



File form: 0486-07 - Final report for the Eagle Foundation – June 2020

O'Dangkor Clinic – Constructing and equipping a new clinic building; establishing a leprosy control programme; and refresher training for staff in maternal health and nutrition

Date grant accepted: 14th June 2019 (GBP 29,857)

The people living in O'Dangkor – an underserved rural community in northwestern Cambodia – face many health challenges, including the incidence of leprosy locally. The goal of this project was to reduce the burden of needless disability and disease in the area by building the capacity of primary healthcare and maternity services, as well as establishing a leprosy control programme. Towards this aim, we are grateful to the Fondation Eagle for enabling IMPACT Cambodia to replace the community's run-down clinic with a new building, and equipping it with new and upgraded medical equipment. Furthermore, the Clinic's staff have undertaken training under the auspices of the National Centre for Tuberculosis and Leprosy Control (CENAT) in the identification, treatment and prevention of leprosy, as well as refresher training in mother and child health.

The opening of the new clinic could not have been timelier. O'Dangkor is located near the border Thai/Cambodia border from where thousands of migrant factory workers have been returning amid the Coronavirus pandemic. This has swollen the local population and all local returnees have undergone basic healthchecks at the clinic, received advice on hygiene and social distancing and been advised to quarantine for at least two weeks.

Report on project activities The project had four objectives and we are pleased to report that these have been achieved over the course of the grant period:

1. Demolish and rebuild the Clinic

The original clinic building in O'Dangkor was little more than a wooden shack with a leaking corrugated metal roof. Thanks to your support, a new brick building has been constructed in its place. It was officially opened for patients in January 2020. The new health post incorporates four generously sized rooms - a pharmacy and out-patients clinic for adults; an out-patients clinic for children and vaccinations; a room for women's health and maternity care (with separate area for gynecological examinations, ante and postnatal care and family planning); and an administrative room out of which the new leprosy control programme is based.

As described in our interim report, IMPACT Cambodia had initially planned to demolish the original building but later decided to move it to a corner of the grounds for use as a storage and waiting room during the rainy season. The local community have been heavily involved in the project from the outset and volunteered their labour to move the original building, as well as undertaking repairs to make the roof watertight and landscape the grounds of the new Clinic.



Volunteers moving the original building

As may be seen from the photographs below, the new building has been built to high local standards, with solid foundations and is of brick construction. It will serve this community for many years to come.



Since the Clinic opened, 1,300 people have attended as out-patients. This is far more than anticipated and largely due to the high number of adults migrating back to the area from abroad or from Cambodia's larger cities. Other interventions remain in line with what IMPACT Cambodia had predicted: 338 children under-5 have received health check-ups; 15 women have received ante and postnatal care (including tetanus vaccination); and 66 babies have received their childhood immunisations.

'Our staff and the people in the commune, we are all very happy about this new health post. Everyone has been waiting for very long time to see this happen! The lives of the people here are not easy. But from the first day that the construction of the building was ongoing, you would see all the neighbours volunteering to help the construction team, even at the weekend. They said that they wanted to help fasten the work so that the building would be able to be used before year end' – Mr Vorn, Head of O Dangkor Health Post

The new building is located in the centre of the community and has inspired a confidence in seeking medical care that was previously lacking. Villagers used to worry that the poor state of the old building reflected the standard of medical care and would delay seeking treatment, or become indebted to travel long distances to pay for expensive alternatives.

Bon Vunny, (27) is a garment worker in Thailand and usually leaves her children in the care of her grandmother. Now she has returned home temporarily, she came to vaccinate her baby: *'The condition of the old Health Post left me a lot of concerns. I understand that poor village people like us should not expect much for our health facility. But I see in Thailand, where I work with my husband, that even if it's a rural area, they have got one good building so that people at least feel safe to go for help. So what a surprise to return and see O'Dangkor is having something that many people have been hoping for more than long enough now. Everyone is happy like me, glad to receive a better health care, and thankful for a safer place that we can rely on when in need.'* As told to IMPACT Cambodia.





Vaccinations and child development check-ups

2. Upgrade and provide essential medical equipment for general and maternal healthcare

As described in our interim report, the new equipment was purchased as soon as your funds became available and kept in storage until the clinic opened. The oxygen monitor, thermometers, blood pressure machine, glucometer, hospital bed and fetal doppler are all now installed and in use by medical staff.

3. Establish a leprosy control programme

The National Centre for Tuberculosis and Leprosy Control (CENAT) has been extremely supportive of the project, allocating one of their most senior co-ordinators, Mr Chhun Bunda, to oversee the establishment of an outreach programme to improve the detection, prevention and treatment of leprosy within the Clinic's catchment area. There are at least 12 people known to have the disease but it has long been suspected that there due to stigma there are other people who are yet to be diagnosed, or come forward for treatment.

Leprosy is curable with multi-drug therapy (MDT) but there are a number of barriers that prevent people from seeking effective treatment. In rural communities, such as O'Dangkor, levels of education are low and knowledge that drugs are available is not widespread. There are also concerns that treatment will be expensive, when in fact drugs are provided free of charge by the central government.

Ahead of the opening of the new Clinic, staff underwent thorough training in identifying the early symptoms of leprosy, so that people can be identified and treated in the earliest stages of disease. They were joined by their colleagues from the several surrounding Health Posts.

The O'Dangkor staff also planned a schedule of home visit appointments to ensure that those with a confirmed diagnosis are visited at least 5-7 times per month during the course of their treatment plan. The aim is not only to deliver and support drug administration but also to reduce further disability by ensuring people with the disease are trained in self-care techniques to avoid accidents



Staff training sessions provided by The National Centre for Tuberculosis and Leprosy Control (CENAT)

and care for existing wounds. Sadly, nerve damage in the later stages of the disease means people cannot feel pain making them vulnerable to burns and other accidents around the home. If wounds are not treated correctly, this can lead to infection and secondary causes of disability.

Stigma around the disease also plays a huge part in delayed treatment. IMPACT Cambodia conducted a small sample survey in a neighbouring community and found just 1% of the community feel comfortable interacting with people with the disease. Mr Bunda will continue to visit the area frequently to conduct medical examinations; stage health education sessions in community areas; and disseminate educative materials in partnership with the clinic team. Eventually these activities will be handed over to O'Dangkor Health Post. However, whilst the National Centre for Tuberculosis and Leprosy Control are keen to remain involved, IMPACT Cambodia say the team on the ground are enormously grateful for their support and guidance.



Mr Bunda conducting screening people for signs of leprosy and conducting health education in the community

Moeun (43) – pictured above left in white shirt - participated in the leprosy awareness training when Mr Bunda visited the small cluster of homes where she lives: *'I have always thought that there is no cure for leprosy disease. So I have always tried to avoid and not to stay close to anyone who has it. I also used tell my family not to buy things that they sell at the market, because I thought we will get spread by their disease. After the studies provided by Mr Bunda, I know better and what I should show compassion towards leprosy families. I felt so sorry for what I have always judged. They live next to my house but never once spoken to them. I will do different. We say hello now.'* – Moeun, 43 years old lives in Sai Samon Village.

Nhep Thea (74) – pictured right – has had leprosy for 10 years: *'I could not cook for my grandchildren for more than a year now. My hands condition is getting worse and I worry about the hygiene as well, so it would be better for me to just instruct them and they do it on their own. Their parents come home from working in Thailand twice every year. Whenever they come, they always ask me to go to the clinic to ask for help, but I refused, all the time. I feel embarrassed. I used to sell the vegetable [her own home garden] at the local market back then, but people looked at me in a very*



different way and said words that hurt my feelings a lot. After that I decided not to go out and see anyone, not even doctors when I'm sick. Now they have come to my home, my hard feelings on discrimination has gotten lower and lower and I feel more open to not hiding alone in the house. I hope that my grandchildren will be protected from this disease.'

Mich Vun (47) lives in O Dangkor village and has been living with the disease for some years, not previously knowing that help or treatment was available. Since his sight deteriorated, he has stayed at home looking after his three daughters whilst his wife worked. *'However things are hard for her too. She has been judged and turned away by most people in the village as being from a family that carries the disease. The family faced a lot of financial pressures until early 2020, he finally was called by a neighbour to work with them for a little income. This was after the education sessions has been constantly provided by Mr Bunda concerning how to protect and to be cured from the disease. Vun is now receiving medical treatment but because he has already reached the stage where everything is late, he will never reverse the damage to his eyes. He said, 'I am always thankful for the treatment and the information you have provided to me and my family. Now my my neighbours do not discriminate my daughters anymore.'* – **IMPACT Cambodia**



Moc Thao (51) has been struggling with pains and infected wounds on her forehead and legs for years, but would not seek for help. She was not ready to face being gossiped about if she went to the clinic. She lives in a very difficult condition, doing any day jobs she can find, such as breaking stones or cutting firewood for USD 1.5 to USD 2 per day. One day, some of her neighbours had attended the training by Mr Bunda in a village house and they encouraged her to go to the clinic, so she finally fought the fear and came to ask for help healing the wounds. *'I could not come before because this is not a disease that everyone wants to come close or see. But I really am thankful for your work, I do not feel alone anymore. It know now how to clean my wound following the right instruction and make sure that it is kept clean'* – **IMPACT Cambodia**



4. Provide training for staff in maternal and child health and nutrition

O'Dangkor Clinic has three permanent members of staff - a Clinical Officer (Head of Health Post) and two duty nurses. In late December 2019 they undertook an intensive five-day training programme in 'Maternal and Child Health', provided by the Banteay Mancheay Mother and Child Committee. The course provided refresher training in the identification and management of pregnancy complications; ante and postnatal checking procedures; new-born care; and the importance of immunisation. IMPACT Cambodia also delivered an additional workshop in the 1,000 Days model, which focuses on improving nutrition for mothers and babies from conception through to a child's second. This is highly relevant to the context of O'Dangkor where few people earn more than \$6 a day and permanent employment is a rarity. Meagre households budgets have a long way to stretch and raising awareness of the importance of prioritising nutrition will contribute towards ensuring that the health of children born in the area is not irreparably damaged from being malnourished in their early years. They were joined on the course by 10 other nurses and midwives from surrounding areas who work in similar primary healthcare settings.

As described in our proposal, the long-term plan is to establish outreach maternity services at O'Dangkor, which would ensure that pregnant women are visited in their homes during their pregnancies and immediately after giving birth. The Coronavirus pandemic has interrupted these plans but as the restrictions on movement begin to ease in Cambodia, implementation will soon commence.

Thank you for enabling IMPACT Cambodia to construct and equip a permanent Health Post building at O'Dangkor to replace the wooden shack that was no longer fit for purpose. Over 5,000 people who rely on O'Dangkor for vaccinations, maternity care and general health will benefit from vastly improved services going forward.

As Bon Vunny's testimony suggests, there is enormous pride locally in what has been achieved. This project also promises a new era for people living with leprosy. As well as being better supported medically, they are already feeling the positive effects of action that is being taken to combat stigma surrounding the disease. We hope that you will be encouraged to read in the case studies above that Mich Vun has secured employment for the first time in years; Moeun no longer judges her neighbours; and Nhep Thea is slowly gaining the confidence to venture outside the confines of her home. A very promising start and IMPACT Cambodia will continue to support this community in the months and years ahead.



Expenditure statement

Item	BUDGET	EXPENDITURE
Construction of Clinic		
Preparatory work	68	68
Concrete and iron work for foundations	3,576	3,576
Brick and cement work	3,823	3,823
Windows/doors and associated iron and paintwork	3,112	3,112
Electrical and plumbing installation	2,330	2,330
Floor tiles (50x50cm)	1,541	1,541
Roof (clay tiles)	3,452	3,452
Internal ceiling material (smartboard)	518	518
Toilets and shower room fittings	476	476
Site clearance	618	618
Labour	3,895	3,895
Subtotal	23,409	23,409
Equipment		
Oxygen machine	675	675
Ear thermometer	29	29
Blood pressure machine	38	38
Glucometer	52	52
Hospital bed	761	761
Fetal doppler	138	138
Subtotal	1,693	1,693
Leprosy prevention & treatment programme		
7 outreach missions per month over two years. Budget includes staff training; health education materials; transport and expenses; per diem for staff.		
Subtotal	2,382	2,382
Refresher training in maternal health		
5 day intensive refresher course		
Subtotal	951	951
SUBTOTAL	28,435	28,435
Project management @ 5%	1,422	1,422
TOTAL	29,857	29,857

Exchange rate based on 1 GBP = 1.3 USD (07.02.2019)