



This year has been incredibly busy at our base in Kratie, our expansion in Mondulkiri and our newest work in Steung Treng. Dr Lori has taken a larger role within Chenla by working with the team to further set strategic priorities and agendas, including outreach work. Her work, alongside and in equal parts with Mr Long Chinda, Dr Chanthou Seng, and Nurse Ly Sollihak, will continue to grow and evolve over the next year. In addition, with COVID travel restrictions lifted, Medical Advisor Dr Elizabeth Ang from Singapore will return and help push the team forward.

We predict to finish this year very strong, but we have challenging work to do in 2023. Most urgently, we need to build a new base in Kratie. The facility has taken on an ever growing number of severely ill pediatric and neonatal cases causing overcrowding and much wear and tear on our building. We will

fundraise for this very important capital need in the months ahead. With board of directors oversight, we aim to raise up to \$700,000 for this building fund. The new building, our flagship facility, would again be a part of the government compound and be fully integrated.

Our other priorities for the coming year include closely measuring and monitoring our new work in Mondulkiri, expanding our newest work in much impoverished Steung Treng to include pediatrics not just neonates, extending school outreach activities to more schools and furthering collaborations with other NGOs, including All Ears Cambodia, Happy Cambodian Children, Foundation for International Development/Relief, UNICEF, and others.

We are very thankful for the recent visit of Dr Rebecca (Becky) Kinney from the Beckon Foundation. The purpose of her visit was to explore the scalability of the Chenla Children's Healthcare model in collaboration with other partners. Over the following months, we plan to develop an initial foundational matrix and explore what is possible. Dr Becky's (as she is now known in Cambodia) vast experience working towards health equity in challenging environments made her particularly well suited to work with the Chenla team. We continue to strongly believe in the public-private partnership model we work under that affords us the ability to build upon the public system, create sustainability, and also bring on board a variety of compassionate and committed supporters and partners.

With much gratitude to each and everyone,

*The Chenla Team*

Our base in **Kratie** has become the life-saving centerpoint of pediatric care in eastern Cambodia. In the past 4 years, our ICU admissions have increased 250% and our neonatal ICU has increased 163%. We continue to receive patients from surrounding provinces with the number of patients from Mondulkiri decreasing since we opened our facility there.

Similar to our base in Kratie, **Mondulkiri** is becoming a place for families to seek care for the sickest children and neonates in the region. Our ability to provide life support care, closely equal to the highest level NGO hospitals in Phnom Penh and Siem Reap, means these fragile patients and their families do not have to make the long arduous and life risking trip to these distant facilities. All of Chenla's procedures and protocols from our base facility in Kratie are now being implemented in Mondulkiri. We expect our numbers to continue to grow in proportion to the community needs for our life saving care.



In **Steung Treng**, Chenla has assigned staff to work alongside current government staff members of the recently constructed neonatal ICU (donated by a Korean aid agency). Chenla is procuring supplies and equipment for the ward and establishing supply chains for ongoing purchasing and maintenance. The challenge going forward is to help improve not only the neonatal ward but eventually the pediatric ward which remains in significant disrepair.

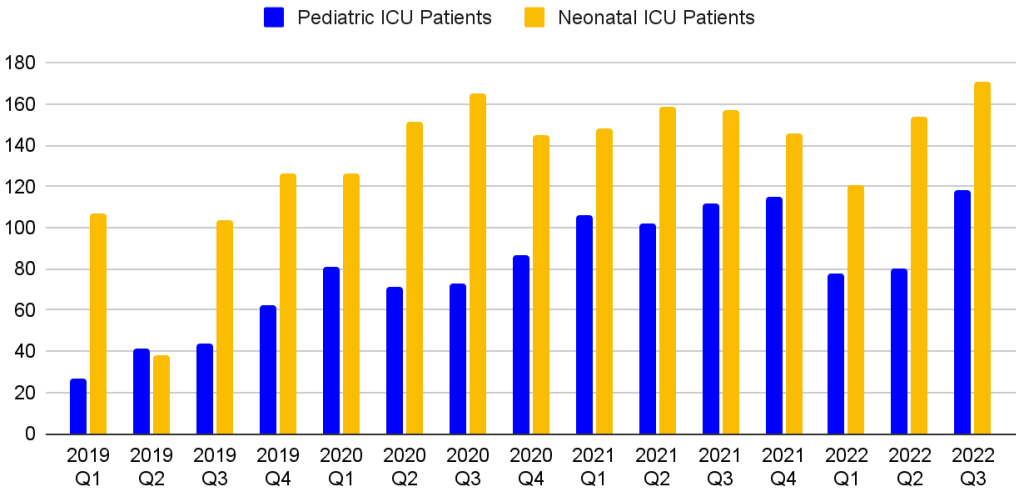
The Chenla team and both national and local government leaders are eager to see Chenla continue to grow step by step, where the need is greatest. A crucial part of our growth is maintaining our high standards of compassionate, quality care and ensuring our team has the support, skills and equipment they need to continue their incredible work.

### Top 10 Emergency Room, NICU and PICU Diagnoses 2022

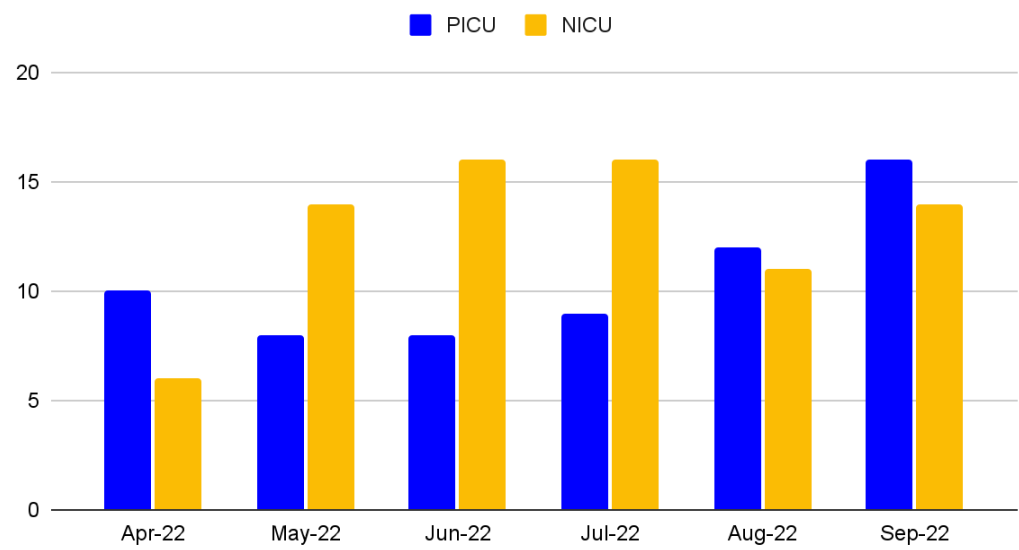
- Pneumonia
- Sepsis
- Prematurity
- Meningitis/Encephalitis
- Trauma from motor vehicle accidents
- Dengue Fever
- Severe dehydration
- Malnutrition
- Congenital Abnormalities/Heart Disease
- Complications from treatments at private clinics



Kratie PICU and NICU Patients 2019-2022



Mondulkiri PICU and NICU Patients 2022



2020



2022

# Finances

---

Funds in bank January 1, 2022	\$212,571
Donor funds received Jan 1 - Sept 30, 2022	\$1,320,911
Capital expenditures Jan 1 - Sept 30 2022	\$83,110
Mondulkiri Startup costs	\$22,928
Running costs paid during year to Sept 30 2022	\$642,966
Total expenses during the year to Sept 30 2022	\$749,004
Accounts payable Sept 30, 2022	\$6,532
Upcoming capital expenses	\$34,500
Average Monthly Running Costs 2022 thus far (including accounts payable)	\$72,166
Average monthly running costs during 2021	\$52,278
Average monthly running costs during 2020	\$55,693
Variance in monthly running costs from 2021	\$19,888
Donor Funds Pledged in 2021 but not yet received	\$50,000
Funds in Bank Sept 30th 2022	\$784,478
Expected Monthly Running Costs Next 3 months	\$74,000
Expected Capital Costs Next 3 Months	To be discussed with supporters and partners
Expected Running Costs per Month 2023	\$96,000 (including Steung Treng neonatal ward)
Board of Directors set goal of funds on hand at any given time	6 months