



Global Partners for Child Health wants to provide better healthcare for people who need it. During the past several years, we have focused on providing women and their newborns in Nepal with a place to receive reliable and quality healthcare during pregnancy, labor, delivery, and immediately after delivery.

Unfortunately, the global pandemic did not spare Nepal as the country effectively shut down for more than half the year. This created even more problems for a country with limited infrastructure and required us to be flexible by adapting to numerous, diverse, and unexpected challenges. In spite of this, our work continued and we were able to adapt to the changing needs, which we will describe in this report.

Thank you very much for all of your support and donations. This work does not exist without you.

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Sincerely,

David Levy

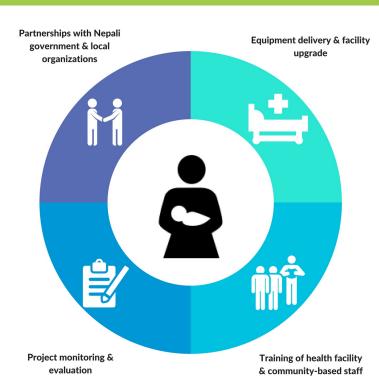
Executive Director

OVERVIEW

Nepal is making great strides in its efforts to improve the livelihood for all of its citizens. Despite these advances, people who live in remote and rural areas continue to face numerous obstacles for their basic needs, including health care.

Our goal is to provide accessible and high quality maternal-newborn health care for people who live in harder to reach areas. Building on partnerships established over the years, we are producing positive changes in these places. Even though our work was affected by the pandemic, we continued to have project advancements: upgrading facilities, delivering equipment, training staff, and tracking outcomes.

Pictured: group of community-based providers after completing a training in Lokhim, Solukhumbu

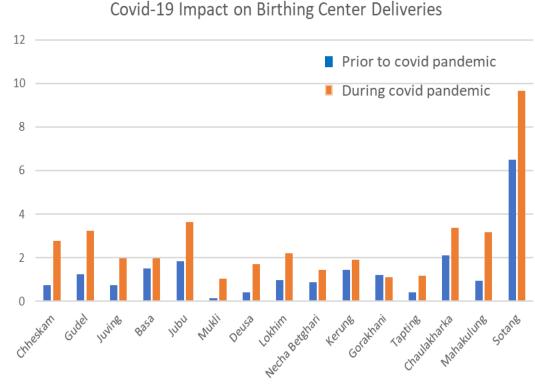




CORONAVIRUS

Nepal was not spared from the ravages of the coronavirus pandemic. The country was in lockdown from March to October in an effort to try and limit spread of the disease. Foreign travel was canceled; internal travel was extremely limited; and group gatherings were prohibited.

While this caused components of our core work to slow down, our efforts through the years and the relationships we have established proved vital as women continued to seek care at the birthing centers. We anticipated an increase in deliveries at home, but as seen in the chart to the right, birthing center utilization increased at a majority of the locations during the pandemic. We are proud that women and the communities value our work, and the data highlight the positive changes of our efforts.



Beyond our basic work, we also put emphasis

on pandemic-specific contributions. We delivered personal protective equipment (PPE) to the health workers throughout Solukhumbu, which was especially important given the stable and increasing volume of deliveries. This helped to ensure that staff were safe and protected while they were providing this vital care.

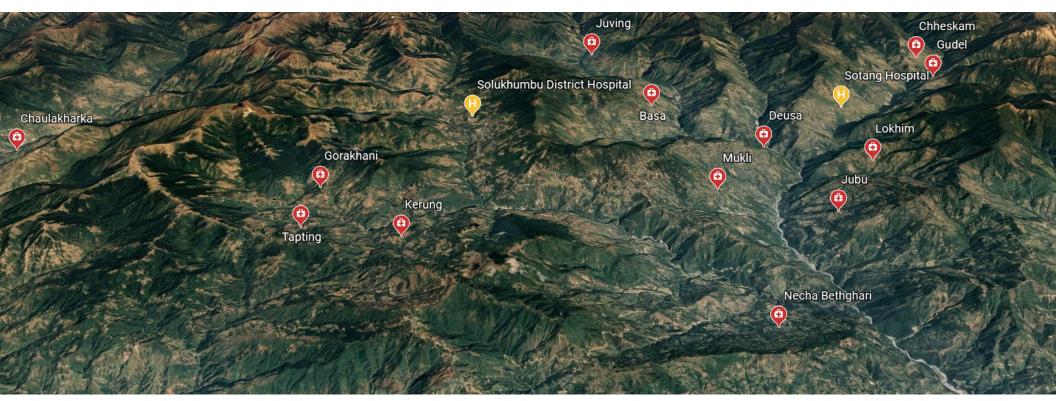


Pictures: Birthing center staff at a training (left) and hospital staff attending a delivery (right)

LOCATIONS - SOLUKHUMBU

Birthing centers – Solukhumbu

Our two main locations in 2020 continued to be the same as previous years: Solukhumbu District and Humla District. Both of these are remote and rural with challenging terrain and limited infrastructure.





We have established a total of thirteen birthing centers in Solukhumbu (with the additional facility in Sotang that has been upgraded to become a hospital). In addition to delivering equipment and renovating facilities as needed, we also train staff in appropriate peripartum care.

Because the birthing centers often lack accommodations for families, we have also been creating Family Waiting Rooms to provide families with a place to stay while recovering. To date, there are six functioning family waiting rooms.

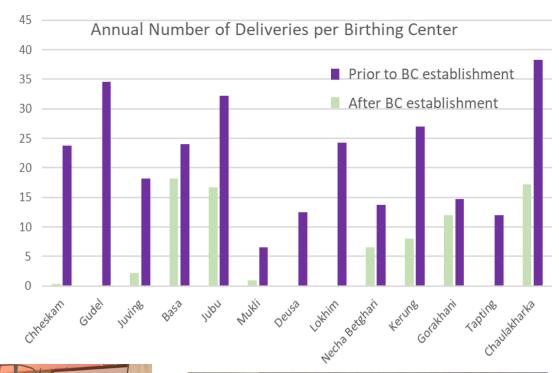
Pictured—Top: Map of locations for birthing facilities in Solukhumbu; at left: Skilled Birth Attendants after completing their training

LOCATIONS - SOLUKHUMBU

One aspect of our work is to ensure staff are appropriately trained in care techniques during pregnancy, labor and delivery, and after delivery. This is accomplished in a couple of ways:

1) We work with the community to identify a staff member who will become a Skilled Birth Attendant by going through an intense 10-week government program (top left picture)

2) Our team provides frequent trainings for all staff at birthing centers utilizing standardized international educational materials (bottom picture: participants in this training in Bung)









LOCATIONS - SOLUKHUMBU

In 2019, we upgraded a facility in eastern Solukhumbu to provide emergency care during labor and delivery (becoming one of the first Comprehensive Emergency Obstetric and Neonatal Care (CEONC) centers in the country). We are pleased that the facility is operational and providing an increasing scope and volume of services to the community, including critical and emergent C-sections . The Ministry of Health and Population was also encouraged by the progress, prompting the promotion of the CEONC to a hospital in 2020. (Pictured-Top left: hospital staff after a c-section; lower left: operating room; at right: during a c-section)







LOCATIONS - HUMLA



Given the project successes in Solukhumbu, we expanded our efforts to Humla District, which is located in the far northwestern part of Nepal and is also exceptionally remote and rugged. To date, we have established four birthing centers.

The communities are very enthusiastic and greatly appreciate the birthing centers in Humla District. Further locations have been identified as sites that need birthing centers, and plans are ongoing to deliver equipment and train staff there. These locations are in the lower part of Humla District, which will give even more people access to high quality, reliable care.

Pictured– Above: Map of locations for birthing facilities in Humla; at right: health facility staff in Humla



FUTURE DIRECTIONS

We are pleased with the substantial impacts our efforts have had on improving the accessibility and quality of health care in Nepal. However, we recognize the numerous existing opportunities to further advance our projects, bridge health gaps, and ultimately enhance the impact and extend benefits to more Nepali people.

Birthing centers

- Follow-up at existing centers to assess utilization and areas for improvement, including Family Waiting Rooms
- Continue initial and follow up trainings for health facility staff
- Establish new birthing centers in highest need areas
- Enroll another group of women to become Skilled Birthing Attendants

Emergency care and expanded services

- Start ultrasound project: enroll providers in government training course and distribute ultrasound machines and equipment to facilities
- Start cervical cancer project: enroll selected staff in training program and distribute equipment and supplies
- Construct Women's Health center to provide space for family accommodations, as well as be the central location for additional women's health services

Pictured-Top right: SBAs attend a training; middle right: prenatal ultrasound being performed; lower right: birthing center staff receive training in delivery care; below: site preparation for Women's Health Center in Sotang









THANK YOU VERY MUCH FOR YOUR SUPPORT!!!











Financials

Revenue	43,620
Expenses	29,388
- Program costs	28,595
- Administration	753