



2014

Caritas Takeo Eye Hospital Annual Report



Supported by:



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Background:

In 1996 the concept of an eye hospital to train Cambodian doctors and nurses came into being when the Maryknoll - Community Based Rehabilitation Program for the Blind came across numerous patients needing eye treatment. With assistance of the Provincial Health Department a former TB hospital was renovated into what became the Takeo Eye Hospital (CTEH) which received its first patient on 8 February 1997. By 2000 CTEH was handed over to Caritas Cambodia.

The hospital continues to carry out a Memorandum of Understanding with the Ministry of Health to train doctors and nurses and other personnel, to provide eye care services and to develop rural vision centres. The new building of Caritas Takeo Eye Hospital with 64 beds was inaugurated on 6 April 2010 by His Majesty King Norodom Sihamoni.

Vision: Takeo Eye Hospital is to be an agent in reducing poverty by providing compassionate, quality, tertiary care with efficiently trained staff and equipped with appropriate ophthalmic equipment, instruments and medicines.

Mission: To provide quality diagnostic, curative and rehabilitative eye care in order to eliminate preventable and treatable blindness, train eye personnel in provision of quality eye care and conduct research relevant to eye conditions in Cambodia and neighbouring countries.

Goal: Quality services with compassion and gentleness is accessible to the patients especially those who are in need.

Part A: Stories of Change :

Case Study 1:

Name: Soeur Yab

Programme: Caritas Takeo Eye Hospital,

Location: Takeo province, Cambodia



Soeur Yab has had a vision problem since last two years and lived in blindness for last months, and now she is 84 years old is living with her fourth daughter (she has 2 sons and 4 daughters with two grandsons) since her husband passed away last twenty years ago in Thmorkeo village, Tramkak commune, Tramkak District, Takeo Province around 35 kms far from Caritas Takeo Eye Hospital (CTEH). Since her blind occurring, the limitation of routine activities in moving and self-care are more difficult to manage independently if there has no assistant. Most of her then daily activities had lost that caused her to get a depression such as disappointed in her living and unhappiness while her family economic is another main issue needs to be solved too. Later, she's referred to get eye care services at the hospital after her eyes had been checked at her village by CTEH mobile team under collaborated with the health centre staff.

The ophthalmologist's prescription indicated that she had cataract in both eyes and need to be operated to restore her sight back as soon as possible to prevent further complication. The technical procedure for eye health and eye operation was educated by counsellor to ensure she and her family members agree and accept before signing on medical informed consent form. The operation process for her right eye was done under subsidy service on November 27, 2014 at CTEH to remove natural lens by replacing artificial lens through medical prescription.

At the next morning, her sight completely restored with best vision that caused her again to congratulate with her new sight that she's never thought she would have time to see the world again while she was in dark planet. What's the big challenge is changing her life from depressed to happiness with new hope that she can do everything as before without assistance especially doing part housework and look after grandchildren; family members get less worry about taking care her and have enough time to do farming and run a small business. Nevertheless, she thanked for helping her life and promised to get left eye operation on appointment date.



Case Study 2:

Name: Som Hen

Programme: Caritas Takeo Eye Hospital,

Location: Takeo province, Cambodia



Mr. Som Hen is 69 years old, and lives in Thmorkeo village, Tramkak Commune, Tramkak District, Takeo Province around 35 kms far from Caritas Takeo Eye Hospital (CTEH). He has 6 children (three sons, three daughters) with 15 grandchildren. Now he is living with his wife and last daughter. His both eyes have slightly blurred vision since four years and completely blinded last six months. He couldn't go to somewhere and do something then. He had got boring in his when he was isolated in home every day that why he started to get a depression with his functional limitation. There had no searching eye care

services because they felt not confident to pay for transportation, accommodation and hospital fee.

November 25, 2014 Caritas Takeo Eye Hospital conducted the eye screening at Thmorkeo pagoda, Tramkak commune, Tramkak District Takeo Province. Then, he was checked his eyes with primarily suspected cataract and referred to the hospital for further eye examination. He was accompanied by his daughter to the hospital on the next morning. In the hospital, he was



rechecked by the ophthalmologist and prescribed that his both eyes had cataract and required to get eye operation as soon as possible. After provided a clear counseling on medical procedure, he and his family agreed to get eye operation through requested as ophthalmologist's prescribed. The first eye operation started with right eye on November 27, 2014 under eye subsidy service for poor. He's got a successful eye operation due to his right eye is able to see everything clearly after removed eye pad out immediately.

After two weeks operated with medical intervened, his full vision returned back without complication, so he can perform normal job as usual especially he can walk to other places independently as what he's expected. However, he and his family feel happy with positively impacted of eye operation in the hospital that helped to improve their family economic to be better due to family members have enough time to do other jobs for surviving.

Part B: Implementation Progress

1. Effectiveness of implementation progress:

Objective 2: To strengthen Takeo Eye Hospital (CTEH) to upscale their capacity to provide essential Community Eye Health services to reduce Avoidable Blindness by Dec. 2014

Key Achievements:

a. Training and workshop:

- **Implement the Ophthalmology Residency Program**

This year 13 resident doctors are being trained in CTEH, ophthalmology programme under the umbrella of NPEH (National Program for Eye Health) and the University of Sciences, Faculty of Medicine, Phnom Penh.

The 13 resident doctors reported by 3 months rotation in three training hospitals are Takeo Eye Hospital, Khmer-Soviet Friendship Hospital, and Preah Ang Doung Hospital.

No	Name	Sex	Year	Working Place
1	Ea Rakmey	M	1st	Kampot Eye Unit
2	Sea Bunseng	M	1st	Takeo Eye Hospital
3	To Vichhey	M	1st	Banteymeanchey Eye Unit
4	Huon Sam Ath	M	1st	Pras Vihear Eye Unit
5	Soeur Moniphomin	M	1st	Prey Veang Eye Unit
6	Khoy Sothearith	M	2nd	Siem Reap Eye Unit
7	Rith Narong	M	2nd	Kampot Eye Unit
8	Sin Chanvuthy	M	2nd	Pras Vihear Eye Unit
9	Or Leakhena	F	2nd	Kratie Eye Unit
10	Heng Sotheary	F	3rd	Siem Reap Eye Unit
11	Po Lindara	M	3rd	Svayreang Eye Unit
12	Un Leng	M	3rd	Takeo Eye Hospital
13	Tor Remy	M	3rd	Kampong Spoeu Eye Unit

- **Diploma in Ophthalmic Nurse Training**

This course is the one year training curriculum has organized by Caritas Taeko Eye Hospital under the umbrella of Regional Training Centre Kampot (RTCK), National Program for Eye Health (NPEH) and Human Resources Department of Ministry of Health. This is the 7th Barch of Diploma in Ophthalmic Nurse Training that has started since 2nd May, 2014, with 09 student nurses from different Eye Unit as the following list below:

No	Name	Sex	Place of work	Supported by
1	Bunthoeurn Rachna	F	Municipal Hospital, Phnom Penh	FHF
2	Sao Sreynich	F	Mondulkiri Eye Unit	ECF
3	San Kimheang	F	Chey Chum Nas Hospital, Kandal	FHF
4	So Davy	F	Chey Chum Nas Hospital, Kandal	FHF
5	Chorn Sophavorng	F	Kampong Thom Eye Unit	FHF
6	Loy Reatreay	M	Siem Peap Eye Unit	FHF
7	CHAN Darin	F	Angkor Children Hospital, S.R	SEVA
8	Heng Sovannary	F	Battambang BOC	BOC
9	Neang Chan	M	Khmer-Sovet Friendship Hospital	FHF

- **Participation of doctors and nurses in Continuing Medical Education (CME) for Cambodia Ophthalmology Society (COS):**

Normally COS and CONS organize Continuing Medical Education (CME) within every 6 months. On 13th -14th June 2014 Caritas Takeo Eye Hospital sent 15 nurses and 2 doctors to participate in this event at Naga World Hotel, Phnom Penh, Cambodia. During this workshop CTEH group had some topics to present such as:

- Inclusive disability for eye care at CTEH that presented by Mr.Te Serey Bonn
- Protocol guideline for cataract surgery presented by Mr.Neang Chanboral
- Cycloplegic Retinoscopy presented by Mr.Nol Rorthna
- Registration and Document presented by Mr. Chum Samith
- Ketamine Anesthesia presented by Mr. Ken Pulork
- IOL in Children without Biometry presented by Mr.Mol Sereyroth
- Depth Perception Easy Test presented by Mr. Kith Koeung
- Management of Acute Dacryocystitis presented by Dr. Leang Sam Ann
- Chemical Burn presented by Mr. Chhin Bunchhoeun

Then the second COS and CONS was conducted CME on 05th -06th Dec 2014 at Phnom Penh hotel so 15 staff nurses and 2 doctors were send to participate with some presentations to share such as:

- Differential Intra Ocular Lesson (B-Scan) by Ms. Mon Sokunthea
- Orbital Cellulitis by Mr. Yem Chyvan
- Intra Vitreous Injection by Mr. Meinh Davy
- VA for Children by Mr. Mol Sereyroth

- **Regular publicity of CTEH and Eye Health through radio announcement**

The radio broadcast education are done twice a day about Corneal ulcer, Cataract, Glaucoma, Pterygium, Diabetic Retinopathy and promotion of the services of KVC and

CTEH. The radio broadcast is on-going which covered the whole provinces of Takeo, some part of Kampot and Kandal provinces. The hospital has created health education film strip on eye care education and medication eye drop and are shown daily at the waiting area, the film are shown 3 - 4 times a day with the new wide LCD screen, beside this every morning the Ophthalmic nurse student with senior ophthalmic nurse provide eye health education about 15 minutes to the patient and carer who come for the consultation at the waiting area of Caritas Takeo Eye Hospital.

- **Training Strabismus and Paediatric Ophthalmology**

This training is to provide the capacity of Dr.Chea Ang and CTEH team on Strabismus surgery and General Paediatric Ophthalmology by Dr.Judith Newman, who came through SEVA, to shortly provide practical training at Caritas Takeo Eye Hospital from 6th -21st June, 2014. The participant was from CTEH such as:

1. Dr.Chea Ang (Senior doctor of CTEH)
2. Ms.Pring Kimny (Orthotic)
3. Mr.Moul Sereyroth (Anesthesiologist)
4. Mr.Chum Samith (Assistant)
5. Mr.Minh Davy (Assistant)
6. Ms.Heang Prang (Assistant)

Number of consultation:

- Female: 21people
- Male: 15people
- Total: 36 people**

Number of Surgery:

- Squint 14 (6males, 8females)
- Ptosist 02 (2males, 0female)
- Trab 01(1male)
- Follow up squint surgery 9 (3males, 6 females)
- 1 child has retinoblastoma (need surgery but mother doesn't accept to do)
- 2 children advised patching and
- 2 children advised tropical drop and give eye glasses for accommodative esotropia.

Total: 17 people (Please see detail in annex 1)

- **Provided Refresher Training on Local Anesthesia to eye unit:**

This course conducted to enhance/strengthen the knowledge and skill of ophthalmic nurse/basic eye nurse/eye nurse to applied local anesthesia to ophthalmic patient with efficiency and safety. On August and September 2014, CTEH conducted 2 courses training with 8 students from difference eye unit as follow:

- Mr. Tep Sarath from Svay Reang Eye Unit, Svay Reang Province
- Mr. Seng SamNang from Kratie Eye Unit, Kratie Province

- Mrs. Muth Sopheavy from Kampot Eye Unit, Kampot Province
- Miss. Lim Veasna from Presvihear Eye Unit, Presvihear Province
- Miss. Chea Sarom from Kampong Chhnang Eye Unit
- Mrs. Nuk Chanpheakdey from Battam Bong Eye Unit
- Mr. An Limseng from Kampot Eye Unit
- Mr. Khlaing Sokea from Calmette Hospital

(Please see detail in annex 2a & b)

- **Participate to provide refraction training with National Program for Eye Health:**

This course conducts to enhance/strengthen the knowledge and skill of ophthalmic nurse/secondary nurse on refraction to ophthalmic patient with efficiency and safety. On October to December 2014, CTEH sent two senior refractionists (Mr.Nol Rathna and Mr.Moul Serey Roth) to participate as trainer to provide lecture and demonstrate on refraction to trainee who participate on refraction course that organize by National Program for Eye Health with support by Brien Holden Institute at Khmer Sovieth Friendship Hospital.

- **CTEH Staff Training and workshop in 2014:**

No	Name of Staffs	Position	Subjects/course	Institution/Venue	Date
1	Mr Nol Rothna	Nurse	Southern Regional Congress of Optometrist	Melbourne, Australia	Feb 28 to Mar 07, 2014
2	Dr Neang Mao	Doctor	APAO	Japan	Mar 30 to Apr 06,2014
3	Ms Pol Chantha	Nurse	Course Refresh Refraction	Regional Siem Reap	May 16-20,2014
4	Dr.Neang Mao and Dr.Chea Ang	Doctor	National Program for Eye Health Enhance Quality treatment of doctor	Takeo Eye Hospital	May 19-22,2014
5	Dr Vong Chrean and Mr Moul Sereyroth	Doctor and Nurse	National Assessment trachoma in Cambodia	Ethiopia	May 09-16,2014
6	Dr Vong Chrean and Mr Moul Sereyroth	Doctor and Nurse	National Assessment trachoma in Cambodia	Battambang	May 19-25,2014
7	Dr Vong Chrean and Mr Moul Sereyroth	Doctor and Nurse	National Trachoma Prevalence Survey	In Cambodia	May 24- Jun 30,2014
8	MA.Te Serey Bonn, El Nimith, Heang Prang, and Pring Kimny	Admin and nurse	Participated in Caritas's Child protection Policy Workshop	National Office of Caritas Cambodia	May 20-23, 2014
9	Mr Nol Rothna	Nurse	Refraction for children	Pres Sihanuk	Jun 23-27,2014
10	COS and CONS	Doctor and Nurse	Continue Medical Education	Naga World	Jun 5-6,2014
11	Mr Punlork and Ms Kimny	Nurse	Course Ophthalmic Nurse Refraction	Phnom Penh	Aug 22,2014
12	Mr Nol Rothna	Nurse	Pediatric Refraction	Brien Holden Vision Institute, Australia	30 Aug to Sep 13,2014

No	Name of Staffs	Position	Subjects/course	Institution/Venue	Date
13	MPH.Te Serey Bonn	PD	Communication and advocacy Workshop	Hotel Ramada D'ma, Bang Kok, Thailand	11-17 Aug 2014
14	Mr.El Nimet, Mss.Sam Sokha, and Mr. Ngim Peng Khim	Admin, Assistant, & Finance Officer	Operacy Training on the ability of an individual person to grow, to self-regulate and to lead other people to become successful.	National Office of Caritas Cambodia, Phnom Penh	12-15 Aug 2014
15	Mr Chim Thoeun	Nurse	Ophthalmic Nurse Training Program	Ban Phoeo Hospital, Thailand	Sep 14 -Oct 25,2014
16	Mr Mieh Davy	Nurse	Theatre Management	Khmer Sovieth Friendship Hospital	Sep 16-18,2014
17	Mr Ken Punlork and Mr Nlo Rothna	Nurse	Ophthalmic Nurse Curriculum Developer	Hotel Phnom Penh	Sep 19,2014
18	Refractiones Society	Nurse	Refraction Conference	Ry Hotel Siem Reap	Nov 28-29,2014
19	Mr Nol Rothna	Nurse	Screening Pediatric Refraction	Phnom Penh	Dec 01 to 06,2014
20	COS and CONS	Doctor and Nurse	Continue Medical Education	Hotel Phnom Penh	Dec 05 to 06,2014
21	Mr Nol rothna, Mr Ken Punlork and Ms pring Kimny	Nurse	Course Pedagogy	Hospital Kmer Soveth	Dec 08 to 26,2014
22	Dr Chea Ang	Doctor	Course Small Incision Refraction	Siem Reap	Dec 30 to 31

b. Service/Corrections/Outreach:

- Consultations at CTEH 29,852 ((57%) 15,124 females and 1,970 girls) in 2014 and 29,015 ((51%) 14,753 females and 1,913 girls) in 2013, so 3% increased.
- 3,532 in-patient and 3,331 case operated that have 2,215 cataract surgeries ((58%) 1,276 females and 19 girls) in 2014 and 2,148 cataract surgeries ((66%) 1,387 females and 31 girls) in 2013, so total surgeries increase 1% and 3% increase for cataract surgeries compare to last year.
- Cataract outcome in 2014, outcome at discharge 47.5% good, 45.1% borderline, 7.4% poor outcome – 1st follow-up after 1-3 weeks (81.5% presented for follow-up) with best VA 67.8%, 4-11 weeks (52.93% presented for follow-up) with best VA 68.5%, and 12+ weeks (23.59% presented for follow-up) with best VA 74.3%. Total complication 3.6% (1.0% vitreous loss, 0.1% capsule rupture without vitreous loss, 0.2% Zonular dehiscence, 0.0% Striate keratopathy, 1.2% Endophthalmitis, and 1.2% others)
- 1,711 spectacles dispensed at CTEH ((55%) 851 females and 96 girls) in 2014 and 2,160 spectacles dispensed at CTEH ((56%) 1,101 females and 110 girls) in 2013, so 21% decrease compare to last year.
- Kirivong Vision Centre: Consultations 3,253 ((57%) 1,706 females and 146 girls) in 2014 and 3,219 ((57%) 1,621 females and 207 girls) in 2013, so it increase 1% compare to last year.

- Refraction 1,241 patients ((56%) 695 females and 6 girls) 757 prescribed glasses ((56%) 411 females and 346 males) and 411 spectacles dispensed ((53%) 207 females and 204 males) in 2014, If we compare with last year 268 spectacles dispensed ((53%) 126 females and 142 males), so 53% decrease.
- Outreach screening: 2,891 patients (1,740 females and 58 girls) screened, 951 patients (592 females and 9 girls) referred from screening and 446 patients (279 females and 7 girls) arrived at CTEH for further treatment and surgery. If we compare the number of patient arrived at hospital for further treatment and surgery in 2013, 24 patients were increase.
- 92 patients referred from CTEH to CDMD ((48%) 39 females, 44 males, 4 boys, and 5 girls) for rehabilitation in period of report; if we compare with the same period of last year 56 patients (38%) decrease.
- 876 patients referred from CDMD to CTEH ((57%) 435 females, 308 males, 71 boys, and 62 girls) in period of report; if we compare with the same period of last year the number of patients referred are 12% decrease.
- Expansion Low Vision services, in collaboration with Krousar Thmey (KT) Memorandum of Understanding (MoU) between CTEH and Krousa Thmey was signed and implemented. Two inclusive schools of KT (Phnom Penh Thmey school and Kampot Blind school) were agreed for CTEH to provide clinical follow up twice a year, so this year the follow up in first semester was done on 28th and 29th May, 2014 at KT School in Phnom Penh and Kampot Blind school, 52 students had low Vision assessment and 9 student were provided spectacle and low vision devise, 11 students were referred to CTEH for further treatment. The plan for next follow up will be conducted during the visiting of Dr. Karin Vann Dijk, CBM's low vision specialist in the second semester of 2014.

Objective 3: To enable the target populace districts to access a quality affordable continuum of care (diagnosis - treatment - reintegration - rehabilitation) in Takeo Province by December, 2014.

Key Achievements:

- Twice daily local radio spots promoting eye health such as corneal ulcer, cataract, glaucoma, pterygium, diabetic retinopathy, and promotion of eye care services in Takeo and neighbouring provinces.
- Distribute ICE material such as leaflets of Cataract, Glaucoma, Corneal Ulcer, Diabetic Retinopathy, and Child protection during patient's counselling and outreach screening.
- Basic eye care and health education given to out-patients daily at CTEH waiting area (27,310 patients and companions).
- World Sight Day celebration, this event is to promote people with eye problem to access eye care services in order to reduce avoidable blindness in Cambodia through the International Agency for the Prevention of Blindness (IAPB) and VISION 2020: The Right to Sight. This year we celebrated this event on 13th October with topic of "No more avoidable Blindness" that was participated by representative of Caritas Cambodia, representative of people with disability, Provincial Health Department Deputy Director, Department of Social Affair Director, Department women affair Director, and NGOs partner such as Cambodia Development Mission for Disability (CDMD), Daughter of Charity (DC), Cambodia Disable

People Organization (CDPO) all staffs of CTEH, more than 250 patients and care giver to attend during the ceremony. After ceremony 432 patients had the eye consultation (139 males and 295 females and 71.5% patients who live at Takeo province, 22.9% patients from provinces close to Takeo such as Kampot, Kandal, Kampong Spoeu and 5.6% patients from others provinces and Phnom Penh) and 207 patients need eye surgery, so during the event day we did 54 patients with eye operation and 153 patients will be operated on the following days.

2. Sustainability Strategies

One sustainability strategy used by CTEH is to provide high quality services, as this will convince both patients and the government of the value of their support. Already the Provincial Health Department (PHD) has supported CTEH's electricity and water supply. CTEH has 59 local staff and 22 of them are government staff designated to work at CTEH.

Staff retention due to more lucrative opportunities in Phnom Penh is a challenge, however CTEH ensures a sustainable approach to staffing by hiring qualified staff with family in Takeo where possible, as well as opportunities for scholarships, extra training, and where funding is available salary increases to reflect good work performance.

Cambodia has a shortage of qualified and well-trained staff in the field of ophthalmology, health administration, community based rehabilitation etc. The project contributes to training courses that empower local staff in the field of ophthalmology. Cost recovery is another sustainability strategy: currently CTEH has 4 beds reserved for full fee paying patients and at the optical shop 74% of patients/customer paid the full price for spectacles in 2013. At Kirivong Vision Centre 70% paid the full price.

The localisation and integration of CTEH's management into Caritas continued to be a major focus in 2012. A fully localised team has been managing the Program since June 2011. The program is become fully integrated into the Caritas management system in 2013 and the challenge for Caritas will be to find suitable funding for future activities. Kirivong Vision Centre was handed over to the district government referral hospital in 2012 and sustained through Takeo Provincial health department, Kirivong Operational District and referral hospital with technical supervising by Takeo Eye Hospital.

3. Cross cutting issue: Gender

In order to encourage the recognition of women CTEH celebrates International Women's Day (8 March) by providing free services during the event and provides gender training for all staff. CTEH has playground equipment for children and a child friendly examination room, which encourages women (usually the primary care givers in Cambodia) to come to CTEH and know that their children are welcome and will have something to occupy them.

The number of both women and girls patients has increased 3% compared to 2013. The highest percentage of female patients highlights the fact that avoidable blindness in Cambodia is significantly higher in females than males. The percentage of female patients at CTEH is higher than male patients (57%) and also at Kirivong (57%). Outreach screenings average 67% female patients. More emphasis on community ophthalmology appears to be one keystone to improve accessibility for female patients.

CTEH still faces challenges to gender inclusion with regard to human resources. 5 females hold high positions within the management of CTEH, thus ensuring a balanced gender perspective in decision making; however few local female staff in upper professional medical positions are. This is a) a reflection of Khmer culture as males are receive more

education/career opportunities and b) due to the fact that CTEH has no input in the selection of doctors and nurses for training – this is done by government. CTEH has attempted to influence this process and also encourage the NPEH and other NGOs to send female candidates for training at CTEH. However the numbers of female trainees are still limited since most students at nursing technical schools are male.

4. Cross cutting issue: Disability Inclusive Approaches

The new CTEH facilities completed in April 2010 incorporated many disability inclusive features including ramps, wheelchair accessible toilets, 4 additional wheelchairs, colour markings on steps, large type signage, wide walkways playground facilities and a large kitchen preparation area for caretakers of patients with special needs.

CTEH has clearly established protocols for the registration, examination and diagnosis of patients, ensuring that staff are kind and polite, clearly explain procedures, provide clear physical directions and are observant of patients should they require assistance (physical or otherwise).

CTEH provides counselling and social economic assessment to vulnerable patients who may have difficulty paying for health services and in particular the situation (for example financial/ disabilities in family) of patients is a strong consideration when subsidies are provided to patients.

The completion of the DIAECH training workshops since 2011 and provision of refresher training follow up every year has meant that staffs at CTEH have reinforced their disability and gender inclusive approach to their work.

Collecting data on disabled patients has not yet yielded reliable data. Even though a practice guide for DIACEH was developed with simple tools for disability measurement, the suggested options haven't proven to be feasible. Further support may be needed.

5. Cross cutting issue: Child Protection:

All staff have signed code of conduct child protection and completed training on the child protection policy. Staffs are trained on how to appropriately treat children, respect their rights and know how to identify child abuse victims. Staffs are trained to ensure that a parent or guardian is present with children during examinations and that their informed consent is given for any medical procedures, take picture, voice record, case study for publication.

A separate child examination room was built at CTEH to provide children with a child friendly environment to help ease the stress that an eye examination can cause. The availability of these facilities is broadcast over a loudspeaker to patients in CTEH's waiting area. Nurses and staff also advise patients before they are admitted into the hospital.

Every year CTEH conducts refresher training to all staffs and do the assessment on how to practice child protection policy within daily work of hospital with invited expert from outside the organization. CTEH has clearly established protocols for the registration, examination and diagnosis of patients, ensuring that staff are kind and polite, clearly explain procedures, provide clear physical directions and are observant of patients should they require assistance (physical or otherwise). CTEH provides counselling to vulnerable patients who may have difficulty paying for health services and in particular the situation (financial/disabilities in family etc.) of patients is a strong consideration when subsidies are provided to patients.

In May 2014, CTEH participated with Caritas Cambodia to finish the draft Child Protection Policy for Caritas Cambodia and started to introduce for implement within whole projects of Caritas. (Please see annex 3)

6. Rapped Assessment Avoidable Blindness Survey:

	RAAB Cambodia 2007	RAAB Takeo 2007 breakdown	RAAB Takeo 2012
Prevalence Best-corrected visual acuity (BCVA) < 3/60	2.81% (Female 3.4% Male 2%)	2.95% (Female 3.5% Male 2.1%)	2.75% (Female 3.4% Male 1.73%)
Cataract Surgical Coverage in eyes < 3/60	34% (Female 31.3% Male 39.8%)	-	44% (Female 41.7% Male 49.4%)
Cataract Surgical Coverage in persons < 3/60	54.9% (Female 49.8% Male 67.4%)	-	64.7% (Female 59.5% Male 78.1%)
Outcome % good BCVA	75.5%	-	82.5%
Outcome % poor BCVA	15.2%	-	11%
Outcome % good last 5 years BCVA	81.9%	-	88.7%
Outcome % poor last 5 years BCVA	11.5%	-	7.7%
IOL-implantation	88.7%	-	92.7%

*BCVA: Best-corrected visual acuity

Part C: Lessons learned:

- The quantity of consultation and operation were increase if compared to same period in last year. The staff are informed and encouraged to work as a team to develop other means to capture more patients, like linkages with more NGOs and reaching out to Caritas Cambodia areas of development services.
- The process of integrating CTEH financial into Caritas Cambodia financial system is on-going. Both staff of CC and CTEH are learning the process of integration and developing financial system to improve the services.
- Promoted rights of people with disabilities to have more opportunity in accessing public service provisions and strengthen the referral networking with the partner such as CDPO, CDMD, MoSVY, ..
- Shortage of ophthalmologist due to lack of cooperation between NPEH and Ministry of Health (MoH). This is a long time problem. Though might have not changed but CTEH continue to collaborate with both.
- Most of patient come to get eye care services at CTEH are poor, but paying patients are also increasing. CTEH continue the publicity and radio broadcast daily.
- Attend the monthly Pro-Technical Health Working Group (Pro-THWG) to discuss the health issues in Takeo Province. The attendance will also direct to motivate PHD to promote and advocate the needed supplies and personnel of CTEH in MoH and NPE

- Attend the quarterly Caritas Manage Committee Meeting to discuss the management of each project. CTEH participation in the Caritas Cambodia management meeting brings the present situation and problem of CTEH to the whole Caritas Cambodia set up.
- Financial deficit due to no donors to support and one of a main difficult issue to achieve project objective through time frame.
- Continue to use the existing system of the health care of the country and develop the referral system from health centre to the referral hospital and CTEH.
- Encourage Takeo Provincial Health Department, Dunkeo Operational District, and Local community to include the corneal ulcer intervention in the health centre activities.

All of these are our successes and challenges that we have to improve more to meet the requirement of our donors by using these experiences to develop action plan that we implement in the future.

Part D: Plans for 2015:

1. Continue contribute Supporting the National Program for Eye Health Office

2. Service Delivery and Referrals

- To treat 3,223 patients
- To increase number of Outreach referral attendance rate each year (47% in 2014)
- 300 people attending World Sight Day activities
- People who attend basic eye care education sessions at CTEH to increase by 2015
- Increase the Cataract Surgery Rate (CSR) (CSR in 2013 was 1,363)
- Cataract surgery complication rate to be less than 7%
- Maintain spectacle distribution rate of 80%

3. Community Ophthalmology, Health Promotion and Advocacy

- Conduct 2 Outreach Screenings per month for CTEH
- Distribute 3,000 advocacy leaflets
- Local Air daily radio spots promoting eye health and morning do health education in hospital
- Celebrate World Sight Day
- Pilot community project by select two field staff to go outreach for promote eye care awareness to community and identify common eye disease and refer patient who need surgery to Takeo Eye Hospital.

4. Human Resource and Trainings

- To continue implementation train doctors in Ophthalmology Residency Program
- Train nurses, Diploma Ophthalmic Nurses (DON)
- Primary Eye Care for Health Centre staff, VHV, and school teacher
- Continue to participate the Continuing Medical Education of CONS
- Provide basic Low Vision training to refractionist
- Nurse trained in Fundus Angiography and Ultrasonography
- Asia Pacific Academy of Ophthalmology (APAO) congress at Guang Zhou, China.
- Paediatric Ophthalmology and Adult Strabismus
- Report writing effectively training
- Monitoring and Evaluation training
- Train on health promotion and counselling

- Training on Page Design (Information Technology)
- Proposal and fund raising training
- Review Child protection, Gender, and disability for CTEH staff
- Promote eye care during important event such as Woman Day, International Children Day, Disability Day,...