

## Rose Cambodia Rehabilitation Centre



Photo: In October soft rubber flooring was installed in the Therapy Area and is now used and appreciated daily.

## JULY – DECEMBER 2011 REPORT

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## Six Months Overview

The period July – December 2011 has seen great progress on a number of fronts including, most visibly, the installation of the soft flooring in the Therapy Area, which means we have been able to start using it to its capacity.

While still maintaining our core therapy services provision, our progress in a number of areas has been hampered by the fact that it is taking a very long time to finalise our Memorandum of Understanding with the Ministry of Health. This document is an essential pre-requisite for a number of our projects. An example is the project to develop and deliver disability and physiotherapy awareness programs for staff in local health centres within Kandal Province.

On a positive note, the clinical upskilling of local physiotherapists, by our Project Manager/ Physiotherapist, Joanna Thomson has been a successful, though intensive process, occupying almost every afternoon of her time to teach a cohort of 12 Physiotherapy Upgrade students for eight weeks.

Also proving to be thoroughly worthwhile is our project in Prey Veng, called Access For All. The young women with disabilities, who are the beneficiaries of the funding RCRC secured, are not only able to access education due to living in the share house, close to high school and university, but are developing and delivering a Disability Awareness Program. This culminated, in this reporting period, with a big performance on 29 December, a drama to show the impact of discrimination and how the new law supports change in this area. The huge audience of almost 600 was made up of primary and high school students, teachers, Education Department principals and officials.

Due to our success in obtaining funding for the Access For All project (through the Disability Inclusion Access Fund provided by Australian Red Cross) RCRC has become eligible for membership of the first network in Cambodia for disability organisations. We have joined the CIDI (Cambodian Initiative for Disability Inclusion) network and the benefits of meeting other disability organisations are already beginning to be felt. Discussions have been held about shared goals and possible future partnerships, but perhaps the most important gain for our young organisation is the fact that we have been able to raise our profile and have become quite well-known by other organisations.

Our Physiotherapy Internship program began in August following negotiations with the Chey Chumneas Referral Hospital Director and a potential candidate who is working at the hospital, but as a Pharmacy Assistant. The Intern joined our team in August on a part-time basis and is receiving on-going skill development while she also provides treatment to clients. During this reporting period, she has been with us for four months and has made great progress.

The addition of a new Australian Volunteers for International Development (AVID) Volunteer in November, for an 18 month period, in the role of Organisational Development Officer is also proving to be invaluable, building the capacity of our administrative staff members, together producing vital policies and procedures and improving the efficiency of our programs. This has also resulted in considerably freeing up time for our Project Manager/Physiotherapist to dedicate to clinical projects and clinical education.

In summary, the last six months have seen significant progress, and we have a number of projects now ready to be fully launched in 2012.

## Our Mission

- To work with government and local health providers in offering to marginalised Cambodians with disability and/or illness, holistic rehabilitation services which achieve a high standard of excellence and quality, are equitable and far reaching.
- To strengthen the quality and recognition of the physiotherapy profession in Cambodia.
- To provide the opportunity for disenfranchised Cambodians to achieve an improved quality of life, to work towards disability prevention and to promote active futures and community inclusion for all.

## Our Vision

That through fulfilling its true purpose and role, RCRC is integral to the building and sustaining of an inclusive and equal society for Cambodia in which abilities and achievements of all people will be recognised and valued.

## Our Goals

- To increase the mobility, functional skills, self-esteem and confidence of people with disabilities, improving their quality of life and integration into society;
- To raise awareness of disability and disability prevention in the community;
- To promote 'best practice' care for health providers servicing people with disabilities, illness or injury throughout Cambodia;
- To increase access to health care and ensure early detection of preventable conditions among people with disabilities;
- To strive for equal opportunities for children with disabilities to attend school;
- To increase opportunities for adults with disabilities and their families to generate income, alleviating extreme poverty, through the provision of holistic rehabilitation services and appropriate referral for vocational training; and
- To develop national and local capacity to enable sustainable delivery of these services for the long term.

## Rose Cambodia Rehabilitation Centre PROGRAMS

Our three program areas are:

1. **Clinical Services**
2. **Community Awareness and Education**
3. **Partnerships, Professional Development and Research**

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### Clinical Services

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- A. *Physiotherapy – In-patient, out-patient and community services*
- B. *Beyond Disability, Recognising Ability Project*
- C. *Hospital Physiotherapy Protocol Development*
- D. *Clinical Physiotherapy Education Project*

#### ***A. Physiotherapy – In-patient, out-patient and community services***

Our clinical services program provides clinical care for patients with a wide variety of clinical presentations at the hospital and in the community. We provide services free of charge for those who are unable to afford care, and assist with transport related to care and equipment to maximise their independent living. Many of our clients live a long way from the hospital, some more than an hour away, and so it is hard for them to travel to us for care. In these situations, we conduct home visits, or when it is crucial for them to attend the hospital, we assist with transport costs. When a family member is injured, or becomes ill, or is otherwise disabled, the impact on the entire family is huge. For family members to attend hospital or rehabilitative services with the patient, their source of income is often put on hold for that time. We aim to ease this burden as we can.

We see a large number of people injured in road traffic accidents, commonly presenting with broken bones or head injuries. With heart disease a big problem in Cambodia, we also see a larger number of patients who have had strokes. An important part of our work is to educate the patients and their families and empower them in taking responsibility for their rehabilitation. We teach home exercise programs, and encourage families to arrange appropriate home adaptations. Much of the advice and education we provide to patients and their families is very new for them. Many people have minimal education and understanding of health care and what can be expected when provided with quality care. We find that patients are unaware of how their situation can be improved through sometimes, seemingly quite simple measures. We find that once provided with knowledge, and patients see the impact of certain exercise and activity, they then start asking more questions and enquiring more about how they can further improve and reach their goals. This is very refreshing, after so often seeing patients accept their impairment as it is, and relinquish any idea that that they might still be able to achieve a higher quality of life.

*Patient numbers – July – December 2012*

	<b>In-patients</b>	<b>Out-patients</b>	<b>Community Patients</b>	<b>Totals</b>
Adults (18+)	19	45	23	87
Children	2	25	5	32
<b>Totals</b>	<b>21</b>	<b>70</b>	<b>28</b>	<b>119</b>

As the table above shows, the majority of our physiotherapy clients are seen as out-patients, in the newly-constructed Therapy Room.

Clients can be categorised as follows:

<b>Type</b>	<b>Comprises</b>
Orthopaedic	Amputee, fracture, musculo-skeletal
Respiratory	Respiratory
Neurological	Spinal, cerebral palsy, traumatic brain injury, stroke, other neurological
Burns	Burns

*Treatment sessions*

Number of therapy sessions carried out for each type of physiotherapy

<b>Type</b>	<b>In-patients</b>	<b>Out-patients</b>	<b>Community Patients</b>
Orthopaedic	32	98	25
Respiratory	0	0	0
Neurological	20	51	11
Burns	6	2	3
<b>Totals</b>	<b>58</b>	<b>151</b>	<b>39</b>
<b>TOTAL</b>	<b>248</b>		

Our therapy session numbers are dominated by outpatient sessions at the hospital. This is because it is more time efficient to see patients at the hospital. There are times when a community visit may take an entire day, and we may see only 2 people, depending on distances travelled and the

roads we are travelling on. On one occasion in the wet season, a community visit that we intended to take just the morning, took us all day. We left from the office at 8.30am, having packed up our resources for the sessions. We travelled in the van on this occasion. On the way to our first client we became stuck in the middle of the road, in knee-deep water. We recruited the assistance of the villagers to push the van out, and we continued on our way, arriving late at our destination. We then set off for our next client visit, along the way sustaining a tyre blow out. This took us out for another hour, putting us further behind time. As addresses are difficult to find in rural Cambodia, we then spent half an hour asking different people on the roadside where we would find the particular village we were looking for, taking several wrong roads in the meantime. In the end, we ended up arriving back at the office at 3pm, without having had a lunch break. These sort of delays and difficulties are very common working in rural Cambodia.

### ***B. Beyond Disability, Recognising Ability*** (Direct Aid Program Funding, Australian Embassy)

This funding is helping us to establish a fully functioning physical rehabilitation centre that will provide a holistic rehabilitation service to Cambodians with a disability, with a particular focus on reaching the most vulnerable children and rural families.

Funds have been spent on the following items:

- Rubber tiling to create safe, suitable flooring in the Therapy Area
- Therapy treatment equipment – ultrasound machine, TENS machine
- Therapy teaching aid – human model skeleton
- Therapy resources - gross motor equipment (e.g. gym balls, bats, wobble board)
- Therapy resources - towels and other linen
- Therapy resources – therapy toys
- English language training for staff members

The training and education component of this project entailed purchasing audio-visual equipment to enable us to develop and deliver awareness-raising sessions in local health centres, and provide innovative education sessions for the physiotherapists and hospital staff.

Materials purchased included: a digital video camera, still camera, data projection screen and data projector. Once the Memorandum of Understanding with the Ministry of Health has been formalised this work will be able to begin.

The awareness sessions are to enable staff in local health centres to gain a better understanding of disability and how physiotherapy can play a vital role in preventing disability and in reducing the on-going impact of the results of trauma. The audio-visual equipment was purchased, after valuable discussion with local staff which informed us that people respond much better to visual material than 'chalk and talk'. The purchases will enable us to produce videos for this purpose.

### ***C. Hospital Physiotherapy Protocol Development***

The groundwork for establishing the RCRC-Chey Chumneas Physiotherapy Protocol has been started and has taken the form of raising the level of knowledge of physiotherapy among the hospital's medical staff. On 1 July a physiotherapy presentation was delivered to approximately 25

staff made up of doctors and interns. The session was prepared by our main physiotherapist, Leang Sokny, with assistance from Jo Thomson, our Australian Project Manager/Physiotherapist. Sokny conducted the Power Point presentation, demonstrating a complex orthopaedic case. Further education sessions are planned.



*Photo:*

*RCRC Physiotherapist Leang Sokny (standing, left), providing a Physiotherapy Education Session to Chey Chumneas Referral Hospital medical staff and interns, on 1 July 2011.*

#### **D. Clinical Physiotherapy Education Project**

This is a project consisting of clinical education sessions and tutorials to improve the knowledge and skills of the RCRC physiotherapy staff. The aim is for regular, formal sessions each week. In the July – December 2011 period we held two sessions, deferring further sessions until 2012, due to time constraints.

While several informal clinical sessions have been held over the past year, the first of the formal tutorials, on the subject of neurological physiotherapy, was provided to physiotherapist Leang Sokny and physiotherapist intern Chhay Leang Khy, on 3 October 2011.

Further tutorials have had to be postponed to 2012, due to the time required for preparation.

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## Community Awareness and Education

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### **A. Disability Awareness Village Project**

We have not been able to progress the delivery of these sessions in local health centres due to the fact that our Memorandum of Understanding (MOU) with the Ministry of Health has not been signed off.

Once the MOU is in place, this program will be able to move ahead. Further progress has been made however, and it is likely that early 2012 will see the final sign-off of the document.

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## Partnerships, Professional Development and Research

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### **Partnerships, Professional Development and Research**

- A. *Komar Pikar Foundation Physiotherapy Training Project*
- B. *Access For All in Prey Veng (Disability Inclusion Access Fund)*
- C. *Lavalla School Physiotherapy Project*
- D. *CCRH-RCRC Physiotherapy Internship Project*
- E. *National Physiotherapy Upgrade Program Assistance*
- F. *AYAD/AVID/ABV Partnership Project*
- G. *International Volunteer and Student Project*
- H. *'Come Collaborate' – Monthly National Physiotherapy Tutorials*
- I. *RCRC Staff Professional Development*

### **A. Komar Pikar Foundation Physiotherapy Training Project**

We are partnering with Komar Pikar Foundation to assist them in providing high quality care for students at their Day Centre project in Chhouk, Kampot Province. The project involves RCRC staff providing training sessions for Day Centre staff and the children's families in activities designed to maximise the children's function and development. During the July – December 2011 period project planning started with a planned 2-day course for December. Our partner needed a change of date and so the first course has been deferred until 2012.

### **B. Access For All**

Following the success of our application for funding, and receipt of funds on 1 July, 2011, we were able to begin our work with the household of young women in Prey Veng. With the assistance of the project instigator, Mr Hour, a Prey Veng resident and long-standing employee of Veterans' International, our project has provided the 20 young women with a secure source of funds for food, utilities, school uniforms and additional classes, such as computer skills and English lessons.

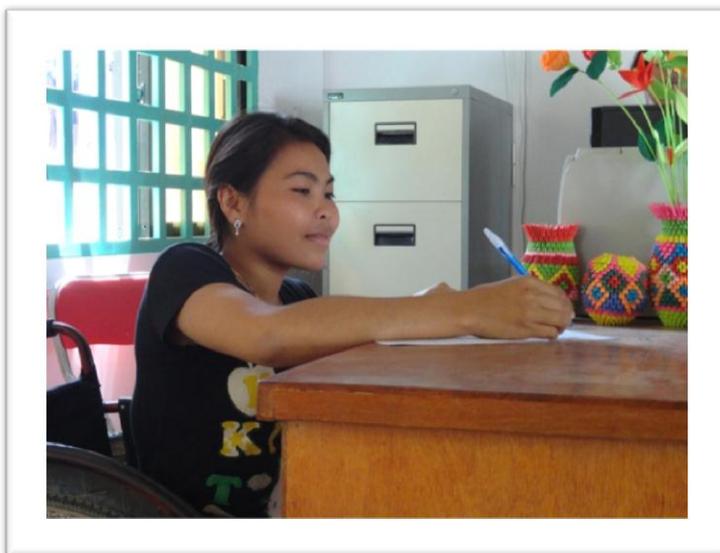
One of the most exciting aspects of the Access For All project has been the Disability Awareness Program, designed to change community attitudes towards disability and to educate local people about the recent Cambodian law enshrining the rights of people with disabilities.

The young women organised the program, with Mr Hour's support, and developed a drama to provide a lively depiction of discrimination against people with disabilities, and how it impacts on their lives. They rehearsed every weekend for weeks. The highlight was the big performance on 29 December, before an audience of almost 600 primary and high school students as well as teachers, Education Department principals and other officials. Following the performance, the nine performers asked questions of the audience and rewarded the students with small prizes when they gave correct answers.

The Disability Awareness Program also entailed visiting small villages and speaking with family groups about disability and administering a questionnaire to gauge their views on disability. Nine of the young women, including one in a wheelchair, worked hard to develop the questionnaire and then travelled to villages and sat down with families who were amazed to find someone with a disability talking about their achievements and post-university plans for the future. As is common, a number of people's views were summed up by one family member who said she had thought people with disabilities were those people 'who sit in the road and ask for money'.

The young women are gaining excellent planning, management and campaigning skills, all of which mark out this project as a special one.

Two members of RCRC made monitoring visits to the Access for All project in December. This enabled them to assess the progress being made against the project proposal and to gather information for the six month report to the funder – the Disability Inclusion Access Fund. The assessment of progress at this point was very positive. While one activity – the Disability Awareness Program had slipped behind schedule by two months, this could not be considered a failure in any respect. The level of consultation and preparation required to create both the Disability Awareness questionnaire, and the drama was quite consistent with the impact the program had, both in terms of the questionnaire administration in small villages, and in the size of the audience (approx. 600) for the big performance on 29 December. A follow up questionnaire is planned in 2012.



*Photo: Chanry, one of the residents at the Access For All house in Prey Veng, reviewing the questionnaire that she and others developed to survey attitudes of local people in villages in Prey Veng Province. Chanry is also the Project Manager for the household.<sup>1</sup>*

<sup>1</sup> Written consent was provided by Chanry for us to take and to use this photo.

### **C. *Lavalla School Physiotherapy Project***

This project is a partnership to build further physiotherapy skills among staff at the Lavalla School. We have started the preparatory phase of the project with a meeting in November followed by assessment of a number of new young clients of the Lavalla School. Further work to establish the terms of the partnership will follow in 2012.

### **D. *CCRH-RCRC Physiotherapy Internship Project***

Our first physiotherapy intern began in August 2011 working and receiving on-the-job training in a part-time capacity. She works in tandem with our main physiotherapist and is able to step in to see the patients/clients in his absence. RCRC is supplementing her salary. The intern is demonstrating great progress both in the technical skills she is developing and in her English language ability.

### **E. *Physiotherapy Upgrade Training Program Assistance***

In the second half of 2011 a major training project, particularly in terms of the time required, was the Physiotherapy Upgrade Training Program. This project aims to take diploma-qualified physiotherapists and to provide them with further up-skilling. Physiotherapist Jo Thomson taught most afternoons from September to November, an eight week period, with the final session held on 1 December. Over this period Jo Thomson travelled to Veterans International on the northern outskirts of Phnom Penh where the teaching took place each afternoon and gave practical instruction as well as theory, to a group of twelve Upgrade students. RCRC physiotherapist, Sokny, also attended many of these sessions with the aim of learning teaching techniques and benefiting from the intense clinical training himself. On evaluation, Sokny reported that through participating in the teaching sessions he also gained further valuable knowledge in the assessment and treatment planning for children with cerebral palsy.

### **F. *AYAD/AVID/ABV Partnership Project***

During the July – December 2011 period RCRC was able to use the services of an Australian Business Volunteer (ABV). Wayne Slattery arrived on 3 October and left on 3 December. His financial assistance was invaluable to our Finance Officer who had recently completed his training in the use of the Quick Books system.

Former AYAD, and now AVID, Joanna Thomson, continued to be the Physiotherapist/Project Manager for RCRC during this time. A new AVID Volunteer, Lee Parker, joined the organisation in November. She arrived at RCRC on 7 November to take up the position of Organisational Development Officer.

### **G. *International Volunteer and Student Project***

Between July and December 17 international students came to RCRC to do an elective placement. The majority were medical students. There was one international volunteer with a physiotherapy assistant background.

<b>Students and volunteers</b>	<b>Numbers</b>
Medical students	15
Allied health students	2
International Volunteer	1
Total	18

During December, the Organisational Development Officer (AVID Volunteer) and the Administrator/ Project Officer began a review of the administration of the International Student and Volunteer Program, as the Administrator reported that this program was taking 50 - 60 per cent of her work time.

#### ***H. 'Come Collaborate' – Monthly National Physiotherapy Tutorials***

This project, not yet started, has the support of the Disability Action Council (DAC) and work will be able to begin once some administrative processes have been finalised by the DAC. The aim of the project is to support professional development physiotherapy sessions across the country.

#### ***I. RCRC Staff Professional Development***

Capacity-building to ensure that RCRC becomes a stronger organisation and a sustainable one is one of the principal reasons for providing a high-level of support for professional development. The four Khmer staff members at RCRC receive skill-development throughout the year. Until recently the focus of professional development has been mainly clinical, with some support for the Finance Officer from our Australian Business Volunteer for two months.

With the arrival of an Australian volunteer as Organisational Development Officer, RCRC's Administrator/Project Officer is able to receive some administration and project management support, and is further developing her skills in these areas.

#### *Conferences and courses*

The following is a list of the short courses and conferences attended by one or more staff members:

- First Aid Training – July. Provided by Australian Red Cross.
- Cambodian Initiative for Disability Inclusion (CIDI) – network development at Partners Meeting
- Workshop – Disability and Information Development (DiD). New resources – how to use them.
- LFA – Logical Framework Analysis
- Effective Roles in Administration
- Project Proposal-Writing Workshop
- Occupational Therapy Training

- 'Electro-Physical Agents' – delivered by Japanese lecturers
- Quick Books accounting system – training
- 2<sup>nd</sup> Asia-Pacific – CBR (Community-Based Rehabilitation) Congress, Manilla, Philippines (one staff member was fully sponsored by CIDI to attend)
- Cambodian Physical Therapy Association (CPTA) National Congress, Siem Reap

The research arm of this program area: Partnerships, Professional Development and Research has not yet begun. It is planned for 2012.