



Cambodian Red Cross

Cambodia Healthy Ageing Pilot Project

Note of field Rapid Assessment, Svay Rieng Province

8th June – 10th June 2017

I. Key informant interview

1.1 Provincial Red Cross Branch

Date: 8th June 2017

Location: Svay Rieng Municipal

Name of Interviewer: Mr. OM Vutharo, Senior Program Admin-Finance Team Leader (SPAFTL) CD/NCD Health Sub Department, CRC NHQ.

Name of interviewee: Mr. Sar Vanna, Director of Provincial Red Cross Branch, contact no: (012-xxx-xxx)

Note of interview

1.1.1 Health situation:

- Community people do not care so much about their health problem.
- Poor hygiene among target group.
- Unhygienic food, and poor behavior practice such as sleeping without mosquito net, drinking unclean water or sharing food from their own mouth to the babies.
- Almost community people ask pharmacies to make diagnostic and treat their symptoms rather than to proceed to the specialist doctor and some people use traditional medicine rather than using the modern one.

1.1.2 Policy of Healthy Ageing:

Red Cross Branch provides food relief to the vulnerable people in general but they offer food box carrier and tea pot additionally to the elderly people.

1.1.3 Recommendation:

- To put elderly people in group in order to make easier for further project implementation.

1.2 Provincial Health Department:

Date: 8th June 2017

Location: Svay Rieng Municipal

Name of Interviewer: Mr. OM Vutharo, Senior Program Admin-Finance Team Leader (SPAFTL) CD/NCD Health Sub Department, CRC NHQ.

Name of interviewee: Dr. Vorn Vinara, Deputy Director, Provincial Health Department, contact no: (012-456-448).

Note Interview

1.2.1 Health situation:

- The communicable Disease (CD) is increased significantly but it has been under controlled. There is not any involved institutions or NGO to conduct the Healthy Ageing program specifically.
- Blood pressure, rheumatics, diabetes, and cancer cases are the top rate among other NCD group.
- Due to low living condition that make community people do not concern so much to take care their health and healthy food options for consideration.
- Almost the community people drink alcohol.

1.2.2 Policy of Healthy Ageing:

- The line ministry has considered about Healthy Ageing but not yet developed any policy specifically.

1.2.3 Recommendation:

- Capacity building is very important for human resource development.
- I.E.C Development should be adapted to the community context, needs and satisfaction.
- Selection the Village Health Support Group (VHSG) to attend 2 days training with Red Cross Volunteers is highly recommended. It would be better that VHSG could collaborate with RCV to implement the project activities in the future.
- PHD NCD Unit could collaborate with CRC in term of technical support in the future.
- Elderly Center should be established for old people who are neglected by their families.

1.3 Provincial of Social Affaires Veteran and Youth Rehabilitation:

Date: 8th June 2017

Location: Svay Rieng Municipal

Name of Interviewer: Mr. OM Vutharo, Senior Program Admin-Finance Team Leader (SPAFTL) CD/NCD Health Sub Department, CRC NHQ.

Name of interviewee: Mr. Prum Vannak, Deputy Head of Social Affairs, Veteran and Youth Rehabilitation, contact no: (011-956-211).

Note of interview:

1.3.1 Health situation:

- Among elderly people are disability and isolated by their families. Otherwise, some people are poor of living condition and without supports.

1.3.2 Policy of Healthy Ageing:

- The Provincial Department has a specific policy for elderly people in place but not yet got any financial support from the national level.
- The Provincial Department organized the special event for the Cambodian Elderly People for social interaction purpose and all of them obtained in kind support including rice, instance noodle, and can fish.
- The provincial Department creates the elderly committee for mobilizing funds through the membership or charities box in order to support the member who fall sick, or pass away. Right now, 19 communes in Romeas Hek and other 3 communes in Svay Chrum were established the Elderly Committee.

1.3.3 Suggestion/Recommendation:

- Good collaboration with involved departments and other local authorities.
- The project should respond to the real needs of the community people.
- Clear work plan and timeframe for the project implementation.
- To create elderly center, provide food nutrition, and encourage the target beneficiaries to access health services.

1.4 Provincial of Women Affairs:

Date: 8th June 2017

Location: Svay Rieng Municipal

Name of Interviewer: Mr. OM Vutharo, Senior Program Admin-Finance Team Leader (SPAFTL) CD/NCD Health Sub Department, CRC NHQ.

Name of interviewee: Ms. Chhim Sophiny, Deputy Head of Provincial Women Affairs

Contact no: (016-399-889)

Note of interview:

1.4.1 Health situation:

- The older people are living without support from their families. Almost young children left their parents for jobs seeking in other provinces or migrant to neighboring countries. So, nobody organized appropriate food, taking care especially they do not have times to take care themselves.

1.4.2 Policy of Healthy Ageing:

- There is not any specific program to support elderly people in place.

1.4.3 Recommendation:

- The project should create and train the caregiver group how to take care the elderly people properly.

1.5 District governor:

Date: 9th June 2017

Location: Chantrear District

Name of Interviewer: Mr. OM Vutharo, Senior Program Admin-Finance Team Leader (SPAFTL) CD/NCD Health Sub Department, CRC NHQ

Name of interviewee:

-Mr. Hoeung Sara, Deputy Director, Chantrear District, contact no. (031-881-5777)

-Ms. Sou Say, Deputy Director and the President of Red Cross branch, Chantrear District, contact no. (088-910-7911)

-Mr. Reach Bun, Red Cross Sub branch Permanence Officer, contact no. (097-973-1334)

-Mr. Chea Kear, Head of Commune, Mesa Thngok, contact no. (088-414-1999)

Note of interview:

1.5.1 Health situation:

- Bone disease, Blood pressure, diabetes, intestinal problem, and stomach ulcer.

- Almost elderly people have carried the disease but they keep it patiently without treatment rather than telling the truth to their families or neighbors until the last stage that is late to cure them. Otherwise, if they want to go to the Health Center, nobody accompanies them.
- The elderly people take care of their grandchildren seriously more than by themselves. They are Buddhist. They usually pray to the Buddha for help when they fall sick and they think they are old enough. Thus, they do not care whenever they will die.

1.5.2 Policy of Healthy Ageing:

- There is no any policy related Healthy Ageing in place. According to the MOSAVY master plan, district governor, and commune council already integrated the elderly people policy into the development plan but has not yet got any support from other NGO, associations or private sectors.

1.5.3 Recommendation:

- All communes should have data in hand related older people in order to make easier for further intervention. Otherwise, frequent data update is the best way for making the commune development plan.
- Medical service fees should be exempted for all elderly people in order to encourage them to use the existing health service at the Health Center consistently.
- CRC should extend to other communes and villages in the target areas.

2 Focus group discussion

Name of Village: Tadev

Date: 9th June 2017

Location: Tadev Village, Mesar Thngak Commune, Chantrear District

Focus Group: **Men**

Name of Interviewer:

- Mr. Lak Sithourn, Communication and Dissemination Officer, Svay Rieng Red Cross Branch
Contact no. (070-574-485)

Participants:

No	Name	age	sex	professional	PWD	contact
1	Mao Phin	58	M	Farmer		060-323-575
2	Khem Proeung	68	M	Farmer		n/a
3	Yin Prum	55	M	Farmer		n/a
4	Khim Samay	51	M	Farmer		071-6117947
5	Houy Sophan	58	M	Farmer		097-9145596
6	Kong Lon	59	M	Farmer		n/a
7	Chhim Samoeun	60	M	Farmer		097-4743270
8	Sok Sith	40	M	Farmer		097-7415803

Note of interview:

1. Identify Health problem
 - Waist ache, rheumatism, blood pressure, stomachache and dizzy.
2. Discrimination among elderly and Gender
 - Stigma and discrimination among elderly people is not reported in this area.
3. Health care service
 - The community people use existing health services in place. They usually go to the Health Center when they are not so fine. The services are satisfied by the clients.

4. Daily dietary
 - Fresh vegetable that they plant themselves behind their houses, mild salty or sweets food. Sometimes, they buy ready cooked food from the market.
5. Physical exercise
 - Growing vegetable and clean house.
6. Excessive alcohol and cigarette
 - Short and difficult breathing and stomachache.
7. Healthy practice and long life learning
 - Drinking boiled water, use own vegetable, house clean up.
8. Mapping (identify high risk areas, access service and network)
 - Health Center is located 2 km far from the village center. However, the referral hospital is 20 km far away from the district center. The police post and pagoda are located in the district center where a primary school was built in it. The water supply network is available in this district and almost household reported to have a personally latrine.
9. Community respond
 - The Cambodian Red Cross provide food relief to the elderly people
10. Suggestion
 - Medication and food relief provided is the most important for the community people. (Stop here)

Name of Village: Tadev

Date: 9th June 2017

Location: Tadev Village, Mesar Thngak Commune, Chantrear District

Focus Group: **Women**

Name of Interviewer:

- Mr. Korm Sokhan, Project officer (NHQ)

Participants:

No	Name	age	sex	Professional	PWD	contact
1	Sam Theavy	51	F	Farmer		088-5060744
2	Mao San	52	F	Farmer		n/a
3	Kan Vanny	63	F	Farmer		n/a
4	Sou Than	55	F	Farmer		097-7235547
5	Houy Phally	55	F	Farmer		071-2302090
6	Orn Sabul	47	F	Farmer		096-3646148
7	Riel Dara	49	F	Farmer		n/a
8	Khim Thoeun	52	F	Farmer		n/a

Note of interview:

1. Identify Health problem
 - Waist pain, stomachache, knee pain, rheumatism, and dizzy.
2. Discrimination among elderly and Gender.
 - There is not any cases related stigmatization and discrimination in place.
3. Health care service
 - Elderly people access Health Center by motorbike taxi when they are not so fine. They feel satisfaction and well hospitalized by the Health Staff.
4. Daily dietary
 - Pork, catching fish, mixed vegetable soup with pickled fish, mild salty and sweet food.
5. Physical exercise
 - Do short time exercise, Chop wood, clean house.
6. Excessive alcohol and cigarette
 - Alcohol abuse will lead to die.
7. Healthy practice and long life learning

-Drink boiled water, use water from bio sand filter, clean environment, use own growing vegetable.

8. Mapping (identifies high risk areas, access service and network)

-Health Center is located far away from the village center. It is about 3 km far by walking. It is a little bit difficult as well to access police post or local authority office for security assistance

9. Community respond

-The Cambodian Red Cross offer food relief and other in kind support.

11. Suggestion

-CRC should assist the elderly people when they fall sick such as providing medicine, and food relief.



Name of Village: Baray Village

Date: 9th June 2017

Location: Baray Village, Mesar Thngak Commune, Chantrear District

Focus Group: **Men**

Name of Interviewer:

- Mr. Korm Sokhan, Project officer (NHQ)

Participants:

No	Name	age	sex	Professional	PWD	contact
1	Ngoun Sour	60	M	Farmer		088-3667422
2	Tieng Sen	47	M	Farmer		n/a
3	Em Sann	53	M	Farmer		088-9694031
4	Nay Sophal	48	M	Farmer		088-3330133
5	E Sia	45	M	Farmer		088-9615791
6	Tan Dom	55	M	Farmer		097-9254373

Note of interview:

1. Identify Health problem

- Flue, Kidney inflammation, waist pain, knee pain, Eye blur

2. Discrimination among elderly and Gender

- There is not any cases related stigmatization and discrimination in place.

3. Health care service

- Elderly people usually access services at the Health Center.

4. Daily dietary

- Pork, fish, vegetable soup, get tree meals per day.

5. Physical exercise
 - Body movement, clean up house.
6. Excessive alcohol and cigarette
 - Health affected, caused diseases.
7. Healthy practice and long life learning
 - Eating healthy food, drinking boiled water, clean up houses, growing vegetable, mild salty and sweet food.
8. Mapping (identify high risk areas, access service and network)
 - Health Center is located far away from the village center. It is about 3 km far by walking. It is a little bit difficult as well to access police post or local authority office for security assistance
9. Community respond
 - Cambodian Red Cross supports the target group when they are venerable. Local authority mobilized financial resource to support the funeral ceremony.
10. Suggestion
 - Food relief and in kind support, home visit for elderly people.

Name of Village: Baray

Date: 9th June 2017

Location: Village Baray Village, Mesar Thngak Commune, Chantrear District

Focus Group: **Women**

Name of Interviewer:

- Ms. Sek Monineath, Communication and dissemination officer, contact no. 071-8853047

Participants:

No	Name	age	sex	Professional	PWD	contact
1	Thong Than	52	F	Farmer		n/a
2	Muong Vah	65	F	Farmer		n/a
3	Sim Salorn	51	F	Farmer		0717680392
4	E- Hean	51	F	Farmer		n/a
5	Prum Yan	50	F	Farmer		071-6224085
6	Prum Sokhom	50	F	Housewife		n/a
7	Mak Keung	55	F	Child care		n/a
8	Chey Rang	55	F	Farmer		n/a
9	Sim Seukhy	50	F	Farmer		097-8229325
10	Pheng Ra	57	F	Farmer		n/a

Note of interview:

1. Identify Health problem
 - Headache, leg hurt, Kidney inflammation.
2. Discrimination among elderly and Gender
 - There is not any cases related stigmatization and discrimination in place.
3. Health care service
 - Access health services by motor taxi. It costs 5000 riels for one trip.
4. Daily dietary
 - Eat fish, more vegetable, get meals 3 times.
5. Physical exercise
 - Body movement.
6. Excessive alcohol and cigarette
 - Excessive alcohol makes us unhealthy
7. Healthy practice and long life learning
 - Living with cleaned environment, eating healthy food, and good hygiene practice.

8. Mapping (identifies high risk areas, access service and network)

-Do not identify any risk factors in this area.

9. Community respond

-Elderly people was support by CRC

10. Suggestion

- Medicine, and Food relief.



Name of Village: Svay Kuy

Date: 10th June 2017

Location: Svay Kuy Village, Mesar Thngak Commune, Chantrear District

Focus Group: **Women**

Name of Interviewer:

- Ms. Sek Monineath, Communication and dissemination officer, contact no. 071-8853047

Participants:

No	Name	age	sex	Professional	PWD	contact
1	Uk Sun	66	F	Housewife		097-5800323
2	Sok Sare	50	F	Casino Staff		n/a
3	Meas Yanny	65	F	Housewife		n/a
4	Khay Tepy	69	F	Housewife		n/a
5	Chea Sophan	69	F	Farmer		n/a

Note of interview:

1. Identify Health problem

- Headache, diarrhea, arm and leg hurt, toothache, blur eye.

2. Discrimination among elderly and Gender

- There is not any cases related stigmatization and discrimination in place.

3. Health care service

-Target beneficiaries always access health services at Health Center nearby their houses.

4. Daily dietary

-Eat Fish, Vegetable, and Pork.

5. Physical exercise

-Clean up their houses,

6. Excessive alcohol and cigarette

-Excessive alcohol makes them feel happy

7. Healthy practice and long life learning

-Getting healthy food, clean environment

8. Mapping (identifies high risk areas, access service and network)

-Do not identify any risk factors in this area.

9. Community respond

-Do not get any support for Elderly people by any NGO or other associations.

10. Suggestion

-Medicine and food relief are proposed.

Name of Village: Svay Kuy

Date: 10th June 2017

Location: Svay Kuy Village, Mesar Thngak Commune, Chantrear District

Focus Group: **Men**

Name of Interviewer:

- Mr. Lak Sithourn, Communication and Dissemination Officer, Svay Rieng Red Cross Branch

Contact no. (070-574-485)

Participants:

No	Name	age	sex	Professional	PWD	contact
1	Pheung Khiet	61	M	Farmer		097-6866906
2	Keo Puth	53	M	Farmer		071-6025487
3	Tep Seng	73	M	Farmer		n/a
4	Pheung Ry	63	M	Farmer		n/a
5	Som Yeuth	59	M	Farmer		097-2503409

Note of interview:

1. Identify Health problem

- Arm and leg hurt, eye blur, toothache

2. Discrimination among elderly and Gender

- There is not any cases related stigmatization and discrimination in place.

3. Health care service

-The people has access health services at national hospital, health center and the services is satisfied by the clients.

4. Daily dietary

-Fried fish, vegetable growing by themselves.

5. Physical exercise

-To release a little bit energy for growing banana.

6. Excessive alcohol and cigarette

-Excessive alcohol will affect our health problem.

7. Healthy practice and long life learning

-Living with the clean environment and healthy food.

8. Mapping (identifies high risk areas, access service and network)

-Do not identify any risk factors in these areas.

9. Community respond

-Getting strongly support by local authority and neighbors.

10. Suggestion

-Medicine and food relief is highly suggested.

