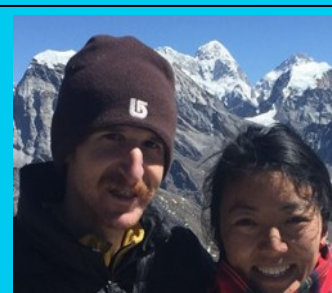




Global Partners for Child Health
2016 Annual Report



Dear friends,



It has been a very exciting year! Working with our partners in Nepal, we have been able to provide women and newborns in Solukhumbu with the access to and quality of care that they deserve. Building off our past work and success, we also have expanded our efforts to reach more people in even more remote parts of the district. Indeed, Ang Jangmu frequently tells us that other communities are asking for our assistance in improving the care in their own areas.

We truly believe that all women and children deserve the best possible quality of care. In remote parts of Solukhumbu, accomplishing this faces many challenges. Yet, working with such a motivated, talented, and passionate team who is committed to reaching our goals continually energizes me to achieve them. We are in debt to our partners in Nepal (both public and private) and to the people of Nepal for letting us work with them. The work is very rewarding, but more importantly, is vital to these people so that they do not have to experience the tragedy of losing a mother or newborn.

Your generosity means so much to all of us – both in Nepal and in the United States. Without it, this work would not be possible. Because of your support, we have been able to make significant progress during the past year, which we are happy to share with you in this report.

There is more work to be done, and we are dedicated to provide all women and their babies with the high quality care they deserve.

These communities deserve our best. Thank you very much for making it all possible.

David Levy

David Levy, MD
Executive Director

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Overview

Delivering proper maternal-newborn care in Nepal is challenging for a multitude of reasons. In rural areas of the country, these issues are even more pronounced, and as a result, women and their newborns do not always receive quality care. To improve the current conditions, we partner with Nepal-based organizations (public and private) and local communities. Working together, we have created a shared-responsibility program to elevate the level of care and to establish functional birthing centers. Our approach to accomplishing this operates at many levels:



Training of health facility staff (left) and community-based providers (right)



Facility upgrade and equipment delivery



Project monitoring and evaluation



Partnerships between Nepali and United States organizations

2016 activities and accomplishments

Surveys

We surveyed 3 health facilities in 2016, which brings the total of surveyed facilities to 19 when added to those done in 2015. We also surveyed 253 women from 6 Village Development Communities (VDCs, which are similar to counties in the USA) who had recently delivered in Solukhumbu. This gives us a baseline of care prior to our interventions.



Trainings

We trained 16 health facility-based staff over two trainings and 26 community-based providers (Female Community Health Volunteers, FCHVs) over 3 trainings. These personnel provide services in 4 VDCs.

Birthing centers

We established two fully functional birthing centers, and five other birthing centers have been partially established.



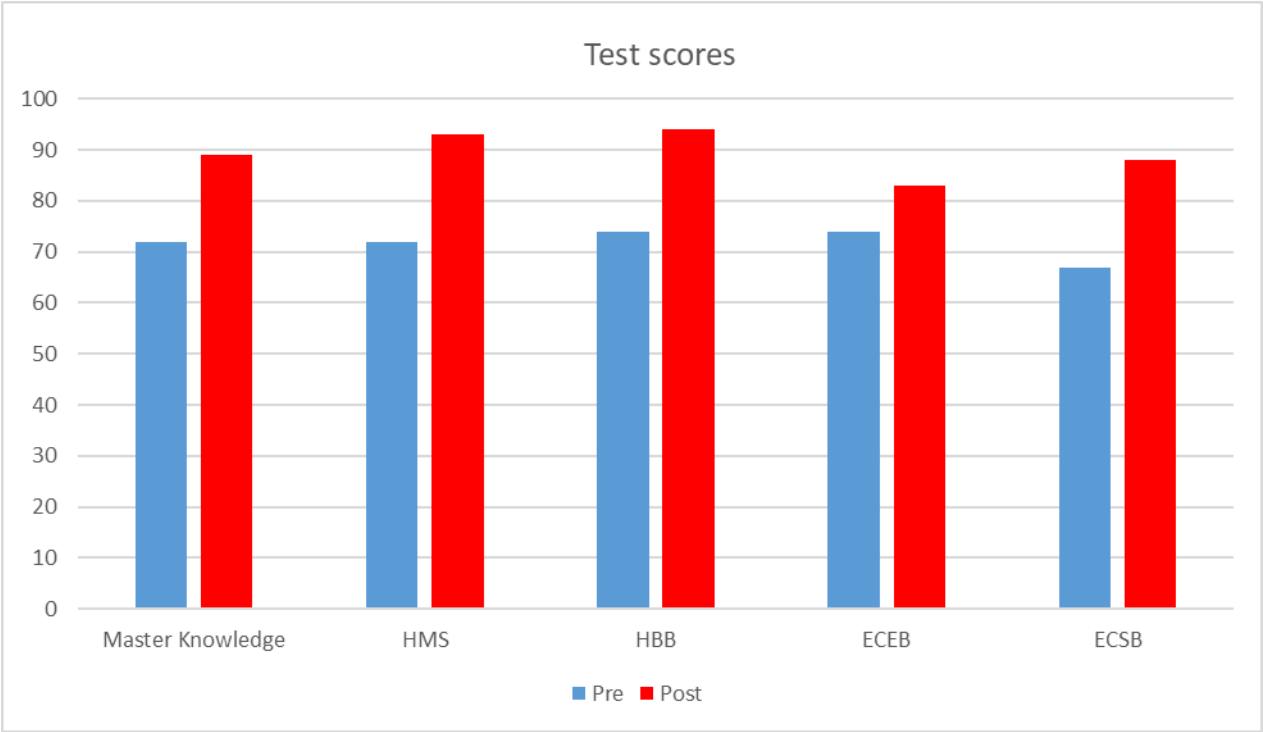
Skilled Birth Attendants (SBAs)

SBAs are women who undergo an intensive, ten week training program at an accredited governmental training center. Upon completion, they are posted at each birthing center. In collaboration with the Solukhumbu District Health Office, we are identifying ten women who will become trained as SBAs and then placed at various birthing centers in Solukhumbu.

Outcomes

Provider knowledge

Part of our training for health-facility based providers includes tests before and after our sessions. Our program improves the knowledge of these providers



Note: “Master Knowledge” is an assessment of overall knowledge. to Abbreviations refer to the following training modules: HMS = Helping Mothers Survive, HBB = Helping Babies Breathe, ECEB = Essential Care for Every Baby, ECSB = Essential Care for Every Baby



Outcomes

Critical measures

Based off international guidelines, we selected 40 critical measures that we are striving to improve. In 2016, we have made considerable progress in improving a majority of these measures.

24% → 61%

% of deliveries attended by a skilled provider

65% → 79%

% of women with a Birth Preparedness Plan

85%

Percent of key factors we identified at the start that already are demonstrating improvement

6% → 36%

% of deliveries occurring at a birthing center

31% → 57%

% of babies weighed after birth

28% → 57%

% of women receiving oxytocin immediately after birth

27% → 79%

% of deliveries attended by a provider trained and equipped for newborn resuscitation

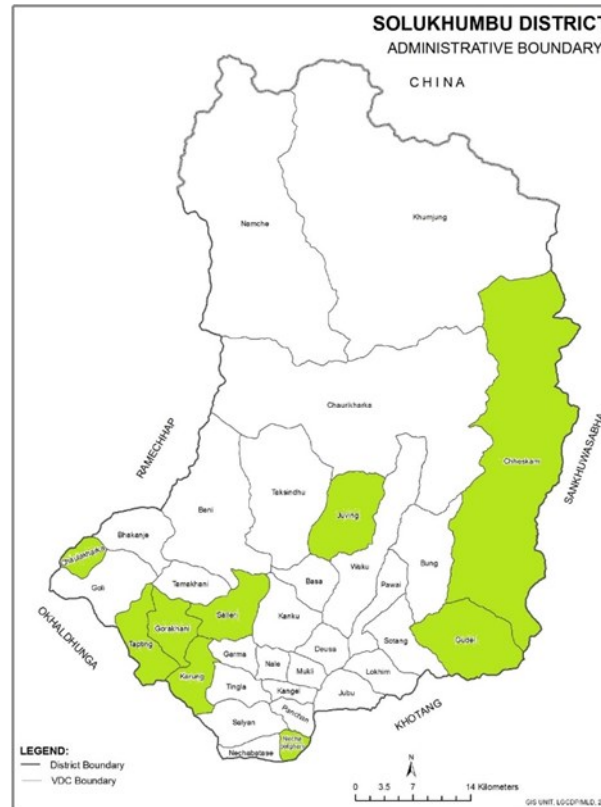


- Complete upgrade to a functional birthing center consists of training staff, delivering equipment, and updating the facility in addition to conducting baseline surveys

- Baseline surveys (Dec 2016 – Jan 2017)

- Staff trained (Jan 2016)

- Update complete
 - Facility updated
 - Equipment delivered
 - Staff trained
 - Baseline surveys



- Baseline surveys (March 2016)
- Equipment delivered (April 2016)

- Baseline surveys (Nov 2016)
- Equipment delivered (Nov 2016)

- Staff trained (April 2016)
- Note: Himalayan Trust supplies equipment and maintains facilities

- Baseline surveys (Dec 2016)
- Equipment delivered (Dec 2016)

Future directions

-Collaborations

- Continue discussions with Rotary International groups (Rajdhani in Nepal and Rheine in Germany)

- Explore partnership opportunities with LDS Charities

- Solukhumbu:

- Fully upgrade 10 birthing centers during 2017-2018
- Train 75 facility-based providers and NN community-based providers
- Continue working with local communities to identify gaps and areas for improvement

- Next district

- Identify next district for expansion, conduct baseline surveys, make agreements with local



Financial information

Revenue	\$41,500
Expenses	\$16,700.96
- Program Costs	\$16,097
- Administration	\$603.96