



Angkor Hospital for Children

ANNUAL REPORT 2014



AHC has distinguished itself as the premier children's teaching hospitals in northern Cambodia.



Medical Leadership Message

Last year alone, AHC had more than 168,000 patient visits and educated more than 10,000 healthcare workers from AHC and local organizations. Throughout the year, there were multiple opportunities for medical and non-medical staff to improve their knowledge through Continuing Medical Education (CME), Continuing Nursing Education (CNE), bedside training and case review; the AHC Residency Program; local, national and international training, presentations and lectures. Additionally, through the External Program Department, AHC also trained government healthcare workers in 38 hospitals throughout Cambodia.

Dear Friends,

2014 was an extremely exciting year at Angkor Hospital for Children. Our accomplishments this year are the result of incredibly hard-working and dedicated staff, as well as our wonderful partners, volunteers and donors. AHC underwent many physical changes this year: we were able to complete the renovation of our Outpatient Department, thus decreasing chronic over-crowding and giving patients the privacy they deserve and we began construction on an extension for the Emergency Room and Intensive Care Unit that will allow us to separate emergency and non-emergency patients better than ever before.

I hope you delight in reading about the many achievements of 2014 including the treatment of 14 patients with eye cancer; AHC's doctors performed their first unassisted open heart surgery, and the increase in our residency program.

AHC's staff remains unwaveringly dedicated to Kenro Izu's founding vision, and work tirelessly to provide quality compassionate care to Cambodia's children. We hope that the 2014 Annual Report will convey the significance of your help—without our supporters, none of this would be possible. Once again, 2014 proved to be an exemplary year at AHC, and we look forward to what 2015 has to bring.

Sincerely,

A handwritten signature in blue ink, appearing to read "Ngoun".

ChanPheaktra Ngoun, M.D, DCH, DTMH
Hospital Director
Angkor Hospital for Children



Message from Board Chairman, Robert Gazzi and AHC Founder, Kenro Izu

In early 2015, AHC initiated a significant change in management structure following the departure of Executive Director Dr. William (Bill) Housworth, who left the hospital after seven years of outstanding commitment and leadership. Thanks to Dr. Bill, AHC has advanced in so many different areas of healthcare. He raised the standards of quality, increased the scope of healthcare services and encouraged many more new medical practices at AHC. In addition he facilitated AHC being able to treat many more children every year. For this everyone at AHC is truly grateful.

Following Dr. Bill's resignation, the board had an opportunity to revisit the hospital management structure. This is in line with a transition that began in 2012 from a US-led NGO to one that is Asian-based and involves more local management. This included the substitution of the Executive Director position with a six-member Executive Committee (ExCom) that will jointly manage the hospital.

The ExCom team includes a new Managing Director, a post taken up by Dr Claudia Turner, who since 2012 has jointly led the AHC-based Cambodia Oxford Medical Research Unit (COMRU); Hospital Director Dr. Ngoun Chanpheaktra who has, of course, been with AHC since its founding; Chief Operating Officer, Tep Navy, who retains his position; a Chief Business Officer, who is yet to be appointed; Education Director Dr. Rathi Guhadasan, a UK pediatrician recently appointed to replace Dr. Varun Kumar, who also should be thanked for his many years of hard work on behalf of the hospital; a Public Health Service Director, also yet to be appointed.

We believe this new AHC management structure more accurately reflects the vision of the hospital: this is not to be simply a centre of pediatric clinical excellence in Cambodia. AHC also strives to be a unique education centre for medical professionals and to fulfill its commitment to helping achieve a stronger health system for the entire country, working with the Ministry of Health, the Provincial Hospitals and local Health Centres.

Another very positive development for the hospital this year is the appointment of three senior Cambodian AHC staff members to the Board of Directors: Hospital Director Dr. Ngoun Chanpheaktra; Prak Manila, currently on study leave in Bangkok from her position as AHC External Program Director; and Chief Operating Officer Tep Navy. This brings the total number of board members to 12, following the departure of Hartmut Giesecke and Akio Matsushima, who we also would like to thank for their kind and dedicated service to AHC.

April 2015

VOICES OF AHC

“ Angkor Hospital for Children is a special place. Ever since we opened our doors in 1999, with just 10 Cambodian doctors and nurses, we have been a force for good in pediatric health. Our medical staff continuously strives to provide high-quality care for our patients through Education, Treatment and Prevention. I am so happy to be a part of an organization that is as dedicated to grass-roots medical care as AHC: we have grown from a primarily foreign-staffed hospital to over 99% Cambodian, across medical and non-medical departments.

We have transitioned from a small hospital with only an Inpatient and Outpatient Department to a large facility including Intensive Care Unit, Eye-Cancer treatment facility, Neo-natal Unit and many outreach programs, with more than 168,000 patient visits annually. Our outreach programs have made an enormously positive impact upon rural and public health care, and our dedication to constant improvement is unparalleled. I am so proud to be part of this incredible team.

AHC is 507 employees strong, with each one of us committed to personal and professional growth. Being able to provide life-saving services to Cambodia’s most vulnerable populations is a truly awesome privilege”

- Dr. Ngeth Pises,
Medical Director



“In the last few years, the number of patients has continued to increase. This is because Cambodian families know they can trust us with the health of their children. Our doctors and nurses have trained to be nothing short of excellent.”

– Pin Prasith,
OPD Nursing Unit Manager



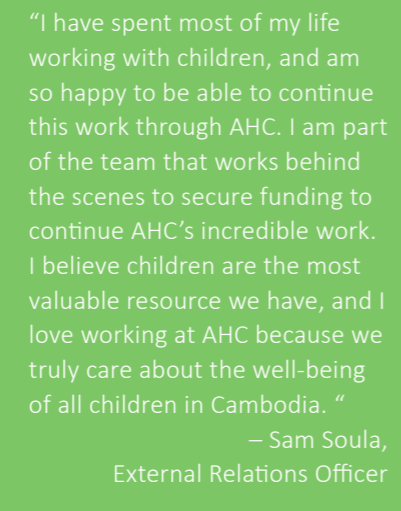
“In my 8 years at AHC, I have seen AHC grow immensely: our neonatal unit is fully functioning, our staff truly understands the meaning of compassionate care and the entirety of AHC does its best to work as a cohesive team. Because of our reputation, parents bring their children to AHC because they are confident that we will provide them with quality care.”

– Phot Nget,
Vice Chief of Neonatal Unit



“When I was around 12 years old, I was admitted to AHC’s Inpatient Department with meningitis. Despite being very ill, I dreamed of one day joining AHC in whatever capacity I could. After graduating from high school, I was hired as a family service assistant at AHC. I consider myself lucky to help families during their treatment process at AHC.”

– Lam Lav,
Family Service Assistant



“I have spent most of my life working with children, and am so happy to be able to continue this work through AHC. I am part of the team that works behind the scenes to secure funding to continue AHC’s incredible work. I believe children are the most valuable resource we have, and I love working at AHC because we truly care about the well-being of all children in Cambodia.”

– Sam Soula,
External Relations Officer



What I like best about working at AHC is the compassionate care we offer in all of our services. At AHC, we provide comprehensive support for children and their families, offering counseling and treatment for non-physical conditions. Mental welfare is an important part of health. I want to provide the best care possible to children, especially those living in vulnerable or risky situations.

–Dim Sophearin,
Manager of Social Work Unit



“Since 2011, I have seen many positive changes and improvements at AHC. Many new buildings have been built and fully equipped, many new staff members have been hired and trained, and patients with unfamiliar ailments have been successfully treated at AHC. As AHC grows in size, capacity and capability, the financial need also grows at the same time. Our financial supporters enable us to meet our patients’ needs.”

– Sovann Reat Pronith,
Senior Grants Officer



“I can’t pick just one thing I love about AHC, because it is such a wonderful place to work. I am constantly learning from patients and their challenges. I like learning how to individualize treatment for patients, and working with international volunteers to expand our skills. One of the things I like best is when parents become comfortable with our work, and aren’t afraid to help with their child’s physio treatment.”

– Tan Sethy
Physiotherapist Team Leader



“During the 11 years I have worked at AHC, I have seen the number of patients increasing every day. I love being able to help families as they arrive, especially when I get to deliver good news, like the scheduling of a heart surgery. I have learned a lot about leadership and communication, and I am very happy with the way my team works together to help AHC’s patients.”

– Em Sorin,
Security Team Leader



“ My favorite things about working at AHC are providing compassionate care through counseling and health education to the children and families that visit AHC, and working to improve health care workers’ knowledge at AHC and elsewhere. By working together we are able to provide better health care to sick children in Cambodia.”

– Peng Khunchanphaktra,
HIV/Homecare Nursing Manager

2014 IN NUMBERS

2014	2013
168,226	152,723
Total number of patient visits	
125,732	115,570
Outpatient Department treatments	
3,405	3,622
Inpatient Department patients discharged	
1,170	1,178
Low-Acuity Unit patients discharged	
20,603	18,126
Emergency Room patients discharged	
807	729
Intensive Care Unit patients discharged	
1,441	1,385
Social Work counseling sessions	
3,370	2,856
Physiotherapy patients	
13,954	12,384
Dental patient visits	
12,570	10,504
Eye Clinic consultations	
434	341
Neonates discharged	
21,232	18,455
Patient visits to the Satellite OPD	
1,600	1,580
Discharge from AHC's Satellite IPD	
659	572
Satellite Emergency Room patients	
1,658	1,663
Major surgeries performed	
11,193	10,499
X-ray & Ultrasound procedures	
97,875	96,416
Lab tests performed	

Most Common Diagnoses

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

Barriers to Care



How AHC Helps

Approximately 4 million Cambodians live on less than \$1.25 per day, and 37% of children under the age of 5 suffer from chronic malnutrition. The majority of our patients come from these impoverished families, for whom transportation is sometimes an insurmountable cost.

Our Social Work Unit offers travel allowances for families in need upon their arrival. We also provide food for families during their child's stay.

A major problem facing successful treatment in Cambodia is a general lack of confidence in the health care sector. Parents too often wait until their child is seriously ill to seek medical attention, and by the time they reach AHC illnesses are sometimes so advanced that treatment is impossible.

AHC's External Program Department works directly with the Ministry of Health and various NGO partners to improve quality healthcare throughout the country. When more people have confidence in the medical system, fewer children will reach critical condition.

Nutrition is always a concern for families living in poverty, and never more so than when they are away from home. Without cooking facilities, families may not be able to afford the food and water they need.

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

Cambodian families are no different than any other: when a child is sick, many family members travel to AHC in order to be near to their loved one. Unfortunately, these families cannot afford to stay in hotels and are often concerned about shelter during their child's treatment.

After closing hours, AHC opens up the waiting area as a place for families to sleep. Families are provided with mosquito nets, mats, access to bathrooms and showers, and around the clock security.



2014 Department Highlights

Outpatient Department

The Outpatient Department (OPD) remains the busiest department at AHC as it is the first stop during a patient's visit. In 2014, the OPD improved its efficiency by more quickly identifying common conditions such as upper respiratory infections, diarrhea, typhoid, dengue and malnutrition. This was due in-part to an increase in staff: in 2013, the OPD had only 7 full-time doctors and 14 nurses and in 2014 had 12 full-time doctors and 18 nurses.



This increase in human resources allowed doctors to shorten waiting time for patients, provide more attention to each child and ensure that family members understood not only their child's illness and treatment plan, but also that AHC would help with certain financial burdens. A concerted effort was made to monitor

patients in the waiting area, making sure to chart any and all new or changing symptoms. This enabled doctors and nurses to more quickly identify emergency cases as well as to direct patients to the correct unit.

In order to carry out AHC's mission of education, information sessions about hygiene, typhoid, chicken pox and how to properly use mosquito nets are carried out in the waiting area. This is an excellent way to educate children and their families, and to pass on valuable information to our community. Thanks to the OPD renovation completed in 2014, overall patient flow, privacy, efficiency and care improved greatly in 2014.

Emergency Room/Intensive Care Unit

The Emergency Room (ER) and Intensive Care Unit (ICU) are where AHC's most critical patients are treated. Most of the patients who are admitted are already dangerously ill, due primarily to late arrival. Our staff does its utmost to immediately identify and separate emergency patients so that they can receive the immediate attention they need. Our ER and ICU staff are all trained in Advanced Pediatric Life Support and use their knowledge to quickly see to each patient. There was

an increase from 16,506 ER patients discharged in 2013 to 18,448 in 2014 and from 729 (2013) to 736 (2014) patients discharged from the ICU.

While the change in number of patients was only slight, there was a significant increase in the severity of illnesses seen: this was not due to a change in illnesses, but because parents seemed to be waiting longer to come to AHC. This increase in severity was met with an increased survival rate, thanks to the addition of vital equipment such as ventilators. The number of central line procedures, whereby a patient receives medication and fluids through a catheter placed in the neck, chest, or groin, increased from 1% to 5%, showing that the staff's expertise is growing.

We look forward to the final phase in our current expansion so that we can better focus on services in 2015.



Social Work

In 2010 AHC recognized the need for social support among our patients and opened our Social Work Department. The first of its kind at a hospital in Cambodia, our Social Work Unit works with families who need counseling both at the hospital and in their homes. We provide counseling for survivors of sexual and physical abuse, for children who have been abandoned and for children living with chronic conditions.



2014 was a year of big improvements: not only did we provide a total of 964 patients and families with 1,469 counseling sessions, but met the growing need for follow-up in cases of child abandonment (up from 676 families and 1,385 sessions in 2013). With the addition of one social worker and one play therapist, our team was able to provide 260 follow-up sessions for sexual abuse cases. A better relationship with AHC's medical staff was formed, which enabled social workers

and doctors to work together to provide families with the support that they needed. Occasionally, family members wish to Leave Against Medical Advice (LAMA cases) for a variety of reasons—in these situations, our social workers explain the importance of continuing their child's treatment at AHC. Out of 100 LAMA cases, only 8 families ultimately decided to leave. In 2015 the Social Work Unit will be adding 4 more staff, allowing us to work more consistently with each department.

Physiotherapy

Throughout 2014, AHC's Physiotherapy Unit has continued to make vast improvements. An increased number of services were provided to children who needed post-operative therapy or with neurological disabilities, respiratory problems and speech impediments. Following AHC's mission of Treatment, Education, Prevention, the Physiotherapy team focused on treating the cause of patients' disabilities instead of treating the symptoms.

Specific improvements were made in treating Kinematic Imbalance due to Suboccipital Strain Syndrome (or KISS) thanks to a team of international volunteers who offered our staff training

on effective spine mobilization techniques. KISS is a motor control problem where a patient's head joint is out of alignment. Our physiotherapy staff always encourages parents to watch and participated in their child's rehabilitation, and provide hand-outs on specific at-home care instructions for simple exercises. This empowers parents to take an active role in their child's recovery. In 2014, the Physiotherapy Unit treated 3,370 children—an increase of nearly 1,000 patients from 2013.





Dental Clinic

AHC's Dental Clinic has been working tirelessly since its inception in 2000 to combat the poor dental health that negatively affects so many Cambodian children. This can impact quality of life from all angles: increased pain while eating, acute and chronic infections, general discomfort and disfigurement are all side-effects of bad dental hygiene.

There are many barriers that hinder Cambodian children from maintaining good dental health: a general lack of understanding about the importance of good dental hygiene in conjunction with high cost and low availability of dental clinics have resulted in relatively poor dental health for many Cambodians. Our clinic uses education programs, in partnership with the Homecare Unit, to take a multifaceted approach to dental education.

2014 saw an increase in dental restorations, such as fillings, and an overall increase in patients: in 2013, the clinic treated over 300 patients per month, and in 2014 this number more than tripled to over 1000. The Dental Clinic's ability to treat more patients was due to an increase in equipment and facilities, although privacy is still an issue. Our fluoride program works in primary schools to provide fluoride treatments, and was expanded from 2 to 4 primary schools. The Dental Clinic hopes to have a resident oral surgeon in the near future.



HIV/Homecare

AHC's HIV/Homecare Unit (HHU) provides in-home care for children who require regular medical attention but find travel to AHC impossible or difficult. Not only do they provide medical care, but the HHU also provides follow-up assessment, treatment, social support, counseling and health education for children and families. The HHU implements projects to grow food in gardens to fight malnutrition, build wells to combat waterborne illnesses and supply mosquito nets to prevent malaria.



50% of the HHU's patients are HIV positive while the remainder suffer from developmental disabilities, congenital heart disease, malnutrition and other serious illnesses. A very important part of HIV care is education: people who are HIV positive can be ostracized by their communities because of a lack of knowledge. The education component has focused on creating Pediatric Peer Educators (PPE): PPEs are HIV positive

volunteers trained by AHC's HIV/Homecare program who then educate their communities on the realities of HIV and ways in which to lead a healthy life with HIV. In 2013, there were 156 peer-education sessions reaching 263 people—in 2014, the number of sessions increased to 355 reaching a total of 641 people. There were a total of 3,438 Homecare visits in 2014, up from 3,004 Homecare visits in 2013. This is a huge accomplishment for the HHU.

In the wake of an HIV outbreak in rural Roka village, AHC's HIV Program has been working with local organizations to provide support. The HIV team assesses the most effective ways to help the estimated 212 people allegedly infected by an unlicensed doctor in December. As a leader in Cambodia's fight against pediatric HIV, AHC will do its utmost to assist the infected people of Roka.

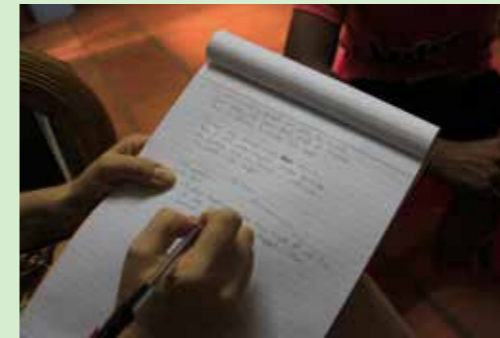




Meet Chinda*

Chinda is a twelve-year old boy who lives 60km away from Siem Reap city, and who is HIV positive. He first came to AHC at the age of 3, when he developed a fever as a result of an infected wound. On his third visit to AHC, our doctors decided to test for HIV because the wound simply wouldn't heal even with proper treatment. Chinda tested positive for HIV.

Chinda was born with HIV: both of his parents died from a combination of AIDS and TB when he was very young, and he now lives with his loving grandmother and two older brothers. After his grandfather died from hypertension two years ago, Chinda, his brothers and his grandmother became very poor. Chinda did not need to take ARVs until he was 9, when his CD4 count dropped dramatically. Before this time, however, the HIV/Homecare Unit provided his grandmother with a water filter, seeds, an open well, money for two-way transport to AHC and housing repairs. Before the HIV/Homecare Unit offered these services to Chinda and his grandmother, Chinda spent his days catching frogs and fish to eat because they had no source of income.



Chinda has been taking ARVs for 4 years and besides an infected wound that continues to be monitored by AHC, he appears to be in good health. An important part of the HIV/Homecare Unit is empowering patients and caregivers with knowledge. Our team worked with Chinda's grandmother to fully explain HIV, the treatment Chinda was receiving and taught her practical caregiving skills, such as how to read a clock to ensure proper dosage. Chinda and his grandmother are fiercely independent, and take their responsibilities very seriously.

Chinda is studying in grade 5 at a nearby school that he attends every afternoon. Because of AHC's compassionate medical staff, Chinda and his grandmother have the knowledge they need to make Chinda's life as healthy and happy as possible.

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

External Program Department

The External Programs Department (EPD) is the umbrella for our Capacity Building Health Education (CBHEP) and the Health Services Strengthening Programs (HSSP). This year, the EPD continued to expand its work with public referral hospitals, focusing on staff trainings as well as implementing national healthcare policies including clinical practice guidelines, nursing protocols and a medical code of ethics. In partnership with local physicians, EPD staff gave trainings on proper identification and treatment protocols relative to severe acute malnutrition, one of the most common diagnoses at public hospitals.



In 2014 the EPD reached more community members than ever. In all, 502 people received first-aid training. In addition, studies to measure the levels of E. Coli in water sources were conducted and in partnership with Caring for Cambodia (CFC) the EPD implemented a health education project in local primary schools. The EPD also provided health center training in several different provinces with the assistance of University Research Corporation (URC). Education topics include general health and hygiene, identification and treatment of malaria, correct triage procedures and healthcare policy implementation.



AHC Moves Forward into Cancer Care

In 2013, Angkor Hospital for Children began offering comprehensive cancer treatment for children with retinoblastoma, a rapidly growing tumor behind the eye. In developed countries, retinoblastoma is an easily treated form of eye cancer, with over 95% cure rates. In Cambodia however, this is not the case.

In 2014, AHC treated 14 cases of retinoblastoma. Unfortunately, four of our patients died and two patients have ceased seeking treatment against medical advice. Six patients will continue receiving treatment into 2015. Offering new treatments to these children was an incredible step in AHC's capabilities, and we look forward to similar innovations in the future.

Meet Rita*

One of AHC's first patients to receive chemotherapy treatment



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

When Rita was just 2 years old, her mother noticed a white reflection in her left eye, and that sometimes her eyes appeared to look in different directions. Her mother first purchased medicine for Rita in the village pharmacy but after several days, Rita's condition had not improved. Her parents next took her to Preah Ang Duong Hospital for treatment. Upon arrival, the medical team conducted tests and, after a one-night stay, Rita was diagnosed with a form of eye cancer known as retinoblastoma.

As a result of our outreach and communication efforts, Preah Ang Duong Hospital's staff knew that AHC had recently added eye cancer treatment to its range of services. As Preah Ang Duong Hospital does not have the capacity to provide cancer care, staff advised Rita and her parents to get to AHC as soon as possible.

Rita's family lives in Kendal province, about 320km away from Siem Reap in southeastern Cambodia. The cost of transport was a major barrier. Luckily, Rita's parents were able to borrow money from a neighbor and make the five hour journey in December 2014. Upon their arrival, Dr. Phara, our Chief of Ophthalmology, confirmed that the source of Rita's eye problems was an advanced malignant retinoblastoma tumor in her left eye. Unfortunately, because the cancer was in such an advanced stage, Dr. Phara determined that Rita's left eye needed to be removed to prevent the cancer from metastasizing to her right eye. After discussing her condition and operation with Rita's parents, Rita's left eye was removed by our ophthalmology team. She was soon transferred to our Inpatient Department (IPD), where she was monitored by our medical team for three days. Rita is now cancer-free, and her right eye appears to be completely normal. Rita will continue to have follow-up appointments with our ophthalmology team to ensure that she remains cancer-free.

When Rita first reached AHC, her parents were terribly worried. After speaking with and learning from our medical and ophthalmology teams, her parents felt confident that Rita was in good hands. We are glad that Rita was referred to AHC so quickly and that we were able to provide her with the care she needs.

Neonatal Care at AHC

In 2014 the Neonatal Unit at AHC looked after over 350 babies who were less than four weeks of age. The majority of babies were admitted for the treatment of an infection. Treatment for neonate infections is given over the course of at least five days and is often life-saving. Worldwide nearly half of all infant (under 5 years old) deaths occur in babies less than four weeks of age. The most common causes of neonatal death are complications from premature birth or acquired infection. AHC's Neonatal Unit is working to solve these challenges in neonatal care. In order to promote good practice for neonatal care within Cambodia, the team have been welcoming Cambodian medical practitioners to the unit in order to teach them essential skills to for technical neonatal care.

“Seeing the quality care we provide neonates makes their parents confident and hopeful.”

**- Dr. Phot Nget,
Vice Chief of Neonatal Unit**

Moving Heart Care Forward

2014 Volunteer Heart Teams

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

Each year, more than 50,000 children are born with Congenital Heart Diseases (CHDs) in Southeast Asia. Today, there are an estimated 40,000 Cambodian children living with CHDs, and 3,000 more children are born with the condition each year.

In 2014, AHC welcomed five volunteer cardiac surgical teams from around the world to continue the training of AHC Heart Team (Surgeons, Doctors, Anesthetists and Nurses) over the course of 129 heart operations. Included in these surgeries were two Tetralogy of Fallot repairs, marking an important advancement in the complexity of cases that can be performed at AHC. Most notably in 2014, the AHC Heart Team performed its first unassisted open heart surgery, while the volunteer team stood by for support. 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.



Until September, 2014, six-year-old Buntha* had given up hope on his dream to go to school. Today, Buntha and his mother remain happy and hopeful for the future.

When Buntha was just a one and a half years old and learning how to walk, he wandered off too close to the street while playing with his sister just in front of their house. A motorbike managed to avoid hitting Buntha and pushed him out of harm's way at the last second. Still, the boy was knocked unconscious in the accident, and his mother immediately took him to the local Health Center. It was here that a bigger problem with Buntha's health became apparent, and he was referred to AHC for further assessment.

The following day, Buntha and his mother got in a pick-up truck taxi to take them to AHC. After being seen by AHC's Cardiologist, Dr. Ngeth Pises, Buntha was diagnosed with a rare, complex Congenital Heart Defect called Tetralogy of Fallot (ToF).

Buntha was immediately put on AHC's heart surgery waiting list, where he remained for four years, during which, Buntha was not allowed to go to school because his teachers did not understand his condition.



When a visiting heart team arrived at AHC, Buntha and 11 other children were in line to receive surgery. After a life-saving open heart surgery, Buntha's heart defect was corrected and he has made a full recovery. Buntha is now now thrilled to be able to go to school.



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



AHC Satellite Clinic

2014 was the beginning of a new and exciting phase for the AHC Satellite Clinic. Building on our strong foundation, even greater progress was made by increasing the number of medical residents on longer rotation, improving quality care and providing broader education activities, all while meeting the demand of an increasing number of patients.

Clinical Treatment and Care

Patient numbers have increased across all departments at AHC Satellite Clinic, and most significantly by 15% in the Outpatient Department (18,455 patients in 2013 to 21,232 patients in 2014) and Emergency room (572 patients admitted in 2013 to 659 patients admitted in 2014).



and most vulnerable patients. After months of anticipation, the unit finally opened in November.

To date, Satellite has treated and cared for over 90,000 patients.

The community branch of our Neonatal Program required a great deal of planning but, after receiving official permission from the Ministry of Health in October, our outreach program got underway. This program takes a group of nurses from the Satellite Clinic into communities to provide government health workers with neonatal care education. Early recognition and assessment of neonatal illness, effective stabilization before referral and safer transfer to Satellite are our goals of community education. Through the dual approach of Health Center capacity building and coaching, and improved hospital based care in a designated unit, we aim to improve neonatal morbidity and mortality.

Quality Improvement Ambulance Transfer Service

Another significant area of improvement in 2014 has been the ambulance transfer service. Over a period of three years, the percentage of patients transferred from the Satellite Clinic to AHC who later die in AHC decreased from 33% (2012) to

23% (2014). These improvements began as the result of changes made following a 2012 transfer audit. In addition, scenario training, a focus on continuous patient monitoring en route, revisions to the transfer protocol and discussions with AHC ER staff have all contributed to positive changes in the transfer service.



In 2014, we had the opportunity to present our ambulance transfer service at two clinical conferences, in Bangkok and in Singapore. There was significant interest in how we transitioned from a minivan with minimal patient intervention to our current ambulance transfer service, which is equipped with clinical escort and comprehensive patient monitoring, evaluation and intervention. With the help of Cambodia Oxford Medical Research Unit (COMRU), we have been re-auditing the transfer service through 2014 and will continue to work on further improvements in 2015.



*Patient's name has been changed for confidentiality

Meet Sokea*

Sokea's mother is a 19 year old woman who lost her first baby after a premature birth during her second trimester. Despite receiving antenatal care during her second pregnancy, her daughter Sokea was born 10 weeks prematurely (at 30 weeks) and weighed just 1.1kg.

Sokea's mother lives in a very remote village called Pom O. After going into early labour, she was unable to reach the nearest Health Center at Khvav, 3km from her home. Sokea was literally born en route to the Health Center. Khvav Health Center referred Sokea and her mother to

AHC's Satellite Clinic- a journey of 74km. After arriving at AHC's Satellite Clinic, the clinical team worked tirelessly for several hours in order to stabilize Sokea enough for an ambulance transfer to AHC's neonatal intensive care unit (NICU) in Siem Reap.

After one month in the NICU, Sokea is making excellent progress. She has begun feeding, and within a few weeks her lungs should be developed enough to allow her to breathe without support. Thanks to the high level of care and cooperation between AHC's Satellite Clinic and AHC, Sokea has survived the most difficult part of a premature birth. Without the critical early intervention at AHC's Satellite Clinic and the timely ambulance transfer service, it is unlikely that Sokea would be with us today. Sokea is already a fighter: born on the road at only 1.1kg, her story of survival is truly remarkable.





Education and Research Department

2014 was a very busy year for our Medical Education Center: not only did we conduct many medical trainings and educational sessions, but also sent our personnel to receive capacity building training outside of AHC.

Both Phan Va Morgan and Ky Siek went to Phnom Penh for advanced career development to continue their respective certification processes: Phan Va is currently working through a course in biomedical equipment use. Ky Siek, our Deputy Chief Financial Officer, continues to work towards becoming a certified accountant.

From July to December 2014, the Medical Education Center (MEC) maintained its activities in medical education. This included the maintenance of the ongoing AHC Pediatric training program for Junior Medical Doctors, as well as weekly Medical lectures as part of the Continuing Medical Education for Medical Staff. A total of 61 sessions were conducted with an average of 54 attendees. The MEC offered lectures on Mortality Case Review (6 sessions, 62 attendees on average); Paediatric Topics Review (24 sessions with 57 attendees on average); Radiology Conferences (11 sessions with an average of 43 attendees); Journal presentations on published research (3 sessions with an average of 61 attendees), and an additional 17 sessions on other topics such as Advanced Pediatric Life Support and In-Hospital Infection Prevention.

Excellent professional nursing care is

essential at AHC. The nursing staff is constantly upgrading its knowledge and skills through weekly nurse-led presentations and topic-specific physician-led lectures. The education activities include regularly scheduled lunch talks on Tuesdays, and lectures presented by Doctors and Nurses on Thursdays. To maintain and upgrade the knowledge of AHC's Nurses, the Nursing Department strives to advance the Continuing Nursing Education (CNE) Program. This program is usually overseen by our senior Nurses. CNE included 108 sessions with an average of 70 attendees at each session. Scheduling conflicts prevented the Nursing presentations from continuing as planned during the first quarter, but this has since resolved. Once presentations resumed, 50 lunch-time sessions were conducted with 80 Nurses in attendance on average. In all, an average of 40 members of the nursing staff attended each of the 31 sessions. A further 27 Doctor-

led sessions were conducted with an average of 38 Nurses in attendance.

"I am continuing my education so that I can become a Certified Public Accountant (CPA) and attain the level of international finance professionals. This will allow AHC's non-medical side reflect the same level of professionalism that currently exists in the medical side. As AHC continues to build the capacity of its Khmer staff, I'm very happy to be a part of the Management Team."

-Ky Siek
Deputy Chief Financial Officer

Local Community Gets Involved

Cycling for Environment and Children Health



On August 31st, 400 participants participated in a trash pick-up and cycling event in the beautiful Cambodian countryside as part of the “Cycling for Environment and Children’s Health” event hosted by Cambodia Cycling and Asian Square Group.

This event began with welcome speeches at Asian Square Restaurant and Lounge followed by distribution of sanitary gloves and trash bags to all participants. During this event, participants helped clean-up Siem Reap’s streets en route to the cycling start point.

After collecting trash from Siem Reap’s

streets, participants received mountain bikes and helmets at the start of the cycling portion of the event.

Riders passed incredible Athvea Temple, before breaking for a delicious snack catered by Asian Square Restaurant and Lounge. There was also a raffle with many prizes donated by local supporters, a quiz filled with



fun facts about AHC, a slow bicycle race competition and many more fun games and prizes. Thank you, Cambodia Cycling and Asian Square Group! We hope to see more of our supporters in July 2015 for a repeat of this great event!



OneTeam - OneRace - OneDay

Thank you again to all those who participated and helped raise funds to support AHC and the children we treat.



On December 7th, 127 people donned Angkor Hospital for Children’s OneTeam-OneRace-OneDay t-shirts and participated in the Angkor Wat Half Marathon event. Our team was made up of 95 Cambodians and 32 foreigners, showing the wide base of support for AHC both in Siem Reap and abroad.

Our team’s energy and excitement was palpable as they lined up before dawn for the 21km and 10km race around the beautiful Angkor temples. As the gun went off, runners from around the world charged the course as the

crowds went wild. While the competitive spirit was alive and well, AHC’s team offered support to each other and other runners as the race continued. Despite the grueling distance and heat, our team was in high spirits throughout the race thanks to the huge smiles and encouragement from local children and families all along the course. It was a very special weekend. We look forward to seeing you on the 6th of December 2015 for another fun run through the temples!



Fundraising Around the World

Angkor Hospital for Children (AHC) is incredibly grateful to our international friends and supporters for doing such a wonderful job of hosting creative fundraising events abroad and here in Siem Reap. Not only do these events raise much needed funds for our hospital, but also spread the word about AHC and the impact we have upon our community.



Ava's Fifth Birthday Party (HK)



The Further Adventures of Dr Bob (UK)



Victoria Charity Gala Dinner (Cambodia)



Taste The World (Canada)



We thank each and every organizer and attendee for taking the time to contribute to our hospital in such a meaningful way. Without your continued support, AHC would not be the high quality facility it is today.



VOLUNTEERS AT ANGKOR HOSPITAL FOR CHILDREN

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

Meet Dr. Markus Hufnagel

Markus Hufnagel's contact with AHC occurred almost entirely by chance.

In the years since, Dr. Hufnagel, who is a professor of pediatrics and infectious diseases from Freiburg, Germany, has joined AHC as a volunteer

resistance, and Dr. Hufnagel has helped reduce antibiotic prescription rates from 80% of patients to an appropriate 45% in 2014, thanks to an on-site teaching program and the

“ My work at AHC has been an extremely enriching experience, both on a personal and professional level.”

physician and lecturer on four separate occasions.

During his first working visit in 2008, antibiotics were prescribed to more than 80% of admitted patients. Recognizing that this likely represented an over-prescription of antibiotics, Dr. Hufnagel implemented studies to track such prescriptions in order to reduce the proportion of patients unnecessarily prescribed antibiotics. Over-prescription is a main contributor to antimicrobial



During a 2007 visit to Cambodia, he and his wife Natalie just happened to share a tuk-tuk with a lab technician from AHC. During the short trip, she told him of the wonderful collaborative atmosphere at AHC and about the hospital's wide range of innovative programs. After this chance encounter, Dr. Hufnagel connected with AHC. This has led to a series of collaborations.

forementioned studies. Not only is this change significant for the effective treatment of infection in AHC's patients, but is also vital for the community at large, since AHC is an important role model for the medical community in Cambodia. Hopefully, this project will contribute to a country-wide reduction in antibiotic prescription levels. AHC would like to thank Dr. Hufnagel for his ongoing support.

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. Three further members were invited to join the Board in 2014, and another three members were officially appointed in early 2015. Two Board members resigned in early 2015.

The Board of Directors is responsible for determining strategy and policy, as well as overseeing 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, participated 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 Board of Directors, please visit: <http://angkorhospital.org/about-us/board-of-directors/>

BOARD MEMBERS

- Kenro Izu
- 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 (Chair of Education Committee)
- Hartmut Giesecke (Resigned in 2015)
- Akio Matsushima (Resigned in 2015)
- Alistair Thompson
- Francesco Caruso
- Dr. Nick Day (Appointed in 2014)
- Dr. Ngoun Chanpheaktra (Appointed in 2015)
- Prak Manila (Appointed in 2015)
- Tep Navy (Appointed in 2015)

Cambodian Leadership present all Board meetings in 2014:

- Dr. Ngoun Chanpheaktra
- Prak Manila
- Tep Navy
- Dr. William Housworth, Executive Director

STATEMENT OF ACTIVITIES

REVENUE		
	2014	2013
Contributions received from Donors	\$6,470,192	\$5,615,414
Overseas government grants	\$103,212	\$203,197
Sales of goods	\$24,696	\$20,205
Donations in kind	\$127,223	\$436,525
Other income	\$91,599	\$95,205
Revenue	\$6,816,922	\$6,370,571
Less donations for purchase of capital equipment	(\$901,254)	(\$868,394)
OPERATING REVENUE	\$5,915,668	\$5,502,177

EXPENSES	SALARIES	EXPENDITURE	TOTAL	% OVER TOTAL	
				2014	2013
HEALTH SERVICES					
Outpatient Department	\$251,059	\$221,255	\$473,314	8%	8%
Inpatient Department	\$434,368	\$221,636	\$656,004	10%	13%
Emergency Room	\$73,119	\$82,768	\$155,887	2%	*
Intensive Care Unit	\$292,476	\$331,073	\$623,549	10%	12%*
Surgical Department	\$245,134	\$429,909	\$675,043	11%	9%
Satellite Clinic	\$317,612	\$310,642	\$628,255	10%	10%
Eye Clinic	\$74,482	\$141,517	\$215,999	3%	3%
HIV/Homecare Unit	\$94,398	\$78,059	\$172,457	3%	4%
Dental Clinic	\$65,331	\$52,844	\$118,175	2%	2%
Physiotherapy Unit	\$25,734	\$6,362	\$32,096	1%	1%
Ultrasound/X-rays Unit	\$53,834	\$36,378	\$90,212	1%	1%
Pharmacy	\$49,160	\$7,474	\$56,634	1%	1%
Laboratory	\$107,921	\$168,526	\$276,447	4%	5%
Social Work Unit	\$44,410	\$11,181	\$55,591	1%	1%
Neonatal Unit	\$123,431	\$90,073	\$213,504	3%	N/A
Total health services			\$4,443,168	70%	70%
EDUCATION PROGRAMS					
Education and Research Department	\$462,019	\$226,048	\$688,067	11%	11%
External Program Department	\$63,037	\$46,659	\$109,696	2%	2%
Community Based Health Education	\$89,919	\$169,143	\$259,062	4%	4%
Total education programs			\$1,056,825	17%	17%
OVERHEADS					
Administration/Management	\$356,003	\$282,719	\$638,722	10%	10%
Development	\$139,927	\$64,505	\$204,432	3%	3%
Total overheads			\$843,154	13%	13%
OPERATING EXPENSES			\$6,343,147		

Note: Angkor Hospital for Children produces financial statements on an accruals basis and these are audited by Baker Tilly Hong Kong. Financial statements for the year ended 31 December 2014 are available upon request.

*In 2013 Emergency Room and Intensive Care Unit costs were combined.

COST ANALYSIS 2014

Unit	Health Services	Average cost per unit	
		2014	2013
Outpatient Department	visit	\$6.72	\$6.56
Emergency Room	visit	\$9.22	\$13.34
Satellite Clinic	visit in OPD + ER + patient in IPD + ambulance transfer to Siem Reap	\$29.96	\$29.97
Inpatient Department	patient stay	\$167.13	\$149.29
Surgical Department	surgical procedure	\$473.79	\$333.47
Intensive Care Unit	patient stay	\$898.72	\$798.70
Neonatal Unit	patient stay	\$571.96	N/A
Specialized health services			
Dental Clinic	visits	\$10.27	\$7.93
Eye Clinic	consultation	\$20.40	\$17.00
Physiotherapy Unit	session	\$11.07	\$16.38
Diagnostics			
Ultrasound/X-ray Unit	test	\$9.37	\$10.49
Laboratory	test	\$3.29	\$3.11



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 your 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.

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* AHC Board of Directors

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