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អាណ្លីម៉ង់

DEUTSCHE ZUSAMMENARBEIT

អនុវត្តដោយ:

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# Health Seeking Guide – Srei Snam District, Siem Reap Province, Cambodia

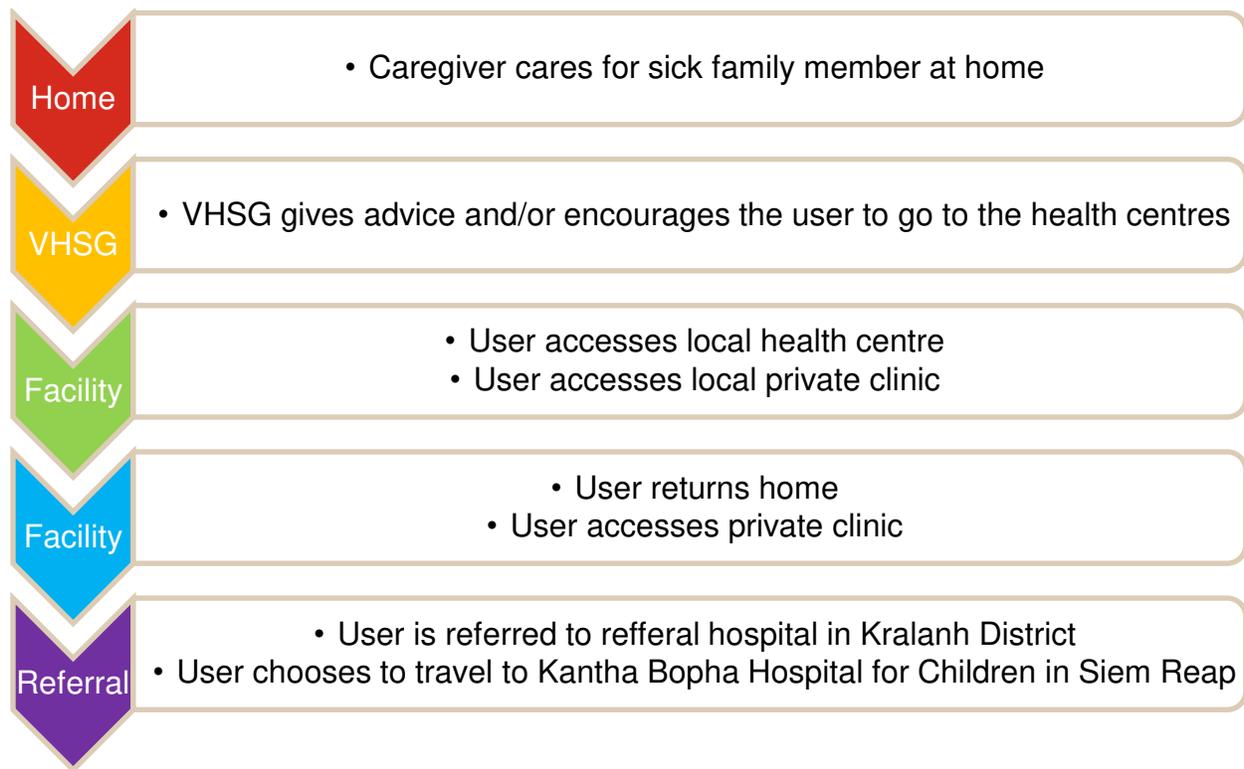
The following health seeking guide intends to provide a description of the formal health system’s procedures for diagnosis, treatment and referral and compare this with the experience of poor, rural users, particularly those with young children suffering from dengue or malaria-like symptoms.

**All respondents’ names and home village names have been changed to protect confidentiality.**

## Contents

Summary of choices.....	2
Where to go.....	2
How they help.....	3
What’s the cost.....	4
How to use this Guide.....	5
Geographic Location.....	7
Part 1: Services.....	8
Case Study: Village Health Support Group member.....	8
Case Study: Moung Health Centre.....	10
Case Study: Kralanh District Referral Hospital.....	11
Case Study: Kantha Bopha Children’s Hospital – Jayavarman VII.....	13
Part 2: Experiences.....	15
Case Study: Mrs. Sok Dany and Mr. Luch Davith.....	15
Case Study: Mrs. Cheng Sokleang.....	17
Case Study: Mrs. Soeun Bopha and Mr. Men Saron.....	18
Case Study: Mrs. Seng Chariya and Ms. Heang Kalyan.....	20

## Summary of choices



## Where to go

Caregivers or people who are sick may decide to contact their local VHSG (Village Health Support Group) member for advice. The VHSG may provide advice and medicine at this stage or may encourage the person to go to the local health centre. Some people will not contact the VHSG and will choose to go to a local health centre or private clinic on their own volition. At the health centre or private clinic, if the case is serious, the user may be encouraged to go to the local referral hospital in Kralanh District or the user may choose to go to a private clinic in the nearest district capital (see map).

With less severe cases, the user may be given treatment and told to return home. This may satisfy the user as they may feel better and decide that they no longer need to return to the health centre or clinic. However, if the user is not satisfied with the treatment offered at the health centre or private clinic, in that they are still caring for a sick family member or are themselves still sick, they may decide to travel a greater distance to the district capital to access a private clinic. At these private clinics, most users are treated for less severe cases. Nevertheless, in severe cases that cannot be managed by these private clinics, the user may again be encouraged to go to the Kralanh Referral Hospital in Kralanh District or Kantha Bopha Children's Hospital in Siem Reap town.

## How they help

Within villages, VHSGs have the capacity to test for malaria and prescribe antimalarial medication. At local health centres, treatment generally consists of advice about care, prescription of vitamins, and in some cases the prescription of antibiotics even for suspected dengue fever. Also, health centres, like VHSGs, have the capacity to test for malaria and prescribe antimalarial medication (Eurartesim). For other suspected illnesses, the health centre staff may also prescribe vitamins, paracetamol and/or antibiotics. In severe cases, health centre staff will encourage the patient to go to the Kralanh Referral Hospital.

Users may decide to attend a local (usually unlicensed) private clinic staffed by health workers from the government health centres and hospitals. Here regardless of the diagnosis, treatment nearly always consists of 'serum' (intravenous saline drip, sometimes mixed with vitamins and/or antibiotics). In addition, vitamins, and/or antibiotics can also be prescribed. More worryingly, antibiotics can be prescribed for treating suspected dengue fever and malaria. At private clinics in the district capital, the treatment is similar to that provided at more local clinics: 'serum', vitamins, and antibiotics.

At the referral hospital in Kralanh District, the staff is able to test for both malaria and dengue fever. Malaria can be treated by artemether-combination therapy and 'serum' although there is no follow-up on these patients once the patient leaves the hospital. For Dengue fever, the staff will try to reduce the patient's fever by administering 'serum', vitamins and paracetamol as well as medication for colic and nausea problems.

At Kantha Bopha Children's Hospital<sup>1</sup> a blood test will be conducted for suspected dengue and malaria cases. For cases of dengue, the patient will be given 'serum' and encouraged to rest, and for cases of malaria, the hospital follows a similar procedure to the referral hospital. Kantha Bopha Children's Hospital is also able to diagnose tuberculosis and prescribe Rifater. They will also encourage the patient to return to the hospital every two months to receive more medicine in order to complete the entire six month course of medication.

Generally, there is misuse of the medications prescribed with either the wrong medications prescribed based on a misdiagnosis, e.g. prescribing antibiotics for dengue, or there is a risk of patients not completing their course of medication as in the case of malaria. In the case of tuberculosis, it is noticeable that Kantha Bopha Children's Hospital tries to monitor their patients by encouraging them to return to the hospital. However, if patients choose not to return to the hospital, there is no system in place to monitor the patient's recovery.

## **What's the cost**

The costs of treatment vary from approximately USD0.50 at health centres to between USD10.00 and USD25.00 at private clinics which does not include the cost of transportation. This can be approximately USD10.00 depending on the distance travelled. Families with an Identification of Poor Households (ID Poor) card will receive free healthcare at the health centre and referral hospital. ID Poor card holders will also receive free transportation to the referral hospital from the health centre via local ambulance. Those with an ID Poor card or with health insurance will be reimbursed for their travel costs from the village to the health centre though this may not be a 100% reimbursement of expenses. Non-ID Poor cardholders will need to pay for transportation to the health centre and the referral hospital in Kralanh District. Transportation to the district referral hospital could cost between USD7.50 and USD50.00.

At the referral hospital, ID Poor cardholders will receive approximately USD1.25 per day in support as well as their free health care. If the patient does not have an ID Poor card, they can pay USD15.00 for a health care package and then an additional USD2.50 for oxygen and X-rays if their diagnosis requires these. At Kantha Bopha Children's Hospital, patients will be assessed for their ability to

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<sup>1</sup> Kantha Bopha Children's Hospital is a privately funded network of free children's hospitals that has now been handed over to the Ministry of Health for part management and part funding. However, the network of hospitals is still primarily funded by a Swiss-based foundation.

support their own health care needs regardless of whether they have an ID Poor card or not. Poor families will be supported with USD1.25 per day and transportation home will be between USD2.00 and USD8.00 depending on the distance within Siem Reap Province. For those living outside Siem Reap Province, they will be provided with a flat rate of USD10.00 for transportation.

None of these health care institutions provide support to family caregivers who traditionally will accompany, stay with and care for patients overnight until they are discharged from the hospital.

## How to use this Guide

The following methodology explains the user how to use this guide with village communities in Cambodia.

It is intended to be used flexibly to generate discussion to inform participants of the health seeking options available.

**Objective:** Provide participants with insight into the experiences of health service users and the available local health service options.

**Material:** Health Seeking Guide & climate change and health causes and impacts pictures

**Time:** 1 hour and 35 minutes

**Process:**

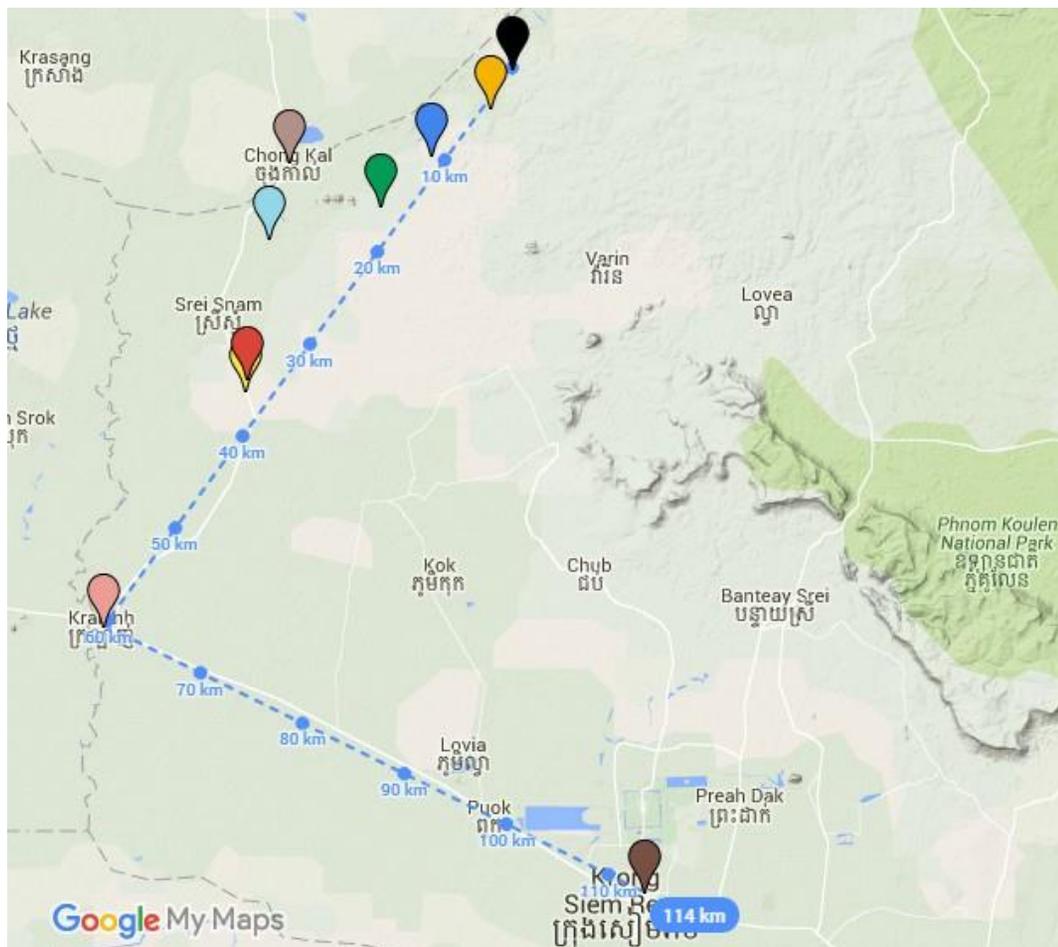
Step	Activity/ Topic	Methodologies	Time
1	Introduction agenda/ objective	Welcome introduce agenda and objective	5mn
2	Climate Change Causes and Impacts - see vulnerability assessment, historical timeline and seasonal calendar.	Ask questions of the participants. Change the participant each time. Do not let the same participant answer all the questions. 1. What can you see in the picture? 2. Is that the same for this village? 3. When does it happen? 4. What are the problems (health, social, economic) of this for the village? 5. What are the problems of this for disabled, elderly, young children? 6. How can we solve the problems?	10mn
3	Compare	Each participant stands up and explains what they would do if they or a family member were suffering from a fever.	15mn

4	Health Seeking Guide - Part 1: Services	<ul style="list-style-type: none"> <li>• Choose 1 or more of the descriptions of services in Part 1 of the Guide.</li> <li>• One literate community member, such as a VHSG, reads the description of the services.</li> <li>• When finished, ask the participants some questions: <ol style="list-style-type: none"> <li>1. Is this similar to the health care services that you have experienced?</li> <li>2. What was difficult about using the service?</li> <li>3. What was easy about using the service?</li> </ol> </li> </ul> <p>Ask the participants if they have any questions about the local health services.</p>	15mn
5	Health Seeking Guide - Part 2: Experiences	<ul style="list-style-type: none"> <li>• Choose 1 experience in Part 2 of the Guide.</li> <li>• One literate community member, such as a VHSG, reads the description of the experiences.</li> <li>• When finished, ask the participants some questions: <ol style="list-style-type: none"> <li>1. Is this similar to the health care services that you have experienced?</li> <li>2. What was difficult about using the service?</li> <li>3. What was easy about using the service?</li> </ol> </li> <li>• Ask the participants if they have any questions about the local health services.</li> </ul> <p><b>If enough time, repeat the steps above for another experience from Part 2.</b></p>	15mn
	Compare	Each participant stands up and explains what they would do if they or a family member were suffering from a fever.	15mn
6	Review	Each participants stands up and says what is the most important/interesting thing they have learned today	10mn
7	Next plan	Identify the topic and arrange the schedule	5mn
8	Close meeting	Speech by VDC, WSUG or VHSG	5mn

## Geographic Location



-  Moug Health Centre
-  Kambour Village
-  Tram Kang Village
-  Dangkor Village
-  Leap Village
-  Kralanh Referral Hospital
-  Chong Kal Town
-  Jayavarman VII Hospital
-  Romeat Village
-  Slaeng Spean Health Centre



## Part 1: Services

### Case Study: Village Health Support Group member<sup>2</sup>

**All respondents' names and home village names have been changed to protect confidentiality.**

Mr. Em Heng, aged 39, was born in Leap Village in Slaeng Spean Commune, Srei Snam District, Siem Reap Province. During the civil war of the 1980s and 1990s, he escaped to Chong Kal District in Oddar Meanchey Province where he lived until 1999 before returning to Leap Village.



Heng is not sure when he became a Village Health Support Group (VHSG) worker, but he remembers it was between 2003 and 2005. He was trained by Reproductive and Child Health Alliance (RACHA)'s Sing Mao in Kralanh District in Siem Reap Province. He became a VHSG because he wanted to help the pregnant women in his village and initially was involved in nutrition and mother-child health by transporting food into the village from RACHA in Srei Snam District or Slaeng Spean Health Centre. He would transport these supplies by motorbike, and because of the poor condition of the roads in those years, it sometimes would take him an entire day to complete this journey leaving early in the morning and returning in the evening or even late at night.

He has a lot of responsibilities that are part of his role as a VHSG in Leap Village. He supports the different organisations, such as Malteser International, Plan International, RACHA, and others that have targeted his village for health related activities over the

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<sup>2</sup> Interview with VHSG conducted in Leap Village, Slaeng Spean Commune, Srei Snam District, Siem Reap Province on 19<sup>th</sup> January 2016.

years. He supports the village's health through education about malaria and dengue, such as mosquito control. He helps to conduct growth monitoring and reports any malnourished children to the local health centre to get some fortified nutrition food, such as BP-100<sup>3</sup>. He also provides advice to families on birth spacing, awareness raising of Tuberculosis, and hygiene awareness for when breast feeding and cleaning hands with soap before preparing food or feeding a child. Until recently, he wrote written reports to submit to Slaeng Spean Health Centre every two months although now he needs to report to the health centre every month as part of a new system being rolled out by the local health services.

In the case of suspected malaria or dengue, the VHSG may go to the patient's house or the patient may come to his house. However, only his partner VHSG is able to do a blood test for malaria. If the result is positive, they will prescribe Eurartesim medicine for free. Two years ago the rates of malaria were high but last year in 2015 the rates were low. If the symptoms are serious, they will send the patient to the health centre. If the patient has serious symptoms but tests negative for malaria, they will send them to the local health centre in Slaeng Spean Village.

VHSGs have no test for dengue. They will look for the symptoms, such as pain when moving the eyes, skin rash, and extreme tiredness. If dengue is suspected, they will send them to the health centre regardless of the symptoms. If the patient has an ID poor card or if they have health insurance, the health centre can reimburse the patient's travel cost but not 100% of the cost.

The VHSG can also provide tuberculosis education. If the patient has had a cough for between 1 week and 24 weeks, the VHSG will recommend that the patient goes to the health centre. However, some people will not follow the VHSG's advice and refuse to go to the health centre. There is now a new policy where the VHSG will be able to give tuberculosis medication, Rifater, directly to patients without referring them to the health centres. However, it is not clear how a diagnosis will be made, and how this new method of treatment will be monitored. At the current time with tuberculosis medication being provided via the local health system, no-one checks if the patients take their medication appropriately once they leave the health centre, and any follow-up will be done by a family member if at all. As a result, there is no real DOTS system in place to manage the

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<sup>3</sup> BP-100 is one example of a Ready-to-Use Therapeutic Food. This is a nutrient-fortified wheat-and-oat bar that can either be consumed as it is, or as porridge by adding boiled water. - See <http://unicefcambodia.blogspot.com/2014/06/cambodias-fight-to-eliminate-childhood.html> accessed on 20th January 2016.

application of treatment regimes. The VHSG does not prescribe or recommend antibiotics to the patients in the village. However, health centres may give antibiotics for various ailments. As a volunteer, he receives no payment for the time he spends performing his role as a VHSG member.

## Case Study: Moung Health Centre<sup>4</sup>



Users may choose to attend the health centre if they are sick or if a family member is sick on their own volition, and local VHSGs may also advise patients to attend the health centre. If the patient requires referral to the Kralanh District Referral Hospital, the health centre can help to organize the transportation from Srei Snam District to Kralanh District. However, some parents choose to take their children to Kantha Bopha Children's Hospital in Siem Reap Town, usually based upon their previous experience of the local health care system.

The transportation fee depends on whether the patient's family has an Identification of Poor Household (ID Poor) card. If they have a card, the transport will be free-of-charge. If they do not have an ID Poor card, the transportation will cost between 30,000 to 200,000 riel (USD7.50 to USD50.00).

If the patient is suffering from a high fever, the health centre staff will ask the care giver about how many days the patient has had the fever. They suggest the caregiver uses a wet towel to wipe down the child to cool down their body and they provide paracetamol. If the child is regarded as having a severe fever, they prescribe amoxicillin solution for 2 days. The health centre staff will tell the patient or

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<sup>4</sup> Interview with Health Centre staff at Moung Health Centre, Srei Snam District, Siem Reap Province, September 2015.

caregiver to return to the health centre after two days if the fever has not subsided.

If the patient is presenting symptoms including skin rash, nausea, vomiting, joint or muscle pain and weakness, the health centre staff will call an ambulance from Kralanh District Referral Hospital to take the patient there. Prior to referral, the health centre staff will try to reduce the fever of the patient, and in case the child suffers a seizure while travelling to the hospital, the health centre staff will provide a rectal diazepam to the patient. If the patient is over 2 years old and is suffering a high fever and vomiting, the health centre staff will provide medication to relieve the vomiting.

Patients suspected of having malaria can get tested at the health centre or in the village by the VHSG member. For those patients that test positive for malaria, they will be prescribed Eurartesim by health centre staff.

## Case Study: Kralanh District Referral Hospital<sup>5</sup>



Most patients from Kralanh and Srei Snam Districts who are referred to the Kralanh District Referral Hospital suffer from malaria because they have acquired the disease after migrating to work near the Thai-Cambodian border.

Patients are treated for malaria according to the severity of the case. Patients are treated with artemether-combination therapy, Mefloquine, Eurartesim and intravenous drips including saline (commonly referred to as 'serum'). Patients with an Identification of Poor Households (ID Poor) card receive 5,000 riel (USD1.25) per day

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<sup>5</sup> Interview with Dr. Chan Sa Oun Mom, Chief of Kralanh District Referral Hospital, Kralanh District, Siem Reap Province, September 2015

support and free treatment for all ailments. If the patient is unable to pay for health care but does not have an ID Poor card, they can get a letter from their local health centre or the operational district, or they can have an interview with hospital officials to identify their ability to pay. If they have the ability to pay, they pay 60,000 riel (USD15.00) for a single package of treatment plus 10,000 riel (USD2.50) for oxygen and x rays if their diagnosis requires these. The patient may stay in hospital until they are ready to leave. Once they leave, there is no follow-up or return to the hospital for a check-up.

Some children from Kralanh and Srei Snam Districts also come to the Kralanh Referral Hospital because it is suspected that they have dengue fever, particularly if the patient has a fever between 39°C and 40°C, a red rash, anaemia, gums and/or nose bleeding. The hospital is able to do a blood test for dengue.

It is reported that approximately between 4 and 7 cases of dengue were treated by the hospital in 2014/2015. Child patients are treated according to the severity of their case and the weight of the child. There are no drugs for treating dengue fever but instead the hospital staff try to reduce the patient's fever through the use of intravenous drips (serum), vitamins and paracetamol. They will also provide other medications to relieve the symptoms of nausea and colic if they are present.

## Case Study: Kantha Bopha Children's Hospital – Jayavarman VII<sup>6</sup>



Kantha Bopha Children's Hospital has very modern testing equipment for diagnosing dengue fever and malaria. As a result, blood samples are taken for testing before any form of treatment is prescribed. The analysis of blood samples takes 8 hours with samples taken in the morning and results provided later the same day.

For emergency cases with seriously ill children, patients are immediately taken to the emergency room by the hospital's security guards and do not need to wait for their patient number to be called. Depending on the severity of the case, the patients may be required to stay in hospital for between 3 and 7 days. Only doctors can prescribe medication at the hospital.

Kantha Bopha Children's Hospital does not use the ID Poor system. Instead, they use observation of the patients' condition to identify what non-medical support they may need. For example, their clothes and other assets are taken into account when deciding upon whether the patient requires non-medical support. They also adhere to humanitarian principles to provide health care to those who need it as per the hospital's mission to treat sick children. Therefore, the hospital can provide to those who need it USD1.25 per day for meals although no

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<sup>6</sup> Interview with Mr. Keo Sao, Administrator of Kantha Bopha Children's Hospital, Siem Reap town, Siem Reap Province, October 2015

support is provided to the patient's caregivers who will usually accompany the patient to hospital.<sup>7</sup>

When the patient leaves the hospital, the transportation cost home will be covered by the hospital. Within Siem Reap Province to districts, such as Srei Snam (see map), the hospital will provide between USD2.00 and USD8.00. Outside Siem Reap Province, the hospital will provide a flat rate of USD10.00 for a patient to travel home.

Following the patient's return home, the hospital staff expects the patient to return to the hospital for a follow-up if necessary. However, in the event the patient does not return, it is not clear if there is any important follow-up procedure. Apart from the doctors providing advice and education, there is no outpatient care as follow-up depends on the patients returning to the hospital in Siem Reap.

Kantha Bopha Children's Hospital produces weekly, monthly, quarterly and annual reports. These are usually shared and submitted to the Provincial Health Department and the Health Operational District.

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<sup>7</sup> Kantha Bopha Children's Hospitals were nationalized in 2014 coming under the auspices of the Ministry of Health. According to the Kantha Bopha website, <http://www.beat-richner.ch/>, the Kantha Bopha Children's Hospitals are also financially managed by a Swiss based foundation.

## Part 2: Experiences

### Case Study: Mrs. Sok Dany and Mr. Luch Davith<sup>8</sup>

**All respondents' names and home village names have been changed to protect confidentiality.**

Sok Dany is 21 years old and lives in Romeat Village, Slaeng Spean Commune, Srei Snam District. Her family is poor, but they do not have an ID Poor card. Before she got married in 2012, she lived in Banteay Meanchey Province. She has one child and her husband is in Thailand working.



She has no income with her house built on her in-laws land. She lives near to the VHSG. She forages for food as she has none. Her son's name is Luch Davith, and he is now 2 years old. In 2014, Davith had a high fever, so after encouragement from the VHSG, Dany took the child to the local health centre. At the health centre, the staff gave Davith enough Amoxicillin for 3 days and suggested the mother use a wet towel to wipe the child's body to help reduce the fever. They then went home. This service cost the mother 2000 riel (USD0.50).

After three days, the child still had a high fever, so the mother decided to go to a private clinic in Srei Snam District. The owner of the clinic also works at the health centre in Srei Snam. Dany decided to go to the private clinic because as her son did not recover after visiting the health centre, she wanted to find a new service that would help her son. She feared that if she returned to the local health centre, the nurse would only give her Amoxicillin again.

<sup>8</sup> Interview on dengue fever from Mrs. Sok Dany, September 2015

At the clinic, the nurse gave her son a mixture of medicine and intravenous drip (usually saline drip known as 'serum') although the mother cannot remember the name of the medicine that her son received. This service cost her 60,000 riels (USD15.00). At this time, there was no discussion about the fever being a symptom of dengue fever.

After one day in the hospital when her son appeared better, they went home. However, after one day and one night, the fever returned, and she decided to take her child to Kantha Bopha Children's Hospital in Siem Reap town. She travelled there by taxi and this cost her 25,000 riels (USD6.25) for a 1 hour and a half journey after waiting for half an hour for the taxi from Samrong to pick her up. She paid for this from a 100,000 riel (USD25.00) loan that she took from her neighbouring relatives.

She chose to go to Kantha Bopha Children's Hospital because she went there every two months while she was pregnant with Davith and trusts the service there. She arrived at Kantha Bopha Children's Hospital at midday, and her son was given a blood test. The results of this blood test were available at 4 o'clock in the afternoon on the same day. The test results confirmed that the child had dengue fever. Davith was then given an intravenous drip and encouraged to rest. The mother was supported with 5000 riel (USD1.25) per day for food from the hospital. After seven days, her son was better and they returned home. This was also supported by the hospital.

In total, before Dany was able to find health services that were able to adequately diagnose and respond to her child's illness, she spent 87,000 riel (USD21.75).

## Case Study: Mrs. Cheng Sokleang<sup>9</sup>

**All respondents' names and home village names have been changed to protect confidentiality.**

Mrs. Cheng Sokleang, aged 36 years old, and her 47 year old husband, Mr. Khun Mean, have 6 children. They have lived in Dangkor Village in Slaeng Spean Commune in Srei Snam District, Siem Reap Province since they got married 15 years ago.



In November 2014, Mrs Cheng Sokleang started to suffer from a fever with headache and dizziness. When she began to feel sick, she decided to ask the VHSG for advice. The VHSG came to her home, checked her symptoms, and carried out a simple blood test for malaria. As the test indicated that Mrs. Cheng Sokleang had malaria, the VHSG gave her a course of Eurartesim. The VHSG advised Mrs. Cheng Sokleang to take this medicine for three days at three tablets per day using nine tablets in total.

After one day of taking the medicine, she reported that her vision was a little blurred, and she felt tired although her fever had dissipated. Following day two, she had no headache, her eyes were no longer blurred, and she felt able to eat some rice. By day three, she felt much better though not completely cured. After five days, she reported that she now felt completely better.

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<sup>9</sup> Information on malaria from Mrs. Cheng Sokleang, December 2015

Mrs. Cheng Sokleang feels that the VHSG provided good education and advice to her about using mosquito nets when sleeping. He also advised to clean the house to eliminate the breeding sites for malaria carrying mosquitoes.

## **Case Study: Mrs. Soeun Bopha and Mr. Men Saron<sup>10</sup>**

**All respondents' names and home village names have been changed to protect confidentiality.**

Mrs. Soeun Bopha, 32-years old, and her husband, 33-years old, live in the village of Tram Kang in Slaeng Spean Commune, Srei Snam District in Siem Reap Province. Her sister's family also live in this village and have been living there for the past 20 years. Mr. Men Saron, 11 years old, is the son of her sister. On 5<sup>th</sup> August 2015, Soeun Bopha was caring for her sister's child when he became sick with a high fever of 38 to 39 C, yet she continued to care for the child at home giving him paracetamol for 5 days.



As the fever did not dissipate, she decided to take Saron to the private hospital in Srei Snam District. There, the nurse provided two intravenous drips of saline solution at 20,000 riel (USD05.00) each. The nurse explained that the 'serum' would provide energy and reduce his temperature.

By the afternoon, her sister had returned, and she took her son back home as his temperature had returned to normal. However, after one night, the fever had returned and so her sister decided to take the child to a private clinic in Chong Kal District in Oddar Meanchey Province. There the child received three bottles of serum via an intravenous drip at a cost of 60,000 riel (USD15.00), and he was also

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<sup>10</sup> Information on dengue fever from Mrs. Soeun Bopha and Mr. Men Saron, November 2015

given vitamins to swallow. Nevertheless, the staff at the health centre advised her to go to Kantha Bopha Children's Hospital in Siem Reap town. They explained that this hospital has modern equipment and well-trained medical staff.

Therefore, her sister travelled by shared taxi from Chong Kal to Siem Reap costing 30,000 riels (USD7.50) arriving at Kantha Bopha Children's Hospital at 9am. The guards immediately allowed them to enter because the child had remained on an intravenous drip since leaving Chong Kal Health Centre. Once at the hospital, Saron recorded a temperature of 40°C and the medical staff diagnosed dengue fever as the cause. The nurse renewed the intravenous drip and gave him medicine to treat a fever and cough (Broncolin a respiratory medicine and Newtamox a brand of Amoxicillin) three times per day for the next three days.

As the child had severe symptoms and problems when sleeping, he was kept in the emergency room for one night where he was also identified as having tuberculosis (TB). As a result, the child remained in hospital for another 5 days where he continued to be provided with an intravenous drip and two tablets of Rifater every morning to treat the TB. After eight days, Saron was allowed to go home and given sufficient TB drugs for the next two months. He had to return to the hospital two months later to receive a further two months of medication and to be weighed and monitored. The hospital provided her with 20,000 riel (USD5.00) so that they can return to the hospital at that time. He will have to continue with the TB medication for 6 months, and he will need to return to the hospital every two months to get more medication.

At the time of writing, they had returned to the hospital three times: on 20<sup>th</sup> August 2015, on 20<sup>th</sup> October 2015 and on 18<sup>th</sup> December 2015. They will return one more time in February 2016 as that will be the end of his course of treatment.

Since returning home, Saron's health has improved.

## Case Study: Mrs. Seng Chariya and Ms. Heang Kalyan<sup>11</sup>

**All respondents' names and home village names have been changed to protect confidentiality.**

Mrs Seng Chariya, 18 years old, and her husband Mr. Heang Dara, 23 years old, live with their 18 month old daughter called Heang Kalyan in Kambour Village, Moug Commune, Srei Snam District in Siem Reap Province.



When her daughter was six months-old, she had a fever, but her mother continued to care for the child at home for two days using a damp towel to cool the child's body to help to reduce the fever. She also continued to breastfeed the child, but she did not improve.

The following morning, she took the child to the health centre in Moug Village. The health centre staff diagnosed flu and gave her paracetamol and Vitamin C for two days for which she paid 1,500 Riel (USD0.40). After two more days, her daughter had not improved and her fever was still high, so she took her child to the private clinic in Srei Snam District town where the nurse recorded a body temperature of 39 C. Here the medical staff gave the child three half-litre bottles of intravenous drip with paracetamol for one night spending a total of 102,000 Riel (USD25.50) not including travel costs.

When her daughter was aged nine months, she suffered from another fever combined with aches and pains in her joints and other flu-like symptoms. Due to this, she took the child to the home of a nurse who

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<sup>11</sup> Interview on fever with Mrs. Seng Chariya, December 2015

works at the Chong Kal Health Centre while also running a small unlicensed private clinic from her home.

At the nurse's home, he took the child's temperature and diagnosed dengue fever. Kalyan stayed at the nurse's home for one day and one night during which time the nurse treated the child with three bottles of serum via intravenous drip costing a total of 65,000 Riel (USD16.25) which does not include travel costs of 30,000 Riel (USD7.50). Once the child seemed to have recovered, she returned home.

When her daughter was 11 months old, she had the most severe fever so far with the child crying due to the symptoms. She took her daughter back to the nurse's private home-clinic where she was treated for the fever for one day with intravenous drip and vitamins which cost her USD6.25.

Now, her child has better health although these experiences have cost her family a lot of money due to the cost of treatment (USD55.40 in total) and the loss of income from missing work. The lack of sleep was also a problem for Kalyan's mother Chariya.