



**របាយការណ៍ប្រចាំឆ្នាំ ២០២១**  
**Angkor Hospital for Children**  
**2021 Annual Report**





**Every child deserves to be healthy.  
Every child deserves quality compassionate health care.  
That is what we deliver at AHC.**

# Table of Contents

Message from AHC's Hospital Director (CEO)	1
Leadership transitions in 2021	2
Our Mission, Vision, Values	3
Strategic Plan 2022-2026	4
"It was a hard time for all families with us during lockdown."	5
2021 in numbers	8
Key Performance Indicators	10
Lifesaving treatment under lockdown	11
Going beyond medical care	12
Sustainability at AHC	17
Governance	20
Financials	21
សាររបស់ថ្នាក់ដឹកនាំមន្ទីរពេទ្យកុមារអង្គរ	22
មន្ទីរពេទ្យកុមារអង្គរ ក្នុងឆ្នាំ២០២១	23
តួលេខឆ្នាំ២០២១	23
សូចនាករវាស់វែងសកម្មភាពអនុវត្តការងារ	24
និរន្តរភាពនៅមន្ទីរពេទ្យកុមារអង្គរ	25
អំពីហិរញ្ញវត្ថុ	26
សេចក្តីថ្លែងអំណរគុណ   Thank you	27



## Message from AHC's Hospital Director (CEO)



**Dr Ngoun Chanpheaktra** is one of the first paediatricians to work at AHC and has been with the organisation since its founding in 1999. He became AHC's Hospital Director in 2016.

In September 2021, AHC began the transition to become a locally led and managed organisation. As CEO, Dr Pheaktra now oversees all aspects of AHC from medical service delivery, education, operations, to organisational strategy.

Dear friends of AHC,

I started my journey at AHC as a fresh medical graduate when we opened in 1999. I grew up here and became a doctor here. Over the past 21 years, we have continuously learned, improved and evolved, thanks to the endless support and mentorship from donors and experts around the world, and of course, Professor Claudia. I would like to thank everyone for believing in Cambodian children, in AHC and in me.

2021 brought many challenges for us all. At AHC, COVID-19 continued to bring fear, stress and financial hardship to the families we work with, creating further barriers to accessing health care. We had to think outside the box and adapt to new ways of working, and efficiently respond with compassion and expertise to continue providing the best care and treatment possible.

The national COVID-19 outbreak and its knock on effects disrupted our operations. Costs increased. We all worried about patient and staff safety. We feared contracting the virus. It was difficult for children to come to AHC, particularly from rural areas, which is especially dangerous for our chronically ill patients. Many families slid back into poverty, as they lost jobs and livelihoods. People tried hard to adapt, pay less for daily life. Some went into debt. I expect to see a long-term impact of the delay in critical care for Cambodian children.

Thanks to your emergency support, we built a ward for COVID-19 positive patients and staff. We experienced staff shortage due to staff treatment and quarantine. Still, we never gave up. By October, we were able to close down the ward and began to receive our usual daily number of patients.

For many years, AHC has run on the generosity of our international donors but during the pandemic, overseas donations declined. Our supporters here in Cambodia helped fill the funding gap, now contributing one third of our running costs. However, we are struggling to raise the total funds needed to keep AHC open for the thousands of children who need our care. We are working towards two-thirds of our income to come from within Cambodia by 2025, but now we need our international supporters more than ever.

As healthcare in Cambodia is evolving, so is AHC. AHC now fills a gap for all Cambodian children who are chronically ill and need compassionate specialty care that is still difficult to receive in Cambodia. We will continue to respond to the changing needs, working alongside the Royal Government of Cambodia to ensure the quality of healthcare matches that of developed nations.

I would like to sincerely thank all of our donors, supporters, volunteers, our Board of Directors and staff for striving towards AHC's mission, despite all the difficulties. I cannot forget to mention all the medical students that persevered in their studies through a global pandemic, the communities that continued to welcome us and applaud the Cambodian government, Ministry of Health and government health workers who have worked so hard for Cambodia to successfully fight COVID-19.

All of us together enable AHC to stay open and save many thousands of Cambodian children now and in the future. I hope everyone will keep generously supporting AHC for a bright, healthy future for them. All of us are on this mission together. AHC is our organisation. AHC is our success.

Yours sincerely,

Dr Ngoun Chanpheaktra

# Leadership transitions in 2021

The transition to becoming a locally led and managed organisation is an exciting step towards AHC's long-term sustainability, as well as testament to the progress made and capacity built over the past two decades.

*"Professor Claudia and our former Chair, Rob, are very important people for us. They are dedicated to Cambodian children and to AHC. They are still here, supporting and working with us side by side to make sure that we can remain open for all the Cambodian children that need our care."*  
- Dr Pheaktra

## AHC's Executive Committee

Professor Claudia Turner, AHC's former CEO, continues to support Dr Pheaktra through the transition and will continue to manage special projects, like the Saving Babies Lives Programme.



*"My ambition as CEO was to ultimately transfer the leadership of AHC, for it to be locally led and managed. Dr Pheaktra is one of the most inspirational, kindest and humble people I have ever met or worked with. I have worked very closely with him over the past six years and I cannot think of anyone better than him to lead AHC."*  
- Professor Claudia Turner

## AHC's Board of Directors

AHC extends its deepest gratitude to Rob Gazzi who has stepped down as Chairman. Rob is staying on the board to support Sambath in his new role.



*"It has been an honour to serve as chair of AHC over the last eight years. Ever since our first involvement, it has always been the intention for AHC to be managed and overseen by Cambodians. With Dr Pheaktra taking over responsibility for the management of AHC, the time is right for the board to be Cambodian led. In Sambath, AHC has the ideal person as he has been involved with AHC for over 10 years and has an outstanding knowledge of the organisation as well as the Cambodian commercial environment."*  
- Rob Gazzi

Soum Sambath, CEO of CAM-Paint, the largest paint manufacturer in Cambodia, is now the first Cambodian Chairman of AHC's Board of Directors. He has been supporting AHC for over 10 years, brings a wealth of leadership and business expertise, and will work closely with Dr Pheaktra to support AHC's strategic goals.



*"Like other children in the world, Cambodian children deserve to be healthy. Investing time and effort into paediatric healthcare is essential to ensure that all Cambodian children, the future of our country, can be in good health and grow up to develop Cambodia like developed countries."*  
- Soum Sambath



The community in Sleng Spean Village get ready for health education and cooking demonstration from AHC's Nutrition Project Team.

# Our Mission, Vision, Values

## បេសកកម្ម

ធ្វើឱ្យប្រសើរឡើងនូវការគាំពារសុខភាពសម្រាប់កុមារកម្ពុជាទាំងអស់

## ចក្ខុវិស័យ

កុមារកម្ពុជាគ្រប់រូបទទួលបាននូវសេវាថែទាំសុខភាពប្រកបដោយសេចក្តីមេត្តាករុណា និងគុណភាពខ្ពស់ ទោះបីជាពួកគេរស់នៅទីកន្លែងណា និងមិនមានលទ្ធភាពបង់ថ្លៃសេវាក៏ដោយ

## គុណតម្លៃ

សេចក្តីមេត្តាករុណា  
គុណភាព  
ជំនាញ  
សុចរិតភាព



## MISSION

To improve healthcare for all Cambodia's children



## VISION

For 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 Plan 2022-2026

During 2021, AHC evaluated progress on AHC's 2019-2021 Strategic Plan and sought feedback from all AHC staff in order to develop the organisational priorities for the next five years. AHC's 2022-2026 Strategic Plan serves as a roadmap toward improving healthcare for all Cambodia's children in the long-term and saving lives now.



To be a leading secondary and tertiary care centre delivering paediatric specialist services to children from across Cambodia.



To build capacity in Cambodia's healthcare system that extends beyond AHC's walls.



To run the organisation with exemplary governance.



## "It was a hard time for all families with us during lockdown."

Cambodia did not experience a full outbreak of COVID-19 in 2020, however that changed in February 2021 when an outbreak in Phnom Penh spread nationwide. Siem Reap, where AHC is located, was one of the many provinces that experienced strict lockdowns between April and September.

*"It was a hard time for all families that stayed with us during lockdown. Everyone had less income or no income at all. Transportation was risky, expensive and rarely available. We could only allow one caretaker of each child to stay at AHC, and as AHC was in a lockdown red zone, it was difficult to find food too."*

*- Dr Meas Vorleak, Chief of ICU*

With 14 beds in the Paediatric Intensive Care Unit (PICU), and six beds in the Neonatal Intensive Care Unit (NICU), AHC remained at near full capacity throughout the year. There was a peak in admissions at the PICU after the first lockdown ended briefly in June, only to go under lockdown again in July.

By late September, when all lockdowns in Cambodia ended, the admissions of patients began to increase while PICU intake began to slightly decline.

*"Right after lockdown, we had more patients but fewer staff, as many of our team were in quarantine. We had to be more cautious with infection and prevention control to avoid the spread of COVID-19, especially with children coming with respiratory infections. With good teamwork and dedication to the children, we managed. I am proud of my team!" shared Dr Vorleak.*

Fortunately, the Cambodian government's vaccination campaign was a success, rolling out quickly and effectively. By the end of 2021, 98% of Cambodia's adult population and 75% of children five years or older were fully vaccinated.





## Farmers, Chea and Ranet

*“It was so sad, painful and stressful for me. I just gave birth... I had no energy. We were not sure what to do... we were afraid of COVID-19 and AHC is so far away from our home. But I’m so glad we made it here.”*



Young farmers and first time parents, Chea and Ranet, were not sure if it was normal for newborns to have difficulty breathing.

After finding out their newborn Socheata required specialised care, their neighbour recommended they take her to AHC.

Socheata was diagnosed with congenital heart disease and neonatal sepsis, conditions that put her at risk of contracting COVID-19. Unfortunately, at 12-days-old, she was confirmed COVID-19 positive.

Socheata was isolated immediately in AHC’s COVID-19 ward for the next 15 days. Unfortunately, Socheata developed pneumonia as a side effect of COVID-19, and remained in the Paediatric Intensive Care Unit (PICU) for three more weeks.

Socheata was eventually discharged and AHC’s doctors and nurses are confident she can grow up to live a long and healthy life.

\*Names throughout the report have been changed to protect the privacy of our patients and their families.

## Dr Sam Lyvannak, Oncologist



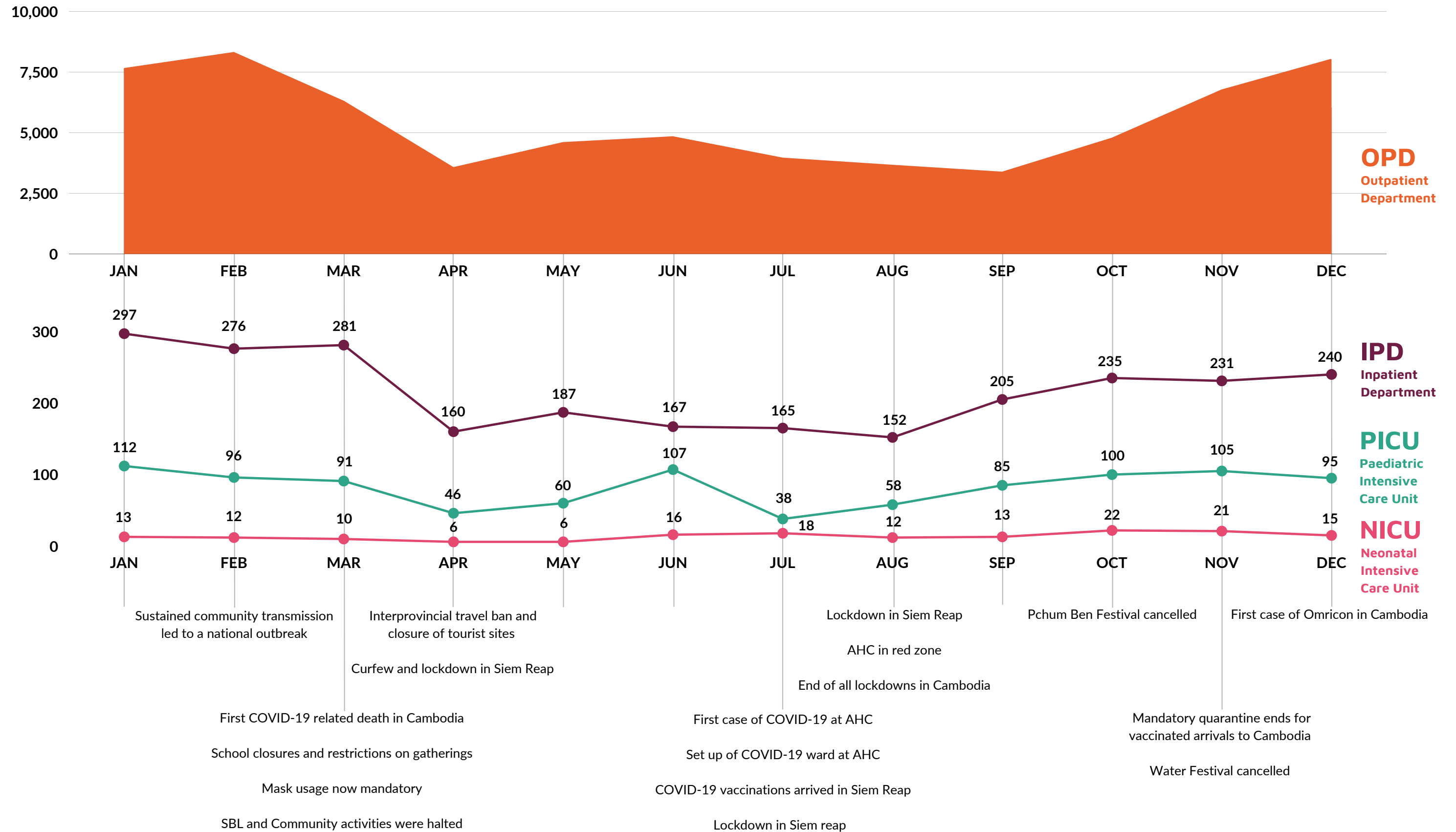
In July, empty classrooms within the Education Department transformed into the AHC COVID-19 ward. A COVID Care Team (CCT) was set up. All COVID-19 positive patients were admitted for other conditions but showed symptoms and were later confirmed positive.

The CCT consisted of three doctors, six nurses, two cleaners and one administrator. AHC medical staff worked in split shifts, 12 hours for nurses, and 24 hours for doctors. Dr Sam Lyvannak, AHC's Oncology Specialist, was one of the three doctors on the team.

Dr Vannak examined COVID-19 positive patients twice a day, and kept all caretakers updated.

*"I felt nervous at first, but I felt calm once I realised we were one big family on the same boat, trying to cross a big river. We had to take care of each other in order to cross safely. The COVID Care Team did not just treat the disease but also any complications or problems our patients and their families faced. As a doctor, it was a challenging and rewarding experience."*

# 2021 in numbers



## 2021 in numbers



Ningning, currently five-years old, has been receiving treatment for Acute Lymphoblastic Leukaemia (ALL) since 2020.

In July, while traveling from Kampot Province for routine chemotherapy treatment, Ningning developed a high fever and rough coughs. Ningning tested positive for COVID-19 upon arriving at AHC. She received treatment for COVID-19 first, and then successfully resumed chemotherapy. She will finish treatment in January 2023.

### In the hospital, classroom and community....

**65,694**

total treatments were provided, from outpatient care to specialty services, despite numerous challenges from travel restrictions to staff shortages caused by COVID-19.

**993**

children received life-saving emergency treatment in our specialist Paediatric Intensive Care Unit (PICU), one of the only facilities of its kind in Cambodia.

**37**

government health facilities received our support to set up systems to improve patient care, install life-saving equipment and provide training and mentorship to health professionals.

**4**

doctors completed their three-year sub-specialty training programme to become a paediatric specialty doctor, to address the gap in specialty care in Cambodia.

**6**

doctors received classroom learning and hands-on skill-building and completed a one-year paediatric programme.

**49,419**

virtual and in-person attendances were recorded in AHC's educational sessions for external healthcare professionals, nursing and medical students and AHC staff.

**142,512**

attendances were recorded in AHC's prevention and health education activities in villages, schools and communes.

# Key Performance Indicators

AHC measures quality and effectiveness by monitoring Key Performance Indicators across departments in line with international best practices, to improve clinical practice and health outcomes.



95%

Hand hygiene levels



125

Minutes on average waiting time



3.9%

Healthcare-associated infections (HCAI) rate



1%

Readmission rate



12

Publications in international journals

Strict travel restrictions and a public fear of hospitals throughout the year meant fewer patients visited AHC in 2021. The decrease in patient numbers related mainly to less children with mild illnesses visiting AHC's outpatient department.

Despite an extended admission process due to COVID-19 screenings, thanks to our improved systems, the waiting time reduced to 125 minutes on average (compared to last year's 167 minutes). As general knowledge on hygiene improved and behaviour changed worldwide, AHC broke its record from 2020 and increased the hand hygiene level by 2%.

AHC's readmission rate increased slightly by 0.3% compared to 2020. AHC was keen to discharge patients as early as possible to decrease any risks of them contracting COVID-19. Families were also in fear of contracting the virus and eager to stay away from public spaces. Furthermore, AHC's Healthcare-Associated Infections (HCAI) rate dropped from 6.1% in 2020 to 3.9% in 2021 because of increased hygiene and infection prevention measures implemented at the hospital and shorter patient stays.

## Lifesaving treatment during lockdown



*"It was very difficult. There were many checkpoints. I had to beg the police to let me through. My son stopped me many times because the journey with the moto is hard, especially because of the rain and heat. I was even afraid to stop at restaurants. I packed enough food for the journey so we could stop on the side of the road to eat."*

– Bopha, Samnang's mother

One measure affecting many families visiting AHC in 2021 was the first interprovincial travel ban enacted on April 7, 2021. While travel for emergency medical purposes was allowed, the lack of public transportation created additional barriers for families attempting to get to AHC.

Samnang's story is an example of the many families that overcame challenges presented by the pandemic to receive the life-saving treatment their children needed during the lockdown.

Four-year-old Samnang lives in Saang District, Kandal Province with his mother, Bopha, father and two siblings. His father works as a farmer and his income was hit during the pandemic, as less suppliers collected produce to be sold at market. In January 2021, Bopha noticed that her son's eye was red and he stopped playing with other children. Bopha took Samnang to the local clinic and was referred to a hospital in Phnom Penh. There, Samnang was diagnosed with retinoblastoma and was referred to AHC.

Retinoblastoma is a common childhood cancer affecting the eye. AHC's specialised Eye Clinic and Oncology Unit worked together to first remove his eye and then follow-up with six rounds of chemotherapy to ensure the cancer does not return. After Samnang underwent surgery and his first cycle of chemotherapy, the national COVID-19 situation escalated drastically.

Children receiving chemotherapy for retinoblastoma risk having their cancer return if they miss even one month of treatment. Bopha knew she had to do whatever she could to ensure that Samnang received his next round of chemotherapy. Having come to AHC the previous two times by bus, this option was no longer possible during lockdown.

Bopha decided to make an 11-hour journey on the family's moto, with her sister carrying Samnang on the back, as she saw no other option.

The most difficult part was when they reached Siem Reap Province because they came from a COVID-19 "hot spot". They were required to take a COVID-19 test, wear a mask, get a temperature check, and fill out paperwork before they were able to present at AHC. Many visitors had to stay for one night in isolation with the local police while waiting for their COVID-19 test results.

Unfortunately, many cancer patients, typically from poorer remote areas, were unable to secure transport during the lockdown. AHC was able to help families with the paperwork to cross the checkpoints, yet without public transportation available, travel was still a barrier for chemotherapy patients potentially putting them at risk of their cancer returning or other complications.

After six cycles, Samnang successfully finished his chemotherapy in August 2021. AHC's Oncology team is confident Samnang has a bright future ahead of him, growing up just like other healthy children.

## Going beyond medical care

*"2021 was concerning. The number of cases we received dropped. It does not mean that problems disappeared. It means children who need our help did not or could not come to the hospital."*

*- Dim Sophearin, AHC's Head of Social Work*

Established in 2010, AHC's Medical Social Work Unit plays a central role across all of AHC's departments; ensuring AHC identifies supports and protects vulnerable, abused or abandoned children. AHC remains one of the only facilities in the country to offer holistic care and support to treat the emotional and psychological needs of a child.



Over half of all children have experienced at least one incident of violence before turning 18 in Cambodia. ([UNICEF, 2013](#))

More than 20% of parents, caregivers, and children reported an increase of violence to children since the pandemic broke out. ([World Vision, 2021](#))

More than 70% of children feel angrier, afraid, or hopeless since the pandemic. ([World Vision, 2021](#))



Now more than ever, the hospital setting is a crucial point in identifying abuse and implementing child protection measures. Parents and caregivers often bring their child for medical care, and only then find out they have experienced abuse.

In 2021, due to the pandemic and its restrictions, the number of social cases rapidly declined. The social work team's outreach activities were the most affected, as the team could no longer visit child protection cases to observe the child's wellbeing in their environment and community.

The road to recovery from the scars of the pandemic is long-term, complex and deep.

*"The main problem is that many abusers stayed in their homes and around their communities. People became even more stressed as they lost jobs and income, often turning to alcohol and gambling. That is why they turned more violent or abusive, or they have always been this way and victims became more exposed," explains Sophearin.*



## Going beyond medical care

The following patient story illustrates how AHC's Medical Social Work Unit is unique and key to providing vital holistic support. It guides patients and their families in their physical, mental and emotional wellbeing and healing.

\*Content warning: the following story follows a child recovering from sexual abuse.

Neary, a five-year-old girl and only child, lives with her mother Chanra and father, Davy. During a routine bath time with her mother, Neary complained of vaginal pain. Neary told her mother a man from the neighbourhood had come into the house and touched her. Chanra brought her to AHC immediately. The doctor found an abrasion on her perineum and referred her case to the AHC Medical Social Work Unit right away.

An AHC medical social worker screened Neary and concluded symptoms of trauma. Before the assault, Neary was friendly, talkative and smiled at everyone. Neary was now having nightmares every night, refusing to eat and showed uncontrollable anger and aggression.

She had repeated nightmares of men following her, and some nights had nightmares she could not explain. Her mother was the target of her anger and aggression.

Neary was referred to AHC's Medical Social Work Unit's counselling team, who provide psychological support. Neary and her parents, together and separately, received counselling to address symptoms of Post-Traumatic Stress Disorder (PTSD), anxiety and depression.

Neary also received art and play therapy. Neary learned to express her feelings and emotions by creating, playing and exercising. The scariest impact for Neary have been her uncontrollable nightmares, which she now understands are just dreams.

Both Chanra and Davy felt extreme guilt and placed heavy blame on themselves for not having protected their only child. Chanra's main concern was that she ruined her daughter's life for good. She believed that Neary could not have a future. The counsellor guided Chanra to understand Neary has full potential to grow up to be a healthy adult, physically, mentally and emotionally. AHC's parent coaching has helped Chanra and Davy to support their daughter to play, speak and share feelings at home with each other.

AHC's Medical Social Work Unit coordinated with a partner NGO and local authorities to share information and an investigation of the assault is ongoing.

After receiving monthly one-hour counselling sessions, Neary and Chanra showed significant improvement. Neary is now eating, knows how to control her anger, and is experiencing fewer nightmares. Chanra and AHC's medical counsellor both agreed to finalise their treatment.

The family is now stable, feels safe in their home, and are rebuilding trust and open communication. Chanra started bringing Neary to work every day. As advised by the AHC medical counselling team, their family routine includes daily physical and deep breathing exercises. Whenever Chanra and Davy have difficult moments, they use reflection and mind control exercises they learned from the counsellor.



## First time mother, Srey Touch



18-year-old Srey Touch was abandoned by her parents after they found out she was pregnant. She moved into a small hut together with 23-year-old Hour, the baby's father.

Their son, Pros, was born ten weeks premature via emergency C-section at a referral hospital. Pros was born unconscious, and since he was born so early, had underdeveloped organs, leading to a series of premature complications. The referral hospital staff immediately transferred him to AHC, confident that the AHC Neonatal Unit could save his life.

After sharing her background, Srey Touch was referred to the AHC Medical Social Work Unit, and received counselling and social support. Srey Touch and Hour slept at AHC with a provided mosquito net, and received a nutritious food package every morning and training in topics such as breastfeeding and premature baby care.

Continued support from AHC's doctors, nurses and social workers will ensure Pros have a long and healthy life.

*"I was scared and shocked when I gave birth. I agreed to be transferred because I heard AHC had experience and specialized care for premature babies. I also found out AHC is an NGO, so now I do not need to stress about costs. I am so relieved."*

## Dr Khann Khoeunrachana, Neurologist

Dr Khann Khoeunrachana is training to become a paediatric neurology specialist at AHC. Growing up, Dr Rachana watched her father work as a nurse, rebuilding Cambodia's healthcare system after the devastation of the Khmer Rouge. This inspired her to go into medicine.

During her medical residency at AHC, she worked together with Dr Pheaktra on a study, "Cambodian Developmental Milestone Assessment Tool (cDMAT): Performance reference charts and reliability check of a tool to assess early childhood development in Cambodian children." The cDMAT is the first-ever Cambodia-appropriate screening tool that facilitates early identification of delays and disability in Cambodian children using the Denver Development Screening Tool (DDST II) milestones modified for the Cambodian setting.

Dr Rachana is one of AHC's most in-demand specialists, having consulted over 2,500 children in 2021. She is currently the only neurology specialist at AHC and one of a handful in the country.

*"Our nervous system is so complex and I love it. I am determined to become one of the most skilled pediatric neurologists in Cambodia, so I can support all Cambodian children to grow happy and healthy. I want to show my juniors and the future of Cambodia's medical professionals how valuable and rewarding the neurology specialty can be."*

## Phoung Thy, Nutrition Project Team Leader

*“When COVID-19 hit Cambodia’s rural communities, we maintained social distancing, explained how the virus spread, and halved our group size for nutrition education and porridge. Before the pandemic, we used to gather around 30 people at a time. Furthermore, instead of gathering villagers in one meet-up location for nutrition screening, our team went door-to-door. I am proud of my team for the extra hard work this year.”*



AHC’s Nutrition Project Team Leader, Phoung Thy, is a trained nurse and has been working at AHC for the past 10 years. For Thy, his biggest achievement during the global pandemic has been successfully maintaining nutrition education as top priority.

Thy hopes that in 2022, communities in Srei Snam will successfully reopen businesses and increase their standards of living, and that the team can develop relationships with community leaders in order to further nutrition education efforts.

As AHC continues to improve knowledge in nutrition of rural communities through community initiatives, they can continue to prevent malnutrition and illnesses happening in the first place.



## Sustainability at AHC

Good governance and sustainability underpins AHC's work in the hospital, the classroom and the community by ensuring AHC has the human, financial and technological resources required to deliver its mission. It holds AHC accountable to its patients and their families, health workers throughout the health system, donors and partners like the Ministry of Health and safeguards the quality of work. It is an unrelenting organisational commitment to improvement, transparency and effectiveness guaranteeing AHC is locally led, impactful, relevant, delivering good value-for-money and here for the long-term.

### Achievements in 2021

- Key leadership positions – the Hospital Director and Chair of the Board – are now held by Cambodians as detailed in the welcome messages of this report.
- For many years, AHC has run on the generosity of international donors. In recent years, overseas donations have declined and the Cambodian community has stepped in to meet the gap, now contributing to one third of our running costs. This is an important milestone in our journey to long-term financial sustainability.

### Priorities for 2022

- We will merge the Development (International) and Cambodia PR (Local) departments to create one integrated and diverse Fundraising Department under the leadership of Arun Sinketh, who has been with AHC for over twenty years.
- We will transition all key management positions to Cambodian staff and with all team members well embedded in their roles.
- We will launch a new Health Information System across the hospital, marking a key achievement for IT health infrastructure that will improve patient experience and efficiency.
- We will pilot a Patient Contribution system that requests those who can afford it, to make a small contribution to the cost of their child's care, in order for AHC to continue to provide services free to those who are unable to pay.

### By 2026

- We will attract and retain the best employees for the organisation.
- We will use IT and other develop other infrastructure to improve the running of the organisation.
- We will continue to manage risk, measure performance and use systems and policies to guarantee the quality of our work.
- We will examine and implement the most sustainable and robust funding methods for AHC.

## Bunong midwife-to-be, Srey Phem

Srey Phem is finalising her studies at Stung Treng Regional Training Centre to become a midwife. Coming from Ou Reang District, Mondulkiri Province, her family is of Bunong ethnicity.

The area now called Mondulkiri Province has been home to Cambodia's largest indigenous ethnic group, the Bunong, for over two centuries. The Bunong, mostly animists, still believe in spiritual and traditional healing methods that can be harmful. From an early age, Srey Phem knew she wanted to help her rural district become safer and modernised.

AHC, in partnership with Cambodia's Ministry of Health, provides clinical education and training to paediatric

healthcare professionals and students across the country. To complete her Midwifery Associate Degree, Srey Phem spent one week at AHC for her first internship.

After graduating, Srey Phem plans to head right back to Ou Reang District. Although many in her community go onto study midwifery, they all leave to work in bigger cities for better opportunities. Currently, there is only one male Bunong nurse and two midwives in her village, both Khmer.

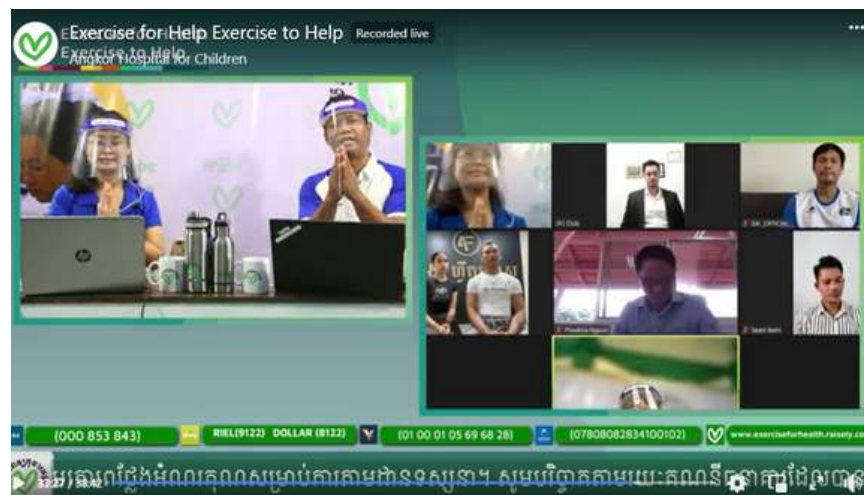
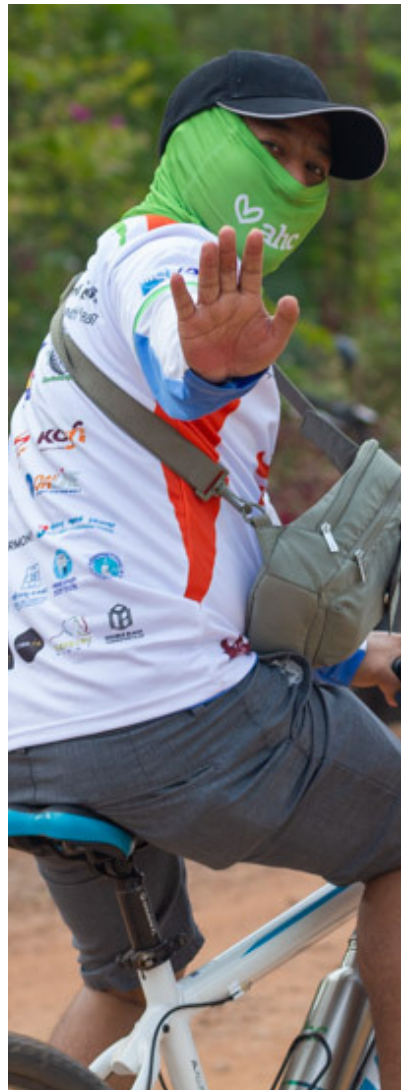
Srey Phem will specialise in baby delivery and work as a junior midwife with them, making her the only Bunong midwife in her Bunong village.

*"I am so grateful for this experience at AHC. I learned a lot of new things from the doctors and nurses here, especially the importance and impact of a warm welcome to all patients, treating them like they are your own family. My goal as a midwife will be to help my village move away from traditional styles of medicine and giving birth, to a modern and safer way to ensure my hometown be a happy community."*

ANGKOR HOSPITAL FOR CHILDREN



# We could not have done this without you!



# Governance

A volunteer Board of Directors governs AHC. The Board is responsible for overseeing AHC's strategy, managing strategic risk, and providing managerial leadership and accountability.

To learn more about AHC's Board of Directors, visit: [angkorhospital.org/our-board](http://angkorhospital.org/our-board)

## Chair of the Board

Robert Gazzi (~ September 2021)

Soum Sambath (September 2021 ~)

## Board of Directors

Kenro Izu (Founder)

Jean-Gaetan Guillemaud (Chair of Remuneration Committee)

Lawence Tsang (Chair of Audit and Operational Risk)

Robert Gazzi (Chair of Governance and Nominating Committee)

Dr Shunmay Yeung (Chair of Medical, Education and Ethics Committee)

Billy Gorter

Dan Simmons

Keo Lundi (October 2021 ~)

Lina Saem Støy

Lindsay William Cooper

Lisa Genasci (~ September 2021)

Dr Nick Day

Soum Sambath

Stuart Davy

## Board of AHC USA

Dr Robbert Nassau (President)

Chris Chapman (Treasurer)

John Canan

Lisa Genasci

## Board of AHC UK

Denys Firth (Chairperson)

Aurore Gil (Treasurer)

Catherine Gaynor

Lisa Genasci

Dr Michael Carter

Robert Gazzi

## Board Committees

Audit and Operational Risk Committee

People and Remuneration Committee

Medical, Education, Ethics Oversight Committee

Governance and Nominations Committee



Two-year-old Riya was treated for Moderate Acute Malnourishment (MAM) by AHC's community outreach team.

She lives with her mother, Nisay, and father, Sopheap, in a small village called Prey, in Srei Snam District, Siem Reap Province.

# Financials

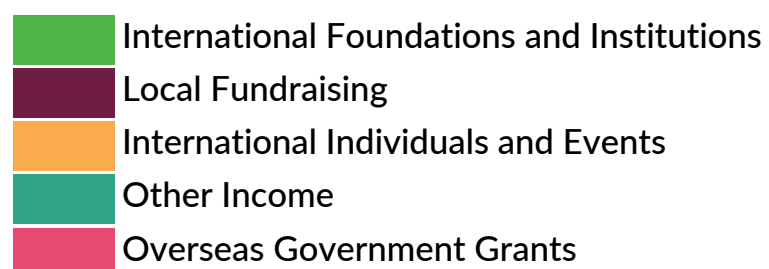
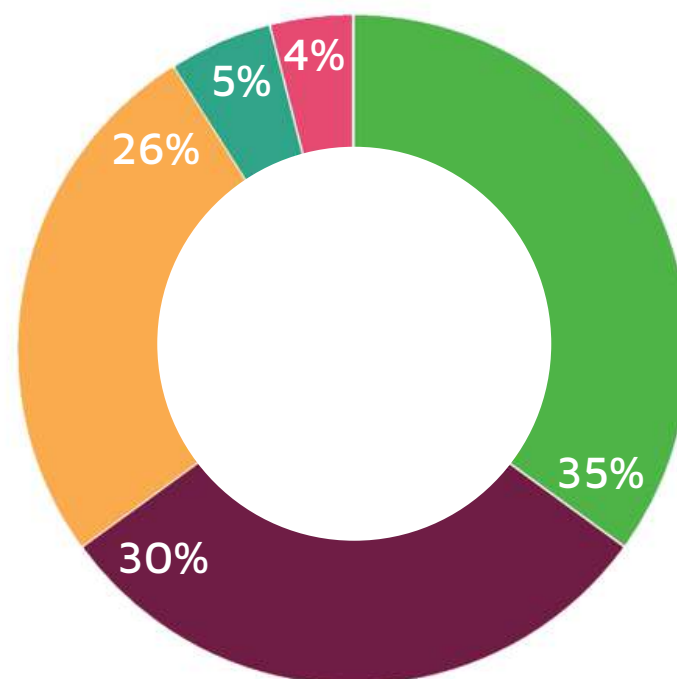
The global pandemic continued to impact AHC's fundraising activities. We were ever more reliant on the generosity of our long-term supporters and community in Cambodia and around the world.

AHC will continue to improve the financial stability of the organisation, by further cost savings and implementing a new strategic plan. AHC has a level of reserves thanks to prudent management over the past few years, but given the challenging financial outlook, a revised fundraising strategy will be implemented to achieve the operating budget of \$5.1mil. in 2022. New international fundraising expertise has been recruited into the organisation, to complement the locally held experience and success of fundraising within Cambodia. The new structure of the Fundraising Department will allow for focus, innovation and building stronger relationships with new and existing donors.

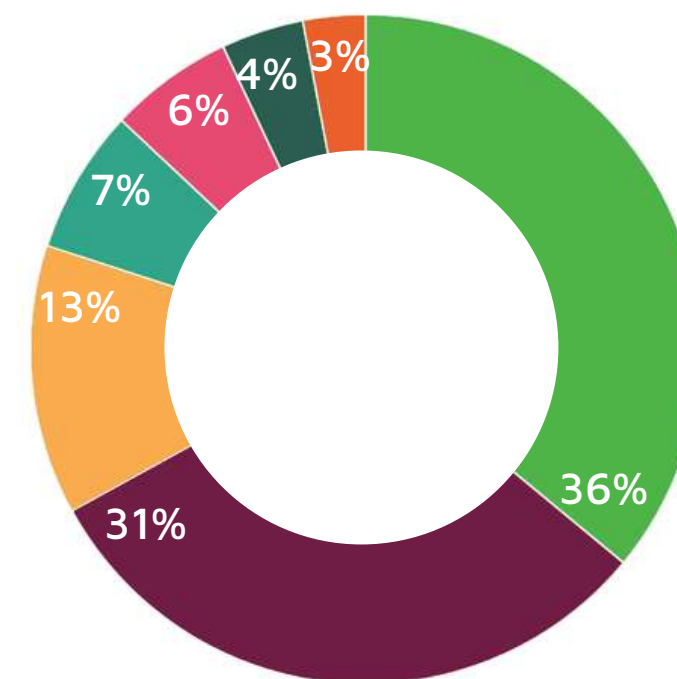
AHC's annual financial statements are produced in accordance with Hong Kong Financial Reporting Standards, and are audited by Baker Tilly Hong Kong.

To see our financial statements for the year ended 31st December 2021, please visit [www.angkorhospital.org/report](http://www.angkorhospital.org/report)

**Source of Funds**  
Total funds raised 2021: US\$ 5.3mil.



**Use of Funds**  
Total funds used 2021: US\$ 5.0mil.



Please note: The figures above exclude a \$223k in-kind donation received from The Royal Government of Cambodia.



# សាររបស់ថ្នាក់ដឹកនាំមន្ទីរពេទ្យកុមារអង្គរ



សូមគោរពជូនចំពោះ សប្បុរសជន និងមិត្តអ្នកគាំទ្រមន្ទីរពេទ្យកុមារអង្គរ ទាំងអស់ជាទីស្រឡាញ់រាប់អាន

ឆ្នាំ២០២១ កន្លងទៅនាំមកនូវឧបសគ្គជាច្រើនសម្រាប់យើងទាំងអស់គ្នា។ ជំងឺកូវីដ១៩ នៅតែបន្តធ្វើឱ្យមានភាពភ័យខ្លាច ភាពតានតឹង និងបង្កឱ្យមានវិបត្តិហិរញ្ញវត្ថុដល់ក្រុមគ្រួសារអ្នកជំងឺ ដែលជារនាំងក្នុងការមកទទួលនូវការព្យាបាល និងថែទាំសុខភាព ពីមន្ទីរពេទ្យកុមារអង្គរ។ យើងត្រូវ គិតពិចារណាឱ្យវែងឆ្ងាយ និងបន្តខ្លួនទៅនឹងបរិបទថ្មីនៃការធ្វើការងារ ដើម្បីធ្វើយ៉ាងណាឱ្យការផ្តល់សេវាសុខភាពប្រកបដោយគុណភាពខ្ពស់ និងក្តីមេត្តាករុណា នៅតែប្រព្រឹត្តិទៅបានជានិច្ច។

ការឆ្លងរីករាលដាលនៃជំងឺកូវីដ១៩ នៅទូទាំងប្រទេស និងឥទ្ធិពលរបស់វា បានធ្វើឱ្យប៉ះពាល់ជាខ្លាំងដល់ដំណើរប្រតិបត្តិការរបស់មន្ទីរពេទ្យកុមារអង្គរ។ ការឡើងថ្លៃទំនិញ និងសោហ៊ុយធ្វើដំណើរ គឺជាផលលំបាកមួយសម្រាប់កុមារ និងអាណាព្យាបាល នៅពេលធ្វើដំណើរមកកាន់មន្ទីរពេទ្យកុមារអង្គរ ដើម្បីទទួលបានការពិនិត្យព្យាបាល និងថែទាំសុខភាព ជាពិសេសកុមារដែលមកពីតំបន់ជនបទ និងកុមារដែលមានជំងឺរ៉ាំរ៉ៃ។

ច្រើនឆ្នាំមកហើយ ដែលមន្ទីរពេទ្យកុមារអង្គរ ដំណើរការសកម្មភាពរបស់ខ្លួនទៅបាន ក្រោមជំនួយសប្បុរសធម៌របស់សប្បុរសជនពីក្រៅប្រទេស ប៉ុន្តែនៅក្នុងកំឡុងពេលនៃការឆ្លងរាតត្បាតជំងឺកូវីដ ១៩ កន្លងមកនេះ ការបរិច្ចាគធនធានថវិការបស់សប្បុរសជន នៅក្រៅប្រទេសមានការធ្លាក់ចុះជាលំដាប់ ប៉ុន្តែយើងបានសប្បុរសជននៅក្នុងប្រទេស ជួយមកបំពេញមូលនិធិដែលខ្លះខាតរហូតមកដល់បច្ចុប្បន្ននេះ ដែលមូលនិធិពីសប្បុរសជនក្នុងប្រទេសមានចំនួនស្មើនឹងមួយភាគបី (១/៣) នៃថវិកាចំណាយសរុបក្នុងប្រតិបត្តិការរបស់មន្ទីរពេទ្យ។ ទោះបីយ៉ាងណាក៏ដោយ ក៏យើងនៅតែជួបឧបសគ្គក្នុងការស្វែងរកថវិកា ដើម្បីដំណើរការមន្ទីរពេទ្យកុមារអង្គរទាំងមូលសម្រាប់ការពិនិត្យព្យាបាល និងថែទាំសុខភាពកុមាររាប់ពាន់នាក់ដែលកំពុងត្រូវការសេវាថែទាំសុខភាពរបស់យើង។

ខ្ញុំសូមថ្លែងអំណរគុណយ៉ាងជ្រាលជ្រៅបំផុតដល់សប្បុរសជន អ្នកគាំទ្រ អ្នកស្ម័គ្រចិត្ត សមាជិកក្រុមប្រឹក្សាភិបាល ព្រមទាំងបុគ្គលិកគ្រប់ជាន់ថ្នាក់ទាំងអស់ ដែលបានខិតខំប្រឹងប្រែងធ្វើការយ៉ាងយកចិត្តទុកដាក់ និងអស់ពីសមត្ថភាព ឆ្លងកាត់បញ្ហាលំបាកៗទាំងអស់នាពេលកន្លងមក។

ជាមួយគ្នានេះផងដែរ ក្នុងខណៈពេលនៃវិបត្តិជំងឺរាតត្បាតពេញពិភពលោកនេះ ខ្ញុំក៏សូមកោតសរសើរដល់និស្សិតវេជ្ជសាស្ត្រគ្រប់រូប ដែលបានខិតខំស៊ូអស់ពីកម្លាំងកាយចិត្ត នៅក្នុងការសិក្សាស្រាវជ្រាវ ព្រមទាំងថ្លែងអំណរគុណដល់ប្រជាពលរដ្ឋ និងមន្ត្រីអាជ្ញាធរតាមសហគមន៍នានាដែលនៅតែបន្តស្វាគមន៍ក្រុមការងាររបស់យើង និងចុងក្រោយសូមកោតសរសើរយ៉ាងក្រៃលែងដល់រាជរដ្ឋាភិបាលនៃព្រះរាជាណាចក្រកម្ពុជា រួមទាំងក្រសួងសុខាភិបាល មន្ត្រី និងបុគ្គលិកសុខាភិបាលទាំងអស់ដែលបានធ្វើការអស់ពីកម្លាំងកាយចិត្ត ក្នុងការប្រយុទ្ធប្រឆាំងជំងឺកូវីដ១៩ ប្រកបដោយភាពជោគជ័យគួរជាទីកត់សម្គាល់។

ក្រោមការរួបរួមសាមគ្គីគ្នារបស់យើងទាំងអស់គ្នា អនុញ្ញាតឱ្យមន្ទីរពេទ្យកុមារអង្គរ បន្តបើកទ្វារបាន និងជួយសង្គ្រោះកុមារកម្ពុជាបានរាប់ពាន់នាក់ពីពេលនេះ និងតទៅអនាគត។ ខ្ញុំមានសេចក្តីសង្ឃឹម និងជឿជាក់យ៉ាងមុតមាំថា បងប្អូនទាំងអស់គ្នានឹងនៅតែបន្តគាំទ្រមន្ទីរពេទ្យកុមារអង្គរបន្តទៀតដើម្បីភាពភ្លឺស្វាង និងសុខុមាលភាពរបស់កុមារកម្ពុជា។ យើងទាំងអស់គ្នាត្រូវ ចូលរួមនៅក្នុងបេសកកម្មនេះជាមួយគ្នា ពីព្រោះមន្ទីរពេទ្យកុមារអង្គរ គឺជារបស់យើងទាំងអស់គ្នា។ មន្ទីរពេទ្យកុមារអង្គរ គឺជាភាពជោគជ័យរបស់យើងទាំងអស់គ្នា។

ដោយសេចក្តីគោរពរាប់អានដ៏ស្មោះស្ម័គ្រ  
  
 លោក វេជ្ជបណ្ឌិត ងួន ច័ន្ទភក្រា



លោក សោម សម្បត្តិ គឺជាអគ្គនាយក ក្រុមហ៊ុន ថ្នាំពណ៌ជាតិខាំផែន (CAM - Paint) ដែលជាក្រុមហ៊ុនផលិតថ្នាំលាបជំងឺនៅកម្ពុជា បច្ចុប្បន្ននេះលោកគឺជា ប្រធានក្រុមប្រឹក្សាភិបាលរបស់មន្ទីរពេទ្យកុមារអង្គរ ដែលមានសញ្ញាតិកម្ពុជាដំបូងគេ។ លោកបានឧបត្ថម្ភគាំទ្រមន្ទីរពេទ្យកុមារអង្គរអស់រយៈពេលជិត ១០ឆ្នាំកន្លងមកហើយ។ លោក សោម សម្បត្តិ បាននាំមកនូវជំនាញជាច្រើនអំពីភាពជាអ្នកដឹកនាំ និងជំនាញបទពិសោធន៍ក្នុងការធ្វើអាជីវកម្ម ហើយធ្វើការយ៉ាងជិតស្និទ្ធជាមួយលោកវេជ្ជបណ្ឌិត ភក្រា ដើម្បីគាំទ្រដល់គោលដៅយុទ្ធសាស្ត្ររបស់មន្ទីរពេទ្យកុមារអង្គរ។

"ដូចកុមារដទៃទៀតនៅក្នុងពិភពលោកដែរ កុមារកម្ពុជាគ្រប់រូបត្រូវតែទទួលបាននូវការថែទាំសុខភាពយ៉ាងល្អប្រសើរ! ការវិនិយោគលើពេលវេលា និងការខិតខំប្រឹងប្រែងក្នុងការថែទាំសុខភាពកុមារ គឺមានសារៈសំខាន់ណាស់ ដើម្បីធានាថាកុមារកម្ពុជាទាំងអស់ដែលជាអនាគតនៃប្រទេសរបស់យើង នឹងមានសុខភាពល្អ ព្រមទាំងធំជាតំឡើងដើម្បីអភិវឌ្ឍប្រទេសកម្ពុជា ឱ្យដូចក្នុងប្រទេសអភិវឌ្ឍន៍។"

- លោក សោម សម្បត្តិ

# មន្ទីរពេទ្យកុមារអង្គរ ក្នុងឆ្នាំ២០២១

“វាគឺជាពេលវេលាដ៏លំបាកជាទីបំផុត សម្រាប់ក្រុមគ្រួសារអ្នកជំងឺដែលសម្រាកនៅក្នុងមន្ទីរពេទ្យនៅក្នុងអំឡុងពេលបិទខ្ទប់។ ប្រាក់ចំណូលរបស់មនុស្សគ្រប់គ្នាមានការធ្លាក់ចុះ ហើយអ្នកខ្លះទៀតគឺមិនមានប្រាក់ចំណូលតែម្តង។ ចំណែកឯមធ្យោបាយធ្វើដំណើរវិញ មានបញ្ហាច្រើន និងមានតម្លៃខ្ពស់ ឬស្ទើរតែមិនមានប្រតិបត្តិការតែម្តង។ ក្នុងខណៈពេលដែលមន្ទីរពេទ្យកុមារអង្គរស្ថិតនៅក្នុងតំបន់បិទខ្ទប់ទាំងស្រុង (តំបន់ក្រហម) យើងអាចអនុញ្ញាតឱ្យអ្នកថែទាំអ្នកជំងឺតែម្នាក់ប៉ុណ្ណោះនៅមើលថែអ្នកជំងឺម្នាក់មានពេលខ្លះយើងមិនអាចស្វែងរកអាហារសម្រាប់ហូបចុកទៀតផង។”

- វេជ្ជបណ្ឌិត មាស វលក្ខណ៍ ប្រធានផ្នែកព្យាបាលជំងឺធ្ងន់ធ្ងរ។

បន្ទាប់ពីព្រឹត្តិការណ៍ថ្ងៃទី ២០ ខែកុម្ភៈ ក្រុងសៀមរាប ដែលជាទីតាំងរបស់មន្ទីរពេទ្យកុមារអង្គរ គឺជាក្រុងមួយក្នុងចំណោមក្រុងជាច្រើនផ្សេងទៀត ដែលត្រូវបានបិទខ្ទប់យ៉ាងតឹងរឹងបំផុត នៅចន្លោះខែមេសា ដល់ខែកញ្ញា។

ចំនួនគ្រែនៅក្នុងបន្ទប់ថែទាំអ្នកជំងឺធ្ងន់ទាំង ១៤គ្រែ និង បន្ទប់ថែទាំជំងឺទារកធ្ងន់ធ្ងរ ទាំង ៦គ្រែ របស់មន្ទីរពេទ្យកុមារអង្គរ មានអ្នកជំងឺសម្រាកព្យាបាលស្ទើរតែពេញជាប់ជានិច្ចក្នុងរយៈពេលមួយឆ្នាំ។ ជាពិសេស ការចូលសម្រាកពេទ្យក្នុងបន្ទប់ថែទាំអ្នកជំងឺធ្ងន់មានកម្រិតខ្ពស់បំផុត បន្ទាប់ពីការបញ្ចប់ការបិទខ្ទប់លើកទី១ នាចុងខែមិថុនា និងចំនួននេះមានការធ្លាក់ចុះទៅវិញបន្តិចនៅពេលមានការបិទខ្ទប់លើកទី២ ក្នុងខែកក្កដា។

នៅពេលវិធានការបិទខ្ទប់នៅក្នុងប្រទេសកម្ពុជាត្រូវបានបញ្ចប់ នាចុងខែកញ្ញា ចំនួនអ្នកជំងឺមកពិនិត្យព្យាបាល ចាប់ផ្តើមកើនឡើងវិញ ក្នុងខណៈពេលដែលចំនួនអ្នកជំងឺធ្ងន់ក្នុងបន្ទប់ថែទាំអ្នកជំងឺធ្ងន់មានការធ្លាក់ចុះតែបន្តិចបន្តួចប៉ុណ្ណោះ។

“ភ្លាមៗបន្ទាប់ពីការបិទខ្ទប់ត្រូវបានបញ្ចប់ ចំនួនអ្នកជំងឺកើនឡើងមកវិញកាន់តែច្រើន ប៉ុន្តែបុគ្គលិកយើងមានចំនួនតិចជាងមុន ដោយសារតែពួកគេជាប់នៅក្នុងការធ្វើត្រួតពិនិត្យ។ យើងត្រូវតែបង្កើនការត្រួតពិនិត្យ និងប្រុងប្រយ័ត្នខ្ពស់បន្ថែមទៀតដើម្បីទប់ទល់នឹងការចម្លង រីករាលដាលនៃវីរុសកូវីដ១៩ ជាពិសេសចំពោះកុមារដែលមានជំងឺធ្ងន់ធ្ងរ។ ដោយសារតែយើងមានក្រុមការងារល្អ និងស្មោះស្ម័គ្របំរើការងារយ៉ាងយកចិត្តទុកដាក់ដល់កុមារ ទើបយើងអាចគ្រប់គ្រងស្ថានភាពជំងឺលំបាកនេះបាន។ នាងខ្ញុំពិតជាមានមោទនភាពចំពោះក្រុមការងាររបស់ខ្ញុំណាស់!”

-ប្រសាសន៍របស់អ្នកស្រីវេជ្ជបណ្ឌិតវលក្ខណ៍។

ជាក់លាក់ណាស់ រាជរដ្ឋាភិបាលកម្ពុជាយើង បានដាក់ចេញនូវយុទ្ធនាការចាក់វ៉ាក់សាំងបង្ការយ៉ាងឆាប់រហ័ស និងមានប្រសិទ្ធភាពរហូតទទួលបានជោគជ័យយ៉ាងល្អប្រសើរ។ នៅដំណាច់ឆ្នាំ ២០២១ កន្លងទៅ ប្រជាពលរដ្ឋពេញវ័យចំនួន ៩៨% និងកុមារចាប់ពីអាយុ ៥ឆ្នាំឡើងទៅចំនួន ៧៥% បានទទួលវ៉ាក់សាំងពេញលេញ។

# តួលេខឆ្នាំ២០២១

នៅក្នុងមន្ទីរពេទ្យ ថ្នាក់រៀន និងក្នុងសហគមន៍៖

## ៦៥ ៦៩៤

ចំនួនករណីពិនិត្យពិគ្រោះជំងឺក្រៅទូទៅ និងឯកទេស ដល់កុមារ ទោះបីជាមានការបញ្ជាប្រឈមពីការដាក់កំហិតនៅក្នុងការធ្វើដំណើរដោយសារតែការរីករាលដាលជំងឺកូវីដ១៩។

## ៣៧

ចំនួនមណ្ឌលសុខភាពដែលបានទទួលការឧបត្ថម្ភគាំទ្រ នូវប្រព័ន្ធថែទាំសុខភាព និងសង្គ្រោះអាយុជីវិត រួមបញ្ចូលទាំងការ បំពាក់សម្ភារៈបរិក្ខារពេទ្យ ការបណ្តុះបណ្តាលបំពាក់បំប៉ន ជំនាញដល់មន្ត្រីសុខាភិបាល។

## ៤

ចំនួនវេជ្ជបណ្ឌិត ដែលបានបញ្ចប់ការសិក្សារយៈពេល៣ឆ្នាំ សម្រាប់វគ្គបណ្តុះបណ្តាលឯកទេសជំងឺ។

## ១៤២ ៥១២

ចំនួនអ្នកបានចូលរួមវគ្គ អប់រំសុខភាពនៅតាមសហគមន៍ ដើម្បីបង្កើនចំណេះដឹងក្នុងការបង្ការជំងឺដង្កាត់ផ្សេងៗ នៅក្នុងភូមិ សាលារៀន និងក្នុងសហគមន៍។

## ៩៩៣

ចំនួនកុមារដែលបានទទួលការពិនិត្យ ព្យាបាលថែទាំសង្គ្រោះអាយុជីវិត នៅផ្នែកជំងឺធ្ងន់ធ្ងរកុមាររបស់មន្ទីរពេទ្យកុមារអង្គរ ដែលជាផ្នែកឯកទេសដ៏សំខាន់មួយនៅក្នុងប្រទេសកម្ពុជា។

## ៦

ចំនួនវេជ្ជបណ្ឌិត ដែលបានបញ្ចប់ការសិក្សារយៈពេល១ឆ្នាំ សម្រាប់វគ្គបណ្តុះបណ្តាល ជំងឺកុមារទូទៅ។

## ៤៩ ៤១៩

ចំនួនអ្នកបានចូលរួមវគ្គបណ្តុះបណ្តាលវេជ្ជសាស្ត្រ តាមរយៈអនឡាញ និងដោយផ្ទាល់នៅក្នុងមន្ទីរពេទ្យកុមារអង្គរ ដោយរាប់បញ្ចូលទាំងមន្ត្រីសុខាភិបាល គិលានុបដ្ឋាក និស្សិតពេទ្យ និងបុគ្គលិកមន្ទីរពេទ្យកុមារអង្គរ។

# សូចនាករវាស់វែងសកម្មភាពអនុវត្តការងារ



៩៥%

កម្រិតអនាម័យតាមរយៈ  
ការលាងសម្អាតដៃ



១២៥នាទី ជាមធ្យម  
ការរង់ចាំពិនិត្យពិគ្រោះជំងឺ



៣.៩%

អត្រាការឆ្លងមេរោគដែល  
ទាក់ទងនឹងការថែទាំសុខភាព



១%

កម្រិតការវិលត្រឡប់ចូលសម្រាក  
ពេទ្យសារជាថ្មីរបស់អ្នកជំងឺ



ការបោះពុម្ពផ្សាយអត្ថបទ  
សុខភាពនៅលើព្រឹត្តិបត្រ  
អន្តរជាតិ ចំនួន១២ច្បាប់



មន្ទីរពេទ្យកុមារអង្គរធ្វើវាស់ស្ទង់គុណភាព និងប្រសិទ្ធភាព  
តាមរយៈការពិនិត្យមើលលើសូចនាករនៃការអនុវត្តន៍ការងារ  
សំខាន់ៗ នៅក្នុងផ្នែកនីមួយៗរបស់មន្ទីរពេទ្យកុមារអង្គរ  
ដោយអនុលោមតាមក្រមប្រតិបត្តិអន្តរជាតិ ដើម្បីកែលម្អការ  
អនុវត្តន៍ផ្នែកវេជ្ជសាស្ត្រ និងលទ្ធផលនៃការថែទាំសុខភាព។

ការរឹតបន្តឹងក្នុងការធ្វើដំណើរ ជាមួយនឹងភាពភ័យខ្លាចមកលើមន្ទីរពេទ្យក្នុងអំឡុងពេលពេញ១ឆ្នាំកន្លងទៅ បានធ្វើឱ្យចំនួនអ្នកជំងឺមានការធ្លាក់ចុះ ដែល ការធ្លាក់ចុះនេះភាគ  
ច្រើន បណ្តាលមកពីចំនួនកុមារដែលមានជំងឺស្រាល មិនហ៊ានមកកាន់មន្ទីរពេទ្យដើម្បីពិនិត្យពិគ្រោះជំងឺ។

ទោះបីជាដំណើរការពិនិត្យជំងឺ មានការលំបាកជាងមុន ដោយសារតែតម្រូវឱ្យឆ្លងកាត់ការធ្វើតេស្តរកជំងឺកូវីដ១៩យ៉ាងណាក៏ដោយ ក៏ប៉ុន្តែយើងនៅតែអាចកាត់បន្ថយពេល  
វេលារង់ចាំមកត្រឹមតែ ១២៥នាទី ជាមធ្យម (ធៀបនឹងចំនួន ១៦៧នាទី កាលពីឆ្នាំមុន)។

ដោយសារកំណើនចំណេះដឹងទៅលើអនាម័យស្អាត និងភាពប្រែប្រួលឥរិយាបថរបស់មនុស្សនៅទូទាំងសកលលោក យើងបានបំបែកកំណត់ត្រារបស់ខ្លួនឯង ដោយកម្រិត  
អនាម័យតាមរយៈការលាងដៃកើនចំនួន២% ធៀបទៅនឹងកំណត់ត្រាឆ្នាំ២០២០។

ចំនួនអ្នកជំងឺដែលត្រូវបានអនុញ្ញាតឱ្យសម្រាកព្យាបាលនៅក្នុងមន្ទីរពេទ្យកុមារអង្គរមានការកើនឡើងចំនួន ០.៣% បើប្រៀបធៀបកាលពីឆ្នាំ២០២០។ ក្រុមគ្រូពេទ្យរបស់យើង  
បានខិតខំពិនិត្យ ព្យាបាល ធ្វើយ៉ាងណាឱ្យអ្នកជំងឺស្នាក់នៅក្នុងមន្ទីរពេទ្យមានរយៈពេលខ្លី ដើម្បីជៀសវាងហានិភ័យនៃការឆ្លងជំងឺកូវីដ១៩ខណៈពេលដែលក្រុមគ្រូស្រាវអ្នកជំងឺ  
ក៏មានការភ័យខ្លាចក្នុងការឆ្លងវីរុសនេះ និងព្យាយាមនៅឆ្ងាយពីទីសាធារណៈផងដែរ។

លើសពីនេះទៀត អត្រាការឆ្លងមេរោគដែលទាក់ទងនឹងការថែទាំសុខភាព របស់យើងបានធ្លាក់ចុះពី ៦.១ ក្នុងឆ្នាំ ២០២០ មកត្រឹម ៣.៩ ក្នុងឆ្នាំ ២០២១ ដោយសារតែ  
ការកើនឡើងនូវវិធានការអនាម័យ និងការការពារការឆ្លងមេរោគរបស់យើងដែលបានអនុវត្តនៅក្នុងមន្ទីរពេទ្យ និងការសម្រាកព្យាបាលខ្លីជាងមុនរបស់អ្នកជំងឺ។

# និរន្តរភាពនៅមន្ទីរពេទ្យកុមារអង្គរ

អភិបាលកិច្ច និងការធ្វើឲ្យមាននិរន្តរភាព រួមចំណែកគាំទ្រដល់កិច្ចការងាររបស់យើងទាំងនៅក្នុងមន្ទីរពេទ្យកុមារអង្គរ កម្មវិធីបណ្តុះបណ្តាល ក៏ដូចជាសហគមន៍យើងទាំងមូល តាមរយៈការធានាបាននូវធនធានមនុស្ស ហិរញ្ញវត្ថុ និងបច្ចេកវិទ្យាគ្រប់គ្រាន់ ក្នុងការបំពេញបេសកកម្មរបស់យើង។

យើងមានកាតព្វកិច្ចពិតប្រាកដ ចំពោះអ្នកជំងឺ ក្រុមគ្រួសារអ្នកជំងឺ បុគ្គលិកសុខាភិបាល ម្ចាស់ជំនួយ និងដៃគូរបស់យើងដូចជាអាជ្ញាធរជាតិកុមារកម្ពុជាផងដែរ។

វាគឺជាការប្តេជ្ញាចិត្តយ៉ាងមុតមាំរបស់អង្គការយើង ក្នុងការកែលម្អឱ្យប្រសើរឡើង មានតម្លាភាព និងប្រសិទ្ធភាព ដើម្បីធានាថាមន្ទីរពេទ្យកុមារអង្គរ ត្រូវបានដឹកនាំដោយជនជាតិខ្មែរ ប្រកបដោយសមិទ្ធផលគាប់ប្រសើរ ឆ្លើយតបតាមគោលដៅរបស់អង្គការ ផ្តល់នូវគុណតម្លៃយ៉ាងល្អនៃប្រសិទ្ធភាពចំណាយ និងបន្តស្ថិតនៅក្នុងរយៈពេលយូរអង្វែងខាងមុខទៀត។



## ស្នាដៃផ្សេងៗទៀតក្នុងឆ្នាំ២០២១

- តំណែងសំខាន់ៗនៅក្នុងជួរថ្នាក់ដឹកនាំ៖ នាយកមន្ទីរពេទ្យ និងប្រធានក្រុមប្រឹក្សាភិបាល ត្រូវបានកាន់កាប់ដោយប្រជាជនកម្ពុជា ដូចបានបញ្ជាក់ក្នុងសារស្នាដៃសំខាន់ៗលើរបាយការណ៍នេះ។
- ជំនួយមូលនិធិពីសប្បុរសជនកម្ពុជា បច្ចុប្បន្ននេះត្រូវបានចូលរួមចំណែកចំនួនមួយភាគបី (១/៣) នៃថវិកាចំណាយសរុបសម្រាប់ដំណើរការមន្ទីរពេទ្យ ដែលនេះគឺជាការសម្រេចគោលដៅដ៏មានសារៈសំខាន់មួយ នៅក្នុងការធ្វើឱ្យមាននិរន្តរភាពផ្នែកហិរញ្ញវត្ថុ។



## កិច្ចការអាទិភាពនៅក្នុងឆ្នាំ២០២២

- យើងនឹងធ្វើសមាហរណកម្មនៃការិយាល័យពីរ គឺការិយាល័យវេជ្ជសាស្ត្រថវិកាប្រចាំប្រទេសកម្ពុជា និងក្រៅប្រទេស ហើយបង្កើតទៅជាការិយាល័យវេជ្ជសាស្ត្រថវិកាតែមួយ ក្រោមការគ្រប់គ្រងរបស់បុគ្គលិកកម្ពុជាគឺ អ្នកស្រី ស៊ិនកេត អរុណ ដែលអ្នកស្រីបានបំរើការងារ នៅក្នុងមន្ទីរពេទ្យកុមារអង្គរអស់រយៈពេលជាងម្ភៃឆ្នាំកន្លងមកហើយ។
- យើងនឹងរៀបចំផ្លាស់ប្តូរ ដាក់បញ្ចូល បុគ្គលិកជនជាតិកម្ពុជាឱ្យកាន់កាប់គ្រប់គ្រងលើមុខតំណែងសំខាន់ៗនៅក្នុងមន្ទីរពេទ្យ។
- យើងនឹងដាក់ឱ្យដំណើរការនូវប្រព័ន្ធព័ត៌មានសុខភាពអ្នកជំងឺថ្មីមួយ ឱ្យប្រើប្រាស់នៅក្នុងមន្ទីរពេទ្យទាំងមូល ដែលនេះគឺជាបង្ហាញអំពីសមិទ្ធផលដ៏សំខាន់មួយក្នុងការបង្កើតហេដ្ឋារចនាសម្ព័ន្ធប្រព័ន្ធព័ត៌មានសុខភាពអ្នកជំងឺ ដែលនឹងធ្វើឱ្យប្រសើរឡើងទាំងបទពិសោធន៍ និងប្រសិទ្ធភាពនៅក្នុងការបំពេញការងារថែទាំព្យាបាលអ្នកជំងឺ។
- យើងនឹងចាប់ផ្តើមអនុវត្តកម្មវិធីភាគទានអ្នកជំងឺ ដោយស្នើសុំអ្នកជំងឺដែលអាចមានលទ្ធភាពចូលរួមជាភាគទានបន្តិចបន្តួចចំពោះការចំណាយលើការថែទាំ និងព្យាបាលកូនៗរបស់ពួកគេ ដើម្បីជួយឱ្យមន្ទីរពេទ្យកុមារអង្គរ អាចបន្តផ្តល់សេវាដោយឥតគិតថ្លៃដល់អ្នកដែលមិនមានលទ្ធភាពបង់ប្រាក់បាន។



## គោលដៅក្នុងឆ្នាំ២០២៦

- យើងនឹងទាក់ទាញ និងថែរក្សា បុគ្គលិកដែលមានជំនាញ មានគុណភាពខ្ពស់ សម្រាប់អង្គការ។
- យើងនឹងដាក់ឱ្យប្រើប្រាស់នូវប្រព័ន្ធព័ត៌មានវិទ្យា និងប្រព័ន្ធគ្រប់គ្រងហេដ្ឋារចនាសម្ព័ន្ធផ្សេងៗទៀត ដើម្បីដំណើរការប្រតិបត្តិការរបស់អង្គការ។
- យើងនឹងបន្តគ្រប់គ្រងហានិភ័យ វាស់វែងការអនុវត្ត ព្រមទាំងប្រើប្រាស់ប្រព័ន្ធព័ត៌មាន និងគោលនយោបាយ ដើម្បីធានាគុណភាពនៃការងាររបស់យើង។
- យើងនឹងពិនិត្យមើលនូវរាល់ការអនុវត្តន៍វិធីសាស្ត្រស្វែងរកមូលនិធិប្រកបដោយនិរន្តរភាព និងរឹងមាំបំផុតសម្រាប់អង្គការ។

# ស្ថានភាពហិរញ្ញវត្ថុ

ការរីករាលដាលនៃជំងឺកូវីដ១៩ បានបន្តជះឥទ្ធិពលដល់សកម្មភាព វិស័យទេសចរណ៍អន្តរជាតិនៅកម្ពុជាចម្រុះ និងមិនអាចរៀបចំ ព្រឹត្តិការណ៍អ្វីបាន។ ហើយនៅក្នុងឆ្នាំនេះ យើងត្រូវការអ្នកឧបត្ថម្ភគាំទ្រ ដែលជាសប្បុរសជន និងសហគមន៍កាន់តែខ្លាំងថែមទៀត។

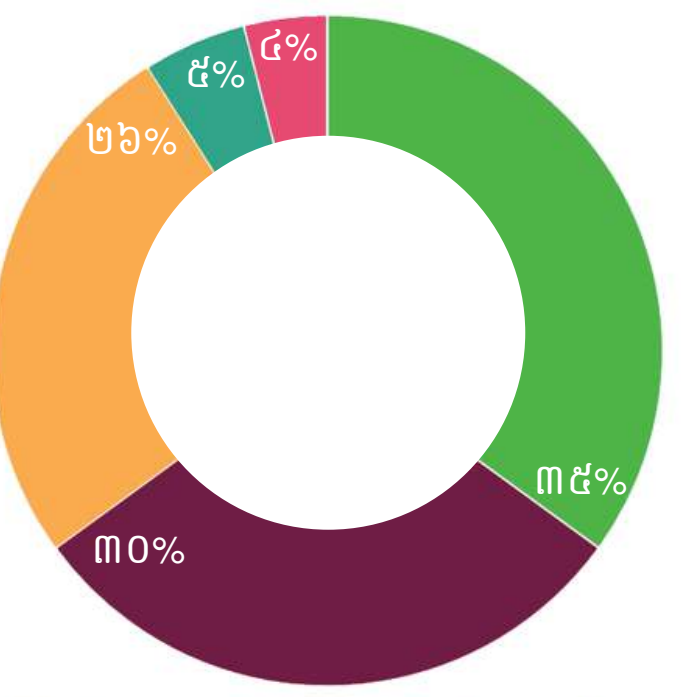
យើងនៅតែបន្តធ្វើឱ្យប្រសើរឡើងនូវស្ថានភាពផ្នែកហិរញ្ញវត្ថុរបស់ អង្គការ ដោយអនុវត្តការសន្សំសំចៃលើការចំណាយ និងអនុវត្តនូវ ផែនការយុទ្ធសាស្ត្រថ្មី។ មន្ទីរពេទ្យកុមារមានមូលនិធិប្រមូល ដោយសារតែមានការគ្រប់គ្រងដ៏រឹងមាំក្នុងរយៈពេលប៉ុន្មានឆ្នាំចុង ក្រោយនេះ ប៉ុន្តែដោយសារមានបញ្ហាប្រឈមនៃវិបត្តិហិរញ្ញវត្ថុ យុទ្ធសាស្ត្រវិស័យទេសចរណ៍អន្តរជាតិថ្មី នឹងត្រូវអនុវត្តដើម្បីឈានដល់ការ សម្រេចបាននូវនិរន្តរភាពថវិកាចំណាយលើប្រតិបត្តិការ ចំនួន ៥.១ លានដុល្លារអាមេរិក ក្នុងឆ្នាំ២០២២។

ក្រុមអ្នកជំនាញផ្នែកវិស័យទេសចរណ៍អន្តរជាតិថ្មីៗមកពីបរទេស ត្រូវបាន ជ្រើសរើស បម្រើការងារនៅក្នុងអង្គការ ដើម្បីធ្វើការអនុវត្តផែនការ សកម្មភាពវិស័យទេសចរណ៍អន្តរជាតិជាមួយនឹងបុគ្គលិកជំនាញ បទពិសោធន៍ ក្នុងស្រុក និងធ្វើឱ្យសកម្មភាពវិស័យទេសចរណ៍អន្តរជាតិក្នុងប្រទេសកម្ពុជា កាន់តែមានភាពជោគជ័យបន្ថែមទៀត។ រចនាសម្ព័ន្ធការិយាល័យ វិស័យទេសចរណ៍អន្តរជាតិថ្មី ផ្តោតលើការងារ ការច្នៃប្រឌិតថ្មី និងការធ្វើទំនាក់ ទំនងឱ្យកាន់តែមានភាពរឹងមាំជាមួយទាំងម្ចាស់ជំនួយថ្មីៗ និងម្ចាស់ ជំនួយពីមុនមក។

របាយការណ៍ហិរញ្ញវត្ថុប្រចាំឆ្នាំរបស់មន្ទីរពេទ្យកុមារអង្គរ ត្រូវបាន រៀបចំឡើងដោយអនុលោមតាមស្តង់ដាររបាយការណ៍ហិរញ្ញវត្ថុនៃ ទីក្រុងហុងកុង ហើយត្រូវបានធ្វើសវនកម្មដោយ ក្រុមហ៊ុន Baker Tilly Hong Kong។

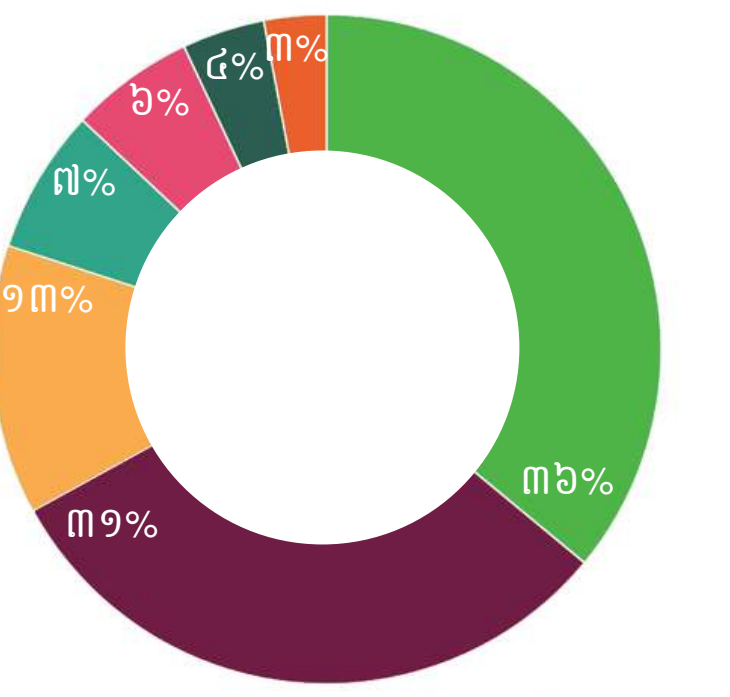
សូមចូលមើលរបាយការណ៍ហិរញ្ញវត្ថុចុងឆ្នាំ ថ្ងៃទី៣១ ខែធ្នូ ឆ្នាំ២០២១ តាមរយៈគេហទំព័រ៖ [www.angkorhospital.org/report](http://www.angkorhospital.org/report)

**ប្រភពមូលនិធិ**  
មូលនិធិសរុបដែលបានវេអង្កាស ឆ្នាំ២០២១៖  
៥.៣ លានដុល្លារអាមេរិក



- មូលនិធិអន្តរជាតិ និងស្ថាប័ននានា
- ការវេអង្កាសថវិកាក្នុងស្រុក
- សប្បុរសជន និងព្រឹត្តិការណ៍វេអង្កាសអន្តរជាតិ
- ចំណូលផ្សេងៗទៀត
- ជំនួយឥតសំណងពីរដ្ឋាភិបាលក្រៅប្រទេសនានា

**ការប្រើប្រាស់មូលនិធិ**  
មូលនិធិសរុបដែលបានប្រើប្រាស់ ឆ្នាំ២០២១៖  
៥ លានដុល្លារអាមេរិក



- ការពិនិត្យ ថែទាំផ្នែកឯកទេសកុមារ
- ការពិនិត្យ ថែទាំផ្នែកកុមារទូទៅ
- ការពង្រឹងប្រព័ន្ធថែទាំសុខភាព សហគមន៍ និងការស្រាវជ្រាវ
- ការវេអង្កាសថវិកា និងទំនាក់ទំនង
- ចំណាយគាំទ្របេសកកម្មស្នូល
- ការបណ្តុះបណ្តាល
- កម្មវិធីគាំទ្ររួម

បញ្ជាក់៖ តួលេខខាងលើមិនរាប់បញ្ចូលអំណោយជាសម្ភារៈបរិក្ខារដែលមានតម្លៃជាទឹកប្រាក់ចំនួន ២២៣ ០០០ ដុល្លារអាមេរិក ដែលទទួលបានពីរាជរដ្ឋាភិបាលកម្ពុជា។

# សេចក្តីថ្លែងអំណរគុណ | Thank you

មន្ទីរពេទ្យកុមារអង្គរ សូមសម្តែងនូវការដឹងគុណដល់សប្បុរសជនទាំងអស់ ទាំងទីជិត និងទីឆ្ងាយ ដែលបានលះបង់ទាំងពេលវេលា និងថវិកា ដើម្បីចូលរួមចំណែកនៅក្នុងការលើកកម្ពស់នៃការថែទាំ សុខភាពដល់កុមារកម្ពុជា។

សូមថ្លែងអំណរគុណយ៉ាងជ្រាលជ្រៅ ចំពោះការឧបត្ថម្ភគាំទ្រដ៏សប្បុរសរបស់លោកអ្នក។

ជាមួយគ្នានេះដែរ យើងខ្ញុំក៏សូមសម្តែងនូវសេចក្តីថ្លែងអំណរគុណជាពិសេស ដល់រាជរដ្ឋាភិបាលនៃ ព្រះរាជាណាចក្រកម្ពុជា ដែលបានផ្តល់ការសហការយ៉ាងជិតស្និទ្ធ ដើម្បីធានានូវសុខុមាលភាពដ៏ល្អ ប្រសើរដល់កុមារកម្ពុជា។

- ក្រសួងសុខាភិបាល
- ឃ្នាំងឱសថកណ្តាល (កម្ពុជា)
- មជ្ឈមណ្ឌលជាតិប្រយុទ្ធប្រឆាំងជំងឺអេដស៍ ជំងឺសើស្បែក និងជំងឺកាមរោគ
- មន្ទីរពេទ្យកុមារជាតិ
- មន្ទីរពេទ្យសុខាភិបាលខេត្តសៀមរាប
- មន្ទីរពេទ្យបង្អែកខេត្តសៀមរាប
- មន្ទីរសុខាភិបាលខេត្តព្រះវិហារ

AHC is grateful to everyone near and far, who donate their time and money to join us in improving healthcare for all Cambodia's children. Thank you for your generous donations and support.

A special thank you to the Royal Government of Cambodia for the opportunity to work closely together to ensure healthy lives for all Cambodia's children.

- Ministry of Health (MoH)
- Central Medical Stores (Cambodia)
- National Center for HIV/AIDS, Dermatology and STDs (NCHADS Cambodia)
- National Paediatric Hospital Cambodia (NPH)
- Siem Reap Provincial Health Department
- Siem Reap Provincial Hospital
- Preah Vihear Provincial Health Department

## Corporates

- Albizia Capital Pte Ltd
- AMK Microfinance
- CAM-Paint
- Cheang Bak Van Hong
- Chheang Roth and Nuon Sunnary
- Danone Specialized Nutrition (Cambodia) Co., Ltd
- JCI-Toul Kork
- Shofu Dental Asia-Pacific Pte Ltd
- Smart Axiata Co., Ltd
- The Tadashi Foundation
- Toyota (Cambodia) Co., Ltd

## Foundations & Trusts

- Anonymous
- Cambodian Red Cross
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Although we did not list all of our generous donors in this report, we appreciate every single one of you who make our work possible.

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**សូមអរគុណ! Thank you!**