

**Information received from the United Nations system and
other intergovernmental organizations**

United Nations Population Fund

Summary

The present report is submitted by the United Nations Population Fund (UNFPA) for consideration during the in-depth dialogue of the eleventh session of the United Nations Permanent Forum on Indigenous Issues. It provides a summary of the Fund's approach to promoting and protecting the rights of indigenous peoples, particularly women, adolescent girls and youth and the work which the agency has been undertaking regarding indigenous peoples' issues. It further identifies good practices and lessons learned in its current efforts as well as challenges to be addressed in moving the agenda forward. The Fund's immediate agenda in the promotion and protection of indigenous peoples' rights includes indigenous women's rights to sexual and reproductive health and to protection against all forms of violence and discrimination, particularly gender based violence. This agenda reinforces a human rights-based approach to development in favor of the rights of indigenous peoples.

The report is not an exhaustive study of UNFPA activities; it contains a range of practices and programmes pertaining to the Fund's interventions in the field, particularly as they relate to the ways in which the agency is responding to the recommendations of the Permanent Forum.

I. Introduction

1. The United Nations Population Fund (UNFPA), has been an important actor in promoting the rights of indigenous peoples, particularly indigenous women's rights to sexual and reproductive health and to enjoy protection against all forms of violence and discrimination, particularly gender based violence, in accordance with Articles 21, 22, 23 and 24 of the United Nations Declaration on the Rights of Indigenous Peoples.

2. UNFPA's main aim has been the reduction of maternal and infant mortality among indigenous women and newborns, the prevention of HIV and of adolescent pregnancies. In order to attain these outcomes, UNFPA contributed to legal reform processes and to the formulation of policy frameworks, programmes and protocols that recognize the importance of increasing access to culturally acceptable sexual and reproductive health services, goods and facilities. UNFPA is also contributing to the development of culturally acceptable "health models" at the sub-national level in different countries. The ultimate goal of these activities is the recognition of the right of indigenous peoples to maintain traditional, safe, medicinal practices and the enjoyment of the highest attainable standard of health.

3. As will be described below, in a review of the main work of UNFPA in twenty-five countries in Africa, Asia and Latin America and the Caribbean 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 public policies and decision making processes.

4. At the global level during 2011, UNFPA advocated for the inclusion of indigenous peoples issues in its country programmes and related programmatic processes; it chaired the Annual Meeting of the Inter-Agency Support Group on Indigenous peoples' Issues that took place in New York in November 2011, with the aim to increase coordination and promote knowledge sharing among UN agencies. Recommendations on this meeting have been included in the IASG Report to the

Permanent Forum for 2012. Likewise, in 2011 UNFPA joined the United Nations Indigenous Peoples Partnership (UNIPP), as one of its Board Members, together with ILO, OHCHR, UNDP and UNICEF. Its purpose is to support governments and indigenous peoples to advance the application of the UN Declaration on the Rights of Indigenous Peoples and ILO Convention 169, at the country level. In regards to its work in UNIPP, UNFPA contributed to the design of Operational Guidelines and Principles and to the discussion and approval of six country proposals and one regional initiative to be implemented in 2012.

5. Together with UNICEF, ILO and UN-WOMEN, UNFPA is also collaborating on a 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. A final report will be presented to the Permanent Forum on Indigenous Issues at its Eleventh Session. Highlights of the review were presented in the “International Expert Group meeting on Combatting Violence Against Indigenous Women and Girls” that took place in New York between the 18 – 20 January 2012. Within this context UNFPA, FIMI and the UN MGD Fund, supported the presentation and publication of the “Good Practice” on the elimination of FGM/C in Colombia among the Embera Wera, illustrating participatory strategies that have led to this positive outcome.

6. In sections II, III and IV below, a case by case description of UNFPA’s work in 25 countries in Africa, Asia and Latin America and the Caribbean is presented. This intends to highlight the contributions of Country Offices (COs) to advance indigenous peoples rights, while acknowledging the need to redouble and scale up these efforts.

II. Working with Indigenous Peoples’ Rights in Africa

7. In some African countries indigenous peoples are referred to as “historically marginalized people,” whom have been forest-based, hunter-foragers that are facing grave challenges today due to environmental changes, deforestation, loss of land and natural resources, as well as limited or no access to basic social services. Due to

entrenched patterns of discrimination and exclusion, most indigenous peoples in Africa are experiencing higher poverty rates, illiteracy and school drop-outs as well as lower representation in decision making processes. Moreover, the disproportionate incidence of maternal and infant mortality among indigenous peoples reveals dire sexual and reproductive health conditions which are often characterized by high HIV infections and many cases of sexual and gender based violence.

8. This year, UNFPA is pleased to report on its work in six countries in Africa: Congo, Central African Republic, Namibia, Rwanda, Tanzania and Uganda, working primarily with the Maasai Baaka's and Bakwa's indigenous peoples, the San and Ovahimba of Namibia and with Maasai women in Tanzania. The main areas of work have been: supporting the formulation and implementation of legal frameworks for the Protection of Indigenous Peoples in Congo and Rwanda; carrying out efforts to reduce maternal mortality in Central African Republic and Uganda; promoting the empowerment of indigenous women on gender equality and human rights in Congo, Rwanda and Tanzania, and addressing HIV infections among indigenous peoples, particularly youth, in Namibia.

A. Country Highlights in Africa

9. In the Republic of Congo support was provided for 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 is contributing to raise awareness of the law, and supporting the formulation of its implementation decrees. Key strategies for this process have included the capacity development of indigenous leaders and associations on advocacy and organizational management.

10. 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. The

capacities of health providers on reproductive health were strengthened and support was provided to hospitals and health facilities through the provision of commodities and equipment.

11. In Namibia, UNFPA focused its work in the San and Ovahimba regions, where indigenous peoples live. 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.

12. In Rwanda, between 2009 and 2010, UNFPA was at the forefront of supporting a “Regional Framework for Indigenous Peoples in Central Africa.” Effective follow-up is needed to ensure buy-in from governments in the region. In 2010, its main emphasis was directed to the empowerment of “historically marginalized women” through income generating activities, reproductive health capacity building and awareness-raising on gender equality and human rights.

13. In Tanzania, UNFPA partnered with the Tanzania Gender Networking Programme (TGNP) to support a Gender Festival that provided a platform for women to advocate for their rights. The Festival was an important space for thousands of women and women’s rights advocates to explore solutions to the socio-economic struggles Tanzanian women face, including the Ngoro Ngoro women who raised their voices regarding their rights to land and natural resources.

14. 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.

15. In 2012, UNFPA will work with the Batwa Community in Burundi sensitizing youth on reproductive health and HIV prevention and care, including the need for voluntary testing. It is expected that 500 youth will be targeted.

III. Working with Ethnic Minorities in Asia and the Pacific

16. UNFPA is pleased to report on its work with ethnic minorities and indigenous peoples in Asia and the Pacific, responding to the urgent need to reduce maternal and infant mortality among ethnic minorities through improving access to quality, culturally acceptable reproductive health services in selected regions. Challenges persist in the recognition by local and national authorities of the specific reproductive health needs of 'ethnic minorities' along with insufficient regulation of health services including supportive supervision and quality assurance. To move forward, support for the development and implementation of culturally sensitive, evidence-based policies and their scaling up through policy dialogue and programming initiatives is essential as well as the development of health regulatory frameworks and their monitoring.

A. Country Highlights in Asia and the Pacific

17. In Vietnam, in an effort to make maternal health services more acceptable to ethnic minority women, 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; the first group of graduates is starting their work in the villages.

18. In China, a three year initiative aimed to improve maternal and infant health by making services more culturally acceptable for ethnic minorities of selected counties was completed in 2011. This initiative included: support to qualitative studies

where data on traditional and spiritual practices related to health and harmful practices was collected, the identification of actual or perceived barriers and the gathering of community recommendations. Also, tools in local languages were designed to guide health staff in making services more client-friendly. Maternal and child health messages were relayed through ethnic media, local religious and spiritual leaders were consulted, and advocacy took place at the local and national levels leading to the adoption of these tools by the Ministry of Health for their use in other ethnic regions.

19. In the Philippines, geographic isolation and difficult terrain, security, and the lack of family planning and reproductive health supplies serve as barriers for indigenous peoples' access to reproductive health services. In order to address these challenges, UNFPA supported a Community Empowerment Programme in the Cordilleras region. The programme included a needs assessment, training of health providers and indigenous organizations on reproductive health and gender equality and the promotion and establishment of sustainability measures through the Indigenous Federation. The program achieved an increase in male involvement, improved the dialogue between community leaders and health providers, established an emergency health fund for women with pregnancy-related complications, created a network of community reproductive health advocates, revitalized the use of local languages in awareness raising and the use of a traditional transportation system to health centers called the "Ayod."

20. In Lao PDR special demand-driven strategies have been implemented in the poorest three provinces in the country which are mostly inhabited by ethnic minorities in order to improve maternal health. New UNFPA country programmes for Nepal and India are being formulated and will address social and ethnic inequities and discrimination issues through community based interventions targeting scheduled castes and tribes. In Indonesia, a geographical focus of the new Country Programme will be in the Papua and West Papua provinces where ethnic minorities live. Strategies will be carried out to target these underserved communities through culturally pertinent reproductive health services.

IV. Working with Indigenous Peoples Rights’ in Latin America and the Caribbean

21. According to United Nations in Latin America and the Caribbean (LAC) there are an estimated 40 – 50 million indigenous peoples, representing around 400 indigenous groups. UNFPA’s work on Indigenous Peoples issues has been more advanced in the Latin America and Caribbean region than in other regions and responds to the demands from social movements in these countries. In Latin America and the Caribbean, as in Asia and Africa, indigenous peoples are among the most excluded sectors of society. This is reflected in high poverty rates, high maternal and infant mortality, low formal education levels and generalized discrimination.

22. Through its Regional Office in Panama and its country offices in the LAC region, UNFPA has forged horizontal partnerships with indigenous peoples, indigenous women organizations and networks, Governments, NGOs, universities and other UN Agencies addressing the recommendations of the Permanent Forum and the dire needs and human rights of indigenous peoples. Its main work, during the last decade has taken place in seven countries: Mexico, Bolivia, Ecuador, Guatemala, Honduras, Peru and Panama. Important work has also started in eight other countries: Argentina, Belize, Chile, Costa Rica, Guyana, Nicaragua, Paraguay and Suriname as highlighted below.

A. The Partnership of the Latin America and Caribbean Regional Office of UNFPA (LACRO) and the Spanish Cooperation Agency for International Development (AECID) for reducing maternal mortality among indigenous women

23. A four year programme on “Intercultural Reproductive Health for Indigenous Women” was carried out from 2008 – 2011 by UNFPA LACRO in Bolivia, Ecuador, Guatemala, Honduras and Peru, with AECID’s support, forging strategic partnerships 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.

24. 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 varied and key results in the five different countries, the following can be highlighted: the integration of the theme of reproductive health and rights in the agendas and Action Plans of Indigenous Women Organizations and Networks; 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. Other key results included: the empowerment and capacity development of Indigenous Women Organizations and their leaders on advocacy and negotiation skills, as well as on gender equality and reproductive health and rights, community auditing by Indigenous Women Organizations; the development of a disaggregated database on indigenous peoples' indicators in coordination with ECLAC and the Indigenous Fund; and the generation of methodological instruments for the inclusion of an ethnic perspective in the 2010 Round of Population and Housing Censuses, together with capacity development of National Statistical Institutions and Indigenous Peoples' organizations.

25. Key challenges identified by the Programme for its sustainability include: the need to overcome discrimination in the health sector and to continue to promote respect for the traditional medicinal practices of indigenous communities; the need to recognize the role of traditional birth attendants; and the need to scale-up training and service provision through increased national human and financial resources.

B. Country Highlights in Latin America and the Caribbean

26. In Argentina, UNFPA supported the CONAMI, or the National Council of Indigenous Women, to implement an "Itinerant School on the Rights of Indigenous Women" aimed at promoting indigenous women's leadership skills. A second important line of work carried out was with indigenous migrant women from Bolivia,

addressing the discrimination and socio-cultural barriers they face that limit their access to social programmes and health services.

27. UNFPA Bolivia, as a member of the UNCT, responded to the recommendation of the Permanent Forum to protect the lives of the Guarani peoples. In this respect, it supported a Situational Analysis of the Guarani and the “Strategic Plan for the Alto Parapeti,” including the provision of identity documents for 700 persons, mainly women, to provide them access to cash transfer programmes and other social services. Culturally acceptable reproductive health programmes and services for indigenous women were also supported including the drafting of a law on Traditional Medicine. Indigenous women’s organizations and networks were strengthened to participate in the CAIs, or Committees for the Analysis of Local Information, and in Local Health Committees. A new line of work was its contribution with the Vice-Ministry of Justice for enhancing the participation of indigenous women in the Traditional Indigenous Justice System recognizing the valuable role they can play in the administration of justice within their communities.

28. In Chile, UNFPA supported a participatory, qualitative study and reflection from the perspective of the Mapuche peoples’ worldview, on HIV and Traditional Health, called the TRAWUN, aimed at reducing their vulnerability to HIV. Concrete recommendations and strategies were developed for indigenous leaders, traditional health agents and indigenous women.

29. In Colombia, UNFPA supported an innovative strategy that focused on building women’s capacities to analyze life and health-threatening practices and propose solutions, leading to their empowerment and participation in decision-making processes and in community mechanisms. Within this strategy, UNFPA contributed to the analysis of the significance and consequences of FGM/C among the Embera Wera of Risaralda, leading to the decision by indigenous women, authorities and communities, to eliminate the practice. In the Department of Nariño a process for identifying intra-family violence in its different forms through similar methodologies is on-going and preliminary agreements for addressing it are being reached. UNFPA

also supported the UNIPA and CAMWARI indigenous organizations to devise a “Policy on Indigenous Women’s Rights.” Together with UN-WOMEN, UNFPA is also assisting the Indigenous Organization of Colombia (ONIC) to carry out a study on the Situation of Gender-Based Violence of Indigenous Women in four regions with the aim of designing and implementing an Action Plan.

30. In Costa Rica, UNFPA supported data collection on indigenous peoples through the Population and Housing Census of Costa Rica and provided support for the development of the National HIV Strategy, which includes indigenous peoples as a “priority” target population. Within this framework and through interagency collaboration, a programme on HIV prevention among adolescents and youth in the Talamanca region is being carried out, including the development of a “health model” for scale-up. A strategy for addressing high adolescent pregnancies of indigenous girls in the Talamanca region is also being supported.

31. In Ecuador, UNFPA supported the capacity building of indigenous women’s organizations and networks in advocacy and negotiation skills, community-based policy monitoring and their positioning within the Confederation of Indigenous Peoples of Ecuador (CONAIE). It also assisted the development of health registries with an intercultural approach in the Cayambe and Otavalo districts. UNFPA Ecuador is one of the most advanced countries in the region in incorporating intercultural approaches in sexual and reproductive health norms and services, including devising standards and culturally sensitive indicators. As part of this, a broad range of methodologies and tools have been produced, including a publication that documents the experience with a view to scale up these Intercultural Health Models in other regions and countries. UNFPA Ecuador also strengthened the Indigenous Peoples Commission within the National Institute of Statistics (CONEPIA) for generating data with an ethnic perspective. In addition to this, the “Integrated Indicator System based on ethnicity,” (SIDENPE) was supported and Socio-Demographic Atlases per indigenous group were designed contributing to public policy formulation with an equity perspective.

32. In El Salvador, UNFPA contributed to the establishment of a Theme Group to address poverty and promote social inclusion, including indigenous peoples. This Theme Group has devised a work-plan and initiated the dissemination of the UN Declaration on the Rights of Indigenous Peoples at the national level.

33. In Guatemala, UNFPA contributed to the establishment of the UN Inter-agency Group on Indigenous Peoples and Intercultural Perspectives, focusing its work on the prevention of Gender Based Violence among indigenous women in coordination with the Ombudsman Office and the municipalities of Totonicapan. In line with the objectives of the UNFPA-AECID regional initiative, UNFPA Guatemala generated information and produced evidence on the health views of the Garifunas and on the socio-cultural determinants that hinder access of indigenous women of the Altiplano to reproductive health services. Moreover, specific health interventions took place among the Quiches and Kachiqueles women and their communities. Support to the topic of Indigenous Peoples and HIV was also provided, including the development of a research protocol on the prevalence of HIV and a survey on the “knowledge, attitudes and behaviors” of specific indigenous groups towards the HIV infection.

34. In Mexico, UNFPA has been contributing to the implementation of the “Strategy to provide Sexual and Reproductive Health Care and to Prevent Gender-Based Violence among Highly Marginalized Indigenous Communities” in the States of Chiapas, Hidalgo and Veracruz since 2008. Key outputs include a participatory study on the main health challenges of indigenous peoples; the provision of knowledge and skills on intercultural and human rights approaches for health providers; the development of community based interventions to improve community health knowledge and practices, and the design of a “Culturally Sensitive Health Model” aimed at the reduction of maternal mortality and gender-based violence. UNFPA Mexico is also supporting the development of a state intervention or model to address sex trafficking in indigenous women and girls, developing a normative framework on sex trafficking and assisting the strengthening of public policies to address and prevent this phenomenon.

35. In line with the UNDRIP and recommendations of the Permanent Forum on Indigenous Peoples Issues, UNFPA Nicaragua 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. Key interventions during 2011 were: the generation and dissemination of knowledge on indigenous peoples health needs; the design of the national policy; the promotion of youth development in the agendas of local governments in the Caribbean Coast; and the support provided to the Women’s Institute of Nicaragua to address development and gender related issues of indigenous women.

36. In Panama, UNFPA is giving high priority to indigenous peoples’ rights and those of other underserved sectors of society by contributing to strengthen the negotiation and advocacy skills and capacities of indigenous women leaders of the National Coordinator of Indigenous Women of Panama (CONAMUIP), in order to increase their participation in decision making processes. UNFPA is also carrying out a programmatic initiative aimed to empower and increase knowledge on HIV infection among Kuna, Embera and Ngabe indigenous peoples, mainly youth, living in three peri-urban communities, and, the scaling up of its health model in the Ngobe Bugle Comarca aimed to increase coverage and consolidate efforts for reducing maternal and infant mortality.

37. In Paraguay, UNFPA and the Joint UNAIDS Theme Group implemented a programme aimed at addressing the vulnerabilities of youth and adult women of the Ayores and Nivacche’s indigenous peoples of the Paraguayan Chaco region, addressing issues related to sex exploitation, gender-based violence, forced labor and the transmission of HIV, and their inclusion in the local public agenda. The Paraguay CO is also assisting the General Statistics Office in the preparation of a Census on Indigenous Peoples that will take place in 2012, within the framework of the 2010 Round of Population and Housing Censuses.

38. In Peru, in the regions of Ucayali and Ayacucho, UNFPA supported the implementation of the “Strategy of Health Services with an Intercultural Perspective for indigenous citizens.” Within this framework the linkages between traditional medicine and western medicine were promoted, the inclusion of an ethnic criteria in health registries was encouraged and the design of an “Intercultural Regional Health Plan” for Ucayali, was devised. In Ayacucho, UNFPA supported a study on the functioning and acceptance of Maternal Waiting Homes, in order to evaluate their acceptance and calculate their costs. Likewise, at national level, UNFPA contributed to the design of standards on intercultural health and the development of a “Technical Guide for Culturally Pertinent Health Care,” as well as the production of tools in indigenous languages and methodologies on advocacy and training. Finally, UNFPA contributed to the strengthening of 17 women and youth organizations on advocacy and social auditing in nine different regions together with Chirapaq. In data collection and availability UNFPA supported the National Institute of Statistics to prepare a publication on the Socio-Demographic Characteristics of Indigenous Peoples in the Amazon Region.

C.UNFPA Country Led initiatives in the Caribbean with Indigenous Peoples

39. In 2011, UNFPA carried out work with Indigenous peoples of the Caribbean in Belize, Guyana and Suriname.

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 vulnerabilities. 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, provide care and enforce the law.

41. In Guyana, UNFPA supported two initiatives with indigenous women and adolescent girls. The first, in Region 10, aimed at providing “out of school education and information on HIV, teenage pregnancies, and substance abuse” given indigenous

women and adolescent girls rising vulnerabilities as a result of the increasing number of logging and mining camps in their territories. A second intervention on maternal and infant health created “Maternity Waiting Homes” in order to increase access of indigenous women to hospitals, as part of their continuum of care during pregnancy.

42. In Suriname, UNFPA supported the Medical Mission, the agency responsible for providing primary health care in the interior of the country to improve access 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 in thirteen indigenous communities.

43. Some key preliminary lessons extracted from UNFPA’s work in these Caribbean countries with indigenous peoples are the following: the need to increase the cultural acceptability of programmes to enhance effectiveness; the importance of getting the buy-in from indigenous local leaders regarding social and health services; the need to monitor and evaluate the impact of these interventions and to address sustainability and scaling up matters through promoting national political commitment, including human resources and budgetary allocations, for these programmes.

V. Conclusion

44. From this descriptive report on the work of UNFPA with indigenous peoples, particularly women, adolescent girls and youth, one observes that important advances have taken place particularly at the country level in the promotion and progressive realization of the rights of indigenous peoples as set forth in the United Nations Declaration on the Rights of Indigenous Peoples and other international human rights instruments. A key contribution by UNFPA to the agenda of indigenous peoples’ has been in the realm of the promotion and implementation of intercultural reproductive health norms, policies, and services, the prevention of HIV and gender based violence, the empowerment of indigenous leaders and communities in decision making and policy processes affecting them, the strengthening of their own

institutions and health systems, and the promotion of data gathering and use with the inclusion of an ethnic perspective.

45. UNFPA has assisted in policy improvements, research, establishment of norms, development of protocols, tools and methodologies in the three geographical regions, and there is evidence that coherent strategies and approaches are being simultaneously implemented in all regions, with most development being observed in the Latin America and Caribbean region.

46. There is a need for UNFPA and its partners – including its UN partners – to take this work a step further through the evaluation of key interventions in order to assess their impact on development and health targets. There is a need for continuous mainstreaming in UNFPA of the rights of indigenous peoples at the policy and programmatic levels, so that these will be institutionally owned and consolidated.

47. There is also a need to ensure that good practices are documented and shared through knowledge management practices and other means, within countries and across regions, as this will enhance our capacities to accelerate indigenous peoples' rights within culturally appropriate development contexts.