



# Angkor Hospital for Children

ANNUAL REPORT 2015



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## Leadership Message

It is my very great pleasure to welcome you to our 2015 Annual Report.

It was a year of transformation and progression for Angkor Hospital for Children. Compassion and quality healthcare continued to be the cornerstone of our work. In 2015 we provided more than 186,000 treatments to children who came to our hospital. From our smallest and youngest patients who we treated in our neonatal care unit to the families of those admitted, we gave food, shelter, education and emotional support during the most difficult of times. We provided holistic care that did not just focus on treating pathology but that focused on supporting the child and their family whatever their circumstances.

There were some overwhelmingly positive changes to the management structure of AHC in 2015, with the creation of the four-member Executive committee. Each member of the committee brings unique skills and strengths that combined ensure robust forward thinking management of AHC. Together we formally defined our mission and vision for the organisation and with staff from all areas of the organisation, collectively developed a robust five-year strategic plan to ensure their success.

We continue to uphold our commitment to education: from the 450 nursing students and 50 medical students that join us on clinical attachments each year, to the post graduate nursing and medical education we conduct, to the teaching for government hospital staff and the teaching we provide for our patients and their families. 2016 promises to be another exciting year in the development of Angkor Hospital for Children. We plan to start to use the knowledge and experience garnered by Angkor Hospital for Children over its years of operation to inform global child health both nationally and internationally.

I would like to thank all of you, our friends and supporters, for your generosity over the years and humbly ask you to continue your support, to invest in the future of Cambodia's healthcare so that we can work towards improving healthcare for all Cambodia's children.

Very best wishes

Claudia Turner  
Chief Executive Officer  
Member of Executive Committee

Dear Friends

As you may know, I have had the privilege of working at Angkor Hospital for Children since day one. I am constantly reminded what an important institution this hospital truly is, and am honoured to be a part of such a groundbreaking institution.

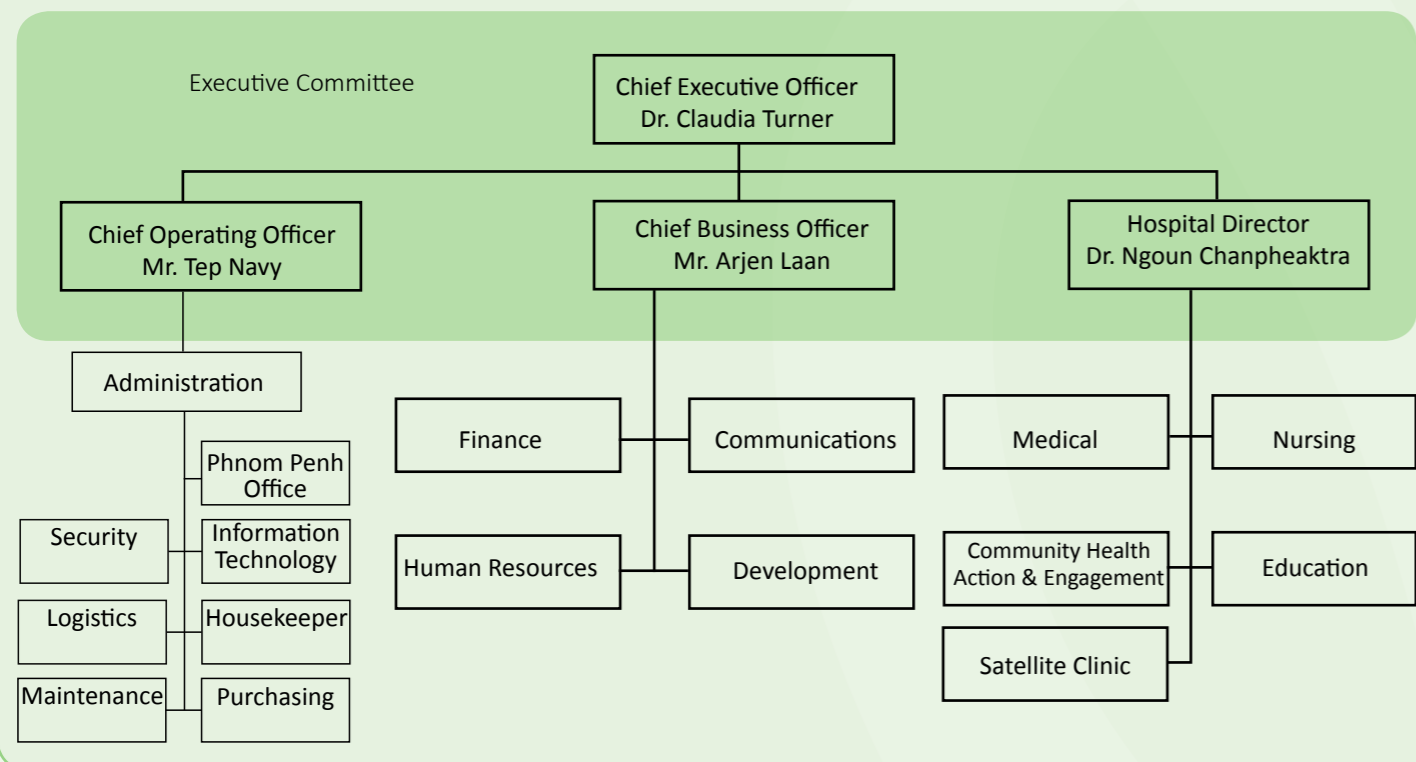
I hope you will see the full scope of our hospital in the 2015 Annual Report. Treating the whole child is not as simple as providing an IV in the Intensive Care Unit: our hospital operates as a team. Our medical and nursing units work around the clock to ensure our patients are given accurate diagnoses and comprehensive, compassionate care; non-medical units ensure we have the supplies we need to provide treatment; our ancillary medical services work together with medical units to provide comprehensive care, and our housekeeping and maintenance staff work tirelessly to keep our hospital clean and safe.

Without your support, Angkor Hospital for Children would not be possible. Thanks to you, we have been able to provide the highest quality care and highest quality medical education available in Cambodia for more than 16 years.

Ngoun Chanpheaktra, M.D, DCH, DTMH  
Hospital Director  
Member of Executive Committee

# GOVERNANCE

## ORGANISATIONAL STRUCTURE



## Governance

AHC Ltd and AHC are independent, non-profit organisations incorporated in Hong Kong and Cambodia respectively. This section introduces our governance arrangements, Board of Directors and Executive Committee.

### How we are governed

The Board of Directors is responsible for overseeing AHC strategy, managing strategic risk, and providing managerial leadership and accountability. The Executive Committee has delegated authority from the Board of Directors for the operational and performance management of all AHC activities. AHC has identified four organisational strategic priorities to be achieved. The Board receives monthly reporting regarding the medical, operational and financial performance of the hospital, that is used to monitor progress against strategic priorities.

### The Board of Directors

Board members hold their positions as Directors without remuneration of any kind. The Board of Directors is actively involved in fundraising for AHC. This includes both direct contributions and activities to raise awareness and funds for AHC. As of the end of 2015, the Board was comprised of a Chairman and 11 additional Directors. Board members have a wealth of experience of working with organisations recognized as leaders in their field of expertise. The Board together have considerable experience in healthcare, organizational, commercial and financial management in Southeast Asia.

The changes to the Board of Directors since the beginning of 2015 are as follows:

- The appointment of Pheaktra Ngoun, Tep Navy, Prak Manila, Dr. Shunmay Yeung and John Canan as Chair of the Audit & Operational Risk Committee.
- The departure of Akio Matsushima, Hartmut Giesecke, Francesco Caruso and Dr. Katja Van't Ende. We thank these departing Board Members for their considerable contributions to AHC.

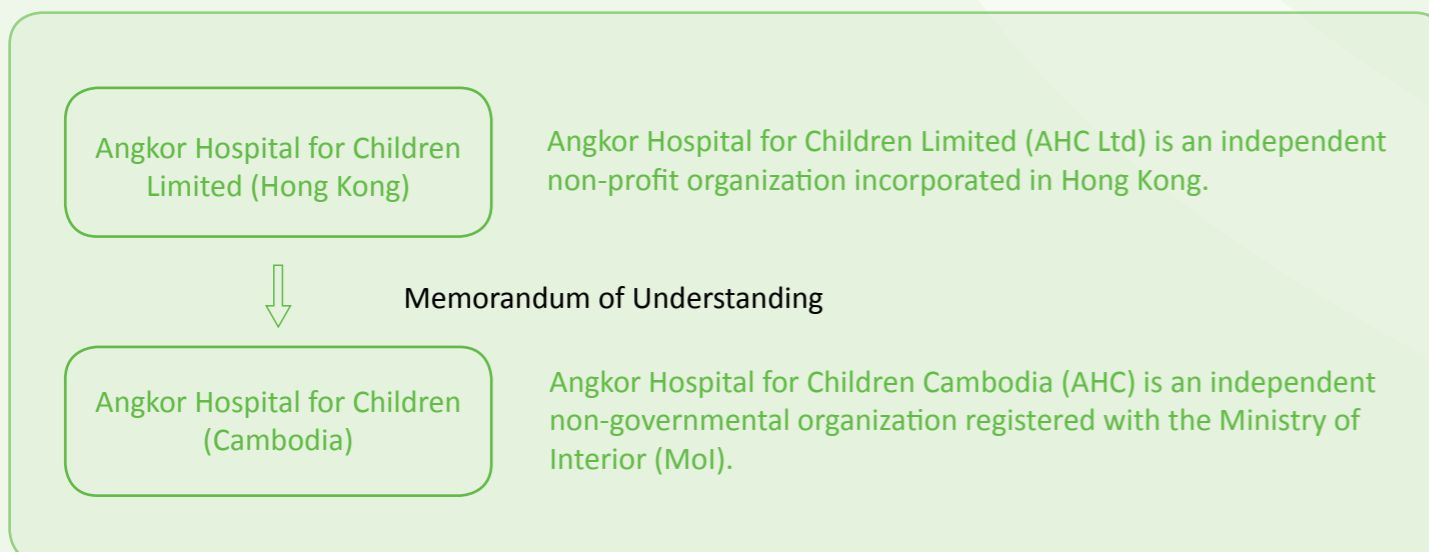
### Executive Committee

The Executive Committee (Excom) has delegated responsibility from the Board for the operation of AHC, in accordance with the agreed mission, vision and strategic priorities of AHC. The Executive Committee is comprised of:

- Dr Claudia Turner, Chair and Chief Executive Officer (CEO), who has overall responsibility for all aspects of AHC operations
- Dr. Ngoun Chanpheaktra, Hospital Director (HD), who has responsibility for the Medical, Nursing, Education and Community functions
- Navy Tep, Chief Operating Officer (COO), who has responsibility for the Administration of the hospital, including Maintenance, Logistics, Information Technology, and Purchasing functions
- Arjen Laan, Chief Business Officer (CBO), who has responsibility for the Development, Communications, Finance and Human Resources functions.

Excom meets with and reports regularly to the Board of Directors on the progress against the strategic priorities of AHC. The Executive Committee is supported by hospital management in their respective areas.

## Legal structure



Angkor Hospital for Children Limited (Hong Kong)

Angkor Hospital for Children Limited (AHC Ltd) is an independent non-profit organization incorporated in Hong Kong.

Memorandum of Understanding

Angkor Hospital for Children (Cambodia)

Angkor Hospital for Children Cambodia (AHC) is an independent non-governmental organization registered with the Ministry of Interior (MoI).

## MESSAGE FROM BOARD CHAIRMAN, ROBERT GAZZI



2015 was an immensely positive year for Angkor Hospital for Children. As Chairman of the Board of Directors, I have had the pleasure of watching AHC evolve as a trusted centre of excellence for paediatric treatment, prevention and education in Cambodia.

One of the major achievements of the year was the development of AHC's first five-year Strategic Plan. Thanks to the input of all hospital departments and units, we are confident that the Strategic Plan accurately reflects the initial mission and vision of the hospital that Kenro Izu established. The four-member Executive Committee has done a tremendous job of leading the more than 500 staff members forward as a team.

In addition to achieving exciting milestones on the organisational side of the hospital, great strides were made in cementing our place as a leader in paediatric surgery and other medical specialty areas. AHC has Cambodia's leading microbiology lab; one of only two paediatric ophthalmologists; one of Cambodia's few Neonatal Intensive Care Units and Cambodia's only paediatric medical residency programme.

The hospital has worked hard to raise its profile globally. This was evident during our OneTeam—OneRace—OneDay campaign during the Angkor Wat International Half Marathon this year, and we look forward to welcoming a bigger team next year. Thank you to everyone who ran, walked, cycled, cheered and fundraised in our honour.

While there were of course challenges in 2015, I am confident the Executive Committee will continue to lead AHC's positive growth. Without our dedicated staff and supporters, Angkor Hospital for Children would not be the groundbreaking institution it is today. Thank you.

April 2016

## BOARD OF DIRECTORS

### Board Committees

#### Medical Education, Ethics & Oversight Committee (MEEOC)

The MEEOC is chaired by Dr. Nick Day, Director, and has delegated authority to ensure that the correct structure, systems and processes are in place at AHC to manage clinical quality and safety matters and that these are monitored appropriately, in addition to overseeing AHCs education activities.

#### Audit & Operational Risk Committee (A&ORC)

The A&ORC is chaired by John Canan, Director, and has delegated authority to review the adequacy and effectiveness of AHC's system of internal control, and its arrangements for operational risk management in addition to directly liaising with the independent external auditor.

#### Remuneration Committee (RC)

The Remuneration Committee is chaired by Stuart Davy, Director, and has responsibility for reviewing the pay and benefits structure for the whole of AHC and the terms and conditions of office for the Executive Committee.

#### Development Committee (DC)

The Development Committee is chaired by Lindsay Cooper, Director, and has delegated authority to review the progress of fundraising plans of AHC in cooperation with the entire Board.

## BOARD MEMBERS

**John Canan:** John is a business executive with over 34 years of strategic, operational and financial leadership experience. He started his professional career with Price Waterhouse in Montreal in 1979 and transferred to the PwC Hong Kong office in 1983 for a three year stint. John recently retired from Merck & Co., Inc. where his last senior position was as Senior Vice-President, Global Controller, and Chief Accounting Officer.

**Dr. Ngoun Chanpheaktra:** Pheaktra has been with AHC since the very beginning - he trained as a doctor at AHC in 1999. In 2002, Dr. Pheaktra was named Director of Emergency and Intensive Care Unit before being promoted to Chief of Medicine just two years later. He was promoted to Hospital Director in early 2015.

**Lindsay William Cooper:** A graduate of Edinburgh University, Lindsay qualified as a Chartered Accountant in 1989 with Ernst & Young in Edinburgh. Between 1990-1992 he worked in the Audit and Business Services Department of PricewaterhouseCoopers, Hong Kong. He joined Crosby Securities in 1992 and in 1996 he founded Arisaig Partners – a boutique investment management company.

**Stuart Davy:** Stuart has been based in South East Asia for over 30 years, primarily in Bangkok. As CFO of the DKSH Group he was responsible for all aspects of financial management of their activities. He was also the supervising director for their activities in Cambodia for 15 years. Since joining the AHC Board Stuart has worked with management to upgrade financial reporting and analysis to improve decision making and support the implementation of the Strategic Plan. Stuart is a non executive director of DKSH Holdings Malaysia.

**Dr. Nick Day:** Nick is an infectious diseases physician and Professor of Tropical Medicine at the University of Oxford. He has worked in Southeast Asia for several decades, and currently is director of the Mahidol-Oxford Tropical Medicine Research Unit based in Bangkok, Thailand.

**Robert Gazzi:** Robert is Chairman of the Board. He is a Fellow of the Institute of Chartered Accountants in England & Wales and also of the Hong Kong Institute of Certified Public Accountants. He was a partner with PwC for over 20 years in Hong Kong. During his time with PwC he advised many of Asia's leading companies on financial, corporate governance and capital market matters. He is an independent non-executive director of a number of companies in Hong Kong and China.

**Lisa Genasci:** In 2006 Lisa established The ADM Capital Foundation. The purpose was to establish an innovative philanthropic vehicle for Hong Kong-based investment manager, ADM Capital and others wanting to give effectively in two areas: Children at Risk and the Environment. Previously Lisa reported for the Associated Press. She holds a BA (Hons) from Smith College and an LLM in Human Rights Law from Hong Kong University.

**Kenro Izu:** Kenro Izu founded the Angkor Hospital for Children in 1999 after being moved by the ill and malnourished children he encountered whilst visiting Cambodia. Japanese-born Kenro studied at the Nihon University College of Arts in Tokyo and in 1974 established the Kenro Izu Studio in New York. Today Kenro travels the world, photographing sacred architecture.

**Prak Manila:** Manila graduated from Battambang Regional Training Center for Nurses and joined AHC as a junior nurse in 1999. Her past roles include nursing team leader, nursing education coordinator and director of the external programme department. She is currently a consultant for the community project and is completing the Master's Programme of Nursing Administration at Chulalongkorn University, Bangkok.

**Tep Navy:** Navy worked at a government health center before joining AHC as a nurse. He is an integral part of the management team at AHC, having risen from Team Leader to Vice-Director of Nursing. Promoted to Chief Operating Officer in 2012, Navy is responsible for making sure the hospital runs efficiently and effectively.

**Alistair Thompson:** Alistair is a director of First State Stewart Asia and is the portfolio manager of a range of funds investing in the Asia Pacific region. He is Chairman of Manan Trust, a grant-giving corporation fund by team members of First State Stewart Asia, a long-term supporter of AHC.

**Dr. Shunmay Yeung:** Dr. Shunmay Yeung is a clinically active paediatrician who splits her time between London and Cambodia where she has been undertaking community based research for over 15 years. She is a consultant in paediatric disease at St Mary's Hospital and senior lecturer at the London School of Hygiene and Tropical Medicine where she is part of the senior management team for MARCH (Centre for Maternal, Adolescent, Reproductive & Child Health).

# V O I C E S O F A H C



“ Angkor Hospital for Children is not like other hospitals. At AHC, the staff are always encouraged to find and take learning opportunities so that we can become

better health care providers. I believe that through education, we can improve paediatric healthcare in Cambodia. We work in a low-resource country, meaning that the majority of our patients come from impoverished families who have very little knowledge of basic healthcare. We work to be better providers and better teachers, because we want to treat our patients and then teach them how to stay healthy. It’s important for our staff to feel that they have the opportunity to increase their skills and abilities through education. In my role as Medical Education Director, I have the opportunity to oversee education and training opportunities for our medical staff. This includes internships overseas, inviting international specialists to visit for hands-on training, and sending our medical team to national and international conferences and meetings to build their capacity as providers.

- Dr. Chuop Bophal  
Medical Education Director



I came to AHC in 2008 as a Pediatric Resident and focused on Radiology. AHC provides general medical education, as well as practical bedside experience. I have found it especially important to work with visiting radiologists. I am able to consult about complicated cases, via digital imaging, with my international connections. Currently I am teaching radiology to one of AHC’s junior doctors – we work well as a team.

**Dr. Huon Senghap**  
Radiologist



I am responsible for maximising the efficiency of bed-use at AHC, which means I must move patients within and between departments, and find beds when it seems none are available. I love the challenges of my job because it greatly improves the function of AHC so that we can provide care to the maximum number of children possible.”

**Mrs. Vanna Dary**  
Executive Secretary  
Bed Control Coordinator



I began working at AHC when it opened in 1999. I wanted to work here because all children, even if they are very poor, can receive excellent treatment. When I began in the laboratory, we had only a few very basic machines. Now we have advanced equipment, sterile lab procedures and we regularly perform quality control analysis. I enjoy working with Cambodian blood donors and am glad that I can comfort them when they are nervous.

**Mr. Hour Putchhat**  
Laboratory Manager



As a 3rd year medical resident I have worked in all of the medical departments at AHC. I am most interested in the Neonatal Intensive Care Unit and Inpatient Department, because in those departments one sees the successful results of good care. During my IPD rotation, I was encouraged to ask questions. I feel supported by my seniors and recognize the educational value of working at AHC.

**Dr. Nhan Ladin**  
3rd year Medical Resident



After completing my 3 year Pediatric Residency Programme at AHC, I was trained in management. As chief of the department I oversee education – organizing lectures and reviewing bedside cases with residents to improve their skills. Outpatient Department encourages collaboration between doctors and nurses. The challenge is to balance the shortage of doctors with the great increase of seriously ill patients to ensure that every patient receives quality, compassionate care.

**Dr. Lov Ke**  
Chief of Outpatient Department



I started to work at AHC in the very beginning. I love keeping the hospital clean for the children and I feel it is very important work. People continue working here because they truly love AHC. There are more women now in leadership positions than there were before. They have stayed, progressed and earned their positions. I get along well with people in all the departments and I respect everyone.

**Mrs. Srey Da**  
Head of Housekeeping



I have helped to fully develop the Eye Clinic at AHC. Over the past 13 years, operations at the Eye Clinic have increased from 10 cases per month to an average of 45-50 cases per month. I continue to receive essential education from specialists and through overseas internships at universities and am pleased to share my knowledge with our team. I love my job here and have great confidence in my entire team.

**Dr. Khauv Phara**  
Chief of Eye Clinic



I have been working in the Capacity Building and Health Education Programme as the programme assistant since 2003. People in the rural communities are happy to be connected to AHC. I design humorous dramas about health education that the young people perform. The teaching that the CB team does in the outlying communities helps fulfill our mission to provide care for all Cambodian children.

**Mrs. Lao Ponnama**  
Capacity Building Health Education



Siem Reap is my home and it is wonderful to feel like I am contributing to my hometown. I enjoy working at AHC because I have been able to improve my practical skills with experience, work with volunteers and attend monthly lectures to further my education. I give short informational trainings to our patients’ caregivers to ensure proper use of medications. The first question I ask them is whether they know the name of this hospital- I love AHC & I want everyone to know about the help they can get here!

**Mrs. Thourk Bopreok**  
Pharmacy Manager

# 2015 IN NUMBERS

	2015	2014
Total patient treatments	<b>186,358</b>	168,226
Outpatient Department Visits	<b>132,133</b>	125,732
Inpatient Department including Low Acuity Unit	<b>4,656</b>	4,575
Emergency Room Patients	<b>27,035</b>	20,603
Intensive Care Patients	<b>880</b>	807
Social Work Emotional Counselling Sessions	<b>3,330</b>	1,441
Physiotherapy patients	<b>3,517</b>	3,370
Dental patients (on-site and outreach)	<b>14,782</b>	13,967
Eye Clinic consultation	<b>14,074</b>	12,570
Neonates Treated	<b>457</b>	434
Satellite Clinic OPD visits	<b>25,017</b>	21,232
Satellite Clinic IPD patients	<b>1,385</b>	1,600
Satellite Clinic Emergency Room patients	<b>926</b>	659
Major surgeries	<b>1,321</b>	1,658
X-Ray and Ultrasounds	<b>11,911</b>	11,193
Laboratory Tests	<b>108,447</b>	97,875
Homecare patients	<b>1,887</b>	2,524

## Most Common Diagnoses

- Respiratory Infections
- Asthma
- Gastroenteritis
- Sepsis
- Dog Bites
- Dengue Fever

## Barriers to Care



## How AHC can Help

The high cost of transport and the financial burden of food and shelter during a long hospital visit can prevent families from seeking care, or prevent them from staying until treatment is completed.

Our Social Work Unit conducts financial assessments to determine whether families need transport support, food support and/or cash to make purchases during their child's treatment. At night, our Outpatient Department converts into a safe space for families to sleep while their child is being treated.

One of the biggest challenges we face is low health literacy. Parents might not know the warning signs of a severe illness and often wait until their child is severely ill before seeking care. This means children are dying from illnesses such as diarrhea and respiratory infections.

Our Capacity Building and Health Education Programme works directly with rural communities to teach them the basics of health education, such as hand hygiene, basic sanitation and the importance of good nutrition. We provide on-site general health education in our Outpatient Department, and bedside education to parents as they tend to their children.

Many health care providers focus heavily on fixing symptoms instead of the root problem, and do not take the time to fully explain the cause of an illness nor explain preventative measures.

AHC provides comprehensive services, including medical treatment, financial support, emotional counselling, medication education and at-home visits when necessary. We carefully explain each child's diagnosis and treatment process, and give parents tips on how to prevent recurring sickness.

Access to knowledge is particularly limited for people living in rural areas. Without access to the internet, newspapers and other media, they might not know where to go for quality care.

AHC has a strong network of referral partners throughout the country. We are the primary medical referral facility for a number of children's rights organisations. If a child is brought to the attention of one of our partners, they are immediately referred to AHC for a check-up.



# 2015 Department Highlights

## OUTPATIENT DEPARTMENT

**Patients treated:** 132,133 patients seen by a clinician

**Most common diagnosis:** Upper respiratory infections, lower respiratory infections, dog bites

The Outpatient Department is every patient's first stop at Angkor Hospital for Children. If patients do not need Emergency Care, they are registered and wait to see a clinician. In 2015 we decreased the percentage of patients who left without being seen from 5.37% in 2014 to 3.31%, an accomplishment that demonstrates the importance of providing high quality, compassionate care with the utmost efficiency.



Education plays a key role in all of AHC's activities, and the OPD is no different. A new Family Education Specialist was engaged to organize interesting and relevant education sessions for families

while they wait. Common topics are detection of dengue fever, hand hygiene, common parasites and preventing malnutrition in paediatric HIV patients. Through these education sessions we hope to increase health literacy so patients seek medical care before their illnesses are critical.



## INPATIENT DEPARTMENT

**Patients treated:** 3,411 patients

**Most common diagnosis:** Upper respiratory infections, sepsis, viral infections, fever

Our Inpatient Department (IPD) remained busy throughout 2015. Our medical and nursing staff were able to accommodate staffing shortages and maintained a high standard of care without sacrificing efficiency. While our Emergency Room and Intensive Care Unit (ER/ICU) was

being completed in the first few months of 2015, one of the IPD rooms was moved into our Medical Education building. Our staff continued to operate as usual despite the inconvenience of the temporary IPD housing.

The IPD treats children who have more serious illnesses, such as serious respiratory infections, or who are being treated for extensive periods. Children may have haemophilia, malaria, severe diarrhea, malnutrition and other illnesses. Our skilled IPD staff are able to quickly assess each and every patient admitted to



their busy unit. Thanks to our Continuing Nursing and Continuing Medical Education sessions, staff can continually improve their knowledge on topics like pain management for children, vitamins and minerals, nursing care for paediatric cancer patients and contraindications of vaccines.

## NEONATAL UNIT

**Patients treated:** 457 neonates

AHC has one of the few Neonatal Intensive Care Units (NICU) in Cambodia. This is where prematurely born babies and those within the first 28 days of life are treated for life threatening illnesses. We saw a striking increase of 30% in patient treatment numbers in 2015. AHC's Neonatal Unit provides vital services to this population who, without our specialised and standardised care and equipment, might not survive.

Our Neonatal Unit treated several remarkable cases that exemplified the impressive advances in AHC's technical skills. This included laser treatment for a retinal condition occurring only in prematurely born infants that can lead to blindness; a child with a rare defect where an abnormal opening in the chest muscles occurs during development allowing the abdominal organs to move into the chest cavity, preventing development of the lungs; and care of a prematurely born patient with an intestinal defect for 112 days. Our expansion into caring for neonates with complex conditions is a big step forward not only for AHC, but also for our smallest patients.



**Most common diagnoses: neonatal infection, premature birth, neonatal jaundice**



## Emergency Room/ Intensive Care Unit (ER/ ICU)

**Capacity:** 18 beds, 2 isolation rooms

**Patients treated:** 27,035 ER and 880 ICU

**Education:** 3 international surgical teams from Australia, Singapore and Italy working in ICU

**Most common diagnosis:** Severe respiratory infections, dengue fever, dog bites

Our 14-bed Emergency Room/Intensive Care Unit (ER/ICU) is where AHC's sickest patients are admitted, and it is critical they receive the privacy and care they need. 2015 was a monumental year for the ER/ICU at AHC: in early April after months of construction and anticipation, we opened the doors to our new-and-improved ER/ICU. The focus of this re-construction was increasing the size, but



not capacity, to improve infection control and patient privacy. In December of 2015, the ER/ICU was identified by the hospital administration as having the best infection control of any unit in the hospital.

All of our ER/ICU staff are educated in Advanced Paediatric Life Support (APLS), are capable of performing central line procedures (whereby a patient is given medication through a catheter in the neck, chest or groin) and adhere closely to international emergency medicine protocols.

Many of the children admitted to this unit are critically ill because of late arrival—our staff work tirelessly educating parents to seek medical attention for their children before they are dangerously ill.

## DENTAL CLINIC

**Patient Treatments:** 59,338 on-site and outreach treatments; 22,865 on-site and outreach education sessions

**Most common treatments:** cleaning, fillings, extractions

Dental health awareness remains low in Cambodia, and as families include more processed sugars in their diets, the

need for dental education is increasing. Dental issues can cause children to miss school: pain and discomfort can result in children being unable to focus on their lessons, and unable to eat, leading to negative consequences on education and



wellbeing.

Our Dental Clinic provides on-site dental care, such as teeth cleaning and fillings, as well as on-site and out-reach education programmes in schools and orphanages. These programmes are working—our team reports that extractions of rotted teeth has decreased, and the proportion of restorations has increased to nearly 50% of all dental procedures. Parents are seeking treatment for their children earlier, meaning fewer missed school days, more nutritious meals eaten, and more happy smiles.

## SOCIAL WORK UNIT

**Patients treated:** 6,191 emotional and general counselling sessions; 863 children identified as child protection patients; 6,487 families identified as needing financial assistance; 487 outreach and social services activities

**Most common intervention:** emotional counselling, family care, play therapy

AHC is uniquely positioned to meet the emotional needs of our patients and their families: our social workers are with patients and their families every step of the diagnosis, treatment and rehabilitation process.

Our social work team works across all



departments, providing counselling services and emotional support to parents, and providing one-on-one discussion and therapy to our young patients. We provide specialty counseling for newly diagnosed HIV patients, sexual and physical abuse survivors, abandoned children and terminally ill children.

Our staff receive on-going training at AHC and through the Department of Social Work at the Royal University of Phnom Penh. In addition to formal education, all of our counsellors take part in "self-care" through daily departmental check-ins to discuss difficult cases and how to bear the emotional weight of our patients.

Social work is a relatively new field in Cambodia, and our Social Work Unit is not only breaking down barriers but also providing a shining example for other Cambodian health providers.

## LABORATORY

**Treatments:** 108,447 blood tests

AHC is home to the leading microbiology lab in Cambodia: microbiology labs identify the bacteria causing an illness and determine the best antibiotics to treat that specific strain of infection. Over time, the AHC microbiology lab, in partnership



with the Cambodia Oxford Medical Research Unit (COMRU), has collated data to identify antibiotic resistance and sensitivities in commonly seen infections. With this data, we were able to establish the microGuide application for use in Cambodia – an application used by healthcare professionals around the world to treat bacterial infections based upon geographical location.

Our laboratory also provides haematology and biochemistry services to aid doctors in detecting infections, liver or kidney problems, and monitoring the efficacy of on-going treatments.

The laboratory maintains a blood bank for patients needing blood transfusions. Blood is donated by individual blood donors, and via blood drives at local businesses.

## EYE CLINIC

**Patients treated:** 14,074 consultations; 2,688 minor surgeries; 713 major surgeries; 121 patients admitted and 15,894 school screenings.

**Most common diagnosis:** eye infections, drainage of tear duct obstructions.

Most forms of blindness are preventable through early detection and treatment. Without the educational and medical resources, however, these blindness-causing issues cannot be treated. Our Eye Clinic has one of only two licensed paediatric ophthalmologists in Cambodia. We provide everything from vision screenings and corrective lenses to removing foreign objects from children's eyes, from cataract surgery to eye cancer care.

A core component of our outreach education programme is to provide teachers with basic eye anatomy education and the symptoms of common eye issues to enable them to identify potential eye issues even when our staff are not on hand.

Our school screening programme slowed due to funding restrictions. Maintaining funding for outreach activities is vital in our effort to improve healthcare for all of Cambodia's children.

In 2015, our paediatric ophthalmologist Dr. Phara learned how to use a diode laser machine during a training at St Jude Children's Research Hospital in the United States, for life-saving treatments, including shrinking cancerous eye tumors to preserve a child's eye, and also treating retinopathy of prematurity, a vision-threatening condition present in premature infants.



## HIV/HOMECARE UNIT

**Patients treated:** 2621 home visits; 533 HIV patients on Antiretroviral Therapy; 551 active HIV patients

**Education:** Peer Counselor lead education sessions; 8 Paediatric-Peer counselor-lead education sessions on living with HIV

**Most common diagnosis:** HIV/AIDS and HIV/AIDS exposure, Cerebral Palsy, malnutrition.

The HIV/Homecare Unit (HHU) was established in 2001 when it was identified that children living with chronic conditions or disabilities, such as HIV or cerebral palsy, were not able to access adequate care due to financial and social barriers.

The HHU provides patients with comprehensive care including medical treatment, emotional counselling, health education and social support. These

ancillary services can include building above-ground wells to provide safe drinking water, providing families with the seeds and gardening tools they need to grow nutritious food and teaching caretakers how to manage medication at home and read a clock in order to ensure our patients can adhere to their prescriptive guidelines.

One of the most innovative ways the HHU is changing healthcare is through our Paediatric Peer Education programme (PPE): the PPE programme empowers children living with HIV to become peer educators so that they can share their personal experiences with newly diagnosed children. The PPE programme creates a safe space for newly diagnosed patients to ask questions about staying in school while HIV positive, about mitigating the side effects of Antiretroviral Therapy drugs and general questions about life with HIV.



## PHYSIOTHERAPY UNIT

**Patients treated:** 3517

**Most common diagnosis:** Respiratory therapy, developmental delays, club foot and muscle contracture

Physiotherapy is an emerging field in Cambodia, and our staff are continually improving their theoretical and practical knowledge. Our physiotherapists work with families so that they understand their child's needs and can employ basic physiotherapy exercises at home. We encourage parents to become active members of their child's recovery, and by empowering them with the tools they need to continue at-home treatment, we are promoting on-going healing for our patients.



AHC regularly hosts international physiotherapists who help our staff stay up-to-date on important changes in physiotherapy protocols. As a leader in the field of physiotherapy, AHC is also a training site for physiotherapy students from government schools. Working with international experts and with current students enables our physiotherapists to grow as practitioners and instructors.



Most people living in rural areas do not have access to health education, and high rates of illiteracy makes more traditional forms of health education challenging. Through dance, songs and plays the team educate people from rural areas about general health topics.

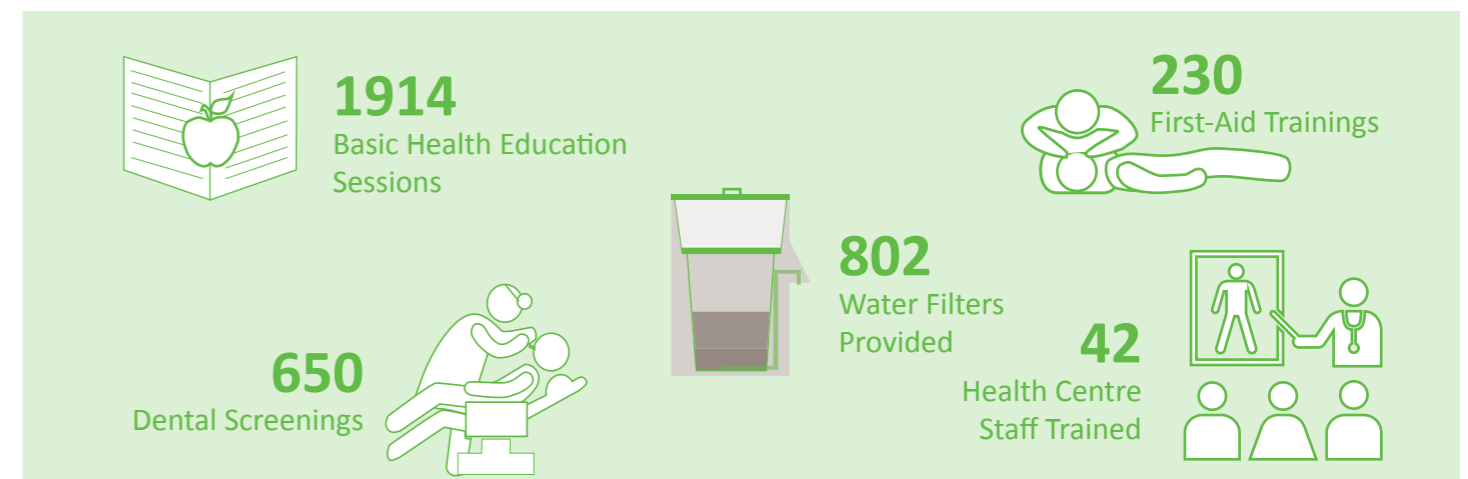


## Village Health Heroes

“My name is Lim Lart and I live in Chikreng District. I wanted to become a Village Health Volunteer (VHV) to reduce poverty in my community. A lot of poverty comes from things we can prevent through education, and as a VHV I am able to teach my community about how to stay healthy. I instruct villagers on hand washing, food hygiene, the symptoms of serious illnesses and where to take their children if they are sick. I encourage my community to ask me questions, and to visit the Health Centre or the hospital instead of a local healer or pharmacy. I think I have had a good impact on my village because now, when a child is sick, their parents ask me for help right away.”



## COMMUNITY HEALTH ACTION AND ENGAGEMENT: IMPROVING HEALTH FROM THE BOTTOM UP



A staggering number of Cambodian children suffer from preventable illnesses such as respiratory infections, diarrhea and infectious diseases that have been all but eradicated in the developed world. For children living in rural areas, the risk of falling seriously ill from preventable illness is even higher due to the lack of accessible healthcare.

As part of our mission to improve healthcare for all Cambodia’s children, Angkor Hospital for Children established the Community Health Action and Engagement Department (CHAED) in 2001. The CHAED is comprised of two units: the Capacity Building and Health Education Project (CBHEP) and the Health Systems Strengthening Project (HSSP).

The CBHEP focuses on increasing health literacy in rural areas, including government health centres and for community leaders. CBHEP trains government health workers, educates communities about basic sanitation and health through drama, TV and more; and evaluates health needs from a community level to develop efficient solutions.



HSSP is an on-going project to develop and implement national healthcare policies such as physician clinical practice guidelines and a nursing code of ethics, in cooperation with the Cambodian Ministry of Health, Physicians Council and Cambodian Council of Nurses.

The CHAED works to inclusively improve healthcare: our education programmes empower both government health workers and community members so that they can better address their health concerns; our school education programmes influence young Cambodians and spread health awareness; our community development project finds solutions for major health concerns, like providing water filters in areas with waterborne diseases; and our relationships with government health facilities improves the overall quality of care available in Cambodia.

# Specialty Services

In addition to our general hospital services, Angkor Hospital for Children provides a variety of surgical and medical specialty programme. Our specialty surgical services include a cardiac programme that provides life-saving open and closed heart operations to children suffering from congenital heart defects, a growing plastic surgery programme to treat burn survivors and a newly initiated partnership to treat Disorders of Sex Development (DSD). Our specialty medical services are a Neonatal Unit comprised of a Neonatal Intensive Care Unit and Special Care Baby Unit, a newly expanded oncology programme (that will treat not only retinoblastoma eye cancer, but also some types of low-stage tumors, leukemia and Wilm's disease), and a haematology programme including microbiology of infectious diseases.



## Oncology Programme

Since 2013, Angkor Hospital for Children has **provided comprehensive cancer care for children with retinoblastoma**, a rare form of paediatric eye cancer. Retinoblastoma, a rapidly growing tumor within the eye, has a 95% cure rate in the developed world, but in a low-resource country like Cambodia, the outcomes are dire: we are the only hospital in Cambodia currently treating retinoblastoma for free, and one of only two hospitals capable of providing chemotherapy to children. In 2015 we received approval for our five year strategic plan to expand our cancer programme:

- 88 children treated for retinoblastoma
- 27 children given chemotherapy
- 5 currently receiving chemotherapy

beginning in 2016, AHC will expand physical and human resources to treat Wilm's tumour, some low-stage tumors (including non-Hodgkins lymphoma, soft tissue sarcomas and germ cell tumors), with the aim of treating leukemia within the next five years.

Our medical staff will receive on-site training as well as experiential international trainings under the mentorship of several US-based paediatric oncologists.



## Cardiac Surgical Programme

**Globally 1 out of 10 children born will be diagnosed with a congenital heart defect.** Some of these heart defects compromise the child's quality of life and some are life threatening. Angkor Hospital for Children began its heart surgery programme in 2005 and have since performed more than 500 open heart surgeries. This interdisciplinary programme



trains all operating theatre staff including surgeon, scrub nurse and anesthesiologist.

Thanks to the support of international volunteer teams, our patients can receive life changing operations. In October of 2015, our surgeon performed his first independent Atrial Septal Defect (ASD) surgery. Before this heart surgery, 9-year-old Sorphea had never played outside or attended school: her heart condition prevented her blood from being fully oxygenated, which severely compromised her quality of life. Thanks to our cardiac programme, Sorphea is now able to play with her siblings for the first time in her life.

## Wound Care

**There are no burn centres in Cambodia:** for children who experience childhood burns, resources for physical recovery are extremely limited. Childhood burn survivors require on-going care from multidisciplinary specialists, which is why Angkor Hospital for Children partners with Children of Cambodia. Each year, a team of specialists visit to perform surgeries and train our surgeons, intensivists, physiotherapists, social workers and more, in burn treatment and wound care.



## Disorders of Sex Development (DSD)

In 2015, a team of DSD specialists from Monash University, including surgeons, radiologists and endocrinologists, visited AHC to initiate a capacity building programme in order to treat these types of illnesses. DSDs include malformations of the genitalia that can prevent a child from urinating easily, or can include more life-altering conditions such as hermaphroditism. This partnership will involve the training of a team of AHC doctors and nurses so we can provide the best care possible, from surgery to emotional support and everything in between.

“ The nurses in particular demonstrate a great understanding of their role, and I believe could work at any unit in any hospital if they were given the training. Doctors are responsible and present, and [one] even came in on his day off to monitor his patient. The medical staff obviously care a great deal about their patients and take their roles seriously.”

Dr. Michael Clifford, Intensivist with Open Heart International (Australia)

# A Big AHC First for a Small Patient

Chhomrath\* was born at full-term during a normal birth in at Knar Pou Health Center about 90 km from Siem Reap.

He was discharged home, but after two days his mother was extremely worried. Chhomrath began to turn blue feeding, and was coughing, choking and salivating intensely.

He was admitted at midnight to the Satellite Clinic and diagnosed with cyanosis (inadequate oxygenation of the blood), a congenital heart defect and oesophageal atresia with a tracheoesophageal fistula (TOF). A TOF is where there is a connection between the oesophagus and the trachea and is often associated with a defect in the oesophagus where the upper part is not connected to the lower part. Chhomrath was immediately transferred via ambulance to AHC, and admitted to our Neonatal Intensive Care Unit (NICU). TOF and oesophageal atresia is fatal if left untreated, and can only be corrected with a complex surgery - a surgery not attempted at AHC since 2009. Within 24 hours of being admitted to AHC's NICU, Chhomrath was in the operating theatre with Dr. Vuthy and our surgical team at the ready. After intubating Chhomrath, Dr. Vuthy located the fistula and corrected the misconnection by separating the oesophagus and trachea and connecting the oesophageal ends. The successful surgery took more than three hours.

During his stay, Chhomrath's mother received daily breastfeeding and nutrition counselling from our breast feeding specialist and emotional counselling from our Social Work Team. Our Social Work Unit also provided the family with financial food support and a safe space to sleep to ensure that they were able to remain present for Chhomrath's entire 21 day treatment.



## Behind the Scenes

For the first time in Angkor Hospital for Children’s history, a five-year Strategic Plan was created through a bottom-up discussion process. Drawing upon the input of our more than 500 staff members through the 25-member Strategic Working Group, the Executive Committee finalised the AHC Strategic Plan to review and re-focus our vision, mission and values to best reflect the goals of our hospital as a centre for treatment and education.



## Mission, Vision and Values

### Mission:

Improve healthcare for all Cambodia’s children

### Vision:

All Cambodian children to have access to quality compassionate medical care wherever they live and whatever their ability to pay

### Values:

- Compassion
- Quality care
- Expertise
- Integrity

## Strategic Priorities

1. Deliver high quality paediatric health care to our community in partnership with the Cambodian Government
2. Become a centre of excellence for education and research within Cambodia
3. Develop strong and sustainable teamwork at a hospital, community and national level
4. Become a sustainable and replicable model of healthcare in Cambodia

## Executive Committee

In 2015, Angkor Hospital for Children formalized its Executive Committee to create a horizontal management structure for the hospital. Made up of four AHC staff, our Executive Committee ensures all areas of the organisation have an equal voice while making operational decisions for the hospital. The Executive Committee officially meets once per week, and makes decisions on all hospital operations.



Dr. Claudia Turner, appointed Chief Executive Officer in early 2015, has been working at AHC with the Cambodia Oxford Medical Research Unit (COMRU) since 2012. Her clinical experience as a paediatrician, research experience as a tropical neonatologist and administrator in both Cambodia and in the Mae Sot region of Thailand are used for all practical medical and administrative decisions.



Dr. Ngoun Chanpheaktra, Hospital Director, has been at AHC since we first opened our doors in 1999. Dr. Pheaktra has worked as the Chief of the Emergency and Intensive Care Unit, Chief of Medicine and Deputy Hospital Director. This hands-on medical and administrative experience makes him a vital asset to the Executive Committee.



Mr. Tep Navy became Chief Operating Officer in 2012 after working his way from general nursing staff to Vice-Director of Nursing. Navy’s experience as an AHC nurse combined with his deep understanding of the Cambodian legal system and hospital administration ensures AHC makes comprehensive decisions in line with Cambodia’s legal framework.



Mr. Arjen Laan joined AHC in August of 2015 as the Chief Business Officer. He has worked in Cambodia since 2013 and has more than a decade of experience with Medicines Sans Frontiers (MSF) in both clinical nursing and administrative positions. His experience in corporate and non-profit sectors ensures smoother operational management while staying true to our mission.



“Over thirteen years of working at AHC, I have seen a lot of change...increases in number of staff, number of patients, improved hygiene standards etc. We can help more people when the facilities are better. The outpatient department was originally built to see around 10,000 patients per year. Now, with redevelopment of the buildings, we treat more than 100,000 per year.”

**Mr. Long Chinda,  
Grant Manager**

# AHC Satellite Clinic

The AHC Satellite Clinic (SC) is a ground breaking, healthcare partnership between a non-governmental institution and a government health care facility. Located on the grounds of the Sotnikum Referral Hospital (SRH), approximately 35km outside of Siem Reap, the Satellite Clinic provides paediatric and neonatal care in an area that would otherwise be void of such specialised services.

## Patients treated: 28,881 patients treated and 180 ambulance transfers

The AHC Satellite Clinic offers quality, dedicated paediatric facilities including an Outpatient and Inpatient Department, Emergency Room and a Neonatal Ward. Our ambulance service transfers patients requiring intensive care to AHC in Siem Reap. The Satellite Clinic is staffed by AHC doctors, nurses and ancillary staff. Specialised staff (such as social workers or physiotherapists) are able to travel from Siem Reap to Sotnikum when required. Our staff work closely with the Sotnikum Referral Hospital staff to increase the quality of care available at the hospital, including basic measures such as the installation of hand sanitiser bottles around the hospital.



In March, a mass food poisoning affected more than 600 children and adults—150 severely ill children were treated at the Satellite Clinic. The number of neonates arriving at the Satellite Clinic has increased, as has the number of births occurring at the SRH: as our reputation grows, more pregnant women are travelling to give birth at SRH because they are aware that the Satellite Clinic can provide high quality newborn care should there be complications.

SC Special Care Baby Unit Patient: **307**



Number of children seen in SC Outpatient Department: **25,017**



Number of children admitted to SC Inpatient Department: **1,385**



SC Emergency Room visits: **926**

SC Ambulance Transfers: **180**



# Providing Life-Saving Services

Cambodia is one of the most heavily mined countries in the world: it is estimated that between 4,000,000 and 6,000,000 land mines and other unexploded ordinance (UXO) remain buried from both the American War and the Khmer Rouge era. Unfortunately, children are most frequently injured by these UXOs because of their natural curiosity, or their attempts to collect and sell them as scrap metal.



While UXO explosions are uncommon, they do occur. In early 2015, four boys were injured when they discovered a UXO in a tree at their school, which had functioned as military barracks during the Khmer Rouge era. The boys were attempting to remove rust from the bomb so they could sell it for scrap metal when the bomb detonated. The boys were rushed to the Satellite Clinic in Sotnikum District, where two boys were treated and sent home. The other two boys, Sokchea and Sophal, had severe injuries with arterial bleeding. Dr. Samol clamped a major artery in Sokchea's arm before transferring both boys via AHC ambulance to Siem Reap for emergency surgery.

This is just one story demonstrating the invaluable services the AHC Satellite Clinic provides to rural children, including stabilization and safe ambulance transfer. Without the strategic location of the Satellite Clinic, it is unlikely that Sokchea or Sophal would have received these life-saving surgeries.



# Education Department

As part of our mission to improve healthcare for all Cambodia's children, AHC is dedicated to the continuous improvement of our services through staff education. We provide continuous nursing and medical education sessions for AHC and government staff, and support our staff to attend national and international conferences. One very exciting achievement in 2015 was the completion of two research theses by two of our senior doctors, in paediatric cardiology and neonatology.

In 2015, we trained more than 450 government nursing students in our nursing rotation programme and 29 government staff in Advanced Paediatric Life Support (APLS). In all, 55 medical interns from the University of Health Sciences and the International University in Phnom Penh completed 5-month rotations at AHC as part of their medical internships, and 25 physiotherapy students rotated through our physiotherapy unit. By training both AHC and non-AHC healthcare providers, AHC is improving the quality of paediatric care, patient and parent education, health promotion and illness prevention in Cambodia.

In October **Dr. Rathi Guhadasan** joined us as Director of Education. Dr. Guhadasan worked at AHC from 2001-2005, and we were very excited to welcome her back. With her guidance, our Education Department is flourishing in the quantity and quality of opportunities available to our staff, internally and externally.





## CHILD HEALTH IN CAMBODIA

The health situation for children in Cambodia is improving but there is still much to be done.

**Neonatal mortality rate** (per 1000 live births): 18 (but much higher in the rural areas)

**Under 5 years mortality rate** (per 1000 live births): 35

Children from impoverished families are **more than twice as likely to die** before their fifth birthday than children from wealthy households

**32%** of children under age 5 are stunted and **24%** are underweight



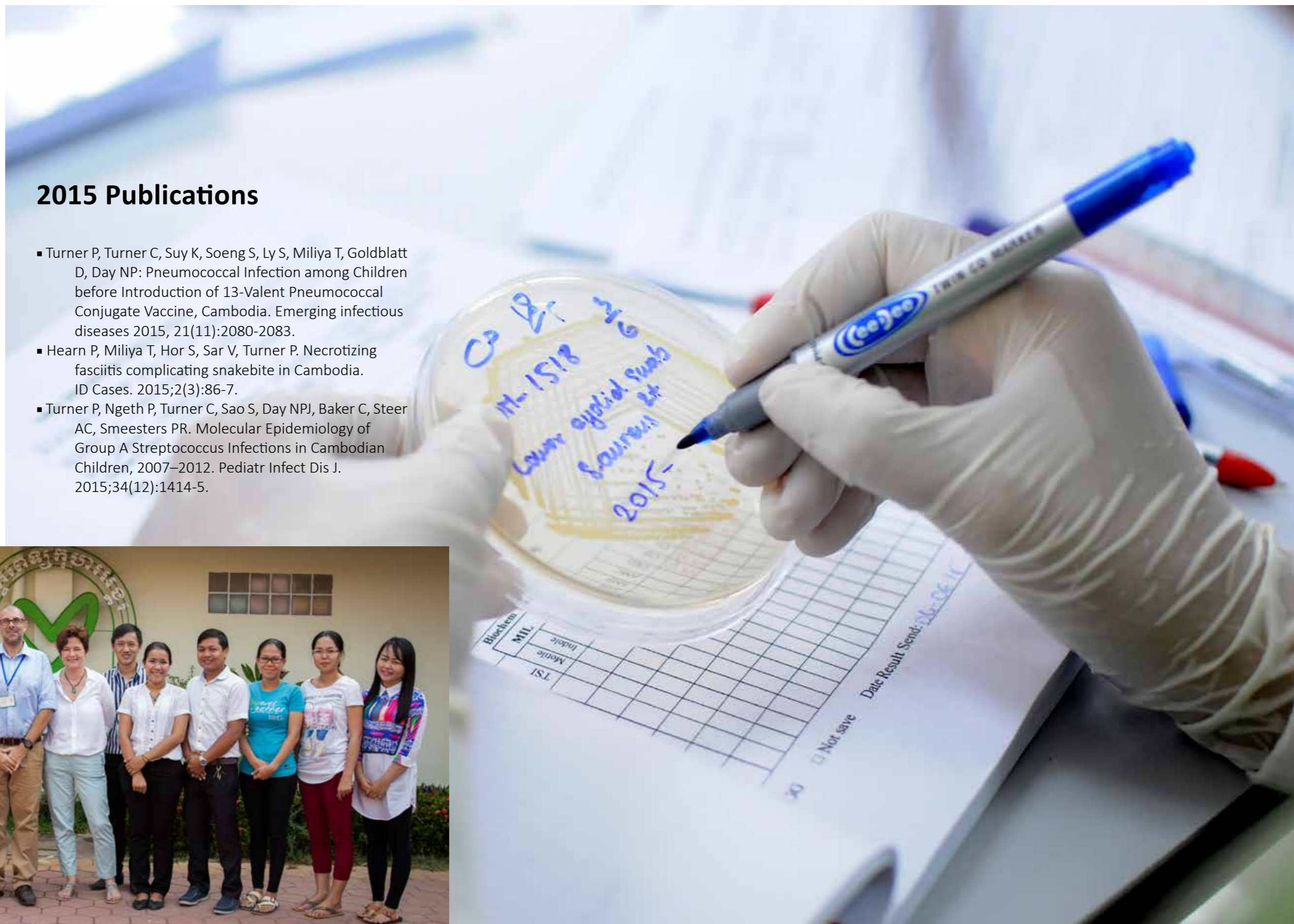
# Research

## UTILISING RESEARCH TO INFORM BETTER TREATMENT

The collaborative relationship between Angkor Hospital for Children and the Cambodia Oxford Medical Research Unit (COMRU) has paved the way for new and exciting research. This year, AHC and COMRU worked together to publish three research papers informed by several years of hands-on research. In one paper, it was determined that a newly-introduced pneumococcal vaccine (PCV13) should be very effective in reducing pneumococcal infections, a leading cause of childhood illness and death in the developing world. There is a lack of hospital-based research on paediatric illnesses, and the partnership between AHC and COMRU is filling that gap. By studying our patients' illnesses we are able to tailor our care to their needs.

### 2015 Publications

- Turner P, Turner C, Suy K, Soeng S, Ly S, Miliya T, Goldblatt D, Day NP: Pneumococcal Infection among Children before Introduction of 13-Valent Pneumococcal Conjugate Vaccine, Cambodia. *Emerging infectious diseases* 2015, 21(11):2080-2083.
- Hearn P, Miliya T, Hor S, Sar V, Turner P. Necrotizing fasciitis complicating snakebite in Cambodia. *ID Cases*. 2015;2(3):86-7.
- Turner P, Ngeth P, Turner C, Sao S, Day NPJ, Baker C, Steer AC, Smeesters PR. Molecular Epidemiology of Group A Streptococcus Infections in Cambodian Children, 2007–2012. *Pediatr Infect Dis J*. 2015;34(12):1414-5.



# Local Community Gets Involved

## បុណ្យផ្កាប្រាក់មហាសាមគ្គី (Bon Phkar Prak)

ដើម្បីឧបត្ថម្ភចំពោះមន្ទីរពេទ្យកុមារអន្តរជាតិ



Bon Phka Prak is a Buddhist holiday when pagodas and monks raise money in their local communities for the public good. For the second year in a row, Wat Bo Pagoda donated all of the funds raised to Angkor Hospital for Children. More than 2,500 people attended the 18 March event, and nearly \$30,000 was raised through community donations. This amazing event shows just how much our local community can do when they come together in support of paediatric health.

## Cycling for Environment and Children Health

On 16 August, 600 Angkor Hospital for Children supporters set off on the second annual Cycling for Environment and Children's Health event. Hosted by Cambodia Cycling and Asian Square Restaurant, this wonderful bike ride took us through the beautiful Cambodian countryside.



This event took participants through the beautiful Cambodian countryside and Angkor temple complex and concluded with fun team-based activities. Thank you to everyone who participated, and we can't wait to see you next year!

## Angkor Wat International Half Marathon 06 December 2015



### OneTeam- OneRace- OneDay

The 2015 Angkor Wat International Half Marathon was a truly incredible weekend. Our OneTeam—OneRace—OneDay campaign brought runners from around the world and raised more than \$113,000: almost three times as much as 2014.

Special thanks to Macquarie Group for bringing an amazing group of runners and supporters; to Robin and Doug Robertson for providing running tops for our team, and to all of our staff and friends for making this a weekend to remember!

The weekend kicked off with a dinner for participants, where runners and donors had a chance to meet AHC staff, board members and supporters. The runners lined up before dawn, anxiously toeing the line in a crowd of 8,500 before beginning one of the world's most beautiful half marathons.



# Fundraising Around the World

Angkor Hospital for Children (AHC) is able to offer free and high quality services to Cambodia's children because of the incredible generosity of our friends and supporters from around the world. They do an extraordinary job of hosting creative fundraising events overseas and here in Siem Reap. These wonderful events not only raise much needed funds for the hospital, but also raise awareness about AHC's work and the remarkable impact we are having on improving healthcare for all children – we are incredibly grateful.

## AHC Fundraising Dinner – Hong Kong

In April 2015 the Angkor Hospital for Children Hong Kong fundraising committee conducted a very successful first annual fundraising dinner at Quest by Que restaurant.



## 16th Annual Friends of Friends New York Fundraising Event - USA

The Friends of Friends Cambodian-American committee held yet another wonderful fundraising event in New Jersey in January 2015.



## Summer Charity Garden Party – UK

The ARRT Society's Summer Charity Garden Party for AHC was held at sunny Cliveland Square, London in July 2015.



## Together for Cambodia's Children – Cambodia

Cambodian actor, Savin Phillip, organized a business networking event at the Siem Reap Brew Pub, helping to raise funds and awareness about AHC in December, 2015.





## VALUABLE VOLUNTEER CONTRIBUTIONS

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.

### Elizabeth Ang, Paediatric Rheumatologist, 2015

Dr. Elizabeth Ang is a paediatric rheumatologist with National University Hospital in Singapore. Rheumatology is a branch of medicine that deals with arthritis and other chronic joint and muscle conditions. Unfortunately, there are no paediatric rheumatology services in Cambodia but, thanks to Dr. Ang's enthusiasm, Angkor Hospital for Children's doctors and nurses are quickly learning how to identify and manage these chronic conditions. Dr. Ang was able to visit three times in just six months in 2015, and we can't wait to see her again!

**"The services available in Cambodia fall far short of those available in developed countries which can lead to heart-breaking consequences for sick children. AHC does amazing work to improve the quality and quantity of care available to Cambodian children, and I was so touched that I returned twice more within 6 months of my first visit!"**

My first volunteer experience with Angkor Hospital for Children was in May 2015, when I taught the two-week Rheumatology module of the residency programme. I loved the opportunity to share my experience with eager and diligent young residents through interactive lectures. One of the best parts of volunteering was joining in the Outpatient Department, where I could assist doctors in consultation, and joining Inpatient Department rounds, where I was available to any resident to answer a variety of questions, even those unrelated to Rheumatology. I was so encouraged by the residents' intelligence, humility and fun-loving nature, and was similarly impressed by the nurses' competence in medical knowledge. The senior doctors at AHC manage an impressive case load both in volume and diversity, and willingly cover the junior doctors' cases so that they can attend teaching sessions. During follow-up visits, we scheduled appointments for complicated cases, I demonstrated and then supervised joint injections and worked with the junior doctors to expand their skill set, with the goal of empowering them to independently care for children with chronic rheumatologic problems. I can't wait to return in 2016!"



## NEW AND EXCITING IN 2016

### Extending the Reach of Angkor Hospital for Children

Whilst 2015 has been a year of positive transformation, 2016 will see Angkor Hospital for Children (AHC) extend its reach to new areas of learning, seeking to be at the forefront of health service delivery and global child health. We will plan for our funding security by focusing on multi-year grants, solidify government partnerships and develop strategic partnerships in new regions; and build AHC as a center of child health excellence, where critical global health issues can be explored.

As AHC moves toward 2020, we need to employ these strategies to ensure that the work we do is even more effective and carries greater impact, not only for the hundreds of children and families that we see daily, but in a greater global context where the experience and lessons that we have accumulated over many years can be adapted to positively influence other health providers in Cambodia and around the world.

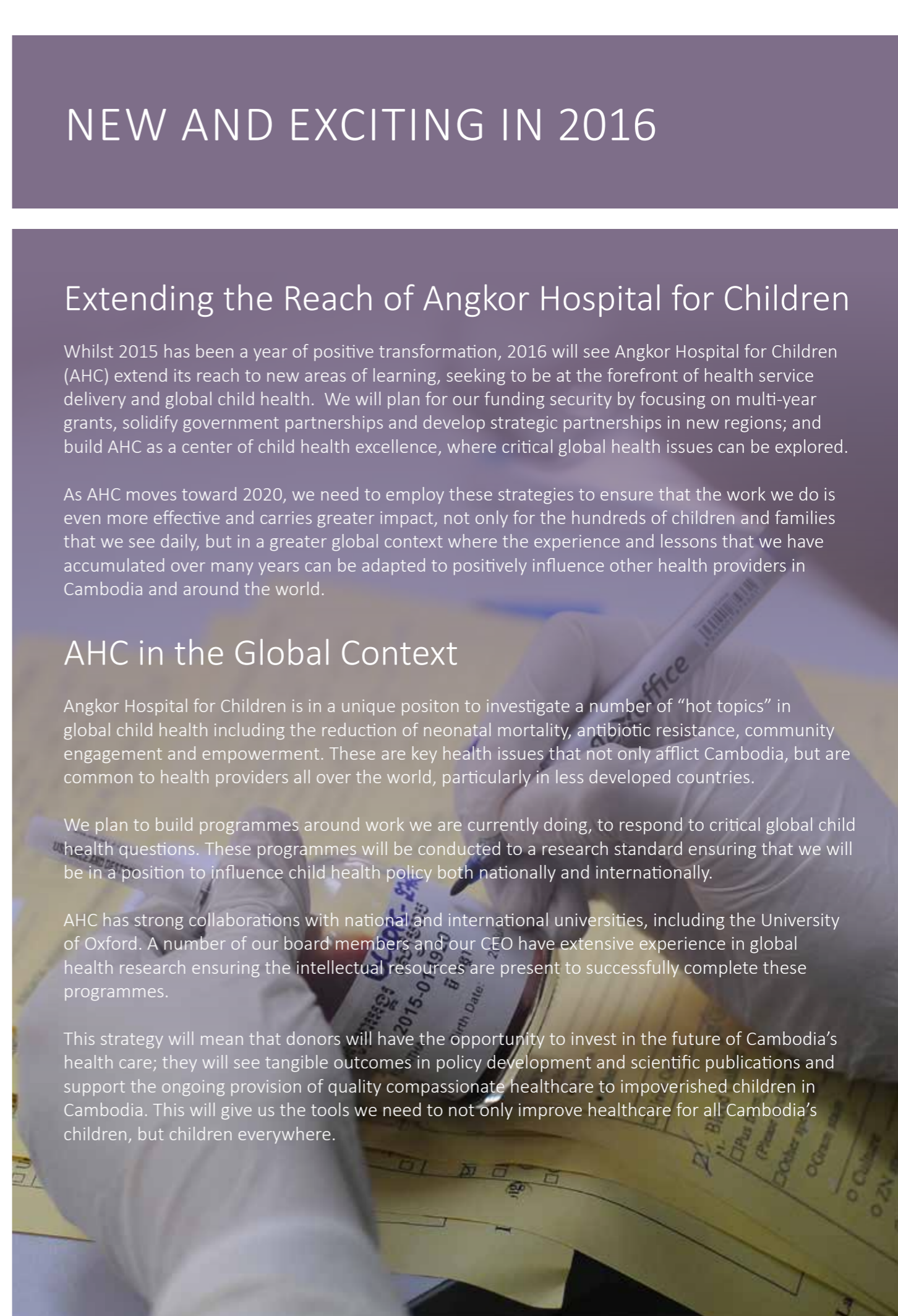
### AHC in the Global Context

Angkor Hospital for Children is in a unique position to investigate a number of "hot topics" in global child health including the reduction of neonatal mortality, antibiotic resistance, community engagement and empowerment. These are key health issues that not only afflict Cambodia, but are common to health providers all over the world, particularly in less developed countries.

We plan to build programmes around work we are currently doing, to respond to critical global child health questions. These programmes will be conducted to a research standard ensuring that we will be in a position to influence child health policy both nationally and internationally.

AHC has strong collaborations with national and international universities, including the University of Oxford. A number of our board members and our CEO have extensive experience in global health research ensuring the intellectual resources are present to successfully complete these programmes.

This strategy will mean that donors will have the opportunity to invest in the future of Cambodia's health care; they will see tangible outcomes in policy development and scientific publications and support the ongoing provision of quality compassionate healthcare to impoverished children in Cambodia. This will give us the tools we need to not only improve healthcare for all Cambodia's children, but children everywhere.



# STATEMENT OF ACTIVITIES

Sources of funds	2015	2014
Contributions received from third parties	\$6,094,908	\$6,367,608
Overseas government grants	\$357,310	\$205,796
Provision of services	\$88,643	\$86,151
Sales of goods	\$15,715	\$24,696
Donations in kind	\$54,900	\$127,223
Other income	\$14,703	\$5,448
<b>Total funding</b>	<b>\$6,626,179</b>	<b>\$6,816,922</b>

Uses of funds	Personnel Cost	Expenditure	Total	% of funding	
				2015	2014
Outpatient Department	\$271,521	\$199,646	\$471,167	7%	7%
Inpatient Department	\$437,970	\$184,949	\$622,919	9%	10%
Emergency Room	\$79,913	\$72,540	\$152,453	2%	2%
Intensive Care Unit	\$319,653	\$290,160	\$609,813	9%	9%
Surgical Department	\$247,304	\$335,017	\$582,321	9%	10%
Satellite Clinic	\$325,030	\$273,190	\$598,220	9%	9%
Eye Clinic	\$82,545	\$111,258	\$193,803	3%	3%
HIV/Homecare Unit	\$94,506	\$78,141	\$172,647	3%	3%
Dental Clinic	\$74,624	\$50,130	\$124,754	2%	2%
Physiotherapy Unit	\$26,841	\$5,499	\$32,339	0%	0%
Ultrasound/X-rays Unit	\$54,176	\$30,388	\$84,564	1%	1%
Pharmacy	\$56,988	\$3,788	\$60,775	1%	1%
Laboratory	\$110,967	\$17,6519	\$287,486	4%	4%
Social Work Unit	\$60,205	\$2,0251	\$80,455	1%	1%
Neonatal Unit	\$149,719	\$99,032	\$248,751	4%	3%
<b>Health Services</b>	<b>\$4,322,469</b>			<b>65%</b>	<b>65%</b>
Education and Research Department	\$475,284	\$150,705	\$625,989	9%	10%
External Programme Department	\$48,423	\$33,833	\$82,256	1%	2%
Community Based Health Education	\$84,333	\$103,679	\$188,012	3%	4%
<b>Education programmes</b>	<b>\$896,257</b>			<b>14%</b>	<b>16%</b>
Administration/Management	\$364,836	\$346,608	\$711,444	11%	10%
Development	\$122,703	\$70,698	\$193,400	3%	3%
<b>Overheads</b>	<b>\$904,844</b>			<b>14%</b>	<b>13%</b>
<b>Operating Expenses</b>			<b>\$6,123,570</b>	<b>92%</b>	<b>93%</b>
Operating surplus/(deficit)*			\$102,842	2%	(6%)
Capital expenditure			\$399,767	6%	13%
<b>Total funding</b>			<b>\$6,626,179</b>	<b>100%</b>	<b>100%</b>

Angkor Hospital for Children produces annual financial statements in accordance with Hong Kong Financial Reporting Standards and these are audited by Baker Tilly Hong Kong. Financial statements for the year ended 31 December 2015 are available at <http://angkorhospital.org/about-us/hospital-publications/>.

\*The operating surplus for 2015 was taken to the hospital reserve. A reserve is vital to ensure the financial sustainability of the Hospital and to manage fundraising risk. At the end of 2015 the Hospital had a reserve representing three months of operating costs.

# COST ANALYSIS 2015

Health Services	Unit	Average Cost Per Unit	
		2015	2014
Outpatient Department	Visit	\$6.20	\$6.72
Emergency Room	Visit	\$7.09	\$9.22
Satellite Clinic	Visit in OPD + ER + patient in IPD	\$24.66	\$29.96
Inpatient Department*	Patient Stay	\$151.44	\$167.13
Surgical Department**	Surgical Procedure	\$425.72	\$473.79
Intensive Care Unit	Patient Stay	\$820.83	\$898.72
Neonatal Unit	Patient Stay	\$644.43	\$571.96
<b>Specialized Health Service</b>			
Dental Clinic	Visit	\$10.23	\$10.27
Eye Clinic***	Consultation	\$16.71	\$20.40
Physiotherapy Unit	Session	\$10.89	\$11.07
<b>Diagnostics</b>			
Ultrasound/ X-ray Unit	Test	\$8.41	\$9.37
Laboratory	Test	\$3.14	\$3.29

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

Angkor Hospital for Children prides itself on being an institution of excellence in both treatment and education. As a non-profit hospital, we depend upon your generosity to ensure our doors stay open to the hundreds of thousands of children who rely upon our services. AHC is grateful to each and every one of our supporters: by choosing to support our treatment, education and prevention programmes, you are improving the quality of health care available to children across Cambodia. With your support, we have

been able to provide more than 1.6million treatments for everything from the common cold to open heart surgery, from a new pair of eyeglasses to comprehensive cancer treatment. In the 16 years since we opened, we have been the beneficiary of the support from all corners of the globe: whether you are a large trust making cornerstone donations, a local business making regular contributions or a traveler who made time to donate blood, we thank you.

## CORNERSTONE CONTRIBUTORS

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 Lindsay Cooper  
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 Planet Wheeler Foundation  
 Seva Foundation Cambodia  
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 The Weldon UK Charitable Trust  
 TO Holding As

## KEY CONTRIBUTORS

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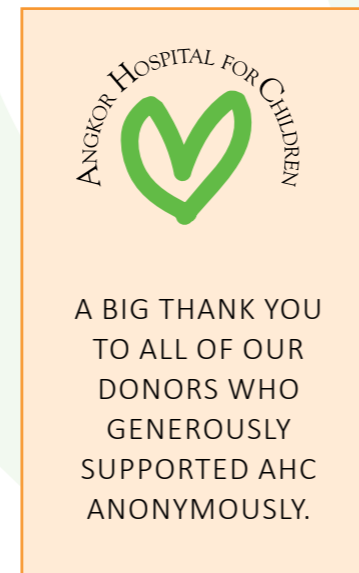
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