

General Board of Global Ministries - United Methodist Church

**Community Health and Agriculture Development
2020 Summary Annual Report
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In 2020, CHAD continued to improve target communities' capacity to address economic, social, and environmental issues and build healthy, economically feasible communities despite the social and financial challenges posed by COVID-19. Strict government measures to slow the spread of COVID-19 have prevented CHAD staff from carrying out our work properly; as a result, local committee CSCCs have taken greater responsibility for facilitating project implementation. During the year of 2020, CSCCs monitored 174 various community development projects, including chicken raising, vegetable gardening, and rice banks across 52 communities with 1,515 families.

Chicken raising projects have become more economically beneficial to project participants in generating family income after job losses resulting from the COVID-19 crisis. In total, 152 (F110) of 612 project participants sold an average of 7.5kg of chicken per month to earn approximately \$35. Though they could not make the surplus for selling, the rest could produce enough for family consumption to save at least \$30 per month from buying food in the markets.

The CHAD health care program took a leading role in community health efforts to prevent COVID-19 spread. The program educated 95 people, including 65 women, on preventive measures to keep them safe from the COVID-19, and trained Good Samaritans (GS) in 18 out of 52 CHAD target communities so they could share information with their communities.

Through our latrine, well, and water filters projects, the CHAD community health care program improved WASH facilities. As a result, 459 households in target communities now have access to necessary sanitation facilities, including 52 wells, 475 latrines, and 209 water filters.

To revitalize community health systems, CHAD collaborated with churches and five partner health centers in Kantouth, Phum Thmey, Kbal Trach, Trapaing Chan, Phsa in Kratie, and Kompong Chhnang province. The churches and health centers supported the work of Village Health Support Group (VHSG) members and church GS health volunteers. In total, 65 VHSG, 39 women, 12 GS, and 6 women attended health training this year to learn about roles and responsibilities, Hygiene, Malaria, Diarrhea, Dengue, COVID-19 prevention, and health equity fund. Consequently, 127 (94F) GS and VHSG actively raised health awareness in their communities, even assisting people to access state health care services. In addition, 132 people, including 107 women, attended the VHSG and GS-facilitated WASH training, while 713 (492 women) people attended COVID-19 awareness-raising training. The VHSG and GS also visited 201 patients and encouraged them to use government healthcare services.

This year, CHAD financially supported the Kratie PHD's initiative to extend the steel container clinic donated in 2018 by the St. Luke-Simpson United Methodist from Louisiana Annual Conference, USA. The extension was needed to make enough space for Covid-19 testing of travelers crossing between Vietnam and Cambodia.

Socially, the CHAD holistic ministry program has brought a growing realization among community key figures where development projects are necessary for their church and community. Increasingly more pastors, local authorities, community, and church members are coming together to take collective action and generate solutions to common problems. For instance, 16 pastors and 17 local leaders engaged in project activities in their respective communities; 51% of church members play leadership roles; and 73% of non-church members took part in the various development projects. The data suggests that the program has also built an inviting atmosphere towards people from all religions and social statuses to work together harmoniously for the benefit of all.

However, due to the financial impact of the coronavirus pandemic, CHAD has been forced to downsize some of our program operations and reduce the number of communities that benefit from our interventions. Out of 52 communities, CHAD withdrew operations from 27 communities, including one that revoked its Methodist church membership.

At present, 82 various projects with 765 participants, including 527 women and 496 non-church members, will be under the responsibility of the CSCC, as CHAD's working partner to support projects in communities where CHAD is no longer present. After downsizing, CHAD is directly active in 25 villages with 750 participants, including 435 women and 604 non-church members, and overseeing 92 projects, including cow 2, well 3, rice bank 2, latrine 13, IFS vegetable 21, IFS chicken 23, and saving 26, 60 water filters, 250 toilets, and 10 wells.

Due to financial constraints, CHAD this year has downsized from 52 to 25 communities. The exit communities have gone through project group-informing meetings, reviewing group VMG, by-laws, leader's role and responsibilities, project impact assessment, lesson learned, community profile, before finally signing the withdrawal agreement to ensure a smooth phase-out. Up to this point, among 26 downsizing communities, 6 finished the process, 14 needed to do one more activity signing agreement, one came to point number three of the process, and the other five left without going through the exit process, as group meetings were not possible. Since its withdrawal from the Methodist church, one of the project groups is no longer under CHAD's responsibility, leaving 25 communities for the CHAD to keep on the operation. With 750 participants remaining, 25 communities have 90 projects in total, including cow 1, well 3, rice bank 1, latrine 13, IFS vegetable 20, IFS chicken 22, and saving 26. The communities still also have 60 water filter, 247 toilets, and 10 well projects to oversee.

Challenges:

CHAD this year could hardly achieve the plan as the COVID-19 pandemic brings an exceptional hindrance to program operation socially and financially. Socially, program implementation

was significantly interrupted by the government's ban on people gathering to prevent coronavirus spread. Financially, as the UMCOR-funded program started from 2019 was not completed, we were not able to submit any new project proposal for upcoming years. CHAD's financial difficulties increased, as UMCOR delayed releasing the last year's second grant payment for nine months, while Connexio held up its funds. Without any alternative options, CHAD decided to downsize the communities it serves from 52 to 25.

Internally, CHAD has also found itself weak in project data collection, making it unavailable to provide concrete evidence in its report.

Solution:

In response to these challenges, CHAD takes a framework consisting of 4 key areas:

1. Empower the local committee, CSCC, and LSCC to play facilitative roles in community project implementation.
2. Restructure the program team by keeping a particular staff number that can run the remaining 25 communities, and which the program can afford to pay for their salary.
3. Make a two-year plan with MCC and CSCC's participation to ensure a smooth hand-over the CHAD program to CSCC at the end of 2022.
4. Translate and print the project data gathering form and explain CSCC to help collect the data.