

# Nomad RSI Cambodia - Annual Report 2013



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**Photo cover: “Back to traditional self-reliance”**

**Peun Pheap from the Self Help Group in Puchar village is receiving training in traditional weaving by an experienced elder from Dak Dam commune. This was the second training supported by Nomad RSI for Puchar. Thanks to re-acquiring weaving skills that had been lost, the ancient culture is revived and the women are now able to generate new income.**

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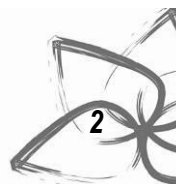


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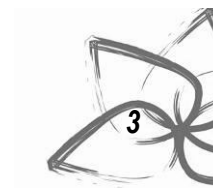
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## ACRONYMS

<b>CIAI</b>	Centro Italiano Aiuti all'Infanzia
<b>CBO</b>	Community Based Organisation
<b>CF</b>	Community Forestry
<b>CSO</b>	Civil Society Organisation
<b>DoFAC</b>	Department of Fine Arts and Culture
<b>CIYA</b>	Cambodia Indigenous Youth Association
<b>HC</b>	Health Centre
<b>IRD</b>	Institut de Recherche pour le Développement
<b>ILO</b>	International Labour Organization
<b>KCF</b>	Kadoorie Charitable Foundation
<b>MDGF</b>	Millennium Development Goals Fund
<b>MIPAD</b>	Mondulkiri Indigenous Peoples ' Association for Development
<b>MoU</b>	Memorandum of Understanding
<b>MoH</b>	Ministry of Health
<b>MP</b>	Medicinal Plants
<b>MPG</b>	Medicinal Plants Group
<b>MRD</b>	Ministry of Rural Development
<b>MRDC</b>	Mondulkiri Resource & Documentation Centre
<b>NTFP</b>	Non Timber Forest Product
<b>NTFP-EP</b>	Non Timber Forest Product – Exchange Programme (NGO)
<b>Nomad RSI</b>	Nomad Recherche et Soutien International
<b>PRA</b>	Participatory Rural Appraisal
<b>PHD</b>	Provincial Health Department
<b>RUPP</b>	Royal University of Phnom Penh
<b>SHG</b>	Self Help Group
<b>TBA</b>	Traditional Birth Attendant
<b>UNESCO</b>	United Nations Educational, Scientific & Cultural Organization
<b>VHSG</b>	Village Health Support Group



## I - NOMAD RSI IN MONDULKIRI PROVINCE

### 1. General situation

In Mondulkiri, we have a paradox. Cambodia's economy is growing at 7% per year, the private sector is booming, and poverty has fallen by 10% in recent years. So the country is no longer a high priority for overseas development aid. However few of these benefits are flowing in to Mondulkiri or reaching indigenous communities. Nomad RSI has therefore had to continue its mission while adapting to the latest contexts. Our approach is centred on steady progress toward localisation where there is more scope to access new sources of funding while establishing self-sustaining livelihoods. In 2013 we fully constituted, our new localized partner "**Mondulkiri Indigenous People's Association for Development**". MIPAD is now working alongside Nomad RSI and developing to gradually take over from us.

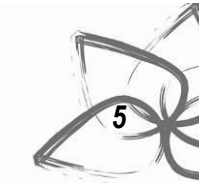
Our main project in 2013, as in 2012, has been in Maternal/Child Health and Livelihoods supported by the Kadoorie Charitable Foundation and the French Region Midi Pyrénées. It takes a broad approach towards mother and child health issues across the province while seeking to improve livelihoods and build capacity within local communities. After 18 months of implementation, each of the targeted Self Help Groups (SHGs) is now structured with good leadership, a clear activity plan and agreed transparent rules. All direct grants have been disbursed with members already benefiting from the fresh opportunities after developing their own new family enterprises. Nomad RSI and the founder MIPAD leaders provided encouragement; with technical support and re-strengthening as families faced issues, notably in agriculture investments. Indeed, the concept of Self Help Group is still quite new, requiring time for most participants to gain full confidence and technical skills to manage both the group's and individual family resources.

In parallel with MIPAD, Nomad RSI's Mondulkiri Resource and Documentation Centre, is equally important in developing capacity and promoting indigenous culture. We are pleased that it has been reinvigorated thanks to new supporters. Sister local organisation Cambodia Indigenous Youth Association (CIYA) with funding from Henrich Böll Foundation has collaborated in a new strategic plan designed at the end of the year. This has produced a clear common vision of the project with MRDC the key element in the eventual aim of establishing a National Indigenous People's Cultural Centre. Given that ownership must be vested in indigenous peoples, community representatives held workshop discussions to highlight the importance of this project for communities where villagers often notice that their culture is being eroded and lost but have no means to prevent it. The most important challenge of the project is to find new ways to engage younger generations to maintain active interest in their culture. This MRDC is doing this by developing innovative ways of capturing traditional knowledge once transmitted by word-of-mouth only and stored in people's memories. Today that knowledge is recorded digitally and on social media. The alliance of CIYA, a Bunong-founded leader of Cambodian indigenous youths' networks, with MIPAD that is also membership-based but mainly of adults and elders, is giving Mondulkiri a powerful interface with the outside world.



Nomad RSI's core mission of international co-operation in research has continued in 2013. The linkage between research and practical projects makes it rare in Cambodia. SOREMA (Société RESistance MALaria, led by Frederic Bourdier from IRD/Nomad RSI hosted Céline Valadeau a health anthropologist for six months. Her study aimed at better understanding of local concepts surrounding illness, the human body and ways to treat health issues, especially regarding malaria and fevers. It is a crucial study for Nomad RSI and can help us to adjust the way that we are transmitting health messages to local communities. In the second part of the year, an Ethno-botanist and Pharmacist, Francois Chassagnes, conducted more research to build on the work started in 1997 by Laurent Pordié and Antoine Schmitt in 2004. Francois made an 'exhaustive' study of the folk knowledge related to medical matters (plants and animals) in Mondulkiri province. He then interviewed a large number of villagers in all districts in order to gain an overall picture of the current knowledge in the province. This data is very important for the development activities of Nomad RSI and partners. It helps us to better understand the context and challenges regarding such knowledge and its transmission. In turn we are better able to explain special local factors to actual and potential donors and authorities in Phnom Penh.

Nomad RSI has continued to pursue its other activities and maintain contacts with local, regional and international partners. Progress was made towards the establishment of the first Bunong Indigenous People's Market Place in Sen Monorom and helping traders to form their own market management committee and association. A Rattanakiri version to complement our Bunong "Food from the Forest" booklet was issued. We contributed to articles and activities on indigenous issues and traditional medicine.



2. The team

Sorn Sarun Puch Sorya Chey Bunthy/ Phen Sophal	Senior Consultant Finance Manager  Administrator	<b>Office Team</b>
Soeng Uk Sam John Chan Kasol Trek Chanhea Tuoun Vanny Chey Bunthy Chang Oen	Project Manager Community Facilitator Community Facilitator Community Facilitator MP Community Facilitator MRDC Project Manager MRDC Librarian/ Community Facilitator	
Moen Rith Kunthea Ueun Somnang Mon Nay San	Logistician / Driver Guard Guard Cleaner	<b>Support Staff</b>
Brigitte Nikles Nicolas Savajol John Lowrie	MRDC Advisor/Anthropologist Technical Director General Co-ordinator Senior Advisor	<b>Expatriate</b>



Nomad RSI team keeps up the good spirit from the early days with senior management involved for over 10 years with Nomad.

### 3. Mondulkiri Indigenous People's Association for Development



2013 was a major turning point for Nomad RSI in the sense that from now on MIPAD, the federation of village-based SHGs has become our main focus, reflected in planning and fundraising. Indeed, MIPAD exists only because of the support of Nomad RSI, our Board and principal donors. From now on it needs to develop its own genuine projects and raise its own funds from external and internally-generated sources. We will of course continue to give technical support and ensure that Nomad RSI's experience and research is used wisely. For most new local NGOs, the biggest hurdle is to win its first grant on its own, despite the challenging competitive situation.

The strategy of localisation, always envisaged by Nomad RSI is now clearly happening in Cambodia. It now means we join our colleagues in Nomad RSI's other international programme in India who formed the "Ladakh Society for Traditional Medicines (LSTM) in 2000. Here it has been an incremental process, carefully-managed step-by-step to empower local SHGs to form a strong grassroots membership network and strong collective leaderships. This has taken several years; some groups develop more quickly than others. This process continues thanks to the main project led by Nomad RSI with its strong capacity building component.

The hand-over, from key staff of Nomad RSI to MIPAD, regarding project and finance management has also to be managed carefully. To do this we have adopted mentoring/counterpart relationships between senior managers of Nomad RSI and MIPAD. This not only builds their capacities but also guarantees to donors that the organisation has a credible structure to manage projects and funds while maintaining standards.

At the end of the year the first Annual General Assembly of MIPAD was held in Sen Monorom with important attendance from the SHGs; local authorities and NGO partners including CIYA and ICSSO. A special report is available.<sup>1</sup> After general presentations about the creation of the organisation, the Assembly discussed the main challenges that MIPAD is facing and determine its priority scope of work. Eventually the day ended with the election of the board of directors composed of elected representatives from SHGs, Nomad RSI senior staff and a representative of the Commune Council Association.



Putang SHG joined the celebration of the International Indigenous People's day on the 9th of August 2013

<sup>1</sup> [http://mondulkiri-centre.org/uploads/Appendix%20MIPAD%20Inaugural%20General%20Assembly%20\(AGM\)%202013.pdf](http://mondulkiri-centre.org/uploads/Appendix%20MIPAD%20Inaugural%20General%20Assembly%20(AGM)%202013.pdf)





## II - PROGRAMME RESULTS

### 1. Mondulkiri Indigenous People's Maternal and Child Health; Livelihoods and Capacity Building Project:

*“Returning towards self-reliance!”*



Mr Klot Kae from the SHG in Puchar village posing in front of his new vegetable garden.

#### Background to the project

Following research carried in 2008 and 2009 by the anthropologist Brigitte Nilkes in traditional birth attendants and later on with a Nomad RSI survey conducted in partnership with the NGO CIAI, Nomad RSI gained expertise in mother and child health problems that were, with Rattanakiri, the worst nationally. The difficult situation encountered by many women, especially in remote villages where access to health facilities is impossible or limited, led us to start up a new project. This is aiming at improving the situation of women by empowering them with new knowledge for informed choices in better healthcare for their family. Furthermore, by incorporating the Self Help Group concept, started in 2010 thanks to a grant through ILO, we facilitated improved livelihoods as the key to improvements in the family's economy, health and nutritional status. This generic approach has been highly relevant as availability of traditional food supplements such as NTFPs has declined with loss of access to forests.

Our partnerships with the Kadoorie Foundation; the Midi Pyrénées region and the Italian Association CIAI, is leading to sustained improvements in maternal and child health of indigenous peoples of Mondulkiri since late 2012. The early stages of implementation were completed in 2012 around the assessment of local needs and the realisation of a baseline survey. Initial contacts with various local stakeholders, especially local authorities and health staff, were taken to explain the concept of the project.

The year 2013 saw the progress of many activities which are presented below.

## Main activities

### Livelihoods: the raising of a new collective form of development through Self Help Groups

Eight new SHGs were supported in the villages targeted by the project. These groups all participated and contributed with Nomad RSI community facilitators to implement new activities and promote fresh ideas and behavioural changes. The members of these groups constitute the core of the local association MIPAD which has federated all the different groups/communities. Numerous workshops and trainings were organised during the year in order to provide sufficient capacities to the group members to give them a sound foundation for sustainable group organization and activities. Once they defined their objectives and regulations, proving their cohesiveness, each SHG received a grant of \$ 2,000 each. Then all group members and other poor village non-members - if the group agree - could borrow money to start up new enterprises for vegetable gardens, raising small animals, crafts, etc. The nature of the investment was subject to collective group consideration, introducing responsibility and obligation to each other.



A traditional birth attendant discussing about the objectives of the SHG in Pukong

Nomad RSI community facilitators then provided technical assistance to the SHG according to the activities they wanted to develop. Thus training in traditional weaving techniques; vegetable garden management, small animal-raising, etc., have been provided as needed throughout the year.

By the end of 2013 over \$ 4000 had been loaned out by the 8 groups with more than half already repaid. It is important to note that these loans do not require interest to be paid for health problems. This is particularly useful for the most isolated villages where transport costs are often the main obstacle to health-care, deterring seeking help or incurring heavy loan shark penalty charges

### Mother and Child Health: Empowering women to be able make best informed choices for their family's and their own health



The health education theatre show in the village of Chimeat

In 2013 most SHGs of the remote villages of the province were targeted for activities in maternal and child health. These SHGs groups comprise of TBAs, and village health volunteers. They all received training with 3 modules; safe motherhood, basic concepts of nutrition and cognitive development of the child.

In addition to these courses and to mobilize wider community awareness, three troupes of schoolchildren from targeted villages were created for educational activities. The creative methodology delivers key health messages regarding maternal and child health through entertaining activity. Six public performances in all took place in 2013 attended by over 1500 from target villages.

## Looking forward

A mid term review of the project progress is planned to be held in January 2014 in order to assess early impact and adapt the methodology to improve project efficiency. Then at the end of the project a final evaluation will be conducted in order to better understand what worked well and not so well so that we can refine and re- design further interventions. Nomad RSI is very hopeful that the early success and potential will enable the project to be re-funded for another 2-3 years to attain maximum impact.

Now that all SHGs have received basic skills and capital they need to strengthen themselves to ensure true empowerment of their members through wise use of the money and development of relevant activities. The rules that were set up at the beginning of the project for borrowing money will be reviewed by all SHGs so that in due course they all share via MIPAD lessons learned for best practice. Although the poorest are the least able and willing to borrow, all groups agree that they should be included to benefit the community as a whole. Therefore rules are being made flexible for them to have easier access and to build confidence. Different solutions are being experimented and discussed such as increasing the time to pay back loans; providing loans without interest; giving family grants and non-cash forms of contributing to group activities, etc.

For Nomad RSI it is then important to carefully monitor the progress of each group and make regular checks of how the money is used, circulates, and is stored. A database is going to be set up in order to track all loans provided by all the groups and find out about any problems that may occur. Nomad's monitoring system will use a computerized systematic data application.

Furthermore additional training in livelihoods as required by SHGs during monitoring visits will be held before the end of the project. Refresher training in agriculture seems to be most requested by SHG members. It is new for many to be confined to limited land and so they face new difficulties regarding small animal-raising. Capacity building will continue to support and ensure SHGs progress toward self management during each field visit. The participatory self-assessment/monitoring system will be used to compare the various groups' progress, suitably moderated by Nomad RDI/MIPAD staff for consistency.

Regarding the health education component Nomad is supporting self-organised health promotion activities about Mother and Child Health and Nutrition led by SHGs themselves. The team needs to investigate and develop this valuable peer-to-peer knowledge sharing to derive a sound model to be extended in the future. In this way, the SHGs will be able to continue such activities with limited or no external support so that new mothers will be introduced to best health-care practices.



## 2. Medicinal Plants Project:

**“Conserving valuable knowledge and traditions”**



The medicinal plant shop developed by Chiran Dim, one of the first students supported by Nomad RSI project to gain an official diploma from the national course on traditional medicine<sup>2</sup>.

### Background to the project

The medicinal plant project of Nomad RSI has been at the core of the scientific activities of Nomad Nomad RSI Research Unit since the beginning of the activities in Cambodia. Indeed, the first ethno-botanical study of Bunong traditional medicine was conducted in 1998 by Laurent Pordié who later founded Nomad RSI. The study looked at anti-malarial medicinal plants and Bunong practices of traditional medicine regarding fevers. This was later followed by a study that allowed Nomad RSI Cambodia to put together an important ethno-botanical collection (more than 150 plants were collected and identified).

Arising from the findings and recommendations of the studies a project aimed at preserving both the knowledge and the plants was started in 2008. Key achievements of the project are; 1- the development of an ethno-botanical database integrating all the documentation work done during those years; 2 - the publication of a book about traditional medicine in Monduliri; 3 - the development of local MP groups which have developed community forest gardens and 4 – the training of 5 young traditional healers in the national school of traditional medicine.

In 2013 limited funds were available and the project was concentrated into following up with the medicinal plant group which has shown the greatest success in Chiclop village.

The important contribution by a French pharmacist, Francois Chassagne, is summarised below.

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<sup>2</sup> To read Dim's case study: [http://monduliri-centre.org/uploads/CaTHA\\_NL\\_01.pdf](http://monduliri-centre.org/uploads/CaTHA_NL_01.pdf)



## Main activities

The main activities occurred at the beginning of 2013. The team worked with Mr Chiran Dim, traditional healer from Chilcop village who now has official certification to practice following his diploma from the national course on traditional medicine. In addition we have also worked with the National Centre of Traditional Medicine (NCTM) and the Herbarium of the Royal University of Phnom Penh (RUPP).



Dim collecting medicinal plants

The objective was to help Dim to develop his home made remedies by getting to know the plants that he used, propose improvements in labels and packaging and his place for consultations and sales.

47 different specimens of plants species used by Dim were collected and herbarium vouchers prepared. These plants are used to treat six “symptoms/diseases”: Hemorrhoids, Stomachache, Leucorrhea, Cough; preventing disorders following delivery; and for energy. All kinds of plants are used for treating these diseases. Trees (63%) are mostly used but so are lianas (15%), shrubs (9%) and plants (13%). The parts of the plant used in the preparation varies - bark, wood, root, tuber, leaves, all and/or in combinations. Bark and wood are most often employed (57%). The root and the tuber are employed frequently as well (25%).

Regarding the mode of preparation, decoction (boiling/infusing in water) is the favourite way to use the remedies. But we can also use alcoholic maceration (softening) for some remedies. Dim collects these medicinal plants in different areas: open forest (55%), rice field (15%), home gardens (17%), near the river (13%). He also cultivates some of them (13%). The plants are mostly located near the village of Chiklop, and only three plants have to be sourced from very far (around 60 km). Six others are located in two places 10 to 20 km far from Chiklop.

Most of the medicinal plants that Dim uses are well known and have been described in bibliographies of our previous researches. But five of them were not described as medicinal plants and vouchers were sent to be identified by taxonomists in Thailand. (FC041 Kondul Bat, FC008 Kong Kear, FC010 Snay Del, FC003 D.Veay, FC010 D. Snay Del).

Thanks to the capacity building provided by the project, Dim improved his practices. He developed his remedies by adding new plants, prepares other remedies for different diseases and has created a leaflet to describe his remedies. He also improved his preparation methods and standardized quantities of plants employed by using scales to weigh plant materials. He was trained to follow up his patients and to provide them advices regarding basic healthcare. Eventually, a major achievement of the project was to erect the first community medicinal plant shop in Mondulkiri province. The shop is a collective creation by the Self Help group in Chiclop thanks to the financial support offered by the project. Dim has now all the means to succeed and to help his community to acces medicine in a village which has no health facilities and no external road access during the rainy season.



Remedies prepared by Dim

## Looking forward

The future of the medicinal plants project now rests with the general development of the community groups initiated by the project. In the village of Chiclop, thanks to the great work done by Chiran Dim and the mobilization of the Self Help Group, the first village based medicinal plant shop is running. We now hope that it will succeed and can develop well as an activity to create alternative income for the Self Help Group and for the village. The main challenge now is to find new markets for the medicinal plant remedies prepared by Dim in order to increase his market catchment area. Indeed, up to now he is only providing medicinal plants for people living in his village but not yet beyond. He will explore opportunities of sales at local shops selling natural made products, or the new Indigenous People's Market Place in Sen Monorom.

The other groups begun by the medicinal plant project in Dak Dam and Puchar have been successfully integrated into the larger self help groups which are developing other project activities. However, preservation of medicinal plants and medicinal plants knowledge remains an important part of the group objectives even if not their main focus of development. For example, in Dak Dam, the group has decided to develop a community tourism project. Medicinal plants remain part of the group activities. They are continuing to manage a forest garden and the tour trips that they propose include offering interested visitors the option of discovering the medicinal plants knowledge of the local community.

Eventually, the project is continuing to look at strengthening its partnership with the Cambodian Traditional Healer Association (CaTHA). This association gathers all traditional healers of Cambodia who have undergone the national course on traditional medicine at the Centre of Traditional Medicine. Nomad RSI supported 5 students who are now part of the network. In 2014, we plan to develop activities together with CaTHA focusing on developing medicinal plants gardens with schools as pedagogic tools to teach students about medicinal plants and to raise/extend awareness.

### 3. Mondulkiri Resource and Documentation Centre (MRDC):

#### *“Ancient Indigenous Culture and Knowledge in the Digital Age”*



#### **Background to the project**

The MRDC started off as part of the MDG-F “Creative Industries Support Programme” (CISP), a joint effort by UNESCO, ILO, FAO and UNDP Oct 2010. This programme is designed to strengthen local capacities to take advantage of local creative industrial potential to develop and preserve performing and living arts, living human treasures, handicrafts, traditional music and other related creative industries, with special focus on protecting indigenous cultures and identities.

During six months of 2012, we received a fund from Australian donor Stephen Pfeiffer to continue our project. Unfortunately, after that six-month we could not find new donor to support us with this project so we had to scale down and move in to the Nomad RSI office.

In partnership with CIYA, from Oct-Dec 2013, MRDC received a first grant to continue its mission. MRDC is recognised as the potential model for a National Indigenous Cultural Centre. CIYA volunteers are being trained to take the skills beyond Mondulkiri as essential groundwork towards such a centre.

The two main objectives of this first grant over three months were:

- To review our project strategic framework. To do so, we organized a workshop involving all stakeholders from the province including representatives from communities, line departments, and NGOs, and CIYA members.
- To prepare a new internal organization which involves mobilizing volunteers, recruiting new staff and organizing a new location and reviewing materials for the centre.



### Main activities carried out by the MRDC in 2012:

11 people from CIYA, MIPAD community representatives (Busra, OReang, Keo Seima) participated in a 2 day workshop where we discussed the project strategic framework for 2014-2018 and selected priority fields of work. A strategic plan was then drafted.

As a second step a “Workshop on completion of the MRDC’s strategic planning” was organised. 22 stakeholders from relevant organisations and government departments participated in this one day workshop. They helped to share ideas and to comment on the draft strategic plan. We have now finalized the project strategic plan and it has been approved by all stakeholders including community members from MIPAD and CIYA members. This strategy will be published as a leaflet and distributed to main stakeholders in 2014.



Workshop organized by the MRDC to validate the strategic planning

Another important initial activity was to mobilise communities and especially the young around the project idea and activities to form a core network of volunteers. The CIYA members list was updated and members were contacted to determine their interest in the project activities and if they want to join in. Only a few are able to join as regular volunteers as others are too busy. Thus they suggested to us that we conduct activities on weekends or during school vacations. In addition, a MRDC project assistant has been recruited to join Ms Bunthy the manager. He is a Bunong man from Dak Dam commune and a MIPAD member from the Self Help Group of Dak dam commune.

MRDC had already established its database storage and network connection for its library but the program which we have been using for entering data had problems due to incompatibilities of software. Hence after looking for solutions, hiring an IT technician, contacting two database managers and database technician from SIPAR and the National Library we have eventually decided to bring the computer back to the company that installed the database at the beginning.



Refurbishment of the new MRDC office on the first floor of the ecotourism centre supported by WWF

After discussion with WWF Cambodia, the Wild Life Conservation Society and Elephant Livelihood Initiative Environment, the MRDC has been invited to join the Conservation Base Eco-Tourism Awareness Centre. This centre will provide an office space to the MRDC located on the first floor of the building. It will also provide space to set up exhibitions and movie screening. This allows the MRDC to have a secure location for next 5 years with low running costs. Most importantly the centre is located centrally in the main street of Sen Monorom for more visibility, easier access to visitors and better potential to generate revenue from sales.





## Looking forward

The project focuses first on capacity building of MRDC staff and CIYA volunteers. We will provide a range of trainings about how to make good pictures, good story selection and interviewing, poster editing, filming, short video clip-editing and social media applications. We will continue to encourage volunteers and members to be actively involved in collecting, preserving and promoting the cultural identity of Bunong people. Through this, we hope to maximize involvement from CIYA volunteers and Bunong communities in Mondulkiri to build a strong grass-roots membership base for MRDC and a long-term commitment to keep alive of Bunong cultural identity.

We will use knowledge from these trainings to collect resources related to indigenous people in Mondulkiri province and we are going to produce information materials-posters, photos, voices and short video clips from those primary resources for disseminating through our social media applications, volunteers and forums at community level.

Furthermore, we will fix our database system application and connect networking for all computers in our library which will provide more visibility for everyone to access our library database. We will restart greeting guests in 2014 and welcome them to use our 3 desktops with internet connected for their research or study.

As stated, thanks to support and encouragement from UNESCO; Henreich Böll Foundation, etc., and with the close interest of other indigenous groups in neighbouring provinces, we are hopeful that MRDC will serve as role model for the eventual establishment of a National Centre in Phnom Penh.

Finally, we keep building close collaboration with other institutions, especially the Department of Culture and Fine Arts in order to prepare for the development of this long-term strategic and management plan. We will gradually develop the MRDC Joint Management Committee to take over responsibility from Nomad RSI, consisting of mainly of MIPAD and/or other Bunong Indigenous Leaders and other stakeholder representatives, including the Department of Culture and Fine Arts.

#### 4. Researches

##### Ethnobotany: Natural remedies used by Bunong peoples



François Chassagne (pharmacist, ethno-botanist) has been working on traditional medicine used by Bunong people in Mondulakiri province. The objective of the study was to complete the ethnobotanical data collected by A. Schmitt and the Nomad RSI team, with focusing on medicinal knowledge from villagers and with a special interest in zootherapy.

In 2013, the survey was carried out in 22 villages from the five districts in Mondulakiri (KohNhiek, O'Reang, Pichrada, Kao Seima and Sen Monorom). During the investigation, 167 Bunong people (including 13 traditional healers) were interviewed regarding their medicinal knowledge.

Initially, socio-demographic data was collected such as age, gender, occupation, religion and level of education. In a second step, ethno-medicinal information was investigated -focusing on the natural substances (plants, animals, mushrooms and others) used for some common ailments (malaria, cold, fever, wound, burn, rheumatism, sprain, post-partum, stomach-ache, diarrhoea,...), their vernacular names, part used, preparation method and dosage.

Our results show that Bunong people know and use over 200 medicinal plants/medicinal mushrooms, and also practice zootherapy with more than 20 different animal's species. A great result was that the team also discovered a new plant specie: *Solanum sakharii* Hul in Mondulakiri province. This plant has been used by the Bunong people in Dak Dam commune for many years to treat malaria and fevers. This is the first record of this species in Mondulakiri; only the second in Cambodia, and the first time this specie is recorded as a medicinal plant.



## Health Anthropology: “Bunong corporeities and malaria therapeutical understanding in Mondulkiri highlands (Cambodia)”



Nomad RSI was very pleased to host Céline Valadeau, Anthropologist and Ethno-botanist. She is from the French Institute of Andean’s Studies, American Studies and Research Centre, and her research in Cambodia was carried out through the SOREMA ANR program: *“Public Interventions and Health Inequalities in Recomposed Natural and Social Ecosystems of the Mekong Sub-Region”*. Previously she has worked with Peruvian Amazon peoples.

Céline’s research will lead to two publications, that will be posted on Nomad RSI’s website. Basically she has conducted intensive analysis of perceptions of illness with the *“aim to understand personhood aspects of illness, treatments and the body’s incorporeal mechanisms”*. She spent 7 months in Bunong communities interviewing ordinary people - adults and older children – as well as health professionals and village health workers. A data-base is being produced and 30 myths and histories have been transcribed in to IPA (International Phonetic Alphabet).

New fascinating insights and findings are being revealed, in particular surrounding blood, given its importance in transmission of malaria and wider traditional mythologies, sacrificial rituals, etc; of indigenous peoples. Céline’s papers will illustrate *“how to understand the dynamics, the mechanics and the logic of the various conceptions about malaria transmission”*, as well as comment more on the Bunong experience of illness and ritual acts of healing. It will contribute to the Nomad RSI’s debate on therapeutic diversity as well as underline the World Health Organisations definition of good health: *“A state of complete physical, mental and social well-being.”*



## 6. Lessons Learned:

During the training to students, to perform the drama show, it was difficult for the team to find enough suitable students willing to participate in the training. Indeed, usually in the remote areas where we operate there is only one school if any - a primary school. However the drama show is best done with students from 12 to 15 years old but who often by this age are already working with their parents and not available. In addition, the training takes a long time and the performance is just done once. When they play for the first time students are not yet confident, so the performance is not as good after practice and experience. In order to overcome these issues the team decided to form a regular group of young students to repeat performing the drama from a school which is not in a remote area. Then the group performs the same show in different villages with the support of the Nomad RSI team. The quality of the show improves a lot so as noted by the impact and understanding of key health messages by the spectators.

The time-scale has been short as the project has started in the rainy season and the access to some villages remains difficult from July to November (e.g. Pukong and the village of Nangkilek commune). In addition, another constraint has been that the villagers are very busy with farming activities during the growing season - to overcome this the team needs to spend more time in the village and to visit people in their fields.

To improve the project's implementation it may be necessary to take more time for observation of communities before forming the SHGs. The target community is best-placed to design by themselves the roles and regulations that work for them to ensure the quality of community involvement. Experience shows that it is best to allow them to dictate their own pace. We strongly believe that it will take several years before the Self Help Groups are fully-able to run their activities by themselves.

Progress of some groups remains very slow and there is still not enough confidence in some members to invest and plan new activities. The timeframe of the project – just two years (although we hope for an extension) in this sense, is short as it seems that up to 5 years is needed to build and sustain some groups. Indeed there is constant need to reinforce capacity building in planning, finance and leadership to communities who have never been used to dealing with these concepts.

The general formal level of community knowledge is limited as most members of the Self Help Groups have never or almost never been to school and are often illiterate in Khmer. They do have low confidence in themselves and have difficulty to lead formal meetings using new concepts that they express in Khmer which is not their mother tongue. To encourage group member leadership when Nomad RSI facilitators held meetings or workshops they always let the group leader introduce and give brief report and feed back to the SHG members. Good/best practices are still in formative stages and will be written up following the final evaluation. Despite this reality of working in remote indigenous communities, usually eventually good leadership does emerge and prove competent, provided of course the process does not end prematurely.

### III – PERSPECTIVES FOR 2014

2014 will almost certainly see progress in the transition from operational management by Nomad RSI to MIPAD. We still have six months of the Maternal Child Health and Livelihoods project in which to consolidate the viability of Self-Help Groups and their enterprises. We are sure that the evaluations will help and encourage repeat funding, given that this kind of locally-managed development has reached less than 1 in 5 of Mondulkiri's 98 villages. The worry is that there will not be continuity and we will have the same gaps as MRDC experienced that are now thankfully overcome.

There is no doubt that it is more difficult to raise funds in Cambodia these days, and even though Mondulkiri probably has the highest and fastest-growing incidence of poverty (due to displacement from land and forests) it seems not to appeal to many institutional donors. Nomad RSI and MIPAD has been lucky and unlucky. Lucky – in that we do win many small grants that are greatly appreciated. Unlucky in that we keep falling at the last hurdle for one or two more medium-size grants that to give our programme a solid base. Donor conditionality has been a factor. One donor advised us to be more innovative. For the same proposal to another donor, basically we were told the opposite, to stick to conventional health education. This rather questions our core belief in therapeutic diversity. Even though our methodology has been independently attested by two external evaluations, we need to try harder to explain how and why Nomad RSI's creative arts methodology is appropriate in Mondulkiri. It is insufficient to rely on the fact that it led to a reduction in malaria.

We must also look beyond institutional donors, as well as concentrate on making sure of the self-sufficiency of economic activities of the Self-Help Groups and MRDC to raise their own revenue. In 2014, we will make efforts to raise the profile of Mondulkiri's Indigenous Peoples and our projects with a view to direct fundraising, perhaps even our own fundraising campaign.

As we write this report, Cambodia's political situation is unsettled with the failure of the two main parties to fully form the National Assembly. Fortunately Nomad RSI's policy of constructive engagement enables our activities to proceed, but the uncertain climate has clearly affected the willingness of donors to invest. However, despite this MIPAD did win its first grant in its own right. We believe that this augurs well for the future. We remain optimistic and end on this bright note.



## IV - FINANCIAL REPORT

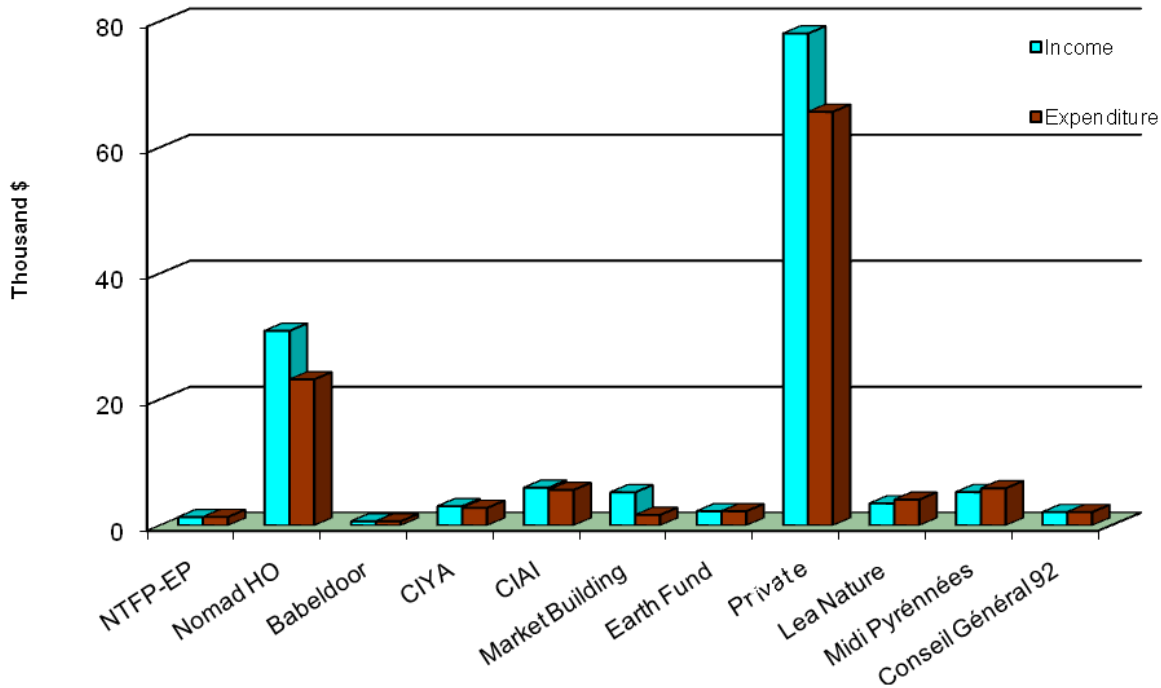
### INCOME PER DONOR IN 2013

<i>Donor</i>	<i>Balance c/o 2012</i>	<i>Received 2013</i>	<i>USD Total</i>	<i>%</i>
NTFP-EP	812	507	1319	1%
Nomad HO	10915	19965	30879	22%
Babeldoor	649	0	649	0%
CIYA	0	3049	3049	2%
CIAI	0	6000	6000	4%
Market Building	1327	3930	5257	4%
Earth Fund	2259	0	2259	2%
Private foundation	3986	74076	78062	56%
Lea Nature	3493	0	3493	3%
Midi Pyrenees	-1150	6440	5290	4%
Conseil Général 92	0	2112	2112	2%
<b>TOTAL</b>	<b>22 289</b>	<b>116 079</b>	<b>138 368</b>	<b>100%</b>

The total income of Nomad RSI in 2013, is over 100 000 USD, which is over the budget of received in 2012 (96 000 USD). In 2013 the main funder of Nomad RSI was a private foundation wishing to be anonymous (56 % of the total income) also the main donor of the largest project carried out by Nomad RSI. This project is also supported by Nomad RSI HO which contributes to core costs. The other donors are represent small parts of the overall budget and are used for specific activities and small projects such as medicinal plants (Conseil General 92, Lea Nature and NTFP EP), CIYA for the MRDC, Babeldoor for the community tourism project.

## EXPENSES IN 2013

Distribution of expenses per donor according to incomes in 2013



The largest expenses in 2013 were derived from the funds received from the Private Foundation. Indeed this grant was used to fund the main project that Nomad RSI implemented in 2013. The second main donor in 2012 was Nomad Head Office that did contribute to the core costs of the organisation. The remaining budget available from both will be used in 2014 as the project is carried on through to June 2014.

The other expenses are related to smaller projects or the continuation of previous projects, like the MRDC. The grant for the MRDC project from HBF via CIYA started at the end of 2013 and this project should be carried on in to 2014 and beyond. ILO provided a new grant following the work done by Nomad RSI in 2011 and 2012 for the development of the Indigenous People Market Place in Sen Monorom. We now envisage that this will be completed and formally opened in 2014.





Therapeutic diversity

Protection of the environment

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