



IP Health Voice

Issue 1, December 2009

Welcome to the first issue of our newsletter.

IP Health Voice is being launched by Health Unlimited and Indigenous People's Health Action in Ratanakiri province to share information on our work and on issues that affect the health and wellbeing of Cambodia's indigenous minorities.

Each month we will highlight a health issue and look at the present situation, the work being done and our hopes for the future. Next month we will look at Maternal Health.

It will be our chance to share with you the results of our research and the opinions and ideas of people in the villages, the health centres, the communes and the government.

As a rights-based project, we are glad to bring you this first edition on International Human Rights Day.

Glad you could join us!

Alex Marcelino

Programme Manager, HU Ratanakiri



HU - two decades in Ratanakiri

Health Unlimited is a UK based NGO that works with the poorest and most marginalised communities to achieve improvements to their health, promoting this as a fundamental human right.

HU opened its Ban Lung office in 1990, initially working to improve the capacity of the Provincial Health Department, and later starting Primary Health Care, watsan, and health education projects. Our Malaria and HIV Prevention Projects are still active.

Our two newest projects are focussed on achieving health rights through advocacy, one targeting ethnic minorities and the other mothers and babies.

HU is also active in Mondulkiri, (an IP Rights project), and in Preah Vihear, (Malaria Education). *Cambodia Health Education Media Services* was created by an HU project to produce television and radio programs with health education themes.





Indigenous People's Health Action



What is IPHA?

IPHA is a representative organisation created to give a voice to the health concerns of the 8 indigenous minority groups living in Ratanakiri.

Established by the IP Rightss project of HU as a local NGO, IPHA will form a 2 way bridge between the IP community and the health sector.

It will collect information on the needs of the people and communicate these to the wider world, and it will educate the people on ways to improve health while building their capacity to contribute to policy and service delivery decisions.

OUR LOGO

The three figures in our logo represent good cooperation between villagers and health agencies, and equality of health services to all Cambodians.

The red 'H' symbolises our focus on health



IP RIGHTSS Project

The *Indigenous Peoples – Realising Improvements to Good Health Through Sustainable Structures* (IP RIGHTSS) project began in 2007 with funding from the EU and HU.

Its aim is to gain improved access of Indigenous People to appropriate, good quality, health care.

How do we work?

The first focus of IPHA is to strengthen the Village Health Support Groups and their links with the Health Centre Management Committees and the Commune Councils.

We began by conducting Participatory Action Research to help villagers to identify the issues that are important to them. We will do more cycles of PAR in future.

Our next step is to build the capacity of the people who make up each level of the structure with training sessions and information sharing.

We will also be working on advocacy at all levels, with this newsletter our introduction to you.

Who We Are

The 13 staff of IPHA come from the communities of Ratanakiri and are members of Tampoun, Kreung or Jarai ethnic groups (and able to speak Brao and Kavet), so they have a good understanding and connection with the culture and values of the villagers and the ability to communicate well with them.

The Director, Mong Vichet (far left in the picture), is a Tampoun who has previously worked for 3SPN in administration and ICSSO as a field coordinator.



Field Surveys

HU's IP RIGHTSS, Maternal Health Rights and HIV/AIDS projects have joined forces to conduct a survey of the village health support structures in 8 districts.

Our teams have visited 109 villages (almost half the total in Ratanakiri) to talk with VHSGs, HCMCs, Commune Councils, Traditional Birth Attendants, Health Volunteers, Health Centre and Post staff and patients.

We have a huge amount of information to process into a report, and we will bring you highlights from this over the coming months.

HEALTH FACT

Only 12 % of mothers in Ratanakiri deliver their babies in a health facility.

(OD: Jan - Sep 2009)

The Rights Based Approach

Before 1997, most development agencies targeted **needs**: identified basic requirements of beneficiaries and helped to improve service delivery (or advocate for it).

But UN agencies have started to see poverty as a violation of human **rights**.

The Rights Based Approach starts from an ethical view that all people are entitled to a certain standard of living and aims to fulfil their rights. It takes the 'charity' out of development by saying the poor are not beneficiaries but 'rights holders' and that governments and other duty bearers are responsible and accountable to deliver these rights.

Human Rights Day

December 10 is the day that the United Nations passed the Universal Declaration of Human Rights 60 years ago.

It has a special significance in Cambodia as a symbol of freedom from the genocidal regime of the 1970's.

This year the UN is focussing its celebration on non-discrimination, with the statement:

"All human beings are born free and equal in dignity and rights"



DID YOU KNOW?

75% of the people in Ratanakiri are from one of the 8 ethnic minorities.

20 years ago this figure was around 90%.

In-migration of lowland Khmers accounts for most of the change.

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