Haiti Health Initiative
Partners Promoting Health One Community at a Time

www.haitihealthinitiative.com

October 2011 Mission to Timo, Haiti

Education Report

INTRODUCTION

Education is a very important part of Haiti Health Initiative's humanitarian trips, as it fosters awareness and helps hone daily hygiene and health skills that will improve local residents' overall health and quality of life. We provided this education to a group of lay midwives, or traditional birth attendants that already existed in the community, to a local children's school, and to every patient that attended the clinic.

My goals as the team's education leader in October 2011 were to

1. Provide leadership and organization for the education team (dietitians, community health workers, translators). Assess effectiveness of the education we provided to give recommendations for continuing education within Timo and assist future team leaders in furthering the goals of HHI.
2. Assist community health workers to become independent in their role as teachers and ambassadors for change in Timo through education.
3. Provide training for lay midwives in very basic neonatal resuscitation techniques, prenatal care, recognizing maternal problems requiring higher level of care, and correct management of post partum hemorrhage. Also provide lay midwives with simple pieces of equipment to assist in deliveries, creating a cleaner, safer experience for the provider, mom, and baby.

Distributing a newborn kit to a new mother.

REVIEW OF ACTIVITIES/RESULTS

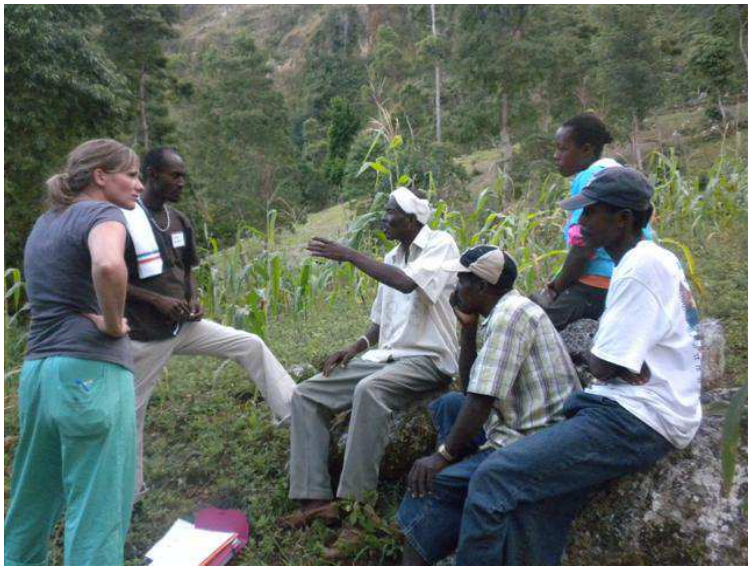
We provided health education to the people of Timo in three main groups using methods and materials specific to those groups.

1. The majority of our education efforts were directed toward patients as they finished their visit to the clinic. All 1,520 patients had hand and dental hygiene taught and demonstrated to them by their own community health workers. These health workers needed only very limited instruction on the

first to review material content. Nutrition and breastfeeding consults were done by the dietitians or education team lead as ordered by the physicians or per clinic protocols.

2. In this trip, we attempted to expand the content of the previous lay midwife education. Two sessions of training were planned, and we offered each session twice. Traditional birth attendants were expected to come to at least one of each of the sessions to receive the midwife and delivery kits we brought to distribute. Planned topics in Session A included general introductions, an establishment of midwife skill levels and experience, basic maternal/fetal circulation, prenatal education (including a focus on learning to date a pregnancy-fundal heights), recognizing pregnancies needing higher level of care for management and delivery, and management of post partum hemorrhage. Session B included very basic neonatal resuscitation techniques. In all, seven midwives were taught and given a midwife kit. Approximately 150 delivery kits were equally divided between the seven care providers.
3. We also had a very effective visit to Timo's School of the Children. Using songs, games, and demonstrations, we taught the 70 students between the ages of 3 and 15 hand and dental hygiene and basic nutrition. We started the presentation with a short lesson about the importance of education in their lives and for their community. I believe these children are the most important key to sustainable change in Timo over the years.

FURTHER NEEDS



Lay midwives learning newborn resuscitation

Our main barrier to effective teaching was timing, space, and lack of an attentive audience. At the clinic, the majority of patients were exhausted by the time they made it to the education station. Several were also in pain from dental procedures. Mothers who had young children with them were very distracted trying to comfort obviously hungry, tired and crying children. The noise of the clinic was a further distraction. I felt that the combination of these issues greatly diminished the effectiveness and retention of the information provided. We did attempt to teach basic nutrition lessons to small groups while standing in line prior to triage. We tried this most of one morning but found this was also ineffective due to lack of space, difficult terrain, noise level of the crowd, and the patients' concerns that they would lose their place in line while listening.

I learned quickly that it took a lot of concentration for both the instructor and participants to have effective learning take place. At the midwifery station, many issues complicated both the effectiveness of what was being taught and the ability to accurately assess participant understanding. The language barrier, education and literacy level of the participants, and current cultural beliefs (that sometimes contradicted what was being taught) are all realities worth noting, but not issues that I will address as I feel more progress can be made focusing on other, more productive areas. Organizing the class was extremely difficult due to poor communication. I did not have the time to teach more than once per day, but the midwives could not all meet at the same time. Some of them hung around the clinic for hours waiting for others to arrive. Creating an effective learning environment was another barrier. These classes involved a huge amount of new information for the participants to learn. Despite their eagerness to learn the information, without a suitable learning environment, it was very difficult to accomplish our goals. When we were outside the clinic it was difficult to teach without a table for all the equipment and teaching materials that were needed. Within the clinic, we were often temporarily displaced to accommodate physician exams or kitchen staff needing to set up the next meal. The time planned to cover the topics was not adequate to properly teach and assess participant understanding, given all the barriers. Requesting a return demonstration is the best way to assess a participant's understanding. However, for some of the topics covered there was no way for them to practice or demonstrate due to lack of equipment. This was also a problem when trying to teach recognition of fetal position. Several pregnant clinic patients volunteered to let the traditional birth attendants practice measuring fundal heights, but more practice is needed.

The most concerning issue I saw was a lay midwife, apparently the most experienced, correctly verbalize and demonstrate the initial assessment and care of a newborn with the baby mannequin in class, but when observed in a delivery, did not demonstrate any application of that knowledge.

In regards to the school visit, it was difficult to take the time to leave the clinic. We intended to provide the kids with simple hygiene kits but we ran out of all of these supplies long before our visit. We needed many more kits than we had. We were able to give them some jump ropes and rubber wristbands.

RECOMMENDATIONS FOR SOLUTIONS

Because of the great importance education plays in the goals of HHI as a key catalyst for change, I think we can not only expand, but provide more effective education in March 2012 with some simple changes.

I propose we run the clinic from the opposite direction. We have much more space and a flat surface up on top where the women's tent was set up. We could bring one large canopy or 3-4 smaller ones and provide an adequate number of chairs. There would be space to play music (cholera songs, etc.) without disrupting the rest of clinic. We could have more space for small children to learn the songs, dances, hand puppets/actions, to color a picture or make crafts, or do some other activity related to hygiene. We could have separate areas for nutrition and breastfeeding. We could also have large laminated posters on various subjects with pictures or music lyrics on the legs of the canopies. Additionally, we could expand teaching to include our water efforts and new agriculture ideas. This would be a good opportunity to help people in the community

know what's going on with the water project and reinforce how to take care of it. Maybe we could get a few local men to take charge of teaching this. Patients would enter education first then be directed to line up for the clinic. We could give them a ticket proving they had been to education, and our local crowd control men would number the ticket securing their place in line, just as they were doing before. Moving registration, triage and lab to the other side of the clinic could free up more space for dental to set up another chair to serve more patients.

We need more teaching time for midwife education. We need more organization in when, where, and who will be attending these classes. We should also try to bring a maternal pelvis, as suggested by Dr. Johnson. And, if we are going to expand our education efforts, I feel we need an additional team member to help grow this area. I suggest bringing a Labor and Delivery RN who could oversee the classes which would free up the education lead to provide more leadership, problem solve, make learning assessments, and organize all the activities that will be happening for the week.

I liked Dr. Johnson's idea of a core set of topics, with different topics for each day. Again, I don't believe 2 hours is too long for them. The people want the information; they devoured every chart and picture I brought with me. The topics Dr. Johnson outlined in his email were mechanics of a vaginal delivery, management of the cord/placenta, post partum hemorrhage, post delivery infections, basic neonatal resuscitation techniques, dating a pregnancy, identifying preterm labor, preeclampsia, breech, shoulder dystocia, and breastfeeding. Dr. Johnson should teach the delivery topics. Labor nurses deliver babies when they have to, but this is out of our scope of practice to be teaching others. I think this will also help Dr. Johnson make assessments on how to further our future educational opportunities with the traditional birth attendants. But there is no way we will be able to cover this amount of information listed above without an additional RN teaching, who is dedicated to these topics, and who will follow the lay midwives' learning and understanding throughout the week.

Providing hygiene and nutrition education at the School of the Children

Finally, I feel we should provide more visits to more schools. I think we should be visiting somewhere everyday or visit the School of the Children near the clinic multiple times during the week. Handing out school kits would be great, as well as basic hygiene kits. That way, they are sure to have a toothbrush/toothpaste/soap and they can apply what they've been taught. Information for parents could also be put in the school's kits discussing hygiene, sanitation, water project, nutrition, etc.

PERSONAL REFLECTIONS
Jessica Pyrah, RN:

"I am very grateful I have had the opportunity to work with HHI on important changes that will assist the people of Timo to provide a better quality of life for themselves.

"Throughout my week in Timo I saw a great need for changes to take place. I also began to recognize the very real and difficult barriers an impoverished community must overcome to make change a reality. At times it was very hard to feel that what I was doing was making any difference. I had sacrificed much to come on the trip and it didn't seem to have been worth it given the very small impact my efforts were making. But as the week progressed I began to stop seeing all the problems and started focusing on this group of people who are hard working, resilient, eager to learn and gracious for our help. I saw how they looked to me as an example and they discussed their hopes and dreams for themselves and the community. I started seeing small changes within individuals: community health workers who stepped up and took ownership and worked independently in the clinic; a midwife who was willing to accept constructive criticism after a difficult delivery of a very sick infant; school children who, I believe, carry the promise of a better future of this community within them because of their eagerness to learn and adapt to new ways of thinking. I realized after coming home that I did help make a difference within individuals, who will ultimately and collectively create sustainable change in Timo."

Jessica Pyrah currently works full time at Heber Valley Medical Center, and cares for patients in the Emergency Department, General Medical/Surgical Unit, and Labor and Delivery. She is the nurse coordinator for Women and Newborn services, and holds certifications in BLS/ACLS, PALS, TNCC, STABLE, and NRP. She has been a registered nurse for 14 years with experience in ICU, rehabilitation, maternal/child care, general medical, and orthopedic units.

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