



**United Nations Population Fund (UNFPA)**

**Contribution of the Indigenous Peoples and Minorities to the  
15th Session of the Permanent Forum on Indigenous Issues**

**March 30, 2016**

## **I. Introduction**

The report from United Nations Population Fund (UNFPA) has been prepared in the context of the fifteenth session of the United Nations Permanent Forum on Indigenous Issues (UNPFII). This report is not an exhaustive overview of all UNFPA activities to promote the health and rights of indigenous peoples, but rather an illustration of selected actions taken at country and regional levels and at headquarters. On the special theme for the UNPFII 15<sup>th</sup> session, “Indigenous Peoples: Conflict, Peace and Resolution”, the present report should be read alongside the UNFPA State of the World Population report for 2015, entitled “Shelter from the storm: A transformative agenda for women and girls in a crisis-prone world” which gives a comprehensive overview of the situation of girls and women in conflict settings, and how UNFPA works to secure their right to sexual and reproductive health and protection from violence.

## **II. UNFPA’s work on the special theme Indigenous Peoples: Conflict, peace and resolution**

UNFPA works in more than 150 countries and territories that are home to the vast majority of the world’s people. UNFPAs mission is to ensure that every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. Guided by the 1994 Programme of Action of the International Conference on Population and Development (ICPD), UNFPA partners with governments, civil society and other agencies to advance its mission.

UNFPA focuses on women and young people, because these are the groups whose rights often go unfulfilled. Understanding local cultural complexities is crucial to the success of our work because many of the issues UNFPA deals with – including sexual and reproductive health and rights – are sensitive, sometimes taboo, subjects. UNFPA works to reach historically marginalized and vulnerable population groups that experience barriers in accessing sexual and reproductive health care and exercise their reproductive rights, and that are at a particular risk of culturally harmful practices, sexual and gender based violence.

UNFPA works on the rights of indigenous peoples within the context of our mandate, guided by the ICPD Programme of Action (1994), and the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs) adopted by the UN General Assembly in September 2015. Within the advocacy and programmatic work of UNFPA, emphasis is therefore placed on the rights of indigenous girls and women to participation in decision making processes and policy formulation; their access to sexual and reproductive health; and the ability to fully exercise their reproductive rights. This includes advocacy and programmatic interventions to address gender based violence (GBV) and harmful practices through policies, legislation and health services to survivors of GBV and harmful practices. UNFPA also works consistently to involve men and boys in combatting gender inequality and GBV.

UNFPA has presence and works together with governments and civil societies in many conflict and post-conflict settings around the world. The recent State of the World Population report for 2015, entitled “Shelter from the storm: A transformative agenda for women and girls in a crisis-prone world” gives a comprehensive overview of UNFPA’s work in conflict situations. Humanitarian crisis disproportionately impact women and girls. Whether sudden or protracted, crises expose women and girls—and their sexual and reproductive health and rights—to layers

of disproportionate risk. Conflicts and disasters can make a bad situation worse. For women and adolescent girls, the advent of a crisis can lead to an even greater risk of sexually transmitted infections, including HIV, unintended and unwanted pregnancy, maternal morbidity and death, as well as other risks to the health of mothers and newborns. Women and adolescent girls are also at greater risk of gender-based violence, including intimate partner violence, rape, early marriage and trafficking. UNFPA works in conflict situations to provide sexual and reproductive health care services to girls and women, including indigenous girls and women, and to address GBV, including sexual violence and harmful practices.

One example of UNFPA's presence in a conflict setting is Columbia. Maternal deaths are almost eight times higher in communities where armed groups are present. Other health indicators also illustrate the negative impact security problems have on the sexual and reproductive health of those who live there: deaths from HIV and AIDS are three times higher than the national rate, and pregnancies among adolescent girls under age 15 are twice that in other parts of the country. One example of how conflict exacerbates poverty, structural inequality and renders women extra vulnerable in conflicts is the situation of pregnant women in Docordó, a river community with about 1,200 residents in the province Chocó where the community routinely lacks access to a medical doctor due to the security situation in the area and the extreme isolation. The community has been without a physician or other medical professional for up to four months. Some pregnant women who have experienced complications have had to travel hours by boat to a hospital in Buenaventura, at a cost prohibitively high for most. If the complications arise at night, travel to a hospital is not an option because of the threat of violence after dark. Medicines that can help save a mother and baby became mostly unavailable, even before the local health station closed because of a lack of resources. Health conditions for women are even more troubling directly across the river in Union Balsalito, an indigenous Wounaan community with about 360 residents. In Union Balsalito, midwives use traditional birthing methods but lack the most basic supplies, such as rubber gloves. For the women of Union Balsalito, accessing services, even in Buenaventura, is particularly difficult: most do not speak Spanish and have few resources. And some who have managed to travel to cities in search of services have faced discrimination from providers.

While conflict has impeded access to health services in Colombia, it has also taken a direct toll on the health, lives and survival of thousands of women and girls. A study by Oxfam and House of Women estimates that 500,000 women and girls have been raped or suffered other forms of sexual violence in the course of the country's decades-long conflict. Sometimes rape has been deployed as a weapon of war. Other times, it has been used to intimidate whole communities, with perpetrators threatening to attack others in a community that refuses to pledge its allegiance to one armed group over another. And, available data suggest that one in 10 survivors of sexual violence in conflict-affected areas is male.

UNFPA supports a range of initiatives in Columbia. In one initiative, UNFPA collaborates with other UN agencies and civil society to strengthen communities' promotion and protection of human rights and sexual and reproductive health and rights of women, youth and adolescents, along with prevention and response to GBV in emergencies and conflicts. Supported activities include support groups for survivors, access to quality health care and psychological support for survivors and reporting of sexual violence to Government authorities. Further, trainings on the topic sexual and reproductive rights, prevention and response to GBV and protection

mechanisms have been conducted and included 2,330 members of members of priority communities (women, men and youth), institutions and indigenous authorities.

Advocacy and capacity building activities with a particular emphasis on the promotion of sexual and reproductive rights, prevention of GBV, eradication of female genital mutilation (FGM) and ending harmful practices among indigenous women have been supported by UNFPA. Programmes supported by UNFPA to strengthen the capacity of health workers have included indigenous midwives and a focus on indigenous populations. UNFPA supports the training of midwives in Colombia, including training of indigenous and Afro-Colombian midwives. The fund has also supported the provision of delivery, dignity and PEP kits, including distribution of dignity kits in isolated areas, often populated by indigenous peoples.

UNFPA also works with young people. One initiative in Colombia focused on providing support to young people from vulnerable population groups to access to health care. Through another initiative, UNFPA supported capacity building in the area of human rights and sexual and reproductive health and rights of young people who work within different organizations, including Indigenous Peoples organizations.

**Challenges and lessons learned:** Although there is a commitment from indigenous authorities to eradicate female genital mutilation (FGM), this commitment is not well known by local indigenous authorities nor by the indigenous population. The participation of indigenous women has been important for the designing and implementation of the above mentioned initiatives, and including female nurses and midwives in the implementation of projects with indigenous populations has resulted in greater ownership and better cultural approach. To ensure effective involvement of the population and indigenous leaders in the planning, implementation and evaluation of interventions and programmes, the joint involvement of indigenous authorities is recommended.

### **III. Programs, projects or other activities aimed at promoting the UN Declaration on the Rights of Indigenous Peoples and the rights of Indigenous Peoples within the framework of the 2030 Sustainable Development Agenda**

**Background:** The sexual and reproductive health and rights of indigenous peoples is not only a critical development challenge in its own right, but it is also instrumental for the achievement of an equitable and sustainable development and gender equality. As a preparation towards the World Conference on Indigenous Peoples, the Inter-Agency Support Group on Indigenous People's Issues (IASG) published several Thematic Papers. One of them on "Sexual and Reproductive Health and Rights of Indigenous Peoples". This paper provides an overview over challenges and barriers faced by Indigenous Peoples in fully accessing and exercising their sexual and reproductive health and rights, and provides policy and programme recommendations based on supporting the collective rights of indigenous peoples to maintain and utilize their health systems in pursuit of their right to health, as well as upholding state obligations to provide available, accessible, acceptable and quality care, without discrimination. The following key aspects highlighted in the thematic paper are still highly valid.

Disempowerment and discrimination, including indirect discrimination through inattention in public policies and budgets, are two main structural factors preventing many indigenous peoples from enjoying sexual and reproductive health and rights.

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. 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. These interventions have reduced maternal mortality, HIV/AIDS prevalence and incidence among women and female adolescents. 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.

Peer-education programmes which involve indigenous adolescents and youth are effective ways to tackle the issue of sexuality and transmit knowledge and skills on sexual and reproductive health and how to reduce the risks associated with unsafe sex, even though they are traditionally considered to be taboos in many communities. These risks include unwanted teenage pregnancies and the contraction of HIV and other sexually transmitted infections. Moreover sexual health is about prevention of violence, abuse and sorrow related to unrequited broken relationships.

The active engagement with indigenous peoples in the design of policies and programmes, as well as in implementing community-based interventions has contributed to an increase in access by indigenous women, girls and youth to critical packages of sexual and reproductive health, HIV prevention and gender-based violence services, particularly in rural and underserved areas.

**Interventions:** At the global level, UNFPA supports the participation and rights of indigenous peoples on issues relating to their sustainable development and sexual and reproductive health and rights at the UN Permanent Forum on Indigenous Issues as well as in other global fora and processes such as the Commission on the Status of Women and the Commission of Population and Development with a view to position the rights and visibility of the indigenous women agenda. UNFPA participates in the Inter-Agency Support Group on Indigenous People's Issues (IASG).

UNFPA has endorsed recommendations of the World Conference Outcome Document and has worked in close partnership with other UN Agencies towards the adoption of the UN System Wide Action Plan (SWAP) with engagement to the work led by the Inter-Agency Support Group (IASG). UNFPA has been contributing to the SWAP working group from 2014, and will continue to work towards the implementation of the SWAP in coordination with other UN agencies within the IASG.

The UN system including ECLAC, UNFPA and the Indigenous Fund, are providing support for 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. This support has included the development of a disaggregated database on indigenous peoples' indicators and the generation of methodological instruments for the inclusion of an ethnic and culturally sensitive perspective. This process has highlighted the value of creating commissions for institutionalizing indigenous peoples' issues into national statistical institutes and data collection processes.

UNFPA regional offices are actively engaged in the promotion and protection of indigenous peoples rights. Particularly the Regional Offices for Latin America and the Caribbean, Asia and the Pacific, West and Central Africa. The promotion of indigenous peoples' rights remains as an important part of the portfolio of regional Gender and Human Rights Advisers. UNFPA has been supporting the efforts to establish an intercultural and human rights-centered approach to sexual and reproductive health. The work has been carried out in diverse countries of Latin America region. LACRO and the country offices have worked in partnership with Ministries' of Health, Indigenous women's organizations and networks and other important partners including CSOs and the Economic Commission for Latin America and the Caribbean.

Many UNFPA country offices have undertaken work on indigenous peoples' issues in their respective country programs. This work covers different areas, including the design and roll-out of population censuses and household surveys; the promotion of access to inter-cultural sexual and reproductive health services and information; HIV prevention, treatment and care and addressing gender based violence and harmful practices against indigenous women. Below are some examples from the work of UNFPA at headquarters, regions and countries.

**HQ:** UNFPA held the Global Indigenous Youth meeting to discuss culturally safe approaches to HIV, harm reduction and sexual health of young key populations from indigenous communities. The outcome was the inclusion of youth friendly services and comprehensive sexualit education in the 2016 roadmap developed for the indigenous youth councils.

## **Latin American Region**

**UNFPA LACRO** has supported regional civil society networks and organizations for strengthening their engagement in promoting reproductive rights, including Plataforma Continental de Mujeres Indígenas.

**Honduras:** UNFPA has been working with Indigenous groups specifically with the Lenca and Garifuna (Afro-Descendant) population on sexual and reproductive health and gender based violence targeting adolescent and youth population. This work has been done through the COPEITSA. This organization is a Community Committees for the Prevention of unplanned pregnancy in adolescent and youth and STIs and the health friendly services for youth and adolescents. A significant achievement was the adoption of the national plan for the prevention of early pregnancy of adolescents and youth by the national government of Honduras. This plan was also adopted by the local authorities of Tela, municipality with majority of the Garifuna population.

**Bolivia:** UNFPA has been working to implement the recommendations of the World Conference of Indigenous Peoples, Montevideo Consensus, the ICPD and the national legal frameworks in favor of the rights of the Indigenous Peoples. UNFPA CO maintains a close partnership with indigenous organizations especially women's networks like Confederacion Nacional de Mujeres Indigenas de Bolivia (CNAMIB), Confederacion de Mujeres Indigena Originaria Campesina de Bolivia "Bartolina Sisa" and Central Indigena de Pueblos Originarios de la Amazonia de Pando (CIPOAP). In addition, UNFPA Bolivia has been implementing a specific project called "Strengthening and Promoting Indigenous People's rights at the Amazonia region". Indigenous communities living in that region are especially vulnerable to extreme poverty, exclusion and real risk of extinction. The project takes into consideration the specific recommendations from the

Permanent Forum on Indigenous Issues, regarding indigenous women's rights to sexual and reproductive health services and the protective guidance for Indigenous Peoples in isolated and initial contact.

**Colombia:** UNFPA maintains a high level of work with Embera indigenous groups and with Awa communities at Choco and Cauca regional departments. The work is done through capacity building of indigenous women and youth in order to increase participation and prevention of violence and discrimination and promoting knowledge and exercise of the rights to sexual and reproductive health. Several interventions are framed in the development of the comprehensive strategy against gender violence. Other interventions have a focus on access to justice. At the national level UNFPA Colombia is working with ONIC- "Organizacion Nacional Indigena Colombia" in order to incorporate into their mandate sexual health and reproductive rights issues and eradication measures against gender violence. Eradication of this practice has been recently included in the National Development Plan.

**Ecuador:** National consultations regarding the post-2015 developmental agenda were facilitated by the Culture Interagency Group led by UNESCO and co-chaired by UNFPA, The outcomes were to enable stakeholders to contribute substantively to shaping key policies related to the implementation of the post-2015 development agenda by sponsoring open dialogues with the national government in culture related issues. UNFPA has also supported the national strategy to adapt delivery settings with cultural relevance and the creation of CONE (Community networks (Obstetric and Neonatal Emergency Care), to strengthen community participation (organizations of women, youth, midwives, political stakeholders) and the governmental sector (Local Governments and Ministry of Health).

**Guatemala:** UNFPA continues to strengthen the capacity of government institutions and civil society organizations to promote the rights of women, including the rights of indigenous women, with emphasis on sexual and reproductive rights. UNFPA supported the implementation and monitoring of the strategies for the Maya, Garifuna and Xinca women, and an assessment of the community approach to prevention against violence against indigenous women has been conducted. UNFPA has implemented the Programme Strengthening to Empower, aimed at empowerment and strengthening of individual and institutional capacities of women and youth indigenous women in the context of sexual and reproductive rights, prevention and care for violence against women, including sexual violence, and to promote the political participation of women in strategic spheres and of decision making. In this programme, a total of 25 civil society organizations participated, including 11 organizations of indigenous women. UNFPA Guatemala has also helped in the coordination and implementation of consultations with indigenous populations in the framework of the elaboration of the post 2015 development agenda.

## **Asia Pacific Region**

**Philippines:** UNFPA has been a partner in the implementation of the project entitled: "Addressing Maternal, Neonatal and Child Health and Nutrition Needs of Indigenous Cultural Communities/ Indigenous People and Other Disadvantaged Communities in Mindanao" (IP MNCHN). The project focuses on vulnerable and marginalized groups in indigenous communities in Mindanao, while protecting and promoting their rights and enshrined in the Indigenous Peoples Rights Act. This project also helped develop the Joint Memorandum Circular (JMC) No. 2013-01

“Guidelines on the Delivery of Basic Health Services for Indigenous Cultural Communities / Indigenous Peoples (ICCs/IPs).

**Vietnam:** UNFPA has taken the leading role in supporting the Ministry of Health to analyze equity in universal access to health care services including SRH and maternal health and suggested practical strategies to address inequities, to coordinate the support provided by H4+ including UNFPA, WHO, UNICEF, UN Women, UNAIDS and World Bank on policies and programmes on adolescent/youth sexual and reproductive health, maternal and neonatal/child health. Interventions including development of safe motherhood policies, institutionalizing an integrated intervention package on sexual and reproductive health, maternal, neonatal and child health; capacity building and development of human resource for maternal health care with focus on mountainous and difficult-to-reach areas.

**Challenges:** Indigenous issues cut across all of UNFPA’s mandate areas making it difficult to track the resources allocated to advance this agenda. We do know, however, that in recent years the work on indigenous issues has reduced at the country level due to a reduction of resources from international donors to the middle income countries; even though in regions such as Latin America indigenous populations are facing increasingly structural inequalities. This reduction of funding is affecting the sustainability of key development interventions in the area of intercultural maternal health and HIV prevention and treatment.

Despite improvements, the lack of disaggregated data on Indigenous Peoples in many places poses a problem for designing targeted interventions and measuring the impact of interventions. This will also pose a challenge with regards tracking the progress among Indigenous Populations within the 2030 Sustainable Development Framework.

#### **IV. 2030 Agenda for Sustainable Development**

The 2030 Agenda for Sustainable Development mandates the UN, including UNFPA, to intensify its work to ensure that no one is left behind. UNFPA has advocated for the inclusion of targets and indicators related gender equality and specifically sexual and reproductive health and rights in the 20130 Sustainable Development Agenda, but also targets and indicators related to inequality, youth, indigenous peoples and disability. UNFPA has advocated for a strong focus on inequality, inequity and disaggregation of data to ensure that those furthest behind when with regards to socio-economic development and opportunities to exercise their human rights are at the fore of the 2030 Sustainable Development Agenda both. Advocacy has been conducted by HQ, Regional Offices and Country Offices.

The adopted SDGs and in particular the goals on health and gender equality constitute an important mandate for the work of UNFPA and the fund’s work to collaborate with governments and civil society organizations, including indigenous peoples organizations, to improve access to sexual and reproductive health and rights. Target 3.7 mandates work to achieve universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. Goal 5 focuses on gender equality in its entirety, and target 5.3 mandates work to: “Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.”, while target 5.6 mandates work to: “Ensure universal access to sexual and

reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences”. The mentioned targets mandates UNFPA to work on the topics addressed in the IASG thematic publication on “Sexual and Reproductive Health and Rights of Indigenous Peoples”, published by the IASG towards the preparations for the World Conference on Indigenous Peoples. UNFPA remains fully committed to the UN Declaration on the Rights of Indigenous Peoples and to ensuring the sexual and reproductive health and rights for indigenous peoples, with a particular focus on girls, women and young people.