



Quarterly Update (January-March 2016)

Roof Fundraiser update:

Work began on the roof of the clinical building in mid-February. Thanks to the generosity of our supporters and a multi-pronged fundraising approach, we were able to raise the funds we need to keep a roof over our patients heads. Thank you to all who donated, whether through our Visitor's Centre, online or through a business. We are amazed by the number of people who came together to support this campaign!



Post-play therapy smiles in the surgical ward



One of Chavvy's twin daughters in our Neonatal Intensive Care Unit

Excellence in Comprehensive Neonatal Care

Chavvy was 17 when she realized she was pregnant with her first child. In rural Taom village, 60km from Siem Reap on unpaved roads, Chavvy did not receive any antenatal care. At 34 weeks, Chavvy went into premature labour and gave birth at another hospital in Siem Reap. Chavvy gave birth to triplets in a natural birth but, tragically, only two daughters survived, weighing just 900 grams each. The other hospital immediately discharged Chavvy and her tiny daughters. For two weeks, Chavvy was oblivious to the potential danger her daughters were in: prematurely born infants have underdeveloped lungs and immune systems and are particularly vulnerable to infection. Luckily an AHC staff member heard about Chavvy's case and recommended Chavvy come to AHC with her babies immediately. Chavvy and her babies were quickly admitted to the Neonatal Intensive Care Unit. Amazingly, low birth weight is their only diagnosis, but AHC does not release any newborn under 2kg. Chavvy is receiving emotional and breastfeeding guidance. With one of the only NICUs in Cambodia, AHC is paving the way with simple and reproducible measures to reduce neonatal mortality whilst providing new mothers compassionate, quality care.

2016 Funding Secured

Operational Budget 2016: \$6,483,384



AHC is short of secured funds for 2016. In addition to the \$3.3m of committed funding, we have a pipeline of funding of \$2m of which 50% is likely to be realised. AHC urgently needs additional funding to ensure that we do not have to implement our cost-cutting contingency plan should we not fully meet the \$6.5m operational budget for 2016.

Patient Treatments January-March 2016

Outpatient Department: 21,015
Inpatient Department: 818

Emergency Room/Intensive Care Unit: 5,993
Satellite Clinic: 1,119

Total Treatments: 30,244

Top diagnoses for outpatients, January to March

1. Lower Respiratory Infection
2. Upper Respiratory Infection
3. Dog Bites

Top diagnoses for admitted patients, January to March

1. Lower Respiratory Infection
2. Gastroenteritis
3. Upper Respiratory Infection



One of our long-stay patients recovering in the Surgical Ward