Improving Choices and Outcomes

Saving Newborns in China's Countryside

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By focusing on a single mission, Children's Medical Foundation shows how an organization can form partnerships with governments and hospitals to help train doctors and nurses to improve care for babies in rural China who are in danger of dying from treatable and curable diseases during the first weeks of their lives.

The first four weeks of life can be dangerous for newborn babies in China, especially in the countryside. About 143,000 could not be saved in 2013.

Today in rural China, 1 in 70 newborns die before they reach one month of age. They are four times more likely to die within the first 28 days of life than babies in urban areas of China – and six times more likely than those in developed areas of the world.

They die from mainly treatable and curable causes: asphyxia, or lack of oxygen due to their inability to breathe after delivery, low birth weight linked to premature delivery, and infection.

Most parents in the Chinese countryside don't have access to quality neonatal care because hospitals may not have neonatal units, or special wards for babies 28 days old or

Dr. Bear welcomes patients and visitors to neonatology unit.

In classroom where medical personnel are trained to treat newborns, Dr. Lu Weineng holds "umbilical cord" of simulated infant.

less. Their doctors don't have the expertise to deal with common but threatening conditions. And because they earn on average about one-third or less than what people in urban areas earn, they find it hard or impossible to raise enough money to travel to urban areas and pay for care for their babies.

Many times, families confront horrible choices: let the mother go and save the baby. Or, let the baby go, because the baby isn't going to live long anyway. Or, abandon the baby and let some orphanage deal with the problem, assuming the baby survives.

In small steps, some progress is being made, thanks to partnerships between hospitals in China and a small non-profit organization in Hong Kong, Children's Medical Foundation (CMF), which has helped to improve neonatal care in 12 provinces and is currently focusing on three – Sichuan, Yunnan and Guizhou – where it has determined the need for care is the greatest.

With its partners, CMF has extended quality care from hospitals in capital cities to hospitals in regional population centers by creating special neonatal care units and by helping train the specialists to staff them as well as by establishing emergency ambulance service to the units for babies from the countryside and by providing assistance for families in particularly acute financial distress.

With a staff of only five and with only about US$530,000 a year to fund its current programs at eight locations, CMF has fought beyond its weight class, thanks in part to a strategic decision it made in 2007 to move away from its other programs and focus exclusively on neonatal care. It also has succeeded in spite of a challenging fund-raising environment in Hong Kong, where quality neonatal care is taken for granted, making it difficult to raise public awareness.

Its board of directors plays a major and unique role in its success – members invited to join the board pay annual dues to retain their seats. Estella Huang Lung, now a CMF board member, was CMF's executive director during that period of strategic change in 2007. "We are now trying to achieve one thing," she said, "and that is to lower the deaths of newborn babies in China."

BABIES IN NEED OF TOUCH

Above the doublewide door, a cartoon bear with a stethoscope signals the entrance to the neonatal unit at Guangzhou Women and Children's Medical Center. The hospital is one of three in China where doctors and nurses train other doctors and nurses in a CMF-conceived and managed pilot program to extend quality neonatal care down the medical chain from provincial capitals to hospitals and health centers at the city, county and township levels.

The first room on the left side of the corridor along the middle of the unit contains nine babies encased in see-through, rectangular-shaped incubators on waist-high platforms with small openings for tubes for feeding them or monitoring their heart rates and breathing. Some of the babies are soundly asleep; others cry at different pitches. One subconsciously waves a hand across a chest, her way of saying she needs nourishment, a doctor explains. One baby suddenly wails very loudly and

a nurse comes to check his heart monitor. The rate is 218 beats per minute.

"The heart rate goes up very fast when they cry," says Dr. Wang Ping, one of two paediatricians showing visitors around the unit, which admits babies deemed to have a life-threatening condition at birth.

A couple feet away is another baby, unusually small. A tube goes through his mouth and into his stomach. Dr. Wang says the baby is in danger because his birth weight was extremely low. A low birth weight is less than 2500 grams. A very low one is less than 1500 grams. This baby's birth weight was below 1000 grams.

The baby is an example of the horrible choices poor families face – giving up on the baby or spending what resources they have to try and save an infant whose chance of becoming a toddler is low. "We are very worried about the outcome for this baby," Dr. Wang says. "If they are this small, they have damage to the nerve center, and that can be a bad outcome."

The vise that squeezes families when such situations arise is the result of a Chinese hospital system that requires hospitals to raise revenue to meet expenses that government subsidies don't cover and of a government insurance system whose benefits vary by province. The consequences are that poor families are often unable to meet the cost of big emergencies, and that can lead to bad outcomes.

Dr. Wang, the mother of a five-year-old, leads visitors back into the corridor, and past technicians and a row of computers with dancing-doctor-baby-bear screen savers. A glass wall beyond the technicians offers a view inside another room, where a baby lies on his back, bathed in eerie blue light. The blue light is for treating babies born with a yellow tint to their skin and in the whites of their eyes. These are signs of jaundice, which can cause cerebral palsy and other forms of brain damage.

"Jaundice has to be treated right away because it can be so dangerous," says Dr. Lu Weineng, the second paediatrician on today's tour, who also is vice director of the hospital's Department of Neonatology.

The names of the babies and other biographical information are kept in the unit's patient files, but on the floor they are known by the number assigned to the incubators, or beds, that they occupy; this makes it simpler to monitor treatment. Dr. Wang and Dr. Lu stop beside Bed 53, where another example of horrible choice and probably bad outcome lies prone, glazed eyes half open, a tube running down his oesophagus into his stomach. Dr. Wang says the baby was born in the countryside with nervous system damage and then delivered to the hospital by ambulance. At first, his parents came to visit, but eventually stopped because they couldn't pay for his treatment.

"Is he going to survive?" someone asks.

Dr. Wang slowly swivels her head side to side, then catches herself and tries to be more upbeat.

"His heartbeat is good, but he can't eat or breathe by himself. It's going to be very difficult."

The visitors turn away from Bed 53 and walk toward the exit, past Bed 50. A nurse in a white smock and baby blue facemask is reaching through an opening in the incubator. She begins gently stroking the baby's bare chest with her right hand. "She's trying to lessen his pain," Dr. Lu says. "After feeding, they sometimes feel discomfort; they also feel lonely, so they need some touch."

PREVENTING BAD OUTCOMES

CMF essentially has only one program, the Comprehensive Neonatal Health Project, which emerged from feasibility and design studies CMF conducted after it began moving away from other programs to focus only on how neonatal care can be improved across China. It contains four components that CMF in its materials refers to as programs, but which in effect comprise a single coordinated response to a Chinese national problem.

The first part is the development of neonatal units in hospitals province by province, currently focusing on Guizhou, Yunnan and Sichuan. CMF had previously developed units in 12 of China's 23 provinces, but decided to focus on the three in the southwestern part of the country because two are

particularly poor areas and because one, Sichuan, is vulnerable to natural disasters such as earthquakes. Each year, all told, about 14,000 newborns receive treatment in CMF's neonatal units.

CMF develops new neonatal care units in these provinces by organizing and funding the training of medical staff from city-level hospitals by neonatal care specialists at Guangzhou Women and Children's Medical Center, where Dr. Lu and Dr. Wang led visitors on a tour, or at two hospitals in Shanghai, the Children's Hospital of Fudan University and Shanghai Children's Medical Center. CMF collectively refers to the three as "training hospitals."

To develop new centers at city-level hospitals, CMF needs the support of government officials, especially the local health bureau. The government owns the hospitals in China; its officials maintain the health data and have the hospital connections CMF needs to identify where its projects are best suited.

"Generally, the government concurs with CMF's findings regarding suitability," said David Wong, CMF's executive director.

CMF looks for hospitals in second-tier population centers – and in China that means two to three million people – with a high neonatal mortality rate and a low capacity for neonatal care. It also looks for hospitals whose administrators want to raise the standard of neonatal care despite the in-kind costs to the hospital of losing staff for extended periods for training and having to organize training for lower level health facilities. The desire to raise the standard of neonatal care must be strong enough to override cost concerns.

Dr. Wang Ping, pediatrician, Guangzhou Women and Children's Medical Center

One issue that complicates the search for hospital partners is that some hospital managements tend to prefer paediatric services more than neonatal services because the former produce greater revenue, according to Guifang Li, CMF's program director. Revenue matters because even though the government owns the hospitals, it subsidizes only 60% of costs. The 40% becomes capitalism, and so reluctant managers have to come around to the view that to make money from neonatal care they first have to spend it – a case CMF and its government partners try to make.

Once the government and CMF think they have a good hospital lined up, CMF invites teams of neonatal specialists to formally assess the need for a unit and the capacity of the recommended hospital to support it. Once the specialists say yes and the government agrees, CMF signs an agreement with the hospital and has itself a new neonatal care unit partner – 25 now, with three more in the works.

CMF doesn't try to establish a new partnership with what it will now refer to as a program hospital until it has raised and set aside donations for the cost of one – about US$100,000, which helps underwrite the special equipment neonatal units require. The program hospitals continue paying the salaries of doctors and nurses selected to train in the neonatal units, but CMF pays the cost of their travel and housing in connection with training they receive in Guangzhou or Shanghai. Each doctor and nurse trains for six months.

The trainee doctors and nurses from the program hospitals are integrated into the neonatal unit staffs of the three training hospitals as quickly as possible. Like interns, they make rounds under the supervision of senior doctors and nurses. The

tutelage is a small symbol of what might happen someday on a larger scale in China, where people are accustomed to the government solving problems, rather than coming together and participating in the process.

"These are teaching hospitals accepting these other doctors and nurses into their routines. It's China for China," Wong said.

A second part of CMF's Comprehensive Neonatal Health Project also relies on mentor training. CMF's Neonatal Resuscitation Program is commonly referred to as a program for "training the trainers," whereby newly trained neonatal specialists at the program hospitals will over two years train about 120 doctors and nurses at lower-level county and township hospitals.

Once again, the cooperation of local health officials, with their influence over lower-level hospitals and health centers, is essential. It's better if the invitations to attend training at the program hospitals come from the officials rather than CMF, and so they do. CMF monitors the training and observes the trainees at work the first time they perform a major procedure such as resuscitation.

The program is a step forward, but China needs many similar efforts to expand neonatal care. Many hospitals in the countryside continue to lack the expertise or equipment required for critical cases, but getting a newborn to a hospital raises another set of issues. If families use private vehicles or public transportation without any medical support aboard, they risk making their child's condition much worse. It's another horrible choice: if they do nothing, the baby dies.

This was the dilemma that led to another part of CMF's Comprehensive Neonatal Health Project – helping fund an emergency ambulance service for babies who need to get to neonatal centers, fast. The service is available at several of the program hospitals, and all medical facilities in each region are made aware of its availability by CMF's government partners.

When doctors at other hospitals or health centers get babies that need more help than they can offer, an ambulance is dispatched. A program hospital ambulance may cover a distance of 200 kilometers at most, but on one occasion, the training hospital in Guangzhou sent an ambulance on a daunting mission – 900 kilometers one-way on a desperate drive that also included a ferry transfer.

Dr. Lu, second in command of the 110-bed neonatal unit at Guangzhou Women and Children's Medical Center, said that on average about 10% of the babies there on any particular day arrive by ambulance. On the day of the visitors' tour, two had so far arrived – one with an oesophagus problem, another with a congenital heart issue. The two ambulance cases and about 30% of the unit's babies require critical care to survive; the other 70% need medical treatment to get well again.

Both cases would lead to bad outcomes in the countryside, but here the babies have a fighting chance. "They always gave her the most dangerous cases," said Dr. Lu, smiling appreciatively at his colleague, Dr. Wang, who worked in the ambulance service for eight years before moving into the neonatal unit and occasionally bearing the brunt of a 24-hour shift.

Dr. Wang has helped save a lot of babies during her time at the hospital, and CMF wants to use some of its donations to try and help her and other doctors and nurses in China save more through one final part of its project that it calls, simply, Save-A-Baby. This one is aimed at families in the tightest of vises – because they have varying insurance coverage or, sometimes, no insurance, and because they have neither savings nor personal possessions to sell, they simply can't pay the hospital fees.

CMF relies on program hospitals to identify which families are most in need, and sends the money to the hospital rather than the family once treatment is concluded. It doesn't have much to give – about US$35,000 at different sites in different years – but even that makes a difference to needy people. These include Wu Kai, who married at 16 in Guizhou, the poorest province in China.

Soon after his wife gave birth, their baby developed a severe infection in her digestive tract. They

could not pay for treatment or medication at the rural hospital. But the nearest program hospital learned about the case, stepped in and saved the baby with treatment CMF agreed to subsidize. It happened just in time because, as Wu Kai later told CMF, he and his wife, while at the rural hospital worrying about what to do, had "wondered whether it was time to take the baby home." In other words, time to make a horrible choice. But Save-A-Baby saved them and their child.

A GIVING BOARD

CMF's origin dates to a young doctor serving as a U.S. Navy lieutenant on a warship in the South Pacific during World War II. During ports of call, Dr. William B. Walsh saw many people, especially children, in many countries dying from lack of basic medical care. Many had never seen a doctor.

After the war, as he moved up the military chain, Dr. Walsh persuaded superiors to modernize an old hospital ship, staff it with volunteer doctors and nurses and sail it around the world to provide medical care to poor people. SS HOPE, the first program of Dr. Walsh's new charitable foundation, Project HOPE, left on its maiden voyage in 1958. The ship sailed for 14 years before Project HOPE (Health Opportunities for People Everywhere) became land-based and eventually one of the world's largest charities. One of its largest projects, in partnership with officials in Shanghai, was construction of a hospital designed especially for children. Shanghai Children's Medical Center opened in 1998. A new branch of Project HOPE, known as Project HOPE Hong Kong, was opened to oversee matters.

In time, Project HOPE Hong Kong began to attract more interest from individual donors based in Hong Kong. Some began to question whether a U.S. charity should be deciding how donations from Hong Kong should be spent. They also thought administrative costs were too high. In 2006, Project HOPE Hong Kong became Children's Medical Foundation, an independent, separate legal entity.

Neonatology unit, Guangzhou Women and Children's Medical Center

The change ushered in several others. CMF's board of directors became a "giving board," meaning its members donate significant sums when they accept invitations to join and for every year they remain on the board. The idea was proposed by TK Chiang, a board member then, and now the board's chairman and longest-serving member. The policy – "give or get off," as Chiang describes it – yields an active, involved board. It also pays for 100% of CMF's administration costs.

The "giving board" philosophy is unusual in Hong Kong, but it sends a strong message to potential donors, said Kristi McCombe, former director of fund-raising for CMF who became a member of the board in 2014. The message is that all of a donation funds the programs the donor supports at CMF.

After the transition to CMF, the board also organized itself into committees – program, fund-raising and marketing, and financial and organizational development – and assigned members to them based on their career expertise. It also created the China Medical Advisory Board, a

panel of hospital administrators, academics, doctors and others to evaluate CMF 's programs and help develop a strategy for the future.

From 1998, when the Shanghai Children's Medical Center opened, to 2006, Project HOPE Hong Kong developed five programs. One was the program for helping improve the quality of neonatal care in 12 Chinese provinces that morphed into the Comprehensive Neonatal Health Project, now focused on three provinces. The other four involved children in some way, but not necessarily babies. One was to teach middle and high school students in Shanghai and two other cities about HIV.

Chiang said that prior to 2006 the organization picked programs on a kind of ad hoc basis. Estella Huang Lung, who became executive director in 2007 and who is now a board member, said the pre-2006 programs were worthy and involved many partnerships, but lacked "integration". In 2007, the experts on CMF's new China Medical Advisory Board identified preventable neonatal mortality as the major, unaddressed paediatric issue in rural China. Together with its experts, CMF's board decided it could achieve the greatest impact from its resources by focusing on one issue: lowering the deaths of newborn babies in China.

The new focus did not mean that fund-raising would be any less challenging, especially in Hong Kong. One reason is simply that neonatal care problems are minimal in Hong Kong, making it hard to raise public awareness around a cause where no sense of urgency exists. The fact few organizations get involved in the cause, partly because it is a difficult one to address, also makes raising awareness via the media or other means an uphill climb.

In Hong Kong, many corporate donors are not as drawn to medical charities as they are to charities working on issues linked to their business needs – a more educated work force, for instance. Some require charities to provide volunteering opportunities for their employees. Neonatal units are not places where untrained volunteers can do much good.

While living in London and Istanbul, McCombe worked on behalf of education-oriented charities, before joining CMF in 2013. The combination proved useful when it came time to develop a fund-raising strategy for CMF in Hong Kong. At the time, CMF had few long-term funders, so she began trying to raise CMF's profile. The first step was to get corporations to help underwrite the cost of a children's carnival. The second was to organize events for which CMF was the major beneficiary. This step led to a fashion show at a Hong Kong international school that resulted in US$39,000 in donations and to a second in conjunction with a financial industry trade group that led to US$129,000.

In the case of individual donors, McCombe said that of the programs CMF developed to support its Comprehensive Neonatal Health Project – training the trainers, providing equipment for the ambulance service, and funding financial aid to poor families – financial aid, in the form of the Save-A-Baby program, often gets the quickest response. "Someone will say, 'Save a baby? I'll write a check right now and help save a baby'."

LESSONS AND CHALLENGES

Some of what CMF has learned comes from first-hand observation by Guifang Li, its program director, on the ground in China. Programs must have clear goals and focus on solving the practical problems of beneficiaries – the shortage of trained doctors and nurses, for example, or the need for better equipment in neonatal units and on ambulances, or simply by paying for treatment at hospitals that may give poor parents a chance to see their babies grow up.

Solving practical and complex problems with modest budgets requires organizations to mobilize local partnerships in order to maximize impact. In the case of CMF, this means working in concert with hospitals and their staffs and with local governments to identify their needs and expectations, and then making sure they understand what CMF, with its limited resources, is capable of supporting.

Hospitals, doctors and nurses must see the differences they can make in the lives of families whose newborns they save. Partners in gov-

ernment must see that working with CMF is improving neonatal care in their areas. For CMF, this could result in more financial support for its programs, but operationally, partnering with government also has a practical, significant benefit: when governments issue invitations for training, county and township health centers take them seriously. However, the biggest reason for partnering with local governments is the potential for replication at the national level so that the CMF model to some degree becomes part of a nationwide effort to improve neonatal care.

CMF's collaborates with its government partners so that they feel involved in the process by which program decisions are made. For example, government may want a particular region or hospital to benefit from a new CMF program. With its neonatal specialists from Shanghai or Guangzhou, CMF evaluates the government-suggested sites as well as others and shares the findings. Its experience has been that the government generally accepts the findings, understanding, for instance, that a hospital with non-existent neonatal care capacity can't be chosen because it would cost too much to bring it even minimum capacity.

Similarly, CMF asks its potential medical partners about their expectations and explains what CMF's plans and resources are. Once plans for partnerships are conceived, they will be evaluated by outside medical experts – such as those on the China Medical Advisory Board that CMF formed – to make sure the plans are realistic and achievable.

It is particularly important to evaluate the capability of potential program hospitals before partnerships are formed. For example, department size, staffing levels and existing medical skills need to be taken into account because it makes no sense to work with a hospital that has to be brought too far up to capacity. Careful evaluation informs program design and helps CMF increase the potential impact of training and set targets for the hospital once a program has begun. To maintain quality and impact, it also is important to regularly monitor and compare programs from multiple sites, and make adjustments accordingly. So far, the adjustment process has gone smoothly because the hospitals value CMF's support and the relationships their managements and staffs have built with the training hospitals.

CMF also makes sustainability a fundamental goal so that people can still receive services even if CMF becomes no longer active in their regions. This makes CMF different from a common medical service delivery model used by charities in which foreign volunteers enter a region, stay for a fixed time, and treat the cases they can. That approach does not address root causes: lack of skills and services at the front lines. With neonatal distress, there is no time to wait for a medical team that might come only once a year. But through its focus on training and the transfer of skills among medical professionals, as well as in the equipment it underwrites, CMF's footprint doesn't go away. It seeks this sustainability by carefully managing its growth – part of the reason it waits until it has enough donations in hand before it forms another partnership.

Another big lesson to take away from CMF is how small NGOs can extend their reach by linking programs to support a single strategy. Another is the commitment that results when a board of directors is personally invested in the organizations they oversee. "If everyone is contributing, it shows you have a committed board," said Kristi McCombe, the former director of fund-raising who is now a member of the board. "You're not only discussing issues, you're going into your own pocket."

On the ground in China, Li also is a witness to many of the challenges CMF faces. A major one is developing programs that are evidence-based in some region where it might be hard to obtain basic data needed to determine the baseline level of neonatal care and capability. Some potential partners are not accustomed to sharing data or experienced in analyzing it. Some are not equipped to analyze the survival rate of low birth weight babies, based on specific medical conditions at birth, said David Wong, the CMF executive director.

Limitations to program implementation are sometimes encountered inside the program hospitals, where doctors and nurses have the clinical skills to train others, but do not have experience in program management. This requires regular intervention by CMF to get all the details together for training, data-collection and scheduling. Every two years, CMF brings doctors and nurses from all its hospitals to a China-wide conference to discuss capacity issues and meet with management experts. The conference nurtures sustainability.

CMF often works in an environment where support for neonatal care is won cautiously. Neonatology has become a priority in recent years, and has developed at a faster rate in China than in many other countries, Wong said. But the change has occurred mainly in large cities. Neonatal care in less developed areas remains challenging; it is not considered a priority. It is difficult to persuade hospitals of the social value of neonatal care and that it can lead to winning support from their communities – in terms of status and possibly even revenue, if its clinical staff successfully and routinely delivers quality care. Simply put, the "mindset" of hospitals has to be changed, Li said. To skeptical audiences in Zunyi city in Guizhou province and in Mianyang city in Sichuan province, CMF demonstrated that its training improved neonatal care, which did in fact lead to more patients and higher revenue – prompting the hospitals to allocate more resources in the form of ambulance service and more space and equipment for their neonatal units.

Because of its limited funding and budget, CMF's efforts in the three provinces amount to a pilot project, and so its ultimate challenge can be summarized in few words: demonstrate to the Chinese government, or to another NGO with substantially more funding, that its programs can be replicated or adapted in China's 20 other provinces, possibly to some degree by CMF if it were to attract additional funding. The neonatal care problem across China – 143,000 deaths in 2013 – is so large it is not one CMF can solve alone. It would take a "lifetime" for CMF to implement its programs in the other provinces, assuming it had the funds to do, said Estella Huang Lung, the former CMF executive director and now board member.

A lifetime means a lot more unnecessarily lost lives, and so CMF's mission boils down to showing how lives can be saved, either with public or private funds. Huang is hopeful because the "high neonatal mortality rate is on China's radar screen now, so they have made a stronger push to solve this problem."

CMF intends to complete its efforts in the three provinces, and then in a year or so, ask experts to begin studying possible new programs. CMF will then consult with its advisory board and determine the way forward. Future projects will involve children, but not be limited to China, or to neonatal care, because it wants the flexibility to pursue a broader mission.

At the end of the CMF-hosted tour on that day in Guangzhou Women and Children's Medical Center, Dr. Lu Weineng, vice director of the Department of Neonatology and a paediatrician for 14 years who has saved many babies, escorted visitors outside to say goodbye. He was about to get on his bicycle, as he does every day, and pedal 20 kilometres to his home in the shadow of White Cloud Mountain, out in the countryside.

The case was made possible by the generous support of Mr. C.C. Tung

QUANTITATIVE INDICATORS

Financial

Planned budget or income versus actual expenditure for the fiscal year	Income in 2013: HKD 4.3 million or USD 554,004 Expenditure in 2013: HKD 4.3 million or USD 548,914
Income composition by source: individuals, corporations, events, trusts, other (please specify)	99.6% of income comes from donations; remainder from bank interest income and exchange gain Board of Directors, 18%; corporations, 8%; foundations, 49%; individuals, 15%; events, 10%
Income composition: domestic versus international	Domestic, 85.1%; international, 14.9%
Did you achieve cost recovery? Yes/No	Yes, 100.9 % = net income divided by cost multiplied by 100

Personnel

Staff retention rate (number of employees who remained during the year, divided by the total number of employees, multiplied by 100)	N/A; staff size is 5
Turnover rate (number of employees who left during the year, divided by total number of employees, multiplied by 100)	N/A; staff size is 5
What is the board composition? Board member occupational sectors? Frequency of meetings?	14 members: 7 men; 7 women Finance, 6; shipping, 1; Chinese Medicine 1; entrepreneur or other, 4 4 x year
How many employed staff?	3 in Hong Kong, 2 in China
How many staff members have attended some non-profit or management training course? If training was organized, please answer the following: What topics were covered? Basis of selection of staff chosen for training? Provider of training -- internal department or outside vendor? If outside vendor, please give name	All staff members have attended some courses or training relevant to their responsibilities NGO policy in China; NGO management and banking; fund-raising and donor management; corporate social responsibility; impact evaluation Outside vendors, such as: Tsinghua University NGO Research Center, Beijing World Bank Hong Kong Monetary Authority

Quantitative Indicators Continued

Organizational

Do you publish an annual report?	Yes
How many sites/locations do you operate in?	12 training programs in 8 locations in China
Do you measure results? Yes/No If yes, what are your results measurement indicators?	Yes; examples: trained 30 trainers and 440 rural medical professionals in 2013; performed 173 life-saving surgeries for indigent and orphaned children between 2000-2009; trained 143 paediatric specialists from 15 underserved provinces between 2004-2008 98 newborn saved in 2013; better medical skills and equipment result in fewer newborn deaths
Do you measure activities? Yes/No If yes, please give examples of indicators. They could be in such categories as: awareness-raising, training and capacity- strengthening	Yes, in awareness raising; example: HIV peer education for over 14,000 high school students between 2003-2005
Do you measure impacts by effect of outcomes? Yes/No If yes, please give examples such as: reduction in prevalence of ill-health, improved economic empowerment, choice, access, change in policy priorities, enactment of new legislation	Yes; example: between 2001-2014 CMF established 24 neonatal care units in hospitals across 12 provinces in China in partnership with Children's Hospital of Fudan University and others, increasing access to services and reducing newborn fatalities in rural regions
What types of outreach do you use (e.g., radio, print, postal, community bulletin boards, social media, or others)	Website, e-newsletter, publicity for events, radio coverage; partner hospitals also have local coverage to promote new capabilities
Do you regularly meet with government representatives? Yes/No If yes, on a scale of 1-3 how close is government relationship? 1 = not close; 2 = somewhat close; 3 = very close	Frequently; every CMF hospital partner is government-owned Closeness of relationship = 3