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*Summary*

The United Nations Population Fund (UNFPA) submits the present report for consideration during the Twelfth Session of the United Nations Permanent Forum on Indigenous Peoples Issues. It provides a summary of the Fund's work to promote and protect the rights of indigenous peoples, particularly women, adolescent girls and youth in the areas of sexual and reproductive health, reproductive rights and population and data.

The report is not an exhaustive study of UNFPA's work; it contains a range of practices and programmes pertaining to the Fund's interventions in the field, particularly as they relate to the agency's response to the recommendations of the Permanent Forum. Based on an array of experiences resulting from the increasing engagement of UNFPA Country and Regional Offices with indigenous peoples, the report draws some policy and programming implications for consideration by the Permanent Forum both in the context of the national policy arena and in relation to a series of ongoing global intergovernmental processes, such as the post 2015 development agenda, the adoption of sustainable development goals, the review of the International Conference on Population and Development, and the outcome of the International Conference on Indigenous Peoples in 2014, which are meant to impact the lives, wellbeing and the very survival of indigenous peoples in the coming years.

## **I. Introduction**

- 1) The promotion and protection of indigenous peoples' rights is central to UNFPA's mandate. This clear commitment is derived from a conviction that sustainable human development is built on the realization of human rights, dignity and freedoms. For UNFPA there is a long-standing recognition that these are possible through paradigms rooted in and operable through diverse social and cultural contexts. Hence, working with and for indigenous peoples is viewed as a key development objective, as well as an approach which informs the Fund's policy and practice.
- 2) The Fund's mandate, as guided by the International Conference on Population and Development (ICPD) Programme of Action (PoA), clearly aligns with the goals of the International Decade of the World's Indigenous Peoples, with particular reference to Chapter VI of the PoA: "the strengthening of international cooperation for the solution of problems faced by indigenous peoples in such areas as human rights, the environment, development, education and health."
- 3) During the second International Decade, launched in 2005, UNFPA took deliberate actions advocating for the adoption of the United Nations Declaration on the Rights of Indigenous Peoples in 2007 and has since contributed to the Declaration's implementation, with particular focus on those thematic areas pertinent to the Fund's mandate.
- 4) The end of the second International Decade in 2014 coincides with the ICPD Beyond 20 review process. In 2012 UNFPA launched a global survey to assess the level of implementation of commitments made by the 179 signatory states to the ICPD. Included in the survey is a module on indigenous peoples' issues designed to directly contribute to the assessment of achievements of the goals of the second Decade. The preliminary survey findings on indigenous peoples' issues will be released at the Twelfth Session of the Permanent Forum in May 2013.
- 5) This report is based on information provided by more than 26 UNFPA country offices as well as the regional offices of Latin America and the Caribbean, Africa and Asia and the Pacific. The information gathered in this report is by no means exhaustive but provides an overview of the main areas of work on indigenous peoples issues in UNFPA including, population, data and censuses, sexual and reproductive health and rights, gender based violence, and gender equality and women's empowerment. This information has been presented in accordance with the structure of the questionnaire provided by the secretariat of the Permanent Forum, and with references to the objectives of the second Decade where appropriate. The use of this structuring may create occasional information overlaps and complementarities between the different thematic areas and the specific country initiatives covered in this report.

## **II. The Right to Sexual and Reproductive Health of Indigenous Peoples**

- 6) Throughout the second International Decade, UNFPA engaged in the promotion and protection of the rights of indigenous peoples, specifically the sexual and reproductive rights of indigenous women and girls and the right to freedom from all forms of violence and discrimination in accordance with Articles 21, 22, 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples.
- 7) As reflected in its mandate, UNFPA aims to reduce maternal and infant mortality among indigenous women and newborns through promotion of access to comprehensive sexual and reproductive health services, including voluntary family planning, prevention and treatment of

HIV/AIDS and the reduction of the rate of adolescent pregnancies. To this end, UNFPA spearheaded efforts at global and regional levels as well as in more than 26 countries by mainstreaming the rights of indigenous peoples into sexual and reproductive health programmes or using targeted interventions, depending on the specificities of the respective country context.

- 8) UNFPA supported legal reforms to access culturally acceptable sexual and reproductive health services, goods and facilities and contributed to the development of culturally acceptable “health models” at the sub-national level in multiple countries with the ultimate goal of recognition of the right of indigenous peoples to maintain traditional, safe, medicinal practices and the enjoyment of the highest attainable standard of health.
- 9) The following success factors and illustrative interventions are drawn from UNFPA’s programming experience in the course of the last three years of the second Decade.

**A. Combatting inequality and marginalization of indigenous peoples (objectives 1 and 2 of the second Decade)**

- 10) In many parts of the world indigenous peoples are invisible, either because national statistics systems do not disaggregate information, or simply because their indigenous identity is not recognized. Where data is available, indigenous peoples usually lag behind in most economic and social indicators whether income, poverty, nutrition, education, sexual and reproductive health and other health challenges. High maternal mortality rates are fairly consistent among indigenous women and, although data on reproductive health and voluntary family planning among indigenous people is far from complete, there is evidence of lower rates of voluntary contraceptive usage among indigenous women. Indigenous women are highly vulnerable to HIV/AIDS with economic, social and sex exploitation as contributing factors, although here too there is a serious gap in reliable data on sexually transmitted infections and HIV/AIDS.
- 11) Visualizing indigenous peoples in national information systems is a first step towards better assessing their needs and specific rights and developing appropriate policy responses. However, indigenous peoples should not be seen as passive recipients waiting to be counted. Situation analysis and policy planning have to be guided by human rights principles, including participation and free, prior and informed consent. During the second Decade, UNFPA collaborated with governments and indigenous peoples to integrate indigenous peoples’ issues in national censuses, surveys and specific administrative data systems and has contributed to the formulation of national or sectoral policies and laws, including constitutional reforms that recognize indigenous peoples’ identity and rights. (See section G. Promoting strong monitoring mechanisms and enhancing accountability at all levels).
- 12) It has generally been accepted that the marginalization of indigenous peoples is due primarily to structural factors of economic, social, political and cultural nature coupled with historic patterns of exclusion and discrimination, including the non-recognition of the indigenous status and the non-recognition of their specific and collective rights. UNFPA has supported national constitutional and legal reform processes such as in the Republic of Congo, where a national law on the Promotion and Protection of Indigenous Peoples Rights was passed in 2011. Furthermore, UNFPA has supported the integration of indigenous peoples’ perspectives and their worldviews in national development plans, such as in Ecuador where the indigenous concept of ‘Good Living’ was made central to national development efforts. Likewise, in Bolivia,

UNFPA supported government-led consultative processes, which led to the inclusion of the 'Good Living' paradigm in different policies and plans as well as the inclusion in the new Constitution of the indigenous women's right to safe motherhood and to the exercise of their rights to "intercultural" sexual and reproductive health and reproductive rights.

- 13) While the above structural causes remain important, targeted programmes addressing the specific and collective rights of indigenous peoples, including their right to non-discrimination is needed. The exclusion and marginalization of indigenous peoples, especially of women and girls, is often the result of multiple forms of discrimination. In addition to their ethnic status indigenous women and girls are also discriminated against on the grounds of sex and age, social and economic status, and location. These intersecting forms of discrimination are often perpetuated by underlying factors such as the inattention for the sexual and reproductive health needs of indigenous women and girls in public policies and budgets. To address this situation UNFPA country offices have engaged in advocacy strategies to ensure more inclusive and equitable social policies and have given priority in their programmes to the expansion of sexual and reproductive health information, goods and services to rural indigenous communities.
- 14) In ensuring the extension of health services to remote and underserved rural areas, UNFPA Suriname collaborated with the Medical Mission, the government agency responsible for providing primary health care in the interior of the country, to improve access to and quality of sexual and reproductive health care for women in rural indigenous areas with the aim of reducing the unmet need for voluntary family planning and the high incidence of cervical cancer and HIV in thirteen indigenous communities.
- 15) In Nepal, UNFPA's previous and current programming has been addressing issues of exclusion and discrimination of indigenous groups, low caste groups and women. From 2010 to 2012, the country office supported mobile reproductive health camps to provide services to marginalized and disadvantaged indigenous women and men living in rural and remote areas. Similar activities in Indonesia programmes focus on advocating for improved access to reproductive health to the indigenous Papuans of West Papua as well as providing this group with information on reproductive rights, including HIV prevention and gender-based violence.
- 16) Health policies and programs targeting a reduction of maternal mortality among ethnic minorities of mountainous regions of Vietnam, where rates are 2.5 to 3 times higher compared to the urban and lowland regions, were developed by the Ministry of Health with the support of UNFPA. In 2012, UNFPA supported the design of two interventions: to develop an ethnic minority midwife network and to provide access to quality emergency obstetric care and safe motherhood services. Both interventions focused on the necessary inclusion of local culture, religion and tradition. Additionally a maternal mortality assessment was conducted. The study identified main causes of maternal deaths, such as a shortage of skilled birth attendants, insufficient capacities of service providers, discrimination and cultural barriers. Based on these findings and within the framework of the *National Safe Motherhood Master Plan 2003-2010*, UNFPA supported two tailored 18 month training programmes for 861 ethnic minority midwives with the first group of graduates starting their work in the villages.
- 17) Since 2007 UNFPA, in partnership with UNICEF, WHO, and the government of Bangladesh, working to improve community maternal and neonatal health services, has been implementing the Joint Initiative *Accelerating Progress Towards Maternal and Neonatal Mortality and Morbidity Reduction*, in four selected districts (Jamalpur, Moulvibazar, Narail, and Thakurgaon).

Traditionally indigenous minorities from these districts, such as the Santal community, have had limited access to government service provisions. Interventions were introduced to empower men, women and community leaders to become active health service providers, including training of local women as community health volunteers and birth attendants. In Laos, under the framework called *Working with individuals, families and communities (IFC) to improve maternal and newborn health*, WHO and UNFPA are working to empower women, families and communities to improve and increase their control over maternal and newborn health, and to increase access to and utilization of quality health services, particularly those provided by skilled attendants. The IFC approach involves assisting communities to assess their own problems and needs in relation to maternal and child health care, and to be involved in discussions around resource allocations.

- 18) In China, UNFPA works with the Ministry of Health and the National Population and Family Planning Commission worked with the Tibetan, Miao, Zhuang, Jingpo, Dai and Lisu minorities to improve and promote maternal health by strengthening already existing social networks, traditional leaders, community support groups - consisting of a village doctor, volunteer husbands, teachers, women's federation members - that reach out to women in their homes. Data is collected on pregnant women, and women perceived to be at high risk of complicated pregnancies are referred to nearby hospitals. Future initiatives will address the integration of comprehensive life-skills-based sexuality education into the school system, and will target the prevention of child marriage, teen pregnancy and childbirth among ethnic minority adolescents.
- 19) In the Central African Republic UNFPA supported integrated interventions on reproductive health, family planning, HIV and gender-based violence in the districts of Mbaiki and Boad where a large number of indigenous peoples live. Capacities of indigenous peoples in Bandundu province were strengthened and demand increased for the use of maternal and reproductive health services, results from partnerships with the Network of Indigenous and local communities and the National Programme of Reproductive Health. UNPFA contributed to enhance the Ministry of Health's commitment to the reproductive health of indigenous peoples, both at national and decentralized levels through support to hospitals and health facilities, including the provision of commodities and equipment.
- 20) In Uganda, UNFPA supported the Church of Uganda to mobilize communities and build the capacities of health provider on maternal health, gender equality and HIV /AIDS. The Church of Uganda's Bwindi Community Hospital was strengthened to carry out maternal death audits and act as a referral center for the two health clinics that exist within the Batwa community. Good practices of the Bwindi Community Hospital included the creation of a health e-insurance and a "Mothers' Waiting Hostel" aimed to address the long-travel difficulties pregnant women face.
- 21) An evaluation of UNFPA's Panama country programme documented improved health care including integration of cultural respect, an increase in the number of prenatal care visits and skilled birth attendants, with an outcome of reduction of inequalities in health services for indigenous women.

**B. Intercultural approaches to health (objective 3 of the second Decade: re-defining culturally appropriate development policies)**

- 22) Intercultural health refers to health models and practices that bridge indigenous medicine and western medicine, with practices considered complementary. The basic premises are mutual

respect, equal recognition of knowledge, willingness to interact and ultimately integration to create a unique system.

- 23) In recent years, culturally sensitive reproductive health policies, programmes and regulations have been integrated and enforced in healthcare systems, especially, but not exclusively, in the Latin American region. Health services are being adapted and expanded with the inclusion of symbolic and meaningful cultural elements and practices that contribute to enhance indigenous women's access to adequate health care. Governmental health systems are beginning to understand and engage indigenous people's notions of health and illness, and the traditional medicinal knowledge that links their biological, spiritual and emotional lives.
- 24) The ongoing partnership between Latin America and Caribbean Regional Office of UNFPA (LACRO) and the Spanish Cooperation Agency for International Development (AECID) collaborating on activities to reduce maternal mortality among indigenous women grew into a four year programme, "Intercultural Reproductive Health for Indigenous Women." From 2008 to 2011 this programme forged strategic partnerships in in Bolivia, Ecuador, Guatemala, Honduras and Peru with the Continental Network of Indigenous Women of the Americas, the Indigenous Fund, Family Care International, the Andean Organism of Health, Oras Conhu and UN agencies, such as ECLAC, UNICEF and PAHO. The programme focused on promoting the reproductive rights of indigenous women and reducing maternal mortality and morbidities through the provision of quality and culturally acceptable maternal health services. Among its results in the five different countries, the programme contributed to legal reforms and the framing and adoption of public policies and protocols on intercultural reproductive health; the recognition of the role of traditional birth attendants within the official health system; the generation of knowledge and methodological and advocacy tools on intercultural reproductive health; and the development of health models aimed to improve access to reproductive health services for indigenous women in selected regions. In 2012 the programme designed a set of Basic Standards for intercultural maternal health services. The standards were developed together with the Ministries of Health of Bolivia, Ecuador and Peru, the Andean Commission of Intercultural Health, Family Care International and the South American Network of Indigenous Women. These Basic Standards define objective requirements necessary in order to provide and monitor quality and acceptable services.
- 25) UNFPA Colombia has successfully advocated for the development of an intercultural public health strategy which recognizes traditional health systems and medicinal knowledge as well as the role of traditional indigenous authorities in the formulation and implementation of intercultural health plans. This advocacy strategy focused on clarifying the common goals of indigenous and western medicine to ensure the right to health and life while emphasizing the collective and individual dimension of wellbeing in harmony with indigenous world views. Traditional communities understand the need to transform certain traditional practices that have negative impacts on the lives, health and ultimately in the survival of indigenous peoples.
- 26) Supported by UNFPA, the "Health Services for Citizens with Indigenous Cultural Relevance" initiative in the region of Ayacucho, Peru aims to improve the quality of maternal health care and cultural identity by promoting enhanced coordination between traditional medicine and academic medicine, including the intercultural competencies of healthcare professionals. The project's strategy uses intercultural dialogues, signing agreements between the indigenous communities and health personnel, with all parties monitoring the results. The project has improved communication between health personnel and agents of traditional medicine, while ensuring access to culturally sensitive health services in the local language. Consultations have

increased by 25% and the number of upright births deliveries increased from 10% in 2009 to 46% in 2012. Similarly, UNFPA has supported the development and implementation of a manual on traditional medicine and health for indigenous peoples in Honduras.

- 27) UNFPA country office in the Philippines has supported ongoing integration of traditional knowledge and practices associated with sexual and reproductive health of indigenous peoples into national and local policies. Gender and cultural sensitization of health service providers, senior staff and policy advisers of the National Commission on Indigenous Peoples results in greater understanding and appreciation of diversities as related to sexual and reproductive health needs and practices of indigenous Peoples. Demand from indigenous communities has increased, with UNFPA providing reproductive health supplies, and supporting outreach health services to ensure availability and access to modern, safe and effective methods of birth spacing, including the provision of culturally-sensitive information on family planning and midwifery scholarships to young indigenous women.
- 28) Using traditional thinking and practices as a resource of knowledge including linguistic, aesthetic and cultural preferences, a UNFPA supported programme in San Vito, Costa Rica successfully implemented the production of educational materials in the indigenous language *Ngöbere*, for use by health officials and cultural advisors (indigenous persons trained as health promoters) to develop educational activities on sexual and reproductive health.
- 29) In Bolivia, new national recognition of the valuable role of indigenous women in the administration of justice within their communities has led to a number of successful programmes. Indigenous women's organizations and networks contributed to CAIs or Committees for the Analysis of Local Information and in local health committees; the Vice-Ministry of Justice has enhanced the participation of indigenous women in the Traditional Indigenous Justice System; and ongoing culturally acceptable reproductive health programmes and services for indigenous women, supported by UNFPA.
- 30) In Panama, UNFPA supported the participation of health providers in regional and local meetings in order to define the role of traditional birth attendants within the health system. At the institutional level, UNFPA works with the sexual and reproductive health unit to revise its health regulations in order to allow up-right deliveries in health institutions along with the participation of traditional birth attendants.

### **C. Addressing violence and discrimination, including gender-based violence**

- 31) The pervasive nature and high prevalence of gender-based violence in its diverse forms is one main factor explaining the multiple human rights deprivations many women, including indigenous women and girls, experience. Violence hinders the ability of adolescent girls to know and exercise their rights, participate as equal and active members of society and, ultimately, realize their full potential. UNFPA addresses the violence indigenous women and girls face due to their dual condition as women and indigenous as well as the discrimination they face within their own communities, including their vulnerability to harmful practices.
- 32) In Colombia, UNFPA has supported an innovative strategy building women's capacity to analyze life and health threatening practices and propose solutions at the level of the decision making mechanisms of their communities. Within this strategy, UNFPA contributed to the analysis of the significance and consequences of female genital mutilation (FGM) among the Embera Wera

peoples of Risaralda. The final analysis led to a decision by indigenous women, authorities and communities, to abandon the practice. Following this successful experience, an indigenous summit was organized in partnership with the National Indigenous Organization of Colombia (ONIC). The summit brought together government and indigenous authorities to assess the situation faced by indigenous women and girls and to devise strategies to eradicate harmful practices affecting them. As a result, ten communities where FGM is practiced were identified.

- 33) In Mexico, UNFPA supported the formulation and implementation of State Development Plans in Puebla and San Luis Potosi for strengthening capacities at municipal level for addressing human trafficking and gender-based violence. As a result of these efforts 20 civil servants of each Municipality were trained in the implementation of the State Programmes against Trafficking of Persons. In Oaxaca and Chiapas, UNFPA supported the development of municipal guidelines for the care of women victims of violence in 14 indigenous municipalities.
- 34) In Peru, UNFPA worked with partners to develop a diagnostic study on gender-based violence and a communal strategy for Andean and Amazonian Indigenous peoples aimed at strengthening indigenous women as agents of change and as brokers between indigenous women and services that provide care for victims of gender-based violence. These female indigenous leaders play a critical role for increasing access of rural indigenous women to emergency services located in the principal cities provinces.
- 35) The design and implementation of a package of critical services to prevent and address gender-based violence long promoted by UNFPA was recently developed in Rwanda. This critical package of services is integrated with activities that involve among others awareness raising, information and education on human rights, gender equality, culture, sexual and reproductive health services – including voluntary family planning - and HIV&AIDS prevention, treatment and care with a focus on women and girls from vulnerable populations. Similar integral approaches are implemented in Nepal, where activities aim to prevent gender based violence through the provision of one stop crisis centres, the establishment and support for safe shelter/houses and the orientation of health service providers focusing on prevention and health care for the victims of gender based violence.

#### **D. Prioritizing the sexual and reproductive health of indigenous adolescents and youth**

- 36) Adolescence is a period characterized by rapid physical, cognitive and social changes, including sexual and reproductive maturation; the gradual building up of the capacity to assume adult behaviours and roles; new responsibilities; and requiring new knowledge and skills. The multiple discrimination indigenous adolescents and youth face - both in society and within their own communities- makes them particularly vulnerable to health challenges as manifested in the higher rates of alcoholism, suicide, sexual violence, early pregnancy, and the risk of contracting HIV and other sexually transmitted infections. These challenges include developing an individual identity and dealing with one's sexuality. UNFPA gives priority attention to the health needs and rights of individuals from this age group with due consideration to the specificities emerging from their indigenous status.
- 37) In Latin America and the Caribbean, UNFPA country offices are supporting integration of indigenous peoples' issues in the formulation and implementation of youth policies, with an emphasis in promoting youth rights and development, including the right to access sexual and reproductive health information, counseling and services, and their right to privacy.



- 38) For instance, in Chile, UNFPA supported the Youth Advisory Committee on Health to carry out a dialogue with the Ministry of Health to identify needs and health issues affecting adolescents. Indigenous youth, included on the committee, developed and implemented a work plan with local health authorities in their home provinces to improve the sexual and reproductive health of indigenous adolescents. This initiative has grown and a committee for indigenous youth is being created.
- 39) UNFPA provided support in Costa Rica for the development of the National HIV Strategy, which includes indigenous peoples as a “priority” target population. Within this framework and through inter-agency collaboration, a programme on HIV prevention among adolescents and youth in the Talamanca region is being carried out, including a strategy for addressing high adolescent pregnancies of indigenous girls.
- 40) In Belize, UNFPA, UNICEF and UNAIDs in partnership with the Population Council carried out a coverage exercise aimed at collecting information on the extent to which adolescent girls, including indigenous Mayan adolescent girls, from the districts of Belize, Stan Creek and Toledo had access to social programmes aimed at reducing their risk of HIV/AIDS, Sexually Transmitted Infections (STIs) and unwanted teenage pregnancies. It also provided “out-of-school information sessions on violence against women, including indigenous women” aimed at building capacities of police enforcers and health providers to prevent the above mentioned risks, provide care and enforce laws relating to stigma and discrimination. Similarly, in Guyana, UNFPA supported initiatives to provide out of school education and information on HIV, teenage pregnancies and substance abuse. The initiatives focused primarily on indigenous women and adolescent girls whose rising vulnerabilities have been increasing as the number of logging and mining camps in the territory increase.
- 41) In Brazil, indigenous adolescents and youth are one of the key groups which the Government and UNFPA are targeting through the provision of technical assistance on norms, methodologies and communication strategies to build life skills to prevent adolescent pregnancies. The aim of this collaboration is to scale up programming that addresses adolescent sexual and reproduction health among “at risk” groups as well as encourage south-south cooperation.
- 42) The expansion of Colombia’s Youth Friendly Services Model that has reached 98% of departments of the country, adapted their model to indigenous groups, taking into account their cultural practices and the particular needs of indigenous young people. The “adapted” model is being implemented in two indigenous communities in the Cauca and Guajira regions, where the largest indigenous groups are located.
- 43) In partnership with the Guatemala Population Council, UNFPA continues to support the transfer of skills and knowledge between two local organizations that work with young indigenous women in the Quiche and in Totonicapan, focusing on adolescent girls. The model being implemented, known as “Opening Opportunities” aims to include indigenous adolescent girls in peer education programmes, creating safe spaces, and strengthening their linkages to youth networks, as a means to create opportunities for adolescent girls to develop their life plans.
- 44) In Nicaragua, UNFPA supported the implementation of the Non-Formal Education Strategy aimed at training peer educators to work with adolescents between 10 to 14 years of age in selected municipalities, including indigenous ones. Similar projects were implemented in

Ecuador, Peru (Ucayali region) and in Paraguay (Chaco Region) with a view to improving the sexual and reproductive health of indigenous adolescents.

- 45) In its work with adolescents and youth, UNFPA India is initiating a programme in 2013 to support efforts to develop innovative counseling services in community settings through, trained peer educators, community elders, or providers in government or private sector. Community based social action and provision of opportunities for effective engagement and participation of young people in social development processes will be pursued. UNFPA will also work with scheduled tribes, Muslim minorities living in slums to develop models that reach the marginalized, focusing on sexual and reproductive health, comprehensive sexuality education and child marriage.
- 46) In Malaysia, from 2008 - 2012 UNFPA supported an initiative to empower marginalized women, including indigenous women and girls, to realize their sexual and reproductive health and rights, and to protect themselves from violence and HIV. This initiative played an important role in challenging marginalized women's beliefs with respect to gender, women's rights, violence, especially on domestic or gender-based violence and HIV; women who attended training courses became more aware of their rights, and gained an understanding of reproductive health-related issues including HIV and other sexually transmitted infections, breast and cervical cancer.
- 47) In Namibia UNFPA worked with the indigenous communities in the San and Ovahimba regions. Data from these regions show an increase in the use of HIV prevention measures and a decrease in maternal mortality since 2008. Through building the capacities of "San Lifestyle Ambassadors," UNFPA addressed the high incidence of HIV among San youth, carrying out community based education programmes that promote behavioral changes such as the delay in sexual activity and the use of condoms.

**E. Promoting the principle of free, prior and informed consent (objective 1 and 2 of the second Decade)**

- 48) The principle of free prior and informed consent enshrined in UNDRIP is the cornerstone for the wellbeing, dignity and survival of indigenous people. Consistent with this principle, more UNFPA country offices are gradually involving Indigenous organization in their programming frameworks and developing new partnerships for implementation. At the upstream policy level, UNFPA advocates for the systematic inclusion of indigenous peoples in decision making processes and governance systems.
- 49) By way of illustration, in Nicaragua, in line with the UNDRIP and recommendations of the Permanent Forum on Indigenous Peoples Issues, UNFPA geared up its efforts to formulate the "National Development Plan for Indigenous Peoples and Peoples of African descent of Nicaragua" and improve their sexual and reproductive health, working in close coordination with the UN System's Consultative Committee on Indigenous Peoples and Afro-descendant Populations. Likewise, the Costa Rica joint UN programme presented to the United Nations Trust Fund for Human Security has been consulted with representatives and authorities of indigenous peoples who will be part of the implementation and monitoring process.
- 50) In Rwanda indigenous peoples are often referred to as historically marginalized people, UNFPA has collaborated with indigenous peoples 'organizations, such as COPORWA in order to reach

out to indigenous communities using a participatory approach involving government, CSOs and the targeted populations. Programme reviews, undertaken twice a year also with a participatory approach to assess progress, identify challenges and document lessons learnt. It is worth noting that as a UN Delivering as One country, consultation boards are organized through the office of the UN Resident Coordinator.

#### **F. Promoting the empowerment of indigenous women**

- 51) Another key focus of UNFPA's work with indigenous peoples is in the field of women's empowerment, using diverse and integrated strategies such as education, organizational strengthening and the promotion of a more systematic and meaningful women's participation in legal reforms, public policies and governance systems.
- 52) In Latin American countries such as Argentina, Bolivia, Ecuador, Panama and Peru, under the auspices of the MDG achievement fund, UNFPA has focused on capacity building of indigenous women's organizations and networks in advocacy and negotiation skills and community-based policy monitoring and social auditing. For instance, In Bolivia, UNFPA, the Centre of Indigenous Women from Amazonian Pando (CIMAP) and the Confederation of Indigenous Women of Bolivia (CNAMIB) carried out a successful campaign aimed at generating awareness for and demand of voluntary modern contraceptive methods, including engaging indigenous men to promote co-responsibility among indigenous men. Similarly, in Ecuador the use of radio programmes in indigenous languages were developed to provide rural indigenous communities with information on reproductive rights and the use of voluntary modern contraception. Awareness of and demand for family planning services increased in 41 indigenous communities in the States of Chiapas and Hidalgo in Mexico, a direct result of the Intercultural Reproductive Health Model designed by UNFPA, promoting close collaboration between indigenous communities and the Ministry of Health. In Argentina, UNFPA supported the National Council of Indigenous Women (CONAMI) on the implementation of the "Itinerant School on the Rights of Indigenous Women" aimed at promoting indigenous women's leadership skills.
- 53) In the Republic of Congo capacity building of advocacy and negotiation skills of indigenous groups, including women, have been developed over a period of years leading to the formulation and adoption of the "Law on the Promotion and Protection of Congolese Indigenous Populations," the first-ever in Africa qualified as a "best practice" by the UN Special Rapporteur on Indigenous Issues, Mr. James Anaya. Currently, UNFPA's focus is on raising awareness of the implementation of the law as well as the ongoing key activities of capacity development of indigenous leaders and associations on advocacy and organizational management.

#### **G. Promoting strong monitoring mechanisms and enhancing accountability at all levels (objective 5 of the second Decade)**

- 54) The principle of accountability, particularly in the development field, is often narrowly understood as a monitoring and evaluation exercise. However, from a human rights perspective the principle of accountability is a continuum across the entire policy process, which must start with full recognition of indigenous peoples as a distinct group with its own status and specific rights. This legal recognition is a fundamental pre-requisite to ensure the visibility of indigenous peoples in political processes, public policies, and budgetary choices.

- 55) Human rights sensitive monitoring and evaluation systems require the availability of reliable, periodic, disaggregated and community owned data. Guided by these parameters, UNFPA has many years of experience working in partnership with national statistic systems, indigenous organizations and other national stakeholders to bring to the surface the development challenges and deprivations faced by indigenous peoples through the generation of national data and statistic. UNFPA has supported States to cooperate with indigenous peoples in compiling data on their demographic characteristics as well as to integrate this population and social data into national data collection systems.
- 56) In the Latin American Region, UNFPA has been the leader in the development of a disaggregated database on indigenous peoples' indicators in coordination with ECLAC and the Indigenous Fund; the generation of methodological instruments for the inclusion of an ethnic perspective in the 2010 Round of Population and Housing Censuses; and capacity development of National Statistical Institutions and Indigenous Peoples' organizations. UNFPA underscores the need for the creation of commissions for institutionalizing indigenous peoples' issues into national statistical institutes and data collection processes. Such commissions must include permanent agreements with indigenous peoples. The primary functions of these commissions is to: design and implement training workshops for indigenous peoples organizations and statisticians on census processes, including discussion on worldviews and the main human rights instruments; and to form working groups for discussion and decision-making regarding the application of international standards on census concepts, operations, logistics, and organizational issues.
- 57) Developed in part through consultations with and inclusion of indigenous women's groups into the discussion supported by UNFPA programmes, the 2009 adoption of a new constitution of the plurinational state of Bolivia included principles of social inclusiveness and non-discrimination, especially for indigenous peoples. Building upon such gains, supported by UNFPA, Bolivia's 2012 census deliberately integrated indigenous peoples' issues. The census results contributed to the design of a national economic and social development plan, enabling the government to address the needs of indigenous peoples, peasants and Afro-descendants.
- 58) In Costa Rica, the National Statistics Office conducted a national Census in 2011, incorporating information about indigenous population living both in indigenous territories and outside them. UNFPA was engaged from the preparatory work stage, supporting strategies for the production of census cartography, for data capturing and processing, as well as some aspects of field operations (staff training on census processing, definition of census topics, among others), and dissemination of results. In Ecuador UNFPA has devised culturally sensitive indicators, in partnership with the Indigenous Peoples Commission and the National Institute of Statistics, to ensure an equity perspective in public policy formulation.

### **III. Global Initiatives and Targeted Policies and Programmes for the Development of Indigenous Peoples (objective 4 of the second Decade)**

- 59) UNFPA chaired the Inter-Agency Support Group on Indigenous Issues in 2011-2012. Consistent with the mechanism's aim to increase coordination and promote knowledge sharing among UN agencies, during its tenure UNFPA led early discussions to position indigenous peoples' issues in the post-2015 development agenda. Furthermore, UNFPA advanced the development of a proposal for the design of a joint knowledge platform to make accessible to indigenous peoples and other users the wealth of UN policies, programming guidance and tools on indigenous peoples' issues as well as information on key milestones and events.

- 60) UNFPA is one of the five members of the UN Indigenous Peoples Partnership (UNIPP) which was launched in New York in May 2011 with strong support from the United Nations Secretary General. The UNIPP is a catalytic agent in the promotion and protection of indigenous peoples rights at the country level. Through the implementation of country projects, UNIPP addresses specific situations of indigenous women, children and youth in their access to education and health in Bolivia, Nicaragua, Republic of Congo and Central African Republic with focus on basic services e.g. sexual and reproductive health and HIV/AIDS prevention and care.
- 61) In the Republic of Congo in 2012, within the context of the UNIPP programme, UNFPA focused its efforts on social and political mobilization for the implementation of the Congolese law on the promotion and protection of indigenous peoples' rights, as well as the sensitization of indigenous peoples on their political rights, and the mobilization of indigenous women in the context of the 2012 legislative elections. UNFPA promoted the participation of indigenous peoples and Afro-descendant women from the Caribbean Coast of Nicaragua in the review process of the ICPD +20. A baseline study on indigenous peoples in the Central African Republic related to sexual health and reproductive rights, including HIV/AIDS. The study will be used to tailor interventions aligned with their specific needs and will focus on capacity development of indigenous women and girls in communities concerning life skills in reproductive health and empowerment. And in Bolivia, a participatory study on *the situation of Highly Vulnerable Indigenous Peoples* in the Amazon region was conducted and resulted in the subsequent development of a Comprehensive Development Plan on Indigenous Peoples of the Region.
- 62) Although it is still too early to draw lessons from this Partnership, UNIPP is quickly becoming a mechanism to move the aspirations of indigenous peoples from global advocacy bodies and international circles to direct creation of concrete change at the country level, especially among indigenous women, children and youth.
- 63) Together with UNICEF, the International Labor Organization, UN-WOMEN, and the Office of the Special Representative of the Secretary General on Violence against Children, UNFPA is also collaborating on the Study on Violence Against Indigenous Girls, Adolescents and Youth aimed to identify vulnerabilities, inform programming at all levels, and track progress towards preventing violence against indigenous girls, adolescents and youth. Building on regional and country perspectives from Guatemala, Kenya, and the Philippines, the report will seek to promote more effective and targeted interventions in the fields of data collection and analysis, research, legal and policy reform, culturally appropriate service delivery, advocacy and development assistance that are of relevance to indigenous girls and young women. A final report will be presented at the Twelve Session of the Permanent Forum on Indigenous Issues.

#### **IV. Conclusions: Policy and Programming Implications**

- 64) As this report shows, the work of UNFPA in partnership with Indigenous Peoples, particularly women, adolescent girls and youth, has yielded some fruits in advancing the rights of indigenous peoples to health, education and information, as set forth in the United Nations Declaration on the Rights of Indigenous Peoples and other international human rights instruments. While progress cannot be exclusively attributed to UNFPA, the following lessons and policy implications can be drawn from the experiences described in this report:

- a. Indigenous peoples' marginalization is the result of historic processes of discrimination, exclusion, cultural assimilation and deprivation of their resources, including land and traditional knowledge. The constitutional recognition of indigenous peoples and the legal protection of their culture and identity is a fundamental pre-requisite towards achieving a more equitable and sustainable development respectful of diversity and the specific and collective rights of indigenous peoples;
- b. Disempowerment and discrimination, including indirect discrimination through inattention in public policies and budgets, are two main structural factors preventing many indigenous peoples from enjoying healthy and productive lives. The engagement with Indigenous peoples, including women leaders and youth groups has been critical to ensure their needs and rights are properly captured in national information systems and addressed in policies;
- c. Censuses and administrative information systems disaggregating data on the grounds of sex, age, income, place of residence, disability, HIV status, marital status or other relevant status have helped to identify multiple and intersecting forms of discrimination as well as specific pockets of marginalization requiring priority policy attention;
- d. The active engagement with indigenous peoples in the design of policies and programmes as well as in implementing community-based interventions has contributed to increase access by indigenous women, girls and youth to critical packages of sexual and reproductive health, HIV prevention and gender-based violence services, in particular those from rural and underserved areas. The empowerment of indigenous men, women and community leaders to be primary health care providers and the training of traditional skilled birth attendants are cost-effective interventions to improve the maternal and sexual health of indigenous women and girls in contexts where the state administration is too weak or simply absent;
- e. In particular, increased access to family planning, skilled birth attendants and emergency obstetric care have proven to be amongst the most cost-effective interventions to improve the maternal and sexual health of indigenous women and girls;
- f. The design and delivery of culturally appropriate health models and services, with full participation of indigenous peoples in their design, has contributed to an increased use of, and a higher degree of satisfaction with, public services. This has indirectly contributed to institutional and behavioural changes whereby health professionals place more value in the traditional knowledge and worldviews of indigenous peoples, thereby developing more tolerant, inclusive and service oriented attitudes towards indigenous peoples;
- g. The formulation of concrete and objective sets of intercultural health standards has helped to integrate indigenous perspectives into health models as well as in monitoring and evaluation systems, thereby making more operational and measurable government policy efforts and commitments in this field;
- h. Programmes addressing harmful practices and gender-based violence have demonstrated the powerful role that information and evidence has in engaging in a constructive dialogue with indigenous communities and their leaders with a view to developing an understanding of the need to transform certain practices that have negative effects in the lives and health of indigenous women and girls;

- i. Peer-education programmes involving adolescents and youth are effective ways to transmit knowledge and skills on sexual and reproductive health and how to reduce the risks associated to unsafe sex, including unwanted teenage pregnancies and the contraction of HIV and other sexually transmitted infections. Additionally, these programmes have empowered the adolescents and youth to claim their rights and confront broader legal, administrative, economic, social and psychological barriers preventing free and confidential access to those basic services;
  - j. Awareness programmes for empowering indigenous women have been more effective when generic packages on human rights and sexual and reproductive health knowledge were complemented with basic organizational, leadership, advocacy and social accountability skills; and
  - k. The Latin American experience of institutionalizing commissions for indigenous peoples' issues into national statistical institutes and data collection processes can be a very effective way to engage indigenous peoples in a manner consistent with the human rights principle of free, prior and informed consent, while becoming a good vehicle to integrate indigenous peoples' worldviews and perspectives into data and monitoring and evaluation systems.
- 65) The Twelfth Session of the UN Permanent Forum on Indigenous Issues will offer a unique window to position the rights and aspirations of indigenous peoples in key global intergovernmental discussions such as the post-2015 development agenda, the adoption of sustainable development goals, the ICPD post 2014 review process and the outcome of the International Conference on Indigenous Peoples in 2014, which are meant to impact the lives, wellbeing and the very survival of indigenous peoples over the next twenty years. At this critical juncture, UNFPA will continue to work on addressing inequalities and poverty among indigenous peoples around the globe, as well as promoting their sexual and reproductive health, rights and well-being, free from discrimination and violence. Through strengthened partnerships with indigenous peoples' organizations and networks, this work will remain focused on ensuring access to culturally appropriate services, empowering indigenous women - including women leaders - and developing opportunities for indigenous youth and adolescent girls to claim and exercise the rights and be able to play a more active role both within their own communities and as part of a global, inclusive and diverse society.