Indigenous women and the United Nations Population Fund (UNFPA)

Latin America

Strengthening of the Family and Improvement of the Sexual and Reproductive Health of the Ngöbe Indigenous People, Ngöbe Indigenous People Territory, Panama

Project title	Strengthening of the Family and Improvement of the Sexual and Reproductive Health of the Ngöbe Indigenous People (PAN/00/P01) (Fortalecimiento de la Familia y Mejoramiento de Salud Sexual y Reproductiva del Pueblo Ngöbe)
Thematic area/programmes	• Sexual and reproductive health • Gender equality and empowerment of women • Interactions among population dynamics, sustainable development and poverty
Project duration	2000-2005
Location	Ngöbe Indigenous People Territory, Panama
Beneficiaries	32 communities in the districts of Nole Duima and Mirono, Indigenous People Territory, Panama
Executing agency/agencies	Ministry of Health Panama, Regional Direction, Ngöbe Indigenous People Territory
Implementing agency/ agencies	Ministry of Health Panama (MOH) Ngöbe Women's Association (ASMUNG)
Source of funds	Ministry of Health: US$ 394,548.00 ASMUNG: US$ 23,025.00 UNFPA: US$ 299,460.00 United Nations Volunteers Programme: US$ 50,940.00 Fondo Canada Panama: US$ 32,018.00 Budget planned: US$ 799,991.00 Budget executed: US$ 1,321,416.13

Overview

According to the 1990 demographic census, the indigenous peoples of Panama represent 8.3 per cent of the total population. The Ngöbe people are the largest group, with roughly 110,080 people (Dirección de Estadís-

tica y Censos de la Contraloría General de la República, 2005) living in the Ngöbe Territory. In 1997, it was estimated that 95 per cent of the indigenous population were poor and of these 86 per cent were extremely poor. This situation seems to have worsened since then: in 2003 it was estimated that 98.4 per cent of the indigenous people were poor and that 90 per cent lived in extreme poverty.

The maternal mortality rate in rural areas including indigenous areas was estimated in 2000 to be 90 per 100,000 live births compared with 30 per 100,000 live births in urban areas. This situation would worsen in succeeding years, with ratios as high as 130 per 100,000 live births in rural areas, while the ratios would remain stable in urban areas. In the Ngöbe Territory in 2003, the maternal mortality ratio was 283 per 100,000 live births.

Other large inequities were observed in indigenous territories, as shown in the table below.

Indicator 1997 (Ministry of Economy and Finance, 1997 census)	Total country	Urban	Rural indigenous
Average time needed to reach a health service (*minutes*)	33	25	59
		Percentage	
Birth attended by medical doctor	82.3	95.2	24.9
Birth attended by traditional birth attendant	4.7	0.6	21.8
Birth attendant by nurse or auxiliary nurse	4.1	2.7	6.5
Birth attended by family members	8.1	1.1	44.6
Birth attended by others	0.8	0.3	2.2
Birth attended in public or private health institution	86.4	98.5	32.2
Birth attended at home	13.2	1.4	67.9
Birth attended at other place	0.3	0.2	0.0

Fecundity rates in the indigenous population were as high as 5.4 per cent, compared with the national average of 2.7 per cent (Informe del Banco Mundial, 2000).

The literacy rate among the Ngöbe population is 21 per cent, while the average number of years of schooling is three. The situation is worse for Ngöbe girls, who are expected to marry and bear children soon after puberty.

What was planned

The goal was to contribute to the advancement of the quality of life of Ngöbe women, couples and families by improving sexual and reproductive health, reducing gender inequalities in the family and the community, and promoting a reduction in maternal mortality ratios.

The objective was to contribute to the improvement of sexual and reproductive health, with an emphasis on preventing maternal mortality in 1,000 families in 32 communities of the Nole Duima and Mirono districts in the Ngöbe Territory.

Intermediary results

- A network of health agents has been strengthened to support the primary health-care system and to promote family and community, sexual and reproductive health, and gender themes in the area
- The access to and quality of the health services in the area has improved
- Government institutions and national and local actors are committed to developing and implementing policies and actions with the objective of improving health services for indigenous peoples

What the strategy was

- To adopt a participatory approach
- To develop alliances with local authorities
- To follow an integrated approach to sexual and reproductive health
- To work through the Ngöbe Women's Association to promote the project among the communities
- To prepare the Ngöbe Women's Association for sustaining the project when it is completed
- To implement information, education and communication activities
- To carry out information, education and communication (IEC) strategies among families and communities pertaining to sexual and reproductive health and gender equality
- To train 60 health agents/promoters on family and community, sexual and reproductive health and gender themes (traditional birth attendants, teachers, traditional practitioners, including young people, etc.)

- To improve the delivery of health services through:
  - The machinery of the primary health-care network
  - Training of health workers on family and community, sexual and reproductive health and gender themes
  - Improvement of information registration
  - Promotion of the expansion of the primary health-care network
  - Strengthening of the referral system to encompass the secondary level

Who was involved

- Canadian International Development Agency (ACDI)
- Asociación Nacional Contra el Cáncer (ANCEC)
- Asociación Panameña para el Planeamiento de la Familia (APLAFA)
- Ngöbe Women's Association (ASMUNG)
- Ministry of Health, Panama
- United Nations Population Fund
- United Nations Volunteers Programme
- Fondo Canadá Panamá
- German Technical Cooperation
- Universidad Latina
- Instituto de Formación y Aprovechamiento de Recursos Humanos (IFARHU)
- Instituto Nacional de Formación Profesional (INAFOR)
- Federación Panameña de Estudiantes de Medicina (FEPSEM)
- FORTUNA, S.A. (a Canadian private hydroelectric company)
- Medical Association of Panama
- Ministry of Youth and the Family (now Ministry of Social Development)
- Ministry of Education
- Secondary level referral Hospital San Félix
- Tertiary level referral Hospital José Domingo de Obaldía
- McGill University
- University of Chiriqui

Specific changes resulting from the project

- An information, education and communication programme on themes such as family and community, sexual and reproductive health and gender, adapted for the Ngöbe indigenous population

Ebinia Santos

- Significant technical, administrative and personal empowerment of the Ngöbe Women's Association
- Strengthening of a number of primary health-care health units (more staff, more resources, better equipment, greater knowledge, more activities, development of a Basic Obstetric Emergency Centre in the Indigenous Community of Hato Chami)
- Contribution to the formulation of the National Plan to Reduce Maternal and Neonatal Mortality (2004-2005)
- Building of national and international alliances to promote sexual and reproductive health among indigenous people
- Improved sexual and reproductive health in the areas of the project

Sustainability

There exists vulnerability with respect to:

- Changes in government and government priorities
- Lack of a general development plan for the Ngöbe indigenous territory that combines sexual and reproductive health themes with poverty reduction themes
- High rotation of health staff and weak leadership from the Ministry of Health

Replication/spin-off effects

The project continues through IFAD/UNFPA funding to strengthen its basis and expand the population covered. At the end of the second phase, a civil society–Government co-managed model through which to address sexual and reproductive health issues affecting the Ngöbe indigenous peoples in difficult-to-reach areas — one that is culturally sensitive, evidence-based and strong — will be available. National health authorities in Panama will possess tools with which to orient public policies and to expand efforts to improve the sexual and reproductive health of indigenous peoples in difficult-to-reach areas. The project will contribute to improving access to quality sexual and reproductive health services and to strengthening the demand for those services for indigenous peoples in difficult-to-reach areas. The ultimate goal is to ensure that all indigenous couples and individuals in difficult-to-reach areas enjoy good reproductive health including the right to make voluntary informed choices regarding the size of their families and to enjoy sexual health throughout life.

What was learned

- There is a need to take into account, in the planning of the project activities, large distances, difficult terrain, rainy weather and poor communication, as well as seasonal migration of indigenous people for farming purposes.
- There is a need to supervise systematically all project activities.
- There is a need for more project personnel to work at the community level in difficult terrain.
- There is a need for permanent and systematic advocacy on sexual and reproductive themes to achieve a wider acceptance.
- Men need to be targeted in the project activities.
- Sexual and reproductive health issues need to be joined to general development programmes in areas of indigenous populations.
- Better results are achieved when community and health services work together.
- Better results are achieved when the commitment of all authorities at all levels is secured.
- Sexual and reproductive health should be a national priority.

Factors contributing to success

- The project developed a model with a human face in which the Ngöbe Women's Association played an outstanding role, supported by UNFPA, health, community and project staff. The perseverance of these individuals and organizations and their

commitment to changing the alarming sexual and reproductive health situation of the Ngöbe indigenous peoples contributed to sustaining the project through difficult periods.
- Coordination existed among interested partners with respect to sexual and reproductive health, specifically regarding training of traditional birth attendants.

Obstacles or problems identified during the project

- Sexual and reproductive health of the indigenous people is presented only from an occidental point of view; there is a limited number of facilitators with knowledge of the sexual and reproductive health practices or the cosmovision of indigenous people.
- There is no intercultural service provision model that has been institutionalized or that is being taught in schools and medical/nursing training institutions.
- Despite the empowerment and strengthening of the Ngöbe Women's Association, expansion of its membership and decentralization of its management are needed to foster future growth and sustainability.
- There are insufficient incentives for health agents/promoters.
- Traditional birth attendants are not fully accepted owing to cultural and institutional factors.
- Social organization and audit capacity in the areas of sexual and reproductive health are only just beginning.
- Weak information and record systems exist at the project and health services levels.
- There is weak coordination among regional health units.
- Communication and interaction are poor among the different levels of the health-care system.
- There are insufficient budgetary provisions for the Ngöbe Indigenous Territory, including for intercultural sexual and reproductive health programmes.
- Discrimination against indigenous peoples persists.
- There is very limited access by the youth to sexual and reproductive health–related information, education and service opportunities on sexual and reproductive health.

Documentation/bibliography

Documento de proyecto PAN/00/P01 entre el Gobierno de Panamá y el Fondo de Población de las Naciones Unidas, 2000

Evaluación del proyecto PAN/00/P01, noviembre-diciembre 2002

Acta de la reunión tripartita final, abril 2005

Informe de sistematización del proyecto PAN/00/P01, junio 2005

Primero y segundo informes sobre los Objetivos del Milenio, Panama

Dirección de Estadistica y Censos de la Contraloría General de la República (www.contraloria.gob.pa)

Informe del Banco Mundial (www.bancomundial.org/regiones.html)

For more information, contact:

Martha Icaza
Programme Officer
UNFPA Panama
Casa de las Naciones Unidas
Ciudad del Saber, Edificio # 155
Apartado 6314, Panama 5
Panama
Tel: 507 302 46 85
Fax: 507 302 46 86
E-mail: micaza@unfpa.org

Jambi Huasi Health Clinic, Otavalo, Ecuador

Project title	Jambi Huasi Health Clinic
Thematic area/programme	Reproductive and sexual health
Project duration	2003-2005
Location	Otavalo, Ecuador
Beneficiaries	Indigenous population
Executing agency/agencies	Jambi Huasi
Implementing agency/agencies	United Nations Population Fund (UNFPA)
Source of funds	UNFPA

Overview

As part of its national strategy to address the needs of the poorest, underserved communities, the UNFPA Ecuador country programme has financed an innovative project in Otavalo to improve the quality and scope of reproductive health care provided to Quechua-speaking communities in particular. This support allowed the Jambi Huasi health clinic, which had been established in 1994, to expand and upgrade its services, initiate an outreach programme, provide reproductive health education and information to women, men and adolescents, and introduce a referral system for obstetric complications. Jambi Huasi, which means health house, provides both modern and traditional medical treatment, as well as family planning advice and services. The traditional healers draw from a "pharmacy" of over 3,600 native plants used for medicinal purposes.

Jambi Huasi has a staff of 14 people, including 2 indigenous medical doctors and 2 community volunteers, who help with outreach. About half of Jambi Huasi's clients use the services of traditional healers. The unique combination of services has made Jambi Huasi a very popular clinic. Although it had been set up initially to serve some 4,000 people a year, by 2005 over 1,000 people per month were using the clinic's services, some coming from places as far away as 50 kilometres.

What was planned

- To provide a full constellation of reproductive health and family planning services in a culturally sensitive manner, taking into account the special needs and concerns of indigenous people
- To revalue the traditional healing methods and provide evidence for the application of the knowledge of indigenous medicine

- To strengthen cultural comprehension of the causes of sickness through an effective doctor/patient relationship and a world view adapted to the cultural reality of the indigenous and mestizo populations
- Broadening the level of problem solving by complementing indigenous medicine with occidental medicine through a system of internal referrals and by providing, if needed, a referral to a health centre with greater resources

What the strategy was

Attempting to combine the two systems of obstetric care, Jambi Huasi seeks, on the one hand, to respect the confidence that indigenous women have placed in traditional birth attendants owing to the role that they play in the community and, on the other hand, to offer an institutional service with the technical capabilities to resolve complications and a referral system in case of obstetric emergency.

As an outreach reproductive health strategy targeting indigenous women, Jambi Huasi organized a number of community and home visits to promote a better knowledge of health issues among women, families and communities. By offering direct, customized information in their proper language, these community visits built confidence and motivated people to visit Jambi Huasi, benefiting from its services and setting up consultations.

From the beginning, UNFPA, in its focus and its work, was respectful of the cosmovision, recognizing that one could not approach indigenous peoples in the same way as one approached a mestizo population. The support of UNFPA aimed at strengthening the capacity to develop and take the lead in an intercultural project for health.

Who was involved

From the beginning, Jambi Huasi took the initiative and asked UNFPA for technical and financial support. Over 10 years, Jambi Huasi established links and networks, particularly with local government, the Ministry of Health, other United Nations organizations such as UNICEF, the Pan-American Health Organization, universities and non-governmental organizations.

In November 2005, Jambi Huasi organized an international seminar on the intercultural approach to maternal health which was supported by UNFPA, the United Nations Development Fund for Women (UNIFEM), UNICEF, Family Care International, the Quality Assurance Project, Municipio de Otavalo, the National Commission for Women (Ecuador), the Ministry of Public Health (Ecuador) and Universidad Andina Simón Bolívar.

UNFPA Ecuador

Specific changes resulting from the project

- As Quechua communities learn more about reproductive health issues and how to take better care of their children and newborns, the contraceptive prevalence rate rose from 10 to 40 per cent in areas served by Jambi Huasi.
- Jambi Huasi changed the way health services were offered in traditional communities by making them totally community-based, thereby fostering rapid and lasting improvements in the reproductive health of women, adolescents and men.
- Jambi Huasi changed the perspective of health to one encompassing a combination of traditional and occidental medicine. At the moment, mestizo and indigenous peoples are using the services of Jambi Huasi.
- A gender focus within a cultural perspective was incorporated. Initially, gender was not a subject for consideration by Jambi Huasi. Currently, violence against women is also an issue that is tackled in the centre.
- Jambi Huasi has contributed to the empowerment of indigenous people. Indigenous organizations and particularly women took responsibility for sexual and reproductive health and learned how to make decisions affecting their own lives, on the community level, and how to influence public policies.

- Jambi Huasi is moving from a "pilot" project to public policies, lobbying the Ministry of Health for the inclusion of cultural perspectives in its work.

Sustainability

One remarkable feature of Jambi Huasi is that it is a self-sufficient operation. Cost recovery is an important aspect of the work of the centre, with client fees accounting for all of its budget. However, respectful of the value of reciprocity, which is of great importance in the indigenous culture, the centre applies differential tariffs in order to take into account the individual situation of each patient.

Replication/spin-off effects

Jambi Huasi is an example of a grass-roots organization manifesting political will and technical capacity. It is hardly conceivable that this experience could be replicated as a "model". However, what could be replicated are the principles applied in Jambi Huasi, namely:

- Grass-roots participation and empowerment
- Commitment of indigenous leaders, women and men
- Political will of local and national authorities
- Inclusion of different perspectives on health, there being no one single approach, only differences in knowledge and beliefs related to culture. Success is linked to the recognition of and respect for different approaches

What was learned

- An intercultural undertaking must consider the heterogeneity of the population, and its beliefs, culture and cosmovision, accepting the emerging differences. It should not only be concerned about the adaptation of the services, through, for example, changing the birthing position, but also work to overcome the more profound obstacles related to long-lasting racial prejudice including disrespectful attitudes towards language and indigenous beliefs and the lack of gracious and respectful private care.
- Occidental medical knowledge and indigenous medical knowledge are complementary rather than in opposition to each other and both need to be promoted in the training of health professionals in universities and training centres. This implies an attitude of respect and acknowledgement of the values of the other cultures.

- An intercultural approach to reproductive health needs to start with an acknowledgement of the cosmovision proper to the indigenous world. Consideration of conceptions of sexuality, the body, health and sickness, community participation and the physical environment, among other things, are important in reshaping health services to accommodate cultural differences. Referrals by an occidental health system to a service including indigenous medicine, and vice versa, are possible only if there exists a basis of confidence in, and acknowledgement and valorization of, different types of knowledge.
- Cultural identity is a reinforcing element with respect to the achievement of personal, family, community and social well-being.
- Jambi Huasi illustrates how — through the striving for intercultural access to heath care that respects the equality of indigenous women, indigenous people in general and mestizos — citizenship can be built based on equality of rights and duties and the elimination of gender, racial, ethnic and generational discrimination.

Factors contributing to success

The presence of women doctors of indigenous descent trained in Western medicine yet having a strong identity and bearing a legacy of cosmovision was an important factor in the service's becoming defined as intercultural.

Obstacles or problems identified during the project

Some resistance was felt towards having a non-governmental organization like Jambi Huasi lead a process of developing intercultural medicine, inasmuch as there existed a specific division within the Ministry assigned to deal with this issue.

For more information, contact:

Lily Rodriguez
UNFPA Ecuador
E-mail: Lily.rodriguez@undp.org