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

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

Dear friends,

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

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

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

Sincerely,

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

Our Mission

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

Our Vision

Cambodian children have access to quality medical care wherever they live, regardless of their ability to pay and Angkor Hospital for Children exists as a center for excellence in pediatric healthcare and training, fostering development and expansion of the public healthcare system.
I will never forget the first day we opened our doors. I think we saw the 10 original Cambodian nurses. There were many foreign staff members at the time and very few Cambodian. The hospital was one building comprised of a single Outpatient Department.

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

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

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

Sopha Som, Director of Nursing
2013 IN NUMBERS

145,842 Total number of patients treated
115,570 Outpatient Department visits
11,178 Low-Acuity Unit patients
11,243 Emergency Room Triage patients
729 Intensive Care Unit patients
1,385 Social Work counseling sessions
2,856 Physiotherapy consultations
12,384 Dental patient visits
10,504 Eye Clinic consultations
337 Neonate admissions
18,498 Patient visits to the Satellite OPD
1,586 Admissions to the Satellite IPD
574 Triage patients to the Satellite ER
1,663 Major surgeries performed
7,246 X-ray & Ultrasound procedures
96,416 Lab tests performed

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

2013 IN NUMBERS

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

Barriers to Care

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

How AHC Helps

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

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

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

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

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

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

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

Most Common Diagnoses
- Lower respiratory infections
- Dengue Fever
- Gastroenteritis
- Neonatal infections
- Dysentery
- Sepsis
- Asthma
- Malnutrition
- Typhoid
- Meningitis
2013 Department Highlights

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

Additionally, a greater focus was placed on improving patient documentation, including opening a new Registration Unit to store patient medical records from the past 14 years. To help entertain the children during their wait, a group of volunteers from Singapore painted bright animals on the walls lining the OPD. Furthermore, through the continued support from AHC’s valued donors, 2013 began the planning stages for major OPD renovations to be completed in 2014. The renovations were designed to improve patient privacy, patient flow, as well as to provide the medical team with a separate space for education and team meetings.

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

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

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

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

Physiotherapy Unit
Physiotherapy is a relatively new area of healthcare in Cambodia, and there are few such programs available for children living with disabilities. Services provided include speech therapy, orthopedic therapy, respiratory therapy, as well as neurological therapy for children with cerebral palsy or developmental delay. Our team of physiotherapists trains and educates families so they can successfully administer therapy at home. In 2013, 2,856 children received physiotherapy treatment at AHC. In addition, AHC’s physical therapy department has become a training site for physiotherapy in Cambodia.
Since its establishment in 2000, AHC’s Dental Clinic has been devising effective ways to solve many common—but easily avoidable—oral health complications, one such way they have found most successful in prevention is through oral health education. In 2013, in addition to providing oral health care for 12,384 children, the dental team educated more than 16,000 children and their families on proper oral hygiene and tooth care. Often, for a multitude of reasons—primarily an overall lack of awareness about the benefits of oral health care and the cost of transportation—families delay treatment. As a result, tooth extractions are the most common procedures performed in the Dental Clinic. To help prevent this, the Dental Clinic Team has placed a high importance on outreach, especially with educating children at local primary schools about the importance of fluoride mouth rinse to prevent cavities. Additionally, working alongside AHC’S Homecare Unit, the Dental Clinic Team travels to the Tonle Sap Lake to provide children who live at the floating village with oral health education and dental care.

### HIV/Homecare Unit

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

With 56 percent of homecare patients being HIV positive, the Homecare Team works in close conjunction with AHC’s in-house HIV Clinic which provides lifesaving Antiretroviral Therapy (ART) for HIV patients. They also focus on HIV education outreach as they have observed the positive results on improving the situation for HIV patients in their respective communities - as well as in preventing the spread of HIV/AIDS. Most notably, the Homecare Team has developed a peer education initiative in which volunteer HIV patients are trained to teach others about HIV. Sharing knowledge about their condition with others has proven to empower both children and their families in reducing marginalization.
2013 was a turning point for the EPD. After three years since its conception - acting as a consultant and supporter for the 38 selected hospitals - hospitals began directly approaching the EPD to request their services. This bottom up approach signifies that a growing number of public hospitals are taking responsibility for self-improvement and turning to AHC for assistance. Moreover in 2013, Capacity Building and Health Education Program (CBHEP) came to join the Health System Strengthening Program (HSSP) and the School Health Program under the umbrella of the External Program Department. Acting as one department with a shared vision and goals, the EPD hopes to expand its outreach even further. In 2013, thanks to the generous support from AHC donors, CBHEP distributed 570 Bio-Sand Water Filters to various villages, providing more than 3,431 people with access to clean, safe drinking water.
AHC Moves Forward into Cancer Care

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

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

Meet Nika*, AHC’s first patient to receive chemotherapy treatment

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

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

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

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

*Patient’s name has been changed for confidentiality.
Neonatal Care Advances

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

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

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

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

“Improving newborn survival is Angkor Hospital for Children’s priority.”
– Dr. Neou Leakhena, Chief of Neonatal Unit
Today, there are an estimated 40,000 Cambodian children living with congenital heart disease. Each year, another 3,000 Cambodian children are born with various forms of the condition. At the same time, there are very few surgical resources available for these children, with only one other hospital in the country offering any dedicated pediatric heart surgery program.

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

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

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

Ambulance Transfer Service

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

Clinical Education

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

Neonatal Care

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

Meet Samnang*

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

*Patient’s name has been changed for confidentiality
Senior Doctors

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

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

Nurses

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

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

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

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

Through efforts to develop AHC as a center of excellence for hospital administrators and other non-medical staff alike, in 2013, AHC advanced an education curriculum for non-medical staff. Starting with the first Non-Medical Annual Workshop and extending into lunch talk sessions, there were a total of 380 non-medical attendees over the course of the year. 33 non-medical staff also participated in additional external trainings. AHC is committed to offering non-medical staff the tools and training they need to become top professionals in their field.

Junior Doctors

2013 marks the ten-year anniversary of AHC’s three-year pediatric residency program which provides new generations of Cambodian doctors with the education and training they need to develop into highly skilled pediatricians. As it stands in Cambodia today, and contrary to international standards, completing a residency program following graduation from medical school is not yet a national requirement. The residency curriculum at AHC was developed to be consistent with international standards of post-graduate pediatrics training, and the training program is regularly assessed and reevaluated by both AHC staff and outside collaborators. Initially this program was heavily dependent on the guidance of visiting physicians but today, it is wholly under the direction of the Cambodian medical leadership. In 2013, AHC congratulated six doctors in completing their residency, 12 residents continued, and 22 new residents were welcomed into the program – the latter an AHC record.

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

– Sokry Chay, Medical Administrative Assistant

Education and Research Department
Research

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

–Dr. Joseph Cancillo, University of Pittsburgh

External Education

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

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

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

Medical research at AHC continues to flourish

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

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

A First for Local Fundraising

On July 20, 2013, thousands of people flocked to Wat Bo pagoda in Siem Reap, to join together with other members from the community in support of the mission of AHC. The local senior monk from Wat Bo pagoda, Preh Maha Vimoldhamma Pin Sem Sirisuvanno (featured in photo in top right corner), spoke about the responsibility as Buddhists, and as people in this world, to help others in need and to always show compassion to everyone and everything. AHC’s External Program Director, Prak Manila, also spoke about the work of AHC and how support, no matter the size, can change the lives of children.

Through working with local media including radio, TV and press - as well as with local printers who generously donated 12,000 invitations - word spread quickly throughout the province and beyond. The original goal of the event was to raise $10,000, but this goal was largely surpassed with a total of $24,000 being raised. Thanks to all those who came to support AHC’s mission, and how well the event was received by the local community, AHC will be holding this event annually.

Increase in Local Blood Drive Support

2013 marks the first year that AHC’s Blood Drive efforts saw an increased support from the local community. Since the laboratory first began its blood drive efforts, the amount of blood donated from foreigners always greatly outweighed (more than doubling and tripling) the amount donated from the local Cambodian population. This all changed in 2013. Working with local businesses, NGO’s and schools, not only was there an increase in the total amount of blood donated, but it was also the first year that Cambodian blood drive support surpassed the support from the local foreign population—nearly doubling the total amount donated from the previous year. This was accomplished through educating the local population about the importance of giving blood - as an active way of helping others - and by reassuring the local population that there are no major health risks associated with giving blood. AHC is very excited to see the local community becoming more involved in our blood drive efforts, and we hope to see it continue on this path.

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

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

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

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

Meet Graham and Maureen Challender

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

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

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

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

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

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

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

BOARD MEMBERS

Kenno Izo
Robert Gazzi (Chairman)
Dr. med. Katja van ’t Ende (Chair of Medical Committee)
Stuart Davy (Chair of Finance and Operations Committee)
Lindsay William Cooper (Chair of Development Committee)
Lisa Genasci
Hartmut Giesecke
Akio Matsumishma
Alistair Thompson (appointed in 2014)
Francesco Caruso (appointed in 2014)

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

## REVENUE

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions received from Donors</td>
<td>$5,615,414</td>
</tr>
<tr>
<td>Overseas government grants</td>
<td>$203,197</td>
</tr>
<tr>
<td>Sales of goods</td>
<td>$20,205</td>
</tr>
<tr>
<td>Other income</td>
<td>$95,205</td>
</tr>
<tr>
<td>Funds brought forward from 2012</td>
<td>$81,928</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>$6,015,949</strong></td>
</tr>
</tbody>
</table>

## EXPENSES

### HEALTH SERVICES

<table>
<thead>
<tr>
<th>Department</th>
<th>Salaries</th>
<th>Expenditure</th>
<th>Total</th>
<th>% Over Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Department</td>
<td>$240,138</td>
<td>$193,848</td>
<td>$433,986</td>
<td>8%</td>
</tr>
<tr>
<td>Inpatient Department</td>
<td>$416,324</td>
<td>$246,491</td>
<td>$662,815</td>
<td>12%</td>
</tr>
<tr>
<td>Emergency/Intensive Care Unit</td>
<td>$364,673</td>
<td>$265,707</td>
<td>$630,380</td>
<td>11%</td>
</tr>
<tr>
<td>Surgical Department</td>
<td>$247,413</td>
<td>$232,578</td>
<td>$479,990</td>
<td>9%</td>
</tr>
<tr>
<td>Satellite Clinic</td>
<td>$321,554</td>
<td>$214,918</td>
<td>$536,472</td>
<td>10%</td>
</tr>
<tr>
<td>Eye Clinic</td>
<td>$57,833</td>
<td>$93,316</td>
<td>$151,149</td>
<td>3%</td>
</tr>
<tr>
<td>HIV/Homecare Unit</td>
<td>$111,314</td>
<td>$70,428</td>
<td>$181,743</td>
<td>3%</td>
</tr>
<tr>
<td>Dental Clinic</td>
<td>$53,593</td>
<td>$27,198</td>
<td>$80,791</td>
<td>1%</td>
</tr>
<tr>
<td>Physiotherapy Unit</td>
<td>$27,787</td>
<td>$12,745</td>
<td>$40,532</td>
<td>1%</td>
</tr>
<tr>
<td>Ultrasound/X-rays Unit</td>
<td>$60,036</td>
<td>$5,839</td>
<td>$65,876</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$46,321</td>
<td>$8,852</td>
<td>$55,173</td>
<td>1%</td>
</tr>
<tr>
<td>Laboratory</td>
<td>$98,951</td>
<td>$161,106</td>
<td>$260,057</td>
<td>5%</td>
</tr>
<tr>
<td>Social Work Unit</td>
<td>$37,691</td>
<td>$9,677</td>
<td>$47,367</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total health services</strong></td>
<td><strong>$3,626,331</strong></td>
<td><strong>$5,601,978</strong></td>
<td><strong>65%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### EDUCATION PROGRAMS

<table>
<thead>
<tr>
<th>Program</th>
<th>Salaries</th>
<th>Expenditure</th>
<th>Total</th>
<th>% Over Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Research Department</td>
<td>$327,577</td>
<td>$175,754</td>
<td>$503,331</td>
<td>9%</td>
</tr>
<tr>
<td>External Program Department</td>
<td>$84,868</td>
<td>$49,382</td>
<td>$134,250</td>
<td>2%</td>
</tr>
<tr>
<td>Community Based Health Education</td>
<td>$88,166</td>
<td>$129,502</td>
<td>$217,668</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Total education programs</strong></td>
<td><strong>$855,249</strong></td>
<td><strong>$217,668</strong></td>
<td><strong>15%</strong></td>
<td></td>
</tr>
</tbody>
</table>

### OVERHEADS

<table>
<thead>
<tr>
<th>Department</th>
<th>Salaries</th>
<th>Expenditure</th>
<th>Total</th>
<th>% Over Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration/Management</td>
<td>$351,064</td>
<td>$166,837</td>
<td>$517,901</td>
<td>9%</td>
</tr>
<tr>
<td>Development</td>
<td>$101,015</td>
<td>$71,187</td>
<td>$172,203</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total overheads</strong></td>
<td><strong>$690,103</strong></td>
<td><strong>$517,901</strong></td>
<td><strong>12%</strong></td>
<td></td>
</tr>
<tr>
<td>Capital Expenses</td>
<td>$430,295</td>
<td></td>
<td>$430,295</td>
<td>8%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL EXPENSES</strong></td>
<td><strong>$5,601,978</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## COST ANALYSIS

### Health Services

<table>
<thead>
<tr>
<th>Unit</th>
<th>Average cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Department visit</td>
<td>$4.73</td>
</tr>
<tr>
<td>Emergency Room visit</td>
<td>$13.34</td>
</tr>
<tr>
<td>Satellite Clinic visit in OPD + ER + patient in IPD</td>
<td>$29.97</td>
</tr>
<tr>
<td>Inpatient Department patient stay</td>
<td>$149.29</td>
</tr>
<tr>
<td>Surgical Department surgical procedure</td>
<td>$133.47</td>
</tr>
<tr>
<td>Intensive Care Unit patient stay</td>
<td>$798.70</td>
</tr>
</tbody>
</table>

### Specialized health services

<table>
<thead>
<tr>
<th>Department</th>
<th>Average cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Clinic</td>
<td>$7.93</td>
</tr>
<tr>
<td>Eye Clinic***</td>
<td>$17.00</td>
</tr>
<tr>
<td>Physiotherapy Unit session</td>
<td>$16.38</td>
</tr>
<tr>
<td>Ultrasound/X-ray Unit test</td>
<td>$10.49</td>
</tr>
<tr>
<td>Laboratory test</td>
<td>$3.11</td>
</tr>
</tbody>
</table>

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

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

*This includes the cost for neonate patients in the new neonatal unit
**Procedures range from open heart surgery @ >$1,500 to minor procedures @$15
***19.5% of visits require treatment, including 218 cases of surgery
As a non-profit pediatric teaching hospital, Angkor Hospital for Children depends on your support to provide high-quality, compassionate care to the children and families in our care. AHC is profoundly grateful to those who have chosen to partner with Angkor Hospital for Children to advance health outcomes for Cambodian children while building the capacity of quality medical professionals through training and education. With their partnership, AHC continues to be one of the leading pediatric teaching hospitals in Cambodia.

**CORNERSTONE CONTRIBUTORS**

Jonathan Foster
Friends Without a Border, Japan
Friends Without a Border, New York
Hartmut Giesecke*
Global Fund
Dr. Marvin Godder
Heart to Heart Foundation
Hearts that Help
Hong Kong Foundation
Jim Johnston & Barb Melosky – Taste the World
JURONG Consultants
Dr. Masumi Kamachi
The Keg Steakhouse & Bar – Taste the World
Khom Loy Development Foundation
Kids International Development Society
Leon J. Blackmore Foundation
leChocolat
Macquarie Foundation – Taste the World
Marly Mearn: Taste the World
Mercy Malaysia
Mositown Investments: Taste the World
Dr. Robert and Nancy Nassau
Phnom Penh
The Radcliffe Foundation – Taste the World
RICE Fund
Richard P. Haugland Foundation
Rotary Club of Vancouver, British Columbia
Rotary International, Japan
SEVA Foundation – Cambodia
Sotto Falvero Onlus
T & J Meyer Foundation
TD Canada Trust Bank – Taste the World
Alistair Thompson
TO Holdings AS
Tudor Capital Singapore
UK Trust
Aine Ungar
University of British Columbia Dentistry
USAID
Anthony and Jane Weldon
Susan and Weiland Wettstein – Taste the World
Hans Wolf

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ABOUTAsia Travel
ACLEDA Bank Plc
Amansara
Anmet Co., Ltd., Siem Reap Branch
Anantara Angkor Resort & Spa
Angkor Balloon
Angkor Century Resort & Spa
Angkor Cristine Hotel & Neang Puon KTV
Angkor Era Hotel
Angkor Holiday Hotel
Angkor Miracle Resort & Spa
Angkor Reach Restaurant
Angkor Super Market
Angkor Trade Center
Antalya House
Anndady Restaurant & Bar
Apsara Centrepole Hotel
Artisans d’Angkor
Asian Square Restaurant & Lounge
Auberge Mont Royal d’Angkor
B Braun Cambodia Branch
Babel Guesthouse
Banjan Leaf Hotel
Battambang Provincial Hospital
BIDC Bank
Borei Angkor Resort & Spa
Buffalo Trails
Build Bright University
Cambodia Events Organizer Co., Ltd.
Cambodia University for Specialties (CUS)
Cambodian Chef’s Association
Cambodian Commercial Bank (CCB), Siem Reap Branch
Cambodian National Insurance Company (CAMICO)
Canada Bank PLC
Cica Angkor Hotel
Central Medical Store
City Angkor Hotel
City Villa Hotel Apartment
Clinic 777
DKSH (Cambodia) Ltd
Dyna Boutique Hotel
Dynamic Pharma Co., Ltd
European Continent - Cambodia
Exotissimo Travel Cambodia
Feeling Entertainment
Florida International School
Freedom Hotel
FSUN Tourist Siem Reap
FTB Foreign Trade Bank
Golden Mango Inn
Golden Temple Hotel
Golden Temple Villa
Grand Soluxe Angkor Palace Resort & Spa
Group of Elephants d'Angkor
Happy Guest House
Holiday Palace Casino & Resort
 Honour Village Cambodia
House Sun Tour
Huy Krang Exchange
ICS - International School Il Forno Restaurant
Institut Pasteur du Cambodge
International Printing House
International School of Siem Reap
Island Bar
Ivy Guest House
Japanese Clothes Shop R-NIPPON
Khemra Angkor Hotel & Spa
Khemr Angkor Tour Guide Association (KATGA)
Khemr Kitchen Restaurant
Khemr Soup Restaurant
Khemr Talks Siem Reap
La Noria Hotel & Restaurant
La Residence d'Angkor
Le Meridien Angkor
Lin Ratank Angkor
Little India Restaurant
Losi Italiana Restaurant
Ly Sreyvnya Clinic
Maybank (Cambodia) Co., Ltd., Siem Reap Branch
McDermott Gallery
Mekong Angkor Palace Hotel
Monoreach Angkor Hotel
Mulberry Boutique
Mythiciscus Hotel & Resort
National Blood Transfusion Center
National Center for HIV/AIDS, Dermatology and STD
National Pediatric Hospital
Neak Tep Clinic
New Hope Cambodia
New Star KTV
Old House Restaurant
Pannasastra University of Cambodia
Preah Khan Microfinance Ltd.
Prince d’Angkor Resort & Spa
Prum Bayon Hotel
Psa Krom Clinic
R.M.A (Cambodia) Co., Ltd, Siem Reap Branch
Raffles Grand Hotel d’Angkor
Reach Bo Pagoda
Rae Hotel
Rosy Guesthouse
Royal Angkor Resort
Royal Avatar Development Co., Ltd.
Safe Haven
Sathapana Limited
The Savong Foundation
Seng Huot Hotel
Shadow of Angkor Guesthouse
Siem Reap International Airport
Siem Reap International School
Siem Reap Provincial Health Department
Siem Reap Treasure Hunt
Sierra Hotels & Resorts
Sokholay Angkor Resort & Spa
Somadevi Angkor Hotel & Spa
Soria Moria Boutique Hotel
Soup Dragon Restaurant
Soann Angkor Hotel
Sovanna Shopping Centre, Phnom Penh
Steung Siem Reap Hotel
The Sugar Palm Restaurant
Sunsimexco, Ltd., Siem Reap Branch
Tai Ming Plaza Hotel
Tara Angkor Hotel
Travel Indochina
Unilever (Cambodia) Ltd.
Union Commercial Bank PLC
University of South East Asia
Vattakac Bank
The Villa Siem Reap
Victoria Angkor Resort & Spa
Viking House
Weaves of Cambodia
X-Bar, Siem Reap
Every donation to Angkor Hospital for Children makes a difference in the lives of the children entrusted in our care. Thank you to the following corporations and individuals who have offered their generous support to Angkor Hospital for Children.

Corporate and Individual Donors

1262430 Alberta Ltd – Taste the World
Elinne Adams
Al Ichiki Shinho Abeta
Amy Aggleton
Kazumi Akao
AllWest Insurance Services Ltd/ Devina & Paul
Zalesky – Taste the World
Tina Allenby
Christoph Amann
Sajma An
Laurie and Darren Anderson– Taste the World
Anonymous– Taste the World
Benemax Financial Ltd. – Taste the World
Beaumont Media LLC/George and Dori-Ann

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Angkor Hospital for Children would like to thank each and every supporter who participated in the 2013 show some heart campaign. Together we were able to make a difference in the lives of the children we treat by raising $25,000 in support of AHC’s heart surgery program and operating theater.

As a nonprofit hospital, we are entirely grateful for all those who have supported Angkor Hospital for Children. We have made every effort to be accurate in this listing. Should you find any omissions or errors, please do not hesitate to contact the Development Department:

T: (855) 063 409 ext. 7035 | Email: ahc@angkohospital.org

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