

Project Drolma at Ayang Monastery
Rima Village
Rashu Township

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Clinic

As the clinic construction was not yet complete, an impromptu clinic was set up in the Gompa kitchen. 4 patients were seen on Monday; 8 more on Tuesday. Mostly monks over 40. Common complaints: headache, arthritis, stomach pain seemingly related to gallbladder. One woman (about 25 years old) presented with an enlarged goiter. This was Sonam Nyima's sister-in-law, whom I have met before. I never noticed the goiter because she wears turtle neck sweaters! Her toddler daughter was problems with her legs, which the parents have created splints for.

Medical Supplies

Medical Equipment

Map of the Village

With the help of Concho Gelek a senior monk at the monastery, a hand-drawn map of the village was created showing the location of all Gompas, Village and Community Leaders, and Village Doctors. Versions of this map will be used in the future to show the distribution of Birthing Kits, disease outbreaks, infant and maternal deaths, as well as other events of public health significance. See Appendix A.

Birthing Kit and Home Based Life Saving Skills Follow-up

Ngagay and Trinley Tarsing reported distributing 14 BKs in the village (see map). Follow-up findings are summarized in Table I.

Map #	Child Sex	Attendant	Outcome
1	unk	Ngagay	Mother, child – good
2	girl	Ngagay	Mother, child – good
3	girl	HBLSS training At home	Retained placenta removed after 3 days by doctor from another village; family too afraid to remove placenta; mother, child -- fine
4	unk	HBLSS training At home	Mother, child – good
5	Unk	Home Rinchen Phuntsok?	Mother – good Baby – died
6	Boy	HBLSS training At home	Mother, child – good
7	Boy	Ngagay	Mother – good Child died day 7
8	Boy	Jegu Moved there before delivery	Mother, child – good
9	Boy	Ngagay sent to YCH	Mother, child – good
10	Boy	MCH Jegu	Post-due date so went to hospital per mother's suggestion Mother, child – good

11	Boy	HBLSS training done by Alex At home	Mother – good Child died at 8 mos
12	Unk	HBLSS training done by Trinley Tarsing	Mother, child – good Given previous bad outcome, parents credit training and BK with this good outcome
13	Boy	HBLSS training done by Trinley Tarsing	Mother, child – good Found BK useful
14	Boy	MCH Jegu Pre-term labor	Mother, child – good Brought BK to hospital

Village Doctor Training

Of the four village doctors that we began training in 2005, three of them Ngagay, Sondrop Drolma, and Trinley Tarsing remain with the Project. Rinchen Phuntsok of Community #1 has withdrawn from participation due to the demands of his household and his own medical practice.

This year Sondrop Drolma's recently delivered infant died and she was in the 40th day of a 49 day mourning period that did not allow her to participate. She was able to meet with the team on two occasions during our stay, expressing a desire to continue her training. She noted that she would need adequate salary support to practice at the village clinic full time and would send us her salary requirements. She also recommended her husband as the ambulance driver who would maintain the vehicle. She is also the only one of the three doctors who can read and write Chinese. For this reason YCH midwife, Nodzone, recommended that Sondrop Drolma be trained on the village clinic equipment, rather than Ngagay or Trinley Tarsing.

Preceptoring by US Physicians

Because the clinical construction was incomplete, Steve, Deb and Sharon saw a total of 9 patients with Ngagay in the monastery kitchen over two days.

Training at Yushu County Hospital

Money left with Ngagay last year provided training time at the YCH for Sondrop Drolma, Ngagay, and Trinley Tarsing. We were unable to determine if Rinchen Phuntsok took part in the training. To our knowledge none of the village doctors participated in any training at the Tibetan Medicine Hospital, although it is available free of charge.

STI/HIV Prevention Education

Dayang and Nancy attempted to discuss STI knowledge and attitudes with women of the village, but after the first interview, the plan was abandoned. Dayang felt the violation of custom was too extreme.

Nancy then worked with Tenzin Gyentso to explain the threat of HIV and co-morbidity with STIs to Trinley Tarsing, who was very receptive to the conversation. The three discussed the fatal nature of the disease stressing the extreme suffering that patients experienced; transmission from mother to fetus; the impact on countries in Africa

including the high number of orphaned children and the decimation of the young adult workforce from 20-45 years of age; and the increased risk of HIV and STIs incurred by men who visit sex workers in Jegu.

Nancy demonstrated the proper use of a condom. 70 condoms were left with Trinley Tarsing and the following day, he and Tenzing Gyentso gave the talk and demonstration to Ngagay. Ngagay reported having a large box of condoms from the birth control brigade. The government out reach team had discussed condom use and birth control, but not STI prevention.

Skeletal Malformations

In Project Year 1, villagers drew our attention to three children with skeletal malformations (a 19-year-old monk, a 10 year-old Nomad boy, and a 19 year old nun), asking what caused this, how might it be treated, and how might the condition be prevented. In subsequent years, team physicians did a history and physical exam of Unja and a Dorje, a monk whose scoliosis had been surgically repaired in New York. The physicians were unable to determine the cause of the malformations or if they were even related. This year we took a more aggressive approach, not in small part over our concern for one of the children's seemingly deteriorating condition. With the help of physicians at the Yushu County Hospital, we applied for and got Unja's application submitted to the Prefecture and County Offices.

Infant Mortality Prevention

During an interview with a new father (Community #3, Nodzone's son-in-law) who had used a birthing kit in the past year, he mentioned a concern for the high infant mortality rates in the community. Dayang and Nancy first established with him that most of the infant deaths occur in the first week of life, which indicates a problem in the health of the mother, rather than of the infant.

We suggested that to keep pregnant women healthy, they must have the following:

- Good nutrition including prenatal vitamins (which will be available at the clinic); meat, yogurt, vegetables, and fruit.
- No exposure to environmental tobacco smoke or alcohol.
- Reduced work load in the third trimester and for 8 weeks post-partum.

Discussions of how to reduce women's work load in the third trimester revolved around a shift in gender roles that would have men assume traditional female tasks such as milking yaks, collecting and processing dung for fuel; cooking; making yogurt; and child care. This respondent characterized men as typically, "lazy". He promised to take a more active role in domestic tasks and spread these recommendations among other men in his community.

Day Ching Tarsing, a monk from Community #4, and our driver to this home visit, promised to do the same in his community.

Tobacco Control

Smoking cessation recommendations were made to key community tobacco users that included: Trinley Tarsing (village surgeon); Ngagay (village bare foot doctor); Mr. Yee (Foreign Affairs Officer); Tenzing Gyentso (Tibetan staff); Sonam Nyima (Party Secretary).

Monastery Store

The management of the store has rotated to Ja New. He continues the ban on tobacco sales and puts fruit and vegetables on sale when possible. They continue to sell out.

Monastery Census

Gompa Dru-in Pancho, who at 66 years of age is the oldest monk at Ayang Gompa, helped create a census of the monastery that includes names, ages, officially assigned role within the monastery, and indicates sets of brothers.