

# **Global Partners for Child Health**



ANNUAL REPORT

2018



Global Partners for Child Health collaborates with local communities to improve maternal-newborn-child health in underserved communities. Focusing on rugged and remote regions of Nepal, we are working with our partners to strengthen the existing health care network for families in these areas. Here, in our report from 2018, we are happy to describe the status of our projects.

Thank you very, very much for your generosity. Our work is possible because of you, and without your support, we would not be able to continue our efforts. We would also like to thank the people of Nepal. We are lucky to work with such wonderful, caring, and committed providers and families in Nepal. They inspire us day in and day out.

The people of Nepal deserve our best. We are dedicated to providing it.

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A handwritten signature in black ink, reading "David Levy".

David Levy  
Executive Director

## Overview

Although Nepal has seen improvements in maternal-newborn care in recent years, these gains are not equally seen throughout the country. Women, children, and families in rural and difficult-to-reach areas continue to face numerous barriers to receiving high quality care.

It is in those specific areas that we are working. Through a multifaceted approach, we are partnering with local communities, organizations and government institutions to improve care for the people of Nepal.

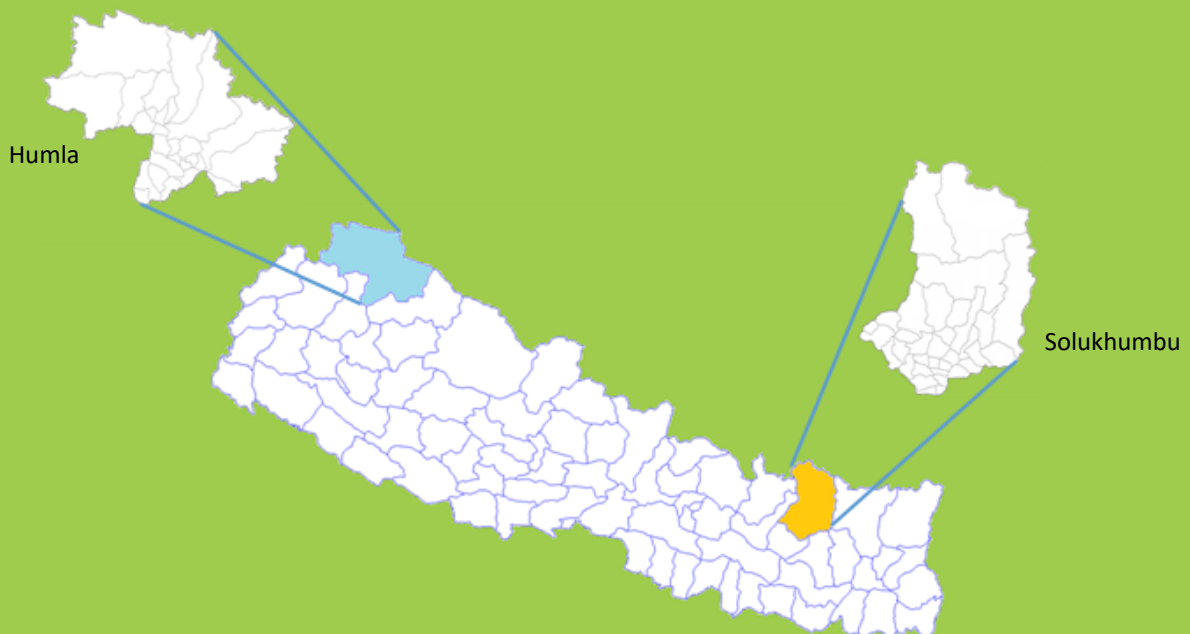
While Solukhumbu District (in eastern Nepal) continues to be our primary focus, we have established new partnerships to expand our program to Humla District (in northwestern Nepal) where we are serving as technical advisors. As we will still be establishing birthing centers, we are also looking to offer more services, including a center for advanced maternal-neonatal care and women's health.



*Testing newly delivered birthing center supplies in Humla District*

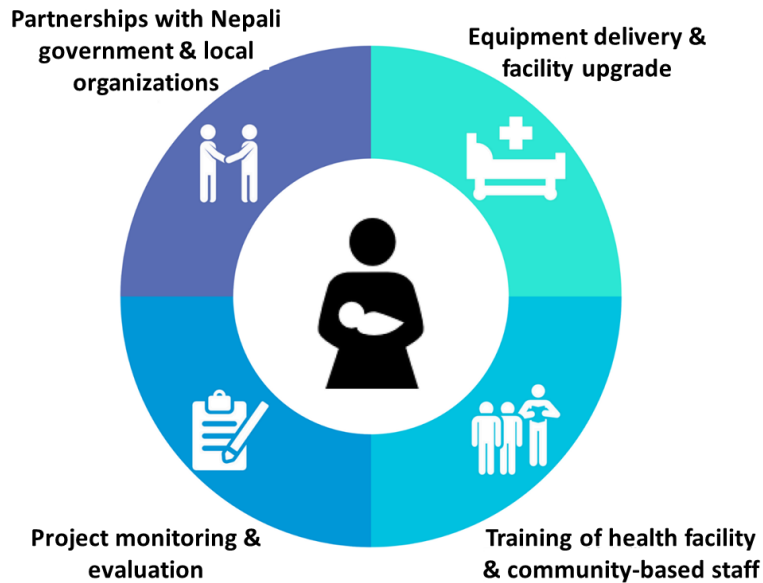


*Conducting a training in Solukhumbu District*





## Specific activities



As in the past, our goal is to improve both the access to and the quality of health care for women and children. With them (and their families) at the center of what we do, our project consists of various components: capacity building, teaching and training, establishing partnerships, and assessing what we do.

## Capacity building

One component of our work is establishing functional birthing centers that have the appropriate equipment and supplies to provide care throughout the entire perinatal period: during pregnancy, through labor and delivery, and in the immediate postpartum period. This year we established our eleventh birthing center in Solukhumbu District and three birthing centers in Humla District.



*Team working to set up a birthing center (left) and demonstrating how to use the equipment (right)*



## Teaching and training



Providing adequate supplies and equipment does not automatically lead to a higher quality of care. Birthing center staff must be properly trained to give women and newborns the necessary care when they need it. Our efforts in this regard consist of

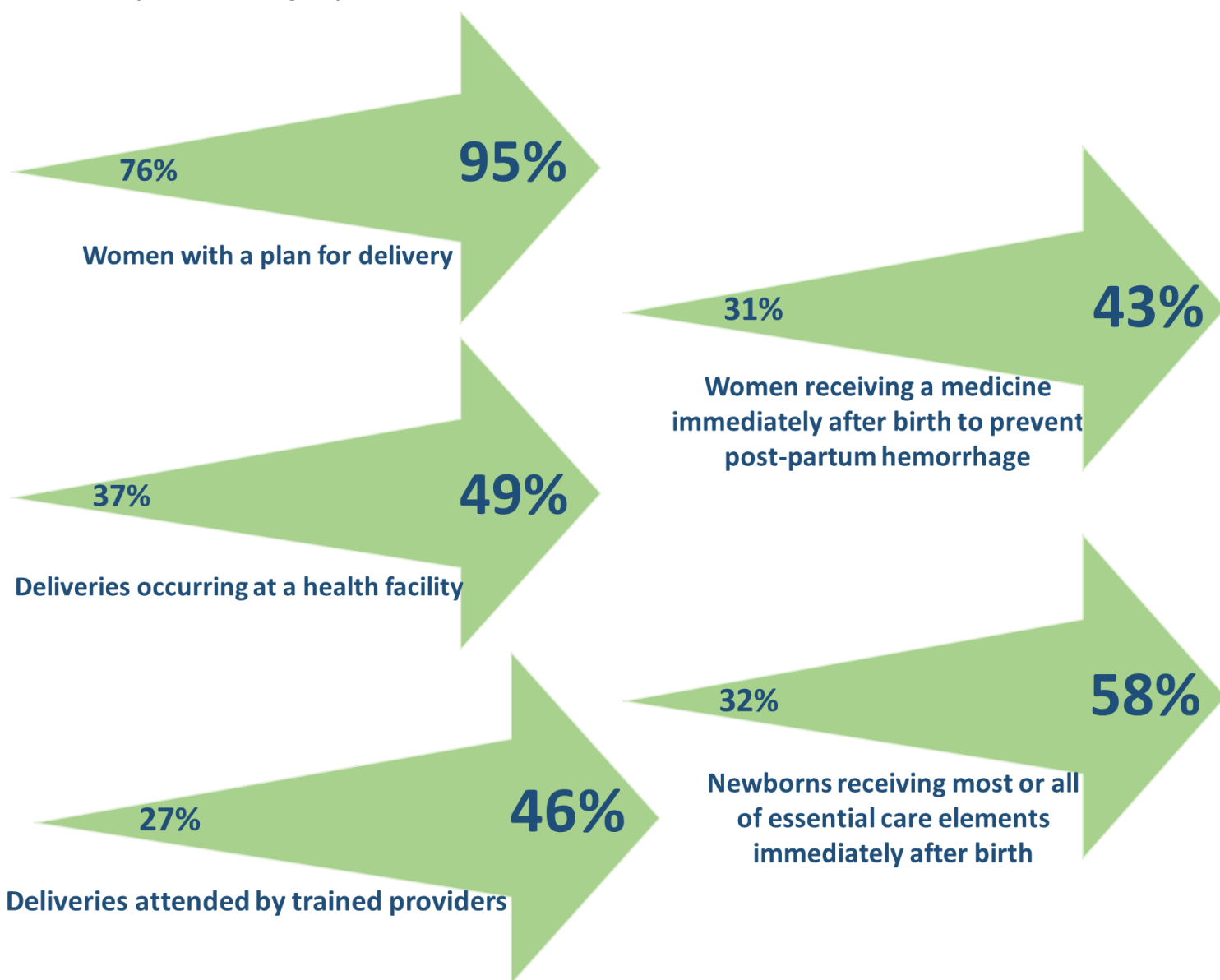
- 1) Essential training for health facility staff in key components of perinatal care (*top left picture*)
- 2) Basic training with community-based personnel who serve as a vital liaison to the local populations (*top right picture*)
- 3) Intensive training through a national program for women to become Skilled Birth Attendants—effectively becoming midwives (*bottom picture*)





## Outcomes

In order to assess the impact of our program, we analyze our data to identify successes as well as areas for improvement.. Overall, we see that our work is continuing to strengthen the existing health care network and improving the quality of care. As a result, the communities are utilizing the birthing centers more frequently. *Arrows indicate comparison of key outcomes before our project started (number at left of arrow) and after establishment of a functional birthing center with trained staff (number at right of arrow).*



Left and right: interviewing families for data collection

## Accomplishments

As mentioned previously, establishing a functional birthing center consists of several key elements: delivering equipment and supplies, renovating facilities, and training staff. Here is the current status of where birthing centers have been established.

### LOCATIONS OF FUNCTIONAL BIRTHING CENTERS

#### Humla

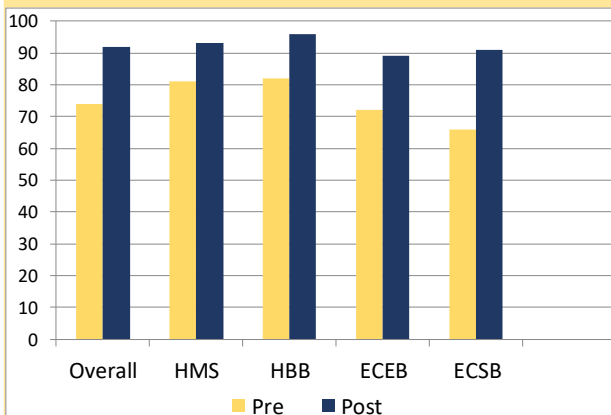
- Hepka
- Muchu
- Kermi

#### Solukhumbu

- Kerung
- Juving
- Chheskam
- Chaulakharka
- Basa
- Sotang (also functions as a Primary Health Center)
- Taptang
- Gudel
- Necha
- Lokhim
- Gorakhani

#### Provider trainings

- Number of community-based providers trained: 95
- Number of health facility staff trained: 75
- Number of Skilled Birth Attendants trained: 15



*Providers at health facilities continue to increase their knowledge (as assessed by pre and post tests as a result of our trainings)*



## Next steps

As we start our fourth year of operations, we will continue establishing birthing centers to provide coverage throughout the districts. We will also expand our efforts to increase the utilization of existing facilities and expand the range of services we provide.

### Establish functional birthing centers

- Deliver equipment to three more birthing centers in Solukhumbu and two more in Humla
- Conduct initial and follow-up trainings for health facility staff
- Conduct training for community based providers



### Expanded components

- Pilot “family waiting rooms” at birthing centers for families to use while they wait for delivery or immediately after a delivery while a mom is recovering
- Establish a Comprehensive and Emergency Obstetric and Neonatal Care Center (CEONC) in Eastern Solukhumbu to provide advanced care. This will include the building of a maternity waiting hall for 7-8 families to use.
- Evaluate possibility of incorporating cervical cancer screening and treatment into existing work



*Sotang: site of future CEONC*



*Kerung: site of family waiting room*



THANK YOU FOR ALL OF YOUR SUPPORT!!!!



### Financial information:

Revenue	\$40,231
Expenses	\$ 27,765.98
- Program Costs	\$26,769.77
- Administration	\$996.21