Surmang Foundation

Project: Support of Health Education Among the Ultra-poor of Yushu Prefecture

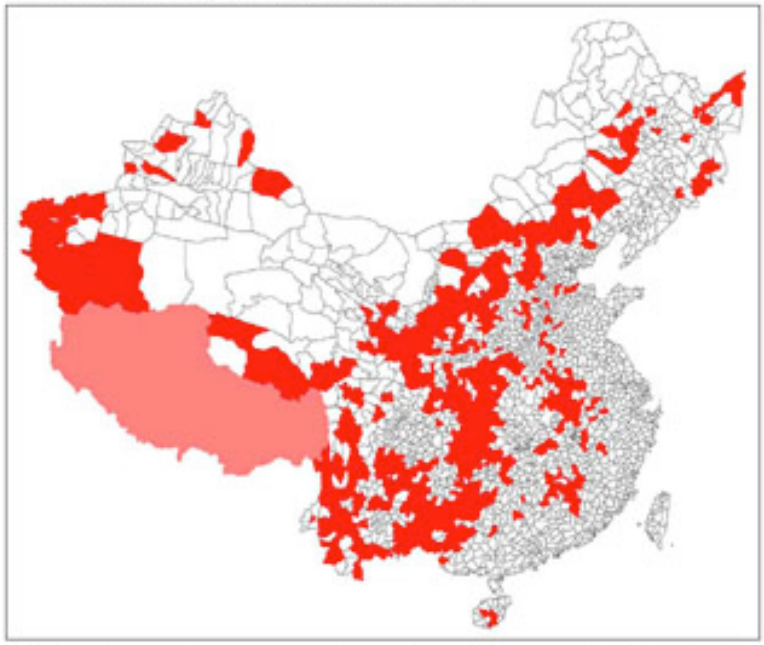
Précis:

This proposal is to request funds from the WAB PTA from the Charity Bazaar, to improve health among school children in the Surmang catchment by advancing health education.

Background:

Among the poorest of China, those living in the most geographically challenged places are with access neither to health care nor education. Yushu is one such place. Yushu Prefecture is part of the ultra-poor catchment of China, those people who earn less than ¥1RMB/day. It is one of the 592 poorest counties of China:

Map 1: Key counties for poverty alleviation and development, 2001



Note: This map includes the 592 key counties for poverty alleviation and development plus the 74 counties of Tibet, which are also included in the large-scale integrated government action to combat poverty. Please note that the map cannot show 9 very small rural town districts, which are also included in the poverty program.
Source: The State Council Leading Group, Office of Poverty Alleviation and Development, May 14, 2004

There is no one part of being so critically poor that is not connected to any other part. Lack of educational opportunity will keep people poor. Those who experience disabling illness may have to decide between treatment and bankruptcy. Due to remoteness, lack of roads, etc., when someone is ill enough to require hospitalization, they are too ill to survive the trip.

There are 30 million such people in China. Surmang Foundation works in one such catchment, and has successfully brought free medical care and free medicines to over 75,000 patients in the past 11 years.

The problem with rolling out health care is that many charities focus on "stove-piped" solutions, meaning that they focus on one-off outcomes only and neither systemic nor sustainable solutions, solutions that cut to the heart of causes of poverty and endemic illness. Surmang Foundation has worked for 16 years to bring sustainable, pro-active solutions to health care in this far-flung region.

Part of the solution is:

- Working on the greatest problems first
- creating greater access to health care
- enabling earlier intervention
- creating greater provider capacity and compliance to higher standards.

The greatest problems are mother and child health. This region has among the highest maternal mortality rates in the world, according to a public health survey we did in 2004. 3000 women will die in every 100,000 live births. Infant mortality is also at world record numbers: one in five babies will not live to see their second birthday. According to the book, *The World's Most Deprived*, (International Food Policy Research Institute) the health of childbearing women and newborn children is the principal factor in determining poverty.

	Average Annual Income	Maternal Mortality/ 100,00 live birth	Infant Mortality/100
USA	$37,600	11.8	6.7
China	$1100	56	30
Surmang Tibetans	$50	3,000	250

But as dramatic as these statistics are, they relate to two statistics that are not so obvious: life expectancy and reproductive health. Low infant mortality skews the average, and as such among the ultra-poor, is the principle variable that creates low life expectancy.

High maternal mortality rates, coupled with high infant mortality rates, mean that a woman must have many pregnancies to have healthy babies. For the Tibetans of Yushu, this means that to have four healthy children, a woman must have about 12 pregnancies. According to our own statistics, the odds of her surviving these 12 are statistically less than a US marine surviving a rotation in Iraq.

There is a way out: body of the proposal.

Surmang Foundation has said that quality medical services and highly trained township and village doctors are the most important starting point for ending this cycle of disease and poverty. But if people don't have access to care, or can't afford care, then even the best services are irrelevant.

So at Surmang a high priority is creating a pro-active link between the clinic we build 12 years ago, and the people we serve. The foundation did this with the creation of a corps of 30 Community Health Workers. Their job is to be the communicative link between the clinic and the remote nomadic and farming people the clinic serves. They are educators, interlocutors between the clinic and its beneficiaries, and practitioners of health services, often as birth attendants.

Health education is a basic function of the CHWs. Until now this work has been between the CHWs and the families they visit. Surmang Foundation would like to expand that mission to include regional primary schools. This is because "what better place to education than in the schools?" and also because the schools contain a natural aggregate of a society that can move forward with increased education.

This work would include

- instruction on personal hygiene, safety. It should include, as a lower priority, physical education facilities such as a soccer pitch and basketball court.
- Regular visits, talks and examinations by clinic doctors Phuntsok Dondrup or Sonam Drogha.

Capacity building and infrastructure counts too.

However, health promotion and education alone is not sufficient in structures that are falling down. We have to build capacity and infrastructure at the same time. We can't promote health in a room with no

- windows,
- heat,
- blackboards or
- desks:

- floors,
- stoves,
- windows,
- blackboards,
- notebooks, pens, pencils

Dr. So Drogha and patient

Surmang proposes that setting aside funds for this purpose as well as health promotion articles such as

- winter clothing,
- toothbrushes,
- bowls for food,
- soap.
- Nutritional supplements

Surmang proposes doing this in three steps: assessment, project and evaluation. Assessment means we need to make the project broad enough to make a difference but not so broad as to be watered down. We need to find out how many schools we can access with the funds that are available, within a $45,000 budget. We need to balance reaching as many schools as possible with the kind of quality service we have provided at the Clinic. The project should be locally managed with a board of advisors who report to our Clinic Director, Dr. Phuntsok Dondrup.

Once the assessment is completed, a more precise budget can be created.