INDIGENOUS WOMEN’S PARTICIPATION IN WATER MANAGEMENT

Joint Programme: Strengthening Equity in Access to Safe Drinking Water and Sanitation by Empowering Citizens and Excluded Indigenous Groups in Rural Areas

Thematic Window: Democratic Economic Governance

Main Participants: WHO/PAHO, UNICEF, ILO, UNDP, Ministry of Health
1. Introduction

The Joint Programme on Strengthening Equity in Access to Safe Drinking Water and Sanitation by Empowering Citizens and Excluded Indigenous Groups in Rural Areas (the Programme) provided access to safe water and sanitation systems, giving men, women and children the opportunity to improve their living standards and conditions. Despite the fact that gender equality was not a specific objective of the Programme, women’s empowerment and participation turned out to be crucial for the successful results of the project.

2. Initial Situation

Indigenous peoples have the lowest standards of living in Panama with 96 per cent of the population living in poverty, and 41.8 per cent of these living in extreme poverty. The Ngäbe Bugle represent 78.4 per cent of the indigenous population of the country and live in rural areas. In the areas of Bisira and Kankintu, were the project has been carried out, living conditions are precarious and difficult. Gender analysis indicates that there is a high level of discrimination towards women. That, coupled with lack of income and access to basic health services, safe water, sanitation and especially to education, are elements that make women an extremely vulnerable group.

3. Objective

Ensure the access and the provision of efficient water services and sanitation to the most excluded populations in the Ngäbe Bugle region.

4. Strategy

A two-fold strategy was adopted:

- Intercultural approach that focused on the empowerment of citizens through trainings and capacity-buildings; and
- Improvement of sanitation infrastructure and health services.

Gender analysis identified more specific areas of intervention than were initially considered by the Programme. Prevailing traditional cultural patterns, the gender divisions of labour, decision-making patterns, the access to and control of economic resources, and their benefits marked the “roadmap” to promote gender equity and the empowerment of women during the development of the Programme.

It was necessary to strengthen and develop some basic social skills that heavily conditioned women’s participation and roles within the community (Bisira and Kankintu) and to break the paradigm “that such things were for men and such things were for women,” thus promoting the joint work of both the “brade” (“men” in the Ngäbe language) and the “meri” (“women” in the Ngäbe language).

The Programme adopted a set of guiding principles in relation to promoting gender equality:

- Promote gender equality in management to the highest level.
- Treat all men and women equally in the workplace - respect and defend human rights and promote non-discrimination.

“The joint Programme highlighted the role of women within the community; women have more relation to water than men. The participation of women is more representative; this has led to the empowerment of women. Women have been given great opportunities, and I will keep joining together to strengthen and promote them.”

Dr. Debora Goddard/General Practitioner and Director of the Bisira Health Center
• Ensure the health, safety and welfare of all workers.
• Promote education, training and career development for women.
• Carry out gender-equitable and inclusive business development practices, supply chain and marketing.
• Promote equality through community initiatives and lobbying.
• Evaluate and disseminate the progress made toward gender equality.

5. Progress and Results

Women’s empowerment driven within the framework of the Programme fostered processes of change for women, increasing their participation in the community. From this perspective, empowerment for women meant:

• Self-confidence and internalizing the fact that women have the same rights as men.
• Autonomy to make decisions about their own lives.
• Identification of their interests, priorities and transformation of their relationships, structures and institutions that had limited them.

The Programme provided community education and specific trainings in different areas such as: women’s and children rights, environment awareness, promotion of entrepreneurship, water management and health practices that resulted in some significant social changes:

• Women increasingly share with their partners and problems are resolved together, they are respected by the community and participate actively;
• Partnerships are strengthened and responsibilities and the caring for children are shared among the family members; and
• Women have started their own economic activities such as restaurants, hostels, arts and crafts shops.

Women are participating actively in local organizations and in Infrastructure construction and development such as the water, sanitation and health system. Now:

• 99 per cent have no more problems of access to clean water and sanitation;
• The number of cases of diarrhea and skin problems in infants under 5 has decreased significantly, also due to the health trainings that improved the knowledge on health issues of indigenous people;
• Water system sustainability has been improved through the strengthening of the Rural Aqueduct Administration Boards (JAAR) and the increased participation of community organizations; and
• Women have been elected as JAAR and neighborhood presidents.

“The Ngäbe society is a sexist society that has been changing in modern times. Being a woman is to be discriminated against. Today, they see me as the doctor without regarding my gender. The Joint Programme highlighted the role of women within the community; women have more relation to water than men. The participation of women is more representative; this has led to the empowerment of women. Women have been given great opportunities, and I will keep joining together to strengthen and promote them.”

DR. DEBORA GODDARD/GENERAL PRACTITIONER AND DIRECTOR OF THE BISIRA HEALTH CENTER
**6. Lessons Learned and Challenges**

- It is important to incorporate an explicit gender equality strategy (as opposed to mainstreaming) in local development programmes in indigenous areas, as well as to involve women and men community members from the early stages of programme planning.

- The integration of men taking part in housework as support to their partners facilitated the incorporation of women in all the Programme activities.

- Due to the construction of infrastructure in the Kankintu and Bisira communities, economic potential that generated income was identified, giving women the opportunity to benefit in equal measure as men.

- Women, as well as men, have been actively involved in the implementation of infrastructure projects both in the rural aqueduct system and the healthcare system this allowed them to gain respect from the rest of the community.

- The remote location of these communities means that there are few professionals who are willing to take the risks necessary to share with and train these groups. Therefore it is absolutely necessary to strengthen local capacities to carry out these activities.

**7. Sustainability and Potential Application**

Knowledge and capacities have been improved in the local community and this will support sustainable results. Moreover local institutions have committed to monitor the implementation of activities initiated during the Programme, although budget increase will be needed in the future.

Women’s participation in the Administrative Boards of Rural Aqueducts is a key to sustainability. This is based on the fact that women migrate less and hence maintain greater permanence in the community and therefore their membership and leadership contribute strongly to the continuity of efforts.