

2009 Community Health Worker Project Reports

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Health Beh. Health Edu. Field Placement Learning Objectives

DRAFT (5/20/09)

Competency	Learning Objectives	Tasks/Activities
<p>ABILITY TO ANALYZE A HEALTH-RELATED PROBLEM FOR THE FACTORS AMENABLE TO PLANNED CHANGE</p>	<p>Develop knowledge about the socioeconomic factors that correlate with maternal and infant morbidity/mortality.</p> <p>Gain understanding of how gender inequality affects the health of women and girls.</p>	<p>Conduct a literature review on Community Health Workers, nutrition in rural China, and maternal and child health in rural China (especially among Tibetans and ethnic minorities).</p> <p>Meet with clinic staff, Surmang Foundation staff, and Amara staff to learn their model for rural health care and how it is adapted to the socioeconomic conditions in Qinghai Province, China.</p>
<p>ABILITY TO PLAN AND IMPLEMENT HEALTH EDUCATION PROGRAMS FOR SPECIFIC POPULATIONS AND IN A VARIETY OF ORGANIZATIONS</p>	<p>Select and design educational methods and materials appropriate to specific learners and specific objectives.</p>	<p>Assist in conducting the third year of Community Health Worker training.</p> <p>Train Community Health Workers as public health educators in the local public schools.</p> <p>Use innovative methods and materials to train Community Health Workers and the wider community (e.g. illustrated health manual for people who are illiterate).</p>
<p>ABILITY TO COLLABORATE WITH LAY PEOPLE AND HEALTH WORKERS</p>	<p>Describe ways to identify key individuals and organizations whose participation is crucial to the success of a health education program.</p> <p>Identify and describe different areas of professional and lay expertise in program planning and implementation.</p>	<p>Discuss with the Raktrul Foundation's incipient clinic, another rural health clinic near Surmang, about their needs and the importance of participating in an assessment of their services.</p> <p>Assist in identifying local women who would be effective Community Health Workers for the Raktrul Foundation's clinic.</p>

		<p>Collaborate with Community Health Workers to tailor health education training and materials for the local context.</p> <p>Describe how Community Health Workers contribute their expertise in program planning and implementation. Identify additional ways for Community Health Workers to contribute their expertise.</p>
<p>ABILITY TO PROVIDE CONSULTATION, TRAINING, DIRECTION, AND TECHNICAL ASSISTANCE IN DEVELOPMENT, EXPANSION, AND IMPROVEMENT OF HEALTH EDUCATION PROGRAMS AND SERVICES</p>	<p>Describe appropriate ways to improve the quality of health education programs given the resources and constraints.</p>	<p>Learn to conduct health education and Community Health Worker training within the resource constraints of rural western China.</p>
<p>ABILITY TO RELATE ETHICAL CONSIDERATIONS AND VALUES TO ONE'S PROFESSIONAL PRACTICE</p>	<p>Develop a perspective on one's professional rights, obligations, and role as a health educator.</p>	<p>Keep a reflection journal during field experience in China.</p> <p>Share excerpts from reflection journal with UM professors and classmates through an online blog.</p>

CHW Training Report Summer 2009

Dawn L. Factor, RN, BSN, MPH

Background/Goal

Based on the results of the unpublished 2004 Surmang Foundation KAP survey which showed high maternal mortality and infant mortality rates, the Community Health Worker (CHW) Training program was initiated and funded in 2006 through Surmang Foundation. The CHW program, based on working models in Nepal and India, sought to train women in the community to perform safe deliveries. The training was expressly designed to provide basic instruction on hygiene concepts and emergency measures that would set a framework for future training.

The overall goal of the project is to improve knowledge, attitudes and practices on the household level. By training community health workers to conduct prenatal visits, identify danger signs, attend births and visit newborns, we hope to reduce deaths preventable by simple interventions and timely referral for complications.

*-Saad El-Dien, Program Manager
Community Health Worker Project, 2006*

The guiding goal for the CHW program since its inception in 2006 to present has been to reduce both maternal and infant mortality rates in the Surmang Township catchment area of Qinghai province, China.

CHW Program 2007 – 2009

In 2007, the CHW Training program set forth to evaluate the successes and opportunities of the 2006 program and to continue basic training to all previously trained CHWs. Each of the CHWs in Surmang and Rongdou/Mendo were interviewed to determine both specific demographics and lessons learned from the original training. Basic delivery statistics were obtained and follow-up intensive trainings were provided. These trainings served to evaluate knowledge gaps, and further reinforce appropriate and safe birthing practices. The 2007 program highlights included:

- All day intensive trainings at Surmang clinic
- Three day intensive trainings at Rongdou/Mendo
- Initiating a system of documenting prenatal, delivery and postnatal visits for CHWs
- Distributing Clean Delivery Kits in Surmang and Rongdou/Mendo
- Providing each Surmang CHW with a wooden ink stamp, or chomp, to document her work, creating a basic payment system
- Paying CHWs for deliveries and antenatal care

In 2008, the CHW Training program was suspended due to political reasons.

Between 2007 and 2009, Surmang clinic doctors, Phuntsok and So Drogha, collected pre and postnatal ‘tickets’, initiated in 2007. These collected tickets served as a system to track the teaching activity of each CHW. We were able to determine whether pregnant or postpartum woman were having interaction with a CHW by counting the number of pre and postnatal tickets with a unique CHW identifier stamp. Since the tickets were presented to the clinic doctors upon each visit by women under the care of a CHW, we could demonstrate that for each stamped ticket, a CHW interaction generated a referral to the Surmang clinic for an ultrasound, blood pressure or warning symptom check, or postnatal, well baby check.

In 2009, the CHW Training program was reinstated. Surveys were developed for both Surmang, Rongdou/Mendo. Two new CHWs were recruited and a third survey was developed to obtain demographics and delivery history.

CHW Staff

Program Manager – Dawn Factor

Graduate Intern – Tina Sang

Translator – Janice

Additional translation help – Wenbo, Zomo

See Addendum A for the following attachments:

- CHW Village Survey Surmang
- CHW Village Survey Rongdou/Mendo
- CHW Village Survey – *New Recruits*

Results of Demographic and Delivery Survey Surmang

Number of CHWs in Surmang Township (n=8)

CHW Attrition since 2007 (n=2)

Reason for attrition: CHWs moved from respective villages, Tsokie, Jereke, out of area

CHW Demographics

Age Range: 20 - 45

Average Age: 33

How many CHWs became pregnant during Q3 07 – Q3 09? (n=3)

Ages of CHWs who delivered during Q3 07 – Q3 09: (20,33,40)

Prenatal

Number of CHWs who reported prenatal visits = 8 (100%)

Number of Prenatal tickets collected = 36

Range of prenatal visits collected, per CHW = 5 – 10

Average number of prenatal visits per CHW = 8

Information discussed at prenatal visit: nutrition, warning signs; all were referred to clinic for ultrasound

Surmang Township Deliveries

Township	Number of Deliveries reported (Q307 – Q309)	Seen by CHW?
Jereke	4	No*
Modi	10	Yes
Kowu	3	Yes
Tsokie	5	Yes

*Surmang doctors attended Jereke deliveries; distance is < 2 kilometers from Surmang Clinic

Total Deliveries in Surmang Townships = **22: 18 attended by CHWs**

Additional Deliveries outside of Surmang, assisted by CHWs = **10**

Total CHW assisted deliveries = **28**

Average age of women delivering in Surmang Township = 30

Age range = 20 – 46 years

Delivery complications reported by CHWs:

- Long delivery reported (>24 hours – 4 days) in 5 cases, mothers and babies reported healthy post delivery
- Excessive blood loss – CHW used uterine massage to successfully reduce, stop bleeding
- CHW reported using bulb syringe to assist with breathing in newborn, baby spontaneously began breathing after bulb syringe use
- Rinchin Lamo, CHW from Kowu, delivered twins *without* complications

Postnatal

Number of CHWs who reported making postnatal visits = 7 of 8 CHWs

2 CHWs traveled from Jereke to TAR for deliveries – postnatal women from the TAR did not come to the Surmang clinic for visits

Number of postnatal tickets collected at the clinic = 37

Average number of postnatal referral tickets per CHW = 5

Surmang Results Synopsis

The 2009 summer training took place in July. Survey information was obtained prior to training. Out of the original 10 CHWs, 8 remain; two moved out of the area during 2008.

In August, two new CHWs were trained in an all-day intensive course.

Prenatal and Postnatal visit tickets were collected at Surmang clinic from women who had been referred by the CHW in their township. This year we duplicated the same system for referrals and provided more tickets for each CHW.

With the exception of Jereke – which is the town closest to the clinic, the CHWs participated in all the deliveries within their townships. The two CHWs who reside in Jereke delivered 10 babies inside the Tibet Autonomous Region (TAR).

See Addendum B for CHW Curriculum attachments:

- Curriculum for Surmang CHW Training
- Role-play attachment

In 2009, the training shifted to strongly promote identifying high-risk women and warning signs in advance of delivery. Emergent obstetric care is non-existent in both Surmang and Rongdou/Mendo townships. The roads between aforementioned townships and Yushu are unpaved and riddled with open, eroded areas, making emergent transport dependant on perfect weather and adequate lead time. Motorcycles remain the most popular mode of quick transport, but are difficult and inappropriate for delivering woman.

This year's intensive CHW training emphasized two key concepts:

- How to identify high-risk women and warning signs in advance of delivery
- The use of role-play to assist each CHW in problem solving and developing a delivery plan to include hospital transfer and additional transportation needs.

New in the 2009 training was the addition of infant ambu-bags. All CHWs were trained in the mechanics of the infant ambu-bag, and spent individual time demonstrating competency in performing emergency breathing with and without the infant ambu-bag. Each township was provided with one ambu-bag; follow-up to evaluate effectiveness is strongly advised.

Of note, Tsokie village supports one town store that has begun to sell an IV soybean product used as a nutritional supplement for antenatal woman and infants. The CHWs first reported this during the training and we discussed the importance of promoting good nutrition by eating well and avoiding IVs. We also discussed the added risk of infection related to a field start IV.

The last training module reviewed Family Planning and birth control. The CHWs showed a greater interest than in previous years. After discussion and role-play, the CHWs unanimously agreed that if a woman takes on the responsibility of birth control, she does so in secret. Currently at Surmang clinic, no form of birth control is provided.

Results of Demographic and Delivery Survey Rongdou/Mendo

Number of CHWs in Rongdou (n=10)

- Lead CHWs from Rongdou: Oyodroma, Jeymo
- 2 CHWs from original 2006 group did not attend in 2007, rejoined in 2009:
Sonam Drewma (Rongdou), Bojee (Rongdou)

Number of CHWs in Mendo (n=13)

- Lead CHWs from Mendo: La Dren (Pedre), Dichen

CHW Attrition since 2007 (n=0)

CHW Demographics

Age Range: 19 - 60

Average Age Rongdou: 38

Average Age Mendo: 37

How many CHW became PG and delivered since 2007? 3

Deliveries

Township	Number of Deliveries reported (Q307 – Q309)	PG	Seen by CHW?
Rongdou	32	31	Yes
Mendo	46	33	Yes
Ronghi	3	3	Sonam Pachee

PG – pregnant women (e.g. For Rongdou township, 31 women accounted for 32 babies)

Total Deliveries in Rongdou/Mendo/Ronghi Townships = 81

Average Age of women delivering in Rongdou = 30

Average Age of women delivering in Mendo = 28

Average Age of women delivering in Ronghi = 23

Neonatal deaths (up to 30 days post delivery) n=8

Reasons provided during CHW interview:

1. “Baby did not breathe”
2. “Baby premature – 7 months”
3. “Baby got a cold and died within 10 days”
4. “Baby died at delivery”
5. “Baby died after delivery in car crash”
6. “Baby died after bleeding from cord for 10 days”
7. “Baby died within one month from diarrhea and difficulty breathing”
8. Baby presented with leg, dead with delivery

Delivery Complications (all neonatal deaths included) n=29

Details of delivery complications (both maternal and infant):

- Swelling prior to delivery (n=4)
- Position (breach, “horizontal”, leg presentation) (n=6) 1 infant died (leg presentation); 1 born with brain damage
- Long delivery reported (>24 hours – 7 days) (n=9), 2 cases transferred to Yushu hospital, all survived
- Cord bleeding (n=1) Infant died related to bleeding from umbilical cord for 10 days
- Placenta problems (n=3) All 3 women survived prolonged placental delivery
- Premature deliveries (n=2) 1 infant died
- Prolapse (n=1) One woman suffered bladder prolapse and continues to have problems ongoing, she also reports poor vision since delivery

Synopsis of Rongdou/Mendo Training

23 women participated in the CHW training this year. Two women, who were in the original 2006 and were not able to participate in 2007, were available this year. We spent the first morning obtaining basic demographics and details about each delivery attended.

See Addendum B for CHW Curriculum attachments:

- Curriculum for Rongdou/Mendo CHW Training
- Role-play attachment

More than 80 births were reported between both townships – a large increase from the reported 6 births in 2007. Two trends were noted. First, women from Mendo were more likely to have two babies in two years (46 babies per 33 mothers in Mendo vs. 32 babies for 31 women in Rongdou). Second, CHWs were teaming up – in groups as high as 6 – to attend births. Prenatal clinic visits were not noted nor were pregnant woman identified and counseled prior to delivery by individual CHWs. Instead, CHWs were showing up together for the delivery, without any one CHW taking responsibility for prior visits or follow-up care. A high complication rate during delivery was also noted. One in three woman experienced a major complication during delivery (n=29), including neonatal death (n=8).

See Addendum C for the following document:

- Rongdou/Mendo Delivery Complication Table

Based on the survey findings, the focus of the Rongdou/Mendo training was retooled to emphasize identifying pregnant women early and further defining women at high risk for a delivery complication. The role of the CHW was highlighted as one where the pregnant woman and CHW form a partnership prior to delivery. In this partnership, the CHW counsels her about risk factors, warning signs, and refers the pregnant woman to the clinic for an ultrasound prior to delivery. If the woman is identified as high risk, the CHW helps her make a plan for delivery to include hospital transfer.

The final module focused on Family Planning. The CHWs from Rongdou and Mendo reported that they did not use birth control, as there is no access to affordable birth control in their township. The CHWs in both Surmang and Rongdou/Mendo townships were equally open and frank in their discussions about the lack of birth control. Further, there were no examples reported where men shared responsibility in Family Planning.

In 2007, Surmang Foundation began paying CHWs for deliveries and training. In 2009, we again provided payment. With the Rongdou/Mendo group, we also paid CHWs who “assisted” in delivery with one other CHW. The rationale previously had been to encourage support and assistance among CHWs. With the new emphasis on identifying women early in pregnancy and forming a partnership, we told the CHWs that payment would be based on a single relationship. If more than one CHW attended the delivery, the CHWs would need to decide who had taken the largest responsibility – which includes both prenatal and postnatal follow-up.

See Addendum D for the following payment worksheet attachments:

- Surmang CHW payment (2009)
- Rongdou/Mendo CHW payment (2009)

Reflections and Recommendations:

1. Lack of emergent care for obstetrics remains the largest obstacle to achieving improved maternal and infant mortality on par with urban Chinese statistics. Given the rural setting of each of the townships represented by CHWs, the hope for elevating the standard of obstetric support is in the Amara model of training physicians and developing independent, unique expertise within the clinic network.
2. Clean Delivery kits remain a popular and essential element for the CHW program. An example of the link between CHW and Surmang clinic, the delivery kits represent a successful, effective intervention that has saved infant lives. While the CHWs consider the Clean Delivery kits their tools for the job, they also reported that supplies stopped in 2008. Recommendation to continue to supply Clean Delivery kits and focus fundraising efforts on providing sponsorship to continue the supply uninterrupted.
3. Prenatal vitamins for CHW distribution. Prenatal vitamins could serve as a safe venue to expand the role of the CHW within the community. The expansion further links CHWs to the clinic, exposing the CHW to nutrition education and prevention of vitamin deficiency in both mother and infant. Recommend expanding the CHW role to infant and early childcare and triage.
4. Family Planning at Surmang clinic. Surmang clinic has successfully supported the healthcare needs of surrounding communities, treating more than 100, 000 people in 16 years. Family Planning is an essential aspect of health. As the clinic continues to expand and the hiring of a third doctor is realized, recommend new personnel be trained who are willing to provide IUD placement and removal on demand.
5. Continue to pay CHW workers. While the pay remains modest, the acknowledgement and incentive provided by payment is key to keeping CHWs enthusiastic and engaged.

Future focus sessions for Rongdou/Mendo to evaluate:

- Were the 2009 trainings effective?
- Follow-up to evaluate the use and effectiveness of infant ambu-bags
- What were the barriers to attending births and assisting in deliveries?
- What are the complications during delivery and what interventions did Rongdou/Mendo CHWs deploy?
- Did CHW form partnerships with pregnant women to include pre and post-natal visits and plan for emergent care and delivery?
- What were the problems and successes?
- Has the training succeeded in changing the status of the CHW within the Rongdou/Mendo community?

For Surmang, focus session to evaluate:

- Were the 2009 trainings effective?
- Follow-up to evaluate the use and effectiveness of infant ambu-bags
- Have the CHWs continued to assist in deliveries?

- Are they communicating with Drogha or Phuntsok at the clinic?
- Are pregnant women being referred to the clinic by CHWs?
- Are postpartum women referred for follow-up well baby check ups?

Ongoing education is key to the continued success of the Community Health Worker project. An adequate supply of clean delivery kits is essential to maintain continuity, and moving forward, payment for attending deliveries provides incentive for CHWs in the field. Revisiting the priorities of prenatal vitamins, training CHWs in the use of thermometers to detect fever in mothers and children may be useful in allocating funds for the upcoming year.

In 2009, an infant registry was set up for the Surmang clinic doctors to record the births of each newborn brought into the clinic. Discussion was encouraged to bring forward problems or questions that new mothers may have. Finally, evaluating the use and effectiveness of an infant registry ongoing, is essential for the promotion of early infant care and well baby checks. In the future, providing immunizations at Surmang clinic and/or training the CHWs to administer immunizations is another key public health metric that could reduce the burden of infant death and disease in Surmang townships.

Final thoughts

Statistics from the KAP survey in 2004 provided the impetus to change the face of maternal mortality in Surmang and Rongdou valleys. While I was there, story after story made utterly stark the fact that nearly every family has experienced the death of a loved one during childbirth. The success of training CHWs in Surmang and Rongdou valleys is reflected in the delivery of more than 100 healthy babies to women in 2008/2009.

Addendum A
CHW Surveys

CHW Village Survey

Village: Tsokie Jereke Modi Kowu Other: _____
CHW Name: _____
Demographics: Age _____ Married Yes/No Number of Children _____
Did CHW become PG and deliver during 2008-2009? Yes/No

Antenatal Interactions (Q3 2007 –Q3 2009)

Prenatal:

Did CHW see any woman prior to delivery? Yes/No

How many women?

How many women were PG in their village? _____ (village: _____)

How many women does the CHW believe could have used the teaching? _____

What did CHW teach/talk about prior to delivery?

€ Nutrition

1. What types of foods do women in your village eat?
(Meat/Vegetables/Tsampa/Dairy/Fruit/Other)

2. Are there any special foods eaten or prepared for PG women?
-

€ Warning signs

Specify warning signs:

Other _____

Did CHW see a woman more than once before delivery?

explain:

Did CHW refer anyone to clinic prior to delivery?

Did CHW use any pre-made coupons?

Comments: _____

Delivery:

Did CHW attend any deliveries? Yes/No

If not, why not? _____

If yes, how many? _____

Were additional CHWs present during any of the deliveries? Yes/No

Who? _____

Describe experiences:

Patient Name	Age	Number of Children	Complications	Additional Comments

Please indicate which deliveries an additional CHW attended

Were Clean Delivery Kits used in any of the deliveries? Yes/ No (Indicate above)

Does the CHW believe that any other deliveries in her village could have used the services of the CHW?

Postnatal

Counseling postnatal:

€ Routine well baby

€ Routine maternal health

1. After delivery, what kind of foods do women in your village eat? _____

2. Are there any special foods eaten or prepared for women post delivery? _____

Other:

€ Referral to clinic (postnatal phase)

Explain: _____

Additional comments: _____

**Addendum A
CHW Surveys**

CHW Village Survey

Village: Rongdou Mendo Other: _____

CHW Name: _____

Demographics: Age _____ Married? Yes/No Number of Children _____

Did CHW become pregnant and deliver during 2008-2009? Yes/No
If yes, who attended the birth? _____

Deliveries (Q3 2007 – Q3 2009)

How many women were pregnant in (Rongdou Mendo Other _____) village?

Did CHW refer any pregnant women to clinic prior to delivery? Yes/No
If yes, how many? _____

Did CHW attend any deliveries? Yes/No
If not, why not? _____

If yes, how many? _____

Were additional CHWs present during any of the deliveries? Yes/No
Who? _____

****Please indicate which deliveries were attended by an additional CHW in the chart below****

Patient Name	Age	# of Children	Complications?	Additional Comments

Were Clean Delivery Kits used in any of the deliveries? Yes/ No

Did CHW do postnatal follow-up visits (well baby and maternal health)? Yes/No
If yes, how many new mothers received a follow-up visit? _____

Did CHW refer any new mothers to clinic after delivery? Yes/No
If yes, how many? _____

Additional Comments:

CHW Village Survey
New Recruits

Village: Tsokie Jereke Modi Kowu Other: _____

CHW Name: _____

Demographics: Age _____ Married Yes/No Number of Children _____

Did **CHW** become PG and deliver during 2008-2009? Yes/No

Have you ever attended a live birth? Y/N Provide Description: _____

What township/village(s) do you plan to serve? _____

How many women per year become PG in _____ village(s)?

Why do you want to become a CHW? _____

Additional Comments: _____

Addendum B
CHW Curriculum

Curriculum For CHW Training
Surmang Township
7.28.09

- 9AM Welcome and Refreshments
- 9:30AM Announcements
- CHW Payment
 - Photos
- 9:45AM Clean Delivery Kits
- Kits will be available in late August or early September
 - Each CHW will receive 6 kits, more kits in clinic if needed
 - Appropriate substitutions:
 - Soap for hand washing
 - Clean towels for mother and baby
 - Sterilizing procedure for instrument to cut cord
 - Clean pieces of cloth to tie umbilical cord
 - Warm blanket and hat for baby
 - Practice hand washing
- 10:00AM Sharing Stories about Deliveries and Experiences
- 10:30AM Review Key Concepts of Birth Process
- Calculating approximate date of childbirth
 - Preparing the home for delivery, CHW supplies
 - Anatomy and physiology
 - Signs of labor
 - Overview of labor and immediate after care
 - How to use bulb syringe, infant ambu bag, and emergency breathing procedure
 - Practice
 - Practice in Birth Process:
 - 1) Slow delivery of baby to prevent maternal lacerations or tears
 - 2) Safely tying/cutting the umbilical cord with clean razor
 - 3) Cleaning baby post delivery and cord care
 - 4) Wrapping baby in towel to keep warm post delivery and giving baby to mother's breast
 - 5) Applying eye ointment within the first hour
 - 6) Using uterine massage to stop bleeding
 - 7) Delivering placenta, what to look for

8) Cleaning mother after birth to prevent infection or complications

12PM Lunch

12:30PM Prenatal Counseling

- Identifying maternal risk factors
 - Under 15, over 40, over 35 at first pregnancy
 - More than five children
 - Pregnant with twins
 - Petite mother with small hips
 - Complications with previous pregnancies or deliveries
 - Bleeding before labor
 - Any sign of toxemia (swelling, headache, trouble with vision)
 - Signs of anemia (pale, weak, tired)
 - Chronic health conditions
 - Recommend more visits with these women, emphasize referral to clinic, and discuss importance of delivery in hospital setting
- Identifying warning signs
 - Bleeding during pregnancy
 - Headache
 - Swelling in hands, feet, or face
 - Signs of anemia
 - Shortness of breath
 - Recommend immediate visit to clinic or hospital
- Nutrition
 - Hand washing and clean food preparation
 - Eating well by having foods rich in protein, iron, vitamins, and calcium
 - Iodized salt
 - Drinking lots of fluids (boiled water, soup, milk)
 - Importance of taking only necessary medications or no medications while pregnant

1:30PM Practice with Prenatal Counseling

- Role plays:
- Pregnant woman who is unaware she is high risk
- Woman who is shy about her pregnancy and has a warning sign
- Pregnant woman who mainly eats dairy, meat, and grain
- Pregnant woman who thinks prenatal check-up is unnecessary

- 2:30PM Postnatal Care
- First phase:
- Taking care of baby's immediate needs (warmth, breastfeeding)
 - Second phase:
 - Maternal care (thorough cleaning of mother, rehydration, comfort)
 - Maternal and well baby follow-up:
 - Cord care
 - Maternal health
 - Hygiene of mother and baby
 - Postnatal visit to clinic to weigh baby and record birth
- Role plays:
- Mother has poor appetite post delivery
 - Problems with cord healing
 - Mother is not feeling well and has a fever
 - Store owner tells mother to take IV and medications to increase her strength and baby's health
- 3:30PM Break
- 4PM Family Planning
- Having the number of children you want
 - Child spacing
 - Ways to prevent pregnancy
 - Referral to clinic if there are problems with birth control method
- Role plays:
- Woman feels she is too old to have another child
 - Woman has a health condition and feels she is too weak to have another child
 - Woman would like to delay the birth of her next child
 - Woman doesn't want another child and needs help to discuss this issue with her husband
- 5PM Photos, Payment, and Group Photo
- Distribute supplies: Soap, Baby hats, one ambu bag per village, 2 picture books (H.E.A.R.T book and Universal Childbirth book), Blue chuks pads, bulb syringes, fingernail brushes.
- Each CHW receives 12 prenatal referral tickets, 12 postnatal referral tickets and Delivery Sheet Record.
- Clean delivery kits forthcoming in August/September.

Curriculum For CHW Training Rongdou and Mendo Townships

8.5.09 and 8.6.09

DAY ONE

- 9AM Welcome and Refreshments
CHW Village Survey
- 12PM Lunch
- 1PM Announcements
CHW Payment
Photos
- 1:15PM Clean Delivery Kits
- Kits will be available in late August or early September
 - Each CHW will receive 1-2 kits depending on village need, more kits with Lead CHWs as needed
 - Appropriate substitutions:
 - Soap for hand washing
 - Clean towels for mother and baby
 - Sterilizing procedure for instrument to cut cord
 - Clean pieces of cloth to tie umbilical cord
 - Warm blanket and hat for baby
 - Practice hand washing
- 2:15PM Review Key Concepts of Birth Process
- Calculating approximate date of childbirth
 - Birth plan
 - Preparing the home for delivery, CHW supplies
 - Anatomy and Physiology
 - Signs of Labor
 - Overview of labor and immediate after care
 - How to use bulb syringe, infant ambu bag, and emergency breathing procedure
 - Practice emergency procedures
 - Practice in Birth Process:
 - 9) Developing a birth plan with mother and her family
 - 10) Slow delivery of baby to prevent maternal lacerations or tears
 - 11) Deploying emergency procedures, as necessary, if baby is not breathing
 - 12) Safely tying/cutting the umbilical cord with clean razor
 - 13) Cleaning baby post delivery and cord care
 - 14) Wrapping baby in towel to keep warm post delivery and giving baby to mother's breast
 - 15) Applying eye ointment within the first hour
 - 16) Delivering placenta, what to look for

- 17) Maternal hemorrhage management, uterine massage
- 18) Cleaning mother after birth to prevent infection or complications

4PM Practice Entire Delivery Process

5:30PM Wrap-Up and Preview of Tomorrow's Training

DAY TWO

9AM Welcome and Refreshments

9:30AM Prenatal Counseling

Three visits during pregnancy, referral to clinic for ultrasound

- Identifying maternal risk factors
 - Under 15, over 40, over 35 at first pregnancy
 - More than five children
 - Pregnant with twins
 - Petite mother with small hips
 - Complications with previous pregnancies or deliveries
 - Bleeding before labor
 - Any sign of toxemia (swelling, headache, trouble with vision)
 - Signs of anemia (pale, weak, tired)
 - Chronic health conditions
 - Recommend more visits with these women, emphasize referral to clinic, and discuss importance of delivery in hospital setting
- Identifying warning signs
 - Bleeding during pregnancy
 - Headache
 - Swelling in hands, feet, or face
 - Signs of anemia
 - Shortness of breath
 - Recommend immediate visit to clinic or hospital
- Nutrition
 - Hand washing and clean food preparation
 - Eating well by having foods rich in protein, iron, vitamins, and calcium
 - Iodized salt
 - Drinking lots of fluids (boiled water, soup, milk)
 - Importance of taking only necessary medications or no medications while pregnant

10:30AM Practice with Prenatal Counseling

Role plays:

- Pregnant woman who is unaware she is high risk (2)
- Woman who is shy about her pregnancy and has a warning sign (2)
- Pregnant woman who wants to know what to eat during pregnancy
- Poor pregnant woman has questions about what are the most important foods to eat during pregnancy that she can afford
- Pregnant woman who thinks prenatal check-up is unnecessary

Is this woman at risk? Group review of maternal risk factors

11:30AM Lunch

12PM Postnatal Counseling

- First phase:
 - Taking care of baby's immediate needs (warmth, breastfeeding)
- Second phase:
 - Maternal care (thorough cleaning of mother, rehydration, comfort)
- Maternal and well baby follow-up:
 - Cord care
 - Maternal health
 - Hygiene of mother and baby
 - Postnatal visit to clinic to weigh baby and record birth
- Role plays:
 - Mother has poor appetite post delivery
 - Mother is not drinking fluids post delivery
 - CHW checks if cord is healing properly
 - Mother is not feeling well and has a fever
 - Mother wants to wrap a tight belly band around the baby's cord
 - Mother doesn't know if she should wash herself post delivery
 - Store owner tells mother to take IV and medications to increase her strength and baby's health

1:15PM Break

1:30PM Neonatal Care

Signs of Neonatal Illness

1. Infection in the umbilical cord

- a. Assess for drainage (pus) from the umbilical cord
- b. Assess odor
- c. Refer to clinic if cord is infected
- 2. Fever
 - a. Signs of dehydration – sunken fontanel
 - b. Is baby breastfeeding?
 - c. Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
 - d. Refer to clinic for high fever
- 3. Diarrhea
 - a. Amount and frequency
 - b. Is baby breastfeeding?
 - c. Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
 - d. Refer to clinic if baby is not breastfeeding or is not taking rehydration fluid
- 4. Vomiting
 - a. Assess for amount: healthy babies burp, but if a baby has vomiting, loses weight, becomes dehydrated, or has concurrent diarrhea - baby is sick and needs help.
 - b. If the vomit is yellow or green, assess whether the abdomen is swollen – this could be a sign of a bowel obstruction. This condition is an emergency.
 - c. Rehydration fluid if baby is not breastfeeding (Tsampa, salt, boiled water)
- 5. Baby stops sucking (> 4 hours)
 - a. Assess breathing – rapid, blue color, grunting, skin around ribs moving
 - b. Assess skin color – white, blue, yellow
 - c. Feel the soft spot on the top of the head – sunken; dehydration, swollen; meningitis possibility
 - Review of Neonatal Illness: Five warning signs of illness – infected umbilical cord, fever, diarrhea, vomiting, baby stops sucking – difficulty breathing.

3PM Break

- 3:15PM Family Planning
- Having the number of children you want
 - Child spacing
 - Family planning and women’s health
 - Ways to prevent pregnancy (conventional and traditional)
 - Referral to clinic if there are problems with birth control method

Role plays:

- Woman feels she is too old to have another child
- Woman has a health condition and feels she is too weak to have another child
- Woman would like to delay the birth of her next child
- Woman doesn't want another child and needs help to discuss this issue with her husband
- Husband does not want to use condoms, what other options are available
- Birth control pills are too expensive, what other options are available, ways for woman to get pills for free
- CHW notices a woman who has many children and would like to discuss birth control with her

4PM CHW Worksheet for Recordkeeping
Distribute soap and other supplies
Photos, Payment, and Group Photo

Distribute supplies: Soap, one ambu bag per village, 2 picture books (H.E.A.R.T book and Universal Childbirth book), and one bulb syringe per village.
Each CHW receives one copy of the CHW Worksheet.
Clean delivery kits forthcoming in August/September.

5PM Conclusion and Appreciation

Role Plays for CHW Training

Practice with Prenatal Counseling

Role plays:

1. Pregnant woman who is unaware she is high risk
 2. Woman who is shy about her pregnancy and has a warning sign
 3. Pregnant woman who wants more info on nutrition during pregnancy
 4. Poor pregnant woman wants to know about affordable, nutritious foods
 5. Pregnant woman who thinks prenatal checks are unnecessary
1. _____ is a petite woman who is short and has narrow hips. She is pregnant with her first child. You have identified her as a woman who is at high risk for complications during labor. How would you counsel this woman?
 2. _____ is a 44 year old woman who is pregnant with her fourth child. You have identified her as a woman who is at high risk for complications during labor. How would you counsel this woman?
 3. _____ is pregnant with her first child and is shy about telling others this news. You believe she may be pregnant and have heard her say she gets bad headaches. How would you counsel this woman?
 4. _____ is pregnant and you notice she has swollen legs and hands. How would you counsel this woman?
 5. _____ is pregnant for the first time and asks you for advice on what types of foods she should eat. What foods would you recommend for this woman to eat during her pregnancy?
 6. _____ is a pregnant woman who is from a poor family. She asks you for advice on inexpensive foods that are good for her and the baby. What foods would you recommend for this woman to eat during her pregnancy?
 7. _____ is pregnant with her third child and had no complications during the births of her previous two children. She believes that getting a prenatal check-up is unnecessary. She also says that it is very inconvenient for her to visit the clinic because she has no transportation. How would you counsel this woman?

Practice with Postnatal Counseling

Role plays:

1. Mother has poor appetite post delivery
1. Mother is not drinking fluids post delivery
2. CHW checks if cord is healing properly
3. Mother is not feeling well and has fever
4. Mother wants to wrap a tight belly band around the baby's cord
5. Mother doesn't know if she should wash herself post delivery
6. Store owner tells mother to take IV and medications to increase her strength and baby's health

1. _____ gave birth to her second child last week and since then she has had poor appetite. What nutritional advice would you give to this woman?
2. _____ tells you that she has not been drinking much tea or water since she delivered a child a week ago. How would you counsel this woman?
3. You visit _____ a few days after her baby was born. You examine the baby's umbilical cord to make sure it is healing properly. What are you looking for? How would you examine the baby's cord?
4. You visit _____ a week after she gave birth to her third child. She tells you she is not feeling well and has had a fever for the past two days. What would you do?
5. _____ tells you that she wants to wrap a tight belly band around the baby's umbilical cord to protect the cord from getting dirty. What advice would you give to this new mother?
6. _____ asks you if she should bath after delivering her baby. How would you counsel this woman?
7. A local store owner sells IV fluids and medications that he claims will help mothers regain their strength after childbirth and increase babies' health. You meet a mother who plans on buying IV fluid because she has been feeling weak ever since giving birth two weeks ago. How would you counsel this woman?

Practice with Family Planning Counseling

Role plays:

- Woman feels she is too old to have another child
 - Woman has a health condition and feels she is too weak to have another child
 - Woman would like to delay the birth of her next child
 - Husband does not want to use condoms, what other options are available
 - Birth control pills are too expensive, what other options are available, ways for woman to get pills for free
 - CHW notices a woman who has many children and would like to discuss birth control with her
 - Woman doesn't want another child and needs help to discuss this issue with her husband
1. _____ is a 42 year old woman who has 6 children. She feels she is now too old to have another child and fears giving birth again will hurt her health. How would you counsel this woman?
 2. _____ tells you that her body was been weak ever since the birth of her child a year ago. She believes that having another child will be bad for her body, and

- she does not want to become pregnant again. How would you counsel this woman?
3. _____ had two children in the past two years. She tells you she is very tired from taking care of her young babies and would like to wait three years before having another child. How would you counsel this woman?
 4. _____ tells you that she does not want to have more children, but her husband will not wear a condom. How would you counsel this woman?
 5. _____ says she would like to use birth control pills, but they are too expensive. What other birth control methods are available? Where can she get birth control pills for free?
 6. A CHW knows a woman in her village who is struggling very hard to raise four children. The CHW would like to discuss family planning and birth control with this woman. How would the CHW approach this woman to begin a discussion about family planning?
 7. _____ and her husband have four children. She tells you that she does not want to have another child, and asks you for advice on how to communicate this to her husband. What advice would you give to this woman?

Addendum C
Rongdou/Mendo Complication Table

Rongdou/Mendo Record of Deliveries/Complications

Name	Village	CHW	CHW Assist	Add CHW	Complications	Comments
Roching Lamo 32	Mendo	Chumlane Droma	No		08: baby cannot breathe, MD deliv 09: baby died	4 babies; 4 years (06-09) 2 died (06,09) 2 alive(07,08)
Sandro Latso 27	Mendo	Chumlane Droma	No		Breach	3+1
Chojee 27	Mendo	Chumlane Droma	No		None reported	1+1
Droma Lhamo 21	Mendo	Chumlane Droma	Yes	Drensay, Seran Droma, Guya	None reported	+1
Ganchi 38	Mendo	Pema Kundro			Mom w/ pain in stomach, edema saw Tib MD	+1
Popo 27	Mendo	Pema Kundro			None reported	2 babies; 2 years (08,09)
Gancho bamo 30	Mendo	Pema Kundro			Uterine prolapse w/delivery (08) "cannot see well" w/delivery (09)	2 babies; 2 years (08,09)
Drense 31	Mendo	Pema Kundro	Yes Drunga		08 – none reported; 09 baby died post delivery "did not breathe"	2+2, 2 babies; 2 years (08,09) baby died (09)
Tsechentso 34 **dgt to CHW	Mendo	Pema Kundro			None reported	3 +1
Drema otso 25 **dgt to CHW	Mendo	Pema Kundro			Braxton Hicks x 7 days delivery okay, mom w/pain in stomach to hosp	2 babies; 2 years (08,09)
Tsedeonsong 25	Mendo	La Dren (Pedre)	Yes		None reported	+1
Chuyong droma 25	OOT	La Dren	Yes		None reported	XXX

Gagi 35	Mendo	La Dren	Yes		None reported	3 + 1
Gancho 28	OOT	La Dren	Yes		None reported	1 + 1
Drewma yonsong 22	Mendo	La Dren	Yes		2 days labor	1 + 1
Dechi Choma 28	Jieyu	Seram droma	No		None reported	+ 1
Bema tse ding 39	Mendo	Drensay	No		None reported	4 + 2, 2 babies; 2 years(08,09)
Yundi 24	Mendo	Saran bamo			None reported	+1
Buchi 28	Mendo	Saran bamo			None reported	4 + 1
Jody 40	Mendo	Guya	No		“baby was weak”	1 + 1
Ghatso 26	Mendo	Guya	No		08: baby premature (7m) died, 09: none	1 + 2, 2 babies; 2 years (08,09)
Dejee chotso 25	Mendo	Guya	Yes, Gayga		None reported	+ 1
Nitso 39	Mendo	Guya	Yes	Saran bamo, La Dren, Pema K	07 “placenta did not come out right away”	3 + 2, 2 babies; 2 years (07,08)
Tsering woma 47	Mendo	Guya	Yes	Beyo, Dichen, Saran bamo, Chunlane	None reported	5 + 2, 2 babies; 2 years
Iepomo 32	Mendo	Gayga			None reported	1 + 1
Yonte droma 28	Mendo	Dichen			None reported	1 + 1
Loya	Mendo	Dichen			Pain X 2 days prior to delivery	2 + 1
Anudawa 46	Mendo	Dichen			24 hours to delivery	8 + 1
Badra 27	Mendo	Dichen			08: none reported 09: baby presented w/leg, died	1 + 2, 2 babies; 2 years(08,09) 09: baby died
Trachidechi 22	Mendo	Dichen			None reported	
Chomay 30	Mendo	Drunga			1 st baby died, 2 nd baby died of	1 + 3, 3 babies; 3

					“cold” 10 days after delivery	years, 07 baby died, 09 baby lived
Tsojah 25	Mendo	Drunga			None reported	1 + 1
Yozam deching 33	Mendo	Drunga			None reported	2 + 1
Gahtso 30**** see Guya report	Mendo	Drunga			Baby died after delivery in car accident	1 + 1
Dendrodroma 38	Mendo	Chuge		Group CHW attendance reported		1 + 1
Tsela 27	Mendo	Chuge		Group CHW		+1
Achi 44	Mendo	Chuge		Group CHW		2 + 1
Droga*** 28	Rongdou	Bemachuje				
Hedra 27	Rongdou	Bemachuje			None reported	+1; currently PG
Soji 26	Rongdou	Bojee			Swelling for 5 months prior to delivery	+1
Dela 37	Rongdou	Bojee			None reported	+1
Dantso 26	Rongdou	Bojee			None reported	+1
Drentse 30	Rongdou	Bojee	Zumi		None reported	4 + 1
Tsentso 43	Rongdou	Bojee			“hard time before delivery” <i>long labor</i>	3 + 1
Tsedroma 28	Rongdou	Jeymo			Baby was “horizontal” – Tib MD tied belt on womb, placenta out 24 hours after del	+1
Deshidodren 20	Rongdou	Jeymo			Placenta delivered >24 after birth	+1
Dahetodron 35	Rondou	Jeymo			Baby was “horizontal”, Tib MD tied belt on womb “hard delivery”	3 + 1
Pudra 21	Rondou	Jonyowoka	Sonam Drewma		None reported, baby died within	2 + 1

					month; diarrhea, difficulty breathing	
Tseyondra 22	Rongdou	Jonyowoka			None reported	1 + 1
Ihedroga 21	Rongdou	Jonyowoka			None reported	+1
Drahepedra 25	Rongdou	Jonyowoka			None reported	+1
Yongso***26	Rongdou	Jonyowoka	Oyo droma,	Sonam Drewma	None reported	2 babies 2 years
Demou 38	Rongdou	Oyo droma			None reported	4 + 1
Nella 22	Rongdou	Oyo droma			None reported	+1
Smalbaji 25	Rongdou	Oyo droma			None reported	+1
Drunca 28	Rongdou	Sonam Drewma			3 days of labor	1 + 1
Ganso 35	Rongdou	Sonam Drewma			Baby was “horizontal” Tib MD tied belt around womb	2 + 1
Lewo 35	Rongdou	Sonam Drewma			“Swelling before delivery”	4 + 1
Banza 27	Ronghi	Sonam Pachee			None reported	1 + 1
Snomsoma 18	Ronghi	Sonam Pachee			None reported	first
Siti 25	Ronghi	Sonam Pachee			Tib MD tied belt around womb to promote birth, 3 day labor. Baby born w/ brain damage	first
Chunso 27	Rongdou	Tsedruma			Baby bleed x 10 days until death from cord	(1 + 0) death from lack of proper cord care
Drunka 29	Rongdou	Sonam Drewma			5 days of labor	3 + 1
Tseladra 25	Rongdou	Tsentso			Premature delivery – 8 m	2 + 1
Chedro 30	Rongdou	Tsentso			None reported	1 + 1
Zedren 28	Rongdou	Tsentso			None reported	2 + 1
Jomba 38	Rongdou	Zumi			7 day delivery; freq emesis, transferred to Yushu, del before arrival	5 + 1
Jidilunka 42	Rongdou				None reported	4 + 1

Drahedroga 26	Rongdou				Swelling, anorexia w/ PG	1 + 1
Tsega 38	Rongdou				None reported PG presently	3 + 1, delivery due for this year
Drayo 31	Rongdou				None reported	2 + 1

**Addendum D
CHW Payment**

CHW Payment Worksheet_ Surmang 2009
Adjusted

CHW NAME	Village	Pre	Post	Del	WC	Calculation for payment	Amt
Kasong Droma	Tsokie	8	6	8	50	$8(25) + 6(25) + 8(50) + 50$	800
Pedre	Tsokie	7	7	8	50	$7(25) + 7(25) + 8(50) + 50$	800
Rinchen Lamo	Kowu	8	6	2	50	$8(25) + 6(25) + 2(50) + 50$	500
Dede	Modi	5	4	4	50	$5(25) + 4(25) + 5(50) + 50$	525
Deden	Modi	7	4	4	50	$7(25) + 4(25) + 4(50) + 50$	525
Dongi	Modi	8	4	2	50	$8(25) + 4(25) + 3(50) + 50$	500

Nishe Banza	Jereke <i>worked in TAR</i>	10	6	7	50	$10(25) + 6(25) + 7(50) + 50$	800
Ochon	Jereke	7	0	3	50	$7(25) + 0(25) + 3(50) + 50$	375

Payment Key

Task	Amount
Pre – Prenatal visit	25 RMB
Post – Postnatal visit	25 RMB
Del – Delivery	50 RMB
WC – 7.28.09 CHW Workshop	50 RMB

Total Prenatal visits = 60

Total Postnatal visits = 37

Total Deliveries = 38

Total for CHW interactions = 4825 RMB

CHW Rongdou Payment Worksheet_2009 Q3 07 – Q3 09

Name	Village	Del	Del Assist	Workshop Payment	Calculation for payment	Amt Paid
Jonyowoka	Rongdou	4	1	50	$4(50) + 1(25) + 50$	275
Sonam pachee	Rongdou	3	0	50	$3(50) + 50$	200
Jeymo	Rongdou	3	0	50	$3(50) + 50$	200
Zumi	Rongdou	5	3	50	$5(50) + 3(25) + 50$	375
Tsentso	Rongdou	3	0	50	$3(50) + 50$	200
Bemachuje	Rongdou	2	1	50	$1(50) + 1(25) + 50$	125
Oyodroma	Rongdou	2	1	50	$2(50) + 1(25) + 50$	175
Tsedruma	Rongdou	1	1	50	$1(50) + 1(25) + 50$	125
Pema Tsomo	Mendo	0	0	50	50	50
Chu Ge	Mendo	2	0	*	$2(50)$	100
Drensay	Mendo	2	0	50	$2(50) + 50$	150

Tseran Droma	Mendo	1	0	50	$1(50) + 50$	100
Drunga	Mendo	6	1	50	$6(50) + 1(25) + 50$	375
Beyo	Mendo	0	0	50	50	50
Dichen	Mendo	4	1	50	$4(50) + 1(25) + 50$	275
La Dren	Mendo	2	1	50	$2(50) + 1(25) + 50$	175
Guya	Mendo			50	$2/4(50) + 50$	
Gayga	Mendo	3	0	*	$3(50)$	150
Saran Bamo	Mendo	2	0	50	$2(50) + 50$	150
Pema Kundro	Mendo	8	1	50	$8(50) + 1(25) + 50$	475
Bojee**	Rongdou	4	1	50	$4(50) + 1(25) + 50$	275
Sonam Drewma**	Rongdou	2	2	50	$2(50) + 2(25) + 50$	200
Chunlane Droma	Mendo	3	0	50	$3(50) + 50$	200

* CHW did not attend training in 2009 – Lead CHW for Mendo reported deliveries

**CHW did not attend training in 2007 but participated in original 2006, and 2009 training

Payment Key

Task	Amount
Del – Deliveries; CHW worked alone	50 RMB
Assist Del - Deliveries assisted by one additional CHW	25 RMB
Workshop Training (8.4.09 – 8.6.09)	50 RMB

Total amount paid to CHWs in Rongdou/Mendo in 2009 = 4300 RMB

Recommendations for Surmang Clinic & Community Health Worker Program

- Mobile medical screenings and treatment for the people who live in Rongdou and Mendo. The Community Health Workers approached Dawn, Janis, and I after the training to tell us about the need for a clinic in their area. A semi-annual or quarterly visit to these villages by Drogha or Phuntsok would be useful for monitoring chronic conditions, refilling medications, and restocking CHWs with clean delivery kits.
- Purchase 3 to 4 helmets for use by clinic staff and volunteers when they ride on the ATV or motorcycle. After Janis' accident, I realized that having helmets would both protect clinic personnel as well as set a good example for the local people about injury prevention.
- Have hormonal contraception injections available at the clinic. We knew of one female patient who requested birth control for a friend. Also, the CHWs during role plays revealed that if they did not want to have more children, they would take contraception without informing their husband. Injections would be discrete and last for a month or more per injection.
- Provide an incentive for parents/mothers to bring their newborns into the clinic for a check-up. CHWs said they believed most mothers would not bring their child for a check-up if the child is healthy. An incentive like a birth record they can bring home and free baby clothes would be inexpensive and might draw people in.
- Surmang Foundation can consider partnering with international organizations that have the capacity to perform eye surgeries and/or dental care in rural areas. Many of the people in the Surmang area have eye problems and dental problems that can be treated with the proper equipment and trained health personnel.
- Provide heavy duty dishwashing gloves for the three women who work at the clinic. A pair of reusable gloves for each woman and teaching them the importance of using the gloves would protect their occupational safety when they are disposing of biomedical waste from the clinic.
- Develop a referral system with hospitals and specialists in Yushu. It would be helpful for patients who are unfamiliar with the health care system to know exactly which hospital and/or doctor to see for emergency care or chronic health problems our clinic cannot manage such as tuberculosis and hepatitis.
- If time permits, for volunteers and interpreters can visit and talk with local traditional Tibetan doctors. While in Surmang, the CHWs told us about how traditional Tibetan doctors help deliver babies when there are complications. It would be informative for volunteers who work on the CHW Program to know what

types of techniques and medications the traditional healers use for pregnancy-related problems and delivery complications.

- Provide CHWs with disposable medical examination gloves so they can protect their hands from the blood they are exposed to while attending deliveries and labors. CHWs would have to be trained on proper glove use and safe disposal.

- Provide disposable cameras to CHWs so they can take photos of the pregnant women they assist. The CHWs would have to be trained in camera care, basic photography techniques, and obtaining consent from the subjects. The photos could be used to determine the number of women the CHWs assisted and thus the CHWs' payment for that year. Also, the photos could be used by Surmang Foundation for program evaluation and/or fundraising purposes. The CHWs would probably enjoy learning how to use a camera and taking pictures.