

# SURMANG FOUNDATION COMMUNITY HEALTH WORKER PROGRAM REPORT 2010



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## **1 BACKGROUND**

The KAP Survey conducted in 2004 revealed incredibly high numbers of maternal and neonatal morbidity and mortality in the Surmang area. Some of these deaths are preventable by simple health interventions that can be carried out by community health workers (CHWs). In response to this, in July 2006 the Surmang Foundation launched a community health worker training program. We recruited 10 women from nearby villages and conducted a four-day training at the clinic on basic maternal and newborn health. We also recruited 23 CHWs in Rongduo Valley, an area a few hours from the clinic where many maternal and neonatal deaths have been reported and the distance makes it very difficult for women to come to Surmang to receive training.

The overall goal of the project is to improve knowledge, attitudes and practices on the household level. By training community health workers to conduct prenatal visits, identify danger signs, attend births and visit newborns, we hope to reduce deaths preventable by simple interventions and timely referral for complications.

The earthquake in Yushu Prefecture on April 14, 2010 greatly devastated the town of Jeigu, where the closest hospitals are located, and deeply affected members of the Surmang community. Both doctors, So Drogha and Phuntsok, were in Jeigu when the earthquake happened and their families' homes have collapsed. Both doctors are currently living with their families in tents in the clinic compound. Many CHWs also lost family members and in some cases, newborns that CHWs attended to at deliveries have lost their mothers or fathers. The devastation will take years to recover from. While this year it was great to hear that many women went to Jeigu for deliveries, with hospitals operating out of tents after the earthquake, it is questionable whether women at high risk for maternal complications will choose to deliver in the hospital this coming year or not.

When coming to Surmang this year, we didn't know what to expect as far as damages to the clinic were concerned. The clinic is operational but the schoolhouse, which contains training classrooms and a space for patients to stay overnight, is unstable. We conducted our trainings this year both in Rongduo and Surmang out of tents.

In addition, the road from Jeigu to Xining has become more tenuous due to all the heavy equipment brought in to assist in the recovery and rebuilding process. This means slower times for mailing supplies from Beijing to Jeigu. This problem will probably persist into the next few years, so it is advisable that all materials be brought out with Surmang teams for the foreseeable future.

## **2 TRAININGS CONDUCTED**

We conducted a training in Rongduo and a training in Surmang. Also, another training for 6 new CHWs from Zatch area later in the summer took place, where 2 women died last year of obstetric complications.

In addition to a review of old topics such as danger signs of pregnancy, delivery and newborn care, this year we introduced 3 new topics: blood pressure measurement, thermometer use and CPR for all ages (previously only neonatal CPR was taught).

Overall, the trainings were a success. A CPR doll – both adult and child, would be useful for the future.



### **3 SUPPLIES**

Each CHW received the following supplies this year:

- 4 tetracycline eye creams
- 1 thermometer
- 3 clean delivery kits
- 4 soaps
- 8 boxes of condoms
- 1 nail brush
- 2 cord care disinfectant bottles
- 3 logbooks
- print material

As a rule, future CHW program managers should bring with them to Surmang restocking items to prevent delays in training and insure that CHWs get adequate supplies to carry out their functions for the following year.

#### **Supplies that can be purchased in Yushu:**

- Cord care disinfectant
- Soap
- Nail clippers
- Nail brush
- Gloves
- Thermometers
- Tetracycline eye cream

#### **Birth control supplies:**

This year, we received 2 big boxes of condoms, each containing 2,000 condoms. These were supplied for free by the Yushu Family Planning office. SeeyonJee (Janis) has a friend that works in the office that provided us with these supplies. Every year, it is important that Surmang collect these supplies from Yushu to bring to the clinic.

#### **Supplies that need to be purchased in Beijing and brought to Yushu:**

- Bulb syringes – quantity: 200
- Birth kits – quantity: 200

The following supplies will also need to be procured for next year's trainings:

#### **1) More blood pressure cuffs**

This year we purchased 5 blood pressure cuffs and provided CHW leaders with them to give out to the CHWs when they make their visits. Next year, we plan on giving each CHW her own cuff to use. This means Surmang will need to purchase approximately 35 new blood pressure cuffs for next year's training. It is important to make sure that the cuffs come with stethoscopes.

#### **2) Watches**

It will be advantageous on many fronts for CHWs to have watches, particularly since trainings are becoming more complex and are starting to involve things like pulse measurement.

**3) Baby scales**

Next year, we anticipate providing each CHW with a scale to measure newborn weights. A space will be provided in the CHW logbooks for them to record this information.

**4) First Aid kits**

CHWs could greatly benefit from having first aid kits for simple infection prevention.

**5) New backpacks with Surmang Foundation logo**

Backpacks were initially distributed to CHWS in 2006. These bags will need to be replaced in 2011. Having a Surmang Foundation logo on them will lend legitimacy to their work.

**6) Electronic thermometers**

We provided CHWs with simple thermometers for measuring temperatures of newborns. Scaling up to nicer thermometers next year would mean more accurate data and an easier time for CHWs as well as a more permanent instrument.

**7) Vitamins**

Due to the lack of variety in many nomadic diets, it is important that pregnant women get all nutrients needed for a healthy pregnancy. If CHWs are supplied with vitamins then they could distribute them to pregnant women in their village. It is also a way for CHWs to provide something tangible to pregnant mothers besides a clean delivery kit.

**8) Print material**

We are running out of print material and more must be purchased for next summer. We used the following flipbooks and pamphlets and they will need to be reordered.

Name	Number given to each CHW	Quantity to purchase for 2011
The Universal Childbirth Picture Book	1	200
One H.E.A.R.T. picture book	2	200
Yak Cartoon Book for children	1	200
Tibetan birth pamphlets	2	200

Also, UNICEF has published a book on maternal and child health in Chinese and Tibetan. I have tried to get in touch with them but their lack of response has been surprisingly unprofessional. If the Surmang office in Beijing can procure these books that have been developed, they will be helpful for future trainings.

#### 4 DATA COLLECTION AND ANALYSIS

<b>Prenatal visits</b>	<b>132</b>
<b>Delivery attendance</b>	<b>69</b>
<b>Postnatal visits</b>	<b>72</b>

CHWs assisted a total of 147 women. 137 women gave birth, 9 are currently pregnant. One woman gave birth a few months ago and is pregnant again.

There were no maternal deaths reported this year in the CHW catchment area.

There were a total of 5 infant mortalities reported among the mothers visited by CHWs:

2 babies died of premature delivery at 6 months

2 babies died in a hospital in Jeigu

1 baby was born dead

Mothers delivering in hospitals this year:

8 mothers delivered in Jeigu, 1 in Chamdo.

Many CHWs reported that when babies were born, they weren't breathing, but after using techniques learned in training, they were able to make the babies start to breathe. An ambubag was used successfully on one infant.

Many CHWs reported seeing signs of danger in pregnant women and telling them to go to Jeigu for their delivery. This is perhaps the biggest success of the program considering there were no maternal deaths this year.

#### **SURMANG VALLEY**

<b>CHW: Da Druen, age 46 Village: Modi</b>	<b>Mothers: 10</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Dawa Drolma	Soti'	42	5	0	0	0	everything ok
	Rinchen Pamo	Menda	25-26	3	1	1	0	
	Tso Ji	Modi		7	1	1	1	Dawa Drolma's sister in law
	Jimi Pamo	Tengu	25	1	1	1	1	her daughter
	Chun Tso	Shinzai		3	1	1	1	
	Lo Dru	Tsoro		7	0	1	0	
	Tong Ri	Tsoro		2	0	1	0	
	Gaya Drolma	Tsoro	25-26	2	1	0	1	
	Gong La	Tsoro	38	5	0	1	0	
	Tse Den	Tsoro	38	3	1	1	0	was at the delivery but did not cut cord
	<b>Total</b>				<b>6</b>	<b>8</b>	<b>4</b>	

CHW: Di Di, age 34 Village: Modi	Mothers: 13	Village	Age	# children	prenatal	delivery	postnatal	comments
	Nozon	Tsoro	23	1	1	0	0	still pregnant, already gave kit, told her to come to the clinic for ultrasound
	Tsering Lhamo	Menda	23	1	1	0	1	gave kit
	Tse Youn	Menda	36	3	1	0	0	gave kit
	Munge	Menda	29	2	1	0	0	gave kit
	Joyun Drunka	Modi	21	1	1	0	0	still pregnant
	Adja	Modi	42	5	1	1	1	her cousin
	Tso Ji	Modi	21	1	1	1	1	her cousin (Adja's sister)
	Da Youn	Modi	35	6	1	1	1	
	Pema Tsensou	Modi	45	6	1	0	1	Mother sick while pregnant. Baby born 3 months premature, died after 5 minutes, Phuntsok delivered. Mother kept bleeding afterwards, came to clinic to get medicine, now fine.
	Tsering Tsomo	Chunge	27-28	2	1	1	1	Very quick delivery
	Che La	Chunge	27-28	2	1	1	1	
	Sonam Lagi	Chunge	29	3	1	0	0	gave kit. Mother gave birth at 6 months, baby died.
	Tse Po	Chenne	22	3	1	1	1	her younger sister
	Total				13	6	8	
CHW: Tom Jee, age 41 Village: Modi	Mothers: 12	Village	Age	# children	prenatal	delivery	postnatal	comments
	Yee Shi	Marei	34	2	1	0	0	gave kit
	Som Ti	Chamdo	34	2	1	0	0	gave kit
	Yee Shi	Jangxi	31	3	1	0	0	gave kit
	Sunam Tso	Go	42	2	1	1	1	uncle's daughter (Phuntsok was there). Bled a lot, came to clinic for medicine. Now mother and child OK.
	Yon Zam	Go	28	5	1	0	0	moved to Jeigu, gave her a kit
	Yon Jee	Go	29	5	1	1	1	sister in law
	De Ga	Modi	38	2	1	0	0	gave kit
	Tso Ji	Modi	41	7	1	1	1	2 Tso Jis in Modi, didn't cut the cord
	Nawang Tsomo	Modi	44	7	1	0	0	Phuntsok at delivery, gave kit. Gave birth to 10, 3 of her children died. Mother bled a lot postnatal, still has pain, very dizzy. Baby OK.
	Tse Ga	Jeigu	45	2	1	0	0	pregnant, her sister
	So Ja	Modi	25	1	1	0	0	gave kit; baby was very tiny when delivered. Mother and baby OK.
	Pema	Dage	30	1	1	0	0	Pregnant, gave kit. Husband died in Yushu earthquake.
	Total				12	3	3	

<b>CHW: Jimi Lhamo, age 29 Village: Geimo</b>	<b>Mothers: 9</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Te Zo	Geimo	26	3	1	0	1	2 children died before; premature births. Went to doctor in Chamdo for delivery. Mother and baby OK.
	Sum Bei	Rege	33	3	1	0	1	
	Tseten	Renne	29	2	1	0	0	
	Drolma	Geimo			1	0	1	
	Chi Ga	Renne	33	1	1	0	0	
	Sunam Ladge	Geimo	36	4	1	0	1	
	Tsering Pamo	Rege	33	4	0	0	1	
	Sae Yon	Geimu	36	1	1	0	0	
	Tashi Padge	Geimo			1	0	0	no kit, was out
	<b>Total</b>				<b>8</b>	<b>0</b>	<b>5</b>	
<b>CHW: Pomo, age 29 Village: Jereke</b>	<b>Mother: 6</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Jimeh Chunso	Chamdo	20	1	1	0	1	gave kit
	Hera Pamo	Chamdo	18	1	1	1	1	Difficult birth, baby born swollen. Mother and baby OK now.
	Da Dren	Chamdo	21	2	0	1	1	
	Che May	Chamdo	27	2	1	0	1	Baby's eyes were infected but CHW gave medicine. Now OK.
	So Dren	Senda	3		1	1	1	
	Raden	Chamdo	28	5	1	0	0	gave kit. Gave birth to 5 children but only 2 are alive.
	<b>Total</b>				<b>5</b>	<b>3</b>	<b>5</b>	
<b>CHW: Banzi, age 42 Village: Jereke</b>	<b>Mothers: 12</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Pe Druen	Chamdo	NA	NA	1	0	0	gave kit
	Po Chon	Chamdo	NA	NA	1	0	0	gave kit
	She Rap	Chamdo	NA	NA	1	0	0	gave kit
	Pema	Chamdo	NA	NA	1	0	0	gave kit
	Tse Zon	Chamdo	NA	NA	1	0	0	gave kit
	Adja	Chamdo	NA	NA	1	0	0	gave kit
	La Druen	Chamdo	NA	NA	1	0	0	gave kit
	Tan Dru	Chamdo	NA	NA	1	0	0	gave kit
	Po Chou	Chamdo	NA	NA	1	0	0	gave kit
	De You	Chamdo	NA	NA	1	0	0	gave kit
	Drolma	Chenne	29	1	1	0	1	
	Pa Ji	Chenne	32	2	1	0	0	pregnant
	<b>Total</b>				<b>12</b>	<b>0</b>	<b>1</b>	



<b>CHW: Ocho, age 37 Village: Jereke</b>	<b>Mothers: 6</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Tse Pa	Chamdo	28	3	1	1	0	
	Tse Yo	Junda	31	3	1	0	1	
	Danchu Yonza	Chamdo	21	1	1	0	0	
	Ji Ji	Jereke	27	1	1	1	1	
	Manchen Lhamo	Jereke	29	1	1	1	1	
	Ocho	Jereke	37	2	1	1	1	CHW delivered her own baby with no one else's help.
	Total				6	4	4	
<b>CHW: Pedan, age 39 Village: Tsoki</b>	<b>Mothers: 7</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Sum Ting	Menda	28	4	0	1	0	
	Jee Yon	Menda	25	3	0	0	1	gave kit
	Sunam Chuntso	Menda	27	2	1	1	1	her son's aunt
	Chontso	Tsoki		1	1	0	0	she moved to Tsoki, Joyon Sunam husband, gave kit, still pregnant
	Sonam Payo	Tsoki	31	1	1	0	0	
	Kozan Drolma	Tsoki	22	2	1	1	1	CHW
	Yee Shi Shudren				1	0	0	gave kit
	Total				5	3	3	
<b>CHW: Kozan Drolma, age 22 Village: Tsoki</b>	<b>Mothers: 6</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Sonam	Reje	30	2	1	1	1	twins; 1 not breathing, helped it to breathe and now OK
	Tse Youn	Senda	32	4	1	0	0	gave kit
	Sunam Chumso	Senda	36	4	1	0	0	gave kit
	Tse De	Menda	22	1	1	0	1	gave kit
	Dre Youn	Menda	33	3	0	1	1	
	Yu Dren	Tsoki	28	2	1	1	1	relative
	Total				5	3	4	
<b>CHW: La Bo, age 26 Village: Go</b>	<b>Mothers: 13</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Tsensou	Zatch	38	7	1	0	0	her aunt, gave kit
	Rensou	Danchou	35	3	1	0	0	cousin's wife, gave kit
	Lobsang	Rege	30	4	1	0	0	gave kit
	Da Druen	Rege	41	8	1	0	0	mom's sister, gave kit
	Pomo	Go	25	1	1	0	0	gave kit
	Pema Denka	Go	27	3	1	0	0	gave kit. Referred to clinic, clinic referred to Yushu, baby died. All her babies have died.
	Tsen Dou	Chenne	27	2	1	0	0	

Jahn Po	Go	26	4	1	0	0	Gave birth in Jeigu
Do Lah	Go	30	2	1	0	0	
Yeb Jeh/Ye Jeh	Go	27	2	1	0	0	
Tse Pa	Rege	37	5	1	0	0	gave kit
Chu Ga	Jangxi	32	3	1	0	0	gave kit
Tsera Omo	Jangxi	28	4	1	0	0	gave kit
Total				13	0	0	

### RONGDOU VALLEY

<b>CHW: Sonam Pagi, age 29 Village: Rongshi</b>	<b>Mothers: 3</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Sunte	Rongshi	20	1	1	1	1	Her sister. 3 days of labor, baby and mother OK.
	Sonam Drogha	Rongshi	19	1	1	0	0	Mother has very small hips. CHW referred her to Jeigu. Delivered in hospital in Jeigu. Mother and baby stayed in hospital for 15 days. Now both OK.
	Yonza	Rongshi	23	2	1	0	0	Brother's wife. Had 1 week of pain, went to Jeigu hospital for delivery. Difficult delivery. Baby very weak, yellow. Lived for 1 month then died. Doctors said he had blood in head.
	Total				3	1	1	
<b>CHW: Daychen, age 38 Village: Mendou</b>	<b>Mothers: 3</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Tashi Deje	Mendou	24	3	1	1	1	Her neice
	Loya Drolma	Mendou	31	1	1	1	0	Placenta didn't come out for 3 days; doctor told them to go to Jeigu. Took mother 1 month to recover but now mother and baby fine.
	Tsega	Mendou	27	3	1	1	0	
	Total				3	3	1	
<b>CHW: Nzemeh, age 37 Village: Rongdou</b>	<b>Mothers: 2</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>

	Tsegah	Rongduo	38	5	1	1	1	Her sister. 4 days of labor. Couldn't eat while pregnant. Swelling, bleeding before delivery. Doctor wrapped cloth around stomach; did massage to move head down. Baby was born not breathing. CHW used Ambubag then baby started breathing. CHW tried to do placental massage as placenta wasn't out but it was too painful so she taught the mother to do it and it came out. Baby had diarrhea soon after and CHW made oral rehydration solution. Baby and mother OK.
	Nou Dje	Rongduo	37	2	1	0	1	1st baby died, not breathing. CHW told her to go to Jeigu to deliver so she did. Baby wasn't breathing when born but at hospital, so OK. Returned after 1 week in Jeigu. Baby's cord infected, bleeding. Met Phuntsok on the way and he gave her medicine for it. Mother and baby OK.
	Total				2	1	2	
<b>CHW: Bou Jei, age 42 Village: Rongdou</b>	<b>Mothers: 2</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Yontso	Rongduo	27	2	1	1	1	Delivery took 4 days and nights. Lots of postnatal pain. Planned to go to Jeigu but improved. Mother and baby OK.
	Se Chi	Rongduo	27	1	1	1	1	Husband's sister. Stayed with her for 7 days.
	Total				2	2	2	
<b>CHW: Tsen Sou, age 44 Village: Rongdou</b>	<b>Mothers: 1</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Tashi Genso	Rongduo	30	3	1	1	1	
	Total				1	1	1	
<b>CHW: Sonam Drolma, age 30 Village: Rongdou</b>	<b>Mothers: 2</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Che Dro	Rongduo	31	2	1	1	1	Hands and feet swollen before delivery. Now fine.
	Yishi Drogha	Rongduo	22	1	1	1	1	Hands and feet swollen and dizzy but now OK.
	Total				2	2	2	

<b>CHW: Apeh, age 61 Village: Mendou</b>	<b>Mothers: 3</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Drolma Yontso	Mendou	26	2	1	1	1	Her daughter. 2 days and nights in labor.
	Ayeh	Mendou	43	8 or 9	1	1	1	Mother very weak prior to delivery; baby doing well but mother has poor appetite.
	Gongcho Pamo	Mendou	31	4	1	1	1	Daughter in law. Has eyesight problems; started after 1st child but worse after most recent delivery.
	Total				3	3	3	
<b>CHW: Gey Ga, age 42 Village: Mendou</b>	<b>Mothers: 2</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Gu Zon	Mendou	34	4	1	1	1	1 child previously died. Her niece. Delivery lasted 2 days and nights.
	Tsering Donso	Konga	21	2	1	1	0	Delivery lasted 3 days and nights.
	Total				2	2	1	
<b>CHW: Oyo Drolma, age 50 Village: Rongdou</b>	<b>Mothers: 2</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Shera Drolma	Tashi	29	3	1	1	0	Prenatal, mother very swollen. CHW told her to go to hospital. Stayed in hospital for 1 week then returned to village for delivery. CHW stayed overnight with her for delivery. Now mom and baby OK.
	Total				1	1	0	
<b>CHW: Tse Drolma, age 52 Village: Rongdou</b>	<b>Mothers: 2</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Drunka	Rongduo	24	3	1	1	1	Labor 3 days and nights.
	Me Dou	Rongduo	40	5	1	1	1	Mother has 2 sets of twins
	Total				2	2	2	
<b>CHW: Djuen Sae, age 32 Village: Mendou</b>	<b>Mothers: 1</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Sa Jei	Mendou	40	6	1	0	0	pregnant again!
	Total				1	0	0	
<b>CHW: Drunka, age 34 Village: Mendou</b>	<b>Mothers: 1</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Tso Jeh	Choyou	40	5	1	0	0	

	Total				1	0	0	
				# children	prenatal	delivery	postnatal	
<b>CHW: La Druen, age 38</b> <b>Village: Mendou</b>	<b>Mothers: 3</b>	<b>Village</b>	<b>Age</b>					<b>comments</b>
	Chu Jei	Mendou	28	1	1	1	1	CHW
	Tsering Drolma	Mendou	32	2	1	1	1	Also CHW
	Cho Gei	Hyehan	27	4	1	0	0	pregnant
	Total				3	2	2	
<b>CHW: Tsering Pamo, age 44</b> <b>Village: Mendou</b>	<b>Mothers</b>	<b>Village</b>	<b>Age</b>					<b>comments</b>
					0	0	0	Visted some mothers with other CHWs but was not lead CHW for any of them
<b>CHW: Jayou Wicah, age 20</b> <b>Village: Rongdou</b>	<b>Mothers: 4</b>	<b>Village</b>	<b>Age</b>					<b>comments</b>
	Tashi Padge	Rongduo	23	2	0	1	0	Went well
	Chiu Dro	Rongduo	31	NA	1	0	0	pregnant
	Sonam Drogha	Rongduo	17	1	1			Delivered in Jeigu. Sister in law.
	Gou Chi	Rongduo	32	2	0	1	1	
	Total				2	2	1	
<b>CHW: Pema Chudren, age 48</b> <b>Village: Rongdou</b>	<b>Mothers: 2</b>	<b>Village</b>	<b>Age</b>					<b>comments</b>
	Tsundru	Rongduo	25	1	1	1	1	Baby wasn't breathing when delivered. CHW suctioned nose and mouth and rubbed it then started breathing. Mother and baby OK.
	Chiu Ndroga	Rongduo	27	2	1	1	1	Daughter
	Total				2	2	2	
<b>CHW: Njemoh, age 35</b> <b>Village: Rongdou</b>	<b>Mothers:</b>	<b>Village</b>	<b>Age</b>					<b>comments</b>
	Tashi Chuden	Rongduo	36	4	1	1	1	Mother went to Jeigu for ultrasound.
	Tse Lah	Rongduo	37	3	1	0	0	
	Total				2	1	1	
<b>CHW: Bei Yon, age 38</b> <b>Village: Mendou</b>	<b>Mother</b>	<b>Village</b>	<b>Age</b>					<b>comments</b>
	Loya Drolma	Mendou	31	1	1	1	1	Placenta didn't come out for 3 days; doctor told them to go to Jeigu. Took mother 1 month to recover but now mother and baby fine.

	Total				1	1	1	
				# children	prenatal	delivery	postnatal	
<b>CHW: Pema Tsomo</b>	<b>Mother</b>	<b>Village</b>	<b>Age</b>					<b>comments</b>
								Did not attend training but attended some mothers with other CHWs
<b>CHW: Chu Jei, age 28</b> <b>Village: Mendou</b>	<b>Mother</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Ja Dieh	Mendou	38	4	1	1	0	CHW's cousin
	Kam Chi	Mendou	37	2	1	1	0	Tibetan doctor gave her some medicine.
	Total				2	2	0	
<b>CHW: Gaya, age 40</b> <b>Village: Mendou</b>	<b>Mother</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Gan Tso	Mendou	22	2	1	1	1	
	Sum Tei Wongmo	Jouma	21	1	0	1	1	3 days and nights of labor
	Gan Chi	Mendou	~30	2	1	1	1	
	Total				2	3	3	
<b>CHW: Chungle Drolma, age 47</b> <b>Village: Mendou</b>	<b>Mother</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Pomo	Hyehan	18	1	0	0	1	Delivered in Jeigu, c-section. 15 days early.
	Lhamo Yontso	Guchon				0		Sent her to hospital to deliver.
	Pema Chudren	Doudou	27	4	1	1	1	CHW sister
	Jintian Lhamo	Mendou	33	4	1	1	1	1st child died. Baby's feet came out first. Smelled terrible; baby had been dead for a while in mother's stomach. CHW knew woman had hard deliveries (2nd child was born not breathing but survived) and told her to go to Jeigu but husband refused. She has a baby every year.
	Drolma Lhamo	Hyehan	23	1	1	0	1	Delivered in Jeigu
	Tseten Drolma	Rashyo	30	3	1	1	1	Baby came feet first. CHW held it until the head came out. Mother fainted after delivery. Mother and baby are fine.
	Pocho	Rashyo	50	8	1	1	1	Delivered in hospital after 3 days and nights in labor at home. Was in hospital for 7 days. Mother and baby are fine.
	Total				4	3	4	

<b>CHW: Tsering Drolma, age 32 Village: Mendou</b>	<b>Mother</b>	<b>Village</b>	<b>Age</b>	<b># children</b>	<b>prenatal</b>	<b>delivery</b>	<b>postnatal</b>	<b>comments</b>
	Ayeh	Mendou	32	2	0	1	1	Baby wasn't breathing; CHW suctioned mouth and nose and baby started to breath.
	Daychin Chudeh	Konga	18	2	1	1	1	
	Tashi Drolma	Mendou	29	1	1	1	1	Feet very swollen. Kept bleeding after delivery; went to hospital, stayed there for 2 days then returned. Mother and baby are OK.
	Chuyen Lhamo	Pahton	29	1	1	0	0	Delivered in Jeigu. C-section. Stayed in hospital for 2 weeks.
	Lhamo	Pahton	~30	1	1	0	0	Went to Jeigu for C-section. Died in earthquake. Baby is OK.
	Dechen	Mendou	28	3	1	1	1	Baby not breathing but after suctioning of mouth and nose started to breathe.
	<b>Total</b>				5	4	4	

## **5 MONITORING AND EVALUATION**

### ***Activity Level***

Trainings: Because most of the women selected to be CHWs are illiterate, we conducted verbal evaluations at the end of trainings. They were asked the following questions in the first training:

- What are 3 danger signs in pregnancy?
- What are 5 danger signs during labor and delivery?
- What are 5 danger signs in newborns?
- What are clean delivery practices?
- What should pregnant women eat?
- Why is breastfeeding important? When should women start breastfeeding?  
How long should they breastfeed?

They were also asked to measure another CHW's blood pressure and temperature. All CHWS succeeded in correctly answering the above questions.

### ***Output Level***

Interviews: We interviewed all CHWs on their experiences over the past year. We collected names of mothers and number of visits, as well as qualitative information on how the birth process went. Please see CHW Interviews for their accounts.

Verification of births: We asked the leaders of Rongdou and Mendou to maintain a birth log in order to better have a record of how many babies are born in their villages.

Change in required visits: This year, we increased the number of visits a CHW is expected to make to each mother and newborn. They are asked to visit each pregnant woman three times at month 3, 5 and 8, attend the delivery, and visit the newborn at day 1, 3 and 5.

Logbooks: Logbooks were distributed to all CHWs and extra ones left with So Drogha and leaders of Rongdou and Mendou. Bei Bei was instrumental in making new logbooks for next year that contain spaces to record temperature, birth weight and blood pressure.

### ***Effect and Impact Level***

Survey in 2012: It is important that another KAP be done to see if the CHW program has caused a reduction in neonatal and maternal morbidity and mortality in our catchment area.



Causal Pathway Step	Indicators	Source of data/ Data collection method	Frequency of collection/ compilation	Comments
<b>Desired Impact</b>				
Reduction in morbidity and mortality in mothers and infants in CHW villages.	Number of deaths prior to intervention/number of deaths after intervention	Community-based survey	Survey in 2012	
<b>Effects</b>				
ANTENATAL HOUSEHOLD LEVEL KNOWLEDGE To increase the percent of women receiving ANC visits who can state 3 danger signs of pregnancy to 50% in 6 years.	Number of women receiving or who received ANC visits from CHWs who can state 3 danger signs of pregnancy/ number of women receiving or who received ANC visits from CHWs	Community-based survey	Survey in 2012	
ANTENATAL HOUSEHOLD LEVEL KNOWLEDGE To increase the number of women who know about proper nutrition during pregnancy to 50% in 6 years	Number of women receiving/who received ANC visits from CHWs who can state proper nutrition during pregnancy/number of women receiving/who received ANC.	Community-based survey	Survey in 2012	
ANTENATAL HOUSEHOLD LEVEL ATTITUDE To increase the percent of pregnant women who believe in exclusive breastfeeding for six months to 50% in 6 years.	Number of pregnant women receiving or who received ANC who believe in exclusive breastfeeding for six months/number of women receiving or who received ANC.	Community-based survey	Survey in 2012	
ANTENATAL HOUSEHOLD LEVEL PRACTICE To increase the percent of mothers of children aged 0-6 years in Surmang Valley who saw a CHW 3 times during last pregnancy from 0% to 50% in 6 years.	Number of mothers of children aged 0-6 years in CHW home villages who saw a CHW 3 times during last pregnancy/number of mothers of children aged 0-6 years in CHW villages.	Community-based survey	Survey in 2012	

<p>ANTENATAL HOUSEHOLD LEVEL PRACTICE</p> <p>To increase the percent of mothers who took prenatal vitamins while pregnant with the youngest child less than 24 months of age from zero to 50% in 1 year.</p>	<p>Number of mothers who received ANC from CHWs who took vitamins/number of women who received ANC from CHWs while vitamins were available.</p>	<p>Community-based survey</p>	<p>Survey in 2012</p>	<p>IF VITAMIN SUPPLEMENTS ARE GIVEN OUT IN 2011. If this happens then the outputs need to be amended to include 'CHWs trained in administering prenatal vitamins and stalked with prenatal vitamins'</p>
<p>ANTENATAL HOUSEHOLD LEVEL PRACTICE</p> <p>To increase the number of women who receive ANC who eat nutritiously while pregnant to 50% in 6 years.</p>	<p>Number of mothers receiving/who received ANC who ate nutritiously during pregnancy/number of women who received ANC.</p>	<p>Community-based survey</p>	<p>Survey in 2012</p>	<p>Nutrition during pregnancy was defined as increasing meat and vegetable intake and not smoking, drinking, or taking harmful medications</p>
<p>LABOR AND DELIVERY HOUSEHOLD LEVEL KNOWLEDGE</p> <p>To increase the number of women and family members receiving ANC who are able to state at least 3 danger signs of labor and delivery to 50% in 6 years.</p>	<p>Number of women/families receiving or who received ANC who can state at least 3 danger signs of labor and delivery/number of women/families receiving or who received ANC</p>	<p>Community-based survey</p>	<p>Survey in 2012</p>	
<p>LABOR AND DELIVERY HOUSEHOLD LEVEL KNOWLEDGE</p> <p>To increase number of women receiving ANC who are able to list 3 basic clean birth practices to 50% in 6 years.</p>	<p>Number of women receiving or who received ANC who can list 3 clean birth practices/number of women receiving or who received ANC.</p>	<p>Community-based survey</p>	<p>Survey in 2012</p>	
<p>LABOR AND DELIVERY HOUSEHOLD LEVEL PRACTICE</p> <p>To increase the number of women who report use of safe birth practices during the last 6 years to 50%.</p>	<p>Number of women who delivered and used safe birth practices during last 6 years/number of women who delivered in last 6 years.</p>	<p>Community-based survey</p>	<p>Survey in 2012</p>	<p>This involves hand-washing of attendant, clean place to give birth, clean blade to cut cord.</p>
<p>LABOR AND DELIVERY HOUSEHOLD LEVEL PRACTICE</p>	<p>Number of women who delivered in the past six years with a</p>	<p>Community-based survey</p>	<p>Survey in 2012</p>	

To increase the percent of women who delivered in the past 2 years whose delivery was attended by a CHW or other skilled personnel from 3% to 50% in six years.	CHW or skilled provider/number of women who delivered in the last 6 years.			
NEWBORN CARE HOUSEHOLD LEVEL PRACTICE To increase percent of children whose delivery involved use of a clean delivery kit to 50% within six years.	Number of deliveries who used clean delivery kit in last six years/number of deliveries in last six years.	Community-based survey	Survey in 2012	
NEWBORN CARE HOUSEHOLD LEVEL KNOWLEDGE To increase the percent of mothers with children 0-6 years of age who can state two benefits of exclusive breastfeeding for six months to 50% in 6 years.	Number of mothers with children 0-6 years of age who can state two benefits of breastfeeding/number of women with children 0-6 years of age.	Community-based survey	Survey in 2012	
NEWBORN CARE HOUSEHOLD LEVEL PRACTICE To increase the number of newborns who receive postnatal care from a CHW on day 1, 3 and 5 to 50% in 6 years.	Number of newborns who receive 3 visits/number of newborns.	Community-based survey	Survey in 2012	
NEWBORN CARE HOUSEHOLD LEVEL PRACTICE To increase the percent of children who were breastfed within the first hour after birth to 75% in six years.	Number of children who were breastfed within the first hour after birth/number of children who were born.	Community-based survey	Survey in 2012	
NEWBORN CARE HOUSEHOLD LEVEL KNOWLEDGE To increase the percent of mothers who know at least 3 danger signs in newborns to 50% in six years.	Number of mothers of children aged 0-6 years who know at least 3 danger signs/number of mothers of children aged 0-6 years.	Community-based survey	Survey in 2012	
FAMILY PLANNING HOUSEHOLD LEVEL KNOWLEDGE	Number of women of reproductive age who know at least two	Community-based survey	Survey in 2012	This can be facilitated with women's groups

FAMILY PLANNING HOUSEHOLD LEVEL KNOWLEDGE To increase the number of women of reproductive age who know at least two modern methods of family planning to 50% in six years.	modern methods of family planning/number of women of reproductive age surveyed.	Community-based survey	Survey in 2012	conducted by CHWs.
FAMILY PLANNING HOUSEHOLD LEVEL ATTITUDE To increase the number of women of reproductive age who believe in the benefits of birth spacing to 50%.	Number of women of reproductive age who believe in the benefits of birth spacing/number of women of reproductive age surveyed.	Community-based survey	Survey in 2012	
FAMILY PLANNING HOUSEHOLD LEVEL PRACTICE To increase the number of women who report initiating use of a modern method of FP within six weeks after birth to 50% in 6 years.	Number of women who report initiating use of a modern method of FP within six weeks after birth/number of women with children 0-6 years.	Community-based survey	Survey in 2012	
<b>Outputs</b>				
ANTENATAL COMMUNITY LEVEL CHWs who can state at least 3 danger signs of pregnancy	Output: Trained workers who can recognize 3 danger signs in training post test	Training post test	Training during first month of project, retest in subsequent trainings	
ANTENATAL COMMUNITY LEVEL CHWs know about nutrition during pregnancy	Activity: # of CHWs trained in proper pregnancy nutrition Output: trained CHWs in nutrition	Training post test	Training during first month of project, retest in subsequent trainings	
ANTENATAL COMMUNITY LEVEL CHWs know they must conduct 3 antenatal visits with all pregnant women in their villages	# of CHWs who know what to do during 3 antenatal visits	Training post test	Training during first month of project, retest in subsequent trainings	
ANTENATAL COMMUNITY LEVEL CHWs know the importance of counseling pregnant women on exclusive breastfeeding for six months	# of CHWs who know the importance of counseling pregnant women on exclusive breastfeeding	Training post test	Training during first month of project, retest in subsequent trainings	
LABOR AND DELIVERY COMMUNITY LEVEL	# of CHWs who know 3 danger signs	Training post test	Training during first	

LABOR AND DELIVERY COMMUNITY LEVEL CHWs are able to state at least 3 danger signs of labor and delivery	of labor and delivery	Training post test	month of project, retest in subsequent trainings	
LABOR AND DELIVERY COMMUNITY LEVEL CHWs practice at least 3 clean birth practices	# of CHWS who practice at least 3 clean birth practices	CHW logbook	Training during first month of project, retest in subsequent trainings	
LABOR AND DELIVERY COMMUNITY LEVEL CHWs are trained to attend births.	# of CHWs who know how to deliver a baby	Training post test	Training during first months of project, retest in subsequent trainings	'Trained' is defined as knowing how to use clean delivery kit, assist with labor, delivery and post-partum period.
LABOR AND DELIVERY COMMUNITY LEVEL CHWs are trained in mouth to mouth neonatal resuscitation	# of CHWs who can correctly perform mouth to mouth resuscitation on a baby mannequin	Training post test	Training during first months of project, retest in subsequent trainings	
NEWBORN CARE COMMUNITY LEVEL CHWs tell benefits of exclusive breastfeeding for six months to mothers and insure that children are breastfed within first hour of birth	# of CHWS who can state benefits of exclusive breastfeeding for six months to mothers and insure that the child is breastfed within first hour	CHW logbooks	Training during first months of project, retest in subsequent trainings	
NEWBORN CARE COMMUNITY LEVEL CHWs are trained to use clean delivery kits	# of CHWs who can properly use clean delivery kits during deliveries	CHW log books	Every birth in a CHW's village	Interviewing mothers would also verify this
NEWBORN CARE COMMUNITY LEVEL CHWs are trained in conducting 3 post-natal visits to recognize newborn danger signs	# of CHWs who can recognize danger signs during 3 postnatal visits	CHW log books	Every birth in a CHW's village	
FAMILY PLANNING COMMUNITY LEVEL CHWs are trained in at least two modern methods of family planning	# of CHWs who can state two modern methods of family planning	Training post test		
FAMILY PLANNING COMMUNITY LEVEL	# of CHWs who talk with mothers about	CHW interviews	Every summer	This stage should begin in 2011 with

FAMILY PLANNING COMMUNITY LEVEL CHWs teach mothers to initiate a modern method of family planning within six weeks after birth	family planning six weeks after birth	CHW interviews	Every summer	the start of mother's groups.
<b>Activities</b>				
ANTENATAL COMMUNITY LEVEL Train CHWs to recognize at least 3 danger signs of pregnancy	# of CHWs trained in pregnancy danger signs	Training post test		
ANTENATAL COMMUNITY LEVEL Train CHWs in nutrition during pregnancy	# of CHWs trained in proper pregnancy nutrition	Training post test		
ANTENATAL COMMUNITY LEVEL Train CHWs in counseling pregnant women on the importance of exclusive breastfeeding	# of CHWs trained in importance of counseling pregnant women on the importance of exclusive breastfeeding	Training post test		
ANTENATAL COMMUNITY LEVEL Train CHWs in conducting 3 antenatal visits	# of CHWs trained in conducting 3 antenatal visits	Training post test		
LABOR AND DELIVERY COMMUNITY LEVEL Train CHWs on danger signs of labor and delivery	# of CHWs trained in danger signs of labor and delivery	Training post test	After every training	
LABOR AND DELIVERY COMMUNITY LEVEL Train CHWs on clean birth practices	# of CHWs trained in clean birth practices	Training post test	After every training	
LABOR AND DELIVERY COMMUNITY LEVEL Train CHWs to attend births	# of CHWs trained to attend births	Training post test	After every training	CHWs are expected to go to deliveries in their villages with So Drogha or Phuntsok as part of their training.
NEWBORN CARE COMMUNITY LEVEL Train CHWs in use of clean delivery kits	# of CHWs trained in use of clean delivery kits	Training post test	After every training	
NEWBORN CARE COMMUNITY LEVEL Train CHWs in benefits of immediate and exclusive breastfeeding for six months	# of CHWs trained in benefits of breastfeeding	Training post test	After every training	
FAMILY PLANNING	# of CHWs trained in	Training post	After every	

FAMILY PLANNING COMMUNITY LEVEL Train CHWs in modern family planning methods including breastfeeding, condoms, birth control pills.	modern family planning methods	test	training	
GROUP MEETINGS CHWs conduct 2 group health education workshops in their communities	Number of workshops conducted in the community	Records of group logs to So Drogha	1 year after introduction of group meetings in training	This stage was started in 2006 but not continued. It is anticipated that group meetings will begin again in 2011.
Activity: CHWs are stalked with supplies	Quantity of supplies	Supplies in clinic	Every summer or as needed	Supplies are listed in project report.



## 6 BUDGET AND PAYMENTS

	Cost per Unit	Quantity	Overall Cost (RMB)
<b>Supplies</b>			
Cord Care	3	109	327
Soap	4.5	200	900
Nail Clippers	1.5	40	60
Nail Brush	1.3	41	53.3
Gloves	1.5	200	300
Backpacks	25	10	250
Thermometers	4.5	40	180
Tetracycline Cream	0.9	200	180
Sphingomanometer	95	5	475
printing			30
cloth bags for CHWs			33
<b>Total Supplies</b>			<b>2788.3</b>
<b>Food for entire program</b>	unknown	unknown	<b>1712.02</b>
Transportation	Days	Cost per day	
Rongduo	4	200	800
Zatch to return women	1	200	200
Tsokie	2	200	400
Zatch to recruit new CHWs	1	200	200
Taxi transportation within Beijing			151
<b>Total driving</b>			<b>1751</b>
<b>TOTAL TRAININGS</b>			
CHW payments	Cost	Quantity	
Prenatal	25	132	3300
Delivery	50	69	3450
Postnatal	25	72	1800
Training	50	86	4300
Zatch training and recruitment			750
<b>Total CHW payments</b>			<b>13600</b>
<b>TOTAL EXPENDITURES</b>			<b>19851.32</b>
<b>TOTAL MONEY WIRED FOR PROJECT</b>			<b>21230</b>
<b>REMAINING</b>			<b>1378.68</b>
Breakdown of CHW payments for Rongduo	Cost	Quantity	
Prenatal	25	47	1175
Delivery	50	39	1950
Postnatal	25	35	875
Training	50	60	3000
Total CHW payments for Rongduo			7000
Breakdown of CHW payments for Surmang	Cost	Quantity	
Prenatal	25	85	2125
Delivery	50	30	1500
Postnatal	25	37	925
Training	50	26	1300
Total Surmang training			5850
Breakdown of CHW payments for Zatch	Cost	Quantity	
Zatch CHW recruitment	50	3	150
Zatch CHW training	100	6	600
total Zatch			750



**List of CHWs and their payments:**

<b>SURMANG</b>	Event	Quantity	Cost in RMB	Total in RMB
Ocho, Jeri	prenatal	6	25	150
	delivery	4	50	200
	postnatal	4	25	100
	Training	3	50	150
	<b>total</b>			<b>600</b>
Pedan, Tsoki	prenatal	5	25	125
	delivery	3	50	150
	postnatal	3	25	75
	Training	3	50	150
	<b>total</b>			<b>500</b>
Pomo, Jeri	prenatal	5	25	125
	delivery	3	50	150
	postnatal	5	25	125
	Training	3	50	150
	<b>total</b>			<b>550</b>
Jimi Lhamo, Geimo	prenatal	8	25	200
	delivery	0	50	0
	postnatal	5	25	125
	Training	3	50	150
	<b>total</b>			<b>475</b>
Banzi	prenatal	12	25	300
	delivery	0	50	0
	postnatal	1	25	25
	Training	3	50	150
	<b>total</b>			<b>475</b>
Kozan Drolma, Tsoki	prenatal	5	25	125
	delivery	3	50	150
	postnatal	4	25	100
	Training	3	50	150
	<b>total</b>			<b>525</b>
Di Di, Modi	prenatal	13	25	325
	delivery	6	50	300
	postnatal	8	25	200
	Training	3	50	150
	<b>total</b>			<b>975</b>
Tom Jee, Modi	prenatal	12	25	300
	delivery	3	50	150
	postnatal	3	25	75
	kits	0	0	0
	Training	3	50	150
	<b>total</b>			<b>675</b>
Da Druen. Modi	prenatal	6	25	150
	delivery	8	50	400
	postnatal	4	25	100
	Training	1	50	50
	<b>total</b>			<b>700</b>
La Bo, Go	prenatal	13	25	325
	delivery	0	50	0

	postnatal	0	25	0
	Training	1	50	50
	<b>total</b>			<b>375</b>
SURMANG TOTALS	Prenatal	85	25	2125
	Delivery	30	50	1500
	Postnatal	37	25	925
	Training	26	50	1300
	<b>Total</b>			<b>5850</b>

**RONGDOU**

Sonam Pagi	prenatal	3	25	75
	delivery	1	50	50
	postnatal	1	25	25
	Training	3	50	150
	<b>total</b>			<b>300</b>

Daychin	prenatal	3	25	75
	delivery	2	50	100
	postnatal	2	25	50
	Training	3	50	150
	<b>total</b>			<b>375</b>

Nzemoh	prenatal	2	25	50
	delivery	2	50	100
	postnatal	2	25	50
	Training	3	50	150
	<b>total</b>			<b>350</b>

Boujei	prenatal	2	25	50
	delivery	2	50	100
	postnatal	2	25	50
	Training	3	50	150
	<b>total</b>			<b>350</b>

Tsen Sou	prenatal	1	25	25
	delivery	1	50	50
	postnatal	1	25	25
	Training	3	50	150
	<b>total</b>			<b>250</b>

Sonam Drolma	prenatal	2	25	50
	delivery	2	50	100
	postnatal	2	25	50
	Training	3	50	150
	<b>total</b>			<b>350</b>

Apeh	prenatal	3	25	75
	delivery	3	50	150
	postnatal	3	25	75
	Training	3	50	150
	<b>total</b>			<b>450</b>

Gey Ga	prenatal	2	25	50
	delivery	2	50	100
	postnatal	1	25	25
	Training	3	50	150
	<b>total</b>			<b>325</b>

Oyo Drolma	prenatal	1	25	25
	<b>total</b>			<b>325</b>

	delivery	1	50	50
	postnatal	0	25	0
	Training	3	50	150
	<b>total</b>			<b>225</b>
Tse Drolma	prenatal	2	25	50
	delivery	2	50	100
	postnatal	2	25	50
	Training	3	50	150
	<b>total</b>			<b>350</b>
Djuen Sae	prenatal	1	25	25
	delivery	0	50	0
	postnatal	0	25	0
	Training	3	50	150
	<b>total</b>			<b>175</b>
Drunka	prenatal	1	25	25
	delivery	0	50	0
	postnatal	0	25	0
	Training	3	50	150
	<b>total</b>			<b>175</b>
La Druen	prenatal	3	25	75
	delivery	2	50	100
	postnatal	2	25	50
	Training	3	50	150
	<b>total</b>			<b>375</b>
Tsering Pamo	prenatal	0	25	0
	delivery	0	50	0
	postnatal	0	25	0
	Training	3	50	150
	<b>total</b>			<b>150</b>
Jayou Wikah	prenatal	2	25	50
	delivery	2	50	100
	postnatal	1	25	25
	Training	3	50	150
	<b>total</b>			<b>325</b>
Pema Chudren	prenatal	2	25	50
	delivery	2	50	100
	postnatal	2	25	50
	Training	3	50	150
	<b>total</b>			<b>350</b>
Njemoh	prenatal	2	25	50
	delivery	1	50	50
	postnatal	1	25	25
	Training	3	50	150
	<b>total</b>			<b>275</b>
Chu Jei	prenatal	2	25	50
	delivery	2	50	100
	postnatal	0	25	0
	Training	2.5	50	125
	<b>total</b>			<b>275</b>
Gaya	prenatal	2	25	50
	delivery	3	50	150

	postnatal	3	25	75
	Training	2.5	50	125
	<b>total</b>			<b>400</b>
Chungle Drolma	prenatal	4	25	100
	delivery	3	50	150
	postnatal	4	25	100
	Training	2	50	100
	<b>total</b>			<b>450</b>
Tsering Drolma	prenatal	5	25	125
	delivery	4	50	200
	postnatal	4	25	100
	Training	2	50	100
	<b>total</b>			<b>525</b>
Bei You	prenatal	2	25	50
	delivery	2	50	100
	postnatal	2	25	50
	Training	0	50	0
	<b>total</b>			<b>200</b>
Pema Tsomo	prenatal	0	25	0
	delivery	0	50	0
	postnatal	0	25	0
	Training	0	50	0
	<b>total</b>			<b>0</b>
RONGDOU TOTALS	Prenatal	47	25	1175
	Delivery	39	50	1950
	Postnatal	35	25	875
	Training	60	50	3000
	<b>Total</b>			<b>7000</b>
<b>GRAND TOTAL</b>	<b>Prenatal</b>	<b>132</b>	<b>25</b>	<b>3300</b>
	<b>Delivery</b>	<b>69</b>	<b>50</b>	<b>3450</b>
	<b>Postnatal</b>	<b>72</b>	<b>25</b>	<b>1800</b>
	<b>Training</b>	<b>86</b>	<b>50</b>	<b>4300</b>
	<b>Total</b>			<b>12850</b>

## **6 FUTURE NEEDS**

### ***Vaccinations***

While we may be saving newborn lives by CHW interventions, we are virtually guaranteeing a high infant and child mortality rate by not addressing the lack of vaccination in Surmang and Rongdou valleys. Immunizations are an essential part of improving health outcomes.

There is extensive confusion surrounding the question of vaccinations. Different stories have been offered as to why the clinic hasn't gotten vaccines. From what I understand, a list needs to be made of all the members in the villages receiving vaccines and given to the Ministry of Health. Then, they will provide the vaccines to the clinic. There is a lot of skepticism as to whether this will actually happen among the clinic doctors. It seems that some vaccines come in a disposable-type refrigerator but this is not confirmed. Regardless of all the difficulties in arranging a vaccine campaign, this is the single most important health intervention that Surmang clinic can now participate in.

### ***More birth control options***

Currently, CHWs distribute condoms to their communities. Providing them with birth control pills would give more options, considering the importance of birth spacing and the high number of women who have children less than 2 years apart.

Over the course of the summer, it came to our attention that some Tibetan women don't believe in birth control because this means they are denying a soul the chance to become human. Others, however, are very interested in keeping their families small and deciding on the timing and spacing of their children. There is a new family planning clinic in Xiao Surmang but from talking with locals, the clinic is not utilized. Reasons for this are distance and lack of trust in birth control pills. If CHWs were able to get birth control pills from the family planning clinic or from the bigger family planning government office in Yushu, this would be better as we can educate the CHWs on realistic risks of birth control and hopefully they can educate mothers. If the information comes from someone they trust within the community, chances are higher that more birth control options will be utilized.

### ***Mothers group meetings***

Mother education groups were conducted by CHWs in 2006 but was then discontinued. Since we plan on conducting another KAP survey to measure the results of our program, we need to insure that there is a change in the knowledge, attitude and behavior of the population on a household level. It is also an excellent platform for CHWs to discuss family planning options with mothers. New materials will need to be developed for CHWs to give mothers and a method of payment for CHWs to conduct these groups will need to be agreed upon. Also, there are no incentives for the mothers to attend these group meetings. Perhaps CHWs can be given money to buy snacks to encourage women to attend.

## 7 CONCLUSION

It is important to go out and interview mothers in villages where CHWs work to verify that they were actually visited by a CHW. We had a few problems where CHWs were working more in communities that are not within Surmang or Rongduo's catchment area and ignoring their own village women. The CHWs informed us that many families do not accept another person's help who is not a family member during the delivery process. This means that many CHWs serve only their families (which is significant in itself since many people are part of the same 'family' here). However, it seems that there are some changing trends as mothers receive prenatal care and delivery kits and understand that CHWs are trained to help them and to spot danger signs in the pregnancy, delivery and newborn period. Some CHWs reported helping women who were not their relatives in the delivery process. It seems that change is slow but happening.

There is a larger question as to whether to continue training CHWs in community health or to begin training them to become traditional birth attendants (TBAs). As their skills increase and they become more accepted in the community at deliveries, more advanced training in birth attendance will be useful.

Overall, it is very encouraging that a large number of women went to Jeigu for delivery, a lot more than reported in previous years. Access to emergency obstetric care is the most important component to reducing maternal mortality rates, and it seems that mothers are more readily going to the hospital to deliver when CHWs recognize danger signs. It is encouraging that no maternal deaths were reported this year in the CHW catchment area.



# Annex

## 2010 CHW Training

### **Day 1**      **Interviews and Review** **第一天**      **采访和复习**

9:00-12:00    Interview of CHWs  
采访CHWs

Mother's name 产妇的名字

Village 村庄

How was delivery? 分娩情况

How was mother after? 产妇产后的情况

How was newborn? 婴儿的情况

Any interesting experiences this past year? 今年有没有什么特别的经历?

What do they need? What are people asking for in the community?  
她们需要什么? 社区内的人们想要些什么?

Has the earthquake affected their work?  
地震有没有影响但她们的的工作?

12:00-1:00    Lunch 午餐

1:00-2:00    Review of pregnancy 复习产前护理知识  
Pregnancy danger signs: woman should see a doctor!  
Lots of swelling of hands and feet  
Fits  
Bleeding  
出现以下妊娠危险信号: 产妇应该去看医生  
手脚浮肿严重  
痉挛  
出血  
What should pregnant women eat? 孕妇应该吃什么?  
CHWs should visit women 3 times during pregnancy  
CHW应该在产前拜访孕妇3次

2:00-3:00    Review of delivery 复习分娩知识  
Danger signs in labor and delivery: mother should see a doctor!  
If mother has a fever  
If mother is bleeding a lot  
If placenta is not delivered



分娩时的危险征兆：发生以下情况是产妇必须寻求医生的帮助  
产妇发烧  
产后大出血  
胎盘滞留

3:00-4:00    Review of newborn care 复习新生儿护理知识  
Clean delivery kit 干净的产包  
How to cut the cord and clean it 怎么切割脐带及清理  
Eye ointment 眼膏  
5 signs of newborn illness: baby should see a doctor!  
    Infection in umbilical cord  
    Fever  
    Vomiting  
    Diarrhea  
    Baby stops breastfeeding  
5种新生儿生病的信号：（发生以下情况时婴儿需要看医生）  
    脐带感染  
    发烧  
    呕吐  
    腹泻  
    婴儿停止吃奶  
  
    CHW should visit the mother three times after delivery  
    CHW应该在产后拜访3次

4:00-5:00    Questions 问题

- What are 3 danger signs in pregnancy?
- What are 3 danger signs during labor and delivery?
- What are 5 danger signs in newborns?
- What are clean delivery practices?
- What should pregnant women eat?
- Why is breastfeeding important? When should women start breastfeeding?  
How long should they breastfeed?
- How many times should a CHW visit each woman?
  
- 怀孕期间的3个危险征兆是什么？
- 产妇在分娩时3个危险征兆是什么？
- 新生儿的5个危险征兆是什么？
- 干净的分娩包括什么？
- 孕妇应该吃什么？

- 为什么要母乳喂养？产妇应该什么时候开始母乳喂养？她们应该母乳喂养多长时间？
- CHW应该总共拜访一名孕妇多少次？

**Day 2**            **Delivery**  
第二天            分娩

9:00            Review Key Concepts of Birth Process  
                  Calculating approximate date of childbirth  
                  Preparing the home for delivery, CHW supplies  
                  Signs of Labor  
                  复习分娩过程的重点  
                  计算预产期  
                  为分娩做准备，CHW发放产包  
                  分娩的迹象

Practice of Birth Process:

- Developing a birth plan with mother and her family  
    Role play: A CHW talks with a woman about where she will give birth, gives the woman a birthing kit, tells her to make a plan to go Jeigu if there are complications
- Slow delivery of baby to prevent maternal lacerations or tears
- If baby is not breathing, strongly rub baby, CPR
- Safely tying/cutting the umbilical cord with clean razor
- Cleaning baby post delivery and cord care
- Wrapping baby in towel to keep warm post delivery and giving baby to mother's breast
- Applying eye ointment within the first hour

分娩过程的练习：

- 提前与产妇和她的家人一起准备分娩计划  
    情景训练：

一名CHW 与孕妇谈论在哪儿分娩的问题，发给孕妇一个产包，并让她提前做好发生并发症时去医院的准备，。

- 宫口开全后，接生人员让新生儿慢慢分娩，以防阴道裂伤。
- 如果婴儿没有呼吸，擦身，做心肺复苏
- 小心地用干净的刀片切断脐带。
- 清理婴儿全身及脐带
- 用干净的毛巾擦干婴儿，并让其尽快得到母乳
- 在分娩后1个小时内给婴儿敷用眼膏

12:00-1:00    Lunch 午饭

1:00-5:00 Delivery complications

- Delivering placenta, what to look for
- Placental massage
- Maternal hemorrhage – what if mother is bleeding a lot?
- Cleaning mother after birth to prevent infection
- Check the blood pressure of the mother  
If it's not normal, sent to the clinic
- Other things So Drogha wants to talk about  
分娩后的要点
- 胎盘的娩出后，需要注意些什么
- 胎盘娩出后，按摩下腹部
- 产妇大出血
- 产后清理产妇阴道，以防感染
- 检查产妇的血压  
如果血压不正常，应该去看医生
- 其它的点

### **Day 3 New Trainings**

第三天 新内容

9:00-10:15 CPR Training for adults, children and newborns  
成年人，儿童，婴儿心肺复苏培训

10:15-10:30 Break 休息

10:30-12:00 CPR testing of CHWs  
心肺复苏测试

12:00-1:00 Lunch 午饭

1:00-2:00 Thermometer training  
Every CHW gets a thermometer to practice  
If newborn temperature it too high, send to doctor  
If mother temperature is too high, send to doctor  
What temperature is too high?  
体温计培训  
给每位CHW都发一只体温计用来练习  
如果新生儿的体温太高就去看医生  
如果产妇的体温太高就去看医生  
什么样的温度算太高

2:00-3:00 Blood pressure training  
血压测量培训

- 3:00-3:15 Break 休息
- 3:15-4:00 Family Planning  
Natural family planning method  
Condoms  
Other methods, family planning clinic  
计划生育  
自然避孕方法  
避孕套  
其它的避孕措施, 计划生育诊所
- 4:00-5:00 Give out new supplies 发放新的物品
- Discuss logbooks 讨论产检记录卡的使用

## Training for new CHWs CHW新学员培训内容

### Day 1 Introduction 第一天 介绍

- 9:00-9:15 Introduction of So Drogha, Tseyong-jee, Sara, CHWs  
介绍项目参与人员，索卓嘎，才永吉，Sara及其他卫生工作人员
- 9:15-9:30 CHW responsibilities:  
Visiting mothers 3 times during? pregnancy  
Going to delivery  
Visiting mother and baby 3 times in the first week after birth

CHW payments:  
25 for antenatal visits  
50 for delivery  
25 for postnatal visits  
150 for attending training

Discuss logbooks – that’s how we pay them

介绍CHW 的职责：  
产前拜访孕妇3次  
参与分娩  
产后拜访产妇和婴儿3次

介绍CHW的报酬：  
产前拜访一次25元  
接生一次50元  
产后拜访一次25元  
参加培训150

讨论产检记录卡的使用方式——怎样按照此卡给予报酬

- 9:30-10:00 Traditional customs
- How is pregnancy confirmed?
  - Who attends delivery?
- Traditions during
- Pregnancy
  - Childbirth
  - Newborn period (1 month after delivery)
- 传统习俗  
怎样确认怀孕  
谁参与分娩

传统习惯在：  
怀孕期间  
分娩期间  
新生儿期间（1个月内）

10:00-10:30 Stories from them, stories from us

Are there any stories from the women of difficult births and newborn illness in their villages? Have any women or newborns died?

Tell story #1: Baby is born healthy in an animal shed without clean things. At delivery, umbilical cord is cut with dirty knife. Baby gets sick after a few days and belly button is red and swollen. Baby dies.

How could CHWs prevent this? They could've used a clean delivery kit and cut the umbilical cord with a clean razor. The baby could have lived.

Tell story #2: Mother is having a difficult time in pregnancy. Mother doesn't feel well and has very swollen feet and hands and feels dizzy. Baby is born but mother dies after birth.

How could CHWs prevent this? CHW should tell mother to go to a doctor for the delivery. She has pregnancy danger signs.

她们的故事， 我们的故事

她们所在的村庄是否有过孕妇难产和新生儿生病的情况？有没有产妇和新生儿死亡的历史？

情景1： 新生儿出生时很健康，但被分娩在动物粪便中。接生人员用不干净的刀切断新生儿的脐带，几天后婴儿肚脐眼红肿，最终死亡。

CHW能够怎样避免这种情况的发生？

她们可以使用干净的产包，并用干净的刀片切断脐带。

这样这个新生儿可能就能活下来

情景2： 孕妇在怀孕期间感觉不太好，手脚浮肿且头晕。产后产妇死亡。

CHW能够怎样避免这种情况的发生？

她们应该建议产妇选择去医院分娩，因为她在孕期有危险征兆。

10:30-10:45 Break  
休息

10:45-11:00 Surmang Foundation history, over ten years working here  
KAP survey results shows many mothers and babies die in Surmang  
Surmang Foundation wants to improve this

苏莽基金会的历史  
在此工作10年多，KAP调查显示苏莽地区产妇和新生儿的死亡几率很高。苏基金会想要改善这种状况。

- 11:00-12:00 Talking with women in the community  
Role-playing for women who are:
- Shy: doesn't want to talk about her pregnancy
  - Argumentative: why does the CHW want to know all this information?
  - Doesn't want help: pregnant woman knows many women who have healthy babies, why should she do something different?

#### CHW与社区内的孕妇交谈

与那些比较害羞的孕妇谈谈她们的怀孕情况

与那些比较好争辩的孕妇谈谈CHW为什么需要搜集这些信息。

与那些不愿意接受帮助的孕妇谈谈，她们认为其他的产妇都可以在没有CHW的情况下顺利分娩，为什么她们需要得到帮助。

- 12:00-1:00 Lunch  
午餐

#### 1:00-1:30 Prenatal care

Every pregnant woman in their village should have 1 CHW

Determining the expected day of delivery:

Add seven days after last day of period then add nine months

Practice with each other

产前护理

每个产妇都应当在自己的村子里找一名CHW 帮她确定预产期：

在最后一次月经后加7天，再加9个月。

互相练习这种计算方法

- 1:30-3:00 Visiting women in their homes for antenatal care  
Visit three times during pregnancy to tell the mother about:
- Pregnancy and nutrition
  - No harmful medicine
  - Importance of reducing heavy work
  - Birth plan
  - Importance of breastfeeding when the baby comes

Pregnancy danger signs: woman should see a doctor!

Lots of swelling of hands and feet

Fits

## Bleeding

**Role-play: one CHW is pregnant, one is her CHW**

到每位孕妇家中讲解产前护理知识

在产前拜访孕妇3次并且讲解一下内容:

怀孕与营养

不服用对胎儿有害的药品

尽量减少太重的体力劳动

产前做好分娩计划

讲解产后进行母乳喂养的重要性

出现以下妊娠危险信号：产妇应该去看医生

手脚浮肿严重

痉挛

出血

情景排练：一名CHW假扮孕妇，另一位扮演CHW

3:00-3:15

**Break**

休息

3:15-4:00

**Preparing for birth:**

Clean delivery kit with expecting mother: don't open until delivery!

Calling the CHW to delivery, having a clean place to deliver

Even healthy mothers can have complications

Preparing to come to the clinic or go to Yushu: driver available, extra money

为分娩做准备

为产妇准备好干净的产包，分娩开始时才打开。

找CHW来接生，找一个干净的地方分娩。

健康的产妇也有可能会有并发症。

因此最好提前找好司机和足够的钱准备去苏莽诊所或玉树的医院。

4:00-5:00

**Review:**

What should a pregnant woman eat?

What are 3 danger signs during pregnancy?

How should a mother prepare for the delivery?

复习

孕妇应该吃什么？

怀孕期间的3个危险征兆是什么？

孕妇应该怎样为自己的分娩做准备？



**Day 2      Labor and delivery**  
**第2天      分娩**

9:00-10:30    **Biology of pregnancy and delivery (Big flip book)**  
怀孕和分娩的生理变化（大图册）

10:30-10:45    **Break**  
休息

10:45-11:00    **Hand-washing activity**  
正确的洗手方法

11:00-12:00    **Activity: simulate delivery**  
Clean delivery kits  
Clean cord cutting and care: use of rope to demonstrate  
Care of the infant and mother after labor

- Cleaning baby
- Cleaning mother
- Bulb syringe: how to use

示范分娩过程：

产包

脐带的切割和护理：示范脐带的绑法

分娩后对产妇和婴儿的护理

清理婴儿

清理产妇

示范婴儿吸痰器的使用方法

**Danger signs in labor and delivery: mother should see a doctor!**

**If mother has a fever**

**If mother is bleeding a lot**

**If placenta is not delivered**

分娩时的危险征兆：发生以下情况是产妇必须寻求医生的帮助

产妇发烧

产后大出血

胎盘滞留

12:00-1:00    **Lunch**  
午餐

1:00-2:00      **Review of danger signs in labor and delivery**  
复习分娩时的危险征兆

2:00-2:30      **Newborn care**

Importance of breastfeeding, Kangaroo care  
Practice wrapping the mannequin baby  
新生儿的护理  
母乳喂养的重要性，袋鼠式护理  
练习包裹婴儿模型

2:30-3:00 Eye ointment: 1 hour after birth  
Eye ointment practice  
眼膏的使用：分娩后1小时后使用  
示范眼膏的敷用方法

3:00-4:00 5 signs of newborn illness: baby should see a doctor!  
Infection in umbilical cord  
Fever  
Vomiting  
Diarrhea  
Baby stops breastfeeding  
5种新生儿生病的信号：（发生以下情况时婴儿需要看医生）  
脐带感染  
发烧  
呕吐  
腹泻  
婴儿停止吃奶

5 signs of newborn illness review  
Encourage women to bring baby to clinic for checkup even if baby is healthy!  
复习5种新生儿生病的信号  
鼓励产妇带新生儿来诊所检查，即使婴儿很健康

4:00-4:30 Test! Each CHW is asked to answer these questions:

- What are 3 danger signs in pregnancy?
  - What are 3 danger signs in the mother during labor and delivery?
  - What are 5 danger signs in newborns?
  - What are clean delivery practices?
  - What should pregnant women eat?
  - Why is breastfeeding important? When should women start breastfeeding?  
How long should they breastfeed?
- 测试！每位CHW都需要回答下列问题：
- 怀孕期间的3个危险征兆是什么？
  - 产妇在分娩时3个危险征兆是什么？
  - 新生儿的5个危险征兆是什么？
  - 干净的分娩包括什么？

- 孕妇应该吃什么？
- 为什么要母乳喂养？ 产妇应该什么时候开始母乳喂养？ 她们应该母乳喂养多长时间？

4:30-5:00      Discuss logbooks  
                  Give them delivery kits, bags, supplies, take pictures  
                  讨论产检记录卡  
                  发放产包，书包，其它物品，合影