Surmang Foundation **--overview**

*Surmang Foundation has 22 year-old track record of providing free quality public health in Yushu Prefecture, a remote part of China very few people see or visit; partnered with the Chinese Government, projects are in a 97% ethnic Khampa Tibetan region, with a per capita GDP of about US .25¢ day. It is a place with few roads, telephones, or motor vehicles. It has supported a traditional culture of yak herding nomads and farmers for thousands of years. Its breathtaking alpine vistas are also home to one of the world’s highest infant and maternal mortality rates.*

***The Region***

There are many challenges to these people – religious, political, and economic. We asked ourselves what could we do that would have a positive impact on these people? Of all the problems we saw one opening: that it’s a place with low access to quality health care.

There are no greater threats to Tibetan culture than those to lives of the mothers and babies of Kham. In this region Surmang Foundation has found world-record high maternal mortality and infant mortality rates. We are not a big foundation, but with one idea we’ve made a big impact: *if you want to save a culture, save a mother.*

In this region there is the “tsampa ceiling”: women carry an unbalanced responsibility for the economic stability and physical health of their family and extended family. When a mother dies the family often implodes, and the children become orphans. The family faces bankruptcy.

The challenges to the women of Kham are awesome:

* A 1 in 15 chance of dying before delivery, 3 times the risk of a US soldier in Afghanistan.
* Need to have 12 pregnancies to have 4 healthy live births.

With good relationship between stakeholders: nomads, women, farmers, monastics, government, Surmang Foundation opened a primary care clinic in 1992. The idea was to be inclusive and not work with dogma or strategic pre-conceptions, but to see the region on an eye-to-eye level with its stakeholders. This was not easy.

This inclusiveness, willingness to listen, provision of free medical care and medicines, had and has synergy and connected with the primary Tibetan cultural value: *jinpa*, or generosity. It became clear that while our foundation is not religious, its mission is broadly spiritual, in the sense of generosity, inclusion and working on something bigger than measurable outputs, or just getting money to run projects.

The broad-stroke problems are –lack of access to services, low quality of services and lack of early intervention.

**Core Project:**

*Surmang Clinic and CHWs.*

We provide free quality services to about 8000 patients a year. But we found out that just having an open clinic door isn’t enough. We had to create a pro-active approach; nomadic and farming women and children are not mobile. And since women do most of the work, there is hardly any opportunity for them to come to our clinic. We decided to create robust and pro-active access to health care services.

For these women and their families, we designed a Community Health Worker (CHW) program. We brought the health to them. In the course of 9 years these 40 women have reduced maternal mortality from among the highest in the world to zero. The clinic costs us about $125,000 a year and the CHWs cost another $18,000. The training of the CHWs adds another $25,000/year.

**Government Partnership**

In the shadow of the 2010 Yushu Earthquake, we partnered with the Yushu Prefecture Government to provide quality medical care, exporting the successful Surmang model to 4 earthquake-stricken township hospitals. To do this we needed to create motivated, energetic providers, and incentivize them to connect with village doctors and Community Health Workers. We decided to make one conherent, quality system.

So with these elements: training to create quality services, both among township doctors and Community Health Workers, energizing the network of CHWs to provide early intervention, we can save the lives of mothers and babies, and help Tibetan culture to grow in the light of empowered mothers and healthy babies. The downstream effect of empowered mothers is greater vitality for Tibetan culture.

The cost of the partnership in the townships, training docs and CHWs adds another $50,000/year. For those 40 CHWs –in the government sector + our own Surmang catchment, for women under 26 years of age, we estimate a cost of about $31,500/year.