





# TABLE OF CONTENTS

5

Letter from the  
President

7

Everything Starts  
With Mom

8

Network of Safety

10

Our Sites

12

2016 by the  
Numbers

14

Progress in the  
Districts

22

Earthquake Update

24

Board of Directors

26

Looking Forward:  
2017

28

Financials

30

Donors

31

Partners

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Serena Martineau & Simon Needham (cover, pp. 21, 26, 28); Nico Toutenhoofd / NYAGI (pp. 6, 30); Thankyou (p. 9)



# COMMON ABBREVIATIONS

<b>ANC</b>	Antenatal care	<b>mHealth</b>	Mobile health technology
<b>AMA</b>	All Mothers Alive	<b>MNH</b>	Maternal and neonatal health
<b>CHW</b>	Community health worker	<b>PHIDRC</b>	Public Health and Infectious Diseases Research Center
<b>CME</b>	Continuing medical education	<b>PNC</b>	Postnatal care
<b>DHO</b>	District health office	<b>SBA</b>	Skilled birth attendant
<b>FCHV</b>	Female community health volunteer	<b>VDC</b>	Village development committee
<b>HFOMC</b>	Health facility organizing management committee	<b>WHO</b>	World Health Organization

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In this annual report, you will notice mention of various phases of program development in reference to our program sites. The following are descriptions of each phase:

## **Phase I: Start-up**

One Heart World-Wide receives approval from the District Health Offices (DHOs) for initiation of programs, hires district level teams, sets up a field office, conducts a baseline study and needs assessment, and establishes a plan of action for program activities.

## **Phase II: Implementation**

This is the most resource-intensive phase of program development. OHW implements training programs and facility upgrade activities. We train medical providers to become Skilled Birth Attendants (SBAs) and offer continuing medical education (CME) to existing SBAs. We train female community health volunteers (FCHVs) and community health workers (CHWs) to become community outreach providers and train local stakeholders in birthing center management and program collaboration. Lastly, we upgrade health facilities into fully functioning government-certified birthing centers.

## **Phase III: Transition**

OHW transitions program leadership to the local DHO. We maintain regular contact with the DHO, trainees, and birthing centers. We continue to offer refresher trainings, perform quality assessments for birthing centers and provide them with support as necessary.







# LETTER FROM THE PRESIDENT

Dear One Heart World-Wide Friends,

***“It takes courage for people to listen to their own goodness and act on it.”***

Pablo Casalis

2016 was a year of great accomplishments for our team.

Following the devastating earthquakes of 2015, we have made great strides in making sure all women have a safe place to give birth. In earthquake-affected areas, over 1,000 women delivered in our birthing tents, which are now being converted to permanent birthing facilities. And as we participate in these rebuilding efforts, we are also preparing for future disasters. In collaboration with Direct Relief, One Heart World-Wide has helped to develop a first response container that will include everything needed to provide health care services for pregnant women and their children during disasters. These containers will include essential drugs, birthing tents, solar suitcases, and delivery equipment.

Today, One Heart World-Wide is one of the foremost organizations in maternal and neonatal health (MNH) care in Nepal. In 2016, we expanded our programs from two to nine districts, making us the second leading organization in Nepal in terms of geographical reach in the field of MNH. We continue to grow, and are set to reach 13 districts by the end of 2017.

None of this could have been accomplished without your acts of compassion and generosity, and your faith in our ability to save lives. We are particularly proud that in 2016, we upgraded another 189 birthing centers, reaching over 26,000 pregnant women. Your incredible support and the energy of our Nepali and American partners enable us to reach women most in need. Without your support, women would certainly risk death in order to give life. I personally witnessed a woman in labor in a very remote village who faced her own death and the loss of her child had our team not been present to give her the care she needed.

No family should have to endure the loss of a mother or child, a tragedy as preventable as it is devastating. Together, we can make maternal and neonatal mortality a thing of the past, and leave no woman behind, no matter where she lives.

In deep gratitude and solidarity,

*Arlene Marie Samen*

Arlene M. Samen, RN, APRN





# WE DELIVER: SAFE PREGNANCIES

OHW is partnering with NYAGI to ensure that skilled birth attendants in remote villages can use ultrasound to diagnose at-risk pregnancies.





# EVERYTHING STARTS WITH MOM

## *Every 90 Seconds, We Lose Another*

### **Healthy babies come from healthy moms.**

When a mother receives antenatal care and delivers in a clean, safe place, she and her baby have a much higher chance of surviving.

### **We know that a mother's well-being depends on the support of the people and systems around her.**

In particular, local stakeholders like skilled birth attendants and local government will have some of the most meaningful and sustainable impacts on the safety of mothers. But particularly in developing countries, many of these stakeholders don't have the resources or support to achieve change.

**We know the main causes of maternal mortality in developing countries, and we know how to prevent them.** 99% of all maternal deaths occur in the rural communities of developing countries (WHO). Solutions exist, the question is how to ensure access for the communities who need them.

**We know that the first month of a baby's life is the most critical period of time for survival – nearly half of all children under five who die are less than a month old (WHO).** World-wide, there is a clear disparity in access to neonatal care, and often, this access is defined by where you live. The rural poor, especially in developing countries, often don't have access to even basic maternal and newborn healthcare.

### **We feel these disparities are unacceptable.**

Together with our partners, supporters, volunteers and individuals like you, we will turn the tide of maternal and neonatal death in Nepal and around the world.

“

*This birthing center has given me so much. The center only recently started offering birthing services, so I was lucky to be able to receive care in my own village. We were actually planning to go to Biratnagar – one of the biggest cities in Nepal, and very far away – to deliver because the doctor told us the baby was breech after an ultrasound. So my husband and I started making plans to go a week before the due date. But the bus did not show up for two days because of bad road conditions, and the next day, labor pains started. I immediately headed straight to Rajapani birthing center with my husband. The SBAs helped me through six hours of labor to deliver my little angel.*

*But just a couple moments after my daughter was born, I became nervous because she didn't cry. The SBA told me it could be something serious called birth asphyxia. I still remember our SBA doing her best, working through the cold night. After countless efforts with a bag and mask, my daughter finally cried. I felt lucky and well-supported in many ways. Because of these life-saving services I am able to see my daughter growing and making my entire family happy.”*

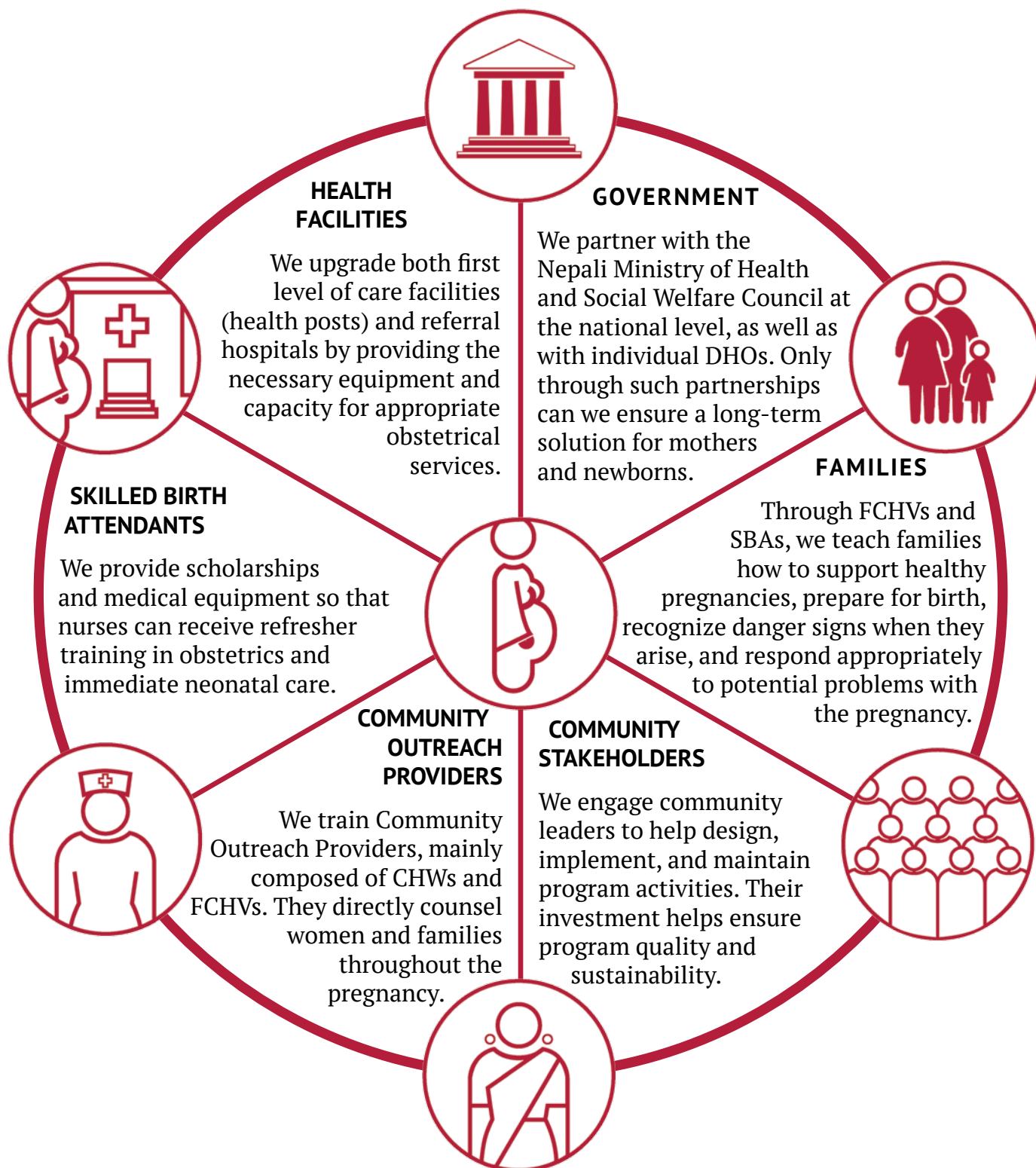
**Binuta Shrestha**

Rajapani, Khotang District





# THE NETWORK OF SAFETY







## PARTNERSHIP IN FOCUS

Thankyou is an Australian company that exists to help end global poverty by giving 100% of profits from its water, food, body care and baby products to people in need. OHW is proud to partner with Thankyou to bring sustainable, life-saving solutions to mothers and families in the Khotang district of Nepal. Thankyou traveled to Dhading and Khotang districts in Nepal to witness firsthand both the impact of and great need for OHW's *Network of Safety*. Together, we'll be making a difference in the 5,000 pregnancies that happen in Khotang each year.



“

*It was a huge honor to visit One Heart World-Wide's programs in Nepal. Our entire team was captivated by the commitment of the One Heart team to creating lasting change for families in some of the hardest-to-reach communities. We look forward to seeing the impact that our initial commitment will go on to make in saving the lives of mothers and newborns.”*

**Daniel Flynn**

Co-founder and Managing Director, Thankyou



“

*Originally, I took a class in midwifery just to get a job, but I soon developed a passion to serve people in need. One Heart World-Wide gave me the opportunity to become an SBA, which is really helpful for nurses like me who work in very remote villages. SBA [training] has increased my knowledge and boosted my confidence.”*

**Tara Magar**

SBA, Khalte Health Post, Dhading District



### 1. BAGLUNG

Year started: 2010

Phase: Transition

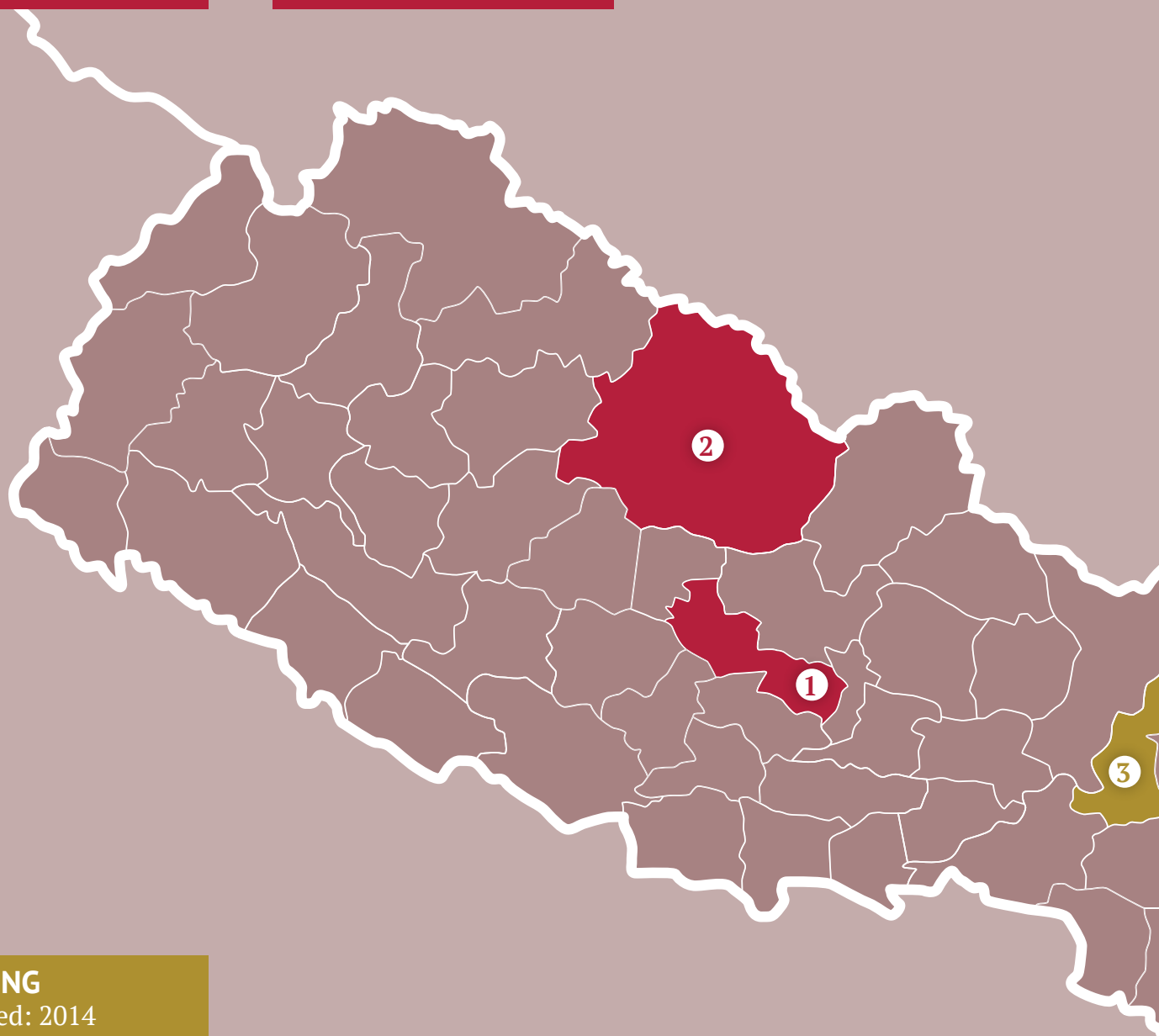
Planned completion: 2017

### 2. DOLPA

Year started: 2011

Phase: Transition

Planned completion: 2017



### 3. DHADING

Year started: 2014

Phase: Implementation

Planned completion: 2019

### 4. SINDHUPALCHOK

Year started: 2014

Phase: Implementation

Planned completion: 2019

### 5. BHOJPUR

Year started: 2016

Phase: Implementation

Planned completion: 2020

### 6. KHOTANG

Year started: 2016

Phase: Implementation

Planned completion: 2022

### 7. TERHATHUM

Year started: 2016

Phase: Implementation

Planned completion: 2022

### 8. PANCHTHAR

Year started: 2016

Phase: Implementation

Planned completion: 2022

### 9. TAPLEJUNG

Year started: 2016

Phase: Implementation

Planned completion: 2022



# OUR SITES

## 10. SOLUKHUMBU

Year started: 2017

Phase: Start-up

Planned completion: 2023

## 11. OKHALDHUNGA

Year started: 2017

Phase: Start-up

Planned completion: 2023

## 12. RAMECHHAP

Year started: 2017

Phase: Start-up

Planned completion: 2023

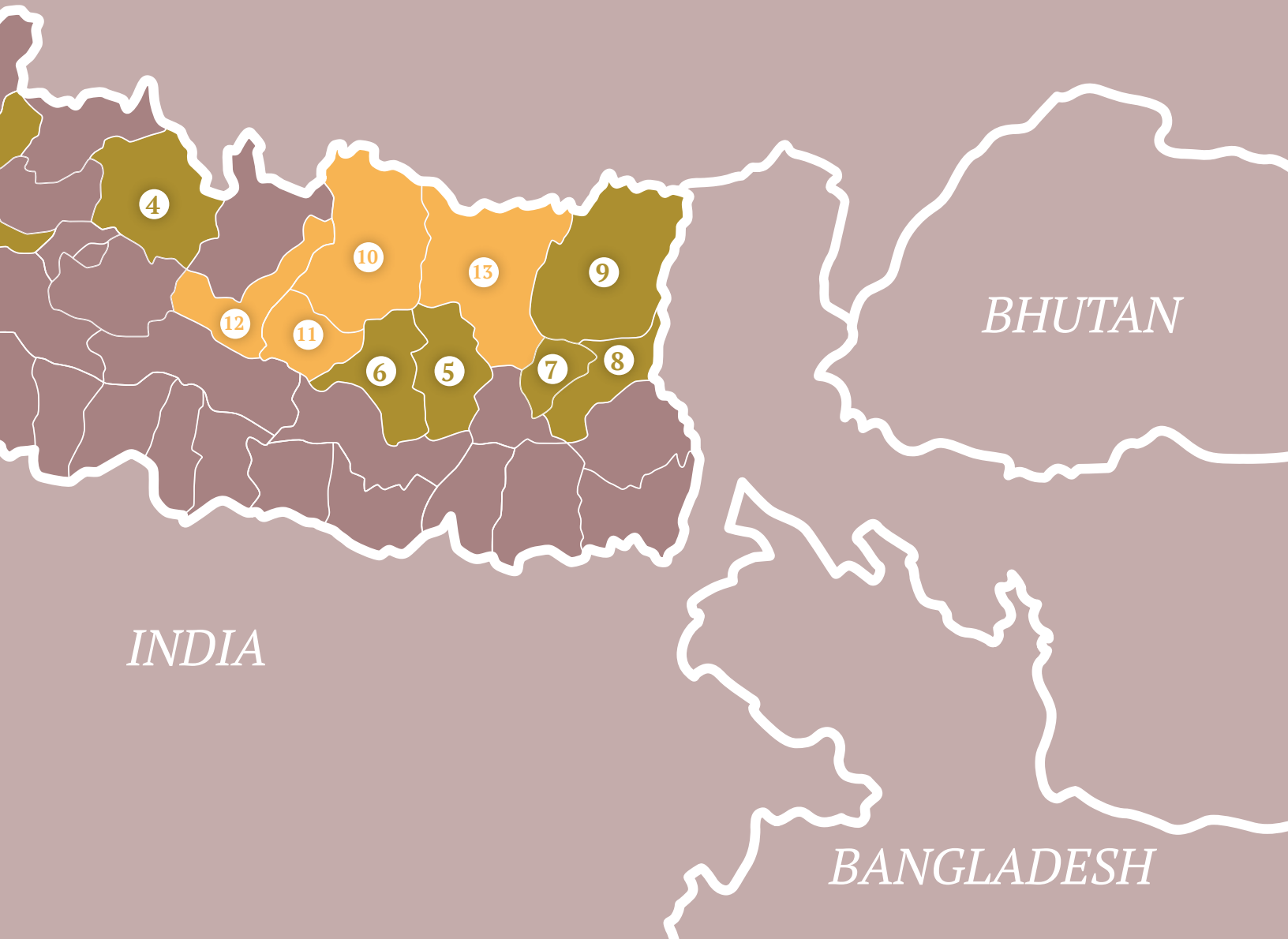
## 13. SANKHUWASABHA

Year started: 2017

Phase: Start-up

Planned completion: 2023

CHINA



BHUTAN

INDIA

BANGLADESH

## WE DELIVER: RESULTS IN 2016



**324**

SBA's trained



**6,418**

community  
outreach  
providers  
trained



**2,987**

local  
stakeholders  
trained



**189**

birthing centers  
upgraded



**2**

maternity  
waiting homes  
constructed



**4,571**

served through  
health camps



**53**

solar suitcases  
provided



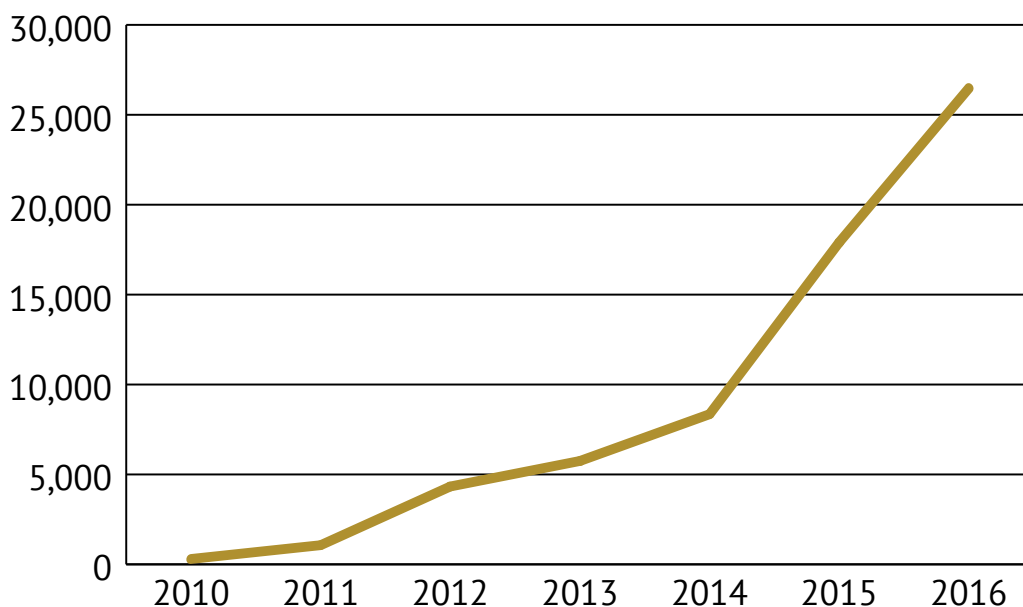
**15**

portable  
ultrasound  
units  
provided





## ANNUAL NUMBER OF PREGNANCIES REACHED



## DRIVEN BY HEART, AND GOOD DATA

One Heart World-Wide relies on data for all programmatic decisions. As such, we are committed to robust data management methods and to full transparency in reporting.

Because mortality data is difficult to assess solely on facility-based data, OHW hired a Kathmandu-based third-party evaluator, the Public Health and Infectious Diseases Research Center (PHIDRC) to conduct community-based mortality surveys using a census methodology. PHIDRC has conducted baseline surveys for maternal and neonatal mortality in seven districts so far. Using a third-party evaluator allows us to improve the validity of the data we report.

In partnership with Medic Mobile, OHW is also deploying mHealth systems that will allow real-time reporting on new pregnancies, service delivery data (such as the number of births attended by a skilled birth attendant) and mortality data. By the end of 2016, OHW and Medic Mobile had implemented this mHealth system in Baglung and Dhading, with plans to begin in Sindhupalchok in early 2017. We

are actively seeking support to roll out this mHealth system in all of our districts.

Lastly, OHW is establishing an expert perinatal mortality review panel in order to review all maternal and newborn deaths to better help us tailor our interventions.

### NOTES

In 2015, the government of Nepal changed the definition of appropriate ANC visits to state that only visits at four, six, eight, and nine months of pregnancy would be counted toward receiving “appropriate ANC.” Prior to 2015, all women attending at least four visits were counted as receiving appropriate ANC. The decline in this indicator can be observed across Nepal.

On the following pages, years marked with an asterisk (\*) denote baseline data years, prior to OHW program implementation.

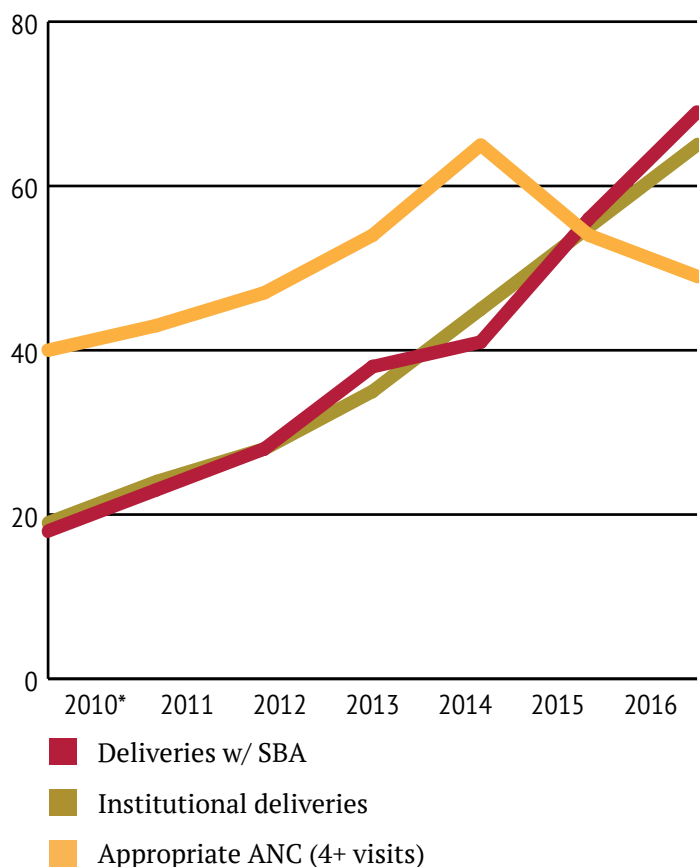


# BAGLUNG

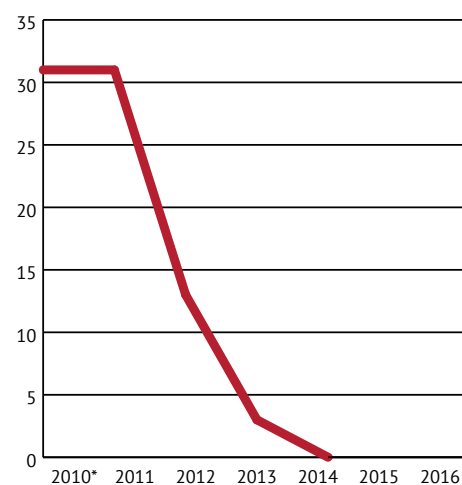
Program Phase: Transition  
Population: 278,259  
Area: 689 sq mi / 1,784 sq km  
Terrain: Hilly  
Total VDCs: 59  
Pregnancies per year: 7,400



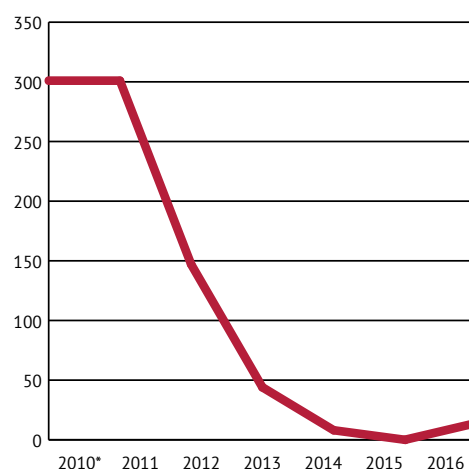
Proxy Indicators



Maternal Deaths



Neonatal Deaths



\* Baseline data



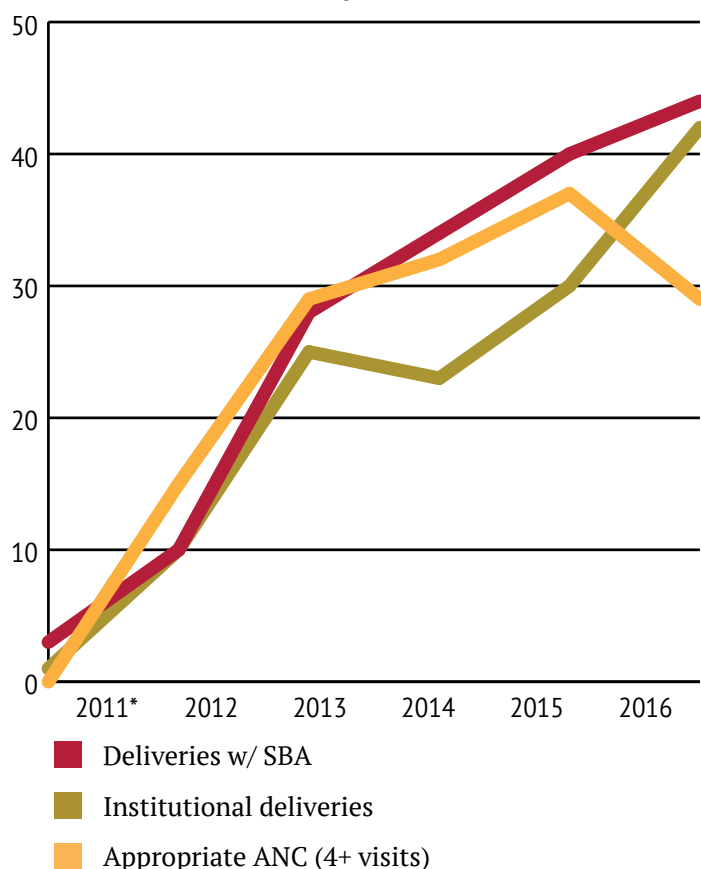


# DOLPA

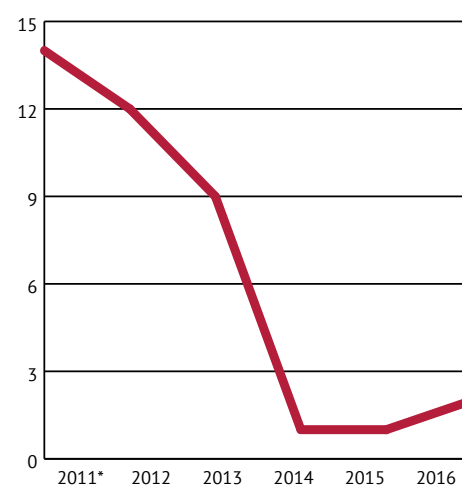
Program Phase: Transition  
Population: 38,607  
Area: 3,046 sq mi / 7,889 sq km  
Terrain: Himalayan  
Total VDCs: 23  
Pregnancies per year: 1,300



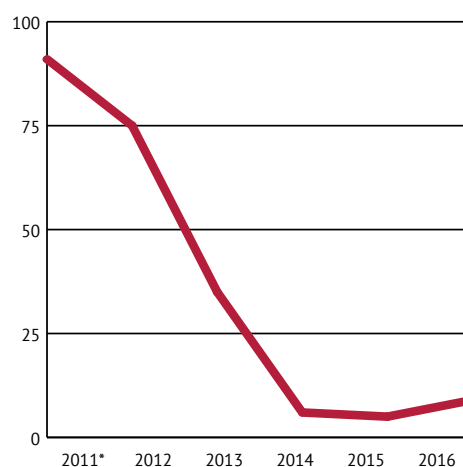
Proxy Indicators



Maternal Deaths



Neonatal Deaths



## NOTES

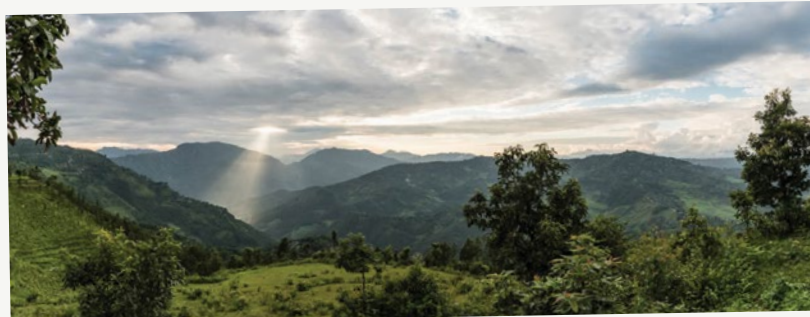
The majority of deaths happened while trying to evacuate the patients to a referral facility. This highlights the need to work with the Nepali government on a better evacuation system for the more remote areas of Nepal. This past year, OHW has started this conversation with the relevant government agencies.

\* Baseline data

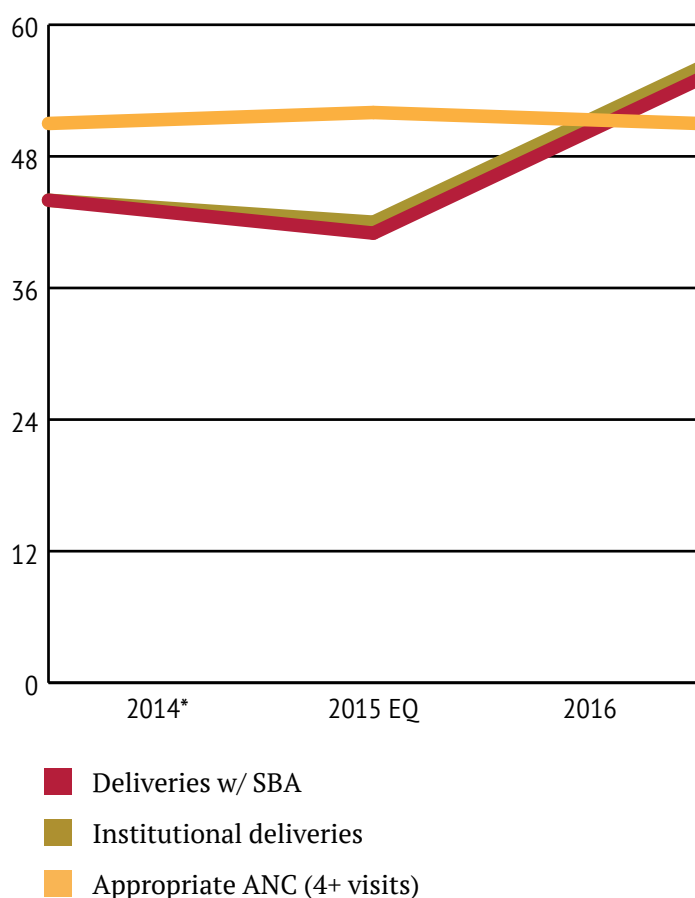


# DHADING

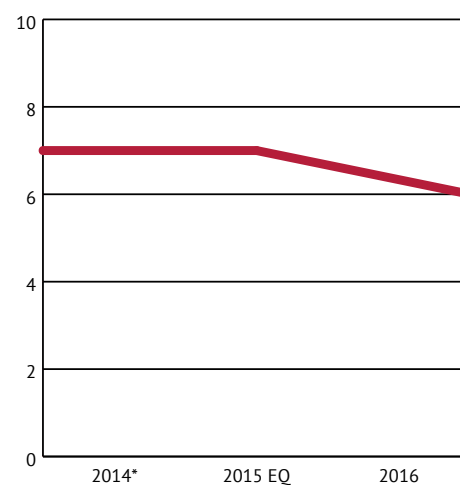
Program Phase: Implementation  
Population: 405,906  
Area: 744 sq mi / 1,926 sq km  
Terrain: Hilly  
Total VDCs: 50  
Pregnancies per year: 9,000



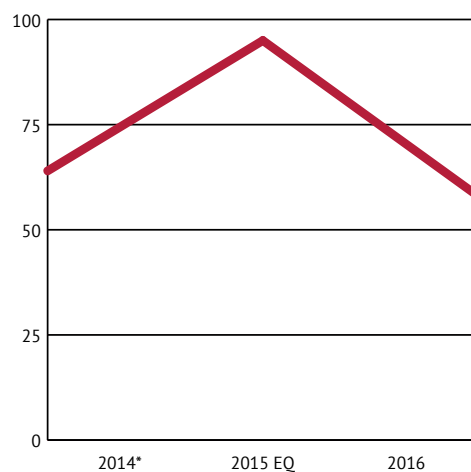
Proxy Indicators



Maternal Deaths



Neonatal Deaths



## NOTE

The devastating earthquakes in 2015 completely destroyed 65% of the existing health facilities in Dhading and inflicted partial damage on an additional 25%.

\* Baseline data

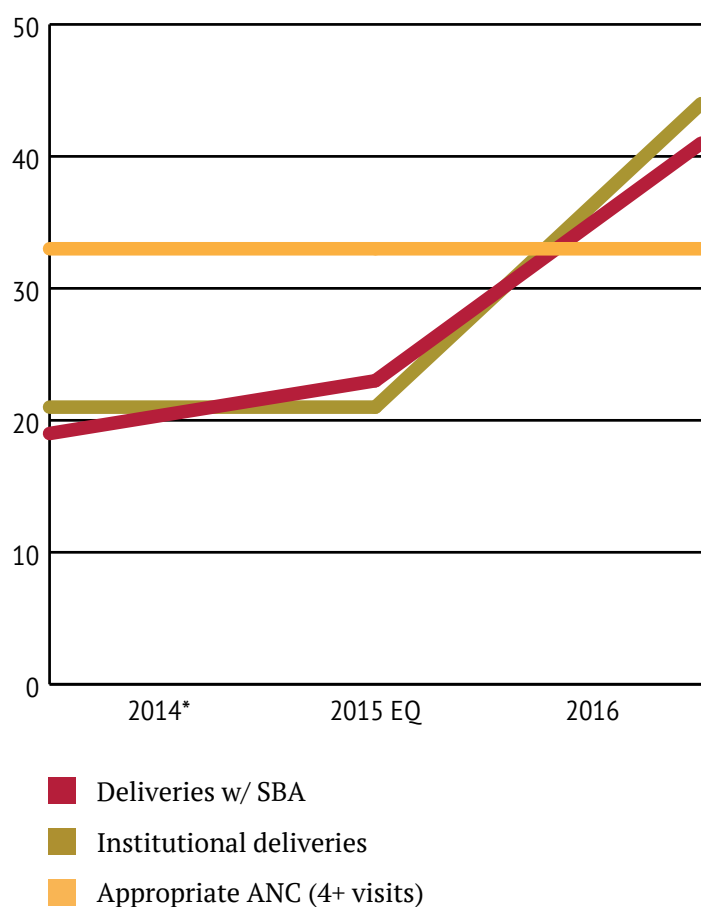


# SINDHUPALCHOK

Program Phase: Implementation  
Population: 286,976  
Area: 981 sq mi / 2,542 sq km  
Terrain: Hilly  
Total VDCs: 79  
Pregnancies per year: 7,400



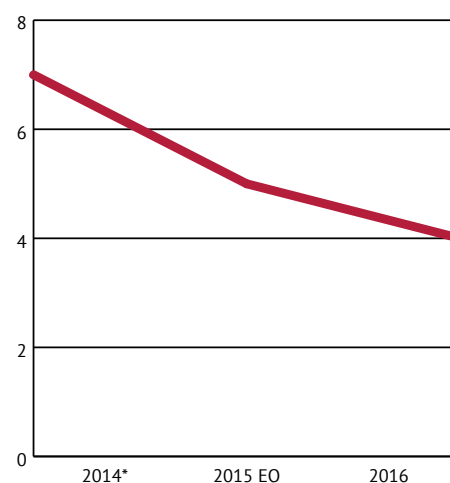
Proxy Indicators



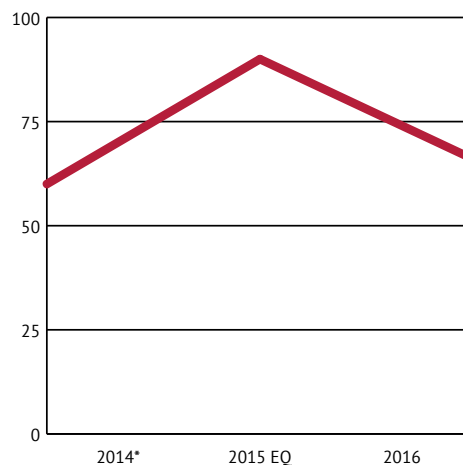
## NOTE

The devastating earthquakes in 2015 completely destroyed 75% of the existing health facilities in Sindhupalchok and inflicted partial damage on an additional 15%.

Maternal Deaths



Neonatal Deaths



\* Baseline data





# BHOJPUR

Program Phase: Implementation

Population: 182,459

Area: 582 sq mi / 1,507 sq km

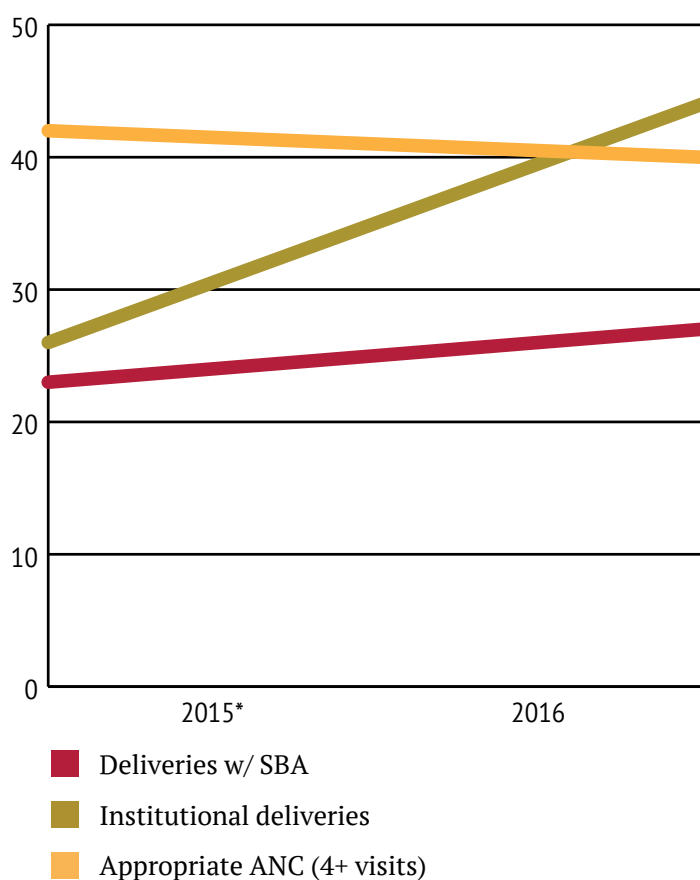
Terrain: Hilly, but varied

Total VDCs: 62

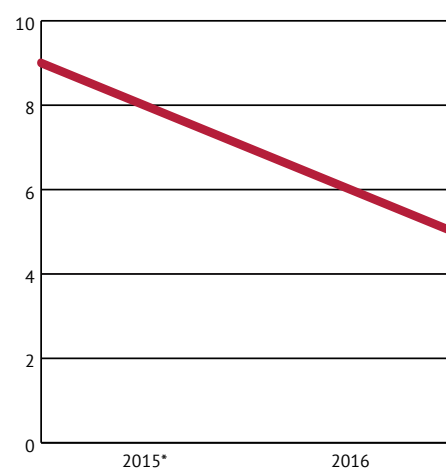
Pregnancies per year: 4,500



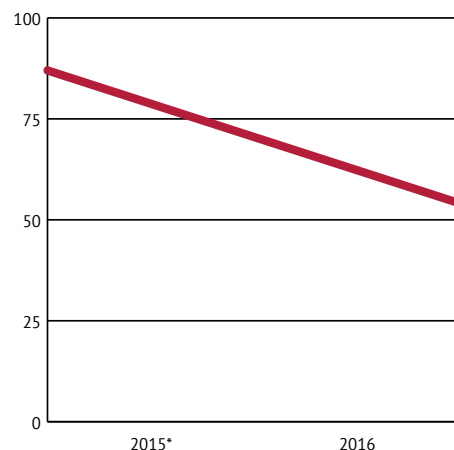
### Proxy Indicators



### Maternal Deaths



### Neonatal Deaths



## NOTES

We are seeing several cases of Hepatitis E (waterborne hepatitis), which resulted in pregnancy complications and deaths. We are currently working with a team of OB doctors to address this new challenge.

\* Baseline data



# RECENTLY ADDED DISTRICTS

## KHOTANG

Program Phase: Implementation  
Population: 206,312  
Area: 614 sq mi / 1,1591 sq km  
Terrain: Hilly  
Total VDCs: 76  
Pregnancies per year: 5,000



*As the manager of Rajapani Health Post, I have always felt the need to revitalize the role of our HFOMC. One Heart World-Wide has given us the needed boost and today I can see the committee growing more responsible as stewards to the community."*



**Purushottam Nath Yogi**  
Rajapani Health Post, Khotang District

## TERHATHUM

Program Phase: Implementation  
Population: 101,371  
Area: 262 sq mi / 679 sq km  
Terrain: Hilly  
Total VDCs: 32  
Pregnancies per year: 2,700



## PANCHTHAR

Program Phase: Implementation  
Population: 195,460  
Area: 479 sq mi / 1,241 sq km  
Terrain: Hilly  
Total VDCs: 41  
Pregnancies per year: 5,300



*As a key coordinator of safe motherhood practices in the Taplejung district, I am amazed by the teamwork and planning of the OHW district team. Together, we conducted trainings in birth preparedness and use of misoprostol, we conducted a needs assessment of the birthing center, and we recently started providing continuing medical education in MNH. OHW has done excellent work in this district, which is among the most remote and underdeveloped in eastern Nepal."*



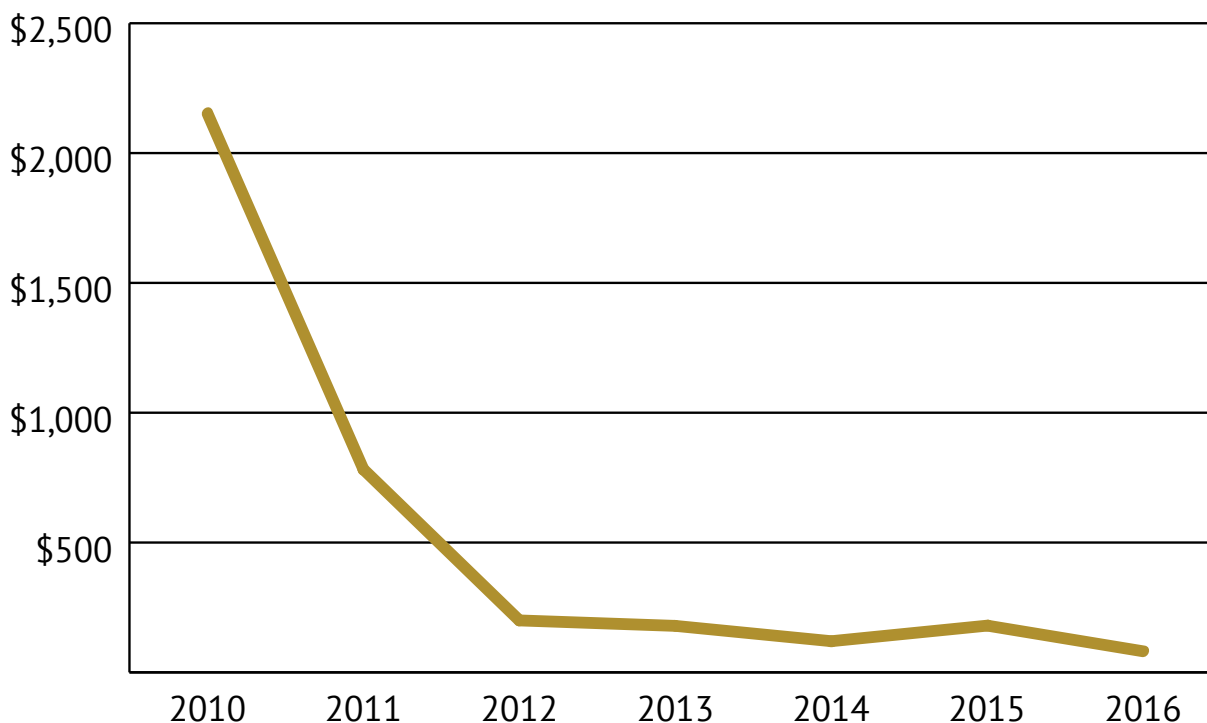
**Hima Devi Dahar**  
Public Health Nurse  
District Health Office  
Taplejung District

## TAPLEJUNG

Program Phase: Implementation  
Population: 129,767  
Area: 1,408 sq mi / 3,646 sq km  
Terrain: Hilly  
Total VDCs: 50  
Pregnancies per year: 3,500



## COST PER PREGNANCY REACHED



“

After hearing that the Durchim Birthing Center had an ultrasound machine, I was so eager and excited to go for my third ANC visit. I was maybe more curious and anxious than others during my pregnancy because my belly was growing bigger and larger than I expected. I was worried about the status of my baby and had so many questions and thoughts: what if there was too much fluid? And what if my baby was having problems? My SBA, Parbati Acharya, said she suspected twins during my second visit. And being a woman from a remote village, there was no way for me to get an ultrasound.

The very next day, I received a call from our Parbati informing me that I could now get an ultrasound at our local birthing center. Parbati scanned my big belly, and confirmed that I was pregnant with twins. I was so touched that I had goosebumps when she showed me the tab and pointed to show me my babies' hearts pumping. After a few follow-ups, the babies still lay intersecting

each other. I am grateful that the SBA referred me to a higher-level center in Kathmandu, where I had a C-section and successfully delivered two baby girls. Thanks for making my life easier and safer.”

**Chuna Budhathoki**  
Durchim, Khotang District











Above: Over 90% of the health facilities in Dhading and Sindhupalchok districts were damaged. Above, members of the Nepalese Army are helping One Heart World-Wide set up a tent to be used as a temporary birthing center immediately after the earthquakes. OHW equipped these tents with essential supplies so that SBAs were able to continue providing antenatal and postnatal checkups, along with delivery services.

Below: OHW has also been helping the Nepali government rebuild and renovate health facilities that were damaged post-earthquake. Once these facilities are complete, OHW equips each building with the necessary tools and equipment to be recognized as certified birthing centers by the Nepali government.







# WE DELIVER: RESILIENCE

The 2015 earthquakes in Nepal impacted 14 of Nepal's 75 districts and over 160,000 pregnant women. In response to this emergency, One Heart World-Wide implemented earthquake response activities in the districts of Dhading and Sindhupalchok, where over 90% of health posts sustained damages. True to our partnership-based model, we coordinated with local government offices throughout relief efforts, enabling us to identify the activities and sites that were most in need during this difficult time.

Major activities included setting up heavy-duty tents to be used as temporary birthing centers; providing emergency life-saving medicine, equipment, and supplies; renovating damaged health facilities, building maternity waiting homes, and providing health camps. We also distributed mobile phones for CHWs to be able to notify the district of early signs of epidemics as a preventative measure.

After the earthquake, we deployed 42 tents to Dhading and Sindhupalchok districts that served as temporary birthing centers. Since then, we've been able to renovate eight of the damaged birthing centers to replace the temporary tents. The remaining tents are currently being used to provide delivery services, family planning and ANC services, or as a storage space for birthing equipment. Eight health centers are now fully renovated and equipped with the necessary materials to provide safe delivery services. Reconstruction is ongoing for the remaining birthing centers that sustained damage. We have also provided emergency lifesaving equipment to 111 health facilities in these districts.

Additionally, OHW has completed five health camps each in both districts, serving a total of 6,558 individuals in Dhading and 4,068 in Sindhupalchok. These health camps served people suffering from both physical and psychological injuries post-earthquake, with an emphasis on reproductive health.

Along with these activities, OHW collaborated with the district health offices to run a media campaign to prevent possible health outbreaks in the aftermath of the earthquakes. We provided motivational packages to 1,174 FCHVs to continue their community-based, life-saving activities, and distributed supplies such as heaters, blankets, and warmers in preparation for the winter.

We continue to be impressed by the efforts of local stakeholders, especially of FCHVs, SBAs, and members of local governments who have remained dedicated to protecting women and newborns after the earthquake. In all these activities, we are committed to enabling and empowering them to achieve success, knowing that they are best equipped to determine what will be most effective in their own communities.

Finally, we continue to support longer-term projects. The construction of two maternity homes is now complete, one in Salyantar, Dhading and the other in Melamchi, Sindhupalchok. These maternity homes are residential facilities located near a qualified medical facility. The homes provide a safe space for women traveling from remote locations to stay pre- and post-delivery so that they don't have to make a long, strenuous journey to and from home at such a vulnerable time.





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Ashoke Shrestha

### Honored for Excellence

In December 2016, Arlene Samen received the Global Thinkers Forum 2016 Award for Excellence in Women's Empowerment in London. The award recognized OHW's work towards advancing women's health globally and saving the lives of mothers and newborns around the world. Global Thinkers Forum is a global platform that brings together a diverse network of thought leaders in order to share their visions of the future, create meaningful conversations around them and effect positive change in the world.





# LOOKING FORWARD: 2017



One Heart World-Wide is growing, and 2017 promises to be an exciting year for the organization.

In 2017, our programs will expand to include four new districts in Northeastern Nepal: Sankhuwasabha, Okhaldhunga, Ramechhap, and Solukhumbu (see next page). We continue to focus our efforts in the northern, mountainous districts of the country, where the need is the greatest due to geographic inaccessibility.

To meet the administrative needs associated with expanding eastward, we have established a regional Eastern office, which will be fully operational from 2017 onward.

In addition, OHW has partnered with the renowned Dhulikhel Hospital in Nepal and continues development of the All Mothers Alive (AMA) Center of Excellence for Maternal and Neonatal Health in 2017. The center will serve a variety of purposes, all focused on ensuring quality, proven health care solutions reach more individuals in need. Through this center, we will centralize our SBA and other training programs. We also look forward to using the

center as a platform to share our model with local and international NGOs seeking solutions in maternal and neonatal healthcare. Finally, the center will serve as a meeting and research facility, where stakeholders can explore and share new advances in the field and develop new health worker curricula. We believe this center has huge potential to broaden the reach of the *Network of Safety* and to further important healthcare developments.

Of course, we continue to implement the *Network of Safety* in nine established districts. In most districts, we are in full implementation phase. In two of the nine, we are completing the process of transitioning programs to local ownership. We believe the most sustainable projects are ultimately locally owned and directed, and we are confident that the efforts in these districts will continue long after our involvement.

We hope you will follow our progress as we complete these exciting goals in order to reach more women and children in Nepal and around the world.





### **RAMECHHAP**

Population: 206,827

Pregnancies per Year: 5,700

Ramechhap is a mountainous district bordering Tibet, situated between the Sun Koshi river on the South side and the base of the Everest range in the North. Elevations vary greatly, resulting in a variety of climates and vegetation; agriculture and farming remain the primary economic activities.



### **OKHALDHUNGA**

Population: 150,492

Pregnancies per Year: 4,200

Okhaldhunga is a hilly region known for its cultural and natural sites, especially rivers, waterfalls, and important temples.



### **SOLUKHUMBU**

Population: 104,053

Pregnancies per Year: 2,700

Solukhumbu is a mountainous district best known for Mount Everest, known to Nepalis as Sagarmatha, which sits at its northern border. Sagarmatha National Park is a UNESCO World Heritage Site and an understandably famous destination for tourism.



### **SANKHUWASABHA**

Population: 157,480

Pregnancies per Year: 4,200

Sankhuwasabha is a rural, hilly district in Eastern Nepal bordering Tibet named for two rivers that run through it, Sankhuwa and Sabha. Elevations vary throughout the district, with some areas reaching above 5,000m. Various forms of agriculture are the main sources of income.

# FINANCIALS



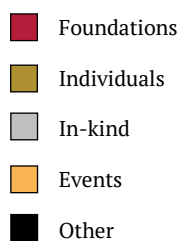
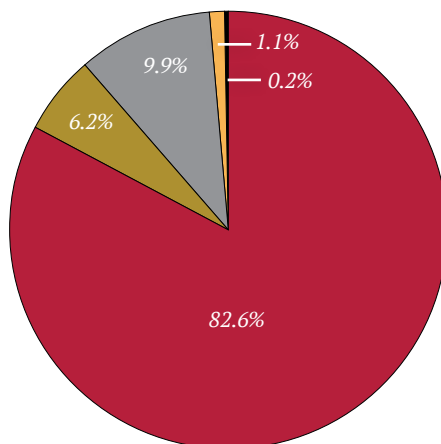




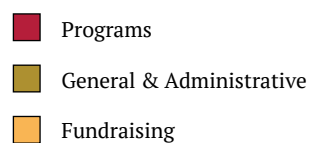
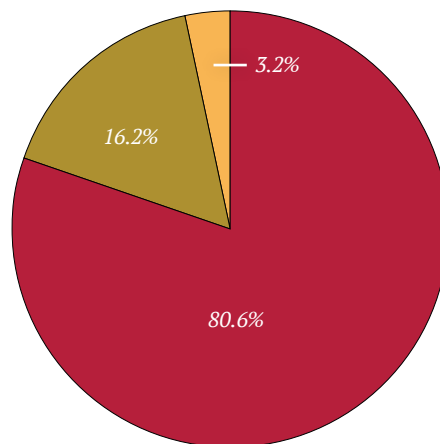
# STATEMENT OF ACTIVITIES

REVENUE	2015 Audited	2016
Foundations	2,425,210	1,817,000
Individuals	202,357	137,000
In-kind	1,845,864	217,000
Events	73,961	24,000
Other	11,867	6,000
<b>TOTAL</b>	<b>4,559,259</b>	<b>2,201,000</b>
EXPENSES	2015 Audited	2016
Programs	3,054,213	1,911,000
General & Administrative	91,774	385,000
Fundraising	69,912	76,000
<b>TOTAL</b>	<b>3,215,899</b>	<b>2,372,000</b>

Revenue 2016



Expenses 2016





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The donors mentioned have generously given \$1,000+ over the course of 2016.



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## One Heart World-Wide

1818 Pacheco Street

San Francisco CA 94116

United States of America

Tel: +1 (415) 379-4762

Fax: +1 (415) 742-4814

[info@oneheartworld-wide.org](mailto:info@oneheartworld-wide.org)

[www.oneheartworld-wide.org](http://www.oneheartworld-wide.org)

