

Joint Submission to the UN Special Rapporteur on the Rights of Indigenous Peoples

on the theme of

Indigenous Persons with Disabilities

Co-Submitting Organizations

MINORITY RIGHTS GROUP INTERNATIONAL

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INTRODUCTION

The above listed submitting partners appreciate the opportunity to provide the Special Rapporteur on the Rights of Indigenous Peoples with information for his forthcoming report to the Human Rights Council on Indigenous Persons with Disabilities.

This submission is based on in-country case studies and ongoing work with indigenous people with disabilities conducted by MRG and IPWDGN and partners in Bangladesh, Brazil, Kenya, Nepal and Rwanda.

It is important to recognize that people with disabilities from indigenous communities do not experience discrimination as members of a homogenous group but rather as individuals with multidimensional identities. They may face multiple and intersecting forms of discrimination on the grounds of gender, ethnicity, sexual orientation, caste or descent, religion or belief, language and additional medical conditions.

While these factors may and should be analyzed in context, comparative analysis across country-specific contexts shows that there are general reasons why persons with disabilities belonging to indigenous communities face stigma.¹

This submission focuses on five key issue areas:

1. Economic Disadvantage and Poverty
2. Violence and Discrimination
3. Political Participation and Decision-making
4. Access to Healthcare, Care and Personal Assistance
5. Climate Change

BACKGROUND

Persons with disabilities within indigenous communities experience disproportionate disadvantages because of the intersectional discrimination they face on account of multiple axes of oppression. Many disability activists from indigenous communities stress the importance of analyzing the historical context and its ongoing impacts, specifically slavery and colonialism. Within indigenous communities, disability cannot be extricated and analyzed outside the context of psychosocial disabilities and intergenerational trauma caused by colonial violence and oppression.²

Specific factors that expose indigenous peoples to greater incidence of impairment include disproportionate exposure to the impacts of climate change leading to declining food-security; increased exposure to disease³ and mental health impacts⁴; environmental degradation and natural

¹ Study on the situation of indigenous persons with disabilities, with a particular focus on challenges faced regarding the full enjoyment of human rights and inclusion in development, EMRIP 2013, para 30.

² UN Women Fact sheet · Indigenous women with disabilities

³ Indigenous Peoples and Climate Change, EuropeanParliament, [https://www.europarl.europa.eu/RegData/etudes/etudes/join/2009/407009/EXPO-DROI_ET\(2009\)407009_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/etudes/join/2009/407009/EXPO-DROI_ET(2009)407009_EN.pdf)

⁴ Emily Ann Vecchio, Michelle Dickson, Ying Zhang. 2022. Indigenous mental health and climate change: A systematic literature review, The Journal of Climate Change and Health, Volume 6,

disasters⁵; land rights conflicts;⁶ healthcare inequity⁷, including poor access to maternal healthcare⁸; poor sanitation and exposure to disease⁹; food insecurity and poor nutrition¹⁰; eviction from ancestral lands¹¹; suffering from violent persecution at the hands of the state and/or settler communities¹²; overrepresentation in refugee and internally displaced populations¹³; negative impacts of large development projects, such as dam construction or mining¹⁴; poor working conditions among indigenous populations within labor exploitative caste or descent-based systems (also rooted in historical legacies e.g. that of the Spanish colonial system)¹⁵; and a lack of healthcare information available in indigenous languages¹⁶.

A study in Nepal suggests that disability rates are higher for indigenous women and girls due to gender-based discrimination, poverty, domestic work and unpaid care burdens, malnutrition, lack of access to sexual and reproductive health services, violence and harmful practices, male-centred household distribution of resources, limited access to education and high rates of depression and anxiety.¹⁷ According to an analysis of the 2010 demographic census in Brazil, the prevalence of visual, hearing and motor disabilities is almost always the highest in indigenous populations.¹⁸

Lack of disaggregated data on disability within indigenous communities continues to be a global problem. It is difficult to ascertain how many indigenous people in the world have disabilities due to poor data collection. Figures range from 54 million to 71 million¹⁹. It is further estimated that among

⁵ Minority Rights Group International. (2019) 'Minority and Indigenous Trends 2019'. Available at: <https://minorityrights.org/resources/minority-and-indigenous-trends-2019-focus-on-climate-justice/#:~:text=Minorities%20and%20indigenous%20peoples%20are,exposed%20to%20these%20negative%20effects.>

⁶ See:

https://www.trocaire.org/sites/default/files/resources/policy/180223_final_report_pwds_and_land_rights_in_acholi_phase_ii_research_0.pdf

⁷ David Hollinsworth (2013) Decolonizing Indigenous disability in Australia, *Disability & Society*, 28:5, 601-615

⁸ UNFPA. 2015. Indigenous Women's Maternal Health and Maternal Mortality. https://www.unfpa.org/sites/default/files/resource-pdf/factsheet_digital_Apr15.pdf

⁹ Alejandro Jiménez et al (2014) Water, sanitation and hygiene and indigenous peoples: a review of the literature, *Water International*, 39:3, 277-293.

¹⁰ UPR of Rwanda, <https://minorityrights.org/upr-of-rwanda-joint-submission-from-mrg-aimpo-fpdo-and-wopu/>, pgs. 5, 8

¹¹ Submission to the CRPD committee on the rights of persons with disability in Kenya, <https://minorityrights.org/submission-to-the-cprd-committee-on-the-rights-of-persons-with-disability-in-kenya/>; UPR of Rwanda, <https://minorityrights.org/upr-of-rwanda-joint-submission-from-mrg-aimpo-fpdo-and-wopu/>

¹² Submission to the CRPD Committee General Discussion on Article 11, <https://minorityrights.org/submission-to-the-cprd-committee-general-discussion-on-article-11-people-with-disabilities-in-situations-of-risk-and-humanitarian-emergencies>, pgs. 2-4

¹³ Minority Rights Group International. (2017) 'No escape from discrimination: minorities, indigenous peoples and the crisis of displacement'. Available at: <https://bit.ly/3E38kZG>

¹⁴ The recent case of the Mariana Dam Disaster is a good case in point. The toxic mud that flooded indigenous and Quilombola communities around the Rio Doce in 2015 has had a major impact in health of local people, leading to increased cancer rates, mental health issues and disability. A civil case has been brought to the Supreme Court in the UK to make the mining corporations (BHP) liable to damages. See: <https://pogustgoodhead.com/cases/mariana-dam-disaster/>

¹⁵ For a report on the intersection of disability and caste in India, see: <https://clpr.org.in/wp-content/uploads/2020/07/Caste-and-Disability-Policy-Paper-Screen-Reader-version.pdf> The legacy of the Spanish and Portuguese colonial caste system on the physical and mental health of Indigenous people and Quilombolas is not well known in the research literature. For a historical analysis see: <https://deepblue.lib.umich.edu/bitstream/handle/2027.42/139600/cmculen.pdf?sequence=1&isAllowed=y>

¹⁶ Minority and Indigenous Trends 2021- Focus on Covid-19, <https://minorityrights.org/resources/minority-and-indigenous-trends-2021-focus-on-covid-19/>, pg. 105

¹⁷ See https://nidwan.org.np/wp-content/uploads/2021/10/Overview_Nidwan.pdf

¹⁸ DIAS JUNIOR, Claudio Santiago; VERONA, Ana Paula. 2018. Deficiências visual, auditiva e motora entre a população indígena no Brasil. *Cad. Saúde Pública*, Rio de Janeiro, v. 34, n. 10. http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-311X2018001005005&lng=pt&nrm=iso

¹⁹ Indigenous Persons with Disabilities, ILO, https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_396412.pdf, pg. 6; The Indigenous World 2022: Indigenous Persons with Disabilities Global Network (IPWDGN), <https://www.iwgia.org/en/indigenous-persons-with-disabilities-global-network-ipwdgn/4702-iw-2022ipwdgn.html#:~:text=Over%201%20billion%20people%2C%20or,stands%20at%20approximately%2071%20million>

240 million indigenous women around the globe,²⁰ roughly 28 million are indigenous women and girls with disabilities.²¹

In most countries worldwide, data on ethnicity, language, religion or belief and disability is not collected. Where it is, it is often not disaggregated, analyzed or published²². For example, in Kenya and Nepal disability data is not disaggregated by ethnicity or indigenous status.²³ In Brazil, disaggregated disability data showing the race/color self-identity category was only published for the first time in 2023 and excluded the category 'indigenous' in official publications²⁴.

Underreporting of disability within indigenous communities is common²⁵ as many indigenous peoples may not be familiar and engaged in state-led services and processes, and concepts of disability may vary from Western and Eurocentric understandings.²⁶ Disability identification is also not consistent and does not capture the complexity of barriers linked to multiple and intersecting identities.²⁷ Acessibilindígena stress that data in Brazil may be underestimated due to methodological problems and the difficulty in obtaining accurate information about mainly isolated indigenous groups.²⁸

Lack of data results in the absence of relevant policy and budget allocations. Without a robust understanding of the experiences of indigenous people with disabilities, government programmes and policies often fail disabled people within indigenous communities.

1. ECONOMIC DISADVANTAGE AND POVERTY

While economic exclusion can be linked to cultural issues and negative views of disability²⁹, the aggravated disadvantage experienced by indigenous people with disabilities is also related to historic land rights abuses and land degradation. Among the indigenous Endorois community of Kenya, persons with disabilities continue to face multiple layers of discrimination owing to complex interactions between disability and gender discrimination, ongoing historical land injustices, impacts of climate change, human exploitation of natural resources and the risks posed by rising water levels of Lake

²⁰ FAO. "Indigenous Women, Daughters of Mother Earth." FAO, 2020. <https://www.fao.org/documents/card/en/c/cb0719en/>

²¹ UN Women, Fact sheet on indigenous women with disabilities, 2020, <https://www.unwomen.org/en/digital-library/publications/2020/04/fact-sheet-on-indigenous-women-with-disabilities>

²² Minority Rights Group. 2022. 'No Data IS Data: What existing but untapped disaggregated data tells us about inequalities in vaccination rates in the Global South'. <https://minorityrights.org/no-data-is-data-what-existing-but-untapped-disaggregated-data-tells-us-about-inequalities-in-vaccination-rates-in-the-global-south/>

²³ Kenya Bureau of National Statistics. 2019. Accessed from: <https://www.knbs.or.ke/?wpdmpro=2019-kenya-population-and-housing-censusvolume-iv-distribution-of-population-by-socio-economic-characteristics>. See also <https://www.indigenouspeoples-sdg.org/index.php/english/all-resources/resource-materials2/reports-and-publications/75-indigenous-peoples-organizations-submit-reply-to-list-of-issues-for-review-of-nepal-under-convention-on-the-rights-of-persons-with-disabilities/file> ; <https://lawcommission.gov.np/en/?p=20774>

²⁴ IBGE. 2023. Pesquisa Nacional por Amostra de Domicílios Contínua.: Pessoas com deficiência 2022.

<https://biblioteca.ibge.gov.br/index.php/biblioteca-catalogo?view=detalhes&id=2102013>

²⁵ <https://www.indigenouspeoples-sdg.org/index.php/english/all-resources/resource-materials2/reports-and-publications/75-indigenous-peoples-organizations-submit-reply-to-list-of-issues-for-review-of-nepal-under-convention-on-the-rights-of-persons-with-disabilities/file>

²⁶ Stienstra, D, Baikie, G, Manning, S. 2018. 'My granddaughter doesn't know she has disabilities and we are not going to tell her': Navigating Intersections of Indigenousness, Disability and Gender in Labrador. Disability and the Global South. Vol.5, No. 2, 1385-1406. See also Jaffee & John. 2018. Disabling Bodies of/and Land: Reframing Disability Justice in Conversation with Indigenous Theory and Activism. Disability and the Global South. 5(2). 1407-1429.

²⁷ Consultation meetings held with the representative of national level organizations working for the rights of indigenous peoples and women with disabilities issues and hon 'able members and representatives of Indigenous Nationalities Commission was held in 11th February 2024 in Indigenous Nationalities Commission, Nepal.

²⁸ Information from Acessibilindígena, 2024.

²⁹ Exploring the status of persons with disabilities among minority and indigenous communities in Bangladesh, pg. 15

Bogoria³⁰. In Rwanda, 98% of Batwa with disabilities live in extreme poverty, yet cannot access social security funds provided by the government.³¹

Food insecurity

Indigenous peoples and women with disabilities without access to their own ancestral land and resources have less ability to maintain food sovereignty. In Nepal, 80% of indigenous people with disabilities possess no land and experience food insecurity as a result³². Studies show that 75% indigenous women and girls with disabilities and 69% of indigenous men with disabilities use coping strategies like reducing meals or compromising on culturally significant food by mixing grains or adding more water to cope with hunger and starvation in Nepal.³³

2. VIOLENCE AND DISCRIMINATION

Indigenous people with disabilities often face violence and discrimination simultaneously from within and outside their communities. In Bangladesh, Adivasis report that while indigenous persons are often barred from entering public areas such as tea stalls and temples, facing harassment and mockery of their language and culture, for community members with disabilities harassment is worse.³⁴

Gender-Based Violence

Indigenous women and girls with disabilities are disproportionately affected by gender-based violence, including sexual violence and violations of their right to sexual and reproductive health.

In parts of Kenya, indigenous women with disabilities are seen as objects by family and community members, hence the comparatively high rates of sexual abuse, exploitation and violence.³⁵ In Bangladesh, marriage for women and girls with disabilities from indigenous communities is an unlikely prospect due to stigma and demand for higher dowries³⁶. If marriage does occur, abuse, exploitation and torture at the hands of husbands and in-laws is common³⁷. Indigenous women with disabilities are also at increased risk of sexual violence from members of the mainstream community³⁸.

All indigenous women face significantly higher rates of violence in Nepal, but indigenous women and girls with disabilities face various forms of violence which are distinct from non-indigenous women and girls.³⁹ Higher rates of sexual violence, forced contraception, sexual and reproductive stigma and early marriage/pregnancy are linked to early death for this population.⁴⁰ Reasons reported for this higher

³⁰ Submission to the CRPD committee on the rights of persons with disability in Kenya, <https://minorityrights.org/submission-to-the-cprd-committee-on-the-rights-of-persons-with-disability-in-kenya/>

³¹ <https://minorityrights.org/upr-of-rwanda-joint-submission-from-mrg-aimpo-fpdo-and-wopu/>, pg. 10

³² World Food Programme. 2021. A Study On Indigenous Peoples with Disabilities on Access to Food in Nepal. (Not available online.)

³³ WFP Country Report on Access to Food for Indigenous Peoples with Disabilities, 2021

³⁴ Exploring the status of persons with disabilities among minority and indigenous communities in Bangladesh, pg. 15

³⁵ Information provided by Christine Kandie, Director of EIWEN. See also Geoffrey Kerosi and Samuel Olando, Access to Education and Health among Minority and Indigenous Communities in Kenya: Assessment of Baringo, Trans-Nzoia, Elgeyo Marakwet and Turkana Counties 13 (2021), https://minorityrights.org/wp-content/uploads/2021/05/MRG_Brief_Kenya_ENG_May21_ONLINE.pdf

³⁶ Minority Rights Group (2024) Exploring the status of persons with disabilities among minority and indigenous communities in Bangladesh.

³⁷ *ibid.*

³⁸ *Ibid.*, pg. 23

³⁹ See <https://www.ohchr.org/sites/default/files/2022-03/Joint-Nepal.pdf>

⁴⁰ National Indigenous Disabled Women Association Nepal, Indigenous Women and Girls with Disabilities in Nepal: A brief Overview 11 (2021) https://nidwan.org.np/development-research/indigenous-women-and-girls-in-nepal-a-brief-overview/?doing_wp_cron=1654086004.2101979255676269531250.

risk included negative beliefs related to disability and lack of awareness about the rights of indigenous women and persons with disabilities.⁴¹

The risk of forced sterilization affects indigenous women with disabilities in particular.⁴² This global problem is due to the fact that in many countries, forced or involuntary sterilization is legal when performed on grounds of disability.⁴³ Indigenous women and girls are made vulnerable to acts of violence, including coercive or forced sterilization⁴⁴ due to discriminatory population control policies. In Nepal, forced sterilization of indigenous women and girls is often decided by family members and health professionals.⁴⁵ Forced sterilization programmes have been exposed in countries like Canada, Peru and Mexico, but the practice continues.⁴⁶

Indigenous women and girls with disabilities are more likely to be trapped in abusive situations and thus often remain silenced.⁴⁷ Practices of law enforcement have often been inadequate for indigenous women with disabilities when it comes to seeking justice. Women with disabilities are viewed as unreliable in many parts of the world, and their testimonies tend to be disregarded, putting them at greater risk of reprisals.⁴⁸

Discrimination towards indigenous women and girls with disabilities within healthcare settings also hinges on access to justice. In Rwanda, WOPU reports that some hospitals are increasingly refusing to take DNA samples from Batwa women and girls who are raped by men. In November 2023, a 17-year-old blind girl from a Batwa community in Rwanda was raped by men who broke into her home whilst her parents were out. On seeking medical treatment at the local hospital, medical staff refused to take a DNA swab from her to be used as evidence, despite the specific request from WOPU, and so there remains to be any conviction for the crime.⁴⁹

Land-Based Violence

Violence linked to land access and degradation disproportionately impacts indigenous people with disabilities, with land-based violence particularly impacting women and girls.

In Nepal, indigenous women with disabilities are losing their means of livelihood and food security because of land rights violations.⁵⁰ Development projects, especially the building of mega dams, have

⁴¹ NIDWAN. 2021, Violence against Indigenous Women and Indigenous Women with Disabilities.” National Indigenous Disabled Women Association Nepal, MADRE <https://nidwan.org.np/development-research/research-on-violence-against-indigenous-women-and-indigenous-women-with-disabilities/>.

⁴² UN Economic and Social Council, Study on the situation of Indigenous persons with disabilities, with a particular focus on challenges faced with regard to the full enjoyment of human rights and inclusion in development (2013).

⁴³ CRPD Committee, General Comment No. 3: Article 6 (Women and Girls with Disabilities), (2016).

⁴⁴ UN Inter-Agency Support Group, Thematic Paper on the Rights of Indigenous Peoples/Persons with Disabilities 3 (2014), https://www.un.org/en/ga/69/meetings/Indigenous/pdf/IASG%20Thematic%20Paper_Reproductive%20Health%20-%20rev1.pdf.

⁴⁵ Ibid.

⁴⁶ See <https://ijrcenter.org/forced-sterilization-of-indigenous-women-in-canada/> For cases in Peru, see <https://cejil.org/comunicado-de-prensa/corte-idh-juzgara-a-peru-por-esterilizaciones-forzadas/>. For cases in Mexico see <https://cimacnoticias.com.mx/2002/12/31/esterilizacion-forzada-el-gobierno-admite-el-extermio/#gsc.tab=0>

⁴⁷ Women Enabled International, Fact Sheet: The Right of Women and Girls with Disabilities to be Free from Gender-Based Violence (2018).

⁴⁸ NDWA, and Woman Kind. 2019. Invisible Realities: Understanding the Lived Experiences of Women with Disabilities in Rural Nepal. <https://www.womankind.org.uk/resource/invisible-realities-understanding-the-lived-experiences-of-women-with-disabilities-in-rural-nepal>

⁴⁹ Information from submitting partner, WOPU. Location redacted to protect the identity of the survivor. WOPU has direct contact with the survivor and can be contacted for full details of the case.

⁵⁰ Nepal Indigenous Disabled Association (NIDA) et al, Alternative Report of the Indigenous Peoples of Nepal to the State Report Submitted by the Government of Nepal to the Committee on the Elimination of Racial Discrimination - 95th Session of the United Nations Committee on the Elimination of Racial Discrimination 16 (2018), https://www.ecoi.net/en/file/local/1436714/1930_1530175084_int-cerd-ngo-npl-30811-e.pdf

continued to cause conflict in Nepal, where indigenous lands, forests, water sources and homes are being seized. In addition, armed conflict has affected a disproportionate number of people in indigenous communities, causing widespread poverty, displacement and trauma, especially to indigenous women and children with disabilities.⁵¹

Indigenous communities in Southern Baringo county in Kenya are affected by ongoing insecurity and violence linked to cattle rustling. When community members flee due to violence, people with disabilities are often left behind. Many have starved to death or have been murdered by bandits. In May 2022, a person with a physical disability was killed because of her inability to escape.⁵² On Saturday 10th February 2024, a blind school headteacher from the Arror community was ambushed and shot in the head by bandits whilst travelling with his family in Baringo county. The victim, TK had become blind after being shot in the eye by bandits at nine whilst looking after his father's cattle.⁵³

3. POLITICAL PARTICIPATION AND DECISION-MAKING

Indigenous people with disabilities face multiple barriers in exercising their right to political participation in line with international law⁵⁴. Complex cultural, social, political and economic challenges prevent indigenous people with disabilities from exercising their right to vote in local and national elections, accessing information about their political rights and choices, participating in indigenous governance mechanisms within their own communities and entering elected positions. In Nepal, indigenous people with disabilities report facing discrimination within organizations of people with disabilities, such as being excluded from decision-making processes⁵⁵. Poor awareness of duty bearers of the complexities and intersectionality of disability compounds issues of exclusion.⁵⁶

Barriers to effective participation

In the 2022 Kenyan election, people with disabilities were underrepresented in politics, both as voters and as candidates.⁵⁷ Research showed that key barriers to participation included poor access to information in local languages and accessible formats, inaccessibility of registration centres, lack of national ID cards, lack of trust in the elections and apathy.⁵⁸ Similarly, in Nepal, a lack of familiarity with state-led processes and assimilation has led to a decrease of indigenous people and people with

⁵¹ ILO, International Labour Organization Project to Promote ILO Policy on Indigenous and Tribal Peoples (PRO 169). (2005) 'Indigenous Peoples, Poverty Reduction and Conflict in Nepal'. Available at: <https://bit.ly/40WMmkK>

⁵² See <https://ntvkenya.co.ke/counties/grade-five-pupil-among-two-shot-as-bandits-raid-baringo-village/>
<https://www.youtube.com/watch?v=GGLQ8SduHCc>

⁵³ Information verified by submitting partner, EIWEN, who knew the victim.

⁵⁴ Article 29 of the CRPD, the International Covenant on Civil and Political Rights and UNDRIP

⁵⁵ Questionnaire on the right of persons with disabilities to participation in decision-making, https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/DecisionMaking/CSOs_DPOs/CSOs_-_NIDA-NIDWAN_Nepal_ENG.doc#:~:text=Even%20at%20the%20national%20level,work%20effective%20all%20the%20time., pg. 5

⁵⁶ See <https://unprpd.org/node/>

⁵⁷ MRG and EIWEN Submission to CRPD, Adoption of the List of Issues prior to reporting of Kenya, <https://minorityrights.org/submission-to-the-cprd-committee-on-the-rights-of-persons-with-disability-in-kenya/>, pg. 6

⁵⁸ Election Observation Group (2022). The Unaccounted Voice. https://elog.or.ke/election_reports/the-unaccounted-voice/

disabilities in traditional institutions but also poor engagement in state-led political mechanisms⁵⁹ and poor knowledge of current political issues compared to other social groups.⁶⁰

Infrastructure also presents a significant barrier for indigenous people with disabilities, especially those who live in rural or remote communities. In Kenya, infrastructural barriers significantly impacted the voting patterns of persons with disabilities and women, particularly within Sengwer and Ogiek communities who live in inaccessible rural areas with poor infrastructure. In 2017 and 2022, polling stations situated inside the Embobut forest were transferred after forceful evictions in 2014 without consent of the Sengwer community, presenting significant barriers for community members with disabilities to exercise their right to vote⁶¹.

Information accessibility and illiteracy is another key issue preventing the full and effective participation of indigenous people with disabilities. Oftentimes, materials are not available in indigenous languages, nor in accessible or culturally appropriate formats. In Kenya, most election information materials are printed in the mainstream languages, English and Swahili, yet are not available in indigenous languages or accessible formats⁶². In the 2017 Nepalese House of Representatives and Provincial Assembly elections, 2 out of 3 of voters with disabilities surveyed said they had difficulties regarding lack of access to information, with a lack of tactile/ braille ballots and a lack of sign language interpreters.⁶³

Good Practice

In several Kenyan counties, affirmative action programmes that prioritize people with disabilities are implemented. One example is the nomination of special interest groups to Parliament and County Assemblies, ensuring people with disabilities are represented in legislative processes⁶⁴.

Political parties and government bodies in Nepal produce limited electoral information in indigenous languages, with recent data from the Election Commission stating that information was provided in 17 indigenous languages, including sign language.⁶⁵ While this is a significant first measure, it does not meet the needs of the sixty indigenous peoples recognized by the state.⁶⁶

4. ACCESS TO HEALTHCARE, CARE AND PERSONAL ASSISTANCE

Access to healthcare, care and personal assistance for indigenous persons with disabilities is compromised by economic disadvantage, lack of awareness of disability rights and services and barriers to accessing culturally appropriate healthcare and care.

⁵⁹ Rebecca, Gurung et.al (2023). International Foundations for Electoral System, Engaging Indigenous Peoples in Elections, Identifying International good practices through Case studies in Guatemala, Kenya and Nepal <https://www.ifes.org/publications/building-evidence-base-participation-indigenous-peoples-elections>

⁶⁰ The Nepal Multidimensional Social Inclusion Index: Diversity and Agenda for Inclusive Development. Tribhuvan University Central Department of Sociology/Anthropology.2014.

⁶¹ EIWEN IFES Report, pg. 41

⁶² Ibid.

⁶³ Access of Persons with Disabilities in Nepal's Electoral Process, https://eaccess.s3.amazonaws.com/media/attachments/resources_mainresource/537/Disability%20Election%20Access%20Monitoring_English.pdf, pg. 14

⁶⁴ EIWEN IFES Report, 2023.

⁶⁵ Engaging Indigenous Peoples in Elections, IFES, SIDA, etc, Pg. 20

⁶⁶ Ibid.

In Nepal, most care services aimed at people with high support needs are inaccessible to indigenous communities who face language, attitudinal and financial barriers which leave most of them without support and in very difficult circumstances.⁶⁷

In Brazil, indigenous people with disabilities cite barriers to accessing healthcare as a lack of consideration of cultural and linguistic diversity, inadequate structures to meet their needs, for example, being forced to seek support far away from their communities, and a general lack of trained professionals, support for families and specific resources to serve the indigenous population.⁶⁸

Accessible information

One of the key barriers to healthcare for indigenous people with disabilities is lack of access to accessible and culturally appropriate information, according to data collected during the Covid-19 pandemic.⁶⁹ In Nepal, there was a lack of timely Covid-19 information in accessible formats and in local indigenous and minority languages.⁷⁰ In Uganda, research found that health centres serving Batwa communities do not offer sign language interpreters and health and service information in formats accessible to many people with disabilities⁷¹.

There is also a lack of awareness about disability registration, which ensures access to disability services and health, education and social protection measures. In Nepal, only 64% Indigenous persons with disabilities have received disability cards, and most family members are unaware of the system nor their rights.⁷²

Infrastructure

Poor infrastructure is a key barrier to healthcare access for indigenous communities. Most health centres for Batwa communities in Uganda are more than 2km away, which affects people with physical disabilities.⁷³ Ramps do not meet the required accessibility standards. Equipment such as beds in maternity wards are inaccessible; for example, they are too high for some women with disabilities to use safely.⁷⁴ In Nepal, studies indicate that over 80% of indigenous people with disabilities have inadequate or poor access to public services and facilities.⁷⁵

⁶⁷ Focus Group Discussion held at Karnali Province for the CRPD Implementation Status in Karnali Province in collaboration with NIDWAN and Karnali Indigenous Disabled Women Association Nepal KIDWAN and organized by NIDWAN, 28th Dec 2023.

⁶⁸ Information from ACESSIBILÍDGENA, 2024.

⁶⁹ Minority Rights Group International. (2020) 'Statement on the Impact of the Global COVID-19 Pandemic on Persons with Disabilities from Minority, Indigenous and other Marginalised Communities'. <https://minorityrights.org/2020/04/27/statement-covid-19-pandemic-onpersons-with-disabilities-from-minority-indigenous-communities/>

⁷⁰ Ibid.

⁷¹ See: [Assessment of Batwa and persons with disabilities' access to education and health services in Uganda:](#)

⁷² Consultation meetings held with the representative of national level organizations working for the rights of indigenous peoples and women with disabilities issues and hon 'able members and representatives of Indigenous Nationalities Commission was held in 11th February 2024 in Indigenous Nationalities Commission, Nepal.

⁷³ See: [Assessment of Batwa and persons with disabilities' access to education and health services in Uganda:](#)

⁷⁴ Ibid.

⁷⁵ Austin Lord & Bandita Sijapati et al, Disaster, Disability, & Difference - A Study of the Challenges Faced by Persons with Disabilities in Post-Earthquake Nepal, UNPD, Social Science Baha and NFDN Nepal 17, (2016), https://www.un.org/disabilities/documents/2016/Disaster-Disability-and-Difference_May2016_For-Accessible-PDF.pdf

Good Practice

In Uganda, the government has attempted to put in place programmes and resources to address the health care needs of indigenous people with disabilities. Direct medical support plays an important part in supporting indigenous people with disabilities. Maternal health kits are provided to people with disabilities that give birth, and those living with HIV/AIDS regularly receive ARV medicines.⁷⁶ Across the five divisions of Kampala district, all government health centres have accessible infrastructure, including standard ramps and chairs, clear pathways, sufficient natural light in the rooms and wheelchair-accessible toilets.⁷⁷

5. CLIMATE CHANGE

Whilst there is little direct research on the impacts of climate change on indigenous people with disabilities, wider research indicates exacerbated risks for this group. The impact of climate change has disproportionately impacted indigenous peoples, posing existential threats to indigenous livelihoods and existence which is tied to their close relationship with the land.⁷⁸ People with disabilities are also amongst the most vulnerable to the impacts of climate change, with higher morbidity and mortality rates during climate change related emergencies and lower access to assistance.⁷⁹ Climate change and increasing socio-environmental insecurity result in increasingly competitive access to natural resources, water and pastures, which disproportionately affect people with disabilities, not least due to barriers like lack of access to national social security funding and the closure of local health facilities.⁸⁰ Climate change has also exacerbated impairments such as asthma attacks and other respiratory and cardiovascular health conditions owing to exposure to higher air temperatures and poorer air quality linked to increase of wildfires.⁸¹⁸² Climate change also affects the sexual and reproductive health rights of indigenous people with disabilities, who can face challenges in accessing clinics due to damage to infrastructure during extreme weather events.⁸³

Drought and related water shortages can have devastating impacts on indigenous communities. A mother of an indigenous girl with a disability in Kavre district in Nepal faces daily difficulties in providing the food and water that is required to meet her daughter's health and hygiene needs. The mother must travel two hours each day to collect and bring water home whilst fearful that something might happen to her daughter while away. The lack of access to water and forest resources also affects their livelihood of making and selling traditional liquor to financially support her daughter and family⁸⁴.

⁷⁶ <https://minorityrights.org/resources/assessment-of-batwa-and-persons-with-disabilities-access-to-education-and-health-services-in-uganda/>, pg. 19

⁷⁷ Ibid.

⁷⁸ UNDESA. <https://www.un.org/development/desa/indigenouspeoples/climate-change.html>

⁷⁹ OHCHR. The impact of climate change on the rights of persons with disabilities <https://www.ohchr.org/en/climate-change/impact-climate-change-rights-persons-disabilities>

⁸⁰ Kenya LOIPR, <https://minorityrights.org/submission-to-the-crpdc-committee-on-the-rights-of-persons-with-disability-in-kenya/>

⁸¹ Peters & Schneider. 2021. Cardiovascular risks of climate change. *Nature Reviews Cardiology* volume 18, pages1–2. <https://www.nature.com/articles/s41569-020-00473-5>

⁸² Ibid.

⁸³ <https://arrow.org.my/wp-content/uploads/2024/01/Scoping-Studies-Nepal.pdf>

⁸⁴ Information collected by NIDWAN.

RECOMMENDATIONS

1. Collect, publish and disaggregate data by sex, gender, age, indigenous identity, language, religion or belief and type of disability.
2. In consultation with indigenous people with disabilities, formulate inclusive, intercultural policies in line with UNDRIP, CEDAW and the CRPD to create enabling environments in all country contexts.
3. Create space within the disability movement, the indigenous movement, the climate justice movement and the women's movement through specific support programmes for people with disabilities from indigenous communities to ensure their full and effective participation and leadership.
4. Increase the research available on indigenous people with disabilities with specific focus on women, girls and gender-diverse persons people with marginalized genders, in line with the principle of 'nothing about us, without us.'
5. Develop urgent and specific measures to prevent gender-based violence and violations of the sexual and reproductive rights of indigenous women and girls with disabilities and ensure access to justice from an intersectional perspective.
6. Ensure universal health coverage and accessibility of decent, affordable and intercultural healthcare for all indigenous persons with disabilities across all country contexts, including local sexual and reproductive health services, maternal health services and child and infant health services.
7. Implement awareness raising campaigns within indigenous communities about disability registration, social protection schemes and disability rights.
8. Engage with indigenous and women-led disability organizations and build their capacity and skills ensuring meaningful representation in state mechanisms and decision-making structures.
9. Promote indigenous languages and cultures, design indigenous led skill-building interventions in agricultural and other livelihood-generating practices to empower indigenous persons with disabilities.
10. Formulate and amend disability related policies, provisions and programmes from indigenous peoples' points of view while respecting the full diversity of perspectives concerning gender, gender identity, sexual orientation, age, caste, descent and ethnicity, and ensuring the engagement of indigenous persons with disabilities at all levels.