A photograph of two healthcare workers, a woman and a man, both wearing blue scrubs and stethoscopes. They are standing in a hospital room, looking at a tablet held by the woman. In the background, a patient is lying in a hospital bed. The room has large windows and medical equipment. A semi-transparent blue banner is overlaid across the middle of the image, containing the title text.

**AHC BI-ANNUAL IMPACT REPORT
Q1 & Q2 2020**



COVID-19 UPDATE

Q1 & Q2 2020

In the first half of 2020, the impact of COVID-19 permeated our work.

On 7 March, Cambodia recorded its first case of COVID-19. Since that date, the country has avoided a widespread outbreak of the virus.

Even without an outbreak, the effects of the pandemic have been felt throughout the country. COVID-19 has disrupted livelihoods, security, and health-seeking behaviours for families across Cambodia.

Hundreds of thousands of children are now at greater risk of poverty, malnutrition and preventable illness as families are forced to make difficult decisions about spending on food and medical care.

As in many other low-income countries, the health crisis risks becoming a hunger crisis. Immediate pandemic effects are being identified in child malnutrition, or undernutrition.

AHC is already seeing a 45% increase in cases of children who are undernourished.

Since the beginning of the pandemic, AHC has seen large fluctuations in outpatient numbers and continued demand for inpatient and intensive care as children are still getting sick/injured.



Our Response

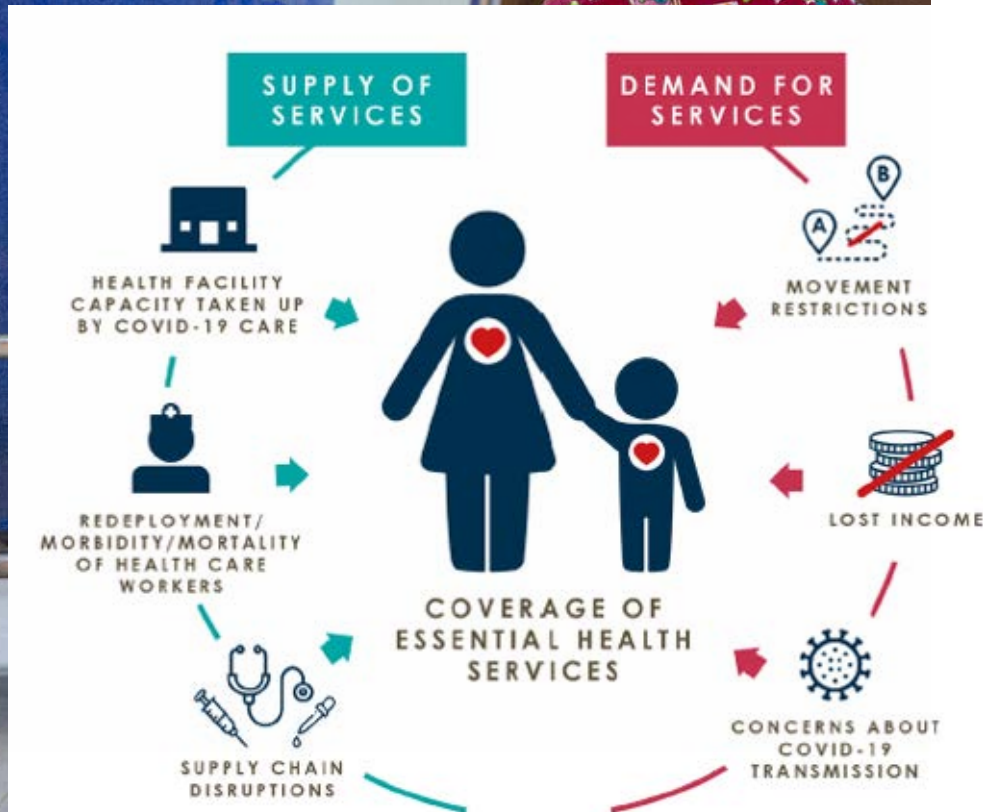
The longer this crisis continues, the harder and more expansive the health implications will be for Cambodia's children. It is imperative that AHC prepares and remains ready to fill increasingly large care gaps left by COVID-19 and ensures every child can readily access the services that they need in these challenging times.

AHC employs strict infection prevention and control monitoring and enforcement throughout the hospital, designed to reduce the spread of any infection. We continue to provide education about virus prevention, including the importance of good hygiene practices, within our hospital and communities in order to reach as many parents as possible.

Operationally, we are adapting to financial pressures including cost increases for medications and PPE, the cancellation of fundraising events, and a shift in philanthropic funding towards more localised COVID-19 response efforts.

We remain committed to our strategic aims and are working to provide essential paediatric services for Cambodia's children.

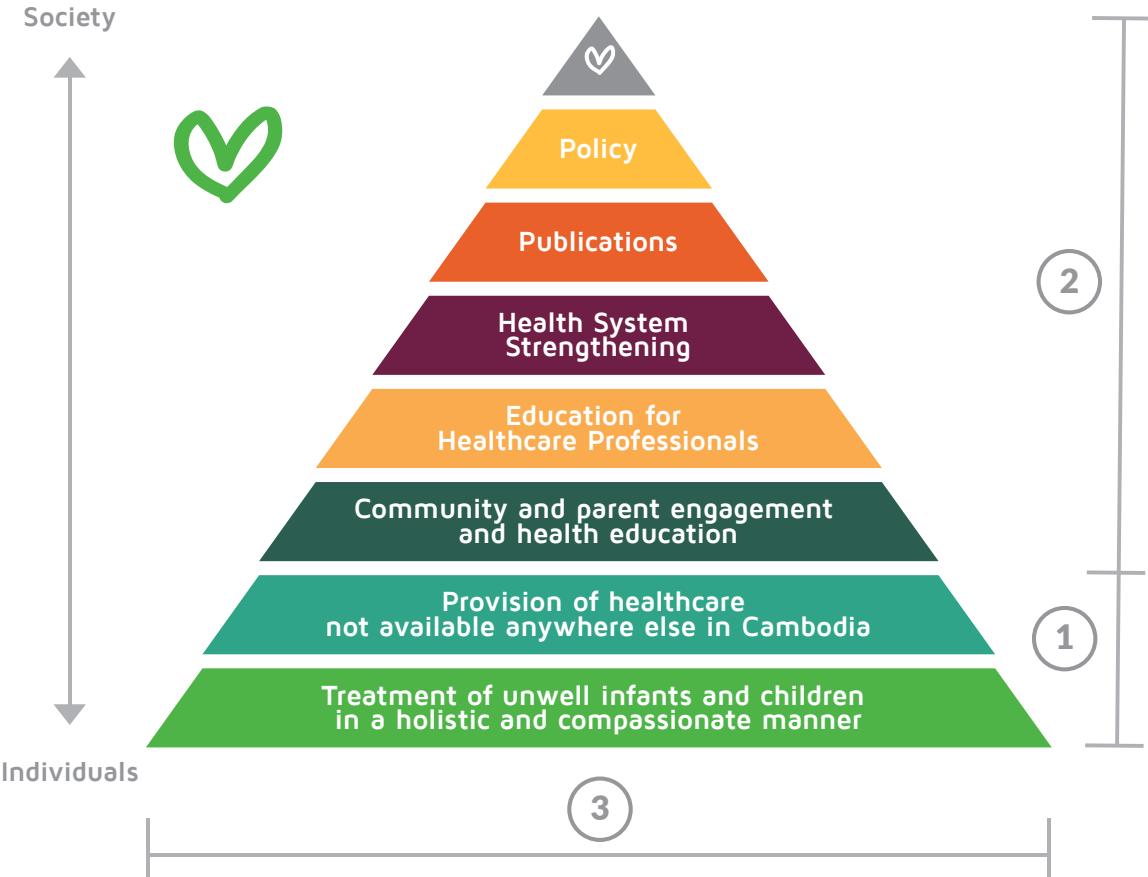
As a non-profit organisation we will continue working closely with the Cambodian Ministry of Health, health partner organisations, and donors and supporters, to protect and improve child health in Cambodia. Read about our response.



Global Financing Facility models indicate that child mortality in Cambodia could increase by 35%.

AHC'S IMPACT MODEL

AHC tracks key output metrics to demonstrate impact across activities.



OUR STRATEGIC GOALS

1 Be a leading secondary and tertiary care centre delivering paediatric specialist services to children from across Cambodia

2 Build capacity in Cambodia's healthcare system that extends beyond AHC's walls

3 Run the organisation with exemplary governance to ensure sustainability and deliver accountability to our stakeholders



POLICY



POLICY, GUIDELINES, AND TOOLS DRIVING CHANGE NATIONALLY

As a respected actor in healthcare nationally, AHC's practices, methods, and interventions inform and contribute to policy and guidelines in Cambodia, accelerating the adoption of healthcare best practices to systemically improve patient outcomes.



Meet BaRT: The Innovation Helping Newborns Breathe

Every day in Southeast Asia, almost 2,000 newborn babies will suffer from birth asphyxia, taking their first and final breath.

AHC has developed an innovative and sustainable solution to reduce neonatal mortality due to breathing-related deaths: the Baby Resuscitation Training system (BaRT).

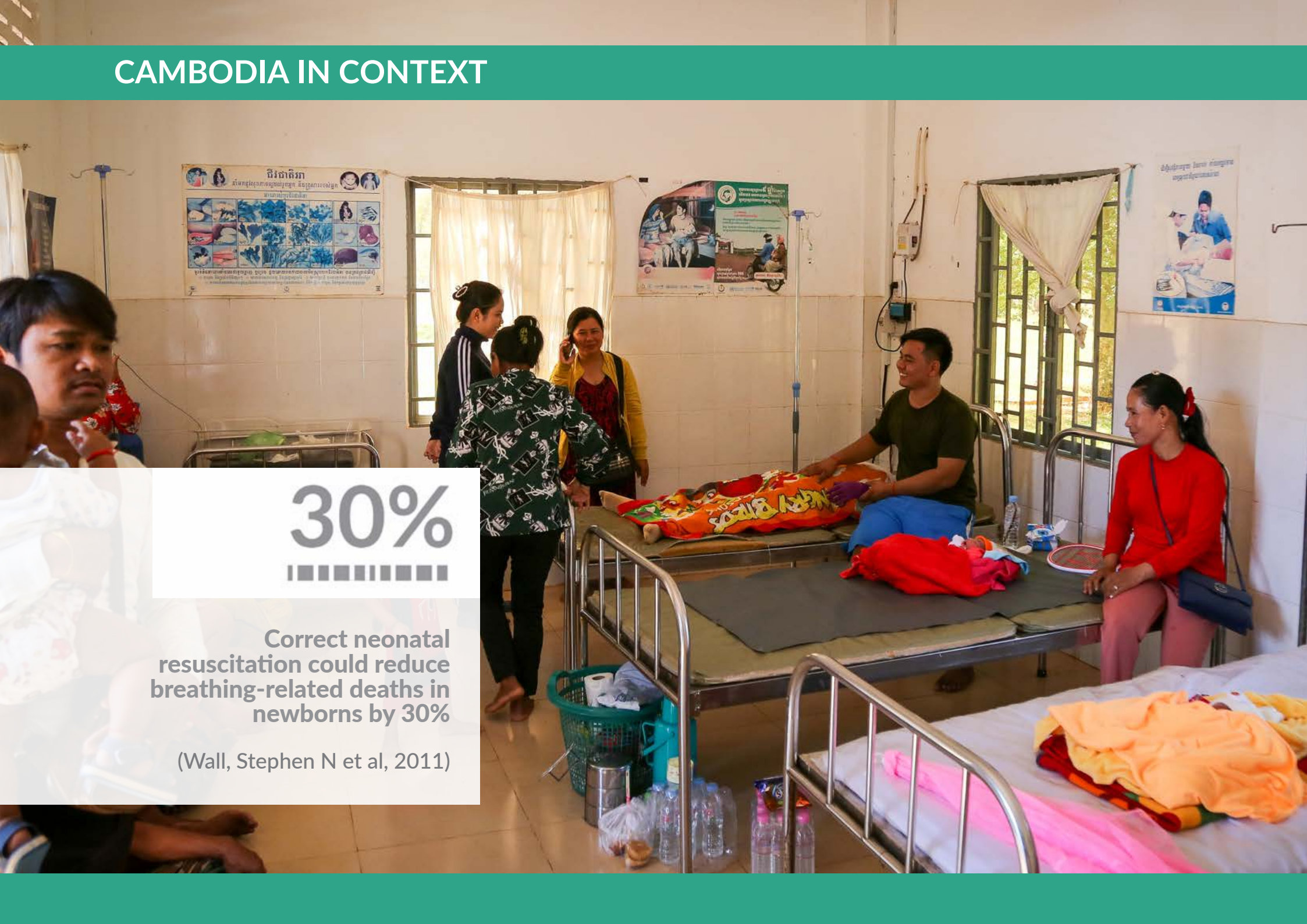
BaRT is a digital solution that can help health workers learn how to administer correct ventilation technique, build muscle memory, and foster competency and confidence in neonatal resuscitation.

Currently, no such device is available that is affordable in a low-resource setting.

[Learn more about BaRT on our AHC Lens page](#)



CAMBODIA IN CONTEXT



30%
■■■■■■■■■■

Correct neonatal resuscitation could reduce breathing-related deaths in newborns by 30%

(Wall, Stephen N et al, 2011)

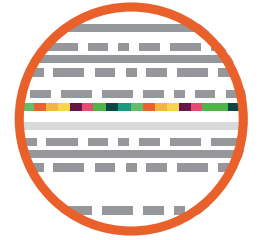


THE WIDEST REACH OF KNOWLEDGE DISSEMINATION

AHC's commitment to evidence-based knowledge and data-based analysis results in robust research that solves national and international challenges in paediatric healthcare. Our research, regularly published in international, peer-reviewed journals, informs the hospital's provision of care, contributes to the national dialogue on pressing healthcare issues, and influences child health on a global scale.



PUBLICATIONS



AHC Study Identifies Influential Factors to Neonatal Health in Rural Cambodia

Cambodia, like many other low and middle-income countries, maintains persistently high neonatal mortality rates, with some of the highest rates recorded in rural areas. Interventions across levels – from villages to referral hospitals – are required to prevent neonatal deaths. These interventions must be socially and culturally acceptable, practical, appropriate and aligned to the communities' needs.

To develop and facilitate such interventions and programmes, it's critical to understand what influences neonatal health and care-seeking behaviour. In Cambodia, however, there is currently a lack of data on the topic.

In order to identify barriers and facilitators to neonatal health and care-seeking behaviours, AHC's Saving Babies' Lives Programme led focus group discussions with 85 community health workers and conducted a thematic analyses.

[Read the study's findings in BMJ Open](#)

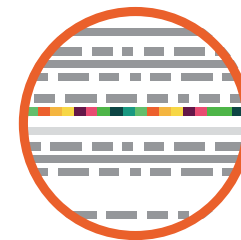
CAMBODIA IN CONTEXT

90%
■■■■■■■■■■

Over 90% of neonatal deaths globally are in low/middle-income countries (LMICs) like Cambodia.

(UN IGME, 2018)





PUBLICATIONS THIS SEMESTER

“Genomic surveillance for hypervirulence and multi-drug resistance in invasive *Klebsiella pneumoniae* from South and Southeast Asia”
Genome Medicine

“Barriers and facilitators to neonatal health and care-seeking behaviours in rural Cambodia: a qualitative study”
BMJ Open

“C-reactive protein as a potential biomarker for disease progression in dengue: a multi-country observational study”
BMC Medicine

“Analysis of variants in *GATA4* and *FOG2/ZFPM2* demonstrates benign contribution to 46,XY disorders of sex development”
Molecular Genetics & Genomic Medicine

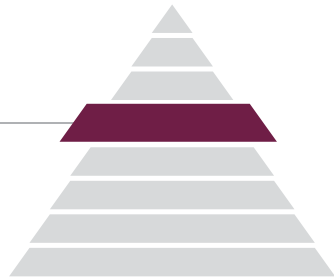
“ACORN (A Clinically-Oriented Antimicrobial Resistance Surveillance Network): a pilot protocol for case based antimicrobial resistance surveillance”
Wellcome Open Research

“*Elizabethkingia anophelis* Infection in Infants, Cambodia, 2012–2018”
Emerging Infectious Disease Journal

“Cambodian Developmental Milestone Assessment Tool (cDMAT): Performance reference charts and reliability check of a tool to assess early childhood development in Cambodian children”
Early Human Development

“*Salmonella* Typhi and Paratyphi A infections in Cambodian children, 2012 – 2016”
International Journal of Infectious Diseases

“Global Retinoblastoma Presentation and Analysis by National Income Level”
JAMA Oncology



HEALTH SYSTEM STRENGTHENING

BUILDING ORGANISATIONAL CAPACITY

AHC provides tailored training, technical support and ongoing mentorship to healthcare workers along the continuum of care to increase access and improve quality within the healthcare system. We ensure the support provided in referral hospitals, health centres, health posts, and villages equips and empowers healthworkers with the skillsets needed to carry out training within themselves, ultimately, ensuring sustainability.



Checking in at Rovieng Health Centre

It is a typically busy morning at Rovieng Health Centre in Preah Vihear Province; dozens of motorbikes are parked outside and many mothers and children sit beside the designated obstetrics, antenatal and delivery room building.

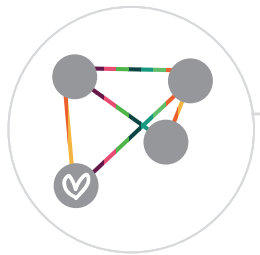
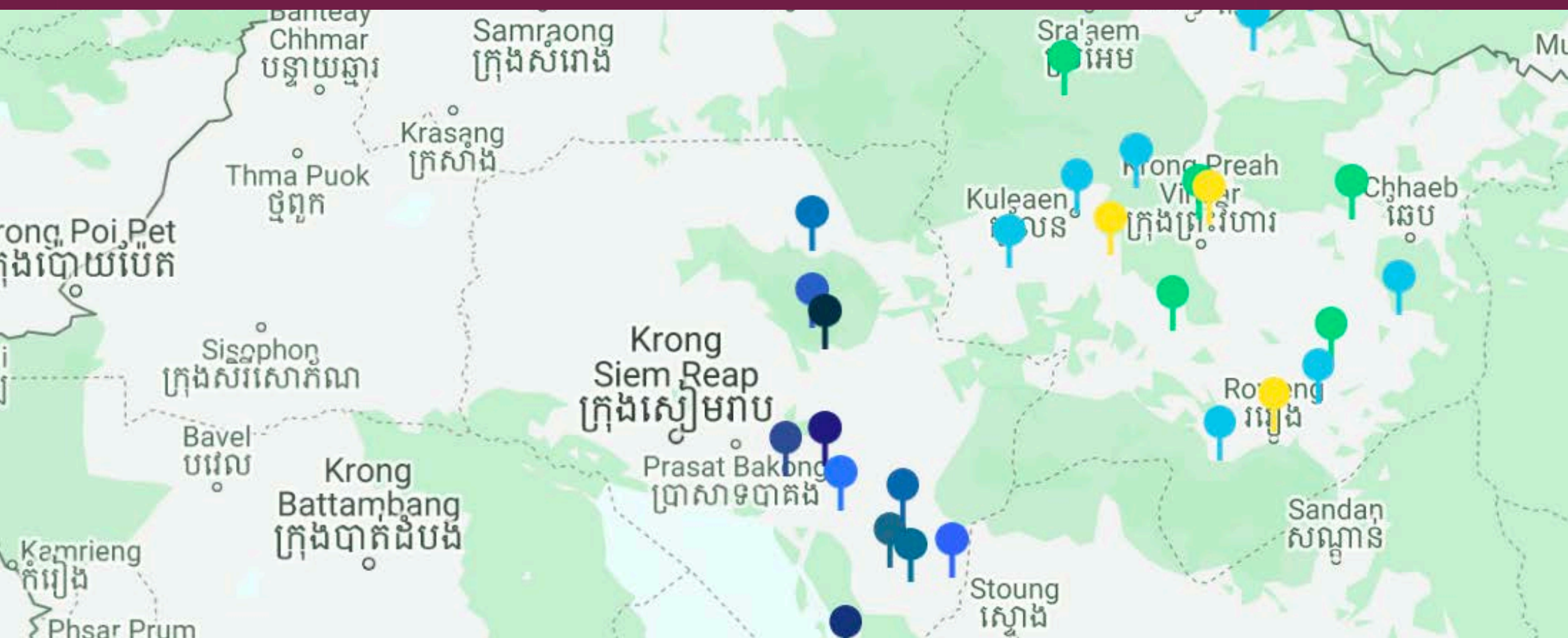
That previous night, three babies had been born, adding to the buzz of activity. The Saving Babies' Lives (SBL) team has been visiting the health centre every month since SBL started, to train the staff on neonatal healthcare.

“We were happy to see the staff here had kept up their training while we were gone,” says Saradeth Pun, the SBL Officer leading training and mentorship of Rovieng. “They are continually making sure their workplace is clean and hygienic, especially before births, which was not the case when we first arrived.”

On this month's visit, Saradeth is teaching correct intravenous administration of antibiotics when a sick neonate requires urgent transferring to the Preah Vihear Referral Hospital. Rovieng Health Centre is located over 1.5 hours' drive from the referral hospital, meaning correct transfer of sick neonates is a crucial procedure for the health centre staff to follow.

[Read more on the AHC Lens](#)

THE DATA



74

health posts, health centres and referral hospitals strengthened

TRAT

Phnom Kravanh

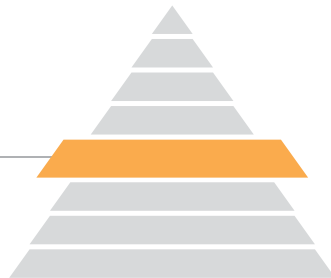
Krong Kampong Chhnang

Krong



ADVANCING CAMBODIAN INTELLECTUAL SUSTAINABILITY

As one of the few paediatric teaching hospitals in Cambodia, AHC partners with government-run facilities, medical and nursing schools and private clinics to train students and healthcare staff in the highest standards of paediatric care. Since our founding, we've provided a comprehensive range of paediatric education programmes across disciplines and grades that allow healthcare professionals to go on to practice and teach in each of Cambodia's 25 provinces.



PROFESSIONAL EDUCATION



Cambodia's Cancer Specialists: Subspecialty Education at AHC

Acute lymphoblastic leukaemia (ALL), or cancer of the blood and bone marrow, is one of the most common cancers found in children. Currently, AHC is the only facility in Cambodia treating ALL, a treatment that is split into five phases over the course of three years.



AHC's two oncology fellows, Dr Korb Sreynich and Dr Samly Vannak, lead treatment for ALL and all other cancer cases at AHC, making them two of only a handful of local specialist paediatric oncologists in Cambodia. Dr Sreynich and Dr Vannak receive expert guidance and support from international oncology experts in weekly online case conferences.

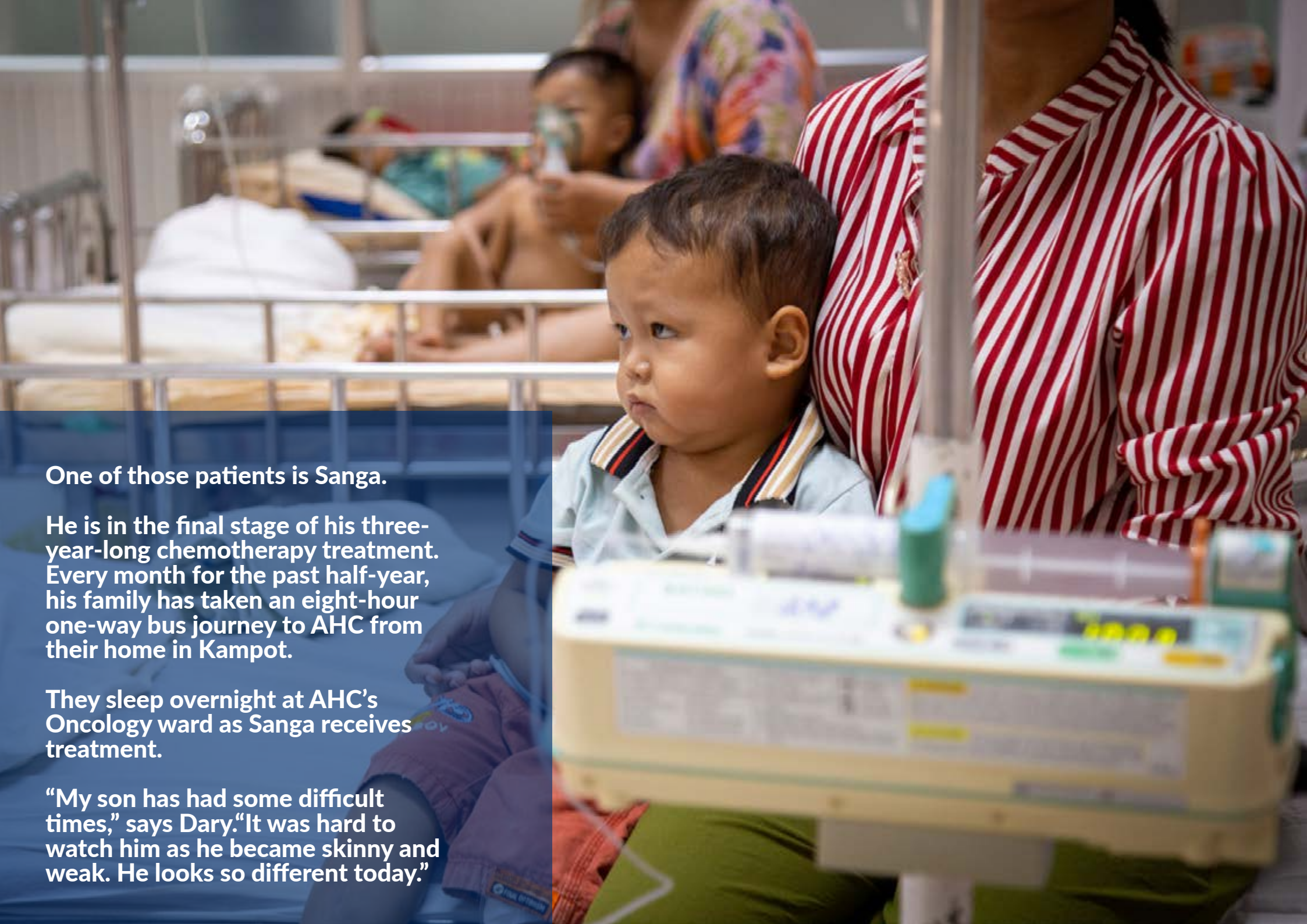


Experts from Wisconsin Children's Hospital, Seattle Children's Hospital, Boston Children's Hospital, and St Jude's Children's Research Hospital helped develop the ALL programme at AHC. It's designed specifically for a low-resource setting.



Chemotherapy medications available in modern healthcare systems are much more intensive than the medications available in Cambodia.

“We have had to add an extra phase into our treatment plan,” says Dr Sreynich. “This means patients stay longer at the hospital, sleeping in the ward, and experiencing further symptoms.”



One of those patients is Sanga.

He is in the final stage of his three-year-long chemotherapy treatment. Every month for the past half-year, his family has taken an eight-hour one-way bus journey to AHC from their home in Kampot.

They sleep overnight at AHC's Oncology ward as Sanga receives treatment.

"My son has had some difficult times," says Dary. "It was hard to watch him as he became skinny and weak. He looks so different today."



Sangha still has over two years of daily chemotherapy treatment, with monthly visits to AHC for follow-up treatment. Dr Sreynich and Dr Vannak are confident Sangha will fully recover from ALL, with 90% of ALL cases cured worldwide.

“I know we still have a long road ahead of us, but I can already see a positive change in my son,” says Dary, “because of treatment, he has been allowed to be a kid again.”

THE DATA



52

external healthcare workers trained



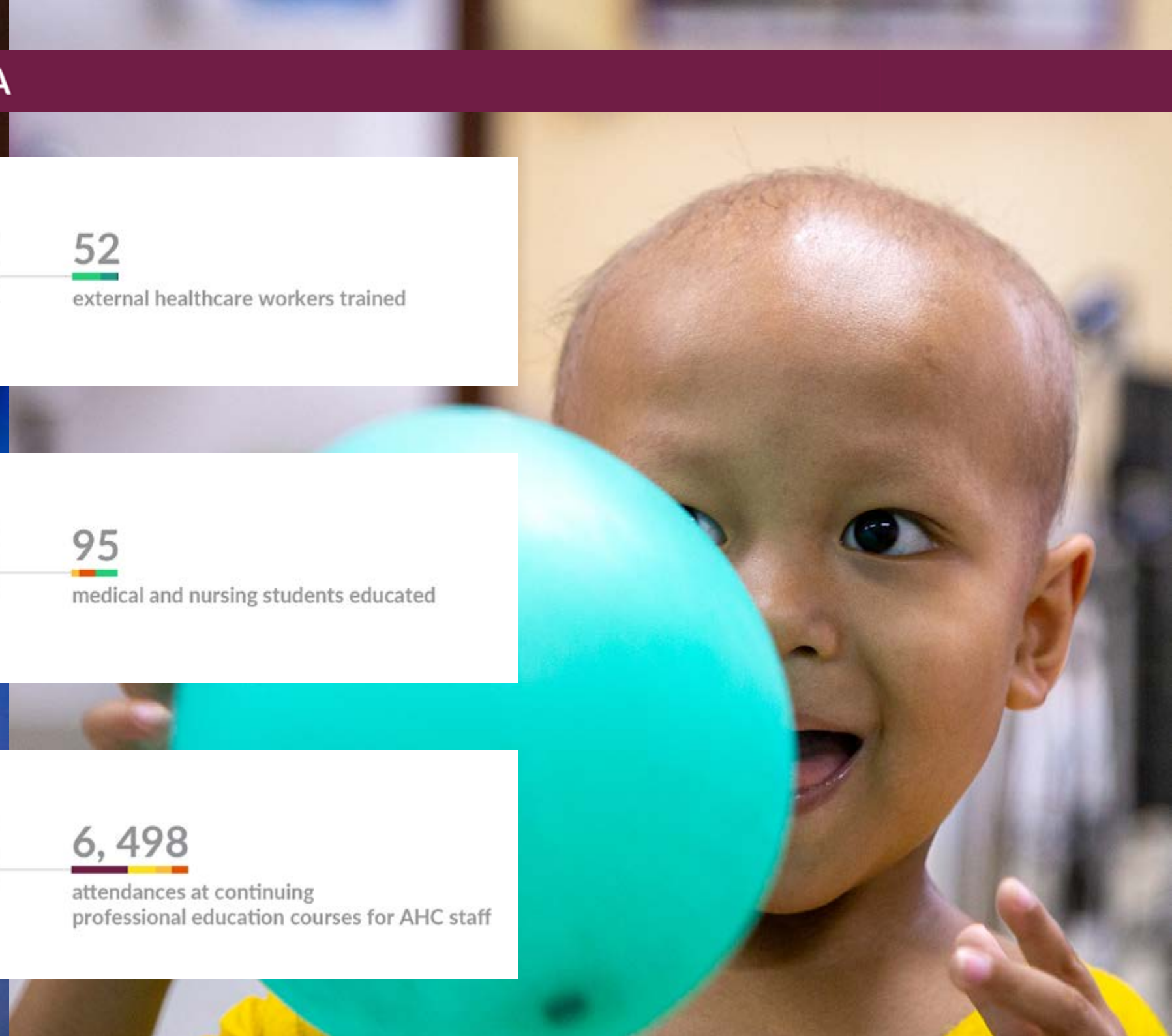
95

medical and nursing students educated



6,498

attendances at continuing professional education courses for AHC staff





PREVENTATIVE EDUCATION FOR COMMUNITIES AND CAREGIVERS

AHC's community-based, holistic healthcare initiatives deliver health education, increase access to care, address rural health inequalities, and ultimately, improve health outcomes. We partner with key actors and stakeholders within communities to provide health awareness events, first aid trainings, health screenings and other interventions that educate and empower children, villagers, and community health workers to decrease preventable illness.

In the hospital, AHC provides health education to caregivers of admitted patients to help them understand and address the underlying causes of childhood illnesses, as well as develop healthy habits and behaviors, through one-on-one and group sessions.



COMMUNITY EDUCATION



COVID-19 Prevention Education

As COVID-19 continues to spread worldwide, rural Cambodian communities remain at highest risk to an outbreak. Social distancing, proper hand hygiene, and accessing healthcare is an everyday challenge.

AHC is educating rural communities to prevent the spread of COVID-19.

THE DATA

PREVENTATIVE EDUCATION ATTENDANCES THIS SEMESTER



82,916

village members attendances



12,746

school students attendances



28,150

caregiver attendances



6,498

attendances at continuing professional education courses for AHC





PROVIDING SECONDARY AND TERTIARY SERVICES AVAILABLE NOWHERE ELSE

AHC prioritises treatment of paediatric sub-specialities, a strategic response to the needs presented amongst patients and gaps within the country's healthcare system. This specialty care includes treatments in tertiary facilities, like neonatal and intensive care, as well as outpatient-based specialty services, like oncology, cardiology and neurology. As one of the only healthcare organisations providing this service, we're establishing its importance to drive progress in specialty and routine service provision.



SPECIALTY SERVICES



Specialist Cleft Treatment at AHC: Narith's Story

Narith was born with a cleft lip-palate. He first arrived at AHC when he was only six days old, born in a health centre in rural Cambodia. When his mother first saw Narith she was shocked to discover Narith looking up at her with a cleft lip and palate.

While a cleft palate is one of the most common birth defects in the world, children require a range of specialty treatments often not available in low-resource settings like Cambodia.



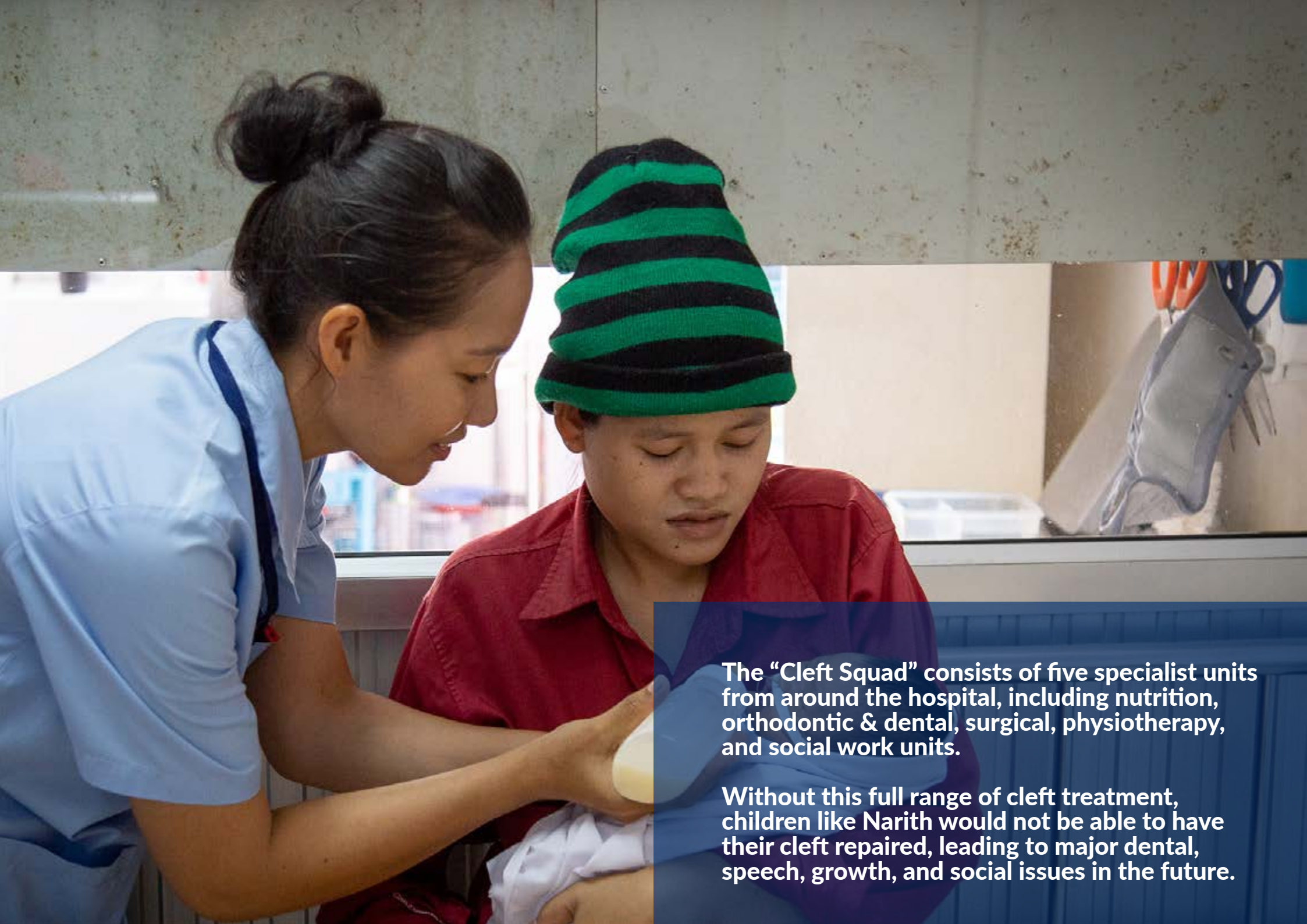
Narith's family's circumstances are similar to many families who visit AHC every day: living outside of Siem Reap, often from poor, rural communities where education and access to healthcare is low.

They make the three-hour long journey from their rural village to AHC each month to receive treatment from a multidisciplinary team of specialists who work together to treat Cambodia's cleft patients, known as the "Cleft Squad".



“Early treatment of cleft is crucial for a child to recover fully. If a child has access to the necessary care from birth then the soft tissue around their mouth can begin to be molded, and they can feed properly to gain weight, in time for life changing surgery.”

Dr Chern Chern, AHC Orthodontist Volunteer

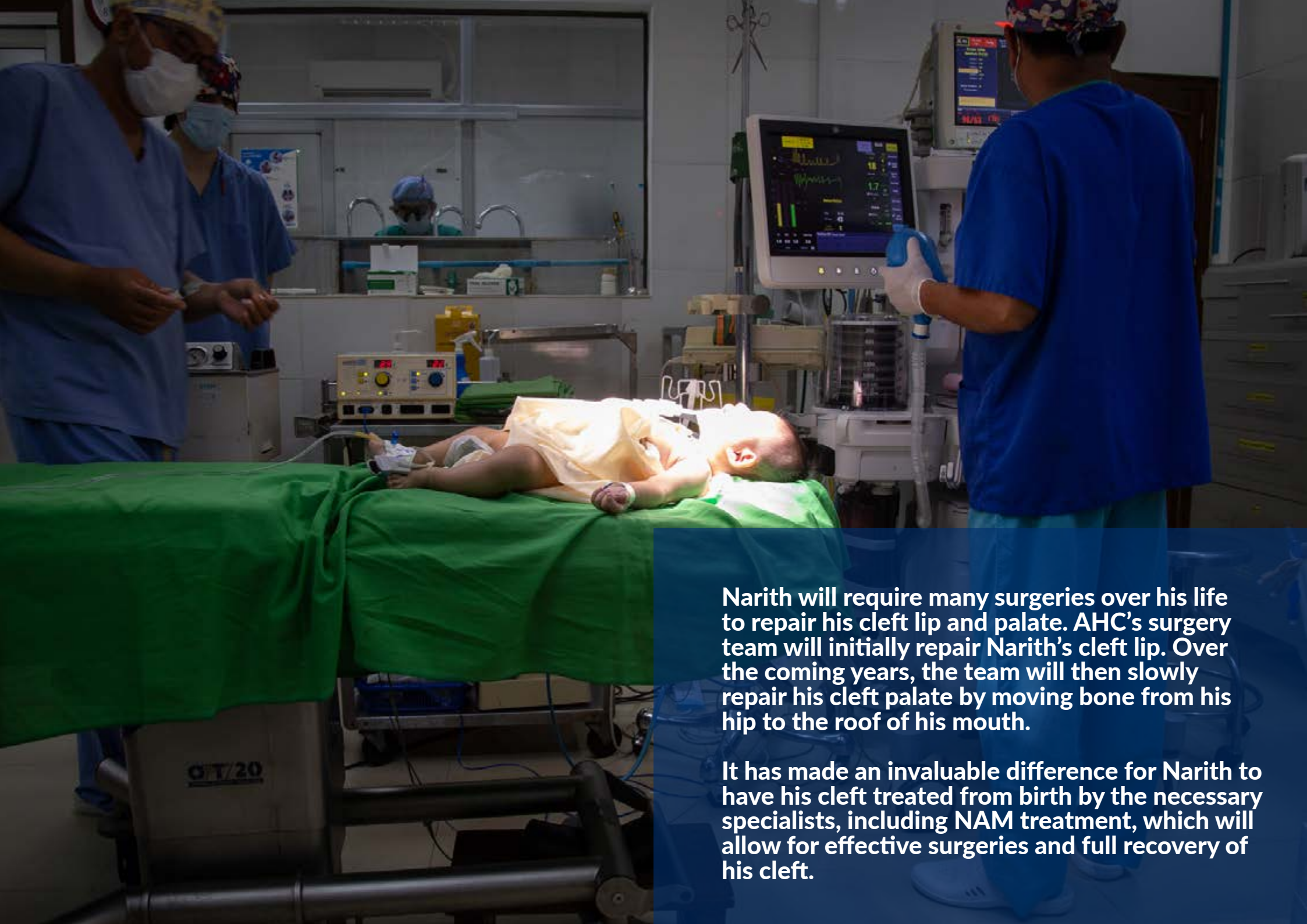


The “Cleft Squad” consists of five specialist units from around the hospital, including nutrition, orthodontic & dental, surgical, physiotherapy, and social work units.

Without this full range of cleft treatment, children like Narith would not be able to have their cleft repaired, leading to major dental, speech, growth, and social issues in the future.



Our orthodontic and dental units use Nasoalveolar Molding (NAM) to reshape the gums, lip and nostrils of a cleft patient. It is nonsurgical, using a plastic plate inserted into a child's mouth to reduce a cleft in the months before surgery, decreasing the number of major surgeries a child needs to repair their cleft. NAM also improves the shape and position of the lip and nose.



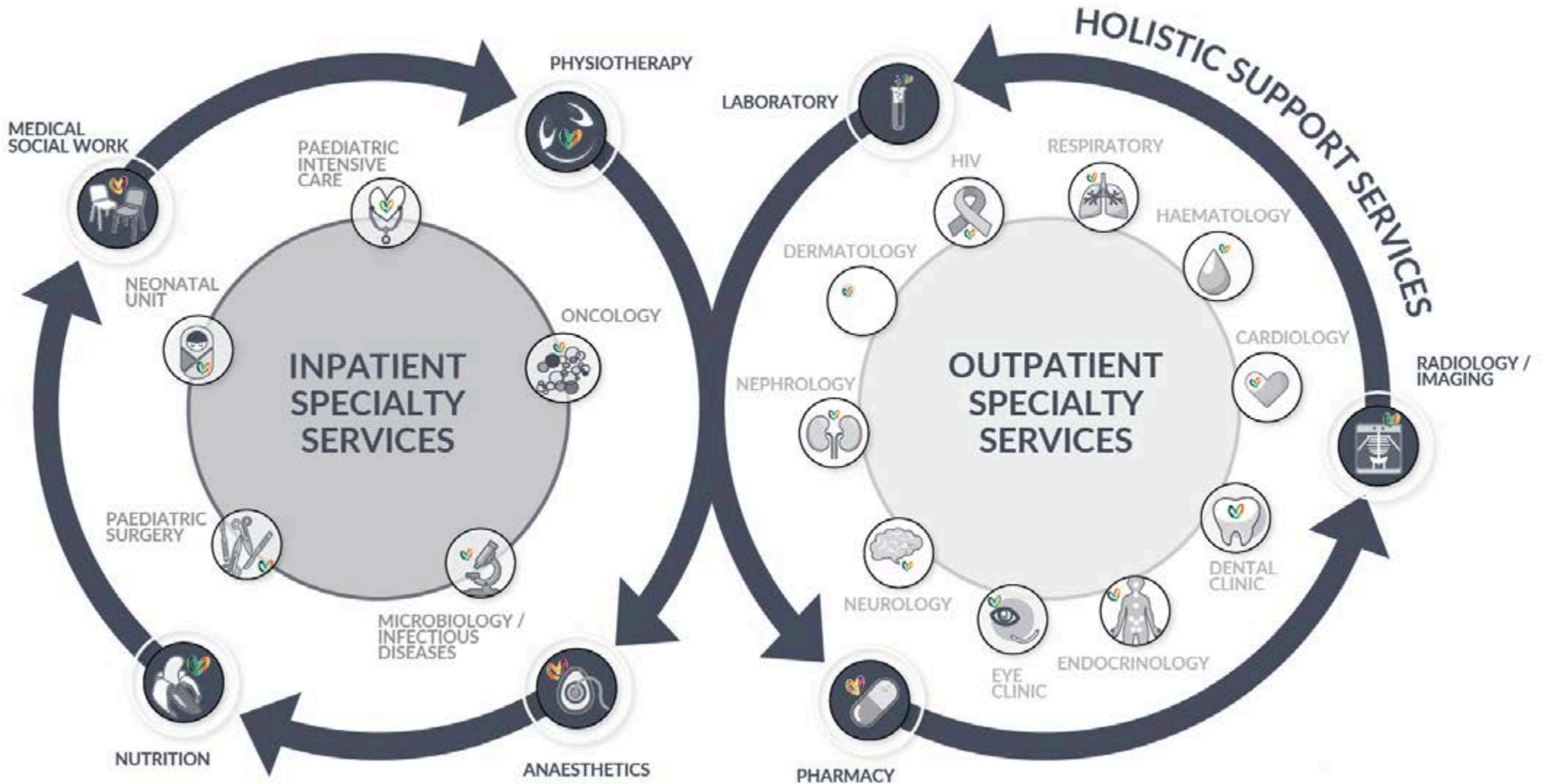
Narith will require many surgeries over his life to repair his cleft lip and palate. AHC's surgery team will initially repair Narith's cleft lip. Over the coming years, the team will then slowly repair his cleft palate by moving bone from his hip to the roof of his mouth.

It has made an invaluable difference for Narith to have his cleft treated from birth by the necessary specialists, including NAM treatment, which will allow for effective surgeries and full recovery of his cleft.



Narith still has a long road ahead to repair his cleft palate. But with help from AHCs “Cleft Squad,” he has every chance of growing to be a normal, healthy young boy.

OUR SPECIALTY CARE MODEL



THE DATA

INPATIENT
DEPARTMENT-BASED
SPECIALTY SERVICES

2,457 patients in total

OUTPATIENT
DEPARTMENT-BASED
SPECIALTY SERVICES

36,656 patients in total



PATIENTS TREATED

89,006 patients in total





QUALITY CARE



HOLISTIC, COMPASSIONATE CARE FOR ALL

Since AHC's founding, the organisation's vision has remained: that all Cambodian children have access to quality, compassionate medical care, wherever they live and whatever their ability to pay. Between our 19 interconnected departments, we provide over 135,000 quality treatments annually to patients from each of Cambodia's 25 provinces – delivered by staff who treat each patient as their own.



QUALITY CARE

HIGHLIGHT



#NoChildLeftUnwell

As the COVID-19 pandemic spreads worldwide, AHC is addressing the challenges and risks an outbreak would bring to child health in Cambodia, working to ensure that no child is forgotten and that progress in child health does not regress.

- Through AHC's #NoChildLeftUnwell campaign, we're:
- providing a window into the untold stories of the most vulnerable
 - sharing how our patients are affected by COVID-19 demonstrating our response
 - educating our audiences on the essential healthcare services that AHC continues to provide

Child health around the world is in danger of being overlooked. Access to paediatric care is more important now than ever. AHC will continue to treat Cambodia's most vulnerable children and share their stories with you, so no child is left unwell.

Follow AHC to see how we're working to leave no child unwell

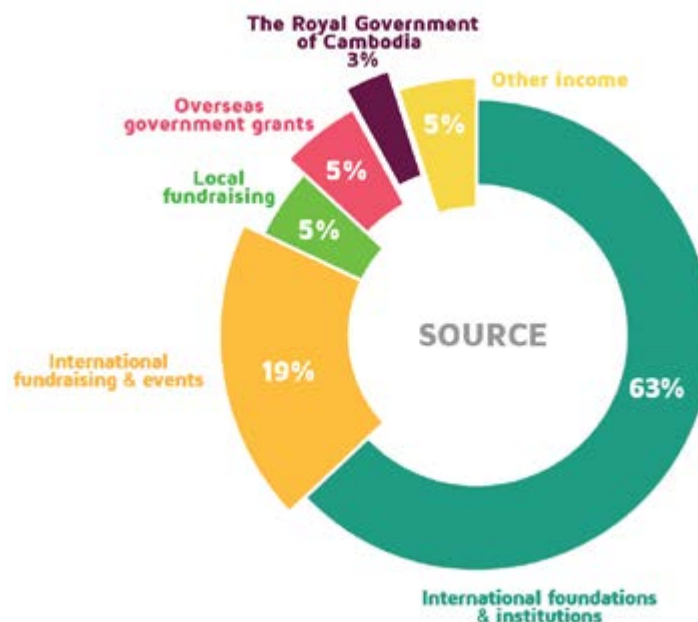
THE DATA



36,754

total patients treated this semester

FINANCIALS

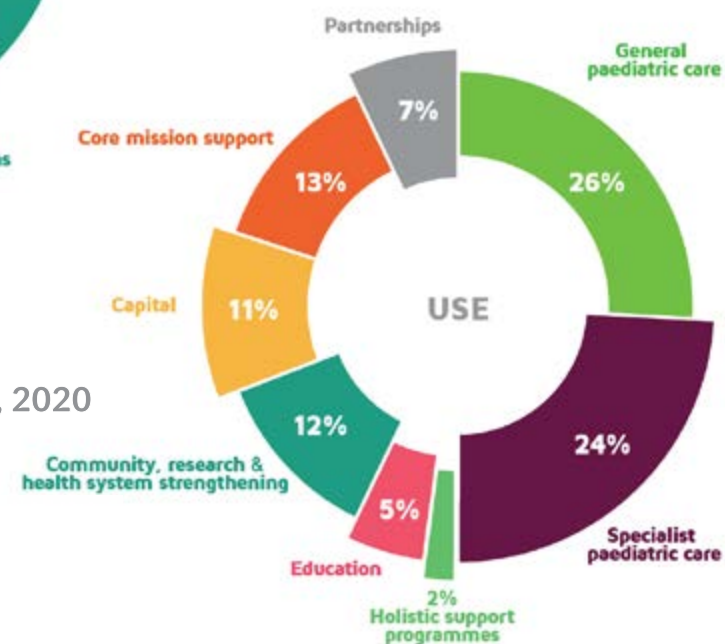


SOURCE OF FUNDS: Q1 & Q2, 2020

Total funds raised in 2020: \$5.0 million

USE OF FUNDS: Q1 & Q2, 2020

2020 Budget: \$5.9 million
adjusted due to COVID-19



QUANTIFYING AHC'S IMPACT

