



Satisfied smiles all around after a hard day's work

Project Lokun 6 – Medical Mission to Pursat, Cambodia

By Nikki Fong, Koh Zong Jie and Bernard Tan

Four years ago, a group of medical students set out to bring medical aid to poor villagers living in the Cambodian countryside.

Under the guidance of Drs John and Priscilla Lee, two individuals dedicated to helping the less fortunate, Project Lokun was born. Its goal: sustainable, affordable healthcare provision for Cambodians living in the province of Pursat. Students embark on trips twice a year during June and December, to continue providing medical aid to the locals.

Our operations are based at the Center of Research of Agricultural Practices (CROAP), a Catholic establishment located in the village

of Keov Muni. It is run by Catholic Priest Father Hernan, who teaches the villagers modern agricultural methods of farming. In addition, he and his team of locals often play host to an array of volunteer groups, providing food and accommodation for the duration of their stay. CROAP was also our main line of communication with the villagers, in helping us publicise the dates, time and venues of our health screenings.

The sixth expedition of Project Lokun was carried out in December 2009. We held clinics and did house-to-house education in five villages, and carried out screenings in three primary schools. Over nine days, our project used four approaches to improve the

villagers' health in the short and long run, including:

1) Health Screening and Education in Primary Schools

Project Lokun conducted health screenings and education in three local village primary schools: Keov Moni, Chuh-Miah and Ruluoh. We screened the students for malnutrition, open wounds, scabies, hair lice, anaemia, and carried out a general physical examination for each student, primarily for early detection of any heart and lung abnormalities as well as other congenital defects that could potentially complicate in the future. Some of

the treatment measures taken include dressing open wounds, especially those at risk of infection, hair-washing with lice-killing shampoo, and dispensing of iron folate pills and multivitamins for the anaemic. With an accompanying doctor, antibiotics and anti-virals were also prescribed for those with infections. Children with severe conditions (for example, fractured hands or infected leg wounds) were referred to a local hospital immediately.

We also educated the children on basic first aid and common health problems, such as gastroenteritis, bee stings, snake bites, dental care and wound care. We emphasised the importance of proper hand-washing before and after meals, the need for rehydration when experiencing severe diarrhoea and vomiting, regular brushing of teeth, and the importance of seeking help from an adult in a crisis. In addition, each student was given a gift package comprising a hand towel, a bar of soap, and a toothpaste and toothbrush set, so that they would be able to put their lessons into practice and cultivate good hygiene habits. Concurrently, a more comprehensive first aid course was taught to the teachers of each school, equipping them with some basic first aid skills required in handling crises.

The screening process also enabled us to do an epidemiological survey of the population. The information gleaned about the health problems that the school children face aids the planning of future trips by identifying areas for improvement. So far, we have noted two areas that require intervention, those of malnourishment and dental care.

The degree of malnourishment that we observed in the children was rather appalling. Compared to figures obtained from the World Health Organisation (WHO), more than 85% of the children had a Body Mass Index below the 15th percentile. In other words, 85% of the children there were underweight by global

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standards. The need for intervention here was clearly necessary. However, our capabilities as students with limited funding clearly restricted us. Instead, we hope to work with other organisations to solve the problem of lack of nutrition.

With regards to dental care, we currently have plans to liaise with the National University of Singapore's Faculty of Dentistry, seeking volunteers to join us on future trips.

2) Free Clinics for Local Villagers

The free walk-in clinics we held in five villages were a core aspect of our trip. The student volunteers of Project Lokun assisted the doctors in triaging patients and history-taking. The free clinics saw a variety of cases ranging from acute infections to chronic hypertension, and were well-received by the locals, many of whom do not have the means to get medical attention. However, our clinics had at best the capabilities of a general practice in Singapore and could not handle some of the cases, in particular those that required specialist attention. In response, we have come up with a referral system to link such patients up with well-established organisations that cater to specialised medical needs, such as the shelters run by St Joseph Church and St Elizabeth Sick Shelter, which are both based in Phnom Penh.



Dr Marcus Ang tends to a sick infant

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3) House-to-house Visits and Education

Student volunteers and translators visited villagers in their homes and conducted a brief health education session. The primary aim was to advise on lifestyle practices that could implicate health and well-being, such as sexual promiscuity and its relation to AIDS as well as management and prevention of common ailments, namely wound-management and gastroenteritis. In addition, each family was given a simple first aid packet containing a bottle of iodine antiseptic, plasters and charcoal pills. We hope to be able to provide a more comprehensive first aid toolkit on future trips, so that families will be better able to manage and treat themselves.

Secondly, we gave advice on simple changes that could be made to improve hygiene. One of the very common sights was large basins of water left uncovered, many of them infested with mosquito larvae. Preventive measures against mosquito breeding are especially important, as malaria is endemic in Cambodia.

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may very well do so only several years down the road. The problem then, is how to convince people that the risk and dangers are real without them having experienced it yet. This process is long, but the progress is sure and steady. Change is already observable in some areas, especially in the villages around CROAP, where the villagers are beginning to boil their water habitually. With perseverance, further change will definitely result with consequent improvement in hygiene welfare.

House-to-house visiting was quite an experience for most of us, as we were able to observe the environment and culture that the villagers live in: the large open fields of harvest, the clusters of huts, and the interactions between neighbours; it was all a very different lifestyle from what we were used to. Yet, it was also very comfortable. Moreover, it was extremely heart-warming when the villagers treated us as friends even though we were complete strangers who spoke a different language. They invited us into their homes and brought out their best mats for us to sit on when they themselves sat on nothing.

4) Link-up with local hospitals and volunteer groups for long-term cooperation

Furthermore, to provide healthcare to the villagers in our absence, Project Lokun has found a local Cambodian

doctor, the Head of the local Pursat Hospital, to attend to the villagers by holding clinics once a week at CROAP.

His employment there marks Project Lokun's first step towards sustainable healthcare in the area of Pursat. Further initiatives are in the process of being planned and executed, one of which is the link-up with local health centres, which are underfunded by the government. The healthcare workers there are willing to provide medical attention, but are short on resources. If arrangements can be made to equip and empower these centres, we believe the area of effective healthcare will no doubt be greatly amplified.

Ultimately, our goal is not to act as the local health system, but to help Cambodia develop its own. Capability development and the transfer of knowledge is the most cost-effective way to do this.

There is no question that we gained more than we were able to give to the villagers. Besides being able to experience a foreign culture, there was the chance to learn and practice rural medicine in a low technology setting. However, we all agreed that our greatest learning point of the trip was the realisation that there will always be the poor and the sick, be it in Cambodia or at home, and it is the desire to care for and provide aid to these people that should continue to drive our efforts and motivations as medical students, and as doctors in the future. SMA



House-to-house education is an effective and engaging way of teaching

Project Lokun's next expedition is scheduled for the 24th of May till the 2nd of June. If you are interested in participating or would like to offer help, please contact us at nusprojectlokun@gmail.com, and also visit our website at <http://projectlokun.tumblr.com/>