EVALUATING NEEDS AND PROMOTING PSYCHOSOCIAL WELLBEING AMONG THE INDIGENOUS WOMEN OF CAMBODIA

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Introduction

The antecedents of this Project come from 1999, when the Universidad de Oviedo (University of Oviedo, Spain) cooperated with the Royal University of Phnom Penh on the fields of teaching and research. The actual coordinator of this project was carrying out a research on the social behavior of the indigenous people of Cambodia. During the research urgent needs among indigenous peoples on the areas of Health, Education and Economy were detected. Based on these findings, since 2002, the NGO Psicólogos Sin Fronteras (PSF-ONGD) started implementing projects continuously until now. The projects were focused on the Health sector, working together with the Ministry of Health and international counterparts such as World Health Organization and the international NGOs Health Unlimited and Health Net.

Objectives

Overall Objective: To improve the wellbeing and life skills among the Indigenous People of Cambodia

To attain this goal, the project strategy has a **Specific Objective:** To enhance the role of indigenous women to take decisions within the family and the community on Health and Psychosocial wellbeing issues in the East area of Ratanakiri (Andoung Meas, Borkeo and Oyadaw Districts) and 4 expected results.

Situation Analysis

Diverse ethnic groups form the Cambodian population. The majority group is the Khmer ethnic group. Other minorities groups could be indigenous or not. Indigenous people in Cambodia are part of a larger indigenous cultural area that extends beyond Cambodian borders. Belonging to two distinct linguistic families, the main groups are the Austronesian or Malay Polynesian speaking Jarai and the Mon-Khmer speaking as the Brao, Chong, Kavet, Krung, Kuy, Pnong, Pear, Samre, Saoch, Kachot, Stieng, and Tampuan. Other minorities not indigenous are the floating Viet, the Muslim Cham, the Lao and the Chinese (Olivier, 1968; Grimes, 1992; Minority Rights Group international, 1995). The north-eastern five provinces of Prey Vihear, Kratie, Stung Treng, Ratanakiri and MondulKiri are home of most of the indigenous peoples of Cambodia (Cham, Kui, Kreung, Kavet,

Brao, Tampuan, Kachot, Jarai, Stieng and Pnong). Over half of the indigenous population is found in the provinces of Ratanakiri and Mondulkiri.

In these provinces the access to the mass media is the lowest of the country. In Mondulkiri and Ratanakiri only 22% of the female target group population have access to any of the mass media channels (newspaper, radio or TV), in Prey Vihear, Kratie and Sung Treng is less than 40 %. These provinces are also having the lowest knowledge of health education on Reproductive Health and Communicable Diseases (Kingdom of Cambodia, 2001).

The concept of ethnic minority group must be managed with care as it depends on the different geographical and political reference. While in Cambodia one group might be a minority, in Vietnam is not. One ethnic group can be minority at country level but a majority at provincial level. In addition, the ethnics groups who live in their territory for thousands of years should be differentiate from the ones who arrived 500 or even 50 years ago. This document follows the UN terms to define indigenous people.

Health and Wellbeing Status of Indigenous Peoples in Cambodia

Worldwide, the health status of the indigenous groups is significantly precarious due to different causes. Weak position within national priority-setting, general poverty, difficulties in outreach as a result of physical isolation, lack of health awareness, high illiteracy rates, all contributes to the result of poor health of indigenous peoples.

The indigenous people in Cambodia have a significantly poorer health status than the rest of Cambodian population. The increase of degradation in natural resources is impacting negatively on the already precarious health and nutritional status of these groups. Indigenous communities suffer particularly from high child mortality rates. For instance, a study conducted in 2001, showed that the infant mortality rate among indigenous groups in Ratanakiri, was 187 per 1000, over twice the national average, which accounted for 86 per 1000 (Stephens et al, 2005). Two-thirds of the women interviewed for the study had lost at least one child. The health of adult indigenous people is similarly poor, particularly for communities whose original ways of life, environment, and livelihoods have been destroyed and often replaced with unemployment, poor housing, alcoholism, and drug use.

According to the NGO Forum (2006): Malaria, tuberculosis and diarrheal diseases are endemic, and vaccine preventable diseases and acute respiratory infections continue to be major causes of morbidity and mortality. Studies have shown that a majority of children and most women are anemic, and rates of vitamin A deficiency (2% of children and 6.8% of pregnant women have night blindness) are also high. 70% of children are stunted which is an indication of chronic malnutrition. Intestinal parasite infections are universal and hygiene and sanitation in the villages is very poor increasing the risks of diarrhea and malnutrition. The risk of cholera epidemics is high, the last one being in 1999.

The potential for HIV/AIDS becoming endemic in indigenous communities is high. If this occurs, it will have disastrous effects on the cohesion and viability

Ngo Forum (2006) claims that the majority of the population does not have proper or sufficient access to government health services. The ongoing national health sector reforms have yet to significantly benefit the indigenous population as improvement in fields of health management, financial resources, or human resources at health facilities in the province remain seriously limited. Indigenous persons still report that they are in many instances forced to pay high informal medical fees in order to get medical services and face discrimination and lack of qualified staff who speak indigenous languages.

Moreover, in many cases, the health services are culturally insensitive, inappropriate to the needs of indigenous peoples and do not accommodate their ideas of health.

In addition, indigenous people are disadvantaged and marginalized because of the language barrier. They do not have scripts of their own languages, and speak little or no Khmer at all, the official language. Therefore, they are unable to understand the health messages made for the majority population, Khmer (Rifà, 2004). Only 25% of the indigenous population can speak Khmer, another 25% are able to understand but not to speak, and the rest 50% cannot understand nor speak Khmer (Brown et al., 2002).

Historically, ethnic minorities were not included in any policy, decision-making and development process. They are therefore in many ways inferior in the society in terms of access to the Health Promotion. To develop specific messages for the ethnic minority people need more knowledge of many behavioural aspects. Therefore, further researches and studies need to be done to identify the ethnic minority groups, to understand their living conditions, cultures, and their health beliefs, to improve the health of the ethnic minority groups.

Justification

Following the National Strategic Development Plan 2006-2010 (Kingdom of Cambodia, 2006, p.28/29) the sector of Health plays a crucial part in poverty reduction, as well as promoting a stable gender balance in access to services and in participation in health and education. In addition, the Plan (p. 73/4) empathizes that Health is one of the four priority sectors of the Priority Action Program (PAP) where one of the priority strategies and actions to be taken in the Health Sector is: “Explore the possibility of expanding the existing scheme of village health volunteers for Malaria control to one of low-cost village health workers (VHWs), chosen by the community and imparted essential minimum knowledge to provide preventive and prophylactic health care”

Moreover, according to Jamison (2006), “Putting resources into research now will permit greater health gains tomorrow, but such resources need to be well

targeted, current imbalances in attention to disease and delivery include the underutilization of health services by women"

In order to improve the health status of the indigenous population more research and studies on their health status, health beliefs and health needs is required. This project aims to conduct a health assessment through a representative sample of 30 villages from the East part of Ratanakiri. A Memorandum of Understanding between the Royal University of Phnom Penh and the Universidad de Oviedo (Spain) will facilitate this task and create scientific links between both institutions.

Gender balance on education and health, can alleviate poverty (Dalton & Peacock, 2005 & Yagura, 2005; WHO, 2005a). As Jamison (2006) mentions: "The excess disease burden for women is not exclusively a result of diseases related to maternal conditions, but include a higher incidence of illness that derive from inequitable gender roles". In order to prevent communicational diseases and all the main diseases that are affecting the indigenous peoples can be done by creating volunteers and promoting midwives in an integrated way (USAID, 2004; WHO, 2005b). And all focusing on sustainability: training trainers and community based health promoters though Training of Indigenous Trainers (TOIT) (WHO, 1999; ADB, 2001; Pickering, 2002), creating and adapting curriculum for them (Northeast Cambodia Community Development Program, 1997; Kingdom of Cambodia, 1999) will guaranty the establishment of a bridge between national and indigenous communities development (Tarimo,1991; Kahssay & Oakley,1999).

PSF-ONGD strongly supports that indigenous women can play an important role on the improvement of the health of their communities. Due to their gender role of family care, women can transmit and positively use health knowledge once is acquired. Following this believe, the project intend to create a body of Gender Promoters of Indigenous Women, by selecting 2 women of each village from the target area and provide them with knowledge on Reproductive Health, Health Promotion and Mental Health. Additionally, as the life condition of indigenous peoples is rapidly changing due to the settling of Khmer population to their territories, a Social Skills module will also be provided. It is expected that those Gender Promoters will transmit their learning to the rest of the women in their village.

According to several reports, the Cultural approach (Cohen, 1999, Collins, 2000, WHO, 2002) and local government through the building of communal houses and Health Posts are need it (WHO, 1994; WHO, 2005c).

PSF-ONGD is concern about the lost of traditional costumes due to the influence of society changes. In order to encourage the indigenous communities to re-establish the traditional concept of community meeting space, the project will facilitate the rehabilitation of Communal Houses where required. Moreover, it is expected that the Gender Promoters will provide their training in the Communal House of their village.

Moreover, with the aim of improving the Psycho-social wellbeing of the target population, the project will create a Psycho-Social Assistance Unit Mobil Unit (PAUMU) in order to provide assistance at community level and to refer cases to the Mental Health Unit of the Referral Hospital of Banlung, which will be set up with the assistance of the project. This will be achieved in partnership with the Ministry of Health. In addition, the PAUMU´s assessment will contribute to the research on the health needs of the target indigenous population.

Activities

Activity 1.1.1: Needs Assessment and situational study to design the project baseline, using for that observational, surveys and participative techniques.

Activity 1.1.2: Meeting with stakeholders both in Phnom Penh and in Ratanakiri.

Activity 1.1.3: Presentations about the Project in selected international forums both in the Great Mekong Sub region, and Europe.

Activity 1.1.4: Preparation of a multimedia publication (Booklet and DVD) on the Needs of the Indigenous of the Jarai, Kachot and Tampuan ethnic minority groups from the East part of the Ratanakiri province. This study will be completed in the next phase of the project with the data obtained among the populations Brao, Tampuan West Kreung y Kavet of the half West part of the province.

Activity 1.2.1: Create a Center for Training Indigenous Women.

Activity 1.2.2: Create a body of Gender Promoters of Indigenous Women (GPIW) from all the villages (2 women per village) of Andoung Meas, Borkeo and Oyadaw Districts.

Activity 1.2.3: Training the Gender Promoters in the task of how to teach topics within the modules: (a) Reproductive Health; (b) Social skills based in the use of Khmer and Arithmetic; (c) Health Promotion; and (d) Mental Health.

Activity 1.2.4: Rehabilitation of the Communal Houses of the villages to reestablish the traditional concept of a community space.

Activity 1.2.5: Monitoring and Evaluating the Training provided by the Gender Promoters Indigenous Women in the villages.

Activity 1.3.1: To facilitate the staff from the Department of Women Affairs and the Department of Health to attend trainings and workshops on gender issues.

Activities 1.4.1: To create a Mobil Unit of Psychosocial outreach evaluation and assistance.

Activities 1.4.2: To provide Psycho-social assistance to the population of Ratanakiri in coordination with the Mental Health Unit of the Referral Hospital of Ratanakiri.

Partnership Arrangements

PSF-ONGD has a Memorandum of Agreement with the Ministry of Health agree as follow: The Ministry of Health and PSF ONGD cooperate in the development, implementation and evaluation of the Psycho-social wellbeing of the Indigenous Women of Cambodia, within the health care system of Cambodia and according to the Ministry's defined policy guidelines. In addition, all details of the program implementation will be discussed and carried out in cooperation with the Cambodian National Centre of Health Promotion and the Cambodian National Program of Mental Health.

PSF-ONGD has an agreement to work closely with the Provincial Department of Women's Affairs of Ratanakiri under a Memorandum of Agreement with the Ministry of Women´s Affairs: Department of Women Health and Department of Women Education.

PSF-ONGD is working closely with the Provincial Department of Health and the Provincial Department of Women's Affairs from Banlung, Ratanakiri to upgrade the capacity of staff from these two departments by facilitating their attendance to workshops and training in Gender Issues.

PSF-ONGD is working in partnership with the Royal University of Phnom Penh conducting a research on the needs of the indigenous women. MoU between the Universidad de Oviedo and the Royal Phnom Penh University (RUPP)

PSF-ONGD is working in collaboration of the local NGO Open Institute providing monthly information to be published on the Web Portal Women Project to disseminate the reality of the Indigenous Women in Cambodia

Results

Expected result 1.1: The knowledge of the needs and psychosocial abilities among indigenous population of East Ratanakiri (Andoung Meas, Borkeo and Oyadaw districts) has been acquired and disseminated

Expected result 1.2: The capacity of training psychosocial abilities (social skills, knowledge, aptitudes and attitudes) among the indigenous women Jarai, Kachok and Tampuan have been improved

Expected result 1.3: Selected government staff from the Department of Women Affairs and the Department of Health has upgraded their capacity on managing Gender Issues.

Expected result 1.4: The services of Mental Health and Psychosocial wellbeing has been improved in the whole province of Ratanakiri

Synergy with National and International policies.

This project follows the policies of the Kingdom of Cambodia, the Government of Cambodia with especial reference to the particular strategies of the Ministry of Women Affairs and the Ministry of Health.

This Project is also contributing to achieve the United Nations Millennium Development Goals (UN MDGs), especially to the Objectives 3º, 4º y 5º in reference to Promotion of Equality on Gender and empowerment of the women, to the Infant Mortality reduction and the increase of the Maternal Health.

This project will follow the advice of the World Health Organization (WHO) on the topics of Reproductive Health, Maternal Child Health, Mental Health and Women wellbeing.

The project also follows the convention 169 of the International Labor Organization (ILO) on the rights of the Indigenous Peoples, especially when is in reference of the access to Health facilities and to access to Education.

This project agrees and respectful with the recently Declaration of the United Nations on the Human Rights of the Indigenous Peoples.

This project is following the policies of the Agencia Espanola de Cooperacion Internacional para el Desarrollo (Spanish Agency for International Cooperation

and Development, AECID), especially on the Director Plan for International Cooperation, the Strategic Plan of Cooperation with Cambodia (PAE) and the Strategy of the Spanish Cooperation with the Indigenous Peoples (ECEPI).

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