

ALL EARS CAMBODIA

All Ears Cambodia provides a unique medical service in a country torn by years of war. It works with all Cambodians from newborns to the elderly – helping them to hear.

Hearing is fundamental. It connects us with the world. It is the very means by which we develop speech and language to communicate our thoughts and ideas. Its loss is one of the most severe and least recognized disabilities, yet so rife it affects a quarter of a billion people on earth. The damage it causes can be life-shattering. Over half of the Cambodians afflicted are children, most of them living in abject poverty.

All Ears Cambodia provides the vital support these people need. It helps Cambodians from all walks of life – with a commitment that is for life. To give a child a hearing aid means providing care not only through those early years of growth but every day beyond.

After thirty years of civil war, Cambodia remains one of the poorest, most disease racked nations on earth. During the genocidal regime of the

Khmer Rouge health services were all but destroyed. Over 90% of Cambodian doctors were executed, died or left the country.

An estimated two million Khmers suffer from disabling deafness. Most of them live in rural areas and over half of these cases could have been prevented.

vital support that those with ear problems need. The health service it offers is unparalleled. It is driven by the plight of a people with nowhere to go for help and with help never arriving; of the misery that chronic ear disease wreaks, and of the deaf being so unjustly denied.



The AEC Clinic in Phnom Penh

In some villages, chronic ear disease in Khmer children is so common it is considered normal. Of the ones in need of hearing aids less than 1% has them. Most Cambodians live on less than one dollar a day. The cost of a modern digital hearing aid is more than a Cambodian peasant would pay for his house.

All Ears Cambodia provides the

Focusing on the weakest and hardest hit means the work is often achieved under terribly difficult circumstances. The medical team meets people whose lives are so deprived that they lack the most basic necessities – sufficient food, clean drinking water and shelter. Essential needs are so immediate that it requires a level of health care and compassion far beyond the scope of any field manual.

For those without infection but unable to hear well, hearing tests are required. The clinic offers a complete range of diagnostic services from basic tests to highly specialized ones such as those needed for babies.

All Ears Cambodia provides a complete range of hearing instruments for all patient needs. It has a fully equipped ear mould laboratory and a

hearing aid repair service on site

Special Clinics

Certain groups of people require extra care. They may be more prone to ear infections or owing to other circumstances they perhaps need more help. All Ears Cambodia works closely with several organizations that focus on these disadvantaged groups. It runs special clinics for people that are particularly vulnerable.

Help is given to profoundly deaf children and ones both deaf and blind. Some are children infected with HIV or orphaned by AIDS. Others are former child labourers or street children. Some are women, victims of domestic violence, or trafficking and prostitution.

Outreach

Access to specialist care, however, remains a critical problem in Cambodia. The country is largely rural.

Most Khmers live simple lives in scattered villages. Infrastructure is poor and transportation for many inadequate, impractical or unaffordable. In response, All Ears Cambodia runs outreach clinics to bring healthcare to those in need.

It provides ear clinics for local people in four provinces and focuses on marginalized groups. They include children and adults from some of the poorest families in Cambodia: internal refugees, physically disabled and profoundly deaf children, street children and drug addicts, landmine victims, and families living in mine-affected areas

In rural Cambodia, it is often the most basic education in ear health care that brings about the most significant change. Ignorance and poverty lead families to look to old superstitions. Troubled ears are jabbed with chicken

quills, have petrol poured inside them, or are packed with the entrails of dead animals.

Prevention of ear problems begins with knowledge. Education enables people to become more aware of how their ears work, how to prevent problems and how to recognize signs of disease. All Ears Cambodia provides regular ear health care lessons for people under the wing of organizations working with disadvantaged groups.

It also continues to produce medical manuals, educational leaflets, posters, and training packages to promote public awareness about ear health, ear disease and deafness.

MSAVLC has been providing financial support to All Ears Cambodia since its establishment in Phnom Penh in 2003. The Trustees hope to continue that support as the organisation expands.

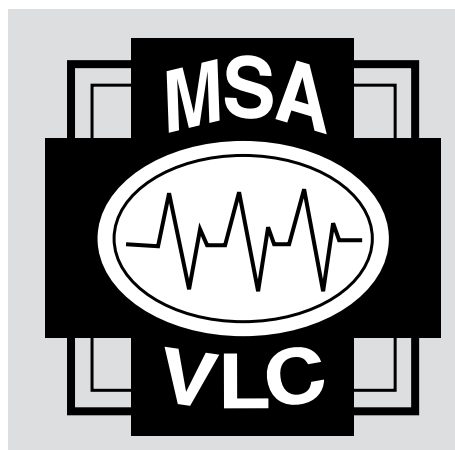
COULD MSAVLC BE YOUR CHARITY OF THE MONTH?

Many churches now nominate a 'Charity of the Month' as a focus for their outward giving, and readers may have noticed that in the past year St Mary's, Charlton Kings and Immanuel Church, Swindon have both raised significant amounts for our charity. Recently, Cotham Parish Church in Bristol nominated MSAVLC as their Charity of the Month, and we were delighted to receive a donation of £280 from their congregation.

Our thanks go to the Vicar, the Revd. Richard Holroyd and his congregation; but also to our long-standing supporter, Dr Hebe Welbourn who proposed MSAVLC and who arranged a small exhibition of our work.

If you would like to propose MSAVLC as Charity of the Month to your church or group, we now have a

collection of A4-size photo-montage posters and leaflets which can be borrowed from the Honorary Secretary, Peter Lidgard. If you would like one of the Trustees to talk to your church or group, that may also be possible. Contact Peter at thelidgards@hotmail.co.uk or write to the Honorary Secretary MSAVLC, 3 Horsefair Street, Charlton Kings, Cheltenham Gloucestershire GL53 8JF.



BOARD OF TRUSTEES

At the January meeting of the Trustees the board were pleased to welcome back Brian Stenson as a trustee member.

Brian has been sadly missed over the past few years when family and business commitments made it impossible for him to commit the time required to the charity.

Brian's regular visits to S.E.Asia were always of benefit to the running of the charity, and it is expected that these will continue. Brian will also take up responsibility for the Charity's website.

Welcome back Brian.



VISIT TO BRITISH FRIENDSHIP HOSPITAL, MARCH 2011

The British Friendship Hospital in Ky Anh, Ha Tinh Province, Vietnam, was officially opened on the 16th October 1980, to replace the District Hospital which had been destroyed by bombs during the war. Since that time MSAVLC has given financial assistance to the hospital to help them buy much-needed drugs and medical equipment. The charity has also organised medical student electives, and overseen the endowment of beds for the hospital.



The Blood Analyser

On the 20th March 2011 a group of MSAVLC Trustees visited the hospital to review progress and see the result of our support over the years. We were met by Dr. Phan Thi Xuan Lieu, the Hospital Director and several of her staff, doctors, nurses and administration workers. We discussed the hospital, its progress and our assistance. The hospital has recently been upgraded and lots of new building work is in progress which will take up to two years to complete. We were told that more patients are now choosing to come to this hospital for their care; and this was partly due to the help given by MSAVLC in providing new equipment. Thanks were given “to all the people who have never come to Vietnam, but still help, not only with donations, but with their concern for such a small place on

the other side of the world”.

We toured the hospital and saw the new Paediatric Intensive Care Ward which bears the name of Professor Grant Lathe, whose legacy enabled us to purchase much-needed equipment for the ward. We were proudly shown this equipment, along with all the paper-work and receipts, which were found to be in order. We were assured that all the necessary laws and regulations had been followed. The staff were very grateful but told us that more was always needed!

It was wonderful to have the opportunity to chat to the mothers and tiny babies in the ward, and we could see that they were professionally and lovingly cared for. The Ministry of Health gives regulations for health and hygiene throughout the

hospital, infection is minimal and cross-infection rare. If infections do happen, an isolation ward is available. Hand-cleansing liquid is supplied and soap and water is used on hands between patients. The garbage is sorted into infectious and non-infectious before disposal.

MSAVLC awards annual prizes from funds bequeathed by Dr. Joan McMichael, to staff at the hospital that are deemed to have made the greatest contribution to the Primary Health Care Programme during the year. Dr. Lieu explained that the people chosen for the awards were from all levels and all departments of the hospital. The heads of the departments help with the choice; an election is held and votes taken. She said that it is very difficult to choose but felt that it is a good incentive for all the staff. It is

considered to be a great honour to be chosen. At a subsequent meeting of the Trustees it was decided to increase the annual prize fund to £300 per year.

We saw many of the beds that had been endowed to the hospital by generous MSAVLC supporters in memory of their loved ones. The latest one was donated by long term supporter Mr G Hardy. The beds are highly valued and it is possible to purchase one for a donation of £1,000. The hospital has received over 25 endowed beds over the years, for which they are very grateful.



Awaiting Treatment

Dr. Lieu explained that all the staff work extremely hard. 160 people work in the hospital and there are 40 on contract. There are 120 beds and 250 people are treated daily! As usual the visit was a delight and we were impressed by the professionalism and friendliness of all the staff. The patients were well cared for with the limited resources that were available, and we are proud to continue to help them whenever possible.

*Mary Lidgard
Trustee*

Disability Development Services Programme in Pursat, Cambodia

For the past two years MSAVLC has supported a Non - Government Organisation called "Disability Development Services Programme" (DDSP) which is based in Pursat in Cambodia.

The stated overall aims of this organisation are:

- to improve the living conditions of the disabled in Cambodia, especially in Pursat Province, and,
- to strengthen the structural capacity available in communities to ensure that they have the ability to deliver services to disabled people.

MSAVLC funding supports their Paraplegic and Quadriplegic Rehabilitation Project, one of four projects which DDSP is running at present.

When we visited the DDSP offices in Pursat in March 2011 we were taken on a number of field visits by Pheng Samnang the Director, and Tep Buntha the senior physiotherapist, to meet some of DDSP's clients. We were very moved by the stories which these people told us; below is just one of them.

We drove out of Pursat in the rather battered DDSP Toyota 4x4, along the main road to Phnom Penh. After twenty minutes driving we turned off down a country lane, an unmade road just about wide enough for vehicles to pass; dry and dusty today but probably a mud-bath in the rainy season. After another twenty minutes' drive the road had narrowed to cycle track and eventually we had to abandon the 4x4 where the track dwindled to a narrow footpath. We walked along the path and then struck out across the dry rice-

fields. About half a kilometre away was a small rush-covered wooden house set in a productive garden. There lived Lia Tep, his wife and their three children.



Crossing the dry paddy fields to Tep's home

Like many Cambodians, Tep became a DDSP client due to an accident at work. He had been a wood-cutter, but about six years ago, an ox-cart which he was driving, overturned and crushed him, leaving him disfigured and paralysed from the waist down.

DDSP found him four years ago and have set him up as a market-gardener and chicken farmer. They provided him with a wheelchair, and adapted his house so that he did not have to

go upstairs. Recently DDSP had built him a well to water his vegetables and a brick-built latrine, the first in the area. A physiotherapist/counsellor from DDSP visits about once a month.

Tep introduced his children to us and told us how they helped him in his work. He told us that DDSP also helped to fund their education. He showed us the garden and his chickens and said that his wife was away working, to help supplement their small income. He told us of his despair after the accident had happened but how the help that DDSP gave had given him hope, the ability to do things for himself and a new purpose in life.

*Peter Lidgard
Honorary Secretary*



Tep with his three children

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