

New hospital, new vision

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Thursday, 26 April 2012



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Sath Nget, her weathered skin sunken in pockets around her face and chest, spends most of her days lying half-outstretched in her hut of corrugated metal and wood along the road to Bokor Mountain as one of her four orphaned grandchildren fans her with a piece of discarded styrofoam.

Three hundred metres away, in the sprawling grounds of the three-week-old Sonja Kill Memorial Hospital, hospital director Cornelia Haener recalls meeting 75-year-old Sath Nget during the hospital's soft launch.

“We saw this old woman sitting on the floor. When we asked her, ‘What is wrong with you?’ she said: ‘I have chest pain’,” Haener says.

Sath Nget was whisked away for a battery of tests, including a chest X-ray and an electrocardiogram, which revealed she was very sick with a heart condition.

The goal of the Sonja Kill Memorial Hospital, initially envisaged as a pediatric hospital, is to become a premier general hospital that could take care of every member in a family, Haener says.

She says Sath Nget reinforced to her the idea that the hospital needed to focus on the whole family.

“If we were not a hospital for adults and children, most likely this woman would have died pretty soon, and left four orphans behind with nobody to care for them,” Haener says.

When the facility, jointly run by a private, Germany-based charity, the Sonja Kill Foundation, and the international NGO [Hope Worldwide](#), officially opens this Saturday, it will be a general hospital first and foremost, the director stresses.

The facility, about six kilometres outside Kampot town, is the newest pediatric hospital in Cambodia's coastal region and one of the first in Kampot to introduce a means-based payment scheme: patients pay according to their financial ability.

It is also a fascinating case study of what a hospital setting up during what Haener terms the “capacity-building” phase of Cambodia's medical sector might focus on.

Low-slung white buildings, 27 in all, dot the enormous 70,000-square-metre site, but only one, for outpatient treatment, is operational.

Haener says the hospital has been seeing 18 to 20 patients a day.



[Dr Kendrick Kahler \(right\), who is a paraplegic, teaches CPR using a dummy.](#)
[Photo by Hong Menea](#)

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The aim is for the entire hospital to be up and running in three to four years, partly depending on human resources.

There are 15 staff members, mostly Cambodian, including two trainees fresh out of medical school, and two more Cambodian trainee doctors are on the way, Haener says as she takes the Post to where they are preparing a weekly training exercise.

Giggles fill the room as the staff, mostly under 30, practise resuscitation on a dummy under the guidance of senior doctor Kendrick Kahler.

The mentoring of young medical professionals, particularly in primary health care, is an important need in Cambodia, Haener says.

“Many of them come with a dream to be a specialist – for example, one tells me, ‘I want to work with children,’” she says.

But Haener insists they rotate through every department to get a range of experience first.

“Cambodia is battling with two burdens of disease: infectious diseases . . . and non-communicable diseases, [which] need to be addressed at a community and primary health-care level,” she says.

One of Haener’s mentees, Nget Srey Pov, 27, arrived just three days before but already has a good impression of her new workplace.

“The hospital has a good environment, staff, nurses and doctors, and I expect that more people will know and love this hospital in the near future,” she says.

The hospital also has a social affairs officer, who assesses patients on their ability to pay.

Sath Nget, for example, was treated free of charge.

The means-based model, implemented four years ago for smaller general-practice clinics run by Hope Worldwide in Phnom Penh, is a “very positive model”, Haener says.

“With the global financial situation, we realised that a charity hospital cannot entirely depend on donations but has to set up a more sustainable model,” she says.

“After four years, we can say that excess revenue is coming from the social enterprises to support our work for the poor. It’s not 100 per cent yet, but it’s growing.”

The hospital’s location in a regional area will also help patients who cannot afford to travel to the capital for treatment, Haener says.

Non-communicable diseases such as diabetes and hypertension form a large number of cases treated so far, she says.

The evolution of the Sonja Kill Memorial Hospital will ultimately depend on such needs and demands of the population, along with the resources available – financial as well as human, Haener says.

“It’s the testing phase, the first phase,” she adds.

Meanwhile, Sath Nget says she will return to the hospital after praying to her father's spirit.

“I prayed to my father's spirit, and he said that I can go to see the doctor or use the medicine over the next two weeks,” she says.

Although still tentative about her future with the Sonja Kill Hospital, Sath Nget – who had previously never visited a hospital – says the free treatment has given her a glimmer of hope.

“I expect that my disease will get better,” she says.

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