

Project LOKUN 10 - A Medical Humanitarian Project

Lokun has been up and running for almost 5 years now, and with proper handing over from our senior leaders, the way the project is run is almost like clockwork, save for a few last minute changes from our Cambodian partners while we are there. The report will comment on the goals that have been achieved by various committees in the tenth trip to Pursat, Cambodia.

Clinics



Since the stoppage of major screening programs for the villages 2 years ago, the clinics committee mainly provided primary healthcare services for the villages around Pursat town for a total of 3 days in this trip. Clinics aimed to serve the communities of the villages such as Keov Monih, Ruluoh, Takeo and Chuk Mias.

Villagers in these areas are well aware of Lokun's presence at Croap for the past 5 years. In line with our model of continued care, Lokun hires a local doctor from Pursat hospital to hold weekly clinics in Croap, this ensures that patients especially those with chronic diseases like hypertension are followed up regularly.

During clinics, patients with more complex problems are referred to

institutions that have the means to treat these patients. Knowledge of these organisations was gathered through the extensive reconnaissance trips of our development committees over the years. Examples of institutions that we refer to include: Hand of Hope, Pursat Hospital, Angkor Hospital for Children and Phnom Penh Hospital. Through partnerships with local organisations, Lokun ensures integration with the local health fabric, and education of the locals of the available avenues of health resources.

Summary

- In the course of three days we conducted six separate clinics
- A total of eight hundred and fifty nine patients were seen
- A review of the organisation of the clinics this trip showed
 - Thinning of manpower due to the ambitious effort of holding two concurrent clinics on each day
 - Under-utilisation of material and understaffing at our education station
 - Usefulness of identifying potential patients during house to house visits as we even managed to remember villagers who had problems yet did not turn up for the clinics
 - Well-maintained equipment but depleting logistics. This is due to the large number of patients we see each trip

Collaboration with Education

Education used to play an insignificant role during clinics, we attempted to incorporate an element of education targeted at high-risk individuals by setting up an education booth specialised in four main disease conditions/high-risk lifestyles: smoking, hypertension, GI conditions and musculoskeletal disorders. The necessity for education during clinics on this trip was not driven across strongly enough, hence that led to an under-utilisation of our education resources (pamphlets, brochures); moving forward there will definitely be a greater emphasis on this.

Collaboration with House-to-House (HTH)

Traditionally, HTH has been an important avenue for us Lokuners to spread the word that we are here to provide medical help, and also for us to reach out to villagers in hope of educating them with better healthcare and lifestyle knowledge that will improve their hygiene conditions and hence quality of life. This time round we made use of HTH for two additional purposes. One to map the general area that we have reached out to, so that on subsequent trips we can continue from the last point of contact, deeper into the villages themselves.

Secondly, for the purposes of establishing our stronghold in Pursat as well as reinforcing our sincerity in helping the villagers, HTH was used as a means to identify people with chronic diseases so that we can directly return to these targeted villagers when we return on subsequent trips. These maps will be very useful during our future trips as we can locate them immediately hence facilitate follow up.





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Education



The perennial aim of education is so that we as Singaporeans, as medical students, can impart beneficial aspects of our lives to the people of Cambodia, so that in the long run, there would be some improvements in their general health status and life expectancy. In all honesty, education is something that no future project should ever give up on because it is a long term effort that many participants who are in the project for only 1-2 trips cannot appreciate. There is not much to comment on in the aspect of education, minor details are left in the individual committee's AARs for handover purposes.

An integrated health curriculum was completed after previous Lokun trips had compiled feedback from students and teachers on our health education materials over the years. The health curriculum was devised to cater to children from Primary 1 to 6, as a longitudinal track to their current school syllabus. Going forward, we have plans to adapt its contents for secondary school students and have already sought out new communities and schools that we can reach out to in the future.

Summary

- Three schools were covered a period of three days
- For each school, education is divided into two parts, namely school education and teacher education
- The school education programme was split up into 3 strata: namely primary 1-2, primary 3-4, primary 5-6. The lesson plans we crafted according to age and hence difficulty level.
- The teacher education programme focused on new topics related to first aid and wound management
- A review of our education programme this trip showed:
 - Overestimation of the learning and language abilities of primary 1 and 2 students, hence many activities had to be simplified so that the younger age group can handle them.
 - Almost all concepts taught by previous trips were remembered by the students
 - That the structured curriculum proposed was generally well-received this time round as it has always been with the teachers.
 - A need to pay attention to what each school requires (as requested by their teachers) and help get the necessary things for them if possible (first-aid kits, water filters etc)

Pharmacy

The business of the pharmacy committee has always been stocking up on drugs via acquired sponsorships or direct purchases from the local pharmacy at the most competitive prices.

Summary

- The Lokun team is glad to have a new drug house built in the compounds of CROAP, our working partner in Cambodia

- Price lists were obtained from the various pharmacies in Pursat town, in order for us to compare and obtain drugs at the cheapest cost price. However, the better option is to obtain the drugs from bigger suppliers in Phnom Penh
- Some of the most commonly prescribed drugs could not be obtained via sponsorships and that has brought up the overall cost of pharmaceutical spending

Development

The development committee plays an important role in networking and finding meaningful avenues towards which our project can expand. An entire independent AAR by the committee contains all the details about the progress of the development committee this trip round, but in summary, here are what they have accomplished.

Summary

1. Meeting with Dr. Sitha - our resident doctor that provides consultation in our absence

- Created new clerksheet for following up on chronic patients for better tracking and management
- Got permission from Dr. Sitha to start referring all chronic patients to Hand of Hope

2. Meeting with RACHA (Reproductive and Child Health Alliance)

- Managed to get a list of NGOs in Pursat with Sem Rithy's help
- Visited RACHA in Pursat, based on our meetings with the health centres, we realised that most, if not all of them receive help from RACHA so we wanted to find out more about what RACHA does
- In addition to telling us about RACHA's initiatives (there is a very long list!) RACHA also told us about the villages that are closer to the mountains that receive little NGO help

3. Meeting with medical students from International University and

University of Health Sciences

- Met up with 6 medical students, 3 from each school
- Our intention was to find out if they would be interested in Project Lokun and inviting them down to join us for one of our clinics
- We used the Singapore doctors in Lokun as one of the attracting points
- This was basically our exit strategy while also empowering the more abled Cambodians to help their own people

4. Meeting with Hand of Hope director

- Intention was to find out if our clinics overlaps with what HOH does, since HOH is not far from the villages we help out and we found out that not only do our clinics overlap, but our help is very limited compared to what HOH can do
- We also found out that HOH is very reputable among the villagers who know it as 'Jesus Hospital'
- Everything at HOH is free, whether patients have poor certificate or not
- Got permission to refer all our patients to HOH, started referring our patients there, how much help they actually receive is really dependent of the Cambodian medical system; there is not much we can interfere with to make sure the patients get the treatment that they need based on our doctors' diagnoses
- For conditions that HOH cannot treat, they will tell the patients where exactly to go (the HOH director is a doctor is very familiar with what each health centre does)
- HOH will have an OT very soon, we have gotten permission from the director to borrow their OT, provide we bring in our own surgeon, surgical team and medications for the surgery

We would like to thank our sponsors, without whom this trip would not have possible. The generous donations of **MOH Holdings, SingHealth, the Lee Foundation, the Tan Chin Tuan Foundation, Alcare** and **Pharmaforte** have empowered us to do much more and touch the lives of many more Cambodians.

Moving ahead, Project Lokun is seeking to expand and increase our efforts to improve the healthcare accessible to the Cambodian community, and to do so we will need more partners to join us on this exciting and meaningful journey. If you are interested or have any enquires for us, please feel free to contact us at nusprojectlokun@gmail.com