolpa reports a reduction of 97% in maternal mortality. OHW is implementing its program in five districts in Nepal, planning to continue adding another two to four districts each year in order to take the life-saving model to scale. The Network of Safety has proven to work even in the most rural conditions of the world. Over the last 5 years OHW has successfully shared the Network of Safety with several other organizations around the world. We have provided technical assistance to programs in China, Ecuador, Liberia, Mexico and Peru.

One Heart World-Wide continues on its path to redefine the impossible, embracing the strong partnerships that have evolved on our journey.
Our Network of Safety

Every 90 seconds a woman dies due to complications of pregnancy and childbirth, every 10 seconds a newborn dies during delivery, or within the first 28 days of birth. Most of these deaths occur in low-resource settings without a Skilled Birth Attendant, and could have been prevented with simple interventions. Studies show, that the greatest burden of maternal and perinatal mortality is clustered around the time of birth, with the majority of deaths occurring within the first 24 hours after delivery (WHO Progress Report 2014).

ONE HEART WORLD-WIDE (OHW) is a 501(c)3 organization with over 15 years of experience implementing maternal and neonatal mortality prevention programs in areas where women often die alone at home giving birth. Our aim is to improve access to, and utilization of healthcare services to reduce the risk of maternal and neonatal mortality in the most remote rural areas. We believe that all women and newborns can receive the quality healthcare services they deserve during pregnancy and childbirth, anytime and anywhere.

Maternal and perinatal mortality are considered key indicators for health and development. OHW specializes in improving the access to, and the delivery of essential healthcare services in regions where the need is the greatest. We work in remote areas with the lowest human development indexes, and where other organizations rarely operate. Pregnant women in these high risk-regions are often faced with little to no access to medical care. Socio-cultural barriers, limited personal resources, lack of information, geographical limitations, and inadequate healthcare services prevent pregnant women from receiving the essential care they need to have a safe pregnancy and childbirth. OHW addresses these barriers by improving access to much needed healthcare services to the doorsteps of people living in the world’s hardest to reach places. We deliver results, and drive systemic change, saving lives now, and in the future.

The Network of Safety is an internationally recognized simple, effective, replicable and sustainable model operating in partnership with local governments and communities. It is a unique community-based model that builds a network of properly equipped and staffed health facilities, trains local healthcare providers and community health volunteers to ensure quality maternal and newborn healthcare. Our model is based on the integration of local resources and the respect for cultural norms and practices. We empower local communities to become the drivers of systemic change and to be accountable for long-term progress and sustainability. We empower those that bring innovation to their own people.

Our Programs

Achieving skilled attendance at every birth has emerged as a global priority, and women in high-risk regions are increasingly being encouraged to deliver in health facilities. This challenge is particularly acute in remote rural areas around the world. The impact of lack of access to care on health outcomes can be devastating.

The Network of Safety has uniquely positioned itself to overcome this gap. Our holistic approach improves the access to healthcare services, ensuring the wellbeing of the most vulnerable pregnant women and newborns that may otherwise not have access to medical or public healthcare services. The Network of Safety addresses the barriers that limit access to quality maternal and neonatal healthcare services at all levels of the existing local healthcare infrastructure, reducing the risk of maternal and neonatal deaths. We effect sustainable and long-term systemic changes based on an integration of local resources, local government officials, national policy makers, local communities and local health care providers, while respecting cultural norms and practices. OHW does not establish a parallel healthcare system but strengthens existing infrastructure. Our model aligns itself with local governmental priorities and policies, and is endorsed at the national, regional and local level.

The overall plan of action to implement the Network of Safety includes a six month of program set (phase 1), 3 years of full program implementation (phase 2), followed by 2 years of support and transition to the local government (phase 3). During these 5 and ½ years, OHW creates a self-sustaining Network of Safety for women and newborns along a continuum of care from the community to the referral hospital and from pregnancy to post-natal period. In collaboration with the local health departments and local stakeholders, we build local capacity, expand the outreach of existing healthcare infrastructure, and improve government-supported health services. We provide health education to local communities and local health providers, foster community empowerment and integrate information technology into medical service provision. After the programs are fully implemented, they are transitioned to the local government.

- **Health education programs for medical providers:** One Heart World-Wide implements training packages for healthcare providers in the community, primary healthcare facilities and referral hospitals to provide knowledge and skills to better manage the most common conditions of pregnancy/childbirth and newborns. These training packages include newborn care, birth preparedness, infections prevention training as well as Skilled Birth Attendant training and advanced training programs for hospital staff. This approach rationalizes training along a continuum of care; from pregnancy through the newborn period and from the household level to the referral hospital level.

- **Health facility improvement:** One Heart World-Wide upgrades the infrastructure, medical equipment and staffing of existing healthcare facilities to establish a network of certified birthing centers in strategic locations. In addition, we upgrade the referral hospitals into facilities where comprehensive emergency obstetric care can be accessed.

- **Community empowerment and health education for families:** One Heart World-Wide integrates and empowers local stakeholders to become the drivers of change. Through community engagement activities, focus groups, collaboration with women’s groups and religious leaders we integrate community entrepreneurs at the grassroots level to design, implement and sustain the program. By working with local stakeholders, we empower local communities to own the program and be accountable for progress and sustainability.
Our Work

“I make sure that the money contributed to OHW reaches those mothers and children who need our help the most. Together we can help save lives of women and children in Nepal. I believe our actions bring smiles to the faces of hundreds of thousands of poor Nepali mothers living in the most remote and rural areas of Nepal. Our actions are directed to prevent deaths of mothers during and after pregnancy. One Heart World-Wide’s vision and mission provides an avenue to serve pregnant mothers and neonates in the rural areas of the world.”

Dr. Nastu Sharma, Country Representative
OHW
Our Delivery and Impact

85 temporary birthing centers set-up and equipped in Dhading and Sindhupalchok
34 birthing centers upgraded in districts not affected by the earthquakes
82 Skilled Birth Attendants trained
1,985 local key stakeholders trained
2,080 community outreach providers trained
17,905 pregnancies reached
Baglung is a hill district in northwestern Nepal, which covers an area of 1,784 km² and has a population of 273,614. Baglung reports 7,400 pregnancies per year. Before the implementation of the OHW program in 2010, the few existing maternity services that existed were severely underutilized; about 90% of all deliveries occurred at home, and less than 20% of all deliveries were attended by a Skilled Birth Attendant. As a result, both maternal and neonatal mortality rates were twice the national average. After five years implementing the Network of Safety, the rate of deliveries with a Skilled Birth Attendant was doubled, and the maternal and neonatal deaths were reduced to zero. We started our transition phase to the local government in 2015, and are looking to phase out at the end of 2017.

Dolpa is a mountain district home to 38,607 people, which covers an area of 2,889 km² in northwestern Nepal. There are 1,300 pregnancies reported per year. There are no roads, and plane service is unreliable at best. Our original feasibility study from 2011 reported some of the highest maternal and neonatal mortality rates in the entire world, and five times the national average of Nepal. Services and facilities were non-existent. After four years implementing the Network of Safety, the rate of deliveries with a Skilled Birth Attendant was tripled and both maternal and neonatal mortality were reduced by 97%. In addition to serving as our pilot district, Dolpa has demonstrated that implementing our model in such a remote area is feasible, and that local stakeholders support our program and mobilize their communities, proving that the Network of Safety is simple, efficient and replicable, and sustainable. Our transition phase to the local government started on schedule in 2015, and will phase out at the end of 2017.

Rates of ANC have not declined. In 2015, the government of Nepal redefined the definition of scheduled ANC visits to state that only women attending an ANC visit at 4, 6, 8, and 9 months of pregnancy get counted as receiving four appropriate ANC visits. Visits outside of this schedule are recorded, but are not counted by the government.
District of Dhading

Dhading is a hill district located in central Nepal. The district covers an area of 1,926 km² and has a population of 342,210. Although the southern part of the district borders the Kathmandu Valley, the northern part of the district is much more remote and has very few roads, and limited access to appropriate health infrastructure. Dhading reports 9,000 pregnancies per year. In 2014 we started the set-up phase of our programs and we had just started the implementation phase in 2015, when a devastating earthquake put a halt to our efforts. As a result, we modified our program implementation to integrate much-needed earthquake relief activities. Over the next two years, we will continue the implementation activities of our program. Our efforts will be focused on re-establishing a healthcare infrastructure, and on training Skilled Birth Attendants as well as community outreach volunteers.

65% of the existing health facilities were completely destroyed and 25% had sustained partial damage after the devasting earthquake in 2015. Despite the tragic devastation, OHW was able to maintain health care services. There have been no significant decreases in these indicators post-earthquake.

<table>
<thead>
<tr>
<th>Impact Data</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate ANC (4 visits)</td>
<td>30%</td>
<td>35%</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>15%</td>
<td>20%</td>
</tr>
<tr>
<td>Deliveries with a SBA</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>

“Activities that OHW has done, has helped our district immensely with our maternal newborn health efforts. OHW has started CB-IMNCI program in which health workers are trained to improve recording and reporting, and to continue delivering our services in health centers. After the earthquake OHW provided birthing tents equipped with solar suitcases. This increased rates of antenatal and postnatal care, and institutional deliveries. In addition to training our Female Community Health Volunteers on CB-IMNCI, OHW also provided motivational packages which has shown to increase the interest in training our Female Community Health Volunteers.”

Bishnu Rijal, Public Health Inspector Dhading

District of Sindhupalchok

Sindhupalchok is a mountain district located to the north of Kathmandu. The district covers an area of 2,542 km² and is home to 289,780. The district reports 7,400 pregnancies per year. Though this district is relatively close to Nepal’s capital Kathmandu, it is one of the least developed districts in Nepal. The existing healthcare services do not suffice the current needs of the population, and only 20% of all births are conducted by a Skilled Birth Attendant. In 2015 One Heart World-Wide was scheduled to start the set-up phase of our program in Sindhupalchok. These plans were also affected by the recent earthquake, which demolished most of the existing infrastructure. As a result, we started our program earlier than anticipated and focused our efforts on earthquake relief activities. Over the next two years, we will continue with our earthquake relief activities along with our regular program activities in order for us to be able to provide healthcare services to all the mothers and newborns of this district.

75% of the existing health facilities were completely destroyed and 15% had sustained partial damage after the devastating earthquake in 2015. Despite the tragic devastation, OHW was able to maintain health care services. There have been no significant decreases in these indicators post-earthquake.

<table>
<thead>
<tr>
<th>Impact Data</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate ANC (4 visits)</td>
<td>35%</td>
<td>30%</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Deliveries with a SBA</td>
<td>10%</td>
<td>15%</td>
</tr>
</tbody>
</table>

“On the behalf of the District Health Office I would like to acknowledge the support made by OHW to the Sindhupalchok district. Thank you very much for the timely support, especially transporting and distributing OHW’s drugs to peripheral health facilities. Without OHW’s support it would have been hard to supply drugs on time when the monsoon was approaching. I also would like to thank OHW for the donation of drugs and tents, and fulfilling the necessary gaps identified by our District Health Office.”

Dr. Sagar Kumar, District Health Officer Sindhupalchok

65 temporary birthing centers equipped
28 birthing tents set up
6 tents serving as storage units for medical equipment and shelter for SBAs set up
658 community outreach providers trained
437 local key stakeholders trained
44 Skilled Birth Attendants trained
25 solar suitcases deployed
7 tons of medical equipment and supplies distributed
1,834 individuals treated post-earthquake during 2 healthcare camps

20 temporary birthing centers equipped
2 birthing tents set up
4 tents serving as storage units for medical equipment and shelter for SBAs set up
316 community outreach providers trained
85 local key stakeholders trained
2 Skilled Birth Attendants trained
10 solar suitcases deployed
7 tons of medical equipment and supplies distributed
2,374 people treated post-earthquake during 3 healthcare camps
District of Bhojpur

Bhojpur is a hill district located in the northeastern part of Nepal. It is home to 172,098 people, and the total district area is 1,797km². Bhojpur reports 4,500 pregnancies per year. As of the end of 2015, One Heart World-Wide has completed the set-up phase of our program, and we are poised to start implementation of our Network of Safety in 2016. Our initial assessment reports that less than 20% of all deliveries are attended by a Skilled Birth Attendant. In 2016 One Heart World-Wide will start rolling out the second phase of our Network of Safety. This phase is the most labor-intensive portion of our program. Over the next three years, we will train community outreach providers, implement a community outreach program, upgrade health facilities into birthing centers, and train Skilled Birth Attendants. In collaboration with the local District Health Department One Heart World-Wide will develop a basic health infrastructure, provide health education and foster community empowerment. Our goal over the next five years is to double the rate of deliveries with a Skilled Birth Attendant, and reduce the maternal and neonatal mortality by at least 50%.

In an effort to save precious resources, we are planning to collaborate with Save the Children to cover the district. One Heart World-Wide will establish essential new birthing centers and train Skilled Birth Attendants. Save the Children is conducting the training of the community outreach volunteers. One Heart World-Wide will provide community outreach training follow up and oversee the community outreach program. We are really excited about this new collaboration, which will allow us to reach more women at a faster rate.

“We live in a world in which inhumanity, death and destruction is reinforced on a daily basis. One Heart is truly a celebration of life. It carries the gift of tomorrow to a people whose today is infinitely fragile, replacing fear, anxiety and hopelessness about childbirth with anticipation, excitement and joy; saving another mother her tears, another father from carrying on in silent grief, as One Heart helps save the lives of mothers and babies who would otherwise suffer the world’s indifference. In doing so, One Heart lifts clouds of sorrow from the face of humanity on a daily basis. I am so fortunate, and awed, to be a part of an organization that is fulfilling this sacred obligation to humankind. I have looked in the prideful eyes of mothers cradling babies in their arms, their hearts full of joy. With-out One Heart, those arms might be empty, those hearts breaking with sorrow.”

Jay Blumenkopf, Chair of the Board

In an effort to save precious resources, we are planning to collaborate with Save the Children to cover the district. One Heart World-Wide will establish essential new birthing centers and train Skilled Birth Attendants. Save the Children is conducting the training of the community outreach volunteers. One Heart World-Wide will provide community outreach training follow up and oversee the community outreach program. We are really excited about this new collaboration, which will allow us to reach more women at a faster rate.

“We are shifting from a knowledge era, where expertise and the mind was favored, to a human-to-human purpose and experience driven era, where people with big hearts matter. I am honored to be on the One Heart Worldwide board as this organization is bringing this shift to the world by imagining what’s possible, and making it happen by co-creating locally with amazing results that speak for themselves. We are one community with a purpose to make every heart and life count.”

Ayelet Baron, Director of the Board

“One Dollar for Life invests in infrastructure projects in nine countries in Asia, Central America, and Africa. We consider the returns from our investment in One Heart World-Wide among the highest in the world. It is a great privilege to be able to support their work.”

Robert Freeman, Director of Administration

ONE DOLLAR FOR LIFE
Our Road Ahead

There are currently 35 under-served districts in Nepal that need help in the area of maternal and neonatal health. This represents a combined population of 7.5 million people, and 200,000 pregnancies per year (Census Report 2011). In these 35 districts the maternal and neonatal mortality are anywhere between 2-5 times the national average (171/100,000 in maternal deaths and 33/1,000 in neonatal deaths). One Heart World-Wide is one of the very few international organizations partnering with the Nepali government and local NGOs to cover these areas of desperate need.

We are currently implementing our model, the Network of Safety, in five districts, and we are planning to add four new districts in 2016, and another four districts each following year in order to take our model to scale and cover all 35 districts in need.

One Heart World-Wide is also in the process of developing the concept of a Center of Excellence based in Kavre, northeast of Kathmandu, Nepal, to improve maternal and neonatal health around the world. Our goal is to extend the success of our proven programs to other organizations operating in Nepal and in other nations around the globe by hosting teams for objective and immersive exposure to our model and cross-cultural transfer of learning. Our focus is to create a shared facility that provides leadership, best practices, research, support and training on maternal and neonatal healthcare in low-resource settings. With an eye toward replicating our Network of Safety, One Heart World-Wide will provide the growing network of health providers a research and development center that will allow them to implement our life-saving skills model in their target areas.

“One Heart has refined its model in a way that allows the program to deliver and drive systemic change. As the program aligns itself with regional governmental priorities and policies, One Heart has the potential to scale across Nepal and beyond, saving lives now and in the future.”

Laura Hattendorf, Portfolio Director
The MULAGO Foundation

“Over the past twelve years, I have traveled with Arlene on many different occasions in Tibet and Nepal where I have had the opportunity to witness the work of One Heart Worldwide. Their collaboration with local government officials and village women has created an excellent and sustainable model of care, which has proven successful in many other countries. Arlene’s passion and dedication should be the standard for all social profit leaders.”

Ann Down, Founder
The Good Works Institute
“Delivering in Health Center was easy. I had not received such care in delivering at home. I gave birth to my 3 children at home. I delivered this one at Health Post at 4:30 am. Solar light was used to light the room that night.”
Anita Ramtel, Mother
Sunaula Bazzar, Dhading

“We did 12 deliveries after the tent was installed. The tent, delivery bed and other BC related equipment provided by OHW made it easy to conduct the deliveries. Most delivery cases came at night. The solar light helped to do the deliveries safely. All the patients and service receivers talked good about the tent, the solar light and the equipment.”
Sunita Pandey, SBA
Aginchowk, Dhading

“My labor pains started at 8 A.M., so my husband and I walked to the birthing tent, which took us about two hours. At 10 P.M. I had a boy. I am very happy with the nurses and the care I received. Our house has a big crack in it, so we’ve set up a tent to sleep in with the baby. Now, our biggest problem is our tent, which leaks a lot from the rain.”
Sabitra Shrestha, Mother
Muralibhanjyang, Dhading

“I am 8 month pregnant. I came to the hospital in Dhading as I had continuous lower abdomen pain. If some kind of camps or this type of shelter home and staff were available in our ward to give antenatal care and other health related services, it would be easy for me. I should not have to walk four hours to get the services. The shelter home provides good food, regular timely checkups, also for postnatal checks. The shelter home remains permanently in Dhading which helps pregnant mothers a lot.”
Radha Magar, Expecting Mother
Nilkantha, Dhading

“I am so pleased with the One Heart’s support. Other FCHVs are also very happy receiving the motivational package and CB-IMNCI with MISQ/BPP training. This training has taught us so many things like immediate newborn care, Kangaroo Mother Care, dose of misoprostol for PPH prevention, use of Chx. We are doing our best in the community level and OHW’s support for us has encouraged us to work even better. We promise you to do our best to save the lives of mothers and babies.”
Fulmati Pun, FCHV
Jalkini, Sindhupalchok

“I am so pleased with the One Heart’s support. Other FCHVs are also very happy receiving the motivational package and CB-IMNCI with MISQ/BPP training. This training has taught us so many things like immediate newborn care, Kangaroo Mother Care, dose of misoprostol for PPH prevention, use of Chx. We are doing our best in the community level and OHW’s support for us has encouraged us to work even better. We promise you to do our best to save the lives of mothers and babies.”
Fulmati Pun, FCHV
Jalkini, Sindhupalchok
EARTHQUAKE
On April 25th, a 7.8 magnitude earthquake struck Nepal. Dozens of aftershocks followed, including a 6.7 magnitude earthquake on April 26th, and another earthquake on May 12th with a 7.3 magnitude. Thirty-five of the seventy-five districts of Nepal have been affected in the Western and Central regions, including the Kathmandu Valley. The Government of Nepal reports over 8,300 dead and over 17,000 injured, and the United Nations estimates that 2 million women of reproductive age have been affected by this tragedy, including 126,000 pregnant women.

Among the districts most affected by the earthquake are two of One Heart World-Wide’s program areas, Dhading and Sindhupalchok. Of the 63 health facilities in Dhading, 65% were completely destroyed and 25% have sustained partial damage. The damage in Sindhupalchok is even higher. 75% of the 79 health facilities were completely destroyed and 15% were partially damaged.

One Heart World-Wide is deeply committed to provide earthquake relief efforts in both of these districts. In collaboration with the government of Nepal, and in partnership with several other international organizations including Direct Relief, MEDIC MOBILE, tifie Humanitarian and WE CARE SOLAR, we will ensure that all women have a safe and secure place during pregnancy and childbirth.

Our Response

One Heart World-Wide has been on the ground since day one to ensure that as many affected women as possible continue to have access to healthcare and health facilities. We signed an earthquake response Memorandum of Understanding with the government of Nepal in August 2015, and we are committed to carry forward our earthquake response efforts in both Dhading and Sindhupalchok in 2016 and in the following years.

The earthquake devastated the local health system, with health facilities across the districts being completely or partially destroyed. As a result of the devastating damages, many deliveries were conducted in unsanitary and unsafe conditions, on the ground, in the streets or in crude sheds. Immediately after the earthquakes, and in partnership with Direct Relief, tifie Humanitarian and WE CARE SOLAR, One Heart World-Wide was able to set up and equip a total of 30 temporary birthing tents in the districts of Dhading and Sindhupalchok until the end of 2015. These birthing tents were set up near damaged health facilities to ensure that pregnant women continue to have access to maternal and neonatal healthcare. The tents were fully furnished with medical equipment and stocked with medical supplies, serving as fully functioning birthing centers. Solar suitcases were installed to provide a consistent source of power.

In addition to the 30 tents we equipped as birthing centers, we also equipped another 55 temporary facilities, tents and pre-fab structures set up by other organizations, to serve as fully functioning birthing centers. In the areas with the most patient traffic we also set up another 10 tents to serve as storage units for medical equipment as well as shelter accommodation for the SBAs.

Because of the magnitude of the destruction and the remoteness of many of the health facilities, reconstruction of the health facilities that have been completely destroyed is likely to take several years. Shortly after the earthquakes, One Heart World-Wide set out to repair 5 health posts in both districts, and we are currently in the process of implementing the repair work.

As part of the overall rescue and relief work, One Heart World-Wide conducted 8 reproductive health camps in Dhading and Sindhupalchok. These camps are designed to facilitate the proper access to care by the populations who have been affected by the earthquakes. So far, these health camps have served a total of 4,208 individuals. Our long-term partners at MEDIC MOBILE distributed specially equipped phones to all health facilities in Dhading, and set up a monitoring system to facilitate outbreak surveillance in the district post-earthquake.

One Heart World-Wide in collaboration with the government of Nepal ensured the upkeep of the destroyed healthcare infrastructure, providing a safe and secure place for pregnant women and newborns. We will continue to support the people of Nepal in their effort to re-build and re-construct their country.

“...the destruction of the health system... to ensure that pregnant women...”

Christy Turlington Burns, Founder
EVERY MOTHER COUNTS

---

*Image: Birthing tent set up by One Heart World-Wide in Nepal.*
“Being on the ground setting up birthing tents during the second earthquake (which was shortly before this picture was taken) in Dhading Province, Nepal, was a harrowing experience. But when within an hour two pregnant women were rushed to the birthing tents and began receiving care from the trained OHW birth attendants, the relevance of our work and the fundamental need in Nepal for the “Network of Safety” was driven home to me in a way that fifty board meetings and fundraisers never could. I am so proud of our OHW team in Nepal and their amazing work on the ground as first responders after the earthquakes hit.”

Evan Kaplan, Director of the Board
OHW

“Nobody supported us, even during the earthquake. We worked so much every day and got nothing. OHW gave us nice bags full of useful supplies. We are so happy. The bags may not be expensive, but it is like……….. I don’t know what to say.”

Sabitri Thapa, FCHV
Nilkantha, Dhading

“OHW ensures that mothers and babies have high quality emergency obstetric care where it’s needed most - in remote clinics serving the most vulnerable populations. This was especially true after the earthquakes in 2015. We are grateful for our partnership with One Heart World-wide and for the opportunity to bring solar lighting, essential electricity and hope to maternal health workers in Nepal.”

Dr. Laura Stachel, Executive Director
WE CARE SOLAR
The Nepali Government

Key to the success of our model, the Network of Safety, is the integration of existing governmental health infrastructure and priorities. One Heart World-Wide works in close collaboration with the government of Nepal, partnering with the Family and Child Health Divisions of the Ministry of Health. Our delivery programs align themselves with the priorities and policies of the Nepali governmental healthcare system in the districts we serve. One Heart World-Wide does not establish a parallel healthcare system, but empowers and strengthens existing local capacity. Our model is endorsed at the national, regional and local level, facilitating a natural partnership for implementation. This unique approach allows us to engage with key local government officials, national policy makers, local communities and local healthcare providers, while respecting cultural norms and practices. One Heart World-Wide ensures that a continuum of care is created, from the antenatal period to the postnatal period of a pregnancy, from the household level to the district level. We build local capacity, expand the outreach of the existing healthcare infrastructure, and improve government-supported health services to ensure that every woman and every newborn has access to the quality healthcare they deserve, anytime and anywhere.

One Heart World-Wide’s formal contract agreement with the Nepali government specifies that we provide the initial training, medical equipment and supplies to implement appropriate maternal and neonatal health programs for a specific district. One Heart World-Wide renovates, upgrades and fully stocks existing health facilities to become certified birthing centers. We train the government’s healthcare providers to become certified Skilled Birth Attendants, we train health workers and Female Community Health Volunteers as frontline health workers for maternal and newborn health and we empower local stakeholders to own our programs and be accountable for progress and sustainability.

Once the initial investment has been accomplished, the Nepali government has agreed to sponsor follow-up trainings for the certified Skilled Birth Attendants, Health Workers and Female Community Health Volunteers. In addition, our government partners pay for the salaries of all health workers and Skilled Birth Attendants working in upgraded birthing centers. Medical equipment replacements as well as basic medical supplies are assured, once One Heart World-Wide has transitioned its programs over to the government. The government further subsidizes financial incentives to pregnant women seeking the vital health care they receive in certified birthing centers during and after pregnancy.

Our Community Investment

Community investments are an integral component of One Heart World-Wide. All of our programs depend on strong community partnerships. Through community engagement activities, collaboration with health mother’s groups and religious leaders, One Heart World-Wide integrates community entrepreneurs at the grassroots level to design, implement and sustain the programs. We partner with local health facility organizations and management committees to oversee accurate program implementation, creating a sense of community ownership of the program. We collaborate with the health facility management committees to oversee the proper utilization of birthing centers, insuring oversight over equipment and staff, even in remote rural locations where central district government may not have as much reach. By working with these local stakeholders, One Heart World-Wide integrates local communities to become the drivers of systemic change, and to be accountable for long-term progress and sustainability. We empower those that bring innovation to their own people.

![Estimated Total Investment per District to Implement the 5½ Year Program](image)

These numbers represent an average estimate of the relative investment of OHW as compared to the Nepali government investment. Actual numbers vary by districts.
Our Technical Assistance

Ecuador

Since 2012, One Heart World-Wide has been providing technical assistance to the Pachamama Alliance for their “Jungle Mamas” program in the Ecuadorian Amazon. The Pachamama Alliance is a global community that offers people the chance to learn, connect, engage, travel and cherish life for the purpose of creating a sustainable future that works for all. The Jungle Mamas program of the Pachamama Alliance is designed to eliminate all preventable deaths in pregnancy and childbirth of Achuar mothers and babies, and to improve community health by empowering Achuar women and communities with the tools needed to be their own agents of change. One Heart World-Wide has helped the Jungle Mamas team redesign their programs, funding strategy, training curriculum, and monitoring and evaluation systems. In 2015, with the support from One Heart World-Wide, the Jungle Mamas team has:

- Trained the second batch of community maternal health promoters (CMHPs) in February and the third and final group of the CMHPs, by September, reaching 100% of the Achuar population. There are now a total of 59 trained CHMPs in Achuar territory. These CMHPs provide prenatal care and prevention, and are able to successfully identify risk factors that may cause complications in pregnancy. Through identification of the risk factors, they are able to evacuate the mothers and infants before the complications occur.
- Started to collect and analyze their data. They are now able to look at the trends in their programs and adapt these programs based on their results.
- Visited 12 communities and completed health workshops in four communities. These visits facilitate the work of the CMHPs by gaining more acceptance for the program from the local stakeholders.
- Translated, edited, and dubbed 5 newborn care videos with the New York University (NYU) School of Medicine
- Presented their results at the New York University (NYU) School of Medicine, at Yale School of Public Health, and at the UN Commission on the Status of Women.

“Thanks to the One Heart these women are actively collecting data on mothers and infants, a practice that before our work with One Heart, was culturally unacceptable.”
Robin Fink, Director
Pachamama Alliance Program

Peru

Cool Earth is a UK registered charity that works internationally to halt rainforest destruction by partnering with indigenous communities. Cool Earth only works with communities that approach them, where rainforest is at immediate threat of destruction, and which forms a shield to protect the neighboring forest. This model has been used to protect rainforest in Brazil, Ecuador, Peru, Democratic Republic of Congo and most recently Papua New Guinea. In 2014, Cool-Earth asked OHW to provide technical assistance to develop a maternal and newborn health program for their Peru program with the Ashaninkas, an Amazonian group of indigenous people with very limited access to western healthcare. In 2015, One Heart World-Wide teamed up with Robin Fink and Narcisa Mashienta of the Jungle Mamas team to:

- Lead a community-based needs assessment for maternal and newborn health among Ashaninka. The OHW/JM team worked with the local Cool Earth team, Ashaninka women and local stakeholders to identify the issues affecting maternal and neonatal health in this area.
- Conduct a train-the trainer workshop based on the results of the needs assessment. The local Cool Earth team was trained on how to facilitate and lead other workshops, create local community engagement, and improve communication. Additionally, it covered several health topics including nutrition, the prevention of malaria, diarrhea, and anemia, and identification of malnutrition within populations.
- Following the train-the trainer workshop, the local Peru team facilitated a workshop for 10 Ashaninka women with the OHW/JM team present.
- Following the departure of the OHW/JM team, the Cool Earth team has continued to deliver trainings to numerous communities within their territory.
WE CARE SOLAR designs portable, cost-effective Solar Suitcases to provide maternal healthcare workers with a compact and easy-to-install light and power system in low-resource settings as well as off-grid medical facilities. In 2015, One Heart World-Wide installed 35 WE CARE SOLAR’s suitcases in our birthing centers and birthing tents throughout the districts we work in. Electricity is extremely unreliable in much of rural Nepal, and the Solar Suitcases provide much needed power for birthing center equipment to run smoothly, and critical lighting for deliveries of newborns during nighttime. We will continue to deploy Solar Suitcases in our health facilities across the districts we implement our programs in throughout 2016.

In Nepal, nearly 70% of infant deaths occur within the first month of life, the most common cause being infection. The Chlorhexidine Navi Care Program is working to reduce newborn deaths in Nepal through the use of chlorhexidine to prevent neonatal sepsis. One Heart World-Wide partnered with the JSI RESEARCH & TRAINING INSTITUTE in 2015 to implement the nationwide scale up of this promising treatment to prevent infection among newborns in Nepal. We are working towards rolling out the antiseptic chlorhexidine for umbilical cord care in our health facilities throughout the districts we cover. We look forward to another great year together.

Our Partnerships

“Tifie is thrilled to partner with One Heart World-Wide to provide birthing tents in Nepal. When we consider potential partnerships we look for partners that are passionate experts in their field, projects that are community driven and sustainable, and a like-mindedness of values and heart. OHW was this and more. We were continually updated with photos, stories and excitement of the rebuilding efforts and truly experienced how together, relationships can save lives.”

Halen Seevinck, Executive Director

tifie Humanitarian

“Direct Relief’s humanitarian health mission is fulfilled most often in a supporting role to amazing partner organizations that live, work in, and are deeply dedicated to communities where people are vulnerable to severe threats to their health and wellbeing. That’s why it is a privilege to work in close partnership with and in support of One Heart World-Wide, whose team brings expertise and passion and tremendously important assistance to among the most vulnerable people imaginable – women in Nepal, who too often experience pregnancy and delivery in austere conditions and without needed care, as well as their children. One Heart’s expansive response to the tragic 2015 earthquakes was critical and life-saving for the thousands of women nearing delivery in a health system that had been devastated. But the team’s ongoing work going forward is profoundly important to the women, children, families, and communities in Nepal who will otherwise face chronic, severe challenges that One Heart’s work addresses with such skill and dedication.”

Thomas Tighe, President and Chief Executive Officer

Direct Relief

“One Heart’s gifted team brings out the inner health worker in people. The network of safety is a brilliant model, dignifying individual lives and contributing to an over-arching project improving the human condition. Our partnership in Nepal, founded on our shared values, is accelerating Medic Mobile’s impact in a significant way. One Heart gives me hope for a better future.”

Josh Nesbit, Chief Executive Officer

MEDIC MOBILE
Financial Statements

Donations 2014 and 2015

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation Donations</td>
<td>1,360,572</td>
<td>2,375,210</td>
</tr>
<tr>
<td>Individual Donations</td>
<td>84,611</td>
<td>202,203</td>
</tr>
<tr>
<td>In-Kind Donations</td>
<td>116,379</td>
<td>1,595,848</td>
</tr>
<tr>
<td>Corporate Donations</td>
<td>62,419</td>
<td>10,773</td>
</tr>
<tr>
<td>Events</td>
<td>89,474</td>
<td>73,961</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,713,455</strong></td>
<td><strong>4,257,995</strong></td>
</tr>
</tbody>
</table>

Expenses 2014 and 2015

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Expenses</td>
<td>772,000</td>
<td>2,720,756</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>154,000</td>
<td>160,924</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>101,000</td>
<td>128,542</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,027,000</strong></td>
<td><strong>3,010,222</strong></td>
</tr>
</tbody>
</table>

Donations 2015

- Foundation Donations: 1,360,572
- Individual Donations: 84,611
- In-Kind Donations: 116,379
- Corporate Donations: 62,419
- Events: 89,474
- **TOTAL**: 1,713,455

Expenses 2015

- Program Expenses: 772,000
- Administrative Expenses: 154,000
- Fundraising Expenses: 101,000
- **TOTAL**: 1,027,000
Our Key Donors

100,000+
Direct Relief
GlobalGiving
jasmine SOCIAL INVESTMENTS
MUCAGO
Planet Wheeler

10,000+
Ann Down, The Good Works Institute
BAPS Charities
bumi sehat foundation international
Cubin Family Foundation
Dan & Kim Hulsh Foundation
Dining for Women
Dorthea Haas Ross Foundation
Elmo Foundation
EVERY MOTHER COUNTS
Francis Montero
George Family Foundation
Greg Jacobson
Hershey Family Foundation
James Mcvemey
Jester Foundation
Jim & Norma Foggate
Lawson Valentine Foundation
LUSH Charity Fund
MEDIC MOBILE
Metabolic Studio
MoFo Foundation
Mulero Family Foundation
NOVO Foundation
OOF! one dollar for life
ONE DAY’S WAGES
Pema Chang Foundation
PING & AMY CHAO FOUNDATION
Rick White
samanthaFONE
Shire Pharmaceutical
tenalea foundation
The Greenbaum Foundation
tile Humanitarian
Vanderbilt Family Foundation
WE CARE SOLAR
Werb Family Foundation
Weyerhaeuser Family Foundation
William White, BPM Microsystems

1,000+
Alan Whittle
Albert Segar
Anastasia Efimova
AndSheIdoepFire
Anthony Buttacavoli
Ara Arulan
Ayseet Baron
Bill Melton & Mei Xu
Blank family foundation
Carol & Earl Zaritck
Carol Frick
Caroline Choi
Catherine Anne Provine
Christine Domenik
Christine Tomlinson
Cindy Ballas
CLIF BAR
COMO Foundation
Connie J Smith
Dann & Deana Byck
Darren & Michael Jensen-Peterson
Diana Thompson
Eagle and Hawk Foundation
Engle Family Charitable Fund
Evan & Renee Kaplan
Gary Horsebuckle & Barbi Reed
Hillary & Lawrence Levy
Houston & Anna Hartle
Hu Ding
Jason Allen
Jay & Lauren Springer
Jay Blumenkopf
Jay Gorden
Jeff & Deborah Frank
Jennifer Chisa
Jim Krosa
John Brier
John Vella
Karla Refoxo
Kathryn & Kitty Hahn
Kenneth Abdalla
Kurt & Nancy Boyd
Kessel-Bushnell Charitable Fund
Khalid Al Naama
Lans & Laura Wilch
Laurel Mintz
Lucas Monte
Lyndon Barries & Janine Sherman
Margaret Healy
Marjorie Layden
Mike Draper
Miles Trudinos
Nancy H. Sullivan
Nicholas Michael
Novum Investments
Patsy Dickens, Kely Creek Farms
Peggy Goldwyn
Peter & Kathleen Metcalfe
Peter Curran
present purpose NETWORK
PRITZKER PUCKER Family Foundation
Richard Barker
Richard Fo
Richard Segal, Segal Foundation
Sabina Springenschmidt
Samuel Dominguez
Santa Barbara Foundation
Sara Calnal
Scott Fletcher
Scott McLean Jr.
Seva Corp of Sikh Dharma
Shinsh Dayal
Skoll Foundation
Stan & Susan Kramer
Steven & Laura Germain
Sunken Treasure Publishing
Tad Deale
The Baumann Foundation
The Georgia Sarfo Foundation
The Greenwald Foundation
THE HILEN FOUNDATION
The Shapiro Foundation
Timothy Blackburn
Tomorrow’s Child
Tyler Family Fund
Zoe Amos Adler

Our Key Partners

Government of Nepal, Ministry of Health
SWC Social Welfare Council Nepal

Our Key Supporters

AMERICARE
BARBONES
Black Diamond
choiceHUMANITARIAN
CLIF BAR
codeworks
dak FOUNDATION
Direct Relief
Finamile
Globalstar
HALPER FINE ARTS
Hyperbiotics
JSI RESEARCH & TRAINING INSTITUTE
Karuna Shechen
MEDIC MOBILE
Pachamama Alliance
Save the Children
tife Foundation
tulku Jewels
UNICEF
WE CARE SOLAR
Our Board of Directors

Chair: Jay Blumenkopf
Founder & President: Arlene Samen
Vice Chair: Dr. Michael Draper
Secretary: Ayelet Baron
Treasurer: Mei Xu
Deanna Byck
Dr. Tim D. Dye
Dr. Alan Greene
Greg Jacobson
Arlene Samen
Jill Smith

Our Advisory Board

Dr. Sarah Averbach, Obstetrics & Gynecology  
Janaki Welch

Our Medical Advisory Board

Chair: Dr. Tim D. Dye, Anthropology & Epidemiology  
Dr. Sarah Averbach, Obstetrics & Gynecology  
Dr. Sienna Craig, Anthropology  
Dr. Patti Fernandez, Health Psychology  
Dr. Beena Kamath, Pediatrics & Neonatal Health  
Dr. Sibylle Kristensen, Global Maternal Health & Perinatal Epidemiology  
Dr. Jeanette Lager, Obstetrics & Gynecology  
Dr. Suellen Miller, Midwifery & Global Maternal Health  
Dr. Susan Niermeyer, Pediatrics & Neonatal Health  
Susan Stalls, Certified Nurse Midwife

Our Nepal Advisory Board

Dr. Shankar Sharma (Former Nepali Ambassador to the US)  
Dr. Swaraj Rajbhandari  
Mr. Ashoke Shrestha  
Dr. Shibesh Regmi

Our Staff

San Francisco Office, USA
Founder & President: Arlene Samen
Chief Operations Officer: Dr. Sibylle Kristensen
Development and Administration Director: Franziska Bussiek
Program Coordinator: Alisha Giri

Kathmandu Office, Nepal
Country Representative: Dr. Nastu Sharma
Program Director: Purushottam Pradhan
Senior Account Officer: Rajesh Shrestha
Administrative and HR Officer: Nikki Shrestha
Senior M&E Officer: Sataya Narayan Acharya
Finance Officer: Narayan Ghimire
Program Officer: Bishow Shanki Malia
Program Officer (Solar): Sharmaya Tamang
Training Officer: Bhagwati Shrestha
Program Secretary: Shreejana Sunwar
Communication Officer: Sunita Khanal Sharma
Logistic and Procurement Officer: Fupanjuk Bhome
M&E Officer: Jayandra Bshowkarma
Senior Logistic Assistant: Suraj Shah
Administrative Assistant: Prem Singh Kami
Logistic Assistant (Solar): Shreya Shrestha
Office Assistant: Roji Tamang

Dhading Office, Nepal
District Coordinator: Sanjeeb Kumar Shah
Field Supervisor: Ritu Adhikari
Training Supervisor: Yogmaya Ghimire
Administrative Assistant: Shreya Shrestha

Sindhupalchok Office, Nepal
District Coordinator: Prakash Shahi
Field Supervisor: Raja Ram Bista
Training Supervisor: Yogmaya Ghimire
Administrative Assistant: Gajdish Bhandari

Bhojpur Office, Nepal
District Coordinator: Yadev Kumar Thapa
Field Supervisor: Sangita Majhi
Administrative Assistant: Avinash Kumar Upadhyay

Photography by:
Kelly McIlvenny (cover, p.9)
Sarah Thompson (p.2, p.15, p.22, p.38, p.45)
Jerry Fiddler (p.4, p.8-7, p.35)
Sarah Schwabi (p.10, p.17, p.20)
Jim Hurst (p.16)
Phil Borgez (p.18, p.29, p.40-41)
Surya Bhatta (p.21)
Arlene Samen (p.16-27, p.28)
Suraj Shah (p.32-33)
“Delivering and driving systemic change, to save lives now and into the future.”

Lawrence Levy, former CFO Pixar Animation Studios
Co-founder Juniper Foundation