



# 2018 ANNUAL REPORT

## FOR FÖRDERVEREIN SCHWEIZ MoPoTsyo

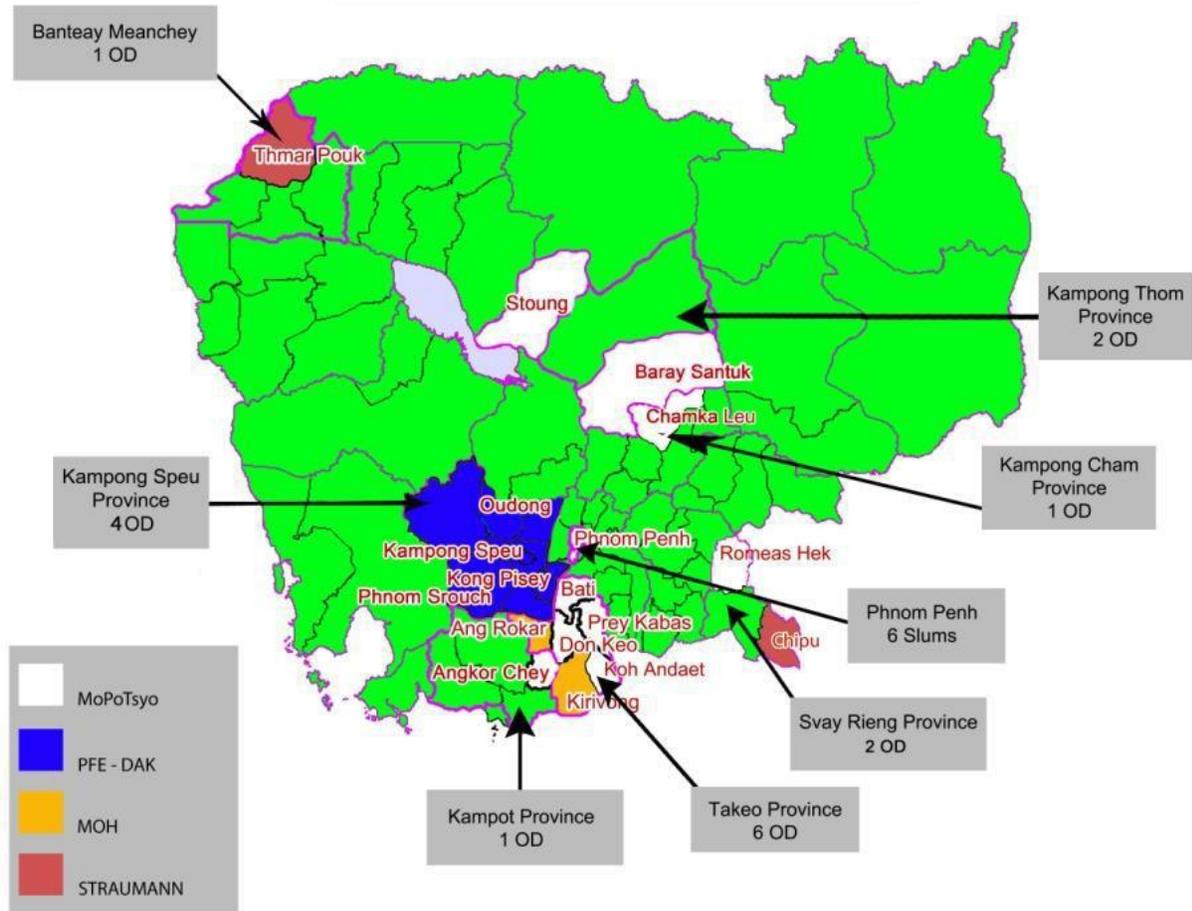
*Support for the Peer Educator Networks for Diabetes and Hypertension*

### Contents

Main developments in 2018 of our NGO and its work in Cambodia .....	2
Our Members are the registered patients .....	3
Use of MoPoTsyo’s services: .....	4
Health Outcomes .....	7
Expansions inside Phnom Penh and in 2 provinces: .....	8
Screening for Hepatitis C among Diabetic patients .....	8
Other program news: .....	9
Training of Peer educators .....	9
MoPoTsyo’s internal organization .....	10
How MoPoTsyo helps to build a chronic care system .....	11
Action Research & Publications .....	12
Financial overview .....	13
Our Plan for 2019: .....	15

## Main developments in 2018 of our NGO and its work in Cambodia

### Peer Educator Networks



Instead of expanding into new provinces, we expanded our service locations inside several operational districts where we are working with the peer educator networks and already are organizing services at the Referral Hospital. We began to set-up an additional service at a Health Center in the same OD. We did this at some Health Centers where there is a Doctor working. That is still quite rare.

The objective is to make it easier for patients who live far away from the Referral Hospital in the OD to have access to their medical services. Also by expanding we strengthen the ability of our NGO to sustain ourselves financially, which is also an important goal of our NGO.

## Our Members are the registered patients

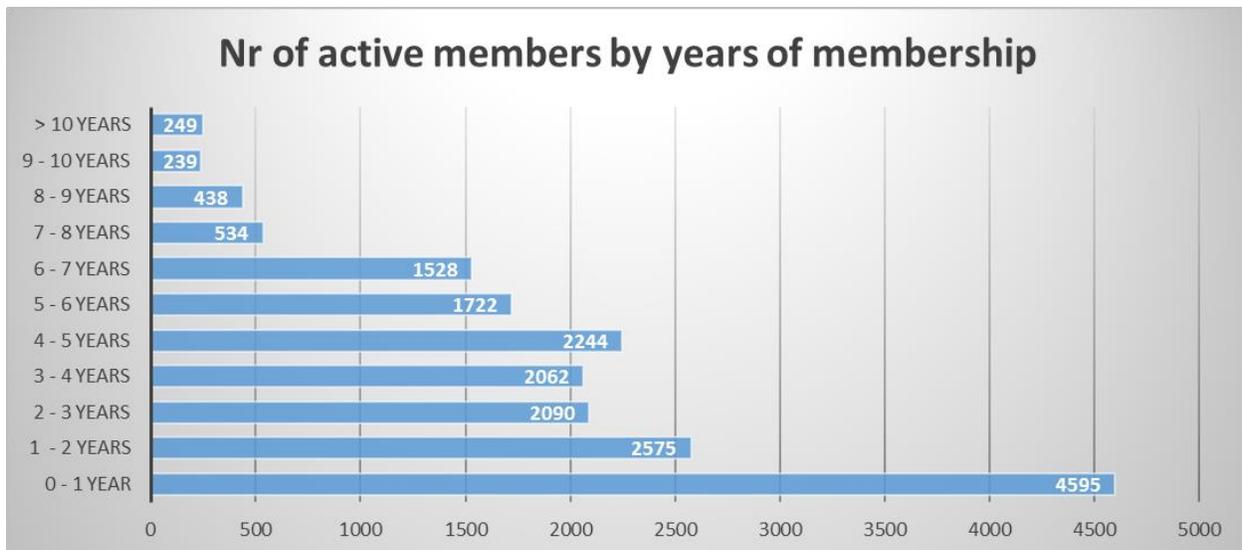
During 2018, more than 4,000 new patients registered:

New patients registered	
Diabetics	3542
Non Diabetic Hypertensive	563

Roughly 2/3 of our active members are women.

>18,000 active patients at the end of 2018			
Type of disease	Female	Male	Total
Diabetic	9,683	4,946	14,629
High Blood Pressure (non DM)	2,492	1,151	3,643
			<b>18,272</b>

When we look in our database per 31-12-2018, we can see 25% of our active patients are registered during 2018, while 75% have been active member of MoPoTsyo for more than 1 year already.



## Use of MoPoTsyo's services:

**The laboratory** provided 7,126 lab profiles for in total 4,984 cases. This means that a small minority used the lab service more than one time during the year. More importantly however still too few patients use the lab service, which we can see when we compare the 4,984 users with the total number of active patients. We try to increase the proportion that uses the lab at least one time per year. During the staff retreat of 2018, we decided to lower the price of the HbA1c test in 2019 from USD 7.5 to USD 5 per test.

We have of course the daily internal control system, but also the quality of our lab is being externally monitored through our membership of One World Accuracy, a Canadian professional EQAS system that we pay for, jointly with a few other laboratories in Cambodia, and in cooperation with the National Institute for Public Health in Phnom Penh. Our EQAS shows that our lab tests are within the normal ranges.

### The Medical Consultations:

Most of these medical consultations happened in 2018 at 15 different referral hospitals and now also some health centers, see list on the right below.

Medical Consultations	F	M	Total
Diabetic	15,693	7,578	23,271
Hypertension (non diabetic)	2,109	937	3,046
	17,802	8,515	26,317

86% of the cases who come for consultation are Diabetic, so the hypertension cases who are non-diabetic are less than 15%.

Cases who consulted during 2018	
Diabetic	7,420
Hypertensive Non Diabetic	1,221
Total cases	8,641

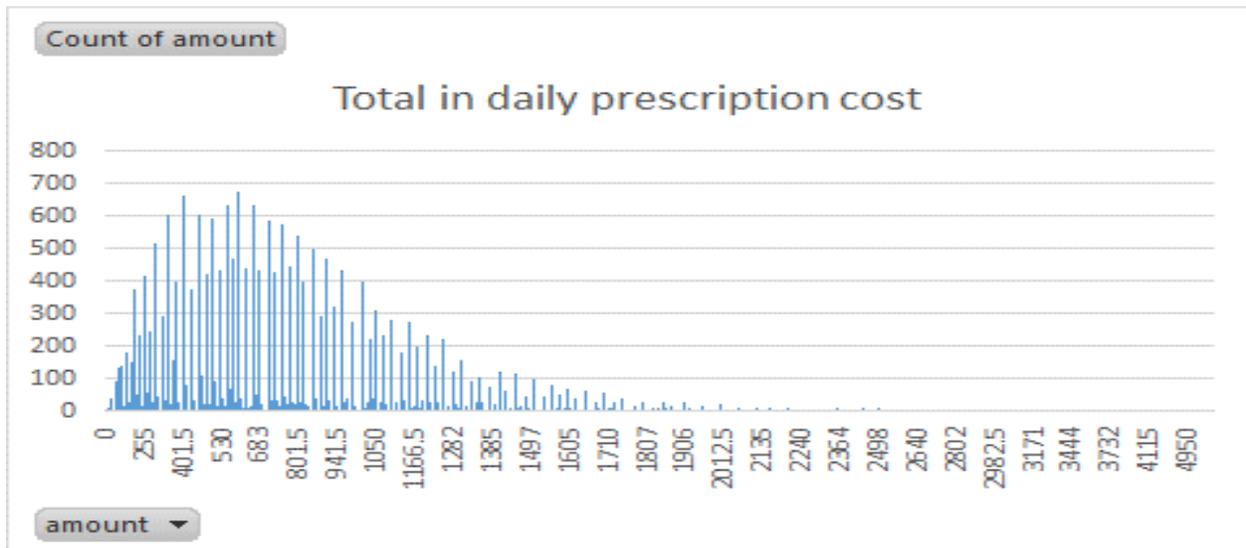
In the list the numbers 3 and 13 are health centers, the others are referral hospitals.

	Health Facilities	Nr of consultations
1	Pochentong	5449
2	Baray Santuk	3843
3	Dom Kravan	2602
4	Oudong	2537
5	Stoong	2286
6	Chiphou	1905
7	Angkor Chey	1679
8	Svay Cheyk	1357
9	Kong Pisey	1304
10	Chamkardong	1045
11	Romeas Hek	1002
12	Thmar Pouk	526
13	Bos Khnor	474
14	Trapeang Kralang	289
15	Prey Kabas	1
	<b>Total nr of consultations</b>	<b>26,299</b>

Since we have handed over the responsibilities for doing the medical consultations, in most locations there are 2 doctors who take of this. So we no longer hire private medical doctors from Phnom Penh who travel to remote hospitals to do this. With the training by Center of Hope, the local doctors do it. They receive a small incentive per session, which is financed out of the \$3 fee that the patients pay, which finances the whole session (excluding medicines).

The average cost of medicines that these doctors prescribed in 2018 for the patients is 845 riels per day, which comes down to 25,350 Riels per month (\$ 6.26 with 1\$ = 4050Riels), but the variation is wide as you can see in the figure below, showing the cost of daily medicines on the X-axis and the number of times it was prescribed on the Y-axis. The cost depends on whether the patient needs a lot of medicines and whether they can afford it. The doctors do not experience an incentive to prescribe a lot or a little. They can do their job professionally without financial pressure. Patients can decide to buy less or more than 30 days of medication. The average amount spent (N=69,242 times) they bought in 2018 is 28,362 Riels (exactly \$7), which is for 4 different drugs on average.

Names of local doctors doing medical consultations		
1	Kim Sokpheap	2462
2	Veng Kong	2432
3	Math Ya	2268
4	Seng Sokchea	2263
5	Keang Vuthy	2037
6	Nhem Vandoeun	1801
7	Por Sim	1601
8	Ou Saphal	1401
9	Leng Taingleang	1371
10	Em Pich	1193
11	Neang ChanTho	842
12	Soun Lida	803
13	Ouk Samath	734
14	Krouk Puthea	594
15	Phoung Pheakdey	570
16	Bou Sokong	517
17	Tom Borey	500
18	Seang Sothoun	498
19	Thai Soklen	424
20	Pich Vireak	340
21	Chey Chanthorn	302
22	Nov Sovathara	262
23	Nget Rady	217
24	Sea Sovann	205
25	Hou Sambath	186
26	Chann Thea	184
27	Ouk Polak	152
28	Heng Sokim	57
29	Nget Proeung	37



As has been the case for many years, the number of cases who bought medicines (more than 13,000 people) is much higher than the number of cases who went to see the doctor for medical consultation. We cannot force them but we promised the MoH that we will try to nudge them into seeing their doctor at least once per year.

**Number of times patients bought medicines**

Diabetics	59,396	86%
Hypertensive (non DM)	9,841	14%
Total times bought	69,237	100%

**Cases who were buying medicines in 2018**

Diabetic cases	10830
Hypertension cases (non DM)	2300
Total nr of buying cases	13130

The MoH policy makers prefer that patients see the doctor every month, which does not seem to be realistic, because people have to travel and pay transportation cost and spend the whole morning or afternoon at the hospital or health center. There remains great hesitation to provide access to medicines to patients without forcing them to pay for medical consultation.

Among the medicine buyers there were 1,082 Diabetic cases who bought insulin, in total 6,417 times. The patients for our insulin (in 10ml vials together with 15 syringes of 29G) in total for 33,000 riels per set (\$8.15). The average amount an insulin buyer spends at the contracted pharmacy, when he/she comes to buy is 65,620 riels (\$16.20). The quantities of insulin needed vary individually, for some people a 10ml vial is more than enough to last one month, for others it is not. Patients can buy extra insulin-syringes if they want but 15 syringes per month seems to be ok for most. Only 213 times did patients buy extra syringes. When they did so (3%), they bought 24 syringes extra on average.

**The Follow Up service by Peer Educators**

DM patients in Follow Up		
1st time	2601	4%
2 to 6th	7703	13%
7 or more	47599	82%
Totals	57903	100%

The pattern of data in our database shows that most of the time Diabetic patients are already for some time in follow up. Only 4% of times, it is a new patient who comes for blood glucose and blood pressure check with the peer educator.

## Health Outcomes

<126	11,994	25%
<140	18,562	39%
<150	23,161	49%
<160	25,880	54%
<170	28,711	60%
<180	31,039	65%

On the left the numbers and proportions of DM patients that appear to have controlled blood sugars, with the first column in mg/dl Fasting Blood Glucose among Diabetic patients who have been seen in Follow Up by the peer educator at least seven times or more. If we use the conversion table from Fasting Blood Glucose to HbA1c published in Diabetes Care page 1050 volume 37 April 2014

(among Type 2 diabetics) the patients hover on average between 7 to 7.5% HbA1c, which is not so bad given the age group that they predominately belong to. The average Fasting Blood Glucose of new DM patients is typically >220 mg/dl, so the reduction in blood sugar control that is achieved is substantial but not ideal for everyone.

**Table 2—Average glucose levels (95% CI) for specified HbA<sub>1c</sub> levels**

	HbA <sub>1c</sub> group, % (mmol/mol)				
	5.5–6.49 (37–47)	6.5–6.99 (47–53)	7.0–7.49 (53–58)	7.5–7.99 (58–64)	8.0–8.5 (64–69)
	Estimated average glucose, mg/dL				
	111–139	140–153	154–168	169–182	183–197
All diabetes	<i>n</i> = 119	<i>n</i> = 91	<i>n</i> = 74	<i>n</i> = 61	<i>n</i> = 33
Mean fasting, mg/dL	122 (117–127)	142 (135–150)	152 (143–162)	167 (157–177)	178 (164–192)
Mean premeal*, mg/dL	118 (115–121)	139 (134–144)	152 (147–157)	155 (148–161)	179 (167–191)
Mean postmeal, mg/dL	144 (139–148)	164 (159–169)	176 (170–183)	189 (180–197)	206 (195–217)
Mean bedtime, mg/dL	136 (131–141)	153 (145–161)	177 (166–188)	175 (163–188)	222 (197–248)
Type 1 diabetes	<i>n</i> = 53	<i>n</i> = 64	<i>n</i> = 47	<i>n</i> = 47	<i>n</i> = 26
Mean fasting, mg/dL	122 (113–132)	144 (134–154)	155 (143–168)	170 (159–181)	178 (161–194)
Mean premeal*, mg/dL	119 (115–124)	140 (134–147)	156 (150–163)	159 (151–166)	175 (162–188)
Mean postmeal, mg/dL	139 (133–145)	161 (155–168)	175 (167–183)	190 (180–199)	197 (188–205)
Mean bedtime, mg/dL	140 (132–148)	154 (144–164)	180 (164–195)	179 (166–193)	214 (189–240)
Type 2 diabetes	<i>n</i> = 66	<i>n</i> = 27	<i>n</i> = 27	<i>n</i> = 14	<i>n</i> = 7
Mean fasting, mg/dL	122 (118–127)	139 (139–147)	147 (133–161)	157 (139–176)	179 (158–201)
Mean premeal*, mg/dL	118 (113–122)	137 (130–145)	144 (137–151)	141 (131–151)	196 (168–224)
Mean postmeal, mg/dL	147 (141–153)	170 (163–177)	175 (165–186)	185 (163–206)	241 (214–268)
Mean bedtime, mg/dL	133 (126–140)	151 (139–162)	173 (161–184)	162 (133–190)	259 (177–341)

\*Includes fasting values.

Blood Pressure control among those Diabetics who have been seen by the Peer Educator seven times or more is mostly very good if we look at Systolic Blood Pressures recorded (mm Hg) by the PE.

<130	31,584	66%
<135	37,590	79%
<140	41,695	88%

Overall the blood pressure of all the patients, new and old, (Diabetics and Hypertensive non Diabetics together), as shown during last follow up visit of 2018 (>15,000 cases), is good with

Systolic Blood Pressure controlled among 4 out of 5 patients, both female and male. Among those whose BP is uncontrolled at the end of 2018 at their last Follow Up measurement, the average Systolic is 153mm. Only few have very high Systolic BP.

>140mm Hg Systolic Blood Pressure last Follow up		
	Females	Males
	N=10,011	N=4946
%	21%	22%
Average	153mm Hg	153mm Hg

## Expansions inside Phnom Penh and in 2 provinces:

In Phnom Penh, in 2 OD's: Doctors from Health Centers Samaki and Kambol Posenchey OD and Anlong Kangan HC in Sen Sok OD came to visit locations where our program is running so they can see how it works and talk with their colleagues. They want to copy the model. A 3<sup>rd</sup> OD became suddenly problematic: OD Bassac in Phnom Penh: With the support letter from Municipal Health Department and the new MoU, the preparation discussions with local health authorities had started. The Referral Hospital that would get the consultation sessions is across the bridge over Bassac river in Chbar Ampov. We discussed standard agreement with OD and visited Niroth HC. But the Director informed us that he could not sign because we charge fees inside the walls of the public service. We decided to postpone this till we find out where this fundamental objection comes from. However the Peer Educator was trained and installed and is already screening so for the moment we refer to Pochentong Hospital.

In Kampot province where in Angkor Chey OD we visited Health Center Champey to talk with its Director. There, the director is a Doctor and he has visited our program elsewhere. He is interested to set up the service in his HC so we will pay a refresher course for him and then set up Medical Consultation and RDF in his Health Center so he can cooperate with the local peer educator, who is also a Village Health Worker Support Group member (VHSG) there.

In Svay Rieng province: The Director of PHD Svay Rieng asked us to expand to HC Mee Sar Thngok (in Chantrea district) close to the Vietnamese border. We have installed the automation system and RDF pharmacy there on 19 December 2018.

## Screening for Hepatitis C among Diabetic patients

Hepatitis C: MSF France and MoPoTsyo agreed to start the screening among Diabetics in urban area who are member of MoPoTsyo and who are not HIV/AIDS (because NCHADS is doing that already): It is a 2 step screening process for Hep C. First a rapid Test (Bioline) to determine seropositivity, and then a second test on whole blood (only if seropositive) to determine if the person is "viremic" i.e. with chronic Hepatitis C infection and therefore infectious. That second test will be done at Preah Kossamak Hospital in Phnom Penh using a GenXpert machine. We get that result and call the patient in for appointment, registration and medical examination and then gets free treatment of Hepatitis C, usually a 12-week treatment with 2 drugs. Our laboratory staff and program staff and the peer educators were trained in the screening for Hep C. It is complicated to explain so I made a video to play the messages again and again. Hep Screening has started on Friday 25th of May. We have about 13,000 members with Diabetes, so we can perhaps help 500 Diabetes with Hep C in the same way. At the end of 2018, a total 1257 of our diabetic members were screened for Hep C. Among them 77 (=6%) cases positive. Among 75, there were 49 (4%) who needed to be treated with the combination treatment, which they received free of charge.

## Other program news:

A hand-over of our peer educator network in Prey Kabas OD in Takeo province was signed: On demand of Prey Kabas OD and MoH-Preventive Medicine Dpt we agreed to hand-over, following the model of Kirivong and Ang Roka (March 2016). Time will tell if it is better for the patients in Prey Kabas OD than it has worked elsewhere in Takeo.

MoPoTsyo Fee publication: In March 2018 we have begun to distribute large MoPoTsyo Posters with the fees that we charge inside the public hospitals. This is necessary to protect our system as “different” from the public service. The posters have been reviewed by all the PHD.

Pharmacy Rewards of 2017/2018: We distributed the 15% pharmacy reward to the stakeholders (based on adherence and patient satisfaction) in all OD's. This 15% is the share of the turnover in the public health facilities from the sales of the medicines of our Revolving Drug Fund. This sharing of revenue with the public service has been going on since 6 years and we see a rising trend in adherence and in patient satisfaction. It is a sort of public private partnership but then not-for-profit. Over the years the system has gained confidence of those who work in it. It is financially sustainable and the patients pay the full cost of their own routine medication including insulin and syringes. Feedback was positive and we felt good support for our program from our counterparts.

TV's : We bought 10 LG TV's (43 inch) to install in HC's and Ref Hospitals for showing health promotion video's.

## Training of Peer educators

Peer Educators training: During 2018, a total of 12 candidate peer educators were trained and passed the exam: Some replace peer educators that have deceased. First 4 for Kampong Speu province and 1 for Bassac area in Chbar Ampov, at Niroth HC, and then 5 (4 for Kampong Thom and 1 Kampong Speu). Then 2 candidate new Peer educators at the end of the year also passed the exam, both from Baseth district in Kampong Speu. One is a retired policeman, and the other one is a rice farmer.

## MoPoTsyo's internal organization

Quarterly Meetings: At the end of every quarter reviewed the progress to adjust the plan for the rest of the year. The meeting was held with most of our salaried employees from 10.30 until 17.00 at the 3rd floor of our office. We were able to review our short term and long term objectives, and discuss problems that must be solved to improve the flow.

Annual Staff Retreat 2018: was held in Siem Reap from 26 till 30 November. It was very productive and pleasant. Two members of the Board were present this year: both our President Mr Men Cheanrithy and Dr Ky Kanary. 2 days of meetings was not enough so a 3rd day will be added next year.

Salary payments from USD to Cambodian Riels: It made sense to change our main currency from USD to Cambodian Riels. 2018 is the first year that we pay all 31 staff employees in Riels, starting with January. Payments are done through ACLEDA Bank, internet banking. MoPoTsyo does not use cheques and does not have a petty cash so all revenue and expenses are done through bank transfers.

New laboratory machine: We bought and imported a new HumaStar 200 biochemistry analyzer from Germany for our biochemistry analysis. It is a big investment, but it will save cost. Our new laboratory machine HUMASTAR 200 is working well. We began to use it in the last week of May and it helps reduce workload on our staff.

Importation of medicines: Airfreights arrived on May and in October. A 20-foot sea-container arrived in July. This time MoH asked us to justify "why we need so many medicines" but we could show them our database with the invoices and names of patients who bought our medicines and then MoH approved our importation.

Higher cost: We try to select only regular suppliers that can sell us goods and services based on VAT 10% invoices. We do not reclaim the Value Added Tax that we pay. As required by new laws, we have begun to pay National Social Security Fund premiums for accident and health for our employees, myself included.

WING Business Account and sub accounts: To save money on cost of revenue collection and to facilitate monitoring of where our revenue is coming from, we plan to open a WING business account for USD 60 per month, with as many sub-accounts as we need.

Donation of old office furniture from Nyemo Cambodia. Thanks to Dr Kanary, on Sunday 19<sup>th</sup> of August, we received a useful donation from used office furniture that still belonged to Nyemo. We hired a truck to transport it all to our office.

IT: Our IT upgraded WINDOWS on our server and we outsourced an upgrade of our own software application for our Database.

MoPoTsyo's website: Our website is improved ([www.mopotsyo.org](http://www.mopotsyo.org)), can be seen on mobile phone now.

Office Rent contracts: One of our rent contracts would expire after 3 years on 30-06-2019 so a year in advance we have negotiated and re-signed an extension for 3 years. This must be done 1 year in advance to avoid being pressured to pay a relatively higher price, because we cannot simply move quickly to another location with our stocks and laboratory etc etc.

## How MoPoTsyo helps to build a chronic care system

Ministry of Health: MoH Secretary of State, H.E. Prof Eng Huot, has signed our new Memorandum of Agreement (called "MoU") on 30 January 2018. It covers a period of 3 years.

The new *Primary Care Guideline for Diabetes and Hypertension* was discussed during an MoH Workshop Siem Reap. Participants issued recommendations that Peer Educators become "Village Health Support Group" ( recognised by Ministry of Interior). This would qualify them for financial incentives from the government. The new guideline with a lot of references to the peer educators was finalized by official Ministry of Health working group on 20-12-2018 by the task force. MoPoTsyo is member. It describes the role of peer educators in this new guideline as volunteers who can help. Approval of the guideline by the Minister is expected for early 2019.

Center of Hope and MoPoTsyo signed a training contract: CoH train-on-the-job Medical Doctors in medical consultations for Diabetes and Hypertension. We chose government doctors from rural hospitals and selected Health Centers. Training is during 2 weeks in groups of 2. The trainings started in August 2018. After these trainings the doctors are more confident to do the medical consultations in their own referral hospital in districts where we have a peer educator network. Cooperation with Center of Hope is good.

TB & DM Workshop: I presented our program on 25 December 2018, organized by Cambodian NGO HSD. They want to work with our peer educators in Kirivong OD to link between the Diabetes and the TB program there.

2-Day Training of Doctors: With the funds left over at the end of 2018 from the revenue of consultations we organized a two day training of 30 doctors from rural hospitals and health centers, in Phnom Penh. Trainer was Dr Em Savoeun, Associate Professor at the Faculty of Medicine.

## Action Research & Publications:

With the National Institute of Public Health in a workshop on its Research Agenda, on 17 August, I joined to brainstorm with experts about the priorities for research for NIPH for the future.

Research on Voice Messaging with Univ of Washington: On April 25<sup>th</sup> we had the Advisory Board meeting at the Phnom Penh Hotel with participation of NIPH, MoH-Preventive Medicine Department and Researchers from UW (Seattle-USA) to present preliminary findings and discuss general ideas about future research. The findings show signs of a little improvement in Blood Pressure and Blood sugar but not significant. We conducted Focus Group Discussions and In-Depth Interviews during August and September to ask peer educators and patients what they think of the voice messages. Researcher Lesley Steinman arrived in Phnom Penh on August 10<sup>th</sup>, to stay for 45 days to work with us on this. The final data set of the study (period 08 August 2017 until 30 June 2018) was anonymized and sent to UW for analysis. The results of statistical analysis of the data did not show much impact as the improvements in blood sugar control and blood pressure control among those who received the voice messages disappeared after the statistical adjustments that had to be made according to the researchers to neutralize the effect of the peer educators. However, patients who see their peer educator 12 times or more, have a 30% higher chance of good blood sugar control. That finding has to be written up and published because after adjustments this ***remains highly significant***, according to the biostatistician.

Presentation at National Institute for Health-USA : 04-12-2018 UW researcher Lesley Steinman presented about our study “Can mHealth messages improve management of diabetes and hypertension through a peer educator model in Cambodia?” at the NIH Conference on the Science of Dissemination & Implementation in Washington DC.

Case study MoPoTsyo peer reviewed article available in Open Access: The article that was published earlier is now Open Access via <https://rdcu.be/6qgb>

Two Publications: On 13 November 2018, the Journal for Medical Internet Research Protocols accepted our article “Using Targeted mHealth Messages to Address Hypertension and Diabetes Self-Management in Cambodia: A Research Protocol” for publication in a few months time. MoPoTsyo’s intervention is mentioned favorably in article “*Service Delivery Transformation for UHC in Asia and the Pacific*” in the journal **Health Systems and Reform**, written by Prof Gerald Bloom of IDS Sussex, see <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1541498>

Dr Sudah Yehuda visited: He is a globetrotting endocrinologist (you can read more about him as he often refers to MoPoTsyo <https://medicoanthropologist.blogspot.com/2009/10/day-in-life-of-endocrinologist.html> ). He is working for the Native American Health Service and works with several tribes. He came to visit us again in November, briefly, on his way to Siem Reap. Two years ago he brought two Native American Indians from an Omaha reserve in Nebraska to learn about our peer program. Since then they have replicated some elements of our model to their area in Nebraska.

## Financial overview

### Summary Cost overview from year 2015 to 2018

Year	Management cost	Materials & Services	Total cost	Materials & Serv / Total
2015	\$ 191,862	\$ 403,418	\$ 595,280	68%
2016	\$ 242,951	\$ 521,001	\$ 763,952	68%
2017	\$ 244,059	\$ 663,781	\$ 907,840	73%
2018	\$ 282,349	\$ 662,871	\$ 945,219	70%

### Summary of expenditure booked on Straumann or FSM

Year	Management cost	Materials & Services	Total cost	Materials & Serv / Total
2015	\$ 28,525	\$ 43,103	\$ 71,628	60%
2016	\$ 19,767	\$ 40,762	\$ 60,529	67%
2017	\$ 19,889	\$ 38,886	\$ 58,775	66%
2018	\$ 28,465	\$ 32,172	\$ 60,637	53%

The years 2012 until 2015 had been audited by Price Waterhouse Cooper. At that time we used “cash-based accounting”. From 2016 onwards we use “modified cash” basis for accounting as agreed with the new auditor, CAM Accounting & Taxation, the Cambodian member of Kreston International, website <https://kreston.com/>. The last three financial audits have gone well: The audit team looked in great detail at our organization and completes the audits of our financial years 2016, 2017 and 2018 audits in the first half of 2019.

				Jan - Dec 18
<b>Income</b>				
410100 · FUNDS FROM EXTERNAL DONORS				
410114 · Grant Income _FSM				60,636.69
<b>Total 410100 · FUNDS FROM EXTERNAL DONORS</b>				<b>60,636.69</b>
<b>Total Income</b>				<b>60,636.69</b>
<b>Gross Profit</b>				<b>60,636.69</b>
<b>Expense</b>				
500000 · PROJECT ACTIVITY COSTS				
520000 · EARLIER DIAGNOSIS &AWAREN				662.82
530000 · ORGAISING&DELIVER OFCARE				20,739.44
540000 · DISCOUNT VOUCHER				823.42
550000 · CAPACITY OF OD				9,946.02
<b>Total 500000 · PROJECT ACTIVITY COSTS</b>				<b>32,171.70</b>
600000 · PROJET OPERATION COSTS				
612000 · Executive Management HQ				12,400.55
613000 · Operational Level(Filed)				20.90
614000 · Fringe Benefits				2,528.46
620000 · EQUIPMENT				1,578.50
630000 · OFFICE RUNING COSTS				11,750.59
640000 · OTHER COSTS				185.99
<b>Total 600000 · PROJET OPERATION COSTS</b>				<b>28,464.99</b>
<b>Total Expense</b>				<b>60,636.69</b>
<b>Net Income</b>				<b>0.00</b>

The breakdown on the left shows how we used the FSM donation in 2018 by main type of expenditure. It was exported from our accounting software Quickbook Enterprise 18.0

The amounts on the left can be compared with the total amounts spent on those items in Cambodia by MoPoTsyo as a whole, as shown on the next page.

A more detailed breakdown of MoPoTsyo's total Profit & Loss accounts in 2018:

		Jan - Dec 18
<b>Income</b>		
	410100 · FUNDS FROM EXTERNAL DONORS	141,741.78
	<b>Total 410100 · FUNDS FROM EXTERNAL DONORS</b>	<b>141,741.78</b>
	420000 · FUND FROM MOPOTSYO AS DONOR	
	420100 · Revolving Drug Fund	565,502.50
	420200 · Laboratory Services	91,374.37
	420300 · Medical Consultation	86,928.68
	420400 · Sale of Consumable & Other	23,575.22
	420500 · Interest from deposit	16,737.54
	420600 · Gain/Loss from Exchange	-2,364.75
	<b>Total 420000 · FUND FROM MOPOTSYO AS DONOR</b>	<b>781,753.56</b>
	<b>Total Income</b>	<b>923,495.34</b>
	<b>Total Income</b>	<b>923,495.34</b>
<b>Expense</b>		
	500000 · PROJECT ACTIVITY COSTS	
	510000 · CAPACITY OF PEER EDUCAT	15,297.33
	520000 · EARLIER DIAGNOSIS & AWAREN	757.38
	530000 · ORGAISING & DELIVER OF CARE	534,096.98
	540000 · DISCOUNT VOUCHER	6,831.82
	550000 · CAPACITY OF OD	99,420.84
	560000 · ACTION RESEARCH PROJECTS	6,466.16
	<b>Total 500000 · PROJECT ACTIVITY COSTS</b>	<b>662,870.51</b>
	600000 · PROJET OPERATION COSTS	
	612000 · Executive Management HQ	136,188.08
	613000 · Operational Level (Filed)	401.14
	614000 · Fringe Benefits	25,707.12
	620000 · EQUIPMENT	41,996.60
	630000 · OFFICE RUNING COSTS	43,245.80
	640000 · OTHER COSTS	34,713.11
	650000 · Bad debt expense	96.66
	<b>Total 600000 · PROJET OPERATION COSTS</b>	<b>282,348.51</b>
	<b>Total Expense</b>	<b>945,219.02</b>
	<b>Net Income</b>	<b>-21,723.68</b>

As shown, in 2018 we spent USD 21,724 more than we had received in income.

## Our Plans for 2019:

- Expansion to more health centers where there is a Doctor who is interested and can be trained at Center of Hope.
- Expansion inside Posenchey OD in Phnom Penh as there is now demand, and once that has started a new attempt to start in Bassac OD in Phnom Penh
- Start of screening Hep C among rural diabetics so in the rural OD's.
- External audit of our accounts 2016, 2017 and 2018 by company CAM AT.
- Prepare a new collaborative research project with University of Washington
- Continue to strengthen the management of our finances and administration
- Prepare and train our own IT people to learn PHP and My SQL so we can move from using proprietary software to open source programming
- Start discussions with MoH to prepare a new Program for the period 2021 until 2025

Maurits van Pelt  
Director of MoPoTsyo Patient Information Centre  
May 8<sup>th</sup>, 2019