

JICA Cambodia

Project for Strengthening Human Resource Development System of Co-medicals

The Project for Strengthening Human Resources Development System of Co-medicals

A Newsletter from JICA HRD Project No.6

Dec 2010

The Activities of Expert Tamura

JICA expert, Dr. Tamura Yayoi, President of National College of Nursing had been dispatched from December 13th till 22nd. The establishment of Cambodia law and regulations on nursing and midwifery is one of the outputs that the project need to work on now. It is necessary to start activity by giving a deep understanding on the meaning and content among officers of MoH. Therefore, a meeting was organized on December 15th, chaired by H.E. Prof. Thir Kruey, Secretary of State for Health, in order to get a consen-

sus from the top of MoH for the establishment of Law and Regulations on Nursing and Midwifery. First of all, there was an explanation from Dr. Tamura on the background of Japan nursing care, the process in an establishment of law and regulations on nursing, contents and necessity of the law and regulations etc. After the presentation of Dr. Tamura, the discussion was made among the participants and the Ministry of Health had officially agreed on focusing on the establishment of law and the regulations on

Nursing. Moreover, on December 22nd, a workshop was organized, in which there were discussions among the managers of educations from TSMC, 4 RTCs, national hospitals, department and bureau of Nursing and Midwifery, and Nursing council and Midwifery Council, on “Expectations from society towards nurses” and “The necessity of establishment of nursing regulations to respond to the society.”

Below is the brief description of Dr. Tamura’s activities:

10-day effort as a short-term expert

In December 2010, in Japan, it is the busiest month for teacher in Japan. However, I arrived at my post in Cambodia for the first time with Dr. Noriko Fujita, Chief Advisor, on December 13th for the purpose of getting to know the present situation of Cambodian Nursing and Midwifery legal system, and I think if I can be helpful more or less. The time I had connection with Cambodia goes back to one and half year ago when Dr. Fujita suddenly came to my office. The purpose was to consult about the framework in order to get to know the educational system and actual condition of nursing and midwifery in Cambodia. I just made some comment based on my administrative experience, but at last the start of the project was determined, as an expert whom I have known in Laos, she arrived at her post as a long-term expert and counterpart training cooperation at the end of August became decisive. On Decem-

Dr. Tamura Yayoi

ber 15th, 2010, in the meeting at the Ministry of Health which is my first large event of being dispatched to Cambodia. I introduced Japan law and regulations of public health nursing, midwifery and nursing, including sub-decree and ordinance of the Ministry and took the opportunity to make officers concerned know the necessity of effective legal system.

Although the law and regulations relevant to nursing and midwifery have already existed, the practices have not been strengthened yet. We have to do something in order to improve it. The first workshop with the participations of nursing educators and chiefs of nursing from hospital was held on the day before I went back. The content of the workshop was the basis of the establishment of the law and regulations on Nursing and Midwifery, and I looked forward to listening to vision on nursing and mid-



Front left: Prof. Thir Kruey, and Front right Dr. Tamura, Expert



from left Ms. Noriko Mochizuki
Dr. Tamura Yayoi,
Dr. Phom Samsong,

10 days of hardship as a short-term expert (Continue)

wifery and how they talk about the relation with the society, and the future expectations towards nursing and midwifery professionals.

By the way, on the summer's Nikkei newspaper there was an article with photo about eating big spider in Cambodia. On the way back from inspection tour to Kampong Cham Regional Training Center, I stopped off at court where fried spiders were sold along the road. Fortunately, while I patted a living black spider of 10 centimeter in diameter, recognizing it as food vanished and I felt relieved in my

mind without vomiting even one of eaten spiders from my stomach. But after that I realized that there are also many Japanese who eat spider but, there are not many people who pat it.

Picture: The edible spider which crawls on the arm of the Tamura expert



Left: Ms OSANAI, Chief Advisor of MCH Project, Right: Dr. Tamura



From the spot of medical care in Cambodia

Shinohara Saori, team JOCV21, Laboratory Room, Kompong Chhnang Referral Hospital,

One year and a half has already passed since I started my activity as an overseas cooperation volunteer in Cambodia hospital from June 2009. From the position of a laboratory technician I'd like to take the opportunity to introduce some states of affairs of a public hospital in a small city of Cambodia. It's a place about 2 hours by car from Phnom Penh.

I. My work place is like this

In the place called Kampong Chhnang city of Kampong Chhnang province about 91kms north of Capital Phnom Penh, there is a

hospital where I work. The word Kampong means (port) and Chhnang means (pot), as the origin of its name the place is abundant in pottery such as earthen pot and there are many villages of people making their living by pot making till now. The province where Cambodia largest lake the Tonle Sap lake and the Tonle Sap river flow through is also abundant in fish. But even in the same province, on the opposite side of the river the gap in medical environment seems to be bigger and the literate rate seems to be lower comparing to another side with national road and provincial town.

Plenty of palm tree



Boat port



II. Cambodia clinical laboratory room

II-1- Staff & human resources

Cambodian people are very bright and friendly and they work at their own pace. I live a happy and healthy life everyday because of such colleague's help. Most of staffs working at Cambodia laboratory room are primary nurses who had been gone through only short-term training or some times they haven't gotten training at all. There are seven laboratory technicians in the laboratory room where I work, but only one of my counterparts whose age is 18 has got qualification in Laboratory. Most of my colleague staffs can release a laboratory test result, but they can't understand whether the test result is right or wrong, and can't cope with transparency management or wrong meas-

urement. Therefore, it's true that they often report some unreliable laboratory test results without knowing the mistake.

Moreover, the problem is that there is gap of wages between private hospitals and public hospitals. Generally, it's said that in Cambodia the salary of government officials is very low, but hospitals are not exceptional too. Young human resources that got technical training, veteran human resources that have had some knowledge seldom come to work in public hospitals in rural areas. They aim to work in well-paid hospitals in Phnom Penh or in rural private hospitals. So lack of human resources in public hospitals is a serious problem. Now, there are only two qualified Cambodian laboratory technicians in Kampong Chhnang province who were newly dispatched in 2010, and they were assigned to work in other hospital in the province.

II-2- Facility & Equipment

In most of Cambodia referral hospitals, each section's wards stand separately in the large ground. In these 3 or 4 years, many wards had been newly constructed. In Kampong Chhnang hospital, where I work, there are emergency ward constructed by Korean aid, HIV & TB ward, ophthalmic ward constructed by Australian aid including clinical laboratory ward that NCHAD constructed in each province referral hospitals and the appearance of those wards is very nice. In each place of the hospital campus, many litter bins have been put and they are kept clean every day by the cleaning staffs. In clinical laboratory section, besides clinical laboratory ward there are computers to control data, blood corpuscle counter, biochemical measuring equipment which were placed by NCHAD and the Ministry of Health and reagent necessary for clinical laboratory have been distributed by sponsored field of HIV and STD. In each distribution time different company had been put on and more volume than is necessary has been sent. So our staffs are in difficulty to read the explanatory note and adjust the equipment and to control the reagent that won't go into the refrigerator. Some thing that is not distributed the hospital buy on its own, but it can't meet the need of clinical laboratory room and being unable to do laboratory test because of insufficient reagent is often.

II-3- In trouble

To use laboratory equipment, electricity is necessary, but also it's the main issue. Electricity is available in the area where I work but frequent electric fail-



ure, unstable voltage, high price in electricity charge is the reason and our laboratory room has also been affected. Firstly, voltage stabilizer and chargeable battery break down easily and the power of laboratory equipment falls down whenever electric failure takes place.

During electric failure, laboratory test is stopped. Moreover, sometimes the electricity was cut off because the hospital could not afford electricity charge. There is also a generator, but it's in bad running condition so the laboratory test doesn't go smoothly as expected.



III-Daily activities

The task of Cambodia laboratory room's staffs is mainly physical examination. They do blood abstraction, blood test, urine test, stool test, (a parasite), malaria test, blood transfusion test (blood type, infectious diseases, cross match).

My activity is mainly to advise and instruct to improve laboratory test transparency in biochemical test (blood sugar), Cholesterol AST /ACT etc.) by using machine and work as man power as well. My counterpart has had education on English language and technical test. So he understands the principle of the test and setting of equipments the most among the staffs. Therefore, about laboratory test skill, equipment setting contents, review on a report format and normal value setting, firstly we suggested the counterpart and the matters improved little by little under his agreement.

Now, what we are suffering with the counterpart is that the laboratory room won't fully function if he has gone away.

To prevent such problem, it's necessary to upgrade the staffs, but we are not sure that the generations that haven't had enough education can read decimal point or graphs.

They can't also read the frequently-changed explanatory note written in English. Although they are able to do routine task according to manuals, we are really in the head on how to and from which point to teach them so that they can set the equipments and cope with the occurring errors.

IV- Cambodia seen from the laboratory room

One Sunday, there was a phone call from my colleague saying that "Today we have so many patients come to hospital, and can you come to the hospital?"

When I reached the hospital I saw people crowded like a festival. It's no ordinary. So many young ladies lying sick in beds, on the floor, outside and under the shade of the buildings and trees. They are accompanied by their families. After asking the details, we knew that there was an accident in the nearby garment factory. More than 300 young female workers who became unconscious, hard breathing, sick were sent into the hospital. Fortunately, there are very few of very serious cases, and most of them went back after finishing drip transfusion. It's not so big accident, but there is reason why there were many patients. Female workers working in the factories are not satisfied with working environment and its low wages. Moreover, they haven't enough food and the nourishment condition is not good. The accident takes place under such environment, some of workers fainted and the people around them also got big shock and they got chain reaction one after another. The hospital staff said that "This case is a big mental problem that those female workers suffer".

V- Finally

The activity of Japanese volunteer can't bring big change like project or aid using money. It's a stance that we won't make a waste of what we have and can

do what we don't have including Cambodia present situation that finally laboratory room has improved because of many different aid. Now what we are doing is perhaps like a sand hill that vanished in the waves when the large aid comes in. Although sometimes we are always preaching while working together every day, we hope that there will be provision of right laboratory test result and trust from doctors and patients toward laboratory room.



Activities around the project

December 7th Mission to Kampot RTC
 December 13th Tamura expert, Fujita CA arrive at their post
 December 15th Opening the ministry of health meeting relevant to enactment of nursing regulation
 December 16th Visit to technical school for medical care
 December 20th Visit to national maternal child health center

December 21st Opening workshop relevant to enactment of nursing regulation
 December 22nd Tamura expert going back
 January 12th Fujita CA going back
 January 24th – 29th Mission to Bangkok (2nd Global Forum on Human resources for health Province Mahidol Award Conference 2011)
 February 8th – March 22nd -----expert being dispatched

Please visit our home page below:

<http://www.jica.go.jp/project/cambodia/004/index.html>