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

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.

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

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.

Message from AHC’s Hospital Director (CEO)
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
Our Mission, Vision, Values

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

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

- Sustained community transmission led to a national outbreak
- First COVID-19 related death in Cambodia
- School closures and restrictions on gatherings
- Mask usage now mandatory
- Interprovincial travel ban and closure of tourist sites
- Curfew and lockdown in Siem Reap
- Set up of COVID-19 ward at AHC
- COVID-19 vaccinations arrived in Siem Reap
- First case of COVID-19 at AHC
- SBL and Community activities were halted
- Lockdown in Siem Reap
- AHC in red zone
- End of all lockdowns in Cambodia
- Pchum Ben Festival cancelled
- Water Festival cancelled
- Mandatory quarantine ends for vaccinated arrivals to Cambodia
- First case of Omricon in Cambodia

AHC Annual Report 2021
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.
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.

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.
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.

"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

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

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

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

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.

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.
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

“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.”

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.
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 to 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.”
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

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)
Lawrence 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

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

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

35% 30% 26% 4% 5%
International Foundations and Institutions Local Fundraising International Individuals and Events Other Income Overseas Government Grants

36% 31% 13% 6% 4%
Specialised Paediatric Care General Paediatric Care Community, Research & Health Systems Strengthening Partnerships Core Mission Support Education Holistic Support Programmes

Please note: The figures above exclude a $223k in-kind donation received from The Royal Government of Cambodia.
អ្នកមានសុខភាពល្អ សូមែតយកចិតទុកក់ និងអស់ពីសមតពឆងត់បំងជំងឺកូវីដ១៩បកបេយពេគជ័យគួរទីកត់សល់។ បពលរដនិងមនីធរមសហគមន៍និងចុងេយសូមែតសរេសរ៉ងកែលងដល់ជរភិលៃនពះចកកមុរួមំងកសួងសុភិល មនីនិងបុគលិកសុភិលំងអស់ែដលនេធំងអស់ពីកយចិតកុងរបយុទបំងជំងឺកូវីដ១៩បកបេយពេគជ័យរបស់េយំងអស់។មនីរេពទកុរអងរគឺពេគជ័យរបស់េយំងអស់។

“ឆ្លើយទៅកើនតម្រូជាគ្រប់គ្រង ក្នុងបំណងការសង្ឃឹមកុម្មួត និងបែបជីវកម្មថ្មីរបស់កុរប្រការកម្មង៉េនកបដោយពីរដូចជំនួយអតិថិជនរបស់សបុរសជន។ ការប្រការកម្មង៉េនកបដោយបែបជីវកម្មថ្មីនេះបានបង្កើតសមារមន៍ប្រការកម្មង៉េនកបដោយអតិថិជនរបស់សបុរសជន។ កំពុងការសម្រេចអំណាចសម្រាប់ការប្រការកម្មង៉េនកបដោយបែបជីវកម្មថ្មីនេះបានបង្កើតការសម្រេចអំណាចសម្រាប់ការប្រការកម្មង៉េនកបដោយអតិថិជនរបស់សបុរសជន។ 

ដូចកុរដៃទេទតេកុងពិភពេកែដរកុរកមុគប់រូបតវែតទទួលននូវរែថំសុខព្យាបាល! រវិនិេគេលពលេវនិងរខិតខំបឹងែបងកុងរែថំសុខពកុរគឺនរៈសំន់ស់ែដលអគតៃនបេទសរបស់េយំងអស់នឹងនសុខពលពមំងធំត់េឡេងែដំមីអភិវឌបេទសកមុឱដូចកុងបេទសអភិវឌន៍។”

- លេះ លេះ សមតិ ឯកហ្គេម ំពណ៌តិំែផន (CAM – Paint) លេះ លេះ សមតិ មួយឆ្នាំក្រោយនេះបានសង្ឃឹមកុម្មួតនិងបែបជីវកម្មថ្មីរបស់កុរប្រការកម្មង៉េនកបដោយពីរដូចជំនួយអតិថិជនរបស់សបុរសជន។ ការប្រការកម្មង៉េនកបដោយបែបជីវកម្មថ្មីនេះបានបង្កើតសមារមន៍ប្រការកម្មង៉េនកបដោយអតិថិជនរបស់សបុរសជន។ កំពុងការសម្រេចអំណាចសម្រាប់ការប្រការកម្មង៉េនកបដោយបែបជីវកម្មថ្មីនេះបានបង្កើតការសម្រេចអំណាចសម្រាប់ការប្រការកម្មង៉េនកបដោយអតិថិជនរបស់សបុរសជន។ 

- លេះ លេះ សមតិ
មនីរេពទកុរអងរ កងំ២០២១

កុងមនីរេពទ ក់េរន និងកុងសហគមន៍៖
តួេលខំ២០២១

ផ្សេងៗដ៏លំកទីបំផុត សប់កមគរអកជំងឺែដលសកេកុងម នីរេពទកុរអងរកុងអំឡុងេពលបិទខប់។ ក់ចំណូ លរបស់មនុសគប់ នរ ក់ចុះ េហយអកខះេទតគឺមិន
នក់ចំណូ លែតមង។ ចំែណកឯមេធយេធដំេណ រវិញ នប េចន និងនតៃមខស់ ឬ េសរែតមិននបតិបតិរែតមង។ កុងខណៈេពលែដលមនីរេពទកុរអងរសិតេកុងតំបន់បិទខប់
ំងសង (តំបន់កហម) េយងចអនុ តឱអកែថំអកជំងឺែត ក់ប៉ុេ ះេេមលែថអកជំងឺ
ក់នេពលខះេយងមិនចែសងរករសប់ហូបចុកេទតផង។

- េវជបណិ ត ស វលក័ណ បនែផកពលជំងឺធរ។

ប ប់ពឹតិរណ៍ ៃថទី ២០ ែខកុមៈ កងេសមប ែដលទីំងរបស់មនីរេពទកុរអងរ គឺ
កងមួយកុងចំេមកងេចនេផងេទត ែដលតវនបិទខប់៉ ងតឹងរឹងបំផុត េចេ ះ
ែខេម ដល់ែខក ។

ចំនួនែគេកុងបនប់ែថំអកជំងឺធរ ១៤ែគ និង បនប់ែថំជំងឺរកធន់ធរ ំង ៦ែគ របស់
មនីរេពទកុរ អងរ នអកជំងឺសក ពលេសរែតមិននបតិបតិរែតមង។ កុងខណៈេពលវិនរបិទខប់េកុងបេទសកមុតវនបប់ ចំនួនអកជំងឺមកពិនិត
ពល ប់េផមេកនេឡងវិញ កុងខណៈេពលែដលចំនួនអកជំងឺធរកុងបនប់ែថំអកជំងឺធរន
រ ក់ចុះែតបនួចប៉ុេ ះ។

“ មៗប ប់ពឹតិរណ៍ របិទខប់តវនបប់ ចំនួនអកជំងឺេកនេឡងមកវិញន់ែតេចន ប៉ុែនបុគលិក
េយងនចំនួនតិចងមុន េយរែតពួកេគប់េកុងរេធច ឡឺស័ក។ េយរែតេយងនកមររល
និងេ ះស័គបំេរររ៉ ងយកចិតទុក ក់ដល់កុរ េទបេយងចគប់គង នរណ៍ ដ៏
លំកេនះន។ ងខុំពិតនេទនពចំេះកមរររបស់ខុំស់!”

-បសន៍របស់អកសីេវជបណិ តវល័កណ។

ភ័ពសំងល ជរ ភិលកមុេយង នក់េចញនូវយុទរក់៉ក់ំងប រ៉ ង
ប់រហ័ស និងនបសិទិពរហូតទទួលនេគជ័យ៉ ងលបេសរ។ េដំច់ ំ ២០២១
កនងេ បពលរដេពញវ័យចំនួន ៩៨% និងកុរប់ពីយុ ៥ ំេឡងេចំនួន ៧៥% ន
ទទួល៉ក់ំងេពញេលញ។

<table>
<thead>
<tr>
<th>ទិស</th>
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<th>ទូទៅកុរទូលេ និង ឯកេទស ទូលេ និង ឯកេទស បំប៉ុន ជំញដល់មនីសុភិល។</th>
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<tbody>
<tr>
<td>1</td>
<td>៣៧ ៤១៩</td>
<td>ចំនួនមណ លសុខពែដលនទទួលរ ឧបតមំទ នូវបព័នែថំសុខព និង សេ ះយុជីវិត រួមបូលំងរ បំក់ ស រៈបរិ រេពទ របណុ ះប លបំក់ បំប៉ន ជំញដល់មនីសុភិល។</td>
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<td>2</td>
<td>៤ ៤៩</td>
<td>ចំនួនេវជបណិ ត ែដលនបប់រសិករយៈ េពល៣ ំ  សប់វគបណុ ះប ល ឯកេទសជំងឺ។</td>
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<td>3</td>
<td>៤ ៤១៩</td>
<td>ចំនួនអកនចូលរួមវគ អប់រំសុខពេមសហគមន៍ េដមីបេងនចំេណះដឹងកុងរប រជំងឺដ ត់េផងៗ េកុងភូមិ េរន និងកុងសហគមន៍។</td>
</tr>
<tr>
<td>4</td>
<td>៣ ៨ ៥</td>
<td>ចំនួនមណ លសុខពែដលនទទួលរ ឧបតមំទ នូវបព័នែថំសុខព និង សេ ះយុជីវិត រួមបូលំងរ បំក់ ស រៈបរិ រេពទ របណុ ះប លបំក់ បំប៉ន ជំញដល់មនីសុភិល។</td>
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</tbody>
</table>

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ការពារការបានក្លាយទឹកអំកូស្បបមកពីអកជំងឺមនីរេពទកុរអងរ និងបសិទពមរយៈរពិនិតេមានវិញនិងបានក្លាយបានឆ្លាញ់។ ដើម្បីការពារការបានក្លាយទឹកអំកូស្បបមកពីអកជំងឺមនីរេពទកុរអងរ និងបសិទពមរយៈរពិនិតេមានវិញនិងបានក្លាយបានឆ្លាញ់។

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មនីរេពទកុរអងរ កមវិធីបណុ ះប ល ក៏ដូចសហគមន៍េយងំងមូល មរយៈរ ននូវធននមនុស ហិរវតុ និងបេចកវិទគប់ន់ កុងរបំេពញេបសកកមរបស់េយង។

េយងនតពកិចពិតកដ ចំេះអកជំងឺ កមគរអកជំងឺ បុគលិកសុភិល  ស់ ជំនួយ និងៃដគូរបស់េយងដូចជរ ភិលកមុផងែដរ។

គឺរេប ចិត៉ ងមុតំរបស់អងពេយង កុងរែកលមឱបេសរេឡង នត ព និងបសិទព េដមីមនីរេពទកុរអងរ តវនន់ប់េយបជនកមុ ដូចន 
ប ក់កុងរ គមន៍ងេលៃនរយរណ៍ េនះ។

ជំនួយមូលនិធិពីសបុរសជនកមុ បចុបនេនះតវនចូលរួមចំែណក 
ចំនួនមួយគបី (១/៣) ៃនថវិចំយសរុបសប់ដំេណ ររមនីរ 
េពទ ែដលេនះគឺរសេមចេលេដ៏នរៈសំន់មួយ េ 
កុងរេធឱននិរនរពែផកហិរវតុ។

េយងនឹងេធសហរណកមៃនរិល័យពីរ គឺរិល័យៃរអ ស 
ថវិបំបេទសកមុ  និងេបេទស េហយបេងតេ 
រិល័យៃរអ សថវិែតមួយ េមរគប់គងរបស់បុគលិក 
កមុ គឺ អកសី សុិនេកត អរុណ ែដលអកសីនបំេរររ េកុង 
មនីរេពទកុរអងរអស់រយៈេពលងៃម ំកនងមកេហយ។

េយងនឹងក់ឱដំេណ ររនូវបព័នព័ត៌នសុខពអកជំងឺថីមួយ ឲ 
េបស់េកុងមនីរេពទំងមូល ែដលេនះគឺសប ញអំពីសមិទិផល 
ដ៏សំន់មួយកុងរបេងតេហ រចសម័នបព័នព័ត៌នសុខពអក 
ជំងឺ ែដលនឹងេធឱបេសរេឡងំងបទពិេធន៍ និងបសិទពេ 
កុងរបំេពញររែថំពលអកជំងឺ។

េយងនឹងប់េផមអនុវតកមវិធីគនអកជំងឺ េយេសសុំអកជំងឺ 
ែដលចនលទពចូលរួមគនបនិចបនួចចំេះរចំយ 
េលរែថំ និងពលកូនៗរបស់ពួកេគ េដមីជួយឱមនីរេពទកុរ 
អងរ ចបនផល់េសេយឥតគិតៃថដល់អកែដលមិននលទព 
បង់ក់ន។

េយងនឹងក់ញ និងែថរក បុគលិកែដលនជំញ 
េយងនឹងក់ឲេបស់នូវបព័នព័ត៌នវិទ និងបព័នគប់គង 
េហ រចសម័នេផងៗ េទត េដមីដំេណ របតិបតិររបស់អងព។

េយងនឹងបនគប់គងនិភ័យ ស់ែវងរអនុវត ពមំងេបស់ 
បព័នព័ត៌ន និងេលនេយ េដមីគុណពៃនររ 
របស់េយង។

េយងនឹងពិនិតេមលនូវល់រអនុវតន៍វិធីសែសងរកមូលនិធិបកប 
េយនិរនរព និងរឹងំបំផុតសប់អងព។
ប្រការិការបណ្តាញអំពីកូវីដ១៩ និងការឆ្នេរអាហារការបណ្តាញអំពីកូវីដ១៩ និងការឆ្នេរអាហារ

ក្នុងនេះមានកូនក្លាហ្យដែលបានបកប្រែដោយការឆ្នេរអាហារមនីសុខ

ក្នុងពេលពីរឆ្នាំ និងអនុសីទប្រទេសចរណ៍ អនរតិកមុដាន់ចុះ និងមិនចេរបចំពឹតិរណ៍ អីន។ យកុងនេះយងតវរអកឧបតមំទែដលសបុរសជន និងសហគមន៍ន់ែត នែតបនេធឲិសមូលនិធិរបស់អងព យនេវតរសនំសំៃចេលរចំយ និងអនុវតន៍ែផនរយុទសថី។ មនីរេពទកុរអងរនមូលនិធិបមងយរែតនរគប់គងដ៏រឹងំកុងរយៈេពលប៉ុន នេះយនេយរនប បឈមៃនវិបតិហិរវតុយុទសៃរអ សមូលនិធិថី នឹងតវអនុវតេដមីនដល់រសេមចននូវនិរនពថវិចំយេលបតិបតិរចំនួន ៥.១នដុរេមរិកកុង២០២២។

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របណុ ះប លកមវិធីំទរួមមូលនិធិអនរតិ និងប័នរៃរអ សថវិកុងសកជំនួយឥតសំណងពីរ ភិលេបេទសសបុរសជន និងពឹតិរណ៍ ខែរអ សអនរតិចំណូលែតនពរឹងំមួយំងស់ជំនួយថីៗ និងស់ជំនួយពីមុនមក។

ប្រការិការបណ្តាញអំពីកូវីដ១៩ ខែមករា ឆ្នាំ ២០២២
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)
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We could not have achieved our work this year without you.

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.

Because of you, we are able to keep our doors open for all Cambodia's children.

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