THE DIFFICULT PATH



CISP MAE-DGCS

Italian Cooperation

THE DIFFICULT PATH

Emergency Medicine in the Snowland
Ten Years of Health Cooperation in Tibet

CISP/MAE-DGCS

CISP
COMITATO INTERNAZIONALE PER LO SVILUPPO DEI POPOLI
意大利人类发展国际委员会

COOPERAZIONE ITALIANA
意大利合作




"Where I have to go?" asked the
"If you are in doubt" told the lama
"ALWAYS select the more difficult path"

THE DIFFICULT PATH

Is one of the activities included in the project of the Directorate-General for Development Cooperation of the Italian Foreign Affairs Ministry n. AID 4902 "Development of Emergency Medicine in Tibet. Phase 2. Extension to rural area plus prevention and care of mother and child related emergencies" realized by CISP as part of the Sino-Italian cooperation activities.

Design and realization:

CISP (Comitato Internazionale per lo Sviluppo dei Popoli)

www.cisp-ngo.org www.developmentofpeoples.org

Rome - Beijng – Lhasa : August / September 2006

Photographies by: Giulio Sarchiola
Giorgio Cortassa

Words by: Gianluca Falcitelli
Laura Trombetta Panigadi
Giorgio Cortassa

Foreword by H.E. Gabriele Menegatti

Italian Ambassador in China


120
Tibet Emergency centre
Supported by the Italian Government



Italy has long been active in China helping people in need, through its Aid and Assistance policy. Health is one of the major sectors that has been pinpointed, together with our counterparts. The Tibetan Autonomous Region, on the other hand, is an area still affected by critical health conditions but also with an old tradition for medical and pharmacological fields.

Among the activities that the General Direction for Cooperation and Development of the Italian Ministry of Foreign Affairs has financed and coordinated in the field of Medical Health Care in Tibet, there are two particularly important projects aimed at supporting Emergency Medicine in the Land of Snow. These projects were carried out thanks to the cooperation between the Chinese regional institutions (the Tibetan Autonomous Region Health Bureau and the Tibetan Autonomous Region Department of Commerce) and the Italian Ngo CISP.

It is a ten years long story, featuring exceptional efforts, hard work, but also enormous satisfaction. Such effort and satisfaction were equally shared by both local staff and Italian experts, who worked together with an outstanding cooperative spirit. This beautiful book, which I am glad to introduce, with its texts and pictures, tells about their experience in the beautiful, as well as harsh and difficult territory of the vast Tibetan plateau. Despite the great distance between the two cultural identities, what is shown in these pages is the self speaking common will to work together to preserve these people, their lifestyle, their way of thinking, that have been bearing a thousand years old message that still is today – more than ever –a treasure for all of us.

Beijing, September 2006

H. E. Gabriele Menegatti

Ambassador of Italy in China

ཞི་ཀ་ལི་མི་རིགས་འཚེལ་རྒྱས་ཞུ་ཡོན་ལྟན་ཚོགས་ནས་བོད་ལྗོངས་ས་མཐོའི་ཐོག་ལོ་ངོ་བཅུའི་རིང་སྐྱོབ་སློན་བཅོས་ཀྱི་མཉམ་ལས་རྣམས་གྲངས་སྤེལ་བའི་ནང་དོན་ཐོན་བློ།

ང་ཚོས་དེབ་དེའི་ཁྲོད་ཡིག་རིགས་དང་རི་མོའི་རྣམ་བའི་ཐོག་ནས་ཞི་ཀ་ལི་སྤེད་གཞུང་གི་སྒྲིག་འཛུགས་ཡིན་བའི་མི་རིགས་འཚེལ་རྒྱས་རྒྱལ་སྤྱི་ཡོན་ལྟན་ཚོགས་ [CISP] ནས་བོད་དུ་དཀའ་འཚོགས་ཆེ་ལ་བརྟེ་སེམས་ཀྱི་ཁེངས་བའི་རྣམས་གྲངས་སྤེལ་རིང་གི་གནས་ཚུལ་ཇི་མ་ཇི་བཞིན་དུ་བཀོད་ཡོད། རྣམས་གྲངས་དེ་དག་༡༩༩༤ལོར་འགོ་བརྩམས་པ་ནས་དང་ལོ་བཅུ་རྒྱུན་འཁྱོངས་ཐུབ་ཡོད། རྣམས་གྲངས་དེ་དག་ཞི་ཀ་ལི་ཕྱི་འབྲེལ་ཡུལ་མཉམ་ལས་འཚེལ་རྒྱས་ཅི་ནས་མ་དཏུལ་བཏང་བ་དང་བོད་རང་སྐྱོང་ལྗོངས་ཚོང་དོན་ཐིང་དང་དེ་བཞིན་བོད་རང་སྐྱོང་ལྗོངས་འཕྲོད་བསྟེན་ཐིང་ནས་གཞིག་འདེགས་ཐོག་ལག་བསྟར་བྱེད་པ་ཞིག་ཡིན།

དུས་རིམས་དང་པོ་རྣམས་གྲངས་ལ་གཅོ་གནས་སྐྱབ་སྐྱེ་བ་སྐྱན་བཅོས་ཡིན་པ་དང་དེའི་རིང་བོད་རང་སྐྱོང་ལྗོངས་མི་དམངས་སྐྱན་ཁང་དང་པོའི་ཚབ་ཚེན་སྐྱན་ཁང་ལ་ཤུགས་སྟོན་རྒྱུ་བ་དང་དུས་མཚུངས་ [བོད་ཀྱི་སྐྱབ་སྐྱེ་ཉེ་གནས་] བཙུགས་ཡོད་པའི་མིས་སྟང་རྒྱན་ལྟན་ལྟར་འགོར་སྐྱེད་བྱེད་བཞིན་ཡོད། ཉེ་གནས་ཁང་དུ་ ༡༥ ཁ་བཅས་སྐྱབ་ཁན་ཐུབ་ཅིང་བཙུགས་ཡོད་པས་ཁབ་ཁྲའི་ཁྲབ་ཁོངས་ལྟ་སྐྱོན་ཡོང་དང་ཐ་ན་ལྗོངས་ཡོང་སྤྱ་ཁྲབ་ཡོད། དུས་རིམས་དང་པོའི་རྣམས་གྲངས་སྤེལ་རིང་ཞི་ཀ་ལི་སྐྱབ་སྐྱེ་དང་ཕྱི་ནང་ཚན་ཁག་གི་སྐྱན་བའི་རྣམས་གྲངས་སྤེལ་ཁུལ་གྱི་སྐྱན་དོན་མི་སྣ་སྐྱབ་སྐྱེ་སྐྱན་བཅོས་ཀྱི་སྤྱོང་བརྡར་དང་སྐྱན་བཅོས་ཡོ་ཚས་དེ་བཞིན་རྒྱུ་བོད་ཡིག་རིགས་གཅིས་ཀྱི་སྐྱབ་ལག་དེབ་རྩོམ་སྤྲིག་བྱས་ཡོད། རྣམ་རིམས་གཞི་ཉན་ཁ་ཐུག་ ཁཱཊ་ཁ་ཤས་ཀྱི་ཐོག་རྒྱུ་བོད་ཡིག་ཏུ་ཁྱེར་ཏེ་ཞི་ཀ་ལི་སྐྱབ་སྐྱེ་ཁང་ཁག་ལ་ཕུལ་ཡོད།

དེ་ཡང་གཞི་རིམ་སྐྱན་དོན་མི་སྣའི་གཞི་རྩའི་སྐྱབ་སྐྱེ་བཅོས་ཀྱི་ཤེས་བྱའི་སྤྱོང་བརྡར་འཛིན་གྲ་གཅེར་བ་སོགས་ཚུད་ཡོད། སྤྱོང་བརྡར་བྱེད་ཡུལ་གཅོ་བོ་ནི་ སྤུ་བོ་རྩོངས་དང་རྒྱལ་རྩེ་ སྣང་དཀར་རྩེ་ སྐྱ་ཆེན་རྩོངས་ཀྱི་ཤར་གྲོང་སྐྱན་བཅོས་མི་སྣ་གཅོ་བོར་འཛིན་ཡོད། རྣམས་གྲངས་ཀྱིས་ཞི་ཀ་ལི་སྤེད་གཞུང་གི་རེས་བྱའི་སྤྱོང་བརྡར་ཐེངས་གྲངས་ཀྱི་ཁྲབ་ཁོངས་ལ་ཕྱོགས་གཅིག་ཏུ་ཁྱེར་ཏེ་ཞི་ཀ་ལི་སྐྱབ་སྐྱེ་ཁང་ཁག་ལ་ཕུལ་ཡོད། དེ་དང་དུས་མཚུངས་རྣམས་ནས་གོ་བདེ་བོའི་བོད་ཡུགས་གསོ་རིགས་ཀྱི་ཐང་གའི་ཁྲབ་ཁོངས་བསྟེན་དུས་བསྒྲུགས་སྤྲོའ་གཅོད་བྱས་ཡོད།

ལོ་ཤས་རིང་རྣམས་གྲངས་ཀྱི་ལས་དོན་སྤེལ་རིང་མ་གཤེ་ང་ཚོར་ས་མཐོའི་དམིགས་བསལ་གྱི་ཁོར་ཡུག་ཁྲོད་ལས་དོན་ལ་དཀའ་ངལ་མི་ཉུང་བ་ཞིག་འཕྲད་ཡོད་དེའང་རྣམས་སྤེལ་ཡུལ་ཁག་གི་ལམ་དང་ གནམ་ཤིས་ སྐད་རིགས་ ཡུལ་གོམ་ཤིས་དེ་བཞིན་སྤྱིགས་འཇུག་ཀྱི་གནས་ཡུལ་སོགས་ཀྱི་ཐད་དཀའ་ངལ་འཕྲད་ཡོད། འོན་ཀྱང་[CISP]དང་བོད་རང་སྐྱོང་ལྷོངས་འཚོང་བསྟེན་ཐིང་གཤེས་ཀྱི་ཤུགས་ཆེའི་མཉམ་ལ་བརྟེན་ནས་ང་ཚོས་གོང་གསལ་གྱི་དཀའ་ངལ་ཐ་དག་ཁྲད་བསད་ཐུབ་ཡོད་ལ་ཀྱང་གོ་དང་ཙི་ལི་ཐྱོགས་གཤེས་ཀྱི་རྣམས་གྲངས་ལས་དོན་མི་སྣས་བོད་མི་དམངས་ཀྱི་སྐྱན་བཅོས་ཆ་ཤུན་གོང་མཐོང་གཏོང་རྒྱུ་དམིགས་ཡུལ་དུ་འཛིན་བའི་སྟོན་འགྲིའི་ཆ་ཤུན་ཐོག་རྩེ་སེམས་ལྟན་བའི་སྐོ་ནས་ལས་དོན་སྤེལ་བར་ལས་དོན་ཁག་ལ་འཚེལ་རིམ་གསར་བ་ཞིག་བྱུང་ཡོད། རྣམས་གྲངས་སྤེལ་བ་རྒྱུད་ས་གནས་དེ་གའི་སྐྱན་བཅོས་འཕྲོད་བསྟེན་མི་སྣའི་སྐྱན་བཅོས་ཚུ་ཚད་ཤུགས་ཆེན་གྱི་གོང་མཐོང་སོང་ཡོད། རྣམས་གྲངས་ཀྱི་གྲུབ་འབྲས་ཁ་ཤས་དེ་ལྟ་ང་ཚོས་མིག་མཐོང་ལག་འཛིན་ཡིན་ལ་དེ་མིན་གྱི་གྲུབ་འབྲས་ཁག་སྤྱད་ཕྱིན་གྱི་དུས་ཚོད་ནང་ར་སྤྲོད་ཐུབ་དེས་ཡིན།

མདོར་ན་རྣམས་གྲངས་ཀྱི་བོད་ལྟོངས་ས་མཐོང་ལས་དོན་ཡང་དག་ཞིག་སྤེལ་ཡོད་འོན་ཀྱང་འཛམ་གླིང་ཐོག་རང་བྱུང་ཆ་ཤུན་ཞན་ཞོས་ཡིན་པའི་འཛམ་གླིང་ས་ཡི་བཅུ་མོའི་སྟེང་ད་དུང་ལས་དོན་མང་དག་ཞིག་གྲུབ་དགོས་ཀྱི་ཡོད་པའི་ང་ཚོ་ཚང་མས་ཀྱང་གོ་དང་ཙི་ལི་ཆུལ་ཁབ་གཤེས་ཀྱི་མཉམ་ལས་རྣམས་གྲངས་ཡུལ་རིང་ཆུན་འགྲོངས་ཐུབ་ཆུ་དང་བོད་ཀྱི་མི་དམངས་ལ་ཉེ་པན་གང་མང་གཏོང་ཐུབ་ཆུའི་འདུན་པ་འཆངས་བཞིན་ཡོད།



意大利人类发展国际委员会在西藏雪域高原10年急救医疗合作项目内容摘要

我们在此书中借助了语言及图片的形式以充分描述意大利非政府组织“人类发展国际委员会”（CISP）在西藏既艰苦又充满激情的项目工作情况。项目于1996年开始至今已持续10年，项目由意大利外交部合作发展司拨款并与西藏自治区商务厅以及西藏自治区卫生厅协作实施。

第一期项目着重于急救医疗；在加强自治区第一人民医院急诊室的同时建立“西藏急救中心”，目前已进入正常运行，中心还设有“120”电话急救服务，服务范围覆盖整个拉萨乃至全区。在一期项目里意大利急救及外科医生对项目点的医护人员进行了急救医疗培训、配备了医疗仪器以及组织编写了藏汉两种语言的急救手册。除了拉萨，项目活动还延伸到了林芝、山南、日喀则、那曲地区以及墨竹贡卡县医院。

在二期项目中，在继续支持急救医疗的同时项目将重点放在了基层妇幼急救医疗，包括对基层医护人员的基础急救医学知识的培训，培训对象主要以波密、江孜、浪卡子和巴青县的乡村医疗人员为主。项目利用意大利政府的援助资金还为昌都和阿里两个地区配备了救护车，并为以上提及的四县所属乡卫生院及村医配备了一些基础诊疗设备用于妇幼医疗。同时项目还编制了通俗易懂的藏医唐卡型式的基础卫生宣教挂图。

在这些年的项目工作中我们虽然在高原特定的环境中工作遇到了不少的困难，比如：到各个项目点的路况、气候、语言、习俗以及组织情况等方面的问题。但是通过CISP和自治区卫生厅两方的通力合作我们克服了以上很多困难。中意双方项目工作人员在本着以提高西藏人民医疗条件为目标的前提下，一起充满热情的工作使个各项工作取得了很大的进展。通过项目，当地医疗卫生人员的水平也得到了很大的提高。项目的有些成果我们今天可以目睹，而其他的成果以后时间将会见证。

总之，项目在雪域高原做了很多工作，但是，在这片世界上自然条件最困难的世界屋脊上还有很多工作需要去做，我们所有的人都期望中意两国合作项目能够持续至将来并给西藏人民带来更多的利益。


CISP
HEALTY LIFE
CISP
HEALTHY MOTHERHOOD



1996-2006: a technical summary of CISP Projects in Tibet "First Phase" and "Second Phase"

by Gianluca Falcitelli



In the following pages I shall try to present the essential elements of these two projects which have been carried out over a period of more than 11 years (with an interruption of one year, in 2001). During this long period of time many people were involved (both Tibetans and Italians), many resources and... a good amount of good will. I hope something of this great engagement will show in these pages – besides all the data, numbers and statistics. Anyhow, as responsible for CISP projects in Asia I consider myself lucky, as I was able to participate in this adventure from the beginning. And I am very happy now that I see how many of those things which seemed impossible to accomplish when we started have been actually accomplished! Health care in Tibet still needs a lot more, but... something has been done, a first step, and then a second one; maybe others will follow.

On behalf of CISP I would like to thank all the people who contributed to the realization of these projects.

PROJECTS TITLE

- First Phase: 1996 - 2000

Support to Emergency and First-Aid Medicine in the Tibetan Autonomous Region

- Second Phase: 2002 - 2006

"Development of Emergency Medicine in Tibetan Autonomous Region-extension to rural area plus prevention & care of mother & child-related emergencies."

DURATION & PERIODS:

- First Phase: 4 Years-July 1996–July 2000
- Second Phase: 4 Years-August 2002–October 2006

DONOR/FINANCING INSTITUTION

Italian Ministry of Foreign Affairs - General Direction for Development Cooperation

COST OF THE PROJECTS FINANCED BY THE ITALIAN GOVERNMENT

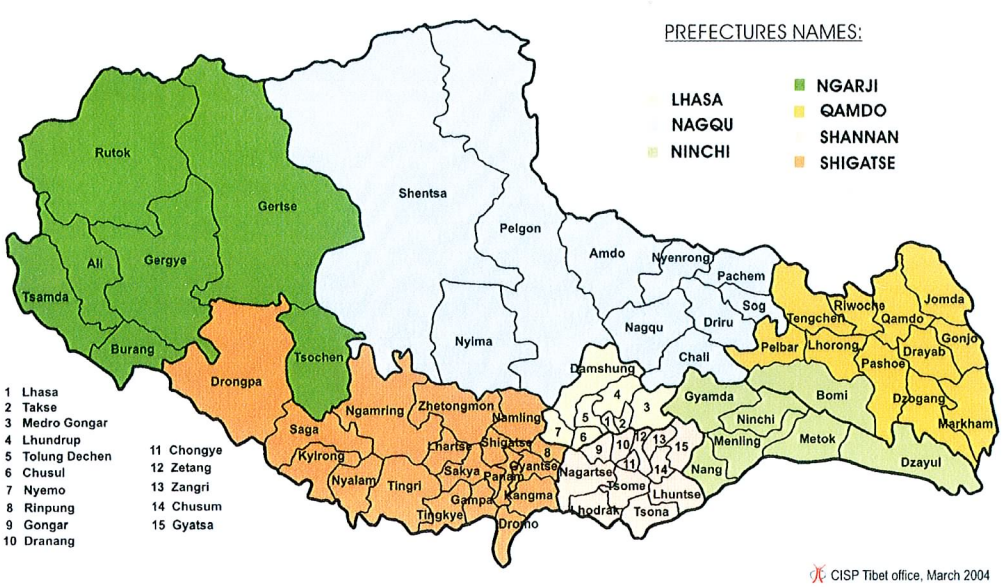
- First Phase: 1,930,283 Euro
- Second Phase: 2,341,651 Euro

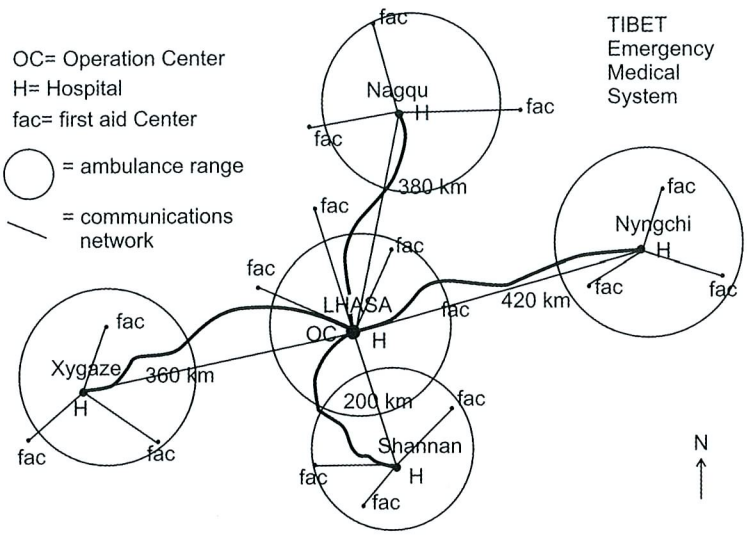
LOCAL PARTNERS:

- MOFCOM (Ministry of Commerce of People's Republic of China)
- DOFCOM- Tibet (Department of Commerce of the Tibetan Autonomous Region)
- Health Bureau of the Tibetan Autonomous Region

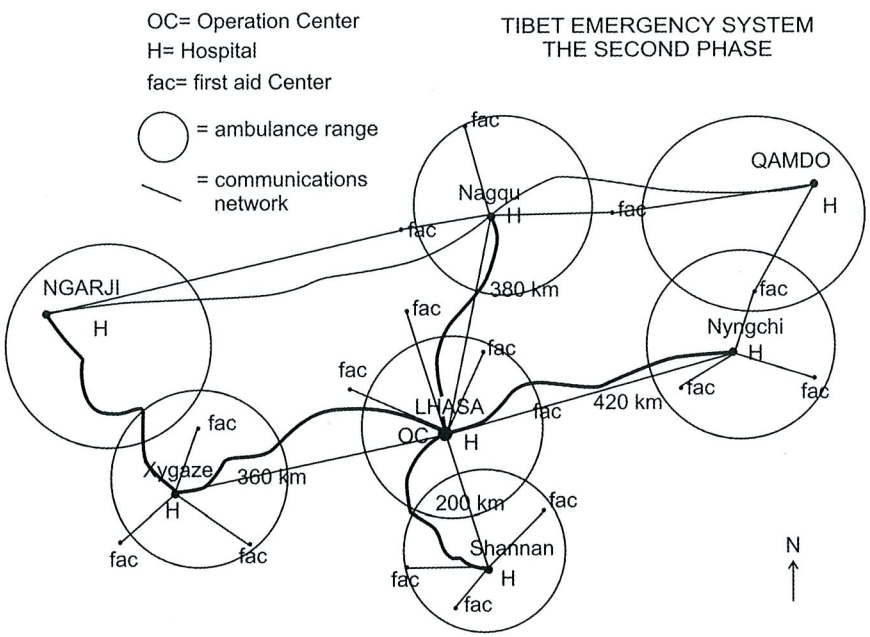
IMPLEMENTING AGENCY

- Italian NGO: CISP (Comitato Internazionale per lo Sviluppo dei Popoli), via Germanico 198,00192 Roma. Tel: +39 06 3215498, fax: +39 06 3216163. e-mail: cisp@cisp-ngo.org websites: www.cisp-ngo.org www.developmentofpeoples.org
- CISP in the Tibetan Autonomous Region (China): CISP-Tibet, c/o Tec Tibetan Emergency Center, 16 North Linguo Road, 850000, Lhasa. Tel: +86 891 6321059, tel/fax: +86 891 6321049





Basic organizational planning for the Tibet Emergency Medicine Network in the First Phase project (up) completed in the Second Phase project (down)



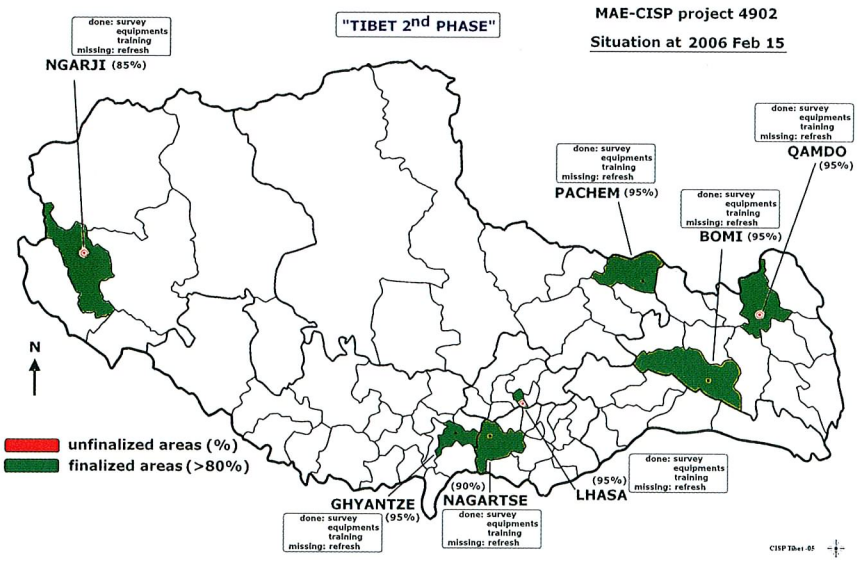
PROJECTS AREA

The Tibetan plateau is located north of the Himalayan chain; its average altitude is 4,050 m above sea level, and it covers an area which spreads over 1,221,700 square kilometers, t.i. four times the size of Italy. Because of its climate, orography, general conditions and because of all the difficulties related to transport and communication at all levels – ranging from linguistic problems (the various Tibetan dialects, besides Chinese) to insufficient infrastructures as far as telephone and computer nets are concerned – it is logistically considered one of the most difficult areas in the world.

Overall the two projects – in their essential lines, at District level (Lhasa, Shannan-Lhoka, Nagqu, Shigatse, Ningchi, Qamdo and Ngarji) - covered the entire territory of the Tibetan Autonomous Region. With the intervention at county level (Medjiugonggar during the First Phase, and Gyantse, Nagartse, Bomi and Bachem during the Second Phase) the projects reached more remote

areas of rural Tibet, down to xiang level (communities which have as their point of reference a small town) and villages.

- First Phase
- The Municipality of Lhasa
- The Districts of Ninchi, Shannan -Lhoka, Shigatze, Nagqu.
- Second Phase
- The Districts of Qamdo & Ngarji, plus the all other Districts of Ningchi, Shannan-Lhoka, Shigatze, Nagqu
- The Counties of Bachem (District of Nagqu); Bomi (District of Ningchi); Nagartse (District of Shannan-Lhoka); Gyantse (District of Shigatze)
- Support and reinforcement in all the area interested during the First Phase project



Counties and districts of the Second Phase with project's advancement status as at February 15, 2006

BENEFICIARY POPULATION

The population living in the Tibetan Autonomous Region (according to official data) is 2,730,000 people.

OBJECTIVES OF THE PROJECTS

General Objective

- To improve the living conditions of the population living in the Tibetan Region through the strengthening of the emergency medicine system and the Mother and Child care services in selected counties

Specific Objectives

- To reinforce the emergency departments of the First People's Tibetan Hospital (FPTH) in Lhasa and of the six District Hospitals through human resources training and the provision of medical equipment and supplies, ambulances, communication equipment, etc.
- To enhance the accessibility to health care services for population living in remote areas (four counties), mainly as far as emergency and mother and child health services are concerned, promoting emergency prevention and response at the peripheral /rural level.

MAIN ACTIVITIES

Training courses

➢ First Phase

- 11 Courses on emergency medicine and first-aid, held by Italian medical doctors for 200 doctors and nurses from the emergency departments of district and county hospitals and from the First People's Hospital of Lhasa.

- 14 Courses on emergency medicine and first-aid, held by previously retrained local and Italian doctors for 250 "village doctors" from the county of Medjugonggar (Lhasa Municipality).

- 4 Two-month courses on emergency surgery (orthopaedic, abdominal and thoracic) held by Italian surgeons for 35 specialist doctors from the above mentioned hospitals.



- 5 Courses on the maintenance and repair of medical equipment, held by local and Italian engineers, for 8 maintenance technicians from the relevant local hospitals.

- 4-month fellowships in Italy on organization and management of emergency and first-aid services, for 4 health professionals (MD's & nurses) from the Tibet Emergency Center of Lhasa. These training fellowships were held at the Ospedale Santa Corona, Pietra Ligure.

- 12-day visit to specialized Italian emergency medical institutions by 5 managers from Health institutions in the Tibetan Autonomous Region. Participants visited hospitals and first-aid departments in Rome, Pietra Ligure, Bologna, Parma, among others. Meetings and discussions were held with the Italian Minister of Health and other experts of the Italian Emergency Medicine System.

➢ Second Phase



- 3 refresh training courses at the Shanghai Medical Emergency Center for emergency personnel from the First People's Hospital of Lhasa + 6 District Hospitals of Nagqu, Bayi, Shigatse, Shannan-Lhoka, Qamdo and Ngarji: 28 doctors and one tutor.

- 6 Practical training courses on emergency medicine in FPTH of Lhasa and in District and County Hospitals: 140 doctors and nurses

- 12 training courses on Primary Health Care, Mother and Child Health & Health Education for xiang and village doctors in Bomi, Gyantse, Nagartse, Bachem counties: 80 xiang doctors + 140 village doctors

- Specialistic training courses on ultrasound scanner in Mother and Child Health + "on the job" training for county hospital doctors at the First People's Hospital of Lhasa: 27 doctors and nurses

- Practical hospital training for county doctors in Lhasa (FPTH and Maternity hospital): 34 medical personnel from the county hospitals of Bomi, Gyantse, Nagartse, Bachem held a 6 months practical training on gynecology, orthopedics, surgery, internal medicine and nursing.

Moreover, English training courses were held for doctors and nurses. In addition to this, practical courses on the use of computer and radio equipment for the emergency center were organized, as well as safe driving courses for drivers.

All together, 952 health workers at different levels were trained during the project (502 during the first phase of the project and 450 during the second one)

Technical assistance and on-the-job-training

Along the whole duration of the projects, several Italian experts (medical doctors, obstetricians, nurses, clinical engineers and technicians) along with international MD volunteers alternated in the field to provide continuous technical assistance for the organization of the Tibetan Emergency Medicine System and of the PHC/MCH services at county level.

Those experts carried out epidemiological and functional analyses on the local health services situation and provided advice on how to streamline the Emergency Medicine System as a whole.

The same experts were responsible for parts of the educational training, but mainly followed the local health personnel in their daily routines in the district and county hospitals as well as in the xiang clinics and health village in the remote areas, as part of on-the-job-training activities.

The Italian experts were directly involved in all working aspects, from diagnostic and therapeutic to routine problems, like cleaning, using minor instruments, etc. This greatly augmented the skill, autonomy and responsibilities of the medical and paramedical staff.

The most important improvements achieved during the Projects must be attributed to technical assistance and on-the-job-training.

Provision of ambulances, vehicles, medical equipment & health supplies

- First Phase

7 Ambulances, 2 vehicles, medical equipment, health supplies and communication equipment were donated to the first-aid and emergency departments of the four district hospitals of Nagqu, Shigatse, Ningchi and Shannan-Lhoka besides the Tibet Emergency Centre of the Tibet First People's Hospital. In Lhasa. Health instruments, supplies and consumables were also provided to the county hospital and to the xiang clinic of Medjiugonggar county.



The total value of vehicles, medical equipment, instruments, supplies and consumables is approximately 950,000 Euro.(1999 value)

- Second Phase

7 ambulances, 3 vehicles, medical equipment for the emergency departments of Qamdo and Ngarji District hospitals plus Bomi, Gyantse, Nagartse, Bachem, Medjiugonggar County hospitals.

Basic medical equipment for Mother and Child Health and Primary Health Care to 53 xiang clinics and 195 village doctors in the counties of Bomi, Gyantse, Nagartse and Bachem.

58 small rural tractors to the 53 xiang clinics of the counties of Bomi, Gyantse, Nagartse and Bachem for transport of patients needing health assistance in remote rural areas.

The total value of vehicles, medical equipment, instruments, supplies and consumables is approximately 900,000 Euro (2006 value).

Delivery, installation and testing of all the equipment provided were always accompanied by short training courses on its use and maintenance.

Production of teaching material on Emergency Medicine, PHC, MCH and health education

As support to the training activities, a centre for the production of didactic material was created on the premises of the Tibet Emergency Centre of Lhasa.

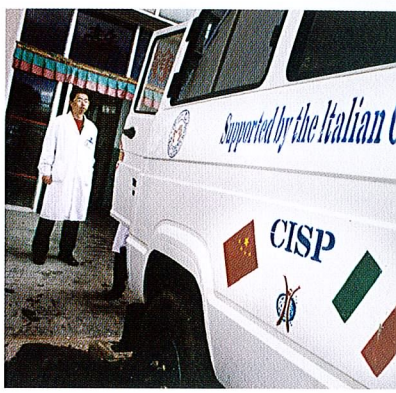
The project provided necessary hardware, software and human resources training (in English language, computer and graphic management).



Several handbooks, training and health education materials have been edited in Chinese and Tibetan, have been distributed to health personnel in hospitals, xiang clinics and village health posts and used in the training courses.

Among others, the following have been edited and distributed:

- "Emergency Medicine System: General Plan & Guidelines"
- "Emergency Medical Handbook"
- "Emergency Treatment Protocols"
- "Transfer Protocols for Community Level
- "Advanced Nursing for Trauma"
- "Primary Health Care in the Snowland, a manual for rural doctors"
- "Mother and Child Health Care in the Snowland, a manual for rural Midwifes"
- Poster on "Safe Motherhood" (MCH) in the traditional Tibetan medical "thangka"/painting form
- Poster on "Healthy Life" (PHC) in the traditional Tibetan medical "thangka" /painting form
- Other Health Education materials such as leaflets, comics, posters, etc.
- CISP also distributed other materials on health education like handbooks, comics, posters etc. prepared by other local (T-RHB) and international health organizations (MSF, Save the Children, Swiss Red Cross etc).



During the second phase of the project CISP distributed directly to the population small materials and "gadgets" on health education. Many of these items were previously unknown to the nomadic and rural Tibetan population, for example multivitamin pills for children and pregnant women, toothbrushes, toothpaste, sunglasses for people affected by eye pathologies and backpacks to carry small children, in order to reduce the complications of the hip joint malformation.

Set-up of the Ambulance Service for Tibet based at the Tibet Emergency Centre in Lhasa

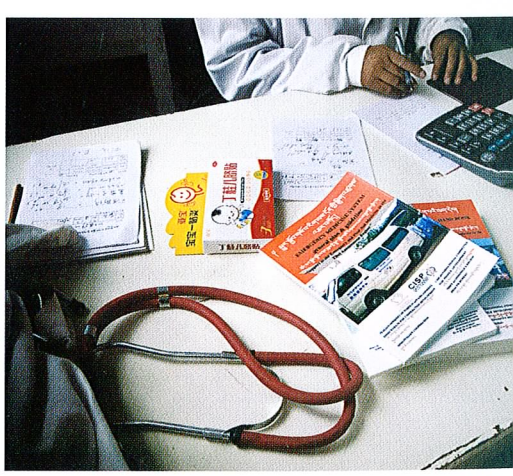
Thanks to the provision of ambulances, communication equipment, health equipment and materials, human resources training and technical assistance from Italian experts a regional Ambulance Service for Tibet was set up in 1998, based at the TEC.

The headquarters of the Ambulance Service, active h24 and 365 days per year, has a computerized "120" (unified number) emergency telephone call service. It was initially organized and equipped with telephone system, radio and computer by the Project and then further developed in the following years by the local partners. The operation center now includes a Geographical Information System rasterized map of the Lhasa municipality

RESEARCH ACTIVITIES

Since 1996 and for the entire duration of the projects the operational planning was based on the results which had emerged from the collected data and from field surveys. Many reports, at least on a half-yearly basis, were produced.

Besides this routine activity, more organized applied research, mainly in the field of epidemiologic studies, were carried out as well, both in the first and in the second phase of the project.



ISS Study about accessibility to First Aid care in China

A very important study was carried out in 1999. This study was promoted and partly financed by CISP during the first phase of the project.

As economic difficulties in finding access to medical care (including emergency care) had been detected and reported, concerning the poorest people, the Italian Cooperation decided to investigate the problem. A research was commissioned to the ISS (*Istituto Superiore di Sanità*, i.e. the Italian National Institute of Health), in cooperation with the Chinese Academy of Preventive Medicine and with the local resources of Italian medical cooperation projects.

The research was carried out in three different areas of China: Jagadaqi (Manchuria), Beijing and Lhasa. These are its main results:

No-access percentage to emergency care services because of economic problems	
Jagadaqi (Manchuria)	51,6 %
Beijing (Beijing municipality)	20,0 %
Lhasa (Tibetan Autonomous Region)	20,6 %

Those data demonstrates that about one third of the Chinese patients involved in the research don't go to a First Aid centre because they feel they cannot afford to pay for it – even if they are affected by emergency pathologies and they understand the potential threat to their own conditions and life.

The results of this research were presented to the Chinese Health Ministry during an international congress in Beijing which was organized by the Italian Cooperation in the year 2001. They contributed to modifying the Italian programs of health cooperation in China, as far as their main approach is concerned. Priorities were shifted from hospital medical care to primary, mother-child and preventive health care, especially in rural areas.

CISP Study about nutritional conditions of Tibetan adolescents in school age

With the second phase of the project we decided to organize and finance a collections and analysis of data within a sub-project of epidemiological scientific research.

This was one of the activities which had been planned since the beginning of the second phase project: a scientific research which could generate practical consequences for the Tibetan population.

Having noticed that many children and adolescents in rural areas are too thin and too small for their age, we decided to research this aspect in order to identify and quantify the problem.

Since July 2005 until May 2006 we visited 5828 children and adolescents of both sexes, between 6 and 18 years old, in various Tibetan schools in Nagartse, Ngarji, Bomi and Bachem, registering age, weight, height and many other parameters. This data was elaborated and compared with international standards, using the statistic method of Z-scores, as indicated by OMS.

The results are not yet finalized and show some local differences between the four counties. They show anyway that nutrition is a serious problem in Tibetan rural areas: 45,8% of all children are underweight, 41% are shorter than they should be and 22,6% are still too thin even in relation to their small height.

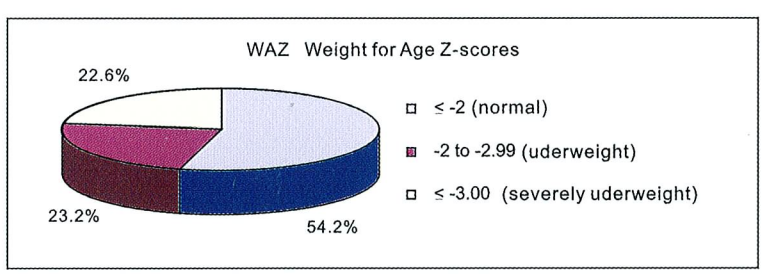
This kind of situation is typical of chronic malnutrition.

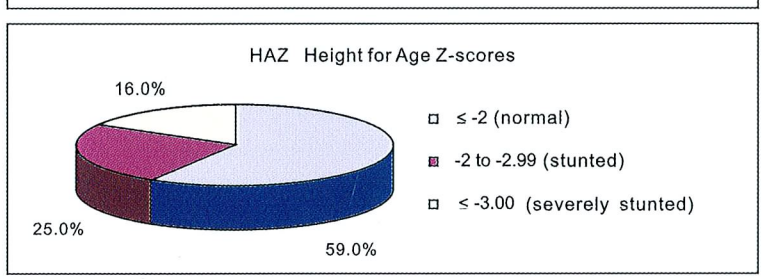
Parameter	Results		Total children examined
Weight / age	Normal	Too thin (underweight)	
	3157	2671 (45,8%)	5828
Height/ age	Normal	Too short (stunted)	
	3440	2388 (41%)	5828
Body Mass Index / age	Normal	Too thin and short (wasted)	
	4509	1319 (22,6%)	5828

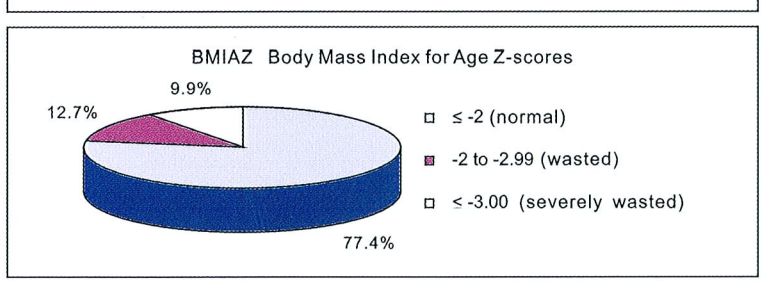
Chronic malnutrition – unlike acute malnutrition which is caused by famine and war – generally doesn't kill, or at least it doesn't kill immediately. But it causes serious and permanent consequences in growing organisms. This kind of malnutrition occurs when the quantity and the quality of the food barely allow the body to survive, but it is not enough to allow a normal growth. These children don't eat enough over a period of many years, and they don't eat good quality food. So they cannot grow and will develop physical and psychological impairment for the rest of their lives.

The underlying image shows graphically the difference between normal children (in blue) and children with problems (in red and yellow). The percentage of children with Z-scores lower than -3 (in yellow) have very serious nutritional problems and problems related to insufficient growth. We are talking, for example, about boys and girls who are 15 years old, 1,30 meter high and who weigh less than 30 kilograms! They are very weak and exposed to many serious illnesses like tuberculosis.

It is also thanks to this data that we can prove the existence of serious health problems and public health care problems in the Tibetan Autonomous Region. These analysis are useful in order to generate awareness in the local authorities, and in order to develop new international cooperation projects. In its future proposals regarding Tibet, CISP wants to include projects focused on health education and nutrition for teachers and schoolchildren.









Overall, the data which were collected during these past 10 years – through our daily experience in the field as well as through epidemiological research – show that health care related problems and needs are still very serious in the Tibetan Autonomous Region, despite the apparent modernization in many aspects of life.

RESULTS

An evaluation of the results produced by complicated projects such as those carried out by CISP in such a vast area and over a long period of time is not an easy task and it requires a considerable amount of time and resources. This book also invites to think and to consider again how much has been spent, what has been done and reached during these years. The text written by Laura Trombetta Panigadi will also help us to understand better what we have done. Her evaluation is not technical but "human", and she describes what she saw and heard while she was in Tibet.

As far as the technical aspect is concerned, a first evaluation based on process and activities indicators shows that the budget sum was almost entirely used, the reports were produced and approved, the projects were all carried out with some differences - compared to what had originally been planned at general and operational level – which are considered normal.

But an evaluation of its real impact on the population and its living conditions – and we should

not forget that this is actually our main objective and goal – is a more complicated task. We shall get closer to this kind of evaluation by presenting here some concrete data based on:

a) For the First Phase Project: activity indexes and internal results in the Tibet Emergency Centre in Lhasa

b) For the Second Phase Project: fundamental epidemiological data from one of the project's counties (Nagartse) compared to the mean of the Tibetan region for the year 2004.

An impact indicator of the First Phase project: the case of Tibet Emergency Centre (TEC) in Lhasa

The Tibet Emergency Centre (TEC) is the core of the Emergency Medicine System in Tibet. It has been the focus of the Project's activities since 1996 and the site of its most important and unquestionable achievements, in terms of service organization, improvements in human resource skills and enhancement of technical capabilities.

Currently the TEC is one of the best departments of the First People's Hospital of Lhasa, boasting good emergency medical equipment, a monitored ICU room with 8 beds, ventilators, defibrillators, mobile x-ray equipment, etc., as well as 2 medicalized ambulances. TEC is the seat of the operative center of the Ambulance Service for Tibet (120). Its staff has been thoroughly trained through several courses and on-the-job training activities.

The population served by the TEC is primarily the population of the Lhasa District (around 400,000 people). Nevertheless it was conceived as (and it is) a reference center for Emergency Medicine in the whole Tibetan Autonomous Region.

What follow are some statistics concerning the evolution of TEC activity during the four years of the Italian First Phase project.

Activity report of the Tibet Emergency Centre (TEC) 1996 - 2000					
Year	**1996**	**1997**	**1998**	**1999**	**2000**
Total accesses	n.r.*	21.894	24.717	21.920	25.138
Emergency admissions	1.734	5.193	6.190	5.984	12.989
in hospital departments	1.140	240	349	346	611
in EM department	n.r.*	3.820	4.287	4.796	11.424
Resuscitation cases	511	967	1.377	770	858
Deaths inside TEC	83	166	177	72	96
TEC internal mortality*	4.79%	3.20%	2.86%	1.20%	0.74%

**The EM . i.e. Emergency Medicine department was non existent in 1996*

***Calculated on emergency admissions*

We should observe that in a department such as this one the reduction in internal mortality rate might also indicate an inefficiency of the service (the patients in very critical conditions die outside of the hospital because the service that should assist them outside doesn't work as it should).

Anyway, in our case the increase in total accesses and emergency admissions show that the service is fairly accessible. Despite some fluctuation, the most serious "resuscitation" cases also show a significant increase compared to the initial phase. So, the most critical cases do not only arrive to the TEC more often than before, but they also more rarely die inside the department. This is probably due to better diagnostic and therapeutic skills, which have improved thanks to the Italian project.

A rather rough but effective calculation based on the number of urgent admissions shows that the reduction (down to one seventh compared to the initial situation!) in the internal mortality rate inside the TEC equals approximately to 943 human lives which were saved.

"Saved lives" in the Tibet Emergency Centre (TEC) 1996 - 2000					
Year	**1996**	**1997**	**1998**	**1999**	**2000**
Mortality (%)	4.79	3.20	2.86	1.20	0.74
Mortality reduction (%)	0.00	1.59	1.93	3.59	4.05
"Saved lives"	0.00	83	119	215	526
Total "saved lives " 1997-2000		***943***			

This number refers only to this project site and to the first four years (1996-2000).

As a whole, trends demonstrate that improvements in the organization of Emergency Service moved steadily toward the level of international standards.

Impact indicators of the Second Phase project: fundamental epidemiological data of one of the project's county (Nagartse) versus the mean of all the Tibetan Region

The following data were provided by the County Health Bureau and are compared here to the ones related to all the Tibetan Region territory for the same period.

Epidemiologic data: Tibet AR vs. Nagartse county		
Location	**Year 2004**	
	Imr	**Mmr**
Tibetan Autonomous Region*	24.5	310.4
Nagartse County	16.0	258.0

imr = infant mortality rate (deaths in the first year of life over 1,000 living births)
mmr = mother mortality rate (mother deaths due to delivery over 100,000 deliveries)
N*: dati from Xinhua (www.chinaview.cn 2005-08-26)*

Of course, the improvements shown in these parameters in the Nagartse County could be due to other factors than the presence of the Italian Second Phase Project. Nevertheless, it is reasonable to assume that the project has actually improved the living conditions of the population in this area.

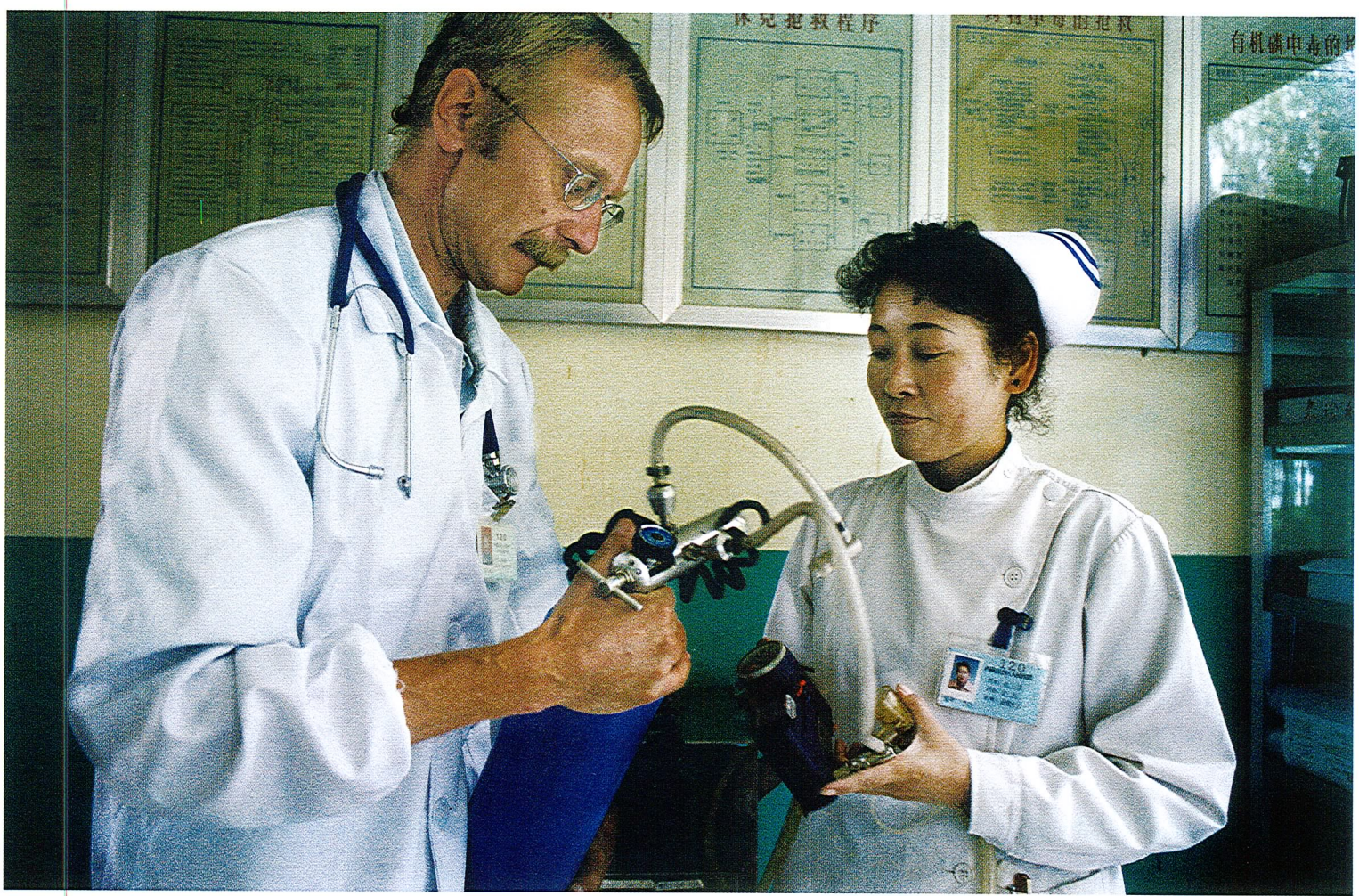



120


Supported by the Italian Government
CISP
IVECO








急诊小手术室
闲人免进




CISP












CISP
SINO-ITALIAN
COOPERATION
PROJECT







A trip through CISP projects in Tibet

by Laura Trombetta Panigadi

It is Saturday night, the Tibet Emergency Centre in Lhasa is in great ferment; a group of people injured in a car accident and others involved in a big fight have just arrived. Doctors and nurses are busy mending and stitching wounds.

Today the Tibet Emergency Centre, answering to the phone number "120", is completely autonomous and is working 24 hours a day, all year round, but this hasn't always been the case. According to 51-year-old Tsedan Chupei, also called Mala, the Tibetan director of the Centre, «before C.I.S.P. arrived, in Lhasa there was only a small first-aid department inside the regional hospital. The doctors working there were poorly trained and nobody really knew anything about the concept of emergency medical care».

According to Mala, «joint work with the CISP began at the end of 1996, thanks to the Project financed by the Italian Cooperation. A Tibet Emergency Centre was set up here in Lhasa, and Italian medical personnel started training a first group of local doctors, both Tibetan and Chinese. During the first phase of the Project, which lasted until the year 2000, about 80 doctors and nurses were trained.» Mala, who is enthusiastic about his work, says that working together with Italian doctors in the field was a fundamental experience. «From them we learned Emergency Medicine techniques we had never studied before. The books published by CISP in Tibetan and Chinese have been a great help and will continue to be so in the future. Moreover, thanks to the work with the Italians, the attitude of our local staff towards the patients has improved. Overall, big progress has been made in these past ten years.» «Certainly» concludes Mala, «the technical level of our doctors still needs improvement, and other training periods would be necessary. But the Emergency Centre has become an important point of reference for Tibet as a whole.»

Mala's words are full of optimism and hope, but they also show awareness of the many problems still waiting to be solved.

Economic access to medical services remains a critical point of the Chinese Health system. This is especially the case in areas inhabited by Tibetan populations, which are among the poorest in the whole country.

Poverty, along with ignorance and the scant knowledge of basic health care, is the number one killer in Tibet. The practical difficulties met every day by Tibetan families in nomadic and rural areas are undoubtedly many. One of these is access to water – not to mention running water, which remains a dream in many hospitals, even at county level. And then there are the vast geographical distances that separate these families from the inhabited centers and health posts. But knowledge and prevention can help solve many of these problems.

During the second phase of the project, CISP released two posters on Health Education, which follow the ancient paintings of traditional Tibetan medicine (so called "medical thangkas"), and which can be easily and quickly understood not only by doctors but by the entire population. These posters have been distributed to county and xiang health posts, as well as to village doctors. In the small health post in Kanji, Bachem county, a pastoral region at an altitude of 4800 meters, their delivery stirred up excitement and curiosity in adults and kids to the extent that everyone immediately started a collective reading. It was a small and simple intervention, which may produce important results in the long run.

Among the various materials and types of medical equipment distributed by CISP during







the second phase of the Project in peripheral counties of the Tibetan Autonomous Region such as Nagartse, Gyantse, Bomi and Bachem, the backpack to carry children has been very much appreciated and immediately used by some mothers.

About 5% of all children in the world suffer from a tendency to hip joint dysplasia, but this is an impairment which can easily be prevented. Traditionally, Tibetan women swaddle infants and children below age 2 very tightly, and carry them on their backs. As a consequence, the children's joints cannot form properly and the situation only worsens in case of already existent anomalies or hip problems. How many Tibetans can be seen limping, and how many women have problems giving birth because of pelvis deformity! The backpack helps the child keep its legs open and assists his development and movements. This is also a small, but effective contribution.

At the hospital in Bachem County, Nagqu district, we meet Doctor Nga-Wa, a 30-year old Tibetan surgeon and anaesthetist, who takes us to visit his health post, reference point for 36.000 people. The population of this county lives scattered across a vast territory, some villages more than two days' travel away by horse or by motorcycle from the county township. Bachem is a pastoral area with most inhabitants making a living as semi-nomadic herders. These herders depend on a pure subsistence economy based on local animals, sheep and yaks.

Nga-Wa attended two training courses in Lhasa, held by CISP, one on Emergency Medicine and one on anaesthesia. «Now» says the young doctor «thanks to these trainings we are able to perform simple operations on cases of appendicitis and hernias, as well as to remove liver cysts by Echinococcus Multilocularis, a little and dangerous worm. For such a small hospital this means a big step. But doctors are still few and not specialized enough. We would for example need an orthopaedist, as motorcycle and car accidents have greatly increased.» There is actually a big boom in the number of motorcycles on the plateau, and in a short period of time they have replaced horses. Young people driving carelessly on dirt roads are a constant sight.

Among the items of recent progress Nga-Wa mentions the reduction in infant mortality, thanks to the training provided to a paediatrician by the Italian doctors from CISP; and a decrease in complications arising from post-partum bleeding, thanks to the ambulance which was donated by the Project and which can now bring help to women in remote xiang areas.

But in Bachem Health post, like in many other such centres on the Tibetan plateau, problems are not just those related to medical aspects. «There is no running water» Nga-Wa says sadly, «and especially in winter electric power is frequently cut-off. The hospital should have a water tank but there is no money to build one...»

It was during the second phase of the Project, now concluded, that CISP staff extended its action on the territory, reaching out to xiang clinics and even village doctors in the four counties mentioned above. Fifty-three small medical dispensaries are scattered across a huge area, and can often only be reached with extreme difficulty via dirt roads running high up above rivers and through landslides, and which are even more dangerous to travel in winter, when they are frozen over. In most sanitary stations everything is missing, sometimes even the windowpanes. Doctors here should give first aid and, if necessary, send patients to the county hospital, but without the necessary equipment there is little they can do. Simple medical equipment, to be readily used, was distributed, training courses were organized on primary and mother-child health care, in order to enable xiang doctors to arrive to a first diagnosis and give basic treatment.

Moreover, CISP distributed medical kits with various materials, easy to understand and use, to village doctors. These doctors are often simple herders or farmers who receive very basic instructions on primary and preventive medicine. These "doctors" live in extremely isolated and remote places, and they are an important reference for the nomadic and rural population living days away from the xiang clinics and from the county hospitals. A village doctor frequently has a

notion of traditional Tibetan medicine, an ancient science still valued and followed by all Tibetans. Assisted by western medicine, it can be effective and sustainable even in these remote areas. The doctor actually treats his patients with self-prepared remedies based on herbs and other pasture "products". In Kanji xiang we met the old village doctor, a man with a long experience in traditional medicine. His hair long and ruffled, toothless, his eyes bright and lively, the doctor had a line of patients waiting outside his door to be examined. With great curiosity he read the poster on primary health care we brought him. We left him hoping that this message, carried by his revered and respected words, would reach the population.

Ten years of CISP activity in Tibet may seem like a drop in the ocean of the immense Tibetan plateau. So much more could still be done in the areas touched upon by the Project, and in those areas which have not yet been touched. But despite being small but they are nevertheless great steps, which have contributed to improve health and sanitary conditions of the Tibetan population. The Tibetans live in one of the most difficult natural environments of the world. They have preserved for centuries an ecosystem based on a balance between natural resources and human presence, a system now undergoing deep and radical transformations, poised between distant development models and a past with a rich tradition and culture.








SPORTS
bluecat




CISP





A LETTER TO CISP BY THE BACHEM COUNTY HEALTH BUREAU JULY 28, 2006

意大利人类发展国际委员会：

自第二期援助项目县确定以来，贵政府为我县援助了大量的医疗设备，为我县基层医疗部门带来了生机与活力。无论是设备的援助，还是医疗专业人员的技术培训，都给了我们极大的帮助。我们还从你们的工作人员那里学习到了他们那种无私的敬业精神，每次设备运到我县，你们的工作人员都要亲自将设备发放到最基层，曾经有一次，他们为了将设备运到我县路况很差的贡日乡，车辆路过一条大河时，陷入齐腰深的河中，他们在这里餐风露宿了三天三夜，直到救援车辆的到来，才得以脱困。

他们先后为我县培训了大量的医疗技术人员，提高了医务人员的医疗技术水平，极大的改善了我县基层的医疗条件和医疗技术水平。牧民群众非常感谢意大利政府对我县无私的援助。

目前我县缺乏妇幼医疗、保健设备，以及取暖设施。请予以解决为谢！

感谢贵政府的大力无私援助，我们会永远记得你们的。

谢谢你们！



巴青县卫生局

二00六年七月二十八日

电话：0896－3612152

"During the second phase of the project, the Italian Cooperation has donated to our county a big amount of medical equipment and held training courses. This has been of great help for the entire county, bringing energy and vitality to health departments at all levels. We've learned from your experts what it means to work with altruism and generosity. They always came personally to distribute the equipment. They travelled even to the most remote xiang, like Gongri, which is reachable only by a very bad dirt road. A truck that was carrying medical equipment fell once into the water while it was crossing a river. The staff had to remain there three days and three nights waiting for the truck to be pulled out of the river.

Your training courses improved the technical skill of our local doctors. The entire nomadic population thanks the Italian Government for its generous help.

Our county currently needs heating facilities and mother-child health care equipment. We will be very grateful if you can help us solve these problems.

Thank you for your generous help, we will always remember you.

Health Bureau of Bachem County"

A LETTER TO CISP BY DOCTOR WANG SHOUBI, AUGUST 26, 2006

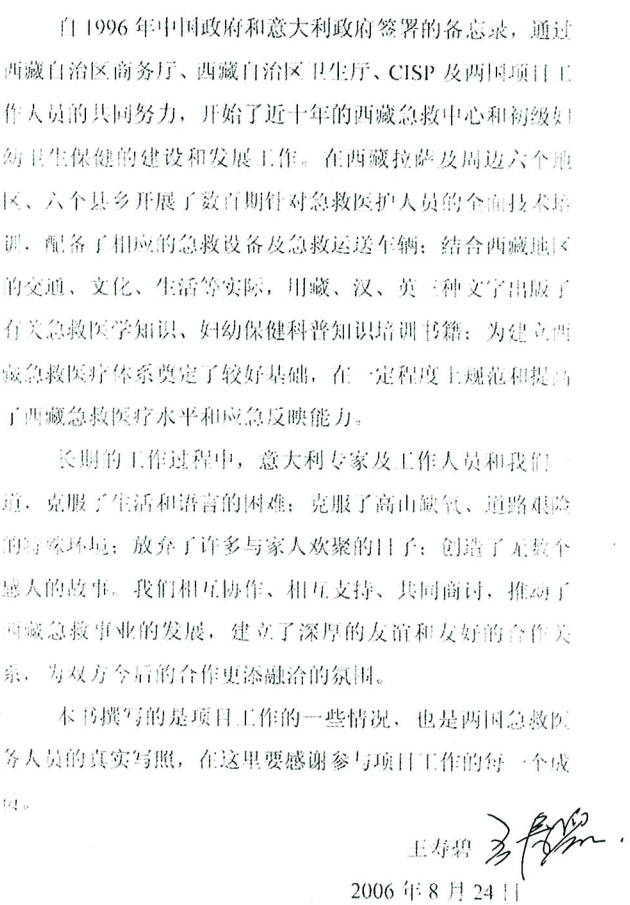
Dr. Wang Shoubi is actually in charge of:

Responsible of Emergency Medicine projects in Tibet for the Chinese side
Rappresentative to the project of the Tibetan Regional Health Bureau
Director of the "First People's Tibetan Hospital" in Lhasa.

Excerpt from Doctor Wang Shoubi's letter

In her letter Mrs. Dr. Wang Shoubi recalls the history of the cooperation between CISP and the Tibetan Autonomous Region Health Bureau and of the project, which started in 1996. She explains how the training courses, the donation of medical equipment, of the ambulances and the published educational material were all of great help in setting up an Emergency Medicine system in Tibet. Moreover, the quality of first-aid care has also greatly improved.

"During the long period of time they've spent working here – she writes - the Italian experts, together with the local staff, had to overcome all kinds of difficulties and face problems caused by the harsh environment of the Tibetan plateau. Thanks to our cooperation and mutual support, a big impulse was given to the development of the Emergency Medicine in Tibet. At the same time we have established a valid working relationship as well as a sincere friendship."



自1996年中国政府和意大利政府签署的备忘录，通过西藏自治区商务厅、西藏自治区卫生厅、CISP及两国项目工作人员的共同努力，开始了近十年的西藏急救中心和初级妇幼卫生保健的建设和发展工作。在西藏拉萨及周边六个地区、六个县乡开展了数百期针对急救医护人员的全面技术培训，配备了相应的急救设备及急救运送车辆；结合西藏地区的交通、文化、生活等实际，用藏、汉、英三种文字出版了有关急救医学知识、妇幼保健科普知识培训书籍；为建立西藏急救医疗体系奠定了较好基础，在一定程度上规范和提高了西藏急救医疗水平和应急反映能力。

长期的工作过程中，意大利专家及工作人员和我们一道，克服了生活和语言的困难；克服了高山缺氧、道路难险的恶劣环境；放弃了许多与家人欢聚的日子；创造了无数个感人的故事。我们相互协作、相互支持、共同商讨，推动了西藏急救事业的发展，建立了深厚的友谊和友好的合作关系，为双方今后的合作更添融洽的氛围。

本书撰写的是项目工作的一些情况，也是两国急救医务人员的真实写照，在这里要感谢参与项目工作的每一个成员。

王寿碧

2006年8月24日

Doctor Wang Shoubi ends her letter with the following words: "This book describes the project and the reality of the medical staff working in the emergency centres. I would like to thank every single person who took part, with their own work, to this project."

Doctor Wang Shoubi
Lhasa, August 26th, 2006

A LETTER TO CISP BY THE TIBETAN REGIONAL HEALTH BUREAU SEPTEMBER 5, 2006

关于对中意合作 “西藏急救医疗发展第二期”
项目的评价意见

2002 年 8 月，中意两国在北京签署了“西藏急救医疗发展第二期”合作项目，同年 10 月项目在西藏实施。该项目在日喀则、那曲、林芝、阿里、山南六个地区和波密、巴青、浪卡子、江孜四个县和四个县属的 50 个乡镇卫生院实施。项目实施的主要内容有：医疗设备援助、卫生技术人员的技术培训、开展健康教育等工作，投入资金 230 万欧元。

“西藏急救医疗发展第二期”合作项目能严格按照协议并结合项目地区实际开展项目工作，取得了良好的效果，达到了预期的目的。项目的实施帮助我区建立了地区和部分县的医疗急救网络，配备了部分医疗设备和交通工具，改善了医疗急救服务条件；通过开展人员培训，进一步提高了项目单位卫生技术人员的整体素质和医疗服务水平；开展了健康教育工作，对增强农牧民群众的卫生意识、健康意识起到了积极作用，另外还通过调研，进一步了解项目单位的实际，使项目实施更具有针对性和实用性。

该项目实施期间服从自治区卫生厅的管理，主动及时与卫生厅进行信息沟通，项目工作人员有较强的事业心和责任感，敬业精神强，与中方职员配合默契，互相尊重，项目进展顺利，效果良好，深受各级卫生行政部门、医疗卫生机构和农牧民群众的欢迎。该目是我区卫生系统外援合作项目中选项符合需要，管理规范，效益良好的项目之一，为更好地开展合作项目奠定了良好的基础，也为其他合作项目的开展提供了许多可供借鉴的经验和做法。

西藏自治区卫生厅
二〇〇六年九月五日

The letter by the Tibetan Regional Health Bureau traces back the history of the Second Phase of the project, mentioning the areas of intervention, the activities and the related budget.

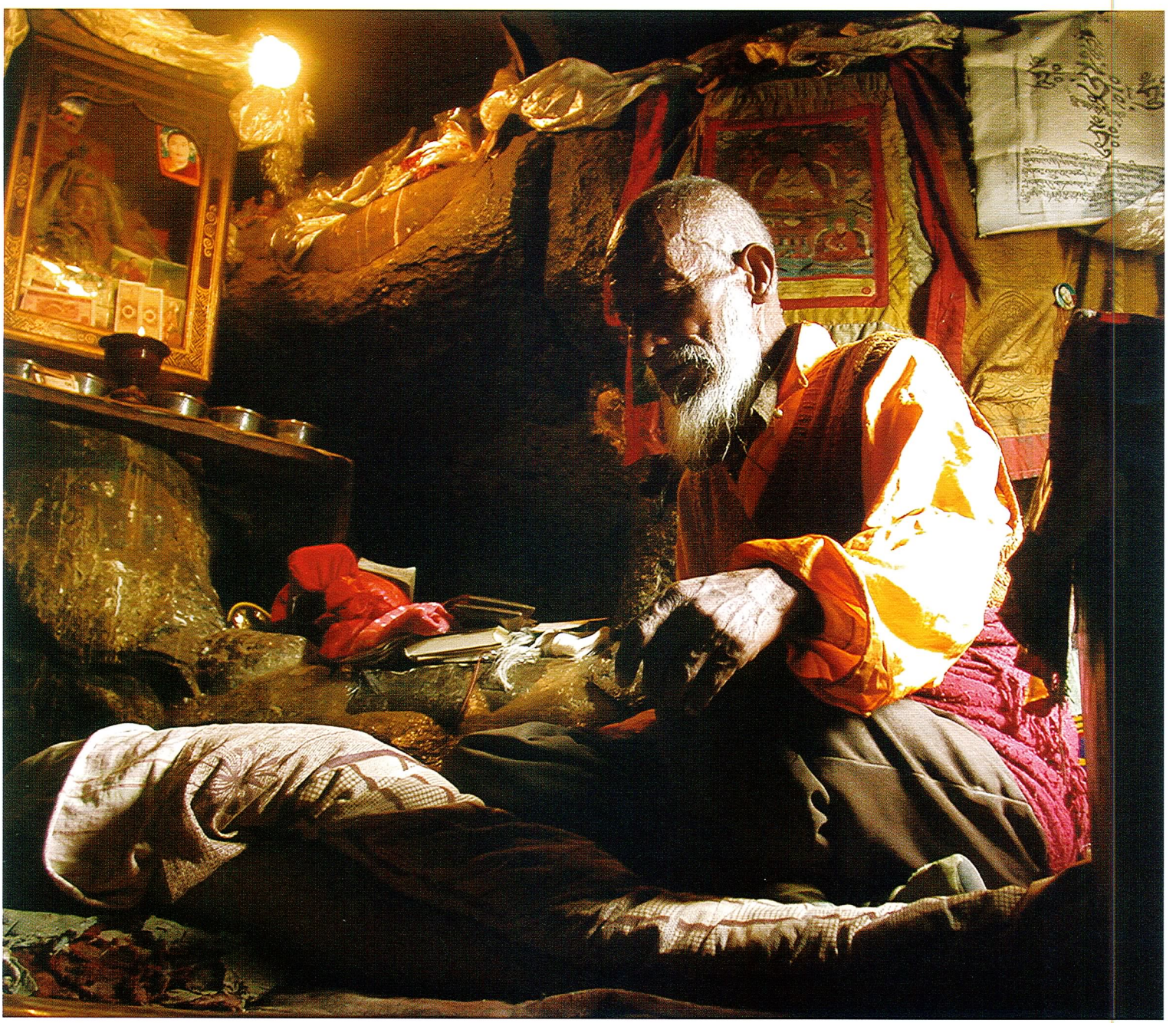
It affirms that important results have been achieved and that all planned targets have been reached.

"The project" goes on the letter "helped our region to establish in the districts and in some counties an Emergency Medicine network. It donated medical equipment and ambulances and improved the First Aid services. The performed training courses improved the technical level of health personnel. Health education activities raised the basic hygienic knowledge of nomadic and rural population. Moreover, by the work and research on the field, it has been possible to increase our comprehension of the local reality and then to develop more accurate and useful interventions."

The letter by Tibetan Regional Health Bureau goes on remembering the good and timely exchange of information occurred during the project and underlines the strong dedication of the Expatriate personnel who strictly cooperated with the Chinese professionals in mutual respect. It rememmbers also how the project has been well accepted, not only by nomadic and rural population of Tibet, but also by medical professionals and health bureau at all administrative levels.

The letter ends with these words: *"in the group of international health cooperation projects, this has been one of the better managed, giving excellent results. It has given good basis where to develop new cooperation projects in future"*



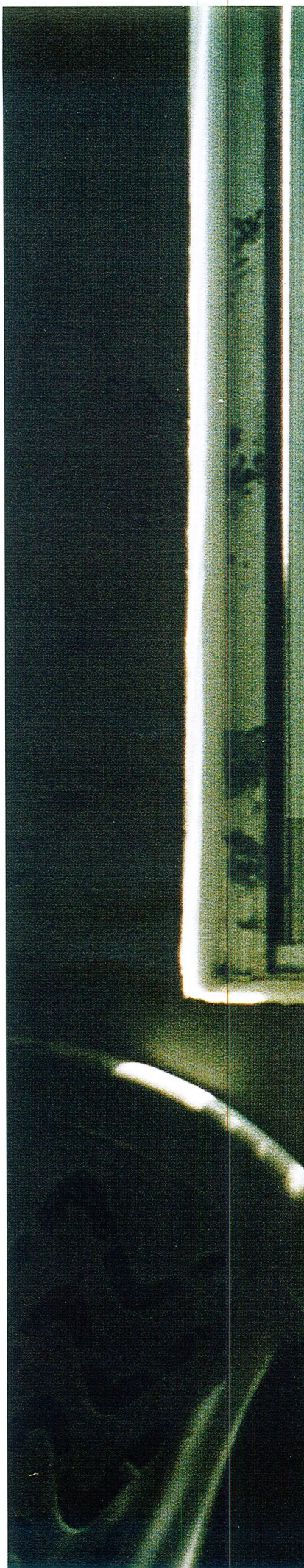


























The lessons we learned and future perspectives

by Giorgio Cortassa

The first lesson we learned, during those years between 1996 and 2000, is that good cooperation, dedication and a significant amount of hard work can definitely improve the technical level and the skills of the local medical staff even in such a difficult territory as Tibet. Moreover, Emergency Medicine is still a rather new field, and a complicated matter anyway. So, frankly speaking... at first I wasn't really sure all this could be carried out!

However, we also learned that technical improvements cannot always be so easily transferred to those who are supposed to benefit from them: the People! Better technology and better competences mean higher costs of the services. A situation of imbalance arises when economic conditions cannot keep up with these increased costs. So, technological improvements should always be sustainable and accessible to the people.

This is the lesson we kept in mind as we approached the second phase of the project. During this phase we focused more on rural areas at county and xiang level, as well as on Primary and Preventive Medicine. "Simplicity and efficiency" was our guiding mantra. Simple equipment and simple lessons, many books and health education materials were the basic instruments which should effectively improve the sanitary conditions of Tibetans living in rural areas. Which doesn't certainly imply a low level technology! A simple delivery kit, a Guedel channula or a small bag valve mask for newborn resuscitation can save a life. These are simple things, but with a very high technology inside. When you really need them, they must simply work. They must work - and absolutely safely! A tracheal tube or a bladder catheter simply cannot break inside the body of a patient. The design, the materials, the quality control of those items must be as precise and reliable as those of space rockets! And the teaching materials may look "simple", but actually they are not simple at all: computer technology was used to write these texts in Tibetan characters, the best written and electronic sources have been used for the contents, images based on digital photographs or drawn and animated with sophisticated software were presented in lessons to the village doctors by computerized video-projectors, even in remote areas. Where necessary, this electronic equipment was powered by inverters and car batteries connected to solar panels.

This is an important lesson we learned: the technology should be the maximum possible high-level one, but technology is nothing if it is not appropriate to a specific environment. Simple, effective, technologically advanced tools are the only one you can use in extremely difficult con-



ditions such as those you encounter in the Tibetan winter, at altitudes around 5,000 meters and with temperatures dropping down to minus 25° Celsius. The really extremely advanced technology must be suited to extremely hard conditions. If your knowledge, your selection and planning have been good, everything will work out well. Otherwise, you will have nothing, and nothing to give to the People.

The really high technology is the one which is appropriate, reliable, sustainable. It respects the culture and environment. Otherwise, your machine may have all the fanciest lights and buttons of this world, but it won't be anything more than rubbish.

This is the kind of knowledge we shared, Tibetans and Italians. Tibetan solar mirrors to boil water, *patsa* coats to keep you warm, traditional herbs to cure colds and yak dung stoves to warm up tents – these are all clever devices, products of a "good technology", test- proven by time. They are clever and good, just as our clean water tanks with tap, membrane sphygmomanometers, antibiotics and cord clamps. Solar panels with stabilizers/inverters and battery can provide light and recharge mobile phones batteries. One day solar panels will be maybe used to supply power for portable computers and to access the Internet via satellite. Then the young nomad in his tent will be able to study literature, electronics, microsurgery or Tibetan history, or anything else he might wish to learn, with the help of his distance teacher. Medical advice and consulting will be given through videophone system. I hope that day is not too far. Knowledge is all we need. Now we should concentrate on how to transfer sustainable technology, and especially on the teaching processes.

The main point is not teaching or learning this or that specific thing. What really matters is rather the learning process. To give a method. In very simple words: the point is neither giving the fish, nor teaching how to fish. It is teaching how you can learn to fish, or how you can learn anything else you wish to learn, by yourself... And become a master, a teacher!

Other lessons we learned? We spent months in the field in very harsh conditions, without electricity and running water, without central heating and showers, without toilets. We had no newspapers, no refrigerators, we had no good Italian food. Many other things were missing. And still we discovered that many of the things we thought were essential in our lives were in fact not so necessary. We discovered that we could live well without them. We washed ourselves with the lake water that we had warmed up on the fire. We were happy to go back home in those cold evenings and to spend our time talking and sitting around an iron Tibetan stove. I spent the winter 2004/05 in a very simple Tibetan house in Nagartse, and the winter 2005/06 in an even colder house in Bachem. I was teaching Medicine to xiang and village doctors in the morning,

studying and preparing lessons in the afternoon. During the period I spent in Nagartse, my wife Fiore was with me. We had simple lunches with the project staff and sometimes, in our few free hours at sundown, we went walking around the shores of the frozen lake. We had no comforts, but our evenings were quiet. Sometimes we heard the sound of the northern winds on the stone walls of our little house. And early in the morning the sky was still so blue, with zillions of stars. I will always remember that period as one of the happiest times of my life.

The lesson I learned? It is a very "Tibetan" lesson, maybe the most important of all: I had to rethink my whole idea of "development". In order to be happy we don't need any cars, airplanes, televisions, stereos or washing machines. In order to be happy in this life we need to be in peace with ourselves, and to be in harmony with the other human beings and with the environment. This means that "real development" must respect People, Culture and Nature. Without this respect no real development is otherwise possible - only technical complications and pollution.

Tibet taught me this lesson: that we can all be happy with nothing more than our mind, free and in peace, flying out into this wonderful Universe. As the beloved Tibetan saint once wrote:

There is a strange market
In the Himalayan valleys
One can exchange the troubles of the World
For a happiness without borders

Milarepa



Now it seems possible that the Italian Cooperation, together with its Chinese partners - DOFCOM Tibet and the Tibetan Regional Health Bureau - will set up a Third Phase project in the Land of Snow. This will extend to other Tibetan counties the same kind of approach: PHC and MCH, with a lot of attention given to preventive medicine, as well as emergency prevention and triage, education of rural health workers and village people. Simplicity, effectiveness, cost/effectiveness and the highest technology that is appropriate and sustainable in that specific environment. It is a complicated equation... but as we all learned: «If the way is simple, it is worth nothing! When you are in doubt, always follow the most difficult path!».

With my best Tashi Deleks and Buona Fortuna – as we all need it!





CISP - Comitato Internazionale per lo Sviluppo dei Popoli (International Committee for the Developments of Peoples), is an European Non-Governmental Organization (NGO) formally established in 1983 and based in Italy. It acts in the international cooperation field and in the fight against social exclusion.

CISP carries out development, rehabilitation and humanitarian programmes as well as research projects in about 30 countries in Asia, Africa, Latin America, Middle East and Eastern Europe. In all its activities, CISP works in close cooperation with the various local partners. In the European Union, CISP runs also a variety of programmes: training, informational, intercultural and development education, and programmes against racism and social exclusion as well as the promotion of international solidarity. In cooperation with the University of Pavia and two other NGOs, CISP has also set up the European School of Advanced Studies in Cooperation and Development, which offers two international Masters.

CISP's priority sectors in international cooperation and emergency and humanitarian aid are: rural and urban health, rural development, food security (agriculture, fishing, aquaculture and small-scale breeding) and poverty alleviation, education and training, natural resources and environmental management, *disaster preparedness*, attention to refugees, returnees and displaced people, support to reconstruction processes after natural disasters or conflicts, support to the peace processes.

CISP's activities rely on contributions and funds from individuals and institutions. Among these are: the Commission of the European Union, the General Directorate for Development Cooperation of the Italian Ministry for Foreign Affairs (DGCS-MAE), the Italian Department of Civil Protection, and other Italian institutions. Other important donors are: UN agencies and institutions from other industrialized countries, governments of the countries where CISP works, local administrations, universities, foundations, companies and solidarity associations.



LOCAL AND EXPATRIATE PERSONNEL WHO PARTICIPATED TO THE "PHASE 1" AND "PHASE 2" CISP PROJECTS IN TIBET AUTONOMOUS REGION: 1996 -2006

In the following table are mentioned, in chronological order, the names of the people (Tibetans, Chinese, Italians and other nationalities) who worked in Tibet at different levels, as operators or local responsible people, for the project activities. Many other people contributed to the realization of those initiatives working in Italy and China, like the personnel of the UTC of the Foreign Affair Ministry and the ones of the CISP central offices in Roma, the personnel of the UTL in Beijing and the teachers of the Shanghai Medical Emergency Center. Sadly, due to space limits, we cannot mention here everybody. However, also on behalf of the Tibetan People, we can convey to all them a very warm "Thank you all !"!

PHASE 1

Local Personnel		Expatriates	
Thupten-la	*Director T-RHB*	Giorgio Montanarini	*Italian head-project*
Huang Juanduan	*Chinese head-project*	Enrico Dell'Angelo	*Tibetologist*
Li Chensong	*Director FPTH*	Giorgio Cortassa	*Emergency medicine expert / head-project*
Wang Shoubi	*Chinese head-project*	Giorgio Macor	*Italian head-project*
Dawa Tsering	*Responsibile DOFCOM*	Radames Schiavon	*Emergency medicine teacher*
Dorje Gyaltsen	*Project officer*	Gianluca Falcitelli	*Cooperation expert*
Yunden Droma (Yang Ping)	*Project officer*	Werner Rainer	*Biomedical engineer*
Tseten Chompal (Mala)	*First Aid dept. Director Lhasa*	Carlo Saitto	*Esperto sanitario*
Tashi-la	*Surgeon*	Daniela Ambrosi	*Health and cooperation expert*
Wang Feng	*Emergency doctor*	Timothy Challen	*English language teacher*
Liu Hua	*Head nurse First Aid dept.*	Wolfgang Schweiger	*Emergency medicine doctor*
Tsamchoe-la	*Head nurse First Aid dept.*	Gabriele Ferrante	*Biomedical engineer*
Kado-la	*Emergency nurse*	Alessandro Brachetti	*Italian head-project*
Tsekyi-la	*Emergency nurse*	Giovanni Giordano	*Emergency medicine expert / head-project*
Gyaltsen-la	*Translator*	Carlo Falaschi	*Surgery teacher*
Gyatso-la	*Translator*	Luciano Laschi	*Orthopaedia teacher*
Lhakpa Tsering	*Interpreter*	Patrizia De Salvo	*Anesthesist*
Tsering-la	*Project officer*	Stefania Di Trani	*Sinologist / cooperation stager*
Pasang-la	*Driver*	William "Bill" Hulme	*Volunteer / medicine student*
		Thomas "Tom" Ingram	*Volunteer / medicine student*
		David Lonsdale-Eccles	*Volunteer / medicine student*

PHASE 2

Xi Le	*Director T-RHB*	Lidia Bajocchi	*Italian head-project*
Wang Shoubi	*Chinese head-project*	Alina Perri	*Midwife / teacher*
Dawa Tsering	*Responsibile DOFCOM*	Gianluca Falcitelli	*Cooperation expert*
Tang Rongqun	*Medical officer T-RHB*	Radames Schiavon	*Emergency medicine teacher*
Migmar Tsering	*Medical officer T-RHB*	Teresa D'Arca	*Health and cooperation expert*
Tsering Youdon	*Officer DOFCOM Tibet*	Alberto Livoni	*Italian head-project*
Dhaypal	*Officer DOFCOM Tibet*	Giorgio Cortassa	*Italian head-project*
Dorje Gyaltsen	*Project officer*	Helena Karin Aiello	*Midwife / teacher*
Huang Ping	*Project officer / translator*	Tiziana Paoli	*Nurse / PHC teacher*
Menkye-la	*Project officer / translator*	Francesco Massucco	*Sinologist / administrator*
Rinzin Wangla-la	*Project officer*	Nicola Faini	*Architect / logistician*
Tashi Yangzom (Tayang)	*Project officer / translator*	Marie Rongeard	*Cooperation expert*
Dolkar	*Secretary / administrator*	Giampaolo Maso	*Expert obstetric ultrasonography*
Nyma Wangdu	*Interpreter*	Monica Piccoli	*Expert obstetric ultrasonography*
Tseten Chompal (Mala)	*First Aid dept. Director Lhasa*	Vittorio Panizza	*Responsible CISP administration ASIA*
Tashi-la	*Surgeon*	Fiorella Masiero	*Administration*
Wang Feng	*Emergency doctor*	Laura Trombetta Panigadi	*Sinologist / communication expert*
Kado-la	*Head nurse First Aid dept.*	Giulio Sarchiola	*Photographer*
Tsekyi-la	*Head nurse First Aid dept.*		
Ochung	*Driver*		
Jamba Choesang	*Driver*		
Kunchok Phuntsok	*Factotum / driver*		
Tashi	*Driver*		

CAPTIONS



1. The road to Bachem



2. Health education with Nagqu nomads



3. Lake Lhamo Latso



4. Project's jeep under the snow



5. Health education posters in Bachem hospital



6. Jokhang Temple, Lhasa



7. Training course with the xiang doctors



8. Simulation training on skin sutures



9. Village Doctor's health kit



10. Medical equipment provided to Nagqu emergency department



11. Ambulance provided to Medjugonggar hospital



12. Published teaching materials



13. Boat used to reach one village in Nagartse county



14. Patients in Bachem hospital



15. Tibet Emergency Centre, Lhasa



16. Some of the ambulances provided by the project



17. Ecography training by doctor Giampaolo Maso



18. Ecography training by doctor Monica Piccoli



19. Practical training by doctor Radames Schiavon



20. Small surgery room in the Lhasa Tibet Emergency Centre



21. Doctor Lhamo, director of Medjugonggar hospital



22. Child backpack provided to the counties



23. Patient in Bachem County hospital



24. Village doctor



25. Bachem hospital



26. Nga-Wa, surgeon in Bachem hospital



27. Offices of the Tibet Emergency Centre, Lhasa



28. Project's jeep



29.Corridor of the Tibet Emergency Centre, Lhasa



30. Practical training with the midwife Helena Aiello



31. Tibetan woman with his child in the backpack



32. Motorcycles on the plateau's road



33. Doctor Mala, director of Lhasa Emergency Centre



34. One project's jeep fording a river



35. Pilgrims in a monastery



36. Girl with broken arm in Bachem hospital



37. Post partum hemorrhage patient carried by one of the project's ambulances



38. Village doctor with the thangka poster for health education



39. Doctor Lhamo teaching how to carry the baby on the backpack



40. Tibetan woman with a baby in the backpack



41. Three generations of Tibetan women



42. Prayer flags



43. Praying Lama



44. Village doctor



45. Transfusion for post partum hemorrhage in Nagqu hospital



46. Grandfather and grand-daughter in Nagqu hospital



47. Obstetric gynecology department in Nagqu hospital



48. A toddler in the xiang clinic of Ya An



49. Patients in Ya An xiang clinic



50. Patient in Ya An xiang clinic



51. Inpatient room in Bachem hospital



52. Room of the Tibet Emergency Centre, Lhasa



53. Midwife Alina Perri examining a baby at Medjugonggar hospital



54. Yamdrok Lake in Nagartse



55. Queuing patients for the visit in Nagartse



56. Doctor Giorgio Cortassa



57. Local personnel in Nagartse



58. Pilgrims visiting a Gyantse monastery



59. A road on the Tibetan plateau

Index

Presentation

by H.E. Gabriele Menegatti Ambassador of Italy in China

Abstract in Tibetan

Abstract in Chinese

1996-2006: a technical summary of CISP Projects in Tibet "First Phase" and "Second Phase"

by Gianluca Falcitelli

- organization
- equipment
- training
- research
- boxes: maps and tables related to projects Phase 1 and 2

A trip through CISP projects in Tibet

by Laura Trombetta Panigadi

- boxes: three letters to the CISP by local health authorities

The lessons we learned and future perspectives

by Giorgio Cortassa

Appendix

- The CISP
- A list of the local and expatriate personnel who participated to the CISP projects Phase 1 and Phase 2 in Tibet AR
- Captions

Images' Authors:

Giulio Sarchiola:	1, 5, 6, 10, 11, 12, 14, 15, 19, 20, 21, 22, 23, 25, 26, 27, 28, 29, 31, 32, 33, 36, 37, 38, 39, 40, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 59
Giorgio Cortassa:	2, 3, 4, 7, 8, 9, 13, 16, 17, 18, 24, 30, 35, 41, 42, 43, 54, 57, 58
Huang Ping:	55, 56
Alina Perri:	34

ACKNOWLEDGEMENTS

The cooperation by MOFCOM (Ministry of Commerce of the People's Republic of China) of the Tibet DOFCOM (Tibetan Department of the Ministry of Commerce) and of the Tibetan Regional Health Bureau has been absolutely essential to the realization of the projects Phase 1 and Phase 2.

We address a special acknowledgment to the Italian Ministry of Foreign Affairs and especially to the Directorate-General for Development Cooperation and to the Italian Embassy in Beijing, not only because they financed those projects, but also as they never delayed the very necessary assistance – not only technical – to those activities.

Finally, we also would like to express our gratitude to the Directorate-General for Development Cooperation, to the Italian Embassy in Beijing, to the UTL (Local Technical Unit) of the Italian Cooperation in Beijing, to the Tibetan Regional Health Bureau, to the directorate of the First People's Tibetan Hospital in Lhasa, to the directorate of the People's Hospital of the prefectures of Qamdo and Ngarji and to the County Health Bureau of Bachem, Gyantse, Nagartse and Bomi for the assistance given in the realization of the present book.

Disclaimer: opinions expressed by the authors does note necessarily reflect the ones of the Italian Cooperation nor the ones of CISP.

Editorial coordination: Laura Trombetta Panigadi
Graphic design: Ren Juhua
Front cover photo and design: Giorgio Cortassa
Printed in Beijing by Chaoyang Printing house
september 2006

CISP
COMITATO INTERNAZIONALE PER LO SVILUPPO DEI POPOLI

Via Germanico 198 – 00192 Roma – Italia
Tel: +39 06 3215498 Fax: +39 06 3216163 Email: cisp@cisp-ngo.org
Websites: www.cisp-ngo.org www.sviluppodeipopoli.org