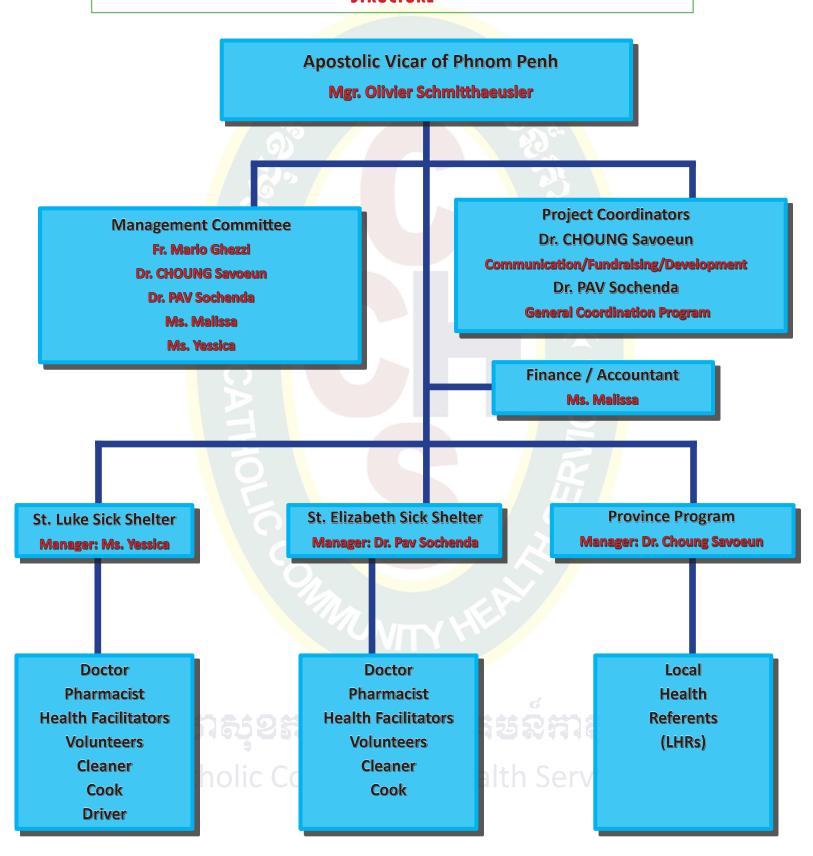


PHNOM PENH APOSTOLIC VICARIATE Catholic Community Health Services





CATHOLIC COMMUNITY HEALTH SERVICES STRUCTURE



A SHORT HISTORY OF CATHOLIC COMMUNITY HEALTH SERVICES

The Catholic Church officials made a formal return to Cambodia in early 1990, and official recognition of the Christian religion was granted by the government in April 1990.

Since 1990, each Parishes has its own ways to response the needs of people especially for the sick poor people in their places. In the north of Phnom Penh there is a small center located in St. Joseph Church where they can receive patients from the countryside referred by the small parishes around the country to stay before going to the hospital and back. The center named St. Luke Sick Shelter.

in 2007, the church in the south of Phnom Penh named Child Jesus Church have opened St. Elizabeth Sick Shelter where focusing on taking care of cancer patients in charged by Ms. Paola Maiocchi, lay missionary of PIME, Italy.

Then in 2011, Bishop Olivier Schmitthaeusler asked these two separated programs to integrate into one Diocesan health care program under the name of Catholic Community Health Services (CCHS).

CCHS has registered in the Ministry of Interior and made the Memorandum of Understanding (MoU) with the Ministry of Health for running the program. The MoU have been renewed every 3 years till now.

CCHS has its two main operational programs called Sick Shelter Programs and Province Program working base on referral.













Catholic Community Health Services- CCHS

A)Project Description and Objectives

The project stems from the vision of the CCHS, which is: "to bring the love of God for the poor and suffering by providing optimistic attitude on health care in order to promote a healthy lifestyle and develop productive citizens

in the countryside"

A1. General Objectives

"To provide consultation and treatment (primary health care) to people in the target areas free of charge and to contribute to reduce poverty and enhance of Cambodia health status".

There are four specific objectives, according to the Memorandum of Understanding with the Ministry of Health:

- 1. To give free community based health care to the poor people and vulnerable groups in the target area. Assist them to make use of the different health related resources within their community for the treatment of their illnesses and for their wellbeing.
- 2. To cooperate with the Provincial Health Departments (PHDs) and relevant health facilities in capacity building for local residents and vulnerable groups of people through health education as primary health care
- 3. To support and render health care to poor patients and their families through holistic healing physically, psychologically and socially
- 4. To strengthen the capacity of the CCHS for project planning, management, monitoring and evaluation, administration and financial management.



A2. Project Components and Description of Activities



The following are the main programmatic components of the CCHS project, 2016-2018:

Component	Description and Main Activities – Programmatic Components
Shelters (St. Luke and St. Elizabeth) Pro- gram	The shelters provide diagnostic, counseling and treatment services, and referrals to various health facilities in Phnom Penh. Patients who are in need of referral and whose conditions are acute (rather than chronic) are accommodated in St. Luke. Patients who need chronic care, or are in advanced and terminal stages of disease, such as cancers, are accommodated in St. Elizabeth, where palliative care is provided, as well as funeral services. St. Elizabeth seems to be more like a hospice. Patients in both facilities are provided with all necessary medicines, access to laboratory examinations, x-rays and other diagnostic tests. Food, beds, basic necessities, and transport to/from the hospitals and back to the provinces is also provided. Bedside Care is provided by the health facilitators, the shelter physicians and the night shift volunteers.

Provincial Health Care Program This includes the provinces of Takeo, Sihanoukville, and Kampot, which are all under the Apostolic Vicariate of Phnom Penh. In each province there are trained local health volunteers, known as the Local Health Referents (LHR) who are responsible for providing basic health education to villagers, following up returning patients, and accompanying patients to local health facilities. The LHRs work under the supervision of a provincial program manager. This component also communicates and liaises with the provincial health directors of each of the three provinces.

Psychosocial support and Spiritual Accompaniment

Two nuns from Korea are volunteering at both shelters and provide spiritual accompaniment activities, through one-on-one counseling and reflection, occupational and vocational activities, sharing bible stories and the lives of saints through videos, and art classes. They also assists patients who wish to be baptized into the Catholic faith and help them prepare to receive the Holy sacraments, or organize masses and prayers.



RESULTS OF ACTIVITY 2016

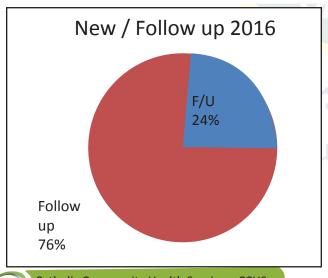
Sick Shelters Program

from January to December 2016, CCHS assisted and funded a total of services to patients including referrals to the hospital for check up and treatment, diagnostic, medical investigation and surgeries...etc.

Types of Service	
Nb of Hospitalization	225
Nb of Referrals	1308
Nb of Deaths	13
Nb of Blood Test	459
Nb of X-Ray / UV	96
Nb of Ultrasound/ Echo	309
Nb of CT-Scan / RMI	16
Nb of Fibro/ Endo/Coloscopie	20
Nb of ECG / Echocardio	46
Nb of Anapath / Biopsie	42
Nb of Surgeries	56
Total	2590

Number of Patients: From January to December 2016, CCHS Shelter program served a total of 2032 patients of which 479 (24%) were new patients vs. 1553 (76%) were follow up and 717 (35%) were male vs. 1315 (65%) were female.

Pati	ients	Jan	Feb	Marc	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
New, F/u	New	30	55	39	30	44	40	36	45	28	55	49	28	479
	F/u	89	109	137	129	126	157	132	160	111	148	126	129	1553
Sex ratio	Male	53	61	51	60	61	75	63	68	49	65	68	43	717
	Female	66	103	125	99	109	122	105	137	90	138	107	114	1315
													Total	2032



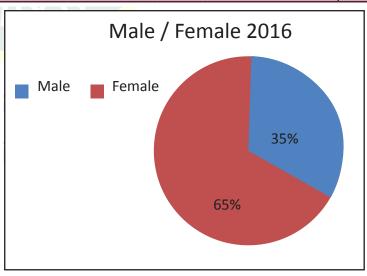






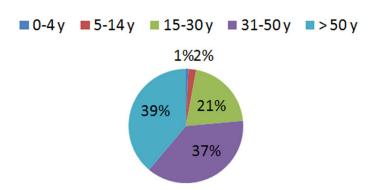
Photo (1): CCHS Doctor provides consultation and (2 & 3) CCHS Health Facilitators accompany the patients to the hospital.



Age of Patients: from January to December 2016, CCHS patient ages ranged from children to the elderly.

Age	No. Patients
0-4 y	14
5-14 y	45
15-30 y	420
31-50 y	764
> 50 y	189
Total	2032

Age of Patients 2016



Bed Occupancy: From January to December 2016, the average of bed occupancy was 53% for the two sick shelters St. Luke and St. Elizabeth where exist 15 beds available at each place. This percentage is ONLY for the patients who took overnight at the shelters. BUT those who just came for consultation and took the medicine back home at the same day were not included.

The total meals given to the patients are 28113 times for the two sick shelters.

	Jan	Feb	Marc	April	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Total No. of pa- tients	119	164	176	159	170	197	168	205	139	203	175	157	2032
Number of beds	30	30	30	30	30	30	30	30	30	31	31	31	363
No. bed used	403	421	483	413	536	583	486	639	497	525	372	464	5822
% Patient's bed used	43%	46%	52%	45%	57%	64%	52%	68%	55%	56%	41%	49%	53%
Amount of person who took meals	1228	1307	2412	1685	2669	2819	2552	3439	2354	3302	2337	2009	28113





Photo (4 and 5): Inpatient care in CCHS Shelter, St. Elizabeth Sick Shelter

Diseases: From January to December 2016, CCHS have seen a wide variety of diseases as shown below. Some of the most frequently seen were in the areas of Mental problem 385 (17%), Cardio/ Hypertension 356 (15%), Goiter 222 (10%), Rheumatism 213 (9%), Cancer 167 (7%), Gastro intestinal 154 (6%) and Diabetes 128 (6%).

Diseases	No.	Percentage
Accident / Traumatology	57	2%
Articulations / Polyarthrite	213	9%
Cancer (all new and old)	167	7%
Cardiopathy / Hypertension	356	15%
Dental / Stomatology	18	1%
Dermatology / Allergy	83	4%
Endocrine / Diabetes	128	6%
ENT / ORL	105	5%
Gastro-Intestinal Disease	154	7%
Gynecology	75	3%
HIV-Disease	7	0%
Hyperthyroid / Goiter	222	10%
Liver-Disease / Hepatology	113	5%
Nephro / Urology	28	1%
Neurology /Lombalgy / Tetanus	54	2%
Ophthalmology / Eyes	20	1%
Psychiatry / Mental Health	385	17%
Respiratory-Disease	85	4%
Other?	53	2%
TOTAL:	2323	100.00%

Photo (6): One of the activities in the Shelters. It has the specific purpose for patients not to focus only on their illness but think of others.



Province of Origin: From January to December 2016, CCHS received the patients from different provinces of the Country. But the majority of patients are from the province where belong to Apostolic Vicariate of Phnom Penh such as Kampot, Takeo, Sihanouk, Kandal and Phnom Penh.

Province Origin of Patients 2016

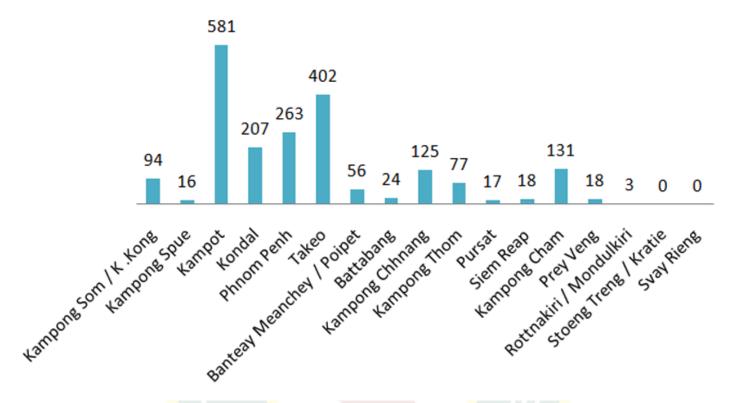






Photo (7&8): Organization and Distribution of medicines for the patients

Province Program

Since January 2016, all Local Health Referents (LHRs) have been intergraded into the Local Church Health Care Program which is under the direction of the responsible of each local church such as Priest, Brother or Sister. But they will be helped by CCHS doctor who come for medical assessment and other facilitation. CCHS keep covering on the medicines and hospital expenses for all patients.

CCHS doctor follows only 3 provinces for this year. They are Takeo, Kampot and Sihanouk where are in the south of country.

From January to February the activity in the province was not yet started properly because CCHS need sometimes to explain the new policy and how we can collaborate to all parishes responsible and be aware on that change.

Starting from March of 2016, CCHS doctor goes monthly to the different churches among the 3 provinces (9 villages) by providing consultation to who are already appointed by LHRs, treatments, accompaniment to the hospital and also attend the monthly meeting at provincial health department. LHR keep welcoming and accompanying the patients to the hospital even CCHS is not present.

CCHS doctor also takes the opportunity to visit the Cancer Patient who are not be able to move to the sick shelter in Phnom Penh (St. Elizabeth) by providing the palliative care to them.





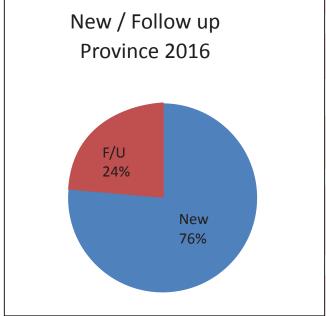


Photo(9,10,11): Activity in the province

PHNOM PENH APOSTOLIC VICARIATE

•Number of Patients: From March to December 2016, CCHS Province Program served 603 patients for the 3 provinces in the target areas of Takeo, Kapot and Sihanouk province. There were 461 (76%) new patients and 142 (24%) follow up patients while the majority of patients were female 408 (68%) vs. 195 (32%) male.

Patients	Jan	Febr	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
New	Х	Х	42	42	51	56	87	48	44	39	28	24	461
F/u	Х	X	00	21	16	14	11	17	9	12	19	23	142
Male	Х	X	13	22	25	16	29	26	18	12	16	18	195
Female	Х	X	29	41	42	54	69	39	35	39	31	29	408
Total										603			



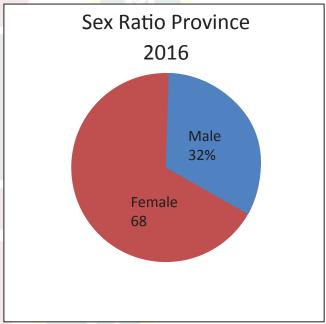




Photo (12): The patients waiting to see CCHS doctor in the local church

•Age of Patients: from March to December 2016, CCHS patient ages ranged from children to elderly and were categorized in the following groups.

Age Province 2016

0-4 y	10
5-14 y	22
15-30 y	96
31-50 y	230
> 50 y	245

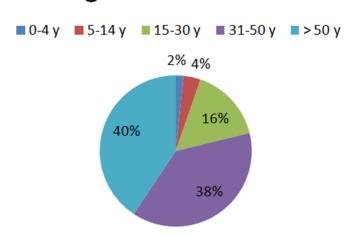


Photo (13): Physical examination in the village and (14) Accompaniment to Provincial Referal Hospital.





PHNOM PENH APOSTOLIC VICARIATE

•Diseases: from March to December 2016, CCHS have seen a wide variety of diseases as shown below. The most cases seen were the chronic disease such as Gastro intestinal 16%, Rhumatism 12%, Gynecology 9%, Lombalgia 8%, Hypertension 7%.

List of pathologies	No. Diseases	Percentage
Accident / Traumatology	11	2%
Articulations / Polyarthrite	78	12%
Cancer (all new and old)	32	5%
Cardiopathy / Hypertension	46	7%
Dental / Stomatology	2	0%
Dermatology / Allergy	15	2%
Endocrine / Diabetes	11	2%
ENT / ORL	48	8%
Gastro-Intestinal Disease	101	16%
Gynecology	55	9%
HIV-Disease	2	0%
Hyperthyroid / Goiter	18	3%
Liver-Disease / Hepatology	28	4%
Nephro / Urology	31	5%
Neurology /Lombalgy / Tetanus	48	8%
Ophthalmology / Eyes	25	4%
Psychiatry / Mental Health	34	5%
Respiratory-Disease	30	5%
Other?	18	3%
Total	633	100%

Photo (15): Home care for patient who is in life threatening



• Province Origins: from March to December 2016, CCHS has chosen these 3 provinces below as the target areas where the doctor could go to see the patients monthly.

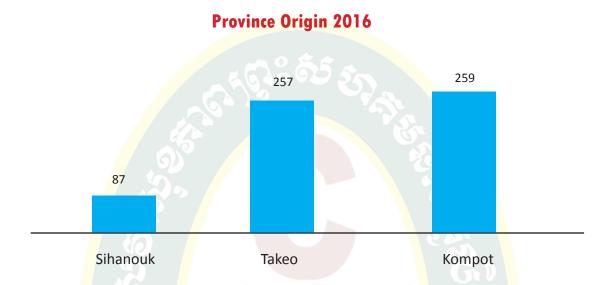




Photo (16): The patient preferred to stay home for her terminal time so CCHS Doctor and Health Facilitator brought her home.

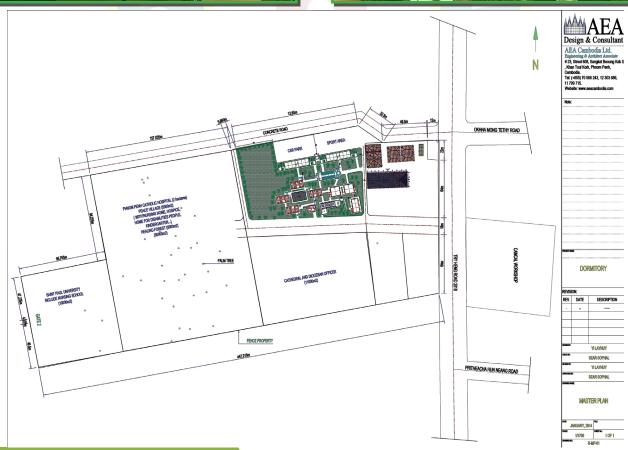
DIOCESANI FUTURE PLANI FOR HEALTH CARE

CATHOLIC NURSING SCHOOL 2018

The Nurses are playing a very important role in the hospital for the services of care. The catholic church has plan to open a Catholic Nursing School under the branch of St. Paul Institute (Catholic Institute in Takeo province). By the collaboration with Singapore team, the catholic medical doctors and nurses association of Singapore, and St. Paul institute and some relevant people such as Bishop Olivier, Sisters and the current Pastoral health coordinator, we are working on the set up of the standard curriculum and board committee for the school and applying for the authorization from the Cambodian government.







PHNOM PENH CATHOLIC HOSPITAL 2022

VISION:

Our dream is to develop the Catholic Community Health Services by building a hospital to provide some services that could contribute to develop the health care in Cambodia and especially apply the way of Jesus: care the poorest, healing them and give hope for all who have no more hope in their life.

MISSION:

Phnom Penh Catholic Hospital 2022 would be a GENERAL HOSPITAL with some important services to fulfill our mission of Mercy and Life as:

- GENERAL HOSPITAL (with imageries, Surgery Room, Laboratory, Pharmacy...)
- Mother and Neonatal service
- Palliative Care Department
- Elderly Department
- Mental Health Department
- People with heavy disabilities Department
- Ear Services

VALUE: CHARITY AND EXCELLENCE!
COMPASSION AND COMPETENCE!

Together with all of you for Phnom Penh Catholic Hospital 2022!



PHNOM PENH APOSTOLIC VICARIATE























Address 8

St.Elizabeth Catholic Sick Shelter
House 167, Street 10BT, Sangkat Boueng Tumpon,
Khan Mean Chey, Phnom Penh.

St. Luke Catholic Sick Shelter
House 1788B, National Road 5, Songkat Toul Sangke,
Khan Russey Keo, Phnom Penh.

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Dr.CHOUNG SAVOEUN, MD

CCHS Communication and Development Coordinator.

HP: (+855)70 797 106

E-mail: savoeuntk@gmail.com



www.catholicphnompenh.org



Catholic Community Health Services