



Partners Promoting Health, One Community at a Time.

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About the Author

My name is Devarie Jones, and I worked with Haiti Health Initiative (HHI) to improve education in Haiti. Education is the one of the most important parts of the HHI humanitarian trips. Educating individuals in rural Haiti can increase the way of living, decrease the spread of diseases, and establish overall good health. My goals as one of the education team leaders were to provide leadership and to help organize the flow of education.

Activities in Haiti

We were involved with several activities during our trip to Haiti. We assisted local community health workers in the education process. Along with this, we also made sure those workers are teaching the topics correctly and effectively to the local Haitians. We oversaw the interaction and teaching techniques to ensure that they were appropriate and encouraged an environment for learning. We oversaw the distribution of newborn and hygiene kits. We also gave shoes to those ages from 0 to 17. We helped make sure the flow from education to triage to when the patient left ran smoothly and effectively. Another one of our activities was to assist where needed—from education to triage to assisting the doctors.

Results

Local Haitian community workers taught with some assistance of interpreters. The community health workers needed little instruction to teach independently. They were very well prepared. They were effective in their teaching and used appropriate teaching props to help educate. They were interactive with the community and provided an environment for learning. Four main topics were taught: breastfeeding, general hygiene, dental hygiene, and the importance of wearing shoes. The distribution of hygiene kits and newborn kits went well. Even with the limited supply and our wanting to give hygiene kits to everyone, we tried to give only one per family so that everyone that came in would get a hygiene kit. The newborn kits were given to those who needed them and were much appreciated. The clinic flow went very smoothly. Those coming through would have education and triage before they could see the doctor.

Problems and Challenges

The distribution of handing out shoes was a bit of a challenge. We had a limited supply of shoes that would fit children ages 0 to 17. We had a lot of shoes much bigger, and everyone wanted shoes. It was very difficult. The community would see if children had a good pair of tennis shoes on. If they did, they would not get a new pair of shoes. This way, those who did not have shoes or had badly

worn shoes would get new shoes. The families would sometimes have their children take off their good shoes and hide them in a bag so that they could get a new pair of shoes.

Unfortunately, none of the families came together at the same time for hygiene kits, so the kits were given away individually instead of one per family. There were also some women that, on occasion, stated they were pregnant when they were not just to get a newborn kit. Another issue was that sometimes those coming through the clinic would not listen as well to the education because they were distracted by the distribution of hygiene kits and shoes. Sometimes the lines at the clinic would get backed up at triage. The lines were often backed up because the community health workers would provide other education other than the topics discussed. For example, they would teach the importance of picking up garbage. While triaging, the people from the community would hear what was being said and then there seemed to be a trend of same symptoms.

Future Solutions and Recommendations

The distribution of hygiene kits, newborn kits, and shoes was very stressful and challenging. Knowing that there was limited supply and those who needed it most may not get them due to the masses of Haitians that come. I propose that the distribution of hygiene kits, newborn kits, and shoes be given after they see the doctor on a more individual basis as they leave the clinic. Hopefully that will eliminate the chaos of everyone wanting something and decrease the disturbance of education. Keep the education flow how it is set up just don't give any hygiene kits, newborn kits, or shoes, until they have seen the doctor and are ready to leave the clinic. This way, after they have seen the doctor we can assess their needs, verify pregnancy, and distribute kits appropriately.

I would also like to propose that the registration and triage be spaced apart from each other. If we could get the registration away from triage—perhaps up where education was—and then only let them come to triage one or two at a time. This separation would help with privacy and also eliminate what others heard. To help with the backed up lines at the clinic, we could slow the education process down by keeping on topic.

Personal Reflections

This trip to Haiti was a very good experience for me. I have to admit I was very hesitant and apprehensive about going at first. By the end, however, I was very grateful for this experience. I learned a lot and learned a great deal about people. Sometimes it was hard to feel that I was making any difference. It was very hard and stressful sometimes, especially when it came to disturbing shoes. Even though this was a challenge for me, I was very impressed with their way of living and those striving to make it a better place to live. I was very impressed with the community health workers and the interpreters. Their ambition and hard work was very impressive. It was very hard work from sun up to sun down, and they were there every morning. I loved seeing our helpers and how hard they worked every day even though their job was not always fun and was a little monotonous. I was impressed with the local individuals from Timo who taught themselves English and would help teach the local children English. To me, this expressed their love for their people and their ambition for change and growth. I am grateful for my experience in Haiti, and it is an experience I will never regret.