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Chenla Children's
HEALTHCARE

Mid-Year Report
2026

A Life-Threatening Rainy Season

How Chenla's team is meeting Cambodia's dengue outbreak head-on

Chenla works in the most remote and poorest provinces of Cambodia, where even routine illnesses and injuries are potentially life-threatening. Tropical diseases such as malaria and dengue add another layer of risk, peaking each year during the rainy season - an already difficult time, when flooded roads and washed-out paths make transport even harder in remote areas.

Cambodia is currently experiencing a dengue outbreak, and the communities Chenla serves have been deeply affected. Since it began in June, our case numbers have more than doubled, placing significant strain on our finances and our staff. The outbreak is expected to continue through August and possibly September. Yet our teams, across all sites, have handled it superbly - with only one death so far, in a patient who arrived from a private clinic too late.

Caring for each child with dengue, in the best and most evidence-based way, is something we do well. The real challenge is making sure we never take our eye off the ball (in American sports lingo). Even as dengue throws everything it has at us, we still must care for children injured in road accidents, babies born prematurely, children with malaria, children with congenital malformations, and children with so much fluid in their chest from pneumonia that it must be drained.

Epidemics and disruptions are never just about the crisis itself; they also detract from a system's capacity to care for the most vulnerable. With an incredibly high volume of patients to triage, spanning a wide range of illnesses and injuries, our teams are working tirelessly to make sure every child receives the treatment they need, without letting quality and compassion slip.

After traveling through monsoon rains on their moto, this family was happy for a dry place to rest and dengue treatment for their son in rural Ratanakiri.

A dengue epidemic and monsoon rains create a lot of chaos, but Chenla's overflow ward in Kratie is still full of smiles.

Families in Mondulkiri are thankful that there is a place to get high quality, compassionate medical care for their children.

Patient Story: A persisting battle with a common killer

Chenla trains the best young medical minds in eastern Cambodia to stay in their communities and provide quality care for children with severe injuries and illness, despite the poverty of the region. In the past 10 years, Chenla has saved tens of thousands of children from severe traumatic road accidents, cobra bites, botulism poisoning, tetanus, dengue hemorrhagic fever, severe prematurity, and multiple rare medical problems. But perhaps the most common killer Chenla fights daily is pneumonia.

Before Chenla began work in Cambodia's eastern provinces, only very basic pneumonia care was available and it was often inadequate. Critical equipment and medicine for severe cases - oxygen, ventilators, stronger antibiotics - was often unavailable or poorly maintained. Sepsis protocol wasn't followed, and there was no ambulance transport to Phnom Penh, more than six hours away. Seriously ill children were often sent home - as long as death didn't occur in the hospital, the books looked fine.

Pneumonia is a common illness that, while curable if treated early, can be deadly in small children who are treated late.

Pneumonia is the leading infectious cause of death and hospitalizations among children under five years old in Cambodia

A recent case exemplifies the importance of access to quality care. Two-year-old Sopheap developed pneumonia in remote Mondulkiri province. Her family took her to a pharmacy and she was given basic antibiotics, but she worsened and soon was struggling to breathe.

When she reached Chenla, the team quickly found the left side of her chest filled with fluid. One of Chenla's youngest doctors expertly drained the fluid, started Sopheap on the correct antibiotics, and was quickly able to reassure her parents she would be fine. Just a few years ago, Sopheap probably wouldn't have survived.

When we started Chenla, one of the first things we did was take a risk: we told the government that pediatric deaths in their hospital would go up, not down, as we started our work. Not because we were doing anything wrong but because we would care for every child in need and admit every critical case. We were taking on the risk of caring - giving every child a place to turn, while holding the line on protocol, evidence-based practice, and compassion.

This risk paid off. Child mortality in Kratie Province has fallen sharply. Between 2014 and 2021–22, under-5 mortality dropped from 79.9 to 14.0 per 1,000 live births - a decline of 82% - with infant mortality down 80% and mortality among children aged 1–5 down 91%. Nationally, under-5 mortality fell just 54% over the same period. Kratie went from a mortality rate more than double the national average in 2014 to nearly matching it by 2021–22.

At Chenla, survival stories like Sopheap's happen every day but only because of support like yours.

A NOTE FROM OUR FOUNDERS

BUILDING A LEGACY THAT LASTS

A decade in, our major growth phase is complete, from one site to four and covering a population of 1 million people, and that's worth celebrating.

But what comes next is in many ways the harder work - ensuring that the culture of compassionate, high-quality care we've spent ten years building is deeply embedded in Cambodia's public health system. This year's dengue outbreak is a reminder of exactly why that matters - when a crisis comes, it's the standards and values built and sustained over years that save children's lives. It's also a reminder of what steady support makes possible: keeping a base of funds on hand is what lets us respond smoothly when patient numbers rise unexpectedly, covering the extra supplies, medicines, and staff hours that moments like these demand, without it disrupting our team or our care.

As we enter this next chapter, our focus isn't on expansion - we don't anticipate major capital projects in the near term, and our running costs have settled into a fairly stable, predictable pattern. The urgent work of building life-saving care where it didn't exist is done, for now. What comes next is making sure it lasts - carrying that same commitment forward, steadily and sustainably.

As we look ahead, we're asking our supporters to help us protect and deepen what we've built together, so that Chenla's first decade becomes a permanent legacy for Cambodian healthcare.

FINANCIALS

As of 30th of June 2026

Description	Amount (USD)
Total Funds for Running in the Bank 1st January 2026	$845,185.00
Donor Funds Received as of 30th of June 2026	$656,082.47
Running Expenses paid 2026 as of 30th of June 2026	$770,368.24
Building Expenses paid 2026 as of the 30th of June 2026	$187,000.00
Average Monthly Running Costs	
2026 (4 sites and dengue outbreak)	$128,394.70
2025 (3 sites)	$102,866.64
2024 (3 sites)	$94,311.49
Funds in Bank 30th of June 2026	$443,260.00
Donor Funds Pledged in 2026 not yet received	$549,500.00
Expected Running Costs Next 6 months	$694,000.00
Board Goal of Minimum Funds on Hand (6 Months Running Costs)	**$700,000.00**
Anticipated Funds on hand 31st December 2026	**$270,766.00**