RECOMMENDATIONS OF THE UN PERMANENT FORUM ON INDIGENOUS ISSUES REGARDING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS & GENDER-BASED VIOLENCE

Report on Progress and Challenges
United Nations Population Fund – UNFPA and
CHIRAPAQ Centre for Indigenous Cultures of Peru
Recommendations of the UN Permanent Forum on
Indigenous Issues regarding Sexual and Reproductive
Health and Rights & Gender-Based Violence: Report
on Progress and Challenges.

New York. April 2018
RECOMMENDATIONS OF THE UN PERMANENT FORUM ON INDIGENOUS ISSUES REGARDING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS & GENDER-BASED VIOLENCE

Report on Progress and Challenges
# CONTENTS

## CHAPTER 1
METHODOLOGY .......................................................................................................................................................................................... 5
  1.1 Scope ...................................................................................................................................................................................................... 5
  1.2 Methodology design .......................................................................................................................................................................... 5
  1.3 Data-collection techniques .............................................................................................................................................................. 5

## CHAPTER 2
THE PERMANENT FORUM: AN ADVOCACY SPACE FOR THE RESPECT OF INDIGENOUS PEOPLES’ RIGHTS .......... 9

## CHAPTER 3
OVERVIEW OF THE PERMANENT FORUM’S RECOMMENDATIONS FOR INDIGENOUS WOMEN, AND THEIR IMPLEMENTATION ......................................................................................................................... 13
  3.1 Priority issues ..................................................................................................................................................................................... 13
  3.2 Implementation of recommendations on indigenous women ...................................................................................................... 15
  3.3 Connecting the recommendations with other international instruments ........................................................................ 20
  3.4 In-country institutions for indigenous peoples and their response to the recommendations ..................................................... 22

## CHAPTER 4
RECOMMENDATIONS ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF INDIGENOUS WOMEN, AND RELATED PUBLIC POLICIES ........................................................................................................... 29
  4.1 Overview of recommendations on sexual and reproductive health and rights ........................................................................... 30
  4.2 Limited in-country progress on recommendations ............................................................................................................... 31
  4.3 Gaps in the recommendations ...................................................................................................................................................... 37

## CHAPTER 5
RECOMMENDATIONS ON VIOLENCE AGAINST INDIGENOUS WOMEN AND NATIONAL PUBLIC POLICIES........ 41
  5.1 Overview of recommendations on a life free from violence for indigenous women ................................................................... 41
  5.2 Recommendations and their limited progress in countries ..................................................................................................... 41
  5.3 Gaps in the recommendations ..................................................................................................................................................... 44

## CHAPTER 6
GENERAL CONCLUSIONS ...................................................................................................................................................................... 47

## CHAPTER 7
PROPOSALS FOR STRENGTHENING THE PERMANENT FORUM ............................................................................................... 51

## ANNEXES
Annex 1. Documentation reviewed ......................................................................................................................................................... 57
Annex 2. Bibliography of sources reviewed, by country .......................................................................................................................... 59
Annex 4. Recommendations on the sexual and reproductive health of indigenous women .................................................................. 75
Annex 5. Recommendations on addressing violence against indigenous women ............................................................................. 79
Annex 6. Country profiles on the situation of indigenous women with regard to sexual and reproductive health and rights and gender-based violence ............................................................................................................. 85
INTRODUCTION

Since its creation in 2000, the United Nations Permanent Forum on Indigenous Issues (UNPFII) has held more than 16 working sessions. The time has come to take stock and evaluate progress made in implementing the Permanent Forum’s periodic recommendations, in order to better understand the associated limits, barriers and scope. This report therefore presents an analysis of the recommendations made at the 16 working sessions and their implementation by the United Nations Member States.

It aims to strengthen the capacities of the Permanent Forum and other actors to work towards tangible progress in the exercise of indigenous women’s rights, particularly regarding sexual and reproductive health and rights and gender-based violence. The study was undertaken by the CHIRAPAQ Centre for Indigenous Cultures of Peru and the United Nations Population Fund (UNFPA).1

The study had the following objectives:

- Collect and classify by theme the recommendations on indigenous women and girls made during the 16 UNPFII sessions.
- Analyse implementation of the recommendations on sexual and reproductive health and rights, as well as gender-based violence, in United Nations Member States, and any implementing strategies and actions. Identify progress, barriers and challenges from which to learn.
- Develop a set of proposals to eliminate barriers and improve the implementation of these recommendations, and to strengthen UNPFII follow-up.

This report details the methodology used and provides an overall analysis of the recommendations on sexual and reproductive health and gender-based violence. It also connects the recommendations to the situation of indigenous women in nine countries, drawing on case studies conducted in Australia, Canada, Guatemala, Kenya, Mexico, Norway, Peru, the Republic of the Congo and Thailand.2 Finally, this report presents conclusions and preliminary proposals to strengthen progress in indigenous women’s rights.

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1 The study was carried out with the support of the Latin American consulting firm Inclusión y Equidad.
2 The case study countries were selected based on their location in the regions considered by the Permanent Forum and on the size of their indigenous population.
METHODOLOGY

1.1 SCOPE

Exploratory in design, the study aimed to ask questions, provide alternative interpretations of the situations encountered and structure debate in the various relevant organizations to help generate new actions. It sought to give voice to indigenous women’s organizations in particular and to evaluate the implementation of UNPFII recommendations from their point of view, since their circumstances should have improved if implementation had been carried out effectively in their countries.

1.2 METHODOLOGY DESIGN

To meet the study’s objectives, various techniques were used to collect and analyse information, as shown in Table 1.

1.3 DATA-COLLECTION TECHNIQUES

**Analytical review of relevant documents:** Throughout the study, documentation was collected regarding the official recommendations issued at the 16 UNPFII sessions, the key contextual aspects behind these recommendations and the analysis prepared by the Permanent Forum and other entities.

In addition, an extensive information search was conducted for each case study country. This used documents and analysis from various sources: indigenous women’s organizations, international agencies and organizations, non-governmental organizations (NGOs), academic institutions and the relevant governments. In total, including the review of each country, information from over 200 relevant documents and 80 websites was analysed.

### Table 1. Study objectives and corresponding methodology

<table>
<thead>
<tr>
<th>Study objectives</th>
<th>Activities and method</th>
</tr>
</thead>
</table>
| Collect and classify by theme the recommendations on indigenous women and girls made during the 16 UNPFII sessions. | • Develop criteria and classifications for the recommendations issued at every session.  
• Apply the criteria and analyse the results, considering territorial variables, targeted actors and how the recommendations are formulated.  
• Draft a report to systematize and analyse the recommendations on indigenous women made during the 16 UNPFII sessions. |
| Analyse implementation of the recommendations on sexual and reproductive health and rights, as well as gender-based violence, in United Nations Member States, and any implementing strategies and actions. Identify progress, barriers and challenges from which to learn. | • Collect information in nine countries on five continents. Case studies were conducted in the following countries:  
Africa: Kenya and Republic of the Congo  
Americas: Canada, Guatemala, Mexico and Peru  
Asia: Thailand  
Europe: Norway  
Oceania: Australia  
• Analyse documented information and public policies from each country regarding sexual and reproductive health and gender-based violence against indigenous women and girls, and their connections with the Permanent Forum.  
• Conduct interviews with key actors in each country (indigenous women’s organizations, representatives of UNFPA and public services).  
• Carry out a comparative analysis.  
• Prepare a comparative report. |
| Develop a set of proposals to eliminate barriers and improve the implementation of these recommendations, and to strengthen UNPFII follow-up. | • Analyse other institutions’ good practices of implementing international organizations’ agreements and recommendations.  
• Discuss the results of the study and proposed recommendations with indigenous leaders at face-to-face workshops.  
• Prepare a final report. |

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3 A list of the reviewed documents can be found in Annex 1 and Annex 2.
**Semi-structured interviews:** Common concerns were identified and shared through 41 interviews (with all but one conducted virtually) that collected first-hand information about the sexual and reproductive health of indigenous women and girls and gender-based violence in the nine chosen countries, as well as about public policies and their links to the Permanent Forum’s recommendations. The interviewers inquired specifically about the implementation of recommendations, limiting and contributing factors in the process, as well as challenges, orientations, expectations and resources.

**Workshop to validate results and recommendations:** Representatives of indigenous organizations participated in a two-and-a-half-day workshop held in Lima, Peru, October 2017. Its main objective was to present a proposal for applying the recommendations effectively, by analysing the information gathered and discussing various interpretations. This proposal would help the Permanent Forum make progress on the rights of indigenous women and girls. Facilitated by an advisory team, the workshop was specially designed to encourage participation and discussion.

**Table 2. Number of interviews and documents reviewed by study unit**

<table>
<thead>
<tr>
<th>Country</th>
<th>Indigenous women’s organization</th>
<th>Other CSOs*</th>
<th>UNFPA</th>
<th>Government</th>
<th>Documents</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Canada</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td>Guatemala</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Kenya</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>Mexico</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>7</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>Norway</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>Peru</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Republic of the Congo</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>20</td>
<td>5</td>
</tr>
<tr>
<td>Thailand</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td>UNPFII Secretariat</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>18</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17</td>
<td>11</td>
<td>5</td>
<td>8</td>
<td>205</td>
<td>89</td>
</tr>
</tbody>
</table>

*CSOs: civil society organizations

**Source:** Prepared by the authors.
This study encountered some difficulties locating updated, high-quality information regarding actual implementation of the recommendations in each country. In fact, there is little information available regarding specific compliance by the United Nations Member States with the recommendations. As this report will later examine in more detail, for each UNPFII session, a questionnaire is sent to Member States, United Nations organizations, indigenous organizations and NGOs regarding the implementation of recommendations. The response rate among Member States has not been high and has varied from year to year. The quality of and engagement in actual implementation have also been lacking. The Secretariat of the Permanent Forum consolidates and systematizes the responses, though due to the limited information provided by countries, the reports have not been sufficient to determine implementation levels.

In terms of first-hand information, government representatives from only two of the nine countries (Mexico and Peru) could be reached. As a result, the information collected was sparse regarding the concrete response to the Permanent Forum’s recommendations and proposals to improve their implementation.

The discussion of preliminary results during the workshop held in Lima made a substantial contribution to the analysis and helped validate its conclusions and proposals. This study hopes to raise questions and inspire debate on issues, so that the Permanent Forum may strengthen its advocacy to protect the rights of indigenous women and girls regarding sexual and reproductive health and a life free from violence. The intention of this report is not, therefore, to give a diagnosis and specific recommendations on the situation of indigenous women and girls in each of the nine countries.
THE PERMANENT FORUM: AN ADVOCACY SPACE FOR THE RESPECT OF INDIGENOUS PEOPLES’ RIGHTS

The United Nations Permanent Forum on Indigenous Issues is an advisory body to the Economic and Social Council (ECOSOC). Established on 28 July 2000 by resolution 2000/22, it is mandated to address indigenous issues that fall within ECOSOC competencies related to economic and social development, culture, the environment, education, health and human rights.

Among its key activities, the Permanent Forum:

- Provides expert advice and recommendations on indigenous issues to the Council, as well as to programmes, funds and agencies of the United Nations, through ECOSOC
- Raises awareness and promotes the integration and coordination of activities related to indigenous issues within the United Nations system
- Prepares and disseminates information on indigenous issues.

The Permanent Forum consists of 16 independent experts who work ad honorem, each holding office for a period of three years, and may be re-elected or nominated for an additional period. Eight are nominated by their respective governments and eight are appointed by indigenous peoples’ organizations in their regions. Members nominated by governments and elected by ECOSOC come from the five regional groups most commonly used by the United Nations: Africa; Asia-Pacific; Eastern Europe; Latin America and Caribbean; and Western Europe and Others. Members nominated by indigenous people’s organizations are elected by the ECOSOC President and represent the seven sociocultural regions of the indigenous peoples of the world: Africa; Asia; Central and South America and the Caribbean; the Arctic; Eastern Europe, Russian Federation, Central Asia and Transcaucasia; North America; and the Pacific, with an additional seat that rotates among the three first regions listed. For the period from 1 January 2017 to 31 December 2019, the members comprise seven women (four nominated by organizations and three by governments), and nine men (four nominated by organizations and five by governments).

The Permanent Forum is one of three United Nations bodies mandated to specifically address the issues of indigenous peoples. The others are the Expert Mechanism on the Rights of Indigenous Peoples and the Special Rapporteur on the Rights of Indigenous Peoples. The Permanent Forum is the only global platform that provides an overview of the situation of indigenous peoples and allows these peoples to express their demands, participate in discussions and engage in negotiations between indigenous peoples’ organizations, governments and United Nations organizations. As this platform is the result of indigenous peoples having mobilized themselves, the Permanent Forum’s other functions defined in its mandate – besides making important recommendations every year – should be strengthened.

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5 The Expert Mechanism on the Rights of Indigenous Peoples was established by the United Nations Human Rights Council in 2007. The Mechanism is composed of five experts, including indigenous persons. It serves as an advisory body to the Human Rights Council, which provides expertise on issues related to indigenous peoples’ rights, mainly through studies requested by the Council, and to which it may also present proposals. The Office of the United Nations High Commissioner for Refugees (UNHCR) provides the Expert Mechanism with technical and financial support. See http://www.ohchr.org/Documents/Issues/IPeoples/EMRIP/EMRIP_leaflet_en.pdf

In 2001, the Commission on Human Rights decided to appoint a Special Rapporteur on the human rights and fundamental freedoms of indigenous peoples as part of the Commission's system of Special Procedures. The Special Rapporteur’s mandate was renewed by the Commission on Human Rights in 2004 and by the Human Rights Council in 2007. See https://www.ohchr.org/en/issues/ipeoples/srindigenouspeoples/pages/sripeoplesindex.aspx
The implementation of the Permanent Forum’s recommendations in Member States should be analysed within a broader context, going beyond the Forum’s functions. These functions enable the Permanent Forum to build its capacities in advocating for indigenous peoples’ organizations, and for indigenous women and girls in particular.

More than 2,500 people participate in each annual session of the Forum. Indigenous organizations registered to participate in the session may attend as observers, as can United Nations Member States, bodies and organizations, and intergovernmental organizations and NGOs that have been granted consultative status by the Council. Registered organizations can address the Permanent Forum, if time allows. Indigenous organizations are by far the most numerous participants, since no requirements or additional accreditations are necessary for their participation in the session. Governments generally participate through their Permanent Missions to the United Nations. Anyone wishing to make a statement or an intervention must be registered with the Secretariat of the Permanent Forum; statements are limited to three minutes.

Members of the Forum may foster bilateral meetings between government representatives, United Nations organizations, and indigenous peoples’ organizations to discuss controversial or conflictive situations. Based on the statements, documents and prioritized themes, the 16 Forum members prepare recommendations, which become part of the session report. The final report is then approved by ECOSOC.

In addition to preparing and processing recommendations during the sessions, side events are scheduled to expose violations of indigenous peoples’ rights, organize information exchanges and promote discussion among organizations and government actors. The Forum may also organize meetings prior to, or during, the sessions to enhance and further dialogue about specific issues and the monitoring of progress made in the exercise of indigenous peoples’ rights in various regions. For instance, the Congolese interviewees highlighted that this had been the case for the preparatory session held in 2013 in the Republic of the Congo. However, in this specific case, it was not possible to document initiatives arising from the session.

This report works on the premise that the Permanent Forum is a relevant global organization that furthers recognition of, and respect for, indigenous peoples’ rights. However, it also reveals institutional weaknesses in the Permanent Forum’s ability to influence other international platforms, to generate the support it needs to carry out its activities, and to muster the resources required for its recommendations to be implemented effectively. Within the framework of the aforementioned mandates, this document outlines ways to strengthen the implementation of UNPFII recommendations, identifying factors that may help increase the Forum’s institutional influence, and thus make it a leading example for the various actors.
OVERVIEW OF THE PERMANENT FORUM’S RECOMMENDATIONS FOR INDIGENOUS WOMEN, AND THEIR IMPLEMENTATION

3.1 PRIORITY ISSUES

The rights of indigenous women have been a priority of the Permanent Forum from the outset. Indigenous women’s organizations have proved to be effective actors in gaining recognition on international platforms and in advancing international commitments to address the historic discrimination faced by indigenous peoples around the world.

Since its first sessions, monitoring the situation of indigenous women has been a priority for the Permanent Forum. The third session (2004) sought to analyse the human rights situation of indigenous women and recognized the unique contributions they make within their families, communities and nations, and at the international level. At the same time, the Forum expressed concern about the many forms of discrimination experienced by indigenous women (based on their gender, race or ethnicity), and the complex problems stemming from this discrimination.

The Forum also indicated that globalization presents new challenges and problems for indigenous women in many parts of the world. These women’s roles have been eroded due to the compounding factors of natural resource loss and ecosystem depletion, transition to cash economies, changes in local, social and decision-making structures, and their lack of political status at the national level.

Although indigenous women share many concerns with other women throughout the world in terms of poverty, human rights, and economic and social development, they also offer a distinct and important perspective on these issues. “Indigenous women” are not a homogeneous category but represent a wide variety of cultures with different needs and concerns – a fact that should be a central premise when designing policies and programmes. A cross-cutting approach is taken to incorporate the situation of indigenous women into the preparation and analysis of UNPFII recommendations on various issues, with special emphasis placed on monitoring how the recommendations are implemented. For instance, the database managed by the Secretariat of the Permanent Forum to track its recommendations has a category for “indigenous women”, while reports on implementation of the recommendations also make particular note of progress and difficulties regarding indigenous women and girls.

It is important to consider the place given to recommendations referring to indigenous women and girls relative to the complete body of recommendations. For the purposes of this study, the recommendations issued in each of the 16 UNPFII sessions are classified based on the type of right they address. As Table 3 shows, most recommendations are general in nature and do not reference the exercise of any particular right (instead regarding policy development, capacity-building among institutions and organizations, attendance at certain meetings, etc.).

7 The criteria for each category are defined in Annex 3.
8 The categories were established based on the review of the documents from the 16 sessions held until the current year. There is a discrepancy of 85 recommendations in total, since the Forum database includes 1,346 recommendations and the classification for this study was based on 1,261 recommendations identified in the documents.
### Table 3. Recommendations based on the type of right and specific mention of indigenous women

<table>
<thead>
<tr>
<th>Themes</th>
<th>Total recommendations</th>
<th>No specific mention</th>
<th>Indigenous women or girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>% Total</td>
<td>No.</td>
</tr>
<tr>
<td>General recommendations</td>
<td>229</td>
<td>18.1</td>
<td>199</td>
</tr>
<tr>
<td>Indigenous peoples’ rights</td>
<td>196</td>
<td>15.5</td>
<td>177</td>
</tr>
<tr>
<td>Environmental rights</td>
<td>171</td>
<td>13.5</td>
<td>164</td>
</tr>
<tr>
<td>Economic and social rights</td>
<td>132</td>
<td>10.5</td>
<td>111</td>
</tr>
<tr>
<td>Political and civil rights</td>
<td>127</td>
<td>10.1</td>
<td>116</td>
</tr>
<tr>
<td>Indigenous children and young people’s rights</td>
<td>86</td>
<td>6.8</td>
<td>79</td>
</tr>
<tr>
<td>Right to a life free from violence</td>
<td>80</td>
<td>6.3</td>
<td>33</td>
</tr>
<tr>
<td>Cultural rights</td>
<td>68</td>
<td>5.4</td>
<td>63</td>
</tr>
<tr>
<td>Health rights</td>
<td>54</td>
<td>4.3</td>
<td>44</td>
</tr>
<tr>
<td>Education rights</td>
<td>48</td>
<td>3.8</td>
<td>41</td>
</tr>
<tr>
<td>Sexual and reproductive rights</td>
<td>37</td>
<td>2.9</td>
<td>15</td>
</tr>
<tr>
<td>Migrants’ rights</td>
<td>34</td>
<td>2.7</td>
<td>26</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>1,262</td>
<td>100</td>
<td>1,042</td>
</tr>
</tbody>
</table>

**Source:** Prepared by the authors based on the reports from each UNPFII session.

The second most common category of recommendations (15.5 per cent) concerns indigenous peoples’ rights in general. Environmental rights (13.5 per cent) represent the most common specific reference, followed by economic and social rights (10.5 per cent).

Only 15.5 per cent of all recommendations make explicit reference to the situation of women or girls, and/or gender equality. Most recommendations regarding sexual and reproductive health and the right to a life free from violence explicitly refer to the situation of women or girls (59.5 per cent and 58.8 per cent, respectively). However, these recommendations are only a small proportion of the total number of recommendations (2.9 per cent and 6.3 per cent, respectively).

Conversely, while recommendations aimed at guaranteeing environmental rights are some of the most prominent to have emerged from the 16 sessions (13.5 per cent), only 4.1 per cent of these directly mention indigenous women.

As noted above, the third session of the Forum addressed the situation of indigenous women as a central theme. Therefore, many of the recommendations referring to indigenous women are from that year.

With regard to recommendations specifically related to improving the situation of indigenous women, the distribution of themes differs from that of the total set of recommendations: they mostly refer to the right to a life free from violence (24.1 per cent), although sexual and reproductive rights remain prominent (11.3 per cent).

It should be noted that 80 per cent of the recommendations are aimed at the participating Member States in general. Only a few are directed towards regions and fewer still towards specific countries, with most of these referring to situations of violence against indigenous peoples or women in conflict areas.
CHAPTER 3

3.2 IMPLEMENTATION OF RECOMMENDATIONS ON INDIGENOUS WOMEN

Political will is key to the Forum’s annual recommendations being implemented and is not directly or explicitly related to other international instruments that have higher compliance demands. One major challenge when analysing implementation is the lack of follow-up and information on the part of the States and other actors. Although the Forum sends a questionnaire to governments, agencies, indigenous organizations and NGOs to follow up on the implementation of recommendations, only a small number of Member States respond, as shown in Table 5.

In the 16 years that the Permanent Forum has held sessions, only 37 Member States have sent reports before the sessions. Only one country (Mexico) has sent more than 10 reports, while most (20) have sent one or two reports in total. Even without evaluating the quality of the information, it is clear that governments provide little material regarding their actions in favour of indigenous peoples’ rights and attribute a low level of importance to the Permanent Forum as an accountability platform.

Information collected by the Permanent Forum itself can be used to analyse implementation of the recommendations made at each session. The Secretariat of the Permanent Forum has created a database classifying the recommendations in terms of themes and implementation levels, based on reports by the Member States and United Nations organizations and bilateral consultations conducted by staff.9 This database includes 170 recommendations aimed specifically at improving the situation of indigenous women. Of these, only 50 per cent provide information regarding the implementation level, as shown in Table 6.

Table 6 shows that follow-up on implementation of the Forum’s recommendations is weak because there is not enough information on a considerable number of them (46.5 per cent do not have any categories assigned), while only 5.9 per cent are reported as “completed”. This category includes recommendations directed towards United Nations organizations or entities, making no reference to any participating Member States. Those reported as “being implemented” have been in this category since the second session (2003), which also indicates a lack of follow-up. It is problematic to have a recommendation “being implemented” for more than 15 years. In this respect, this category is not very clear, especially when the recommendations are directed towards all Member States, since it is not possible to determine whether they are being implemented by some countries, whether some Member States have completed them, or whether the implementation process is ongoing.

Similarly, some recommendations cover topics already raised in previous sessions, indicating a lack of attention by the Member States or United Nations organizations. For example, the sixteenth session in 2017 readdressed a recommendation issued in the third session (2004) referring to migrant women:

---

Table 4. Distribution of themes in recommendations regarding indigenous women and girls, and/or gender equality (All sessions)

<table>
<thead>
<tr>
<th>Themes</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right to a life free from violence</td>
<td>47</td>
<td>24.1</td>
</tr>
<tr>
<td>General recommendations</td>
<td>30</td>
<td>15.4</td>
</tr>
<tr>
<td>Economic and social rights</td>
<td>22</td>
<td>11.3</td>
</tr>
<tr>
<td>Sexual and reproductive rights</td>
<td>22</td>
<td>11.3</td>
</tr>
<tr>
<td>Indigenous peoples’ rights</td>
<td>19</td>
<td>9.7</td>
</tr>
<tr>
<td>Political and civil rights</td>
<td>11</td>
<td>5.6</td>
</tr>
<tr>
<td>Health rights</td>
<td>10</td>
<td>5.1</td>
</tr>
<tr>
<td>Migrants’ rights</td>
<td>8</td>
<td>4.1</td>
</tr>
<tr>
<td>Environmental rights</td>
<td>7</td>
<td>3.6</td>
</tr>
<tr>
<td>Indigenous children and young people’s rights</td>
<td>7</td>
<td>3.6</td>
</tr>
<tr>
<td>Education rights</td>
<td>7</td>
<td>3.6</td>
</tr>
<tr>
<td>Cultural rights</td>
<td>5</td>
<td>2.6</td>
</tr>
<tr>
<td>TOTALS</td>
<td>195</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Prepared by the authors based on the reports from each UNPFII session.

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9 Given the numerous recommendations and different categories, the total number of recommendations was calculated using the database managed by the Secretariat of the Forum, which categorizes recommendations by level of implementation: no information, not initiated, being implemented, and completed. The database was searched by entering the word “women”, which occurred in 170 recommendations.
<table>
<thead>
<tr>
<th>Government</th>
<th>Total reports</th>
<th>Report by Government/Year and Session</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Session no.</strong></td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Mexico</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Bolivia</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Denmark &amp; Greenland</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Finland</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Paraguay</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Australia</td>
<td>6</td>
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*Source: CHIRAPAQ (2017)*
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“51. The Permanent Forum reiterates the need for the implementation of its recommendation, contained in paragraph 12 of its report on its third session (E/2004/43-E/C.19/2004/23), relating to the situation of indigenous women migrants.”

This means that information on the impact of the recommendations at the country level can be misleading.

Reforms proposed by the Permanent Forum

At its fourteenth session, the Permanent Forum recognized limitations in the implementation of its recommendations and initiated a process to improve its working methods. Its main objectives were to ensure its recommendations were implemented more efficiently and to strengthen accountability, in order to increase its impact on indigenous peoples’ rights. In the sixteenth session, a report following up on the decision to improve implementation capacity was issued, which should be applied in subsequent sessions. The process involved reducing the number of recommendations issued, making those recommendations more specific and applicable, and establishing an improved system to monitor and support the implementation of recommendations once they have been approved. The new approach also focused on evaluating and publicly sharing the main achievements made in applying the recommendations in order to promote best practices.

In line with these considerations, the number of recommendations issued has subsequently decreased in each session. During its first sessions, the Permanent Forum issued more than 100 recommendations each year; since 2014 these have reduced to 40 per session.

Most of the information used to evaluate the implementation of recommendations is taken from reports submitted by Member States, indigenous peoples’ organizations, national human rights institutions and United Nations funds, programmes and specialized agencies. This shows that there are gaps in collecting information on the approaches of indigenous peoples themselves to effectively implementing the recommendations concerning them and respect for their rights.

Table 6. Implementation level of the recommendations with specific reference to the situation of indigenous women (All sessions)

<table>
<thead>
<tr>
<th>Implementation level</th>
<th>Frequency</th>
<th>%</th>
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<tbody>
<tr>
<td>Not initiated</td>
<td>4</td>
<td>2.4</td>
</tr>
<tr>
<td>Being implemented</td>
<td>74</td>
<td>43.5</td>
</tr>
<tr>
<td>Completed</td>
<td>10</td>
<td>5.9</td>
</tr>
<tr>
<td>Withdrawn</td>
<td>3</td>
<td>1.8</td>
</tr>
<tr>
<td>No information</td>
<td>79</td>
<td>46.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>170</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Prepared by the authors based on the Permanent Forum’s database: https://esa.un.org/unpfifdata/UNPFII_Recommendations_Database_list.asp

A review of the methodology used to draft the recommendations and monitor their implementation was initiated in 2015, following proposals made by the Permanent Forum in its fourteenth session.

The review led to the following measures:

- Certain members of the Forum were assigned recommendations and made responsible for their follow-up. The Forum’s Secretariat provided considerable support.
- Between sessions, members of the Forum were asked to monitor the recommendations assigned to them, in conjunction with the main parties towards whom the recommendations were specifically targeted.
- Based on reports presented by members of the Forum, Member States, United Nations funds, programmes and specialized agencies, and other

12 Ibid.
intergovernmental organizations, in addition to other contributions, the Secretariat prepared a report regarding implementation of the recommendations. As part of the new working method, the Forum initiated interactive dialogues with its three main partners: Member States; indigenous peoples; and United Nations funds, programmes and specialized agencies. During the sessions, Forum members held private and special sessions with the main partners to monitor the recommendations and discuss other relevant issues.13

**Progress in the implementation of recommendations according to the Permanent Forum**

In its sixteenth session in 2017, the Permanent Forum presented the progress made in implementing its recommendations on indigenous women and girls.

It expressed its satisfaction that the Commission on the Status of Women would include the empowerment of indigenous women as a focus area of its sixty-first session in 2017 and had organized informative meetings with the authorities and side events during the sixtieth session of the Commission.14,15 According to the Forum’s report:

“The recommendation of the Permanent Forum aimed at ensuring that the empowerment of indigenous women would be covered substantially as a focus area […] The Commission has included “empowerment of indigenous women” in the proposed programme of work for its sixty-first session as a focus area and emerging issue […] The focus area will be covered in a half-day session […] Indigenous women, members of the Forum and the Special Rapporteur on the rights of indigenous peoples have been invited to attend.”16

Within this framework, the Secretariat of the Permanent Forum analysed the way in which the recommendations regarding the work of the Commission on the Status of Women issued in 2015 and 2016 had been drafted. The Secretariat noted that these recommendations largely complied with the “SMART” guidance criteria:

- **Clear target group:** The recommendations specifically indicated which group they were directed towards: the Commission on the Status of Women (2015) and its Round Table (2016)
- **Definition of an objective:** Include the “empowerment of indigenous women” as a priority theme (2015) and organize a half-day session on that issue (2016)
- **Deadline:** Sixty-first session in 2017.

In addition, the report noted that “Close cooperation between the Chair and focal points of the Permanent Forum, indigenous women’s organizations and UN-Women, with the support of the secretariat of the Forum, contributed to the achievement of the recommendations.” It also notes that: “While the initial aim of becoming a priority theme of the Commission was not achieved, the result can be considered an achievement and result of the World Conference and strategic follow up by the Forum through very targeted and specific recommendations over several years. To continue to follow up on the rights of indigenous women on a regular basis, the Forum has decided to include indigenous women on the agenda of its annual session as a standing item.”18

The Permanent Forum has expressed its concerns about indigenous youth and made various recommendations to Member States and the United Nations system on how to support them and promote their participation in Forum sessions and within the context of other relevant United Nations platforms.19 In the Outcome Document of the

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13 Ibid.
14 Ibid.
17 At the fifty-ninth session of the Commission on the Status of Women, a side event on the empowerment of indigenous women and a press conference, as well as bilateral meetings with members of the Bureau of the Commission, were held.
19 Those recommendations include: the empowerment and participation of indigenous young people at the United Nations; addressing the challenge of suicide and self-harm among indigenous young people; youth unemployment; indigenous young people in urban areas; and capacity-building needs of indigenous young people. For a detailed overview of the recommendations relating to youth, see [www.un.org/development/desa/indigenouspeoples/mandated-areas1/children-and-youth.html](http://www.un.org/development/desa/indigenouspeoples/mandated-areas1/children-and-youth.html).
World Conference on Indigenous Peoples, the General Assembly also highlighted the importance of addressing the specific concerns of indigenous youth.

In short, mechanisms have been established to resolve the limitations observed by the Permanent Forum and Member States in the process for formulating recommendations and following up on in-country implementation. Nevertheless, the Secretariat indicates that the improvements made still seem insufficient, given that they do not cover the report content (which should not only account for processes and activities, but also focus on results), nor the information sources (indigenous peoples, not only Member States or United Nations organizations, should follow up on recommendations), nor do they focus on strengthening the Member States’ response rate (there has not been a significant increase in the number of country reports).

3.3 CONNECTING THE RECOMMENDATIONS WITH OTHER INTERNATIONAL INSTRUMENTS

The periodic recommendations issued by the Permanent Forum should respond to a conceptual rights-based framework aimed at defending and advancing indigenous women’s rights. Four global frameworks, plus other instruments relating to the Latin American region, are relevant for the purposes of this study:

The main international human rights framework is the United Nations Declaration on the Rights of Indigenous Peoples (2007), which establishes a specific prerogative for indigenous peoples and individuals. As the Permanent Forum was established prior to the Declaration, its mandate does not specifically reference it. However, article 42 of the Declaration includes a mandate specifically directed at the Permanent Forum: “The United Nations, its bodies, including the Permanent Forum on Indigenous Issues and specialized agencies, including at the country level, and States shall promote respect for and full application of the provisions of this Declaration and follow up the effectiveness of this Declaration.”

In 2015, the United Nations system prepared a system-wide action plan to ensure a coherent approach towards the United Nations Declaration on the Rights of Indigenous Peoples.

The Outcome document of the high-level plenary meeting of the General Assembly known as the World Conference on Indigenous Peoples reaffirms Member States’ commitment to the Declaration. Unlike the Declaration, it includes specific references to empowering indigenous women (article 17) and to preventing violence against them:

“18. We commit ourselves to intensifying our efforts, in cooperation with indigenous peoples, to prevent and eliminate all forms of violence and discrimination against indigenous peoples and individuals, in particular women, children, youth, older persons and persons with disabilities, by strengthening legal, policy and institutional frameworks.”

“19. We invite the Human Rights Council to consider examining the causes and consequences of violence against indigenous women and girls, in consultation with the Special Rapporteur on violence against women, its causes and consequences, the Special Rapporteur on the rights of indigenous peoples and other special procedures mandate holders within their respective mandates. We also invite the Commission on the Status of Women to consider the issue of the empowerment of indigenous women at a future session.”

The second international framework is the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), which reaffirms the rights and fundamental freedoms of women in the political, economic, social, cultural and civic fields. Article 14 pays special attention to rural women and their problems, mainly in the economic sphere; however, it reduces the existence and exercise of indigenous women’s rights to the concept of “rural women”.

The third international agreement is the International Labour Organization (ILO) No. 169 Indigenous and Tribal Peoples Convention (1989), which establishes a set of rights for indigenous peoples, in which indigenous women and girls are not specifically mentioned.

20 Although this Declaration represents a substantial, documented advance in the inclusion of collective rights in the field of international law, generic references to indigenous “individuals” or “children” are common. Thus, in spite of the progress made in this global framework, this situation compounds the invisibility of indigenous women and their rights, reducing their problems to the field of sexual and reproductive health and gender-based violence.

The Millennium Declaration (2000) considered rights and equal opportunities for men and women to be fundamental values and resolved to tackle all forms of violence against women. Nevertheless, its indicators exposed disparities and the exclusion of indigenous women from Millennium Development Goal (MDG) 3 (Promote gender equality and empower women) and revealed the difficulties indigenous women face regarding maternal mortality and universal access to reproductive health services (MDG 5).

The resolution adopted by the General Assembly on 25 September 2015 “Transforming our world: the 2030 Agenda for Sustainable Development” (A/RES/70/1) is an international community instrument. Sustainable Development Goal (SDG) 5 of this Agenda establishes specific targets regarding gender equality.

**Goal 5: Achieve gender equality and empower all women and girls.**

**Target 5.2:** Eliminate all forms of violence against all women and girls in the public and private spheres.

**Target 5.3:** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation (the indicator refers to a marriage or union before the age of 15).

**Target 5.4:** Recognize and value unpaid care and domestic work.

**Target 5.5:** Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.

**Target 5.6:** 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.

Goal 3: Ensure healthy lives and promote well-being for all at all ages.

**Target 3.1:** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

**Target 3.3:** By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

**Target 3.7:** By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

**Target 3.8:** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Other relevant international agreements that apply specifically to Latin America merit consideration:

The Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Belém do Pará Convention) (1995) created a regulatory framework on violence against women, serving to deepen understanding of the violence affecting indigenous women in particular. This Convention requires the participating States to formally condemn such violence.

The Montevideo Strategy (2015), within the framework of the Regional Conference on Women in Latin America and the Caribbean, defined recommendations for the countries. For the first time, this agreement acknowledged the need to act both to ensure indigenous women’s access to new information technologies and to recognize the value of their ancestral knowledge. The Montevideo Strategy also safeguards indigenous women’s rights, especially in extraterritorial issues that violate their rights, such as human trafficking, violence and child labour.

These recommendations translate, or should translate, into public policy actions that bring them to life. Their implementation should give rise to agreements that
Indigenous peoples still face significant challenges in exercising their rights within the framework of the SDGs, particularly at the country level. Some priorities of indigenous peoples are not reflected in the 2030 Agenda including, but not limited to, the principle of free, prior and informed consent; the right to development based on free determination; or the ongoing difficulties regarding a lack of legal acknowledgement of indigenous peoples and their individual and collective rights. Similarly, the lack of a development approach that takes into account cultural particularities poses a challenge for the defence of indigenous peoples’ rights and the protection of their different cultures and ways of life.

Therefore, the report on the fifteenth session of the Permanent Forum underscores three priorities for indigenous peoples in the implementation of the 2030 Agenda: a) data disaggregation; b) participation of indigenous peoples in developing national action plans; and c) participation of indigenous peoples in follow-up and review.22

Following the approval of the 2030 Agenda, some representatives of indigenous peoples participated in the first High-level Political Forum on Sustainable Development, which was held in New York from 11 to 20 July 2016. The Indigenous Peoples Major Group (IPMG), one of nine main groups under the Economic and Social Council, sent a delegation to the Forum meetings and made statements both in general debates and during the voluntary national reviews. The Permanent Forum on Indigenous Issues was represented by its President.

3.4 IN-COUNTRY INSTITUTIONS FOR INDIGENOUS PEOPLES AND THEIR RESPONSE TO THE RECOMMENDATIONS

The Permanent Forum prepares recommendations that are intended to be implemented by various actors, such as United Nations organizations, multilateral agencies, NGOs and Member States. They therefore hope to encourage the development of comprehensive, sustainable responses aimed at promoting the full exercise of indigenous peoples’ rights. It is thus important to understand who, at the national level, should be responding and taking action on implementing the recommendations. However, institutions for indigenous peoples – particularly those

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for indigenous women – have been set up only recently in many countries and often have limited capacities. This affects their ability to push for public policies that follow up on the Forum’s mandates and recommendations and to establish relationships in line with them.

In addition, the institutional fragmentation of countries according to sectoral issues, and of United Nations mandates according to themes, does not help with comprehensively addressing the problems of indigenous peoples, and of indigenous women in particular. Many countries do not have recognized institutions that focus exclusively on indigenous women. In some cases, institutions treat “indigenous women” as rural and farming women, while in others, their concerns are included within more general issues that affect men, women, girls and boys. A closer analysis of the trajectory of recommendations within a country reveals the challenge that this fragmentation poses. The route that the recommendations follow is unfocused, varied and unclear.

Recommendations are transmitted from the Permanent Forum to Member States through the countries’ Permanent Missions to the United Nations. In general, these Missions send the recommendations to their respective ministries, either through their official delegates at the Permanent Forum meetings, or through their national human rights department or other units. There are then consultations to assess government performance on related issues. Most of the time, it is the international relations units within the bodies specializing in indigenous issues (if they exist in the country) that are involved in these consultations. However, the countries included in this study do not have any specific national mechanisms to report on the follow-up to recommendations each year. Even in Mexico, which has a well-established institution dedicated to indigenous peoples and which has submitted a report in almost all sessions, such a mechanism does not exist.

In other cases, such as that of Kenya, the responsibilities of the National Commission on Human Rights include monitoring progress on international human rights commitments enshrined in nationally ratified human rights treaties. The Kenyan Commission submitted a report to the Permanent Forum at its sixteenth session in 2017. Its website has a dedicated section on minorities and marginalized groups, including indigenous peoples (together with persons with disabilities and displaced peoples).

Many of the countries studied do not have working units that address indigenous issues from a gender perspective or take a rights-based intercultural approach towards gender.

Occasionally, inter-institutional commissions are created to ensure a more comprehensive approach to the recommendations. This has been observed only with regards to recommendations that are legally binding and that have not necessarily come from the Permanent Forum.

Norway offers a slightly different example of a strong institution responsible for ensuring the rights of indigenous peoples. In 1984, the Sami Rights Commission (Samerettsutvalget) submitted a report proposing the adoption in 1987 of the Act concerning the Sameting (the Sami parliament) and other Sami legal matters (the Sami Act). The Act acknowledges the Sami as indigenous peoples and states that they shall have their own nationwide parliament (Sameting), elected by the Sami peoples in their territories (Sami Act, 1987, article 1, paragraph 2).

The Sami Act was included in the 1988 amendment of the Constitution of Norway, which states that “It is the responsibility of the authorities of the State to create conditions enabling the Sami people to preserve and develop its language, culture and way of life” (article 110a of the Constitution of Norway).

As a democratic body supported by both the indigenous community and the Government, the Sameting has undoubtedly been a facilitating factor in implementing the recommendations. It has taken responsibility for enforcing Sami rights, especially the right to self-determination and consultation, which at times has been undermined by major extracting and mining companies with interests in the Sami territories.

Although the concept of self-determination does not have a precise definition, the Government and the
Sameting discussed practical measures to make the determining authority and co-determination of the Sami peoples effective within the framework of current regulations. The consultation process between State authorities and the Sameting is the most important pillar in their dialogue and is also a tool to ensure that issues that may affect the Sami are addressed in a satisfactory manner. Furthermore, it is an effective communications system with the indigenous community: every six months, the minister responsible for Sami affairs meets with the Sameting President. The Sameting also receives annual budget allocations, which it distributes for various activities related to the Sami.25

However, it is worth noting that women are underrepresented in the Sameting, as are their demands and issues.

The Office for the Protection of Indigenous Women (DEMI) in Guatemala is the only institution in the countries that were part of this study that takes a comprehensive approach to addressing issues specific to indigenous women. However, its mandate is limited and it does not have the institutional capacities to monitor the implementation of international commitments.

In 2017, Peru welcomed the creation of the “Working Group to Promote the Rights of Indigenous or Native Women”, the result of years of efforts by indigenous women’s organizations.26 This Working Group is intended to be a “coordination mechanism between the Ministry of Women and Vulnerable Peoples (MIMP) and women who belong to indigenous or native peoples, through their representative organizations and indigenous institutions” to incorporate their demands.

Australia and Canada have each officially apologized to the indigenous peoples of their countries: Australia apologized for the laws and policies of the successive governments that had harmed Australian indigenous peoples, while Canada apologized for the devastating effect of residential schools on indigenous children and their families, and in 2008 established a Truth and Reconciliation Commission to resolve this issue, which published its final report in 2015.

In 2015, Mexico modified its 1917 Constitution to include several references to the rights of indigenous peoples, including their right to self-determination through autonomous governments in accordance with their traditional rules, procedures and customs, and the right to elect indigenous representatives to the councils of municipalities with indigenous peoples.27 According to the Constitution, the authorities of Mexico must consult with indigenous peoples when preparing the National Development Plan, State plans and local plans and, if appropriate, incorporate their recommendations and proposals. The Constitution of Mexico also acknowledges the importance of bilingual and intercultural education.

Although the 2010 Constitution of Kenya does not refer specifically to indigenous peoples, it acknowledges historically marginalized groups, such as herders and hunter-gatherers who self-identify as indigenous peoples. It also establishes various civil, political, socioeconomic and collective rights that are relevant to such peoples.

In 2011, the Republic of the Congo enacted Law No. 5-2011 on the promotion and protection of the rights of indigenous peoples. The law specifically addresses unfavourable conditions faced by indigenous peoples and promotes their collective and individual rights. It is in line with the United Nations Declaration on the Rights of Indigenous Peoples and was drafted with the participation of indigenous peoples, together with the general public, NGOs, United Nations organizations and the competent public institutions. It is the first instrument of its kind in Africa and an important example of good practice regarding the acknowledgement and protection of indigenous peoples’ rights in the region.

In Peru, Law No. 29785 on the Right of Indigenous or Native Peoples to Prior Consultation was enacted in September 2011 and implemented through regulations approved in Executive Order No. 001-2012-MC. Guidelines for consultations with indigenous peoples were prepared and the Government offered training programmes for both indigenous peoples and State officials on the right to prior consultation. The Permanent Forum recognizes that, in general, progress has been made in the Member States’ regulatory frameworks, including recognizing indigenous peoples’ rights in their constitutions and enacting comprehensive laws or

26 Ministerial Decision No. 288-2017-MIMP.
regulations that ensure the right to prior consultations with indigenous peoples. Nevertheless, the Permanent Forum has also identified a large gap between the formal recognition of indigenous peoples and the implementation of policies on the ground.\textsuperscript{28}

In the Republic of the Congo, for example, Law No. 5 of 2011 on the rights of indigenous peoples has been approved but their situation has not changed. Discrimination is still prevalent and is part of a complex system of concepts, myths, stereotypes and false truths that remained unchanged from colonization until independence, when hunter-gatherers’ way of life was still considered primitive and they were not recognized as adding any value or contribution to the national cultural heritage.

In its latest report from September 2017, the Congolese Observatory of Human Rights reiterated the serious situation of indigenous peoples in the Republic of the Congo, especially regarding direct discrimination and marginalization by their Bantu neighbours and the authorities. Among the documented situations are cases of torture, humiliation, arrests and arbitrary detention, physical assault, intimidation and rape, and discrimination in schools and in personal relations (for example, prohibiting indigenous men from marrying Bantu women). Further unresolved issues include political participation, access to natural resources and access to justice.

Despite Law No. 5 having been approved, instruments for its direct implementation have not been adopted. Since 2012, authorities have been engaged in a never-ending process to create the regulations necessary for its application. Furthermore, indigenous peoples and the organizations that promote the protection of their rights are unaware of the Law’s content.

In Thailand, the Constitution of 2016 adopted the term “Thai ethnic groups” instead of “indigenous peoples”. The Constitution’s Chapter VI: Policies of State notes that “The State shall promote and protect the rights of Thai people of different ethnic groups to live voluntarily and peacefully without disturbances in the society according to their culture, custom and traditional ways of life, insofar as such livelihood is not contrary to public order or good morals of people, or does not harm the security of the State or health”.\textsuperscript{29}

Although the State undertakes to promote and protect “Thai people of different ethnic groups”, it does not define any of these groups. Nor is there a precise, workable definition of how ethnic groups may be contrary to “public order” or “the good morals of people” or “harm the security of the State or health”. The issue is therefore subject to further interpretations and discussions.

In theory, no ministry or department is fully responsible for the affairs of indigenous peoples and there are no public policies specifically for these peoples. However, the Ministry of Social Development and Human Security applies some measures to foster agricultural development among rural populations, including some indigenous groups.

At the national level, in 2010, the Government adopted two specific resolutions to restore the livelihoods of the Moken and the Karen peoples, declaring their right to remain on their ancestral lands and continue their traditional agricultural practices (ILO, 2015; IWGIA, 2016). The slow implementation of these resolutions to date has been due, among other things, to a lack of knowledge among the public entities involved, the need to coordinate the different ministries, and the low budget allocated to the activities (IWGIA, 2016).

Regulations aimed specifically at indigenous women are almost non-existent. Only a few institutions, mechanisms and general regulations regarding gender equality have incorporated an intercultural perspective that identifies the particular situation of indigenous women and girls.

Thailand does not have a ministry for gender issues, but there is a dedicated department within the Ministry of Social Development and Human Security. However, this department does not have a specific line for indigenous women and girls.

In Peru, many stakeholders were involved in preparing a National Action Plan on Gender and Climate Change through national workshops and indigenous women’s organizations, which made a significant contribution in terms of ancestral knowledge, education and health. However, these organizations claim that the Plan has not been implemented, though they applaud the organization of a working group with the Ministry.


of Women and Vulnerable People to incorporate the situation of indigenous women into the Ministry’s work.

In Mexico, both the National Commission for the Development of Indigenous Peoples (CDI) – with a presence at the State and federal levels – and the National Institute of Women (INMUJERES) have specific initiatives for indigenous women, concerning their employment, sexual and reproductive health and gender-based violence. INMUJERES has an area of work on “indigenous, rural and farming women” and has tried to include an intercultural approach in its actions and instruments aimed at women in general, with a particular focus on the issue of adolescent pregnancies, forced marriages and gender-based violence.

As this section has shown, in most countries the institutions created to preserve and promote the rights of indigenous peoples are weak in terms of their authority, mandates and resources. This is a significant barrier to implementing the recommendations in Member States – particularly recommendations for indigenous women and girls, given the limited incorporation of a gender-based approach in the few public policies that do exist, and the lack of consideration of indigenous women in the institutional mechanisms to support women in various countries.
Photo: UN Photo/Rick Bajornas
RECOMMENDATIONS ON THE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF INDIGENOUS WOMEN, AND RELATED PUBLIC POLICIES

This section begins with an overview of the content of the recommendations on sexual and reproductive health and rights issued in the 16 UNPFII sessions. This content is then evaluated against the situation of indigenous women and girls in the countries under analysis and their results in terms of public policies. Finally, this section identifies the issues raised by indigenous women’s organizations and United Nations organizations that have not been included in the Forum’s recommendations. A full list with the text of the recommendations as they appear in the reports of each of the 16 sessions is included in annex 4.

Table 7. Recommendations on sexual and reproductive health rights (All sessions)

<table>
<thead>
<tr>
<th>Year/Session</th>
<th>Paragraph</th>
<th>Content of the Recommendations</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002/1</td>
<td>9</td>
<td>Incorporate indigenous issues into the work of various United Nations organizations and incorporate indigenous understanding of the human body, the causes of illnesses and existing practices of treatment of women and men.</td>
<td>UN organizations</td>
</tr>
<tr>
<td>2002/1</td>
<td>10</td>
<td>Organize a technical seminar to plan a system-wide strategy to address the health needs of indigenous women and children.</td>
<td>UN organizations UN Member States</td>
</tr>
<tr>
<td>2003/2</td>
<td>64</td>
<td>Convene a workshop on indigenous health to set out the terms of reference for a study on the health needs of indigenous peoples, with particular emphasis on indigenous children and women.</td>
<td>UN organizations UN Member States</td>
</tr>
<tr>
<td>2003/2</td>
<td>70</td>
<td>Gather and disaggregate data on indigenous infants, children and mothers based on criterion relating to ethnicity, cultural and tribal affiliation and language.</td>
<td>UN organizations</td>
</tr>
<tr>
<td>2003/2</td>
<td>75</td>
<td>The Global Fund and UNAIDS present a report on the impact their programmes on indigenous peoples and communities, with specific focus on children and infants.</td>
<td>UNAIDS Global Fund</td>
</tr>
<tr>
<td>2004/3</td>
<td>5</td>
<td>Integrate the human rights, including the reproductive health rights, and special concerns and needs of indigenous women into the programmes and policies of United Nations bodies whose activities have an impact on indigenous women.</td>
<td>UN organizations</td>
</tr>
<tr>
<td>2004/3</td>
<td>89</td>
<td>Include various elements of sexual and reproductive health; develop and disseminate information about innovative strategies; train indigenous women; include and accredit traditional birth attendants (midwives) and integrate them into State health-care systems;</td>
<td>UN organizations</td>
</tr>
<tr>
<td>2005/4</td>
<td>118</td>
<td>Reinforce investments for the achievement of the MDGs.</td>
<td>UN Member States</td>
</tr>
</tbody>
</table>
### Year/Session | Paragraph | Content of the Recommendations | Target
--- | --- | --- | ---
2006/5 | 48 | Reaffirming the recommendations on health made at its first, second and third sessions, fully incorporate a cultural perspective into health policies and programmes, emergency obstetric care, voluntary family planning and skilled attendance at birth. | UN organizations<br>UN Member States
2006/5 | 49 | Allocate budgets in order to implement quality services to reduce maternal mortality and ensure indigenous women’s access to reproductive health services. | UN Member States
2006/5 | 110 | Convene a consultative process in Africa with indigenous women, including rural and nomadic women, in order to (a) define indicators of gender equality and poverty eradication; (b) define a human rights approach to maternal health and the reduction of child mortality. | UN organizations
2010/9 | 166 | Include ethnic identification in vital statistics and health records, allocate more funding for intercultural services that ensure indigenous women’s access to quality health care and strengthen and extend the role of traditional midwives. | UN Member States
2011/10 | 33 | Members of the Forum are to participate in an expert group meeting on the environment and indigenous women’s reproductive health. | UN organizations
2011/10 | 76 | UNICEF and UNFPA are to continue their work to combat female genital mutilation practices. | UN organizations
2013/12 | 7 | Make contributions to ministries of health and indigenous women’s organizations to consolidate their work on intercultural standards for high-quality sexual health and reproductive rights and maternal health. | UN organizations<br>UN Member States
2014/13 | 17 | Conduct a study that documents the linkage between environmental violence, including pollution, and sexual and reproductive health. | UN organizations
2014/13 | 33 | Support the international campaign to end sex discrimination. | UN Member States
2016/15 | 38 | Implement action to reduce maternal mortality. | UN organizations<br>UN Member States
2017/16 | 43 | Design and fully implement HIV/AIDS and hepatitis B and C programmes. | UN Member States
2017/16 | 44 | Identify good practices of culturally appropriate intervention models from its work in developing countries. | UN organizations
2017/16 | 45 | Continue to make efforts to implement the recommendation to develop a fact sheet on maternal and child health in indigenous communities. | UN organizations
2017/46 | 46 | Continued concern about the impact of pesticides and the reproductive health of indigenous women and girls. | UN organizations

**Total** | **22**

**Source:** Prepared by the authors based on the reports issued by the secretariat of the Forum for each of the 16 sessions (2002–2017).

### 4.1 Overview of Recommendations on Sexual and Reproductive Health and Rights

In the 16 UNPFII sessions, 22 recommendations have been issued specifically to promote the sexual and reproductive health and rights of indigenous women. As shown in Table 7, these recommendations cover various themes and courses of action.

The recommendations drafted by the Permanent Forum in its different sessions are diverse in terms of their content and scope. Some, for example, call for the preparation of a fact sheet to disseminate information on a situation or encourage participation in a specific campaign, while others raise more structural issues that should be included in public policies and services for indigenous women and girls to guarantee their rights. The recommendations take on issues discussed and points raised by indigenous women’s organizations and
United Nations organizations. As might be expected, these issues are linked to the recommendations regarding the right to health, since indigenous women also require guaranteed access to high-quality services that take an intercultural approach.

Five recommendations were raised at the fifth session (2006) in discussions on “The Millennium Development Goals and indigenous peoples: re-defining the Millennium Development Goals”. These broad recommendations cover various aspects of the development of public policies and measures to guarantee women’s sexual reproductive rights. More than half of the recommendations are specifically directed at United Nations organizations, in the hope that they will include the perspectives of indigenous women and girls in their work, or take an intercultural approach that respects and incorporates the knowledge and worldview of indigenous peoples and authorities, and develop specific products (such as fact sheets) to raise awareness of their situation. Only a quarter of these recommendations are directed solely towards a Member State, and they call for recourses to be allocated to develop quality intercultural services.

**4.2 LIMITED IN-COUNTRY PROGRESS ON RECOMMENDATIONS**

Information gathered from the various countries shows relatively low levels of progress regarding the implementation of the aforementioned recommendations concerning indigenous women’s sexual and reproductive health and rights. This can be explained by various factors:

**4.2.1 Lack of information to shed light on the situation of indigenous women.**

There is still little reliable information available about the situation of indigenous peoples in the countries, and specifically about indigenous women. Even countries with highly developed public policies, such as Canada or Norway, do not have information disaggregated by ethnicity. Nevertheless, in most countries it is possible to access information on some aspects of sexual and reproductive health, particularly indigenous maternal mortality, from at least one of the sources of information traditionally used: surveys, census data or vital statistics. However, the quality of the information is often poor.

In most cases, the statistics available are only estimations, as national censuses do not include a specific question about ethnic identity, which would provide precise figures on a range of topics. In Peru, the 2017 census included a question about ethnic self-identification, which might shed more light on the situation of indigenous women and girls in the future.

In Australia, the Health Ministerial Advisory Council (Health MAC) produces an annual report on various health indicators, including child and maternal mortality and the prevalence of HIV and sexually transmitted infections. These indicators show the unfavourable situation of Aboriginal and Torres Strait Islander people, but no disaggregated information is available for the other indicators.

In the case of Thailand, data have not been disaggregated by ethnic group. Data from UNFPA and in monitoring reports on the progress of the MDGs are not disaggregated by ethnicity, thus limiting advocacy efforts at both the national and international levels.

In Kenya, the most complete and up-to-date major health statistics are found in its 2014 National Health Survey. The survey is designed to estimate maternal, adult and infant mortality, to measure changes in fertility and the prevalence of contraceptive use, to examine maternal and child health indicators, to estimate the nutritional status of women and children, to describe patterns of knowledge and behaviour related to HIV and other sexually transmitted infections, and to establish the scope and pattern of domestic violence and female genital mutilation (FGM). The only information disaggregated by ethnic group is on male circumcision and FGM.

In the Republic of the Congo, data are not disaggregated by ethnic group in the statistics of the World Health Organization (WHO), in the information provided online by UNFPA, or in the National Health Survey. It is therefore difficult to fully understand the situation of indigenous peoples with regards to sexual and reproductive health. A 2015 UNFPA study states that there is no specific system to gather data on indigenous peoples. The little data available comes from diverse sources, with each

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actor producing data based on the activities carried out and judging their relevance to the targets. The indicators can change from year to year and from one place to another. The lack of data on indigenous peoples has also been denounced by the African Commission on Human and Peoples’ Rights (ACHPR).31

In general, there is a tendency to identify the situation of indigenous women based on the available data by region, assuming that data from those regions where the largest indigenous population lives can be used as “proxy” indicators of their situation. The problem is that this approach leaves out indigenous people living in big cities or in regions where they constitute a minority.

Mexico has a long tradition of producing high-quality data through its National Institute of Statistics and Geography (INEGI) in partnership with the National Commission for the Development of Indigenous Peoples (CDI).32 The country’s efforts to gather data and information on indicators are therefore on the right track towards strengthening information processes and the implementation of public policies related to regions, municipalities or localities with indigenous populations. At present, indicators highlight the size and extent of social exclusion among indigenous peoples, communities and women in Mexico, in addition to the progress made by the measures in the Government’s plans, programmes and projects.

A number of studies and publications have been undertaken in Mexico in recent years:

- The first report on indicators for gender and indigenous peoples, produced in 2006.33
- The CDI generated information based on the results of the 2015 Intercensal Survey implemented by INEGI regarding the socioeconomic characteristics of the indigenous population and dwellings in the national territory.34 This report complied with the legal requirement to review the operation of the indigenous population’s system of information and indicators.

- In 2015, indigenous children and adolescents were in need of greater visibility, with Mexico having promised to guarantee their rights to access education, health and protection against child labour and the eradication of violence and discrimination against this population. The Mexican State adopted the General Law on the Rights of Children and Adolescents (published on 4 December 2014), which recognizes indigenous children as right holders and also contains a requirement to report.

- The first study on violence against indigenous women is under way, with indigenous women directly involved in the quantitative and qualitative data-gathering process in indigenous territories. This work is being carried out through a partnership between the CDI and academia.

4.2.2 Tension between a universalist vision of services and an intercultural approach.

A review of the Member States’ responses to the Permanent Forum’s recommendations on sexual and reproductive health reveals that there is tension between the concept of universal services versus specific services for indigenous women that incorporate their knowledge, worldview and an intercultural approach. Norway, for example, notes in its annual report of 2005:

“The principle of universality is central in the Norwegian welfare state. It is reflected in duties described in the Acts on specialized health services, dental health service and municipal health services resting on the state, county and municipal authorities respectively, to provide a specified range of health services to the whole population in any given area. These services are also usually comparatively inexpensive or

32 Based on paragraph XVI, Section 2 of the CDI Act, and paragraph IX, Section 14 of its Charter, the CDI operates a system of information and indicators through which the indigenous peoples of Mexico are identified and quantified.
33 The data obtained were revealing: 636,720 monolingual women and 371,083 monolingual men, with more and more children dropping out of education as the level of schooling advances: 64 per cent of girls completed primary school, compared with 68 per cent of boys; only 32 per cent of girls completed secondary school and 36 per cent of boys. Both phenomena are closely related to school dropout for girls, who are denied the opportunity to continue with their studies, having to devote themselves to domestic chores. When dropout occurs during primary school, illiteracy and monolingualism increase. Without the benefit of a second language and without school instruction, indigenous women are not only excluded from better employment opportunities, but they are also at a real disadvantage. They are unaware of their rights and, consequently, cannot exercise them. This translates, in turn, into increased poverty and greater disadvantages compared with the men in their communities.
34 The most recent data available at the locality level are from the 2010 General Census of Population and Housing. The recent 2015 Intercensal Survey provides statistically representative information up to the municipal level.
free. In-patient hospital services are free of charge. Therefore, it has not been considered to establish separate services for the Sami population.”

There is a similar situation in Kenya, where its 2014–2030 Health Policy recognizes the right to health of special groups, including minorities and marginalized groups, as stated in the Constitution. Among the guiding principles of the Health Policy are equity and non-discrimination, while its objectives enshrine the need to provide efficient health service coverage for marginalized groups. However, it does not adopt an intercultural approach for providing these services.36

Many States’ public policies emphasize the need for translation so that indigenous or Aboriginal populations can access services in their first language. However, these language policies are often far from incorporating indigenous or Aboriginal knowledge and worldviews, or their traditional practices and authorities.

In Peru, although there is a Sectoral Policy on Intercultural Health that recognizes and incorporates indigenous people’s knowledge on health, this policy is in its early stages, and in practice, indigenous knowledge is given little acknowledgement. In fact, the design of the Sectoral Policy and its accompanying Sectoral Plan – despite having been approved in a previous consultation process – has delayed its implementation and the corresponding allocation of resources that would make this effective.

In Mexico, public institutions have a mechanism to coordinate issues relating to “ethnicity” in their policies and programmes: the Inter-Institutional Commission and its respective subcommittees, which report to the Ministry of the Interior. However, this mechanism seems insufficient to coordinate the country’s three administrative levels and the huge range of Secretariats and public policies developed by the Mexican State – one of the largest countries in the world, with one of the largest indigenous populations in Latin America.

In the case of Guatemala, where 60 per cent of the population is indigenous, universal policies that do not incorporate an intercultural approach have become a national problem.

4.2.3 States’ efforts to develop innovative programmes: continuity and sustainability issues.

In general, innovative practices and programmes to move forward in applying an intercultural approach focus on maternal health. In Latin America, UNFPA has been supporting indigenous women’s organizations in promoting “respectful delivery” or “culturally relevant” deliveries for several years, with implementation results varying between countries. For example, in Peru, indigenous women’s organizations, UNFPA Peru and the Peruvian Ministry of Health collaborated to implement the initiative “vertical birth with intercultural adjustment” as a strategy for lowering maternal mortality. This initiative adapted the infrastructure in doctors’ surgeries and hospitals in line with the needs and decisions of women and their families regarding how they would like to give birth. This involved incorporating the requirements for a vertical birth (furniture, natural resources such as plants, educational communicative material appropriate to local customs, use of the native language of the women giving birth); establishing waiting houses for expectant mothers; developing a follow-up and monitoring system for expectant mothers; and detecting obstetric emergencies.

In 2008 in Australia, a public policy called “Closing the Gap” was agreed upon between the Government and Aboriginal and Torres Strait Islander representatives “to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030”.37 This policy sets measurable targets and obliges the Prime Minister to present an annual report to Parliament, detailing information about progress or setbacks.38 However, these targets do not include any commitments to improve the sexual and reproductive health of Aboriginal and Torres Strait Islander women.

In Mexico, a multi-stakeholder working group was set up several years ago to address maternal mortality, midwifery and other issues regarding safe, violence-free maternity. Through this initiative, donors provided substantial support to accelerate processes in this field and established national midwifery schools, care...
protocols for respectful childbirth, and discussions on legal issues or on eradicating forced marriage and child marriage, which still occur in the country.

4.2.4 Despite progress, traditional medicine and indigenous authorities’ knowledge are still undervalued.

In Latin American countries such as Guatemala, Mexico and Peru, UNFPA, indigenous women’s organizations (including the Continental Network of Indigenous Women of the Americas) and governments have worked together on initiatives that recognize traditional midwives’ role in the reproductive health of indigenous women (particularly in maternal health). This work appreciates the value of these midwives’ knowledge and their legitimacy among indigenous women, who trust them as their guides throughout this vital process. However, in most participating countries, traditional midwives have not been introduced into health centres, and they still face open discrimination and, in some cases, criminalization.

A study carried out in the Republic of the Congo in 2012 found that in order for indigenous communities to accept medical interventions and improve their access to available medical services, the indigenous view of health and illness must be taken into account – especially the idea that a person’s health not only involves the biophysical body but also social relations.39 Traditional indigenous healers (nganga) are regarded as the most competent traditional healers. While this wisdom is becoming lost among Tswana y Bobongo, in the north the Mbendjeles still hold extensive knowledge of forest plants. Indigenous communities allow women, boys, girls and older people to access traditional medical treatments, preferring to first try their own methods and then, as a last resort, visit a modern health centre. Traditional healers are also preferred because they provide culturally relevant, low-cost diagnoses. In addition, they are available in many towns and patients are treated better than in modern clinics. Nonetheless, the public health system has not opened up a dialogue with these traditional authorities.

In Guatemala, the public institutions have limited reach, given the high staff turnover among public authorities and civil servants, which has made it more difficult to develop public health policies with a long-term vision that provide universal access to services. In terms of intercultural health care, the health services implement frameworks and programmes based on unchanged intercultural beliefs, with little resources and not without management problems. Guatemala has not managed to overhaul its treatment model or access to health care. It established a Multisectoral Commission for Maternal Health, which operated well in 2010 and 2011, and in 2015 it designed a policy for midwives and health institutions. However, due to staff turnover and the various policy approaches towards their tasks, the initiative has not been implemented or pursued.

4.2.5 No policies or programmes to incorporate indigenous staff into public health services.

Generally, countries have not engaged in efforts to train indigenous health staff and incorporate them into their official health systems. Mexico is an exception here, with initiatives to institutionalize indigenous midwifery in some states, and providing training for indigenous women within the Casas de la Mujer Indígena [Indigenous Women’s Houses] programme (CAMI). CAMI staff offer prevention services regarding sexual and reproductive health and rights, birth assistance and violence prevention, though the programme has limited resources and scope (restricted to certain territories).

Australia is another exception, where the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (designed by the Government and involving the relevant indigenous organizations) includes incorporating Aboriginal health workers into health services. In her visit in 2017, the United Nations Special Rapporteur on the Rights of Indigenous Peoples called for the Australian Government to “invest in partnerships that recognize the leadership of Aboriginal and Torres Strait Islanders”. She recognized that “the workforce of indigenous Australian medical professionals has expanded in the past decade and developed valuable expertise. However, parity is still lagging as Aboriginal and Torres Strait Islanders still make up less than 1 per cent of the national health workforce. Support for training more indigenous health professionals is therefore required”.40


**CHAPTER 4**

**4.2.6 Abuse and discrimination towards indigenous women and girls in health services.**

Although it seems that awareness about indigenous peoples’ rights has increased, health workers continue to discriminate against indigenous women in many countries. As a result, progress in terms of infrastructure and free services has not necessarily translated into higher rates of access to quality care.

The Shadow Report prepared by indigenous women’s organizations of Thailand for the CEDAW Committee states that negative stereotyping fosters discrimination against indigenous women and girls seeking health care services, particularly those for sexual and reproductive health, which is taboo in some indigenous communities.\(^\text{41}\) Language and cultural barriers can make it harder for these women and girls to express their needs. In addition, Criminal Law article 277, which allows girls between 13 and 15 years of age to marry their alleged rapists, reinforces the stigma associated with sexual violence and human trafficking, especially in the most traditional indigenous communities.

In the Republic of the Congo, there are significant barriers to accessing health services. Despite government measures, such as establishing integrated care centres and free treatment of malaria, HIV and AIDS and caesarean sections, a study carried out by UNFPA in 2015 documents a low use of reproductive health services by indigenous women.\(^\text{42}\) These women tend not to use antenatal services and most give birth at home or in the forest, largely due to the abuse and discrimination they experience from public officials. Although the health centres visited do not have disaggregated statistics, the questionnaire carried out within the UNFPA study highlights the low level of attendance at postnatal services and a low rate of condom use, leading to many unwanted pregnancies, abortions and sexually transmitted infections.

**4.2.7 Lack of participation of community organizations and indigenous women and girls in sexual and reproductive health and rights programmes.**

In Kenya, although there are several public policies on sexual and reproductive health and rights that specifically address the challenges faced by indigenous women and girls, these policies do not have an appropriate intercultural approach. This means that there is a gap in implementing them, especially regarding FGM in certain indigenous communities.

Among the main challenges that indigenous women and girls experience are FGM; early marriage; early pregnancies; limited access to health services for maternal health and childbirth and family planning systems; and a lack of information on HIV prevention.

Community culture, certain beliefs and practices, as well as unequal relations between men and women, are some of the main barriers for implementing effective interventions on sexual and reproductive health within communities.

Addressing these barriers requires indigenous organizations to undertake ongoing work with communities, as these organizations understand their context, have access to the communities and their culture and can respectfully raise sensitive issues with women and girls, men and community leaders, using strategies adapted to the communities and their respective issues.

The problem is not the lack of policies and programmes, but rather the need to carry out interventions that allow women and girls themselves to identify cultural practices and gender relations that have negative effects on their health and well-being. Consequently, the work of indigenous women’s organizations is fundamental, and their lack of resources is a major barrier to advancing the rights of indigenous women and girls.

In this respect, it is important to highlight the experience of Canada and its Indigenous Representative Organizations Program that has existed since 1971. The State provides funds to support indigenous organizations, in order to promote stable and effective organizational structures that are able to interact with all levels of government and society. These organizations include the Native Women’s Association of Canada (NWAC), established as a non-profit organization in 1974, which represents indigenous women, mainly from the First Nations and Métis. It aims to represent and speak on behalf of indigenous Canadian women at the national level.

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level. The NWAC Board of Directors comprises 20 members: a female president, 13 regional representatives (four of whom are also regional executive leaders), four regional elders and four regional youth representatives (elected by the NWAC Youth Council).43

### 4.2.8 Persistent violations of the human rights of indigenous women and girls.

Although most countries have signed the 2007 United Nations Declaration on the Rights of Indigenous Peoples, serious government violations of indigenous people’s human rights, including within the field of sexual and reproductive health, persist. While some of these violations may have occurred before the Declaration was signed, often no measures have been taken since the signing to redress past violations.

In Peru, between 1995 and 2000, the rights of more than 270,000 women and 24,000 men were violated by the National Family Planning and Reproductive Health Programme, which sterilized almost 300,000 women. These women were mainly rural and poor; most were indigenous Quechua speakers, many of whom had signed a document written in Spanish that they did not understand.

The Peruvian Government claimed that the measure was part of a policy against poverty and that these procedures were carried out with the women’s consent. Indigenous women’s organizations have reported that at least 18 women have died in recent years due to complications arising from the forced sterilizations. Since 2003, when Peruvian prosecutors started investigating cases of forced sterilization, many investigations have been opened and closed, with no formal legal cases instituted by the criminal justice courts.

Indigenous women’s organizations, such as the National Organization of Andean and Amazonian Indigenous Women of Peru (ONAMIAP), have denounced these violations in the media and through national and international bodies, and have launched a set of initiatives to help affected men and women heal. They also worked with the International Work Group for Indigenous Affairs (IWGIA) and the International Indigenous Women’s Forum (IIWF) to submit the case at a side event of the sixteenth session of the Permanent Forum, entitled “Forced sterilization of indigenous women in Peru: access to justice and redress”.44

Despite the seriousness of the case and the high level of international awareness it garnered,45 the Permanent Forum made no recommendations regarding reparations or even further investigation into this major violation of indigenous women’s rights in Peru.

The Inter-American Court of Human Rights has set a precedent for cases in Mexico. For example, the case of Fernández Ortega et al. v. Mexico, arising from the rape and torture of Inés Fernández Ortega, focused on the lack of due diligence in the investigation, lack of punishment of those responsible for the crime, lack of adequate reparations, use of military jurisdiction and the difficulties indigenous women face in accessing justice. The sentence handed down against Mexico required the State to redress damages, train the Armed Forces on human rights, separate the military and civil jurisdictions and review the military justice system when civilians are involved, implement training courses for indigenous women and girls on their human rights and enable them to continue their education. While all of these measures were necessary, they demonstrate that justice could not be achieved through the national authorities alone. Furthermore, the ongoing threat and violence against those who defend indigenous human rights has not diminished and the effects or results of these medium- and long-term measures have not been evaluated.

### 4.2.9 Persistence of cultural practices that infringe on indigenous women and girls’ sexual and reproductive health and rights.

Although the United Nations and indigenous women’s organizations have attempted to raise awareness of harmful cultural practices, they still affect many people around the world.

The Government of Kenya, for example, has developed policies to eliminate female genital mutilation (FGM). In 1983, a presidential decree was issued against the practice, followed by the National Plan of Action for the

43 See https://www.nwac.ca/home/about-nwac/board-of-directors/
44 See http://onamiap.org/2017/05/onamiap-realizara-evento-sobre-esterilizaciones-forzadas-en-foro-permanente-de-la-onu/
45 See, for example, the development of the case submitted before the Inter-American Court of Human Rights. Available at http://cidh.org/annualrep/2003eng/Peru12191.htm
Elimination of Female Genital Mutilation, and in 2001, the Government launched the first set of laws that specifically addressed FGM. The Children’s Act that came into effect in 2001 allows for the prosecution of those who facilitate or practise FGM. In 2011, a law was passed that prohibits FGM, setting tougher penalties for those who practise it. There is currently an anti-FGM working table headed by the Ministry of Public Service, Youth and Gender Affairs to ensure that the law is implemented. However, various actors unanimously agree that FGM is far from being eliminated in indigenous communities: it is still practised in secret, despite being formally prohibited. Among the main difficulties in achieving progress is the lack of an intercultural approach when working with indigenous communities.

4.3 GAPS IN THE RECOMMENDATIONS

Although various issues have led to UNPFII recommendations on indigenous women’s sexual and reproductive health and rights, a number of themes and dimensions placed on the Permanent Forum’s agenda by indigenous women’s organizations have not been raised in its recommendations. Several are listed below:

4.3.1 Indigenous women’s circumstances vary.

In general, the recommendations do not distinguish between the variables that can impact indigenous women’s exercise of their sexual and reproductive health and rights. For example, women who live in rural areas tend to have less access to quality services due to distance, lack of infrastructure and/or health staff. On the other hand, indigenous women living in cities may have more services available, but suffer from invisibility and discrimination.

The provision of health services in Kenya is unequal, as the availability of medical professionals and infrastructure depends greatly on the geographic region. Among the indigenous population, access to health services is also limited because of the costs involved and, in the case of nomadic herders, the distance to the closest clinic. While the Government has taken measures to increase the number of mobile clinics, health services in nomadic communities are still based on the work of religious organizations, NGOs and bilateral donors.47

4.3.2 The need for sexual education and training for women and girls on sexual and reproductive rights is not addressed.

In many indigenous communities around the world, sexuality is still a taboo subject. The Permanent Forum noted that “While in some cases the fact of “not talking about sex” with children and grandchildren may be perceived as inherent to the culture and traditions of indigenous peoples, in numerous other cases this silence results from the ideological and religious views that were imposed on them in the context of colonialism. Despite these processes, participants noted that many indigenous communities preserve traditional coming-of-age ceremonies and rites of passage, through which indigenous adolescents come to understand not only their identity but also what it means to take on adult responsibilities within themselves, their bodies and their communities.”48

Indigenous women’s organizations gathered at the Seventh Meeting of the Continental Network of Indigenous Women of the Americas (ECMIA) in 2016, where they developed a work and advocacy agenda, the Agenda for Life and Peace. This agenda clearly describes their vision for sexual and reproductive health rights and the need for culturally appropriate training and discussion spaces.49

Indigenous women’s organizations contend that international instruments focus on sexual and reproductive rights only from a health perspective, but these issues must also be addressed from a rights-based approach. The agendas of demands on these issues have been guided mainly by mixed race women, making it challenging for indigenous women to express their voices, needs and circumstances. Health must be considered...
from the perspective of living well, living with dignity and survival. Training processes should be mixed; work should be undertaken first with women, and then spaces created for debate and dialogue with men.

In the framework of the Agenda for Life and Peace, indigenous women state that:

“[...] sexuality should be addressed by indigenous peoples, in an integrated way, from physical and spiritual approaches. Link the theme of health with the body and sexuality, eroticism, and the pleasure of indigenous women and men, considering the spaces that indigenous peoples have constructed to express their opinion, needs and circumstances. Sexuality must be decolonized. In the relationships between indigenous peoples, academia, NGOs and non-indigenous women, attitudes of maternalism and ethnocentrism must be overcome”.

In this context, it has been the indigenous women’s organizations themselves that have carried out the training and awareness-raising initiatives on indigenous women’s rights.

4.3.3 No reference to abortion.

In general, abortion is still a taboo subject in many societies, including among indigenous peoples. For example, women in Canada who exercise their right to abortion still experience abuse and discrimination. Aboriginal women suffer the most, either through racism or because they do not receive psychological assessments and have difficulty processing their grief. One of the women interviewed for the study even said that she had heard of cases of hospitals refusing to treat women after a miscarriage, despite their need for treatment.

4.3.4 No recommendations to prevent or address adolescent pregnancy.

Adolescent pregnancy has become an international priority, through its inclusion in the SDGs and the 2030 Agenda and because data show that it is still common and occurring at a younger age. Most countries record adolescent pregnancy between the ages of 15 and 19 years. However, in recent years there has been a notable rise in pregnancy among girls under 15 years of age, and even of 10-year-old girls. There is not enough quality information on the situation of indigenous girls and adolescents, nor has the Permanent Forum made a statement with recommendations regarding this issue.

Peru correlates adolescent pregnancy rates with place of residence, by analysing the situation of indigenous girls and adolescents in territories that have higher indigenous populations. At the national level, 13.6 per cent of adolescent girls between 15 and 19 years of age are mothers, 10.6 per cent of whom already have another child. These figures increase as the educational level decreases, and track to geographical location (with higher percentages in rural areas with more indigenous peoples) and socioeconomic level, among other factors. The rate of adolescent pregnancies is 10 percentage points higher in rural areas than in urban areas. These figures are worrying, as early maternity has a significant impact on emotional and physical health, and clear limitations as regards the continuation of education and the implementation of life plans, thus reproducing the poverty cycle.

In Peru, any sexual relationship with a child under 14 years of age is a legally punishable offence, although every day, at least four children under 15 years of age become pregnant, according to National Registry of Identification and Civil Status (RENIEC) figures. Eighty per cent of these girls have to leave school. Furthermore, 51.8 per cent of adolescent girls between 12 and 17 years of age have, at some point, been victims of psychological or physical violence.

In summary, the UNPFII recommendations related to the sexual and reproductive health and rights of
indigenous women and girls are few in number and appear disjointed. While they mention some of the issues that have been raised by indigenous women’s and girls’ organizations, they also leave out several of their requests.
RECOMMENDATIONS ON VIOLENCE AGAINST INDIGENOUS WOMEN AND NATIONAL PUBLIC POLICIES

This section provides an overview of the number and content of UNPFII recommendations concerning indigenous women’s right to a life free from violence. This is followed by an overview of the situation and public policies in the countries analysed, noting aspects that indigenous women’s organizations and United Nations organizations have included in their work agendas that are not covered in the UNPFII recommendations.

5.1 OVERVIEW OF RECOMMENDATIONS ON A LIFE FREE FROM VIOLENCE FOR INDIGENOUS WOMEN

Most recommendations on violence against indigenous women issued in the 16 sessions of the Permanent Forum are general and aim to make various actors focus on this issue, as shown in Table 8. For a complete list of recommendations on indigenous women’s right to a life free from violence, as made in each of the 16 Permanent Forum sessions, see annex 5.

To raise awareness of the situation, information and specific assessments should be produced that reveal the extent and nature of the violence experienced by indigenous women and girls. These recommendations not only guide the activities of United Nations Member States, but also encourage United Nations organizations and their various actors to specifically include indigenous women in their work, including by carrying out their own studies and analyses.

Recommendations for Member States and United Nations organizations also emphasize the need to take into account the impacts of armed conflicts and trafficking of indigenous women, youth and children.

As regards public policy, recommendations have been proposed to improve the access of indigenous women, youth and children to justice, and specifically to create ombudsmen offices.

Recommendations on this issue also note the important role that indigenous organizations, particularly indigenous women’s organizations, have in addressing violence. It is recommended that Member States and United Nations organizations support indigenous organization’s work and recognize their value. Furthermore, it is hoped that countries will end police violence against the mobilization of these organizations.

In addition to requesting that Member States redouble their efforts, the recommendations call on United Nations organizations to take specific action. The recommendations have also identified human rights violations and acts of violence against indigenous women and girls in specific regions (Asia) and countries (Bangladesh and Canada), and request that Member States take swift action to end these abuses.

5.2 RECOMMENDATIONS AND THEIR LIMITED PROGRESS IN COUNTRIES

A further aspect of violence against indigenous women is the invisibility of rights violations. There are no specific data on the extent of such violations, nor data that shed light on the issue according to how indigenous women’s organizations have interpreted the violence these women experience.

As Peruvian organizations have noted, there are no effective national responses for women and less still for indigenous women. There are no awareness-raising and prevention campaigns and while there is a national programme for addressing violence, it does not have an intercultural approach or an adequate budget.

In Mexico, some progress has been made on this issue. Led by the National Commission for the Development of Indigenous Peoples (CDI), government authorities at various levels have been implementing the Casas de la Mujer Indígena programme in various states (currently, there are 31 houses in 16 states), which develops actions for women’s sexual and reproductive health as well
as initiatives for a life free from violence. These are managed by indigenous women’s organizations with the support of NGOs that specialize in providing services to indigenous territories.

The violence that indigenous women and girls face is a broad and deep-rooted phenomenon. In Canada, for example, Aboriginal women and girls are disproportionately victims of violent crimes compared with non-indigenous women. While there are no exact government figures on the number of murdered and missing women, Aboriginal women’s organizations and affected families have reported hundreds of cases of loved ones who have been victims of violent crimes, as recognized by the Minister of Indigenous Services, Jane Philpott, in September 2017.56

Table 8. Recommendations of the Permanent Forum on violence against indigenous women and girls

<table>
<thead>
<tr>
<th>Themes</th>
<th>Years</th>
<th>Target</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elimination of harmful cultural practices</td>
<td>2006</td>
<td>UN Member States</td>
<td>1</td>
</tr>
<tr>
<td>Investigation of the proportion of incarcerated indigenous women</td>
<td>2005</td>
<td>UN Member States</td>
<td>1</td>
</tr>
<tr>
<td>Protection measures for indigenous women and children in situations of armed conflict</td>
<td>2004, 2006, 2011, 2016</td>
<td>Special Rapporteurs, UN organizations, UN Member States</td>
<td>10</td>
</tr>
<tr>
<td>Access to justice among indigenous women and child victims of violence</td>
<td>2012, 2014</td>
<td>UN Member States</td>
<td>2</td>
</tr>
<tr>
<td>Creation of indigenous ombudsmen offices</td>
<td>2005</td>
<td>UN Member States</td>
<td>1</td>
</tr>
<tr>
<td>Adoption of measures against police violence and discrimination against indigenous women</td>
<td>2016</td>
<td>UN Member States</td>
<td>1</td>
</tr>
<tr>
<td>Support for strategies driven by indigenous women’s organizations</td>
<td>2010, 2011, 2012</td>
<td>UN Member States, UN organizations, other organizations</td>
<td>5</td>
</tr>
<tr>
<td>Active participation of indigenous women in the political life of the country</td>
<td>2017</td>
<td>UN Member States</td>
<td>2</td>
</tr>
<tr>
<td>Use of international conventions and instruments</td>
<td>2012</td>
<td>Indigenous organizations</td>
<td>1</td>
</tr>
<tr>
<td>Study of the Special Rapporteur on violence against women</td>
<td>2005</td>
<td>Commission on Human Rights</td>
<td>1</td>
</tr>
<tr>
<td>Participation in the fifty-seventh session of the Commission on the Status of Women</td>
<td>2012</td>
<td>UN-Women, UN organizations, UN Member States</td>
<td>3</td>
</tr>
<tr>
<td>Study on the extent of violence</td>
<td>2011</td>
<td>UNPFII Members</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>47</strong></td>
</tr>
</tbody>
</table>

Source: Prepared by the authors based on the 16 session reports of the Permanent Forum.

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Among the organizations that have focused on this issue, the Native Women’s Association of Canada (NWAC) is notable for its 40+ years documenting the systematic violence affecting indigenous women, their families and communities. Between 2005 and 2010, the NWAC developed the Sisters In Spirit initiative, which confirmed 582 cases of Aboriginal women and girls who went missing or were murdered over a 20-year period (many of these cases are still unresolved).

In 2009, Statistics Canada published the report, “Violent victimization of Aboriginal women in the Canadian provinces”. The study reports that in 2009, almost 67,000 Aboriginal women aged 15 years or older living in the Canadian provinces reported being the victim of violence in the previous 12 months. This situation is even more serious when the high rate of victims that do not report violence is taken into consideration. For cases of non-spousal violent incidents against Aboriginal women, more than three quarters (76 per cent) were not reported to the police, a proportion similar to that for non-Aboriginal women (70 per cent). The report concludes that Aboriginal women are three times more likely than non-Aboriginal women to report having been a victim of a violent crime.

In its ninth session, the Permanent Forum urged the Government of Canada to address violence against indigenous women:

“Given the fact that the issue of missing and murdered indigenous women, as well as other forms of violence, including trafficking and domestic violence, has gained increasing public attention in Canada, the Permanent Forum urges the Government of Canada to provide more emergency shelters serving indigenous women, as well as better victim services, and specific programmes to assist indigenous women who have been trafficked.”

However, the Government of Canada did not send a report in response to this recommendation.

On 28 March 2012, the Inter-American Commission on Human Rights (IACHR) held a hearing on “Complaints regarding Missing and Murdered Indigenous Women and Girls in British Columbia, Canada” at the request of NWAC and the Canadian Feminist Alliance for International Action (FAFIA), where a report was presented confirming that Aboriginal women in Canada were three and a half times more likely to experience violence, including domestic violence and sexual assault, than non-Aboriginal women.

After a second IACHR hearing on the “Situation of the Right to Life of Indigenous Women and Girls in Canada” held in March 2013, a special commission of the IACHR conducted a visit that resulted in the report “Missing and Murdered Indigenous Women in British Columbia, Canada” in 2014. The report stated that “The disappearances and murders of indigenous women in Canada are part of a broader pattern of violence and discrimination against indigenous women in Canada. The fact that indigenous women in Canada experience institutional and structural inequalities resulting from entrenched historical discrimination and inequality is acknowledged by the Government of Canada and by civil society organizations”, with the report urging the Government to take responsibility for it.


On 8 December 2015, in response to these calls to action and the campaigns led by Aboriginal families, communities and organizations, the Government...
of Canada announced the launch of an independent national inquiry to report on the high number of missing Aboriginal women and girls, including those identifying as lesbian, bisexual, transgender, queer and two-spirit.65 Between December 2015 and February 2016, the Government held meetings with survivors, family members and loved ones, as well as national indigenous organizations, provincial and territorial representatives, and leading organizations, among others, to listen to their views and gather suggestions on the design and scope of the inquiry.66

In May 2016, a final report was published summarizing the feedback provided during the consultation process. Following this, the Government announced the five commissioners who would lead the inquiry, as well as the commission’s mandate. The National Inquiry into Missing and Murdered Indigenous Women and Girls began on 1 September 2016.

The aim of the inquiry is to learn the truth, honouring the lives and legacies of all indigenous women and girls. This encompasses three objectives: find the truth, honour the truth and give life to the truth as a path to healing.67 To achieve its aim, the inquiry has committed to providing those sharing their stories with a culturally safe and supportive space through work that is “connected to the land and rooted in traditions that have kept Indigenous communities strong for thousands of years”.68 In 2017, the inquiry submitted an interim report69 and has until April 2019 to submit its final report.70

It is important to stress that the undertaking of this national inquiry is a testament to the leadership and tireless work of Aboriginal women and communities in Canada, who have spent decades pursuing the truth and demanding that the Government take measures relating to the safety of Aboriginal women and girls. Furthermore, together with the inquiry, the Government has committed to implementing a better statistical system to gather accurate data on missing and murdered indigenous women.

5.3 GAPS IN THE RECOMMENDATIONS

The previous section highlighted the rights violations of indigenous women facing various forms of violence, which have been captured in the UNPFII recommendations. However, indigenous women’s organizations have successfully incorporated additional issues into their agendas that have not been included in the recommendations.

5.3.1 Lack of policies and measures to prevent violence

The violence that indigenous women experience is part of a structure of cultural subordination.

In Australia, discrimination against Aboriginal and Torres Strait Islander women is linked to gender, race, ethnicity and class, and is structurally and institutionally entrenched. This discrimination, coupled with a lack of culturally appropriate measures to address the issue, fosters a disturbing pattern of violence against these women. Indigenous women are 10 times more likely to die from a violent assault and 32 times more likely to be hospitalized from a violence-related assault than non-indigenous women.71

The situation is even more concerning given the high underreporting rates (estimated at around 90 per cent) of cases of violence against indigenous women. This underreporting is directly related to distrust of the current system. Some women do not report family violence out of fear that their children may be removed from the family home. Another factor to be considered is the lack of resources for Aboriginal and Torres Strait Islander women to access legal aid. During her visit, the Special Rapporteur obtained information that some violence prevention legal services had to turn away 30 to 40 per cent of women seeking assistance owing to a lack of resources.72

Aboriginal and Torres Strait Islanders told the Special Rapporteur about their feelings of powerlessness, loss

65 The Aboriginal term “two-spirit” refers to a person who has both a masculine and a feminine spirit.
66 See http://www.mmiwg-ffada.ca/
67 See http://www.mmiwg-ffada.ca/
68 Ibid.
69 See https://www.documentcloud.org/documents/4414465-MMIWG-Interim-Report-Revised.html
70 Ibid.
71 See https://undocs.org/en/A/HRC/36/46/Add.2
72 Ibid.
of culture and lack of control over their lives. Suicide rates among this population are escalating at a shocking rate and are double that of non-indigenous Australians, with the situation described as a “suicide epidemic”. The report notes that “Adopting a holistic approach to social and emotional well-being that recognizes the need for cultural connection is essential to achieve sustainable improvement in health indicators”.73

A similar situation is evident in the NGO CEDAW Shadow Report on behalf of Indigenous Women in Thailand in 2017. The report describes the indigenous population as a patriarchal society that respects and values men more than women. In general, men are the sole providers, while women are responsible for reproductive work and are the primary holders of traditional knowledge that has been passed down through generations. Women are often restricted from making decisions on education, work, marriage and sexual and reproductive health. The levels of gender-based violence in indigenous communities are of great concern, with violence often going unreported due to victims’ lack of awareness of their rights. In this regard, the report denounces the Welfare Protection bill, which promotes reconciliation and negotiation among family members, including in the case of domestic violence, thus reinforcing the submissive role of women within marriage, which is rooted in the indigenous patriarchal culture.

5.3.2 Lack of opportunities for indigenous women experiencing violence to access justice

In general, there are no services available for indigenous women and girls. When they do manage to access services, staff either do not listen to them or believe that they are to blame or deserve the violence.

In the Republic of the Congo, various organizations and UNFPA have documented the issue of sexual violence. Approximately 95 per cent of women interviewed for a UNFPA study (2015) stated that they had heard about a case of rape or knew a rape victim. Particularly serious are reports of gang rapes committed during festivals and celebrations. In Lekoumou, for example, gang rapes are often committed during events or festivals known as “mikoungui”. On these occasions, victims are drugged or plied with alcohol, before being raped by several men who are usually indigenous, although Bantu men are also known to commit rape, either alone or with indigenous men. In general, rapes are not reported because girls tend to be held responsible, which in turn makes them more vulnerable. In response to the question asked by the Committee on the Rights of the Child about the measures taken to ensure perpetrators are prosecuted for gang rapes of indigenous girls, the State replied that there were no special measures to punish such an offence.74

In Guatemala, justice has not been served for the serious acts of genocide and mass rape of indigenous women committed by the military under State orders during the period of armed conflict.75

5.3.3 No recognition of the role of indigenous women’s organizations in reporting and mobilizing against violence

Indigenous women’s organizations have actively reported on the prevalence of violence against women and how this violation of their rights affects all aspects of their lives. A decisive milestone in this regard was the Companion Report to the United Nations Secretary-General’s Study on Violence Against Women, which was prepared by the International Indigenous Women’s Forum (FIMI) in 2006 and clearly establishes the approach needed to observe and develop effective measures to address this serious issue:

“For Indigenous women, gender-based violence is shaped not only by gender discrimination within Indigenous and non-Indigenous arenas, but by a context of ongoing colonization and militarism; racism and social exclusion; and poverty-inducing economic and “development” policies. These phenomena are interactive and mutually reinforcing, as are the various aspects of identity that shape women’s experience of violence, and their strategies of resistance.”76

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73 Ibid.
75 The genocide trial held in Guatemala in 2013 against former President Ríos Montt for the massacre of more than 200,000 victims, largely indigenous, was suspended by the Constitutional Court of Guatemala, which overturned the genocide conviction despite the testimonies of surviving victims.
GENERAL CONCLUSIONS

Overall, this study reflects the low level of awareness of the UNPFII recommendations and the shortcomings of the reporting process and follow-up initiatives at the country level. These issues are linked to the persistent serious violations of indigenous women’s rights, which have been brought to light thanks to the efforts of indigenous women’s organizations, with the support of United Nations organizations on occasion and strong partnerships with special rapporteurs. Only a few symbolic situations – such as those described above – have been addressed in the UNPFII recommendations (for example, Canada). Despite these limitations, organizations consider the Forum a valuable platform: it was established through the hard work of the indigenous movement and works to facilitate indigenous diplomacy in order to raise awareness of the situation and establish international agreements that promote the respect of indigenous women’s rights.

Poor implementation and weak enforcement of the recommendations are also linked to the lack of accountability for non-legally binding international commitments. In addition to existing difficulties in the countries regarding this matter, the Permanent Forum itself has shortcomings in terms of resources, access to other international platforms and recognition as an authority on indigenous rights.

Common elements that limit action for implementation in this area include:

- Poor stability and capacity of countries to sustain public policies over time in areas concerning indigenous women.
- General lack of culturally appropriate public policies, which do not focus on the most left-behind groups of women, who are often indigenous.
- Lack of budget and priority given to public policies developed for indigenous populations in general and indigenous women in particular.

- Lack of information disaggregated by ethnicity and life cycle, which masks the problems indigenous woman face that require targeted efforts.
- Subnational entities do not always harmonize their legal and programmatic frameworks with the agreements entered into by national authorities. There are limitations regarding information-sharing between national institutions and local governments, and in turn between local governments and indigenous communities and their members.
- Political factors resulting in changes in administrations, teams and priorities.
- Lack of transparency of countries’ implementation processes.
- Little consistency between the agendas of indigenous women’s organizations and those of governments.
- Lack of connections between UNPFII recommendations and other international instruments.

There are also factors that facilitate the implementation of the recommendations or issues within them. Such factors include:

- The presence of United Nations special rapporteurs (on the rights of indigenous peoples, on the right to health and on discrimination, among others) in Member States with rights violations helps strengthen national initiatives supporting indigenous peoples’ rights, particularly women’s. This therefore contributes to the implementation of recommendations.
- The work of indigenous women’s organizations in reporting situations of discrimination or advocating for respect of indigenous women’s rights drives the implementation of public measures or programmes included in the recommendations.
The work of organizations, most often indigenous women’s organizations, to communicate and enforce the commitments of international bodies and the specific work of the Forum. Thus, it can be important to take into account the ability of some organizations to work towards fulfilling the recommendations and to lobby relevant State institutions.

The presence and action of United Nations organizations in countries where there is still a high level of discrimination against indigenous women – as is the case in the Congo and Kenya – is highly beneficial in terms of advancing the agenda for respect of indigenous women’s human rights.

There are few recommendations that specifically address the two themes selected for this study. Only 15.5 per cent of all recommendations make explicit reference to the situation of indigenous women. Most recommendations regarding sexual and reproductive health and the right to a life free from violence explicitly refer to the situation of women or girls (59.5 per cent and 58.8 per cent, respectively). However, these recommendations account for only a small part of the total number of recommendations (2.9 per cent and 6.3 per cent, respectively).

However, having analysed the content of these recommendations and linked them to the situation of indigenous women and girls, it is apparent that rights violations among this population is a hidden issue, since there is no available, updated, regular and integrated information to enable comprehensive measures to be developed. Instances of everyday discrimination were also detected, which translate into persistent limitations in accessing public services not only due to problems with infrastructure, but also because of the poor treatment received.

Permanent Forum reports, the documents reviewed and interviews conducted reveal the weakness of public policies on both themes in terms of their institutional framework, the incorporation of an intercultural approach, continuity and the allocation of resources to achieve expected results. Gaps were also found in the recommendations, since they did not include the previous requests of indigenous women’s organizations or proposals of United Nations organizations, which were consolidated in an agenda that is also expressed in the Sustainable Development Goals (SDGs). In particular, the application of an integrated approach, encompassing casual and diagnostic analysis, good practices developed, and lessons learned on these themes has been lacking in the 16 years since the Forum’s creation. Although the UNPFII recommendations address themes individually, the 2030 Agenda favours a comprehensive approach to rights, gender equality and intercultural issues.

77 In Kenya, for example, in December 2016 an Aboriginal women’s organization presented the Permanent Forum’s work to the Gender and Equality Commission, the public body responsible for mainstreaming issues specific to marginalized groups in national and regional policies.
PROPOSALS FOR STRENGTHENING THE PERMANENT FORUM

A series of proposals are set out below to enhance the role of the Permanent Forum and the ability of its recommendations to improve the situation of indigenous women, particularly in the context of sexual and reproductive rights and gender-based violence. The proposals are based on the responses of various actors interviewed within the framework of this study, analysis conducted by the research team, and the valuable discussion that took place during the validation workshop. They aim to be constructive and collaborative and have been developed with the Permanent Forum and associated actors in mind.

The proposals are ordered according to their general objectives and include the various phases of the session cycle: prior to the start of a session; during a session, particularly relating to the development of recommendations; and monitoring the implementation of recommendations. Some proposals are specifically aimed at the Permanent Forum itself, Member States, United Nations organizations and indigenous women’s organizations.

7.1 STRENGTHEN THE PERMANENT FORUM’S POSITION AS A REFERENCE ON THE SITUATION OF THE RIGHTS OF INDIGENOUS PEOPLES, ESPECIALLY INDIGENOUS WOMEN

Permanent Forum

- Establish periodic coordination and articulation mechanisms between the various United Nations bodies responsible for defending the rights of indigenous peoples: the Permanent Forum, the Special Rapporteur and the Expert Mechanism on the Rights of Indigenous Peoples.

- Ask ECOSOC for greater recognition of Permanent Forum members and accredit them so that they can participate effectively on other international platforms where the situation of indigenous women is discussed.

Indigenous women’s organizations

- Organize face-to-face and online spaces for organizations to collaborate and plan their participation in the Permanent Forum’s sessions and develop recommendations to be approved prior to each session.

- Establish strategies to encourage mixed indigenous peoples’ organizations to support indigenous women’s issues.

- Study possible changes to the recommendations system, gathering good practices from other international instruments on countries’ human rights situation, such as the Universal Periodic Review (UPR). Similarly, the Permanent Forum could request more precise information on the situation of indigenous peoples and develop recommendations aimed at effecting change in the areas discussed. If this is not possible, request the input of the Permanent Forum in the country review process as a trusted stakeholder in order to develop recommendations.

- Strengthen the Permanent Forum’s participation in the various follow-up mechanisms of the 2030 Agenda for Sustainable Development.

- Establish an accessible and efficient system, based on networks of indigenous organizations, to widely disseminate their mandates, the issues discussed in the Permanent Forum and the recommendations resulting from their sessions.

- Systematize and strengthen the practice of preparatory meetings that highlight regions where violations of indigenous peoples’ rights need to be addressed and improve the coordination of women’s and indigenous peoples’ organizations and the development of their advocacy agendas.
United Nations organizations

- Organize training workshops for indigenous women’s organizations to share how the United Nations functions, its different mechanisms and spaces for advocacy.

- Strengthen the skills of members of indigenous women’s organizations and governments in managing information and indicators, to encourage a more rigorous debate on the situation of indigenous women.

7.2 IMPROVE SPACES FOR DIALOGUE AND EXCHANGES AND STRENGTHEN THE DEVELOPMENT OF RECOMMENDATIONS AS A TOOL FOR VARIOUS ACTORS TO CREATE AGENDAS

Permanent Forum

- Continue to establish specific topics for each session and communicate these in advance to the participants.

- Rigorously apply the standards proposed by the expert group to improve the development of recommendations. For example, apply the SMART criteria (specific, measurable, achievable, relevant and time-bound), reduce the number of recommendations and identify the target recipient.

- Review, list and disseminate recommendations that have not been addressed, as well as those that have been implemented. Create a transparent and accessible information system on compliance with recommendations.

- Improve database categorization, both regarding recommendation themes and how implementation is reported, to more accurately record the responses of different actors and processes carried out effectively.

- Strengthen spaces for dialogue and bilateral meetings facilitated by members of the Permanent Forum among governments, agencies and indigenous women’s organizations, creating opportunities for agreements to be made on improving the situation of indigenous women.

United Nations Member States

- Establish an online space to share good practices of governments, agencies and indigenous peoples’ organizations related to compliance with the United Nations Declaration on the Rights of Indigenous Peoples.

Indigenous women’s organizations

- Collectively plan interventions for the Permanent Forum’s sessions and advocacy spaces to strengthen the impact of organizations’ agendas.

7.3 CONSOLIDATE A SYSTEM FOR MONITORING PROGRESS ON RECOMMENDATIONS THAT SUPPORTS EFFECTIVE CHANGE IN COUNTRIES

Permanent Forum

- Establish a monitoring system that includes the participation of indigenous peoples’ organizations and has direct links with representatives of the Member States to ensure they complete reporting. Furthermore, establish a reporting system that validates the quality of reports.

- Include a strategic communication component within the monitoring system, aimed at communicating the situation of indigenous peoples in a transparent and accessible manner, drawing attention to the situation of women and girls, the UNPFII recommendations and any resulting action taken by Member States.

Permanent Forum and United Nations Member States

- Establish a thematic country reporting system (one report per thematic area chosen by the Permanent Forum).
• Prepare, with the participation of indigenous peoples’ organizations, particularly indigenous women’s organizations, a model that Member States should follow to report on the implementation of recommendations in their country. This model should be included in the questionnaires sent to Member States and clearly set out the quality of reporting expected. The information that countries provide should:
  - be up-to-date
  - be disaggregated by gender, age, residential area (rural/urban)
  - give an account of measures taken
  - show changes from the initial situation
  - indicate the intervening actors
  - demonstrate that indigenous women and girls were consulted for the response
  - show how the results of consultations and gathered opinions have been organized.

United Nations Member States

• Designate multisectoral teams to prepare reports submitted to the Permanent Forum and inform the Permanent Missions to the United Nations of their composition and relationship with the institutional structure that defends the rights of indigenous peoples in each country.

• Strengthen the institutional structure designed to defend the rights of indigenous peoples, women, youth and children.

• Share good practices of public policies related to indigenous peoples’ rights, particularly those related to the sexual and reproductive rights of indigenous women and girls and their right to a life free from violence.

Indigenous women’s organizations

• Request information from governments and agencies on the implementation of recommendations and their response to the Permanent Forum.

United Nations organizations

• Convene dialogues and discussion spaces on the implementation of the UNPFII recommendations, in which representatives of indigenous women’s organizations and governments participate.

• Involve United Nations Country Teams in requesting information from governments on the implementation of recommendations, incorporating this information into reports that governments regularly complete as part of accountability processes linked to their international commitments.

7.4 STRENGTHEN RECOMMENDATIONS ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF, AND GENDER-BASED VIOLENCE AGAINST, INDIGENOUS WOMEN AND GIRLS. LINK THESE RECOMMENDATIONS TO THE INTERNATIONAL AGENDA, AGENDAS OF INDIGENOUS ORGANIZATIONS AND KNOWLEDGE OF PUBLIC POLICY GOOD PRACTICES

Permanent Forum

• Draw on experiences and knowledge of sexual and reproductive health and rights of, and gender-based violence against, indigenous women and girls as much as possible when developing related recommendations, as well as requests of indigenous women’s organizations and the implementation of other international commitments or instruments.

• Establish a reporting format that provides basic information on this matter, identifies key issues, communicates progress towards the fulfilment of international commitments and specifies developments and actions of strategic approaches recommended.

• Establish specific annual sessions for both themes, with pre-sessional preparation that requires quality information, ensuring that these are linked to other international instruments and that recommendations form part of a robust and well-orientated work agenda to be implemented by Member States.

United Nations organizations

• Provide the Permanent Forum with up-to-date information on the situation of indigenous women and girls for both themes on a regular basis and for each session.
United Nations Member States

- Report progress and limitations in the situation of indigenous women and in public policies developed to guarantee their sexual and reproductive rights, as well as their right to a life free from violence, noting:
  - existing institutions responsible for these matters
  - available information and sources
  - progress on the indicators of the 2030 Agenda
  - policy and programme evaluations
  - consultation and participation mechanisms.

Indigenous women’s organizations

- Share requests and proposals with different actors to ensure that indigenous women and girls have full enjoyment of their rights.
ANNEX 1. DOCUMENTATION REVIEWED

SOURCES CITED IN THE REPORT


Websites consulted:


Native Women’s Association of Canada (NWAC): https://www.nwac.ca/home/about-nwac/board-of-directors/


ANNEX 2.
BIBLIOGRAPHY OF SOURCES REVIEWED, BY COUNTRY

AUSTRALIA


**Websites consulted:**

Aboriginal and Torres Strait Islander Elected Body: http://atsieb.com.au


Australian Indigenous Health InfoNet: http://www.healthinfonet.ecu.edu.au

Australian Institute of Aboriginal and Torres Strait Islander Studies: http://aiatsis.gov.au

Australian Institute of Health and Welfare: https://www.aihw.gov.au
Australian Women Against Violence Alliance (AWAVA): https://awava.org.au

Australasian Legal Information Institute: https://www.austlii.edu.au


Creative Spirits: https://www.creativespirits.info

Department of Health: http://www.health.gov.au

Department of the Prime Minister and Cabinet, Closing the Gap: http://closingthegap.pmc.gov.au

Department of the Prime Minister and Cabinet — Indigenous Affairs: https://www.pmc.gov.au/indigenous-affairs

Indigenous Justice Clearinghouse: https://www.indigenousjustice.gov.au

Koori Mail: http://www.koorimail.com

National Aboriginal and Torres Strait Islander Women’s Alliance: http://natsiwa.org.au

National Congress of Australia’s First Peoples: http://nationalcongress.com.au

Ngaanyatjarra Pitjantatjara Women’s Council (NPYWC): https://www.npywc.org.au

Referendum Council: https://www.referendumcouncil.org.au

Sexual Assault Support Service: https://www.sass.org.au


Women’s Legal Service NSW: http://www.wlsnsw.org.au

World Health Organization: http://www.who.int

CANADA


Websites consulted:

Assembly of First Nations: http://www.afn.ca

Canadian Aboriginal AIDS Network (CAAN): www.caan.ca

Canadian Institute for Health Information, Quick Stats: https://www cihi.ca/en/quick-stats

Canadian Women’s Health Network (CWHN): http://www.cwhn.ca

Congress of Aboriginal Peoples: http://abo-peoples.org

Crown-Indigenous Relations and Northern Affairs Canada and Indigenous Service Canada: https://www.aadnc-aandc.gc.ca

First Nations Health Council (FNHC): http://fnhc.ca/about-us/

Government of Canada: https://www.canada.ca

Government of Newfoundland and Labrador: https://www.gov.nl.ca/

Inuit Knowledge Centre: http://www. inuitknowledge.ca

Inuit Tapiriit Kanatami: https://www.itk.ca

Métis Nation: http://www.metisnation.ca

National Association of Friendship Centres (NAFC): http://nafc.ca

National Collaborating Centre for Aboriginal Health (NCCAH): https://www.ccnsa-nccah.ca/


Native Women’s Association of Canada (NWAC): https://www.nwac.ca

Pan American Health Organization (PAHO): http://www.paho.org

Pauktuutit Inuit Women of Canada: http://pauktuutit.ca

Statistics Canada: http://www12.statcan.gc.ca

Truth and Reconciliation Commission of Canada: www.trc.ca

Women’s UN Report Network (WUNRN): http://wunrn.com/

World Health Organization (WHO): http://www.who.int

University of Ottawa, Faculty of Medicine: https://www.med.uottawa.ca

University of Victoria (UVIC): https://www.uvic.ca
GUATEMALA


Health Communication Capacity Collaborative, Success stories leaflet. USAID. Available at www.healthcommcapacity.org


KENYA


ANNEXES


Websites consulted:


Cultural Survival: https://www.culturalsurvival.org/reports


Kenya National Bureau of Statistics: https://www.knbs.or.ke/


Ministry of Public Service, Youth and Gender Affairs: http://www.psyg.go.ke/

Minority Rights Group International: http://minorityrights.org/

Namati, Il'laramatak Community Concerns: https://namati.org/network/organization/illaramatak-community-concerns-icc/


MEXICO

CDI (various years). Contribution of the National Commission for the Development of Indigenous Peoples (CDI) to Mexico’s follow-up report on UNPFII recommendations (various sessions). General Directorate. Directorate of International Affairs.


Websites consulted:


PERU


del Carpio Ancaya, Lucy (no date). Importancia de la atención con adecuación intercultural en los servicios de salud. Available at http://bvsp.paho.org/videosdigitales/mededu/20101222_intercultural_atencion_salud_lcarpio.pdf


Websites consulted:

Ministry of Culture: http://www.cultura.gob.pe/en/node/6619

CHIRAPAQ Centre for Indigenous Cultures of Peru: http://chirapaq.org.pe/es/tag/violencia-de-genero


Inter-American Commission on Human Rights (IACHR): http://cidh.org/annualrep/2003eng/Peru.12191.htm

REPUBLIC OF THE CONGO


**Websites consulted:**

Commission des Forêts d’Afrique Centrale (COMIFAC): https://comifac.org/


World Health Organization (WHO), Congo: http://www.who.int/countries/cog/en/

**THAILAND**


**Websites consulted:**


Thai Freedom House: http://thaifreedomhouse.org/

ANNEX 3.
CLASSIFICATION CRITERIA FOR RECOMMENDATIONS

General recommendations of the Permanent Forum

Includes all initial recommendations related to the organization, dates, cooperation and collaboration between different organizations and rulings (for example, project approval) on various activities programmed, as well as to issues with statistics or to non-specific issues covering multiple areas.

Indigenous peoples’ rights

Includes everything specified as a right of indigenous peoples, both general and specific, and other specific rights that are not addressed more broadly. This also covers recommendations that explicitly include the term “indigenous rights” and anything directly referred to in the United Nations Declaration on the Rights of Indigenous Peoples. Furthermore, many recommendations refer to the “free, prior and informed consent of indigenous peoples” and to the situation regarding their development with identity and in dignity.

Political and civil rights

Includes any recommendation focused on human rights in general (for the most part, those specifying “human rights”) or of a political nature, such as political participation, community action, sectoral policies and non-financial-related issues of the Permanent Forum’s participating donors, including information, disaggregation of data and monitoring of specific recommendations.

Economic and social rights (ECOSOC)

Mainly includes recommendations that reference production, goods and sustainable development. This classification also includes recommendations addressed to the United Nations Economic and Social Council (ECOSOC). Financial issues related to donations, funding of activities and the continuity of the Forum are also included.

Cultural rights

This classification includes recommendations on all matters concerning indigenous peoples’ culture, such as language and cultural practices of any nature, as well as cultural diversity and the recognition of indigenous peoples’ rights to their history, language, oral traditions, stories and writings, practices, traditional knowledge, etc. It also includes recommendations concerning indigenous peoples’ spiritual and cultural life, the protection and conservation of archaeological sites and, in some cases, UNESCO.

Environmental rights (indigenous territories)

Includes all recommendations on the environment: protection, contamination, management and exposure to various companies exploiting resources, but also the territorial rights of indigenous peoples. This classification also includes all recommendations on climate change and its consequences.
Health rights
Includes everything related to access to health, immunization programmes and health promotion and prevention. This category also includes policies and initiatives focused on creating health opportunities for remote indigenous communities or those with little access, while respecting their health beliefs.

Sexual and reproductive rights
Includes all recommendations that explicitly refer to sexually transmitted infections, including HIV, and direct choices regarding reproductive rights; family planning; the right to choose where, how and with whom to give birth, in a culturally sensitive manner that recognizes and respects indigenous knowledge; the management of midwives within countries’ official health systems; and maternal and foetal health indicators. This classification also includes recommendations addressing all related Millennium Development Goals (MDGs) and organizations, such as UNAIDS, UNFPA and UN-Women.

Right to a life free from violence
Includes recommendations referring to security, peace, initiatives to address all aspects of violence against indigenous peoples and, in particular, gender-based violence, from related policies to prevention and awareness-raising activities on such issues. It also includes recommendations addressed to the Department of Peace Operations and other relevant entities, as well as recommendations concerning terrorism and disasters affecting people’s security, kidnapping, wars and violence in general.

Indigenous children and young people’s rights
This category includes recommendations on various issues that mention indigenous boys, girls, adolescents and youth, as well as those that refer to these age groups or specific United Nations institutions, such as UNICEF, and were not linked to sexual and reproductive health or violence.

Education rights
Includes all recommendations related to schooling and rights, such as access, participation, indigenous languages, proficiency in the national language, literacy, knowledge of basic arithmetic and respect for indigenous cultures in this context, taking into account their development and education paths within the community.

Migrants’ rights
Includes all recommendations that refer to migrants, migration and its effects on indigenous peoples, access to other places and measures to prevent the exclusion or discrimination of indigenous peoples, including nomadic peoples. This classification also includes recommendations on rural-urban and cross-border migration processes.
ANNEX 4.
RECOMMENDATIONS ON THE
SEXUAL AND REPRODUCTIVE
HEALTH OF INDIGENOUS WOMEN

<table>
<thead>
<tr>
<th>No</th>
<th>Year</th>
<th>Session</th>
<th>Paragraph</th>
<th>Recommendations</th>
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<tr>
<td>1</td>
<td>2002</td>
<td>1</td>
<td>9</td>
<td>9. The Forum notes the significance of incorporating indigenous understanding of the human body, the causes of health and illness and existing practices of treatment of women and men, respectively, for the development of policies and guidelines on health care. It invites the Inter-Agency Support Group: (a) To include the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund for AIDS at its meetings; (b) To consider ways to establish cooperation between the Forum and the United Nations Centre for Human Settlements (Habitat); (c) To consider, in cooperation with the Food and Agriculture Organization of the United Nations (FAO), the relationship between food/native diet and health and subsistence lifestyle; (d) To report to the Forum at its second session on progress made in regard to those proposals. (First session (2002), paragraph 9).</td>
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<td>2</td>
<td>2002</td>
<td>1</td>
<td>10</td>
<td>10. The Forum proposes the organization of a technical seminar, including representatives of UNDP, the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), the Indigenous Peoples Health Caucus, Forum members and States, in order to address and plan a system-wide strategy to address the health needs of indigenous women and children. Special emphasis should be given to issues of infant mortality, reproductive rights, sterilization, domestic abuse and addiction. The seminar should also discuss terms of reference for a study on the needs of indigenous women and children, including the collection of data from United Nations agencies, States and NGOs. Outcomes of the seminar should be forwarded to the Forum for its consideration and action at its second session. (First session (2002), paragraph 10).</td>
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<tr>
<td>3</td>
<td>2003</td>
<td>2</td>
<td>64</td>
<td>64. [...] convene a workshop on indigenous health [...] to address the health needs of indigenous peoples and setting out the terms of reference for a study on the health needs of indigenous peoples, with particular emphasis on indigenous children and women including infant mortality, reproductive rights, sterilization, domestic abuse and addiction and the collection of data relating to these issues. [...] (Second session (2003), paragraph 64).</td>
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<tr>
<td>4</td>
<td>2003</td>
<td>2</td>
<td>70</td>
<td>70. The Forum urges UNICEF, UNDP, the United Nations Development Fund for Women (UNIFEM), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund for AIDS to gather and disaggregate data on indigenous infants, children and mothers based on criterion relating to ethnicity, cultural and tribal affiliation and language. (Second session (2003), paragraph 70).</td>
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<tr>
<td>5</td>
<td>2003</td>
<td>2</td>
<td>75</td>
<td>75. The Forum recommends that the Global Fund and UNAIDS participate in the Inter-Agency Support Group and that the Fund and UNAIDS present a report on the impact of their programmes and activities on indigenous peoples and communities [...] with specific focus on preventative programmes and activities impacting children and infants. (Second session (2003), paragraph 75).</td>
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<tr>
<td>6</td>
<td>2004</td>
<td>3</td>
<td>5</td>
<td>5. The Forum encourages United Nations bodies whose activities have an impact on indigenous women (including, but not limited to, the United Nations High Commissioner for Human Rights, the International Labour Organization (ILO), the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) [...] to integrate the human rights, including the reproductive health rights, and special concerns and needs of indigenous women into their programmes and policies, and to report regularly to the Forum. (Third session (2004), paragraph 5).</td>
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<tr>
<td>7</td>
<td>2004</td>
<td>3</td>
<td>89</td>
<td>89. [...] The Forum intends to address and report on this theme on an annual basis. The Forum, reaffirming its recommendations on health made at its first and second reports, in the spirit of the theme of its third session for (Indigenous women), recommends that all relevant United Nations entities, especially WHO, UNICEF and UNFPA, as well as regional health organizations and Governments: (a) Fully incorporate the principle that health is a fundamental human right in all health policies and programmes [...] (b) Further develop and disseminate information about innovative strategies in health services to indigenous women, informed by indigenous concepts and understanding of health, wellness, healing, illness, disease, sexuality and birthing so as to ensure universal and accessible health-care services for indigenous women and girls [...] (c) Train and employ qualified indigenous women to design, administer and manage their own health-care programmes; (d) Set up monitoring mechanisms for indigenous communities to report abuses and neglect with the health system [...] (e) Encourage States to include and accredit traditional, indigenous health practitioners (physicians), including traditional birth attendants (midwives), and integrate them into state health-care systems [...] (f) Augment HIV/AIDS programmes by providing educational materials in indigenous languages and by using specially trained indigenous HIV/AIDS health workers [...]. (g) Ensure that indigenous peoples, especially women, have access to all information relating to their medical treatment and to secure their prior informed consent to medical treatment; (h) Provide appropriate health services and protection services [...] (i) Implement the recommendations of the international consultation on health of indigenous peoples [...] (j) Develop, in conjunction with indigenous women health providers, programmes to inform and sensitize indigenous women and men about cultural practices which have negative impacts on health [...] (k) Ensure that the treatment of diseases is balanced by the promotion of health [...] (Third session (2004), paragraph 89).</td>
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<tr>
<td>8</td>
<td>2005</td>
<td>4</td>
<td>118</td>
<td>118. Reinforce the investments in population and reproductive health which is crucial for the achievement of the Millennium Development Goals — to reduce poverty, achieve universal primary education, improve maternal and child health, curb the spread of HIV/AIDS, promote gender equality, ensure sustainable development, and establish a strong partnership for development. (Fourth session (2005), paragraph 118).</td>
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<td>9</td>
<td>2006</td>
<td>5</td>
<td>48</td>
<td>48. The Permanent Forum, reaffirming the recommendations on health made at its first, second and third sessions, further recommends that all relevant United Nations entities, especially WHO, the United Nations Children's Fund (UNICEF) and UNFPA, as well as regional health organizations and Governments, fully incorporate a cultural perspective into health policies, programmes and reproductive health services aimed at providing indigenous women with quality health care, including emergency obstetric care, voluntary family planning and skilled attendance at birth. [...] (Fifth session (2006), paragraph 48).</td>
</tr>
<tr>
<td>10</td>
<td>2006</td>
<td>5</td>
<td>49</td>
<td>49. States are urged to allocate budgets in order to implement quality services to reduce maternal mortality and ensure indigenous women's access to reproductive health services. (Fifth session (2006), paragraph 49).</td>
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<tr>
<td>11</td>
<td>2006</td>
<td>5</td>
<td>110</td>
<td>110. The Permanent Forum urges WHO, UNAIDS, UNDP, UNFPA and UNESCO to convene a consultative process in Africa with indigenous women, including rural and nomadic women, in order to (a) define indicators of gender equality and poverty eradication; (b) define a human rights approach to maternal health and the reduction of child mortality; and (c) to discuss criteria on how indigenous peoples should be addressed in the census process. (Fifth session (2006), paragraph 110).</td>
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<tr>
<td>12</td>
<td>2010</td>
<td>9</td>
<td>166</td>
<td>166. The Permanent Forum recommends that States include ethnic identification in vital statistics and health records, allocate more funding for intercultural services that ensure indigenous women's access to quality health care, including emergency obstetric care, voluntary family planning and skilled attendants at delivery, and that the role of traditional midwives be strengthened and extended. (Ninth session (2010), paragraph 166).</td>
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<td>13</td>
<td>2011</td>
<td>10</td>
<td>33</td>
<td>33. The Permanent Forum notes the intention of the International Indigenous Women’s Environmental Justice and Reproductive Health Initiative to organize an expert group meeting on the environment and indigenous women’s reproductive health and requests that the organizers invite members of the Permanent Forum to participate in the meeting. Further, the Permanent Forum recommends that the United Nations Population Fund (UNFPA) and the World Health Organization (WHO) participate in the expert group meeting. (Tenth session (2011), paragraph 33).</td>
</tr>
<tr>
<td>14</td>
<td>2011</td>
<td>10</td>
<td>76</td>
<td>76. The Permanent Forum commends UNICEF and UNFPA for their work to combat female genital mutilation practices and urges them to continue their efforts with indigenous peoples and their communities. (Tenth session (2011), paragraph 76).</td>
</tr>
<tr>
<td>15</td>
<td>2013</td>
<td>12</td>
<td>7</td>
<td>7. In sexual health and reproductive rights there is a need for HIV-sensitive, gender-sensitive and age-sensitive sexual health education that respects cultural sensitivities in pre-testing and post testing conditions and delivery of services. The Permanent Forum recommends: (a) That, in the design and implementation of its strategic plan for the period 2014-2018, the United Nations Population Fund (UNFPA) take into consideration the rights of indigenous women and young people. (b) That contributions be made to ministries of health and indigenous women’s organizations to consolidate their work on intercultural standards for high-quality sexual health and reproductive rights and maternal health […] (c) That efforts be made to ensure the integration of indigenous peoples’ rights into national and subnational strategies on gender-based violence and to promote the delivery of culturally acceptable critical services to address gender-based violence and sexual violence, with a focus on adolescents, youth, migrants and indigenous women with disabilities; (d) That the United Nations country teams contribute to strengthening and integrating the rights of indigenous women and youth into national and subnational development strategies and sectoral plans […] (e) That contributions be made to supporting work at the country level on the elimination of female genital mutilation/cutting among indigenous girls […] (f) That efforts be made to promote the rights of indigenous youth at the regional and country levels […] (Twelfth session (2013), paragraph 7).</td>
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<td>16</td>
<td>2014</td>
<td>13</td>
<td>17</td>
<td>17. The Permanent Forum recommends, in paragraph 64 of the report, that the relevant United Nations entities should “conduct a study, in partnership with indigenous peoples’ organizations, that documents the linkage between environmental violence, including the operations of extractive industries, chemical pollution and the destruction of the indigenous habitat, and the sexual and reproductive health of indigenous peoples, as well as issues pertaining to sexual exploitation, trafficking of indigenous girls and sexual violence, with concrete recommendations on protection measures”. (Thirteenth session (2014), paragraph 17).</td>
</tr>
<tr>
<td>17</td>
<td>2014</td>
<td>13</td>
<td>33</td>
<td>33. The Permanent Forum takes note of the international campaign to end sex discrimination in nationality and citizenship laws to be launched in June 2014 under the auspices of a steering committee consisting of Equality Now, Equal Rights Trust, Tilburg University, the Office of the United Nations High Commissioner for Refugees and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women). The Forum therefore calls upon those Member States whose constitutional provisions and legislation require review, as a matter of urgency, to support this global campaign, consistent with the Declaration and the rights of indigenous women highlighted in articles 21 and 22. (Thirteenth session (2014), paragraph 33).</td>
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<tr>
<td>19</td>
<td>2017</td>
<td>16</td>
<td>43</td>
<td>43. The Permanent Forum recommends that States collaborate with indigenous peoples to ensure adequate resources to design and fully implement HIV/AIDS and hepatitis B and C programmes that address the social, economic and cultural determinants of health for HIV prevention, care and treatment in indigenous populations, in particular indigenous women and youth. (Sixteenth session (2017), paragraph 43).</td>
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<td>No</td>
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<tr>
<td>20</td>
<td>2017</td>
<td>16</td>
<td>44</td>
<td>44. The Permanent Forum invites UNFPA, in collaboration with the Forum, to identify good practices of culturally appropriate intervention models from its work in developing countries that provide support to indigenous peoples, in particular women and girls, in exercising their health and reproductive rights, and to report to the Forum on those models by 2018. (Sixteenth session (2017), paragraph 44).</td>
</tr>
<tr>
<td>21</td>
<td>2017</td>
<td>16</td>
<td>45</td>
<td>45. The Permanent Forum recognizes the efforts made by UNFPA, the United Nations Children’s Fund and UN-Women and recommends that they continue to make efforts to implement the recommendation made by the Forum at its fifteenth session to develop a fact sheet on maternal and child health in indigenous communities (E/2016/43-E/C.19/2016/11, para. 38) and present the fact sheet to the Forum by 2018, so as to provide support for target 3.7 of the Sustainable Development Goals. (Sixteenth session (2017), paragraph 45).</td>
</tr>
<tr>
<td>22</td>
<td>2017</td>
<td>16</td>
<td>46</td>
<td>46. On the basis of the Permanent Forum’s continued concern about the impact of environmental toxins and the export and import of banned pesticides on the reproductive health of indigenous women and girls, the Forum reaffirms its call, contained in its report on its thirteenth session, for a legal review of the United Nations chemical conventions, in particular the Rotterdam Convention, to ensure that they are in conformity with international human rights standards, including the United Nations Declaration on the Rights of Indigenous Peoples and the Convention on the Rights of Persons with Disabilities (E/2014/43-E/C.19/2014/11, para. 16; see also E/C.19/2014/8, para. 62). The Forum recommends that the Convention on the Rights of the Child, in particular article 24, and its recognition of environmental health as a right protected under the Convention also be considered in the legal review. The Forum invites the Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes to carry out a review within his mandated area of expertise and to present his conclusions to the Forum at its seventeenth session. (Sixteenth session (2017), paragraph 46).</td>
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**Source:** Prepared by the authors based on the 16 session reports of the Permanent Forum.
ANNEX 5.
RECOMMENDATIONS ON ADDRESSING VIOLENCE AGAINST INDIGENOUS WOMEN

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<tr>
<td>1</td>
<td>2003</td>
<td>2</td>
<td>16</td>
<td>16. The Forum recommends that the United Nations system, in particular UNICEF and WHO, in collaboration with Governments [...] address issues related to the trafficking and sexual exploitation of indigenous girls, and urges States to create programmes of rehabilitation. (Second session (2003), paragraph 16).</td>
</tr>
<tr>
<td>2</td>
<td>2003</td>
<td>2</td>
<td>77</td>
<td>77. The Forum recommends that the Special Rapporteur on violence against women, its causes and consequences pay special attention to the impact of violence against indigenous women, including war-related violence and domestic violence. (Second session (2003), paragraph 77).</td>
</tr>
<tr>
<td>3</td>
<td>2004</td>
<td>3</td>
<td>13</td>
<td>13. Violent conflicts and militarization fundamentally affect the lives of indigenous women and their families and communities [...] the Forum recommends: (a) That IOM and other relevant United Nations entities incorporate the needs and priorities of women and girls as ex-combatants in the design and implementation of disarmament, demobilization and reintegration programmes [...] (b) That UNICEF, UNDP, UNFPA, WHO, the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme, and other field-based agencies collect data on the situation of indigenous women living in conflict areas [...] (c) That IANWGE integrate indigenous women issues into its strategies on women, conflict, peace and security; (d) That the Office of the United Nations High Commissioner for Human Rights and other United Nations human rights bodies ensure that statutory provisions prohibiting war crimes and crimes against humanity cover criminal acts perpetrated on a gender basis [...] (e) That UNHCR give priority to indigenous women and their families [...] (Third session (2004), paragraph 13).</td>
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<tr>
<td>4</td>
<td>2004</td>
<td>3</td>
<td>44</td>
<td>44. The Forum recommends that Governments and international organizations encourage indigenous peoples to participate fully in the work of reconciliation and truth commissions. [...] and recommends that the Committee enhance its monitoring of the implementation of the Convention on the Elimination of Discrimination against Women regarding indigenous women [...] (Third session (2004), paragraph 44).</td>
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<tr>
<td>5</td>
<td>2004</td>
<td>3</td>
<td>50</td>
<td>50. The special rapporteurs, as well as other mechanisms relevant to the Commission on Human Rights, are encouraged to study the effects of armed conflict on the fundamental rights of indigenous peoples, especially on women and children. (Third session (2004), paragraph 50).</td>
</tr>
<tr>
<td>6</td>
<td>2004</td>
<td>3</td>
<td>51</td>
<td>51. The Forum expresses its great concern about the effects of armed conflict on indigenous women and children, and recommends that a workshop be convened with the framework of the 10-year review of the Beijing Declaration and Platform for Action in order to formulate strategies to protect vulnerable groups, [...] should incorporate capacity-building of indigenous women living in areas of armed conflict or in precarious circumstances. (Third session (2004), paragraph 51).</td>
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<tr>
<td>7</td>
<td>2005</td>
<td>4</td>
<td>67</td>
<td>67. The Forum recommends that Member States investigate the alarming rate of incarceration of indigenous women and communicate their findings to the Permanent Forum. (Fourth session (2005), paragraph 67).</td>
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<tr>
<td>8</td>
<td>2005</td>
<td>4</td>
<td>78</td>
<td>In order to protect the human rights of indigenous peoples, the Forum recommends that States create indigenous ombudsmen offices, especially for indigenous women, ensuring the full and effective participation of indigenous women. (Fourth session (2005), paragraph 78).</td>
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<tr>
<td>9</td>
<td>2005</td>
<td>4</td>
<td>117</td>
<td>Combat, within an appropriate legal framework, and link with Millennium Development Goals, violence against women, including forced prostitution and trafficking of women and girls as well as domestic violence. (Fourth session (2005), paragraph 117).</td>
</tr>
<tr>
<td>10</td>
<td>2005</td>
<td>4</td>
<td>121</td>
<td>Request the Commission on Human Rights to support the request that the Special Rapporteur on violence against women conduct a workshop/study on violence against indigenous women [...] (Fourth session (2005), paragraph 121).</td>
</tr>
<tr>
<td>11</td>
<td>2006</td>
<td>5</td>
<td>47</td>
<td>The Permanent Forum recommends that appropriate United Nations organizations, including the United Nations Development Fund for Women (UNIFEM) and the United Nations Children’s Fund (UNICEF), as well as States, take immediate action to review and monitor the situation of indigenous women and provide comprehensive reports on violence against indigenous women and girls, particularly sexual violence and violence in the context of armed conflict. Indigenous women must be full participants in this process. (Fifth session (2006), paragraph 47).</td>
</tr>
<tr>
<td>12</td>
<td>2006</td>
<td>5</td>
<td>51</td>
<td>United Nations special procedures are an essential tool for monitoring the implementation of priority human rights issues. The Permanent Forum recommends that the special procedures with a mandate on gender issues (carried out by the Special Rapporteur on violence against women, its causes and consequences, and the Special Rapporteur on trafficking in persons, especially in women and children) [...] (Fifth session (2006), paragraph 51).</td>
</tr>
<tr>
<td>13</td>
<td>2006</td>
<td>5</td>
<td>52</td>
<td>The Permanent Forum urges States to intensify efforts at the national level to implement Security Council resolution 1325 (2000) of 31 October 2000 on women, peace and security, including through national action plans that pay special attention to indigenous women. (Fifth session (2006), paragraph 52).</td>
</tr>
<tr>
<td>14</td>
<td>2006</td>
<td>5</td>
<td>53</td>
<td>The Permanent Forum recommends that States foster sensitivity towards the cultures of indigenous migrants and ensure that all cultural and customary practices that negatively affect the rights of indigenous women (for example, female genital mutilation) are eliminated, including through specific legislation. (Fifth session (2006), paragraph 53).</td>
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<td>15</td>
<td>2006</td>
<td>5</td>
<td>55</td>
<td>The Permanent Forum recommends that the Secretary-General, in his report on the study of violence against women, address the particular situation of indigenous women and girls whose suffering is based not only on gender but also on ethnicity and culture. (Fifth session (2006), paragraph 55).</td>
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<tr>
<td>16</td>
<td>2007</td>
<td>6</td>
<td>105</td>
<td>The Permanent Forum calls on the Special Rapporteur on violence against women, its causes and consequences, and the Special Rapporteur on trafficking in persons, especially women and children to hold regional consultations with indigenous women in Asia, and requests that UNIFEM support such consultations. (Sixth session (2007), paragraph 105).</td>
</tr>
<tr>
<td>17</td>
<td>2007</td>
<td>6</td>
<td>114</td>
<td>The Permanent Forum urges UNICEF and UNIFEM to include urban and migrant indigenous women and their children in their relevant studies on violence against women. (Sixth session (2007), paragraph 114).</td>
</tr>
<tr>
<td>18</td>
<td>2009</td>
<td>8</td>
<td>30</td>
<td>The Permanent Forum urges States, with the effective participation of indigenous peoples, to address the concomitant loss of community citizenship and human rights when indigenous peoples are forced to migrate or are displaced by violent conflicts, with a particular emphasis on indigenous women. (Eighth session (2009), paragraph 30).</td>
</tr>
<tr>
<td>19</td>
<td>2010</td>
<td>9</td>
<td>63</td>
<td>The Permanent Forum recommends that the Plurinational State of Bolivia continue the implementation of specific policies in the areas of housing, health and education in order to benefit the freed communities, paying particular attention to those who have been subjected to servitude, and especially children and adolescents. (Ninth session (2010), paragraph 63).</td>
</tr>
<tr>
<td>No.</td>
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<td>Session</td>
<td>Paragraph</td>
<td>Recommendations</td>
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<tr>
<td>20</td>
<td>2010</td>
<td>9</td>
<td>95</td>
<td>95. Given the fact that the issue of missing and murdered <em>indigenous women</em>, as well as other forms of violence, including trafficking and domestic violence, has gained increasing public attention in Canada, the Permanent Forum urges the Government of Canada to provide more emergency shelters serving indigenous women, as well as better victim services, and specific programmes to assist indigenous women who have been trafficked. (Ninth session (2010), paragraph 95).</td>
</tr>
<tr>
<td>21</td>
<td>2010</td>
<td>9</td>
<td>163</td>
<td>163. The Permanent Forum recommends that States, relevant United Nations agencies and other intergovernmental organizations and bilateral donors support strategies for intercultural prevention and eradication of violence against women that are designed and driven by indigenous women's organizations and that consider indigenous approaches to address gender-based violence. (Ninth session (2010), paragraph 163).</td>
</tr>
<tr>
<td>22</td>
<td>2011</td>
<td>10</td>
<td>102</td>
<td>102. [...] Further, the Permanent Forum notes the steps taken by the Government of Bangladesh to implement the Accord. The Permanent Forum recommends the following: (a) That, consistent with the code of conduct for United Nations peacekeeping personnel, the Department of Peacekeeping Operations prevent military personnel and units that are violating human rights from participating in international peacekeeping activities [...] (b) That the Government of Bangladesh declare a timeline and outline modalities of implementation and persons and/or institutions responsible for implementation; (c) That the Government of Bangladesh undertake a phased withdrawal of temporary military camps from the region and otherwise demilitarize the region, consistent with the safeguards of the peace accord [...] (d) That the Government of Bangladesh establish a high-level, independent and impartial commission of inquiry into human rights violations perpetrated against indigenous peoples, including sexual violence against women and girls, and prosecute and punish the perpetrators, as well as provide reparations for the victims concerned. (Tenth session (2011), paragraph 102).</td>
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<tr>
<td>23</td>
<td>2011</td>
<td>10</td>
<td>107</td>
<td>107. The Permanent Forum recommends that the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) include a focus on the situation and rights of indigenous women and girls in the compilation and implementation of its first strategic plan, for the period 2011-2013, particularly with regard to its efforts to increase women's political leadership and participation, promote women's economic empowerment and combat violence against women and girls, and that it draw on the expertise and advice of indigenous experts in the process. (Tenth session (2011), paragraph 107).</td>
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<tr>
<td>24</td>
<td>2011</td>
<td>10</td>
<td>110</td>
<td>110. The Permanent Forum recommends that in its awarding of grants, the Fund for Gender Equality and the United Nations Trust Fund in Support of Actions to Eliminate Violence Against Women, administered by UN-Women, take into account the need to enhance the human rights and situation of <em>indigenous women and girls</em>. (Tenth session (2011), paragraph 110).</td>
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<tr>
<td>25</td>
<td>2011</td>
<td>10</td>
<td>111</td>
<td>111. The Permanent Forum recommends that the efforts by Member States, the United Nations system and regional organizations to implement Security Council resolution 1325 (2000) on women and peace and security, in particular to promote the participation of women in conflict prevention, conflict management and post-conflict peacebuilding, take into account the effects of armed conflict on indigenous women, and recommends that in her work, the Special Representative of the Secretary-General on Sexual Violence in Conflict pay particular attention to the situation of <em>indigenous women</em> in armed conflict. (Tenth session (2011), paragraph 111).</td>
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<tr>
<td>26</td>
<td>2011</td>
<td>10</td>
<td>113</td>
<td>113. The Permanent Forum has decided to appoint members of the Forum, Eva Blaudet, Megan Davis, Helen Kaljuläte and Valmaine Toki, to undertake a study on the extent of violence against <em>indigenous women and girls</em> in terms of article 22 (2) of the Declaration, to be submitted to the Forum at its eleventh session, in 2012. (Tenth session (2011), paragraph 113).</td>
</tr>
<tr>
<td>27</td>
<td>2011</td>
<td>10</td>
<td>114</td>
<td>114. The Permanent Forum encourages United Nations agencies, in particular UN-Women, UNFPA, the United Nations Office on Drugs and Crime, UNDP and UNICEF, to cooperate with and, if necessary, support the creation and consolidation of a global watch mechanism (observatory) led by indigenous women and focusing on collecting, organizing and monitoring information on violence against <em>indigenous women and girls</em> to provide greater visibility of and enhance advocacy for political action on the issue. (Tenth session (2011), paragraph 114).</td>
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<tr>
<td>28</td>
<td>2011</td>
<td>10</td>
<td>115</td>
<td>115. The Permanent Forum reiterates the recommendation contained in paragraph 12 of the report on its third session (E/2004/43-E/C.19/2004/23) and requests that the International Organization for Migration, OHCHR, UN-Women, UNICEF, the Office of the United Nations High Commissioner for Refugees, the United Nations Office on Drugs and Crime and ILO report periodically to the Permanent Forum on their progress in addressing the problems faced by indigenous migrant women and girls, including the alarming trend of trafficking within and across national and international borders. (Tenth session (2011), paragraph 115).</td>
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<td>30</td>
<td>2012</td>
<td>11</td>
<td>20</td>
<td>20. The Forum endorses the report and recommendations of the three-day international expert group meeting on the theme “Combating violence against indigenous women and girls,” article 22 of the United Nations Declaration on the Rights of Indigenous Peoples” (E/C.19/2012/6). The Forum requests that the report form part of the official documentation of the Commission on the Status of Women at its fifty-seventh session, to be held in 2013. (Eleventh session (2012), paragraph 20).</td>
</tr>
<tr>
<td>31</td>
<td>2012</td>
<td>11</td>
<td>21</td>
<td>21. The Forum affirms the recommendation contained in paragraph 57 of the report, urging States to implement and strengthen national censuses and data collection on socioeconomic and well-being indicators to include data disaggregation in relation to violence against indigenous women and girls, reiterates the importance of peace and security to the lives of indigenous women and children and endorses the recommendation contained in paragraph 68 of the report, that States should implement Security Council resolutions 1325 (2000), 1820 (2008), 1888 (2009), 1889 (2009) and 1960 (2010); reaffirms the recommendation contained in paragraph 51 that indigenous communities should consider creating and supporting initiatives to monitor and assess the situation of violence against indigenous women and girls and present regular reports to the Permanent Forum on violence against indigenous women and girls; and endorses the recommendation contained in paragraph 55, that United Nations agencies, bodies and other entities support the development of protocol templates for police practices involving missing persons cases of indigenous women and girls, and that indigenous peoples and States work in partnership to implement these protocol templates to increase their effectiveness and to be consistent with international human rights laws, norms and standards. (Eleventh session (2012), paragraph 21).</td>
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<tr>
<td>32</td>
<td>2012</td>
<td>11</td>
<td>22</td>
<td>22. The Forum welcomes the participation and perspective of indigenous women and girls with disabilities, recognizes the distinct vulnerability and marginalization that such indigenous individuals encounter as members of an indigenous group, and encourages United Nations agencies, and Governments and organizations, to include their views. (Eleventh session (2012), paragraph 22).</td>
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<tr>
<td>33</td>
<td>2012</td>
<td>11</td>
<td>23</td>
<td>23. The Forum recommends that the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the bureau of the fifty-seventh session of the Commission on the Status of Women include indigenous women as experts on violence against women in the interactive panels and guarantee the participation of indigenous women in the process of preparation for and during the fifty-seventh session of the Commission. (Eleventh session (2012), paragraph 23).</td>
</tr>
<tr>
<td>34</td>
<td>2012</td>
<td>11</td>
<td>26</td>
<td>26. The Forum urges indigenous organizations to make more effective use of existing international human rights monitoring instruments, such as the Committee on the Elimination of Discrimination against Women, and to bring communications to their attention regarding claims of violence of different forms against indigenous women, to ensure States take steps to end the persistent and unaddressed violence, including murders and disappearances of indigenous women. (Eleventh session (2012), paragraph 26).</td>
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### Annexes

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<th>No.</th>
<th>Year</th>
<th>Session</th>
<th>Paragraph</th>
<th>Recommendations</th>
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<td>36</td>
<td>2012</td>
<td>11</td>
<td>34</td>
<td>34. Mindful of the systemic discrimination and racism experienced by indigenous peoples in the law enforcement, judicial and correctional institutions of States across the globe, the Permanent Forum urges States that have ratified the International Covenant on Civil and Political Rights and the International Convention on the Elimination of all Forms of Racial Discrimination to comprehensively review the civil rights of indigenous peoples, in particular those of <em>indigenous women and children</em> who are victims of sexual violence, in order to ensure that they have fair, non-discriminatory access to justice. (Eleventh session (2012), paragraph 34).</td>
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<tr>
<td>37</td>
<td>2013</td>
<td>12</td>
<td>42</td>
<td>42. Extremely concerned about the physical and moral violence being perpetrated against indigenous human rights defenders, the Permanent Forum recommends that the Special Rapporteur on the situation of human rights defenders prepare a report devoted to these alarming conditions and actions, especially in the context of <em>indigenous women and children</em>. (Twelfth session (2013), paragraph 42).</td>
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<td>38</td>
<td>2014</td>
<td>13</td>
<td>24</td>
<td>24. The Permanent Forum recommends that States ensure access to justice for indigenous peoples, including <em>indigenous women</em>, through formal justice institutions, national human rights institutions and other forms of redress or recourse, all while taking into account indigenous peoples’ customary laws, institutions and processes, consistent with articles 21, 22 and 34 of the Declaration. (Thirteenth session (2014), paragraph 24).</td>
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<tr>
<td>39</td>
<td>2014</td>
<td>13</td>
<td>44</td>
<td>44. The Permanent Forum further urges States to improve their collection of data on self-harm and suicide among indigenous children and youth, as well as on violence against <em>indigenous women, boys and girls</em>, to facilitate better understanding of the extent of the problem. States should commit to reducing the incidence of self-harm, violence and suicide among indigenous children and youth through the allocation of adequate resources to holistic prevention and support services, in partnership with indigenous peoples. (Thirteenth session (2014), paragraph 44).</td>
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<td>40</td>
<td>2016</td>
<td>15</td>
<td>35</td>
<td>35. Building upon past work of the Permanent Forum with regard to indigenous women, in particular the study on the extent of violence against <em>indigenous women and girls</em> in terms of article 22 (2) of the United Nations Declaration (see E/C.19/2013/9) and the report of the international expert group meeting on combating such violence (see E/2012/43-E/C.19/2012/13) the Forum recommends that States adopt measures aimed at addressing the specific problems of police brutality, systemic police violence and discrimination against indigenous women, as experienced, for example, by indigenous women in Val-d’Or, Canada, Sepur Zarco, Guatemala, and north-east India. (Fifteenth session (2016), paragraph 35).</td>
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<tr>
<td>41</td>
<td>2016</td>
<td>15</td>
<td>52</td>
<td>52. Consistent with articles 7 and 30 of the United Nations Declaration, States should take measures for settlement, protection and security in the post-conflict period, and for the construction of durable and lasting peace, promoting the full and effective inclusion of indigenous peoples, including <em>indigenous women</em>, in any initiative for peace and reconciliation. (Fifteenth session (2016), paragraph 52).</td>
</tr>
<tr>
<td>42</td>
<td>2016</td>
<td>15</td>
<td>56</td>
<td>56. The Permanent Forum emphasizes that the protection, security and rights of <em>indigenous girls and women</em> in conflict settings constitute an urgent priority, including within the framework of Security Council resolution 1325 (2000) on women and peace and security. (Fifteenth session (2016), paragraph 56).</td>
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<tr>
<td>43</td>
<td>2016</td>
<td>15</td>
<td>57</td>
<td>57. Sexual and gender-based violence increases in settings of conflict. Sexual violence has also been used systematically as a weapon of war against indigenous women. In the light of the particular risks and vulnerabilities of indigenous women and girls relating to sexual and gender-based violence, the Permanent Forum recommends that Governments, local authorities, specialized agencies of the United Nations system and civil society collaborate with indigenous peoples to establish multisectoral and holistic approaches to combat the various forms of violence against women and girls. (Fifteenth session (2016), paragraph 57).</td>
</tr>
<tr>
<td>44</td>
<td>2016</td>
<td>15</td>
<td>58</td>
<td>58. Consistent with article 7 of the United Nations Declaration, the Permanent Forum recommends that the Inter-American Commission on Human Rights urgently establish an independent international commission to investigate the assassination of Berta Cáceres and Nelson Garcia of the Lenca people of Honduras. (Fifteenth session (2016), paragraph 58).</td>
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<tr>
<td>45</td>
<td>2017</td>
<td>16</td>
<td>48</td>
<td>48. The Permanent Forum urges States to cooperate with indigenous peoples to prevent and eliminate all forms of violence and discrimination against indigenous women, children and youth, older persons and persons with disabilities and to provide support for measures aimed at ensuring their full and effective participation in decision-making processes at all levels and at eliminating structural and legal barriers to their full, equal and effective participation in political, economic, social and cultural life. (Sixteenth session (2017), paragraph 48).</td>
</tr>
<tr>
<td>46</td>
<td>2017</td>
<td>16</td>
<td>49</td>
<td>49. The Permanent Forum urges States to expand opportunities to enable indigenous women to participate actively in the political life of the country in which they live. The Forum also urges States to ensure the safety of indigenous women who are defending the rights of their peoples and territories and to prosecute those persons involved in incidents of violence against them. (Sixteenth session (2017), paragraph 49).</td>
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<tr>
<td>47</td>
<td>2017</td>
<td>16</td>
<td>76</td>
<td>76. The Permanent Forum recalls paragraph 41 in its report on its twelfth session (E/2013/43-E/C.19/2013/25) and reaffirms that States should establish a monitoring mechanism to address violence against indigenous peoples, including assassination, assassination attempts, rapes and other intimidation and persecution against indigenous human rights defenders. Furthermore, with regard to article 22 of the United Nations Declaration on the Rights of Indigenous Peoples, the Forum recommends that such monitoring mechanisms address the issue of missing and murdered indigenous women, and that measures be taken to ensure the full protection of indigenous women against all forms of violence. (Sixteenth session (2017), paragraph 76).</td>
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Source: Prepared by the authors based on the 16 session reports of the Permanent Forum.
## ANNEX 6.
COUNTRY PROFILES ON THE SITUATION OF INDIGENOUS WOMEN WITH REGARD TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND GENDER-BASED VIOLENCE

<table>
<thead>
<tr>
<th>Country</th>
<th>Australia</th>
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</table>
| **Mechanisms and institutions targeting indigenous peoples (including those targeting indigenous women)** | The Department of the Prime Minister and Cabinet is the competent governmental body and carries out its work through the Indigenous Affairs Group, led by the Ministry for Indigenous Affairs. The Ministry operates at the national level and collaborates with state and territory governments.  
The Australian Human Rights Commission is the institution responsible for the defence of human rights and includes the Aboriginal and Torres Strait Islander Social Justice Commissioner, who oversees the fulfilment of the human rights of the indigenous Australian population.  
In general, indigenous and civil society organizations related to this issue are quite critical of the institutional structures tasked with defending the rights of indigenous peoples, as they have neither achieved their purpose nor incorporated sufficient representatives of indigenous communities. |
| **Marco legal y políticas que garanticen los derechos de los pueblos indígenas** | **Constitution**: Does not recognize Aboriginal and Torres Strait Islander peoples (in force since 1901). As a federal state, each state has its own constitution that recognizes Australian Aboriginal peoples, and in the case of the State of Queensland, Torres Strait Islanders are also recognized. The Special Rapporteur on the situation of human rights defenders, Michel Forst, stated that this lack of constitutional recognition violates Australian Aboriginal peoples legally, culturally and socially.  
**Laws and policies on indigenous rights:**  
- **Aboriginal Land Rights Act** (1976): Establishes the creation of the governmental authority on indigenous affairs.  
- **Environment Protection and Biodiversity Conservation Act** (1999): Sets out the obligation to obtain informed consent from indigenous peoples if a project affects their biological resources.  
- **Government strategy “Closing the Gap”** (2008): Cross-cutting government plan that seeks equality between Aboriginal and non-Aboriginal peoples in terms of life expectancy, infant mortality, access to education and employment by 2031.  
- **Indigenous Advancement Strategy** (2014): Centralizes resources to improve the situation of Aboriginal peoples in Australia, with three priorities: promoting school attendance for children, employment for adults and the creation of safe communities. (This strategy replaces more than 150 programmes and activities, many of them run by indigenous communities.) |
| **International conventions** | Australia has not ratified ILO Convention 169.  
In 2009, it adopted the United Nations Declaration on the Rights of Indigenous Peoples (which it had voted against in 2007). |

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Información y estadísticas sobre los pueblos indígenas

Statistical information: There is inadequate statistical information on the situation of indigenous peoples in Australia. Until 1967, they were explicitly discriminated against, as they were excluded from population counts. Disaggregated data are currently available, but not in all areas of interest, nor with a regularity that would allow comparisons to be made.

Indigenous peoples in Australia: Indigenous peoples in Australia are made up of Australian Aboriginal and Torres Strait Islander peoples, among which over 400 cultural groups have been identified based on their ancestral languages. The inhabitants of the Torres Strait Islands have a different cultural and social heritage and history from the Aboriginal peoples, as they are directly related to Papua New Guinea’s Papuan peoples and speak Papuan languages. It is estimated that the Aboriginal and Torres Strait Islander population, with 649,171 people, accounts for about 3 per cent of the total population of the country. Ninety-one per cent of this group state that they are of Aboriginal origin, 5 per cent of Torres Strait Islander origin and 4 per cent belong to both groups. Twenty-two per cent of the indigenous population lives in remote or very remote areas (as opposed to 2 per cent of the non-indigenous population).81

Poverty: In 2011, 19.3 per cent of the Australian Aboriginal population lived below the poverty line, compared to 12.4 per cent of the rest of Australians. The employment rate of the indigenous population aged 15–64 was around 48 per cent in 2014–2015, compared with 75 per cent for non-indigenous Australians.82

Key violations and discriminatory practices relating to the sexual and reproductive rights of indigenous women

- Lack of culturally appropriate measures to address sexual and reproductive health issues: In 2014, 10.5 per cent of babies born to indigenous mothers were underweight at birth: twice the rate among the non-indigenous population (4.7 per cent). The life expectancy of indigenous girls born between 2010 and 2012 is 73.7 years, compared with 84.3 years for non-indigenous girls. In 2016, the maternal mortality rate among indigenous women was approximately twice that of non-indigenous women. Between 2013 and 2015, between 13 per cent and 31 per cent of new sexually transmitted infection (STI) cases occurred in the Aboriginal population and high rates of hepatitis B and C were recorded; in 2017, the probability of an indigenous Australian having unprotected sex was 3.9 times higher than that of a non-indigenous Australian. Between 2013 and 2014, the HIV notification rate was 5.5 per 100,000 indigenous Australians and 4.5 per 100,000 non-indigenous Australians.83
- The high number of suicides is a serious problem among Aboriginal youth, with their share increasing from 5 per cent of total Australian suicides in 1991 to 50 per cent in 2010 (although they account for only 3 per cent of the total Australian population). The most dramatic increase occurred among young people aged 10–24, whose suicide rate increased from 10 per cent in 1991 to 80 per cent in 2010.84 There are no known programmes addressing this problem.
- Discrimination against Aboriginal and Torres Strait Islander women on the basis of gender, race and class is structurally and institutionally entrenched. This discrimination fosters a pattern of violence against Aboriginal and Torres Strait Islander women (indigenous women are 10 times more likely to die of violent assault and 32 times more likely to be hospitalized as a result of violence-related assault compared with non-indigenous women).85
- Women do not report episodes of violence: This trend is directly related to mistrust of the current system (it is estimated that indigenous women do not report 90 per cent of cases of violence).86
- Some women do not report cases of domestic violence for fear that their children may be taken from the family home (between 1869 and 1976, the Australian Government and Christian missions systematically removed indigenous children. According to a 1989 report, 47 per cent of the indigenous population regardless of age had been separated from both parents during childhood).87
- Lack of resources in legal aid for Aboriginal and Torres Strait Islander women.88

84 Ibid.
86 Ibid.
### Intercultural health approach: innovations, progress and limitations, incorporation of indigenous knowledge and professionals in sexual and reproductive health services

The government strategy **Closing the Gap** considers two targets directly related to the health of Aboriginal and Torres Strait Islander peoples: halving the gap between infant mortality rates by 2018 and eliminating the gap in life expectancy by 2031. In its 2017 report, the Government acknowledges that progress has not been sufficient and that only one of the seven targets included in the campaign is on track to be met.

To achieve this, the Government worked with Aboriginal and Torres Strait Islander peoples between 2011 and 2013 to develop the **National Aboriginal and Torres Strait Islander Health Plan 2013-2023**. While this plan includes guidelines on aspects of indigenous culture, it does not have a gender approach or focus on sexual and reproductive health. Instead, it takes a human rights-based approach, which is to provide equal opportunities for health by ensuring availability, accessibility, acceptability and quality health services. There are no data on the plan's progress, but there has been an increase in the Aboriginal medical workforce over the last decade, although very significant disparities remain (the Aboriginal population accounts for less than 1 per cent of the total health workforce at the national level).

Indigenous-controlled health services have achieved significant success in providing culturally appropriate primary health care services, although they are still scarce and have limited resources.

Health policies towards Aboriginal people have focused on alcoholism, drug addiction and tobacco addiction. With regard to reproductive health, the fact that information is not disaggregated by ethnicity does not favour the development of culturally relevant programmes targeting Aboriginal women and youth.

### Policies and actions to prevent violence against indigenous women

There is a **National Plan to Reduce Violence against Women and their Children 2010–2022**, which has six main outcomes and focuses in particular on prevention. The plan aims to reduce violence against Aboriginal and Torres Strait Islander women and children, taking into account their increased vulnerability and the failures of previous strategies. Progress reports are not yet available, but the Report of the Special Rapporteur on the rights of indigenous peoples noted the need for a participatory approach towards developing a specific national action plan on violence against Aboriginal and Torres Strait Islander women. It also stressed that financial support for legal services and community-led programmes is essential in order to restore confidence.

### United Nations Permanent Forum on Indigenous Issues (UNPFII) recommendations

There are no UNPFII recommendations specifically for Australia on sexual and reproductive health or on reducing violence against indigenous women, and there is only one Australia-specific recommendation: 32. [...] The Forum urges the Government of Australia to work with its State and territory education systems to develop models of bilingual, intercultural and multilingual education that are consistent with the United Nations Declaration on the Rights of Indigenous Peoples and the United Nations Convention on the Rights of the Child. (Ninth session (2010), paragraph 32)

### Written reports on UNPFII recommendations

<table>
<thead>
<tr>
<th>Country</th>
<th>Canada</th>
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<tr>
<td><strong>Mechanisms and institutions targeting indigenous peoples (including those targeting indigenous women)</strong></td>
<td>In 2017, Indigenous and Northern Affairs Canada (hitherto in charge of Canada’s indigenous affairs) separated into <strong>Crown-Indigenous Relations and Northern Affairs Canada</strong> and <strong>Indigenous Services Canada</strong>. Both ministries coordinate and formulate guidelines for the Government’s activities and programmes related to indigenous peoples that are developed in other ministries and provincial and territorial governments. The main responsibility of Indigenous Services Canada is to provide services to (non-autonomous) Aboriginal communities.</td>
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| **Legal framework and policies to guarantee the rights of indigenous peoples** | **Constitution:** Enshrines the rights of indigenous peoples, and recognizes and affirms the Aboriginal and treaty rights of the Indian, Inuit and Métis peoples of Canada, as well as their right to self-government (1982 Constitution, article 35). This has given them a degree of autonomy – especially in the case of the First Nations – to administer and manage their affairs within their reserves.  

**Laws and policies on indigenous rights:**  
- **Aboriginal Representative Organizations Program** (1971): Responsible for providing financial support to five indigenous organizations, to support the development of stable and effective organizational structures capable of interacting with all governmental and social levels. These organizations have launched a large number of programmes for indigenous peoples, asserting their rights and, if they do not manage to do so, appealing to and urging international agencies to support their struggle. |
| **International conventions** | Canada has not ratified ILO Convention 169. In 2010, it adopted the United Nations Declaration on the Rights of Indigenous Peoples (which it had voted against in 2007). |
| **Information and statistics on indigenous peoples** | **Statistical information:** The Canadian Government has produced various statistical reports on the sociodemographic situation of indigenous peoples in Canada. However, there is a lack of information on sexual and reproductive health with data disaggregated by ethnic category.  

**Indigenous peoples in Canada:** Three groups of indigenous peoples are recognized, namely Indians (known as First Nations), Inuits and Métis. According to the 2011 census, the total population of Canada is approximately 32.9 million, of which 1,400,685 are indigenous (4.3 per cent). This indigenous population is divided into the following categories: 49.8 per cent with registered Indian status (First Nations), 29.9 per cent Métis, 15.3 per cent non-status Indians (First Nations), 4.2 per cent Inuits and 0.8 per cent people belonging to more than one ethnic group or another Aboriginal group. Canada’s national territory comprises more than 2,400 reserves, 600 registered First Nations and around 60 Aboriginal languages.\(^{90}\)  

**Poverty:** Despite the Government’s efforts to improve the situation of indigenous peoples in Canada, Special Rapporteur James Anaya reports that there is still significant disparity between indigenous peoples in Canada and the non-indigenous population. Given the housing problem, especially in the northern Inuit communities, high poverty rates, the historical context of residential schools, and systemic racism, indigenous peoples continue to greatly distrust the federal and provincial governments.\(^{91}\) |

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Key violations and discriminatory practices relating to the sexual and reproductive rights of indigenous women

- There are significant health disparities between indigenous peoples and the rest of the population, particularly in terms of: life expectancy (in 2017, projected life expectancy for men and women was 79 years and 93 years respectively within the Canadian population, 73-74 years and 78-80 years respectively among Métis and First Nations, and 64 years and 73 years respectively for Inuits), infant mortality (rates 2-3 times higher than for the non-indigenous population), suicide, and chronic injuries and communicable diseases, such as diabetes and tuberculosis (the rate of tuberculosis is 270 times higher among Inuits than among the rest of the population).92

- There have been reports of invisible practices that directly affect the rights of Aboriginal women. For example, there have been cases of forced obstetric sterilization carried out without consulting indigenous women or requesting them to sign authorizations without informed consent.93

- Geographical distance and high distrust among Aboriginal women and girls, compounded by the lack of culturally appropriate health services, impede access.94

- The main factors affecting Aboriginal women and girls are gender-based violence (they are three times more likely to suffer violence than non-Aboriginal women and girls), as well as disappearances and murder, which are a terrible reality.95

Intercultural health approach: innovations, progress and limitations, incorporation of indigenous knowledge and professionals in sexual and reproductive health services

In 2017, the Canadian Government acknowledged that ambiguities in the federal, provincial and territorial roles and responsibilities were making it difficult to guarantee the rights of indigenous peoples, who fell prey to jurisdictional disputes when determining which institution was responsible for guaranteeing their access to health.

First Nations and Inuits have taken different degrees of responsibility to direct, administer and offer a range of health services financed by federal funds. As part of the British Columbia Tripartite Framework Agreement (between First Nations and provincial and federal governments), a more responsive health care system was established in 2013, which is an example of good practice.

The Institute of Indigenous People’s Health (IIPH) seeks to improve indigenous health research by creating new knowledge, research partnerships, financial support for organizations in Canada and abroad, and engaging indigenous communities in each project undertaken.

Initiatives involving other actors:

Native Women’s Association of Canada (NWAC): Comprises the Health Unit, which is responsible for developing, analysing and evaluating health programmes, national initiatives and strategies to improve the mental, physical, emotional and spiritual health and well-being of Aboriginal women in Canada, with both a gender-based approach and an indigenous perspective.

Pauktuutit Organization: Has an area dedicated to the health of the Inuit population and has carried out research and proposals on sexual and maternal health, mainly in the area of prenatal care, midwifery (involving research and acceptance campaigns) and combating HIV/AIDS among Inuits. In 2016, it convened a group of experts to develop the National Inuit Sexual Health Strategy.

National Association of Friendship Centres (NAFC): This is a group of Aboriginal organizations that provide culturally relevant programmes and services for indigenous residents of cities. There are currently 118 Friendship Centres and seven Provincial and Territorial Associations (PTAs) throughout Canada. Some of these centres also provide culturally appropriate health services.

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92 University of Ottawa, 2017. The Health of Indigenous Peoples in Canada. Available at: https://www.med.uottawa.ca/sim/Data/Vul_Indigenous_e.htm
94 University of Ottawa, 2017. The Health of Indigenous Peoples in Canada. Available at: https://www.med.uottawa.ca/sim/Data/Vul_Indigenous_e.htm
95 Ibid.
**Policies and actions to prevent violence against indigenous women**

Family Violence Prevention Program (2006): Supports the daily operations of 41 shelters and funds community-driven proposals for family violence prevention projects on and off reserves. It also provides core funding to the Aboriginal National Circle Against Family Violence to support its role as a national coordinator of shelters and their staff.

In 2015, the Government launched the National Inquiry into Missing and Murdered Indigenous Women and Girls in response to calls and campaigns by indigenous women’s organizations and international organizations (the Inter-American Commission on Human Rights (IACHR), the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Committee on the Elimination of Discrimination against Women (CEDAW), among others) due to the shocking and hidden number of cases. A final report is expected by the end of 2018.

The National Aboriginal Circle against Family Violence (NACAFV) was founded in 2002, which promotes and supports shelters for women and children who have suffered violence. This organization provides practical training and culturally appropriate resources in shelters on and off reserves, and provides victims with a supportive environment.

**United Nations Permanent Forum on Indigenous Issues (UNPFII) recommendations**

The specific recommendations of UNPFII are:

16. [...] The Forum recommends that the United States and Canada expedite their commitments made to endorse the Declaration. (Ninth session (2010), paragraph 16)

92. The Permanent Forum urges the Governments of Canada and the United States to work in good faith with indigenous peoples for the unqualified endorsement and full implementation of the United Nations Declaration on the Rights of Indigenous Peoples, and urges that such endorsement and implementation honour the spirit and intent of the Declaration, consistent with indigenous peoples’ human rights. (Ninth session (2010), paragraph 92)

93. The Permanent Forum encourages United Nations agencies and other bodies to offer training programmes for Canadian and national parliamentarians and United States members of Congress, and staff within national institutions such as human rights commissions and other agencies, with the aim of integrating the spirit and intent of the Declaration into national policies. 94. The Permanent Forum encourages the Expert Mechanism on the Rights of Indigenous Peoples and the Human Rights Council to continue the process of addressing rights related to treaties and agreements between indigenous peoples and the United States and Canada [...] (Ninth session (2010), paragraphs 93 and 94)

95. Given the fact that the issue of missing and murdered indigenous women, as well as other forms of violence, including trafficking and domestic violence, has gained increasing public attention in Canada, the Permanent Forum urges the Government of Canada to provide more emergency shelters serving indigenous women, as well as better victim services, and specific programmes to assist indigenous women who have been trafficked. (Ninth session (2010), paragraph 95)

97. The Permanent Forum urges the Governments of Canada and the United States to respect the right of indigenous nations to determine their own membership, in accordance with article 33 of the United Nations Declaration on the Rights of Indigenous Peoples. 98. The Permanent Forum recommends that the Governments of Canada and the United States address the border issues, such as those related to the Mohawk Nation and the Haudenosaunee Confederacy, by taking effective measures to implement article 36 of the United Nations Declaration on the Rights of Indigenous Peoples, which states that indigenous peoples divided by international borders have the right to maintain and develop contacts, relations and cooperation with their own members as well as other peoples across borders. (Ninth session (2010), paragraphs 97 and 98)

99. The Permanent Forum urges the Government of Canada to work with the Friendship Centre Movement and other relevant organizations to determine how it can strengthen its roles and responsibilities with regard to urban indigenous peoples. (Ninth session (2010), paragraph 99)

100. The Permanent Forum urges the Governments of Canada and the United States to eliminate all assimilation policies that further exacerbate the economic and other disparities between indigenous peoples and the rest of the population. 101. The Permanent Forum urges the Governments of Canada and the United States to financially support indigenous community education systems and their efforts to protect and perpetuate indigenous languages, on a par with their dominant languages. (Ninth session (2010), paragraphs 100 and 101)

26. Considering the calls by the Sami of Finland and the indigenous peoples of Canada, among others, the Permanent Forum respectfully requests that all Member States that have not done so take action to ratify ILO Convention No. 169. (Fifteenth session (2016), paragraph 26)

**Written reports on UNPFII recommendations**

Two written reports have been submitted since the creation of the Forum (2006 and 2011).
### Country - Guatemala

#### Mechanisms and institutions targeting indigenous peoples (including those targeting indigenous women)

- **Office for the Defence of Indigenous Women** (1999): Since 1999, this institution has been responsible for defending and promoting the full exercise of indigenous women’s rights. It is the first and only institution in the region dedicated exclusively to defending indigenous women.

- **Presidential Commission against Discrimination and Racism against Indigenous Peoples** (2002): Its main function is to formulate public policies aimed at eradicating racial discrimination.

- **Commission for Multiculturalism and Intercultural Affairs** (2005): Its aim is to influence legal and political reforms that contribute to the implementation of the Peace Accords. It is also a formal space for indigenous populations.

In Guatemala, there are important civil society organizations that consistently work for the development of indigenous women and in defence of their sexual and reproductive rights.

#### Legal framework and policies to guarantee the rights of indigenous peoples

- **Constitution**: In force since 1985 and enshrines the recognition of indigenous peoples in article 66. It was created to guarantee the well-being and security of all Guatemalans without exception and to declare the inalienability of the rights of indigenous peoples.

- **Laws and policies on indigenous rights**:
  - **Social Development Law** (2001): A legal framework for planning, implementing and monitoring government actions aimed at human development, with a particular emphasis on indigenous populations.
  - **Health Code** (2002): Regulates health care and the guarantee of life, security and the complete development of individuals, with a particular emphasis on the most vulnerable groups, such as indigenous populations.
  - **Healthy Motherhood Law** (2010): Ensures improved health and quality of life for women and their newborns, guaranteeing universal, timely and free access to maternal and neonatal health services, with a particular emphasis on indigenous populations.
  - **National Plan for the Reduction of Maternal and Neonatal Mortality 2015–2020**: Aims to reduce the maternal and newborn mortality rate. The plan focuses on promoting cultural, economic and geographical accessibility to prevent complications leading to crises, promote favourable environments and resolve obstetric issues.

#### International conventions

- In 2007, the country adopted the United Nations Declaration.

#### Information and statistics on indigenous peoples

- **Statistical information**: There is little official information on ethnicity and gender differences with disaggregated indicators in Guatemala. The 2002 Population Census was the first source of information that included a question on the individual’s ethnic category and collected information on the ethnic group to which they belonged.

- **Indigenous population in the country**: Of the approximately 15.6 million people in the country, 38.8 per cent self-identify as indigenous. This proportion has been maintained since 2000, with a minimum value of 38.4 per cent in 2006 and a maximum value of 39.6 per cent in 2011.

- **Poverty**: The Human Development Index of the indigenous population is 0.483, while that of the non-indigenous population is 0.629. This indicates significant disparity between indigenous and non-indigenous populations in terms of income, access to education, health, credit and job training.

- **The situation is even more critical among indigenous women**: 34.6 per cent of the country’s illiterate people are women, 60 per cent of whom are indigenous and live in rural areas (in some communities, female illiteracy reaches 90 per cent). Among adult indigenous women, 61.5 per cent spend most of their time on household chores and only 28.3 per cent work in the labour market (of employed women, almost 90 per cent work in the informal sector).

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Key violations and discriminatory practices relating to the sexual and reproductive rights of indigenous women

- The main concern regarding the sexual and reproductive rights of indigenous women is the high maternal mortality rate. According to the 2015 maternal mortality rate estimated by the World Health Organization (WHO), the country is ranked sixth for maternal mortality in Latin America, with a rate of 108 deaths per 100,000 live births.99
- Indigenous women have little information on sexual and reproductive health and have a high rate of adolescent pregnancies (in particular, there has been an exponential increase in pregnancies among girls under 14 years). Approximately 18.8 per cent of the indigenous adolescent population use modern contraceptives.100
- There are institutional barriers to the quality of services, geographical difficulties and social, cultural and religious obstacles, as well as exacerbated machismo, which limit indigenous women’s opportunities and hinder their access to health and violence prevention services.101
- Indigenous women and young people continue to report the highest rates of human rights violations (data from the Office of the Human Rights Advocate show a total of 2,467 violent deaths of women from 2000 to 2006). The internal armed conflict is one cause of this, but such violence is also the result of the sustained inequality, poverty and historical exclusion experienced by indigenous women.102

Intercultural health approach: innovations, progress and limitations, incorporation of indigenous knowledge and professionals in sexual and reproductive health services

Indigenous Peoples and Intercultural Health Unit of the Ministry of Public Health and Social Welfare: This unit works to draw up strategies that recognize, assess and save indigenous health practices and develop policies that modify current health services, so that they are culturally appropriate and respect indigenous peoples’ ways of life and worldview.

Healthy Maternity Commission: Its aim is to implement necessary and culturally relevant mechanisms to improve the health and quality of life of women and newborns. It has undertaken important work with midwives and their relationship with health facilities, by incorporating them and dignifying their role.

These significant advances are limited by the high turnover of officials and authorities in different units, which causes delays, mistrust and lack of continuity for agreement and technical assistance processes (in the last three years, seven health ministers have rotated along with their respective technical teams and subregional authorities).

Policies and actions to prevent violence against indigenous women

Guatemala has various public policy instruments to address the different forms of violence against women. However, none of these instruments have a specific approach for indigenous women and instead address the country’s female population in general. These instruments include:

- **National Plan for the Prevention and Eradication of Domestic Violence and Violence against Women (PLANOVI):** Addresses violence against women.
- **National Policy for the Advancement and Integral Development of Women (PNPDIM):** Promotes respect for women’s rights in order to improve of their development and living conditions.
- **Action Plan (2008–2017):** Under the responsibility of the Secretariat against Sexual Violence, Exploitation and Trafficking in Persons (SVET). It focuses on providing prompt comprehensive and differentiated care to victims or potential victims of violence, as well as seeking to restore their rights.
- **Policy on Violence and Crime Prevention, Citizen Security and Peaceful Cohabitation (2014–2034):** The main focus of this policy is to prevent violence.

101 Ibid.
The specific recommendations of UNPFII for this country are:

64. The religious, spiritual and cultural sites of indigenous peoples, including the Ktunaxa Nation in Canada, the Aboriginal people of Australia, the Maya of Guatemala and the Amazigh peoples, continue to face destruction. [...] the Permanent Forum recommends that, in their national action plans, strategies and other measures, States: (a) Take effective measures to ensure that indigenous peoples’ spiritual and cultural sites are protected; (b) Ensure that, consistent with article 32 of the United Nations Declaration, indigenous peoples are not forced to defend these rights against proposed development projects or through litigation in courts; (c) Actively resolve disputes directly with indigenous peoples, consistent with article 19 of the United Nations Declaration, given that these rights constitute critical elements of the survival, dignity and well-being of indigenous peoples. (Fifteenth session (2016), paragraph 64)

35. Building upon past work of the Permanent Forum with regard to indigenous women, in particular the study on the extent of violence against indigenous women and girls in terms of article 22 (2) of the United Nations Declaration (see E/C.19/2013/9) and the report of the international expert group meeting on combating such violence (see E/2012/43-E/C.19/2012/13) the Forum recommends that States adopt measures aimed at addressing the specific problems of police brutality, systemic police violence and discrimination against indigenous women, as experienced, for example, by indigenous women in Val-d’Or, Canada, Sepur Zarco, Guatemala, and north-east India. (Fifteenth session (2016), paragraph 35)

20. The Permanent Forum welcomes the initiation of a national dialogue to discuss and achieve key constitutional reforms in the field of justice in Guatemala, and encourages the recognition of indigenous justice systems. The Forum urges Guatemala and the private sector, in addition to the World Bank and other international economic institutions, to acknowledge that serious efforts require structural economic and social reforms rather than rapid growth of gross domestic product in order to reverse widespread and growing poverty among the indigenous peoples of Guatemala. Such crucial reforms must ensure more equitable distribution and access to traditional lands for the indigenous peoples of Guatemala, consistent with the rights affirmed in the United Nations Declaration, and on the basis of respect for and legal recognition of their collective rights, including their self-determined development. Furthermore, the Forum calls upon Guatemala to reinforce the effective and full implementation of the Peace Accords. (Fifteenth session (2016), paragraph 20)

Two written reports have been submitted since the creation of the Forum (2006 and 2011).
<table>
<thead>
<tr>
<th>Country</th>
<th>Kenya</th>
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| **Mechanisms and institutions targeting indigenous peoples (including those targeting indigenous women)** | There is no public institutional structure dedicated exclusively to indigenous affairs. However, some public institutions have certain competencies related to the indigenous population, namely:  
**Kenya National Commission on Human Rights** (2017): This State commission works to adopt decisions of the African Court on Human and Peoples’ Rights relating to the indigenous Endorois community.  
**National Gender and Equality Commission** (2011): Works consistently to mainstream issues relating to minorities, communities and marginalized groups in all areas of development.  
**Ministry of State for Development of Northern Kenya and Other Arid Lands** (2012): Its aims include supporting and defending pastoralism, a traditional activity among some indigenous communities.  
| **Legal framework and policies to guarantee the rights of indigenous peoples** | **Constitution:** Recognizes that the State must implement programmes that guarantee the participation and representation of minorities and marginalized groups, as well as respect for their own language and culture and their access to water, health services, electricity and health facilities. However, the country does not have specific legislation on indigenous peoples, which fall under the category of marginalized groups.  
**Laws and policies on indigenous rights:** No public policies adopt a specific approach to indigenous peoples.  
- **National Reproductive Health Policy** (2007): Its main objective is to improve the reproductive health of all Kenyans. Priority measures include the need to ensure professional care during pregnancy and childbirth for poor women and those living in hard-to-reach areas.  
- **National Cohesion and Integration Commission** (2008): Created to tackle the issue of ethnic discrimination in the public sector.  
- **National Land Policy** (2009): Establishes a framework for protecting collective community land and explicitly recognizes that the territorial rights of marginalized groups is an issue that requires special intervention.  
- **Nomadic Education Policy** (2010): Recognizes the need for multiple approaches and highlights the importance of alternative interventions and policies sensitive to ecological and subsistence systems in nomadic regions.  
- **National Adolescent Sexual and Reproductive Health Policy** (2015): Aims to address the main sexual and reproductive health issues of Kenya’s adolescents (female genital mutilation and early marriage) that most affect vulnerable groups. |
| **International conventions** | Kenya has not ratified ILO Convention 169. In 2007, it abstained from the vote on the United Nations Declaration. |
| **Information and statistics on indigenous peoples** | **Statistical information:** The Government of Kenya holds very little official statistical information on its indigenous peoples. The vast majority of existing information on this population comes from international agencies or organizations for indigenous or rural populations.  
**Indigenous peoples in the country:** According to the last census in 2009, the total population is approximately 39,000,000 people, with at least 42 different ethnic groups and 80 different ethnic subgroups. In 2009, communities that identified as indigenous – roughly 25 – were first registered as ethnic groups or subgroups, i.e. members of one of the largest ethnic groups such as Kalenjin or Mijikenda. Pastoralists represent 25 per cent of the national population, while the largest community of hunters totals around 79,000 people.  
**Poverty:** Disaggregated data on poverty among indigenous peoples are not available, but poverty rates are higher in rural areas (49.1 per cent) than urban areas (33.7 per cent) and reports agree that hunters and pastoralists have one of the highest levels of poverty in the country. Although there are no data disaggregated by ethnicity and gender, the school enrolment rate of pastoralist and hunter-gatherer communities is recognized as being significantly lower than the national average. |

Female genital mutilation, which continues to be practiced despite a law prohibiting it, is one of the most significant forms of violence suffered by indigenous women and girls. There are no disaggregated data on indigenous women and girls and information is only available at the national level (21 per cent of women aged 15–49 have undergone this practice). There is a tendency to carry out female genital mutilation at an increasingly early age: 28 per cent of women aged 20–24 years were subjected to this practice aged between 5 and 9 years, compared with 17 per cent of women aged 45–49.\(^{105}\)

High rates of adolescent marriage and pregnancy, and their consequences: complications during childbirth, fistulas, maternal mortality (14 per cent of deaths of women aged 15–49 are due to maternal mortality) and infant mortality, among others. These are associated with the lack of access to family planning methods (mainly due to lack of knowledge, but also cultural restrictions regarding their use), the inability to negotiate safe sex, with the subsequent possibility of contracting sexual infections such as HIV, and the inability to make decisions regarding pregnancy.\(^{106}\)

Significant barriers to accessing health services for various reasons (37 per cent mention the cost of treatment, 23 per cent distance, 11 per cent reluctance to go alone and 6 per cent difficulty in obtaining the necessary permission to go to the centre).\(^{106}\)

Community culture, certain practices and beliefs, as well as unequal gender relations between men and women are the main obstacles to implementing effective community interventions for sexual and reproductive health.\(^{108}\)

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**Key violations and discriminatory practices relating to the sexual and reproductive rights of indigenous women**

- Female genital mutilation, which continues to be practiced despite a law prohibiting it, is one of the most significant forms of violence suffered by indigenous women and girls. There are no disaggregated data on indigenous women and girls and information is only available at the national level (21 per cent of women aged 15–49 have undergone this practice). There is a tendency to carry out female genital mutilation at an increasingly early age: 28 per cent of women aged 20–24 years were subjected to this practice aged between 5 and 9 years, compared with 17 per cent of women aged 45–49.\(^ {105}\)
- High rates of adolescent marriage and pregnancy, and their consequences: complications during childbirth, fistulas, maternal mortality (14 per cent of deaths of women aged 15–49 are due to maternal mortality) and infant mortality, among others. These are associated with the lack of access to family planning methods (mainly due to lack of knowledge, but also cultural restrictions regarding their use), the inability to negotiate safe sex, with the subsequent possibility of contracting sexual infections such as HIV, and the inability to make decisions regarding pregnancy.\(^ {106}\)
- Significant barriers to accessing health services for various reasons (37 per cent mention the cost of treatment, 23 per cent distance, 11 per cent reluctance to go alone and 6 per cent difficulty in obtaining the necessary permission to go to the centre).\(^ {106}\)
- Community culture, certain practices and beliefs, as well as unequal gender relations between men and women are the main obstacles to implementing effective community interventions for sexual and reproductive health.\(^ {108}\)

**Intercultural health approach: innovations, progress and limitations, incorporation of indigenous knowledge and professionals in sexual and reproductive health services**

**Kenya Health Policy 2014-2030**: Includes among its objectives the need to ensure efficient coverage of health services, but does not consider adopting a specific intercultural approach to providing these services. In addition, the provision of health services is not equitable in Kenya, as there are significant disparities in the availability of medical staff and infrastructure in each geographic region, which is lower in areas with more indigenous peoples.

**Beyond Zero Campaign** (2013): Promotes emergency services for mothers and children through mobile health services for regions with the highest prevalence of maternal mortality. In addition, the Government established free child birth services in all public hospitals.

While there are several public policies that address the major challenges faced by indigenous Kenyan women and girls in the area of sexual and reproductive health, they lack an appropriate cultural approach. This prevents their effective implementation, which is particularly evident in the practice of female genital mutilation in certain indigenous communities.

**Initiatives involving other actors:**

Kenya is part of the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, which is being implemented in 17 countries worldwide. In Kenya, partners are working in 12 counties to implement a comprehensive and holistic campaign to end female genital mutilation.

**Policies and actions to prevent violence against indigenous women**

No government policies aimed at preventing violence against indigenous women have been found.

**United Nations Permanent Forum on Indigenous Issues (UNPFII) recommendations**

There are no specific UNPFII recommendations addressed to Kenya in the area of sexual and reproductive health, and the only specific recommendation for Kenya is:

34. The Permanent Forum urges the Government of Kenya to recognize and formally protect the land and resource rights of the Ogiek and Sengwer peoples in line with the Constitution of Kenya, the Community Land Act of 2016 and other relevant laws before moving ahead with planned conservation efforts in the Cherangany Hills. (Sixteenth session (2017), paragraph 34)

**Written reports on UNPFII recommendations**

Kenya has not submitted written reports to the UNPFII.

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106 Ibid.


108 Ibid.
**Country** | **Mexico**
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**Mechanisms and institutions targeting indigenous peoples (including those targeting indigenous women)** | Since 2003, the National Commission for the Development of Indigenous Peoples (CDI) has been the public institution specializing in indigenous peoples. It is responsible for developing, implementing and evaluating plans, programmes and projects created by the various entities of the Federal Public Administration in this area. It maintains a direct link with communities and promotes the right of indigenous peoples to self-determination and autonomy, within the framework of constitutional provisions.

**Legal framework and policies to guarantee the rights of indigenous peoples** | **Constitution:** In force since 1917 and recognizes indigenous peoples in article 4. In 2015, several references to the rights of indigenous peoples were added to the Constitution, including their right to self-determination through an autonomous internal government in accordance with their traditional rules, procedures and practices, and their right to elect indigenous council representatives in municipalities with indigenous populations.

**Laws and policies on indigenous rights:**

- **Special Programme for Indigenous Peoples 2014-2018 (PEI):** This programme – created by the CDI – is the government public policy instrument that guides measures and policies to promote the development of indigenous peoples.

- **Indigenous Rights Programme (PRODEI):** Its aim is to contribute to the recognition of indigenous peoples and their access to justice by strengthening their capacity to exercise their rights. One aspect focuses on the right to gender equality, with the aim of helping to reduce gender inequalities through cross-sectoral and discussion measures among various actors.

- **Programme for Indigenous Education Support:** Promotes the retention of indigenous children and young people enrolled in public schools through differentiated care models.

- **Programme for Indigenous Infrastructure:** Helps guide the Government’s efforts towards eliminating gaps and delays in basic goods and services affecting these peoples.

- **Programme for Improvement of Indigenous Production and Productivity:** its aim is to consolidate the productive projects of indigenous populations.

**International conventions** | In 1990, Mexico ratified ILO Convention 169. In 2007, the country adopted the United Nations Declaration.

**Information and statistics on indigenous peoples** | **Statistical information:** The production of consistent and high-quality statistics by the National Institute of Statistics and Geography (INEGI) and its partnership with the CDI have led to various actions related to information and indicators, which aim to strengthen information processes and the implementation of public policies for regions, municipalities or localities with indigenous populations. These indicators currently document the magnitude and extent of social gaps among indigenous peoples, communities and women in Mexico, as well as any progress achieved through measures implemented as part of the State’s plans, programmes and projects.

**Indigenous population in the country:** the 12,025,947 indigenous peoples living in Mexico are 10.1 per cent of the total population. Of these, 51.1 per cent are women and 48.9 per cent are men. The indigenous population includes 7,382,785 people over the age of 3 years who speak indigenous languages and represents 6.5 per cent of the population of that age group in the country. Approximately 51.3 per cent of indigenous speakers are women and 48.7 per cent are men. There are 68 linguistic groups, which are considered a way of identifying indigenous peoples.

**Poverty:** In 2015, the illiteracy rate (i.e. the number of people aged 15 years and over who are unable to read and write) was 5.5 per cent nationally and 17.8 per cent among the population in indigenous households. The situation was even more serious among indigenous women, with the indicator reaching 22.3 per cent in 2015, compared with the figure for men, which was 13 per cent. This is an important indicator of this population’s level of vulnerability.

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110 Ibid.
### Key violations and discriminatory practices relating to the sexual and reproductive rights of indigenous women

- Indigenous women have lower access not only to sexual and reproductive health, but to health in general and education. This is directly related to the precarious and marginalized conditions in which these indigenous women live.\(^{111}\)
- There is a high maternal mortality rate, which has declined very little over the past 20 years and is still higher in rural areas, where indigenous women mainly live.\(^ {112}\)
- Indigenous women have less information and care in terms of contraception and, in particular, modern contraceptive methods (53.4 per cent of adolescent indigenous language speakers reported not having used contraceptives because they did not know about them, did not know how to use them or did not know where to obtain them, compared with 17.4 per cent among adolescent non-indigenous language speakers).\(^ {113}\)
- Indigenous women live to a set of norms and customs that encourage early marriage, as well as maternity. Strong restrictions are placed on these women by their spouses, family and the community on decisions related to their own bodies and reproductive health (among women aged 15–19 years, 22.4 per cent of indigenous language speakers live with a partner compared with 15.1 per cent of non-indigenous language speakers; among those aged 20–24 years, 62.3 per cent compared with 42.4 per cent respectively; and among those aged 25–29 years, 77.3 per cent compared with 62.3 per cent respectively).\(^ {114}\)
- Violence against women is a dramatic reality affecting both indigenous and non-indigenous women. It is estimated that 59 per cent of indigenous women have experienced some form of violence, compared with 66 per cent of all Mexican women over 15 years of age.\(^ {115}\)

### Intercultural health approach: innovations, progress and limitations, incorporation of indigenous knowledge and professionals in sexual and reproductive health services

One of the lines of action of the National Development Plan 2013–2018 is the promotion of satisfactory and responsible sexual and reproductive health, which is not specifically focused on indigenous women, but considers that everyone has the right to decide in a free and informed manner how many children they want and the spacing between births.

The National Programme for Equal Opportunities and Non-Discrimination against Women 2013–2018 seeks to ensure women’s access to sexual and reproductive health care and HIV prevention among adolescents, young people and women. There are specific initiatives for indigenous women, both in the area of sexual and reproductive health and gender-based violence, carried out by the CDI and National Institute for Women. It stresses the cultural relevance of actions and instruments aimed at women in general, with a particular focus on adolescent pregnancy, forced marriage and gender-based violence.

#### Initiatives involving other actors:

The United Nations Population Fund (UNFPA) Mexico is collaborating with the CDI on a specific programme to protect children’s rights that addresses adolescent pregnancy and forced marriage.

### Policies and actions to prevent violence against indigenous women

The Houses of Indigenous Women (CAMI) programme is the main tool for promoting access to the rights of indigenous women, especially sexual and reproductive rights and the right to a life free from violence, since its work advocates for the elimination of gender-based violence. The programme is aimed at indigenous women’s organizations or working groups addressing sexual and reproductive health or violence against indigenous women issues that have a local or regional impact and are interested in opening and operating one of these houses. To date, the CDI has launched 31 CAMI in 16 states (from 2013 to 2016 it benefited 77,284 indigenous people, including 60,891 women).

In addition, the CDI is conducting a study on violence against indigenous women with the support of civil society organizations, academia and the participation of indigenous women themselves. It is the first national study of this nature.

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114 Ibid.

The specific recommendations of UNPFII for Mexico are:
95. The Permanent Forum welcomes the outcome of the consultation entitled “Realizing the future we want in Latin America and the Caribbean: towards a post-2015 development agenda”, held in Guadalajara, Mexico, in April 2013 at the initiative of the Government of Mexico, and values the good practice of exchange with other stakeholders, including civil society, the private sector and businesses. The Forum recommends that other Member States follow the same good practice. (Twelfth session (2013), paragraph 95).
94. The Permanent Forum expresses thanks to the Government of Canada for hosting its pre-sessional meeting for 2016 and to the Governments of the Plurinational State of Bolivia, Canada, China, the Congo, Denmark, Guatemala, Mexico, Nicaragua, Norway, the Russian Federation, Spain and the United States of America, as well as the Government of Greenland, for having hosted previous pre-sessional and intersessional meetings of the Forum. The Forum recommends that States that have not yet done so consider hosting such meetings in the future. It also requests that the secretariat of the Forum organize pre-sessional meetings for future sessions of the Forum. (Sixteenth session (2017), paragraph 94).

<table>
<thead>
<tr>
<th>United Nations Permanent Forum on Indigenous Issues (UNPFII) recommendations</th>
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<tbody>
<tr>
<td>Thirteen written reports have been produced for the Permanent Forum (2003, 2005, 2006, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016 and 2017). Mexico has submitted more reports on its implementation of the Forum’s recommendations than any other Member State. However, the information presented in the reports is often repeated, fragmented and lacks the input of the country’s main indigenous organizations.</td>
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<tr>
<td>Country</td>
</tr>
<tr>
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</tr>
<tr>
<td><strong>Mechanisms and institutions targeting indigenous peoples (including those targeting indigenous women)</strong></td>
</tr>
<tr>
<td><strong>Legal framework and policies to guarantee the rights of indigenous peoples</strong></td>
</tr>
<tr>
<td><strong>International conventions</strong></td>
</tr>
</tbody>
</table>

### Information and statistics on indigenous peoples

**Statistical information:** One cross-cutting limitation of all indigenous issues in Norway is the lack of statistics disaggregated by ethnicity. This makes it difficult to understand the situation and measure the implementation of development policies for indigenous peoples. National censuses do not include a specific component on ethnic identity. In recent years, the Norwegian National Statistics Institute has produced informative statistics on the Sami population. More precise information on the Sami can be obtained through the Sami Parliament electoral roll (however, registration on the electoral roll is optional).

**Indigenous population in the country:** There is only one indigenous group recognized in Norway, the Sami. These indigenous inhabitants of the Arctic are located in the geographical area extending from the north of Norway, Sweden and Finland to the north-west side of Russia, in a territory called Sapmi. Several estimates suggest that the total population is 110,000. The Sami population of Norway is the largest, estimated at between 50,000 and 65,000 people, as it is a traditionally nomadic village moving seasonally beyond national borders. Most Sami in Norway live in the three northern counties (Finnmark, Troms and Nordland). The Sami Parliament is located in Finnmark, where a considerable part of the total Sami population resides. There are even municipalities within Finnmark where Sami are the majority. In addition, “Sami” is also the name of the language of this population. However, it is not one uniform language and can be divided into 10 different language groups.

**Poverty:** The Sami identity, culture and language are currently being revived and revitalized in Norwegian society, supported by the Sami Parliament, as well as by various Sami organizations working to improve their situation. However, the Sami report that there are persistently high rates of ethnic discrimination in the country.

### Key violations and discriminatory practices relating to the sexual and reproductive rights of indigenous women

- Lack of accurate statistics on the status of sexual and reproductive health of Sami women and girls.
- Lack of staff who speak the Sami language and have appropriate cultural training in the provision of social services, despite this being a legal requirement. As this does not foster trust in – or encourage closeness to – these services, it reduces their accessibility.
- Despite the lack of information, it is recognized that Sami women and men are more vulnerable to violence (almost half of Sami women reported having experienced violence once in their lives, compared with one third of non-Sami women). In turn, a third of Sami men said they had been victims of violence in their lives, compared with less than a quarter of non-Sami men.
- Women’s lack of reporting of violence due to their mistrust of the current system and the cultural restrictions inherent in the Sami system (talking about diseases or weaknesses is practically taboo, and sharing personal problems with anyone is frowned upon).
- The general population’s ignorance about Sami culture, which fosters factors of discrimination and a lack of support.

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120 Interview, Study “Recommendations of the UN Permanent Forum on Indigenous Issues regarding Sexual and Reproductive Health and Gender Based Violence: Progress and challenges” (2017).

121 Ibid.
**Intercultural health approach: innovations, progress and limitations, incorporation of indigenous knowledge and professionals in sexual and reproductive health services**

The **Ministry of Health** develops policies and establishes health programmes for the entire population of the country, but there is no department or government department responsible for generating specific policies for the Sami, nor sectoral plans for the sexual and reproductive health of Sami women.

The Sami Parliament has a member responsible for ensuring the development of policies and programmes that provide a service tailored to the needs of Sami patients, in terms of language and culture. However, specialized reproductive sexual health campaigns are yet to be developed.

**Initiatives involving other actors:**

The **Sámi NissonForum** is a Sami women’s organization established in 1993 that has Sami representatives from the four Nordic countries. Currently operating as a resource centre for Sami women on gender equality from an intercultural perspective, it has made significant progress, especially in investigating the situation of Sami women.

**Policies and actions to prevent violence against indigenous women**

As with sexual and reproductive health, the Norwegian Government does not have a specialized plan or programme to prevent violence against indigenous women.

The **Ombudsman** is directly responsible for cases of discrimination and violence (on the grounds of gender, ethnicity, religion, disability or age), allowing easy access to court proceedings and providing assistance and guidance in such proceedings. It does not have a specific approach to Sami issues, but it is an institution to which the Sami can turn if they feel their rights have been violated. Although the Ombudsman could be very helpful, it is found only in Oslo. Its physical distance from Sami women and their ignorance of it therefore make it fairly inaccessible.122

The **Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS)** researches violence and its consequences. It seeks to prevent and reduce the social and health effects, from an interdisciplinary perspective, caused by violence and traumatic stress. Although it does not have a specific approach to the Sami, it is conducting research on ethnic minority families who have suffered domestic violence and their relationship with the health system.

**United Nations Permanent Forum on Indigenous Issues (UNPFII) recommendations**

The specific recommendations made by the Permanent Forum are:

160. [...] Government of Norway, at which the Minister held an interactive dialogue with indigenous peoples and others on the Oslo-Paris Initiative on REDD-plus. The Forum recommends that the Initiative ensure the inclusion and the full and effective participation of indigenous peoples and that it not remain as an initiative of Governments only. The Forum further recommends that the Initiative ensure the implementation of the safeguards contained in the report of the Ad Hoc Working Group on long-term cooperative action under the United Nations Framework Convention on Climate Change [...] (Ninth session (2010), paragraph 160)

24. The Permanent Forum takes note of the Deatnu (Tana/Teno) river fishing agreement between the Governments of Finland and Norway that was adopted by their respective Parliaments in March 2017. The Sami Parliaments of Finland and Norway have informed the Forum that the agreement was adopted without the free, prior and informed consent of the Sami. The Forum requests the Governments of Finland and Norway to renegotiate the agreement with the full and effective participation of Sami rights holders. (Sixteenth session (2017), paragraph 24)

**Written reports on UNPFII recommendations**

## Mechanisms and institutions targeting indigenous peoples (including those targeting indigenous women)

The Ministry of Culture is responsible for public policy on indigenous peoples, through the [Vice Ministry of Interculturalism (VMI)](https://www.mincult.gob.pe/), which has two directorates: the [General-Directorate for the Rights of Indigenous Peoples](https://www.mincult.gob.pe/ministry) (mandated to oversee indigenous policy) and the [General-Directorate for Intercultural Citizenship](https://www.mincult.gob.pe/ministry) (mandated to develop indigenous policy).

The **Working Group on Indigenous Policies** is a space for indigenous peoples’ participation, where they can enter into dialogue with the Government to coordinate, propose and monitor public policies that affecting them.

In general, indigenous organizations and various civil society actors are critical of the institutions responsible for the indigenous peoples’ rights due to their shortcomings in developing intercultural policies and defending their rights.

## Legal framework and policies to guarantee the rights of indigenous peoples

**Constitution:** Adopted in 1993 and enshrines the recognition of indigenous peoples in articles 2 (para. 19), 48 and 89.

**Laws and policies on indigenous rights:**
- **Law on Indigenous or native people’s right to prior consultation, No. 29785 (2011).** From 2013 to October 2017, 35 pre-consultation processes have been carried out in various areas of national life.
- **Intercultural Health Sectoral Policy** (2016): First public policy submitted for prior consultation that recognizes and incorporates indigenous peoples’ knowledge of health.
- **Sectoral Policy and National Plan for Intercultural Bilingual Education** (2016).
- **Working Table to Promote the Rights of Indigenous or Women** (2017): Comprises representatives of various ministries and organizations of indigenous and rural women. Its main objective is to combat discrimination and all forms of violence against indigenous women.

## International conventions


## Information and statistics on indigenous peoples

**Statistical information:** There is little official and updated statistical information available on the situation of indigenous women in Peru, with the exception of the Demographic and Family Health Survey and the National Household Survey, both from 2015. The data are disaggregated according to native language and the language commonly spoken at home, as well as the individual’s self-identification as a member of a particular ethnic group. Since 2017, the national census has included a question on ethnic self-identification.

**Indigenous population in Peru:** More than 5,150,000 people (17 per cent of the total population), comprising 55 indigenous peoples, speaking 47 different languages.123

**Poverty:** 45.3 per cent of the rural indigenous population is in total poverty.124 Amazonian children are the group most affected by social inequalities and poverty, with 86 per cent of this population living in total poverty.125

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124 Ibid.
In general, the right to maternal health is prioritized and comes before the rights of indigenous women. In addition, the health system and its medical staff lack an institutionalized intercultural perspective. One example of this is seen in the disparity between the proportion of women who have children under 5 years and were attended by doctors during childbirth (65.9 per cent of women with Spanish as their usual language compared with 35.2 per cent of women who speak an indigenous language at home).126

Between 1995 and 2000, there was a complete lack of respect for the reproductive rights of indigenous women and youth. Under the National Reproductive Health and Family Planning Programme, the rights of more than 270,000 women and 24,000 men were seriously violated, with almost 300,000 women - mainly indigenous women from rural areas with scarce economic resources - were forcibly sterilized. Several indigenous organizations have carried out various actions in relation to their rights at different international levels.

Indigenous women are more vulnerable to violence: among women whose native language – or language spoken at home - is indigenous, seven out of ten have experienced psychological or verbal violence and 14.6 per cent have experienced physical or sexual violence in the past 12 months, compared with 11 per cent among women who speak Spanish.127

Lack of sex education and high rates of adolescent pregnancy mean that indigenous girls and adolescents face social discrimination and a number of obstacles that prevent them from exercising their fundamental rights, thus compromising their future: 98.5 per cent of women who speak Spanish know at least one symptom of sexually transmitted infections (STIs), compared with 1.4 per cent of those who speak an indigenous language at home; 12.9 per cent of Spanish-speaking adolescents are pregnant or are already mothers, compared with 19.3 per cent of young people who speak an indigenous language; and in the Amazon, 24.9 per cent of adolescents have been pregnant.128

Geographical distance from communities and language barriers in some territories make access to health services and protection from violence difficult.

The Public Intercultural Health Strategy establishes the recognition and incorporation of indigenous peoples’ knowledge. There was extensive prior consultation on the strategy’s design and subsequent plan, but it is yet to be implemented and the allocation of resources required to do this effectively have been delayed.

National Strategic Plan for the Reduction of Maternal and Perinatal Mortality: although the plan does not establish specific guidelines for intercultural work, it recognizes the particularly vulnerable situation of indigenous women in terms of access to services and the quality of care, considers them part of the population living in poverty or extreme poverty, and develops special strategies for this population.

The Ministry of Health, in collaboration with the United Nations Children’s Fund (UNICEF) and the United States Agency for International Development (USAID), has implemented Maternity Waiting Houses (Casas Maternas), which are not only considered a place where pregnant women can wait to give birth, but also a space to promote healthy practices and behaviours, with a gender and intercultural focus, to ensure good maternal and neonatal health.

Initiatives involving other actors: Implementation of the “Vertical Delivery Care with Intercultural Adaptation” initiative as a strategy to reduce maternal mortality, with the participation of indigenous women’s organizations, UNFPA Peru and the Ministry of Health. It takes into consideration the adequacy of the infrastructure of health services in adapting to women’s needs and decisions on how they wish to give birth (promoting the use of indigenous languages and establishing a system to support pregnant women and detect obstetric emergencies). Research and support for traditional indigenous birthing practices conducted by CHIRAPAQ Centre for Indigenous Cultures of Peru.

Following the adoption of the law on eradicating violence against women and family members in 2015, a functioning national system for preventing, punishing and eradicating violence against women and family members was established, defining the National Plan against Gender-based Violence 2016–2021, for which the Ministry of Women and Vulnerable Populations is tasked with implementing and monitoring. Although this plan was developed from a gender, human rights and intercultural perspective, it does not include a specific section or measure for indigenous women, meaning their special requirements remain invisible.

126 Ibid.
127 Ibid.
128 Ibid.
| United Nations Permanent Forum on Indigenous Issues (UNPFII) recommendations | There are no country-specific recommendations. |
| Written reports on UNPFII recommendations | Four written reports have been submitted since the Forum's creation (2008, 2011, 2016, 2017). |
### Legal framework and policies to guarantee the rights of indigenous peoples

**Constitution:** Adopted in 2015, the Constitution enshrines fundamental rights and freedoms and prohibits discrimination, recognizes the sacred nature of the right to life, equality between men and women, and guarantees gender equality. The Constitution recognizes the specific rights of mothers and children.

**Laws and policies on indigenous rights:**
- **Law on the Promotion and Protection of the Rights of Indigenous Peoples (2011):** This is the first law in Africa specifically addressing indigenous peoples. It prohibits the use of the term pygmy and instead recommends the term indigenous peoples; enshrines the principle of free, prior and informed consent; and protects the civil, cultural and political rights of indigenous peoples, as well as their right to education, health, property and a healthy environment. According to several reports from international agencies, this law remains largely unfulfilled, as its regulations have not been implemented (International Work Group for Indigenous Affairs (IWGIA), 2017, among others).
- **National Action Plan 2009–2013:** Seeks to improve indigenous peoples’ quality of life. This plan addresses their education, health, HIV prevention and legal protection of their cultural identity and access to land.

### International conventions


### Information and statistics on indigenous peoples

**Statistical information:** Little official information is available that includes data disaggregated by ethnicity and gender, as most studies carried out do not take these categories into account. Congo does not have a specific data-collection system on indigenous populations.

**Indigenous peoples in Congo:** The total population is estimated at 4.4 million, primarily of Bantu origin (not considered indigenous). The exact percentage of the indigenous population is not known, but is estimated to be between 1.4 per cent and 10 per cent of the total population. Indigenous peoples in Congo include Bakas, Mbendjeles (also known as Akas), Mikayas, Lumas, Gyelis, Twas and Babongos. In the Lingala language, the indigenous peoples from the north are called Bambengas and those from the south Babongos.

**Poverty:** Despite economic growth, more than half of the country’s population lives below the poverty line and one third suffers from hunger and malnutrition. The departments most affected – Likouala, Plateaux and Lekounou – are home to a high percentage of the indigenous population. In addition, it is estimated that only 32 per cent of indigenous peoples have an identity card (compared with 93.3 per cent of the national population). This significantly limits them in exercising their rights, their access to social services and their freedom of movement.

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## Key violations and discriminatory practices relating to the sexual and reproductive rights of indigenous women

- The Central African Human Rights Observatory (OCDH) highlights the grave situation of indigenous peoples in the context of direct discrimination and marginalization by their Bantu neighbours and the authorities.\(^{131}\)
- Indigenous women in Congo suffer double discrimination, as they are both indigenous and women. They lack land ownership rights and their access to finance has not improved.\(^{132}\)
- Difficulty accessing health services: It is estimated that access to health care for indigenous peoples is two to three times lower than for other groups and that only one in four women gives birth in hospital.\(^{133}\)
- There are high rates of maternal and infant mortality in the south of the country, due to unhealthy conditions in camps.\(^{134}\)
- A high rate of sexual violence is recorded (in total, 95 per cent of women reported having heard of someone who had been raped or had met a rape victim). The stories about statutory rape perpetrated by groups during festivals and celebrations are particularly serious.\(^{135}\)
- The legal framework, which is inadequate or incomplete, still does not guarantee gender parity, making it difficult for women who have been victims of sexual violence to file complaints. Due to their fear of discrimination at the hands of the police and the need to have a Bantu as an intermediary, most cases of violence and abuse are not reported and go unpunished.\(^{136}\)
- High rates of teenage pregnancy and marriage (the Plateaux and Likouala regions have the highest percentages of girls marrying before the age of 15 – 20.8 per cent and 15.6 per cent, respectively – which has a direct impact on teenage pregnancy). These rates are associated with a lack of knowledge or use of contraceptives (25 per cent and 12 per cent in urban and rural areas respectively, while 60 per cent have never used a condom).\(^{137}\)

## Intercultural health approach: innovations, progress and limitations, incorporation of indigenous knowledge and professionals in sexual and reproductive health services

Several factors affect and impede indigenous peoples’ access to medical services in Congo, including in particular the preference for traditional health methods and services. For its part, the Government has failed to incorporate traditional medicine into the formal health system and has not taken sufficient measures to provide quality services to protect the health of indigenous peoples.

Several measures have been taken to improve health services and their accessibility: the National Health Development Plan (1992), the Health Services Development Programme (2009) and the Priority Action Programme 2010–2012. The goal is to reduce household health costs and improve access to essential services for poor and vulnerable groups. However, there are no programmes specifically targeting indigenous women and girls or incorporating their traditional knowledge.

### Initiatives involving other actors:

UNFPA has initiated a pilot programme in the department of Shanga to support indigenous youth and women in health services related to pregnancy, childbirth and family planning. There have been efforts to encourage the health centres to incorporate some traditional medicine concepts and the results have been satisfactory.

## Policies and actions to prevent violence against indigenous women

No policies to prevent violence against indigenous women have been found.

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132 Ibid.
133 Ibid.
There are no specific UNPFII recommendations addressed to Congo. In 2013, the Permanent Forum held a pre-sessional meeting in Congo, during which it recognized legislative progress in protecting the rights of indigenous peoples in the country.

A recommendation concerning Congo has been issued:

76. The Permanent Forum invites the United Nations Educational, Scientific and Cultural Organization (UNESCO) and relevant States of the Congo Basin to provide at the eighth session of the Forum, in 2009, specific information on the biosphere reserves project and how they will incorporate the indigenous peoples [...]. 77. The Permanent Forum urges relevant States of the Congo Basin region and the World Bank to enforce, expand and respect the moratorium on the new forest concessions in order to allow time to strengthen the capacities of indigenous peoples and civil society [...]. (Seventh session (2008), paragraphs 76 and 77)

Congo has not submitted any written reports to the Permanent Forum.
Country | Thailand
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Mechanisms and institutions targeting indigenous peoples (including those targeting indigenous women) | Thailand does not have a specific institutional structure for indigenous peoples. While the Ministry of Social Development and Human Security carries out activities related to indigenous populations, it focuses mainly on rural populations and agricultural improvement and does not have a specific focus on ethnicity. Within the Ministry is the Office of Women’s Affairs and Family Development, though this office also gives no special focus to indigenous women and has a very low budget.

The National Human Rights Commission plays a key role in upholding the rights of indigenous peoples. It urges key ministries to consider this issue and provides financial support and collaboration to civil society organizations on this area.

In 2014, the Council of Indigenous Peoples of Thailand (CIPT), involving 39 indigenous peoples’ organizations from across the country, held its first assembly. During its first assembly, a work plan, draft legislation on the rights of indigenous peoples and some proposals for constitutional reform were drawn up. This Network of Indigenous Peoples in Thailand (NIPT), which includes 38 ethnic groups, works within this space to advocate for the adoption of a rights-based approach for indigenous peoples, the formulation and implementation of public policies, and national awareness of this issue.

Legal framework and policies to guarantee the rights of indigenous peoples | Constitution: Drafted in 2016 and includes indigenous peoples under the concept of “Thai ethnic groups”. It guarantees their rights and protection as long as their culture and way of life “is not contrary to public order or good morals of people, or does not harm the security of the State or health” (chap. VI). However, it does not define such groups, nor does it clarify how they can undermine good morals of people, public order or State security.

Several international organizations have urged the Government to recognize the term “indigenous peoples” and to ensure full recognition of their rights (Committee on the Elimination of Discrimination against Women (CEDAW), United Nations Declaration on the Rights of Indigenous Peoples).

Laws and policies on indigenous rights:
Public policies aimed at indigenous peoples are scarce and have not encouraged their development. Since 1960, the Thai Government has implemented various policies to relocate indigenous peoples – particularly hill tribes – to infertile territories where agriculture is not possible. These peoples have been forced to relocate without prior notice or at short notice, and have had to bear the costs of resettling elsewhere. These discriminatory policies are justified by misconceptions of indigenous peoples, who are thought to be drug producers, involved in deforestation and communist activity, and a threat to national security and the environment.138

Legal recognition of indigenous peoples is an essential element for progress in respecting indigenous women’s rights, as well as in guaranteeing their collective rights to land, territories and resources, and equal access to social services.


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**Information and statistics on indigenous peoples**

**Statistical information:** The Thai Government has not collected information on the situation of indigenous peoples. There are also no data available by region that describe – including indirectly – the situation in areas mainly populated by indigenous peoples. It is estimated that a high proportion of indigenous peoples do not have identity documents or have not been registered in the population censuses. Moreover, United Nations Population Fund (UNFPA) data and Millennium Development Goals (MDGs) monitoring reports are not disaggregated by ethnicity.

**Indigenous peoples in the country:** Thailand's indigenous peoples live mainly in three geographical regions of the country: the south, inhabited by the Chao Ley, who are indigenous fishing communities, and the Mani, who are small hunter-gatherer populations; the Korat Plateau in the northeast and east; and the hills or mountains of the north and northwest, inhabited by hill tribes. According to data from the International Work Group on Indigenous Affairs (IWGIA) (2017), it is estimated that the population of these mountain tribes alone – including Hmong, Karen, Lisu, Mien, Akha, Lahu, Lua, Thin and Khamu – totals 923,257 people. According to the data presented in the 2016 Universal Periodic Review, it is estimated that between 600,000 and 1.2 million indigenous peoples live in Thailand, representing 1–2 per cent of the national population.

**Poverty:** It is estimated that less than half of indigenous peoples are registered as Thai citizens, despite being born in the country. Their lack of citizenship makes them more vulnerable to discrimination and other human rights violations (such as access to health services) and exacerbates their poverty. In 2017, CEDAW expressed concern that indigenous women continue to be disproportionately affected by poverty and a lack of economic opportunities, which exacerbate their vulnerability to trafficking and exploitation. As a result of their extreme poverty, many children must work (some at just 3 years of age) and it is not unusual for some to suffer sexual exploitation.

**Key violations and discriminatory practices relating to the sexual and reproductive rights of indigenous women**

- High numbers of indigenous peoples, particularly women, lack citizenship, preventing them from asserting their rights and making them extremely vulnerable to trafficking.
- Discrimination against indigenous women on the basis of gender, ethnicity and class is structural and institutionally entrenched.
- Expropriation of indigenous peoples' lands by the Government.
- Increase in extractive projects with negative impacts on indigenous health, especially on women's sexual and reproductive health.
- Food insecurity, hunger and malnutrition are serious health problems faced by indigenous peoples.
- Indigenous women face barriers in accessing health services due to geographical distance, linguistic barriers and discrimination and ill-treatment, and in particular due to a lack of knowledge of their culture.
- High rates of gender-based violence in indigenous communities, where women do not report abuse due to lack of knowledge of their rights.
- Indigenous women have difficulties accessing justice due to limited knowledge of their rights, in addition to the linguistic, geographic and financial barriers they face.


140 Information available at: [http://thaidemocracy.org/about-us](http://thaidemocracy.org/about-us)


145 Ibid.

146 Ibid.
### Intercultural health approach: innovations, progress and limitations, incorporation of indigenous knowledge and professionals in sexual and reproductive health services

**30 baht programme (2001):** Its objective is to provide universal health coverage throughout the national territory by setting a contribution of 30 baht per consultation, which children under the age of 12, citizens over the age of 60 and poor people are exempt from paying. This improves access to the health system and reduces the risk of maternal mortality. While the programme has achieved some progress achieved, there are limitations in its application among the indigenous population for the reasons previously explained (lack of citizenship, geographical distance and lack of cultural relevance).

Family planning has been one of the priorities of the Thai Government’s health work. Specific programmes have been implemented in hospitals and communities that promote the training of midwives in contraceptive distribution and the development of the **National Family Planning Programme**. Since 1976, Thailand has implemented a specific family planning programme targeting four groups: remote rural villages, southern Muslim communities, indigenous groups and unmarried adolescents. No information is available on their progress.

**Initiatives involving other actors:**

In 2015, the UNFPA national office in Thailand initiated a safe motherhood project in cooperation with the Ministry of Health. Its work consisted of activating an early warning system and improving access to health services in some Karen villages. The project included training an indigenous woman leader to work as a volunteer in maternal and child health.

The drafting of the 2017 CEDAW shadow report by indigenous women is also noteworthy, since it is the first experience of women working together to develop a specific report on indigenous issues. This activity brought together 27 indigenous women and promoted the links between them and their empowerment.

### Policies and actions to prevent violence against indigenous women

The Thai Government has replicated the **One Stop Crisis Center (OSCC)** model to provide protection and support to women and girls who are victims of violence. In addition, these centres seek to reduce adolescent pregnancy through advice services and the promotion of sex education, general health care and birth control.

### United Nations Permanent Forum on Indigenous Issues (UNPFII) recommendations

No recommendations have been made for Thailand.

### Written reports on UNPFII recommendations

No written reports have been submitted to UNPFII, nor have national indigenous organizations submitted any.
Cover photo:
Midwife Albina Francisca Dolores from the community Chirimoyo, Acatepec, Mexico; Photo: Consuelo Martínez Pagaza / Photo archive of Kinal Antzetik Federal District A.C.