

Community Health and Education
Safe Childbirth Program

Rima Village, Upper Rashu Township
Eastern Tibet

2016 Trip Report

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Trip Objectives

In planning our trip to Rima this year, we had five objectives:

1. Visit the clinic and discuss current needs with doctors and administrators;
2. Inspect new solar electricity system at the clinic;
3. Evaluate new clinic doctors and assess need for additional training;
4. Evaluate the Community Health Educator (CHE), birthing kit and hygiene training programs;
5. Review annual program progress and future needs.

Field Calendar

July 20-21, 2016 – **Yushu**: Check in with government offices; meet with Yushu County Hospital director; plan and prepare

July 22-24, 2016 – **Rima Village**: Meet contractor for roof repair; drill well; clean up clinic and yard; Community Health Educator (CHE) review and evaluation sessions; review and planning with clinic staff

July 25-August 1, 2016 – **Yushu**: Review evaluations and birth outcome data; meet with clinic doctor for CHE future training; prepare reports; plan for future program activities

Safe Childbirth Program Evaluation

Once again, doctors, village leaders, monks, and nomads warmly welcomed us. We held a review session with one clinic doctor, the midwife, and clinic administrator from the local monastery. We asked how things had changed since we first started coming to Rima Village, when we had been told that as many as one in ten women were dying in childbirth. All three reported that the situation had gotten better and there was a big reduction in maternal deaths since the project began in 2004. In fact, they had heard of no mothers dying during delivery in the area in the past two years. They felt that fewer infants were dying in childbirth as well.



Figure 1 Dr. Ngagay Examining Newborn

One big change in the past one to two years was that more people preferred hospital delivery, because it was much easier to get birth certificates than with home births. They reported that in 2016 almost 90% of women had a hospital birth.

The clinic administrator reported that the Rima Clinic benefitted nomads from all nearby areas, even outside of Upper Rashu Township. The doctors had strong reputations and the people knew that the clinic sold good medicines at low prices. In addition, our program to train Community Health Educators has been helpful. The midwife told us, “Young men and women train at the clinic, then go back to their communities with safe childbirth messages. Pregnant women and their family members gain more knowledge about delivery, and they are not afraid.”

Clinic, Staff and Services

One of our main objectives for this visit to Rima was to hire a contractor to replace the clinic roof and repair the ceilings and walls that had been damaged by years of leaking. We were able to locate a company that promised to have the work done by September.

We found that the head doctor, Ngawang Gelek (Ngagey), no longer lives in one of the clinic apartments all the time, but mostly lives at his house near the old Ayang Monastery. However,

he has such a good reputation that when patients come for a pulse or urine test, they always ask Dr. Ngagey come to do it.



Figure 2 Dr. Ngawang Phuntsuo in the Dispensary

The younger doctor, Ngawang Phuntsuo, and his wife Yong Zhi arrived to work at the clinic in 2012. He spent time this year learning to check urine and take pulse readings from Dr. Ngagay, and doing these tests while Dr. Ngagay was away. He is also mainly responsible for selling medicines to patients. He is confident treating burns, which are common because of the dung-burning cast iron stoves used in every home. He also does iv's in the clinic, and among the three medical professionals, is the best for babies. Between Ngawang Phuntsuo and Ngagay, they can treat everyone who has come to clinic so far. For many conditions, like high blood pressure, they prescribe a mixture of Tibetan and Western medicines. If needed, they can send difficult cases to the Yushu County Hospital.

Yong Zhi, the midwife and Dr. Ngawang Phuntsuo's wife, is finally building a reputation in the community and being asked to give prenatal exams, attend births, and give postnatal checkups of newborns mothers and infants. She delivered two babies at the clinic this year, and she attended another two home births.

One of the goals of our Program has been to encourage women to come to the visit for prenatal visits. From 2015 until our visit in 2016, approximately 200 individual women visited the clinic for prenatal visits. She told us that one woman may come maybe 4 times. This agreed with our 2015 assessment of clinic visits, when we determined that in one month, there were 33 prenatal visits, which represented 6% of the total visits to the clinic in that month. The midwife's



Figure 3 The Midwife, Yong Zhi, Doing an Ultrasound Prenatal Exam

prenatal exam includes measuring blood pressure, taking measurements and checking the baby's position with ultrasound. When patients go to Yushu for a follow-up ultrasound, the result has been the same, so that all the villagers trust her now. Because of the ultrasound exams, this year they identified three cases of breech position and were able to alert families and assure that all mothers and babies had healthy birth outcomes.

Clean Birthing Kits

Providing clean Birthing Kits has been a major feature of our overall program since 2005. Promoted by the World Health Organization and used in many resource poor areas, birthing kits, with their clean knife, cord ties, gloves and plastic sheet for the birth, help prevent infection in mother and newborn, and increase survival in infants by providing towels for dryings, a warm hat and blanket. Even with more women going to the Yushu County Hospital to give birth, families continue to value the birthing kits, as many of the components were used by hospital doctors, and this saved the families money. In addition, the baby blankets, hats and socks were very welcome. The doctor and midwife also said they heard that the prenatal vitamins in the birthing kits helped women have healthy babies.

The clinic midwife mentioned that even though we had run out of birthing kits this year the women had a prenatal exam when they arrived at the clinic.

Community Health Educators Program

In 2011 we initiated the "Network of Safety" program developed by One Heart Worldwide to reduce maternal and infant mortality in areas with little access to emergency obstetrical care. This program involved training Community Health Educator (CHE), and began with the training of 3 Master Trainers and the first group of 15 men and women in 2011.



Figure 4 Community Health Educators (CHEs) receive hygiene and safe childbirth training

We now have 22 CHEs who represent all 4 Rima Communities, as well as several from neighboring villages. These men and women travel to individual households, educating pregnant women and family members about the safe childbirth messages. In addition, they distribute birthing kits and prenatal vitamins to those women who have not already received a kit at the Rima Clinic, teach them the importance of using each component. They also encourage pregnant women to go to the clinic for prenatal examinations, and record information over several follow-up visits about prenatal health and birth outcomes.

This year, we asked all CHEs to come to the clinic for a review session, after which we held individual interviews and group discussions with the 14 CHEs who were able to attend. Eight of these had been trained with the original group of CHEs 5 years ago, and the others had been with the program from 2-4 years.

We asked the CHEs what kind of problems they had encountered during their family visits. Everyone said that most families welcomed them warmly. Several men mentioned in the individual interview that it was sometimes a problem for them to give the safe birth messages to women, so they would give the training messages to the husband. All the CHEs reported that they appreciated learning the safe childbirth messages and how to teach these messages in their communities.

Last year we were told that most women were deciding to go to the hospital to give birth because the government made it difficult to get birth certificates for home births. We asked the CHEs if we should change the program now that fewer women were giving birth at home. They replied that teaching the safe childbirth messages was still critical, and that

encouraging women to take vitamins and have prenatal exams with ultrasound and regular blood pressure measurements would still save lives and promote better birth outcomes.

Overall, the clinic doctors and midwife, and the clinic supervisor from Ayang Monastery, all agreed that the 5-year old CHE program has been very successful in educating families in Rima about safe childbirth practices, encouraging prenatal exams, and following up to document birth outcomes in the area.

Immunizations

Our midwife goes to individual homes within 24 hours of a birth to examine infants and to deliver vaccinations. She also keeps immunization records for Yushu County.

Last year 500 infants received vaccinations. The doctors reported that the immunization rate for infants in our clinic service area is better now than in the township overall. They estimated that the rate in the closest villages of Rima, Chuxing, Maron was 60-70%.

Measles is reported less frequently now than in the past. This is good news, as the first winter after the Rima Village boarding school was started in 2009, nearly every child came down with measles. The children currently receive 10 types of vaccines, which are supplied free of charge by the Upper Rashu Township Clinic.



Figure 5 Midwife Yong Zhi vaccinates a baby

Electricity

A new solar electricity station, including panels, converter and batteries, was installed at the clinic in June 2014. The system was still providing electricity for the clinic, including the freezer and refrigerator, and the ultrasound machine.

In addition, we saw that new utility poles were being installed along the shore of the lake and we heard that the government was bringing in electricity from the grid, and that it should be working by the end of 2016.

Water

We have wanted to provide access to clean water since we first started coming to the area in 2004. Water from the lake is contaminated with animal manure and contains a high concentration of calcium and other salts. The clinic staff has been transporting water by car from several kilometers away. While we were visiting the clinic, we heard that a drilling company had just drilled a well at the nearby monastery, so we contacted them to come to the clinic and give us an estimate. They began work the next day with a crew of 6 and drilled 51 meters to find a steady supply of water. They had the pump installed and water flowing by the end of the day.



Figure 6 Setting up the drilling rig



Figure 7 Striking water at 40 meters



Figure 8 Villagers watch as the crew drills the new well



Figure 9 Inserting the PVC liner



Figure 10 Inserting the pump



Figure 11 The finished well

Plans for the future

We asked the Community Health Educators and clinic staff if we should change the Safe Childbirth program now that more women went to the hospital and fewer women were giving birth at home. They replied that teaching the safe childbirth messages was still critical, and that encouraging women to take vitamins and have prenatal exams with ultrasound and regular blood pressure measurements would still save lives and promote better birth outcomes. The ultrasound machine is 10 years old, however, and really needs to be replaced.

Nearly all the CHEs, as well as the midwife and clinic doctors said they wanted more medical training, so we met with Dr. Nyima, the director of Yushu County Hospital. He agreed to begin midwife training for two of our CHEs, and also give further midwife training for our clinic midwife, Yong Zyi. He also agreed to have doctor Ngawang Phuntsok come to the hospital to apprentice in pharmacy to learn which medicines are used for different conditions, and also work in emergency room to start to learn new skills.

At our request, the head clinic doctor, Dr. Ngagey, offered to teach up to 10 of the CHEs in Tibetan medicine. He was trained as a traditional “barefoot” or lineage doctor and has been treating nomads in Rima for nearly 30 years, using pulse reading and urinalysis. We agreed to purchase books and other training materials for his lessons, and make arrangements for CHEs who need housing to stay at the clinic during the training times. We agreed to select only the best and most motivated CHEs to participate in this program, and evaluate its effectiveness after 6 months.

The doctors requested that we help them set up to produce Tibetan medicines by purchasing grinding and medicine ball rolling machines and funding construction of new rooms to house the equipment. We had considered their request prior to the earthquake in Yushu in 2010, but now there are more community resources that would create positive circumstances for a successful business. We will work with them to develop a business plan and determine how the activity can be funded.

We will also follow up in coming months with the contractor we selected to make sure the roof is replaced and the interior ceilings and walls are repaired and painted. It will be a great relief for everyone to have all the clinic areas useable again. As in all prior years we have been coming to Rima, it is apparent that the work we do to raise funds and otherwise support safe childbirth and community health and education is having a positive impact towards improving the lives of these nomad families.