



Global Partners for Child Health

Annual Report

2021



Global Partners for Child Health aims to improve the healthcare for people in underserved areas. Our efforts are centered in local communities to improve the quality of care for women during their pregnancy, labor, delivery, and immediately after delivery. We are fortunate to have partners who are as passionate about this as we are, which is reinforced during every encounter we have with the women and families we strive to help.

In 2021, coronavirus continued to have an impact on our efforts. The pandemic put our expansion plans on hold. Yet, we still worked to ensure that women and their newborns had reliable facilities to receive high quality care during the vital time around their delivery.

We cannot thank you all enough for your support throughout the years, including during the pandemic. We are happy to share this update from the past year, which is not possible without your generosity.

Sincerely,

David Levy
David Levy
Executive Director

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OVERVIEW

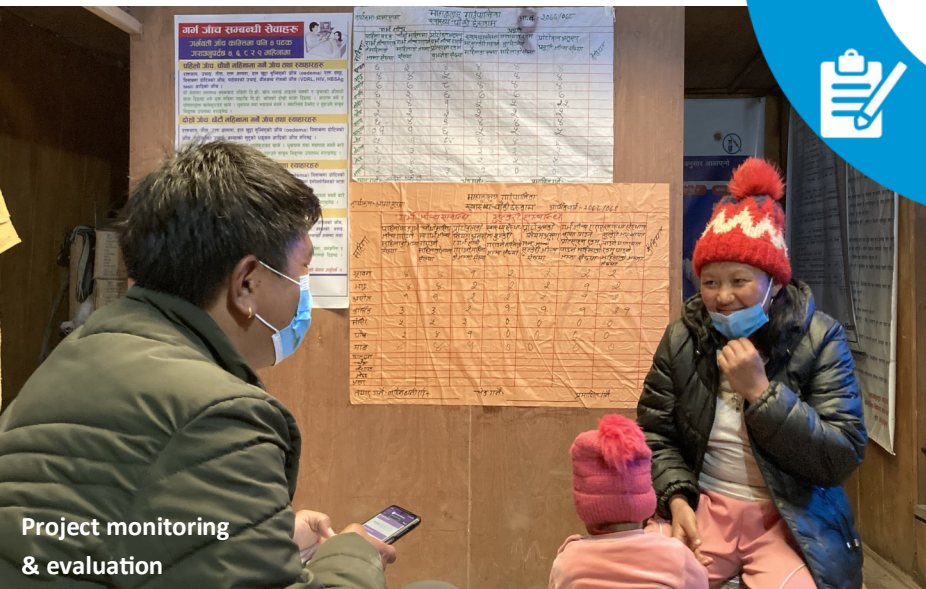
Nepal continues efforts to improve the healthcare for its people. However, as in many areas of the world, people residing in rural areas face challenges to have the same standard of living as those who live in more urban, developed regions. Our mission is to improve the quality of healthcare for Nepali citizens in these remote and less developed regions. We accomplish this by collaborating with Nepali partners within the healthcare framework to bolster the existing system instead of creating a parallel, competing system.



Partnerships with Nepali government & local organizations



Equipment delivery & facility upgrade



Project monitoring & evaluation

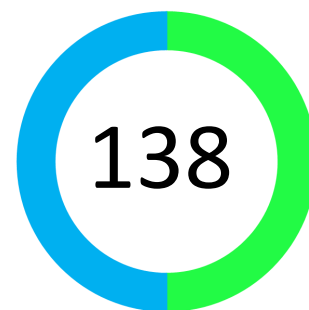


Training of health facility & community-based staff

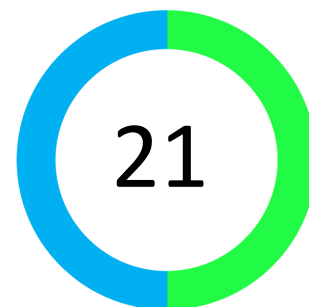
ACTIVITIES - BIRTHING CENTERS

In 2021, we shifted our focus exclusively to Solukhumbu District. A majority of this district is rugged and remote with limited infrastructure, and most of the travel is still done by foot, which is made especially difficult by the rainy and winter seasons.

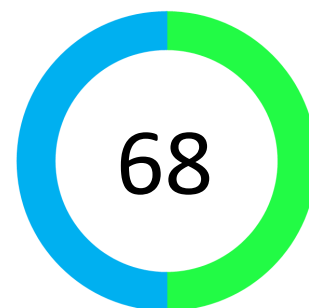
In spite of the challenges, we continue to want to work in these areas. We are energized by interacting with the communities and with our partners who share the same passion for improving conditions that we do. Currently in Solukhumbu, we have established a total of 15 birthing centers and an advanced care center in Sotang (since upgraded to a hospital) and provided training for 227 providers that work at different levels within the health care system (numbers below reflect total trained since start of our program).



Number of BC staff trained



Number of SBAs trained
(turnover requires training and replacement at various locations)

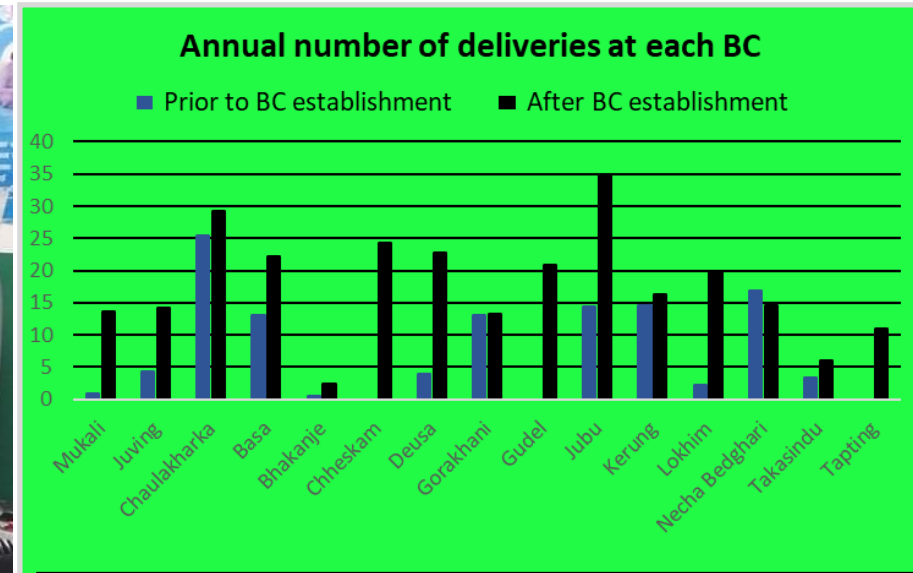


Number of FCHVs trained

ACTIVITIES - BIRTHING CENTERS

A core component of our work is improvement of healthcare at birthing centers for women during pregnancy, through labor, delivery, and in the immediate postnatal period. Working with our partners, we deliver the necessary equipment and provide the appropriate training for staff working at these facilities.

We maintain relationships with the birthing centers, their staff, and local leaders to ensure a high quality of care. We collect data as part of our monitoring and evaluation of the work. Not only does this help us determine the impact of our efforts, but it also reinforces and strengthens our commitment to the communities. As seen in the charts below to the right, deliveries have increased at essentially all locations after we established a birthing center. This has also continued during the pandemic, which we find especially meaningful as it displays the community truly values all our efforts.



91% Of the factors we track and can affect, 91% are improving, and a majority are markedly improving. A few examples are given below.

	% of women screened for anemia	% of births attended by trained provider	% of babies placed skin-to-skin with mom immediately
Before	58%	33%	31%
After	81%	73%	61%

ACTIVITIES - BIRTHING CENTERS

Establishing a properly functioning birthing center requires more than just providing equipment and training to the staff that work there. It requires an additional system of providers with additional training and experience. To accomplish this, we enroll a select group of nurses to become Skilled Birth Attendants (SBAs), which consists of an intensive, 10-week, training program at national training sites. Upon completion, these SBAs return to Solukhumbu to work at the birthing centers.

(Pictured below: group of nurses during their SBA training)



Beyond the facility itself, we have been establishing Family Waiting Rooms (FWRs) where women and their families can stay after a delivery. We feel this is especially important as not every family can afford the costs for accommodations if they need to stay near the birthing center. These heated rooms provide beds and cooking facilities completely free of charge. We are encouraged to see that deliveries indeed increase at birthing centers after such a room has been established. *(Pictured left: FWR at one of the birthing centers)*

ACTIVITIES - ADVANCED CARE



In lower Solukhumbu, which is where a majority of our work is centered as this is where a majority of the population lives, there has effectively been one hospital for the entire area. Not every pregnancy goes without complications, and this clearly presents a challenge if problems do arise. We recognized this situation years ago, and since then, we established a center to provide advanced care for obstetric and neonatal emergencies. This center has been further upgraded by the government to an even higher level to become a hospital (Sotang Primary Hospital).

While happy about this, our work has not finished with just a place for advanced care. We also realized that there was a need for a place where 1) women and families could stay while they are being monitored or recovering from a procedure and 2) additional women's health services can be provided. We have been collaborating with our partners to construct such a facility, which will be a



combined space serving as a Women's Health Center-Maternity Waiting Home (WHC-MWH). The MWH has been completed and is open for families to use, and the WHC is nearing completion.

Pictures: WHC-MWH under construction (top right, top left, middle); mother who recently delivered and her newborn staying at the MWH

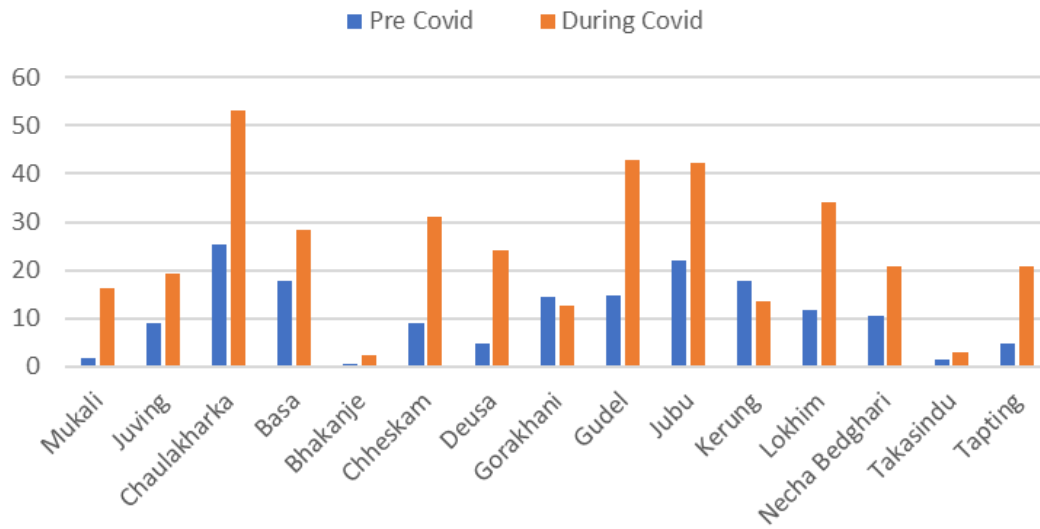


CORONAVIRUS

As with the rest of the world, Covid-19 continued to impact not just our work, but it had major effects on all of Nepal during 2021. At the beginning of the year, large gatherings continued to be restricted and largely not permitted, which limited our ability to conduct trainings for birthing center staff. These restrictions were gradually relaxed starting in the middle of the year.

Although we were not able to have a training on account of the restrictions, we still were able to collect data, and we were enthused to see that utilization of the BCs has continued to increase during the pandemic at most of the locations (as seen in the chart below).

Covid-19 impact on deliveries



FUTURE DIRECTIONS

In 2022, we plan to continue our involvement with birthing centers (BCs) that provide essential care, at the hospital in So-tang for advanced perinatal care and for expanded health services. We hope that the pandemic will continue to improve and that we will be able to proceed with plans that have been on hold.

Maternal newborn care

- Conduct initial and follow-up trainings for BC staff
- Replace SBAs who have left their BC (with training new ones as needed)
- Assess if any additional locations would be appropriate for a new BC
- Collect data at existing BCs to determine utilization and identify problems

Expanded services

- Obtain approval for cervical cancer and pediatric vision projects
- Assess and monitor utilization of ultrasounds during prenatal care
- Finish construction on WHC-MWH and assess utilization

Staffing

- Hire 1-2 staff members to join the current Nepal team



THANK YOU!!!!



Financials

Revenue	6439.15
Expenses	
Program costs	67,688.31
Administrative costs	858.95