

Project DROLMA

2006 Trip Report



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Field Team

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Drolma or Tara was chosen to represent this project on maternal health for several inter-related reasons, but fore mostly because Tara, a Goddess, is the representation of compassion. Ta-Gay, the Ayang Monastery liaison to the US team, chose her because of this reason and because Ayang Monastery is surrounded by sites bearing her name, including the lake in front of the monastery under which there is believed to be 18 temples to Tara and a nearby cave where Tara is believed to have spend time.

Green Tara, with her right foot extended ready to leap off her lotus and into action in order to protect devotees from imminent danger, helps people cross over from suffering to happiness, from danger to safety. This is what this project hopes to achieve: to help mothers cross the dangers of reproduction over to safe delivery.

Acknowledgements: The success of this year's field season was dependent on more than just the immediate field team. We thank the following people for their efforts and contributions: The monks of Ayang Monastery, Mogens Vinther, Mr. Sangye of the Yushu Political Cooperation Bureau, Mr. Yee of the Yushu Foreign Affairs Office, Ellen Tilly, Matthew Chin and his friends Brendon Boehner and David Baldo, Jocelyn Kopfman;, Stephen Lurie, Kathleen Holt, and Cyprian and Eli Tayrien

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DROLMA CLINIC AT AYANG MONASTERY

We interviewed three contractors. We selected Jang Loban to build the clinic. They began construction on July 15 and completed two of the eight rooms according to the contract by September 15. We purchased pipes to bring water to the construction site to insure high quality construction. We paid ¥10,200 RMB for pipe, labor, and pipe transport. Clinic construction will be completed by July 2007.

We consulted with Mr. Dramo Hua a retired engineer from the Yushu Construction Bureau. He told us we were getting a good price and the plans were appropriate. Total price: ¥269,000 RMB. This includes the money we had planned to spend on an ambulance.

MEDICINE DELIVERY: VILLAGE CLINIC AND YUSHU COUNTY HOSPITAL

At the recommendation of Dr. Ngawang Gelek we purchased and delivered \$1,000 USD or ¥8,000 RMB worth of Western and Chinese medicines for the village clinic. These were inventoried and are stored at the monastery until the clinic opens. We also left free medicines at the Yushu County Hospital.

TRAINING OF PUBLIC HEALTH EDUCATORS

The three Tibetans who have provided translation for the field team, Dayang, Dorje, and Tsering, were recruited to receive training as public health educators. Loy and Chin used the WHO 'Train the Trainers' model to insure sustainability. The three public health educators then used this training to educate villagers at the level of the household. Topics included:

Home Based Life Saving Skills

The American College of Midwives issued this manual to improve maternal and infant outcomes in home births. Loy and Chin selected four areas from the manual: recognizing problems in pregnancy and deliver; preventing problems in pregnancy and deliver; managing hemorrhage; and knowing when to refer a woman to the hospital. Loy merged this with a Tibetan language adaptation from One Heart in Lhasa. We also included a segment on how to use the Birthing Kits we brought with us this year.

Nodzone, a midwife from the Yushu County Hospital, who has worked with our team in the past, provided some of the training to Dorje, Tsering and three of the four Rima doctors, Trinley Tarsing, Nagwan Gelek (Nagay), and Somdrop Drolma. We were unable to make contact with the fourth and chief doctor, Rinchen Phuntsok, despite several messages sent to his home in Community #1.

Vitamin A

Using information from the WHO web site on Vitamin A we taught the public health educators about the benefits of Vitamin A to children under 5 years of age in decreasing mortality due to measles and diarrhea. The benefits to eye function was also stressed. Carrots were brought to the village from the Yushu vegetable market to serve as an example of a good food source of Vitamin A.

Smoking Awareness and Prevention

The health hazards of tobacco use and especially the risks to women and children of environmental tobacco smoke were covered. The main message was that tobacco kills and quitting is difficult. If you don't smoke, don't start. Also stressed was the fact that tobacco makes most pre-existing conditions, such as heart disease and tuberculosis, much worse.

TB prevention

Ta-gay requested that we give attention to the TB problem in the area. The team of public health educators, Ta-Gay, and Chin brain-stormed possible means of prevention that included:

- Cover your mouth when you cough
- Hand-washing
- Smoking cessation
- Good nutrition
- No spitting

COMMUNITY MAPS

Requests were made of monks and villagers to draw maps of the area. Several examples were created. Dorje created a "Master Map" to which he continually added details as he learned them, getting input from several people during the 3 weeks he spent in the village.

BIRTHING KITS

Distribution

In 2005 the US-Tibetan team left 50 birthing kits with 6 of the 8 village leaders. Distribution was sub-optimal with only 6 kits reaching women who needed them (including one kit that Dr. Lurie left with a family that requested one).

We made visits to four of the village leaders to get their input on how to improve distribution. These visits, done one-on-one with the leaders were more productive and informative than speaking with them as a group. Decision-making seems to be difficult for not only the village leaders, but also for the doctors. Concerns

included being blamed for any perceived bias in the distribution of kits. Chin took responsibility for deciding how the kits were to be distributed, saying that any family that asked for one should get one, at least for this project year. This decision will be re-visited in 2007 and revised if necessary. The doctors seemed very pleased to be relieved of this responsibility.

At the suggestion of Sonam Nyima, the kits were distributed through Nagay who was able to give out 19 of the kits before our departure. Birthing Kits were also left with Trinley Tarsing and Somdrop Drolma, and sent to Rinchen Phontsok in Community #1. Dorje reviewed the contents of the Birthing Kit and their use with leaders Moohey (Village Leader) and Nozone (Leader of Community #3). Dorje then observed as Nozone explained the Kit to a household with an expectant mother.

Use in the community

We interviewed 4 families and the leader of Community #1 about the use of the kits. Overall the Birthing Kits were well received. Women appreciated the cleanliness and convenience of the kits. Women who had used the kits distributed in 2005 told us that the sterile razor supplied to cut the umbilical cord was too small for elderly birth attendants see clearly. The 2006 Birthing Kits included a sterile blade with a long handle, which women said worked much better. Recipients of the 2006 kits reported confidence in using all the kit items, and praised the convenience and cleanliness of the kits. A much-appreciated item was the yarn used to tie off the umbilical cord, as women usually have to make the yarn themselves.

An unintended - yet beneficial - consequence of the Birthing Kits was the monetary value of the kit at the hospital. When women went to the city hospital for help during a difficult delivery, bringing the birthing kits with them saved them Y200 (USD25) in hospital fees. Thus birthing kits became a facilitator to accessing hospital care.

Prenatal Care

Using lessons learned from their Home Based Life Saving Skills, Tsering and Dayang were able to counsel a pregnant woman suffering from edema of the legs. This woman had presented to the hospital in Yushu for prenatal care and was taking vitamins. This was her 7th pregnancy.

Blood Pressure Screening

Hypertension is a major cause of stroke elsewhere on the Tibetan Plateau (ref). The objective of this screening was to begin to determine the prevalence of hypertension in this population. A blood pressure cuff was borrowed from Dr. Nyima at the Yushu County Hospital for this purpose.

63 subjects volunteered to participate in the study. Demographics are shown in Table 1.

	<u># monks</u>	<u># nuns</u>	<u># villagers</u>
# men	18	0	44
# women	0	11	19

Subjects' responses on the following variables were recorded: smoking (y/n), alcohol consumption (y/n) (see Appendix XX). Subjects ranged in age from 18 to 76.

Only four people, all men - 2 monks, 2, villagers - were found to have elevated blood pressures. They were advised to decrease the amount of salt in their diets, drink alcohol in moderation, quit smoking, and get more exercise. One of the men with elevated blood pressure was relatively young, about 24 years old. He was visibly over-weight, drank alcohol, and smoked cigarettes. A week later he was reported as in critical condition in the Yushu County Hospital as the result of a motorcycle accident.

MONASTERY STORE AS A SITE OF COMMUNITY HEALTH

The monastery store, situated at the front gates of the monastery near the lake shore, serves monks as well as nomad families. A store survey identified cigarettes and the lack of fresh produce as having high potential for encouraging unhealthy behaviors. Tibetan and US team members approached the store manager, explained the health benefits of smoking cessation and increased fresh produce in diets, and requested that cigarettes be replaced with apples and carrots.

The store manager resisted this suggestion for several reasons: 1) cigarettes are the major source of revenue for the store; 2) nomads would simply go to another store and purchase cigarettes at a different location; 3) fresh produce spoils quickly, reducing the potential profit of offering it for sale.

Since Lamas discourage smoking as un-Buddhist and none of the monks smoke, we convinced the store manager that, if only for symbolic reasons, a gumpa should not promote or support tobacco use. We also noted the ethical dilemma posed by the gumpa making a profit on an addictive substance that is a leading cause of death in the world. Finally we offered to buy out the existing stock of cigarettes and replace them at no cost with apples and carrots, just to see if the produce would sell. Tibetan team member and health educator, Dorje, trained the store clerks on how to explain the benefits of produce, especially the vitamin A from carrots, to mothers of small children.

The produce sold well. By the second week, the case of apples brought up from Jegu sold out in a single day and all the carrots from the previous week were sold. The project encouraged the gompa to keep the profits.

VILLAGE DOCTORS: TRAINING AND RE-SUPPLY

Both the Yushu County Hospital and the Tibetan Medical Hospital in Yushu agreed to cross-train the four village doctors for two months this summer. Funds in the amount of USD 200 or Y 1,600 to support the doctors' stay in Yushu were taken from trip funds and left with Nagwan Gelek.

At Nodzone's request, Dr. Fong, a pediatrician, gave an in-service talk to her and the village doctors on caring for the premature infant.

Supplies were brought to replenish the doctors kits left last year in the village that included: suture kits, alcohol swabs, gloves, ibuprofen, and children's chewable vitamins.

FIRST AID KIT RE-SUPPLY

Band-aids, gauze, ointments, analgesics, and bandage tape were brought to re-supply the first aid kits left at the monastery with Tenzing and with the cook at the Ani Gompa. The monks mentioned using the kit for leg burns, which the monks often got when riding motorcycles, and to bandage cuts and abrasions. No wound infections were reported and it was Tenzing's impression that burns, cuts, and abrasions treated with items from the kit healed faster. The anis were too shy to report on the use of the kits.

SNOWLAND SERVICES GROUP SUB-CONTRACT

Chin and Dorje visited the head of Snowland Services Group (SSG), Rinchen Dawa and his assistant, Passang (Leilani) requesting a service contract through which SSG could work with the US team to secure supplies, permissions, and personnel for future grant applications.

Rinchen Dawa supported this idea noting that the SSG was well known in the regions among other NGOs and had good relationships with all the area's government offices. He urged us to draw up the contract for Passang to translate. Upon review he would quote us a service fee.

YUSHU COUNTY HOSPITAL - MEMORANDUM OF UNDERSTANDING

Dr. Nymia, the vice-Director of the Yushu County Hospital agreed to look at a Memorandum of Understanding, specifying the relationship between the Hospital and the US team. This will be used as supporting documentation in grant applications in the US.

PROFESSIONAL CONTACTS IN XINING

Loy met with physicians from the Department of Neurology at the Qinghai Hospital who were eager to collaborate. Fong met with pediatricians from the Children's Hospital in Xinning. Future collaborations here are uncertain.

Chin had to re-schedule a meeting with public health researchers at the Medical College to 2007, due to illness.

These contacts were all made with the help of Dr. Wang.

PLANS FOR NEXT YEAR

Plans for 2007 were made in collaboration with the Foreign Affairs Officer, Ayang Monastery, and the people of Rima to:

- Recruit 2-3 well trained US physicians to precept village doctors at DROLMA Clinic at Ayang Monastery* (Steve, Debra, and Sharon?)
- Explore TB control* (Carol-Lynn Petranaci?)

- Collect data on clinic visits for future planning (Kathleen)
- Survey child health 0-5 years old in the village (Nancy, Kate Diaz, MPH student?)
- Vaccinate children under 5 by working with the township level Disease Prevention Center; FAO suggests buying the vaccines from them. (Sharon and Becky?)
- Bring more Birthing Kits
- Bring socks for monks and anis (any volunteers)