



IMPACT CAMBODIA
ANNUAL REPORT
2014-2015

Prevent and treat needless disability



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President's message

In an effort to combat and prevent disability, the Impact Cambodia team reached out to the grassroots people who have difficulty accessing health care information and services. We have given improved hearing to women, men and children. We worked with women who were not aware of the need for pre-natal check-ups, and who would otherwise have delivered babies at home with traditional midwives. We also built the capacity of our governmental partners so that they are more capable of serving their communities.

In many areas of our programs we have exceeded our targets. It is as a result of hard work and collaboration among and between the team and all our partners, donors and supporters, without which our achievements would not have been possible.

It is essential that we continue the mission to reach out to more people, to ensure that more mothers can give birth safely and that their babies are better

nourished and well developed. By preventing need-less disability we help to not only alleviate poverty, but also reduce violence and poverty related crimes.

We have helped to build a better, healthier, and loving community and have provided them with the opportunities to have better lives, improved wellbeing and increased dignity. We believe in giving and sharing. In doing so, we help make the world a better place to live in. I am proud of the work the team is doing, and very pleased to see compassion in action!

We look forward to another successful year of cooperation with our donors, supporters and partners in our efforts to alleviate disability and its effects on our communities.



Executive director's message

A 47-year-old farmer Savuth lives with an impairment she did not think was serious. She had difficulty hearing, and it had continued for five years. Savuth had no idea of what to do and where to seek help. A 22-year garment factory worker Vanny living in outer Phnom Penh had a similar problem for 3 years. It is usual that people like Savuth and Vanny go to drug-stores or seek health practitioners

who may not have proper skills and facilities, rather than health centres. Lack of knowledge and/or access to medical service are common among them including pregnant mothers who are not aware of importance of regular check-ups and nutrition.

Our mission is 'to act today to prevent disability tomorrow' so that people could avoid disability caused by illnesses, limited knowledge or health service. Mainly we prevent

and treat hearing disability among people aged 14 to 60 years. All of our programmes have benefited approximately 7000 people. We are proud of this small contribution to the nation's development goals reducing disability and child mortality and improving maternal health.

We work along well with governmental institutions like hospitals and health centres by leveraging existing facilities and expertise and providing organisational capacity building as well as necessary facilities when needed so that they can serve more.

The achievement is credited to all staff and volunteers working in sweat from head to toe whether flooded or hot sunny day. I am thankful to all governmental and NGO partners, particularly Kandal Department of Health, Preah Ang Doung and Chey Chum Neas Hospital. Indeed, I am grateful to our supporters and donors who have always been kind in assisting us doing the work we do.

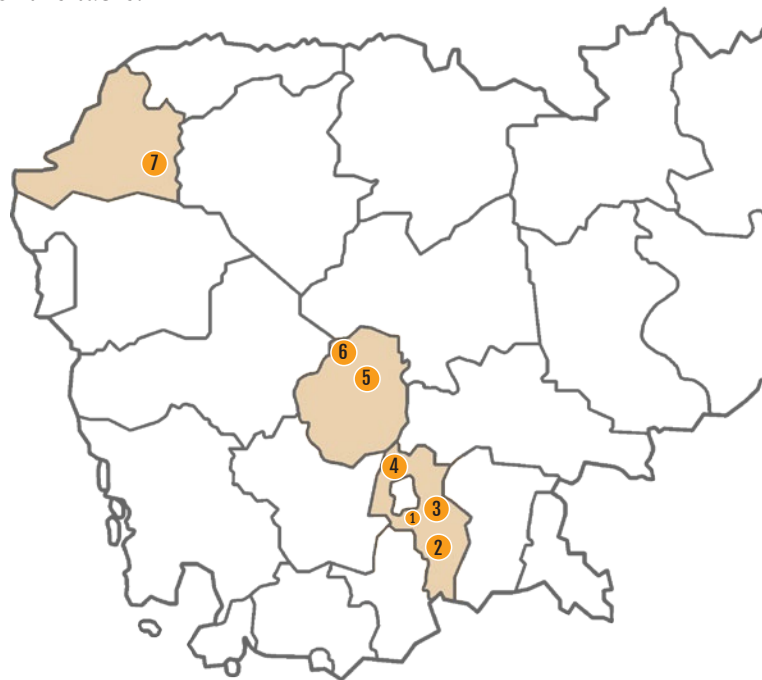


Executive Summary


In Cambodia, the notion of disability prevention is often overlooked. Poverty, lack of awareness/education on health care, and lack of access to health facilities often are the contributing causes to disabilities in which some of them are totally preventable if identified and treated early. GIZ (2013) reported that almost half of all impairments in Cambodia are preventable. Causing factors such as vision and hearing problems developed from untreated infection, uncured childhood illness, and malnutrition are preventable.

Impact Cambodia (IC) work to prevent such needless disability. Our programme includes early identification and treatment of Ear, Nose, and Throat (ENT), 1000-Day Programme, Home Garden, and Water and Sanitation. Besides, in an attempt to ensure safe motherhood and delivery, Impact Cambodia also worked on building a maternity unit and an operating theatre in a referral hospital in Lvea Em district.

The following map and chart shows the programme activities, area of intervention, and total beneficiaries for the reporting year 2014-2015. The number on the map correspond to the areas on the first column of the table.



Programme Summary



| Commune/District | ENT screening | Audiogram unit | Surgical camp | 1000-day programme | Home gardening | Water and sanitation | Maternity & operating units |
|----------------------------|---|-------------------------|---|----------------------------|---------------------|--|---|
| Prek Rey (3 villages) ⑤ | | | | X | X | X | |
| Prek Russey (3 villages) ⑤ | X | | | X | | | |
| Barong (4 villages) ⑤ | X | | | X | X | | |
| Peam Oknha Ong ⑤ | | | | | | | X |
| Pothiban ② | X | | | | | | |
| Prek Sdey ② | X | | | | | | |
| Prek Thmey ② | X | | | | | | |
| Ponhea Leou District ④ | X | | | | | | |
| Takhmau (IC Office) ① | | X | | | | | |
| Kampong Chnang Town ⑤ | | | X | | | | |
| Boribo dist./Melum ⑤ | | | | X | | X | |
| Phnom Srok District ⑦ | | | X | | | | |
| Total beneficiaries | 3,835 | 141 | 1,614 | 631 | 9 | 862 | 70-80/month |
| | people screened and treated on the spot | people used the service | people screened and treated on the spot | 514 mothers and 117 babies | gardens established | people benefited from using toilet and well facilities | numbers of people per month used the services |

ENT PROGRAMME



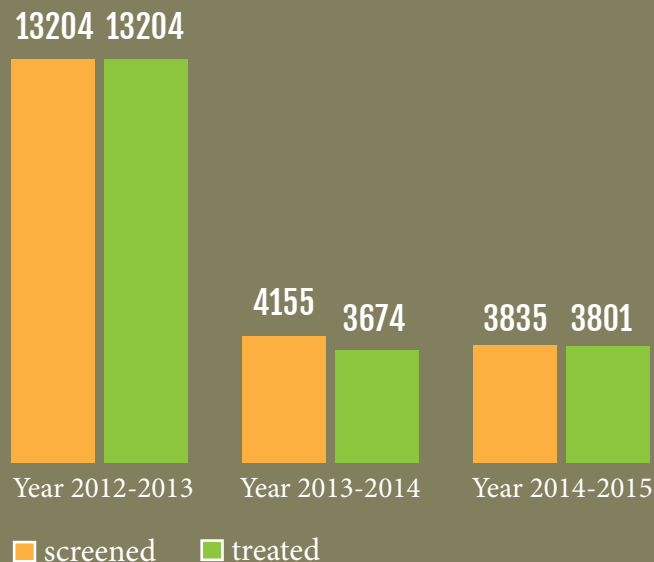
National Context

In Cambodia, the main causes of physical impairments include illness (34%), birth defects (20%) and accidents (19%) (National Institute of Statistics, 2011, p.28). Vision, hearing and mobility impairments are the most common disability. Among young children in between the age of 2-9 years, there were 15.6 percent with learning, hearing and speech difficulties (GIZ, 2013, p.1). In a separate research by Evans et al. (2014, p.13-14), in the same age group of 2-9 years, hearing impairment was most prevalent at the rate of 6.53%, and hearing disability was 2.51%.

Early Identification and Treatment

In an attempt to combat and/or prevent impairment and disability, Impact Cambodia (IC) reached out to some of the vulnerable villages where access to health information and service is either non-existent or very limited. The team served in Lvea Em and Koh Thom districts of Kandal province to provide (Ear, Nose and Throat) ENT screening and treatment to children and adults aged between 14 and 60 years old.

Initially, the activity started at health centres where we would serve women, men and children in general. The ENT team covered 2 referral hospitals and 10 health centres. As we continued to progress, in collaboration with the School Health Programme of the Ministry of Education Youths and Sport, IC ENT team spread to seven primary schools in which four are in Koh Thom District, two in Ponhea Leou district, and one in Lvea Em district.



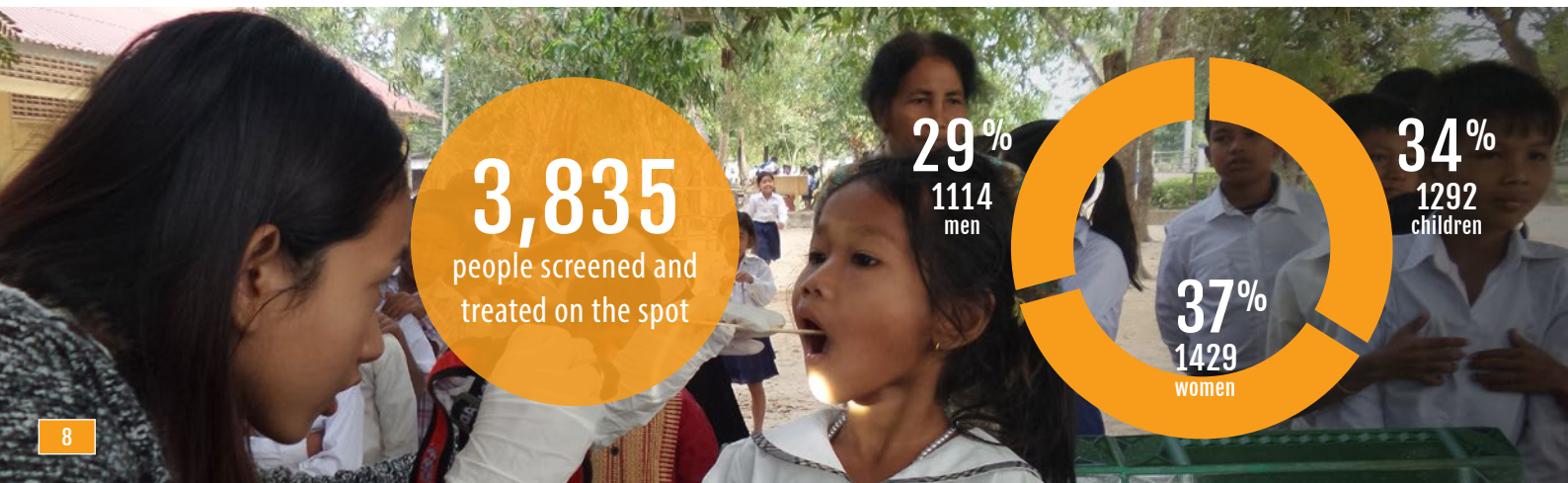
Number of people screened and treated over 3 reporting years

The total number of men and women screened well exceeded the target number of 1800. We reached out to 2543 adults (in which 1429 were women) and 1292 children. They were treated on the spot; and in case of operation was required, they were referred to one of IC's partner hospitals.

During ENT screenings, between 25-30 per cent of people screened were found to have ear problems while the rest had cold and associated diseases such as throat or nose inflammation (pharyngitis or rhinitis), and cough. Diarrhea and vomit were also common among children. Some of the common ear

problems in children included issues from earwax to inflammation and/or infection such as otalgia, acute external otitis media, or otomycosis to serious damage like chronic otitis media which requires surgery. Approximately, two out of a hundred children screened need ear surgery. Up to 60 percent of the children had cold and throat inflammation or pharyngitis. Besides, challenges that primary schools and some families were facing included lack of clean drinkable water, and toilet facilities.

School directors were very thankful for having this program. Some of them suggested to continue this



school health programme. IC developed a booklet containing information about water hygiene and the important of hand washing for children. The hygiene lessons were conducted alongside with ENT screening.

Surgical Camp

IC surgical team managed to conduct two surgical camps in collaboration with government hospitals: one in Kampong Chnang Referral Hospital of Kampong Chanang town (for 3 days), and another one in Preahnet Preah and Phnom Srok Referral hospitals of Banteay Mean Chey province (for 4 days). 1614 people benefited from the two surgical camps.

The team screened patients and provided necessary treatment. It was found that 70% of them (1130 people) had ear diseases. 30% of them (339 people) needed surgery. Twenty patients had surgery on the spot. The rest of them required preliminary treatment before operation. They were given medication, consulted and appointed to meet for surgery in Phnom Penh.



1614

people screened
and/or treated
on the spot

70%

had ear
diseases

30%

of the 70%
needed surgery

Challenges

With our mobile surgery camp, some equipments are fragile and were packed to fit in a truck together with the surgeon team, travelling some rough roads. The team worked in district referral hospitals which did not have enough equipment for serious emergency. We could do little with surgery on the spot, but referred them to have surgery in Phnom Penh.

It was not easy to convince patients to have surgery in the city. Most of them are poor. Operation may require them and/or care-takers to be absent from work from weeks to a few months. Some concerned about losing chance to earn/work. Trust was another thing. People asked, what if the surgery didn't go well? What if hearing was lost entirely? What we could do were to provide consultation and treatment, and assured them of financial support if needed.

While these may be challenges, we want to ensure that the programme can give hope of hearing to as many people as possible. We also think that it is important to work on prevention; thus, our screening programme should reach out and treat more people.

Audiogram Unit

An audiogram unit has been setup in IC office which locates within the compound of Chey Chum Neas Hospital in Takhmau town of Kandal province. The unit is contained within a sound-proof room which allows patients to take hearing test. The test result allows us to see patients' hearing ability, and what needed to be done to help them.

The audiogram unit is useful to patients identified during our outreach activities in villages and patients referred from hospitals such as Chey Chumneah and Khmer-Soviet Friendship. It has served to test 141 patients during the reporting year. The test is free of charge.

The unit was operated by two IC's staffs who were sent to Nepal for Audiometry training course for three months. After the training, the two staff in charge kept developing the skill progressively as they work.

Dara* could hear better and he was hopeful

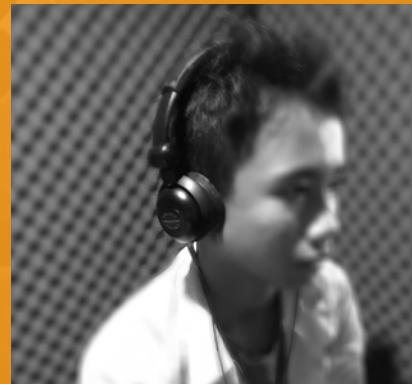
When Dara was four years old, there was wetness in his ear. His mother went to a small village phamacuetial store to buy medicines for him. Dara got better for quite sometimes.

A few years later, the trouble came back. He had regular ear wax on his left ear. In classrooms, he could barely focus on his study because the pus came out from his left ear and he spent most of the time wipe it out. As it got worse, he had regular headache and could not hear properly, making it harder for him to even want to go to school.

In early 2015, Dara was in his 7th grade at Roulous Secondary School, Kandal province. His parents were very worried that he could not study well. His father decided to take him to Chey Chumneas Refferal Hospital to have his ear checked, and had a hearing test in the audiogram unit. The test showed he had Chronicle Otitis Media, making

it hard for him to hear in on ear, while having a mild conductive hearing lost for both ears, making hearing even harder for him.

After surgery, he received continuous treatments regularly at Impact Cambodia. He came to the Audiogram unit to have regular check ups. After one month, he could hear better, and could focus on his study. He and his parents were happy.



Dara sitting for hearing test before an ear operation.

**Name has been changed.*

A woman wearing a pink shawl and a striped headband is holding a sleeping baby wrapped in a patterned cloth. The background shows other people, including a child in a blue shirt.

1000-DAY PROGRAMME

National Context

An ideal numbers of check-up during an entire pregnancy would be about 12-13 times. However, in the rural area, 17% of women had only one prenatal visit or none, 27.2% had 2-3 times, and 55.3% had 4 times or more (p.122-123) .

In Kandal and Banteay Meanchey there are 75.8% and 81.7% respectively of women who are informed of signs of pregnancy complication (p.124).

Country wide, 71% of births are delivered with trained health professionals while 28% are delivered with traditional birth attendants (p.127). 85.8% of rural women choose to give birth in a health facility.

Source: National Institute of Statistics, 2011.

IC worked in some of the most remote and vulnerable places in Lvea Em district where education level is low, and poverty and flood struck. In rainy season, there reported pregnant mothers walking in water to delivery bed, and midwives having to deliver babies while standing in flooded water. Many women had to go to work in the city and/or their husbands worked in the farm or as construction workers in garment factories. Many women did not manage to get regular prenatal check-up.

IC's 1000-day programme aims to ensure safe maternal and child health by providing them necessary supports for one thousand days, from the first month of pregnancy until her babies are two years old. One-to-five-month old pregnant women were invited to register for the programme. They were provided with necessary health trainings, and health monitoring and support before and after delivery.

The training aim to raise awareness on prenatal check-up, food, nutrition and supplements, vaccination, hygiene, having delivery at health centre, and not at home by traditional midwives,

breast feeding, and growth monitoring for babies.

Through registration questionnaires we found out that 40% of pregnant women had prenatal check-up twice or less. Their knowledge about health care was very limited and the local governmental health care service was inadequate.

Once registration and the first training were done, follow up training and health monitoring for both mother and children was continued during pregnancy and after delivery, for every two months. IC conducted follow up on mother and baby health. This was done in collaboration with and/or by health centre staff.

In supporting them doing so, and as part of the sustainability of the programme, Health Centre staffs were provided with trainings on Patograph, Antenatal care and Postnatal Care, Cold Chain and Surveillance and Hemoragic during Delivery.

Impact Cambodia also provided consultation and/or support to women and health centre staff in case of any difficult problems during delivery, and need further hospital referral. IC paid for transportation and hospital fees for mothers sent to city hospital.

As an over achievement, the 1000 Day program received more women than expected. As of May 2015, there were a total of 145 registered pregnant women in which Prek Rey had 44, Prek Russey had 66, Baong had 13, and Melum had 22 mothers registered.

Mothers' attitude toward their maternity health care improved. Members of this programme having realized the benefits, had fully gone through safe motherhood period, under due care and responsibility of the IC-trained midwives and nurses of the health centres. 99.9% of babies (of all registered mothers) were born safely at their nearest health centre.

We observed that before the programme was implemented, many village women (40%) had only up to 2 times of prenatal check-up. Many of them were not aware of the essential of iron/folic acid

supplements, and it was observed and estimated that about 20% of them did not have delivery at health centres.

After the programme was implemented, prenatal check-up increased. Among our registered mothers, 79% had more than 4 times check-up (about 21% have 2 times or less prenatal care visits). Many of them take iron/folic supplements, and all of our 1000-day women had delivery at health centres.

Moreover, our mothers were observed to have better personal hygiene, including cleaner clothes for themselves and babies. They understand the need to go to do prenatal check-up. The participation of women in training sessions continued to increase and attracted more women to attend.



BEFORE THE PROGRAMME

40%

had prenatal checkups
2 times or less

20%

did not deliver babies
at health centres

AFTER THE PROGRAMME

21%

had prenatal checkups
2 times or less

79%

had prenatal checkups
4 times or more

ALL

of our registered
mothers delivered at
health centers

Rous Thida*, 26, lived in Peam Oknha Ong. She worked in a garment factory about 10km from her village. She had two failed pregnancy last year. She was not a member of our 1000-day programme.

Her first month pregnancy was miscarriage because she fell off a bike. In her second pregnancy, she has never had prenatal checkup since, not even in the first one. She was not aware of her pregnancy until after six months, when she was fainting at work.

She went to her nearest health centre, and had an ultrasound test at our maternity unit. Unfortunately, the baby was abnormal, and abortion was necessary or it could be of risk to her own life.

Thida was consulted for safe pregnancy. It was important that she could have a good working environment. Garment factory working environment could possibly be harmful due to inhalation of toxics such as bleach and fabric dust. Moreover, she was advised about importance of nutrition and regular checkups.

** Name was changed for privacy protection.
The women in the picture is not Thida.*

HOME GARDENING PROGRAMME



This programme contributes to ensuring nutritious meals for women, her children, and families in a cost-effective way. IC encouraged all members (and non-members) of the 1000-Day programme to establish their own home gardens, by providing them seeds, such as morning glory and Pok Choy, and financial support of 2.5\$ per month to families establishing their garden.

With one training session conducted, there were 4 gardens established, and 5 additional gardens were continually setup, making a total of 9 home gardens for the year. A mother reported to have surplus of her vegetables for sales (earning about 2.5\$ per day). She kept seeds and continued growing her own vegetables.

However, the programme did not achieve much. Many villagers were out to work in garment factories in nearby villages or the city. People were too busy to grow vegetables, and they complained there were nobody to take care of the garden. They were more comfortable buying vegetables from market. We think it may be time to focus more on education and nutrition classes than the gardening.

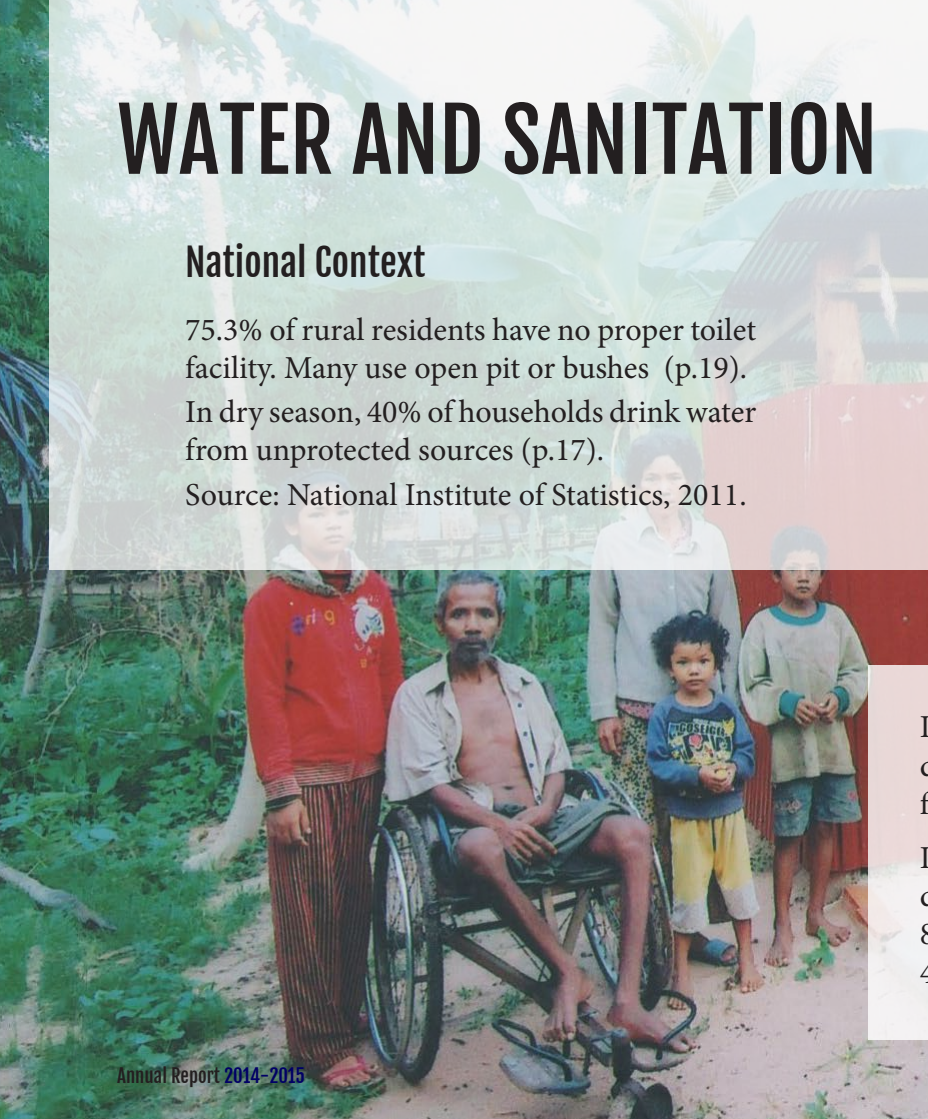
WATER AND SANITATION

National Context

75.3% of rural residents have no proper toilet facility. Many use open pit or bushes (p.19).

In dry season, 40% of households drink water from unprotected sources (p.17).

Source: National Institute of Statistics, 2011.



IC provided tube wells to families having difficulty accessing clean water and toilets to families who do not have any.

IC provided a total of seven tube wells in six different villages, and four toilets in 4 villages. 822 people benefited and used the wells, and 40 people had toilets to for use.

OTHER ACTIVITIES





Maternity Unit

Peam Oknha Ong Maternity Unit locates in Lvea Em Referral Hospital. We donated the building and maternity equipment. It benefited 50-60 women/months who came for prenatal check-up, and provided delivery service for 30-35 women/month. The unit benefits not only women and babies in Lvea Em district, but also neighbouring districts in Prey Veng province as well.

The unit has significantly contributed to the effective intervention in serious cases of pregnancy and complicated deliveries. It is a place that women of poor families in Lvea Em district have confidence in safe delivery without having to be referred to Phnom Penh.

IC also provided training course on Partograph to health centre midwives. Ms. OU Phoury, the head of Peam Oknha Ong Health Centre, said that “The rate of pregnant women who had problem during pregnancy and delivery decreased, because our midwives are more skilful and they know when and how to intervene. What is more, people seem to be more confident in our midwife ability.”



Operating theatre

This unit is a separate building, located in the same hospital compound with the Maternity Unit. IC donated the building and some medical equipment. We also supported staff training on caesarean. The operating theatre was under construction, but the ultrasound machine placed in there was able to serve approximately 20 to 30 people per month.

Upon completion, the operating theatre would be very useful in serving more mothers with complicated deliveries. It was reported that there were 4-5 cases per month of women needed to be sent to Phnom Penh for caesarean. The district is approximately only 30km from the city; however, it could take up to 2-3 hours to be transported to a city hospital. Poor families in three closest communes, Barong, Prek Rey and Prek Rusey, would benefit a lot from the Operating Theater.

Vaccination Support

During rainy seasons, some villages got flooded, and some people could not make it to health centres for vaccination. IC provided transportation fee health centre staff to reach out to villages to provide their vaccination to pregnant women and children for tetanus, Hepatitis B, measles, TB, and meningitis.

John Scott's visit

In late November 2014, John Scott and his wife visited IMPACT Cambodia office. We went down to Peam Oknha Ong to see the maternity unit and operating theatre, and Prek Rey to a 1000-Day program monitoring.

John Scott donated USD \$1,000 for the construction of a 15-metre walk way linking the main road to Prek Rey Health Centre which is usually flooded during the rainy season.



Staff capacity building

IC staff members received regular trainings on both aspects of technical and soft skills.

Technical trainings include on-the-job training by visiting surgical mission led by Dr. Dharma of Impact Nepal, on head and neck, ear, nose and throat surgery. There was also regular on-the-job training during weekday afternoon for IC staff members by ENT Surgeon Dr. Srey Vanthan, and an assistant professor at Cambodian School of Medicine on Primary Ear health Care. Audiology training was also conducted at IC by Dr. Kubi Raj Khanal for three IC staff members. Furthermore, two IC staff members were sent to Tribhuwan Teaching Hospital in Nepal for Audiometry training course for three months in 2014.

A value in health care training was also conducted at IC office as part of the soft skill training.

About Impact Cambodia

IMPACT Cambodia was officially registered with the Ministry of Interior in 2007. With a mission to 'Act Today to Prevent Disability Tomorrow', the organisation works along with governmental partners including relevant ministries, hospitals and health centres including Provincial Department of Health of Kandal Province, Chey Chumneas Referral Hospital, and Phreah Ang Duong Hospital. We also provide organisational capacity building for governmental health staff.

IC's activities are implemented through outreach programs such as prevention and treatment of needless disability among children and adults, and awareness raising and training programme for mothers on holistic development of children.

Encouraged by results from the past projects, IC will precede further with intervention and advocacy on the prevention of needless disability.





IC team on the way to the inauguration of Maternity Unit in Lvea Em Referral Hospital



A flooded road to a health centre in Melum commune. ENT screening was done at a pagoda instead.



Prek Sdey Primary School in Koh Thom: students lining up for ENT screening.



Distributing drinking water filters at Melum Primary School, Kampong Chhnang province



Distributing drinking water filters to people of Melum commune, Kampong Chhnang province

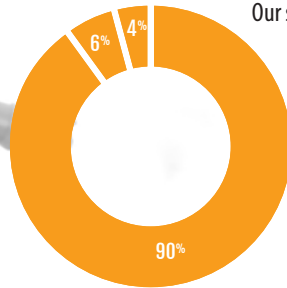


A water well and toilet donated by IC Cambodia to families in Melum Commune



A bridge/pathway linking a road to Prek Rey Health Centre, donated by John Scott

We are grateful to our donors and supporters



Our sources of funding:

4%

Walk on Water

6%

Stop Exploitation Now!

90%

UK Impact Foundation

Your support is valuable

Your support in any forms has the power to change lives. If you wish to donate or get involved, please drop us an email at ic@impactcambodia.org

Spreading prevention faster than infection.

Prevent and treat needless disability



Impact Cambodia

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