

# PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## CAMBODIA

8 March 2002

### *Special focus on the Chong Kal Primary Health Care Project*

*This Programme Update is intended for reporting on Annual Appeals.*

*Appeal No. 01.31/2002; Current coverage: 2.4%*

*Appeal Target: CHF 3,988,532*

*Programme Update No. 1; Period covered: January - February, 2002*

#### **Background**

One of the poorest countries in SE Asia, a close study of Cambodia will also reveal some of the worst health statistics: life expectancy is 54.4 years, maternal mortality is 473 per 100,000 live births, and infant mortality has risen in the last 3 years to 95.1 per 1,000 live births.

The high incidence of diseases in the adult population creates a heavy burden for a country largely struggling at subsistence level. Cambodia has the highest infection rate for tuberculosis in Asia (one in three carry it) with 9,000 deaths per year. HIV/AIDS is a severe problem as Cambodia now has the highest infection rate of any South East Asian country. Diseases associated with impoverished living such as diarrhoea, respiratory infection, tuberculosis and malnutrition are all common, as are epidemics - with dengue and malaria being endemic.

Looking for a sustainable solution to Cambodia's health problems, the CRC has identified that many of these issues may be addressed at a local level. The Federation supports CRC's community based assistance programmes, and in an effort to maximise the effectiveness of these programmes the Community Based Primary Health Care (CBPHC) study began in late 1999. CBPHC consists of two pilot projects (Chong Kal - rural and Chamcar Mon - urban) undertaken for a three year period to study how the RCV network could be best utilised and developed. Lessons learned from the two pilots during the final evaluation at the end of 2002 will be incorporated into the CBFA project in 2003.

Selected because of its vulnerability and remoteness, Chong Kal is one of the five districts in the newly created province - Otdar Mean Chey - in the Northwest of Cambodia. The district has four communes and 25 villages, approximate population 18,940. The district's socio-economic profile is generally poor. Most families are subsistence rice farmers, and many of them have to forage for food in the forest or borrow rice at a high interest rate during the period before harvest.

Based on the effective utilisation of its greatest asset, human resources, the CBPHC program reflects the Federation's Global Strategy 2010 of 'mobilising the power of humanity to help the vulnerable'. It is also aligned with the Federation's CAS in Cambodia, focusing support on organisational development and capacity building of the CRC.

## ***Operational Developments***

Historically, this project has been well supported through funding made available from the British Red Cross. Although British Red Cross support continues, there are unable to allocate sufficient funds to carry out all planned activities in 2002 and it is anticipated that there will be a similar shortfall in 2003. **Without additional support, activities will have to be minimised and the continuation of the project in its present form re-assessed.** The Federation therefore seeks to highlight this situation through this update and attract additional support to continue with this valuable 'grass roots' work.

The project initially operated through the Siem Reap branch of the CRC. This was transferred in mid 2000 to a newly established branch in Otdar Mean Chey. A Provincial Assembly to separate governance and management is planned during 2002.

## ***Key Achievements***

- There are currently 80 trained RCVs active in the district. Of these, 30 have been trained within the project period. Those 50 trained prior to project commencement have been given refresher courses.
- RCVs have undergone further training (Tuberculosis, Malaria, Dengue Fever/Dengue Haemorrhagic Fever, Mine awareness, HIV/AIDS) based on the needs in their communities. Post training, education sessions in the villages are conducted, and practical activities initiated E.G.: Following malaria and dengue sessions, impregnated bed nets have been distributed to all families and, clean up campaigns conducted (to prevent mosquitos breeding). General health education sessions, with a special focus on HIV/AIDS have been conducted and accompanied by distributions of condoms and ORS (Oral Rehydration Solution).
- All volunteers are equipped with T-shirt, cap and tunic (for recognition, publicity and visibility) bicycle (for speed of response) and a First Aid kit (re-supplied quarterly).
- The project maintains a gender equality, there are two to three RCVs in each of the 25 villages; one male & one female. All RCVs have been elected by their communities.
- The project provides salary support to a Field Assistant who works full time as a nurse at the health centre and is an integral the link between the community /RCVs and the health centre.
- Ongoing literacy classes are being held in 6 villages with 25 participants in each village. Of the total 150 participants 113 are female (22 from female headed households), 3 of the participants are RCVs. The training will last for 6 months and is performed in co-operation with the Ministry of Education, Youth and Sport (MoEYS) in Chong Kal district. This activity not only has far reaching benefits for those who participate and their communities but it is also key to facilitating improved co-operation between CRC and the district authorities.
- Improving CRC material resources: The Federation and CRC, through the British Red Cross, have built a project office building in Chong Kal, which will be used as a sub-branch in the future. There are training facilities, basic office furniture, computer equipment and a small warehouse for emergency stock with a generator. The Development Officer, Field Officer and Field Assistant have been equipped with motorcycles. This all facilitates the work of the key people of the project.
- The project extends and improves the capacity of the Cambodia Red Cross:
  - \* Implemented by the Health and Social Welfare Sub-Department (under the Program Department in CRC), a Health Officer based in CRC Headquarters has the overall responsibility for the implementation of the project. The Federation Health Delegate assists and advises.
  - \* The Development Officer and Field Officer in Chong Kal have English lessons and computer training. They have also participated in CBFA training courses at head quarter level.

- \* The newly established CRC branch in Otdar Mean Chey province is benefiting from increased recognition of the RC role and values within the target communities, surrounding communities and also by the community and by provincial and district authorities.
- The provincial communities' water and sanitation facilities have been improved through extensive co-operation and appropriate participation:
  - \* In January 2001 a Federation/CRC conducted water and sanitation analysis showed that 65% of the respondents accessed water from ponds, streams or hand dug wells during the dry season, only 15% said that the sources were protected by fences, had jetties or had clean buckets located at them. The majority of respondents had not heard of latrines.
  - \* The CRC subcontracted an organisation working in the province (ZOA Refugee Care Netherlands) to train eight RCVs (equal gender) in latrine (VIP water seal latrine) construction and eight RCVs (equal gender) in water jar production. As a result, all existing 80 RCVs constructed a latrine. In addition 432 water jars were produced and distributed to needy families. As a "spin off" effect of the training one of the female RCVs has established her own business and supports a family of 12.
  - \* With technical support from ZOA, 17 ring wells with pumps were dug and two slow sand water filtration systems were constructed. In the 10 villages where wells were constructed, a "Village Water Committee (VWC)" was established by the RCVs, each committee consisting of five members; a hygiene educator, a chief, a deputy, a technical person and a cashier. Two of the members of each VWC are RCVs. Villagers contributed local material and labor to build fences, dug the initial 3 meters of the wells and assisted in installation of the rings. They pay a small contribution for maintenance of wells and filtration systems.

### ***Monitoring and reporting***

All RCVs have a village map and a "village profile" (number and size of households, age of family members, etc) in their house. The RCVs also have a logbook, where they enter their activities every month. This information is gathered by the 8 Red Cross Volunteer Leaders (RCVLs), who in turn report on all activities in a monthly meeting with the Field Officer (FO) and the Development Officer (DO) held in the project office. When problems are raised, solutions are found. Additionally, all 25 villages are visited once a month by either the DO or the FO. The RCVs extraordinary motivation and commitment is a result of the monitoring and support they receive by the project staff and community members.

Preparations are in place for an interim evaluation of the two pilot projects, with strong participation from the CRC, to further enhance capacity building. The evaluation will be facilitated by the Health Unit from the Regional Delegation in Bangkok.

### ***Impact***

- Following the RCVs education in recognising patients with TB, there has been a sharp increase in referred positive cases. This has actually resulted in a lack of space in the TB ward. However, whilst the number of ward beds are limited, patients are able to obtain treatment while living with relatives. The lack of space is being addressed by the Ministry of Health.
- The health centre's statistics show a decrease in malaria cases in 2001 compared to 2000, resulting from the proper use of impregnated bed nets.
- The CBPHC pilot project has heightened awareness of RC role & values within Otdar Mean Chey province and has facilitated co-operation between CRC and the provincial authorities.
- Individuals in target communities have come together to form co-operative solutions to their individual problems. This methodology need not only apply for CBPHC concerns, villagers have begun to take responsibility for their own well being (eg through health and landmine awareness activities) and that of the community as a whole.
- Clare Goose, "Waking The Dead" actress from the United Kingdom recently accompanied Federation/CRC's project partner, the British Red Cross, to visit the Chong Kal project. A 5-page article

on her visit to Cambodia and this project was issued in 'Hello!' Magazine (number 688 on 13 November 2001). The article included stories about the work of the RCVs. It is hoped that this has contributed at an International level to a heightened awareness of the plight of the Cambodian people and the value of community based assistance programmes.

## **Outlook**

Lessons learned in the field by RCVs and by the effective use of RCVs are being constantly reviewed in the context of the wider CRC health programme and also other CRC programmes. For a specific outline of objectives and activities of the Chong kal project as part of the wider CBPHC programme please either refer to the Federation's Annual Appeal for Cambodia 2002 or to the Head of Delegation for additional information.

## **Outstanding Needs**

Specific - Through the TB home care project each patient receives 15 kg of rice a month from World Food Program (WFP). CRC has identified that additional support for TB patients in the remote Chong Kal health centre would be appreciated & BP-5 Compact Food is an appropriate supplementary feeding source. As such CRC are in the process of approaching the Norwegian Red Cross to request their assistance with this.

General - **Without additional support, activities will have to be minimised and the continuation of the project in its present form re-assessed.** The Federation therefore seeks to highlight this situation through this update and attract additional support to continue with this valuable 'grass roots' work. The project is included in the Federation Cambodia Appeal 2002-2002 (please refer to [www.ifrc.org](http://www.ifrc.org)) and an individual project proposal is available on request in the country delegation in Cambodia.

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*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

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<b>Cambodia</b>						ANNEX 1
<b>APPEAL No. 01.31/2002</b>		<b>PLEDGES RECEIVED</b>			07.03.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>3'988'532</b>		<b>TOTAL COVERAGE 2.4%</b>
CASH CARRIED FORWARD						
SUB/TOTAL RECEIVED IN CASH				0	CHF	0.0%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
AUSTRALIA	DELEGATE(S)			39'918		
FINLAND	DELEGATE(S)			27'269		
FRANCE	DELEGATE(S)			12'977		
GREAT BRITAIN	DELEGATE(S)			14'784		
SUB/TOTAL RECEIVED IN KIND/SERVICES				94'948	CHF	2.4%
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	