

Song Saa Foundation Summary report of Koh Rong Villages, 12th July 2014

Attn: Wayne, Barnaby, Phalla, Dr Johnus, IMR team, Seth, Ruth, Melita & Rory

I have enjoyed immensely the opportunity to provide some pre-clinical surveying of the five villages on Koh Rong with Phalla and Barnaby this past week; in preparation for IMR's visit late September. Coming from a Medical science background with a focus on clinical nutrition, I was able to gather relevant insights to best support the upcoming IMR missions focus on Women's health & hygiene. With Barnaby's help, Phalla & I had the opportunity to meet with & interview the TBA's from all five Koh Rong villages, gathering data such as number of births per annum per village; TBA's current equipment; common female-related health concerns; in addition to identifying potential cases for IMR's GP's + Specialists to give medical attention to.

We also had the opportunity to deliver basic donated nutritional supplements to last these women until IMR's visit: with a focus on supporting pregnant and breastfeeding women. Barnaby has also identified best Clinic sights for IMR in all five villages. All identified clinic spaces have good outdoor space for workshops; multiple rooms for private exams and for different disciplines. Curtains may need to be hung for additional privacy.

Hopefully based on this summary report, the scope of the current scenario in each village - including both challenges and opportunities - will be better understood, allowing best use of IMR's investments.

A quick overview of findings:

- All TBA's are interested in attending workshops led by Doctors or Midwives, for further training.
- All TBA's are also interested in receiving any delivery-specific equipment as their current training and equipment is severely limited.
- Two out of five TBA's are elderly (approaching 60yo), and ready to retire, leaving position for future TBA open. One existing TBA is Hep B positive and has deteriorating vision.
- In addition, health-literacy amongst all women interviewed was exceptionally low. All women interviewed were interested in attending workshops on general Women's health. Any educational materials that IMR can provide: charts, visuals, anatomical models, and educational books (in Khmer?) would be of enormous value.
- Anemia and excessive blood loss at delivery is a prolific problem in all five villages.
- Vaginal thrush seems to be a common and prolific problem, exacerbated by the humid and hot weather. No medication (oral or topical) is available for this, so women live with it.
- In case of colposcopy's being performed, Song Saa Private Island may be able to provide a limited number of Camp beds for use.
- Female clinicians will be a priority, as there is generally a cultural taboo amongst all villages around male clinicians assessing female patients for reproductive health.
- All villages had the cultural practice of returning the placenta to the earth (putting it in the land), after delivery.
- There is some cultural resistance against seeking medical aid from the closest hospital in Sihanoukville. There is also the cost barrier for Villagers. The better the local TBA's are trained and resourced, the better the health outcomes for all.

Prek Svay Village, Koh Rong.

Major findings:

- Prek svay has a population of approx. 600+ people, a large number of women of reproductive age.
- 6 women are currently pregnant in Prek Svay.
- Prek Svay has a competent TBA of 15 years, **Tong Nek, 54yo**. Tong Nek trained with a Doctor and also Denise Love of Life Options, a Midwife (<http://www.lifeoptions.asia>).
- A second Woman, **Koun Lekena, 35yo**, is very keen to train under IMR and Tong Nek to become a second TBA for Prek Svay.
- Both women above are extremely interested in some formal birth training via IMR workshop.
- Tong Neck has delivered 6 babies so far this year 2014. All babies born healthy. One baby girl died from gastroenteritis at 3 months of age, mid-2013.
- The current TBA expressed some concern about retained placenta and cases of heavy blood loss at delivery (potentially due to anemia and depleted iron stores).
- She estimates average baby weight of 3.5kg (no scales available).
- The many Prek svay women of reproductive age would all benefit from some women's health education, health & anatomy literacy is very low.
- Nine (9) women in Prek Svay are currently pregnant; mostly around the age of 19-24yo.
- Breastfeeding is most common, generally up to 15 months of age.
- Many non-pregnant women have complained of vaginal itchiness, odor & discharge – Vaginal thrush is extremely common based on interviews.

IMR opportunities for Prek svay:

- Formal training to TBA **Tong Neck, 54yo**, and new TBA **Koun Lekena, 35yo**, who wishes to be trained.
- Any obstetric equipment and educational materials.
- Women's Health education to all women.
- Iron supplementation to reduce post-partum hemorrhage.
- Antifungal medications to treat Vaginal thrush.

Best Clinic sight for Prek svay: Village School, will need dividing curtains.



Here, Phalla & I are interviewing the **TBA: Tong Neck, 54yo** (khaki shirt), and the **woman keen to become TBA Koun Lekena, 35yo** (hot pink shirt, high neck, standing behind).

Also present are several of the pregnant women of Prek Svay.

Sang Kat Village, Koh Rong, 7 July 2014.

Major findings in Sang Kat:

- Sang Kat is a Village with approx. 96 households, with approx. 80 women of reproductive age 15yo-40yo.
- Sang Kat has 46 primary school aged children.
- Sang Kat does have a TBA, **Navy**, has been TBA for the last 7 years, and delivers 0-3 babies each month. Navy does record her births into a log book.
- Navy has delivered approx. 60 babies over the last 2 years, in Sang Kat and a neighboring village.
- Navy works with limited equipment: a pair of scissors and some string (no gloves, antiseptics, etc).
- If Navy can't attend a birth, the Regional TBA attends in her place (name unknown).
- Very low-to-no mortality rates for newborns.
- Navy complained that about 10-15 women she has delivered for in the past 2 years have had complications with excessive blood loss at delivery (potential anemia-related hemorrhage).
- Some women in Sang Kat experience extremely itchy skin during pregnancy (potential Cholestasis of pregnancy?). Navy would like to know what to do here.
- Many Sang Kat women complain of itchy vaginal discharge (potential Vaginal thrush).
- Four women in Sang Kat are currently pregnant.
- Navy estimates average size of baby born to Sang Kat 2.8 - 3kg.
- Navy is extremely interested in some formal birth training via IMR workshop: pregnancy Care; delivery, and post-natal care.
- The women of Sang Kat have some resistance against going to birth their babies at Sihanoukville Hospital.
- The traditional practices of burying the placenta in the land, and 'roasting' a Mother post-partum to build back her heat, are still practiced here in Sang Kat. Often the mother lies on a bed above a fire with her baby; this is called 'roasting'; and roasting can last several days after delivery. It is thought to reduce post-partum infection also.
- In the last four years, one child 2yo, has died to unknown cause (infection?), Mother didn't take baby to hospital.
- Some women use IUD sourced from mainland for Family planning.
- Navy mentioned that there is a small amount of home-based physical violence experienced by some women in Sang Kat, based on husband's personality rather than alcohol abuse.

IMR opportunities for Sang Kat:

- IMR training workshop for TBA Navy, on pregnancy Care; delivery; and post-natal care. Including how to support women through cholestasis of pregnancy, and preventing post-partum hemorrhage.
- Provision of any obstetric equipment: scissors, scales, antiseptic such as H₂O₂
- IMR workshops for approx. 80 women on general Women's health & hygiene, with educational charts, anatomical models, etc.
- Anti-fungal medications topical and oral for vaginal thrush.

Best Clinic sight for Sang Kat: Sang Kat primary school.



Sang Kat Village TBA

A very productive and informative Interview with the Sang Kat Traditional Birthing Assistant, **Navy**.

Navy has been the Sang Kat TBA for seven years, caring for approximately 80 women of reproductive age currently in her village, helping to birth scores of babies in the last two years - most from Sang Kat but some from surrounding villages. With the most minimal of equipment, 100% of babies born by Navy have been live births, an astonishing accomplishment.

A potential case for IMR's specialists:

Interviewing **Noon Chada**, a woman from Sang Kat who has been trying to conceive with her husband for 13 years, since 2001. Her husband has children to a previous wife.

She experiences dyspareunia, back pain, and severe fatigue. Plus a shortened menstrual cycle of 25-26 days.

Noon did experience one miscarriage in 2003, at 8 weeks gestation, with infection, pain and discharge. She is one of the only overweight women I saw all Mission.

A potential case of Pelvic Inflammatory disease PID; fallopian tube damage; Endometriosis or Uterine fibroids.

Mai Pai Bai Village, Koh Rong, 7 July 14

Major findings:

- Mai Pai Bai has a population of approx. 400 people, 98 women of reproductive age.
- Mai Pai Bai does have a TBA, **Chiv Nget**, however she has had no formal training, and works with equipment limited to a pair of scissors and some string (no gloves, antiseptics, etc).
- Due to Chiv Nget's limited training, most women from Mai Pai Bai tend to prefer delivering babies at closest hospital – Sihanoukville.
- Chiv has had the challenge of delivered three babies this calendar year: all three delivered on the boat on the way to Sihanoukville.
- 3 women are currently pregnant in Mai Pai Bai, EDD between August-December, 2014.
- Chiv is interested in some formal birth training via IMR workshop.
- The 98 or so Mai Pai Bai women of reproductive age would all benefit from some women's health education, health & anatomy literacy is very low.
- Average baby weight by guess is 2.2-3kg. No scales available to TBA.
- Many women interviewed also complained of vaginal itchiness, odour & discharge – Vaginal thrush is extremely common based on interviews.
- Breastfeeding is only encouraged in Mai Pai Bai until 1yo, when Formula is given thereafter (sourced from mainland).
- Low milk supply and Mastitis are relatively common challenges that lead mothers to introducing formula early. Providing nutritional supplementation and education around mastitis prevention (as well as antibiotics) are great opportunities for support.

IMR opportunities in Mai Pai Bai:

- Provision of Visual anatomical charts, women's health learning resources, and health education would be of huge benefit to these women. Teachings via a OBS/GYN or Midwife would be ideal.
- Provision of birthing equipment: Scissors, gloves, scales to weigh babies, log books to record births, potentially also forceps, antiseptics, and suture equipment are all good considerations.
- Provision of anti-fungal medicines (oral & topical) for thrush would be of benefit.
- Antibiotics on hand for cases of mastitis.

Suitable Clinic sight in Mai Pai Bai, with privacy requirement in mind, is the **Primary School.**



Interviewing TBA from Mai Pai Bai - Chiv Nget.

Chiv has delivered three babies this year: all three babies were delivered on a fishing boat as the Mother's attempted an almost three hour boat ride to Sihanoukville, trying to get to the closest hospital. This is the only Koh Rong village where prefer to make the 2,5 hour trip to Sihanoukville Hospital to birth their babies, due to lack of TBA training, lack of supplies & equipment available. Chiv has had no formal training whatsoever in midwifery or childbirth; she is the TBA because she wants to help. Despite this lack of training and supplies, all three babies that were born at sea this year to Mai Pai Bai Mothers were born healthy & without complication, with nothing more than a piece of string and a pair of scissors to cut the babies cord.

All of these women (of three or more generations) in Mai Pai Bai are eager to learn more about Women's and Children's health - an enormous opportunity for the upcoming IMR mission to help them feel more empowered and to support their ongoing health.

Koh Touch Village, Koh Rong, 7 July 14

Major findings in Koh Touch:

- Koh Touch is a village with 96 households and a population of 349 people, according to the Village chief. Approx. 105 women of reproductive age.
- This is a big tourist town, with approx. twenty-five 'bungalow' guesthouses that do have an influence on the people, commercially, access to foods, water, etc. Apparently water supply can easily be drained and depleted in Dry season, increasing infection & gastroenteritis cases.
- The Koh Touch TBA is **Hem Yam, 56yo**. She has been a TBA for 16 years. She now works (to make money) in one of the Guesthouses and is not particularly interested in Training from IMR unless it is quick!
- In the last 2 years, Hem Yam has delivered approx. 6 babies only. The rest have delivered at Sihanoukville – the women of Koh Touch prefer to go to Sihanoukville for delivery.
- Hem Yam explained there have been a few cases of retained placenta and infection post-partum in Koh Touch, in women who have birthed at home and didn't know about third stage of labor.
-

IMR opportunities for Koh Touch:

- I see opportunity for training of a new, young TBA in Koh Touch. Or at minimum workshops to general population on Women's health & hygiene.
- Opportunity for provision of Obstetric equipment to Hem Yam or new TBA, including scissors, gloves, Log book, scales to weigh baby, antiseptics, etc.

Potential cases for IMR visit to Koh Touch:



LHS: **Leat Kin Kreoun, 35 yo** mother of two, extremely underweight and has an apparent heart condition: arrhythmia? Needs medical assessment and attention. We left her with chewable multivitamin & Mineral.

RHS: **Rous Phalliey, 37 yo** mother of two live children, but did lose her first child in 2010, at three months of age to infection. Her second child was born in 2011 via **emergency C-section** and she has an impressive scar to prove it. C-sections are incredibly rare and risky with limited medical equipment and training. Rous is currently breastfeeding her 3 month old daughter, She experienced post partum hemorrhage, has SOB, fatigue & dizziness. She was very interested in meeting with the IMR doctors via their upcoming trip, as she has some uterine Pain she would still like to resolve and the closest medical care is in Sihanoukville.



Below LHS: **Koung Soth, 57 yo male** patient with apparent kidney infection and potential liver disease. Dark smelly urine, loin pain, extreme fatigue. Early evidence of some ascites. 3kg weight loss past year. Needs medical assessment + attention, asap. Not interested in Hospital at Sihanoukville.

Best Clinic sight for Koh Touch: the Koh Touch Primary School.

Sok San Village, Koh Rong, 10 July 14

Major findings:

- Sok San is the most 'remote' of the Koh Rong villages, with approx. 50-55 women in 15-40 year old reproductive age group.
- There is currently only one pregnant woman in Sok San, **Cheuk Seakly, 19yo**. Her EDD is August. There are also several breastfeeding women and infants.
- Sok San does have two TBA's; **Ang Mom, 64yo**, has been the TBA previously for 19 years, however at 64yo has retired. **Som Da, 53yo**, is the current TBA and has worked as TBA for 8 years, overlapping with Ang Mom. Som Da has deteriorating vision and is positive for Hepatitis B (she has blood report from Sihanoukville Hospital). Again, equipment is limited to a pair of scissors, however Som Da does use gloves. There is a wonderful opportunity here for IMR to aim to give formal training to a new TBA for Sok San under the circumstances.
- All Mums and infants are 'checked' by Som Da on days 1 & 3 post-partum. No further visits unless there are concerns.
- Apparently Hepatitis B is common in Sok San.
- Many women also complained of smelly vaginal discharge & itch, presumably Vaginal thrush.
- Som Da expressed some concern around some women in Sok San going beyond EDD, and having to send women to Sihanoukville to be induced or to have assisted delivery.
- Many women use 'Implanon' implant for Family Planning, sourced from Sihanoukville.
- The women of Sok San have expressed interest in any Women's health & hygiene education, TBA training, and obstetric equipment such as scissors, scales to weight baby, antiseptics, sutures, etc.

IMR opportunities for Sok San:

- There is a wonderful opportunity here for IMR to aim to give formal training to a new TBA for Sok San under the circumstances.
- Women's Health Education for a very interested population of women who flocked immediately on our arrival.
- Antibiotics for Mastitis and possibly Urinary Tract infection.
- Anti-fungal meds for Vaginal thrush.
- Skin creams for Children with rash.
- Medication to support TBA with Hepatitis B.

Five potential Medical Cases in Sok San:

- **Hon Chan Theun, 28 yo**, complains of thick vaginal discharge, groin lymphadenopathy, and RHS ovarian fossa pain. She also experiences diarrhoeah regularly, dizziness and has lost 2 kg this past year. She also has irregular menses. I also observed severe fungal infection and local swelling on her hands and finger nails. She needs medical assessment.
- This woman also has **two children (5yo & 2yo) with severe skin rash on their faces, necks (pictures attached)**. I prescribed Zinc and Vitamin A orally, as well as a topical Calendula and Papaya ointment (petroleum-free), but the children also need medical attention. There are a couple of other children with this same skin rash, **including Li Sina, 4yo**.
- **Ang Mom, 64yo** (the previous TBA) complains of bowel blockage and severe constipation. She sees (pink) blood in her stool and has sigmoid colon pain. She has had this issue for 2+ years. She needs assessment and treatment with laxative, and to have more serious pathology excluded.
- **Seoun KimHuy, 20yo**, is concerned about a lump in her LHS breast. She is currently breastfeeding her second child and has had no fever but the lump causes her discomfort. No antibiotics in Sok San.
- **Ang Mom, 64yo**, current TBA, would also like some support with her vision & Hep B.



Above is imagery of the **rash** experienced by a >five children in Sok San. Needs medical attention.

Immediately Left here is Som Da, the current TBA with Hep B.

Best Clinic sight for Sok San: Guest house in Sok San. Barnaby has the contact details and is in discussion with eth Guesthouse owner.

In conclusion, the major priorities for IMR donations could include:

General:

- Women's health & hygiene educational materials, such as charts, visuals, anatomical models, and educational books (in Khmer?)
- Ante-natal vitamins.
- Chewable Iron tablets / concentrated liquid for children and women.
- Chewable Zinc tablets.

Medical:

- Obstetrical instruments eg.
 - Scissors
 - Sterilizers
 - Speculums & torches for colposcopy
 - Local analgesics
 - Sterile dressings/bandages
 - Scales to weigh babies (x5) for each of the Village TBA's
 - Antiseptic solutions
- Antibiotic creams / ointments
- Antibiotics for Mastitis, UTI
- Anti-fungal medicines – oral & topical
- Hydrocortisone or treatment cream for infant skin rashes
- IV fluids?
- Oral rehydrating solutions?

Other suggestions for IMR

Please be considerate to minimize the potential for plastic waste / plastic packaging.

Suggested **learning topics for workshops** include:

- **TBA training, instruction about hygiene and the referral of high-risk deliveries to health centers or hospitals; birthing support and finishing of third stage labor (complete placental delivery)**
- **Female reproductive health & hygiene to all women in each village with visual learning tools**
- **Female anatomy & the menstrual cycle – what is normal and what's not**
- **Contraception option; STI's**
- **Personal hygiene**

Education is perhaps our most powerful long-term tool.

Thank you so much for having me stay, it was such a special time that Jasmine, Max & I will never forget. Thank you for having us. I do hope to visit again sometime and to continue my working relationship with beautiful SSPI and SSF. I am on hand remotely until that time and am happy to be contacted anytime.

I hope this feedback has been useful Wayne, Barnaby, Seth, Melita, Rory, Ruth, Shauna, and the IMR team.

With gratitude and respect,
Tabitha.

Tabitha McIntosh ND
B Medical Science UNSW
Adv Dip Naturopathy; Dip Nutrition; ATMS
Post Grad Cert Nutritional Medicine, SWIN
+61 421 921 469
www.awakenyourhealth.com.au