



# Khmer Association for Development (KAD)

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## PROJECT COMPLETION REPORT TO THE NZ EMBASSY ON FUNDS EXPENDED FROM HEAD OF MISSION FUND (HOMF)

**Date of Report:** 13 October 2009

**Name of recipient implementing organization:** Khmer Association for Development (KAD)

**Project title:** Basic Dental Service for Orphans and Street Children in and around Phnom Penh, Cambodia

**Project location:** Dental Clinic, International University, Phnom Penh, Cambodia

**Period covered by report:** August 2008 to: October 2009

### PROJECT NARRATIVE

#### 1. Summary of all activities undertaken and successfully completed, by the end of project period.

The project commenced in September 2008 and has now been successfully completed. At first, some training of the staff and students concerning management of the patients was carried out and treatment protocols were developed. We were initially faced with a mountain of decay as many children had never been to a dentist before, and some had never used a toothbrush. Most children had more than 6 decayed teeth. Decisions about what should be treated, and what could be left untreated, had to be made, and guidelines were developed. Priority was given to extraction of painful and infected teeth, restoring decayed permanent teeth, and the placement of fissure sealants on newly erupted molars. Many asymptomatic decayed/broken down primary teeth have been left untreated. Oral health education has also been an integral part of the project. Cross infection control procedures have been rigidly enforced especially since some of the orphans we treated were HIV positive (eg those from the Happy Tree and the Missionaries of Charity Orphanages).

The number of children and adolescents treated and the procedures carried out are shown in the Appendix. The children arrived at the clinic in groups of 10 to 20, and after an oral health education lesson, they were examined and treated by senior dental students. A few of the more complicated cases were treated by a Khmer dentist with post-graduate training in pediatric dentistry. Each child also received a toothbrush and was taught how to brush their teeth. Among the children treated were severely disabled children from the Rabbit School – a government-run institution. As well as bringing these children to the clinic, a group of IU dental school staff and students started a tooth brushing program which will be monitored and supported long-term.

The outputs for the project are shown in the Appendix.

The orphanages and organizations which have brought children to the clinic include:

- Happy Tree Orphanage
- Village Earth
- Chibodia Orphanage
- Children and Poor Communities Development Organization (CPCDO)
- Destiny Rescue
- Future Light Orphanage
- Cambodia Children's Support Foundation (CCSF)
- The Samaritan Project
- Khmer Development of Freedom Organization
- Save Children in Asia Organization
- Mekong Orphanage
- CICFO Orphanage
- New Hope for Orphans
- Missionaries of Charity
- Maryknoll

Detailed records have been kept of the children treated, procedures carried out and expenditure (by item of treatment). There have been no complications from the treatment provided with the NZ funding.

**2. An assessment of the extent to which each project goal, objective, or output has been achieved. If the project description contained performance indicators then include a summary of achievement as per/ against the indicators. Where individual goals, objectives or outputs were not achieved these should be detailed along with an explanation why.**

The primary objective of the project was *“to provide basic dental treatment for homeless and orphan children and adolescents living in and around Phnom Penh”*. This objective has been met and 1380 children have been treated. It was suggested in the initial proposal that on average the cost per child would be \$NZ10. The amount transferred to KAD for the project was \$US9,359.59. The funds have been totally spent and this equates with \$US6.78 (or \$NZ9.29) per child (\$NZ1=\$US0.73; \$US1=\$NZ1.37).

Some more costly treatments were required by some children, for example, root canal treatment of the front permanent teeth (important to prevent having to extract front teeth). And in fact, many more children were seen and received education under this project, but because they did not require treatment, they are not recorded in the Appendix.

### **3. Sustainable benefits and ongoing gain**

Through the project activities, many disadvantaged children have had the opportunity to improve their oral health. Most have had teeth restored and extracted which will render them pain and infection free for years to come. Hundreds of fissure sealants were placed, which will help protect the permanent molar teeth against decay in the future. Children have been taught good oral hygiene and dietary practices so that future dental problems will be less. And toothbrushes and toothpaste were supplied so that children can now brush in

the homes or orphanages where they live. These benefits can be expected to continue in the long-term, and future dental needs should be reduced.

In addition to the benefits to the children who received care, the dental students who provided most of the treatment also benefited greatly from the clinical experience. They gained knowledge and experience in pediatric dentistry during the year of the project. This will have long-lasting benefits even after they graduate and have to treat children in their government and private clinics.

**4. A note of key issues or problems that were encountered and how these were managed. A reflection, in hindsight, on how they could have been managed better, or what could have been done differently.**

The project ran smoothly, although the numbers of children attending some weeks tended to be a “famine or a feast”. This was partly due to the calendar year with organizations reluctant to bring children at certain holiday periods. And the receptionist was not always very efficient at making contact with the orphanages to arrange times for them to come in.

**5. A note reflecting on what went well, and why. What are the lessons learned from this project that might be useful for the implementation of future similar projects?**

The project succeeded in providing treatment for a large number of needy children. NGOs working with orphans, street children and slum children enthusiastically participated in the project and brought children to the clinic. The children themselves were generally very happy to receive treatment, and those who were very young or with anxiety issues or special needs were treated by an experienced staff member.

If there are future similar projects the following lessons have been learned:

- the estimate of treatment needs should be increased so that children can be provided with more treatment. A figure of \$US10 per head would allow more treatment to be carried out.
- the number of children seen but not treated should also be recorded to give a better estimate of the children benefiting from the project.

**CONCLUSION**

The Khmer Association for Development and International University wish to extend their thanks to the NZAID HOM Fund for their generous support for this project which has successfully met its objective.

Yours sincerely,

Meas Chandeth  
Director  
Khmer Association for Developmen

**APPENDIX I - PROJECT TREATMENT OUTPUTS**

	<b>AUG 08</b>	<b>SEP 08</b>	<b>OCT 08</b>	<b>NOV 08</b>	<b>DEC 08</b>	<b>JAN 09</b>	<b>FEB 09</b>	<b>MAR 09</b>	<b>APR 09</b>	<b>MAY 09</b>	<b>JUN 09</b>	<b>JUL 09</b>	<b>AUG 09</b>	<b>SEP 09</b>	<b>OCT 09</b>	<b>TOTA L</b>
<b>No. of children</b>	78	33	89	93	29	23	181	108	104	231		2	204	144	61	<b>1380*</b>
<b>Extract-ions</b>	45	11	42	56	14	9	103	51	56	62			121	74	19	663
<b>Fillings</b>	59	7	137	77	23	29	188	102	111	249		2	158	103	27	1272
<b>Cleaning</b>	13	3	28	35	5	1	55	15	27	97		1	72	68	24	444
<b>Fissure sealants</b>	24	63	95	50	35	12	53	29	41	133			104	48	16	703
<b>Root canal</b>	14	5	8	12	5	8	8	8	9	7			6	7	10	107
<b>Other (eg surgery)</b>	4	3	3	5	-	-	20	22	6	22			28	10	8	131

\*does not include children who were examined but did not require treatment

**APPENDIX II - PHOTOS SHOWING DENTAL TREATMENT ACTIVITIES FOR VULNERABLE CHILDREN IN CAMBODIA**













