



Angkor Hospital for Children

ANNUAL REPORT 2013



2013 was a very special year for Angkor Hospital for Children.

Since first opening its gates in 1999, the goal of founder Kenro Izu was to make AHC “a world class hospital for Cambodians run by Cambodians.” With the end of a one-year long transitional phase that culminated in January of 2013, Kenro’s original vision for the hospital was realized when AHC became an independent organization firmly rooted in Siem Reap and led by an outstanding Cambodian team.



Medical Leadership Message

Dear friends,

It is exciting to think of the many accomplishments of Angkor Hospital for Children (AHC) in 2013. These were not imaginable when the hospital opened 14 years ago. This year’s annual report, the first ever produced by AHC, highlights the following major accomplishments: the beginning of cancer treatment at AHC for eye cancer patients, the growing independence of AHC’s cardiac surgery team, and the opening of a new neonatal ward made possible by the opening of a new 990 square meter building. An additional success of 2013 was an increased focus on quality and transparency in administrative processes.

The transition of AHC to a locally run Asian-based organization with diversified worldwide support and stakeholders has created new opportunities. Importantly, the essential education that AHC provides is set to expand. We in the medical leadership team are excited and thankful to have a growing influence on the training of medical students and junior doctors in Cambodia. We believe that such training will impact children’s healthcare in Cambodia for years to come.

The staff at AHC remain committed to Kenro’s founding vision to treat all children with high-quality and compassionate care regardless of their ability to pay. Through the 2013 annual report we hope to convey many of the ways we achieve this goal. Always, we remain thankful to the many stakeholders, volunteers and partners who enable us to do this vital work.

Sincerely,

Pheaktra Ngoun M.D, DCH,DTMH

Deputy Director
Angkor Hospital for Children



Angkor Hospital for Children

Our Mission

To provide quality pediatric health care to Cambodian children and free care to those living in poverty, as guaranteed by the Cambodian constitution; to work with the Cambodian Ministry of Health to strengthen Cambodia's healthcare system through the training of doctors, nurses and health workers; to play a central role in improving public health for all children.

Our Vision

Cambodian children have access to quality medical care wherever they live, regardless of their ability to pay and Angkor Hospital for Children exists as a center for excellence in pediatric healthcare and training, fostering development and expansion of the public healthcare system.

V O I C E S O F A H C

“ I will never forget the first day we opened our doors. I think we saw just over 10 patients. I was one of the 10 original Cambodian nurses. There were many foreign staff members at the time and very few Cambodian. The hospital was one building comprised of a single Outpatient Department.

Within the first year, an Inpatient Department opened with two more beds, and then 15 or so more nurses were hired. Then came more departments, more beds, more staff, and more Cambodian nurses.

Today, we are 448 employees strong, 438 of which are Cambodian. We are 174 nurses strong and 172 of these nurses are Cambodian. It is amazing to have witnessed this hospital transform into a Cambodian-run organization comprised of 99 percent Cambodian staff.

It is even more amazing to now watch this enthusiastic and committed team of staff go out and teach other healthcare professionals throughout the country what we have learned and how to implement it themselves.”

- Sophal Som,
Director of Nursing



“The nursing culture at AHC is one unlike most hospitals in Cambodia; one where nurses are valued and respected, and work alongside doctors as equal partners.”

– Sin Chhhomrath, ER/ICU
Nursing Unit Manager



“The mission of AHC is to teach everyone - not just AHC staff, but government healthcare providers, medical students and teachers throughout the country - how to provide excellent medical care, treating every child like they would their own.”

– Seng Phearom,
IPD Nursing Unit Manager



“Anytime someone asks me about AHC, I tell them that it is unlike any hospital I have ever seen in Cambodia—one where the entire team of staff, from the doctors to the housekeepers, treats and cares for every child from the heart.”

– Sinketh Arun,
External Relations Manager



“AHC has already been recognized as a center of excellence for teaching medical staff; I would now like to see AHC become a center of excellence for hospital administrators too.”

– Tep Navy,
Chief Operating Officer



“The heart of AHC is helping people accomplish their dreams so they can go on to help others do the same.”

– Ky Siek, Deputy Chief
Financial Officer



“For four years in my youth I observed the hospital from just outside its gates, as my high school was located across the street. I was impressed by the entire operation. Now, after 12 years working inside the gates having seen the hard work and dedication, I can say more than ever how proud I am to be a part of this team.”

– Visal Maray, Director of
Administration Department



“As a mother of two children, I enjoy my job most because every day, I see children being cared for with the highest level of compassion and I am happy to play a part in it. Since my children were very little, I have taken them here when they were sick because I trust the care they will receive.”

– Srey Ya,
AHC Housekeeper



“As the Medical Director at AHC, words cannot describe the excitement I feel in seeing the faces in the Operating Theater go from a team of primarily Western volunteers to a team comprised of 99 percent Cambodian staff—this to me is one of the greatest achievements.”

– Dr. Ngeth Pises,
Medical Director



“What AHC was built upon - the idea of treating all children like your own - has inspired a great heart to be at the core of this hospital. It is because of this core and the people it has attracted, that allows AHC to be received in the community, and welcomed in helping other public healthcare institutions improve their quality of care.”

– Prak Manila,
External Program Director



2013 IN NUMBERS

145,842 Total number of patients treated

115,570 Outpatient Department visits

3,622 Inpatient Department admissions

1,178 Low-Acuity Unit patients

11,243 Emergency Room Triage patients

729 Intensive Care Unit patients

1,385 Social Work counseling sessions

2,856 Physiotherapy consultations

12,384 Dental patient visits

10,504 Eye Clinic consultations

337 Neonate admissions

18,498 Patient visits to the Satellite OPD

1,586 Admissions to the Satellite IPD

574 Triage patients to the Satellite ER

1,663 Major surgeries performed

7,246 X-ray & Ultrasound procedures

96,416 Lab tests performed

Most Common Diagnoses

- Lower respiratory infections
- Dengue Fever
- Gastroenteritis
- Neonatal infections
- Dysentery
- Sepsis
- Asthma
- Malnutrition
- Typhoid
- Meningitis

Barriers to Care



How AHC Helps

About 70 percent of Cambodia's population lives in rural communities – where over 20 percent of people live on less than \$1.25 a day – and it is from these communities that come the majority of AHC's sickest patients. The cost of transportation to AHC alone is often what hinders a family from bringing their child for medical care.



In working with the Social Work Unit, AHC offers a travel allowance for families in need once they arrive at the hospital from far away.

Families often wait too long to seek treatment for their sick child because they are not confident in the quality of health care they will receive at the local level. By the time they arrive at AHC, the child's illness has often reached advanced levels making effective treatment much more difficult, and in some cases impossible.



Working in direct collaboration with the Ministry of Health, the External Program Department and partners are working diligently to improve the quality of health care throughout the country. The more confidence people gain in the healthcare system, the more likely they will be to seek medical care before it is too late.

When a family is away from home, their income drops and even purchasing food and water – a key health issue in Cambodia – can be a major source of stress for the entire family.



During their stay here, AHC's nutrition program provides children and families with food rations, access to a kitchen area for meal preparations, as well as access to clean, safe drinking water.

Out of concern for the sick child, along with many other reasons such as nervousness about traveling from their village to the city or a lack of caretakers back home to watch over the other children, it is often the case that multiple family members come along on the journey to AHC and they cannot afford to stay in a hotel.



At night, AHC opens up the waiting area in the Outpatient Department as a place for families to sleep. Families are provided with mats, mosquito netting, access to shared bathrooms and showers, as well as around the clock security.



2013 Department Highlights

Outpatient Department

The Outpatient Department (OPD) continues to be the busiest unit of the hospital with children and families arriving here first after traveling from up to 500 kilometers away. The most common illnesses seen range from upper respiratory infection, diarrhea and dog bites, to more severe conditions such as dengue fever, typhoid, eye disease, malnutrition, meningitis and acute pneumonia. Using a triage system based on the World Health Organization's Integrated Management of Childhood Illness guidelines, the OPD team saw, on average, 400 children per week day in 2013, and 200 children on Saturday mornings. The 11 doctors, including four resident doctors, each saw approximately 25 patients every day. In order to accommodate the growing patient numbers, four new nurses joined the OPD team ensuring an average patient waiting time of around three hours and that the sickest children were seen immediately. Additionally, a greater focus was placed on improving patient documentation, including opening a new Registration Unit to store patient medical records from the past 14 years.

To help entertain the children during their wait, a group of volunteers from Singapore painted bright animals on the walls lining the OPD. Furthermore, through the continued support from AHC's valued donors, 2013 began the planning stages for major OPD renovations to be completed in 2014. The renovations were designed to improve patient privacy, patient flow, as well as to provide the medical team with a separate space for education and team meetings.

Inpatient Department and Low-Acuity Unit

Providing around the clock care, AHC's 47-bed Inpatient Department (IPD) cared for more than 3,500 children in 2013 who needed hospitalization. Coming to us with a range of illnesses – including malnutrition, acute respiratory infection, HIV/AIDS, malaria and meningitis – the children tend to be very ill upon arriving due, in large part, to delays in seeking care.



Thanks to the generosity of AHC partners, 2013 saw the opening of a second IPD ward housing 15 beds which allowed for a greater separation between beds, greater separation between infectious patients and non-infectious patients, and the creation of special "pre-ICU" beds in order to provide better care to more critical cases. In addition to the IPD, there is a 10-bed Low Acuity Unit for children who need longer periods to recover and rehabilitate before returning home.

Emergency Room and Intensive Care Unit

The Emergency Room (ER) and Intensive Care Unit (ICU) are where AHC sees the most critically ill patients. Patients often arrive late and in distress. Thanks to the support of our partners, AHC has invested heavily in the ER/ICU in the past several years. The staff members have all been trained in Advanced Pediatric Life Support (APLS) and many become trainers in APLS. In addition, protocols for critical areas such as sepsis treatment, trauma care and ventilator management have been put in place. With the implementation of a 24 hour a day, 7 day a week attending coverage, great improvement in moment-by-moment patient management has been achieved. These investments in human resources combined with much improved technology including ventilators with strong safety features, new cardiac monitors, and bedside chemistry diagnostics which have resulted in improved survival rates for many of our sickest patients. The ER saw 11,243 patients in 2013 and 729 patients were admitted to the ICU.



Social Work Unit

Recognizing a growing need to provide social support to the children and families that come to AHC for treatment, the social work program, initiated in 2010, was the first of its kind in Cambodia where previously no hospital-based social work program existed. Whether at the hospital or at the patient's home, our team of highly-trained social workers provide support on a range of different issues- including malnutrition, abandonment, sexual and physical abuse, as well as assisting children living with chronic conditions or disabilities. In 2013, the Social Work Team provided 1,385 counselling sessions for 676 families, caretakers and children. Moreover, the scope of support for potentially at-risk children was expanded further by developing an outreach follow-up program—providing outreach follow up, risk reassessment, legal referrals as needed, and ongoing emotional support, for 53 children who were sexually abused, 11 who were physically abused and nine that suffered from neglect.

Physiotherapy Unit

Physiotherapy is a relatively new area of healthcare in Cambodia, and there are few such programs available for children living with disabilities. Services provided include speech therapy, orthopedic therapy, respiratory therapy, as well as neurological therapy for children with cerebral palsy or developmental delay. Our team of physiotherapists trains and educates families so they can successfully administer therapy at home. In 2013, 2,856 children received physiotherapy treatment at AHC. In addition, AHC's physical therapy department has become a training site for physiotherapy in Cambodia.



In 2013, AHC inaugurated a new building with a total surface of 990 square meters. This much needed additional space allowed for the opening of a second Inpatient Department with 15 beds, the creation of new classrooms, as well as the joining of the laboratory and microbiology laboratory into one location. The new building also houses the External Program Department, Development Department, IT Unit and the library. As a result of the restructuring, valuable areas were thus made available that could then be used to provide medical services—most notably, with the expansion of the laboratories in the new building, space was freed up making the opening of the Neonatal Ward in the main hospital block possible.



Dental Clinic

Since its establishment in 2000, AHC's Dental Clinic has been devising effective ways to solve many common—but easily avoidable—oral health complications; one such way they have found most successful in prevention is through oral health education. In 2013, in addition to providing oral health care for 12,384 children, the dental team educated more than 16,000 children and their families on proper oral hygiene and tooth care. Often, for a multitude of reasons – primarily an overall lack of awareness about the benefits of oral health care and the cost of transportation – families delay treatment. As a result, tooth extractions are the most common procedures performed in the Dental Clinic. To help prevent this, the Dental Clinic Team has placed a high importance on outreach, especially with educating children at local primary schools about the importance of fluoride mouth rinse to prevent cavities. Additionally, working alongside AHC's Homecare Unit, the Dental Clinic Team travels to the Tonle Sap Lake to provide children who live at the floating village with oral health education and dental care.



HIV/Homecare Unit

Traveling to the homes of 172 children residing throughout the 12 districts of Siem Reap province, the Homecare Team provides follow-up medical assessment, treatment, social support, counseling and health education for children and families. When visiting patients in their home environment, the Homecare Team is also able to provide specialized support such as helping the families of malnourished children grow their own vegetables, providing mosquito nets to children and families faced with malaria, and building wells for those without access to clean, safe drinking water.

With 56 percent of homecare patients being HIV positive, the Homecare Team works in close conjunction with AHC's in-house HIV Clinic which provides lifesaving Antiretroviral Therapy (ART) for HIV patients. They also focus on

HIV education outreach as they have observed the positive results on improving the situation for HIV patients in their respective communities - as well as in preventing the spread of HIV/AIDS. Most notably, the Homecare Team has developed a peer education initiative in which volunteer HIV patients are trained to teach others about HIV. Sharing knowledge about their condition with others has proven to empower both children and their families in reducing marginalization.



AHC Moves Forward into Cancer Care

Prior to 2013, one of the biggest gaps in AHC's comprehensive care was not being able to treat cancer. For children with retinoblastoma, a rapid growing tumor of the eye, the only option available to them was to receive palliative care. In the developed world, if the tumor is contained within the eye – whether in one eye or in both- cure rates for retinoblastoma exceed more than 95 percent .

Saddened by seeing so many children with retinoblastoma, AHC set out to learn how to treat these children. Through mentorship from St. Jude Children's Research Hospital in the USA and the National University of Singapore, AHC was able to take its first step into cancer care and is now able to provide comprehensive treatment for children with eye cancer.

Meet Nika*,

AHC's first patient to receive chemotherapy treatment



**Patient's name has been changed for confidentiality*

When Nika was just several months old, her mother noticed a white reflection from the pupil of her right eye and immediately took her to the local health center. She was told that Nika's right eye needed to be removed. Lacking confidence in the local healthcare facility, Nika's mother refused—an occurrence not uncommon in Cambodia. Just over a year and a half later, Nika's same eye had become swollen and very painful. At this point, she was taken to the Children's Surgical Centre (CSC) in Phnom Penh where she was diagnosed with a type of eye cancer known as retinoblastoma.

Aware that AHC had just added eye cancer treatment to its range of care, and not yet providing comprehensive cancer care themselves, the director of CSC, Dr Jim Gollogly, referred her to AHC.

For a family like Nika's, earning less than \$100 a month, affording transportation to AHC was a major hindrance. Nonetheless, Nika's parents borrowed money from friends and family and made the nine hour trip to AHC in mid-September 2013. Upon arrival she was examined by Dr. Phara, Chief of Ophthalmology. He confirmed that Nika's right eye was afflicted with retinoblastoma and he determined that it needed to be removed as the cancer was in an advanced stage. Knowing that this type of cancer can sometimes occur in both eyes, Dr. Phara also examined her left eye and discovered that there was cancer present in this eye as well, though in a less advanced stage. The following day, the ophthalmology team removed Nika's right eye. This was serendipitously at the same time that AHC was getting ready to initiate its chemotherapy program after more than a year of planning.

Nika was seen as a good candidate to be the first patient to receive chemotherapy since the cancer in her remaining eye was in a less advanced stage and thus had a good chance to be treated successfully with chemotherapy. Shortly after the surgery on her right eye, the team began chemotherapy on her left eye. By the end of 2013, Nika completed three cycles of chemotherapy and both her parents and the AHC team were extremely happy with her progress. Twice a month Nika and her parents travel to AHC, once for a course of chemotherapy and once for a check-up. She is set to finish the full chemotherapy regimen by May of 2014. Due to the frequent follow-ups needed to carefully monitor Nika's progress, and the financial burden such costs of transportation can place on a family like Nika's, AHC reimburses the transportation costs to help ensure there is nothing standing in the way of Nika receiving lifesaving cancer treatment.

"Although there are centers in Phnom Penh doing cancer care, we were very happy to hear that AHC had added eye cancer treatment to its scope of care. As one of AHC's partners, we are confident that AHC will help raise the standards of oncology care in Cambodia."
- Dr. Jim Gollogly, Children's Surgical Centre

Neonatal Care Advances

Each year, more than three million of the world's neonates die. According to the World Health Organization (WHO), "Every year nearly 40% of all under-five child deaths are among newborn infants- babies in their first 28 days of life or the neonatal period," and, "In developing countries nearly half of all mothers and newborns do not receive skilled care during and immediately after birth." The solution according to WHO, "Up to two thirds of newborn deaths could be prevented if skilled health workers perform effective health measures at birth and during the first week of life."

In Cambodia, although infant mortality has decreased, neonatal mortality rates remain high with an estimated 10,000 neonates dying each year—the major causes being sepsis, prematurity and asphyxia (lack of oxygen). To help mend this sad reality, AHC has made the care of Cambodia's neonates a priority.

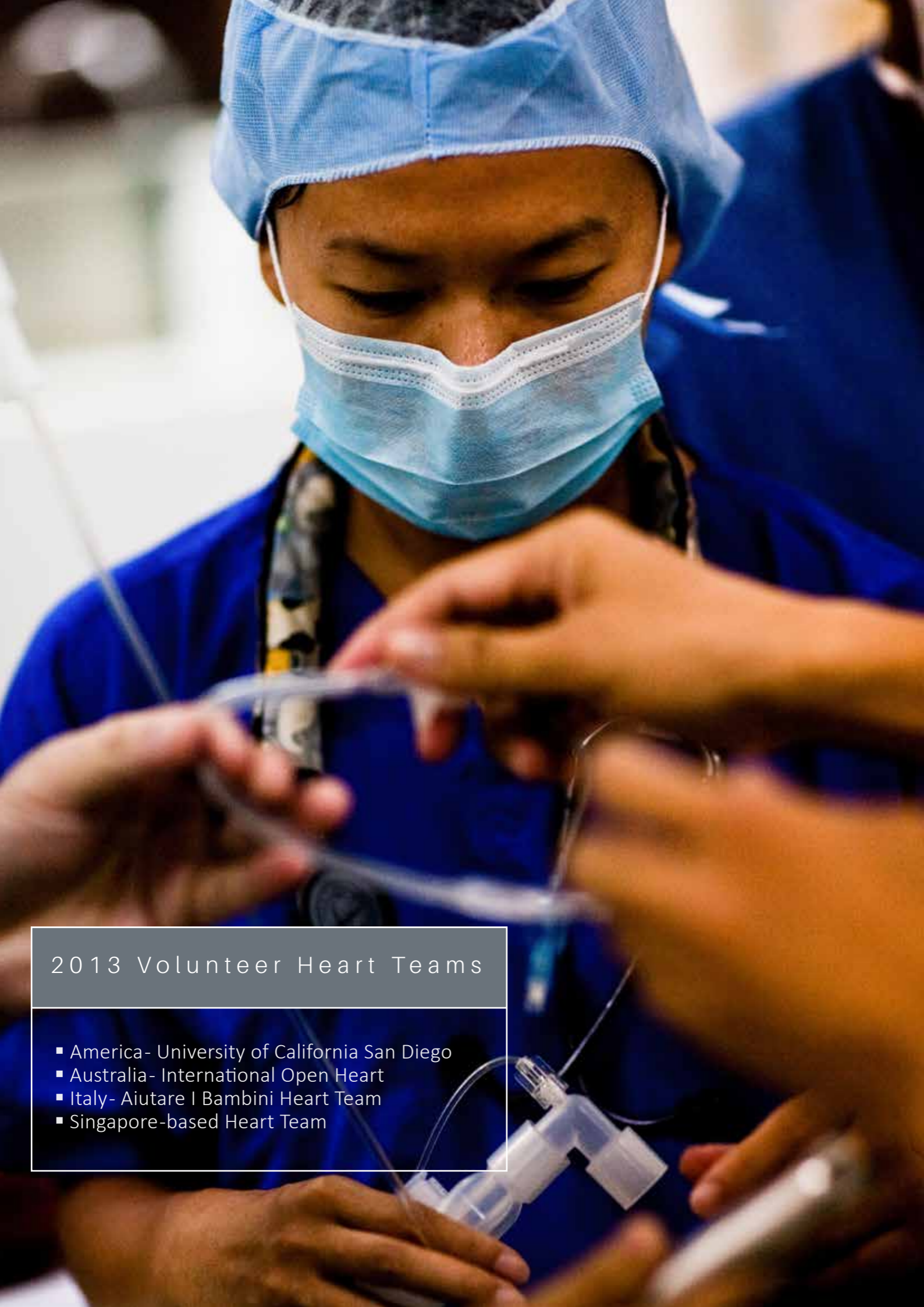
In September of 2013, a new stand-alone neonatal unit was opened with a goal to improve the quality of care for our neonates. The new ward consists of two units – the Neonatal Intensive Care Unit (NICU) for critical care and the Special Care Baby Unit (SCBU) for continuing treatment – both operating at 100 percent capacity. The number of beds was also increased to 12—a seven bed increase from 2012.

In 2013, the Neonatal Team treated more than 300 neonates. Continuously improving the skills of our neonatal team, five nurses received continuing education training in Thailand with respect to Neonatal Intensive Care. The Neonatal Team places a large focus on providing parents with daily education sessions that teach and encourage effective breast feeding, hygiene practices, and fully explain the hospitalization process for their newborn.

“Improving newborn survival is Angkor Hospital for Children’s priority.”

**- Dr. Neou Leakhena,
Chief of Neonatal Unit**





Moving Heart Care Forward

Today, there are an estimated 40,000 Cambodian children living with congenital heart disease. Each year, another 3,000 Cambodian children are born with various forms of the condition. At the same time, there are very few surgical resources available for these children, with only one other hospital in the country offering any dedicated pediatric heart surgery program.

In 2013, AHC welcomed four volunteer Heart Teams from around the world to continue to train the Cambodian doctors as they performed 130 heart operations—including in these surgeries were two Tetralogy of Fallot repairs, marking an important advancement in the complexity of cases which can be performed at AHC.

Most notably in 2013, the AHC Heart Team performed their first unassisted open heart surgery, while the volunteer Heart Team stood by. As AHC's Heart Team continues to advance their skills through close collaboration with the visiting teams, it is hoped that the more than 1,000 children on the heart surgery waiting list will soon be able to return home to their friends and families with new healthy lives and renewed hope for the future.

2013 Volunteer Heart Teams

- America- University of California San Diego
- Australia- International Open Heart
- Italy- Aiutare I Bambini Heart Team
- Singapore-based Heart Team



Satellite Clinic

Working in direct collaboration with the local government hospital – AHC’s Satellite Clinic seeks to provide high-quality compassionate health care to children living in rural communities.

By partnering with the local government referral hospital in Sotnikum, located 35 kilometers outside of Siem Reap with a population of more than 300,000, AHC’s Satellite Clinic seeks to provide quality health care to children in this rural district. Prior to the establishment of the Satellite Clinic in 2009, families in this district had few, if any, reliable options for quality health care.



The Satellite Clinic functions as the pediatric ward of the government hospital. Shared services with the government hospital include laboratory, X-ray and pharmacy services. In addition, a unique and vital partnership with the hospital delivery room has been established enabling fast response for difficult deliveries and immediate newborn resuscitation. Consisting of three major departments - Outpatient, Inpatient and an Emergency Room - the Satellite Clinic treated 20,658

children in 2013—a six percent increase from 2012 and a 40 percent increase since 2010. To accommodate the increasing number of patients, a new outpatient consultation room was created in 2013.

Ambulance Transfer Service

In Cambodia, where 70 percent of the population live in rural communities, and more than 20 percent of the population live on less than \$1.25 a day, the cost of transportation to the nearest hospital can be a key factor in determining whether a patient lives or dies. One achievement of the Satellite Clinic in 2013 is its ambulance transfer service. When a critical patient arrives, the Satellite Clinic team provides immediate stabilization and life support and then transports the child to the Intensive Care Unit at AHC. High skill is required while maintaining life support care on one of Cambodia’s fastest and most dangerous highways. In 2013, a total of 139 children were transferred to AHC. There were no mortalities en route.



Neonatal Care

The Satellite Clinic serves as a neonatal care center for the Sotnikum Referral Hospital and other healthcare centers in the area. If there is a complication during any delivery in the Sotnikum Referral Hospital, the doctors at the Satellite Clinic are notified through an alarm system and can quickly report to the delivery room. In addition, most neonates from the 24 surrounding district health centers are now referred to Satellite Clinic if they are in need of hospitalization. The number of newborn deliveries in Sotnikum Referral Hospital increased 30% from 258 in 2012 to 368 in 2013.



Clinical Education

As part of AHC’s Three-Year Residency, junior doctors must complete part of their residency at the Satellite Clinic. This rural rotation encourages junior doctors to rely more on their clinical skills than higher level testing and allows for interaction with patients in their home community. This is a vital part of their education as many AHC junior doctors will eventually return to their home communities and the lower resource government system to practice. In 2013, the length of junior doctor rotations at the Satellite Clinic was extended from six weeks to twelve weeks to ensure greater continuity in learning. Additionally, more junior doctors were added to each rotation schedule.



Meet Samnang*

One evening when 15-year-old Samnang and his friends were out hunting for rats, his friend’s arrow misfired striking Samnang directly in the heart. His friend immediately rushed to his side and began to pull out the arrow but Samnang quickly shouted at his friend to leave it where it was and go get help. Samnang’s father and uncle came and brought Samnang to AHC’s Satellite Clinic. The medical team at the Satellite Clinic worked to stabilize his condition and ease his pain, before transferring him to AHC by ambulance. Arriving at AHC’s Intensive Care Unit just before midnight, the need for surgery was quickly determined and the heart team performed emergency surgery which lasted six hours throughout the night. Thanks to Samnang’s great intuition not to remove the arrow, the excellent emergency care provided by the team at the Satellite Clinic, the safe ambulance transfer and the highest level of skill and dedication from the AHC Heart Team, Samnang’s life was saved with no residual complications.

*Patient’s name has been changed for confidentiality



Education and Research Department

Medical education is a cornerstone of AHC. Spanning from within the gates of AHC and reaching out to the furthest borders of Cambodia and beyond, AHC continues to provide new generations of medical professionals with the highest level of clinical education while further advancing the knowledge and training among older generations.

In 2013, along with the thousands of hours of bedside clinical teaching incorporated into the day-to-day care of AHC patients, our dedicated team of medical staff participated in more than 200 classroom sessions through the Continuing Medical Education (CME) program. Working to strengthen the healthcare system in Cambodia, the Education and Research Department also conducted more than 3,800 hours of classroom instruction for medical students and government healthcare workers.

Through efforts to develop AHC as a center of excellence for hospital administrators and other non-medical staff alike, in 2013, AHC advanced an education curriculum for non-medical staff. Starting with the first Non-Medical Annual Workshop and extending into lunch talk sessions, there were a total of 380 non-medical attendees over the

course of the year. 33 non-medical staff also participated in additional external trainings. AHC is committed to offering non-medical staff the tools and training they need to become top professionals in their field.

Junior Doctors

2013 marks the ten-year anniversary of AHC's three-year pediatric residency program which provides new generations of Cambodian doctors with the education and training they need to develop into highly skilled pediatricians. As it stands in Cambodia today, and contrary to international standards, completing a residency program following graduation from medical school is not yet a national requirement. The residency curriculum at AHC was developed to be consistent with international standards of post-graduate pediatrics training, and the training program is regularly assessed and reevaluated by both AHC staff and outside collaborators. Initially this program was heavily dependent

on the guidance of visiting physicians but today, it is wholly under the direction of the Cambodian medical leadership. In 2013, AHC congratulated six doctors in completing their residency, 12 residents continued, and 22 new residents were welcomed into the program – the latter an AHC record.

“In Cambodia there are two physicians for every 10,000 people, while the world average is 14 physicians for every 10,000 people. To improve on this, and to accommodate the growing demand for qualified health professionals in this country, AHC welcomed five new residents in 2011, 13 new residents in 2012, and 22 new residents in 2013. We are very pleased to watch the program grow and expand greatly in recent years.”

– Sokry Chay, Medical Administrative Assistant

Senior Doctors

All senior medical staff at AHC have completed the three-year residency program. AHC's commitment to providing its medical staff with the highest level of education does not stop here. Through its twice-a-week CME series, AHC remains committed to its belief that medical education involves lifelong learning.

As the Cambodian Ministry of Health is just starting to develop a national CME system, AHC has been asked to help advise and support this effort. For instance, the government hospital in Siem Reap invited AHC to join them in providing presentations for their first ever CME conference. Moreover in 2013, AHC began formal pediatrics subspecialty training, starting with training curriculums in the following areas: Neonatology, Pediatric Surgery, and Clinical Microbiology. These subspecialty programs are offered to graduates of AHC's three-year residency program and will serve to meet the growing need for subspecialty care among AHC's patients. The Education and Research Department looks forward to expanding subspecialty training to other subspecialties for which there is a great need in Cambodia.

Nurses

Through developing and implementing the nursing process, nursing protocol, and a nursing code of ethics, AHC set the stage for a new national standard of care for the nursing profession throughout the country. In 2005, AHC was recognized by the Ministry of Health as the first teaching hospital in the country for nursing and in 2010, AHC's Nursing Department was invited to partner with the Ministry of Health and Cambodian Council of Nurses to implement this new standard at the national level.

AHC nurses are continually improving their knowledge and clinical skills through the Continued Nursing Education Program (CNE), weekly nurse-led presentations, physician-led lectures, and a journal club where senior nurses and visiting international volunteers present relevant new literature on a rotational basis. In 2013, 51 CNE sessions were conducted with 3,718 attendees; 26 doctor lectures for nursing staff took place with 779 attendees; and 39 nursing lectures were held with 1,185 attendees. Additionally, many of the nursing staff attended national and international nursing conferences in 2013—including two nurses being invited to join an Australian Leadership Award Fellowship at the Children's Hospital at Westmead in Australia, and five nurses attending a four-month Critical Care Nursing in Neonate training at Boromarajonani College for Nursing in Bangkok, Thailand.





Research

“The work you [AHC] are doing in Cambodia will change the way medicine is practiced in that area of the world.”

—Dr. Joseph Carcillo, *University of Pittsburgh*

A Prospective Study of the Causes of Febrile Illness Requiring Hospitalization in Children in Cambodia

Abstract
Background: Febrile illnesses are an important contributors to morbidity and mortality among children in South-East Asia but the causes are poorly understood. We determined the causes of fever in children hospitalized in Sam Reap province, Cambodia.

Methods and Findings: A one-year prospective study of febrile children admitted to Angkor Hospital for Children, Sam Reap. Demographic, clinical, laboratory and outcome data were prospectively analyzed. Between October 1st 2009 and October 1st 2010 there were 1225 episodes of febrile illness in 1180 children. Median (IQR) age was 2.0 (0.8–4.4) years, with 89% (80%) episodes in children <5 years. Common microbiological diagnosis were dengue virus (24.2%), acute typhoid (17.8%), and Japanese encephalitis virus (15.9%). In 26.3% episodes had culture-proven bloodstream infections, including *Streptococcus pneumoniae* (13.1%), *Staphylococcus aureus* (3.0%), *Escherichia coli* (3.0%), *Haemophilus influenzae* (1.0%), *Shigella sonnei* (0.9%), and *Acinetobacter baumannii* (0.9%). There were 69 deaths (5.8%), including those due to clinically diagnosed pneumonia (1%), dengue virus (1%), and meningitis (1%). 10 of 69 (14.5%) deaths were associated with culture-proven bloodstream infection; regression analyses identify risk factors for mortality (AOR 95% CI 1.8–6.5). Antimicrobial resistance was prevalent, particularly in *S. pneumoniae* Typhoid fever (90% of isolates were resistant to ciprofloxacin) and *S. aureus* were multi-drug resistant. Confirmed antimicrobial use patterns in 48% of episodes and a major risk factor for acute mortality (OR 2.5, 95% CI 1.1–4.2), as were HIV infection and cardiac disease.

Conclusion: We identified a multi-etiological cause of fever in almost 30% of episodes in this large study of community-acquired febrile illness in hospitalized children in Cambodia. The range of pathogens, antimicrobial susceptibility, and comorbidities associated with mortality described will be of use in the development of rational guidelines for infectious disease treatment and control in Cambodia and South-East Asia.

Introduction
Febrile illness in children is a common cause of admission to hospital globally, with significant associated morbidity and mortality [1]. In developing countries this is frequently accompanied by low rates of immunization, nutritional deficiencies, and poor sanitation [2]. Febrile illnesses are caused by diverse pathogens, presenting with non-specific symptoms to healthcare facilities with limited diagnostic capacity [3,4]. Clinical management guidelines for acute febrile illness are available [5], but rarely supported by knowledge of the locally prevalent causative agents.

The Kingdom of Cambodia lies in South-East Asia and has a mortality rate in children aged <5 years of 147/1000 live births [6]. This has fallen over the last decade but remains one of the highest in the region. The prevalence of undernutrition in children <5 years of age (less than 2 SD of weight for age) is 30% [7]. There is

hospital mortality from untreated dengue and dengue shock syndrome in children <10 years of age from urban and rural settings. It has critical care capacity, including mechanical ventilation and intensive support, and is one of two pediatric hospitals serving Sam Reap city and province.

The national immunization schedule included Bacillus Calmette-Guérin (BCG) and hepatitis B virus (HBV) at birth, and diphtheria-pertussis-tetanus, oral poliovirus and measles virus vaccines. 39% of children aged 12–23 months have received their second [8]. Haemophilus influenzae type b immunization was introduced during the early period.

Patients and Clinical Methods
Patients admitted to AHC between 1st October 2009 and 1st October 2010 were considered for recruitment. Eligibility criteria were age <10 years, documented out-patient registration in SRAC, within 48 h of admission, and complete consent. Febrile presentation of patients was excluded. All children, except emergency cases, consented using locally-developed ‘Hospital Management of Children’ (HMC) guidelines [9] prior to a decision to admit. Admission information was completed on a study-specific clinical record form. Admissions were reviewed twice daily for eligibility.

Study Site and Population
This prospective, one-year study of the causes of fever in children was based at Angkor Hospital for Children (AHC), Sam Reap province, Cambodia (Figure 1). AHC is a tertiary pediatric

more guidelines for acute febrile illness are available [5], but rarely supported by knowledge of the locally prevalent causative agents.

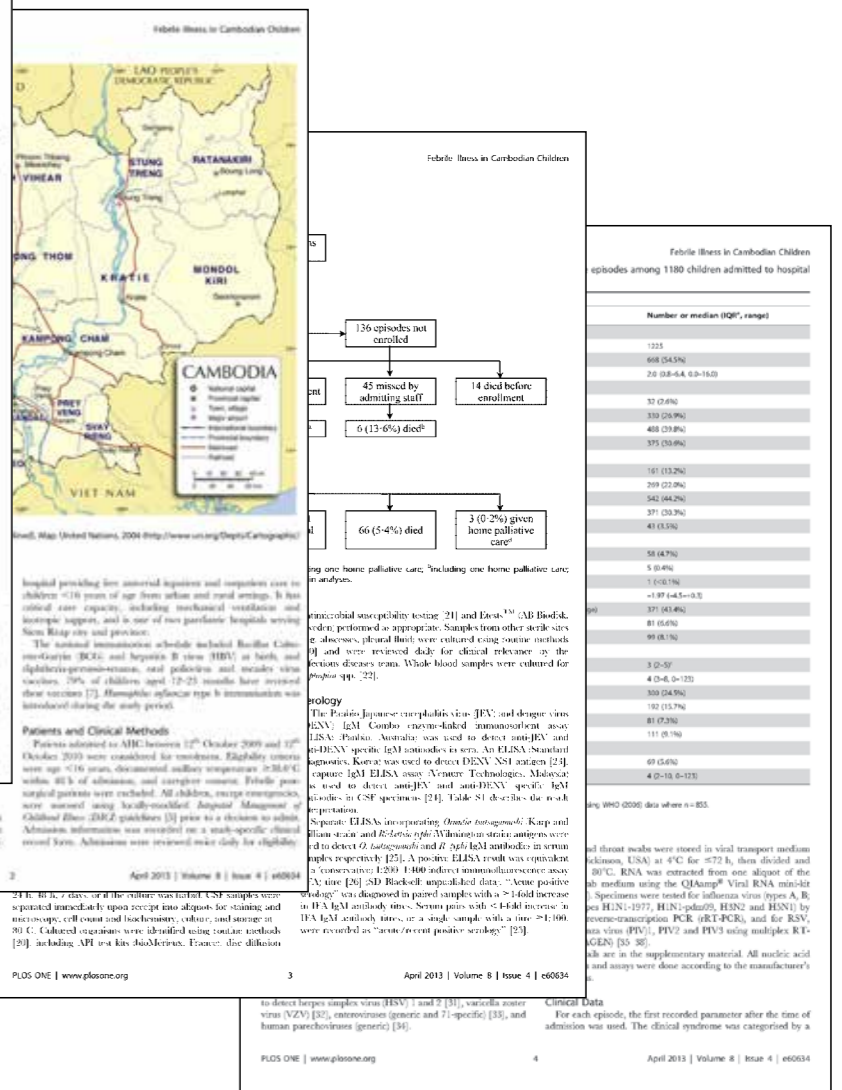
The Kingdom of Cambodia lies in South-East Asia and has a mortality rate in children aged <5 years of 147/1000 live births [6]. This has fallen over the last decade but remains one of the highest in the region. The prevalence of undernutrition in children <5 years of age (less than 2 SD of weight for age) is 30% [7]. There is

hospital mortality from untreated dengue and dengue shock syndrome in children <10 years of age from urban and rural settings. It has critical care capacity, including mechanical ventilation and intensive support, and is one of two pediatric hospitals serving Sam Reap city and province.

The national immunization schedule included Bacillus Calmette-Guérin (BCG) and hepatitis B virus (HBV) at birth, and diphtheria-pertussis-tetanus, oral poliovirus and measles virus vaccines. 39% of children aged 12–23 months have received their second [8]. Haemophilus influenzae type b immunization was introduced during the early period.

Patients and Clinical Methods
Patients admitted to AHC between 1st October 2009 and 1st October 2010 were considered for recruitment. Eligibility criteria were age <10 years, documented out-patient registration in SRAC, within 48 h of admission, and complete consent. Febrile presentation of patients was excluded. All children, except emergency cases, consented using locally-developed ‘Hospital Management of Children’ (HMC) guidelines [9] prior to a decision to admit. Admission information was completed on a study-specific clinical record form. Admissions were reviewed twice daily for eligibility.

Study Site and Population
This prospective, one-year study of the causes of fever in children was based at Angkor Hospital for Children (AHC), Sam Reap province, Cambodia (Figure 1). AHC is a tertiary pediatric



External Education

Working in direct collaboration with the Ministry of Health through AHC’s External Program Department, the Education and Research Department also provides extensive education and training opportunities in standardized high-quality pediatric care for government healthcare professionals throughout the region. Advanced Pediatric Life Support, Trauma Care, Infection Control and Nutrition courses are just a few of the many training programs recently conducted at AHC.

AHC Education seeks to improve healthcare for children throughout Cambodia in the following ways:

- Provide advanced pediatric training to health professionals nationwide
- Implement and sustain a mentor-based model where those who receive such training go on to use their newly acquired skills toward training other medical professionals
- Increase the number of qualified medical personnel throughout Siem Reap province and greater Cambodia
- Strengthen the medical programs of local and national government hospitals and health centers throughout the country
- Increase collaboration between the Ministry of Health, government hospitals, Regional Nursing Schools, NGOs and private institutions
- Establish a code of ethics and conduct to be emulated by other health centers around the country

Medical research at AHC continues to flourish

In 2013, AHC had four studies published in international peer-reviewed journals including the Journal of Tropical Pediatrics, Transactions of Royal Society of Tropical Medicine and Hygiene, and PLoS ONE—several studies of which were presented at international medical conferences throughout the year. Many research activities remained ongoing as well, such as a multi-country EU-funded Dengue Study (idams.eu), an HIV-TB study in collaboration with Institut Pasteur Phnom Penh, a bacterial surveillance study and two neonatal studies, just to name a few. All research activities undertaken at AHC are chosen with the intent to better the lives of Cambodian people.

The other big news regarding AHC research in 2013 was that the Mahidol-Oxford Tropical Medicine Research Unit (MORU) and AHC collaboration was formalized as the “Cambodia-Oxford Medical Research Unit (COMRU)”. MORU has worked with AHC since 2007 to build, equip and staff the microbiology laboratory which by the end of 2013 includes molecular diagnostic capabilities essential for both the research program and the routine high-quality care of AHC patients. In 2013, studies directed by COMRU focused on two main areas of microbiology and neonatal care, and were led by Dr. Claudia Turner and Dr. Paul Turner, Oxford-employed doctors who are both based at AHC.

Local Community Gets Involved

A First for Local Fundraising

បុណ្យផ្កាប្រាក់មហាសាមគ្គី

ដើម្បីឧបត្ថម្ភចំពោះ មន្ទីរពេទ្យកុមារអង្គរ
(មន្ទីរពេទ្យបេះដូង) ខេត្តសៀមរាប

Working alongside monks in the community, AHC organized its first ever Cambodian fundraising event in honor of Bon Phka Prak Mahasamaki (Money Flower Tree)—a Buddhist religious event in honor of giving back to the community, whether it be raising money to help those who are ill, or raising money to build a new school, bridge or pagoda.

On July 20, 2013, thousands of people flocked to Wat Bo pagoda in Siem Reap, to join together with other members from the community in support of the mission of AHC. The local senior monk from Wat Bo pagoda, Preh Maha Vimoldhamma Pin Sem Sirisuvanno (featured in photo in top right corner), spoke about the responsibility as Buddhists, and as people in this world,

to help others in need and to always show compassion to everyone and everything. AHC's External Program Director, Prak Manila, also spoke about the work of AHC and how support, no matter the size, can change the lives of children.

Through working with local media including radio, TV and press - as well as with local printers who generously donated 12,000



invitations - word spread quickly throughout the province and beyond. The original goal of the event was to raise \$10,000, but this goal was largely surpassed with a total of \$24,000 being raised. Thanks to all those who came to support AHC's mission, and how well the event was received by the local community, AHC will be holding this event annually.



Increase in Local Blood Drive Support

2013 marks the first year that AHC's Blood Drive efforts saw an increased support from the local community



Since the laboratory first began its blood drive efforts, the amount of blood donated from foreigners always greatly outweighed (more than doubling and tripling) the amount donated from the local Cambodian population. This all changed in 2013. Working with local businesses, NGO's and schools, not only was there an increase in the total amount of blood donated, but it was also the first year that Cambodian blood drive support surpassed the support from the local foreign population—nearly doubling the

total amount donated from the previous year. This was accomplished through educating the local population about the importance of giving blood - as an active way of helping others - and by reassuring the local population that there are no major health risks associated with giving blood. AHC is very excited to see the local community becoming more involved in our blood drive efforts, and we hope to see it continue on this path.



In Cambodia, Buddhism and Cambodian culture are inseparable; with 95 percent of its population Buddhist, both monks and pagodas play a large role in promoting social morality - encouraging others to give back in the community and work together to help alleviate poverty and improve the health of those in need.



Volunteers at Angkor Hospital for Children



Bringing both medical and non-medical skills, and coming from all over the world, the long history of volunteers at AHC has helped make this hospital what it is today.

Meet Graham and Maureen Challender

Graham and Maureen Challender were introduced to AHC in 2013 through friends. Initially they volunteered briefly at AHC’s Satellite Clinic with Graham providing a few lectures on communication and motivation, and Maureen providing English lessons for the residents. The Human Resources Director, Mr. Yun Linne, attended one of Graham’s sessions and was so impressed that he asked Graham to do the same at AHC. Graham graciously agreed and provided ten more lunchtime sessions.

“Our experience here has been fantastic. We have been welcomed, embraced by everyone we come into contact with, and involved. We feel we are contributing, even if in only a small way. It will be difficult to leave and we hope to be invited back again.” – Graham & Maureen Challender

After returning home to Australia, Graham and Maureen were so touched that they wanted to return to Siem Reap and volunteer at AHC for an extended period of time if there was a need. As it turned out, AHC had just expanded its medical library and had a new Cambodian librarian. Maureen, as a trained library technician, was a great fit to train the new librarian as well as assist with AHC’S English language program.

In addition, AHC was in the process of improving its responsiveness to the Cambodian community. With a background in hospitality, Graham offered his assistance to train Cambodian staff in customer care, and collection of customer satisfaction data. With his guidance, a Cambodian led customer satisfaction tracking system was put in place.



BOARD OF DIRECTORS

AHC is committed to sustaining the public’s trust through effective governance and full transparency.

AHC is governed by a volunteer Board of Directors consisting, at the end of 2013, of eight members. Two additional members were appointed in 2014 prior to the publication of this annual report. These directors were invited to join the Board by a committee composed in vast majority by Cambodian staff of the hospital as the final act of AHC’s transition into an independent organization.

The Board of Directors is responsible for determining strategy and policy, as well as supervising the Hospital’s activities.

The Board of Directors oversees four specialized committees: Education Committee, Finance and Operations Committee, Medical Oversight Committee and the Development Committee. Three Cambodian representatives from the AHC management team, as well as AHC’s Medical Executive Director Dr. William Housworth, participate in all Board meetings. The four specialized committees see a large presence of AHC Cambodian staff.

Angkor Hospital for Children is registered as a charitable organization in Cambodia and Hong Kong and has also been incorporated in the United States for fundraising purposes (Dr. Robert Nassau is the President of this entity).

To learn more about AHC’s Directors, please visit: <http://angkorhospital.org/about-us/board-of-directors/>

BOARD MEMBERS

- Kenro Izo
- Robert Gazzi (Chairman)
- Dr. med. Katja van ‘t Ende (Chair of Medical Committee)
- Stuart Davy (Chair of Finance and Operations Committee)
- Lindsay William Cooper (Chair of Development Committee)
- Lisa Genasci
- Hartmut Giesecke
- Akio Matsushima
- Alistair Thompson (appointed in 2014)
- Francesco Caruso (appointed in 2014)

- Cambodian Leadership present at Board meetings:
- Dr. Noun Pheaktra
- Prak Manila
- Tep Navy
- Dr. William Housworth, Medical Executive Director

STATEMENT OF ACTIVITIES

REVENUE	
Contributions received from Donors	\$5,615,414
Overseas government grants	\$203,197
Sales of goods	\$20,205
Other income	\$95,205
Funds brought forward from 2012	\$81,928
TOTAL REVENUE	\$6,015,949

EXPENSES	SALARIES	EXPENDITURE	TOTAL	% OVER TOTAL
HEALTH SERVICES				
Outpatient Department	\$240,138	\$193,848	\$433,986	8%
Inpatient Department	\$416,324	\$246,491	\$662,815	12%
Emergency/Intensive Care Unit	\$364,673	\$265,707	\$630,380	11%
Surgical Department	\$247,413	\$232,578	\$479,990	9%
Satellite Clinic	\$321,554	\$214,918	\$536,472	10%
Eye Clinic	\$57,833	\$93,316	\$151,149	3%
HIV/Homecare Unit	\$111,314	\$70,428	\$181,743	3%
Dental Clinic	\$53,593	\$27,198	\$80,791	1%
Physiotherapy Unit	\$27,787	\$12,745	\$40,532	1%
Ultrasound/X-rays Unit	\$60,036	\$5,839	\$65,876	1%
Pharmacy	\$46,321	\$8,852	\$55,173	1%
Laboratory	\$98,951	\$161,106	\$260,057	5%
Social Work Unit	\$37,691	\$9,677	\$47,367	1%
Total health services			\$3,626,331	65%
EDUCATION PROGRAMS				
Education and Research Department	\$327,577	\$175,754	\$503,331	9%
External Program Department	\$84,868	\$49,382	\$134,250	2%
Community Based Health Education	\$88,166	\$129,502	\$217,668	4%
Total education programs			\$855,249	15%
OVERHEADS				
Administration/Management	\$351,064	\$166,837	\$517,901	9%
Development	\$101,015	\$71,187	\$172,203	3%
Total overheads			\$690,103	12%
Capital Expenses			\$430,295	8%
GRAND TOTAL EXPENSES			\$5,601,978	

Note: These financials are on a modified cash basis taking into account income and expenditures relating to year 2013. Angkor Hospital for Children accounts are on an accrual basis and were audited by Baker Tilly Hong Kong and are available upon request.

COST ANALYSIS

Health Services	Unit	Average cost per unit
Outpatient Department	visit	\$4.73
Emergency Room	visit	\$13.34
Satellite Clinic	visit in OPD + ER + patient in IPD	\$29.97
Inpatient Department*	patient stay	\$149.29
Surgical Department**	surgical procedure	\$333.47
Intensive Care Unit	patient stay	\$798.70
Specialized health services		
Dental Clinic	visits	\$7.93
Eye Clinic***	consultation	\$17.00
Physiotherapy Unit	session	\$16.38
Diagnostics		
Ultrasound/X-ray Unit	test	\$10.49
Laboratory	test	\$3.11

*This includes the cost for neonate patients in the new neonatal unit

**Procedures range from open heart surgery @ >\$1,500 to minor procedures @ <\$15

***19.5% of visits require treatment, including 218 cases of surgery

Note: These averages are estimates of cost per unit and are provided as an indication of the cost effectiveness of AHC. AHC provides a wide range of services and is able to treat a large number of illnesses and diseases, which require various types of treatments. Therefore the true cost for each treatment within the same department varies greatly.

A H C F R I E N D S & F A M I L I E S

As a non-profit pediatric teaching hospital, Angkor Hospital for Children depends on your support to provide high-quality, compassionate care to the children and families in our care. AHC is profoundly grateful to those who have chosen to partner with Angkor Hospital for Children to advance health outcomes for Cambodian children while building the capacity of quality medical professionals through training and education. With their partnership, AHC continues to be one of the leading pediatric teaching hospitals in Cambodia.

Since Angkor Hospital for Children opened, it has been the beneficiary of thoughtful and generous support from local businesses. Since we are known throughout Cambodia for our quality, compassionate children's healthcare, "local" extends well beyond the city limits of Siem Reap. With grateful appreciation, we honor the small businesses who support Angkor Hospital for Children by accommodating a donation box, hosting a blood drive, recommending us to your guests as a non-governmental organization to support and by hosting local fundraising events.

CORNERSTONE CONTRIBUTORS

Abbott/Direct Relief
 ADM Capital Foundation
 Angkor Gold Corporation
 Angkors Kinder
 Dr. Andre and Sheila Anzarut
 Australia Cambodia Foundation
 Australian Embassy in Phnom Penh
 Michael and Jo Ann Avery
 Belgium Association
 British Embassy in Phnom Penh
 Suzanne Brown
 Cambodia-Oxford Medical Research Unit
 Carraresi Foundation
 Cassils Wettstein Asia Fund
 Nina and John Cassils/3735 Investments Ltd – Taste the World
 Linda C. Chandler
 Children of Cambodia
 Cooper Investors Pty Ltd
 Lindsay William Cooper*
 DAK Foundation
 Deutsche Bank Asia Foundation
 Robert A. Ellis
 The European Union
 Express Promotions Australia Pty Ltd
 Firetree Asia Foundation
 First State Investments, Singapore
 Fondazione Aiutare I Bambini
 Maria Fong

Jonathan Foster
 Friends Without a Border, Japan
 Friends Without a Border, New York
 Hartmut Giesecke*
 Global Fund
 Dr. Marvin Godner
 Heart to Heart Foundation
 Hearts that Help
 Hrothgar Investments Limited
 Jim Johnston & Barb Melosky – Taste the World
 JURONG Consultants
 Dr. Masumi Kamachi
 The Keg Steakhouse & Bar – Taste the World
 Khom Loy Development Foundation
 Kids International Development Society
 Leon J. Blackmore Foundation
 leSchal
 Macquarie Foundation – Taste the World
 Marily Mearns – Taste the World
 Mercy Malaysia
 Mosttown Investments- Taste the World
 Dr. Robert and Nancy Nassau
 Planet Wheeler Foundation
 Population and Development International- Cambodia
 Ptarmigan Charitable Foundation

The Radcliffe Foundation – Taste the World
 RICE Fund
 Richard P. Haugland Foundation
 Rotary Club of Vancouver, British Columbia
 Rotary International, Japan
 SEVA Foundation – Cambodia
 Sotto l'albero Onlus
 T & J Meyer Foundation
 TD Canada Trust Bank – Taste the World
 Alistair Thompson
 TO Holdings AS
 Tudor Capital Singapore
 UK Trust
 Aine Ungar
 University of British Columbia
 Dentistry
 USAID
 Anthony and Jane Weldon
 Susan and Weiland Wettstein – Taste the World
 Hans Wolf

LOCAL SUPPORTERS

ABA Bank
 ABOUTAsia Travel
 ACLEDA Bank Plc.
 Amansara
 Amret Co., Ltd, Siem Reap Branch
 Anantara Angkor Resort & Spa
 Angkor Balloon
 Angkor Century Resort & Spa
 Angkor Cristine Hotel & Neang Puon KTV
 Angkor Era Hotel
 Angkor Holiday Hotel
 Angkor Miracle Resort & Spa
 Angkor Reach Restaurant
 Angkor Super Market
 Angkor Trade Center
 Anjalie House
 AnnAdyA Restaurant & Bar
 Apsara Centrepole Hotel
 Artisans d' Angkor
 Asian Square Restaurant & Lounge
 Auberge Mont Royal d' Angkor
 B Braun Cambodia Branch
 Babel Guesthouse
 Banyan Leaf Hotel
 Battambang Provincial Hospital
 BIDC Bank
 Borei Angkor Resort & Spa
 Buffalo Trails
 Build Bright University
 Cambodia Events Organizer Co., Ltd
 Cambodia University for Specialties (CUS)
 Cambodian Chef's Association
 Cambodian Commercial Bank (CCB), Siem Reap Branch
 Cambodian National Insurance Company (CAMINCO)

Canadia Bank PLC
 Casa Angkor Hotel
 Central Medical Store
 City Angkor Hotel
 City Villa Hotel Apartment
 Clinic 777
 DKSH (Cambodia) Ltd
 Dyna Boutique Hotel
 Dynamic Pharma Co., Ltd
 Europ Continent- Cambodia
 Exotissimo Travel Cambodia
 FCC Angkor
 Feeling Entertainment
 Florida International School
 Freedom Hotel
 FSUN Tourist Siem Reap
 FTB Foreign Trade Bank
 Golden Mango Inn
 Golden Temple Hotel
 Golden Temple Villa
 Grand Soluxe Angkor Palace Resort & Spa
 Group of Elephants d'Angkor
 Happy Guest House
 Holiday Palace Casino & Resort
 Honour Village Cambodia
 House Sun Tour
 Huy Keang Exchange
 ICS- International School
 Il Forno Restaurant
 Institut Pasteur du Cambodge
 International Printing House
 International School of Siem Reap
 Island Bar
 Ivy Guest House
 Japanese Clothes Shop R-NIPPON (Kuwano Rieko)
 JHC Angkor Tour
 JICA Maneca Project

Khemra Angkor Hotel & Spa
 Khmer Angkor Tour Guide Association (KATGA)
 Khmer Kitchen Restaurant
 Khmer Soup Restaurant
 Khmer Talks Siem Reap
 La Noria Hotel & Restaurant
 La Residence d'Angkor
 Le Meridien Angkor
 Lin Ratanak Angkor
 Little India Restaurant
 Lóasi Italiana Restaurant
 Ly Sreyvyna Clinic
 Maybank (Cambodia) Co., Ltd, Siem Reap Branch
 McDermott Gallery
 Mekong Angkor Palace Hotel
 Monoreach Angkor Hotel
 Mulberry Boutique
 Myhibiscus Hotel & Resort
 National Blood Transfusion Center
 National Center for HIV/AIDS, Dermatology and STD
 National Pediatric Hospital
 Neak Tep Clinic
 New Hope Cambodia
 New Star KTV
 Old House Restaurant
 Pannasastra University of Cambodia
 Phnom Penh International Airport
 Plan International Cambodia
 Preah Khan Microfinance Ltd.
 Prince d' Angkor Resort & Spa
 Prum Bayon Hotel
 Psa Krom Clinic
 R.M.A (Cambodia) Co., Ltd, Siem Reap Branch
 Raffles Grand Hotel d' Angkor

Reach Bo Pagoda
 Ree Hotel
 Rosy Guesthouse
 Royal Angkor Resort
 Royal Avatar Development Co., Ltd
 Safe Haven
 Sathapana Limited
 The Savong Foundation
 Seng Huot Hotel
 Shadow of Angkor Guesthouse
 Siem Reap International Airport
 Siem Reap International School
 Siem Reap Provincial Health Department
 Siem Reap Treasure Hunt
 Sokha Hotels & Resorts
 Sokhalay Angkor Resort & Spa
 Somadevi Angkor Hotel & Spa
 Soria Moria Boutique Hotel
 Soup Dragon Restaurant
 Sovann Angkor Hotel
 Sovanna Shopping Centre, Phnom Penh
 Steung Siem Reap Hotel
 The Sugar Palm Restaurant
 Sunsimeco Co., Ltd, Siem Reap Branch
 Tai Ming Plaza Hotel
 Tara Angkor Hotel
 Travel Indochina
 Unilever (Cambodia) Ltd.
 Union Commercial Bank PLC
 University of South East Asia
 Vattanac Bank
 The Villa Siem Reap
 Victoria Angkor Resort & Spa
 Vitking House
 Weaves of Cambodia
 X-Bar, Siem Reap

*AHC Board of Directors
 -Taste the World is an annual fundraising event held in Canada

Every donation to Angkor Hospital for Children makes a difference in the lives of the children entrusted in our care. Thank you to the following corporations and individuals who have offered their generous support to Angkor Hospital for Children.

Corporate and Individual Donors

1262430 Alberta Ltd – Taste the World
Elaine Aabin
Al Ichiki Shinob Abeta
Amy Aggleton
Aglaiia Investment Management Pte
Kazumi Akao
Kimura Akinori
Tina Allenby
AllWest Insurance Services Ltd/ Devina & Paul Zalesky – Taste the World
Christoph Amann
Sajma An
Laurie and Darren Anderson– Taste the World
Anonymous– Taste the World
Eric Anfinson
Angkor Gold Corporation– Taste the World
Sheila and Andre Anzarut– Taste the World
Kurusu Aoi
Don Archibald– Taste the World
Hardeep S. Asi
Carole Baker– Taste the World
Eric and Tara Baker
Laurie-Ann Baker– Taste the World
Kristen Ball
B. Althof Barac
Adrian Baral
Timothy Barkham
Stephen Barnett
Judith Barry
Herbert Baum
Kristina Baylee
Beaumont Media LLC/George and Dori-Ann Stubos– Taste the World
Benemax Financial Ltd. – Taste the World
Maria Benson
Ersilia Beozzi
Miriam Berchuk– Taste the World
Otto Bertram
Nicole Bey
Philip Bhasken and Daniel Wheathy
Fabrice Bindner
Paul Biss
Debbie Black
Joel Bleicher
Ulrike Blümlein
Amber Blumling
Roman Boegli and Helene Monralla
L. A. Bolin– Taste the World
Emilio Bolla
Jody Bonar
Jay Bosshardt
Margaret Bradshaw

Jeff Brambila
Peter Braun
Brian Lester Prof Corp– Taste the World
BrokerLink– Taste the World
Allison Brown
Kent Bubbs
Leslye Buchanan
Natasha Burnett
John Bursley
Adam Bursion
Burstall Winger LLP– Taste the World
Dan Burton
Lee Butcher
Eileen Caalan and Thomas K Murphy, Ph.D
Ross Cain
Camelot Ventures Inc/Ajay and Leena Nehru– Taste the World
Ashley Campbell
Samuel Carpio
Byronn Carr
Elizabeth Chambers
Chi Hao Chang
Lydia Chang
Victor Chen
Akiba Shui Chi
Jolene Chiang
Catherine Chien
Chirag Patel Professional Corporation– Taste the World
Christian James Clementson
Sun Young Choi
Teo Saw Choo
Ming Yin Choy
CIAI- Italian Association for Aid to Children
Malcolm Clark
Cynthia Cleary– Taste the World
Yu Fang Co
Mr Terry Coles– Taste the World
Juliana Cook
Dr. Miles Cook– Taste the World
Core Value Group
Jeffrey Cowie
Larry Curtis– Taste the World
Charity Dahl
Julie Dalton
Clare Damecone
Anthony J. & Louis Darwell
Otmar Debald
John Dennis
Mikael Dilworth
Janet Douglas
Jane Drabble

Dr. Michael S. Dudas
Luzu He Eang
Thorstensen Class Eek
Elisabeth M. Wagner Professional Corporation– Taste the World
Fleur Eng-Reeves
Amanda Esquivel
Essential Living SE Asia Pte Ltd
Judith Eyers
Alice Faconuni
Hellen Fairhurst
Siulon Farandey
Marcel Ficochi
Emily Fong
Pey Pey Fong
Prof. Dr. Peter Forstmoser
Kate Fossell
Jonathan Foster
Elisabeth Foti
Gemma Foulds
Foundation for International Development/ Relief (FIDR)
Friends Without a Border, France
Dr. Bevan and Tanya Frizzell– Taste the World
Andrea Froese– Taste the World
Dorothy Fuller
Norman Fuyita
Susan Scott Gabe– Taste the World
Carol Gajda
Ruth Ggok
Michael & Salina Gilmore
Darlene Glasner– Taste the World
William John Glenwright
Xavier Gobin
Kristy Goodchild
Kenneth Greenberg
Lesley Greenhill
Jonathan Grossfeld
Susan Grossfeld
Daniel de Gruiter
Jet and Louis de Gruiter
Fiona Hamilton
Peter Harmon– Taste the World
Philip Harris
Janice Lucy Hay
Haywood Securities Inc/Jiill and David Lyaall– Taste the World
Richard Henker
Nathalie Henry
Simon Hibber
Susan Hilder
Catherine Hill

Madiko Hirawa
Helen Hogan
Steve Hollingsworth
Philip Hosking and Joan Djonohoe
Sarah Housworth
Jo Hubbard
James Huffman– Taste the World
Markus Hufnagel
Tina Hulbert– Taste the World
Stephen Hunt
Julie Huynh
IBFAN Asia
Toshihiro Ikejiri
Yoshida Ikimi
Investing in Children and their Societies (ICS)
ISKL
Bill Iswki
Anna Iwasa
Jack Cohen Family Foundation– Taste the World
Serjio and Vanessa Jakobowicz
Avinash Jalan
Hickey James
Japan International Cooperation Agency (JICA)
Jerudong International School
Joseph Ong Yew Jin
James Johnston and Barb Meloskky– Taste the World
Tom Johnston– Taste the World
Brian Jolly
Chiyu Kai
Sharon Kampz
Jichiro Kanagawa
Alyssia Lazin Kapic
Karlstads University
S. Kawauchi
William Kaye
Keg Restaurants Ltd– Taste the World
Henneke Kempers
Yasuda Kenji
Helen Keogh
Yuusi Khidou
Cathy Khneale
Susan Killam
Sungjoo Kim
Quah Kim Soon
David Koppe
Julian Korn
Jillian S. Korstrom– Taste the World
Anna Kowalinska
Emmerich G. Kretzenbacher
Jennifer Krunuger

Nobuo Kudamatsu
Kyle Kushnier
Deric Lam
Raymond Lamm
AGR & CR Lane
Maggie Lane
Shelby Langer
Jonnes Larm
Karin Lasson
James M. Latt
Deanne Lawder– Taste the World
Joyce Lee
Loreha Lee
Sambonn Lek
Mark Levin
Samantha Lewis
Sherene Liew
Bee Hong Lim
Ool Wei Lim
Gary Lohuis– Taste the World
Aifred Lugo
Tan Lu Lung
Amrin Ma
Cinzia Macor
Macquarie Foundation– Taste the World
Rebecca Mahoney
Rakesh B. Manani
Saroeung Mang
Athaman Manoranjan
Teng Mao
Dawn Marshall– Taste the World
Robert Matta
Marilyn Mearns– Taste the World
LS & OR C N Menke
Janet McCahon
William J. McClure
Ian McDonald
E.L Mclean
Dana McMahan
Neil McMullen
John McPhillips
Lori McWilliam– Taste the World
MD Management Limited– Taste the World
Michelle Mend
Jennifer Miccuci– Taste the World
Mary Miller
Andrea Mikkelson– Taste the World
Gail Modyman
Lamy Mong
Katharine Moore
Philip L Morton
Mosstown Investments Ltd– Taste the

World
David Mudmes
Pula Mularski
Marchia Mullavey
Thomas K. Murphy, Ph.D
Muskoka Capital Corp– Taste the World
Alysha Muzffe
Greg and Dianne Neeves
Hang Nguyen
Martha Nicholson
Taku Nislimae
Chloe Norgaard
Ayako Numazuma
Arne Oker
Pov Oreng
Mana Osawa
Kou Ota
Tiffany Overall
Pek Pa and Ly Sim
John Pacey
Sashi Panaweera
Holly Pardy
Nancy Paredes
Dr. Roy Park– Taste the World
Victoria Pateman
Francoise Perdrizet
Francesco Pertile
Jonathan Pflieger
Lisa Pha and Scott Forbes
Soly Phal
Zuellig Pharma
Robin Pho
Adre Pomerleau
Powell Integrated Services Ltd– Taste the World
Samia George Pratt
Wim Prins
Stephan Puls
Virginia Racheleau
Sandra Raeson
Sanora Raison
Paul Anthony Rathband
Thomas Ratten
Rattana Chan Reth
Denis Vancerbe Rghe
Janet Riley
Lasse Rinner
Quinn Riordan
Sue Robertson
Luca Roccatagliata
Qing Rong
Luz Rooney

Jonathan Rosen
 Diane Ross and Dr. William H. Johnston— Taste the World
 James Rubens
 David Bruce Russel— Taste the World
 Gaynor and Richard Russell— Taste the World
 Christian and Susanne Sack
 Peter Sailer
 Morio Saiseisaserukai
 Saita Saki
 Altamira Salinas
 Sam Relief Inc.
 Hammed Samraoul
 Kuch Vuthy Samreth
 Aby Sargent
 Adrian Siew Ming Saurajen
 Andrea Leslie Savage
 Kraig Scheger
 Norma Schmider
 Rita Schmith
 Charles Scott
 Jessica Scott
 Sea Level Communications— Taste the World
 Sarah See
 Sandy Seeger
 Philippa Sen
 Sam Seung
 Roberta Shell
 Louise Shewan
 Kuniko Shimano
 Ela Sidop
 Thomas Simmons— Taste the World
 Gina Simpson
 Singapore International Foundation
 Geri Sipe
 Sjovegan High School
 Tina Slusher
 Hossen Somed
 Brian Spain
 Katy Stege
 Angela J. Steininger— Taste the World
 Maureen Stenning— Taste the World
 Ada Stephenson— Taste the World
 Mary Stewart— Taste the World
 Dilshad Sumar
 Victor Sutherland— Taste the World
 Satoru Takahashi

Katsuhiko Takeuch
 Carol Kai Jok Tan
 Keat Boon Tan & CA Yoot Koon Ng
 Teik Ee Tan
 Voonpoj Promasa Tayaprot
 Brad A. Taylor— Taste the World
 TD Canada Trust Bank— Taste the World
 Louisa Teakle
 Catheine Tham
 Therastem Life Sciences Inc.— Taste the World
 Adele Thomson
 Megumi Tojo
 Kevin Torsher— Taste the World
 Torben Tranb
 Quyen Tu
 Drs. Paul and Claudia Turner
 United Way of Milford
 Sonia Vagni
 Bonenfant Veronique
 Luigina Anna Vinci
 VINMEC International Hospital
 Stefan Volken
 Kristen Walsh
 Michael Walsh
 Yiwen Wang
 Withney Ware
 John Water
 Benjamin Westley
 Wieland and Sue Wettstein— Taste the World
 Jan Wilkins
 Laura Willemsem
 Max N. Williams
 Susan Wills— Taste the World
 Mark Wilson
 Dr. Ian Wishart— Taste the World
 Winnie Wong and Sooi Mooi
 Scott Woodruff
 Cheng Ya
 Dr. Brian Yacyshyn and Judi Yacyshyn— Taste the World
 Dennis Yak and Ming Hwee
 Kingo Yoshida
 Wakita Yoshinobi
 John Zdrojewski
 Yangjun Zhang

Thanks to Karl Grobl & Daniel Rothenberg, photographers who over the years have taken many special photos of AHC, its staff and patients.



Angkor Hospital for Children would like to thank each and every supporter who participated in the 2013 Show Some Heart campaign. Together we were able to make a difference in the lives of the children we treat by raising \$25,000 in support of AHC's Heart Surgery Program and Operating Theater.

As a nonprofit hospital, we are entirely grateful for all those who have supported Angkor Hospital for Children. We have made every effort to be accurate in this listing. Should you find any omissions or errors, please do not hesitate to contact the Development Department:
 T: (855) 063 963 409 ext. 7035 | Email: ahc@angkorhospital.org



www.angkorhospital.org
ahc@angkorhospital.org
+(855) 63 963 409