



Every child *truly* matters



From sick kids to **SicKids!**



British Medical Association Humanitarian Fund Grant Report

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SicKids is a charity registered with the Charity Commission for England and Wales (Registration number: 1164131)

Collaboration

This project was part-funded by a Humanitarian Grant from the British Medical Association, in collaboration with:




University of
Salford
MANCHESTER
1967 - 2017 50 YEARS

**CYP@Salford: Improving Outcomes for
Children, Young People & Families**
School of Health and Society



M'Lop Tapang

The Pennine Acute Hospitals 
NHS Trust

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Figure 1: Sihanoukville, Preah Sihanouk, South West Cambodia

Introduction

This report outlines the varied activities undertaken by **SicKids** in Cambodia up to and including the April 2017 visit by Dr Joan Livesley and Professor Andrew Rowland. Both the November 2016 and April 2017 visits were part-funded by a Humanitarian Grant from the British Medical Association.

SicKids

SicKids is a children's health charity currently working in the North West of England and Cambodia. It believes every child deserves the right to grow up healthy, and safe from abuse, exploitation and trafficking. The charity raises funds and work on projects to support children and young people.

sick

/sɪk/

adjective

1. affected by physical or mental illness.
"nursing very sick children"
5. *informal*
excellent.

kid

/kɪd/

noun

plural noun: kids

1. *informal*
a child or young person.

Figure 2: Etymology of SicKids

Since **SicKids'** work in Cambodia began, children and young people with acute and chronic medical conditions (sick kids) have had their health and well-being improved. **SicKids** believes that the children and young people whom it has worked with are inspirational with superb enthusiasm, and their achievements are truly excellent ('*sick*').

In a nutshell, **SicKids'** primary goal is to relieve sickness and preserve health among children and young people in the North West of England and South East Asia. It does this by providing and assisting in the provision of facilities, support services and equipment not normally provided by local authorities or statutory services.

SickKids also promotes research in all aspects of safeguarding vulnerable children and children's emergency medicine.

SickKids aim to empower communities to support children to have every chance of happiness, every chance of good health and every chance of protection from harm.

SickKids was founded as a result of Professor Andrew Rowland's Churchill Fellowship in Cambodia in 2014. Following this visit, Professor Rowland wrote *Living on a Railway Line: Turning the tide of child abuse & exploitation in the UK and overseas* (Rowland, 2014).

Since the launch of **SickKids** in June 2015 – and its registration as a charity registered with the Charity Commission for England and Wales (registration number 1164131) in October 2015 – **SickKids** has been recording its activities on its website and in two videos, accessible here:

Outreach Medical Support¹:

<https://youtu.be/O5us6Fkx19o>

Sensory Rooms²:

<https://youtu.be/liiM3nU5ikk>

Website³:

www.sickkids.co.uk

Twitter⁴:

@SickKidsUK | www.twitter.com/sickkidsuk

¹ <https://www.youtube.com/watch?v=O5us6Fkx19o&feature=youtu.be>

² <https://www.youtube.com/watch?v=liiM3nU5ikk&feature=youtu.be>

³ <http://www.sickkids.co.uk>

⁴ <https://twitter.com/sickkidsuk>



E-mail for further information:

Hello@SicKids.co.uk

If you are interested in [SicKids](#)' work the charity would be delighted to hear from you! They are always looking for fundraisers, supporters or donors.

M'Lop Tapang

'**M'Lop**' means *shade* or *protection* in the Khmer language. The **Tapang tree**, also known as the umbrella tree, provides shelter from the elements. In 2003 M'Lop Tapang⁵ was co-founded by British nurse Maggie Eno MBE with support from a small group of foreigners and local Cambodian people. It began as a simple initiative to feed and offer safety to six children who slept under a large Tapang tree on the beach every night and extremely vulnerable to exploitation. The initiative quickly blossomed into a much wider programme.

Today M'Lop Tapang's services reach over 7,500 children, young people and families in the Sihanoukville area, Cambodia. M'Lop Tapang provides disadvantaged children and families' access to learning tools, specialised services, resources, and the opportunities they need to build a better future. In addition, M'Lop Tapang offers regular meals, safe temporary shelter, medical care, education and training, counselling, family support / reintegration and protection from all types of abuse, and they work to increase community awareness about issues relative to children's safety and children's rights.

The growth of M'Lop Tapang continues but the purpose of the organisation remains to provide protection, just as the tree provided protection to those young children who sheltered under its branches almost 15 years ago.

⁵ <http://mloptapang.org>



Figure 3: M'Lop Tapang team, Cambodia

Project identification

Institutional Links

The Pennine Acute Hospitals NHS Trust, the University of Salford and M'Lop Tapang are linked via a global partnership^{6 7} which **SickKids** has been collaborating with.

CYP @ Salford

CYP @ Salford⁸ at the University of Salford undertakes research that spans health, social care and education, and focuses on enhancing services, improving outcomes and evidencing impacts on children and families. The research group works closely with colleagues in the NHS, local authorities, the third sector (charitable organisations and social enterprises), and national and international networks. Current research links with international partners include the Middle East, South East Asia, the Far East, Europe (Scandinavia) and Australia.

The project: from sick kids to SickKids!

This project was identified by Professor Andrew Rowland in his Winston Churchill Memorial Trust Fellowship⁹ report. During this Fellowship, to gain knowledge and experience of the interaction between Child Protection Services and Children's Emergency Medicine Services, he travelled 35,043 miles in just 10 weeks. The journey included visits to four States in the USA as well as projects in Singapore, Malaysia and Cambodia. Although not originally planned, a chance meeting with the M'Lop Tapang co-founder in Phnom Penh, Cambodia, prompted a visit to the M'Lop Tapang organisation in Sihanoukville and spawned this project.

⁶ <http://www.pat.nhs.uk/news/Trust-forms-global-partnership-to-help-Cambodian-street-kids.htm>

⁷ <http://www.salford.ac.uk/chsc/about/nursing-midwifery-and-social-work-news/university-of-salford-helps-form-global-partnership-to-help-cambodian-street-kids>

⁸ <http://www.salford.ac.uk/research/care/research-groups/cyp@salford>

⁹ <http://www.wcmt.org.uk/fellows/stories/dr-andrew-rowlands-story>

Since 2015, the relationship between Professor Rowland and M'Lop Tapang has continued with bi-annual visits to hold clinics and consult with staff and the addition of monthly Skype clinics between the UK team and the team in Cambodia.

SickKids¹⁰ undertook a pilot visit to South West Cambodia in May and June 2016, in preparation for the BMA Humanitarian Fund Grant application, involving three members of the UK-based team.

¹⁰ <http://www.sickkids.co.uk>

Background

Economics

It is important to consider where Cambodia sits in economic, health and social terms, with the rest of the world.

In 2015, using the gross domestic product per capita, the average daily income per person for someone living in Cambodia was \$3.17 USD.

In 2015 the World Bank placed Cambodia into the category of 'lower middle income'.

Comparison figures for Gross Domestic Product per Capita¹¹ were as follows:

Country / Category	Year		% change 1960-2015
	1960 (USD \$)	2015 (USD \$)	
Australia	1807	56290	+ 3115 %
Burundi	70	304	+ 434 %
Cambodia	111	1159	+ 1044 %
Luxembourg	2242	101910	+ 4545 %
Singapore	428	52889	+ 12357 %
Switzerland	1787	80990	+ 4532 %
Thailand	101	5815	+ 5757 %
United Kingdom (UK)	1380	43930	+ 3183 %
United States of America (USA)	3007	56116	+ 1866 %
Vietnam	Unknown	2111	Unknown
Lower middle income	97	2002	+ 2063 %
European Union	877	32048	+ 3654 %
South Asia	81	1551	+ 1915 %
World	450	10143	+ 2254 %

Figure 4: Comparison figures for Gross Domestic Product per Capita

These figures from the World Bank show that in 1960 Cambodia, Thailand and lower middle income countries were broadly on a par with a GDP per capita of around US \$100. Indeed at

¹¹ Source: World Bank (<http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>)

that time Cambodia had a very slightly higher GDP per capita than Thailand or the lower middle income countries median, for example. Over time, however, which could be related to the historical events in Cambodia discussed later in this report, Cambodia has lagged behind other countries in terms of percentage change in GDP per capita. Although it is true that the GDP per capita has risen in Cambodia, the comparatively slow rate of increase has meant that Cambodia has moved from being slightly above the lower middle income countries median in 1960 to over US \$800 below the median for those countries in 2015.

Put more simply, in 2015 the GDP per capita in Cambodia was 88x smaller than Luxembourg, 49x smaller than Australia, 46x smaller than Singapore, 38x smaller than the United Kingdom and 5x smaller than Thailand, but 4x higher than Burundi.

Why was this project necessary?

The initial visit to Sihanoukville alerted Professor Rowland to the ongoing humanitarian disaster in Cambodia. It has not been of the proportion to grab the attention of the world's media but it is very real, very serious and very much in urgent need of resolution.

Worldwide, around 168 million children aged 5 and over (11% of the global child population) are affected by child labour which is approximately 11% of all children in the world aged over five years of age. In Cambodia it is estimated that over 14,000 children are street-living children.

Street-children refers to children who live or work on the streets or beaches of countries around the world. Such children are at greater risk of being abused and often have difficulty, for a variety of reasons, accessing healthcare even in an emergency. They are often dependent on healthcare being taken to them rather than them visiting fixed facilities.

Sihanoukville is a beach town located in South West Cambodia on a peninsula. Although this is an area of beautiful untouched beach landscapes and surrounding tropical islands,

Sihanoukville has a huge child protection problem given the number of children and families who have flocked to the area either in search of work or shelter.

A significant number of children and young people work on the streets and beaches of Sihanoukville. Their work involves a range of activities and can include the gathering of bottles or cans to sell, selling sunglasses and jewellery items, and begging. These children often work late into the night during hours of darkness and are at significant risk of abuse.

The social problems in Sihanoukville are visible to visitors. Many of the children and families with whom M'Lop Tapang work, live in abject poverty in desperate situations. One community has set up home entirely beside a railway line, within feet of passing passenger and freight trains. Photographs have been published in previous reports depicting such lifestyles. However, for this report a decision to resist such an approach was taken as the people of the Sihanoukville community are dignified and proud of their homes and what they manage to achieve on behalf of their children and other family members on a daily basis. In this report we have chosen to concentrate on positive and successful stories as these portray the sense of hope that somehow pierces the poverty and permeates many families.

The experience of hope is not, as may be expected, generated from statutory services provided by government agencies as these are absent in the community in Sihanoukville. It comes, instead, from the impressive work that is being done by the M'Lop Tapang non-governmental organisation.

The living conditions in Sihanoukville, as elsewhere in Cambodia, put families at daily risk of harm and which can have disastrous effects on their health and wellbeing. None have chosen to live their lives in this way. They are simply eking out a life, providing for their families in any way possible.

There are a significant number of children who end up in Sihanoukville separated from their families who might live in other parts of the country. Children often run away from an

environment where domestic violence prevails and whole families, with a very broad definition of what a family is, migrate here and end up living on the streets, or beside a railway line, and working on those same streets or on the beaches.

M'Lop Tapang is founded on an ethos that supports all children to grow up in their families feeling safe, healthy and happy, a place where all children are respected and treated equally and a community where all children are given choices about their future. M'Lop Tapang's ethos, professionalism, expertise and community-engagement are things everyone can learn from and translate into improvements everyone can make, no matter what individual's backgrounds or home countries may be. M'Lop Tapang do not complement other government or State funded services. There are simply no other such services in South West Cambodia that are capable of dealing with the complexity and volume of children and families in need of assistance.

The excellent team of social workers that are part of M'Lop Tapang are respected by and effectively connected to the community. This means they are able to find out about a new child or family moving into the area, usually within about 24 hours of them arriving. Once alerted, they immediately engage with the family to develop a rapport and trusting relationship. Once established, education can take place with the family to show them that there is a different way of life they can access, mostly for free. There is good evidence that the work done by M'Lop Tapang helps families and individuals to find employment, to come off drugs and to find accommodation. M'Lop Tapang also helps to educate children, provides nutritional advice and supplementation where appropriate and helps to protect those most vulnerable from all forms of abuse.

There are a number of programmes offered to children and families with the key focus of M'Lop Tapang's work being reintegration of children to their families even if that means a lengthy search throughout many regions of the country. There is a comprehensive education programme for the older children including mechanics, plumbing, electrics, sewing, screen-printing and high-end catering training at the charities impressive restaurant, Sandan.

The work that M'Lop Tapang undertakes with families is far from easy. They have to convince children and their parents that they can have an education and that this will serve them much better than street-selling as they grow older. There are significant dangers to living and working on the streets and beaches including all forms of exploitation and abuse. Still, it may be seen as an effective means to earn money. The children and families that M'Lop Tapang work with are acutely aware that selling things on the beaches to earn \$20 or more per day, or even earning as little as \$1 per day collecting litter, is still, in the short-term, a greater source of income generation than attending education. Clearly, some very difficult decisions have to be made. It is for that reason that the social workers from M'Lop Tapang have to work very closely with the children, young people and families.

Knowing this, M'Lop Tapang have made sure that the offer they make to families goes beyond a focus on the education children. They ensure that their programmes are financially viable for the families of the children too. Changing the perceptions of people, many of whom have come to expect little in the way of help, struggle with the offer. Yet, M'Lop Tapang staff are patient and their dedication to their work most often results in dividends for the families. The M'Lop Tapang staff never give up on any adult or child.

M'Lop Tapang has developed a comprehensive offer to families to help them reach their goals. Their outreach programmes include:

- Family reintegration
- Street and beach working programme
- Community education
- Baby care programme
- Back to school programme
- Mobile library programme
- Home repair business set up
- Alcohol and drug programme
- Home based programme

During the visits to M'Lop Tapang, SicKids' trustees and grant recipients were fortunate and privileged to see how the programmes integrate to meet the different needs of different family members. For instance, parents with young children and no resources may have little option other than to send the children out to work on the streets to bring in money so that the family has food to eat and shelter from the extreme elements (torrential rain to bright sunshine in the space of some mornings). They observed a real benefit of the baby care programme. Enabling the children to access care, health and developmental support for 5 and a half days a week, allows the parent(s) to go out to work to earn money. It is clear that M'Lop Tapang are a trusted organisation in a community surrounded by risk.

The SicKids team also observed how children that had been living and working on the streets for as long as they could remember, and often with no experience of going to school or knowledge of what happens there, were helped by the education programme. Delivering an accelerated national curriculum programme in M'Lop Tapang's main centre in a way that is fun, interesting and stimulating for the children means such children can be reintegrated into government education giving them much better life chances in the future.

It is also evident that the M'Lop Tapang staff are alert to missing children. If a child does not attend for follow up or there are concerns regarding the child's treatment, they act. The comprehensive team of social workers rapidly locate the family and the child to work with them to ensure that the child's health, social and education needs are met. The children's well-being remains paramount. M'Lop Tapang have educated hundreds of children, from babies to those nearing the normal school leaving age with specific classes for IT, Art, Music, Special Needs and Sports in addition to the traditional school subjects.

The efficiency and high level of professional practise within the M'Lop Tapang community is striking. The organisation has high visibility in the local community and is highly respected. Workers in restaurants, in beach bars, in hotels and shops, even tuk-tuk drivers know the M'Lop Tapang staff. Members of the local community provide the eyes and ears needed to identify children at risk. With little financial resource, M'Lop Tapang has managed to instil a sense of community responsibility such that the community is looking out for children and

families at risk of abuse. The camaraderie and desire to help each other is deeply embedded throughout the community and very visible.

The development of services at M'Lop Tapang continue apace. They have set up a medical clinic as the burden of disease and serious clinical pathology which exists in Sihanoukville is significant. It seems the hospitals are under-equipped and lack the trust that M'Lop Tapang enjoys. Many families prefer to attend the medical centre at M'Lop Tapang, and the number of public health initiatives carried out there is notable. It is this clinic that has now been supported in part through the British Medical Association (BMA) Humanitarian Fund Grant programme – administered through [SickKids](#).

Today, M'Lop Tapang provides services to over seven thousand children and their families at a number of centres in the Sihanoukville area. M'Lop Tapang provides children with access to the learning tools, specialised services, resources and opportunities they need to build a better future in Cambodia. The opportunity to live healthier, more positive and sustainable lives together.

As M'Lop Tapang continues to grow, the purpose of the organisation remains to provide protection, just as the tree provided protection to those young people over a decade ago, when they sheltered under the branches.

The *vision* of M'Lop Tapang is an environment where all children are allowed to grow up in their families feeling safe, healthy and happy; a society where all children are respected and treated equally; a community where all children are given choices about their future.

The *mission* of M'Lop Tapang is to strive to provide a safe haven for the street children of Sihanoukville, offering care and support to any child at risk. Their efforts allow underprivileged children to embrace their childhood so they can become responsible adults as well as positive, independent members of society.



How does a typical client family live in Sihanoukville?

Most of the families in Sihanoukville earn less than US \$3 a day, and have between four and seven children. Many are single parent families. Generally speaking they live day to day, and are unskilled, so earn money from either selling small food items, scavenging recycled garbage or having casual, irregular employment.

Figure 5: The coastal area of the Preah Sihanouk province

Families are often vulnerable to all forms of exploitation.

Most families M'Lop Tapang works with are in debt and get deeper and deeper into debt as they are unable to make the high interest repayments. The most common reason for debt is borrowing money to pay for (often poor quality) medical care from sources outwith M'Lop Tapang for a family member. Other reasons include alcohol use, drug addictions and all of the psycho-socio-economic reasons that people live in poverty elsewhere around the world.

A typical family has rented accommodation, shack style, wooden walls and straw or tin rooftops. Some houses are built out of recycled materials only. In the rainy season, the rain pours into their homes and floods out whole areas. Very few of them own or hold land titles to the land they live on. Some live in garbage dumps, deserted houses, by railway tracks or are migrant families that keep moving on in search of an income.

Many houses are in disrepair, and do not have running water, plumbing or electricity. The environments are unsafe with severe lack of hygiene. Air and water pollution are omnipresent and there is no garbage collection system, resulting in rotting rubbish, sharp objects and a home to many pests (rats, cockroaches and flies, for example) becoming a major health hazard to children and the whole community.

Many families are victims of land displacement disputes or illegal evictions where there are poor or inappropriate compensation packages (for example, given land in remote areas with no access to schools, markets, medical care or a way to make an income).



Because the families have such unsteady income, single parents are often forced to send their children out on the streets to help bring in an income to pay for food, rent and to pay back debts. Families live from day to day, often not knowing where the next money is coming from. Food comes from local markets or forests if outside the city.

Figure 6: A railway line community in Sihanoukville, Cambodia

They are exposed to many issues, all of which are related to poverty and lack of safe options in their lives. These include debt and unemployment, lack of basic needs (poor housing, lack of good nutrition, lack of medical care, poor access to clean water).

When M'Lop Tapang staff first met the children and families, children were either not going to school, or were at high risk of dropping out from their studies in order to help bring in an income. Lack of access to education and training is a major issue.

To cope with their struggles and stress of this chaotic and unstable lifestyle, many children and families turn to alcohol and drug use, the majority of them becoming dependent on substances. Due to this and their low-income situation, they suffer from discrimination, isolation, depression and low self-esteem. Many young people turn to crime to help support their dependence, or to survive on the streets with their peers. Therefore young people often end up in prison for petty crime.

With the pressures of such a stressful lifestyle, families also use a lot of violence against each other and against children. Domestic violence is common in all the communities in

which M'Lop Tapang works, and alcohol use is one of the key triggers to all reports of violence.

These issues push children to run away and become separated from their families. When they have no protective adult in their lives, they are highly vulnerable to sexual exploitation and violence, psychological abuse as well as severe neglect.

The health issues that affect children and families

Many of the health issues that impact children and their families are difficult or near impossible to manage with the current levels of staff training and resources. These health issues include:

- Malnutrition
- Skin diseases and abscesses
- Accidents
- Chest infections including TB
- Dengue fever
- Diarrhoea and other gastrointestinal conditions
- Early childhood development issues
- Parental drug or alcohol use
- Home and community accidents

There are also a whole range of more specific and rarer problems that range from cancer, heart conditions, and medical problems that need surgical interventions (such as removal of tumours and dental problems).

In short, there is a humanitarian crisis going on in Cambodia at the current time. [SickKids](#) on-going work is crucial to try to start addressing that crisis in collaboration with M'Lop Tapang and the global partnership set up with The Pennine Acute Hospitals NHS Trust and the University of Salford.



Figure 7: M'Lop Tapang's doctor delivering health care in the clinic

Cambodia does not have the infrastructure (in terms of people and professional expertise) to deliver this project and an external team was essential to kick-start the project and ensure that the staff who are trained, and the knowledge and skills that are imparted, can be sustainably transferred throughout the organisation (via cascade training) and community and so that management plans can be put into place for the children with long-term, chronic conditions and first aid training can be made widespread. In addition, external support was needed to further develop the medical clinic and outreach services including new clinical skills and guidelines.

“What is the use of living if it be not to strive for noble causes and to make this muddled world a better place for those who will live in it after we are gone?”

Winston Churchill (1874-1965)



From the moment Professor Rowland spent time with the staff of M’Lop Tapang and the children and families served by them he knew that he wanted to use whatever professional skills he could muster to help them provide the care and support that their incredibly vulnerable community need and deserve.

From an organisation that began by helping to protect five youngsters sleeping under a Tapang tree in Cambodia over a decade ago, to the organisation they are now – providing services that reach over 7,500 children, young people and families living on the beaches and streets of Southern Cambodia – M’Lop Tapang shines out as a beacon of excellence in a very dimly lit world.

However, M’Lop Tapang did not set out as a health organisation. The reason they have had to develop health services is because the statutorily provided services were not meeting the needs of children and young people in the community. M’Lop Tapang have therefore set up a health centre and an outreach medical service, coordinated by Medical Team Manager Miss Ngov Chanravy (“Ravy”).

To recognise the importance of the significant efforts that Ravy and Maggie have made to set up this health and social care organisation, the University of Salford have awarded Honorary Lecturer positions to them both.

The next phase in the development of M’Lop Tapang as an organisation is to enhance the health services provided to the children and young people that they serve. To that end, they requested external support from Professor Rowland and his team at [SickKids](#), The Pennine Acute Hospitals NHS Trust and the University of Salford as they would now like to develop the organisation further in line with the aims and objectives set out in this BMA Humanitarian Fund Report.

Background details and a video showing the successes of M’Lop Tapang can be found in their published reports^{12 13 14}.

¹² <https://www.youtube.com/watch?v=MdZMjAxCYrA&feature=youtu.be>

¹³ <https://www.youtube.com/watch?v=UYSXnGysYVg>

¹⁴ <https://www.youtube.com/user/mloptapangcambo>

Chronology of visits & key dates

March 2014

Unplanned meeting of Maggie Eno MBE and Professor Rowland in Phnom Penh, Cambodia to identify specific needs of the children and young people living in and around the Sihanoukville area of Cambodia.

June 2014

Orientation visit by Professor Rowland to see the work of the M'Lop Tapang organisation.

November 2014

Outreach medical support to M'Lop Tapang Health Centre to put in place management plans for children and young people with chronic diseases and to provide child protection training.

March 2015

Launch of Global Partnership to improve the health and social care of children and young people living on and around the beaches of South West Cambodia. The tripartite partnership is between The Pennine Acute Hospitals NHS Trust, the University of Salford and M'Lop Tapang.

May 2015

Outreach medical support to M'Lop Tapang reviewing children and young people from the November 2014 visit and seeing new patients to ensure sustainable management plans were in place. Implementation of a new asthma guideline.

October 2015

Formal registration of **SickKids** with the Charity Commission for England and Wales (registration number 1164131).

November 2015

Outreach medical support to M'Lop Tapang reviewing children and young people from the May 2015 visit, seeing new patients, writing the first four chapters of a M'Lop Tapang handbook on the management of common child health conditions, provision of a research seminar.

May & June 2016

SickKids charity undertook an outreach support visit to M'Lop Tapang in May 2016 to pave the way for this BMA Humanitarian grant application for 2016/2017. That visit saw Sister Sue Higgins, Professor Andrew Rowland and Mr Den Carter undertake a week-long outreach visit to M'Lop Tapang to begin the process of team building for future visits. Up until this point, Professor Andrew Rowland had been undertaking solo visits to M'Lop Tapang twice per year. During the visit in May 2016 the team managed to:

- a. Run the first baby massage courses in the region (and to our knowledge in Cambodia) to benefit children and young people with developmental delay or neonatal withdrawal from maternal substance misuse during pregnancy
- b. Provide training on child rights and child sexual exploitation recognition
- c. Provide two pilot-First Aid courses (which were the precursors to this project part-supported by the BMA Humanitarian Grant) training 30 of the 197 staff and gaining feedback about future visits

- d. Triage training to give local health care professionals expertise in prioritisation of sick children
- e. Capture video footage to bring back to the UK to make two short films about the international humanitarian work undertaken by [SickKids](#).

The three-person team spent one week at M'Lop Tapang providing outreach medical support and reviewing children and young people with developmental delay to ensure that medical management plans were in place, acute clinics seeing acutely unwell children and young people (in the community and the health centre), provision of child protection training, provision of child rights training. Details of the achievements from the May 2016 visit are available from [SickKids](#)¹⁵.

November 2016

This visit consisted of outreach medical visit to Sihanoukville, part-funded by a BMA Humanitarian Fund Grant. This visit resulted in management plans being put into place for 25 children and young people with chronic, complex medical conditions. In addition, the need for the development of the following projects was scoped in preparation for the April 2017 visit:

- a) New learning resource and education centre
- b) Teaching clinic professionals how to do rapid education updates
- c) Developing a revised Cambodian-specific first aid training programme

April 2017

The outreach medical visit to Sihanoukville by Professor Rowland and Dr Livesley from the University of Salford, part-funded by a BMA Humanitarian Fund Grant resulted in

¹⁵ <http://www.sickkids.co.uk/newsblog/>

management plans being put into place for 45 children and young people with chronic, complex medical conditions. In addition, the following were delivered:

- a) New learning resource and education centre created
- b) Seminar delivered to clinic professionals on how to do rapid education updates
- c) Revised Cambodian-specific first aid training programme developed
- d) Consultation undertaken with service-users of M'Lop Tapang to explore their wishes and worries for the future.

Aim of this *sick kids to SicKids!* project

November 2016 & April 2017

This project allowed **SicKids** and the BMA to become involved in shaping the health and social care of children and young people in Cambodia by advancing the health and well- of children and young people allowing them to live more positive lives with a sustainable future ahead of them.

Figure 8: A village community near the town of Sihanoukville, Cambodia



Professor Andrew Rowland's initial visits, and the pilot team visit in May & June 2016, together with fortnightly e-mail communications and monthly Skype sessions between M'Lop Tapang and **SicKids**, have ensured the aims and objectives of the project are realistic and achievable.

Core aim one

To provide first aid training to health, social care and education staff whose services reach over 7,500 children and young people in South West Cambodia so that they can cascade this training amongst their teams and provide public health advice to children and families living in the local community.

Core aim two

To provide outreach medical support to the Health Centre at M'Lop Tapang¹⁶ so that children and young people with chronic medical conditions have long-term management plans in place. This includes recognition of those children who may need palliative care

¹⁶ <http://mloptapang.org/>

plans. To provide inter-professional education to health and social care staff working for M'Lop Tapang so that acutely unwell children and young people can be identified and managed (with ancillary benefits, of sustainable learning, to the health and social care staff involved in the care of these children and young people).

The overarching objectives of the November 2016 and April 2017 visits were to:

1. Provide cascade training of First Aid training to the Medical and Social Care Teams at the M'Lop Tapang organisation in South West Cambodia so that they can pass on knowledge and skills to the local community leaders
2. Digitally capture the First Aid training to develop a unique Cambodian-specific First Aid training module rather than having to use a UK, Australian or USA module. The benefit of having a Cambodian module will be it will have Cambodian simulated patients in it rather than all the patients being White American (as in the current training)
3. Implement robust individual-patient management plans for children with long-term health conditions accessing support through the M'Lop Tapang Medical Clinic
4. Develop improved clinical skills, through cascade training, relating to recognition and assessment of sick children
5. Improve professional knowledge and skills related to project evaluation focussing on outcomes for children and families.

All of the above objectives were, and continue to be, sustainable. They involved training the staff employed by M'Lop Tapang, so that they can cascade the training to other members of the community and other professionals. The introduction of standardised guidelines for the assessment and medical management of children is also sustainable. Both outcomes will be

of direct benefit to the children and families served by M'Lop Tapang as well as by the people working there.

This project reached the people employed by M'Lop Tapang (over 95% of whom are Cambodian) as well as a number of children and young people, and their families, who receive services from M'Lop Tapang.

It is expected that the First Aid training, will, via cascade training, benefit communities in which over 7,500 vulnerable children and young people live and work. Further benefits are expected in terms of patient benefit, the project will have a direct and indirect impact on up to 7,500 children and young people through guideline development and transfer of clinical skills to colleagues in the health centre.

Achievement of aims and objectives

These aims and objectives were achieved in the following ways:

- a. Professor Rowland is registered with the Medical Council of Cambodia and therefore able to practice medicine legally and independently in Cambodia; this made it easier for him to have a direct impact on the management plans for children and young people at the clinic, and outreach visits, in Sihanoukville.
- b. In visit one (November 2016) Professor Rowland undertook assessments of children with chronic conditions at the medical clinic at M'Lop Tapang to put in place management plans which the medical team could follow; thus improving their education of chronic conditions and improving the health and well-being of the children and young people.
- c. The November 2016 visit was used to scope the extent of First Aid training required during the April 2017 visit, based on feedback from the pilot training delivered in June 2016.
- d. During the April 2017 visit, Dr Livesley, Professor Rowland and Ms Chanravy delivered first aid training to 48 members of staff working at M'Lop Tapang in Cambodia and 2 members of staff who travelled over 100km from a jungle school to learn new first aid skills to cascade back into their communities.
- e. This first aid training was evaluated and recorded so that the presentation hitherto delivered can be turned into a series of short educational clips to incorporate into future training.
- f. Dr Livesley also provided two seminars with key individuals at M'Lop Tapang. The first of these was an evaluation of the thoughts of children and young people about the services provided at M'Lop Tapang, and their wishes and worries for the future.

The second was a seminar for key professionals from the health centre to enable them to teach others using rapid educational updates at the end of afternoon clinics.

- g. A new learning and education resource centre was created in the health centre, using material donated by the BMA Information Fund.

- h. During the April 2017 visit, Professor Rowland and Dr Livesley visited a local jungle and railway community and were involved in outreach medical clinics, and home visits.

During the November 2016 and April 2016 visits evidence and narrative was gathered from the field to bring back to the UK, which will allow promotion of the successes of this initial project – crucial to the sustainability of the project in the long term. It is envisaged that the results of this project will foster new financial and expertise partnerships in the future.

What follows is a more in-depth analysis of the project activities. This is presented under the headings of aims, challenges, methods, results and key messages.

Analysis of project activities and results

1. Outreach medical care November 2016

Aim

- To put into place comprehensive management plans for children and young people attending the M'Loп Tapang health centre in South West Cambodia

Challenge

- Very few consultations could be undertaken in English as many of the parents, carers or children and young people did not speak or understand much English. A clinically-trained member of the health centre team acted as a translator for the week's visit
- For this reason it was decided that each consultation would be at least 30 minutes duration in order that full discussions could take place without being rushed

Results

- 60 individual patients (4 adults and 56 children) were seen in clinic by Professor Rowland and the local team, with the following breakdown:

Condition	Number of patients
Developmental delay / cerebral palsy / Trisomy 21	13
Dermatology condition	6
Acyanotic congenital cardiac disease	4
Diabetes mellitus	3
Failure to thrive	3
Thalassaemia trait	3
Anaemia	2
Autistic spectrum disorder	2
Child abuse & neglect	2
Cyanotic congenital cardiac disease	2
Drug or alcohol addiction (Crystal meth / glue / rice wine)	2
Other respiratory condition	2
Poisoning (Mercury / Arsenic / Lead)	2
Skin infection	2
Autoimmune condition	1
Fetal alcohol syndrome	1
Hypertension	1
Hypoglycaemia	1
Other haematological condition	1
Other infection	1
Paediatric stroke	1
Parasitic infection	1
Pneumonia	1
Renal condition	1
TB	1
Trauma	1
TOTAL	60 patients

Figure 9: Breakdown of patients seen in clinic

- Management plans put into place for all of the above patients to last until the next Skype clinic or until the April 2017 visit
- Half a day spent in outreach clinic supporting the local team. The records for the outreach visits are kept separately by the team, rather than being recorded directly onto Professor Rowland's laptop. It is likely that the outreach team will have seen between 20 – 40 patients during that session.



Figure 10: The beach community of Sihanoukville, Cambodia



Figure 11: Delivering outreach healthcare

2. Outreach medical care April 2017

Aim

- To review any patients from the November 2016 outreach medical visit that the local team wanted to be assessed again.
- To put into place comprehensive management plans for new and review children and young people attending the M’Lop Tapang health centre in South West Cambodia.

Challenges

- The previous trialled method of ensuring each consultation could be at least 30 minutes duration, with translation by a clinically-trained member of the health centre team, worked well and was therefore continued for this visit.
- Patients seen in November 2016 were regularly followed up via the monthly Skype clinics with the local team in Cambodia thus ensuring continuity and sustainability of the interventions.

Results

- 58 individual patients (2 adults and 56 children) were seen in clinic by Professor Rowland and the local team, with the following breakdown:

Condition	Number of patients
Developmental delay / cerebral palsy / Trisomy 21	19
Anaemia	9
Dermatology condition	5
Other respiratory condition	4
Acyanotic congenital cardiac disease	3
Autistic spectrum disorder	3
Failure to thrive	3
Other infection	3
Drug or alcohol addiction (Crystal meth / glue / rice wine)	2
Child abuse & neglect	1
Cyanotic congenital cardiac disease	1
Lumbar disc prolapse	1
Microcephaly	1
Poisoning (Mercury / Arsenic / Lead)	1
Skin infection	1
Thalassaemia	1
TOTAL	58 patients

Figure 12: Breakdown of patients seen in clinic

Key Messages

- A visit to Cambodia twice per year is insufficient to be able to effectively follow up patients – the monthly Skype clinics were essential.
- It is important that appropriate regulatory requirements are followed – even if these are not enforced legally in the country – as this sets the right message going forward.
 - ***Maintaining registration with the Cambodian Medical Council for any period where clinical advice is given about a patient is essential.***
- It has to be recognised that undertaking consultations via a translator must be afforded appropriate time. Half an hour per consultation was usually adequate to have full discussions with the patient and/or family however for some patients with complex needs more than half an hour was required.

- ***Measurement of the success of any programme must not solely be based on the number of patients treated but, instead, the quality of care delivered to them.***
- Seeing patients all day, every day, in a second language is very tiring.
- ***It is important to ensure variety of work throughout a week with a mixture of teaching, outreach visits into the local community, health centre clinics and other service-development activities.***



Figure 13: Professor Rowland delivering healthcare in the clinic at M'Lop Tapang



Figure 14: Professor Rowland and Miss Chanravy delivering healthcare in the clinic at M'Lop Tapang



Figure 15: Dr Livesley and Miss Eno learning about story-telling in the jungle school



Figure 16: The mobile library delivering education in the jungle community



Figure 17: A poster about reporting domestic violence



Figure 18: Railway line community in Preah Sihanouk province



Figure 19: Railway line community shop in Preah Sihanouk province



Figure 20: Key member of the railway line community in Preah Sihanouk province



Figure 21: Railway line community in Preah Sihanouk province

3. First aid training

Aim

- To deliver first aid training to members of staff working at M'Lop Tapang so that they can cascade the training to other members of staff
- To evaluate the mode of delivery, training materials and incorporate learning into future first aid training sessions

Challenges

- Teaching and learning practice has relied on traditional methods that assume the 'teacher' is in charge and responsible for delivering information to the learners. This was reflected in the how the room was initially set up with a power point presentation taking centre stage.
- The materials currently used for first aid training were not only old fashioned but culturally inappropriate. The images used reflected USA scenes, depicting accidents that bore little resemblance to the lives of the participants and the environment in Cambodia.
- Many staff attending were familiar with culturally embedded traditional first aid practices. While some of these may be helpful and others cause no harm, many were dangerous and put the person being treated at risk.
- Emergency services that are taken for granted in the UK are non-existent and what does exist is far beyond the financial means of the population served by the M'Lop Tapang staff. It was important to decide, in collaboration with the session participants, what would be appropriate in what circumstance. For instance, external cardiac massage is unlikely to be of benefit as there are no public

ambulance, paramedic or emergency services. The best many people hope for would be a 'lift to a hospital in a car'. Car ownership is not usual.

Results

- First aid training was delivered to 48 members of staff over two separate sessions. Two male participants employed at a school supported by M'Lop Tapang in the jungle had travelled more than 100km to attend.
- All content on the power point slides had been translated in advance but all spoken word communication was translated by Miss Ngov Chanravy in real time
- Each session began with an exploration of what the participants wanted to learn or know more about. This was important to ensure that the session was targeted at the participants' needs.
- The first session was delivered using a traditional method of the teacher standing at the front of the classroom, using a power point presentation with images of white people in a USA context.
- The participants were keen to write down what was on the PowerPoint slides, but they were encouraged to interact with each other, question and challenge the teachers and practise techniques on the available mannequins.
- During both sessions it was apparent that some staff had attended previous first aid training and that they were prepared to assist those new to some techniques to practise. This was encouraged to model the importance of cascade training.
- The second session was changed in an attempt to encourage more discussion, challenge and questioning. It was done in an attempt to change the dynamic of the

traditional learner teacher model and demonstrate how to deliver collaborative learning. As instructors we wanted to learn more about the environment, context and traditional practices of first aid in Cambodia so that our teaching was culturally appropriate. For this we wanted the learners to act as teachers. Of note in this session were the discussions of ‘what gets in the way of helping’. Gender issues, inappropriate touching, especially men touching young females and fear of becoming infected by TB or other diseases were highlighted. These fears had not been as fully discussed in session one.

- During the second session, we relied less on the power point slides and inappropriate images and tended more towards in-depth conversations regarding context and available resources and how these could be used imaginatively to help injured or sick people
- Rapid evaluation of learning was needed and concentrated on the participants’ need to know, reactions to learning and learning deficits (informed by the Kirkpatrick Evaluation model).



Figure 22: First aid training

Day 1



Before the session began the participants were asked to identify what they wanted to learn or know.

Figure 23: Pre-session learning needs analysis

What did people want to learn about from the session?

Choking	2
Bleeding	3
Drowning	7
Fainting	3
Snake bites	1
Electrical injuries	7
Others (how to help themselves and others, how to help people who have had a fit, hypertension)	25

On conclusion of the session, the participants were asked to identify the 3 most important things they had learned.

What three things did participants learn most about during the session?

How to help unconscious victims	4
Burns	5
Choking	3
Drowning	7
Rescue breathing	8
Snake bites	8
Broken bones and bleeding	6
Look, listen and feel for breathing	1
Recovery position	1
Electrical injuries	5
Impaled objects	1
How to check the victim	1
Spinal injuries	1
How to save people's lives and universal precautions	2

At the end of the session, participants were asked to identify what, if anything, they felt most confused about.

What are participants most confused by?

Broken bones	1
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Day 2

The same process as Day One was followed for Day Two.

What did people want to learn about from the day?

First aid and how to save lives	53
Fainting	2
Drowning	4

What three things did participants learn most about during the day?

Burns	9
Electrical injuries	6
Broken bones and injuries	3
Snake bites	16
Rescue breathing	9
Drowning	12
Choking	7
Recovery position	1
Spinal injuries	2
How to help someone who is unconscious & universal precautions	3

What were participants still confused about?

Why don't you teach about cardiac massage?	2
Rescue breathing	1
Spinal injuries	8
Drowning	4
Broken bones	5
Snake bites	4
Electrical injuries	5
Choking	6
Burns	1

Finally, the reaction of the participants to the session was recorded on two scales of 1 – 10:

1 = no learning, 10 = learned a lot | 1 = not enjoyed, 10 = enjoyed a lot

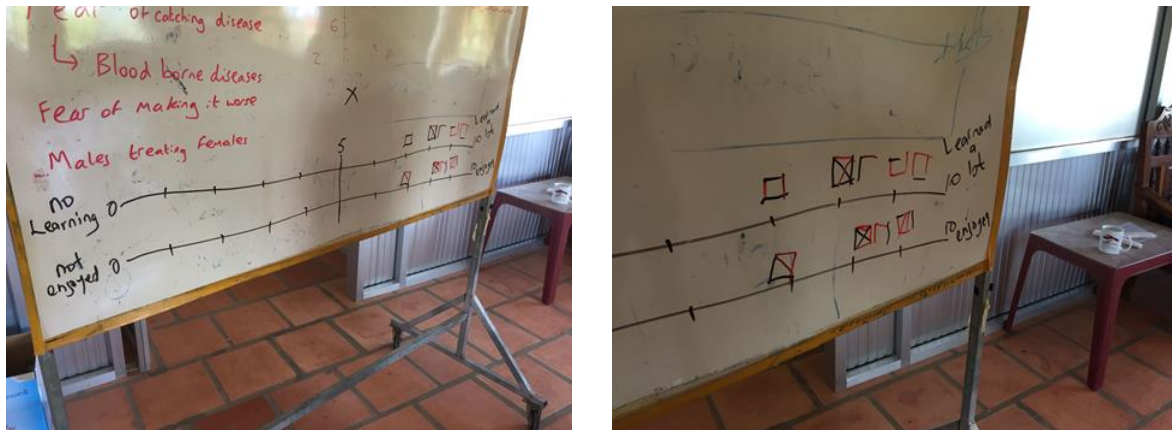


Figure 24: Reaction of the participants to the first aid training sessions

The participants’ reported that they had learned a lot and that they had enjoyed both sessions, but the second session edged ahead slightly towards more positive evaluations on both aspects of learning and enjoyment despite the participants reporting that they were confused by more issues.

Key Messages

- It was clear that the more participative approach taken on the second day took more time. However, the discussions with participants were more in-depth and related to their need to explore ways to apply first aid in particular situations. It also gave more time to explore how and when they used traditional methods. This was important and in part led to some confusion as what was taught contradicted their current knowledge. For instance, many treated injuries such as burns, snake bites and drowning with methods that were known to be ineffective or harmful. Still, they had experience of using these methods and were convinced they worked.

- ***Training should be context and culturally sensitive so that what is taught is meaningful and can be applied in situations in which learners find themselves***

- The participative approach worked well. The participants showed more willingness to divulge what they would do prior to attending the first aid session. They also discussed cultural practices that prevented them from helping some people. However, this meant the second session took longer and reduced the time available to deliver the planned content.
 - ***Traditional first aid remedies are deeply embedded in the day-to-day lives of the staff employed by M'Lop Tapang. These should not be dismissed out of hand but sifted to identify those that may help, those that will do no harm and those that may cause harm.***

 - ***Culturally appropriate and culturally sensitive materials are best suited to learning. There are no such materials available to M'Lop Tapang staff. Simply using materials that are irrelevant or have little meaning in the situations confronted by learners is no good enough.***

 - ***Culturally appropriate first aid teaching materials should be developed and made available for use by M'Lop Tapang staff. These should be developed collaboratively and designed to meet the needs and resources available to different communities. They should be made available in paper and digital formats.***

 - ***A train the trainers approach could be taken to future training initiatives and more robust evaluation methods should take account of behavioural change of individuals and the result of such change for communities.***

- *More input from educationalists on collaborative learning would benefit the M'Lop Tapang staff and encourage them to be more confident in moving towards learner lead approaches.*

Figures 25-30: First aid training



4. Consultation with children and young people

Aim

To evaluate the accelerated education programme provided at the M' Lop Tapang centre from the perspective of the young people using the service, focusing on their wishes and worries for their futures.

Challenges

Language and a lack of cultural understanding were the two most significant challenges for this session. One of the young people spoke excellent English whereas our Khmer was largely restricted to common greetings. Savin, a qualified counsellor, attended the session and it was clear from the outset that she had an excellent relationship with the young people. Her presence was invaluable in helping us to build a rapport and develop trust with the young people. She also agreed to translate for the entire session.

It was difficult to know, prior to the session, the extent to which the young people would be able or willing to write or talk about their experiences. It was also unclear how they would react to talking about themselves in front of their peers, ourselves and Savin. Engaging young people in evaluation work is never easy but the rewards of doing so are worth the efforts. There are a number of effective strategies that help to overcome the difficulties of ability, capability and individual traits such as shyness, these were used to conduct the evaluation.

Methods

- The session was planned to run from 9 am to 12.30pm. The underpinning philosophy of the session was participatory and that it would privilege the young people's accounts. Their views and opinions were sought and taken at face value. The session used several engagement strategies. None were pressured to complete any of the activities.

- **Graffiti floor** – this consisted of paper being laid to cover part of the floor. Pens were available and the young people invited to draw or write anything that came to mind during the session. The young people were free to draw on the graffiti floor at any point during the evaluation. This gave them a means of choosing to be by themselves or remove themselves from conversations with which they were not comfortable. The aim of this was to give them a choice and control over the extent to which they wished to be involved.
- **Tell me** – this consisted of the young people telling us about Cambodia through pictures. They were asked to draw something (anything) that they thought conveyed the essence of their country. The young people then shared the meaning of what they had drawn with each other and the evaluation team.
- **Diamond Nine Ranking** – the young people were asked to identify what they deemed to be the most important values that guided their lives. Each value was written on a piece of A4 paper. The young people were then asked to consider each value and select the nine that they considered to be the most important, collectively. They were asked to rank the values into the shape of a diamond with the most important being placed at the top of the diamond.
- **Wishes and Worry Tree** – this activity consisted of the young people writing one wish and one worry on paper leaves. These were hung on a small tree. The young people later selected one leaf (not their own) to read out to the group. In this way they shared their hopes and their fears for the future.
- **Send a Message** – for the concluding activity the young people were asked to write down or draw a message that wanted to send to the M’Lop Tapang management.

Results

11 young people attended the evaluation session. All were studying at school in the M'Loap Tapang centre on the accelerated education programme. Most were preparing to sit end of year exams.

- **Tell Me**

The young people drew symbols of Cambodia that included scenes of nature, popular tourist destinations (Angkor Wat) and the Cambodian flag. They also drew traditional farmers working in fields and traditional cooking pots. Many of them chose to recreate these drawings on the graffiti floor. This activity served as an ice-breaker and the young people were eager to tell us what they loved about their country.

- **Diamond Nine Rankings**

This activity led to much discussion between the young people regarding their values. Split into 2 smaller groups they ordered their values differently, but all agreed that the most important were, health, examinations, family, graduation, future work, money, education, love and ambition. Having completed the Diamond Nine Ranking exercise, the whole group came together to discuss the relationship between the values identified. The young people moved the values to different positions in the diamond to explore alternative relationships.

- **Wishing and Worry Tree**

Mostly their wishes were unremarkable. They wished for good jobs, happy families, and good friends. Some wished for financial security and material goods that many people in other parts of the world take for granted, such as a house and car. Some, in keeping with young people elsewhere, wanted to be famous by being 'pop stars'. Others wanted to help their communities by becoming doctors. One young person aspired to owning a vineyard.

All of the children worried about being unable to continue with their school attendance. For some, this related to the expectation that their mothers would make them leave to go to work. They were concerned that failure to finish school would prevent them having 'good family lives' in the future. Others worried that the examinations were too hard and that they would not pass. They thought this would mean their parents would no longer love them, or that they would be made to leave their families. One person was worried that they would never again see their brother. Another young person worried about their mother becoming sick, while another worried about his mother and father arguing and their relationship with neighbours. Another worried about being 'looked down upon'. Overall, the worries related to them achieving their goals and realising their dreams of a better future.

- **Send a Message**

Savin, the counsellor was mentioned by many of the young people. They noted that she helped them to cope with their stress so that they could continue with their studies. They were grateful for being given the opportunity to attend school and provided with the materials needed to study. They liked the teachers and the counsellor, describing them as kind and having 'a good heart'. They wished them good health. One had sent a message hoping that M'Lop Tapang could open a new school so that other children could benefit in the way they had. Another was grateful for the chance to study, the food received and having a place to stay.

The young people also sent messages asking for improvements. One wrote about the school being 'very noisy', another asking for air conditioning as it was very hot, and another asking for a new school bus as the current one was overcrowded.

Conclusion

The methods used to engage the young people enabled them to demonstrate their sophisticated understanding of the tenuous nature of their lives. They were all ambitious. Some wanted to be doctors, others beauticians or teachers. One young woman aspired to be a 'good and strong policewoman'. However, they all agreed that attaining their ambition

rested on other factors falling into place. For instance, to be healthy they needed money, but to get money they needed future work, and for the best jobs they would need to graduate. This meant passing exams. However, passing exams was subject to attending school and school attendance was always at risk as their families needed money. Without the family receiving ongoing support from M'Lop Tapang, they could be sent out to work. The family focused interventions delivered by M'Lop Tapang are essential for these young people to achieve better futures. Without them their life chances would be stark.

Key Messages

- Effective evaluation work with young people rests on developing a rapport and trust.
 - ***Having trusted adults that are known to the young people can help with this process. Mirroring cultural practices, such as removing shoes when indoor, sitting on the floor and using as much local language as possible are behaviours that signal respect and these can help engender a sense of trust.***
- Using a range of diverse methods helps the young people to feel safe, have a sense of control, make decisions regarding their level of involvement and participate in the way they choose.
 - ***Participative evaluation strategies require a range of diverse methods sufficient in number to offer choice regarding the level of involvement to participants. A diverse range of culturally appropriate activities are essential to ensure that all participants can express their views***
- The education offered to the young people engaged in this evaluation was highly prized by them. However, their attendance was only possible when other services were offered to their families to support their attendance.
 - ***Education attainment is an important part of relieving poverty and improving the future health and well-being of children and young people in***

Sihanoukville. The integrated family services offered by M'Lop Tapang are essential in this. Given the limited resources currently available, global partnerships such as this will be central in ensuring the success of their work continues.



Figure 31: Dr Livesley joining in with traditional cultural classes



Figure 32: Ambition



Figure 33: Wishes and worries tree with Tapang leaves



Figure 34: Discussing values

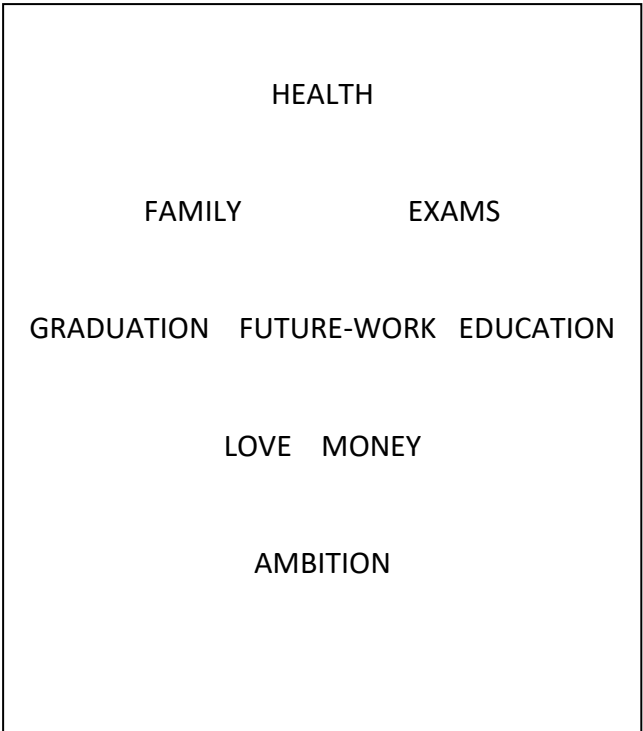
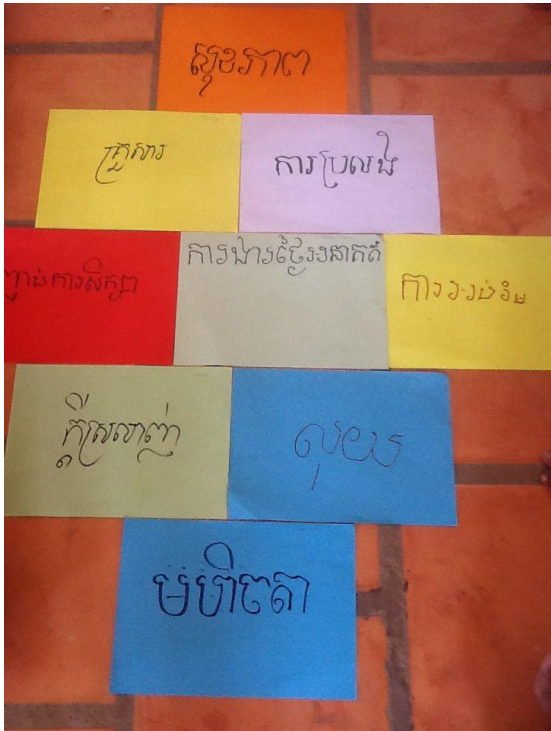
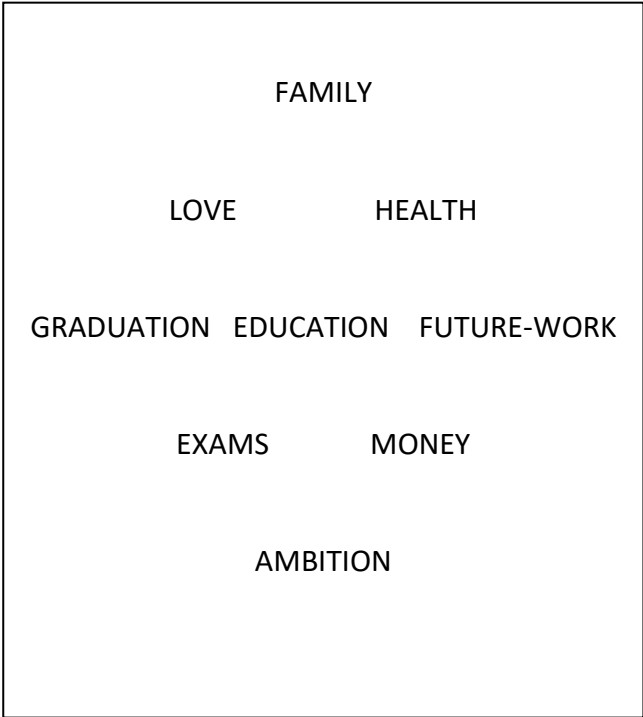
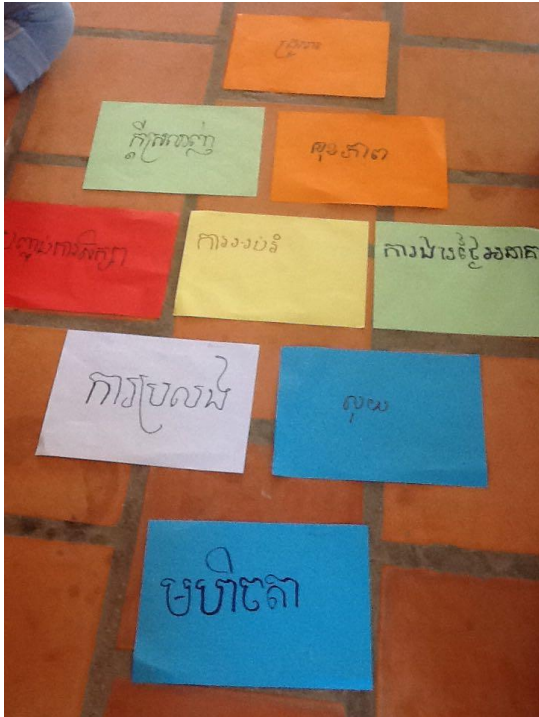


Figure 35: Diamond nines exercise on values-ranking

5. Development of a new education and learning resource area

Aim

To create a place for learning and ensure resources are up-to-date, evidence bases and culturally appropriate.

Method

The M'LoP Tapang medical centre had a large collection of text books and medical leaflets, mostly housed in card board boxes. These resources were rarely used. A recent donation of resources from the BMA Information Fund had lead staff to request a place (somewhere to study) and access these precious resources.

The M'LoP Tapang centre was often very busy, housing the school, arts building, medical clinics, social work department and child care facilities, amongst others. As expected from any building housing children, it was often very noisy, especially at play times and during breaks. Having spent some time in the clinic, we first set out to create a calm and relaxing place, away from noise, for the staff to use to read, access learning materials and resources and discuss clinical cases.

A large room, situated in the middle of the M'LoP Tapang centre, sitting alongside the medical clinic consulting room was being used to store some medical equipment. The room had a large desk, empty shelf space and, being internal, was quiet. The staff agreed that this would be perfect as a place to study when the clinics had concluded. It was also very near to the main reception should anyone arrive needing emergency treatment.

The next task was to work with the centre staff to sift through the resources they had. Many were out of date, inappropriate or duplicated. All duplicates were boxed to be sent to the local hospital. Out of date resources were discarded. The remaining resources were catalogued by diagnostic or learning themes and placed in an unlocked cupboard so that they could be easily and quickly located.

Being vigilant of traditional Cambodian customs and drawing on the local welcome rituals, angle poise lamps were used to soften the lighting and lotus flower heads placed in the centre of the table. This created a welcoming and calming ambience. The catalogued books look orderly and were accessible to all staff. The immediate reaction of staff was one of delight, it was the first time a place had been designated for them to use for learning in this way.

Key Messages

- We had witnessed the M'Lop Tapang medical staff working tirelessly with the children and families. They seemed overwhelmed by the prospect of sorting through and sifting the resources that they had. They were worried about discarding books, even if they were out of date, as they were seen as precious resources.
- ***Regardless of the business or activity within a clinic, creating space for learning and ensuring easy access to up-to-date resources is an important part of embedding continuous professional development. Offering help to organise such spaces is a useful use of time.***



Figure 36: The new resource centre across from the medical clinic

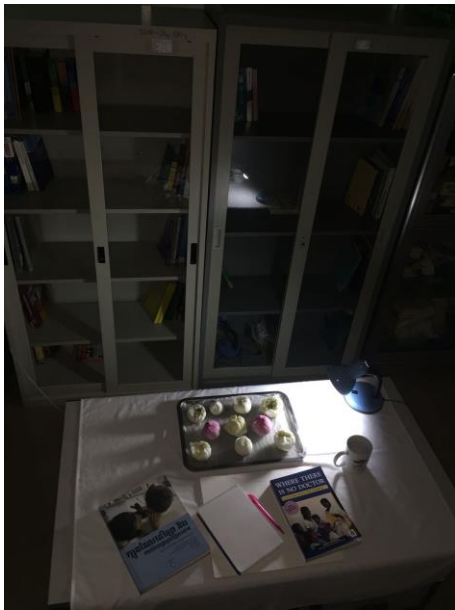
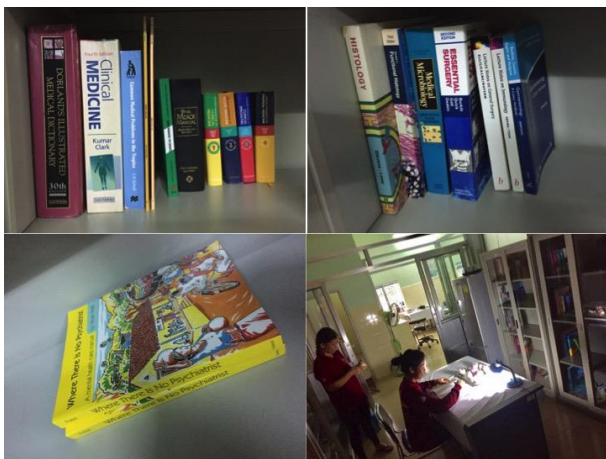
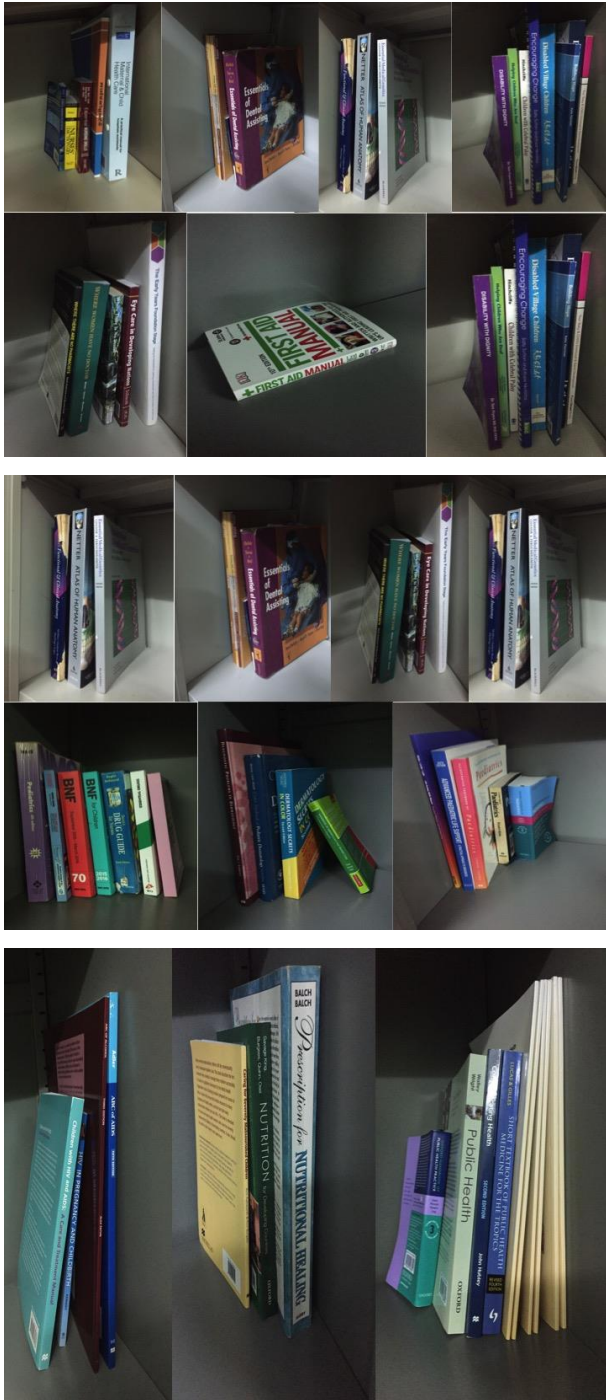


Figure 37: Traditional Cambodian customs



Figures 38-42: Cataloguing the resources



Figures 43-57: Cataloguing the resources

6. Instigating a model of practice for rapid education updates

Aim

To work with key professionals from the health centre to enable them to teach each other and others using rapid educational updates at the end of afternoon clinics.

Method

Continuous professional development and critical reflection on clinical decisions are the corner stones of professional practice. While many models for this exist it was deemed inappropriate to expect the medical staff at M'Lop Tapang to adopt a pre-existing model as these are most often designed for use in developed countries with established pre-requisites for re-registration and re-validation. No such mechanism exists in Cambodia. Conversations with staff during the April 2017 visit had highlighted their desire to engage with professional updates and critical practice. Given this, it was decided to work with them to create a model for educational update that was appropriate and meaningful in the context of their work in M'Lop Tapang. With this in mind and broadly taking the approach used by the Onion Model for problem based learning¹⁷ a number of strategies, including story telling through six minute free writing, peer feedback, and identification of shared practice and organisational values were used to develop the M'Lop Tapang rapid update framework.

Story Telling and 6 Minute Free Write:

The session began by exploring the value of story-telling before asking the participants to write their personal stories on why they chose medicine or nursing as careers and why they chose to work at M'Lop Tapang. The six minute free write technique was used to help them write quickly what came to the fore without concern for language, grammar or syntax. The participants then shared their stories, and were, at times, surprised by what they heard.

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https://www.researchgate.net/profile/Moira_McCloughlin/publication/51381768_Peeling_back_the_layers_of_learning_A_classroom_model_for_problem-based_learning/links/540d97bf0cf2d8daaacb53d0/Peeling-back-the-layers-of-learning-A-classroom-model-for-problem-based-learning.pdf

Peer Feedback

The next step was to ask the staff to write a short profile concentrating on their best points, on a piece of paper. The profiles were passed around the circle until everyone had written on each other's profile. These were then shared.

Identification of Shared Values, Knowledge and Skills

The stories and the profiles were then analysed by the participants to identify their shared practice and organisational values, their individual knowledge and skills alongside the services provided by M'Lop Tapang.

Creating the Rapid Update Framework

All participants had identified and stressed that they valued and aspired to base their practice on a child and family centred ethos. This meant that they had instant agreement that the children and families would be at the centre of any model.

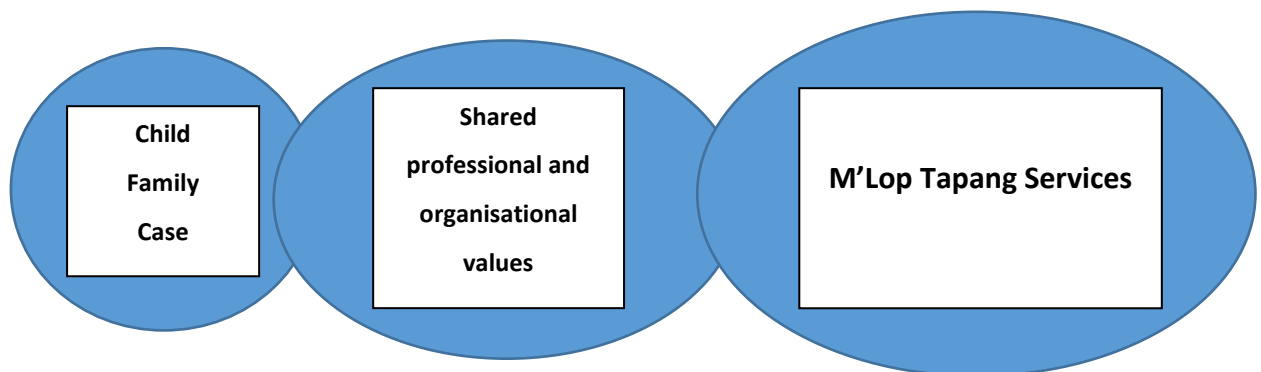


Figure 58: Stages in the development of context-specific M'Lop Tapang Rapid Educational Update Framework

The second circle was populated by the identified values, knowledge and skills that the participants identified as necessary for the assessment and treatment of children and their families. These included the values of safety and trust, and skills related to identification of spiritual, social, psychological, physical, cultural, health and well-being, mental health and emotional needs of the children and families with whom they work. The intention was that

these factors should be used to critically review any case, chosen at random, or because a member of staff has identified a knowledge or skill deficit.

Participants populated the final circle with the services currently available to the children and families from M'Lop Tapang.

Results

The result was a three concentric circle, context specific, co-produced, rapid educational update framework that could be used at the end of any clinic. The framework will be used to critically review and question the clinical, social and referral decisions that have been taken. It will also be used to identify individual knowledge and skill deficits and to produce individual learning plans. More work on this aspect of the model will be needed during future visits.

Having developed the model, the staff have ownership of it. It is hoped that this will ensure that critical reflection on clinical and referral decisions will become part of the working culture in the medical centre. Immediate feedback suggests that the staff were delighted to have produced a culturally appropriate framework for rapid educational updates.

The outcomes from the use of the framework sessions could be also be used to ask for targeted help and support from members of the Global Partnership to ensure that future interventions relate to the medical staff needs for continuous professional development identified from and for the benefit of the children and families seeking help and support at the clinic.

Key Messages

- It is too soon to know the extent of success of the model, and it was not possible in the time available to undertake a full evaluation (Kirkpatrick's model). It is hoped that this may be possible in the future. However, early indications suggest that the staff are using the model to critically review their practice and decisions and identify learning deficits. Staff reaction to the model was extremely positive and there is a

reported behaviour change with the framework being used regularly to review practice.

- **The success of the framework, judged by the frequency of use and identification of learning needs in the first instance, should be undertaken in partnership with staff at the M’Lop Tapang medical centre.**
- **It will be essential that the necessary resources to meet identified learning needs are available in a timely manner. This can be achieved through the current Global Partnership in the first instance with external funding and help sourced from elsewhere in the future.**

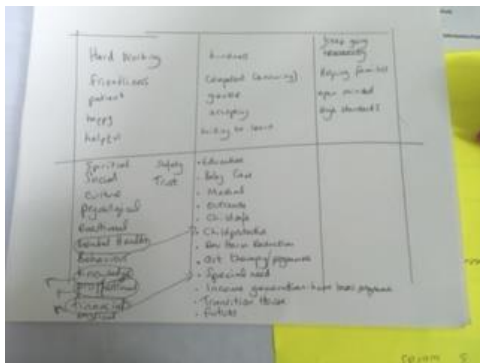


Figure 59: Co-production of the M’Lop Tapang Rapid Education Update Framework



Figure 60: Concentric circle framework

Figure 61: Using the resource centre

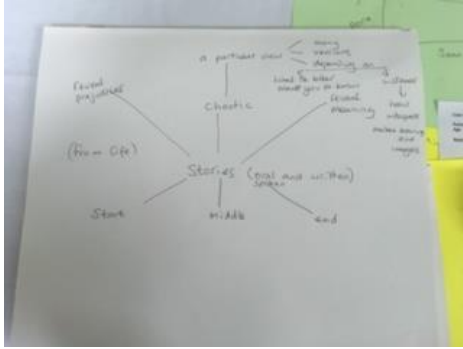


Figure 62: Benefits of story-telling

Barriers and problems

This project was awarded a grant of £2,500 from the BMA Humanitarian Fund for 2016/2017, to partially-fund the project described in this report.

Initially the plan was for one member of the team to undertake the scoping visit in November 2016 and then four members of the team (a doctor (the Chair of the Board of Trustees of SicKids), a university senior lecturer, a nurse and a Trustee of SicKids) to undertake the delivery visit in April 2017. It was intended that the £2,500 would be divided up between these professionals to part-cover the cost of their flights to Cambodia, with the remainder of their costs either being self-funded, funded through grants from other organisations or supported by the University of Salford.

Due to work commitments in the UK, the plan had to change so that the SicKids' Trustee will now take part in the November 2017 visit to Cambodia and the nurse who would have travelled to Cambodia as part of the April 2017 visit will instead co-host the Medical Programme Manager (equivalent to an Advanced Paediatric Nurse Practitioner) in the UK for a week in September 2017.

Originally, there were five airfares to cover from the £2,500 and it was intended that £500 would be used to offset each of these airfares.

In the interests of transparency, given the change to the April 2017 team composition, the full circumstances were declared to the BMA, who accepted SicKids' offer to return £1,000 of the grant money to the BMA so that it could be used towards other projects. The team felt that, even though their expenses would not be fully covered by the residual £1,500 grant, this was the transparent, fair and ethical offer to make.

Accordingly, the remaining £1,500 was split equally to part-fund the three airfares which were purchased during the 2016/2017 grant period. The SicKids team have opted not to apply for a 2017/2018 BMA Humanitarian Fund Grant but will, instead, save that second



application for a future year given the limitation on the number of grants any one project can receive.

Sustainability

The short-term sustainability of this project was achieved by the following methods:

- Direct input from the UK team both visits with an apprentice-style model of information and skills transfer to the Cambodian team and from the Cambodian team to the UK team.
- The monthly Skype-clinics that have been in place since January 2015, supported by [SickKids](#) from June 2015 onwards, have continued on the first Friday of each month to provide follow up to patients seen during each visit and to provide professional peer-support to between the UK team and the Cambodian team.

The medium term sustainability of this project will be secured by the cascade ethos:

- All of the training delivered during the visits has been cascade in format so that the Cambodian team are able to pass on their learning to other members of their teams as well as, crucially, members of the local community when appropriate even in the absence of the UK team.
- The Skype clinics (which are effectively a form of peer support) that have been introduced will continue in the medium to long term on a monthly basis to provide support to professionals both from an educational point of view as well as a difficult case-management point of view. [SickKids](#) is currently seeking funding support for these clinics to improve the IT facilities that are used and to develop a secure file storage and transfer system.

The long term sustainability of this project will be secured by the above short- and medium-term methods ensuring that the training delivered and service developments introduced are firmly embedded into standard practise within the M'Lop Tapang health and social care teams and are cascaded into the community.

Figure 63: Some of the M’Lop Tapang team, Cambodia



It is likely that a second application to the BMA Humanitarian Fund will be made in the future to support the final implementation of these long-term, sustainable objectives.

Sustainability ensures that this project’s objectives will continue by people who work at M’Lop Tapang after project support from the external group has ended. The keys to sustainability include:

- *Limited Scope:* The project is within the local community’s capacity in Sihanoukville, it is something the M’Lop Tapang employees have asked for and is something they are incredibly keen to deliver in partnership.
- *Appropriate:* Use of locally-available methods, skills and materials; this is not about the UK designing a UK-health system in Sihanoukville. It is about the UK group helping the M’Lop Tapang employees to enhance the local health services that they provide to children and young people that are appropriate for the local facilities that are available.
- *Locally led:* This project has always been locally-led to enable the participants in Cambodia to build on successes.

Evaluation and lessons learned

Evaluation concept

Evaluation of the teaching and training components of this project broadly followed Kirkpatrick's Learning Evaluation Model¹⁸. The initial evaluation measured:

- **Reaction** of the person being trained: what they thought and felt about the training
- **Learning:** the resulting increase in knowledge or capability and the areas of confusion that still exist

Over time it is hoped that the local team in Cambodia will be able to measure:

- **Behaviour** – the extent of behaviour and capability improvement and implementation or application
- **Results** - the effects on M'Loп Tapang and it's catchment area resulting from the performance of the people who have received the training

Demonstrating a scientific cause and effect outcome (ie the results component of Kirkpatrick's model) may, in the longer term, be difficult due to the very nature of the subject matter and the multi-factorial associations.

One of the key aspects of Dr Joan Livesley's work in Cambodia was to try to involve the community in the evaluation process. This was undertaken through a consultation workshop with children and young people as well as by evaluating the First Aid training over the two days in which it was delivered.

¹⁸ <http://www.businessballs.com/kirkpatricklearningevaluationmodel.htm>

A mechanism already exists within Salford University (The Collaborate Blackboard platform) upon which we can store materials and share ongoing results from the evaluation of this project.

In the long term it is hoped that this project, as it continues, will contribute to the delivery of the following outcomes for children and young people in Southern Cambodia:

- Decreased rates of sexually transmitted infections amongst children and young people accessing M'Lop Tapang facilities
- Decreased teenage pregnancy rates
- Decreased alcohol and drug use amongst children and young people
- Increased school attendance
- Decreased youth offending behaviour
- Decrease in numbers of children requiring social work input

The overall evaluation criteria of the project that have been considered, broadly, are:

Relevance

The extent to which the objectives of the project are consistent with the beneficiaries' requirements, needs of M'Lop Tapang and relevant global priorities as they relate to Cambodia.

Efficiency

A measure of how the resources that are invested (money from the BMA Humanitarian Fund as well as UK team expertise and time) are converted to results.

Effectiveness

The extent to which the project's objectives were achieved, or are expected to be achieved.

Impact

The positive and negative, primary and secondary effects produced by the project, directly or indirectly, intended or unintended.

Sustainability

The continuation of benefits from the project after departure of the UK team will need to be subject to longer-term evaluation in future visits.

Kirkpatrick's evaluation model

This grid illustrates the Kirkpatrick's¹⁹ structure detail, learning evaluation model, usage, implications, and examples of tools and methods.

Figure 64: Kirkpatrick's evaluation model

Evaluation level and type	Evaluation description and characteristics	Examples of evaluation tools and methods	Relevance and practicability
1. Reaction	<p>Reaction evaluation is how the M'Lop Tapang staff who were being trained felt, and their personal reactions to the training or learning experience, for example:</p> <p>Did the staff like and enjoy the training?</p> <p>Did they consider the training relevant?</p> <p>Was it a good use of their time?</p> <p>Level of participation.</p> <p>Ease and comfort of experience.</p> <p>Level of effort required to make the most of the learning.</p> <p>Perceived practicability and potential for applying the learning.</p>	<p>Typically 'happy sheets'.</p> <p>Feedback forms based on subjective personal reaction to the training experience.</p> <p>Verbal reaction which can be noted and analysed.</p> <p>Post-training surveys or questionnaires.</p> <p>Online evaluation or grading by M'Lop Tapang staff.</p>	<p>Can be done immediately the training ends.</p> <p>Very easy to obtain reaction feedback</p> <p>Feedback is not expensive to gather or to analyse for groups.</p> <p>Important to know that people were not upset or disappointed.</p> <p>Important that people give a positive impression when relating their experience to others who might be deciding whether to experience the same.</p>
2. Learning	<p>Learning evaluation is the measurement of the increase in knowledge or intellectual capability from before to after the learning experience:</p>	<p>Typically assessments or tests before and after the training.</p> <p>Interview or observation can be used before and after although this is time-consuming and can be</p>	<p>Relatively simple to set up, but more investment and thought required than reaction evaluation.</p> <p>Highly relevant and clear-cut for certain training such as quantifiable or technical</p>

¹⁹ <http://www.businessballs.com/kirkpatricklearningevaluationmodel.htm>

	<p>Did the staff learn what was intended to be taught?</p> <p>Did the staff experience what was intended for them to experience?</p> <p>What is the extent of advancement or change in the staff after the training, in the direction or area that was intended?</p>	<p>inconsistent.</p> <p>Methods of assessment need to be closely related to the aims of the learning.</p> <p>Measurement and analysis is possible and easy on a group scale.</p> <p>Reliable, clear scoring and measurements need to be established, so as to limit the risk of inconsistent assessment.</p> <p>Hard-copy, electronic, online or interview style assessments are all possible.</p>	<p>skills.</p> <p>Less easy for more complex learning such as attitudinal development, which is famously difficult to assess.</p> <p>Cost escalates if systems are poorly designed, which increases work required to measure and analyse.</p>
<p>3. Behaviour</p>	<p>Behaviour evaluation is the extent to which the M'Lop Tapang staff applied the learning and changed their behaviour, and this can be immediately and several months after the training, depending on the situation:</p> <p>Did the staff put their learning into effect when back on the job?</p> <p>Were the relevant skills and knowledge used?</p> <p>Was there noticeable and measurable change in the activity and performance of the staff in their roles?</p> <p>Was the change in behaviour and new level of knowledge sustained?</p> <p>Would the staff be able to transfer their learning to another person?</p>	<p>Observation and interview over time are required to assess change, relevance of change, and sustainability of change.</p> <p>Arbitrary snapshot assessments are not reliable because people change in different ways at different times.</p> <p>Assessments need to be subtle and ongoing, and then transferred to a suitable analysis tool.</p> <p>Assessments need to be designed to reduce subjective judgment of the observer or interviewer, which is a variable factor that can affect reliability and consistency of measurements.</p> <p>The opinion of the staff member, which is a relevant indicator, is also subjective and unreliable, and so needs to be measured in a consistent defined way.</p> <p>360-degree feedback is useful method and need not be used</p>	<p>Measurement of behaviour change is less easy to quantify and interpret than reaction and learning evaluation.</p> <p>Simple quick response systems unlikely to be adequate.</p> <p>Cooperation and skill of observers, typically line-managers, are important factors, and difficult to control.</p> <p>Management and analysis of ongoing subtle assessments are difficult, and virtually impossible without a well-designed system from the beginning.</p> <p>Evaluation of implementation and application is an extremely important assessment - there is little point in a good reaction and good increase in capability if nothing changes back in the job, therefore evaluation in this area is vital, albeit challenging.</p> <p>Behaviour change evaluation is possible given good support and involvement from team leaders or staff members, so it is helpful to involve them from the start,</p>

	<p>Is the staff member aware of their change in behaviour, knowledge, skill level?</p>	<p>before training, because respondents can make a judgment as to change after training, and this can be analysed for groups of respondents and other M'Lop Tapang staff.</p> <p>Assessments can be designed around relevant performance scenarios, and specific key performance indicators or criteria.</p> <p>Online and electronic assessments are more difficult to incorporate - assessments tend to be more successful when integrated within existing management and coaching protocols.</p> <p>Self-assessment can be useful, using carefully designed criteria and measurements.</p>	<p>and to identify benefits for them, which links to the level 4 evaluation below.</p>
<p>4. Results</p>	<p>Results evaluation is the effect on the M'Lop Tapang or its surrounding environment (and, by extension, the children, young people and families that it serves) resulting from the improved performance of the staff members - it is the acid test.</p> <p>Measures will be looking at M'Lop Tapang's organisational key performance indicators as well as an assessment of the impact of the project on the local community.</p> <p>M'Lop Tapang continue to seek external funding support to evaluate their programmes over time, which will contribute to the development of an evidence base of the</p>	<p>It is possible that many of these measures are already in place via normal management systems and reporting.</p> <p>The challenge is to identify which and how they relate to the staff member's input and influence.</p> <p>Therefore it is important to identify and agree accountability and relevance with the staff member at the start of the training, so they understand what is to be measured.</p> <p>This process overlays normal good management practice - it simply needs linking to the training input.</p> <p>Failure to link to training input type and timing will greatly reduce the ease by which results can be</p>	<p>Individually, results evaluation is not particularly difficult; across an entire organisation it becomes very much more challenging, not least because of the reliance on team leaders.</p> <p>Also, external factors greatly affect organisational and business performance, which cloud the true cause of good or poor results.</p>

	effect of interventions on M'Lop Tapang, its service users and the wider local community.	attributed to the training.	
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Benefits of the visit

The former Chief Medical Officer, Sir Liam Donaldson, said, *'the ultimate beneficiaries from UK professional[s] gaining international experience are NHS patients in the UK'*. The Royal College of General Practitioners (RCGP) has also recognised that *'experience gained overseas... contributes significantly towards [staff] professional development and that they return to... practice in the UK with enhanced clinical, organisational and managerial skills which are of great benefit to their patients and the profession'*.

Learning from the work of M'Lop Tapang

We know there is a huge amount of learning that could be transferred back into the UK from M'Lop Tapang and Sihanoukville. The value, necessity and responsiveness of an integrated care service that embraces acute care, community care, public health and social welfare cannot be underestimated. The circumstances which place children at risk of exploitation, and some of the presenting features of those who have been exploited, are a timely reminder to everyone working in urgent care settings that the background of the patient being seen cannot be assumed and that some will have come from risky or harmful environments.

Understanding the social determinants of health is important and it is crucial that the relationship between health and well-being and education and social support is understood. This may require a shift in focus from the health problem as the primary target of intervention, education and social interventions may also be needed, whatever they may be.

Services that help protect children from abuse rather than simply respond to abuse when it is recognised is another key area of learning that prevention groups can learn from in the UK. Teaching and case discussions in the UK make it clear that the issues faced by community in Sihanoukville are similar in many ways to those faced in the UK. While the reference scale is different, the fundamental core problems, and potentially some of the solutions, are incredibly similar and inextricably linked.

A stand out message was the positive successes that followed intervention in seemingly intractable problems that the community in Sihanoukville, brought about by the interventions of M'Lop Tapang, have when that community works together towards a common goal. We contend that this is something to which every community and related services should aspire.

The experience that the team gained in Cambodia has already been invaluable to them to enable them, back in the UK, to:

- Better prioritise and allocate scarce resources
- Plan, monitor and audit a project with improved efficiency
- Further develop project management skills
- Use the learning from the engagement work with children and young people to bid for further funds to undertake a consultation in the UK with children and young people who are disabled
- Consider how rapid-improvement and change-management can be used within a health and education setting
- Deliver improved teaching to diverse groups of participants
- Work more effectively in multi-disciplinary teams, drawing on specific experiences in Cambodia.

Over time, although it is difficult to measure so soon after returning from Cambodia, it is hoped that an added learning outcome for the NHS will be the insight the team members

gained into low cost community-led and community-driven initiatives to safeguard children – a model that can be tested in areas in the UK in the future.



Figure 65: The kids beach network in Sihanoukville

Aside from professional benefits there have been clear personal benefits to the individuals who have taken part in the two-phase project including:

- Increased awareness of global health and social care issues
- Increased adaptability – coping with complexity and uncertainty
- Improved interpersonal skills – involving team working and collaboration
- Further development of leadership skills, communication skills and personal empowerment
- Becoming more self-confident in tackling challenging situations within a work environment
- Improved problem solving skills and ability to cope with adversity
- Better strategic thinking.

These personal benefits are critical 'higher order' skills essential for tackling the complexity of modernising and transforming health services for the benefit of patients. They are also critical for personal career development²⁰.

In short, this project, although it involved visiting an area where there is a live humanitarian disaster ongoing of a chronic nature, was enjoyable and personally and professionally fulfilling for all of the members of the team involved.

²⁰ Department of Health. International Humanitarian and Health Work: Toolkit to support good practice. Department of Health: London; July 2003

Social Media

Images and messages were shared on Twitter and Facebook to extend the reach beyond the visits to other individuals and organisations. A Storify²¹ of the 2017 visit to Cambodia was collated and used as part of the data set.

Twitter updates were sent regularly throughout the project from:

@DrAndrewRowland²²

@SicKidsUK²³

@JoLivesley1²⁴

@MLopTapang²⁵

@DenCarter1²⁶

²¹ <https://storify.com/wlasinclair/sickids>

²² <https://twitter.com/DrAndrewRowland>

²³ <https://twitter.com/sickidsuk>

²⁴ <https://twitter.com/jolivesley1>

²⁵ <https://twitter.com/mloptapang>

²⁶ <https://twitter.com/dencarter1>



Figure 66: Beach house community in South West Cambodia

Next steps

The Skype clinics that **SickKids** runs with M’Lop Tapang each month will continue throughout 2017-2018.

SickKids has recently advertised for a volunteer fundraiser²⁷.

In December 2016 **SickKids** began a crowdfunding drive to raise funds to bring the life-changing advantages of sensory play to Cambodia. Sensory equipment can really enhance the medical care given to children, especially those with developmental delay – which is prevalent in countries like Cambodia²⁸ where medical conditions related to poverty are treated by skilled health and social care workers, without access the types of equipment often available in developed countries.

The good news is **SickKids** has enough money to build a basic sensory room at M’Lop Tapang in November 2017 so the **SickKids** team will be returning to M’Lop Tapang and during this visit the team will be able to follow up on the November 2016 and April 2017 visits that are described in this report.

Ahead of that, **SickKids** is thrilled to confirm it has also raised enough to provide fantastic sensory equipment for the children’s emergency department at North Manchester General Hospital, a dedicated paediatric Accident & Emergency Department treating over 30,000 children and young people every year. Although many children’s wards in the UK have well equipped sensory rooms already, **SickKids** has learned that very few A&Es have access to advanced sensory equipment that would greatly improve the standard of care offered to younger patients.

²⁷ <http://www.sickkids.co.uk/2017/06/25/were-recruiting-volunteer-fundraiser-apply-now/>

²⁸ <http://www.sickkids.co.uk/2016/06/01/a-successful-first-medical-outreach-trip-with-a-grant-recipient/>

With the advice of a Learning Disability Specialist Nurse, and parents of children with learning disabilities, SicKids has compiled a shopping list to include a fully fitted basic sensory room for M’Lop Tapang in Cambodia, whose services reach 7,500 children a year, and a suite of equipment for North Manchester General Hospital, which it aims to present in September 2017.

SicKids current funding will buy basic equipment, but they still need to raise funds to ship this amazing gift to the children of Cambodia. Further funds raised will enhance the quality and variety of equipment provided to both locations²⁹.

SicKids have also been awarded a grant from the Burdett Trust for Nursing³⁰ to fund a professional visit for M’Lop Tapang’s Medical Team Leader Miss Ngov Chanravy (“Ravy”) in September 2017.

While in the UK Ravy will be welcomed by SicKids’ Trustees, and spend a week working alongside medical professionals from various facilities of The Pennine Acute Hospitals NHS Trust, as well as working in the community in Manchester. She’ll also spend time working with Nurse Sue Higgins³¹ who was the first recipient of a SicKids outreach grant, and Dr Joan Livesley³². Both Sue and Joan have spent time in Cambodia working in Ravy’s.

During Ravy’s visit, she will spend time getting to grips with life-changing equipment similar to the kit she’ll be welcoming at M’Lop Tapang when SicKids opens Cambodia’s first sensory room in November 2017.

²⁹ <http://www.sickids.co.uk/2017/07/25/how-to-build-a-sensory-room-part-three-shopping-list/>

³⁰ <http://www.btfm.org.uk>

³¹ <http://www.sickids.co.uk/2016/06/01/a-successful-first-medical-outreach-trip-with-a-grant-recipient/>

³² <http://www.sickids.co.uk/2017/05/01/joan-gets-to-know-the-community-at-mlop-tapang/>



Figures 67 & 68: Fishing village communities in South West Cambodia

Biographies and declarations of interest

Dr Joan Livesley

RGN RSCN Dip.N. BSc MA PhD



Following an extensive period of nursing practice with children and their families in a children's intensive care unit, children's renal unit and children's intravenous therapy service, Dr Livesley joined the School of Nursing, Midwifery and Social Care at the University of Salford in 1986.

Dr Livesley is a senior lecturer in Child Health and is published in the field of children in hospital, safeguarding children and young people, inter-agency working and evidence-based practice.

Dr Livesley undertakes significant research in partnership with children, young people and their families and staff who work with them. Dr Livesley is especially interested in privileging the voice of children and young people regarding their experiences.

Dr Livesley is qualified in adult and children's nursing, has a clinical background in services for children in hospital and the community, holds an MA in *Child and Family Services*, and has completed a PhD in *Children's experiences as hospital in-patients, voice, competence and work*.

Dr Livesley teaches on undergraduate, post qualifying and post-graduate programmes. The main focus of Dr Livesley's teaching is the care of children and their families, safeguarding children, advanced nursing practice and research evidence based practice. Following five years working to develop and lead a commissioned multi-professional MSc in Advanced Practice, Dr Livesley has taken the programme lead position for PhD students (international).

Dr Livesley's particular research interests lie in children and young people's voice, with a special focus on inclusive research partnerships with children and their families regardless of their capacity or capability, and research with seldom hear families and young people.

Ms Maggie Eno

BA (Hons) MBE



Ms Eno obtained her degree in Social Anthropology at Queen’s University, Belfast, UK and then continued her studies to go on to become a Registered Nurse. After working as a nurse in hospitals in Northern Ireland for a year, Ms Eno travelled to Australia for a further year working as a nurse and with an Australian Circus Company.

In 2001, Ms Eno went to Cambodia for a year where she volunteered for a small community-based organisation working with very disadvantaged people living with disabilities. Ms Eno’s role was to deliver health care and to support social enterprise.

This work led to Ms Eno and others meeting a group of young street-living children that were separated from their families, not going to school and extremely vulnerable to all forms of abuse. In early 2003, Ms Eno and her colleagues started to deliver basic health and safety services to these children. This was the start of M’Lop Tapang...

Ms Eno’s current role is to coordinate and oversee all of the work of M’Lop Tapang, including:

- Helping to lead the management team and the whole organisation.
- Coordination of all programs and service delivery
- Overseeing all fund raising, administration and financial management
- Being a key representative to all donors and also to partners that are working in towards building better Cambodian child protection systems
- Strategic planning, starting and monitoring new programmes

- Ensuring M’Lop Tapang adopts best practise and high standards of care in all programmes
- Providing support and supervision to all teams and programmes, in particular on high-risk child protection cases.

Ms Eno’s week is extremely varied with ever day being different. Ms Eno now spends a lot of time with M’Lop Tapang’s finance, administration and management teams working on all current issues, planning and problem solving. Ms Eno also assists M’Lop Tapang’s medical, drugs and outreach teams on high-level child abuse or neglect cases.

What Ms Eno loves the most is working alongside the M’Lop Tapang teams when difficult challenges or new issues are faced. The teams work together to find creative solutions to really difficult situations, being engaged and committed in their approach. The teams never give up and always find a way to move forward, and that is something Ms Eno is so proud of at M’Lop Tapang. Ms Eno feels really privileged to work with the highly skilled teams, who display expert knowledge yet deep compassion; always learning together.

Ms Eno’s hope for the future is that the young people with whom M’Lop Tapang works will learn to problem solve by themselves, to cope positively when they meet life’s challenging issues and will be able to make good decisions for themselves now and throughout their life. This will help them to take every positive opportunity, believe in themselves, work hard to be successful and lead a happy, healthy and safe future.

In 2011, in recognition of her outstanding services to children in Cambodia, Ms Eno was made a Member of the Most Excellent Order of the British Empire (MBE), awarded by His Royal Highness the Prince of Wales during a ceremony at Buckingham Palace, London, UK.

Miss Ngov Chanravy (“Ravy”)



Ravy graduated from nursing school in 2003 with a diploma degree in Nursing.

Before starting to work at M’Lop Tapang Ravy worked in the private sector for one year. Ravy has now been at M’Lop Tapang for 13 years and recently started to go back

to school during the weekends to advance her studies. Ravy was awarded a Bachelor of Nursing Degree in 2015.

Ravy is currently the Medical Program Manager at M’Lop Tapang and much of her role is to provide support to the team in the clinic including managing all aspects of the clinic work: delegating responsibilities, budgeting, arranging for staff education, and monitoring the effectiveness of medical programs.

What Ravy enjoys most about her work at M’Lop Tapang is learning and sharing with the people who work in the clinic. 100% of those people are local Cambodians although the clinic and the people who work there do benefit from regular visits by international medical specialist volunteers. One of Ravy’s favourite parts of each day is spending a little bit of time with the children in M’Lop Tapang’s Baby Care Program.

Ravy’s hope for the children and youth that she and her team work with is that they will learn from the way the people who work at M’Lop Tapang treat them with care and love and attention and that they will share these kinds of feelings with their own families and children in the future.

Dr Dim Dora



Dr Dora graduated from medical school in Phnom Penh in 2011 and worked at a government public hospital before starting work at M'Lop Tapang in 2013.

Working at M'Lop Tapang's Medical Clinic, Dr Dora provides medical care, treatments, and health education to children, young people, and their families. Most of the children seen at the clinic have diseases related to living in poverty such as skin infections, diarrhoea, respiratory infections, and malnutrition.

One of Dr Dora's favourite parts of working at M'Lop Tapang is the seeing the babies in the Baby Care Program gain weight, grow up and get healthier. These are all children who had been diagnosed with malnutrition or neglect and it makes Dr Dora happy to see them get healthier.

I feel proud to work here at M'Lop Tapang because it is an organization that tries to support poor families, giving them support so that they can have a better life.

Mr Den Carter

FRSA



Den is a communications and engagement professional with a decade of corporate experience working with large brands across Europe and Canada.

He specialises in change management, leadership development, event production and digital communications, including social networks and film production, as well as in managing big-budget projects.

Den's considers his key strength lies in developing messages that are clear, simple, and relevant. His professional achievements include leading award-winning projects. Awards include a 2017 Lotus Award, and the 2016 EE Awards 'Company of the Year', both highlighting excellence in building employee engagement through a blended approach of digital and face-to-face collaboration and communication channels. He also regularly lectures and gives keynote addresses at communications conferences throughout Europe.

For three years, Den managed a corporate partnership between a major brand name and one of the world's most recognised children's charities. Through public fundraising this project has now raised over £9 million, which has been invested in the procurement of polio vaccinations for children in some of the world's most hard to reach places, primarily in African nations including the Central African Republic, Cameroon and Mauritania. In this role, Den spent time in the field, delivering vaccines, and gaining a true understanding of the need for funds and expertise to protect children.

When not working in his current role at a major UK travel brand or in his capacity as **SickKids'** Trustee and volunteer Head of Communications, Den is a wine enthusiast, keen traveller and dedicated yoga practitioner.

Professor Andrew Graeme Rowland

BMedSci (Hons) BMBS (Hons) MFMLM MAcadMed FRCEM FRCPCH FRSA



Professor Andrew Rowland is Consultant in Paediatric Emergency Medicine at North Manchester General Hospital, part of The Pennine Acute Hospitals NHS Trust.

Professor Rowland is also Honorary Professor (Paediatrics) at the University of Salford, Founder and Trustee of [SickKids](#) (charity 1164131), a Churchill Fellow³³ and a Member of the Board of Directors of M'LoP Tapang in Cambodia.

Professor Rowland is registered with the UK General Medical Council and the Medical Council of Cambodia.

Originally from County Durham, UK, Professor Rowland graduated from The University of Nottingham Medical School with a First Class Honours Bachelor of Medical Sciences (BMedSci) and Bachelor of Medicine and Bachelor of Surgery (BMBS) with Honours and Distinction in Paediatrics and Child Health.

Professor Rowland is certified as a subspecialist in Paediatric Emergency Medicine with the UK General Medical Council (registration 4715636) and has a clinical interest in the child protection (safeguarding) aspects of Paediatric Emergency Medicine.

Professor Rowland has been awarded Fellowship of the Royal College of Paediatrics and Child Health (FRCPCH), Fellowship of the Royal College of Emergency Medicine (FRCEM), Fellowship of the Royal Society for the encouragement of the Arts, Manufactures and Commerce (FRSA), Membership of the Academy of Medical Educators (MAcadMed) and Membership of the Faculty of Medical Leadership and Management (MFMLM). Professor

³³ <http://www.wcmt.org.uk/users/andrewrowland2014>

Rowland is also a member of the Association of Paediatric Emergency Medicine (APEM) and he was awarded their 2013 Liz Molyneux Prize and 2014 travel bursary.

Professor Rowland has lectured internationally on issues relating to protecting children from harm as well as recognising and responding to possible child abuse and developing processes and organisational systems to protect children at risk of significant harm.

In 2014 Professor Rowland was appointed to represent the UK as Head of the UK Delegation to the European Union of Medical Specialists.

In 2014 Professor Rowland was awarded a Fellowship by The Winston Churchill Memorial Trust which, in conjunction with a bursary from APEM, allowed him to travel internationally to four States in the USA, Singapore, Malaysia and Cambodia to produce *Living on a Railway Line*³⁴ – a report to improve the safeguarding of vulnerable children in the UK and beyond.

In 2015, Professor Rowland was appointed on a pro-bono basis to the Board of Directors of M'Lop Tapang, a non-governmental organisation whose health, social care and education services reach over 7500 vulnerable children and young people in South Cambodia.

In 2015 Professor Rowland founded, and is currently Chairman of the Board of Trustees of, a new registered charity (**SicKids**) which has at its core the values of integrity, openness, fairness, compassion, equality and social responsibility and aims to empower communities to support children to have every chance of happiness, good health and protection from harm.

In 2015 Professor Rowland was invited to attend a Reception at Buckingham Palace³⁵ to mark the 50th Anniversary of the creation of the Winston Churchill Memorial Trust. There he met Churchill Fellows from all five decades and members of the Royal family including

³⁴ <http://www.wcmt.org.uk/users/andrewrowland2014>

³⁵ <http://www.salford.ac.uk/news/articles/2015/professor-andrew-rowland>

Her Majesty the Queen, His Royal Highness the Duke of Edinburgh and His Royal Highness Prince Michael of Kent and was able to talk about the findings of *Living on a Railway Line*.

Since 2015 Professor Rowland has been the Deputy Chair of the British Medical Association International Committee.

In 2016 Professor Rowland was awarded the Pol Roger Prize for his 2014 Churchill Fellowship report, *Living on a Railway Line*.

In 2016 – 2017, on behalf of NHS England (North), Professor Rowland directed an innovative project³⁶, “Not Just a Thought...”, involving co-design and co-production of a new learning and engagement model with children, young people and young adults, designed to increase the chances of practitioners identifying adverse childhood experiences and abuse at an earlier stage.

In June 2017 Professor Rowland was awarded The Association Medal³⁷ by the President of the British Medical Association³⁸ in recognition of his distinguished service to the Association and to Medicine.

³⁶ <http://notjustathought.org.uk>

³⁷ <http://www.pat.nhs.uk/news/North-Manchester-Consultant-Recognised-by-BMA.htm>

³⁸ <https://www.bma.org.uk/about-us/who-we-are/awards-and-honours>

Contributor statements

Professor Andrew Rowland

- Co-devised the concept of the project
- Wrote the first draft of the grant application
- Organised the arrangements for the visits
- Undertook direct clinical care in Cambodia
- Co-delivered the First Aid Training
- Contributed to the development of the new education and learning resource area
- Undertook outreach medical visits in Sihanoukville
- Co-wrote the project report

Dr Joan Livesley

- Co-devised the concept of the project
- Co-delivered the First Aid Training
- Undertook and evaluated the consultation workshop with children and young people
- Designed and created the education and learning resource centre
- Evaluated the First Aid Training
- Undertook outreach visits into the community in the Sihanoukville area
- Co-wrote the project report

Miss Ngov Chanravy

- Co-devised the concept of the project
- Hosted the UK teams in November 2016 and April 2017
- Co-delivered the First Aid Training
- Provided translation of the materials necessary for the evaluation of the children and young people consultation workshop and the first aid training
- Co-delivered, and translated, the rapid education update seminar

Ms Maggie Eno

- Co-devised the concept of the project
- Hosted the UK teams in November 2016 and April 2017
- Provided senior oversight of the two visits from the UK team
- Organised the necessary permissions for the visits from the UK team
- Provided pastoral support to the visiting UK team
- Wrote background information for the project report
- Participated in the consultation with children and young people

Dr Dim Dora

- Co-devised the concept of the project
- Hosted the UK teams in November 2016 and April 2017
- Participated in the rapid educational updates seminar
- Provided direct clinical care and ensured sustainability of management plans that were put into place

Mr Den Carter

- Co-devised the concept of the project
- Coordinated media activity in relation to the November 2016 and April 2017 visits
- Coordinated social media work in relation to the learning from the project
- Provided input into the project report

Historical context

The Khmer Rouge S-21 interrogation centre

A harrowing but fascinating and enlightening visit to a UNESCO memory of the world site.

Before reading this chapter you need to know that it may be upsetting. That isn't deliberate. It isn't gratuitous. It isn't intended. But it is impossible to not be moved by learning about what happened in the Khmer Rouge S-21 interrogation centre and prison.

The visit to this centre, by Professor Rowland and Mr Carter, took place after the May 2016 visit to M'Loap Tapang, which preceded the application for a BMA Humanitarian Grant. This was an important visit to put into historical context modern day life in Cambodia in 2017.

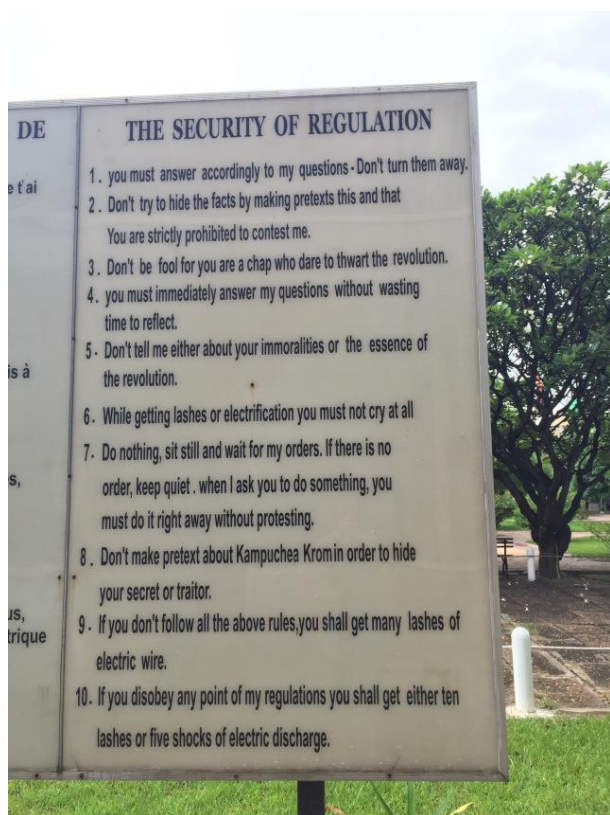


Figure 69: The former S-21 interrogation centre rules

The interrogation centre site is a former high school which was used as the Security Prison 21 (S-21) by the Khmer Rouge from 1975 to 1979.

This interrogation centre is something that was used during the lifetime of some of the authors of this report. S-21 was one of at least 150 execution centres in Cambodia during those four terrible years at least 12,000 but possibly up to 20,000 prisoners were killed in S-21 alone.

Figure 70: Cells at the former S-21 interrogation centre



The Khmer Rouge adapted the high school to become a prison by converting classrooms to torture chambers and tiny prison cells.

Prisoners were provided with a munitions box in which to defaecate and a plastic bottle in which to urinate. Any spillage on

the floor resulted in beatings or electrocution.

Prisoners were showered by hose pipes – sometimes once every three months – and spent their time shackled to iron bars and each other in the larger chambers.

Figure 71: Cells at the former S-21 interrogation centre



The people who were brought here – children, young people, women and men – were repeatedly tortured and coerced into providing false confessions to ‘crimes’ they never committed, after which they were murdered.

Medical experiments were carried out in the prison by some of the Khmer Rouge staff doctors who had received four months of basic medical training – including blood draining until death and removal of organs without anaesthetic.

Physical torture, mental torture, neglect, disease, dehumanisation and outright degrading treatment occurred, it would seem, every day.

Only seven people are known to have survived S-21 and when the prison was discovered during the liberation in 1979, the final 12 prisoners who had been murdered there – and left behind – were given a proper funeral in the grounds of the compound.

This was a place of great sadness but it is preserved very carefully, very factually and very respectfully.

It is important, when working in a different country from home, to try and learn more about the history of the country, its communities and the society in which those communities are placed.

It is only by trying to learn about this that it is possible to even try to understand about why people living in communities today do, or have to do, the things we see.

Figure 72: Cells at the former S-21 interrogation centre



Throughout the preparation for the application for the BMA Humanitarian Grant that supported the project described in this report, Professor Rowland had the privilege to be able to speak privately to an academic lawyer working in the Khmer Rouge Tribunal³⁹.

That tribunal – properly constituted in accordance with law – is still hearing cases now of people from the Khmer Rouge who are accused of genocide and other crimes against

³⁹ <http://www.eccc.gov.kh/en>

people. What is absolutely right is that they have the right to full legal representation and to defend themselves. Their cases are handled in accordance with accepted legislation with international and Cambodian legal experts involved.

To do otherwise would be no better than the lack of human rights in S-21 interrogation centre itself.



The S-21 centre is now a very calm and peaceful place.

Figure 73: The S-21 interrogation centre museum

As the visit finished there was an old man sitting on a chair, asleep in the shade under a tree.

He was one of the seven survivors of S-21.

He deserves to sleep there, or wherever he wants to, for as long as he wants to.



Figure 74: Sunset over Otres Beach, Cambodia

To some people the beaches around Southern Cambodia are idyllic places with beautiful sunsets, warm golden sand and turquoise sea; to other people they are their homes.

Select bibliography

Arnstein S. (1969) A ladder of citizen participation

<http://lithgow-schmidt.dk/sherry-arnstein/ladder-of-citizen-participation.html>

Blades R, Renton X, La Valle I, Clements K, Gibb J, Lea J. (2013) We would like to make a change. Children and young people's participation in strategic health decision-making.

London: The Office of the Children's Commissioner

http://www.childrenscommissioner.gov.uk/sites/default/files/publications/FINAL_REPORT_We_would_like_to_make_a_change_Participation_in_health_decisions.pdf

Boyle D, Harris M. (2009) The challenge of co-production.

http://www.nesta.org.uk/sites/default/files/the_challenge_of_co-production.pdf

Cashmore J. (2002) Promoting the participation of children and young people in care. *Child Abuse and Neglect*; 26:837-847

Cavet J, Sloper P. (2004) The participation of children and young people in decisions about UK service development. *Child: Care, Health & Development*; 30(6):613-621

Clark J. (2012) Using diamond ranking as visual cues to engage young people in the research process. *Qualitative Research Journal* 12(2):222-237

Committee on the Rights of the Child. (2009) General Comment Number 12: The Right of the Child to be Heard UN Doc CRC/C/GC/12 paragraph 100

Coyne I. (2008) Children's participation in consultations and decision-making at health service level: A review of the literature. *International Journal of Nursing Studies*; 45:1682-1689

International Humanitarian and Health Work: Toolkit to support good practice. (2003).

Department of Health: London

Donnelly M, Kilkelly U. (2011) Child-friendly healthcare: delivering on the right to be heard.

Medical Law Review; 19:27-54

Franklin A, Sloper P. (2005) Listening and responding? Children's participation in health care within England. International Journal of Children's Rights; 13(1/2):11-29

Geneva Declaration on the rights of the child (1924)

<http://www.un-documents.net/gdrc1924.htm>

Hearn B. J. (2003) Involving children is important. British Medical Journal; 327:451

Livesley J, Lee A. (2016) Research with children and young people to inform service development at home and in hospital

In: *Children and Young People's Nursing: Principles for Practice*, CRC Press.

Livesley J, Long, T. (2012) Communicating with children and young people in research, in: Lambert, V & Long, T & Kelleher, D (eds.), *Communication skills for children's nurses*, 1st edition, McGraw-Hill, Maidenhead, UK, pp.152-170.

Rowland AG. (2014) *Living on a Railway Line*. The Winston Churchill Memorial Trust
The Pennine Acute Hospitals NHS Trust and The University of Salford.

<http://www.wcmt.org.uk/users/andrewrowland2014>

Royal College of Paediatrics and Child Health, Young People's Health Special Interest Group. (2010) *Not just a phase: a guide to the participation of children and young people in health services*. London: Royal College of Paediatrics and Child Health

Save the Children. (2006) Child Trafficking in Southeast Asia: The cross-border project against trafficking and exploitation of migrant and vulnerable children.

<http://www.savethechildren.org.uk/resources/online-library/child-trafficking-southeast-asia-cross-border-project-against-trafficking>



Figure 75: Life on the tracks in Cambodia



From sick kids to SickKids!

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