

CHILDREN'S SURGICAL CENTRE

Rehabilitation surgery for disabled Cambodians National Rehabilitation Center, Kien Khleang

2010 Annual Report

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Annual Report 2010

Children's Surgical Centre

- Chief Executive Officer
- Dr. James Gollogly FACS, FRCSC
- Chief Financial Officer
- Chief of Surgery
- Chief of Anaesthesia
- Chief of Ophthalmology

- Ms. Kanyapak Reinvetch
- Dr. Ou Cheng Ngiep
- Dr. In Sovutheara
- Dr. Pok Thorn

Children's Surgical Centre

Kien Khleang National Rehabiliation Centre Route 6A. Chroy Changvar Phnom Penh, Cambodia www.csc.org

President's Report

Another year has passed with considerable growth at CSC. Our highly skilled executive team has taken us to an organization with seventy full time employees seeing near ten thousand patients per year, despite one of the worst economic climates of a lifetime. The complexity of the surgical care continues to increase, demanding greater resources for each patient treated. The continued growth has stressed the ability of the physical plant to support our growth which leads to our biggest challenge for the coming year, finding and securing a suitable long term home for our organization.

Our tireless CEO has launched new education programs targeted at upgrading the skills of the Cambodian surgeons by exposure to multiple accomplished surgeons from the USA and Britain. This should serve both our patients and doctors well over the coming years. The challenge of finding new and larger space continues, hopefully with resolution in the coming year.

Many thanks to the hundreds of people who have been involved one way or another with us over the past year. I hope each of you will continue to support the wonderful work done by each and every member of our organization.

Mark M Moser MD FRCPC

Mark M Moser MD FRCPC President <u>Markmoser57@hotmail.com</u> Phone: (561) 845 7432 Mobile: (561) 847 1781

Dr. Jim Gollogly, OBE CEO Children's Surgical Centre Phnom Penh, Cambodia <u>jim@csc.org</u> Mobile: (855) 12 979 214

Kanyapak Reinvetch CFO/Administrator Children's Surgical Centre Phnom Penh, Cambodia <u>kanya@csc.org</u> Mobile: (855) 12 710 789

Jim Carmichael Secretary <u>jim @JEcarmicheal.com</u> Phone: (206) 706 6292 Fax: (253) 981 0248

Dr. Massey Beveridge BA M. Phil, MD DTM&H, FRCSC Professor of Surgery University of Toronto Massey.beveridge@gmail.com

Dr. Nabil Samman FRCS (Edin), FDRS (Eng) Associate Professor of Oral and Maxillofacial Surgery University of Hong Kong nsamman@hku.hk

Dr.Michael G. Irwin Associate Professor and Head of the Department of Anaesthesiology University of Hong Kong mgirwin@hku.hk

Allan Hicks Hospital Management Consultant Sydney, Australia aihja @tpg.net.au

Dan Tagliere MacauLand Developments Ltd. <u>dtagliere @macauland.com</u>

Chief Executive Officer's Report

Preamble

The Water Festival catastrophe was probably the major newsworthy incident in Cambodia this year, when over 350 people were crushed to death in a stampede across the bridge to Koh Pich on the last night of the Festival. 5 concerts were taking place in the late evening on the island, and with hundreds of thousands of young people going to, or coming from, the concerts across only 2 small bridges connecting the island to the mainland, a crush occurred on the smaller suspension bridge. Panic ensued when that bridge started to sway, and besides those immediately suffocated and killed, 300 or 400 others jumped off the bridge or were injured in the crush, and not having died on the scene, were admitted to the 4 main hospitals in the city. CSC did not receive any injured people, as we were closed, since very few people want to have operations during the Festival, and the crowds on the Japanese Bridge watching the boat races, make it very difficult for us to come and go to work on the 3 or 4 festival days. Consequently, for many years now, we have discharged patients to their homes, or transferred them to CASC, and no-one attempts to come to work at CSC. Most of our doctors and nurses do however have jobs in the government hospitals, and were involved in treating the injured. As of the time of writing this report almost 2 months after the catastrophe, many patients remain in government hospitals, suffering from renal failure or open wounds secondary to fasciotomies, but CSC has not been directly involved in treating any injured victims.

Kien Khleang continues as before, since although we have the design, building quotes and planning permissions for a new building to be constructed next to the current one, we have not yet started to build. After hearing various rumors that the Ministry now planned to fill in the compound, or had sold it and planned to move to a better location, we finally had a meeting with the Minister of Social Affairs himself, HE Ith Sam Heng, in mid December 2010. The Minister told us there were no current plans to move, and he was not current with the flooding situation, so he asked us to wait for a couple more weeks, until he could investigate what should be done, when he would report back to us. Consequently, we continue in the same physical cramped quarters as in previous years.

Veterans International Cambodia, now known as the Veterans International Cambodia Rehabilitation Project, has reportedly changed its funding and Board of Directors, and is now managed out of Washington DC and funded for the next 2 years by USAID, so will continue operations at least through 2011. AAR-Japan has "localized" and has had significant difficulties in finding sustainable funding, while Ciomal continues as before, but with much less surgery. Dr Vra's version of Rose Charities, Cambodia, continues also as before.

We have more or less maintained our usual activity levels, in 2010 seeing 12,504 patients in consultation, a few more than last year, and doing 3,700 operations, which is something of a reduction compared to previous years, mainly due to 3 of our eye surgeons being absent on training courses (see below). Our repertoire of operations has continued to increase, as has the complexity of some of our surgery, so this has escalated the costs as described below, but again we have been very lucky in having very satisfactory and increasing support.

We have again had continuing stable relations with the government this year. Our MOU with the Ministry of Social Affairs will be renewed in early January 2011, while those with the Ministries of Health and Foreign Affairs have a few more years to run before renewal is necessary.

Thanks

The Board of Directors would like to thank all donors for all their assistance during the year. Some donors wish to remain anonymous, but others include:

Dave and Kerry Rickards from Australia, for their ongoing financial support. **Dr. Mark Moser** from USA, for his continued financial support and donations of resources.

Ian Mullane & Vanda Promotions for continued fundraising efforts through the White Collar Boxing events and the ordeals of "Racing the Planet."

CLSA in Hong Kong who have made their second of three, annual donations.

Chris Lenz, Linda Kwan and the Igors Group for their valuable fundraising efforts in Hong Kong.

Smile Train for continued support of our Cleft Lip and Palate surgical program **Terry O'Connor** for his fundraising support in Singapore and his "Geisha" event.

Kadoorie Charitable Foundation who has supported us for so many years, and is now doing so again in conjunction with the University of Oxford.

Henley Properties in Australia, for their continued financial support.

Charities Aid Foundation in Australia for their surgical program support.

Disney Online Studios Canada for their financial support.

David Grosse for his fundraising support in Hong Kong while also "Racing the Planet".

Simone Lonergan for her fundraising support in Hong Kong.

Clarke Bennett from USA, for his financial support.

Charles Monat from Hong Kong, for his ever dependable financial support.

Ms. Andress Goh and Mr. Kevin Chang from Hong Kong, for their financial support.

See International for ophthalmological supplies and equipment.

Queen Mary Hospital in Hong Kong for donated surgical supplies.

In addition, there have been **many other private donors** who have made financial contributions throughout the year, and whose names are too numerous to mention here, but we do hope they all got recognition and thank you letters.

The Directors would also like to thank the local Khmer staff of Children's Surgical Center, for all their hard work in providing such good service during the year to the patients we have treated.

Site and Facility Considerations

As mentioned in the preamble, we have a plan to build an addition to the facility we occupy in Kien Khleang, as opposed to moving to somewhere else. We have plans, permission and financial support for the proposed building, but although the Ministry gave us permission, and a written promise of being allowed to use any new construction for the next 10 years, we kept hearing rumors of other plans, as is customary in Cambodia. For the last year or so, it was very difficult to meet with the Minister himself, but finally we did so in mid-December, when we learned from him that the site had not been sold, and that the plans to "fill in" the site, to prevent flooding as occurred twice this year, had not been formally adopted by the Ministry. He requested that we delay construction until the Ministry had formalized its future plans for Kien Khleang, so we are currently in a holding pattern, after having tried so assiduously to move this process forward.

Operations	2005	2006	2007	2008	2009	2010
Rehabilitation	1,225	994	1,247	1,479	1,430	1,487
Eye	1,251	1,474	3,711	3,151	2,836	2,213
Total	2,476	2,468	4,958	4,630	4,316	3,700

Numbers of Operations and Consultations

Consultations	2005	2006	2007	2008	2009	2010
Rehabilitation	2,256	2,100	4,319	3,337	2,648	2,631
Eye	4,357	6,995	9,464	10,170	8,623	9,873
Total	6,613	9,095	13,783	13,507	11,271	12,504

Scope of Services

This year has seen a continuing drop in numbers of eye operations, while the rehabilitation surgery operations have slightly increased, and been the highest number ever. Total consultations on the other hand, increased over 2009, but did not yet reach the numbers seen in 2007 & 2008. As in previous years, we note the increasing numbers of expatriate missionary surgeons, the increasing skills of the government hospitals and the increasing wealth of parts of the population so that fee-for-service becomes more feasible, at least in the cities.

One of the obvious reasons for our decreased numbers of eye operations, is that Dr. Long has continued his training in Manila, as he was offered a 1 year fellowship in Vitreoretinal surgery to follow immediately after his 2 year ophthalmic residency training, and so he will not return until June 2011. In addition, Dr. Thearith was accepted into a similar 15 month Vitreoretinal fellowship in the L.V. Prasad Institute of Hyderabad, India, and so was absent from August 2009 until November 2010. In addition, Dr Phanny had a 3 month fellowship in Oculoplastic surgery in Hanoi, Vietnam during the course of 2010. While all these doctors were receiving expatriate training, we had taken on Dr. Hong to help out Drs Roo and Pok Thorn and hopefully to become our 6th eve doctor. Dr. Hong had just come back from doing a Masters degree in Ophthalmology in Vietnam, but in spite of the fact that he was still more versed in theory than practice, he only stayed with us for about 6 months before he was transferred to the Provincial Hospital in Rattanakiri. Hence our eye surgeons will probably be much busier in 2011, when Drs Thearith and Long become the first 2 Vitreoretinal surgeons in Cambodia, and much in demand with the epidemic of retinal disease in diabetics, so we do hope to do much to reduce the incidence of blindness in the coming few years. However, this will need a substantial increase in expensive equipment, as retinal surgery does not come cheap, even in developing countries. We did again have visits from our stable of expat ophthalmologists, with Drs Judy Newman, Dick Lanning, Kevin Winkle, Karl Holzinger and Chris Lyon coming to improve our eye services, leaving some very useful equipment, and being good sources of advice throughout the year.

The rehabilitation surgeons had a busy year, notching up the highest ever annual total of operations, although the variety constantly changes. 192 cleft lip and palate surgeries were performed in the past year, marking the usual annual drop from last year's number of 225, with now a significant preponderance of small babies and a lip to palate ratio approaching 1 to 1, instead of the 10 to 1 we used to see. 42 Meningoencephalocoeles were repaired at surgery, and Dr. Ngiep was the lead author in a paper published in November in the Journal of Neurosurgery on the surgical outcomes of 200 children with this deformity that had been operated in CSC. 22 Total Hip replacements were carried out during 2010, and 16 major orthopaedic spinal operations for scoliosis and such like disabilities. Most other operations were the usual run of deformities of one sort or another, with motorbike accidents now probably outweighing congenital causes, but we did start an

obstetrical fistula program, and have operated on 10 women so far, thanks to the help of Dr. Claude Dumergier.

The Haiti earthquake more or less devastated our Mobile Orthopaedic Paediatric Education (MOPED) program, as so many American orthopods went to help out in Haiti that the rest of the world suffered from a shortage of volunteers. Dr. Matt Bernstein also moved from Los Angeles to New York, so we only had a five visitors this year, comprising Drs Matt and Saul Bernstein, Bill Hohl, Hugh Watts and Mark Barry, but they were independently supplemented by the Oxford Orthopods, (Drs Bob Hanley and Andy Wainwright), as well as Drs Sohrab Gollogly and Robert Aptekar. We hope that the MOPED program will pick up again in 2011.

On the plastic/fax max side, the French (twice) and German (once) craniofacial teams came again this year as the MEC program continued, with the French team this year introducing Ventriculostomy for the treatment of Hydrocephalus to Dr. Ngiep, and leaving the expensive equipment for us to use. Drs Ron Hiles, and Tim Bartholemew did plastic surgery with us, and Professor Nabil Samman brought two of his fellows from the University of Hong Kong to work with us for a week in June. 2 speech therapists came again from London and worked for 3 months with Mr. Samnang seeing all our cleft patients, and even getting some of them free dental care with the program in International University run by Dr. Callum Durward. SmileTrain has continued to support this cleft-related activity, and supported 4 of our surgical staff to attend the annual cleft symposium in Taipei, as well as starting the mobile phone program for cleft patients, giving us a special grant and donating \$35,000 for the prevention of blindness, and supporting Drs Mark Luscombe and Jim Rybka.

Patient Referrals

As in previous years, "Word of mouth" is by far our best referral source, and even the radio ads for cleft patients, supported by Smiletrain, were not very effective, as there are now so many competing organizations vying for cleft lip repairs. The outreach activities we have undertaken with the US Military are very productive, but in general, we simply deal with whoever turns up looking for care, whether they come on their own, or are sent from another hospital, or brought by another NGO.

Outreach Services

We again participated in outreach missions with US Military teams in 2010, by sending doctors, nurses and translators to work with the visiting Americans in both Kompong Cham and Kompong Chhnang. In addition, the much anticipated US Naval Ship Mercy arrived in Sihanoukville in June for two weeks as part of its mission to South-East Asia. This 1000 bed hospital ship is the largest in its class, with multiple operating rooms, intensive care beds, medical imaging equipment, laboratory, pharmacy and patient wards. Besides doing surgery on the ship, the Mercy also held medical outreach missions to remote provinces. CSC was called

upon to facilitate this Mission by providing more than 100 translators, so our doctors, nurses and other staff, assisted with surgery, patient selection and coordination.

Equipment Donated and Purchased

From Queen Mary Hospital in Hong Kong we received most of the older equipment from their surgical skills laboratory as they refurbished this year, but we had neither the space nor the real necessity for this, so we donated the vast majority of it to the Medical School at the University of Health Sciences.

Dr. Jim Drum has continued to work very hard for us in Australia, and managed to secure donations of 3 nasopharyngoscopes that are already in use and our anaesthetists have appreciated greatly. Cathy and Brian Jackson made a donation to us in memory of their son who had worked with us as a medical student some years ago, but who subsequently died tragically one night in his sleep, after qualifying as a doctor and while working in a Sydney hospital. From China, we did buy a C-arm Xray machine, and it has worked well since we got it, with little problem.

Visiting Consultants

This year, the numbers of expatriate experts were about the equivalent of previous years (except for the MOPED program), and most of the different surgeons have already been mentioned above. The team from the Australian Hand Society came for a couple of weeks again in July and worked with us in some appropriate operations, but their main activities occurred in different government hospitals. Drs Brian Moore and Mark Moser came and worked with our anaesthetists, and Drs Clive Hoffman and Mark Vierra taught some more general surgical techniques to our surgeons.

Visiting Students

We had 25 visiting medical students last year, and some of them had already graduated due to the changing training scheme in the UK, so they were even more useful in working with our local staff to prepare and give lectures and write up articles for journals.

CSC Staff and Conferences

There were few significant changes in surgical staffing this year: the 3 eye surgeons receiving international training and the Dr Hong's arrival and departure have been mentioned above. Dr. Ratha returned from his year at the University of Toulouse in November 2008 and recommenced work with us, but then was reposted to his former Battambang hospital and left us in September. Dr Raksmey was our local Cambodian surgica resident for most of the year, but then he went to Toulouse for a year of maxilla-facial surgery, and wants to start work with us again when he returns in November 2011. He has been replaced by Dr. Huot Vutha, who seems a very promising surgeon.

On the anaesthesia side, we still have three certified anaesthesiologists: Drs Theara, Sothy, and Rith, who are ably assisted by Drs Norin, Arth and Sophal, as well as our 2 nurse anaesthetists Messrs Han and Som. Dr. Bun Thai has been chosen for a year of anaesthesia training in Bangkok, and Dr. Nareth's responsibilities have prevented us seeing more of him.

Academically this year, we have again had some papers published in surgical journals, and again Smile Train gave scholarships for four of our staff to travel to the Cleft Surgery conference in Taipei, Taiwan in October. The annual "Journees de Chirurgie" took place in-country during November, and we presented 4 papers on various topics, while at the same time, we presented a couple of invitational papers at an international symposium in Hong Kong which dealt with the acid burn problem.

Dr. Jim Gollogly CEO

Chief Financial Officer's Report

Preamble

With all the support forthcoming even before we have started on the construction of the new building, or buying the equipment for vitreoretinal surgery, we have finished the year with a substantial net income of donations \$1,356,933 by Igors Group (Chris,Linda) \$250,935 Vanda Promotions (Ian Mullane) 220,271 Rickards Dave and Kerry \$205,613 Smile Train \$149,252 CLSA \$100,000 Disney Online Studios Canada Inc. \$54,248 Henley Property Group \$44,608 Various donations \$332,006

so that it looks as though we can already cover the budgeted expenses. However, once the new building is complete, we will then have to equip it, and let us hope that 2011 will be as successful in fundraising as has been 2010.

Expenditures this year : \$813,053 were again higher than in 2009 : \$739,563, about \$73,490 but still under Budget 2010 of \$845,784, and the numbers of operations dropped from 4,316 to 3,700, so that the total "cost per operation" has been \$220 during 2010, a substantial increase over previous years, incurred mainly by the costs of the orthopaedic implants we now use routinely. With the planned expenditures in 2011, however, even in spite of the expected increase in total numbers of operations now that all our eye surgeons will be back on board, we can only expect the amount to increase even more, as we divide the total amount of money spent, by total numbers of surgeries performed, to come to the "cost per operation".

We start to merge CSC-USA into CSC account this year after last board meeting resolution. Beth (Oversea Accountant) came to work for this matter in 27 November to 3 December 2010 and had meeting with PWC on 2 December 2010.

So, \$123,908 has been transfer to CSC account this year. We also add on some expenses from CSC-USA into CSC such as professional fees for Mike Benusa.

The details of all this can be seen in the Statement of Financial Performance 2010 later in this report.

Cost Control

In 2010, the financial crisis hit Cambodia: some real estate prices were said to drop by 60%, and cost of living rises slowed somewhat. We in fact, came in about 4% under budget for the year, so are quite happy about that. We did however, run over budget for some line items, notably for

- 1. Operating Cost (Advertising) over budget \$5,217, as we ran several campaigns on radio offering surgery for cleft lips and obstetric fistulae which were financed during the year by various organizations.
- 2. Office Equipment over budget \$10,973, due to new assets policy of over \$10,000, So we cleared \$9,222 from assets to be expenses this year after discuss with PWC.
- Professional Fees over budget \$14,325, as we spent \$4,000 on the audit by PWC which had been omitted from the budget and also Mike Benusa \$14,248 & for USA IRS for CSC, CASC and CSC-USA, which we didn't budget in.
- 4. We also spent more on "Other expenses for patients" than anticipated: this consisted mainly of paying for investigations, as now that CT and MRI scans are available in town, and relatively inexpensive, we certainly do use them when indicated, and will have to increase the budget on this basis in future years.

Financial Viability

Despite the financial crisis of 2010, we have continued to receive wonderful support, which has even increased instead of decreasing. Some more major donors have come forth, as we have been introduced to financial firms in Hong Kong and Singapore who have active Corporate Social Responsibility (CSR) programs by means of which they support civil society in the areas in which they operate. Our stalwarts of previous years have also continued to stand by us, (see the list above), and as we enter this new decade, we sincerely hope that we will retain their confidence as we increase the level of our activities.

Role and Influence of Donors

Some of our donors are more interested in one of our activities than others, and encourage us to do more of what they are interested in, but sometimes this is difficult, as in responding to the urging of Smile Train to do more cleft surgeries: the "backlog" has more or less been cleared now, and our numbers of cleft surgeries drop year by year, since we are now dealing with the "incidence", i.e. the new cases of babies born with clefts, rather than with a population that had been deprived of surgery due to 30 years of war. Similarly, some would-be donors want us to do more than is currently feasible, as exemplified by the support offered us to do more obstetrical fistula work, but it is very hard to find the women suffering from such a condition as they tend to be outcasts, and while we are quite willing and able to do more, we do not have access to sufferers. These sorts of encouragement are easily understood and accepted, as we realize that individuals or organizations have their own passions, but sometimes we have to decline further support as being not within our capabilities.

Financial Monitoring

In 2009, we engaged Price, Waterhouse, Coopers (PWC) to audit our books for 3 consecutive years, and the audit for 2009 was only completed in the first quarter of 2010. We learned a lot from their audit, for which we paid a substantial amount, and we had some major disagreements with their methods, as, for example, when they wanted us to produce original receipts for all purchases, and would not accept copies or electronic records. It is impossible for everyone to have the original receipt, as we then go back to the days when we first started working in Cambodia, during which we had to make half a dozen "original receipts" since every government official had to have an "original". Nevertheless, the Board was satisfied with the audit, and the exercise will be repeated for 2010, starting on January 31st 2011 to fit in with the PWC schedule. The whole process is relatively easy for us, since we instituted an "internal auditor" position in 2009, so that our financial transactions are being monitored on a daily basis "in house".

Equipment and Vehicle Replacement

Our single biggest expense in 2010 was paying \$30,000 for a new C-arm Xray machine from China. The two 20+ yr old machines that had been donated to us from OEC/GE in America could not be kept operable as we could not find spare parts, nor even a full maintenance manual, so it was time to get a new one with a guaranteed maintenance contract. We have been very satisfied with the performance of this machine so far.

Yes-Cambodia (Western Australia) had a fundraiser for us this year, and wanted to donate \$10,000 to us, with us specifying how it had been spent, so we bought a small truck with a crane attached. This is primarily intended for our outreach activities, when we have to take along a 300lb generator, and loading that into a vehicle has now become a much less hazardous activity. The rest of our vehicles have continued to run well, although the SUVs that we received from the US Military had some significant expenses for new tires and bearings this year.

Little money has been spent on new eye equipment in 2010, as we decided that Dr. Thearith would have to be part of the decision making when he came back from India, so we expect that we may have to spend in the region of \$250,000 for Vitreoretinal surgery equipment in the early part of 2011.

Funding Initiatives

We have been blessed this year by supporters introducing us to their friends and colleagues, who have also become supporters. CLSA continued to support us in 2010, for the 2nd year, but also had introduced us in 2009 to the Maitri Trust, which we met again this year, and will support us in 2011. Similarly, Ian Mullane has continued to support us, and stepped up his support by not only raising money through White Collar Boxing as before, but also by participating in extreme events himself (Racing the Planet), and by introducing us to his friends, of whom Terry O'Connor already raised a significant amount for us, and Georgie and Tom will form part of a team with Ian, to race to the North Pole on skis in 2011. After serendipitously viewing the BBC documentary on CSC, Disney Online Studios Canada contacted us, and have since given us 2 very significant donations. In the meanwhile, we are still enjoying the support of Dave and Kerry Rickards, the Kadoorie Charitable Foundation, and Igor's group, which Chris Lenz has now sold, and all of them have introduced us to further supporters, so that we anticipate ongoing support through 2011, and hopefully for many more years.

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Kanyapak Reinvetch Chief Financial Officer & Administrator

Children's Surgical Centre Profit & Loss Budget vs. Actual January to December 2010

	Jan - Dec 10	Budget	Over Budget	% of Budget
Ordinary Income/Expense				
Income				
500 · Donations	1,365,621.75	847,098.00	518,523.75	161%
550 · Interest	5,373.08	4,000.00	1,373.08	134%
560 · Cost Recovery	13,099.97	20,400.00	-7,300.03	64%
570 · Other Income	5,406.78			
Total Income	1,389,501.58	871,498.00	518,003.58	159%
Expense				
4D000 · Medical Salaries	390,401.19	414,354.00	-23,952.81	94%
4D800 · Medical Consumables	144,416.02	146,400.00	-1.983.98	99%
4D900 · Surgical Expense to Chenda	6,225,10	18,000.00	-11,774.90	35%
4D1000 · Staff Training	2,322.51	6,000.00	-3.677.49	39%
4D1100 · Repairs & Maintenance	36,754,82	38,400.00	-1.645.18	96%
4D1200 · Utilities	18,264.75	16,800.00	1,464.75	109%
4D1300 - Security & Whse Rental	6.612.50	7,056.00	-443.50	94%
4D1400 · Other Assets & Depreciation	7,747.05	13,938.00	-6,190.95	56%
4D1500 · Smile Train Phone Project	2,950.00		0,100.00	0070
4D1600 · Grants to CamKids	6,104,00			
4/100 · Management & Admin Salaries	58,051.94	59,626,00	-1.574.06	97%
41200 · Adminstration Dept.	6,192.00	6,192.00	0.00	100%
41300 · Finance/Accounting/HR	26,877.18	39,821.00	-12,943,82	67%
4I400 · Operating Costs	68,574.30	72,940.00	-4.365.70	94%
41500 · Office Equipment	12,773.66	1,800.00	10,973.66	710%
41600 · Professional Fees	18,785.74	4,461.00	14,324.74	421%
Total Expense	813,052.76	845,788.00	-32,735.24	96%
Net Ordinary Income	576,448,82	25,710.00	550,738,82	2242%
	370,440,02	20,710.00	000,700.02	224270
Other Income/Expense				
Other Expense	1			
41700 · Currency Loss (Gain)	1,154.36			
Total Other Expense	1,154.36			-
Net Other Income	-1,154.36	0.00	-1,154.36	100%
Net Income	575,294.46	25,710.00	549,584,46	2238%

Sie 20. Jan. 2011

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Children's Surgical Centre Balance Sheet As of December 31, 2010

ASSETS	Dec 31, 10
Current Assets	
Checking/Savings	
100 · Cambodia Commercial Bank	70 970 00
	76,378.86
101 · ANZ Royal	13,428.86
101-1 · ANZ FT-1M	120,000.00
101-4 · ANZ FT -6M 1756839	60,000.00
101-5 · ANZ FT-1M 1756840	60,000.00
102 · Wells Fargo CSC (4121)	137,747.34
103 · Wells Fargo Sustain Fund (7835)	25,207.41
104 · HSBC HKD (001)	323,120.30
105 · HSBC USD (201)	323,733.29
106 · Wells Fargo CSC- CK (9074)	11,892.72
107 · Wells Fargo CSC- ACF (9082)	36,530.34
108 · PayPal (USD Account)	41,582.92
109 · PayPal (AUD in USD)	2,732.21
110 · PayPal (GBP in USD)	6,816.95
150 · Cash on hand	1,393.49
160 · Petty Cash	300.00
Total Checking/Savings	1,240,864.69
Accounts Receivable	
11000 · Accounts Receivable	1,658.39 -
Total Accounts Receivable	1,658.39
Other Current Assets	
199 · Project Advance	3,339.39 -
1997- Deposits & Pre Paids	10,750.00
Total Other Current Assets	14,089.39
Total Current Assets	1,256,612.47
Fixed Assets	
1998 · Equipment	22,158.75 /
Total Fixed Assets	22,158.75
TOTAL ASSETS	1,278,771.22
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Current Liabilities	2,024.87
Total Other Current Liabilities	2,024.87
Total Current Liabilities	2,024.87
Total Liabilities	2,024.87
Equity	2,024.07
30000 · Opening Balance Equity	701,451.89
Net Income	575,294.46
Total Equity —	1,276,746.35
TOTAL LIABILITIES & EQUITY	
	1,278,771.22

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Staff Lists 2010

No.	Staffs Name	Nick Name	Position	Phone Number		Email Address
1	Dr. James G. Gollogly	Dr. Jim	Chief Executive Officer	012-979214		jim@csc.org
2	Ms. Kanyapak Reinvetch	Kanya	Chief Financial Officer	012-710789		kanya@csc.org
3	Ms. Lorna Tornquist	Lorna	Stakeholder Relations Officer	012 721764		lorna@csc.org
4	ms. Emma Levy	Emma	Stakeholder Relations Officer	N/A		emma@csc.org
5	Mr. Ziad Samman	Ziad	CSC Coordinator	016-345351		ziad@csc.org
6	Ms. Elizabeth Ann Melix-Stanciu	Beth	Oversea Accountant	N/A		beth@csc.org
7	Dr. Ou Cheng Ngiep	Dr. Ngiep	Manager of Reconstructive Surery Dept.	012-590325	P.T	ngiep@csc.org
8	Dr. Say Bonvath	Dr. Bonvath	Assist. Manager Of Reconstructive Surery Dept.	012-924512	P.T	bonvath@csc.org
9	Dr. Keo Yemmony	Dr. Mony	Surgeon	016-277738		mony@csc.org
10	Dr. Keo Vanna	Dr. Vanna	Surgeon	012-878035		vanna@csc.org
11	Dr. Tea SokLeng	Dr. Leng	Surgeon	012-795525	P.T	sokleng@csc.org
12	Mr. Kim Yinna	Yinna	Chief of O.R Nurse	017-600345		yinna@csc.org
13	Mr. Hourt Pich	Pich	Chief of Instrument Nurse	012-923158	P.T	
14	Ms. Bee Sokngin	SphoasTom	Senior Nurse(In charge OR)	012-832392		spthom@csc.org
15	Ms. Chan Hun	Hun	Senior Nurse (In charge Instru. R)	017-579768		
16	Ms. Ros Sophy	Sophy	Senior Nurse (In charge Post op/Ward)	016-740211		
17	Mr. You Kosal	Kosal	Nurse (O.R.)	012-964358		
18	Mr. Chrin Savoeun	Savoeun	Nurse (Post op/Ward)	012-548893		
19	Ms. Horm Sophal	Sophal	Nurse (Post op/Ward)	012-477058		
20	Mr. You Sokhom	Sokhom	Nurse (Post op/Ward)	012 689344		
21	Ms. Chum Sereyroth	Serrey roth	Junior Nurse	011 647 178		
22	Mr. Thoun Phea	Phea	Chief of Physiotherapist	012-896448		phea@csc.org
23	Mr.Ki Limche	Chhe	Physiotherapist	097 7177 286		
24	Dr. In Sovutheara	Dr. Theara	Anaesthesiology Manager	011 790674		theara@csc.org
25	Dr. Dun Norin	Dr. Norin	Assistant Anaesthesiology Manager	012-833632		norin@csc.org
26	Dr. Chhor Nareth	Dr. Nareth	Anaesthesiologist	012-990229	P.T	nareth@csc.org
27	Dr. Yeav Bunthai	Dr. Bunthai	Anaesthesiologist	011-870690	P.T	bunthai@csc.org
28	Dr. Im Sothy	Dr. Sothy	Anaesthesiologist	089 966 066	P.T	sothy@csc.org
29	Dr. Yong Sophoanarith		Anaesthesiologist	012 727520		
30	Mr. Eang SamAth	Dr. Samath	Anaesthesiologist	012-659891		ath@csc.org
31	Dr. Meas Sophal	Dr. Sophal	Anaesthesiologist	012-856073		sophal@csc.org
32	Mr. Kry Kimsong	Kimsong	Nurse Anaesthesiologist	012 583998	P.T	
33	Mr. Chum Han	Han	Nurse Anaesthesiologist	012-427314	P.T	
34	Dr. Pok Thorn	Dr. Thorn	Ophthalmologist	016-853335		pokthorn@csc.org
35	Dr. Soeung Soryoun	Dr. Roo	Ophthalmologist	017-782245		roo@csc.org
36	Dr. You Sophanny	Dr. Phanny	Ophthalmologist	012-731736		phanny@csc.org
37	Dr. Saly Thearith	Dr. Thearith	Ophthalmologist	011 89 39 31		thearith@csc.org

38	Dr. Chhor Long	Dr. Long	Ophthalmologist, training in Philippine	N/A	long@csc.org
39	Mr. Lam SamBo	Sambo	Chief of Ophthalmic Nurse	016-603612	sambo@csc.org
40	Mr. Sok Senalay	Lay	Assistantof Chief Ophthalmic Nurse	012-954651	lay@csc.org
41	Ms. Kong Chanthy	Chanthy	Senior Ophthalmic Nurse	017-441182	
42	Mr. Sao Moeun	Moeun	Ophthalmic Nurse	092-966462	
43	Ms. Nouch Channy	Channy	Ophthalmic Nurse Assistant	017 232 279	
44	Mr. Prum Rith	Rith	Ophthalmic Nurse Assistant	099-566837	
45	Mr. Sem Ratha	Ratha	Ophthalmic Nurse Assistant	099-594663	
46	Mr. Sy Vantha	Vantha	Ophthalmic Nurse Assistant	097 7774901	
47	Mr. Nawaphon Jaroenphot	Tong	Manager of Medical Technical Support Dept. and Manager of Ophthalmology Dept	092-683478	tong@csc.org
48	Ms. Lor Sophy	Sophy	Assistant Manager(Pharmacist)	012-953168	sophy@csc.org
49	Mr. Kang Synat	Synat	Laboratory Technician	092-718372	synat@csc.org
50	Mr. Sok Sokkheng	Sokkheng	Warehouse Supervisor	012-919229	sokkheng@chendapolyclinic.com
51	Mr. Pech Pov	Pov	X-Ray Technician	092 35 18 99	
52	Mr. Yut SamNang	Samnang	Speech Thearapy	011-960387	samnang@csc.org
53	Mr. Sam Sitha	Sitha	Smile Train Coordinator	015 58 46 47	sitha@csc.org
54	Mr. Sok Menglong	Menglong	Administrator Trainee	012-807679	menglong@csc.org
55	Ms. Sieng Heng	SiengHeng	Accountant	092 678 878	siengheng@chendapolyclinic.com
56	Ms. So Socheata	Jacky	Internal Auditor	092 211 045	jacky@csc.org
57	Ms. Pech Samphors	Samphors	Assistant Accountant	089 666 062	phors@csc.org
58	Mr. Som ChanDiman	Diman	Assistant Chief of IT	077 74 74 70	diman@csc.org
59	Mr. Ha Sokun	Sokun	I.T Officer	012-637451	sokun@csc.org
60	Mr. Chhel Pisey	Pisey	I.T Officer	097-9919025	pisey@csc.org
61	Mr. Sok Sary	Sary	Chief of Maintenance, Cook & Cleaning	092-286491	
62	Mr. Chom Theang	Puth	Driver & Maintenance	085 499 439	
63	Mr. Dy Lach	Lach	Driver & Maintenance	011 679034	
64	Mr. Ly SivPy	Ру	Maintenance	017-691163	
65	Mr. Ly Sokhai	Dan	Driver & Maintenance	012-808769	
66	Mr. Deb Dy	Dy	Maintenance	097 67 19 123	
67	Mr. Men Simen	Simen	Support Medical Staff	012-813134	
68	Ms. Eam Hong	Hong	Support Medical Staff	092-568113	
69	Ms. Em ChanNarom	Narom	Cook	012-908465	
70	Ms. Leav Simorn	Simon	Cook	092-985083	
71	Ms. Pol Sokhom	Ny	Cook	089-815031	
72	Ms. Noun Sokkhom	Khom	Cook	092-715904	
73	Ms. Thun Seikngin	Ngin	Cleaner	012 252429	
74	Ms. Soun Sokha	Srey Pov	Cleaner	077 846 385	
75	Ms. Lim KomSort	Komsort	Cleaner	077 892 106	
76	Ms. Chap Sotharin	Sotharin	Accom.house cleaner	015-506990	l l