



TIBETAN HEALTH

January to June 2016

About Us

Tibetan Health is the official Newsletter of the Central Tibetan Administration's Department of Health (Tibetan Voluntary Health Association). DOH (TVHA) is responsible for overall public health promotion and medical care service of over 120,000 Tibetan refugees in India, Nepal and Bhutan.

The health department manages and finances 50 health centers in India and Nepal including Ngoenga School for Tibetan refugee children with special needs (www.ngoengaschool.org) apart from different health programs, projects, and activities.

Tibetan Health Newsletter is published two to four times a year to inform and update about our health promoting initiatives to our friends, donors and supporters. This newsletter also gives you an overview of health programs, projects, activities and needs of the department. Most importantly, it covers success stories and outstanding contributions of all our field health staffs including hospital administrators, doctors, nurses and community health workers etc. This newsletter is dedicated to them, for their selfless dedication and hardwork, which are the backbone of this successful and unique refugee healthcare system.

Tibetan Health is distributed free to all who are interested in the works of the Tibetan Department of Health.

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Department of Health welcomes its New Kalon

The Department of Health organized a welcome reception to its new Kalon Mr. Choekyong Wangchuk on 3rd June 2016. After having approval to a Kalon's candidature proposed by Sikyong Dr. Lobsang Sangay from the 16th House of Tibetan Parliament-in-Exile on 1st June, Dr. Sangay appointed him as a Kalon for Department of Health.

The welcome ceremony, where DoHealth Secretary Mr. Chimme Rigzen, Secretary of Central Council of Tibetan Medicine Dr. Tsering Tsamchoe, Administrator of Delek Hospital Chithue Mr. Dawa Phunkey, Dr. Tsewang Tamding representing Director of Men-Tsee-Khang, Secretary of TMAI Mr. Tsering Phuntsok, section heads and staff of the DoH were present, warmly welcomed the new Kalon by offering "Khatak" followed by tea and traditional sweet rice "Desil".

In his short note, newly appointed Kalon said that he is here to work and work with all the stakeholders in providing better health care to Tibetans living in India & Nepal and thereby building healthy Tibetan community, which in turn will be a mark of our genuine respect and true service to His Holiness the Dalai Lama.

Mr. Choekyong Wangchuk born in 1971 completed his graduation from Punjab University. He has worked as the President of Overseas Student's Association and the President of RTYC Chandigarh followed by Centrex member of Tibetan Youth Congress, Coordinator of India Tibet Coordination Office under CTA and the Executive Director of Tibetan Parliamentary & Policy Research Centre based in New Delhi. He was also an elected member of the 14th and 15th House of Tibetan Parliament-in-Exile.

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ADMINISTRATION NEWS:

MoU Signed Between CTA's Health Department and Ministry of Health & Family Welfare, Government of India

MEMORANDUM OF UNDERSTANDING sign between **Government of India, Ministry of Health & Family Welfare and the Tibetan Voluntary Health Association (TVHA)** for TB prevention and control project in Tibetan refugee community in India with a Grant amount of US\$ 39,85,22 (₹ 2,47,083,64/-)

The Global Fund to fight AIDS, Tuberculosis and Malaria (here in after referred to as Global Fund) has agreed to fund the Central TB Division, MOH&FW for “Providing Universal Access to TB/DR TB Control Services and Strengthening Civil Society in TB Care and Control “under grant agreement (Grant number– IDA-T-CTD) from 1st Oct 2015 to 31st December 2017. This Memorandum of Understanding (here in after referred to as “MoU”), is entered into between the Central TB Division (CTD), Ministry of Health & Family Welfare, Government of India with Office at Nirman Bhawan, Maulana Azad Road, New Delhi – 110801 (herein after referred to as “CTD”, or the first Party to the MoU”), and Tibetan Voluntary Health Association, (herein after referred to as “TVHA” or “the second party to the MoU”).

As per the MOU of this project, Both Government of India, Ministry of Health & Family Welfare and the Tibetan Voluntary Health Association (TVHA) agree as follows:

1. Strategy

The Tibetan TB Control Program of Tibetan Voluntary Health Association through its network of its health centers at Tibetan settlements in India will be responsible for implementing the following strategies in coordination with Central TB Division's RNTCP:

- TB awareness and community outreach campaign
- Intensified case detection and contract tracing in remote refugee settlements and congregate institutional settings
- Treatment of diagnosed TB patients using DOTS strategy
- Capacity building of TB Control Program's workforce and infrastructure

2. Main Activities:

3. The proposed project will design and implement a robust community wide TB awareness campaign to highlight important messages about signs and symptoms of TB, TB diagnosis,

clarification of TB related misconception and social stigma, importance of TB screening and treatment adherence etc, among the Tibetan population living in India particularly the mobile sections of the population living in urban dwellings.

4. Intensified case detection will be performed in about 15 major Tibetan settlements in India, having high burden of TB and consisting of underserved populations, by a team comprising of TB field coordinators, outreach workers, doctors and nurses. It will be carried out in households, schools and monasteries located in each settlement
- Diagnostic testing will be provided to the suspected TB cases as per program guidelines by sputum testing with routine microscopy followed by supportive diagnosis using X-ray (digital x ray) and GeneXpert MTB/RiF assay as per program guidelines. The cartridges for the CBNAAT machine would be provided through the program.
1. All people diagnosed with TB will be referred to the nearest TVHA TB treatment center or RNTCP center for enrolment in treatment. Project staff will ensure and confirm from local treatment centers that all people diagnosed with TB have been enrolled for treatment
 2. Contact Tracing: The contacts of the diagnosed TB cases including family members and friends will be provided a separate screening to verify their status
 3. Trainings will be provided to the doctors and nurses and other relevant healthcare staffs by experienced resource persons in areas of RNTCP, DOT, clinical management of TB, MDR TB, TB surveillance and program management. In addition, the laboratory technicians working in Tibetan TB treatment centers will be provided training in areas of diagnostic tools for the efficient detection of TB and MDR TB cases.
- Recruitment of staff of the project strictly as per positions and provisions of budget attached (Annexure1) to facilitate greater efficiency in all areas of TB program management at the local level which include awareness, access to diagnosis and treatment, reporting, monitoring and TB data compilation.
 - Additionally, the infrastructural upgradation of the laboratories based in various TB treatment centers will be carried out within approved budget so that the laboratory technicians are reinforced to carry out effective testing at the TB treatment centers.
1. Free TB medicines along with hospitalization support will be provided to the patients and those who are unable to afford them through implementation of Direct Observed Therapy (DOT) by the field TB nurses. The project will coordinate with RNCTP to facilitate greater access of medicines for the Tibetan TB patients.
 2. Regular review meetings at district level would be conducted as per the work plan to identify the challenges and issues in implementation of the project and find solutions in coordination with RNTCP program managers.

Tibetan Voluntary Health Association (Department of Health, CTA) thanks Government of India, Ministry of Health & Family Welfare for support for TB prevention and control project in Tibetan refugee community in India.

TEACHAIDS

Sikyong Dr. Lobsang Sangay Offers Compassionate Message to Tibetans

In support of the Tibetan language TeachAIDS HIV education materials, due for release in time for the Tibetan New Year (Losar), Sikyong Dr. Lobsang Sangay has offered an inspiring Message of Hope. In this video, he reflects on the lessons learned over the 34 years since HIV was identified and implores Tibetans to learn how to protect themselves and those they care for.

“There is no cure for HIV and AIDS but it is preventable. We have learned that the single best way to stop the spread of HIV is through education”- Dr. Lobsang Sangay.

The Honorable Dr. Lobsang Sangay, Sikyong, has graciously offered a Message of Hope in English and Tibetan to be incorporated into the Tibetan language version of the TeachAIDS HIV animations. During this short video, go to link <http://teach aids.org/blog/primeminister-drsangay-messageofhope>, Sikyong reflects on the lessons learned over the 34 years since HIV was first identified. He notes that while many lives have been lost, Tibetans “can now look forward, not backward,” armed with more knowledge than ever before.

Health Kalon Dr. Tsering Wangchuk delivers a “Call to Action” to Tibetans globally

In anticipation of the upcoming launch of the Tibetan language TeachAIDS HIV education materials, Health Kalon Dr. Tsering Wangchuk delivered a special “Call to Action”, go to link <http://teach aids.org/blog/healthminister-drwangchuk-call-to-action> urging Tibetans around the world to educate themselves and treat people living with this condition with kindness, respect and dignity.

“We Tibetans are strong, united and resourceful people. We tirelessly resist many threats to our language, culture and heritage, and strive to create a harmonious and peaceful community. One threat for which we haven’t, until now, had the

tools to resist is the growing risk of HIV in our community. There is no cure, but with the right knowledge we can prevent HIV.” – Dr. Tsering Wangchuk.

He also encourages Tibetans around the world to learn from the TeachAIDS materials and share this critical knowledge with their loved ones. Warning that HIV can “ravage families, communities and nations,” Dr. Wangchuk proclaims that “preventing the spread of this disease is among the most important actions we can take to ensure that the Tibetan people remain strong and resilient. This is an urgent imperative in protecting our community and a necessary step in preserving our community”.

Department of Health Declares April 2016 as the “Month of Health Promotion and Disease Prevention”.

Department of Health, Central Tibetan Administration declares the whole of April 2016 as the “Health Promotion and Disease Prevention” month. Following is the excerpt of the text.

We urge all Settlement Officers, Men-Tsee-Khang, Medical Officers, Hospital Administrators, School Heads, University Youth Hostels and heads of Monasteries in India and Nepal to organize a sustained innovative “Health Promotion and Disease Prevention” activities throughout the month of April with main focus on prevention of diseases such as Hepatitis B, Tuberculosis, Liver Cancer, Stomach/Esophageal Cancer, Hypertension, Cervical Cancer, Diabetes, and HIV AIDS.

Based on the data available from various sources, the above diseases are the common disease afflicting our community which requires priority preventive interventions. As a first step we request all to create behavior changing awareness on following diseases. As the saying goes – “Prevention Is Better Than Cure”.

Tuberculosis: We should try to detect all TB cases lying in our community to decrease the transmission and propagation of TB infection. The main emphasis of communication (health educa-

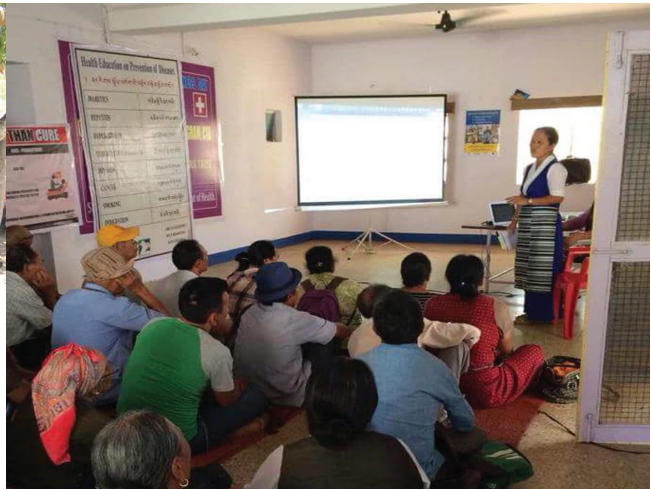
tion) should be on TB symptoms (Lung TB) and need for early TB detection and Direct Observed Treatment (DOT) and Contact Tracing. If a person has cough more than 2 weeks, he/she should see a doctor and screened for TB. BCG though indicated for new-born do not seem to prevent lung TB which is the infectious type of TB. TB diagnostic facilities like Gene-Xpert and Culture/DST at Hinduja hospital are done free for those who require it and it cost DOH about ₹ 5000.00 per patient to do X-pert and culture/DST. With the above two diagnostics we are able to detect drug resistant TB at the shortest possible time so that treatment could be given at the earliest which prevent further transmission of infection. People should be made aware about these facilities. In institutions (schools and monasteries), we should focus on putting in place an active surveillance systems so that students/monks with TB are detected at the earliest and outbreaks of TB are prevented. We should also see how we can reduce overcrowding in schools and monasteries and improve ventilation/air circulations in the living environments like hostels, class rooms, prayer rooms and meeting halls etc.

Hepatitis B: The most effective way to decrease the number of people who are infected with Hepatitis B (Chronic Hepatitis B Infection) and so prevent Hepatitis B induced Liver damage and Liver Cancer is to give all our new-born, Hepatitis B vaccination at birth (within 24 hours of birth) and then again at week 6, 10 and 14. The hepatitis B prevalence rate among pregnant women in Tibetan community in India is estimated at 9%. To prevent the new-born from getting hepatitis B, we should screen all our pregnant women for Hepatitis B and if found to be positive, the new-born should get Hepatitis B vaccination and Hepatitis B immunoglobins (two different sites) within 24 hours. The risk of Hepatitis B in a family is more if one or more family members are Hepatitis B positive. The family members should be tested and if found “negative”, advise Hepatitis B vaccination at month 0, 1, 6. If we do the above three activities properly, we should be able to bring down the Hepatitis B prevalence rate which is currently estimated at 10% to less than 1% within a few decades. Taiwan has done it and so we can also do it.

Diabetes, Hypertension and other Non-communicable diseases: Tibetans living in India is going through not only epidemiological and demographic transition (Bhatia et al 1996) (Tripathi et al 2006) but they may also be going through lifestyle transition. In Tibet, people are involved in moderate to heavy agricultural or nomadic activities but in India they are increasingly adopting sedentary lifestyles because of the shift in the nature of their occupation and availability of modern transport system both at public and individual level. Also the Tibetans in India have maintained their distinct culture and food habit which include among others drinking a salted tea. The Lancet NCD Action Group and the NCD Alliance (Beglehole R et al 2011) propose five priority interventions — tobacco control, salt reduction, improved diets and physical activity, reduction in hazardous alcohol intake, and essential drugs and technologies. The priority interventions were chosen for their health effects and cost-effectiveness.

Also, 7th April is commemorated as World Health Day every year to mark the founding of World Health Organization. The theme for 2016 is “Beat Diabetes”. Let us all rededicate ourselves on this “World Health Day” to “Beat Diabetes”. The burden of diabetes is increasing globally, particularly in developing countries. The causes are complex, but the increase is in large part due to rapid increases in overweight, including obesity and physical inactivity. 30 minutes of moderate intensity physical activity on most days and a healthy diet can drastically reduce the risk of type 2 diabetes (type 1 diabetes cannot be prevented) and other Non-Communicable Diseases (NCDs).

HIV /AIDS: There is no single prevention bullet. Prevention would therefore require biomedical as well as social/societal intervention 1) Behavioral change such as reducing multiple sexual relationships and using condoms 2) Prevention of mother-to-child transmission 3) Treatment of HIV, other viruses (ART and others) and sexually transmitted infections 4) Social justice and human rights 5) Confront the stigma and denial associated with HIV. Guiding principles for effective behavior change interventions targeted at HIV/AIDS prevention i.e. targeted interventions



should focus on well-characterized, specific target audiences.

Cancers:

1. Liver Cancer: Primary liver cancer is mainly due to complication of chronic hepatitis B Infection. Please refer to Hepatitis B above

2. Stomach Cancer: Mayo clinic gives the following information regarding stomach cancer. It's not clear what causes stomach cancer, so there's no way to prevent it. But you can take steps to reduce your risk of stomach cancer by making small changes to your everyday life. For instance, try to 1) Eat more fruits and vegetables. Try to incorporate more fruits and vegetables into your diet each day. Choose a wide variety of colorful fruits and vegetables. 2) Reduce the amount of salty and smoked foods you eat. Protect your stomach by limiting these foods. 3) Stop smoking. If you smoke, quit. If you don't smoke, don't start. Smoking increases your risk of stomach cancer, as well as many other types of cancer. Quitting smoking can be very difficult, so ask for help. 4) Ask your doctor about your risk of stomach cancer. Talk with your doctor if you have an increased risk of stomach cancer. Together you may consider periodic endoscopy to look for signs of stomach cancer.

3. Cervical Cancer: There's no single way to completely prevent cervical cancer, but there are things that can reduce your risk.

i) Safer sex – Most cases of cervical cancer are linked to an infection with certain types of human papilloma virus (HPV). HPV can be spread through unprotected sex, so using a condom can reduce your risk of developing the infection. However, the virus isn't just passed on through penetrative sex – it can be transmitted during other types of sexual contact, such as skin-to-skin contact between genital areas. Your risk of developing an HPV infection increases the earlier you start having regular sex and with the more sexual partners you have, although women who have only had one sexual partner can also develop it.

ii) Cervical screening – Regular cervical screen-

ing is the best way to identify abnormal changes in the cells of the cervix at an early stage. It may a good idea for to do your cervical screening tests (Pap smear), even if you've been vaccinated for HPV, because the vaccine doesn't guarantee protection against cervical cancer.

iii) Cervical cancer vaccination: The vaccine is given to girls when they're 10-12 years old, with three doses given over a six-month period. Although the HPV vaccine can significantly reduce the risk of cervical cancer, it doesn't guarantee that you won't develop the cancer. You should still attend cervical screening tests, even if you've had the vaccine.

iv) Avoid smoking: You can reduce your chances of getting cervical cancer by not smoking. People who smoke are less able to get rid of the HPV infection from the body, which can develop into cancer.

“Study Visit” to Mumbai, Jamkhed, Pune and Delhi from 3rd to 17th January 2016

In the month of January 2016, a team from DOH-CTA and Tibet Fund toured Mumbai, Jamkhed and Delhi to study different models of health care delivery. The study visits to Health Spring, Swasth and CRHP (Comprehensive Rural Health Project)-Jamkhed was to explore and understand the different Primary Health Care Models being implemented by private players in India. The Delhi visit to World Health Partners was to study the health care delivery through Telemedicine. The team also visited Hinduja hospital while in Mumbai and Symbiosis University, while in Pune on their way back to Delhi.

The team consist of three members from DOH-



CTA, Dr. Tsering Wangchuck, the Health Kalon, Dr. Lobsang Tsering from the Public Health Division of DOH and Mr. Migmar Tashi, TB dealing staff of DOH then, the Executive Secretary at Tso-Jhe hospital in Bylakuppe and the Tibet Fund is represented by Mr. Vikas Dakur. The visit was very eventful.

HEALTH PROGRAMS:

TMS Enrollment and Awareness Campaign in Tibetan Settlements in India

The year 2016 TMS enrollment began with the three day TMS review workshop in December 2015 to discuss on the TMS enrolment process, field activities and communication strategies, followed by series of discussions with TMS consultants and other Indian communication specialists about TMS awareness campaign.

TMS workshop participants further trained their field staffs about the policy and then field staffs took the charge of awareness campaign and enrollment activities at all the settlements in India through door to door and camp to camp visits. During mass gatherings different tools were used to create innovative awareness to reach the maximum number of people. For the 2016-2017 membership drive, the TMS section had designed & printed attractive flex banners, bill boards, posters, information pamphlets and TMS member handbook with the help of communication specialist Ms. Shweta.

TMS Qualitative Assessment

The USAID hired Health Researcher Dr. Francis Raj to visit three Tibetan Sweater selling places and three Tibetan settlements from 7th January to 2nd February 2016 to conduct study on TMS. The purpose of the study was to obtain views of the Tibetan community regarding the effectiveness of revised TMS policy.

8 New Field-based TMS Staffs Appointed

The Department of Health (TMS section) appointed eight new TMS field based dealing staffs

on contract at Dharamsala, Bir, Odisha, Kollegal, Mundgod, Bylakuppe and Hunsur to increase the level of awareness activities and claim management. They are currently actively engaged in their work.

TMS Enrollment Monitoring Visits

Dr. Alope Gupta and Mr. Vikas Dagur (USAID) visited Dharamsala, Bir and then to Bylakuppe to monitor the TMS project – access the enrollment exercise at the settlements and assist TMS field staff and to get a firsthand feedback on any bottlenecks that may exist. After the Bylakuppe visit, Mr. Vikas went to northeast India. In addition to monitoring the TMS project, he also had to guide the field staffs in that region as we did not have representation from settlements of the region for TMS Review Workshops in December 2015.

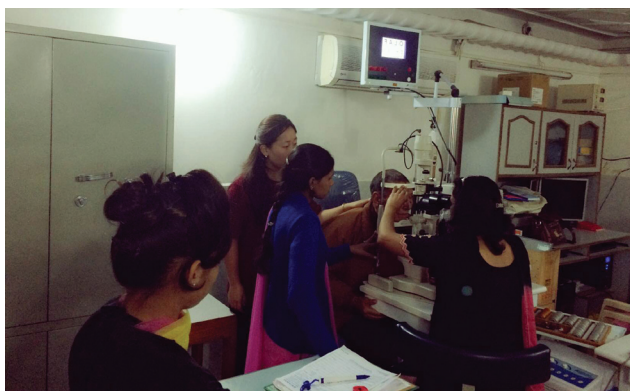
TMS Scheme Advertised in Different News Medias

TMS section has advertised the revised TMS policy through different Tibetan newspapers, websites, TV news and social media to explain the TMS scheme to maximum number of Tibetan public in India as a membership drive for the Tibetan Medicare System.

Department organized Eye Camps at Tibetan Settlements of Doon Valley, Sirmour District, Herberpur and Ravangla

The Tibet Fund and Eye Surgery Fund, USA has been consistently supporting the eye checkup and eye surgery camps at Tibetan settlements in India. With a circular from Department of Health, CTA an eye screening camp was organized at the





Tibetan settlements of Dekyiling, Clementown, Rajpur, Tsering Dhondeling, Manduwala, Poanta-Sahib, Herbetpur, Kamrao, Sataun, Puruwala and Ravangla.

Ophthalmologist screened a total of 323 patients. All patients underwent standard procedure of eye examination such as visual acuity examination and refraction by Ophthalmologist. Spectacles were distributed at subsidized rate to 90 patients with refractory errors as per ophthalmologist prescription. 14 patients underwent Cataract and Pterygium surgery whereas, one patient underwent Glaucoma treatment. Eye drops were distributed to 56 patients as per the ophthalmologists prescription.

Department of Health would like to thank The Eye Surgery Fund and The Tibet Fund for their generous financial support, which made possible the eye camps in the Tibetan settlements. It has benefitted a total of 323 financially challenged and aged patients who could undergo a proper eye checkup, probably which they have not done for years.

Extensive Hepatitis B Prevention and Control Program by Health Department, CTA

i) Hepatitis B Assessments among the Tibetan Refugee Population.

Hepatitis B, in the form of Chronic Hepatitis B infection and its complications (i.e. liver damage and liver cancer) continues to place a heavy burden on the Tibetan community in exile. A rapid qualitative assessment was carried out in Ladakh in collaboration with University of Rochester and

University of Hawaii. The study results included cultural notions of Hepatitis B around diet, transmission, alcohol, genetics and stigma. The findings and the recommendations should help us to design behavioral change communication programs.

A Hepatitis B prevalence survey, which was done at Bylakuppe settlement in 2014 with the help of Johns Hopkins University, revealed that the household prevalence was 11.9% (common prevalence of 8.9% for household, monastery, and school). The Hepatitis B screening during antenatal (pregnant women) visits from 12 Tibetan settlements (2007 – 2013) showed a prevalence of 8.82%. Among the TB patients registered in the seven hospitals of DoH-CTA between 2012 and 2015, the Hepatitis B prevalence was 8.0 % (104/1306). The prevalence of Hepatitis B is categorized into low (less than 2%), medium (2% to 7%) and high (8% and above) endemicity.

To learn more about these assessment reports, Please go to: <http://tibetanhealth.org/reports/>

ii) Universal Immunization Program (UIP)

Under the UIP, DoH-CTA has started the free under-5 vaccination program. The Hepatitis B vaccination program for children under-5, which is a part of UIP, has been going on for some years. Many Tibetan women are delivering their infants in the Indian private sector but there are indications that at-birth Hepatitis B vaccination status is low even when factoring the under-reporting of the data from Indian private sector. Also, it is not possible in most cases to catch the newborn within 24 hours of birth to administer the Hepatitis B vaccination (for those deliveries taking place at home or Indian private sector) by the DOH staffs. So, there is a need to develop innovative approaches that will increase the at-birth vaccination status to 95%. This is one challenge we should take up in coming one or two years.

In a high endemic setting, Hepatitis B virus is most commonly spread from mother to child at birth, or from person to person in early childhood. “National strategies to prevent perinatal transmission should include providing Hepatitis B vaccine at birth i.e. within 24 hours of birth and

ensuring high coverage of birth dose through a combination of strengthened maternal and infant care at birth with skilled health workers present to administer the vaccine and innovative outreach to provide vaccine for children born at home — The birth dose should be followed by 2 or 3 doses to complete the primary series” (WHO position paper 2009).

Government of India (GOI) and DoH-CTA under their Universal Immunization Program (UIP) give Hepatitis B vaccination at birth, 6, 10, and 14 weeks. Many countries have been very successful in reducing the Hepatitis B prevalence rate with this strategy. DOH-CTA is also offering free vaccinations and immunoglobulin to new-born whose mothers are positive for Hepatitis B (HBsAg).

iii) School Hepatitis Project

Students of CST Mundgod after the vaccination with their vaccination card.

Catch-up vaccination program targeting the school children between 6 and 18 years of age was implemented by DoH-CTA in various Tibetan schools, which would reduce the long latency to impact (i.e. reduction in incidence of hepatitis B induced liver cirrhosis & liver cancer and death due to chronic hepatitis B infection). The students were first tested for hepatitis B using the rapid antigen test, which detects the presence of Hepatitis B virus and then diagnosis confirmed by ELISA test. The unvaccinated negative students were given three doses of hepatitis B vaccine and the positive students were further tested for HBV DNA, LFT, USG and other tests relevant to the condition of the student. A minimum of three health education sessions were given to



all the students by the school nurse, medical officers, and the nurses of DoH-CTA health centers. The School Hepatitis B Project has been implemented in 23 schools so far; 4379 students were tested for Hepatitis B virus and 2841 students have received three doses of Hepatitis B vaccine. The program is currently being implemented in six additional Tibetan schools where 442 students have been tested for the disease and 552 students have been given the first dose of Hepatitis B vaccine. DoH planning to cover 2216 students from Tibetan Homes Foundation schools and Central School for Tibetan (CST) Sonada during the remainder of the current year. Department also planning for cover all TCV schools (TCV schools in Ladakh is already covered) in near future. By the end of 2017, department hope to cover 80% of the school going population.

The combined approach of Universal Hepatitis B vaccination to under-5 children plus a one-time catch-up vaccination of school going children will reduce the Hepatitis prevalence rate of Tibetans living in India and Nepal.

iv) Youth and Tibetan Women

Starting from Tibetan settlers living in Ladakh and Arunachal Pradesh, free testing of Hep B and vaccination against Hepatitis B of non-school going youth are also in progress.

v) Hepatitis B Awareness:

1. Mass Health awareness campaign was held at all the Tibetan settlements, schools, and monasteries during the World Hepatitis B day in July 2015 and throughout the year.
2. A short video was made, stressing the importance of getting three doses of Hepatitis B prevention vaccine, which was praised by all.
3. Another short movie was made to raise public awareness of the nature and mode of transmission of the disease, precautions to be taken, preventive and treatment measures to be adopted to prevent the spread of the disease.



vi) Hepatitis B Training/Workshop

1. Comprehensive public health training was conducted at Tibetan Reception Centre where all the doctors and nurses of the DOH Health centers and Delek Hospital were invited to attend. Participants were trained on the epidemiology, causes, and treatment methodologies of Hepatitis B by experts from Chandigarh and Delhi.
2. Two days of Hepatitis B training was held in the beginning of December 2015 with a focus on Hepatitis B awareness as well as updating the knowledge of the community health workers and nurses about the disease.
3. During recent special meeting on disease prevention organized by CTA health department, issues related with hepatitis B and stigma were also touched. All allopathic doctors and senior nurses were given 2015 WHO guidelines for the prevention, care and treatment of persons with chronic hepatitis B infection; and latest updated guidelines on management of chronic Hepatitis-B of AASLD (American Association for the Study of Liver Diseases).

vii) Future Plan

CTA DOH also plans to test and vaccinate all school going and non-school going children between 6 and 18 years old in Nepal; monks and nuns; and also planning same program for all Tibetans women of reproductive age group.

Words of Appreciation

DoH, CTA extends its warm appreciation to the donors PRM, Les Amis du Tibet-Luxembourg via SARD, Yeshe Norbu Apello per il Tibet, Italy, Trentino for Tibet and Tibet Relief Fund, UK for their continued support to make Tibetan community free of Hepatitis B.

Free Eye Camp Organized at Mundgod Tibetan Settlement

A regular eye test is the best way to protect our eyesight and an easy precautionary method, as many sight-threatening diseases can be cured or slowed if caught early enough. Through Free Eye surgery camp at Mundgod Tibetan settlement on 3rd and 10th May 2016 respectively, we have tried to fulfill our objective of providing free eye care services to prevent avoidable blindness in Tibetan community.

The second largest population of Tibetans in southern India resides in Mundgod Tibetan settlement but the residents have to travel quite a distance to see ophthalmologists that too with high out-of-pocket expenses. Therefore, the staff of DTR Hospital Mundgod under the administration of Department of Health-CTA, organized the pre-surgery camp in the local hospital vicinity and patients requiring surgery was referred to Vasan Eye Hospital, Hubli.

A total of 80 individuals were screened for eye disease at DTR hospital Mundgod. Out of which 15 patients have undergone Phacoemulsification + IOL for cataract surgery and pterygium with autograft surgery on 3rd May 2016 and 25 patients have undergone cataract and pterygium



surgery along with B-scan and other minor tests on 10th May 2016.

Statistics of the Eye camp

1	Total eye examined	80
2	Left Eye cataract	14
3	Right eye cataract	15
4	left eye Pterygium	3
5	Right eye Pterygium	1
6	Left eye B scan	3
7	Right eye B scan	1
8	other minor procedures	3
Total procedure done		40

The patients and the Department of Health, CTA is thankful to the donors Gere Foundation and Tibet Fund, USA for their generous and continual support to prevent blindness among the Tibetan community.

Special Meeting on Improving and Strengthening of Overall Public Health Services

Sikyong Dr. Lobsang Sangay inaugurated a special meeting organized by the Department of Health-CTA, to improve and strengthen the overall public health services, disease prevention and hospital administration of the Tibetan community.

The special meeting on health was held at the Tibetan Reception Center from 16th to 18th May 2016. Health Kalon Dr. Tsering Wangchuk along with 129 Tibetan doctors, hospital administrators and health staff from all over India and Nepal at-



tended the meeting. The meeting is part of the Kashag's effort to revitalize Tibetan preventive healthcare following His Holiness the Dalai Lama's public rebuke on the deteriorating situation of Tibetan public health on 23rd March 2016.

The initial plan to organize a workshop in May-June 2016 to orient the traditional Tibetan medicine practitioners from Men-Tsee-Khang on essential allopathic medical concepts was modified as DOH had to simultaneously organize the emergency health review meeting. This required participation from various health personnel including all the members from traditional Tibetan medicine who were set to attend in the aforementioned workshop. Considering the fact that there was considerable overlap in the topics to be discussed at the two meetings, we decided to merge the two and allocate only a special fourth day session for the participants from Men-Tsee-Khang to cover the topics that were not included, or topics requiring further in-depth coverage from the first three days' agenda.

The amalgamation of the two meetings not only reduced cost, but also proved to be more useful as the participants in the first three days' meeting included practitioners from both the allopathic





and Sowa Rigpa (Tibetan Medicine) traditions. This resulted in a mutual exchange of knowledge and thus paved the way for better understanding of the two traditions. An important outcome of the first three days' meeting was the suggestion voiced by many participants for more meaningful interaction and cooperation between the two groups of practitioners, particularly in the area of preventive medicine.

The fourth day was exclusively reserved for physicians from Men-Tsee-Khang. Allopathic physicians from DOH, Delek Hospital, and non-DOH hospitals explained the key allopathic concepts underlying a few important diseases. All in all, 39 Sowa Rigpa practitioners attended the "Health Review cum Allopathic Medicine Orientation Workshop". The topic included among others: TB, hypertension, diabetes, gynaecological problems and cancers.

The special meeting deliberated on seven agendas related to Tibetan public health and formulated a list of resolutions to focus its attention. The resolutions formulated by the special meeting are submitted to the Kashag, which will implement it through the department of health and its branch offices and clinics.

Health Department Organized Health Awareness Program at Dolmaling Nunnery

The Department of Health organized a health awareness program at Dolmaling nunnery, Dharamsala on 26th May 2016. Two staff from department of health, Ms. Ngawang Tenzin, MCH coordinator and Ms. Tenzin Dolker, Hepatitis B and Health Information System coordina-



tor gave talk using power point presentation, on cancer with emphasis on breast cancer, TB and hepatitis B. The event was successfully concluded with question and answer session followed by distribution of sanitary napkins to the participants. About 200 nuns attended the talk. The participants actively participated and showed great interest during the session.

The nunnery health education program was started in the year 2013. Since then the department has covered most of the nunneries in Himachal Pradesh where Tibetan Traditional doctors from Men-Tsee-Khang and health staff from DOH give health talk on various issues like hepatitis B, TB, diet and hygiene, cancers, diabetes and hypertension, UTI etc. We also gave health talk in Mundgod nunnery in July 2015. The program is being funded by PRM.

Health Department Marks International Day in Support of Victims of Torture

The Department of Health, Central Tibetan Administration (CTA) marked 'International Day in Support of Victims of Torture' with a play titled 'History Written in Blood' at the Tibetan Institute of Performing Arts on Sunday, 26th June. The day is held annually on 26th June to speak out against the crime of torture and to honor and support victims and survivors of torture throughout the world.

The play, enacted by Tibet Theater, a Tibetan dramatics association and organized by the torture and substance abuse section of the Health Department, was based on a true-story of a Tibetan, who had suffered torture inflicted upon them by



the Chinese authorities. The play aimed to shed light on the tortures perpetrated by Chinese.

Mr. Tsewang Ngodup, Additional Secretary at the Department of Health and Mr. Dawa Rinchen, Tibetan settlement officer, Dharamsala were the two honored guests at the play. In his introductory speech, Mr. Tsewang Ngodup explained the significance of marking the day to help restore dignity and rehabilitate the victims of torture. He also spoke about the activities of the health department of the Central Tibetan Administration.

The United Nations International Day in Support of Victims of Torture is held annually on 26th June to speak out against the crime of torture and to honor and support victims and survivors throughout the world. The day was selected by the United Nations General Assembly for two reasons. First, on 26th June 1945, the United Nations Charter was signed in the midst of World War II—the first international instrument obliging UN members to respect and promote human rights. Second, 26th June 1987 was when the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment came into effect.



United Nations Secretary-General Mr. Ban Ki-moon has expressed support for and solidarity with the victims of torture and their families throughout the world, and underscored that torture must never be used under any circumstances, including during conflict or when national security is under threat. “Despite its absolute prohibition under international law, this dehumanizing practice remains pervasive and, most disturbingly, is even gaining acceptance,” Mr. Ban said in his message on the International Day in Support of Victims of Torture.

Gynecologist Visit Program

This program funded by NCA continues to be implemented in ten bigger settlements (and two smaller settlements) through our ten health centers where visiting Gynecologists check the



women in settlement for health problems every month. This year department also provided free Pap-smear test and lab services during the Gynecology visit in March in Bylakuppe, Hunsur, Kollegal, Odisha, and Mainpat.

International Day against Drug Abuse and Illicit Trafficking

Department of Health in collaboration with Kunphen Center and Tibetan welfare office organized International Day against Drug Abuse and illicit trafficking on 26th June at Mcleod Ganj, Dharamsala. With the year theme “Listen First”, Health department have organized a luncheon gathering at Yongling school ground for the people with problem of drug abuse.



The program began at 12:30 pm on Sunday afternoon with introduction remarks by Kunphen's Director Mr. Dawa Tsering, followed by discussion with dignitaries, experience and problem shared by people using drugs. The gathering was successfully concluded with speech by Tibetan Welfare Officer Mr. Dawa Rinchen.

Honorable Health Kalon Mr. Choekyong Wangchuk was the chief guest during the gathering, other dignitaries includes Former Security Kalon of CTA Mr. Dongchung Ngodup, Former Buddhist Dialectics Teacher, Geshe Lobsang Dawa, TPIE members, Mr Thupten Lungrik, Mr. Dawa Tsering, Mr. Lutsang Gyarik Thar and Mr. Lobsang Choejor. Members from Local NGO's also attended the gathering to express their support.

On 27th June, in collaboration with Kunphen center and Tibetan Welfare Office organized street march raising slogans and carrying chart in order to bring awareness among the local community of McLeod Ganj. Though it was continuously drizzling while walking through all corners of street,



the participants of the march were very enthusiastic shouting (love your life, not Drugs, Get high on life, not on Drugs, Stop selling illicit drugs, Don't do drugs, Say no to Drugs, Make Dharamsala Drugs Free). Many local public gathered for the event. Pamphlets and flies were distributed to the public including tourists.

TRAINING NEWS:

Training Program on Hospital and Healthcare Administration

A five day training program on "Hospital and Health Care Administration" was held at the Indian Institute of Public Administration (IIPA), New Delhi from 11th to 15th January 2016. This was probably the first training that Department of Health-CTA had conducted on hospital administration after a long time. Considering that a five day program is too short to cover the vast subject in detail, the training was designed to give an overview of the field so that the participants and DOH organizers could also decide on a more comprehensive training in the near future on the sub-topics that are relevant to their day to day activities.

The training touched on the following sub-topics within hospital administration: health system and the role of health care facilities; financial management in health care; supply chain and inventory management; biomedical waste disposal; grievance management and redressal; medical ethics and legal issues in health care facilities including RTI; service quality management for patient safety; hospital information system; and emergency



services and disaster management. Well-known subject experts gave the presentations and shared their experiences. This training was particularly useful and eye opening for the executive secretaries of the DOH hospitals.

One day TMS workshop for IIPA Training Participants at New Delhi

Department of Health conducted one day workshop to 24 Health staff (including Honorable Kalon, Executive Secretary, Staff Nurse and Accountant) on 16th January 2016 at New Delhi for upcoming TMS enrollment and awareness campaign. Mr. Vikas Dagur and Dr. Alope Gupta presented TMS Uniform PowerPoint presentation and road map for enrollment strategy and planning 2016-17.

Adolescent Health Workshop

Two staff from DOH, Ngawang Tenzin, MCH coordinator and Tenzin Dolker, HIS and Hepatitis B coordinator attended a four day workshop on adolescent health program in Indian Institute of Public Health, Gurgaon in February 2016. The workshop included lectures and discussions on life skill education, peer education approach, depression and substance abuse in adolescents, Introduction to basic counselling skills, reproductive and sexual health rights and adolescents health initiatives by Government of India.

In January, the dealing staff also visited Patna, Bihar on an adolescent program field visit. This program is funded by USAID.

Workshop for Teachers at Ngoenga School

On 28th and 29th April, Mrs. Nora Staffenaal, a certified social worker with specialty in psychotherapy from United States visited Ngoenga School for Tibetan children with special needs where she took two days training session on dealing with loss and stress reduction techniques for the teachers and head of foster parents working there. Mrs. Nora is a friend and supporter of Tibetan issue and she has previously given a training for staffs at Delek hospital and is a sponsor at



Tibetan Nuns project. She is currently working on starting a Rotary club to help needy Tibetans.

Around 17 staffs attended the workshop which was more of an interactive session where they were asked to identify losses that they have experienced and how they dealt with it and then applied these understandings to children. There were also discussions on the difficulties and stress that they face in their work place followed by talk on stress reduction techniques. After the workshop Mrs. Nora visited the hostel and classrooms and met the students. She donated Diapers and class room learning materials and tooth brushes to the students.

Basic Healthcare Workshop to Recently Arrived Tibetan Females from Tibet

Public Health Division of the Department of Health, CTA organized a basic healthcare workshop to 30 recently arrived Tibetan females from Tibet currently studying at TCV School Suja, Bir. The duration of this workshop was two days from 27th to 28th June. Resource persons include 5 health coordinators from Department of Health, two Dharamsala settlement TMS Nurse and a doctor from Men-Tsee-Khang.

The training mainly focused on women's health issues such as sexual transmitted diseases, cancers, urinary tract infections, general health and hygiene and adolescent mental health. Talks were also given on Tuberculosis, HIV AIDS and Hepatitis-B with PowerPoint presentations by respective resource persons. In addition, this workshop



involved presentation from Traditional Tibetan Medicine's perspectives on women's health. This workshop was aimed to create greater awareness about basic health issues particularly relevant to women's health among these newly arrived Tibetan women and to empower them to practice positive health seeking behaviors in their daily life.

Training for Staff Nurse on Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) at Pune

From 30th June to 2nd July and 7th to 9th July 2016, in two batches, Department of Health, CTA sent its staffs to participate in the Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) training conducted by Symbiosis Institute of Health Sciences (SIHS), Pune. The curriculum follows the International Program Guidelines (IPG) of the American Heart Association (AHA). The fees and other expenses were generously sponsored by SOIR-IM, Sweden.

11 staff Nurse participated in the Healthcare Provider Course. The participants are from the Tibetan Hospitals/Health Centers of Mundgod,



Bylakuppe, Hunsur, Mainpat, Bir, and Delhi. The training covered both theory and practical, followed by written and practical exams. Videos clipping relevant to the course was also presented for better understanding. All the instructors are well experienced, enthusiastic and have motivated the trainees.

As per the feedback received from the participants, the training was very informative and effective. They think it would definitely help them improve their daily practice. Department planning to provide similar training to health staffs from northeast India in the coming months.

Delivery Training

Two nurses Mrs. Tenzin Nordon and Mrs. Chunksy from Mainpat hospital attended a month long delivery training in St. Mary Hospital from 17th May to 17th June. During their stay, they gained practical skill in handling normal delivery, and assisted and conducted many deliveries. They also learned about high risk pregnancy care, e.g. Pregnancy with ECLAMPSIA, and some procedures like cervical stitch, IUD insertion among many others. This program is funded by USAID.



NEWS FROM THE FIELD HEALTH CENTERS:

Phende Hospital, Hunsur

Free Eye Camp: Free eye camp was organized by



the Sushrutha Eye hospital Mysore on 4th April 2016 at Hunsur settlement. This camp mainly focused on detection of cataract and refractive errors and other related eye problems. Eye screening was done for 83 cases and detected 15 cases of cataract and one pterygium cases requiring eye surgeries. This eye hospital has kindly agreed to do the pick-up and drop patient requiring surgeries.

The World Health Day: was celebrated at Rabgyaling Tibetan Settlement with the day theme of “Prevention of Diabetes” by inviting local dignitaries, school children and general public on 7th April. The event started with introduction by Executive Secretary, Mr. Pemba Labrang followed with speech by Settlement Officer, Mr. Gelek Jungney on diabetes and importance of community participation for the health awareness program. Men-Tsee-Khang, Dr. Lobsang Dhargyal also gave very informative talk on Diabetes and importance of diet in routine life. The chief guest of the day Mrs. Tsering Youdon, member of TPIE, gave talk related to the theme. Pamphlets were



also distributed and total 182 settlers attended the event. The program was funded by USAID.

World environment Day: Tibetan Hunsur Hospital, under the umbrella of Department of Health,



observed World Environment Day on 6 June, 2016 with Tibetan people in Tibetan settlement, Hunsur. The chief Guest of the ceremony Khen Rinpoche (Head of the monastery) gave long life empowerment and spoke about the importance of environment to the public. Hundreds of public were gathered to listen to the environment awareness talks given by the dignitaries. The day successfully concluded with the prize distribution to the top three winning camps/village for keeping their environment neat and clean.

International Day Against Drug Abuse and Illicit Trafficking: was celebrated at Rabgyaling Tibetan Settlement by organizing following activities to bring awareness in the public. The program was funded by PRM and USAID.

1. Football Competition: Phende hospital organized football match on 26th June, to create drug awareness for the target groups of youths with football game competition between the 4 teams of village followed by gold and silver colored





metal cup awarded to 2 winners and 2 runners respectively as prizes through Rabling Sport Committee.

2. Drugs Awareness program in school: Phende hospital also conducted drugs & substance abuse awareness program on 27th June. The children belonging to class VI to X of Central School for Tibetan, Gurupura participated. The event was kicked off with the introduction and health talk by Executive Secretary and power point presentation by volunteer Dr. Ms Deizom Frasi on the prevention of drugs and substance abuse followed by a question and answer session. Presentation of quiz competition among the gatherings and small gift of pen and notebook are given to the winners. The program was concluded with vote of thanks and appreciation.

Hepatitis B screening: This free testing for the



school children of CST Gurupura starting from class V to X standards is funded by the Yeshe Norbu Onlus Appello il Tibet through DoH, Dharamsala. We will start providing Hepatitis B vaccination for all the HBsAg negatives cases soon after completing the screening.

World TB Day: and Men-Tsee-Khang Centenary



celebration was organized in collaboration with Hunsur Tibetan settlement. The event was presided by Khen Rinpoche (Head of the monastery) as a chief guest, Mr. Gelek Jungney, settlement officer and Dr. Lobsang Dhargyal, Men-Tsee-Khang. The day was focused on creating awareness on TB and effective TB control with an example of having three cases in the settlement. Total 150 public attended the event.

Fosco Maraini Tibetan Health Center, Ladakh

World Health Day: A team of Tibetan health center and Men-Tsee-Khang observed World Health day with the theme of “Halt the rise, beat the diabetes” at Ladakh Sonamling on 7th April. The program was chaired by Settlement Officer as the chief guest, Dr. Tsering Lhadrol, Senior Gynecologist as a special guest and Tibetan local heads, official and non-official officers, camp leaders, monastery heads and general public. About 750 settler attended the event. Men-Tsee-Khang administrator introduced the day and their doctor gave health talk according to Tibetan traditional medicine to the settler and Dr. Tsering Lhadrol created an awareness about Women’s reproductive health. Sonamling settlers are very much



grateful to Dr. Tsering Lhadrol and HelpAge Association for their great support, for that, they presented gift and Tibetan scarf of appreciation.

World No Tobacco Day: A team of TPHC and Men-Tsee-Khang clinic organized “World No Tobacco Day” on 31st May 2016. The event was chaired by Tibetan Settlement Officer, heads of non-government organizations, local heads and camp leaders. Total of 500 settlers attended the event. Settlement Officer and Executive Secretary gave health talk related to the topic of the day and Men-Tsee-Khang doctor and staff nurse raised awareness on drugs abuse and Illicit trafficking to the settlers.

Tibetan Primary Health Center, Bir



Bir health center organized physiotherapy campaign at Old People Homes (OPH), Chauntra for three months from 30th December 2015 to 25th March 2016. Physiotherapist Phuntsok Leksang visited twice a week to Chauntra OPH and 16 old age people received free physiotherapist treatment from this program.

Refresher Training on CBR: Health center or-



ganized a “refresher training on CBR, infection control and poison medical management” at TPHC Bir for community nurses and health workers. A total 17 nurses and medical staff from 3 monasteries, 3 Tibetan schools and Bir health center attended this training. Ms. Louisa and Ms. Mercedes from Mexico who are well trained in emergency medical system provided this training at request of TPHC Bir. TPHC is very thankful to both resource persons for sharing their knowledge and skill.

World Immunization Week 2016: “World Immunization Week” was organized on 25th April, an awareness on immunization schedule and importance of vaccination for prevention from serious illness and complications of vaccine-preventable



diseases. Dr. Tenzin Dechen, Men-Tsee-Khang and Ms Tenzin Nangsel, community health worker educated the people about the importance of vaccination and child care. Total of 26 parents participated in the event. Next day, milestone screening was also done to 11 children under 3 years old. Community Health Worker, Tenzin Pelmo and Tenzin Nagsel conducted the second day program.





World Health Day: was organized at Chauntra Tibetan settlement on 8th April 2016. Executive Secretary welcomed all the guest and participants. Settlement Officer spoke to the public about importance of health. Resource persons are Dr. Chonden, Men-Tsee-Khang and Nurse Tsering Palkey, TPHC Bir gave a talk on Diabetes, Hypertension and other medical problems. Health Day ended with free diabetic and blood pressure checkup to all participants.

In addition, Health education program was also conducted for school children and monks of Bir and Chauntra area on 22nd and 23rd April 2016.



Volunteer Dentist Dr. Pema, Physiotherapist, Phuntsok and Senior Nurse Karma Dolma provided an awareness talk at TCV Chauntra, TCV Suja and Dzongsar Monastery.

On 5th July, Nurse Nyima Palzom gave a health talk through overhead projector on Tinea infection to Deeru Sakya Monastery at Bir. Around 55 student monk attended the talk. Nurse Tenzin Palmo assist in the screening program, from



which 15 monk have been diagnosed with the Tinea infection. They made list of infected monks and assigned them to come to hospital for further treatment.

International Day against Drug Abuse and Illicit Trafficking: was observed at TPHC Bir, health staff members distributed information leaflet to the public and gave awareness talk on substance abuse. Physiotherapist, Phunstok Leksang delivered an education talk to the public of Bir and Chauntra. This program was funded by PRM.

Dekyiling Hospital

World Health Day: On 7th April, Dekyiling hospital observed World Health Day to raise awareness on health education. Settlement Officer, Mr. Jampa Phuntsok, Dekyiling hospital Dr. Tenzin Wangdak and Executive Secretary, Mr. Dawa Tashi acted as a resource persons. About 70 settlers attended the event.

Mainpat Hospital

Awareness Program on Disease Prevention: In April, every Thursday, Mainpat promoted awareness on precaution of disease like Hepatitis B, HIV, Diabetes, Hypertension, Cancer, and TB to all 7 camps and Tibetan school in the settlement. Hospital staff nurse Dawa Choedon, Tenzin Nordon, Chunkyi and Karma Trinley acted as the resource persons. Leaflets were distributed and billboards were displayed on the main street.

Poanta Clinic: World Health Day was conducted at Tibetan settlement Poanta on 7th July 2016.



CHW Pema Tsering created awareness on the year's theme on Diabetes and Men-Tsee-Khang Dr. Tenzin Lhanzey gave health talk according to Tibetan Traditional Medicine through PowerPoint presentation and Veterinary Dr. Milli, Dharamsala Tibet Charity contributed the information related to rabies. The program also included cleaning settlement surroundings. 75 settlement people



attended the event. The event was successfully ended with free sugar test to all participants.

Sonada Clinic: Health awareness program was observed in Sonada Tibetan settlement and Central Tibetan School from 15th to 28th April. Nurse Tashi Dolma promoted awareness on Hypertension Diabetes, Cancer, HIV/AIDS, Hepatitis B and TB. She mainly focused on its prevention and precaution of these diseases. 128 settlers and students attended the health talks.

Herbertpur Clinic: World Health Day was organized at Herbertpur Tibetan Settlement to create awareness on HIV, Hepatitis B, Diabetes, Hypertension, Cancer and TB. Resource persons of the event are staff Nurse Tenzin Choekyi and Old Age Home Nurse Migmar and Sonam. About 60 settlers including monks from Gongkar monas-

tery attended the talk.

Dholanji Clinic: Tibetan Bonpo Health center organized awareness campaign on Health Prevention measures on 20th April 2016 in settlement community hall. All the settlers and class XII students were invited to the event. Staff Nurse Ms. Lhakpa Bhuti gave talk on TB, Hepatitis B, Cancer, HIV/AIDS, Diabetes and Hypertension. Mainly focused on disease conditions, its signs and symptoms, treatment and prevention. Total 59 settlers and students attended the talk. The event was successfully ended with free sugar test to all participants.



Kullu Clinic: On 15th June, Community Health Worker, Nyima Tsering educated the local public on sign and symptoms, prevention and treatment of disease like Hepatitis B, HIV/AIDS, Hypertension and Diabetes. The people found the talk very informative and interesting that they requested for such talk in the future.

Puruwala Clinic: Health education talk was organized at Puruwala settlement on 28th April to the general public and students. Staff Nurse Lhamo Tsering had also arranged blood sugar test to the staff members and settlers. About 60 settlers attended the talk.

Dalhousie Clinic: A two day Health awareness program was conducted at Dalhousie Tibetan settlement on 15th and 22nd April. The program was aimed to promote awareness on diseases like Hepatitis B, HIV, Diabetes, Cancer and TB. Disease precaution, causes, sign and symptoms and prevention were explained by Men-Tsee-Khang, Dr. Tsering Choezom, and CHW Tashi Tsomo. The health talk was attended by settlers and school children.

PROFILE OF NEW STAFF

Health Department Appoints New Resident Medical Officer at Bir/Chauntra

The Department of Health (DOH), Central Tibetan Administration formally appoints Dr. Tenzin Norsang, MBBS graduate from, Dr. Rajendra Prasad Medical College, Tanda-Kangra, as the new medical officer of Tibetan Primary Health Centre (TPHC) at Bir from 20th May 2016. Prior to joining Bir TPHC, he worked a month at Delek Hospital, Dharamsala for practical experience. The primary health center at Bir provides medical and public health services to Tibetan settlements, schools and monasteries at Bir and Chauntra, viz. Bir Tibetan Society, Nangchen Division and Dege Division.



As of now, there are 6 doctors working at DOH (Tibetan Voluntary Health Association) branch hospitals in various settlements and 6 doctors working at Delek hospital under Central Tibetan Administration (CTA). The DOH is urgently looking for Tibetan resident MBBS doctors in branch hospitals and health centers at Miao, Ladakh, Bhandara, Mundgod, Hunsur, Pokhara (Nepal) and Odisha.

In the coming months, under the Tibetan Health System Capacity Strengthening and Global Fund TB Project being funded by USAID via Tibet Fund and Central TB division, Ministry of Health and Family Welfare, Government of India respectively, DOH-CTA will appoint more resident and visiting doctors including specialist doctors at the health centers of Tibetan settlement in India and Nepal.

With effect from 21st July 2014, for those MBBS doctors who graduate through DOE quota and decides to serve in remote settlements like Miao, Odisha, Mainpat, Ladakh, Bhandara, the Kashag has approved the reduction of obligatory bond to serve the Tibetan community from three to two years.

At present, there are altogether about twelve Tibetan MBBS doctors with registered residential addresses from USA, Mundgod, Nepal, Manali, Dharamsala, Kollegal, Chauntra, and Bylakupe who have not come forward to work after their graduation. Department of Health strongly urges them to come back to work with sense of moral duty for at least three years' service in Tibetan settlements and as per the terms and condition of bond they signed with CTA, DOH and DOE. There are also about 17 Tibetan medical students and interns studying in Indian Medical colleges at Bikaner, Shimla, Kangra and Kolkata who have signed the MBBS bond with DOH-CTA and DOE-CTA.

To retain the serving doctors and also encourage the future doctor, DOH-CTA will also explore post-graduate seats in India and aboard and preferential Tibetan Scholarship Program placement on Master in Public Health and other health related degree course for serving Tibetan resident doctors in India and Nepal.

IN KIND DONATION

Dental Clinic Inauguration at TPHC Ladakh

Fosco Marani Tibetan Health Center, Ladakh inaugurated Dental Clinic on 26th April 2016. Dental



chair and all equipment's were funded by Africa Tremilla and coordinated by Association Italia Tibet. The inauguration was attended by local dignitaries and Settlement Officer as a chief guest. The Department of Health appointed dental therapist on 11th April 2016 and this project will provide oral healthcare facilities to the settlers. When people have access to comprehensive oral health care, their overall health, well-being and self-confidence are significantly improved. Department of Health and people of Ladakh express their gratitude and appreciation to Africa Tremilla and Association Italia Tibet for their support and financial assistance provided towards this project.

Upgraded Laboratory Equipment and Nursing section

Art Tibet Chamsem Association-France donated laboratory equipment to Tibetan Primary Health Center, Bir on March 2016. THPC Bir is now upgraded after installation of two major equipment of the laboratory and one nursing section. They received fully automatic hematology analyzer for complete blood Count, Nycocard reader for Hba1C test mainly for diabetic patient and oxygen concentrator machine. All three equipment have already been implemented and started functioning. Thank you very much Anne la and team of Art Tibet Chamsen, France for kind support.



MESSAGE OF HEALTH KALON

Health Kalon's Message on World TB Day – 24 March 2016

March 24 commemorates the day in 1882 when Dr. Robert Koch discovered the cause of Tuberculosis (TB), the tuberculosis bacillus. Since then, 24th March is observed every year as World TB Day worldwide. This year's "World TB Day" theme is aptly titled "UNITE TO END TB". World TB day is an opportunity to raise awareness about the enormous burden of TB. With 1.5 million TB-associated deaths per year, TB is a top infectious killer worldwide. TB, HIV-associated TB & MDR-TB represent a threat to development and global health security. For World TB Day, 24 March 2016, WHO calls on governments, communities, civil society, and the private sector to "Unite to End TB" WHO and partners are promoting dialogue and collaboration that unites individuals and communities in new ways to end the tuberculosis (TB) epidemic. Four subthemes under the Unite to End TB theme that WHO is promoting are; Together we can prevent TB by ending poverty, Together we can better test, treat, and cure, Together we can end stigma and discrimination, Together we can drive research and innovation

TB is a top killer worldwide ranking alongside HIV/AIDS. Globally, in 2014, 9.6 million fell ill, 1.5 million men, women and children died, 1.2 million PLHIV developed TB. Of the 9.6 million new TB cases in 2014, 58 % were in the South-East Asia and Western Pacific regions. The African Region had 28 % of the world's cases in 2014. A recent WHO report has ranked India with having the highest number of TB cases in the world. As per the WHO Global TB Report 2015, in 2014 2.2 million cases were estimated in India which is higher than in any other country.

According to data available at Department of Health, CTA, from 7 hospitals, 1168 cases of TB were reported between 2012-2014, out of which 759 (64.98) were male and 409 (35.02%) were

female. TB cases were highest in the age group of 15-24 (46.96 %), followed by age group of 25-34 (21.17%). In terms of occupation, TB cases were highest in students (38.1 %) and monks (21.23%). The percentage of MDR TB cases among new TB cases is 3.63 % while among previously treated TB cases it is 22.79 %

Tuberculosis (TB) is caused by (*Mycobacterium Tuberculosis*) that most often affect the lungs. Tuberculosis is curable and preventable by prompt and proper diagnosis and treatment. TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air. A person needs to inhale only a few of these germs to become infected. About one-third of the world's population has latent TB, which means people have been infected by TB bacteria but are not (yet) ill with the disease and cannot transmit the disease. People infected with TB bacteria have a 10% lifetime risk of falling ill with TB. However, persons with compromised immune systems such as people living with HIV, malnutrition or diabetes, or people who use tobacco have a much higher risk of falling ill. When a person develops active TB disease, the symptoms (cough, fever, night sweats, weight loss, etc.) may be mild for many months. This can lead to delays in seeking care, and results in transmission of the bacteria to others.

The Department of Health, Central Tibetan Administration has been striving hard to prevent and control tuberculosis in the community ever since launching of its TB control program. As recommended by WHO, the TB control program of the Department is following the DOTS guideline. Besides installing basic TB diagnostic facilities such as X-ray machine & medical laboratory facility in some of the major hospitals and health centres computerized radiography (CR) systems are being installed at Tso Jhe hospital in Bylakuppe, DTR hospital in Mundgod, DVT hospital in Kollegal & Tibetan Primary Health Centre in Dekyiling to ensure proper TB diagnosis

sis. Department is planning to install new X-ray machine at Phende Hospital in Hunsur, Tibetan Primary Health Centres at Mainpat & Miao in the near future. Furthermore, to ensure that drug resistant tuberculosis are diagnosed at the earliest and treated effectively, Gene X-pert CBNAAT system are being installed at Tso Jhe Hospital in Bylakuppe, DTR hospital in Mundgod & Tibetan Primary Health Centre in Dekyiling. Active TB awareness campaign & case finding is pursued in the congregate settings such as schools and monasteries and amongst general public to prevent and control transmission of tuberculosis. TB drugs are provided either free of cost to the patients or subsidized in hospitals and health centres under the Department, while in Indian govt. TB facility it is free.

While organizing a variety of campaign related activities to raise awareness about the epidemic disease among common public I request the school students, the health workers and the general public to participate in the National level online quiz competition on Tuberculosis on 24th March 2016 in connection to World TB Day. TB Free India Online Campaign is a national level movement initiated by various voluntary organizations for supporting the Tuberculosis Control programme. For guidelines and instructions you may log on to – www.tbfreeindia.com.

In conclusion, Despite significant improvement in TB situation in the community, TB still continues to remain one of the major health concern in the Tibetan community. I, therefore, call upon everyone to re-dedicate ourselves- the administration, health staff, NGOs & civil societies, and the ordinary people – to work towards elimination of TB from our society and make Tibetan community a TB Free community.

Health Kalon's World Malaria Day Message 2016

The Department of Health of the Central Tibetan Administration is observing World Malaria Day

today on 25 April 2016.

This year's theme of World Malaria Day is "End Malaria for Good" reflecting the vision of a Malaria-free world set out in the "global technical strategy for malaria 2016-2030".

"The strategy aims to dramatically lower the global malaria burden over the next 15 years. Its goals are ambitious but attainable:

1. Reducing the rate of new malaria cases by at least 90%
2. Reducing malaria death rates by at least 90%
3. Eliminating malaria in at least 35 countries
4. Preventing a resurgence of malaria in all countries that are malaria-free"

According to WHO's "World Malaria Report 2015", there was a decline in global malaria cases and deaths since 2000 and this was made possible through the massive expansion of effective tools to prevent and treat malaria, such as insecticide-treated mosquito nets, diagnostic testing and anti-malarial medicines. However, about 3.2 billion people – nearly half of the world's population – are at risk of malaria. In 2015, there were an estimated 214 million new cases of malaria and 438,000 deaths, mainly in sub-Saharan Africa. Millions of people are still not accessing the services they need to prevent and treat malaria.

Malaria is a Vector-borne disease which is transmitted through Anopheles female mosquitoes from person to person. These mosquitoes are called vectors. They can put our health at risk, at home and when we travel.

Malaria is preventable as well as treatable disease. We can take the following steps in order to prevent and protect one from these diseases:

1. Know about these diseases and particularly, know about how you can protect yourself and your family from these

deadly diseases.

2. Take personal precaution to avoid bites from mosquitoes, particularly at night, by using mosquito repellent creams, wearing long sleeved clothes, using anti-malarial insecticides and spray. Always sleep inside the insecticides treated bed nets if you live and travel to an endemic region of diseases like malaria.
3. Make all efforts to reduce mosquito breeding sites around your house like standing water through regular cleaning of your surroundings, and by screening of windows and door of house with wire mesh to reduce entry of mosquitoes and other insects inside the house.
4. Get diagnosed early and get complete treatment when you have any signs and symptoms of these diseases. The first symptoms of malaria are usually very similar to 'flu – aches and pains, fever, headache and so on. After a few days, chills, followed firstly by a high fever for a few hours, and then by profuse sweating occur. For dengue, symptoms usually begin 4-6 days after infection, lasting up to 10 days and include sudden high fever, severe headache, pain behind the eyes, severe joint and muscle pain, nausea, vomiting, skin rash and mild bleeding.

Malaria has been reported from Malaria endemic regions in Odisha, Chhattisgarh, North East states, Maharashtra and few in Karnataka and Delhi region. Health centers of seven Tibetan settlements in India namely; Odisha Phuntsokling, Mainpat Phendeling, Miao Choepheling, Tezu Dhargey-ling, Mundgod Doeguling, Delhi Samyeling and Bylakupee Tibetan settlement had reported cases of Malaria over the years. The Central and North-east India accounting for more than 90% of the cases reported. In 2013, there were a total of 214 reported malarial cases from our Tibetan settlement health centers with 119 cases alone from Odisha. In 2014, 197 cases of Malaria have been

reported from our Tibetan settlements health centers, of which 170 cases were reported alone from Odisha. In the year 2015, HIS3 (computer based Health Information System at DOH) recorded a total of 190 Malaria cases out of which 167 cases were from Menla hospital (Odisha), 11 cases from Mainpat, 6 cases from Miao and 3 from Tso-Jhe Khangsar hospital. Delek, Sataun, and Tezu reported 1 case each.

Looking at the high burden of Malaria in Odisha Phuntsokling settlement, a needs assessment survey was conducted in 2013 in collaboration with Johns Hopkins University of the USA. It was found that people had good knowledge of preventative measures and the treatment options; however, many people lacked the means through which they could get hold of tools for preventing themselves against malaria. The DOH thus launched its “Malaria Control Project” focusing in Odisha initially, followed by Mainpat, Miao, Tezu, Tuting and Bhandara from 2012 to 2014. The project was funded by our donor partner Norwegian Church Aid (NCA).

Under this project, Long Lasting Insecticide Treated Nets (LLIN) were distributed free of cost to the the destitute, school children, old aged people and at 50% subsidized rate for the rest of the general population. Even before 2012, such project of free distribution of Long Lasting Insecticide Treated Nets (LLIN) for Malaria prevention and control were under taken by Odisha Menla Hospital and Monastery at Odisha Phuntsokling Settlement and Mainpat Phendeling settlement.

Tackling Malaria in the Tibetan settlements located in Malaria endemic region like Odisha, Mainpat, Miao, Tezu, Tuting and Bhandara has been a challenge for our department over the years.

We need to invest more in the future so that we can “End Malaria for Good” through prevention and treatment, using tools such as insecticide-treated mosquito nets, diagnostic testing and anti-malarial medicines.

New TATA ZENON at Ngoenga School with funding support from German Aid to Tibetans through Department of Health, CTA. Thank you for your kind donation. Your caring support will make a great difference in the lives of Ngoenga children.



Water and Sanitation Projects, Construction, Renovation Projects Implemented from January to June 2016



New tractor and rubber tanks purchased at Tsering Dhondenling Tibetan settlement funded by PRM, US to alleviate drinking water scarcity of the population.



Drilled new bore well, laid new water supply pipeline and procured new submersible pump for all five camps of the Phuntsokling Tibetan settlement, Odisha. They now avails adequate drinking water. Project funded by PRM, US.



68 toilets constructed for Tibetan refugees living in Tuting Settlement. The project funded by PRM,US.



Drilled bore well at Dekyiling Tibetan Settlement to provide better water supply for the population. PRM, US had funded the project.



On 7th June, 2016 then acting Secretary Mr. Chime Ringzin, Additional Secretary Mr. Tsewang Ngodup accompanied by Mr. Tenzin Choephel, a concern staff of department for water supply and maintenance, Mr. Ramesh who looks after water source and system at Naddi, employed by department visited main water source at Naddi to monitor existing water supply line and assess the water source in connection with laying of alternative new pipeline.



Renovated and white washed Lha-gyari patient recovery center under welfare office, Dharamsala, Mcloed ganj. The project was funded by PRM,US.



Constructed 9 new toilets and renovated 3 toilets at Kamrao settlement. The project was funded by PRM,US.



Constructed boundary wall and ramp at Tibetan Primary Health center, Bir. The project was funded by PRM,US.



Bir health center's toilet and bathroom renovated project was funded by Art'tibet chamsem - France



Overhead water storage tank was constructed at camp number - 6 of Doeguling Tibetan Settlement, Mundgod. The project was funded by PRM,US.



50 Toilets (28 at Jangthang and 22 at Sonamling settlement) was constructed with support from PRM, US. This project reached remote settlement who doesn't have access to such facility where open defecation is common.

TVHA staff update from January to June 2016

New Appointment:

S.No	Name	Designation	Place	Dated	Remarks
1	Jigme Sodon	Accountant	TPHC Bhandara	04.01.16	
2	Thupten Paljor	Accountant	TPHC Mainpat	06.01.16	
3	Tsering Youdon	TMS staff	Menlha Hospital, Odisha	04.02.16	Contract
4	Kunsang Dolma	TMS staff	DVT Hospital, Kollegal	04.02.16	Contract
5	Nyima Palzom	TMS staff	TPHC Bir	15.02.16	Contract
6	Karma Pema Dolma	TMS staff	SO, Dharamsala	15.02.16	
7	Sangmo Bhuti	TMS staff	SO, Dharamsala	15.02.16	
8	Pema Lhanzom	Staff Nurse	PHC Miao	15.02.16	
9	Tenzin Choden	TMS staff	Phende Hospital, Hunsur	13.04.16	
10	Lhakpa Dhondup	TMS staff	DTR Hospital, Mundgod	13.04.16	Contract
11	Dr. Tenzin Norsang	Medical Officer	TPHC Bir	20.05.16	
12	Tenzin Dolma	Dental Therapist	TPHC Bir	06.06.16	
13	Tenzin Lungrik	Ophthalmic Technician	DVT Kollegal	06.06.16	

Resignation:

S.No	Name	Designation	Place	Dated	Remarks
1	Tenzin Deckyi	Registered Nurse	PHC Bandara	02.01.16	
2	Tsering Paldon	Registered Nurse	Menlha Hospital, Odisha	01.04.16	
3	Kalsang Chokey	Dental Therapist	TPHC Bir	15.04.16	
4	Kalsang Dolma	Registered Nurse	Ladakh Jangthang	30.04.16	
5	Yangchen Choedon	Staff Nurse	PHC Miao	30.05.16	

Transferred:

S.No	Name	Designation	From	To	Dated
1	Kalsang Wangmo	CHW	Tso Jhe Khangsar Hospital, Bylakuppe	DVT Hospital, Kollegal	16.01.16
2	Sonam Dolma	CHW	Tso Jhe Khangsar Hospital, Bylakuppe	Phende Hospital, Hunsur	21.01.16
3	Thinley Wangmo	CHW	Phende Hospital, Hunsur	Tso Jhe Khangsar Hospital, Bylakuppe	25.01.16
4	Passang	Staff Nurse	Tso Jhe Hospital, Bylakuppe	Phende Hospital, Hunsur	27.01.16
5	Tashi Youdon	Staff Nurse	Phende Hospital, Hunsur	Tso Jhe Hospital, Bylakuppe	15.02.16
6	Passang	Staff Nurse	Tso Jhe Hospital, Bylakuppe	Phende Hospital, Hunsur	17.02.16
7	Tenzin Sangmo	Staff Nurse	Phende Hospital, Hunsur	Tso Jhe Hospital, Bylakuppe	17.02.16

8	Sonam Yougyal	Executive Secretary	Ngoenga School	Tso Jhe Hospital, Bylakuppe	22.02.16
9	Lobsang Gyaltsen	Peon	Ngoenga School	DVT Hospital, Kollegal	22.02.16
10	Kyipa	Staff Nurse	PHC Ravangla	PHC Delhi	01.03.16
11	Migmar Tashi	Executive Secretary	Tso Jhe Khangsar Hospital, Bylakuppe	Dept. of Health, CTA	03.03.16
12	Tashi Tsomo	Staff Nurse	PHC Delhi	Dept of Health,CTA	09.03.16
13	Tsering Wangmo	Staff Nurse	Tso Jhe Khangsar Hospital, Bylakuppe	Phende Hospital, Hunsur	04.04.16
14	Kalsang Wangmo	CHW	DVT Hospital, Kollegal	Tso Jhe Khangsar Hospital, Bylakuppe	04.04.16
15	Tenzin Tsephel	Accountant	DTR Hospital, Mundgod	Dept. of Health, CTA	01.05.16

Retirement:

S.No	Name	Designation	Place	Dated	Remarks
1	Tsekyi Lhamo	CHW	DTR Hospital, Mundgod	12.02.16	
2	Dickyi Kari	ANM	PHC Dekyiling	26.04.16	
3	Tashi Gyalpo	Executive Secretary	PHC Bandara	04.05.16	

Department staff update from January to June 2016

New Appointment:

S.No	Name	Designation	Place	Dated	Remarks
1	Tenzin Kunsang	Under Secretary	Dept. of Health	17.02.16	
2	Chimmey Rinzin	Secretary	Dept. of Health	11.04.16	
3	Choekyong Wangchuk	Kalon (Minister)	Dept. of Health	01.06.16	

Ngoenga School

New Appointment:

S.No	Name	Designation	Place	Dated	Remarks
1	Nyima Tashi	Director	Ngoenga School	08.02.16	
2	Kalsang Lhamo	Nurse	Ngoenga School	17.02.16	

Resignation:

S.No	Name	Designation	Place	Dated	Remarks
1	Tenzin Topden	CHW	Ngoenga School	22.01.16	
2	Kalsang Lhamo	Nurse	Ngoenga School	12.05.16	
3	Tenzin Choedup	Gatekeeper/Gardener	Ngoenga School	10.06.16	

Terminated:

S.No	Name	Designation	Place	Dated	Remarks
1	Lobsang Gyaltsen	Peon	Ngoenga School	29.05.16	

Volunteer Information Corner

Ways to Give, Volunteer Opportunities

The department runs 7 hospitals and 4 primary health centers and 38 clinics spread across India and Nepal and 1 Special School, the first ever CTA run school for Tibetan children with special needs for India, Nepal, Bhutan and Tibet. More information: (www.ngoengaschool.org).

The hospitals offer opportunities for everyone to share their time, talents, and interests to support our mission in the community. Doctors, nurses and other medical volunteers are most welcome to serve our hospital and health centers to provide medical care, health education, and humanitarian assistance to Tibetan refugees in need. We will do our best to help you in whatever way we can during your stay.

Information for the Medical Students and Interns

The hospitals will give you information that may be of interest to you as a medical student. The more you know and understand about our hospitals before you decide to come, the better it will be for all.

As a medical student you are allowed to observe patients only under supervision of doctors. You are expected to be present during normal working hours each day. Board and lodging are to be arranged by you.

You are required to send your CV and a reference letter from your present University. You are also required to send a monthly fee of US \$50 by cheque or via Western Union in the name of any CTA DOH's hospital. The cheque, or wire, should be in Indian Rupees as our bank here does not accept foreign currency cheques in small amounts. Cancellation of your visit should be notified to the hospital's elective co-ordinator at least two months in advance. However, the monthly fee is non-refundable.

NB: The above information gives priority to registered medical students already on courses. Pre-registration medical students will only be allowed if space permits. Tibetan pre-medical or medical students living in India, Nepal and Bhutan will be offered placements without making an advance booking, but the student will be subject to completion of hospital formalities by sending us his/her CV and reference before their arrival. They are exempted to pay elective fee. Failing to meet these requirements may hamper their placement with us.

Do you want more information?

If you are genuinely interested in working at CTA DOH hospitals as a medical student, you can send an e-mail: health@tibet.net and we will send you additional information.

FAREWELL!

The Department of Health hosted a memorable farewell gathering to former Health Kalon Dr. Tsering Wangchuk on 28th May 2016 at Indraprastha Hotel, Dharamsala. He completed his five years term as a Health Kalon and served our community to the best of his abilities.

We thank him for his support and effort while working together in serving the Tibetan people in Exile!



HOW YOU CAN HELP

YOU CAN SPONSOR A FREE MEDICARE FOR A POOR FAMILY OF FIVE AT \$ 55 A YEAR

For details, Please contact Tibetan Medicare Division of CTA, Department of Health @ tms@tibet.net and health@tibet.net

HOW YOU CAN HELP MOST IMPORTANT PROJECTS IN 2016-2017

Central Tibetan Administration's Department of Health (Tibetan Voluntary Health Association) works to improve the health of Tibetan refugees in India, Nepal and Bhutan. Following are the Health Programs and Projects run by Department of Health or Tibetan Voluntary Health Association that urgently need your help.

1. Kalachakra 2017 Medical Camp
2. Support Ngoenga Home School
3. Kollegal Hospital Staff Quarter construction
4. Support for Hepatitis B Awareness, Training, Testing, Vaccination and Treatment
5. Mobile Health Clinic for Tibetan refugee nomads at Ladakh Jangthang
6. Extensive renovation of DTR hospital of Tibetan settlement at Mundgod
7. 100 Toilets for Tuting Tibetan settlement
8. Resident Doctors' Quarters Construction for Miao Primary Health center
9. 200 Composite toilets for Ladakh Settlement and Jangthang
10. Dental Chair and equipments for Hospitals and Health centers at Hunsur, Mainpat and Poanta
11. Free Eye surgery camps
12. Ambulance for Hospitals and Health centers at Kollegal, Ravangla and Mundgod.

Please make donation by Cheque/bank draft/IMO payable to Tibetan Voluntary Health Association towards any of the Projects and programs mentioned above.

Bank Detail

A/c Holder - TVHA
A/c Number - 11510100000519
UCO Bank, CTS
Gangchen Kyishong
Dharamsala-176215
Distt. Kangra (H.P), INDIA

SWIFT CODE - UCBAINBB238
PAN - AAATT1509K
TAN - PTLT10935B
IFSC - UCBA0002059
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