



Dining for Women

Program Fact Sheet

Program: One H.E.A.R.T. (Health, Education And Research in Tibet)

Web Site: <http://www.onehearttibet.org>

Mission: One H.E.A.R.T.'s (OH) mission is to save the lives of Tibetan women and children, one birth at a time.

History of One H.E.A.R.T.: In 1997, while on a volunteer medical trip to India, Arlene Samen, the founder and executive director of One H.E.A.R.T., became familiar with the plight of pregnant women and newborns in rural Tibet. As a result of her experience, Samen, a nurse practitioner with 25 years of experience in high-risk maternal health, made a commitment to start an organization that would save the lives of Tibetan women and their newborns during the birthing process.

In 1998, Samen founded One H.E.A.R.T. with the help of friends and colleagues. Project offices were opened in Lhasa in 2001 and in Salt Lake City in 2004. In 2000, One H.E.A.R.T. established the Skilled Birth Attendant Training Program and the Physician Training Program in Tibet. Both programs have been conducted annually in the Tibetan capital of Lhasa. In 2004, when it became clear that little lifesaving information or resources were filtering down to the village level or the patients themselves, One H.E.A.R.T. began the Pregnancy And Village Outreach Tibet program (PAVOT), in Medro Gongkar County. This program trains a network of birth-experienced health workers, Women's Federation members, village leaders, and pregnant women and their families, who then provide community-level, maternal-newborn health outreach to other pregnant women and their families.

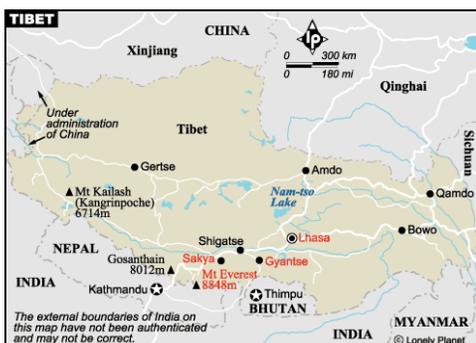
The results of One H.E.A.R.T.'s programs have been promising. Although, two-thirds of women deliver their babies at home, during 2005, 90% of Tibetan women in Medro Gongkar County received three or more prenatal-care visits, more than 60% of women delivered in the presence of a provider who had received basic maternal-newborn health care training, and more than 90% of women received essential prenatal vitamins and basic training in maternal-newborn life saving skills; all huge improvements over previous years. As a result, Lhasa Prefecture's Health Bureau Director, Dr. Gelek, requested that One H.E.A.R.T. expand its programs into other counties in Tibet.

By 2005, more than 1,000 training encounters between One H.E.A.R.T.'s Tibetan staff, international volunteers and Tibetan program participants had taken place in Medro Gongkar County. Each of these pregnant women or care providers was taught the skills to improve the likelihood of a healthy birth for her child or the child of another.

In February 2006, the Chinese government signed a three-year contract with One H.E.A.R.T., allowing them to continue their work in Tibet and expand their service areas. A new, \$100,000 grant from Ronald McDonald Charities, has allowed One H.E.A.R.T. to develop programs in Toulong County.

Recently, CNN named Arlene Samen, as an unheralded hero. CNN searched the globe for unheralded heroes as part of a yearlong search. Arlene M. Samen was chosen by CNN's panel of judges as a person who found hope and practical solutions to some of the most challenging women's healthcare issues in many regions of the world. Arlene Samen's story aired on Thursday, March 13, 2008. We are proud to be supporting her efforts.

Who One H.E.A.R.T. Serves: Women living in the Tibetan Autonomous Region (TAR) in China.



Brief Background on Tibet: The Tibetan Plateau covers a total area of 2.5 million square kilometers, one-fifth of the People's Republic of China. Tibetan-populated areas of China are divided into the Tibetan Autonomous Region (TAR) and Tibetan autonomous prefectures and counties in the Provinces of Gansu, Qinghai, Sichuan, and Yunnan.

TAR comprises less than half of historic Tibet and was created by China in 1965 for administrative reasons. It is important to note that when Chinese officials and publications use the term *Tibet* they mean only the TAR. Tibetans use the term Tibet to mean the area

traditionally known as Tibet before the 1949-50 invasion. Other glimpses into Tibetan history include:

- Between the 17th century and 1959, the **Dalai Lama** was head of the Tibetan government.
- In 1949, **China** invaded and eventually took full control in 1959.
- In 1959, the Dalai Lama sought **asylum** in India and organized the Tibetan government, now called the Central Tibetan Administration. Tibet now considers itself an independent state under illegal occupation.
- Since 1959, exiled Tibetans have continued to seek peaceful solutions to regain their country and preserve their identity and heritage. They also seek ways to help Tibetans living in the TAR region.
- The **government** in exile is parliamentary while the Chinese government is communist.
- Since Chinese occupation, over 111,000 Tibetans have sought refugee status around the world.
- In 1989, the Dalai Lama won the **Nobel Peace Prize**.
- Today, forced to denounce the Dalai Lama, Tibetans must pledge their allegiance to the Chinese government. Failure to do so can result in imprisonment or other forms of punishment. Possessing an image of the Dalai Lama is illegal in Tibet.
- The continued population transfer of Chinese to Tibet in recent years has seen the Tibetans become a minority in their own land.
- Approximately 45% of the Tibetan population is **rural** while 40% is nomadic or semi-nomadic, and only about 15% live in **urban** areas.
- More than 70% of Tibetans in the TAR region now live below the **poverty** line.
- The average **altitude** is 14,000 feet with Mount Everest, the highest mountain in the world, at 29,028 feet.
- The average **temperature** is 58 f. in July and 24 f. in January.
- Tibetan's **economy** relies on agriculture and animal husbandry while the Chinese economy relies on government, commerce, and the service sector.
- The harsh **climate**, inhospitable and rugged mountainous **terrain**, and lack of **infrastructure** in vast parts of the TAR are adverse factors contributing to the isolation and dire living conditions for the overwhelming majority of the population.

The **Dalai Lama** (meaning *Ocean of Wisdom*) embraces Buddhism, which cultivates a good heart and a calm, clear mind. His Holiness the 14th Dalai Lama is the head of state and spiritual leader of the Tibetan people and is exiled in India. The current Dalai Lama was recognized at the age of two as the reincarnation of his predecessor, the 13th Dalai Lama.

Health and health care on the Tibetan Plateau are among the worst in China. The central government, as well as international health organizations, often fails to report the statistical disparities that exist between the wealthier and densely populated regions of Eastern China and the more underserved and scattered areas of the Tibetan Plateau. No official data on morbidity and mortality exist for the Tibetan Plateau. According to some experts, the rate of maternal, child, and infant mortality is so high that *Tibet can be categorized as one of the least developed regions on earth*. More than half a century after the incorporation of Tibet into China, adequate and affordable health care is still not available to the majority of Tibetans. Beijing's economic development policy for the Western regions of China, including the TAR, tends to focus on large-scale infrastructure projects, such as roads, railways, dams, and power stations while neglecting "soft" infrastructure, such as the provision of health care and education. The opening of the Qunghai-Tibet Railway, the highest railroad in the world, carried 2,569 to the TAR region in its first three days of operations. The Railway runs approximately 1,215 miles from Xining to Lhasa.

The Maternal Health Problem:

Worldwide, there are an estimated 585,000 maternal deaths each year; 99% of these deaths occur in developing countries. 24% of those deaths occur prior to labor, 15% during labor, and the majority, 61%, happen in the first week after delivery.

The two most effective means of reducing maternal death in developing countries are 1) the presence of a skilled birth attendant at the delivery, and 2) timely access to emergency obstetrical care. Over half of maternal deaths are due to severe bleeding, infection, or obstructed labor.

Maternal and Newborn Health on the Tibetan Plateau

- *Two-thirds of Tibetan women give birth at home*
- *Tibetan women often die giving birth*
- *1 out of 10 Tibetan newborns are believed to die within the first month of life*
- *Most of these deaths can be prevented by providing simple, basic medical care and the presence of a skilled birth attendant*

Saving the lives of Tibetan women and their children is of utmost urgency for the survival of the Tibetan people and culture. Improving maternal health and reducing child mortality have globally been recognized as vital to promoting development and eradicating poverty, as set out in the United Nations Millennium Development Goals.

The Tibetan society is one of the few in the world in which a tradition of trained birth attendants does not exist. It is believed that Tibet has one of the highest newborn and infant mortality rates in the world. Tibetan women are three hundred times more likely to die than women in developed countries from various pregnancy and delivery complications. Postpartum hemorrhage is the leading cause of death. Like in other cultures, a mother's death is devastating to her family, for it often threatens the health of her children and impacts the family for generations. The mother is the thread that holds the family together. When a mother dies, her surviving children are three to ten times more likely to die within two years. When a Tibetan mother dies, her surviving children are more likely to die young and less likely to attend school or complete their education. Also, many Tibetans believe that a mother's death during childbirth is a sign of bad spirits that brings misfortune to her family and community.

Poor nutrition, lack of trained health personnel, long travel distances, and limited access to emergency care place Tibetan women and infants at high risk of birth-related deaths. The vast majority of births take place at high altitude, in a cold environment, and without access to electricity or health care.

Improving maternal and child health is therefore essential to preserve the Tibetan people, their social fabric and cultural identity.

How They Work: One HEART trains care providers at all levels of the local health care infrastructure. The nonprofit's programs are successful because they are culturally sensitive and collaborate with the local health authorities. One HEART teaches midwifery skills to health workers, villagers, and family members as well as trains physicians in Lhasa's Regional Hospitals. Birthing kits, prenatal vitamins and life-saving medications are distributed to families in remote areas for a safer delivery.

One H.E.A.R.T. developed three programs to assist women and infants. (In 2007, **Dining for Women** purchased 245 birthing kits (clean delivery kits) distributed through PAVOT)

Birth Attendant Training This program is held once a year for a period of three months and is available to villagers, township and county doctors, and other health workers holding various governmental positions. Program participants spend four weeks in educational training lectures followed by clinical rotations at four Lhasa hospitals. At the program's completion, participants return to their communities to provide services to pregnant women and their newborns.

Pregnancy and Village Outreach Program in Tibet (PAVOT), arose out of the recognition that a majority of births in the region occur at home where even basic health knowledge and resources are absent. PAVOT, established by One HEART in 2004, is a community-level maternal-newborn health program that targets rural-living Tibetan women. PAVOT delivers basic health education, skills and essential resources directly to pregnant women and their families. This is accomplished by training and equipping a cadre of dedicated community members, both health workers and laypersons, to provide outreach to the homes of expecting mothers and their families.

The success behind the **PAVOT model** is its simplicity. PAVOT recruits members from two pre-existing community networks to serve as outreach providers. The first group, consisting of village and township-level health workers, provides basic health care to all community members and is highly visible and respected within the community. The second group consists of women who are members of the China-wide Women's Federation. The basic function of the Women's Federation is to represent and safeguard the rights and interests of women and promote the equality between men and women.

PAVOT Outreach Providers, actively seek out pregnant Tibetan women in their area and begin the outreach process.

During outreach, pregnant Tibetan women and their families receive *basic health education* about topics such as prenatal care, nutrition, birth planning, sanitary labor and delivery, recognition of danger signs of the mother and her newborn, prevention of maternal hemorrhage and good newborn care. Women and family members are also taught *hands-on life saving skills* such as uterine massage for the prevention of maternal hemorrhage and resuscitation of the newborn who is not breathing. Finally, they are given *essential life saving resources*, such as maternal vitamins and iron, **clean delivery kits**, and newborn hats and blankets. Local health workers are provided with a medicine shown to decrease maternal bleeding and are educated regarding its proper use.

Physician Training This program increases the level of knowledge and skills of county and prefecture doctors in maternal and child health, through lectures and direct, hands-on teaching. These skills enable them to address obstetrical emergencies and high-risk referrals.

How They Measure Their Success:

1. During 2004, the **maternal death rate** declined by 67% in One H.E.A.R.T.'s target county and the **newborn death rate** declined by 33%.
2. In 2006, through the PAVOT program, OH trained 195 Individual Outreach Providers.
3. In 2006, 77 women who delivered babies in Medro-Gongkar County were interviewed. 50% of them had received five or more visits from the PAVOT Outreach Providers. 75% had been visited three or more times, and 97% had been visited at least twice.
4. One hundred percent of Outreach recipients thought the Outreach Provider was helpful, and they would all recommend that other Tibetan women have PAVOT Outreach.
5. With the graduation of the 2006 class, OH now has 56 Skilled Birth Assistants (SBA); 47 from Medro-Gongkar County and 9 in Duilong County.
6. In 2006, trained birth attendants attended 66% of the total births. Of these births in Medro-Gongkar County, 91% included a trained birth attendant, an increase of 28% from the previous year. The overall percentage of births with a trained provider increased by 29%.
7. In 2006, 801 birth kits were distributed.
8. In 2007, 654 birth kits were distributed ($\$50 \times 654 = \$32,700$)

Financial Profile: From their latest IRS 990, OH reported program expenses of \$ 299,873 (78%) and administrative/fund raising expenses of \$ 84,241 (22%).

DFW Giving History with Program: \$ 4,569 in 2006 and \$ 12,296 in 2007

Our gift in 2007 provided:

- Maternal Vitamin & Iron supplements [provided to PAVOT Outreach Recipients]
- Clean delivery kits^y [provided to PAVOT Outreach Recipients]
- ****Misoprostol tablets^s** (600 micrograms) [provided to village & township health workers for use managing the 3rd stage of labor]

DFW also provided 245 clean birth kits. These kits include:

- Pair sterile plastic gloves for birth attendant
- Bar hand soap for washing hands and perineum
- Sterile plastic birth sheet for delivery and hygienic disposal of birth products
- 3 Sterile absorbent towels for drying newborn
- 3 Sterile ties for ligating umbilical cord
- Sterile razor blade for cutting umbilical cord
- 10 Sterile cotton gauze pads for compression of lacerations/bleeding
- Warm cotton hat for prevention of newborn hypothermia
- Warm blanket for prevention of newborn hypothermia

****Special Note:** Misoprostol is the medicine distributed by Venture Strategies (our December 2007 program).

Resources: One H.E.A.R.T. Web site, reports, and documents; Tibet at a Glance (www.tibet.com/glance.htm), <http://english.people.com.cn/200607/04>