

Community Health and Education
Rima Village, Upper RASHU Township
Eastern Tibet

2013 Trip Report
and
Ten-Year Review

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Rima nomad woman with a birthing kit

Table of Contents

Acknowledgments.....	2
Introduction.....	3
Field Calendar.....	3
Trip Objectives.....	3
Clinic Operation.....	4
Doctors and Clinic Staff.....	5
Medical Supplies, Medicines and Equipment.....	5
Ambulance.....	5
Birthing Kits.....	6
Community Health Educators Program.....	6
Hand Hygiene and Vaccination Programs.....	8
Solar Project.....	9
Ten-Year Review and Plans for the Future.....	9

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Introduction

In 2004, Ayang Rinpoche asked a group of his Western students to visit his birthplace area in Eastern Tibet to try to determine why so many women were dying in childbirth. He thought that the situation was worse than when he had left Tibet in 1959. Since then, 13 public health professionals and 9 students, together with 10 Tibetan assistants, have traveled to Rima, a village of about 2,800 nomads in 500 households in southern Qinghai Province of the People's Republic of China. The Amitabha Foundation made a 10-year commitment to carry out research and provide resources to improve health conditions in the area.

When we first visited Rima, there were no roads to the village, no clinic, no school, no electricity and no clean water. We realize now that while we have had a positive impact over 10 years, we will need to continue our efforts for many more years before health conditions are stably improved and can be sustained locally.



Newly-paved road to Rima

Field Calendar

September 19-21, 2013 – Yushu: planning and preparations

September 22-23, 2013 – Rima: Community Health Educator review, household visits, leadership interviews

September 24-30, 2013 – Yushu: review and reporting, data transfer, evaluation and future planning

Trip Objectives

During our trip to Rima this year we had six objectives:

1. Visit the clinic and discuss current needs with doctors and administrators;
2. Meet the new clinic doctors;
3. Evaluate the Community Health Educator (CHE) and birthing kit program, review data collection with the CHEs, and identify birth outcomes for families receiving birthing kits;
4. Hold a hand hygiene review session for CHEs, and plan for family training at an upcoming local religious festival;
5. Determine feasibility of installing a solar electric system at the clinic;
6. Carry out a 10-year review and evaluation of program progress.

Clinic Operation

The clinic, which was first built in 2006 and expanded in 2009, appeared to be in decent repair, except for one of the larger rooms that had a leaking roof and back wall. The condition of this room, and the area around the plumbing planned for hand-washing stations, appeared similar to our last visit in October 2011. The front yard was clean and being used as a parking area.

Most of the rooms had working electricity, at least for part of each day. The power supplied from the solar installation at the monastery was not stable, and we decided this is one of the highest priorities we need to address. We also found that they need dry, locked storage units for the birthing kits, hygiene kits and other non-pharmacy items, which were piled on the floor or in cardboard boxes.

The pharmacy appeared to be well stocked. We didn't do a pharmacy review this year, but asked Dr. Ngage if anything seemed different with the nomads' overall health since the 2010 earthquake. He said everything was about the same, and the most common ailments were colds. This is consistent with our pharmacy records review from 2009, which showed respiratory problems to be the most frequently treated condition, especially among men and children.



Rima pharmacy in 2013



Upper RASHU Township center, with new school and township clinic

There is still no reliable source of clean water for the clinic. We tried once, and the government has tried multiple times to dig wells in the area for the resettled nomads living on the lakeshore near the monastery. No one has been able to dig deep enough to find water. Experts have said the earth is too sandy to drill a well, as the hole would collapse. The government has also tried unsuccessfully to bring water from the mountainside. Residents use water from the lake or carry it from the dug well we provided at the nearby school. The school is not currently being used, as the government moved the children to the Township school in Jachu village, approximately 27 km from Rima Clinic.

Doctors and Clinic Staff

In January 2013, head doctor Ngage welcomed two new assistant doctors to the clinic staff. Ngawang Phuntsok, age 37, received 6 months training in the Yushu Tibetan Hospital. His wife, Yöng Zhi, is 31. Her father is a well-respected “barefoot doctor”, and after training with him, she worked for 5 years as a nurse at Lixing Township Clinic in Drito County. She also completed 6 months midwife training at the Yushu Tibetan Hospital. The addition of these new assistant doctors is particularly welcome, as the young assistant doctor, Thinley Tarsen, married and left the clinic to live in Yushu. He continues to work part-time for our public health program as one of two Master Trainers in our Network of Safety Home Childbirth project.

In addition to the three doctors, the clinic staff includes Dr. Ngage’s wife, Dar Gyi, who is paid to clean the clinic and as one of the Community Health Educators; and Konchog Gelek, the monastery’s clinic manager. He oversees maintenance of the ambulance, purchases medicines and supplies in Yushu, and manages pharmacy records. In 2012, Konchog Gelek successfully tested for and received his driver’s license. Clinic salaries currently total \$1,220 per month.



**New clinic assistant doctors,
Ngawang Phuntsok and Yöng Zhi, and their son**

Medical Supplies, Medicines and Medical Equipment

Patients who purchase medicines at the clinic pay small fees, which are collected in a “clinic running fund” and used to purchase more medicines. Occasionally, the Amitabha Foundation provides additional funds from donations to help with the purchase of medicines and supplies. Happily, the pharmacy is mostly self-sustaining at this point. Dr. Ngage asked us to bring American-made burn cream on the next visit, as it was superior to anything they could purchase locally.

Dr. Ngage reported that when there is electricity in the clinic, they can use the ultrasound machine, originally purchased with funds from The Rotary Foundation and Direct Relief International in 2007. Dr. Ngage and the new assistant doctors will all need further training on using and maintaining the equipment.

Ambulance

The government has greatly improved the roads in the area over the past two years. It only takes 2 hours to reach Yushu from Rima Clinic, compared to nearly 4 hours when we first

starting coming to the area in 2004. This will make access to emergency obstetrical care much easier.

Unfortunately, the ambulance purchased in 2007 is no longer in service, because repair parts are not available. The clinic manager requested that we purchase a new ambulance for use in transporting pregnant women needing emergency obstetrical care, and for other emergency needs.

Birthing Kits

We began bringing clean birthing kits to Rima in 2005, since public health studies in many developing countries had shown them to be effective in reducing infection and complications associated with home childbirth.

In 2012-13, we purchased, assembled and distributed 201 birthing kits, with a \$1,000 gift from the Rotary Club of Canandaigua, a \$1,000 gift from Arizona Friends of Tibet, and a grant of \$14,720 from the Dorothea Haus Ross Foundation. The kits include a plastic sheet to lie on; soap; clean gloves and mask; two clean pieces of string and a surgical blade to tie and cut the umbilical cord; 2 hand towels to dry the baby; a blanket, hat and socks for the baby; and a 200-day supply of prenatal vitamins.



Dar Gyi explains the use of a birthing kit to an expectant woman and her family visiting the clinic

We have been distributing birthing kits to women from 5 of the 7 villages in Upper Rashu Township, as well as to women and their husbands from neighboring townships who travel to our clinic. Dr. Ngage keeps records so we can follow up and collect information about birth outcomes, complications, and whether or not women go to the hospital in Yushu to have their babies. We have learned over the years that women use the birthing kits even when they deliver at the hospital, as it saves them money not to use the hospital's supplies.

This year we interviewed Mr. Muee, the Party Secretary for Rima Village, and he emphasized how happy all nomad families are with our birthing kit program. They report using nearly all the components of the kits, and say that having the plastic sheet is especially helpful so they can stay off the floor and out of the dung and trash while giving birth.

Community Health Educators Program

In 2011 we initiated the “Network of Safety” program developed by One Heart Worldwide (OHW). Originally developed under the name Pregnancy and Village Outreach Tibet (PAVOT), the program was designed to reduce maternal and infant mortality in areas with little access to emergency obstetrical care. Funded by two grants from Direct Relief International (\$13,275 in 2011 and \$32,095 in 2012), we continue to work closely with OHW in implementing the program.

In 2011 we brought one of OHW’s midwives to Yushu, where she held a weeklong program to educate a group of master trainers in the PAVOT safe childbirth messages. Our master trainers then traveled to Rima, where they trained a group of local men and women to be Community Health Educators (CHEs). These 15 nomads travel to individual households, educating pregnant women and family members about the safe childbirth messages. In addition, they distribute birthing kits to those women who have not already received one at the Rima Clinic, teach them the importance of using each component, and record information over several follow-up visits about prenatal health and birth outcomes.



OHW midwife, Mary Richards, master trainers, and Community Health Educators meet with Rima nomads to discuss safe home childbirth messages in July 2011

Our Tibetan Project Director, Dayang, worked with OHW staff members in 2012 to improve our data collection forms, and held several review sessions with the CHEs to optimize record keeping and collection of important birth outcomes. During this trip in 2013, we held another review session with CHEs in the Rima Clinic, to make sure they collect all the data we need for a careful evaluation of our progress in educating the nomads and reducing maternal and infant mortality. In order to collect the birth outcome information for as many of the women receiving birthing kits as possible, we distributed names and household locations to the CHEs and asked them to visit the families and fill in the missing information. The next day a small group, including Dr. Ngage, Thinley Tarsen and Dayang, went to households in Rima Community 2 to collect birth outcomes for 18 families who had received birthing kits, as this is a remote area where we didn’t have any CHEs actively working.

While we don’t have a large sample or reliable baseline data, it is encouraging to hear that none of the CHEs, doctors, or village leaders we asked had heard of any women or infants dying in childbirth in Upper Rashu Township this past year. We are collecting the data in a

more systematic manner for all women who received a birthing kit either at the clinic or from one of the CHEs, and will be able to complete a proper evaluation by the end of next summer.



3-Day hand hygiene CHE training at Rima Clinic in March 2013

washing and stressed all the times when washing is particularly critical. We made plans with monastery leaders for the CHEs to hold group-training sessions for the nomad families at the next religious festival to be held at the monastery in October 2013. Dayang has already purchased and assembled hand hygiene kits with the Rotary funds and she and the CHEs will distribute these at the training sessions.

The second objective of the new Rotary grant was to purchase a refrigerator, freezer and cold-chain transport box so that the clinic doctors can dispense vaccines. Local mothers confirmed for us on this trip that infants and children do not receive vaccinations in this nomad area. The Yushu County Center for Disease Control has assured us they will provide training to the clinic doctors in storing and administering the vaccines, and will provide vaccines free of charge, once we have this equipment and a stable supply of electricity at the clinic.

Hand Hygiene and Vaccination Programs

The Rotary Foundation and the Eugene Midlakes Rotary Club funded a grant in 2012 to help reduce disease in the Rima area. The first objective is to train Rima children and families in proper hand hygiene. In March 2013, Dayang brought 3 master trainers to Rima to teach the hand hygiene messages to the CHEs and distribute kits to them.

During this trip, we held a review session with the CHEs in proper hand



Two Community Health Educators demonstrate good hand hygiene at September 2013 review session

Solar Project

Electricity at the clinic has not been in steady supply, even after the solar energy station was installed at the monastery in 2010, due to heavy demand from construction repairs after the massive earthquake that year.

Thanks to successful fundraising events in 2012 and 2013 coordinated by Ayang Rinpoche's student, Ulrich von Auenmüller, we began arrangements this trip to have an adequate solar energy system installed at the clinic. At an estimated total cost of US\$ 50,000, the system will provide enough power for clinic lighting and general electricity, wall heaters, a freezer-refrigerator to store vaccines, and the ultrasound and other medical equipment purchased in 2007.

Ten-Year Review and Plans for the Future

We met with our Tibetan project manager, Dayang, our government liaison, Mr. Sangye, the monastery's clinic manager, Konchok Gelek, Dr. Ngage, and CHE master trainer, Thinley Tarsen to discuss project progress since we began coming to Rima in 2004. Everyone agreed that, while there have been some disappointments and setbacks, the project has been a great success in providing health care and education for the nomads in Rima Village and the surrounding area.



Dr. Ngage and Konchok Gelek in front of Rima Clinic at Ayang Monastery

Everyone at the meeting felt that the single most important achievement of the project was the establishment of a stable clinic with good doctors whom the nomads trusted. The principal request from Ayang Rinpoche and from the nomads during our initial health needs assessment in 2004 was to build a clinic to serve the people's health needs, and



Medical anthropologist Dr. Nancy Chin and Tibetan project manager, Dayang, conduct health needs assessment in Rima in 2004

especially to help reduce maternal and infant mortality during childbirth. From donations and grants, we were able to build a small (184 square meter) clinic that was completed in October 2006 at a cost of about US\$45,000. In order to provide living quarters for two doctors and their families, we expanded the clinic by 115 square meters in 2009, added an outdoor toilet facility and a perimeter wall and gate for security, at an additional cost of US\$38,000. The clinic, pharmacy and head doctor are now well respected in Rima Village and throughout Upper Rashu Township and even in the surrounding townships.

We have had some turnover in doctors staffing the clinic over 10 years. Our previous head doctor left the clinic after the 2010 earthquake so he could care for his surviving family members in Yushu. We do our best to support the doctors' work, encourage them to get additional training, and evaluate their conditions and salaries regularly. Dr. Ngage says he will supervise the new assistant doctors and train them in traditional Tibetan diagnostic methods of pulse reading and urine analysis. Dr. Yöng Zhi should be able to see patients independently by December of this year, since she already has significant training in Tibetan medicine and midwifery. Dr. Ngage felt she would be well received by the local nomads, once they have seen her work with him for several months. In addition to the new doctors being trained currently at the clinic, there are two Ayang Monastery monks receiving training in Tibetan medicine at Sertal monastery about 2 days journey to the east. When their training is complete, the clinic administrators will evaluate how many doctors and medical staff the clinic can support.

The doctors and administrators have been getting good feedback about the quality and price of medicines available at the clinic. The nomads really appreciate having this local resource, even though there is now a township clinic and dispensary in the neighboring village only an hour away. The pharmacy is nearly self-supporting, which is welcome news. Since this is a private clinic, the government does not reimburse for patients seen or medicines distributed. Clinic administrators decided in 2007 not to register the clinic, not only because it is hard to qualify, but also because the monastery wanted to be able to decide what services would be provided.

While there is still not a source of clean water for the clinic, the doctors and administrators were more concerned with having a reliable supply of electricity. Dr. Ngage said that “water you can fetch in a day, but without electricity, if a patient comes at night you can’t really treat them.” In spite of this, we will continue to work with the government to search for a clean and steady source of water.



Former head doctor, Ö Yü Tsering, vaccinate infant in 2009

Everyone is very enthusiastic about the prospect of having a new solar electricity station dedicated just for the clinic. The contractor assured us that the system could be installed in one month, so hopefully it will be in place and working before the end of 2013. In addition, we all hope that the clinic roof can be successfully repaired when the panels are installed.

Having no electricity at the clinic has made it nearly impossible to use the medical equipment funded by a Rotary matching grant and Direct Relief International in 2007.

Once the clinic has reliable electricity we can make progress on getting appropriate training and equipment to begin a concerted vaccination effort in the area. Our Community Health Educator trainer felt that there is very little awareness of the importance of vaccinating children among rural people. We did hold one vaccination day at the clinic in 2009 and this was very successful, although we haven’t been able to

follow up with more. We now have funding for a freezer, refrigerator and cold-chain transport box and will get these purchased and installed by January 2014, and arrange with the Center for Disease Control for training the doctors in giving injections this winter as well.

It is disappointing that the ambulance purchased with donations and a Rotary matching grant in 2007 is no longer serviceable. The terrain is hard on vehicles, but now that the road between Rima and Yushu is almost completely paved, a new vehicle should last longer. We will look into funding to purchase a new 4-wheel drive vehicle as soon as possible. The cost, including purchase, taxes, registration and insurance should be about \$30,000.



Family visits clinic with new infant wrapped in a birthing kit blanket

Everyone we talked to, including Rima's Communist Party Secretary, felt that the birthing kit distribution and education program had been very welcome and effective in changing childbirth outcomes. Conditions now were clean, women felt prepared to give birth and family members could recognize danger signs if they should occur.

Our birthing kit program and Community Health Educator (CHE) program under the One Heart Worldwide Network of Safety are both strong and growing. We originally planned to provide childbirth education and support only to the four communities in Rima Village. For the past 2 years, however, we have been extending the safe childbirth training and birthing kit



Dr. Ngage explains how to use a birthing kit to one family visiting the clinic



OHW midwife, Mary Richards, teaches Network of Safety messages to master trainers at Jinpa in July 2011

distribution to all 7 villages in Upper RASHU Township, and even beyond this township. These programs both require ongoing funding, which has been provided to date by a variety of partner agencies. We will continue to look for new sources of funding, and begin to work with the Yushu County Hospital and local government agencies to transition to local funding, as soon as possible.

At present, we have 3 active master trainers and 15 CHEs working in 3 of the 7 villages of Upper RASHU Township. One of our challenges will be to identify and train CHEs to work in the other 4 township villages. We plan to do this by partnering with the township clinic director and with the township Women's Federation.

We realized during our recent visit that CHEs were not able to fill in the mother's blood pressure information needed on the data collection form, since they had not received training and didn't have the necessary equipment to do the measurements. Since recording blood pressure changes can help detect pre-eclampsia, a

serious complication in childbirth, we will approach our partner agencies for funding blood pressure cuffs for each CHE and arrange for their training.

Another important aspect of the Network of Safety training we need to address is to make sure nomad women can get adequate prenatal exams. OHW founder, Arlene Samen, has agreed to come to Yushu in 2014 to give training to the village and township doctors at the Township Clinic in carrying out a prenatal exam. She will also give in-service training at the Yushu County Hospital.

Midwife training is another area where we plan to focus attention in the future. There have been recent midwife training programs at Yushu-based non-governmental organization, Jinpa, and at the Yushu County Hospital and Yushu Tibetan Hospital, but their continued funding is not certain. Some of our current CHEs have expressed an interest in formal midwife training, and we would like to make sure the new assistant doctor is able to upgrade her midwifery skills.

Finally, although one of Ayang Rinpoche's initial goals for us was to carry out research to determine why so many women in Tibet were dying in childbirth, our efforts have focused more on addressing the immediate causes of maternal death, which are the same in all underdeveloped regions of the world: hemorrhage, infection, and obstructed labor. In fact, it has been difficult to collect sensitive information about deaths and death rates, so it remains a challenge to determine if our efforts are having a statistically significant impact. Perhaps it is enough for the time being to know that the people believe what we are doing is having a positive impact and saving lives.



Rima leader's family in 2004