Cambodia Service Trip Learning Report

It was a special Christmas and New Year for me to be in Cambodia, serving in the villages. Although there was not much typical holiday atmosphere filled with decorations and commercials, I could feel the bliss that the villagers enjoy every day, when they farm, play in the rivers and simply stay with their families. However, a lot of them lacked basic sanitation facilities, hygiene awareness, and healthcare knowledge – bridging this gap was the main goal of our trip.

As a part of the healthcare team, I visited families, organized a health talk and conducted lessons at a primary school – teaching the villagers and students why, when and how they should wash their hands. This may seem very trivial – I did ponder on whether the local people would find this too easy when I was preparing the materials in Hong Kong. But in fact, hand hygiene is really what the villagers need. Typically, their hands are dark, due to dirt and mud. It was no exception for a girl we met during family visits. She did not have the opportunity to go to school and was staying around her house picking and eating fruits with her dirt-filled hands. We taught her how to wash hands properly with soap and running water, and I was surprised by how clean her hands can be. We further asked her to teach other children around, and she was quite keen to share what she has learnt with her friends. I realized the significance of our visit to both this girl and other children who may not be able to learn about health and hygiene at school in the future. I think that students are good targets for health education, as most Cambodian children are eager to play and eager to learn. They would obediently post up the posters distributed to them at home, and would even tell their parents and family members what they have been taught. This helped amplify the impact of our school education.

Apart from hand washing, proper toilets are utterly important to break the fecal-oral transmission of diseases, especially when open defecation is common. We helped build several latrines in a village with the construction team, while educating the villagers the importance of using toilets and how to maintain them. We also introduced villagers how to treat diarrhea and dehydration with oral rehydration solution (rather than IV drip, which is abused in these villages).

As we carried out our projects in the villages, we did face a couple of unexpected changes. For example, the most common disease in one of the villages is typhoid, of which we did not prepare materials about it beforehand, so we had to do research on it immediately with our laptops. The villagers there (actually almost all Cambodians) wake up very early in the morning and take an afternoon nap everyday, thus it would be more efficient for us to start our work earlier and have our lunch at 2pm while the villagers are sleeping. Without technology, the communication within a large village is often ineffective, so we had to triple confirm the schedule of our projects with the schoolmasters and the village chiefs before each event. We had to spare some time to promote our village-based health talk by visiting households one by one as well. Indeed, working in less-developed places, or volunteering in general, requires flexibility and adaptability. I learnt to be well prepared for any changes and plan
adjustments, so the projects can best suit the service targets’ cultures, habits and actual needs.

To help the villagers and children build good hand washing habits, we brought a lot of soap and water bags to Cambodia for distribution. Yet, we discovered that soap can actually be bought in the local markets at a reasonable price, though the markets are a bit far away from the villages. Instead of bringing and giving them products from Hong Kong, we should make good use of the materials that can be obtained locally. For example, we can buy taps and buckets in the markets, and let the villagers make their own running water source for washing hands. Products, like the water bags, will wear out one day, but if the villagers know how to make and repair on their own, the impact will be more sustainable. It is so true that serving is not just helping the needy, but empowering them to help themselves.

Since we did not really know how to speak the Cambodian language Khmer, we had to rely on translators to communicate with the locals throughout the trip. I will never forget the incident when we visited an elderly – she complaint that we should not be speaking a language (English) that she did not understand in front her. I felt quite guilty, and started to learn Khmer more seriously. I hope that when I come back to Cambodia next time, I will be able to talk directly to the locals (at least with basic conversational Khmer), become part of them (by experiencing their local lives and playing with the children again), and show my sincere heart for helping them improve their living conditions, not imposing our way of life on them.

We were teaching children and villagers how to wash hands properly. Soap and water bags (as running water source) were distributed to families without proper handwashing facilities. We also posted up posters (health and hygiene reminders) at their homes.
Through ice-breaking games, role plays and interactive activities, we conducted health education with 5 classes in Ta Das Village primary school.

The students enjoyed filling colors for the posters.

We were introducing the oral-fecal disease transmission route to the villagers in the health talk.