The image is a cover for a project titled "PROJECT BATTAMBANG 2017". The background is a warm, golden sunset or sunrise over a landscape with silhouettes of trees and buildings. A large, stylized diamond shape is centered on the page, composed of several overlapping, semi-transparent layers in shades of white, light grey, and yellow. The text "PROJECT BATTAMBANG" is written in a bold, black, sans-serif font, with "PROJECT" on the top line, "BATTAMBANG" on the second line, and "2017" on the third line. The text is centered within the diamond shape. There are also several thin, white diagonal lines crossing the diamond shape.

PROJECT  
**BATTAMBANG**  
2017





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# PROJECT *Battambang*

## INTRODUCTION

By Project Battambang Heads 2018

Mr Lim Xian Jie Timothy  
&  
Ms Soh Hann Natalie



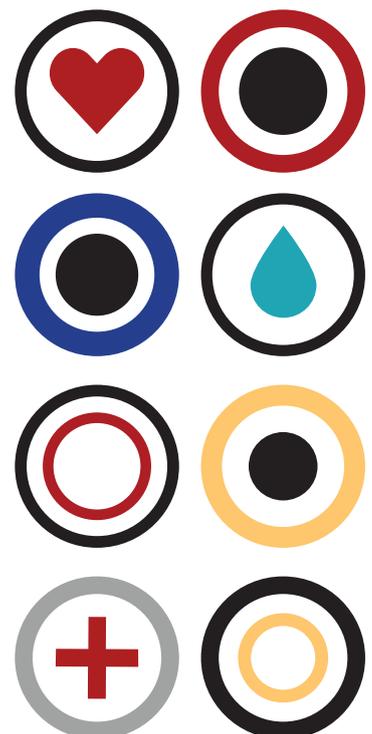
Project Battambang is an overseas community service project operating in the heart of Poipet, Cambodia. Many villagers are unable to afford or access healthcare facilities. This project is dedicated to providing free, comprehensive health screenings and education to the underprivileged in Poipet. Our referral programme refers patients needing advanced care to local hospitals with the necessary services to ensure they are well taken care of.

In line with our goal of creating sustainable growth for future generations, our Light-A-Dream Scholarship (LADS) programme provides bursaries to fund education for youths up to the tertiary level. Additionally, we conduct a biannual LADS camp for local students to develop early leadership skills and inspire them to be catalysts for change in their community.

To keep Project Battambang relevant and effective, our survey team conducts Participatory and Learning Action (PLA) field research to better understand the current needs of the villagers.

We would like to thank all the doctors, nurses, volunteers and sponsors for their dedication and support. The impact this project makes would not be possible without you. We hope this report provides you a better understanding of what we do, and more importantly our motivations behind our efforts – to provide love and hope to the villagers of Poipet.

Project Battambang 2018 is excited for the new prospects that the year has to offer. United as one, we hope to make an even greater impact on the lives of the Cambodian people.



# VISION

We envision an independent community where everyone has the liberty and means to hope for and achieve a better future together.



# MISSION

We resolve to improve the provision of healthcare and education through partnerships and support the local systems, and to empower youth to effect greater social awareness and responsibility within the community.

## OUR VALUES: LIBRAS

**Love** - Loving the people we serve, and our team members

**Integrity** - Being consistent and truthful in all that we say and do

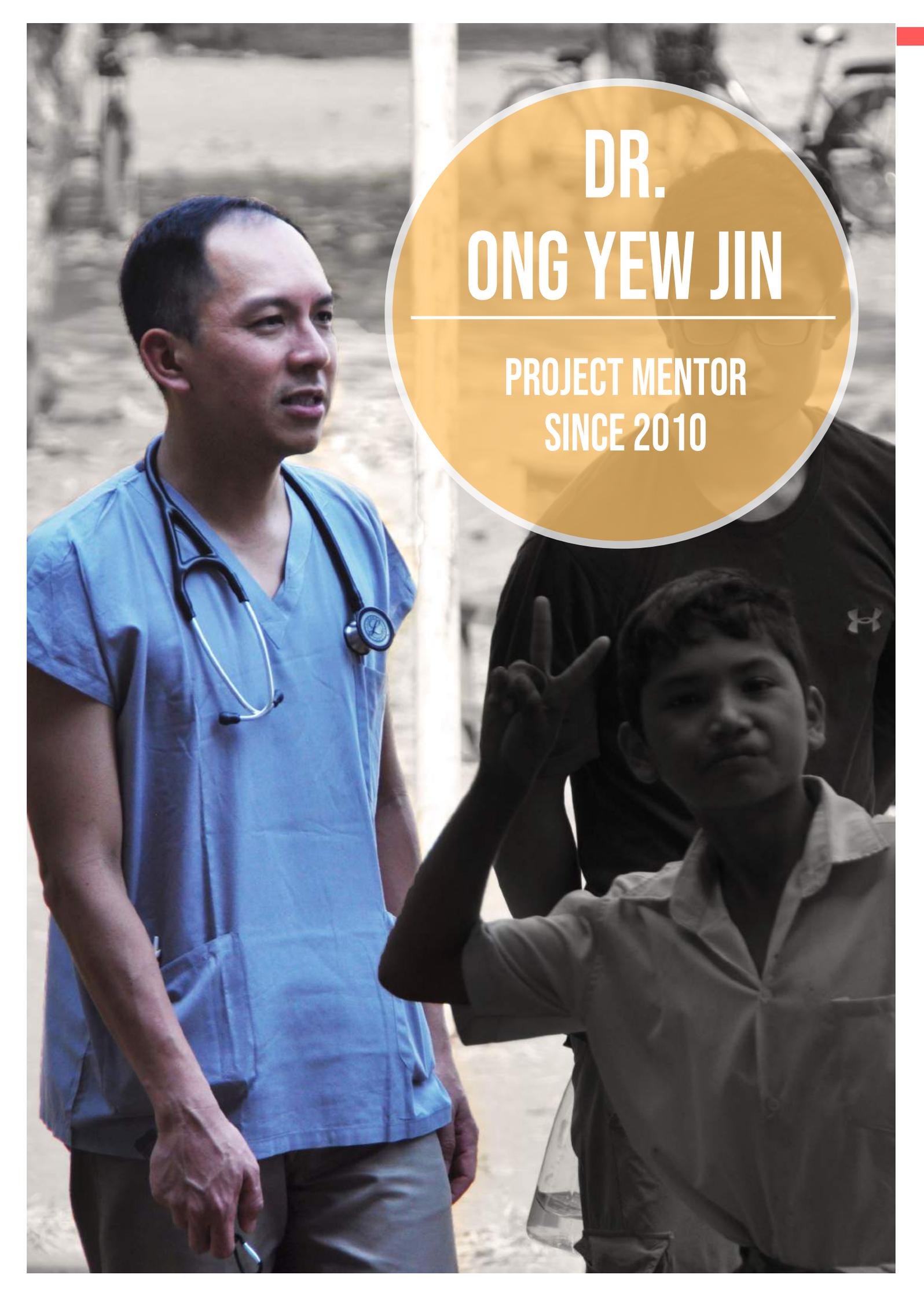
**Beneficence** - Doing everything for the benefit of the community

**Respect** - Working with our beneficiaries as equal partners

**Accountability** - Remaining accountable to our beneficiaries, partners and sponsors

**Sustainability** - Crafting programmes and policies with long term benefit in mind





**DR.  
ONG YEW JIN**

---

**PROJECT MENTOR  
SINCE 2010**

# FOREWORD



**Dr Ong is a Palliative Care Physician by profession and previously the Medical Director of the Singapore Cancer Society. Keen on serving overseas communities, he firmly believes that there are many aspects beyond medical aid that each of us can contribute to help these communities.**

It is common in any endeavour to look for clear, tangible outcomes, and certainly positive ones. This is especially so when each successive team of the project has only just over a year to experience the work of the project, hoping to have made some meaningful impact. And if little change is observed, at best, some may wonder how much difference they are making, or at worst, despair and give up altogether.

The reality is that even in stable systems, change may take a few years to effect, and even longer to take root. Add to this the biannual frequency, and the widespread inequality present in the system makes the work even more challenging.

What would be a helpful approach then? Having deeper relationships and therefore a clearer understanding of the people's situation, a historical perspective and a long term vision (i.e. patience), trusting that the seed will grow to bear fruit if we do not abandon it and continue to tend to it (see pages 17-18).

The project has arrived at a stage in its development where some of the Cambodian committee members (having been with the project for 3 consecutive years now) have had more experience than the current Singaporean team, and where more than 50% of the Cambodian students are repeat volunteers.

Perhaps the "outcome" we should look for is not so much the alleviation of poverty and healthcare needs as the offer of hope and encouragement to the medical, dental and pharmacy students of Cambodia. It is when there is a paradigm shift in themselves, believing in themselves and realising that they have the capability to make a difference that change will truly happen.

*Ong YH*



# SCREENING THE ACUTE & CHRONIC

Living in rural areas with limited and highly inaccessible health services, many of the villagers have become estranged from their very own healthcare system. As such, Project Battambang aims to reintegrate these villagers into their local healthcare system via mass health screenings and our hospital referral programme.

This year, we conducted mass health screenings at four different locations - *Tum Nub Kor Pram*, *Ou'ressey Le*, *Mother Of Peace Kindergarten* and *Pum Pikar* – over the span of 6 days, screening a total of **1023** villagers. *Pum Pikar* village, being a relatively small village located in the outskirts of Poipet, was recently identified as a village in need of health support, and as such, chosen as our newest screening site. In a days work, we managed to screen close to the entire village, conducting medical checkups on 82 villagers and covering over 40 households.

Together with our survey team, we have gathered comprehensive health data of the villagers from the four locations screened.

Beyond basic health data, detailed information such as occupation, household income and behavioural risks were documented in order to more holistically assess and identify trends in health problems and chronic disease. Thorough documentation of screening results helps us gain a clearer understanding of the overall state of health in a particular village, and subsequently draw comparisons between villages.

In collaboration with the *University of Health Sciences*, Cambodian dental students also ran dental clinics concurrently, providing much needed fluoride and sealant treatment for the children.



Our initiatives and programmes endeavour to improve the villagers' long term health outcomes by reintegrating them to their local healthcare system.

## REFERRAL PROGRAMME

Our care does not just end at health screening. Villagers whom have been identified with health issues that require urgent medical attention or further investigations were enrolled to our Referral programme. They were then brought to *Poipet Referral Hospital* and *Mongkol Borey Referral Hospital* to seek further medical attention. Apart from receiving further treatment, the referral program also allows us to reconnect the villagers to the local Cambodian healthcare system as they are more likely to follow up on their health conditions at the local hospitals.

With the generous financial support from our various donors, we were able to fully cover the costs of the treatments provided, allaying their worries so that they could fully focus on their recovery.



## TELEHEALTH

In December 2017, we established our newest initiative, Telehealth. In order to ensure continuity of care and proper follow up for the villagers suffering from chronic conditions, we sought permission to collect their contact information and our Cambodian volunteers checked up on them regularly over the next 6 months. By engaging the help of our dedicated Cambodian wing, we followed up on their health conditions and encouraged them to continue visiting their local hospitals or clinics for follow ups. All of this is in alignment with our overarching aim to reintegrate villagers to their local healthcare system so that they can improve their health outcomes in the long run.

## PRESCRIPTION CARDS

In tandem with our new Telehealth initiative which will enable local healthcare providers to better monitor patient compliance and long-term chronic disease management, Project Battambang understands that proper compliance very much lies in the hands of patients and mitigating their barriers to healthcare access.

Therefore, we have introduced and distributed prescription cards to all diabetic and hypertensive patients, charting and documenting their medical history, blood glucose and blood pressure levels. Patients are instructed to bring the prescription cards along during visits to their health centres and/or pharmacies, so as to enable healthcare providers to easily identify these patients and better track their progress. The aim is that the cards can help bridge some of the gaps between healthcare providers and their patients, and thus be a means of providing continued care for their chronic conditions. In addition, the prescription cards can serve as a reminder of the necessity and importance of consistent, long-term care.



## FUTURE DIRECTIONS

In the coming year, we will focus on strengthening our Referral Programme to ensure that villagers requiring further medical attention receive the proper care they need. In order to better track patient compliance and acuity of medical information, we will be evaluating the pilot Telehealth initiative by engaging the help of our Cambodian volunteers to take charge of this initiative and follow up with the patients in the 3 months after the end of the trip. We will also review the success of the Prescription cards in the coming year by surveying healthcare providers and noting if the cards have been appropriately utilised.

We also hope to build a more comprehensive database of the health

services and facilities available in the region. We will organise all existing information we have on hand and continue to compile a comprehensive list of services available in hospitals and nearby clinics, as well as the cost of these services. This will allow us, as well as the future batches, to make informed decisions that are most beneficial to our patients during referrals.

Lastly, we also hope to strengthen bilateral ties with our local partners. Be it with our Cambodian volunteers, local hospitals or Non-Governmental Organisations (NGOs), we hope to create stronger and more synergistic partnerships so as to better serve the people of Cambodia.





# LOGISTICS

## IN THE PHARMACY

The Logistics Committee's work revolves around the management and booking of facilities, transport, and most importantly, the operation of the pharmacy.

In 2017, an array of medical and pharmaceutical supplies were prescribed to the villagers screened. In line with Project Battambang's long term vision of sustainability, we purchased **more than a third** of our total stock in Cambodia in 2017; a significant increase from a mere 7% purchased locally in the previous year. Such efforts to provide medication that is more locally accessible ensures longer term compliance and viability for patients, whilst helping to provide a little boost the local economy.

The remaining medical supplies were generously donated by various hospitals and private clinics in Singapore, significantly reducing our operational costs. Project Battambang is also fortunate to have the support of Singaporean businesses who supply miscellaneous logistics to us at cost price. Our work is made possible through their collective contributions.



### SCREENING STATISTICS



4  
LOCATIONS



6  
DAYS



1023  
VILLAGERS  
SCREENED



44  
REFERRAL  
CASES



# EDU CA TION

Project Battambang stands by the wholehearted belief that education is a lifelong process, and a major cornerstone of improving universal standards of living.



## LIGHT-A-DREAM SCHOLARSHIP [LADS]

Since 2011, the Light-A-Dream Scholarship (LADS) has been financially supporting approximately **10** students yearly, ranging from Grades 7 through 12 and up to University. Each year, scholars are carefully selected by our local partner, the sisters of the MSSHJ (see page 22) and are evaluated based on their personal and financial needs.

Besides financial support, we equip these scholars with some personal tools and skills necessary for the future, by conducting biannual Light-A-Dream Scholars Camps (LADS Camp). LADS Camp serves as an opportunity for us to empower our scholars, encourage character building and cultivate a sense of ownership towards their community through the various values-based camps. Last December,

**Q**uality education enables individuals to acquire the knowledge and proficiencies needed for higher-skilled occupations that provide better income and self-sufficiency. We aim to provide support to school programmes that not only invest in but empower both students and teachers; and as such, two strategic thrusts have been duly established - the **Light-A-Dream Scholarship** and **Teachers' Support Programme**.

In addition, in hope of preventing communicable diseases such as tuberculosis, we equip the community with relevant health knowledge. This is achieved through numerous health education programmes and targets villagers across all demographics. In 2018, we hope to revise and better tailor our education syllabus to the needs of the villagers, as well as provide an additional platform for students to learn through our education initiatives.



our LADS camp was centred around the theme of 'Respect', encouraging participants to share their personal ideas of respect in various settings and further develop their personal effectiveness. The camps have not only given us the opportunity to interact with and the lively and energetic scholars, but has also allowed us to build a great rapport with the scholars and gain a better understanding of their dreams and aspirations.

Moving forward, to ensure that LADS camp continues to be useful and relevant for our scholars, we will be conducting a survey during our upcoming LADs camp in May 2018 to obtain feedback about the camps thus far.

## TEACHERS' SUPPORT PROGRAMME [TSP]

In the pioneering years of implementing the Teachers' Support Programme, we have identified that one of the major shortcomings regarding the quality of teaching was due to the significant income disparity between Government and Contract teachers in Poipet. As such, from 2011 up till 2017, we have been supplementing the incomes of government teachers, to ensure that they need not struggle to make ends meet and can concentrate on providing quality education instead.

Thankfully in recent years, the significance of the

income disparity has been made known to the local government, and due efforts have been made by them to supplement the teachers' incomes. In light of this positive change, Project Battambang is committed to meet the changing needs of the community by channelling our funds to aid the school in a more holistic way. From May 2018 onwards, the Teachers' Support Programme will be formally discontinued and in its place, a more holistic, school-centric support programme will follow, tentatively named - **School Support Programme**. The change in objectives aims to address the issue of sustainability of this programme, and to focus on students as the ultimate beneficiary of our efforts.

Based on a comprehensive set of criteria, we will be shortlisting numerous schools within Poipet in the upcoming trip in May 2018 and officially initiate the programme in the chosen school by December 2018. The main goals of the School Support Programme include but are not limited to upgrading of key facilities, as well as supplementing educational resources. Ultimately, we strive to provide a better and more conducive learning and working environment for both the students and the teachers. These goals may be subjected to change based on the most immediate needs of the selected school.





# EDUCATION

*Empowering with Knowledge*

*Three Ways*

**1**

## POST-SCREENING EDUCATION

Lessons on healthcare were arranged for the villagers while they awaited their medication at the pharmacy. These video lessons were screened to the villagers to educate them of various health topics, ranging from songs about hygiene for kids to topics on management of chronic diseases like hypertension for the adults. With the intention to utilize the limited time we had with the Cambodian villagers, and to create as many opportunities for health education as we could, post-screening education was implemented. The decision to switch from our previous approach of pre-screening education proved to be less effective based on the feedback and response of the villagers. We are seeking to continuously revise and assess the effectiveness of our programme throughout future health screenings in order to better benefit the villagers.

**2**

## HEALTH EDUCATION DAY

In December 2017, the education committee rolled out a new initiative - Health Education Day. The reason behind dedicating a day to health education of village heads, teachers and individuals of relative influence in the community about home safety and common health knowledge, was in hopes of empowering these villagers to act as health ambassadors in their respective villages. In 2018, we hope to involve more villages and extend our programme to youths.

**3**

## SCHOOL EDUCATION

Conceptual knowledge is put into practice at school through activities that empower children to use what they have learned. For example, students practice routine health behaviors, such as hand washing and putting on footwear near latrines—and, to the extent feasible, gain exposure to other important behaviors, such as boiling drinking water and using malaria nets. Important aspects of health education such as healthy eating habits and proper hygiene were integrated into interactive songs and games to engage the school children.

The response of the children to such lessons has been highly encouraging, and we have observed that a growing proportion of children practice health-seeking behaviour. With the continual reinforcement of such practices in their current health curriculum, we hope to work even closer with the Cambodian wing to tailor more relevant and engaging lesson plans for the children.



POST-SCREENING EDU:  
WAITING TO RECEIVE  
PRESCRIPTION

HEALTH EDU DAY:  
BASIC DENTAL  
HYGIENE PRACTICE

SCHOOL EDUCATION:  
EMPOWERING THE  
NEXT GENERATION

HEALTH EDU DAY:  
LEARNING BASIC  
FIRST AID



# OUR SURVEY TEAM UNDERSTANDING NEEDS



In December 2017, our team surveyed the village of Tum Nub Kor Pram (TNKP), Poipet, utilising the Participatory Learning and Action (PLA) methodology. PLA allows for personal and interactive discussions with the local communities on the issues and possible interventions that can better their daily lives.

## PARTICIPATORY LEARNING AND ACTION [PLA] FINDINGS

Our data indicates that the villagers of TNKP experience a multitude of health problems largely due to their poor working environment, with gastrointestinal problems being one of the most pertinent medical conditions. We postulate that the nature of their work leads to irregular and highly erratic meal times, as



a large proportion of villagers travel across the Thai-Cambodian border daily to look for work in factories and on farms. The labour-intensive workload also results in a high number of musculoskeletal complaints, and the poor working environment contributes to a significant number of respiratory issues such as upper respiratory tract infections. Their living conditions at home spare no consolation either. With the frequent burning of trash within metres of their living areas, and the high volume of construction work ongoing in the rapidly developing regions of Poipet, we posit that a culmination of environmental pollutants is responsible for many cases of acute respiratory diseases. The lack of proper sanitation and high cost of clean water are also barriers the villagers face with respect to maintaining good health.

## DOOR-TO-DOOR GROUNDWORK

Just last December, we implemented a new method of surveying the communities: via **Door-to-Door Groundwork**. This approach not only gives us valuable first-hand insight into the villagers' way of life, but also allows us to obtain a more comprehensive visual understanding of the village community. A transect walk of the field was conducted, with door-to-door interviews carried out with each household. Our team noted the villagers' housing infrastructure as well as various other factors contributing to their quality of life; such as access to water, sanitation, waste disposal methods, food supply and general home safety. We piloted our first Door-to-Door Groundwork survey in the small, border village of Pum Pikar - surveying all **53** houses within the village.



# SURVEY FINDINGS

## Top Three Findings

Door-to-Door Groundwork enables us to develop a more thorough understanding of the villagers' daily challenges, and by combining participatory methods with interview techniques, we can fine-tune future initiatives to better meet their demands.



### HOUSING INFRASTRUCTURE

Physical characteristics of the villagers' housing and their surroundings (i.e. building material, sturdiness)

- 66%** Tin or Metal sheets
- 15%** Brick or Cement
- 9%** Wood
- 6%** Straw
- 4%** Styrofoam



### SANITATION & SAFETY

Personal hygiene practices (i.e. tooth brushing, hand washing) and environmental factors contributing to quality of life

- 83%** of families brushed their teeth regularly
- 90%** washed their hands after using the toilet & before meals
- 62%** of households lacked proper access to toilets
- 79%** of households had trash surrounding their compounds

Majority of households disposed of waste by incineration within their compounds.



### WATER ACCESSIBILITY

Sources of water, storage and cost efficiency

- 94%\*** purchased from water trucks
- 6%** collected rainwater
- 6%** purchased mineral water

Most did not rely on rainwater as their main source of water, as rudimentary rainwater collection systems (if at all) were inadequate for the storage and channelling of sufficient amounts of water for everyday use. Mineral water on the other hand, was far too costly for most households.

\*Villagers may have 2 or more water sources



## CONCLUSION

While this method of surveying villagers was undoubtedly more time-consuming, we managed to elucidate findings that were much more specific than that of PLA surveys. For instance, as PLA surveys are conducted at a makeshift group discussion area within the village, we were not granted the opportunity to survey the villagers' individual houses. Therefore findings from the PLA discussions were more likely to be community-wide issues, whereas our Door-to-Door groundwork targeted every single household, allowing us to ascertain problems experienced by individual households.



## COLLABORATING WITH NGOS

As Project Battambang continually expands, we aim to seek out partnerships with not just local community leaders but international organisations with similar aims. Just this December, our friends from Love Without Boundaries, a non-governmental organisation that specialises in serving the children in rural villages along the border region, had informed us of a rubbish dump site that we might be interested in serving.

Approximately 20 minutes away from the city, we reached the site and found that there were approximately 10 families living around the circumference of the dump, in the midst of all the waste. After ascertaining that these villagers were in need of a medical screening, a small team of us set out to conduct basic health screening for the 31 villagers and similarly, referred the more serious cases to the local hospitals.

## FUTURE DIRECTIONS

Moving forward, we hope to streamline our initiatives towards our findings to continue to ensure the relevance and customisation of our efforts to the needs of the villagers. Armed with data that has proven **URTIs, Musculoskeletal and Gastrointestinal** problems to be the most pertinent in these villages, we aim to target these issues with our education arm. We also look forward to strengthening our ties and future collaborations with Love Without Borders, Cambodia.





# THE BATTAMBANG EXPERIENCE

*Ms Chan Mae Yee*  
*Project Battambang Head 2017*

After 2 weeks in Cambodia, the time had finally come for us to bid this beautiful country farewell. The team stood by the departure gates of Siem Reap Airport, saying our last goodbyes to our very treasured Cambodian friends, Hang Tong and CheaCheng. My legs felt as though they were stuck to the ground and I couldn't bring myself to part ways with the two of them.

In my mind, perhaps clinging onto these two veteran Cambodian volunteers of the project meant that this wasn't the end of my last official trip as a Year 2. In actual fact, I was in denial and I did not want to leave the people and place that I had grown so fondly of in the past 2 years. Being the first OCIP trip that I have ever been on, Project Battambang has indeed been an eye opening and humbling experience. With a team of passionate doctors from both Singapore and Cambodia, the team was able to diagnose and treat many with diseases such as tuberculosis and cataracts. A man whom the team had previously helped seek cataract treatment for returned to the screening site this year to express

his gratitude. It was a happy sight to behold, seeing how delighted this man was with his vision regained. Moments like this gave us, truly, a strong sense of fulfilment.

However, not every journey is without difficulties. I still recall during my first trip to Poipet, that fateful day when many of us felt helpless because in front of us was a patient who had progressed too far in her illness to be treated. And there were also times when treating a patient in the country was not possible due to a lack of resources. Moments like this made us realise that there were limits to the help we can give, limits to the change that we can make.

Inevitably and understandably, one might start questioning the value of the work that we do.

Back when I was still a fresh-eyed M1 student on the project, I recall bursting with excitement to go on the trip. I could not wait to make big changes in Poipet. I could not wait to help everyone in the community. However, after

**“I have come to realise that one does not always need to make big changes to make an impact. While big actions matter, small actions matter just as much, if not more. That you can make a difference in someone’s world with just your smile, love and kindness says a lot.”**

two full trips to Poipet, I have come to realise that one does not always need to make big changes to make an impact. While big actions matter, small actions matter just as much, if not more. That you can make a difference in someone’s world with just your smile, love and kindness says a lot.

We may not be able to help everyone but at least we made a positive impact on some of them with our work. As a small OCIP project, we have our limitations but that doesn’t mean that we should feel disenchanting or demoralised about our cause. The genuine desire we have, to want to do good for the Poipet community was often something that the Cambodians volunteers expressed gratitude for. And just by letting someone know that there are people out there who care about him/her, is often in itself enough. As is often impressed upon us in medical school, we should seek to cure sometimes, treat often, and comfort always.

As a project, we value the importance of accountability.

We make attempts to quantify the good that we do. When we have statistics like the number of patients we managed to screen in the village, we are happy. When we are faced with initiatives whose outcomes are more difficult to measure, we start to feel perplexed. In an OCIP, it is definitely necessary to be driven by accountability. However, I have

come to realise that we should not trip ourselves over this either. Whether it is the survey committee proposing a new initiative to plug the needs of the community, or education committee planning for a new school support programme, or screening expanding on their health screening efforts, we should take a chance on it bravely, even if the end does not seem so clear just yet. If you believe that there is good to be made with that initiative of yours, then take heart and go forth.

And I finally know the reason that keeps tugging at many seniors’ hearts to make them want to come back, year after year, for this



project – the people. I can still fondly recall an interaction that I had with a little girl. When I got down the bus at one of our screening villages, I saw a little girl running in my direction. That was when I realised that she was the same girl I had played with one year ago. I could not believe that after only 2 days of interaction and 1 year of not seeing each other, she still remembered me. The mutual happiness derived from rekindling an old connection and bond formed one year ago could be felt despite the language barrier as we communicated with smiles, laughter and warm hugs. It is these connections, however small, with the people in the community that make us want to come back.

Coming to the end of my second trip, I also stand affirmed to the emphasis that our project place on forming strong relationships with our Cambodian volunteers. What makes our project unique is the strong alumni of Cambodian volunteers like Hang Tong and CheaCheng who return to the project to serve. Being surrounded by like-minded individuals who share the same passion and desire to serve the community often makes the work, however difficult or tiring, worthwhile. Forging friendships with our Cambodian friends, instilling in them a sense of ownership over the project and empowering them to take charge of their service, all contribute to the long term success of our project.

All in all, I am thankful for the lessons gained but more importantly, for the friendships and family I have found within Project Battambang. Parting ways at the departure gates no longer seem as sad because I know I will be back.

# HISTORY

## 2010 2011 2012 2013

Inception of Project Battambang, born from a vision of Dr Ong and 5 Year Two medical students

Provision of Health Screening services and health education

Served 201 villagers across 4 villages

Introduction of Light-A-Dream scholarship

Introduction of Teachers' Support Programme

Formation of survey committee to find out the non-medical concerns of the villages we served

Hired translators

LIBRAS, our 6 guiding values, was created along with our vision and mission

Establishment of Screening Referral programme established

Mobile screenings were established for patients who were unable to come to our screening sites

Introduction of LADS Camp

Health screenings expanded to serve 1595 villagers

Cambodian wing of the project run entirely by student volunteers from UHS and IU

# 2014 2015 2016 2017

Introduction of dental services for children during health screenings

Graduation of 2 LADS scholars

Graduating doctors, Dr Rith and Dr Sokha, from 2010 trip return to volunteer in screenings

Collaboration with SEVA Cambodia

Introduction of Participatory Learning and Action Toolkit (PLA) during surveys

Eye screening services were introduced and prescription glasses were provided as required

Project Battambang Cambodian Committee established

Provision of water pots in Prey Koup

Signed Memorandum of Understanding (MOU) with IU, formally outlining Singaporean and Cambodian committees' support for Project Battambang

Provision of supplemental water pots

Teachers' Support Programme (TSP) replaced by School Support Programme (SSP)

Refurbishment of library as a parting gift with our long-term beneficiary, Prey Koup primary school

Health Education Day established

More robust chronic disease management system; Telehealth and Prescription cards

Introduction of Door-to-Door Groundwork methodology during surveys

# ACKNOWLEDGEMENTS

Project Battambang would not have been able to continue serving the people of Cambodia without the continued support of many individuals. We would like to take this opportunity to thank all who have supported us throughout the year.



P R O  
J E C T

B  
B T

# OUR PARTNERS



## MISSIONARY SOCIETY OF THE SACRED HEART OF JESUS (MSSHJ)

Sisters of the MSSHJ serve poor and marginalised communities worldwide. The Sisters in Poipet aid us in overseeing our scholarship and teachers' support programmes. They also help provide overnight accommodation and food for our referral patients.

## CAMBODIAN MEDICAL SCHOOLS

We are honoured to have been joined by Cambodian Medical and Dental students from the **International University of Cambodia (IU)** and the **University of Health Sciences (UHS)**.



## LOVE WITHOUT BOUNDARIES (LWB)



Love Without Boundaries is an authentic international charity that provides hope and healing to orphaned and vulnerable children, and their underserved communities, through its education, nutrition, medical, and foster care programmes.

# OUR VOLUNTEERS

## SINGAPOREAN DOCTORS

Dr Ong Yew Jin  
Dr Ajith Damodaran  
Dr Andy Wong  
Dr Cherie Ng  
Dr Ellie Choi  
Dr Joseph Ang  
Dr Lee Xiu Hue  
Dr Lim Yii Hong  
Dr Shannon Ching  
Dr Sim Meng Ying  
Dr Soh Ser Yee

## CAMBODIAN DOCTORS

Dr Nov Tam  
Dr Phon Elin  
Dr Rithy  
Dr Sokha  
Dr Tor Ratanak





## **CAMBODIAN MEDICAL STUDENTS**

Bun Sereyleak  
Bun Vicheka  
Cheab Muylornng  
Cheng Chhayhor  
Chhoung Panha  
Chum Sikanal  
Hak Sekreyrath  
Heng Channkosal  
Heng Socheat  
Heng Socheat  
Heng Sonita  
Hok Leangheng  
Houn Monikavin  
Hul Hunsreyneth  
Hun Daro  
Huot Chandalin  
Kong Seyha  
Kong Vaha  
Lim Lengchhun  
Luk Chamnap  
Men Sreang  
Meth Setha  
Pen Chantha  
Pen Mithona  
Pisey SereyPich  
Run Chantha  
Sonsen Rithysak  
Sorn Chhayden  
Sung Mengkheang  
Try Kimhov

## **CAMBODIAN DENTISTRY STUDENTS**

Torn Somphors  
Tith Chanmonika  
Phang Kollika  
Nguon Rathana  
Ngeth  
Sokunmonyneath  
Sok Lida  
Tiv Sreyda  
Chhi Nida

## **SINGAPOREAN MEDICAL STUDENTS**

Chong Jia Ying  
Clyde Lim  
Hwang Shih Yao  
Lim Kim San

## **PHARMACISTS**

Sathya soeurn  
Hang Khunsereyrath

## **NURSES**

Ly Socheata  
Rous Sovanphany  
Veng Bondol

## **OTHER VOLUNTEERS**

Joshua Lau

# OUR TEAM



## CAMBODIAN COMMITTEE

Heng Hangtong  
Chhaun Sopheanarith  
Sor Cheacheng  
Tann Lyna  
Sar Sophara  
Sio Sereywath  
Kheang Nano  
Lim Chanoudom  
Ly Zoka  
Our Liheng  
Than Randy  
Kheav Manich





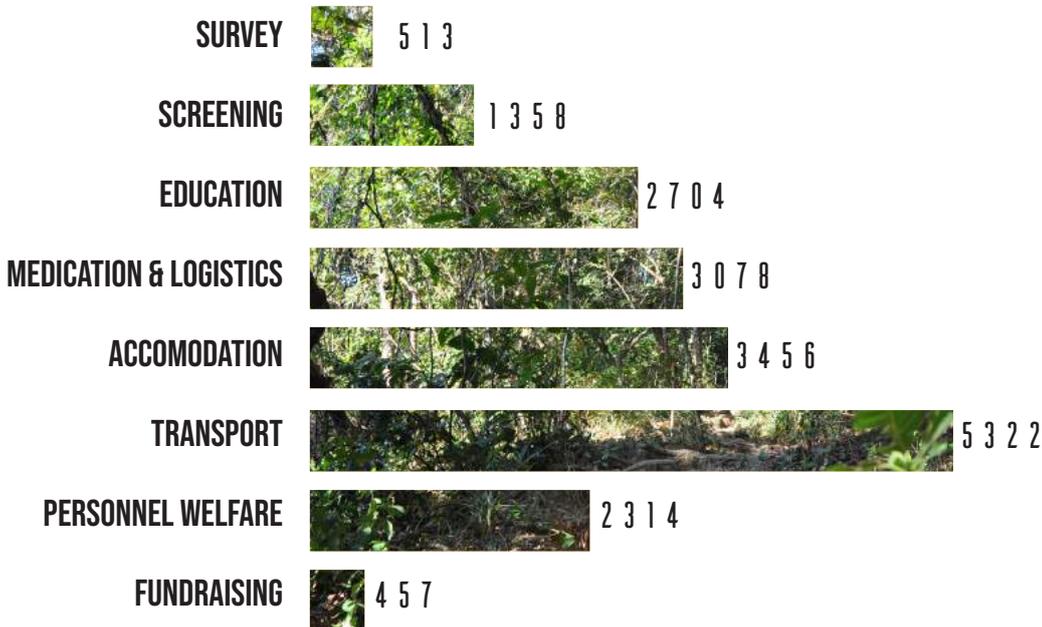
## SINGAPOREAN COMMITTEE

Chan Mae Yee  
 Chia Jeng Long  
 Delphine Kao Zhi Ying  
 Erica Lauren Soong  
 Lee Wan Xin Ailica  
 Loh Hong Rong  
 John Zhang Jiong Yang  
 Natalie Ong Jiaqi  
 Ong Wen Tao, Daniel  
 Ong Yi Jing  
 Pong Jia Jing, Jonathan  
 Vinay Gupta

Chan Wei Ting  
 Cheryl Lim Jia En  
 Chloe Wong Si Xuan  
 David Kho Ming En  
 Ho Yi Jie  
 John Tan Wen Yu  
 Kimberley Lim Ying Ying  
 Lee Rui En  
 Lim Xian Jie Timothy  
 Nicholas Goh Shaowen  
 Soh Hann Natalie  
 Zhang SiYuan

# FINANCIAL REPORT

**TOTAL EXPENDITURE: \$19 202**



FIGURES IN SINGAPORE DOLLARS,  
USING EXCHANGE RATE OF 1USD = 1.35SGD

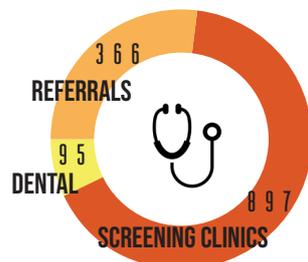
**THE 100% PROMISE**  
All donations and proceeds from our fundraising efforts were channelled into our educational and medical initiatives. Flights, food and accomodation for the Singaporean team were at our own expenses.

## SURVEY



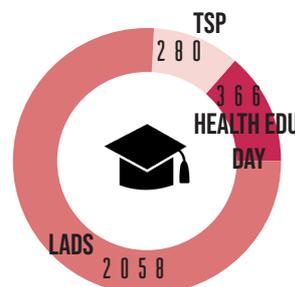
Logistical cost of conducting various in-depth surveys of the communities, chronic health management & environment

## SCREENING



**Screening Clinics:** Quality medical & dental equipment are used  
**Referrals:** For urgent medical attention or further investigations, we pay for medical bills, lodging and hospital transfer

## EDUCATION



**LADS:** We pay for our scholars' tuition fees to allay their financial burden  
**HED:** Various health education materials  
**TSP:** Refurbishment and painting of Prey Koup Primary School

## MEDICATION & LOGISTICS



We provide quality-assured medication and medical supplies, free of charge according to their needs

## PERSONNEL WELFARE



The food and welfare of doctor volunteers and cambodian student volunteers

## TRANSPORT



Costs include the transportation of personnel, equipment and supplies

## ACCOMODATION



The accomodation of doctor volunteers and Cambodian student volunteers

## FUNDRAISING



Capital spending to produce merchandise and promotional material

# OUR SPONSORS

Our sponsors have been invaluable to us through the contribution of monetary, logistical or pharmaceutical support, for which we are very grateful.

Lee Foundation  
Billy Yang  
Far East Organisation  
Dr Alicia How  
Dr Tan Mak Yong  
Dr Ganesh Ramalingam  
Loh Keh Chuan Diabetes, Thyroid and Hormone Clinic  
Dr Ang Chee Beng  
Dr Choo Chee Yong  
Dr Yeo Poh Shuan Daniel  
Dr Boey Mee Leng  
Dr C Vangadasalam  
Dr Lee Wei Rhen, Warren  
Dr Liang Te Shan  
Dr Ng Chin Yuen, Steven  
Dr See Tho Kai Yin  
Dr William Yip Chin Ling  
Dr Kenneth Koo Yih Meng  
Dr Lim Beng Hai  
Dr Thomas Lew Wing Kit  
Dr Ong Kiem Kiok  
Dr Cheong Lai Leng  
Dr Tham Siew Nee  
Adj A. Prof Dr Tey Beng Hea  
Dr Boey Wah Keong  
Dr James Khoo  
Dr Jennifer Foo  
Dr Joycelyn Wong  
Dr Quek Swee San Susan  
Prof Tan Cheng Lim  
Hong Plastic Surgery Pte Ltd  
Dr Lim Chong Teck  
Dr Lim Hsien Jer  
Noel Leong Fertility & IVF Clinic  
Yotan Pte Ltd  
Chan Clinic for Children  
Dr Chee Eng Nam Alexius  
Dr SL Goh  
Dr Pengiran Hishamuddin Bin Pengiran Badaruddin  
The Heart and Vascular Centre  
Essilor Vision Foundation  
Customizzare  
Butter Prints  
Weave Pte Ltd  
Adl Imaging Pte Ltd



WEBSITE [www.projectbattambang.com](http://www.projectbattambang.com)

FACEBOOK [facebook.com/ProjectBattambang/](https://facebook.com/ProjectBattambang/)

INSTAGRAM [@projectbattambang](https://www.instagram.com/projectbattambang)

EMAIL [med.battambang@gmail.com](mailto:med.battambang@gmail.com)

CONTENT Kimberley Lim Ying Ying

DESIGN & LAYOUT Soh Hann Natalie

PHOTOGRAPHY John Tan