LETTER FROM THE CEO

It has been said many times, but it bears repeating that 2020 was a challenging year for us all. From the staggering number of lives lost to the virus to the loneliness and isolation so many have felt while in quarantine, every single person has experienced some sort of loss in the past year. Yet, as is often seen in times of adversity, OHW has grown stronger and more resilient than ever. Our team has worked diligently and made tremendous strides to continue providing essential maternal and newborn care in the rural Nepali communities that we serve. Despite the many challenges our staff faced in Nepal, thanks to their constant efforts and your donations, we were able to achieve incredible results.

In March 2020, the Government of Nepal closed its borders and imposed a full lockdown across the nation to protect its citizens from the pandemic. In response, our programs were ground to a complete stop as funds were diverted towards the national COVID-19 response, leaving programs like Maternal & Newborn Health (MNH) services deprived of attention and assistance. Our team had to act quickly to ensure that pregnant women and their infants in program districts continued to receive critical MNH care. In the following months, OHW distributed Personal Protection Equipment (PPE) to 1,024 health facilities across our program districts and provided training to prepare our birthing centers to respond to the increased complications created by the pandemic. OHW was also able to procure and distribute Misoprostol, a life-saving drug that can induce labor and reduce blood loss, to all of our active program districts - another area severely impacted by the COVID-19 lockdown. As a result, not one of our districts experienced an increase in maternal deaths due to the lack of Misoprostol. In addition, other existing programs were redesigned and tailored to best fit the COVID-19 context. Though these new programs were born out of necessity, they will continue to grow and save lives, ultimately playing a large role in the legacy we seek to leave behind.

While we do not know what the world may look like as we move into 2021, we hold firm to the hope that things will get better. Not because they have to, but because the people we work with and those who support us seek to make the world a better place. I want to thank you for all of your support, whether you are as new as I am or have been a supporter since the beginning. I am excited to be part of such an incredible team and look forward with great hope to the future. OHW has a remarkable history of serving vulnerable mothers and children, and I will do all that I can to strengthen that legacy as we move forward together.

Sincerely,
David
T A B L E  O F  C O N T E N T S

O U R  M I S S I O N  -  6
The Network of Safety - 8
Where We Work - 10
Story From the Field - 12
Story from Our Executive Director - 15

P R O G R A M  A C H I E V E M E N T S  -  1 6
2020 Delivery - 18
Program Reach - 21
Quality of Care Program - 22
New Programs - 23
Natural Disasters Complicate the Pandemic - 24

P R O G R A M  I M P A C T  -  2 6
Our Government Partners - 28
Increased Access to MNH Care - 29
Improved Systems of MNH Care - 30
Impact on Maternal & Newborn Deaths - 31

F I N A N C I A L S  -  3 3

L O O K I N G  A H E A D  -  3 4

O H W  C O M M U N I T Y  -  3 6
Board of Directors - 38
Our Team Members - 40
Letter from Our Chief Visionary Officer - 43
Partners + Supporters - 44
ONE HEART WORLDWIDE IMPROVES ACCESS TO, AND UTILIZATION OF QUALITY HEALTHCARE SERVICES TO REDUCE THE RISK OF MATERNAL AND NEONATAL MORTALITY IN REMOTE RURAL AREAS WHERE MOTHERS AND THEIR NEWBORNS ARE MOST VULNERABLE.
We do not simply upgrade health facilities, or train medical professionals. We build a “Network of Safety” around mothers and newborns by establishing a holistic continuum of care in direct partnership with local government and community stakeholders. We ensure mothers and newborns have access to appropriate care during pregnancy and delivery by well-trained Skilled Birth Attendants, and in drastically improved birthing centers we renovate. At the frontlines of care, where facilities are run-down and where rural health providers lack support and struggle with burnout, our programs inject renewed motivation. We co-opt local support and develop solutions informed by the cultural practices and beliefs of those we serve. Few developmental efforts and government policies addressing MNH gaps in the past two decades have applied such an anthropological lens to the intricate relationship between health outcomes and the complex needs of a mother, her family, and her supporting structures.

"I can say in no uncertain terms that One Heart Worldwide has been an essential partner in Nepal's substantial progress on maternal health in recent years.

- Dr. Swaraj Rajbhandari, MD, MP, Nepal Advisory Board Member"
WHERE WE WORK

As of the end of 2020, OHW had 2 completed districts and 19 active districts representing 178 municipalities and a total population of 4.7M and 121,000 annual pregnancies, demonstrating the continued efficacy of our model across multiple geographies, cultures, and needs.

**2020 PROGRAM REACH**

**COMPLETED DISTRICTS:** (1) Dolpa; (2) Baglung

**TRANSITION PHASE:** (3) Dhading; (4) Sindhupalchok; (7) Bhojpur; (10) Terhathum; (11) Panchthar

**IMPLEMENTATION PHASE:** (5) Okhaldhunga; (6) Khotang; (8) Sankhuwasabha; (9) Taplejung; (12) Ilam; (13) Nuwakot; (14) Ramechhap; (15) Solukhumbu; (16) Dolakha; (17) Kavrepalanchok; (18) Udayapur

**SET-UP PHASE:** (19) Sarlahi; (20) Myagdi; (21) Parbat

We added three new districts (Phase I in Sarlahi, Parbat and Myagdi). We continued to implement our program in eleven districts (Phase II in Taplejung, Khotang, Sankhuwasabha, Okhaldhunga, Ilam, Ramechhap, Nuwakot, Solukhumbu, Dolakha, Kavre and Udayapur). We began the transition process in four districts (Phase III in Sindhupalchok, Bhojpur, Panchthar and Terhathum) and continued monitoring the transition process in Dhading (which transitioned to Phase III last year).
As the chief of the Dhitung ward of Halesi rural municipality in Khotang district, Prithvi feels proud that one of his greatest achievements as the Ward Chair has been transforming the birthing center of the Dhitung Health Post into a high-quality maternal health facility. He says that this will always be his ward’s legacy. It was completed primarily due to the local government’s meaningful partnership with One Heart Worldwide (OHW).

“This achievement was a result of our local government’s partnership with One Heart Worldwide. This is the kind of partnership that will truly help local governments develop programs to benefit our underserved rural community,” says Prithvi.

He recalls how he was immediately keen when OHW first proposed their partnership for renovating the birthing center of his ward’s health post four years ago. Prior to OHW’s arrival, the health post was an old, dilapidated building. The ward office had been planning to rebuild the whole structure, but there were budget constraints and the reconstruction expenses were too high.

The birthing center was under-equipped and poorly maintained. All the work related to maternity services such as delivery, antenatal (ANC) and postnatal (PNC) care was done in a single room. Pregnant women and new mothers had no privacy. Additionally, the electric supply was irregular. The health post only had a low-cost ordinary solar device to use during power outages, but that barely helped during the day, and was completely useless when the nurses had to do birth deliveries at night.

The nurses lacked proper maternity-related equipment and kits, which affected both their morale and confidence. They also didn’t have specialized training to deal with complications during prolonged labor and postpartum periods which meant that the team frequently had to send referrals to district or city hospitals to manage the complicated cases.

The rooms were dark and lacked a proper washroom and toilet. The local community didn’t want to visit this health post for institutional deliveries due to the lack of resources. Instead, they went to hospitals in the cities and towns. Unfortunately, the most impoverished families who couldn’t afford the expenses to travel to the city were forced to do home birth deliveries, putting them at higher risks of pregnancy-related complications.

The government’s cash incentives given to women to visit the health post for ANC and PNC care weren’t sufficient to motivate them to travel to the birthing center.

“Now, you can witness for yourself the transformation of our health post, especially the birthing center. We have outstanding rooms and better structures that look very impressive. The flow of patients has increased substantially. That was all a result of our partnership with OHW,” Prithvi told us during our visit.

We took a tour of the birthing center, and the changes were just as impressive as he had described. As soon as we entered the rooms at the birthing center, we could feel such a positive environment. The structures were well constructed with tiled floors and lit-up ceilings. The rooms felt cozy and had sufficient space to place all the essential equipment, kits, tools, beds, medicine cabinets, and washing room. There is a separate maternity room with an immaculate toilet in close proximity to ensure that pregnant mothers were the only ones using it.

The orange-colored walls created a cheerful ambiance inside the facility. Nurses have their own private workspace to counsel the mothers during both ANC and PNC visits. The garden located outside of the facility was well-maintained with a shaded sitting place to comfort the waiting mothers and their relatives if there is a long queue for their appointments with the nurses and other health staff. Since the renovation, the health post has seen an increasing number of patients, with many of them traveling for over 5-8 hours to seek medical support, advice, counseling, or attending general health check-ups.

Prithvi explains how the partnership with OHW has opened doors in the local community to build a good reputation. They have been able to build trust and confidence with the community because of the health post renovations. He shared that locals visited the health post with little enthusiasm in the past, but that has changed now.

“It is indeed a great achievement to have a hospital-like set-up in such a remote area. The support for renovation, medical equipment, and well-trained nurses is the result of a true partnership, and we want to thank OHW for their valuable contribution,” says Rohit, who works as Dhitung Health Post In-Charge.

He recalled how the morale among the nurses and other health staff was relatively low before the birthing center was renovated. Despite their endless endeavors and hard work, his team could not perform their duties due to the lack of proper maternity equipment, beds, working space, and other resources needed to provide quality services.

“Today, I am happy to see high morale among our staff. Our team has managed many pregnancy-related complications. We’ve been able to serve the community better, and now, families are highly motivated about institutional deliveries,” says Rohit.
MANAGING PERSONAL & PROFESSIONAL LIFE DURING
THE PANDEMIC:

A STORY FROM ONE HEART NEPAL’S EXECUTIVE DIRECTOR

While you have likely heard what One Heart has achieved this year in terms of program activities and results, I wanted to share with you a behind-the-scenes glimpse of what it has been like managing personal and professional challenges in Nepal, and to share how our team overcame tremendous hurdles during this time of crisis.

During the beginning phases of the pandemic, our field team frequently reported on what was happening out in the field. We soon learned that the women we serve were skipping health facility checks-ups, and that healthcare providers feared that they would be infected by patients coming into the facilities. Moreover, all quarantine and isolation centers lacked the necessary supplies, equipment and technical resources for COVID management and prevention. We worried that if we did not act fast, we could lose everything that we’d achieved in the last 10 years.

In response to the situation, we realigned our priorities to mobilize the distribution of PPE, supplies and services to our program districts in collaboration with our government partners. Because there was no infrastructure in place for virtual meetings in the early days of the pandemic, we ran several in-person meetings - masked and physically distanced - with the Ministry of Health and Population, the Department of Health Services, Nepal’s Social Welfare Council, the Ministry of Women, Children and Senior Citizens, and the Association of International Nongovernmental Organizations (AIN) in Nepal, which laid the groundwork for an effective roll-out for COVID response and for the ultimate programmatic success that One Heart had down the line.

Despite concerted efforts in our workplace to prevent COVID transmission and comply with government protocol, 10 out of the 65 in-country staff tested positive for COVID this year including me and my family. My wife, two sons and I isolated for twenty days and experienced symptoms like headache, fever, body aches, and loss of taste and smell. This was the shared experience of many of my fellow staff members, all of whom fortunately recovered from the virus after quarantining for three weeks and experiencing varying degrees of COVID symptoms. We received immense love and care from our family and colleagues back in the office, and we all got better slowly, though COVID cases continued to skyrocket in the country.

Despite the hardships faced this year, I have never been prouder to be Executive Director of this organization. Had it not been for the determination of our team, the strength of family, the support of our global community, and a shared concern for women and their children, I am not sure that we could have pulled through this pandemic as strongly as we did. Thank you for sharing in this wild journey with us, and I look forward to greeting whatever challenges lie in the years ahead!

Sincerely,
Surya Bhatta
Dad and Public Health professional
PROGRAM ACHIEVEMENTS
**2020 DELIVERY**

**84 NEWLY UPGRADED BIRTHING CENTERS**

- **453** medical providers who received Continued Medical Education (CME) regular OHW program
- **3,421** medical providers who received CME in COVID readiness/infection prevention training and COVID-specific Maternal and Newborn care
- **119** Birthing Centers who were enrolled in the Quality Care Program
- **276** Birthing Centers who received supplemental Quality of Care visits

**126 LOCAL COMMUNITY GROUPS MOBILIZED FOR MNH**

**1,529 LOCAL STAKEHOLDERS TRAINED**

- **1,024** health facilities received COVID related supplemental medical equipment and supplies (PPE, infection prevention materials and Misoprostol)
- **52** health facilities that received supplemental medical equipment and supplies - regular OHW program

- **18** municipalities receiving technical support in health planning & budgeting

* 14 ultrasound machines were purchased by our government partner as part of their cost-share component
By the end of 2020, the OHW programs had reached a cumulative total of 283,326 pregnancies in our active program districts, in support of Nepal’s national plan to provide quality MNH services to rural pregnant women and their newborns.
QUALITY OF CARE PROGRAMS

Recent evidence has demonstrated the need to improve quality of care as a critical component for programs seeking to improve maternal and newborn outcomes, particularly in the more remote areas, where these providers are very isolated. We have implemented several initiatives to increase our program focus on the quality of care provided in our districts:

- **A SIMULATION BASED MENTORSHIP PROGRAM FOR RURAL SBAS**: to improve the quality of essential obstetric and newborn care services among rural healthcare service providers in Nepal. One Heart Worldwide is starting a simulation-based mentorship program for rural SBAs using the Helping Mothers Survive (HMS) and Helping Baby Breathe (HBB) packages.

- **A RURAL ULTRASOUND TRAINING SITE FOR SBAS**: to strengthen the local training capacity and better meet the growing training needs for trained SBAs in rural areas. OMW has been working in partnership with one of the largest maternity hospitals of Nepal, the Paropakar Maternity and Women’s Hospital in Thapathali, to establish their facility as an ultrasound training center. This new training center now doubles the country’s capacity to provide ultrasound training each year.

- **SPECIAL NEWBORN CARE UNITS (SNCU)**: this program aims to support the government of Nepal’s desire to strengthen the capacity of its public health infrastructure to provide quality healthcare services for newborns by establishing SNCU at the district hospital where sick newborns can be appropriately referred and treated and improving the capacity of the district hospital staff to use these new units.

- **QUALITY OF CARE ASSESSMENTS FOR BIRTHING CENTERS**: we assess whether the Birthing Centers continue to function up to the required government standards which include patient management, patient referral systems, availability of water and electricity, patient dignity, equipment and supplies (including essential drugs), labor room status and infection prevention.

NEW PROGRAMS

OUR NEW MATERNAL AND NEWBORN HEALTH (MNH) EMERGENCIES HELPLINE:
Developed in collaboration with the Government of Nepal and the Nepal Society of Obstetricians and Gynaecologists to assist rural MNH services providers in clinical decision-making during the COVID-19 pandemic, this program was designed in anticipation of scenarios where rural providers might be faced with an MNH emergency in which referral to a higher facility might be delayed or not be possible at all given the impact on travel accessibility due to the pandemic. We enrolled 781 health facilities in this program across all districts, handling 271 emergencies (pregnant women/newborns in distress at a rural health facility.)

OUR NEW TELEHEALTH PROGRAM FOR RURAL HEALTH FACILITIES:
This program supports medical providers in adapting their pre-COVID in-person consultations to cellphone-based consultations for pregnant women (antenatal care) and recently delivered women (postnatal care), ensuring that pregnant and postpartum women can still receive the health education and support they need during this vulnerable period, while limiting unnecessary potential exposure to COVID for themselves or their providers. Launched in 583 birth centers, this program provided ANC services to 12,463 pregnant women and PNC services to 6,039 postpartum mothers. Out of these, 710 women (585 pregnant women and 125 postnatal mothers) were referred to the larger facilities for specific case management. We are very excited to be able to report that the Government of Nepal has integrated telehealth in their interim RMNCH (Reproductive, Maternal, Neonatal and Child Health) service delivery guidelines. As such the government is now mandating that all health facilities nationwide provide telehealth during the pandemic.
In June, just as the official COVID-19 lockdown was lifted, heavy monsoon rains caused severe flooding that triggered massive landslides, resulting in tremendous damage and loss of life in three of our program districts.

OHW was able to work with the local government and stakeholders to rebuild the facility and replace the essential equipment required to resume service for the 75 annual pregnancies seen in that facility. This emergency relief effort was accomplished in addition to our regular program activities.

“...My words are not enough to express my thanks and gratitude to OHW for all the support it has provided to our Bala Birthing Center. We had been working so hard to improve the quality of our birthing center and to increase institutional delivery, and we were moving successfully towards our goal [when] this landslide and flood washed away all our hopes, along with the physical infrastructure of the birthing center. The equipment was buried and destroyed by the landslide.

Thankfully, OHW has always supported us in saving the lives of mothers and newborns and has helped us resume our regular maternal and newborn health service.

- INDRA, AUXILIARY NURSE MIDWIFE, BALA HP, SANKHUWASABHA DISTRICT
PROGRAM

IMPACT
**OUR GOVERNMENT PARTNERS AS AN INTEGRAL PART OF OUR SOLUTION**

Our Government partners are an integral part of our program scale-up strategy in Nepal. The Central Government invests $2 for every $1 that OHW invests in Nepal and OHW now aims to transition our government partners at the local (palika) level into an increased payers’ role during the active program implementation phase. This direct partnership-based approach improves our project’s accountability, sustainability, and affordability. The COVID pandemic slowed our progress with this program in 2020, but we still maintained progress. In 2020, local municipalities cover 47% of facility renovation costs (OHW’s single highest program expenditure) and 9% of all program costs.

**INCREASED ACCESS TO MNH CARE FOR PREGNANT WOMEN & THEIR NEWBORNS IN RURAL NEPAL**

Our goal is 30% observed (and maintained) increases in births attended by a trained health care provider, and institutional deliveries in districts which have completed phase 2 (program implementation). We have achieved this goal in all of our districts which have completed phase 2 (implementation) of our program.

91%  
**Average increase in SBA deliveries**  
among 6 districts that completed program implementation

95%  
**Average increase in institutional deliveries**  
among 6 districts that completed program implementation

*Includes out of district delivery data

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**% of Birthing Center Renovations Cost Covered by Local Government (Palikas)**

- 2016: 3%
- 2017: 10%
- 2018: 21%
- 2019: 38%
- 2020: 47%

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**% of Total Program Costs Covered by Local Government (Palikas)**

- 2017: 2%
- 2018: 8%
- 2019: 9%
- 2020: 9%
As a result of OHW programs, **12% of all 750,000 annual pregnancies in Nepal now have improved access to quality MNH services**. As of the end of 2020, we have reached ⅓ of our goal (ensuring quality MNH services for 250,000 annual pregnancies among the most vulnerable population of Nepal).

**IMPROVED SYSTEMS OF MNH CARE IN RURAL NEPAL**

Our goal is 50% decrease in maternal and neonatal mortality in our completed districts (6+ years after program initiation). In 2020, none of our current districts had reached completion, however, in our 6 districts that completed program implementation (4+ years after program initiation), the average reduction in maternal mortality was 68% and the 39% for newborn mortality.

**IMPACT ON MATERNAL AND NEWBORN DEATHS**

- **68%**
  - Average decrease in maternal mortality among the 6 districts that completed program implementation

- **39%**
  - Average decrease in neonatal mortality among 6 districts that completed program implementation*

*Internal OHW monitoring data
**TRENDS IN MATERNAL & NEONATAL MORTALITY IN ACTIVE OHW DISTRICTS* OVER THE PAST 5 YEARS**

- **Maternal Mortality Ratio**: Per 100,000 live births
  - 2016: 104
  - 2020: 47

- **Neonatal Mortality Rate**: Per 1,000 live births
  - 2016: 11
  - 2020: 8

*Total mortality data from Dhading, Sindhupalchok, Taplejung, Panchthar, Terhathum, Ilam, Sankhuwasabha, Khotang, Okhaldhunga, Bhojpur, Solukhumbu, Nuwakot and Ramechhap
87¢ of every dollar was invested in OHW programs in 2020.

Financials are unaudited
We are expanding our programs to the Southern plains of the Terai and to the Northern Karnali zone. These are two very different areas with each an unique set of challenges but where the need for improvements in maternal and newborn health services is high.

We will continue to seek an increase in the palika (local municipality) cost-share component of our model and incorporate current MNH best practices into the Network of Safety model keeping in mind the new post-COVID landscape in Nepal. Several of our previous initiatives, including our ehealth program and our external evaluation were delayed by the spread of the pandemic, but these programs have now been restarted with additional safety modifications. We also will be assessing the impact of the pandemic on MNH service utilization as well as the impact of our new telehealth program and our new MNH helpline, using the results to drive policy change in Nepal.

Concurrently with our existing program roll-out, we plan on continuing to develop new initiatives to increase access to high quality MNH care for pregnant women and their newborns in rural Nepal. We are looking at innovative options to improve the delivery and the safety of our existing programs and are looking at options to digitize portions of some of our existing programs.

**LOOKING AHEAD**

**IN 2021, OHW WILL BE ACTIVE IN 21 DISTRICTS.**

We will have nine districts in full implementation phase, nine in transition phase and we will be adding three new districts.

**2021 PROGRAM REACH**

**COMPLETED DISTRICTS:** (1) Dolpa; (2) Baglung; (5) Dhading
**TRANSITION PHASE:** (4) Sindhupalchok; (5) Okhaldhunga; (6) Khotang; (7) Bhojpur; (8) Sankhuwasabha; (9) Taplejung; (10) Terathum; (11) Panchthar; (12) Ilam
**IMPLEMENTATION PHASE:** (13) Nuwakot; (14) Ramechhap; (15) Solukhumbu; (16) Dolakha; (17) Kavrepalanchok; (18) Udayapur; (19) Sarlahi; (20) Myagdi; (21) Parbat
**SET-UP PHASE:** (22) Rukum East; (23) Salyan; (24) Rautahat
ONE HEART COMMUNITY
OUR TEAM MEMBERS

KATHMANDU OFFICE, NEPAL
SUNITA BHATTA, Executive Director
POONAM SHILPA, Administration & Finance Director
SALIL DHAR, Director of MERL
GEETA SHARMA, Program Director
BARITA BINDU
BHAGWATI SHRESTHA
RAJESH KUMAR SHRESTHA
JAYA SHRESTHA
SUMIT LAUDARI
BELI BALAM
BIDHAYA MAHARJAN
MALATI SHRESTHA
SHAJANA MAHARJAN
SHREEJANA SUWAN
DHANA NARAYAN SHRESTHA
DIPENDRA JANG THAPA
KRISHNA SARKOTA
PREM SINGH KAMI
SUCHITRA SARKOTA
MAYA NEPAL

EASTERN REGIONAL OFFICE, DHARAN, NEPAL
SANJUKTA NEUPANE
PRASHANT PEND
NIYANANDHA THAKUR
RAKSHAN KUMAR DAUWAR
SANDEEP LAMA
MAHENDRA CHAUDHARY
SABITA KC

TAPLEJUNG TEAM, NEPAL
GANES DANG
BHUPENDRA SONI
POOJA BHANDARI
KHIM NATH DAHAL

ILAM TEAM, NEPAL
GANESH BAHADUR KATI
AKANKSHA LAMJEL

KHOTANG TEAM, NEPAL
SURYA UPRETI
PRIYANKA SUBEDI
RAJESH CHAUDHARY
BHUBAN RAI

OKHALDHUNGA TEAM, NEPAL
SUSHOD THAKUR
ASMITA HAMAL
DAN BAHADUR KARKI
MANOJ KUMAR CHAUDHARY

SANKHUWASABHA TEAM, NEPAL
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BHUKRAM KOIRALA
AVINASH KUMAR UPADHYAYA

SOLUKHUMBU TEAM, NEPAL
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SAPAN TAMANG GOLE

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PRAGYA TIMSINA
AMBIT KHADKA

NUWAKOT TEAM, NEPAL
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SAJANA PANDIT
SANDIP SULAL
SAMJHANA PANDIT

UDAYAPUR TEAM, NEPAL
KALPANA SHRESTHA
RAJESH KUMAR LOKHANI
RAJNEET KUMAR CHAUDHARY

DOLAKHA TEAM, NEPAL
NILESH KUMAR PRAVANA
SADHANA THAPA

KAVRE TEAM, NEPAL
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DEPENDRA RAI

SINDHUPALCHOK TEAM, NEPAL
NAGENDRA JUNG SHAHI

BHOKJUR TEAM, NEPAL
BHARAT BAHADUR HAMAL

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ARLENE SAMEN, Founder & Chief Visionary Officer
DR. SYLVIE KRISTENSEN, Chief Operations Officer
JAMES VANREUSEL, Chief Financial Officer
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HILARY S. SMITH, Operations Manager
MICHAELA HAYES, Grants Manager
KATIE D'TAS, Communications Specialist
LINDA GEORGE, Programs & Grants Intern

STAFF HIGHLIGHT

LILADHAR DHAKAL
DIRECTOR OF MONITORING, EVALUATION, RESEARCH AND LEARNING
HOMETOWN: Bharatpur, Chitwan
HOBBIES: Reading fiction books & cycling
DREAM JOB AS A CHILD: Army Officer

WHAT DOES ONE HEART WORLDWIDE MEAN TO YOU?
What I love the best about One Heart Worldwide is our flexibility and the fact that we partner with local community people for well-rounded sustainable solutions. This was not the case in my previous jobs where projects had a more top-down approach and tended to address only some of the aspects of the problem while being quite rigid in their implementation plans. I think this really limited the achievements of the projects and could not address the real problem. One Heart’s flexibility allows us to do activities not initially planned for, but might be necessary to address a specific issue.

"FOR ME, ONE HEART WORLDWIDE IS THE SOLUTION TO THE HEALTH PROBLEMS FACED BY THE WOMEN OF THE REMOTE AND RURAL PARTS OF NEPAL."
Dear Friends and Family,

I want to take a moment to personally thank you for all of your support. For the last twenty years, we have fought together to save the lives of mothers and children in Tibet and Nepal and have been lucky enough to see tremendous change come about as a result of our efforts. I am grateful to have had the opportunity to carry the torch and lead this incredible organization for these many years. While I can confidently say that I have served and led to the best of my ability, today, I proudly pass the torch on to David, who has already seen us through much of the COVID-19 pandemic. Though there have been challenges in the past, none compare to the overwhelming nature of the disease, deaths, and lockdown seen in 2020. However, thanks to the ingenuity and resilience of the US and Nepal teams, OHW not only has continued to successfully implement our traditional programs during the pandemic but has also introduced two new programs that specifically target and mitigate the dangers of COVID transmission. I cannot help but be reminded of a quote by his holiness the Dalai Lama XIV, “It is under the greatest adversity that there exists the greatest potential for doing good, both for oneself and others.”

I am excited to see what comes next, knowing that no matter what, OHW will continue to play a significant role in saving the lives of mothers and children across the globe for years to come.

Thank you for being a part of this beautiful journey with me.

With gratitude,
Arlene Samen
THANK YOU TO OUR SUPPORTERS:

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Ashton Family Foundation
Bank of the West
Charles Schwab Foundation
Cubit Family Foundation
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Malaga Foundation
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PECO Foundation
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Prizker Pucker Family Foundation
RAS
Rosebud Woman
Schooner Foundation
Thankyou Charitable Trust
The Charitable Foundation
The Forgotten International
The International Foundation
The Shapiro Family Foundation
Together Rising
TRA Fund
Transparent Fish Fund
Vital Foundation
Welch Family Foundation
Weyerhaeuser Family Foundation

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Deborah Dworkin
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Anjuli Elias
Annette Enshin
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Amber Galuppo
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Laurence and Belinda
Ledgerwood
Bruce Lee
Kathleen Lenihan
Hillary & Lawrence Levy
Kalsang Lhamo

David Liechty
Sami Lobley
Nirmaya Lohani
Julie Long
Tom Low
Kira Lungeley
Richard Mackenzie
Neda Malekzadeh
Lynn Nordstrom Manning
Marge Mansfield
Andrea Manship
Kristin Marty
Nicole Mason
Suzanne Mason
Steven Matthews
Heather McCarthy
Pema McGuinness
Kirsten Meisinger
Miriama Melnick
Cal and Dylan Millar
Barbara Mitchell
Eileen Monceur
Mira Moore
Rachael Moore
Tiffany Schnabel Moreno
Elyse Morotti
Marty and Sandra Morgenrath
Evan Morris
Paul Morrow
Francie Mortenson
Phil Moser
Tiffany Mulumby
David Murphy
Mark Murphy
Anthony Musci
Marilyn Nagel
Que Nguyen

Livia Nulman
Kelly Omeara
Bridge Oram
Claire Osborn
Sally Owen
Yojana Pant
Camille Parker
Treley Parshingstang
Lynn Patinkin
Bill Penrose
Sue Penrose-Gould
Marcelino Perez
David Perper
Nicholas Pollaro
Rebecca Ponder
Judy Porter
Justin Powell
Alexander Ragucci
Laura Rahe
Jonathan Ratter
Norann Redding
Barbi Reid
David Robin
Kathryn Romero
Arlene Samen
Lynda Samen
Kay Sandberg
Duane Saunders
Supriya Saxena
Rick and Sandra Schawelson
Jessica Schiller
Micha Schinagl
Michael Schinagl
Jon Ratter
Laura Rahe
Richard Porter
Justin Powell
Alexander Ragucci
Laura Rahe
Jonathan Ratter
Charity Tooe
Jayson Toveh
Sam and Sandi Tyler
Joan Van Horn
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Beth Vegosen
Ana Verzone
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Su Warburton
Laura Welch
Sam Whitney
Rosalie Winard
Melanie Wolcott
Peter Yao
Carl Yoshibi
Jennifer Zahgheuni
Barbara Zimmermann

Audrey Shendon
Gretchen Silverman
Katherine Simmons
Marilee Simons
Brian Stairz
Rebecca Slater
Denise Smith
Victoria Stevall
Lisa St. Claire
Katrina Stadler
Dort Stin
Orah Stein
Nancy Sullivan
Maureen and Larry Sweeney
Susanne Swisher
Diana Thompson
John Thompson
Kevin Thompson
Edward P Todd
Chairy Tooze
Jayson Toveh
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