

## TRADITIONAL MIDWIFE TRAINING COURSES



*HEDO's Director, Professor Trinh Ngoc Trinh (centre) with midwife trainees from Da Bac District, Hoa Binh Province.*

**O**ne of our on-going projects is the training of traditional midwives in the highland, ethnic minority villages of Vietnam.

It is often not possible for expectant mothers to have their babies delivered at their local health clinic, and in many places it is the custom to have babies delivered at home, assisted by the traditional village 'midwife'. These midwives' skills are passed down to them from their mothers and older women, and although their help is invaluable, their knowledge and skills are lacking. Antenatal and post-natal care is scarce and superstitions and 'old-wives' tales are rife. Even when expectant mothers want to have their babies delivered at a clinic, it may not be possible because the villages

are many kilometres away and transport through the difficult mountainous terrain is uncertain, and sometimes unsafe.

In order to combat high rates of infant mortality the Highland Education Development Organisation (HEDO) has organised a series of training courses for these 'traditional midwives'. Much of this training involves developing good practical skills in delivering babies safely at home, but it also encourages mothers to have their babies at their local clinic, whenever possible. The courses also include advice on ante-natal and post-natal care, sex education, contraception, HIV, health and hygiene, and drug abuse. Mainly as a result of the midwives' training the maternal and infant mortality rates in these districts has been

considerably reduced.

Over the past twenty years MSAVLC has funded sixteen Traditional Midwife Training courses in districts in almost every one of Vietnam's seventeen Highland provinces. The Trustees have tried to fund a training course in one district each year, although with up to thirteen districts in each province, there is a much greater need for training courses than HEDO and MSAVLC can provide.

There was however, an extra training course held last year in Phong Tho District, Lai Chau Province. The course was funded by MSAVLC using funds donated in Madeleine Sharp's name, following her death in 2014. As a midwife herself, Madeleine passionately supported HEDO's training courses. It was

Madeleine who began the partnership with HEDO, and on her many visits to Vietnam she was always keen to meet with Professor Trinh Ngoc Trinh, HEDO's Director and to visit the Highlands to meet some of the trainee midwives.

Over the past 20 years Trustees from the charity have made a number of visits with officers from HEDO to attend the opening of the Midwife Training Courses and to meet recently trained midwives. Mary Lidgard recounts her visit in 2013 to Thong Nong District, Cao Bang Province, which is close to the Vietnam-Chinese border.

*"We left Hanoi heading north, and after a tortuous journey of about six hours, up into the Highlands, we were able, over the next two days, to meet trained midwives from two highland provinces.*

*We talked to the midwives about their work and problems that they had experienced since their training course. Not surprisingly, their main problem was the difficulty in travelling. They had all tried to persuade mothers to go to the clinics to have their babies, but this was often difficult to do. The mothers were too shy to attend the clinic, and liked to have their families and friends around them for the birth, as is their tradition. Also, because of the difficult terrain, some of the clinics were difficult to reach from their homes. Only 40% of households have toilets, those without used the countryside around them, so good hygiene practices were encouraged. The families usually live in houses built on stilts with their livestock living below, and the midwives tried to encourage them to move their buffalo and pigs away from the house. They were reluctant to do so, however, as they feared that they may be stolen, or eaten by wild animals! Tigers were mentioned, although there are now very few tigers in Vietnam!*

*They told us that they tried to teach the mothers about good nutrition; malnutrition is a problem in the highlands and many people are very poor. All the midwives that we met told us that the course had been invaluable to them, and all seemed confident and compassionate young women. One had walked 12 kilometres to meet us and it had taken her 3 hours to do so, in the heat of the day.*

*The opening ceremony for the 100 new midwives took place in a District Health Centre the next day, and we set off to it, passing fields of tobacco, sweetcorn and rice, until the road degenerated into muddy rubble. It was very wet, with puddles lining the tracks and fields. Then, again like yesterday, it became very steep as we climbed higher and higher and the*

*road became narrow and winding. There were sheer drops, hundreds of feet down, with no crash barrier! I was terrified.*

*Eventually we arrived; many of the trainee midwives attended the ceremony in their colourful, traditional costumes and were keen to start the course. Speeches were made and then we were entertained by some of the midwives with traditional-style songs. They sang songs about 'population control', 'promotion of good health in the villages', 'their happiness to be partaking in the course', 'small families being richer families', 'family planning', and 'midwifery training'! There was even a song proclaiming that you should stop having children when you have two, and that two good girls are better than two naughty boys!*

*The ceremony lasted about one and a half hours and then we bade farewell to the midwives, leaving them sat at their desks, eager to start the course. We have never been more certain of the need for such courses, now appreciating the difficult terrain that everyone faces each day, and the great, almost impossible task, of getting to the clinics, especially during labour!"*

HEDO's most recent midwives' training course was in Da Bac District in Hoa Binh Province. Hoa Binh is a mountainous province and is the gateway to North-West Vietnam. It has nine rural districts and is the main residential area of the Muong ethnic minority group who make up 60% of the total population. There are also Thai, Tay and H'mong minorities living in the province.

Da Bac is one of the upland districts, and it has 54,000 people living in one main town and 164 villages. The topography is mostly mountainous, with some villages still not having electricity. Travel is difficult, particularly during the rainy season when access to local healthcare facilities is particularly hazardous.

Whilst there is a network of health clinics in Da Bac, access to them is poor, particularly from the more remote villages. Many of the roads and tracks through the mountains are dangerous and difficult to travel, even when the weather is good. Some mothers walk or ride many kilometres for their pregnancy health checks at their local clinic, but it is not surprising that over 75% of pregnant mothers do not attend for the full course of three checks during their pregnancy. As a result there were 105 cases of infant deaths in 2014 and an unacceptably high rate of maternal deaths of 17%.

Each year there are about 750 children born in the district, 60% of whom are

delivered at home. Whilst the district health authority would like all babies to be born in the local clinic, it is the people's tradition to have them born at home with the help of the local (untrained) midwife. Thus the training of these traditional midwives in modern methods is essential if death rates are to be brought down.

The case for the provision of a training course was put forward by HEDO to MSAVLC's Trustees in December 2015, and the training course was held in February 2016. In ten days 100 midwives drawn from the villages in Da Bac District studied: "pregnancy management, danger signs, hygiene, nutrition, immunisation, pregnancy monitoring, practical childbirth, maternal care and monitoring, breast feeding, HIV and clinic practices". On completion of the course the midwives returned to their villages, but they maintained contact with their fellow trainees and the local clinic through regular follow-up meetings.

HEDO'S organisation of the course was in conjunction with the District and Provincial Health Authorities and included payment for the midwifery tutors, hire of the hall and equipment, and the provision of teaching materials. It also included travel costs, accommodation and subsistence for the training staff and trainees for ten days in Da Bac town. The traditional midwives main employment is working on the land, and so it was decided to hold the course in February, as this is the least busy time in the fields.

Besides their ten-day training the midwives are given a medical kit which contains essentials for them to assist in childbirth. The kit includes a strong leather bag, a sphygmomanometer, a paediatric stethoscope, scissors, dressings and other pieces of equipment (traditionally midwives used bamboo knives to cut the umbilical cord!). HEDO is able purchase complete kits for just less than £20 each.

MSAVLC normally pays for the medical kits, and because of their importance to the midwives, the Trustees would like to give one hundred of our supporters the opportunity of sponsoring them for the next HEDO course, to be held in 2017. If you would like to sponsor a medical kit please send £20 to our Treasurer:

John Firth (Treasurer – MSAVLC),  
1 Hillside, Tregunnel Park,  
NEWQUAY TR7 2AJ.

Please mark your envelope 'Medical Kit', and please don't forget to include a donation form if you are a taxpayer.

*Peter Lidgard*





*A HEDO midwives' medical kit with a leather bag costs about £20*

## LEN ALDIS MEMORIAL

**A**lexandra Murrell, who was good friend of the late Len Aldis, has arranged a memorial gathering to celebrate Len's life.

It will be held at the Thai Binh Restaurant, 14 Chalk Farm Road in Camden, London NW3, on Sunday 29th May from 3pm to 6pm. The restaurant has an extensive menu and a drinks licence.

If you want have a meal, a drink or just share a story about Len with his friends, please contact Alexandra: [lexa@phonecoop.coop](mailto:lexa@phonecoop.coop) for more details.

# DISABILITY DEVELOPMENT SERVICES PROGRAM PURSAT, CAMBODIA – CLIENT VISITS

**D**ay one. 19th March 2015  
A hot, early start when Peter, and Mary Lidgard, John and Lynn Firth were picked up in a 4x4 vehicle from their hotel, by Pheng Samnang (Executive Director), Hun Chandoeun (Project Co-ordinator) and Tep Buntha (physiotherapist). They were taking us on home visits to meet some of the clients who are helped by DDSP, particularly those who had received MSAVLC-funded aid.

The journey to the first client seemed to go on forever. It was extremely hot and very dusty, the houses and gardens were all covered in thick red dust from the road.

**Visit 1: Vorn Rorn**, a 65 year-old lady who was paraplegic due to contracting tuberculosis; a lovely lady in a wheelchair. She was a widow, but she had a son who helped her a little with her finances. DDSP provided her with a brood of chickens, which she was rearing to help bring in an income for the family. MSAVLC funds have also provided a mosquito net, a chicken hutch, a wheelchair, a latrine large enough to allow wheelchair access, and a water pump, which she very proudly demonstrated to us. The latter two items were also available for use by her neighbours. By allowing this, it



included her in the village community.

We left her, and after another very long journey to the second client along dirt track roads, it came to our attention that we were in an air-conditioned vehicle. Chandoeun, Buntha and the other physio-therapists on the team do this journey every day on mopeds, travelling very long distances to reach their clients.

### **Visit 2: Day centre.**

Although not part of the PQR (Paraplegic, and quadriplegic, rehabilitation) project, Samnang thought we would like to see what happened at a typical day centre. Unfortunately on the morning of

our visit, their tuk-tuk had broken down and consequently there were only some 10 children in attendance, with a variety of disabilities, including cerebral palsy and Downs Syndrome. There was a small class in progress where the children were learning the Khmer alphabet. The centre was attached to a large school, where the disabled children also attended lessons, to minimise their isolation from able-bodied children.

One of those at the day centre was a 32-year old man called Jan, who had cerebral palsy. His condition was far worse than it should have been, because DDSP did not find out about him until he

was in his twenties. He had received no special care; his family, being unaware of what to do, had looked after him to the best of their ability. He now comes to the centre regularly to receive physio and also to give his parents a break. He's still unable to sit up without support and it is very unlikely he will ever be able to do so, but the treatment he receives is helping to relieve the rigidity in his hands and feet. Equally importantly, it gives him the chance of contact with others.

**Visit 3: Him Kimhong**, 49, paraplegic, following road traffic accident in 2002. Kimhong lives with his wife, who still works at the sugar farm which they ran before his

accident. When we called, his daughter was visiting with his two grandchildren.

Soon after the accident, Kimhong became suicidal as he was left at home each day when his wife went out to work. DDSP became involved and gave him a future: he now raises and sells pigs which provides a supplement to his wife's income. He had recently sold three pigs for \$500 and now had just two young pigs which would be sold when of a suitable size. That money would help him buy another sow for rearing more. His previous sow had died when giving birth to the piglets. DDSP helped provide the original funding for the pigs.

It is not feasible to fit a water pump, so they fetch water from the local river for cooking, washing etc. and they buy drinking water very cheaply from a local dealer.

Samnang noticed that his wheel-chair was broken and asked if he could arrange repair. Kimhong said his son would fix it.

He occasionally attends a self-help group in the village with other paraplegics, when his wife is home to look after the pigs.

**Visit 4: Chea Navy**, a polio victim since birth. She is a widow and when we arrived she had put on her very best blouse and skirt to meet us. She has one working son who lives at home.

Samnang found this lady by the side of the road while on a visit to another client in 2012, which was when DDSP started to help her, providing a wheelchair which greatly improved her quality of life. She still suffers from pressure sores, which Buntha is trying to address by giving physiotherapy to help her mobility.

DDSP had recently arranged for a ramp

to be fitted so she could more easily access the latrine, but unfortunately, she was not in when the work was completed and they have made the ramp too short and steep. DDSP will address this issue, including laying a proper path from the ramp to the latrine.

DDSP had provided funding for 2 piglets which she had fattened up and sold for a good profit, using the money to purchase a connection to the local electricity supply. DDSP will now provide her with an electric sewing machine which will enable her to make clothes for sale.

**Visit 5: Hout Sao**, a tetraplegic. This man's disability was caused by falling from a tree. He is now confined to a special wheelchair that allows him to remain semi-prone.

Since Peter and Mary's last visit two years ago, work has started on the construction of a new house on a piece of land he already owned. His wife runs their grocery shop and helps to raise and sell chickens and pigs, which enable him to buy the bricks and materials for the new house. He was a building contractor before his accident and he has told his sons what type of house he wants. They then designed the layout and contacted the builders. He remains very much a business man, as he plans to develop a flower garden at the side of his new house, which he hopes to have finished by the time of our next visit in 2017. The income from their shop also helps pay for his children's education.

His pond had dried up and he currently has to ask neighbours to fill his water jars. He told us he is saving for a small water pump, but explained how he will need to get

in a water diviner to find a water source. MSAVLC has funded a latrine, which was already in place alongside the house.

While on this visit, both John and Lynn were overcome by the heat and Mary's nursing skills were called on. We wondered later if the man's family thought we were observing some kind of religious ceremony, as we were both sat down with heads bowed, being splashed with water!

We travelled so many miles in one day with DDSP to visit just a few of their clients. It was a hot, tiring day and we were glad to get back to the air-conditioned hotel for a cool shower and a rest.

Mary and Peter continued with the DDSP team to visit 4 more clients, travelling further into the countryside. These visits will be featured in future Bulletins.

The wonderfully dedicated team at DDSP do these long journeys every day visiting over 100 patients each month.

Unfortunately there are still a large number of clients who do not have a latrine. Such a simple thing gives them back their dignity, as they are able to look after themselves and not have to rely on their family to take them to the toilet.

It was humbling to meet not only the workers at DDSP, but the clients who have benefitted from the funding given by MSAVLC. It has improved their lives and we hope to improve many more clients' lives in the future.

After a physically and mentally tiring day with more visits planned for the next day, it was an early night for all of us.

*Lynn Firth  
Trustee*

## ANNUAL GENERAL MEETING

**The MSAVLC Annual General Meeting was held on Tuesday 8th March 2016 at the Embassy of the Socialist Republic of Vietnam in London, by kind invitation of H.E. Ambassador Nguyen Van Thao.**

Attendance was low, but the Trustees were delighted to welcome a number of supporters as well as our Vice-President George Howarth MP, Ambassador Thao and some of the Embassy staff to the meeting.

In her Annual Report Honorary Secretary Mary Lidgard said that 2015 had been a busy year for the charity, with the re-launch of the website, a two-month evaluation visit to South-East Asia and the

50th Anniversary celebrations, being the highlights.

Honorary Treasurer, John Firth said in his report that whilst donations had remained steady for the year, our income had again been boosted by some generous legacies and by investment income.

Following the Trustees' visit to South-East Asia there had been a large number of proposals for funding, which meant that project expenditure in 2014 was at its highest-ever level.

The Chairman, Peter Lidgard, Honorary Secretary, Mary Lidgard and Honorary Treasurer, John Firth were all re-elected to their posts. Trustees elected were: Lynn Firth, Bulletin Distributor,

Deborah Dainton, Website Manager and Susmita Ghosh for Facebook Development.

Ambassador Nguyen Van Thao then addressed the meeting. He said that although Vietnam was developing quickly, it was inevitable that some groups of people were left behind. Vietnam's government was very grateful for the help which MSAVLC has provided over the past 50 years to those in greatest need.

He hoped that the charity would be able to continue working with Vietnam's Agent Orange victims and ethnic minorities.

*Peter Lidgard*

**Published by:**

**Medical & Scientific Aid for Vietnam, Laos and Cambodia,**

**Anchor Cottage, 3 Horsefair Street, Charlton Kings, Cheltenham GL53 8JF**

Registered Charity No. 252906

**VIETNAM, LAOS & CAMBODIA MEDICAL & SCIENTIFIC AID NEWS BULLETIN**  
**Editor: Peter Lidgard**