2021-2024
Strategic Plan:
Closing the Gap
NO WOMAN SHOULD HAVE TO WORRY ABOUT HER OWN LIFE AS SHE PREPARES TO GIVE BIRTH.

One Heart Worldwide understands the needs of pregnant women and their newborn infants. For over a decade, our commitment has been to ensure that no Nepali woman or their newborn dies from lack of access to quality MNH services.

We have developed a community-centric model that works alongside the government and local communities to improve maternal and neonatal health (MNH) services across underserved areas of rural Nepal. We work in partnership with local municipalities and communities to strengthen their MNH infrastructure, upgrade government health facilities, and improve the skills and expertise of healthcare workers at every level of the local health system.

We are supported by engaged international and local partners who provide annual financial contributions to improve access to quality healthcare services for mothers and their newborns. Municipal governments and local communities co-invest at a rate of 10% of our total program expenditures in Nepal, building a shared ecosystem of sustainability by further augmenting international donor commitments.

To reduce maternal and newborn mortality, One Heart Worldwide aims to improve access to quality MNH care for ⅓ of all pregnancies in Nepal by 2030, focusing on the 36 most underserved rural districts.
Since 2010, our programs have benefited 310,000 pregnancies. To date, our programs have reached 21 out of these 36 districts. Our success is rooted in a firm understanding of how to sustainably integrate MNH into local culture and communities in complex and remote operating environments that are prone to natural disasters.

One Heart Worldwide is a responsive, resilient and dependable partner in Nepal. We served Nepali women and their families during the 2015 earthquake recovery, and currently provide emergency response to government partners and rural Nepali communities alike to address the needs of pregnant women and newborn infants throughout the global pandemic.

By the end of 2024, we will be active in 21 districts and we will have successfully exited from 15 districts. We are currently providing access to quality MNH care to a total of 900,000 pregnancies since inception, increasing the annual number of pregnant women with access to quality MNH care from 80,000/year in 2020 to 200,000/year by 2024 (80% of our goal for Nepal).

Over the next three years, we have identified three strategic priorities to guide our work:

1. **Build a Platform for Continued Growth**
2. **Co-create and Advance a Culture of Evidence**
3. **Leverage Partnerships for Scale and Sustainability**
OUR MISSION:
Save the lives and promote the well-being of mothers and their newborns in underserved areas of rural Nepal.

OUR VISION:
A locally-led health system providing equitable access to quality care for all mothers and newborns.
THE MATERNAL AND NEWBORN HEALTH GAP IN NEPAL

Over the past decade, Nepal has made substantial progress in reducing maternal and neonatal deaths. Despite this effort, 1,500 mothers and 12,000 newborn infants still die every year.

Access to healthcare is difficult in the remote rural areas of Nepal. Mothers and newborns living in these underserved areas are the most vulnerable and are much more likely to die during pregnancy or childbirth than mothers and newborns in urban settings. These disparities are further aggravated by low MNH awareness as well as geographic and socio-cultural challenges.

The Government of Nepal is committed to improving MNH, yet the following systemic barriers still persist in many rural health systems:

- Shortages of well-trained medical providers, especially Skilled Birth Attendants (SBAs).
- Health facilities in inadequate structural condition and lacking essential medical equipment/supplies.
- Insufficiently allocated governmental resources.
- Lack of reliable emergency transport.

Together, these barriers result in poor quality care for mothers and their newborn babies to survive and thrive during pregnancy, childbirth, and in the critical period after birth.
The COVID-19 pandemic has further strained an already fragile healthcare system, particularly in underserved rural areas. Lockdowns, disruption of MNH services, and fear of attending healthcare facilities have compounded risks for pregnant women and their newborns.

To achieve their UN Global Sustainable Development Goal #3: Good Health and Well-being by 2030, Nepal needs to reduce its maternal and newborn mortality by 71% and 43% respectively. To achieve this effect, all pregnant women in Nepal need access to quality MNH care.

### MATERNAL MORTALITY
per 100,000 live births

<table>
<thead>
<tr>
<th>Currently</th>
<th>SDG Goal by 2030</th>
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<td>239</td>
<td>70</td>
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### NEONATAL MORTALITY
per 1,000 live births

<table>
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<tr>
<th>Currently</th>
<th>SDG Goal by 2030</th>
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<td>21</td>
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Our Model: The Network of Safety

The Network of Safety model engages local stakeholders to address critical gaps in MNH service delivery, ensuring that every pregnant woman and newborn can access quality care from a trained medical provider.
HOW OUR MODEL WORKS:

One Heart Worldwide works side-by-side with the Government of Nepal and local communities to provide program delivery and training through a talented team of Nepali health professionals who are supported by a small technical team in the US.

THE NETWORK OF SAFETY: A 6-YEAR CYCLE FOR EACH DISTRICT

The six-year Network of Safety model results in a fully functional system of MNH in each district, including:

- Well-trained skilled birth attendants (SBAs) that provide quality MNH care and safely attend all deliveries.
- Well-equipped, fully functioning birthing centers.
- A cadre of community health volunteers empowered to promote safe motherhood.
- Local ownership (both fiscal and programmatic) of MNH service delivery.
GUIDING PRINCIPLES OF OUR MODEL

**FOCUS:** Our priority is the well-being of pregnant women and newborns based on a well-honed expertise in maternal and child health.

**ALIGNMENT:** Our model, which is grounded in active community engagement and respect for the local culture, is fully aligned with both the national, provincial and local governmental priorities for MNH and the needs of community stakeholders.

**COLLABORATION:** The longevity of our program is reliant on the relationships that we build with local stakeholders and government as we work seamlessly to co-create a system that benefits the health and well-being of mothers and their babies.

**FLEXIBILITY:** One Heart Worldwide is a creative, nimble and adaptive learning organization that is able to rapidly pivot our programs to respond to changing needs, including humanitarian relief efforts in support of national and local emergency response mechanisms.

KEY ELEMENTS THAT MAKE OUR MODEL SUCCESSFUL

**INNOVATIVE VALUE CHAIN:** We regularly generate new evidence supporting the government to incorporate novel interventions into their MNH delivery model and affect policy changes at the national level.

**DISTRIBUTED LEADERSHIP:** US and Nepal team members are empowered to make the necessary decisions to positively guide their work within a collaborative environment that promotes shared leadership.

**INTEGRATED EXIT STRATEGY:** We leverage time-bound philanthropic support with a proven exit-strategy that includes co-investment by the government and local communities throughout the life of the project and a long-term financial commitment by these partners to ensure sustainability after our departure.

**TRACK RECORD OF SUSTAINABILITY:** We have a proven model with a track record that is evidenced by consistently sustainable results in our completed districts where the program has been transferred to the local government.
OUR IMPACT

OUR RESULTS
Since 2010 we have provided access to quality MNH care to 310,000 pregnancies, achieving the following results:

- **16,000** Community Outreach Providers Trained
- **14,000** Community Stakeholders Trained
- **500** New Skilled Birth Attendants Trained
- **6,000** Healthcare Providers Receiving Continued Medical Education
- **500** Birthing Centers Upgraded

**IN OUR TRANSITION DISTRICTS**, our internal monitoring data already shows positive outcomes:

- **90% ▲** SBA Deliveries in Rural Health Facilities
- **68% ▼** Maternal Mortality
- **39% ▼** Neonatal Mortality
EVIDENCE OF SUSTAINABLE IMPACT: BAGLUNG DISTRICT

The full scope of our impact is demonstrated by our first program district in Nepal, Baglung, where four years post-completion, the program is now exclusively led by the local government.

Data from a 2019 external survey offers findings of sustained impact on MNH service delivery and maternal and newborn mortality.

80% births being attended by a Skilled Birth Attendant

87% maternal and neonatal mortality

This data provides clear evidence of the program’s effectiveness while also demonstrating that results can be directly sustained by communities after One Heart is no longer operating in a district, further acknowledging the success of the program post-handover.
“I have been providing maternal and neonatal health services for 5 years here in Manebhanjyang, which is my own birthplace. Before the birthing center renovation, the space was small and congested.

The renovation has helped us overcome this challenge and given us the opportunity to provide maternal and newborn services with optimum management. Now, we see a beautiful birthing center which is well equipped & clean. It’s been a month since the renovation was completed, and we have conducted 3 deliveries since that time. Due to the training I received with One Heart Worldwide, I knew to refer a mother with a history of failed induction in her previous two pregnancies, and later she had a safe birth in the Bhojpur District Hospital. The renovation has changed the entire image of our birthing center, which has definitely improved our institutional delivery. Our region has had zero home deliveries in the last 6 months! One Heart Worldwide has helped us understand and deliver quality services, and we are working hard to keep the momentum and maintain our successes.”

- LAXMI P., ANM AND SBA BASED IN MANEBHANJYANG COMMUNITY

MANEBHANJYANG BIRTHING CENTER BEFORE & AFTER OHW RENOVATIONS

BEFORE

AFTER
ECONOMICS OF IMPACT

The model is based on a six-year time frame for each district. During this period, OHW provides the initial investment averaging $800,000 per district for structural renovations and medical equipment in addition to conducting required training for service providers and local stakeholders.

The Government of Nepal provides funding within the municipal budgeting process to support staffing and follow up training, quality control for MNH services, properly working equipment, and maintenance of a medical supplies pipeline to ensure that there are no stock-outs of essential drugs.

SINCE 2010, WE HAVE REDUCED OUR COST PER PREGNANCY FROM OVER $2,000 TO UNDER $50, A 98% DECREASE.
LOCAL COST-SHARING COMPONENT

As part of our scale-up strategy in Nepal, we encourage local communities to co-fund the program and ultimately prepare them for post-implementation ownership.

Since 2018, local municipalities have contributed $473K to advance the well-being of mothers and babies in Nepal, **$201K in 2020** alone, representing 10% of our program expenses in Nepal that year.

**OHW APPLIES OUR DONOR FUNDING TO THE FOLLOWING AREAS AS WE DRIVE DOWN COST PER IMPACT:**

- **UPGRADE GOVERNMENT HEALTH FACILITIES**
  Renovate physical structures that are often unsafe and dilapidated. Install life-saving medical equipment and birthing supplies. 40%

- **TRAIN, UPSKILL AND CERTIFY**
  (when appropriate) medical providers, SBAs, local community leaders, and local government administrators. Local level capacity building programs and community outreach/mobilization programs. 30%

- **PROGRAM MONITORING & EVALUATION (M&E)**
  15%

- **RESEARCH & DEVELOPMENT**
  Field test new MNH initiatives to increase impact and/or accelerate scale. 15%
Over the past 10 years, our focus has been on replication and sustainability of impact.

By 2030, we aim to provide access to quality MNH care for 250,000 annual pregnancies in 36 underserved districts of rural Nepal.

Our strategy for the next three years is to employ best practices from our experience and lessons learned from our research to accelerate the tempo of roll-out into new districts while maintaining quality and optimizing cost-effectiveness to save more lives.

The next 3 years are critical to our overall strategy in Nepal to achieve:

» Expansion of our program into the remaining 15 districts for a total of 36 districts.
» Transition out of 15 districts where local government will assume long-term funding and oversight of the program.
» Further improvement in access to quality MNH care for 200,000 annual pregnancies, effectively doubling our current program impact.
1. BUILD A PLATFORM FOR CONTINUED GROWTH

Over the last decade, we refined a high-impact model that can be scaled to a sustainable level. As we continue to work toward our long-term goal of reaching 36 districts, we remain committed to maintain our low cost per pregnancy while we collaborate with local governments to increase their level of cost-sharing.

1.1. INCREASE ORGANIZATIONAL VISIBILITY AND EXTEND LEARNING

**2021-2024 GOALS:**

» Share our story with existing and new technical, funding, and global advocacy partners.
» Develop a targeted communication strategy to increase organizational visibility globally.
» Increase participation in national and global MNH forums.
1.2. STRENGTHEN PROGRAMMATIC AND OPERATIONAL CAPACITY

2021-2024 GOALS:
» Conduct a training needs assessment of OHW staff to develop a capacity building plan in program management and expansion, partnership development, and resource mobilization.
» Augment staffing structure in Nepal to increase technical capacity for growth into complementary sectors.
» Raise awareness of program successes through active participation in national events.

1.3. IDENTIFY AND OPERATIONALIZE NEW DIGITAL PLATFORMS

2021-2024 GOALS:
» Assess effectiveness and institutionalization strategy for innovative digital solutions in Telehealth and through the MNH helpline.
» Develop and pilot-test two new online training programs for SBAs.
» Develop one social media support group for SBAs and pregnant women.
» Adapt and integrate online platforms and mobile apps to increase connectivity between patients and healthcare workers.
1.4. EXPAND AND DIVERSIFY OUR DONOR BASE

One Heart Worldwide has a strong base of committed long-term donors. In order to grow our budget from $3M to $5M by Dec 2024, it is necessary to further increase and diversify our funding portfolio.

2021-2024 GOALS:

» Hire and onboard a Director of Development and Partnerships.
» Cultivate local and international technical sector partners, including universities and research institutes.
» Cultivate bi-lateral and international donors to leverage USAID, EU and UN funding.
» Develop criteria to expand the Network of Safety model into a new country by conducting a prospecting needs assessment.
2. CO-CREATE AND ADVANCE A CULTURE OF EVIDENCE

Our programs are data driven, using both internal data and global evidence-based research to iterate and adapt our model and drive policy change through advocacy.

2.1. INCREASE AND MAINTAIN ACCESS AND QUALITY OF CARE

2021-2024 GOALS:

» Develop and conduct two new SBA training programs to advance quality of care in MNH.
» Ensure all SBAs in our completed districts meet the required quality of care standards.
» Increase the frequency of the Birthing Center Quality of Care program to ensure all upgraded BCs in completed districts appropriately maintain government quality standards.
» Engage the Health Facility Operation and Management Committees (HFOMC) in the quality improvement process to adhere to newly constituted government mandates.
2.2. DEMONSTRATE PROGRAM IMPACT

2021-2024 GOALS:
» Complete external end-line surveys in 15 districts where we have exited to independently assess program impact.
» Following completion of the study, publish results of the independent external evaluation led by Dartmouth College to assess effectiveness, impact and replicability of the Network of Safety model in 16 districts.
» Incorporate results of Dartmouth evaluation into ongoing and future program expansion strategy.

2.3. DRIVE NATIONAL POLICY CHANGE IN NEPAL

2021-2024 GOALS:
» Raise awareness through local and global advocacy campaigns to advance policy and funding support for maternal and newborn health.
» Actively engage with the Association of International Non-Governmental Organizations (INGOs) in Nepal (AIN) to pool our efforts with other organizations to further support policy changes for Nepal.
» Transition target areas of the policy advocacy work to Surakshit Pariwar (Safe Families), the locally-registered Nepali NGO created by OHW to ensure sustainability.
3. LEVERAGE PARTNERSHIPS FOR SCALE AND SUSTAINABILITY

3.1 EXPAND PARTNERSHIPS WITH MUNICIPAL GOVERNMENTS

2021-2024 GOALS:
» Ensure that each local municipality develops a local MNH profile to inform evidence-based program planning and budgeting.
» Increase local government partners’ role to cover 20% of all program costs in Nepal during the implementation phase of the program.
» Conduct participatory monitoring and data collection with municipalities to develop evidence-informed policies for MNH.
» Investigate opportunities for higher levels of provincial level cost-share.

3.2. BUILD A NETWORK OF LOCAL NGO PARTNERS TO SUPPORT PROGRAM IMPLEMENTATION

2021-2024 GOALS:
» Develop guidelines to identify appropriate NGO partners in all new program districts to align with social welfare council government mandate.
» Build administrative and programmatic capacity of new district-level NGO partners.
» Transfer all community-based activities to local NGO partners in each district.
3.3. POSITION SURAKSHIT PARIWAR TO SUPPORT THE NETWORK OF SAFETY IN NEPAL

**2021-2024 GOALS:**

- Build the local fundraising, administrative, programmatic, and policy advocacy capacity of the new entity.
- Co-design a joint funding proposal with Surakshit Pariwar to cover costs related to Network of Safety implementation in Nepal.
- Transfer all oversight of completed districts and MNH policy advocacy role to Surakshit Pariwar within three years.

**SPECIAL NOTE ON SURAKSHIT PARIWAR LONG-TERM STRATEGY**

OHW will work directly with Surakshit Pariwar to build the organizational capacity necessary to successfully implement program activities in the future, including taking on the monitoring of MNH activities when we transition out of a district. This will be conducted during the initial two-year period of the new entity when it is not fully permitted to substantially conduct new activities per registration mandates. In addition, we will work with Surakshit Pariwar to master the skills to conduct advocacy campaigns to affect policy change in support of MNH in Nepal, since advocacy campaigns that are launched by local entities are considered more contextually relevant than national advocacy conducted by foreign entities.