AHC has distinguished itself as the premier children’s teaching hospitals in northern Cambodia.

Last year alone, AHC had more than 168,000 patient visits and educated more than 10,000 healthcare workers from AHC and local organizations. Throughout the year, there were multiple opportunities for medical and non-medical staff to improve their knowledge through Continuing Medical Education (CME), Continuing Nursing Education (CNE), bedside training and case review; the AHC Residency Program; local, national and international training, presentations and lectures. Additionally, through the External Program Department, AHC also trained government healthcare workers in 38 hospitals throughout Cambodia.

Dear Friends,

2014 was an extremely exciting year at Angkor Hospital for Children. Our accomplishments this year are the result of incredibly hard-working and dedicated staff, as well as our wonderful partners, volunteers and donors. AHC underwent many physical changes this year: we were able to complete the renovation of our Outpatient Department, thus decreasing chronic over-crowding and giving patients the privacy they deserve and we began construction on an extension for the Emergency Room and Intensive Care Unit that will allow us to separate emergency and non-emergency patients better than ever before.

I hope you delight in reading about the many achievements of 2014 including the treatment of 14 patients with eye cancer; AHC’s doctors performed their first unassisted open heart surgery, and the increase in our residency program.

AHC’s staff remains unwaveringly dedicated to Kenro Izu’s founding vision, and work tirelessly to provide quality compassionate care to Cambodia’s children. We hope that the 2014 Annual Report will convey the significance of your help—without our supporters, none of this would be possible. Once again, 2014 proved to be an exemplary year at AHC, and we look forward to what 2015 has to bring.

Sincerely,

ChanPheaktra Ngoun, M.D, DCH, DTMH
Hospital Director
Angkor Hospital for Children
Message from Board Chairman, Robert Gazzi and AHC Founder, Kenro Izu

In early 2015, AHC initiated a significant change in management structure following the departure of Executive Director Dr. William (Bill) Housworth, who left the hospital after seven years of outstanding commitment and leadership. Thanks to Dr. Bill, AHC has advanced in so many different areas of healthcare. He raised the standards of quality, increased the scope of healthcare services and encouraged many more new medical practices at AHC. In addition he facilitated AHC being able to treat many more children every year. For this everyone at AHC is truly grateful.

Following Dr. Bill’s resignation, the board had an opportunity to revisit the hospital management structure. This is in line with a transition that began in 2012 from a US-led NGO to one that is Asian-based and involves more local management. This included the substitution of the Executive Director position with a six-member Executive Committee (ExCom) that will jointly manage the hospital.

The ExCom team includes a new Managing Director, a post taken up by Dr. Claudia Turner, who since 2012 has jointly led the AHC-based Cambodia Oxford Medical Research Unit (COMRU); Hospital Director Dr. Ngoun Chanpheaktra who has, of course, been with AHC since its founding; Chief Operating Officer, Tep Navy, who retains his position; a Chief Business Officer, who is yet to be appointed; Education Director Dr. Rathi Guhadasan, a UK pediatrician recently appointed to replace Dr. Varun Kumar, who also should be thanked for his many years of hard work on behalf of the hospital; a Public Health Service Director, also yet to be appointed.

We believe this new AHC management structure more accurately reflects the vision of the hospital: this is not to be simply a centre of pediatric clinical excellence in Cambodia. AHC also strives to be a unique education centre for medical professionals and to fulfill its commitment to helping achieve a stronger health system for the entire country, working with the Ministry of Health, the Provincial Hospitals and local Health Centres.

Another very positive development for the hospital this year is the appointment of three senior Cambodian AHC staff members to the Board of Directors: Hospital Director Dr. Ngoun Chanpheaktra; Prak Manila, currently on study leave in Bangkok from her position as AHC External Program Director; and Chief Operating Officer Tep Navy. This brings the total number of board members to 12, following the departure of Hartmut Giesecke and Akio Matsushima, who we also would like to thank for their kind and dedicated service to AHC.

April 2015
Angkor Hospital for Children is a special place. Ever since we opened our doors in 1999, with just 10 Cambodian doctors and nurses, we have been a force for good in pediatric health. Our medical staff continuously strives to provide high-quality care for our patients through Education, Treatment and Prevention. I am so happy to be a part of an organization that is as dedicated to grass-roots medical care as AHC: we have grown from a primarily foreign-staffed hospital to over 99% Cambodian, across medical and non-medical departments.

We have transitioned from a small hospital with only an Inpatient and Outpatient Department to a large facility including Intensive Care Unit, Eye-Cancer treatment facility, Neonatal Unit and many outreach programs, with more than 168,000 patient visits annually. Our outreach programs have made an enormously positive impact upon rural and public health care, and our dedication to constant improvement is unparalleled. I am so proud to be part of this incredible team.

AHC is 507 employees strong, with each one of us committed to personal and professional growth. Being able to provide life-saving services to Cambodia’s most vulnerable populations is a truly awesome privilege.

- Dr. Ngeth Pises, Medical Director

"In the last few years, the number of patients has continued to increase. This is because Cambodian families know they can trust us with the health of their children. Our doctors and nurses have trained to be nothing short of excellent."

- Pin Prasith, OPD Nursing Unit Manager

"I have spent most of my life working with children, and am so happy to be able to continue this work through AHC. I am part of the team that works behind the scenes to secure funding to continue AHC’s incredible work. I believe children are the most valuable resource we have, and I love working at AHC because we truly care about the well-being of all children in Cambodia."

- Sam Soula, External Relations Officer

What I like best about working at AHC is the compassionate care we offer in all of our services. At AHC, we provide comprehensive support for children and their families, offering counseling and treatment for non-physical conditions. Mental welfare is an important part of health. I want to provide the best care possible to children, especially those living in vulnerable or risky situations.

- Dim Sopharin, Manager of Social Work Unit

"I can’t pick just one thing I love about AHC, because it is such a wonderful place to work. I am constantly learning from patients and their challenges. I like learning how to individualize treatment for patients, and working with international volunteers to expand our skills. One of the things I like best is when parents become comfortable with our work, and aren’t afraid to help with their child’s physio treatments."

- Tan Sethy, Physiotherapist Team Leader

"In my 8 years at AHC, I have seen AHC grow immensely: our neonatal unit is fully functioning, our staff truly understands the meaning of compassionate care and the entirety of AHC does its best to work as a cohesive team. Because of our reputation, parents bring their children to AHC because they are confident that we will provide them with quality care."

- Phut Nget, Vice Chief of Neonatal Unit

"Since 2011, I have seen many positive changes and improvements at AHC. Many new buildings have been built and fully equipped, many new staff members have been hired and trained, and patients with unfamiliar ailments have been successfully treated at AHC. As AHC grows in size, capacity and capability, the financial need also grows at the same time. Our financial supporters enable us to meet our patients’ needs."

- Sovann Reat Prinith, Senior Grants Officer

"My favorite things about working at AHC are providing compassionate care through counseling and health education to the children and families that visit AHC, and working to improve health care workers’ knowledge at AHC and elsewhere. By working together we are able to provide better health care to sick children in Cambodia."

- Meng Khunchanphaktra, HIV/ Homecare Nursing Manager

"During the 11 years I have worked at AHC, I have seen the number of patients increasing every day. I love being able to help families as they arrive, especially when I get to deliver good news, like the scheduling of a heart surgery. I have learned a lot about leadership and communication, and I am very happy with the way my team works together to help AHC’s patients."

- Em Sorin, Security Team Leader

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## 2014 IN NUMBERS

<table>
<thead>
<tr>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>168,226 Total number of patient visits</td>
<td>152,723</td>
</tr>
<tr>
<td>125,732 Outpatient Department treatments</td>
<td>115,570</td>
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<tr>
<td>3,405 Inpatient Department patients discharged</td>
<td>3,622</td>
</tr>
<tr>
<td>1,170 Low-Acuity Unit patients discharged</td>
<td>1,178</td>
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<tr>
<td>20,603 Emergency Room patients discharged</td>
<td>18,126</td>
</tr>
<tr>
<td>807 Intensive Care Unit patients discharged</td>
<td>729</td>
</tr>
<tr>
<td>1,441 Social Work counseling sessions</td>
<td>1,385</td>
</tr>
<tr>
<td>3,370 Physiotherapy patients</td>
<td>2,856</td>
</tr>
<tr>
<td>13,954 Dental patient visits</td>
<td>12,384</td>
</tr>
<tr>
<td>12,570 Eye Clinic consultations</td>
<td>10,504</td>
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<tr>
<td>434 Neonates discharged</td>
<td>341</td>
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<tr>
<td>21,232 Patient visits to the Satellite OPD</td>
<td>18,455</td>
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<td>1,600 Discharge from AHC’s Satellite IPD</td>
<td>1,580</td>
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<tr>
<td>659 Satellite Emergency Room patients</td>
<td>572</td>
</tr>
<tr>
<td>1,658 Major surgeries performed</td>
<td>1,663</td>
</tr>
<tr>
<td>11,193 X-ray &amp; Ultrasound procedures</td>
<td>10,499</td>
</tr>
<tr>
<td>97,875 Lab tests performed</td>
<td>96,416</td>
</tr>
</tbody>
</table>

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

## Barriers to Care

### How AHC Helps

Approximately 4 million Cambodians live on less than $1.25 per day, and 37% of children under the age of 5 suffer from chronic malnutrition. The majority of our patients come from these impoverished families, for whom transportation is sometimes an insurmountable cost.

A major problem facing successful treatment in Cambodia is a general lack of confidence in the health care sector. Parents too often wait until their child is seriously ill to seek medical attention, and by the time they reach AHC illnesses are sometimes so advanced that treatment is impossible.

Nutrition is always a concern for families living in poverty, and never more so than when they are away from home. Without cooking facilities, families may not be able to afford the food and water they need.

Cambodian families are no different than any other when a child is sick, many family members travel to AHC in order to be near to their loved one. Unfortunately, these families cannot afford to stay in hotels and are often concerned about shelter during their child's treatment.

After closing hours, AHC opens up the waiting area as a place for families to sleep. Families are provided with mosquito nets, mats, access to bathrooms and showers, and around the clock security.
Outpatient Department
The Outpatient Department (OPD) remains the busiest department at AHC as it is the first stop during a patient’s visit. In 2014, the OPD improved its efficiency by more quickly identifying common conditions such as upper respiratory infections, diarrhea, typhoid, dengue and malnutrition. This was due in part to an increase in staff: in 2013, the OPD had only 7 full-time doctors and 14 nurses and in 2014 had 12 full-time doctors and 18 nurses.

This increase in human resources allowed doctors to shorten waiting time for patients, provide more attention to each child and ensure that family members understood not only their child’s illness and treatment plan, but also that AHC nurses to more quickly identify emergency cases as well as to direct patients to the correct unit.

In order to carry out AHC’s mission of education, information sessions about hygiene, typhoid, chicken pox and how to properly use mosquito nets are carried out in the waiting area. This is an excellent way to educate children and their families, and to pass on valuable information to our community. Thanks to the OPD renovation completed in 2014, overall patient flow, privacy, efficiency and care improved greatly in 2014.

Emergency Room/Intensive Care Unit
The Emergency Room (ER) and Intensive Care Unit (ICU) are where AHC’s most critical patients are treated. Most of the patients who are admitted are already dangerously ill, due primarily to late arrival. Our staff does its utmost to immediately identify and separate emergency patients so that they can receive the immediate attention they need. Our ER and ICU staff are all trained in Advanced Pediatric Life Support and use their knowledge to quickly see to each patient. There was an increase from 16,506 ER patients discharged in 2013 to 18,448 in 2014 and from 729 (2013) to 736 (2014) patients discharged from the ICU.

While the change in number of patients was only slight, there was a significant increase in the severity of illnesses seen: this was not due to a change in illnesses, but because parents seemed to be waiting longer to come to AHC. This increase in severity was met with an increased survival rate, thanks to the addition of vital equipment such as ventilators. The number of central line procedures, whereby a patient receives medication and fluids through a catheter placed in the neck, chest, or groin, increased from 1% to 5%, showing that the staff’s expertise is growing.

We look forward to the final phase in our current expansion so that we can better focus on services in 2015.

Social Work
In 2010 AHC recognized the need for social support among our patients and opened our Social Work Department. The first of its kind at a hospital in Cambodia, our Social Work Unit works with families who need counseling both at the hospital and in their homes. We provide counseling for survivors of sexual and physical abuse, for children who have been abandoned and for children living with chronic conditions.

Social workers at AHC remain the busiest unit, providing 260 follow-up sessions for sexual abuse cases. A better team was able to provide 260 follow-up in cases of child abandonment and to pass on valuable information to our community. Thanks to the Social Work Unit, our social workers have been able to educate children and their families, and to pass on valuable information to our community.

Outpatient Department Highlights

2014 was a year of big improvements: not only did we provide a total of 964 patients and families with 1,469 counseling sessions, but met the growing need for follow-up in cases of child abandonment (up from 676 families and 1,385 sessions in 2013). With the addition of one social worker and one play therapist, our team was able to provide 260 follow-up sessions for sexual abuse cases. A better relationship with AHC’s medical staff was formed, which enabled social workers and doctors to work together to provide families with the support that they needed. Occasionally, family members wish to Leave Against Medical Advice (LAMA cases) for a variety of reasons—in these situations, our social workers explain the importance of continuing their child’s treatment at AHC. Out of 100 LAMA cases, only 8 families ultimately decided to leave. In 2015 the Social Work Unit will be adding 4 more staff, allowing us to work more consistently with each department.

Physiotherapy
Throughout 2014, AHC’s Physiotherapy Unit has continued to make vast improvements. An increased number of services were provided to children who needed post-operative therapy or with neurological disabilities, respiratory problems and speech impediments. Following AHC’s mission of Treatment, Education, Prevention, the Physiotherapy team focused on treating the cause of patients’ disabilities instead of treating the symptoms.

Specific improvements were made in treating Kinematic Imbalance due to Suboccipital Strain Syndrome (or KISS) thanks to a team of international volunteers who offered our staff training on effective spine mobilization techniques. KISS is a motor control problem where a patient’s head joint is out of alignment. Our physiotherapy staff always encourages parents to watch and participated in their child’s rehabilitation, and provide hand-outs on specific at-home care instructions for simple exercises. This empowers parents to take an active role in their child’s recovery. In 2014, the Physiotherapy Unit treated 3,370 children—an increase of nearly 1,000 patients from 2013.
Dental Clinic

AHC’s Dental Clinic has been working tirelessly since its inception in 2000 to combat the poor dental health that negatively affects so many Cambodian children. This can impact quality of life from all angles: increased pain while eating, acute and chronic infections, general discomfort and disfigurement are all side-effects of bad dental hygiene.

There are many barriers that hinder Cambodian children from maintaining good dental health: a general lack of understanding about the importance of good dental hygiene in conjunction with high cost and low availability of dental clinics have resulted in relatively poor dental health for many Cambodians.

Our clinic uses education programs, in partnership with the Homecare Unit, to take a multifaceted approach to dental education.

2014 saw an increase in dental restorations, such as fillings, and an overall increase in patients: in 2013, the clinic treated over 300 patients per month, and in 2014 this number more than tripled to over 1000. The Dental Clinic’s ability to treat more patients was due to an increase in equipment and facilities, although privacy is still an issue. Our fluoride program works in primary schools to provide fluoride treatments, and was expanded from 2 to 4 primary schools. The Dental Clinic hopes to have a resident oral surgeon in the near future.

HIV/Homecare

AHC’s HIV/Homecare Unit (HHU) provides in-home care for children who require regular medical attention but find travel to AHC impossible or difficult. Not only do they provide medical care, but the HHU also provides follow-up assessment, treatment, social support, counseling and health education for children and families.

The HHU implements projects to grow food in gardens to fight malnutrition, build wells to combat waterborne illnesses and supply mosquito nets to prevent malaria.

50% of the HHU’s patients are HIV positive while the remainder suffer from developmental disabilities, congenital heart disease, malnutrition and other serious illnesses. A very important part of HIV care is education: people who are HIV positive can be ostracized by their communities because of a lack of knowledge. The education component has focused on creating Pediatric Peer Educators (PPEs): PPEs are HIV positive volunteers trained by AHC’s HIV/Homecare program who then educate their communities on the realities of HIV and ways in which to lead a healthy life with HIV.

In 2013, there were 156 peer-education sessions reaching 263 people— in 2014, the number of sessions increased to 355 reaching a total of 641 people. There were a total of 3,438 Homecare visits in 2014, up from 3,004 Homecare visits in 2013. This is a huge accomplishment for the HHU.

In the wake of an HIV outbreak in rural Roka village, AHC’s HIV Program has been working with local organizations to provide support. The HIV team assesses the most effective ways to help the estimated 212 people allegedly infected by an unlicensed doctor in December. As a leader in Cambodia’s fight against pediatric HIV, AHC will do its utmost to assist the infected people of Roka.

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Meet Chinda*

Chinda is a twelve-year old boy who lives 60km away from Siem Reap city, and who is HIV positive. He first came to AHC at the age of 3, when he developed a fever as a result of an infected wound. On his third visit to AHC, our doctors decided to test for HIV because the wound simply wouldn’t heal even with proper treatment. Chinda tested positive for HIV.

Chinda was born with HIV: both of his parents died from a combination of AIDS and TB when he was very young, and he now lives with his loving grandmother and two older brothers. After his grandfather died from hypertension two years ago, Chinda, his brothers and his grandmother became very poor. Chinda did not need to take ARVs until he was 9, when his CD4 count dropped dramatically. Before this time, however, the HIV/Homecare Unit provided his grandmother with a water filter, seeds, an open well, money for two-way transport to AHC and housing repairs. Before the HIV/Homecare Unit offered these services to Chinda and his grandmother, Chinda spent his days catching frogs and fish to eat because they had no source of income.

Chinda has been taking ARVs for 4 years and besides an infected wound that continues to be monitored by AHC, he appears to be in good health. An important part of the HIV/Homecare Unit is empowering patients and caregivers with knowledge. Our team worked with Chinda’s grandmother to fully explain HIV, the treatment Chinda was receiving and taught her practical caregiving skills, such as how to read a clock to ensure proper dosage. Chinda and his grandmother are fiercely independent, and take their responsibilities very seriously.

Chinda is studying in grade 5 at a nearby school that he attends every afternoon. Because of AHC’s compassionate medical staff, Chinda and his grandmother have the knowledge they need to make Chinda’s life as healthy and happy as possible.

*Patient’s name has been changed for confidentiality

External Program Department

The External Programs Department (EPD) is the umbrella for our Capacity Building Health Education (CBHEP) and the Health Services Strengthening Programs (HSSP). This year, the EPD continued to expand its work with public referral hospitals, focusing on staff trainings as well as implementing national healthcare policies including clinical practice guidelines, nursing protocols and a medical code of ethics. In partnership with local physicians, EPD staff gave trainings on proper identification and treatment protocols relative to severe acute malnutrition, one of the most common diagnoses at public hospitals.

In 2014 the EPD reached more community members than ever. In all, 502 people received first-aid training. In addition, studies to measure the levels of E. Coli in water sources were conducted and in partnership with Caring for Cambodia (CFC) the EPD implemented a health education project in local primary schools. The EPD also provided health center training in several different provinces with the assistance of University Research Corporation (URC). Education topics include general health and hygiene, identification and treatment of malaria, correct triage procedures and healthcare policy implementation.
When Rita was just 2 years old, her mother noticed a white reflection in her left eye, and that sometimes her eyes appeared to look in different directions. Her mother first purchased medicine for Rita in the village pharmacy but after several days, Rita’s condition had not improved. Her parents next took her to Preah Ang Duong Hospital for treatment. Upon arrival, the medical team conducted tests and, after a one-night stay, Rita was diagnosed with a form of eye cancer known as retinoblastoma.

As a result of our outreach and communication efforts, Preah Ang Duong Hospital’s staff knew that AHC had recently added eye cancer treatment to its range of services. As Preah Ang Duong Hospital does not have the capacity to provide cancer care, staff advised Rita and her parents to get to AHC as soon as possible.

Rita’s family lives in Kendal province, about 320km away from Siem Reap in southeastern Cambodia. The cost of transport was a major barrier. Luckily, Rita’s parents were able to borrow money from a neighbor and make the five hour journey in December 2014. Upon their arrival, Dr. Phara, our Chief of Opthamology, confirmed that the source of Rita’s eye problems was an advanced malignant retinoblastoma tumor in her left eye. Unfortunately, because the cancer was in such an advanced stage, Dr. Phara determined that Rita’s left eye needed to be removed to prevent the cancer from metastasizing to her right eye. After discussing her condition and operation with Rita’s parents, Rita’s left eye was removed by our ophthalmology team. She was soon transferred to our Inpatient Department (IPD), where she was monitored by our medical team for three days. Rita is now cancer-free, and her right eye appears to be completely normal. Rita will continue to have follow-up appointments with our ophthalmology team to ensure that she remains cancer-free.

When Rita first reached AHC, her parents were terribly worried. After speaking with and learning from our medical and ophthalmology teams, her parents felt confident that Rita was in good hands. We are glad that Rita was referred to AHC so quickly and that we were able to provide her with the care she needs.
In 2014 the Neonatal Unit at AHC looked after over 350 babies who were less than four weeks of age. The majority of babies were admitted for the treatment of an infection. Treatment for neonate infections is given over the course of at least five days and is often life-saving. Worldwide nearly half of all infant (under 5 years old) deaths occur in babies less than four weeks of age. The most common causes of neonatal death are complications from premature birth or acquired infection. AHC’s Neonatal Unit is working to solve these challenges in neonatal care. In order to promote good practice for neonatal care within Cambodia, the team have been welcoming Cambodian medical practitioners to the unit in order to teach them essential skills for technical neonatal care.

“Seeing the quality care we provide neonates makes their parents confident and hopeful.”

- Dr. Phot Nget, Vice Chief of Neonatal Unit
2014 Volunteer Heart Teams

- America - University of California San Diego
- Australia - Open Heart International
- Italy - Mission Bambini Heart Team
- Singapore-based Heart Team
- Switzerland-based Heart Team

Each year, more than 50,000 children are born with Congenital Heart Diseases (CHDs) in Southeast Asia. Today, there are an estimated 40,000 Cambodian children living with CHDs, and 3,000 more children are born with the condition each year.

In 2014, AHC welcomed five volunteer cardiac surgical teams from around the world to continue the training of AHC Heart Team (Surgeons, Doctors, Anesthetists and Nurses) over the course of 129 heart operations. Included in these surgeries were two Tetralogy of Fallot repairs, marking an important advancement in the complexity of cases that can be performed at AHC. Most notably in 2014, the AHC Heart Team performed its first unassisted open heart surgery, while the volunteer team stood by for support. 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.

Until September, 2014, six-year-old Buntha* had given up hope on his dream to go to school. Today, Buntha and his mother remain happy and hopeful for the future.

When Buntha was just a one and a half years old and learning how to walk, he wandered off too close to the street while playing with his sister just in front of their house. A motorbike managed to avoid hitting Buntha and pushed him out of harm’s way at the last second. Still, the boy was knocked unconscious in the accident, and his mother immediately took him to the local Health Center. It was here that a bigger problem with Buntha’s health became apparent, and he was referred to AHC for further assessment.

The following day, Buntha and his mother got in a pick-up truck taxi to take them to AHC. After being seen by AHC’s Cardiologist, Dr. Ngeth Pis, Buntha was diagnosed with a rare, complex Congenital Heart Defect called Tetralogy of Fallot (ToF).

Buntha was immediately put on AHC’s heart surgery waiting list, where he remained for four years, during which, Buntha was not allowed to go to school because his teachers did not understand his condition.

When a visiting heart team arrived at AHC, Buntha and 11 other children were in line to receive surgery. After a life-saving open heart surgery, Buntha’s heart defect was corrected and he has made a full recovery. Buntha is now now thrilled to be able to go to school.

*Patient’s name has been changed for confidentiality
2014 was the beginning of a new and exciting phase for the AHC Satellite Clinic. Building on our strong foundation, even greater progress was made by increasing the number of medical residents on longer rotation, improving quality care and providing broader education activities, all while meeting the demand of an increasing number of patients.

Clinical Treatment and Care
Patient numbers have increased across all departments at AHC Satellite Clinic, and most significantly by 15% in the Outpatient Department (18,455 patients in 2013 to 21,232 patients in 2014) and Emergency room (572 patients admitted in 2013 to 659 patients admitted in 2014).

To date, Satellite has treated and cared for over 90,000 patients.

New Developments
Perhaps the biggest accomplishment of the Satellite Clinic in 2014 was the opening of our Neonatal Program. The on-site Neonatal Unit includes a six-bed Special Care Baby Unit (SCBU), separate medication and milk preparation room, a fully-equipped Procedure Room, a Breastfeeding Counseling Room and an Emergency Neonatal Room. These improvements have given us a greater ability to meet the needs of our youngest and most vulnerable patients. After months of anticipation, the unit finally opened in November.

In 2014, we had the opportunity to present our ambulance transfer service at two clinical conferences, in Bangkok and in Singapore. There was significant interest in how we transitioned from a minivan with minimal patient intervention to our current ambulance transfer service, which is equipped with clinical escort and comprehensive patient monitoring, evaluation and intervention.

Meet Sokea*

Sokea’s mother is a 19 year old woman who lost her first baby after a premature birth during her second trimester. Despite receiving antenatal care during her second pregnancy, her daughter Sokea was born 10 weeks prematurely (at 30 weeks) and weighed just 1.1kg. Sokea’s mother lives in a very remote village called Pom O. After going into early labour, she was unable to reach the nearest Health Center at Khvav, 3km from her home. Sokea was literally born en route to the Health Center. Khvav Health Center referred Sokea and her mother to AHC’s Satellite Clinic - a journey of 74km. After arriving at AHC’s Satellite Clinic, the clinical team worked tirelessly for several hours in order to stabilize Sokea enough for an ambulance transfer to AHC’s neonatal intensive care unit (NICU) in Siem Reap.

After one month in the NICU, Sokea is making excellent progress. She has begun feeding, and within a few weeks her lungs should be developed enough to allow her to breathe without support. Thanks to the high level of care and cooperation between AHC’s Satellite Clinic and AHC, Sokea has survived the most difficult part of a premature birth. Without the critical early intervention at AHC’s Satellite Clinic and the timely ambulance transfer service, it is unlikely that Sokea would be with us today. Sokea is already a fighter: born on the road at only 1.1kg, her story of survival is truly remarkable.

*A patient’s name has been changed for confidentiality.
From July to December 2014, the Medical Education Center (MEC) maintained its activities in medical education. This included the maintenance of the ongoing AHC Pediatric training program for Junior Medical Doctors, as well as weekly Medical lectures as part of the Continuing Medical Education for Medical Staff. A total of 61 sessions were conducted with an average of 54 attendees. The MEC offered lectures on Mortality Case Review (6 sessions, 62 attendees on average); Paediatric Topics Review (24 sessions with 57 attendees on average); Radiology Conferences (11 sessions with an average of 43 attendees); Journal presentations on published research (3 sessions with an average of 61 attendees), and an additional 17 sessions on other topics such as Advanced Pediatric Life Support and In-Hospital Infection Prevention.

Excellent professional nursing care is essential at AHC. The nursing staff is constantly upgrading its knowledge and skills through weekly nurse-led presentations and topic-specific physician-led lectures. The education activities include regularly scheduled lunch talks on Tuesdays, and lectures presented by Doctors and Nurses on Thursdays. To maintain and upgrade the knowledge of AHC’s Nurses, the Nursing Department strives to advance the Continuing Nursing Education (CNE) Program. This program is usually overseen by our senior Nurses. CNE included 108 sessions with an average of 70 attendees at each session. Scheduling conflicts prevented the Nursing presentations from continuing as planned during the first quarter, but this has since resolved. Once presentations resumed, 50 lunchtime sessions were conducted with 80 Nurses in attendance on average. In all, an average of 40 members of the nursing staff attended each of the 31 sessions. A further 27 Doctor-led sessions were conducted with an average of 38 Nurses in attendance.
External Education

Working in direct collaboration with the Ministry of Health through AHC’s External Program Department, the Education and Research Department 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

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

Medical Research at AHC continues to flourish

Research activities at AHC have continued to grow and diversify. Congratulations to Dr. Phara whose study on ophthalmic infections in children was published in BioMed Central (BMC) Research Notes this year. A further three scientific papers were also published in peer reviewed journals, detailing research conducted at AHC. A number of AHC’s senior doctors are conducting individual research projects that will be submitted as a thesis to obtain specialist training recognition in 2015. These include research on rheumatic heart disease and neonatal illness.

In 2014 the very first qualitative research methods course was held by the Cambodia Oxford Medical Research Unit (COMRU). Ten AHC staff attended this three day course which was intended to introduce staff to study methods such as interview techniques, conduct of group discussion and data collection. The group worked very hard and by the end of three days had written an outline of a study that the group wishes to conduct looking at the reasons why families take their children home against medical advice.

Community based research on neonatal mortality is on-going in the Sotnikum Health District. This will allow AHC’s Satellite Clinic team to identify villages where more support and education is needed to stop preventable neonatal deaths.
Cycling for Environment and Children Health

On August 31st, 400 participants participated in a trash pick-up and cycling event in the beautiful Cambodian countryside as part of the “Cycling for Environment and Children’s Health” event hosted by Cambodia Cycling and Asian Square Group.

This event began with welcome speeches at Asian Square Restaurant and Lounge followed by distribution of sanitary gloves and trash bags to all participants. During this event, participants helped clean-up Siem Reap’s streets en route to the cycling start point.

After collecting trash from Siem Reap’s streets, participants received mountain bikes and helmets at the start of the cycling portion of the event.

Riders passed incredible Athvea Temple, before breaking for a delicious snack catered by Asian Square Restaurant and Lounge. There was also a raffle with many prizes donated by local supporters, a quiz filled with fun facts about AHC, a slow bicycle race competition and many more fun games and prizes.

Thank you, Cambodia Cycling and Asian Square Group! We hope to see more of our supporters in July 2015 for a repeat of this great event!

OneTeam - OneRace - OneDay

Thank you again to all those who participated and helped raise funds to support AHC and the children we treat.

On December 7th, 127 people donned Angkor Hospital for Children’s OneTeam-OneRace-OneDay t-shirts and participated in the Angkor Wat Half Marathon event. Our team was made up of 95 Cambodians and 32 foreigners, showing the wide base of support for AHC both in Siem Reap and abroad.

Our team’s energy and excitement was palpable as they lined up before dawn for the 21km and 10km race around the beautiful Angkor temples. As the gun went off, runners from around the world charged the course as the crowds went wild. While the competitive spirit was alive and well, AHC’s team offered support to each other and other runners as the race continued.

Despite the grueling distance and heat, our team was in high spirits throughout the race thanks to the huge smiles and encouragement from local children and families all along the course. It was a very special weekend. We look forward to seeing you on the 6th of December 2015 for another fun run through the temples!
Angkor Hospital for Children (AHC) is incredibly grateful to our international friends and supporters for doing such a wonderful job of hosting creative fundraising events abroad and here in Siem Reap. Not only do these events raise much needed funds for our hospital, but also spread the word about AHC and the impact we have upon our community.

We thank each and every organizer and attendee for taking the time to contribute to our hospital in such a meaningful way. Without your continued support, AHC would not be the high quality facility it is today.
Markus Hufnagel's contact with AHC occurred almost entirely by chance. During a 2007 visit to Cambodia, he and his wife Natalie just happened to share a tuk-tuk with a lab technician from AHC. During the short trip, she told him of the wonderful collaborative atmosphere at AHC and about the hospital's wide range of innovative programs. After this chance encounter, Dr. Hufnagel connected with AHC. This has led to a series of collaborations.

"My work at AHC has been an extremely enriching experience, both on a personal and professional level."

In the years since, Dr. Hufnagel, who is a professor of pediatrics and infectious diseases from Freiburg, Germany, has joined AHC as a volunteer physician and lecturer on four separate occasions. During his first working visit in 2008, antibiotics were prescribed to more than 80% of admitted patients. Recognizing that this likely represented an over-prescription of antibiotics, Dr. Hufnagel implemented studies to track such prescriptions in order to reduce the proportion of patients unnecessarily prescribed antibiotics. Over-prescription is a main contributor to antimicrobial resistance, and Dr. Hufnagel has helped reduce antibiotic prescription rates from 80% of patients to an appropriate 45% in 2014, thanks to an on-site teaching program and the aforementioned studies. Not only is this change significant for the effective treatment of infection in AHC's patients, but is also vital for the community at large, since AHC is an important role model for the medical community in Cambodia. Hopefully, this project will contribute to a country-wide reduction in antibiotic prescription levels.

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. Three further members were invited to join the Board in 2014, and another three members were officially appointed in early 2015. Two Board members resigned in early 2015.

The Board of Directors is responsible for determining strategy and policy, as well as overseeing 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, participated 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 Board of Directors, please visit: http://angkorhospital.org/about-us/board-of-directors/
STATEMENT OF ACTIVITIES

REVENUE

<table>
<thead>
<tr>
<th>2014</th>
<th>2013</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions received from Donors</td>
<td>$6,470,192</td>
<td>$5,615,414</td>
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<tr>
<td>Overseas government grants</td>
<td>$103,212</td>
<td>$203,197</td>
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<tr>
<td>Sales of goods</td>
<td>$24,696</td>
<td>$20,205</td>
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<tr>
<td>Donations in kind</td>
<td>$127,223</td>
<td>$436,525</td>
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<tr>
<td>Other income</td>
<td>$91,599</td>
<td>$95,205</td>
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<tr>
<td>Revenue</td>
<td>$6,816,922</td>
<td>$6,370,571</td>
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</tr>
<tr>
<td>Less donations for purchase of capital equipment</td>
<td>($901,254)</td>
<td>($868,394)</td>
<td></td>
</tr>
</tbody>
</table>

OPERATING REVENUE  $5,915,668  $5,502,177

EXPENSES

<table>
<thead>
<tr>
<th>Health Services</th>
<th>2014</th>
<th>2013</th>
<th>% OVER TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>HEALTH SERVICES</td>
<td>$251,059</td>
<td>$221,255</td>
<td>$473,314</td>
</tr>
<tr>
<td>Outpatient Department</td>
<td>$434,368</td>
<td>$221,636</td>
<td>$656,004</td>
</tr>
<tr>
<td>Inpatient Department</td>
<td>$73,119</td>
<td>$82,768</td>
<td>$155,887</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$292,476</td>
<td>$331,073</td>
<td>$623,549</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>$434,368</td>
<td>$221,636</td>
<td>$656,004</td>
</tr>
<tr>
<td>Surgical Department</td>
<td>$73,119</td>
<td>$82,768</td>
<td>$155,887</td>
</tr>
<tr>
<td>Satellite Clinic</td>
<td>$317,612</td>
<td>$310,642</td>
<td>$628,255</td>
</tr>
<tr>
<td>Eye Clinic</td>
<td>$74,482</td>
<td>$141,517</td>
<td>$215,999</td>
</tr>
<tr>
<td>HIV/Homecare Unit</td>
<td>$94,398</td>
<td>$78,059</td>
<td>$172,457</td>
</tr>
<tr>
<td>Dental Clinic</td>
<td>$65,331</td>
<td>$52,844</td>
<td>$118,175</td>
</tr>
<tr>
<td>Physiotherapy Unit</td>
<td>$25,734</td>
<td>$6,362</td>
<td>$32,096</td>
</tr>
<tr>
<td>Ultrasound/X-ray Unit</td>
<td>$25,734</td>
<td>$52,844</td>
<td>$32,096</td>
</tr>
<tr>
<td>Laboratory</td>
<td>$49,160</td>
<td>$7,474</td>
<td>$56,634</td>
</tr>
<tr>
<td>Total health services</td>
<td>$4,443,168</td>
<td>$70%</td>
<td>70%</td>
</tr>
</tbody>
</table>

EDUCATION PROGRAMS

| 2014 | 2013 | 2014 | 2013 |
| Edcuation and Research Department | $462,019 | $226,048 | $688,067 | 11% | 11% |
| External Program Department | $63,037 | $46,659 | $109,712 | 2% | 2% |
| Community Based Health Education | $89,919 | $169,143 | $259,062 | 4% | 4% |
| Total education programs | $1,056,825 | 17% | 17% | |

OVERHEADS

| 2014 | 2013 | 2014 | 2013 |
| Administration/Management | $356,003 | $228,719 | $638,722 | 10% | 10% |
| Development | $139,927 | $64,505 | $204,432 | 3% | 3% |
| Total overheads | $843,154 | 13% | 13% | |

OPERATING EXPENSES  $6,343,147

Note: Angkor Hospital for Children produces financial statements on an accruals basis and these are audited by Baker Tilly Hong Kong. Financial statements for the year ended 31 December 2014 are available upon request.

*In 2013 Emergency Room and Intensive Care Unit costs were combined.

COST ANALYSIS 2014

<table>
<thead>
<tr>
<th>Unit</th>
<th>Health Services</th>
<th>Average cost per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Department</td>
<td>visit</td>
<td>$6.72</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>visit</td>
<td>$9.22</td>
</tr>
<tr>
<td>Satellite Clinic</td>
<td>visit in OPD + ER + patient in IPD + ambulance transfer to Siem Reap</td>
<td>$29.96</td>
</tr>
<tr>
<td>Inpatient Department</td>
<td>patient stay</td>
<td>$167.13</td>
</tr>
<tr>
<td>Surgical Department</td>
<td>surgical procedure</td>
<td>$473.79 $333.47</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>patient stay</td>
<td>$898.72</td>
</tr>
<tr>
<td>Neonatal Unit</td>
<td>patient stay</td>
<td>$571.96</td>
</tr>
<tr>
<td>Specialized health services</td>
<td>Dental Clinic visits</td>
<td>$10.27 $7.93</td>
</tr>
<tr>
<td></td>
<td>Eye Clinic consultation</td>
<td>$20.40 $17.00</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy Unit session</td>
<td>$11.07 $16.38</td>
</tr>
<tr>
<td></td>
<td>Ultrasound/X-ray Unit test</td>
<td>$9.37 $10.49</td>
</tr>
<tr>
<td></td>
<td>Laboratory test</td>
<td>$3.29 $3.11</td>
</tr>
</tbody>
</table>

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.

36 | Angkor Hospital for Children
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 your partnership, AHC continues to be one of the leading pediatric teaching hospitals in Cambodia.

Since Angkor Hospital for Children opened, it has been the beneficiary of thoughtful and generous support from local businesses. Since we are known throughout Cambodia for our quality, compassionate children’s healthcare, “local” extends well beyond the city limits of Siem Reap. With grateful appreciation, we honor the small businesses who support Angkor Hospital for Children by accommodating a donation box, hosting a blood drive, recommending us to your guests as a non-governmental organization to support and by honoring local fundraising events.

CORNERSTONE CONTRIBUTORS

ADIM Capital Foundation
AHC USA Inc
Aldair Thompson
Anthony and Jane Weldon
Arisaog Partners (Asia) Pte Ltd
Caritas Foundation
Central Medical Stores (Cambodia) Children of Cambodia
Dak Foundation
Deutsche Bank
Freeview Asia Foundation
First State Investments Singapore
Fred N. Hutchson
Friends Without A Border - Japan
Friends Without A Border - New York
International Direct Relief (Abbott Hartmut Giesecke*)
Hristhagar Family Foundation
John and Nina Casolis
KAKAYA*
Lindsay William Cooper*
MACH Project; Rotary Australia
Maitin Trust
Masumi Kamachi - Sensei
Michael & Jo Ann Avery
Mission Bambini
Morris Family Foundation
National Center for HIV/AIDS, Dermatology and STD (Cambodia)
Planet Wheeler Foundation
Plantrian Charitable Foundation
RICE Fund
Richard P. Haugland
Rosebud Charitable Trust
SIEA Foundation - Cambodia
T&J Meyer Family Foundation
The Global Fund
TO Holding As
University Research Corporation (URC) Cambodia**
USAID
Wieland and Susan Wettstein

KEY CONTRIBUTORS

Albia Capital Pte Ltd
Allison Jacks
Andre and Sheila Anzamut
Angkor Enders
Anton Foundation
Arlene Howard
Astrid and James Findlay
Belgium Association
Brian O’ Sullivan
Bud and Ronayee MaLette
Butterflies Garden Restaurant
Cambodia Cycling Co., Ltd
Care At Home Services
Caring for Cambodia
Casolis Wettstein Asia Fund Foundation
Centrillion Pte Ltd
Christine Chu
Cooper Investments
Corina and Paul Reynolds
Dan and Mandy Simmons
David and Mandy Siddos
Deb and Brian Hunt
Destination Asia - Cambodia
Dilawir Group of companies
Dr. Khin Khin Gandhi
Dr. Marwin Gobezie, MD
Dr. Walter Keller
Dr. Michael and Jane Wellington

AHC & FAMILIES

Open Heart International
PDI Cambodia
Robert A. and Jane Ellis
Rotary Club Okinawa, Japan
Rotary Club Richmond/Vancouver
Shannon Belkin
Siem Reap Health Center**
Siem Reap Provincial Health Department (partner)**
Siem Reap Referral Hospital**
Singapore International Foundation
Sswingan High School
Steph Baltet and Brent Davies
Strand Properties Ltd
Stuart and Alison Paul
Susan Amsley and Phliljaur Audar
Susan Scott Gabe and Tim Wymann
Suzanne Brown
Tara Peretz
The Marshall Foundation
The Victoria Charitable Trust
The Wettstein Family Foundation
Timothy Gamble
Tina and Ron Hubert
Tom Hodson
Travel Indochina (Cambodia)
UBS AG
UCSD Heart Team
University Germany
University of British Columbia
Dental Foundation
Victor Chien
Victoria Angkor Resort and Spa
Willy and Ellen K. Ma
World Childhood Foundation
3735 Investments Ltd

ELI Svanhild Risha
FDI - Foundation for International Development / Relief **
Francis Turner
George and Dori - Ann Stubos
Gilly Webb
GIZ Cambodia**
Goldman Sachs Charitable Gift Fund
Hans Wolf
Heather Notman
Holli’s Wealth
II Forno Restaurant Siem Reap
Ira M Mitzen Trust
Jack Cohen Family
James Alexander
Jamie Brown
Japanese Embassy Phnom Penh
John and Rebecca MacKay
Kids International Development Society
Langlois Brown
Laura M. Paetzelt
Laura Mittner
Leanne Brothers
Leanne Scorah
Leon Blackmore Foundation
Lialish
Lianne & Alan Peretz
Lindsey C. Chandler
Lyle Langlois
Mahathir Oxford University
Malaysian Medical Relief Society
Maria Fong
Maria-Michele Destilles
Marly Mean
MEDICAM**
National Pediatric Hospital
Cambodia (NPH)**
Nonwest School

FCC Hotels & Restaurants
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 Sokha Angkor Palace Resort & Spa
Happy Guest House
Hard Rock Cafe Angkor
Heath Notman
Hollis Wealth
II Forno Restaurant Siem Reap
Ira M Mitzen Trust
Jack Cohen Family
James Alexander
Jamie Brown
Japanese Embassy Phnom Penh
John and Rebecca MacKay
Kids International Development Society
Langlois Brown
Laura M. Paetzelt
Laura Mittner
Leanne Brothers
Leanne Scorah
Leon Blackmore Foundation
Lialish
Lianne & Alan Peretz
Lindsey C. Chandler
Lyle Langlois
Mahathir Oxford University
Malaysian Medical Relief Society
Maria Fong
Maria-Michele Destilles
Marly Mean
MEDICAM**
National Pediatric Hospital
Cambodia (NPH)**
Nonwest School

OPEN HOSPITAL CAMBODIA

AAA Bank
Amanara
Ananta Angkor Resort & Spa
Angkor Baloon
Angkor Century Resort & Spa
Angkor Christine Hotel & Neung Puon KTV
Angkor Era Hotel
Angkor Holiday Hotel
Angkor Miracle Resort & Spa
Angkor Pur House
Angkor Reach Restaurant
Angkor Super Market
Angkor Trade Center
AnnAdya Restaurant & Bar
Artisans d’ Angkor
Asian Square Restaurant & Lounge
Asunge Mont Royal d’ Angkor
Babel Guesthouse
Banyan Leaf Hotel
Belmond La Residence d’ Angkor
BIDC Bank
Borei Angkor Resort & Spa
Buffalo Trails
Build Bright University
Butterflies Garden Restaurant
Cambodia Bikers Club
Cambodian Chef’s Association
Cambodia Events Organizer Co., Ltd.
Canada Bank PLC
Casa Angkor Hotel
Check-point (Temple Place)
City Angkor Hotel
Clinic 777
Dyna Boutique Hotel
Dynamic Pharma Co., Ltd.
Exotissimo Travel Cambodia

Mekong Angkor Palace Hotel
Monoracha Angkor Hotel
Mulberry Boutique Hotel
Myhribicus Hotel & Resort
Neak Tep Clinic
New Star KTV
Old House Restaurant
ONE TV
Opportunities Development Through AMODA
Pannasastra University of Cambodia
Phnom Penh International Airport
Prince d Angkor Resort & Spa
Prum Bayon Hotel
Psa Krom Clinic
Raffles Grand Hotel d’ Angkor
Reach Bo Pagoda
Rea Hotel
Rong Guesthouse, Bar and Restaurant
Royal Angkor International Hospital
Royal Angkor Resort
Sang Hout Hotel
Shadow of Angkor Guesthouse
Siem Reap International Airport
Sokha Angkor Resort
Sokha Hotel Group Co., Ltd
Sokha Angkor Resort & Spa
Somaadia Angkor Hotel & Spa
Soria Moria Boutique Hotel
Soup Drum Restaurant
South East Asia University
Souver Angkor Hotel
Swanosa Shopping Centre
Phnom Penh
Staug Siem Reap Hotel
Sunhime Electric
Sunrise Children's Villages

LOCAL SUPPORTERS

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Tara Angkor Hotel
The Cambodia Daily
The Sugar Palm Restaurant
The Villa Siem Reap
Tewa Top Outlook World Care Co., Ltd.
Tri Bar Restaurant
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