



CIOMAL

CIOMAL in Cambodia

Annual Report 2008

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CIOMAL in Cambodia

CIOMAL is the implementing organization of the Sovereign Order of Malta's medical programme in the Kingdom of Cambodia. The programme is covered by a Cooperation Agreement between The Kingdom of Cambodia and The Sovereign Order of Malta; this agreement was reconducted, in December 2008, until the 31st of December 2011.

CIOMAL's program has three main objectives :

- To support the efforts of the Ministry of Health (MOH) to diagnose and treat as many leprosy-affected people as possible, before they become disabled;
- To support the efforts of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY) to provide effective and efficient rehabilitation services to people affected by leprosy.
- To provide physical and socio-economic rehabilitative services to people disabled as a consequence of leprosy.

To achieve these objectives, CIOMAL carried out activities reflecting the gradually growing capacity of provincial and operational districts health departments to implement activities within a framework organised by the Ministry of Health's "**National Leprosy Elimination Programme**"(NLEP).

CIOMAL's activities also take account of the fact that the capacity of the integrated health system can only increase at a certain pace and that consequently this system still needs support from the NLEP; in turn, the NLEP, being small in terms of staff and resources, focuses its activities on raising community awareness, case finding and treatment, leaving CIOMAL to undertake activities, in close consultation with NLEP, in the areas of prevention of disability and medical , as well as socio-economic rehabilitation.

The total expenditure in country in 2008 was USD 505,833.53 (subject to audit). The CIOMAL Foundation wishes to express its profound thanks to His Majesty King Sihamoni of Cambodia for not only bestowing the favour of His Majesty's Royal Patronage for the fund-raising Gala held in Geneva in April 2008, but also for the generous benevolence with which His Majesty favoured our work.

The CIOMAL Foundation is furthermore deeply grateful to the following foundations and organisations who contributed towards our activities in Cambodia, during 2008 :

- The ANESVAD Foundation
- L'Association Francaise Raoul Follereau
- The British Association of the Order of Malta
- The German Leprosy Relief Association
- The Netherlands Leprosy Relief Association
- Les Oeuvres Hospitalieres Francaises de l'Ordre de Malte
- The Peter Donders Foundation

We also wish to record our thanks to our visiting surgeon, Dr. Scott Murray and to Mr. Neil Parton who has helped us in many ways.

On 31 December 2008, there were 37 local and 1 expatriate staff.

This staff included:

- 1 Head of Program/1 Rehabilitation Centre manager
- 2 program technical staff, specialising in technical assistance to the National Leprosy Program (NLEP) and in Prevention of Disability (POD);
- 3 medical doctors (seconded from the Ministry of Health);
- 6 nurses (including one seconded from the Ministry of Health);
- 3 physiotherapists;
- 2 support/social workers;
- 14 full time catering, housekeeping, maintenance and security staff (including 5 seconded from the Ministry of Social Affairs, Veterans and Youth Rehabilitation);
- 3 administration and accounts staff
- 3 drivers

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Leprosy detection by the General Health Services in 2008

Cambodia reached the leprosy elimination status level in 1999 when, according to WHO criteria, its leprosy prevalence rate was below one case per 10,000 inhabitants ; since then, in accordance with World Health Organisation advice on leprosy elimination and post-elimination activities, active case finding campaigns have been progressively replaced by a national surveillance system with case finding carried out through health centres

According to statistics established by the National Leprosy Elimination Program, the total number of new cases detected in 2008 was 306. The proportions of patients in the various categories are shown in the following table, with comparison for 2007.

| | 2007 | 2008 |
|-------------------------|-------------|------------------|
| New cases detected | 315 | 306 |
| PB | 103 = 33% | 87 = 28,4% |
| MB | 212 = 67% | 219 = 71,6% |
| | | |
| Female | 89 = 28% | 81 = 27% |
| Children under 15 years | 25 = 8% | 19 = 6,2% |
| Grade 2 disability | 36 = 11% | 40 = 13% |
| Grade 1 disability | 31 = 10% | 24 = 7,9% |
| | | |
| New case detection rate | 0.23 | 0.22 |
| Prevalence rate | 0.19 | 0.17 |

The still high proportion of the serious Grade 2 disability (13%) and, to a lesser extent, the proportion of children under 15 (6,2%) are causes for concern as they indicate not only that contagion continues, but that, for some 13% of the cases, the disease has not been diagnosed until some considerable time after nerve impairment began, thereby causing, in most of the cases, irreversible disabilities.

To improve the capacity of health workers to diagnose leprosy before patients become disabled, the NLEP intends to improve its training/refresher courses to provide a more practical emphasis and bridge the gap between communities and health systems by empowering people with knowledge to access assessment and treatment ; in the same spirit, NLEP encourages health workers to work with Village Health Support Groups (VHSG) and create partnerships with NGOs.

While encouraging signs of increasing effectiveness by some provincial and operational districts supervisors continued to be seen, the challenge remains how to motivate more of the staff to become more involved and innovative when they work in a confining system that has few sanctions against poor performance and when their government salaries do not constitute a living wage, thereby leading to absenteeism (as people have second jobs) and corruption.

Joint NLEP – CIOMAL supervision and training

The program of quarterly leprosy supervision visits (lasting 3 to 5 days) to the twenty-four provinces and municipalities by the National staff of the NLEP was completed as planned.

Monthly visits by Provincial supervisors (often responsible for both leprosy and T.B. programs) to Operational Districts and visits by Operational Districts supervisors (also responsible, in most cases, for several programs, including leprosy) to Health Centres were not always completed as scheduled, especially in remote areas and during the rainy season ; Provincial Health Directors were always informed by the joint NLEP-CIOMAL team about cases of irregular supervision visits and, whenever possible, brought corrective measures.

On more than 20 occasions, throughout 2008, the CIOMAL staff joined the NLEP National teams during the above/mentioned supervision visits; the purpose of these visits, on top of ensuring effective implementation of the leprosy program, is to increase the knowledge and capacity of health workers, thereby facilitating the early detection of leprosy cases and to create synergy with local or international NGOs.

On these occasions, they monitored **15** Provinces/Municipalities out of 24, **58** Operational Districts out of 76 and **140** Health Centres out of 956 ; 50 Health Centre staff and 37 Village Health Support Groups received extensive information about the first signs of leprosy and 169 former patients were followed-up during a visit at their home.

Joint NLEP-CIOMAL leprosy training for referral hospital staff, as part of the integration of leprosy control activities into general health services, continued, covering first signs of leprosy, diagnosis, treatment, reactions and the services available at the CIOMAL Rehabilitation Centre ; in 2008, 47 hospital staff were trained.

Throughout 2008, CIOMAL has provided financial support for the activities of the National, Provincial and Operational Districts supervisors; we have also assisted the NLEP to develop the necessary structures, processes and resources for training and supervising staff working in provincial health departments and operational districts.

Two workshops for the **24 provincial health department leprosy supervisors** were held in 2008, co-facilitated by NLEP and CIOMAL staff. The workshops, lasting two days, included practical sessions at the CIOMAL Rehabilitation Centre. They were used to update the supervisors on clinical and program management matters and also provided opportunities for them to learn from each others experiences.

A total of **57 operational district supervisors** attended the four training courses held in 2008 and co-facilitated by NLEP and CIOMAL staff. The courses, lasting 5 days, included theoretical training as well as practical contacts with leprosy patients at the CIOMAL Rehabilitation Centre. The courses covered the examination of suspect cases, diagnosis and classification, MDT treatment, follow-up and re-examination, treatment of reactions, contact screening and follow-up of defaulters.

A total of 91 participants (**23 Provincial and 68 Operational Districts supervisors**) participated in 3 regional workshops, co-facilitated by NLEP and CIOMAL, taking place in Battambang, Kompong Cham and Phnom Penh. These workshops made a comparative analysis of case detection in recent years, discussed ways to increase early case finding and reduce stigma in communities and finally were introduced to both Prevention Of Disability (POD) and Socio-Economic Rehabilitation (SER) programs.

Raising public awareness and confidence in the general health services

General health services staff, in cooperation with CIOMAL staff, have continued to raise awareness of the true nature of the disease and of the services available locally, during meetings with Village Health Support Groups and through NGOs running community based programs.

The message is direct and simple:

- leprosy is easy to cure, but left untreated it leads to disability.
- the best thing people can do, if they think they know someone who might have leprosy, is encourage them to go to a health centre.
- treatment is free

This activity was reinforced by CIOMAL visits to 5 garment factories in the weeks leading up to the Khmer New Year holiday in April 2008 and a further 5 before the Pchum Ben holiday in October, when the factories close and the staff go back to their home villages.

At each factory leaflets, describing the signs and symptoms of leprosy and including photographs of skin lesions, were distributed to the workers.

The CIOMAL team, which was accompanied during those visits by staff of the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY), remained available to answer questions, either at the factory or during weekend visits to the hostels, where many of the garment factory workers live.

Having received accurate information about leprosy as well as leaflets/posters, the factory staff was then able to encourage people in their village, with signs and symptoms of leprosy, to go to a health centre.

The 10 factories visited in 2008 employ more than 42,000 staff ; 31,500 leaflets and some 300 posters were distributed.

Survey of knowledge, attitude and practices in relation to leprosy

In December 2007, the NLEP repeated the Knowledge, Attitudes and Practices (KAP) survey that had been carried out in 2004. The previous methodology was used to select a total of 380 households in the provinces of Battambang, Kampong Cham, Kampong Speu, Kandal, Prey Veng, Stung Treng and Takeo. The head of each household was then interviewed using the questionnaire from the previous survey.

The survey confirmed that people receive information about leprosy from a number of different sources including relatives, friends and neighbours who may not be giving accurate or complete information. Health staff are a more reliable source, but only 17% of those interviewed said they had received information from a health worker. However, this is a welcome increase from the 10% reported in the 2004 survey. Broadcast media remains a credible source of information for the majority of people and the survey also identified the most popular national radio channels so that they can be used, together with local radio where available. However, the rising cost of purchasing television time now precludes its use on a regular basis.

A similar survey is , in principle, scheduled to take place in 2010.

Evaluation of the NLEP program by the Dutch Royal Tropical Institute

An evaluation of the National Program was carried out by Dr Pieter Feenstra of the Royal Tropical Institute in Amsterdam, on behalf of the Netherlands Leprosy Relief, who have been financially supporting the programme through CIOMAL since 2002. The evaluation was carried out by over a two week period at the end of August and beginning of September 2007 and included visits to three provinces and the CIOMAL Rehabilitation Centre. His main findings can be summarised as follows:

- the reported data are reliable and reflect the real situation in the country;
- the infrastructure necessary for effective leprosy control is in place at central and peripheral levels;
- leprosy services are being integrated into general health services although the programme still has strong vertical characteristics;
- the three main challenges are to achieve earlier case detection and better prevention of disability at the operational level and to improve the programme management capacity of supervisors.

The CIOMAL Rehabilitation Program

CIOMAL and its predecessor organisations within the Order of Malta have been working with the Ministry of Health since 1993 to address the problem of leprosy in Cambodia. During this time, some 19,000 people have been cured of the disease. Diagnosis and treatment are now mainly carried out within the general health services and CIOMAL's direct work with leprosy affected people is focusing on those who are left with permanent nerve damage, after the disease has been cured or who are at risk of nerve damage because of leprosy reaction.

Nerve damage can cause loss of sensation, leading to serious injury and ulcers. It can also cause weakness of muscles leading to inability to close the eyes, clawing of hands and inability to hold the feet horizontally (drop foot). And because it affects their appearance and ability to carry out daily living activities, people can also suffer a degree of exclusion from normal life as a result of the stigma that is still unnecessarily associated with this now easily curable disease. We want people to be able to play an accepted role in their community and we also work directly to address the concerns and fears of their families and neighbours.

In January 2000, CIOMAL opened the Kien Khleang Leprosy Rehabilitation Centre; this Centre was constructed with the financial assistance of the ANESVAD Foundation (Spain), the Sasakawa Foundation (Japan) and OHFOM (Oeuvres Hospitalieres Francaises de l'Ordre de Malte); the site was provided by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY) and the Centre is staffed by CIOMAL, MOSVY and MOH personnel.

The Kien Khleang Centre operates both as a national referral centre for patients with leprosy related complications and disabilities and as an outpatient centre providing consultations for suspected or new leprosy cases.

The Centre provides medical, physical and surgical rehabilitation services, including reconstructive surgery, for eyes, hands and feet, treatment for hand and foot ulcers and severe leprosy reactions.

The physical rehabilitation services (prosthetics, footwear) are provided in collaboration with Veterans International, an organization also situated within the Kien Khleang site. Reconstructive surgery is provided, within the Centre, through visiting specialist surgeons.

Leprosy patients are taught self care routines and prevention of disability; partnerships are established with other organizations for eye care.

In 2000, CIOMAL created the Socio-Economic Rehabilitation (SER) project with a view to re-integrating isolated people affected by leprosy into society through income generating projects, facilitated by micro-credit loans and sponsorships for vocational training centres.

Self care and prevention of disability

Patients with nerve damage are at risk of physical harm simply by carrying out normal daily living activities. The risk can be reduced by appropriate self-care. Our training courses are delivered locally to groups of twenty to twenty five patients over three consecutive days. Each course is also attended by 4 to 5 local health staff, as part of their own continuing training program.

A Self Care course covers appropriate physical exercises, wound care, and safe ways to carry out daily living activities, such as cooking and gardening.

It includes:

- a physical assessment by a CIOMAL physiotherapist;
- instruction and observed practice in self care exercises relating to the eyes, hands and feet;
- demonstration and observed practice in the use of tools and utensils that can be used in daily living activities to avoid injury (if possible this is done at the home of one of the participants);
- distribution of appropriate shoes and other materials (gloves, glasses) for self care.

Each participant also receives a picture book summarising the information that they can keep for future reference. This book, written specifically for the course by CIOMAL and NLEP staff, was designed and printed by a Cambodian NGO that specialises in health education and training materials.

In 2008, 14 courses were held in different operational districts, attended by a total of 350 patients and 69 general health services staff (12 provincial supervisors, 12 operational districts supervisors, 11 Kien Khleang Rehabilitation Centre staff and 34 nurses from 34 health centres).

An assessment of each patient at the start of the course revealed that although 294 of the patients were already wearing shoes regularly before the course, only 56 were taking any other effective self care measures and none were doing regular exercises.

A follow-up to these courses was introduced in April 2008. From April to December, 128 of the patients having attended a self care course were visited at home and 116 among them (91%) were found to have soft skin on their hands and feet, thereby proving that they had regularly soaked their hands and feet and practiced their daily exercises; 5 of them (4%) still had some hard skin which, if untreated, could lead to ulcers and 7 (5%) were sent to the Kien Khleang Rehabilitation Centre, 3 for ulcer treatment and 4 for surgery.

Such follow-up of patients will be pursued in 2009.

Physical rehabilitation

People can be referred to the CIOMAL Rehabilitation Centre in Phnom Penh from all parts of the country, either following a self care course or referred by general health services. Admissions may be for surgery and/or physiotherapy to improve physical functioning and appearance, ulcer treatment, the provision of protective or assistive devices, the management of reaction, or any combination of these. While people are at the centre we teach them how to care for their eyes, hands and feet and carry out daily living activities safely, and help them develop the confidence to participate in social activities.

Our approach to rehabilitation addresses impairments, activity limitations and participation restrictions. Many people require a series of admissions over a period of years and we encourage and assist them to think about their futures from the time they first come to the centre and to set objectives and targets for themselves.

In 2008, there were 222 admissions and 359 out-patient consultations. A further 760 out-patient consultations were provided for people presenting with various skin diseases; these people were given information about their condition and referred to a health centre or to a dermatological clinic.

The following table compares activity levels in 2007 with 2008.

| | 2007 | 2008 |
|----------------------------------|-------------|---------------|
| In-patient admissions | 265 | 222 |
| Average length of stay | 41 days | 44,2 days |
| Reason for admission : | | |
| ulcer care | 176 | 162 |
| surgery | 12 | 8 |
| reactions | 38 | 30 |
| other | 39 | 22 |
| Male | 207 = 78% | 170 = 76,5% |
| Female | 58 = 22% | 52 = 23,5% |
| Adult | 261 = 98% | 221 = 99,5% |
| Children | 4 = 2% | 1 = 0,5% |
| | | |
| Out-patient consultations | 485 + 812 | 359 + 760 |
| Reason for consultation | | |
| MDT treatment | 174 | 114 |
| reaction | 189 | 12 |
| ulcer care | 17 | 164 |
| physiotherapy | 9 | 38 |
| supply of shoes | 35 | 29 |
| other | 61 | 2 |
| Male | 375 = 77% | 668 = 66,8% |
| Female | 110 = 23% | 332 = 33,2% |
| Adult | 468 = 96% | 1,000 = 90,2% |
| Children | 17 = 4% | 109 = 9,8% |
| | | |
| Non-leprosy | 812 | 760 |

Socio-economic rehabilitation

Socio-economic rehabilitation is included in the program for two reasons. On the one hand, it helps people who do not have an accepted role in their communities to reintegrate into society and live self-supporting lives ; on the other hand, many people are only able to take care of themselves successfully and avoid impairment or further impairment if they significantly change the way they live their lives. For people in either or both categories, we provide either a loan to start a small business, or sponsorship for vocational training.

Many of our clients have started businesses that involve contact with the public, such as recycling, grocery shops and catering. However, this is not suitable for everyone either because there is no local demand for more businesses of the type they would like to establish or because they are still feeling the effects of the stigma they have suffered and would prefer to deal with a small number of people, on a regular basis. Home-based livestock rearing or vegetable or mushroom growing offers an alternative and the scheme includes both types of opportunity.

We have also formed alliances with vocational training centres to provide access to a range of skills for which there is continuing and often growing demand such as bicycle repairing, carpentry, tailoring, hairdressing and electricity generator maintenance. Courses normally take place over a period of twelve months.

In 2008 :

- 64 clients received small business loans for various businesses including recycling, grocery shops, cloth making, electronic and mechanical repair shops and a taxi business;
- 34 received loans for animal raising or commercial vegetable gardens;
- 21 were sponsored to attend vocational training courses in electronics (11) and mechanics (10);
- 12 elderly severely disabled people received income and material support;
- 15 patients, being the only bread winner in the family, received financial assistance in order to come for reconstructive surgery at Kien Khleang

Visits to villages and contacts with vocational training staff and students also provided opportunities to promote awareness of the reality of leprosy and reduce people's fear of the disease. These direct contacts proved to be a very effective way to address stigma.

CIOMAL chose to provide its own micro credit scheme because patients and former patients were excluded from mainstream commercial or NGO schemes.

A comprehensive approach to rehabilitation

We have continued to expand the focus of rehabilitation from an institutional to a community setting and from impairments to also include physical activity limitations and psycho-social participation restrictions.

Two former leprosy patients work as support workers at the CIOMAL Rehabilitation Centre to help patients develop their daily living skills and self-confidence and to plan their own futures.

We have established a direct route into socio-economic rehabilitation from the expanded program of self care courses for the benefit of people who do not need physical rehabilitation but who do need to change the way they earn their livelihood if they are to effectively self care and avoid trauma and disability.

We have also given consideration to ways in which changes in a person's situation can be measured in respect of this person's activity limitations and participation restrictions.

After examining the International Classification of Functioning, Disability and Health, developed by the World Health Organization, we looked at various tools for measuring change in a patient's physical possibilities and mental attitudes and selected two that might provide the information we need to periodically assess a patient's progress and to identify their remaining needs.

The two tools selected were the SALSA (Screening Activity Limitations and Safety Awareness) questionnaire and the Participation Scale, which have both been translated into khmer.

SALSA and P-Scale training for concerned staff in KK will start in 2009 and outside support by specialists involved in this process will be secured in case of need.

Kien Khleang : A teaching Rehabilitation Centre

In 2008, the Kien Khleang Centre trained 212 medical students and health staff in leprosy clinical techniques, of which 186 were medical students in their 5th year, 4 physiotherapy students, 12 Cambodia School of Prosthetics and Orthotic students and 10 dermatology students.

In addition, 105 health staff, who are working with the leprosy program and with neuropathic services in provincial hospitals, were trained in leprosy clinical techniques, of which 52 operational districts leprosy supervisors, 24 provincial leprosy supervisors and 29 health staff working with neuropathic services at Kompong Cham, Prey Veng, Kompong Thom, Pursat and Battambang provincial hospitals.

Links with other rehabilitation centres and programmes

Throughout 2008, we have continued to cooperate with the Disability Action Council and the Cambodian Disabled People's Organisation, which function as coordinating mechanisms for the rehabilitation sector, as well as with the Cambodian Physical Rehabilitation Association which is the professional body for cambodian physiotherapists.

Diabetes is an emerging public health problem in Cambodia ; in view of its similarity, when it comes to ulcer treatment, we are collaborating with the Ministry of Health in the development of a clinical training program for doctors and nurses from eight hospitals, two in Phnom Penh and six provincial referral hospitals. Two training sessions were carried out in 2008, which included two practical workshops at the CIOMAL Rehabilitation Centre, covering self care and prevention of disability.

In 2009, we will....

1. provide 14 three-days Self Care training courses for 350 people;
2. admit 250 in-patients and provide 1,000 out-patient consultations;
3. provide 130 people with loans for micro-enterprise or grants for vocational training;
4. provide income and material support for 20 people who are unable to participate in micro-enterprise or vocational training;
5. further develop our multidisciplinary approach to prevention of disability and rehabilitation, addressing impairments, activity limitations and participation restrictions;
6. provide clinical placements for 200 undergraduate health students;
7. participate in the delivery of workshops and courses organised by NLEP for general health services staff;
8. join with other rehabilitation sector organisations to raise awareness about leprosy, provide skills training in neuropathy and advocate on behalf of disabled people;
9. implement leprosy awareness raising activities in twelve garment factories;
10. provide financial support for NLEP and for the leprosy related activities of general health services staff.