

Sunrise Quarterly Report

Q2 April-June

Greetings from Cambodia!

This quarter's report will be different from most. Why? Two reasons. First, one of our donors, from Canada, has much stricter guidelines than before (from the Canadian government) so the report for portions of our project that receive some funding from them now have a much different (and more formal) feel. Second, we received an intern from Gordon College in the USA this quarter. Rachel is an English Lit major and a talented writer, and we offer you some of her reflections in lieu of our normal stories that come from the people we serve.

We had another visitor this quarter. Lee is a photographer and videographer, but some of his work was temporarily lost due to a hard disk problem. We got news that he has just made it back to the USA and recovered everything, so we hope to offer you some of his photos and videos in our third quarter report. Lee's work focused on the prison Peace-Bridges teaching program and the Hospice, so look for that next time.

Here's a guide to this report:

- The prayer requests are on page 2. Please read them and pray.
- If you'd like to read stories about what it's like to visit Sunrise, read Rachel's writing on page 3-9. The first story gives general impressions from many different activities on her first visit. The second two stories are from visits with specific clients.
- If you like facts and figures, then you will like the activity reports starting on page 10.

We continue to thank God for your partnership with us in bringing signs of God's kingdom to the forgotten corners of Kompong Cham province.

Darany Hang, Sunrise program director

Susan Smith, InnerChange



Susan and Darany considering how to measure the outcome of our work, per donor's new requirements.



Prayer requests

- 1) We ask for prayer as we seek a replacement nurse for Mr. Mony, who will be retiring soon. Mr. Mony's work is vital to Sunrise's ministry, as he functions not only as a Home-Based Care and Prison Medical nurse, but also the primary evangelist on our team. And although we have a few candidates in mind, finding someone to fill this role has been a particularly difficult. We would appreciate prayer for God's guidance and provision—that He would lead us to right person to continue the good work that He has already started.
- 2) Currently, the government is considering a new law that will create restrictions for non-government organizations, making the work of NGOs in Cambodia significantly more difficult. If it is passed, there will be more paperwork, more meetings with government officials, and more government visits for Sunrise staff to deal with. The law also has a provision that allows the government to shut down any organization that seems to be standing in opposition to the government. We are also concerned that the government will not know how to correctly implement the law if it is passed, which would mean a lack of clarity about how to proceed. This could result in a transitional period that would mean a lot of extra work for the administrative staff of Sunrise.

Please pray also for the Cambodian government as they consider ratifying this new NGO law. We ask that you would pray in particular for the legislators who are working on this project—that they would seek first the good of the Cambodian people, and not their own interests. We ask prayer for God to reveal his perfect plan for this country to those who are leading it, so that reconciliation may be brought here.

- 3) We would appreciate prayers also for staff health. Although no one is sick at this time, we are engaged in very physically and emotionally taxing work, and it is difficult to remain well, especially for those of us who are getting to a later stage in life. We ask that you pray for the protecting and healing hand of God to be on us this quarter.

(Note: During July, the guard Mr. Heng suffered a stroke. Please pray for his health and recovery. We are not clear yet if he will be able to return to work.)

- 4) Kampong Cham has been officially divided into two provinces, though the available resources have yet to be split between the two. Although nothing has happened to date, we are concerned that the division might affect our work with the prison, which is in the new province, Tbong Khmum. If the government builds a new prison for Kampong Cham province and asks us to work there instead of in the Tbong Khmum prison, the new Kampong Cham prison could be far from the provincial capital where we are located, or have fewer inmates. Many factors could affect our work there. (These changes, we believe, are a year or more away—if they happen at all. We are just asking you to pray now so that problems don't arise later.)
- 5) And finally, we ask that you continue to pray for the Christian church, but in particular, for the churches of Kampong Cham. Recently there has been a lot of factionalism among the denominations and different churches represented in the city and throughout the province. We know that we are all brothers and sisters in Christ, so we ask that you pray for healing of hurts among our congregations, and that we would be bound together in unity as one body.

In addition, there has been increasing activity from the Mormons and other cults. Many of the clients are confused and are drawn to the physical resources that these groups offer to the poor. Pray that Sunrise and the churches in Kompong Cham would know how to respond.

Rachel's Stories

My name is Rachel Dale. I'm a college student currently living in Phnom Penh as the InnerCHANGE team summer intern. These reflections are from my first visit to the Sunrise Program in Kampong Cham back in June, and I feel incredibly fortunate to have been given the opportunity to learn about and witness the work that they do firsthand.

Faces

I returned to Phnom Penh last night from my first visit to the Sunrise Program in Kampong Cham, the capital of a rural province about two hours northeast of the city. I was only there for two days—meeting the staff, learning about the work that they do, and pulling together information for the quarterly report that's due at the end of the month—but even though it was a short visit, it was long enough for me to fall head-over-heels in love with the people and the program there.

The work of Sunrise is as varied as it is beautiful. What started as an initiative to provide extra medical care and food to people who are living with AIDS quickly morphed into a holistic program with an interest in almost every issue facing the people of Kampong Cham. Simple medical assistance became bi-monthly home-based care visits and an on-site hospice unit. Infant formula was added to the medication and food supplement that was being distributed to patients, as a preventative measure against the further spread of AIDS through breastfeeding. Soon, Sunrise was involved with the local prison, providing extra medical care and food for the sickest inmates—specifically those with AIDS, tuberculosis, and typhoid. They added a five-month peacemaking class (called Peace Bridges) to their programs at the prison. The class was so successful that they decided to develop one for local church leaders as well. For further development of the community, they have an education support plan for local schoolchildren so that the cycle of poverty and disease might stop with the future generation. And all of these ministries are wrapped in the love of Christ and a desire to see the whole person redeemed.

But the most memorable part of my time in Kampong Cham was not the Sunrise résumé, as impressive as it may be. Five years down the road, I will probably have some fuzzy recollection about the organization from the Cambodian countryside. But clearer, drawn in ink on my living memory, are the scenes featuring the faces of the beautiful people there—faces worn with stories that are sad, striking, and true, and all too familiar.



Two glittery black eyes and a mess of thin, soft hair. Childish and perfect brown, a back and legs, marked with bug-bites recently scratched. Right arm, wrapped in a cast, tied up with a thin purple scarf. Eleven years old and completely alone here. That wide smile, squishing up his cheeks, exposing the dimples.

Scene: Left arm stretched out to catch raindrops falling from the roof.

Scene: Slumped over on a concrete wall, singing into a borrowed phone to a sick mother, miles away.

Scene: Head against the rails of the hospice steps, wide grin and a child's voice to bridge the language divide.

Thin hair, tied into a small rope at the base of a thin neck. Small shoulders, small hips, clothes that will never fit. Sunken and beautiful eyes, and red rings that emphasize their depth. Bones exposed: elbows, wrists, knees, ankles. Nineteen years old. AIDS. A soft voice, a quiet giggle.

Scene: Arms stretched out over the Mekong River, gesturing to the low-hanging moon, whispering names like prayers, shivering in the light breeze.

Scene: Head hanging to one side in a ragged hammock, lifelessly laughing at a scene across the courtyard, unable to stand up.

Scene: A hug at the end of the night, stronger than you might expect.

Small brown eyes, yellowed from the medication. An easy smile. A beautiful body, hidden by colorful skirts, but obvious in her movement. Long nails, painted silver with round tips. Long hair with gentle highlights. Perfect English, gigantic brain, creative hands. AIDS, TB, betrayal. And yet, joy and gratitude.



Scene: Hands gracefully plucking imaginary flowers from the air, feet stepping in time with music that wasn't playing.

Scene: Lying on her side on the wooden hospice bed, curled up, trying to protect her belly from the pain inside it.

Scene: Fingers twisting paper into bright white flowers, curling leaves into cups, offering a fragrant gifts to a new-come stranger.

A circle of men, shuffling back in their matching blue uniforms, white stripes near the buttons and pockets. Tall, short, thin, or thinner. More of them bunched up against the wall, backing away from the white board. Holding hands in the circle. Black hair, black eyes, brown skin. A few missing teeth, dramatic tattoos. Slight smiles; mostly shyness in the presence of women.

Scene: In unison, a bow: "*Chimreip s'ua, neak kru.*" The late-comers stoop to the ground as they enter.

Scene: Men leaning on fences, leaning on walls, leaning on tables. So many eyes, watching the women.

Scene: The prison clinic, a few nurses on staff. TB patients lined up in room 21. The severe cases in room 22.

Scabs and bleached skin on the back of her left hand. A patch of black crust on her right knee. A few yellowed or rotting teeth popping up from soft pink gums when she smiles. Droopy eyes and a blotch of white hair along the parting line that separates it from the rest of her thin black hair.

Scene: Stooping to pick up plastic bottles and old containers littering the small space between her front door and the street, the remnants of the recycling job she can no longer do

Scene: A bowed “*au kun*” as the nurse passes four packets of colorful pills—pain medicine and antibiotics—to combat the damage done in the accident

Scene: Dramatic gestures of thanks despite the aching joints as the doctors pull away from the little hut

A *khrama* wrapped around her head to hide the missing hair. Sunken cheeks, visible bones. Legs as thin as the strips of bamboo that make up the elevated floor of her hut. Breasts sunken into her ribs. Front tooth missing, the rest wasting away. Wide and bulging eyes. AIDS has claimed her body; she can no longer walk. Poverty beyond compare.

Scene: Foot shifting slightly on the floor as she grabs the nonexistent muscle of her thigh to show the nurses

Scene: A smile and hearty nod of accent when she was asked about relocating to hospice care: “*Jah, jung!*” “Yes, I want that!”

Scene: Women from the neighborhood crowding around the wooden ladder, shuffling up to the tin hut, as the nurses head back to the city.

This is, without a doubt, the most poverty I’ve ever experienced. They are without food, without health, and largely without help. Which is why their faces are burned into my mind.

After the Accident

The tuk-tuk bumped along through muddy puddles, jerking up and down with every new pothole along the city road. An early-afternoon thunderstorm had left the roads of Kampong Cham completely flooded, and I was feeling like a boat would’ve been a much more efficient means of transportation. The four of us in the cab—two nurses, one team leader, and one intern—bounced around in our seats, clinging tightly to bars or seat cushions, until the tuk-tuk came to a sudden stop outside a small wooden house.

Probably the smallest of all of the buildings on this street, the only thing particularly notable about this house was the large amount of plastic recyclables that spilled out from the doorway. Bottles, chairs, cartons—you name it—they had it all, and it was taking over the whole front part of the already tiny house. When I asked what it was doing there, Mony, one of the Home-Based Care nurses, explained that the woman who lived there was a recycler, and Sunrise had offered her a small business loan to purchase a cart to take all of the plastic to a place where she could sell it. But a recent roadside accident had left her unable to pull the cart, so the mountain of plastic was slowing growing.

Bothra, the other nurse—being unable to reach the door—shouted up to one of the windows, hoping to get a response from someone inside. It took a few minutes before there was a small rustle at the doorway, and the sea of plastic began to part. A stooped woman appeared, cheerily greeting the Sunrise staff and pushing garbage out of the way so that she could join the five of us out on the street. She limped slowly toward us, cradling her left arm close to her thin chest. The skin on the back of her hand was bleached and spotted with dark, crusty scabs. Her right knee was also badly wounded, and there were little patches of pink, bloody flesh around the edges, evidence that she had been picking at it. She smiled and bowed to each of her visitors, revealing a few yellowed or rotting teeth popping up from soft pink gums.

The woman’s daughter brought us plastic chairs to sit in, and we crowded together in a little circle at the edge of the street. Being only a novice Khmer language-learner myself, a lot of the dialogue that followed was completely lost on me. Every once in a while, Susan turned to me to

translate a bit of information, but for the most part I was content to sit and observe while this patient interacted with her doctors. They told stories; they laughed; there were hand gestures and re-enacted neighborhood dramas. She explained that she had soaked her hand in hot water because she thought it would make it better, but it had really only caused more pain and scarring—the unfortunate results of a lack of basic medical knowledge. The nurses nodded, took notes, and interrupted with questions from time to time, but mostly they just let her tell them about her hardships. Mostly, they just listened.

When the woman finished talking, Bothra pulled out four tins of colorful pills and handed them to her: two kinds of antibiotics for the infected sores, and two kinds of painkillers for the internal damage. He repeated the instructions more than once, just to be sure that the woman knew when was the right time to take each pill. I naively asked why they didn't write the instructions out for her, so that she would be sure to remember. But, of course, written instructions are only helpful if you know how to read.

Once they were sure that she understood, Mony asked if she was keeping up with her HIV medication. She looked at the ground, and her hand moved toward her knee, where she self-consciously started picking at her scab. Shamefacedly, she admitted that she had missed a few doses. The nurses gently reminded her how important it was for her to take her medicine and asked if there was someone willing to go pick it up for her. Neighbors and friends were out of the question—people who are HIV-positive are stigmatized in Cambodian culture, and typically they are ignored or discriminated against by the people around them. Fortunately, the woman's husband, who had also been left undamaged by the motor accident, was able to go to the distribution center to pick up her ARVs for her.

They continued talking for a little while, but before long it was time for our little troupe to head on. We rose from our chairs, thanked the woman, and started moving to go. The woman stood up as we left, nodding and bowing with gratitude despite the pain in her joints. We piled back into the tuk-tuk and waved goodbye. Within a short thirty minute visit, this woman had received relief from pain, a friendly visit with people who would listen, and acceptance in a community that otherwise pushes her to the margin. She stood at the door, waving and bowing at the Sunrise staff nurses as we bumped along down the street, on our way to another visit, another patient somewhere in another house.

What About the Happy Ending?

The house was dark and stuffy. A single fan weakly oscillated in the back of the room, providing enough breeze to send the flies into the air for a brief moment before they returned to rest on our skin. Little slivers of bright afternoon sunlight crept in through cracks in the wooden walls, contrasting sharply with the general gloom inside. I was sitting Khmer-style with my feet turned behind me, and the bamboo rods of the floor jabbing sharply into my right hip. This was our second home visit of the day. The five of us—Mony, Bothra, Chunn, Susan, and I—were sitting in a half circle on the floor of the single-room house. Across from us, on the other side of the room, was the patient.

She was sitting with her back propped up against the doorpost and her arm draped over an empty jug of water. A red *khrama* was wrapped gently around her head, but a corner of it kept slipping down, exposing the bald skin underneath. Two bulging brown eyes stood out from her sunken cheeks, and the skin on her face and neck was thin and sagging. A weak smile revealed missing front teeth and decaying gums. Her breasts had sunken into her ribs, and her spine was curled, making her seem even smaller than she already was. She had pulled her knees up close to her chest for extra support, but otherwise her legs were completely lifeless. Each shin was about the size of a table leg. She was skin and bones; even the breeze of the fan might have blown her away.

Unfortunately, since I can't speak Khmer, I was quickly left in the proverbial dust as my companions engaged in lively conversation with this frail little woman. Every once in a while, I caught a word or a phrase that sounded somewhat familiar, but for the most part, I just sat back and watched them chat. At one point, Bothra pulled out a record book and a pen and started taking notes. The woman pointed to the empty bottle of water under her arm. Then she lifted one of her legs in the air and let it fall lifelessly back to the floor. I didn't need to know the language to understand that she had completely lost the ability to walk.

They kept talking for a while before there was a short pause in conversation. Mony and Bothra looked at one another, and then looked over the notes they had taken. Bothra nodded, and Mony cleared his throat. Very gently, he asked a question that I couldn't understand. The woman broke into a gap-toothed grin and enthusiastically replied, "Jah, nyom jung!" *Yes, I want that!* Susan leaned over to me and translated the scene I had just witnessed: the nurses had asked this woman if she would like to come stay at the hospice for a while.

Of course she agreed; it made perfect sense to me. Who would refuse the offer of free care and good meals from the loving men and women at Sunrise? I smiled, thinking how much her health might improve once she was relocated. The nurses promised to return in a week's time to finalize the plan, and we stood up to leave. I bounced down the stairs of the wooden house and hopped into the tuk-tuk, still smiling. To me, the Sunrise staff had just provided a solution to a seemingly impossible problem. We waved good-bye and drove off down the dirt road, just as the sun was beginning to set. This was a happy ending.

But it's been a month since that visit; I've now made my second trip to Kampong Cham to visit the Sunrise team. When I got to the office building, I expected to see the little woman sitting in a hammock in the shade of the garden. Or maybe she would be resting under a mosquito net on one of the hospice beds. Or maybe she might even be sitting up, eating lunch at the table outside, finally regaining some of her strength. But she wasn't. She wasn't there at all. I looked around for the hospice patients and only saw one: a 19-year-old girl I had met on my last visit to Sunrise. Where was the woman?

I asked Susan about her, and she checked with the staff. Apparently, she had changed her mind—she decided she didn't want to move into hospice, she would rather stay at home. My heart broke at the news. The hope that I'd been carrying with me since that first visit a month ago suddenly burst, like a balloon. It didn't make sense; why would she change her mind?

But then Susan reminded me of what I had forgotten the day we went on the home visit: hospice care is a last resort—the final mercy of comfort and attention for people who are dying. Mony and Bothra had offered this woman a bed and food at Sunrise with the hope that she might recover some of her strength, but with the expectation that she was facing the last days of her life here on earth. The woman, realizing this, might have decided that she would rather spend her time at home with her daughter. Or maybe she just thought it wasn't worth the trouble. Or maybe some other reason. I still don't know.

But I do know that not every story has a happy ending. The only thing that's left to do is pray.



View of the hospice garden from the balcony near Darany's office.

Activity Reports

We'd like to let you see what we have been learning in response to the Canadian government regulations. We have changed the way we report on each activity, and we are learning to make the evaluation of our work more rigorous. In the past, we have measured output, that is, the work that we have done. Now we are required to also measure outcome, that is, the changes that have happened in others as a result of our work. We are taking baby steps this quarter, but will continue to learn about measuring effectiveness. We hope that this training (training us to think in a new way, really) will result in work that we do that helps the poor come to God's wholeness and shalom even better than what we have done in the past.

Below you can see the new way we are reporting on our activities, and our first steps at measuring outcomes. At this stage, only some of our activities are written up this way. The hospice and all the peace bridges work are not yet done.

We are eager to see if this kind of thinking can improve the Sunrise work—maybe when the staff is forced to measure the impact of their work, they will think of ways to make that impact be even greater!

This section uses the following definitions and abbreviations:

Output (Op): Work that the staff does in this activity.

Outcome (Oc): The expected results of the work—what changes do you hope for in the community or people?

Output Indicator (OpI): Measurements you will report to show that your staff did the work planned.

Outcome Indicator (OcI): What you will measure to show that the changes you hoped for happened (or not).

Means, Source, and Frequency of Verification (MSFoV): Where and how often will you get the data to measure? (Staff records, health measurements, student grades, village leader or other NGO reports, etc)

Expected Results (ER): What results do you expect? For Output, this would be the amount of work you plan to do (from the project proposal). For example, visit participants once weekly, for a total of 13 visits per participant. For outcome, this would measure change in the community, for example, babies gained an average of 1.5 kg/month, or income increased by 30,000 r/month.

Actual Results (AR): What are the results of your measurements this quarter?

Differences (Why diff?): If your results are different than expected, why? If your spending was different than expected, why?

Expected Differences Next Quarter (Exp Diff): Explain if you expect any differences next quarter in spending, output, or outcome. (For example, the village leader asked us not to work next quarter in October when school is getting started.)

Prison Feeding Program

Inmates at the provincial prison are given only a bare minimum amount of food per day. There are sick prisoners need more than the amount of food provided by the prison in order to reach full recovery.

	Indicator (What will you measure?) *	MSFoV: (How will you measure?) *	Expected Results *	Actual Results for the past quarter	If your results were different from expected , why?	Will next quarter's results be different than expected?
Output <ul style="list-style-type: none"> • Provide food for sick prisoners 	<ul style="list-style-type: none"> • Number of prisoners receiving food 	<ul style="list-style-type: none"> • Staff members keep a daily attendance record that is summarized monthly. This record book is verified by the prison warden. 	<ul style="list-style-type: none"> • 30 prisoners fed per day 	<ul style="list-style-type: none"> • # of Prisoners: 30 <ul style="list-style-type: none"> - Beginning: 30 - Stop: 13 - Start: 12 - End: 29 - Total Served: 42 • # of Days: 41 	<ul style="list-style-type: none"> • There were 11 total public holidays of during the second quarter, resulting in fewer days of service than expected. • The prison also celebrated a Buddhist ceremony, meaning an additional two days off. • Therefore, the food for this quarter was under budget. 	<ul style="list-style-type: none"> • The quarterly budget will increase by \$22.50 to provide each prisoner with a bag of soap each month.
Outcome <ul style="list-style-type: none"> • Prisoners experience improved health 	<ul style="list-style-type: none"> • Prisoner weight • Presence of jaundice (yellow eyes) • Presence of muscle weakness or paralysis • Presence of TB 	<ul style="list-style-type: none"> • Sunrise staff doctors will perform health exams for each participant at least once a month. <p>*This procedure has not been implemented yet.</p>	<ul style="list-style-type: none"> • On average, each participant should gain 1 kilogram in each 3-month period. (?) • We do not yet have figures for how much reduction there should be in the presence of jaundice, muscle weakness, and TB, but we are collecting information and will know by next quarter. 	<ul style="list-style-type: none"> • We currently don't have figures because this procedure hasn't been implemented yet, but we will know more by next quarter. 	N/A	N/A

Other Questions for this activity

C2: Feedback:

The Prison Feeding staff sought feedback through observation and informal interview with the participants in the program, the prison staff, and a few government officials. The majority of feedback was positive, but a few participants have asked the staff if they might provide a small amount of soap for each person. In response, the Prison Feeding team is planning to provide each prisoner with a small bag of soap (equivalent to the value of 1,000 Cambodian riels) once per month.

C3: Lessons:

This quarter, the servers at the prison noticed that a lot of the participants have been bring back their dishes still dirty from the day before, and they noticed that some of the prisoners have itchy rashes from a lack of sanitation in the prison. We've learned that there are is a large need for soap in the prison, so as stated above, we are planning on providing soap to program participants to improve hygiene in the prison.

C4: Changes:

Since we will be providing a small amount of soap for participants once a month, our quarterly budget will increase by \$22.50. We got this figure by multiplying the expected number of participants (30) by the amount for a bag of soap (1,000r) and then by the three months in a single quarter.

Prison Medical Program

C1: Problem: What situation is this activity addressing? (copy from proposal, 1-4 sentences or bullet points)

The government medical program in the prison has a doctor, but they lack the medicine required to treat the wide variety of ailments in the prison. In addition, there are a lot of prisoners who are frequently sick, and as a result there are many deaths in the prison.

	Indicator (What will you measure?) *	MSFoV: (How will you measure?) *	Expected Results *	Actual Results for the past quarter	If your results were different from expected , why?	Will next quarter's results be different than expected?	
Output	<ul style="list-style-type: none"> • Go to the prison 4 mornings per week • Share gospel when there is an opportunity • Administer medicine • Assist government doctor in diagnosing patients 	<ul style="list-style-type: none"> • Number of patient visits • Number of patients • Number of days served 	<ul style="list-style-type: none"> • A record book kept by staff and signed by the prison doctor. It is summarized monthly. 	<ul style="list-style-type: none"> • Approximately 330 visits • Approximately 300 patients • 48 days served per quarter 	<ul style="list-style-type: none"> • # of visits: 397 • # of patients: 307 • # of days: 29 	<ul style="list-style-type: none"> • There were 11 total public holidays of during the second quarter. • The human rights organization LICADO used the exam room two days each month. • Provincial authorities used the exam room for TB exams for 2 weeks this quarter. • Therefore, there were fewer days served than expected. 	<ul style="list-style-type: none"> • There will be only 1 public holiday in the third quarter. • The human rights organization LICADO will use the exam room again, two days per month.
Outcome	<ul style="list-style-type: none"> • Improved health of the sick • Fewer people sick • Less spread of contagious disease • Less death • More people know about and believe in Jesus 	<ul style="list-style-type: none"> • Number of patients with serious problems that stopped coming (assumed successful treatment) • Number of patients with serious problems that still come (assumed still being treated) • Number of patients that came only once (assumed success) 	<ul style="list-style-type: none"> • A record book kept by staff and signed by the prison doctor. It is summarized monthly. 	<ul style="list-style-type: none"> • If we can begin keeping data now, we can project results for next year. 	<ul style="list-style-type: none"> • # of patients with serious problems that stopped coming and patients that came only once: 160 (in the future, we can count these separately) • # of patients with serious problems that still come: 147 	N/A	N/A

Other Questions for this activity (Maximum one page)

C2: Feedback: How have you sought feedback from participants, stakeholders and beneficiaries in this project? What feedback was received from project participants or others with an interest in the project (including any government officials or other decision-makers who were influenced through advocacy? What did you do about any feedback you received?

The Prison Medical staff sought feedback through informal interview and observation of patients, the government doctors, and other prison staff. All the feedback was positive; prison officials have reported that the program is effective and that they have noticed less illness and death in the prison at large. They have also made comments about how they have received help from Christians who love Jesus because of the testimony of the nurses in the medical program.

C3: Lessons: What are the key ideas or lessons that are useful? Is there anything you need to do or do differently as a result of the lessons learned?

There has been no change since the last quarter.

C4: Changes: Are there any changes to the plan that are needed? If there are additional changes to the plan as a result of thinking about the project for this report, write them here. Substantial changes to the plan may require a new action plan for the year which would require discussions with the Ratanak Compliance Team.

There are no anticipated changes.

Education Program

C1: Problem: What situation is this activity addressing? (copy from proposal, 1-4 sentences or bullet points)

There are children of people living with HIV in Kampong Cham who lack the money to pay for study material and school costs. In addition, many people look down on or discriminate against children of parents living with HIV because of cultural stigma surrounding the disease.

	Indicator (What will you measure?) *	MSFoV: (How will you measure?) *	Expected Results *	Actual Results for the past quarter	If your results were different from expected , why?	Will next quarter's results be different than expected?
Output <ul style="list-style-type: none"> • Visit each family in the program at least twice each month • Offer tutoring to students in grades 1-3 • Meet with teachers each month to check student progress • Meet with parents to ensure children attend school • Create memory books • Pay additional tutoring and school fees 	<ul style="list-style-type: none"> • Number of students in the program • Number of students receiving tutoring • Number of family visits • Number of meetings with teachers • Number of meetings with parents • Number of students receiving tutoring money • Amount of tutoring money given • Number of learning material and uniforms of given • Number of memory books made 	<ul style="list-style-type: none"> • Staff members keep track of each visit and tutoring session in the staff record book. • Each child's thumbprint is catalogued in the record book. 		<ul style="list-style-type: none"> • # of students: 24 • # of students being tutored (grades 1-5): 14 • # of family visits: 109 • # of teacher visits: 57 • # of parent visits: 76 • # of students receiving assistance with tutoring fees: 7 • Amount spent for tutoring fees: 597,000r • # of supplies given: 10 books; 5 pencils • # of memory books: 1 	<ul style="list-style-type: none"> • One student stopped studying because his mother got very ill. He went to classes irregularly, but missed most of the exam prep, so he will repeat this grade next year. 	A new school year starts in Q3 <ul style="list-style-type: none"> • There are 4 new students that will turn 6 and start school. • One student will be finishing 12th grade, and Sunrise is considering helping him pay university fees. • One student will move from middle school to high school, and therefore will have increased tutoring fees. • One student will have to take exams late due to illness, and there may be an accommodation fee.
Outcome <ul style="list-style-type: none"> • Children feel cared for • Accountability means that school attendance improves • Students' class rankings improve 	<ul style="list-style-type: none"> • Informal evaluations and interviews with teachers, parents, and students • # of student absences • # of student class rank 	<ul style="list-style-type: none"> • Staff will check student tracking books each month. <p>*This is new procedure that will begin next quarter.</p>		<ul style="list-style-type: none"> • Based on informal questioning: <ul style="list-style-type: none"> - 2 students struggle with attendance (outside factors involved) - 22 students attend regularly 	N/A	N/A

Other Questions for this activity (Maximum one page)

C2: Feedback: How have you sought feedback from participants, stakeholders and beneficiaries in this project? What feedback was received from project participants or others with an interest in the project (including any government officials or other decision-makers who were influenced through advocacy)? What did you do about any feedback you received?

The Education Program staff has sought feedback primarily through informal interview with parents, teachers, neighbours, and students. Parents typically report a fear that the program might end and that their students will not be able to continue their studies. They say that the work Sunrise does is very helpful because there is no other option for their children. Neighbours and parents also report that students involved in the program are more helpful around the house after joining the program because they don't have to go to work after school in order to pay for tutoring fees. Other poor families who are not living with HIV have also asked to join the program. This is a difficult situation, because staff members do not want to report that Sunrise only works with people living with HIV because of the stigma that might cause discrimination against these families. Therefore, in response to people who ask about joining, staff member say that the program is full for the year.

C3: Lessons: What are the key ideas or lessons that are useful? Is there anything you need to do or do differently as a result of the lessons learned?

This quarter, we have realized that we need a better way to track student attendance, because the student tracking books aren't always accurate. We are working on developing a better system for recording absences and class ranks. We are also looking for informal or adult education resources that might be available for students who might have missed foundational material, because we have learned that some students are falling behind in the upper-level grades because they never got a solid base education. Finally, our Education Director, Chhun, has reported that he feels his own capabilities have greatly increased through the tutoring program that he runs.

C4: Changes: Are there any changes to the plan that are needed? If there are additional changes to the plan as a result of thinking about the project for this report, write them here. Substantial changes to the plan may require a new action plan for the year, which would require discussions with the Ratanak Compliance Team.

We would like to add to the budget for the Education Program to support gatherings at least once a year so that students in the program have an opportunity to get together to meet each other and share their experiences with each other. We are also considering whether or not to assist with university support for one student who is about to finish grade 12 (Ret Vitu).

Infant Formula Program

C1: Problem: What situation is this activity addressing? (copy from proposal, 1-4 sentences or bullet points)

We provide infant formula to babies of mothers who have tested HIV+ because there is a possibility that these mothers might pass the disease on to their infants through breastfeeding. Most of these families are poor and cannot afford to buy the infant formula themselves. There is also a low level of knowledge about proper infant healthcare and there may be incorrect use of ARV drugs for treating HIV, which might allow for transmission of HIV if the infant is breastfed.

	Indicator (What will you measure?) *	MSFoV: (How will you measure?) *	Expected Results *	Actual Results for the past quarter	If your results were different from expected, why?	Will next quarter's results be different than expected?
Output	<ul style="list-style-type: none"> • Amount of milk provided <ul style="list-style-type: none"> - # for babies ages 0-6 months - # for babies ages 6-12 months • Number of babies served 	<ul style="list-style-type: none"> • Staff members keep a record book that includes every visit and is summarized every 3 months. • Thumbprints of the mothers are included in the record book. 		<ul style="list-style-type: none"> • # of cans of formula (babies 0-6 months): 95 • # of cans of formula (babies 6-12 months): 84 • # of babies: 24 <ul style="list-style-type: none"> - Beginning: 24 - Started: 9 - Stopped: 9 - Total: 24 	<ul style="list-style-type: none"> • There were 2 infant who refused formula before completing 12 months (one at 3 months, one at 6 months). • One child passed away from an unrelated illness. • One child got diarrhoea from contaminated bottles and old formula because her grandmother didn't want to waste anything and her mother was busy working. 	<ul style="list-style-type: none"> • We are planning on including more education for mothers about child healthcare. • People who have moved still have to come back to Kampong Cham to pick up formula and medicine (because there are not distribution centers in every province). However, if they are late, they can't pick up their medications from the ARV distribution sites, so we are considering paying some transportation fees for them.
Outcome	<ul style="list-style-type: none"> • HIV tests (at 3 months and 18 months) • Baby weight • Informal questions about healthcare for mothers 	<ul style="list-style-type: none"> • HIV test results from AUA, a local NGO that distributes ARVs. • KAP survey quarterly, results will be logged in staff record books. • Babies will be weighed once monthly. 	<ul style="list-style-type: none"> • 100% of babies who passed the HIV test at 3 months will still pass at 18 months • 90% of babies will register in the "normal" weight range 	Estimates from informal surveys: <ul style="list-style-type: none"> • Mothers that answer 70% of health questions correctly: 13 • Mother that answer 30-40% of health questions correctly: 11 * 60-70% improvement after demonstrations	N/A (About the results in the blue box: Hout had very specific ideas about which mothers have successfully learned the health info and which haven't, based on his monthly meetings with them. Now we just have to figure out a way to document his perceptions.)	N/A

Other Questions for this activity (Maximum one page)

C2: Feedback: How have you sought feedback from participants, stakeholders and beneficiaries in this project? What feedback was received from project participants or others with an interest in the project (including any government officials or other decision-makers who were influenced through advocacy)? What did you do about any feedback you received?

The Infant Formula Program staff has sought feedback from mothers, families, and AUA staff who have had experience with the Sunrise program through informal interview or observation. The majority of the feedback has been overwhelmingly positive. Some mothers have requested that they be allowed to pick up formula late, so we have allowed them to come get it when they are available.

AUA desires that infant formula distribution continue in this area, even though experts have said that the worldwide standard should be breastfeeding, due to various problems that local people with HIV have in properly taking ARV's. AUA has praised the Sunrise formula program because there are a few mothers in the Kampong Cham area that typically do not take their ARVs properly—with infant formula, there is less possibility of transmission.

C3: Lessons: What are the key ideas or lessons that are useful? Is there anything you need to do or do differently as a result of the lessons learned?

It has come to our attention this quarter that there are a number of women who have moved away, but due to provincial registration rules, still have to come to Kampong Cham to pick up their ARVs and formula. Since these women are typically poor, they struggle to pay the transportation cost and sometimes aren't able to make it to pick up their medicine. We are considering supporting these women with money for bus fare. We've also noticed a few instances of domestic violence in homes we visit, and we are trying to figure out a safe and sensitive way to do something about it. Finally, we have 3 families of twins in the program, and we've recorded that twins only need 12 cans of formula per month, rather than 16. So we've reduced the number of cans allotted to families with twins to 12 cans so there is less waste each month. (Twins tend to have lower birth weights and therefore eat less—no twin babies are going hungry!)

C4: Changes: Are there any changes to the plan that are needed? If there are additional changes to the plan as a result of thinking about the project for this report, write them here. Substantial changes to the plan may require a new action plan for the year which would require discussions with the Ratanak Compliance Team.

Although we are considering different forms of support for the future, we have nothing new planned for the future quarter.

Home-Based Care Program

C1: Problem: What situation is this activity addressing? (copy from proposal, 1-4 sentences or bullet points)

The instance of transmission of HIV is high in Cambodia. Many of the patients who are living with HIV are poor or are unemployed. The general knowledge about the illness and its treatment is relatively low. And, people living with HIV in Cambodia often experience depression, hopelessness, and discrimination.

	Indicator (What will you measure?) *	MSFoV: (How will you measure?) *	Expected Results *	Actual Results for the past quarter	If your results were different from expected, why?	Will next quarter's results be different than expected?
Output <ul style="list-style-type: none"> • Visit people with HIV • Provide rice and money to buy other food for families who need it • Check if patients are taking ARVs and other medications correctly • Share the gospel and pray for families • Check basic health and vitals • Administer basic medications • Provide small business loans • Look for other people with HIV that Sunrise can serve • Provide money and material for home repairs 	<ul style="list-style-type: none"> • Number of visits made • Number of people in program • Number of families receiving food • Number of families who got small business loans • Amount loaned each quarter 	<ul style="list-style-type: none"> • The staff keeps a log book of visits and medications administered. • We can request AUA medical records and medication histories for provincial statistics. • Staff visits each family at least two times each month. 		<ul style="list-style-type: none"> • # of visits made: • # of people in the program: 45 <ul style="list-style-type: none"> - Beginning: 51 <ul style="list-style-type: none"> Men: 16 Women: 35 - Stopped: 7 <ul style="list-style-type: none"> Men: 4 Women: 3 - Started: 1 <ul style="list-style-type: none"> Men: 0 Women: 1 - Total: 45 <ul style="list-style-type: none"> Men: 12 Women: 33 • # of families receiving food: 13 • # of families who got loans: 5 • # of houses repaired: 2 	<ul style="list-style-type: none"> • This quarter's results were as expected. 	<ul style="list-style-type: none"> • A few new patients will join this quarter (either 3 or 4).
Outcome <ul style="list-style-type: none"> • Reduced death rate • Proper use of ARVs • No further transmission of HIV • Better health and improved ability to work in the future • People begin to love Jesus and their neighbours • Families have sufficient income • Patients have a sense of security in their living situation 	<ul style="list-style-type: none"> • Number of people who have become believers • Percentage of population of Kampong Cham that dies of AIDS (compared with other provinces) • Patient weight and CD4 count • KAP surveys (ARV use, improved health, and income) 	<ul style="list-style-type: none"> • Although we currently have staff records and access to AUA records, we plan to expand these records through new procedures to be implemented in quarter 3. 		<ul style="list-style-type: none"> • # of new believers (since joining the program): 10 <p>* More results will come as more information is gathered through new procedures.</p>	N/A	N/A

Other Questions for this activity (Maximum one page)

C2: Feedback: How have you sought feedback from participants, stakeholders and beneficiaries in this project? What feedback was received from project participants or others with an interest in the project (including any government officials or other decision-makers who were influenced through advocacy)? What did you do about any feedback you received?

Home-Based Care staff have sought feedback from patients, their family members, and other medical staff at AUA and the hospital through informal interview and observation. The majority of the feedback has been positive. The hospital staff has asked Sunrise to provide another caretaker to assist the one who is already working there because there are too many patients for just one worker. Patients have reported that they appreciate the service of Christians because they know that they are helped by nurses who love Jesus. About every 1 to 3 months, staff nurses meet with people from the hospital to ask what can be done, and this quarter the feedback was to continue the work that Sunrise is doing.

C3: Lessons: What are the key ideas or lessons that are useful? Is there anything you need to do or do differently as a result of the lessons learned?

Since the nurses have noticed that many families living with HIV don't necessarily understand a lot about health and hygiene, we are considering gathering the Home-Based Care families together for a health class. We are also considering including the Peacebridges lessons to educate patients about domestic violence mediation. This would also be a great opportunity to continue the Home-Based Care evangelism that has already begun.

C4: Changes: Are there any changes to the plan that are needed? If there are additional changes to the plan as a result of thinking about the project for this report, write them here. Substantial changes to the plan may require a new action plan for the year which would require discussions with the Ratanak Compliance Team.

We are currently looking for a replacement for Mr. Mony, who is planning to retire in the next quarter. There are some candidates, but we still haven't hired anyone.