Swiss Red Cross
Tibet Delegation
Shigatse

INTRODUCTION TO PROGRAMS & ACTIVITIES

2003

View of upper Kyerong (about 4,300m)

MAP 1: CHINA'S PROVINCES AND REGIONS

LIFE ON THE TIBETAN PLATEAU

The Tibet Autonomous Region (TAR) covers an area of about 1,222,000 sq km (about 472,000 sq mi). It is bounded on the north by Xinjiang Uygur Autonomous Region (NW) and Qinghai Province (NE); on the east by Sichuan and Yunnan (SE) provinces; on the south (from E to W) by Myanmar (formerly known as Burma), India, Bhutan, and Nepal; and on the west by India. Lhasa is the region's capital and largest city.

With an average elevation of more than 4000 m (12,000 ft), Tibet is the highest region on earth. Most of the people in Tibet live at elevations ranging from 2800 m (9100 ft) to 5100m (16,700 ft). Tibet is also one of the world's most isolated regions, surrounded by mountains on all sides: the Himalayas on the south, the Karakorum Range on the west, and the Kunlun Mountains on the north, and Kham ranges on the East. The southern part of Tibet is situated entirely within the Himalayas, and many of the world's highest summits are located in the main Himalayan chain, which extends along Tibet's southern frontier.

Between the Kailash Range and the main chain is a river valley that extends about 1000 km (about 600 mi). The Brahmaputra, Tibet's most important river flows from west to east through this valley, which covers most of Shigatse Prefecture.

MAP 2: THE HIMALAYAS

Shigatse is the second largest city and an important trade and commercial centre; the Prefecture it administers covers an area of 176,000 sq km (more than four times the size of Switzerland) inhabited by only 600,000. This area bears the traditional name of Tsang. (see map 3., Shigatse-Xigaze in pinyin is referred to as Jih k'a tse)

Vegetation on the Tibetan Plateau is extremely sparse, consisting mainly of grasses and shrubs. Scattered wooded areas occur in the extreme west and east. Tibet is home to a variety of wildlife. Musk deer, wild sheep, wild goats, wild donkeys, yaks, and Tibetan antelope are common in mountainous areas. Other large mammals include leopards, tigers, bears, wolves, foxes, and monkeys. Bird life includes cranes, geese, gulls, teal, and other species of waterfowl, as well as pheasants and sand grouse.

Tibet has a dry, cold climate with an average annual temperature of 1° C (34° F). Temperatures in the mountains and plateaus are especially cold, and strong winds are common year round. The river valleys experience a more moderate climate. Lhasa and central Tibet have an average temperature of 0° C (32° F) in December and an average of 17° C (60° F) in June. The daily temperature range is great. The average annual precipitation is 381 mm (15 in), with the largest amount falling in the southeast.

MAP 3: THE BRAHMAPUTRA AND THE SHIGATSE AREA

A poor rural community

Tibet is rich in mineral resources, although only a few have been exploited because of inaccessibility and a lack of industrial capacity.

The population of the TAR was 2,196,010 at the time of the 1990 census, yielding an average population density of 1.8 persons per sq km (4.7 per sq mi), the lowest of any region in China. The vast majority of Tibet's people live in rural areas, and a large but diminishing part of the population is nomadic (having no fixed residence) or semi nomadic.

Under Chinese administration Tibet's transportation infrastructure has improved a lot. Furthermore, Tibet's economy has grown and diversified. As a result, Tibetans in urban areas now enjoy considerably more material benefits in the form of food, clothing, housing, technology, and entertainment. In the past ten years, Lhasa has witnessed tremendous changes, with mushrooming new buildings including some high-rise ones, tripling its surface, decupling the number of its cars.

Far less improvement has occurred in rural areas. In spite of the material improvements occurring the cities, Tibet remains one of the poorest regions in China particularly its rural areas. In the mid-1990s, the average annual per capita income for city dwellers was about $120, while rural people earned about half that amount. Although the government contributes subsidies to help offset Tibet's low standard of living, most of this support ends up feeding the growth of urban areas.

Subsistence agriculture dominates the Tibetan economy. Arable land, concentrated mostly in the river valleys, is limited in area. The principal subsistence crops are barley, wheat, buckwheat, rye, potatoes, and various vegetables and fruits. Livestock raising however is the primary occupation of the Tibetan Plateau region.

In addition to yaks, sheep, and goats, the herds include horses, camels and other beasts of burden. In a time-proven symbiotic type of economy, herders barter rock salt, hides, meat, wool, dairy and butter against barley (from farmers) and other necessities of modern life in towns.

Some coal mining takes place in Tibet. The region's manufacturing sector has expanded since 1959 but remains limited to small-scale enterprises producing such goods as beer and cement. The production of local handicrafts constitutes a major supply of income. Craft items include woolen carpets, fabrics, aprons, quilts, clothing, furniture, wooden bowls, gold & silver jewelry, and Tibetan hats.

The construction of a railroad from Golmud (Qinghai) started in 2001 and should be completed in 2005. The road system, which did not exist before 1950, has grown to about 22,000 km (about 14,000 mi). A trans-Tibetan highway now runs from west to east. Other highways connect the region with Xinjiang and Qinghai to the north, Sichuan to the east, and Nepal and India to the south. Tibet has two commercial airports; the more important one is located near Lhasa. Since the 1980s tourism has become an important source of revenue in Tibet. Most visitors stay in the Lhasa area, although Shigatse and the base camp of Mount Everest are also popular sites.

THE HEALTH SITUATION

Caring for newborn: at least he has a cap!

Modern medicine was introduced in Tibet in the 50's and like in the rest of China it has contributed to some initial achievements like the eradication of leprosy and smallpox; significant decreases in Maternal & Children Mortality Rates; and an increase in life expectancy.

Tibet's small population and special status have won it a better treatment than other provinces regarding subsidies to the Health and Education sectors. There is now an overall contribution of RMB 30/year per person to health expenses in the Region. The three-tier Public Health Care System, "Xian", "Xiang" "Cun" levels (County, Township, Village) exists even in the most remote areas.

However, the performance of the Public HCS in rural areas is quite disappointing; Health Workers (HW's) skills are very poor and there is not real supervision system. If the newly set-up rural medical insurance system (Co-operative Medical System, CMS) has brought all kind of medicines on the shelves of the rural clinics and has improved accessibility to health care, the HW's still tend to focus on curative tasks –with the notable exception of immunization-, and do not care much about preventive medicine.

Only 5% of the deliveries take place in a clinic or a hospital, and as a result too many women die during labour, up to one death per hundred births in some remote areas. Many children suffer from rickets, stunting and chronic malnutrition, most of the times a result of ignorance rather than food shortage. Rural communities suffer from Iodine Deficiency Disorders (IDD), High Blood Pressure and Strokes, (maybe a result of an over-consumption of salted butter tea), Hepatitis B, Tuberculosis and Sexually Transmitted Infections (STI's).

Many health problems are caused by wrong beliefs and superstitions; for instance, there are many taboos surrounding pregnancy and childbirth. Most of the families lock the door of their house as soon as labour begins, in order to prevent strangers placing a curse on the newborn. Superstition also prevents families from preparing a set of clothes for the newborn.

There is considerable ignorance about good health practices. Rooms where childbirth is taking place are not heated, and newborns not dried immediately; then they are usually swaddled tightly, which worsens their thermal condition, instead of warming them up. This concurs to newborn hypothermia, a dangerous condition probably responsible of most neonatal mortality (newborns dying in the first week of life) in Tibet, estimated is estimated at about 5%, a very high figure. This could be reduced dramatically with better knowledge and practices from the families.

THE SWISS RED CROSS IN SHIGATSE:
For a better health of rural communities

SRC official meets with late Panchen Rinpoche

On the road again

A rural clinic

Since the invitation of the late Panchen Rinpoche in 1988 and the opening of a Delegation in Shigatse, SRC has been collaborating with the Health Authorities and the Shigatse branch of China Red Cross Society, striving to improve the health situation in the countryside in the whole Prefecture through manifold activities.

1. Health Education

Trainers learn about education posters

SRC is now working along with the Women's Federation (WF), trying to improve households' behaviours regarding Mother's and Child's Health, as well as hygiene & cleanliness. WF's representatives are explained the rationale behind 20 health messages, are trained in communication techniques, and given various goodies (newborn caps, nailbrushes, soaps, tea& butter) for distribution during the home-meetings they are requested to organize. 150 such trainers are trained in that way every year, each of them expected to teach 20 women of their communities (3,000 women educated each year). Key messages concern breast-feeding, toddler's

complementary feeding, Iodine Deficiency Disorders, General Danger Signs in a child under 5, home re-hydration of a child with diarrhoea, home care of the child with pneumonia, physiology of pregnancy, dangers of unattended childbirth, and more. They use fabric posters to illustrate these key messages, an important feature in rural areas where very few women are literate. This program is supported by the Canada Fund.

2. Provision of Safe Drinking Water (SDW)

During the first feed-back meetings with the WF's village representatives, participants requested SRC to help with the provision of SDW in villages, a must if hygiene & cleanliness were to be improved. Most of the families depend on the water they fetch at nearby streams or irrigation channels. This water is often contaminated (by animals in particular), and these sources dry up during winter. Girls and housewives have then to walk increasing distances to get the necessary water. SRC agreed to fund the installation of household hand pumps in some villages of the Project, as a complement to the Health Education campaign. It will contribute about 300 pumps in 2003, hopefully more in 2004. The total cost for an installation like that on the picture is only CHF 50.

Before, sharing with animals

After hand pump (Dr. Goekye, Shigatse Red Cross)

3. Support to the rural Health Care System

In seven counties of the Prefecture (Thongmon, Sakya, Lhatse, Kyerong, Khangma, Gamba and Nyalam, more than 150,000 people) SRC implements an "Integrated Primary Health Care Project" aiming at improving rural communities' health. It is acting on many fronts: educating women on beneficial health practices (see above), providing safe drinking water, and getting a better performance from the Public HealthCare System, in particular with:

Support to the Mother's and Child's Health (MCH) training centre

With the aim of improving HW's skills in Obstetrics and Paediatrics, SRC supports a refresher training course for 50 rural HW's a year at the Maternity Hospital in Shigatse. The trainees live in the hospital and participate to the tasks of the medical personnel. On afternoons, they receive a series of lectures on essential MCH topics, a hundred hours in total. This two-month training is supported by the New Zealand Embassy in Beijing.

Training of Health workers

SRC also supports when need be various trainings of Health Workers (mainly Paediatrics and Obstetrics) and Health Managers as well. Topics for the latter can be as diverse as Essential Drugs, Public Health Administration, CMS management, etc. Once a year SRC organizes a week-long seminar for the field supervisors.

Equipment of doctors and clinics

For many years, SRC has been helping rural clinics with furniture & medical equipment. SRC has now developed a list of more than 50 items, from the nailbrush to the oxygen bottle for a value of about CHF 4,000 per Xiang clinic and CHF150 per HW. About 20 clinics and more than a hundred HW's will be equipped in the 2003/2004 current phase.

Integrated Management of Childhood Illness

IMCI is a Paediatrics training module for rural HW's developed by WHO and UNICEF; it teaches HW's how to deal, both simply and efficiently, with only five children diseases. These (pneumonia, diarrhoea & dehydration, fever & measles, ear problem and malnutrition) are responsible for 70% of under-five children's deaths. This module has been adapted to China's circumstances, and used in several pilot provinces since 1999. SRC concurred to its translation and adaptation to the Tibetan context (most HW's at the Xiang level cannot read Chinese). Besides, SRC sponsored the anthropology & nutrition research necessary to understand malnutrition patterns and design sound and acceptable feeding recommendations for mothers.

The traditional-looking "12 animals" calendar For the diagnosis of children malnutrition

SRC believes that if it was used in rural clinics, IMCI - and especially its "Household & Community IMCI" component (Health & Nutrition Education) could contribute to a significant reduction in Children Mortality Rates. SRC will continue its efforts to make it accepted at all levels of the Health Care System as the reference for all sick children.

3. Traditional Tibetan Medicine (TTM)

At the request of the late Panchen Rinpoche, SRC agreed in 1991 to support the creation of a private school for TTM. Students are selected in remote and underserved villages of the 19 counties; the studies last five years and are entirely free. The first batch graduated in 1996, and the second batch will finish its studies at the school proper in 2003. The graduates will then take another year at the Shigatse Health School, in order to learn elements of Western Medicine, Obstetrics, Paediatrics, Nutrition, Health Education, Sterilisation and Hygiene, etc.

4. Eye Care

For several reasons, Tibet is severely struck by cataract, the main cause of blindness. Back in 1995, the main hospital in Shigatse was the only one capable to deliver modern cataract surgery. Since then, SRC has been sponsoring eye camps all over the Prefecture and helped more than 3,000 elderly patients to recover eyesight. Now most of the operations take place with lens implants, which avoids cumbersome and fragile eyeglasses. Fifteen eye doctors from the main counties have been trained to safe and modern cataract surgeries, and supplied with surgical equipment, and consumables. This project benefits from the co-operation and support from Kathmandu's Tilganga Eye Centre, a regional reference centre, and Tibet Vision Project, a San Francisco-based charity

5. HIV / AIDS and Sexually Transmitted Infections control activities

Although Tibet does not seem to be particularly affected by HIV yet, the local circumstances make one fear the imminence of the epidemic: insufficiently tested blood products, lack of information of the public and of the sex workers about routes of contamination; and a total absence of any condom promotion. A joint team (SRC/SHRC) tours the bars and tries to talk the girls about the dangers of unprotected sex. The Red Cross has designed and published illustrated leaflets and booklets about HIV.

It is well known that STI's make people more vulnerable to a HIV contamination. Clinics that specialize in STI treatments charge very high fees for doubtful schemes, and usually offer no counseling. Red Cross has founded a non-for-profit clinic for STI's patients, using the WHO Syndromic Approach, which allows for cheap, efficient, and in many instances, single-dose-treatments.

6. Surgery for cleft palates and harelips

These type children are usually not provided any care in villages far from the Prefecture. In collaboration with the Prefecture Public Health Bureau (census of the patients) and the First People Hospital of Shigatse, SRC has invited the Italian branch of the international charity Interplast to operate about a hundred of these patients.

7. Support to Shigatse Red Cross FA, Disaster relief

All of the above is implemented in collaboration with SRC's partner, the Shigatse (SHRC) branch of China Red Cross Society (CRCS), which implements on its own several traditional Red Cross activities, like First Aid training, Disaster Relief, Red Cross Youth, support to the needy, etc. In all these activities, SRC has had a supporting role, in funding, training and equipment. SRC supported the construction in 1999 of a Red Cross building in Shigatse. The rents collected from the shops on the ground floor now help Shigatse Red Cross to have its own and independent budget.

The Red Cross Building in Shigatse

In 2003 like in the previous years, there will be First Aid Training of Trainers for Red Cross personnel and the Red Cross youth.

Over the years, Swiss and Shigatse Red Crosses have achieved together a thorough and concrete recognition of the Red Cross throughout the Prefecture. Since 1988, SRC has been acknowledged as one of the most relevant and successful international organizations in Tibet. The Swiss Government, ECHO, the municipality of Zurich, the Canada Fund, The New Zealand embassy, the Australian embassy, The Tibet Society London, and quite a few private donors have helped us to get there.

You too can help us to build on this capital of sympathy and experience towards improving the health situation of the rural communities in Shigatse

The Red Cross team 2002