Break through the Crisis:
Struggle and Strive of
Indigenous Women and
Indigenous Persons with Disability

Key Issues
• Indigenous Women & Gender-Based Discrimination
• Indigenous Women & Health
• Indigenous Women & Socio-economic Rights

Post-pandemic recovery will hope-
fully lead to an expansion of rights
and participation of Indigenous
Women and Indigenous Persons
with Disabilities in public affairs
so that we are more resilient to
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Inside Story

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Key Issues
• Indigenous Women & Gender-Based Discrimination
• Indigenous Women & Health
• Indigenous Women & Socio-economic Rights

Responses from the Ground
• Relief of Health and Livelihood Impact & Resource Mobilization
• Awareness Raising
• Educating Children
• Leading Struggles for Land

Lessons Learnt
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Call for Actions
Break through the Crisis:
Struggle and Strive of Indigenous Women and Indigenous Persons with Disability

COVID-19 pandemic has indiscriminately swept through the globe but affected Indigenous Peoples especially Indigenous Women and Indigenous Persons with Disabilities disproportionately. Asia Indigenous Peoples Pact (AIPP) has been constantly reflective of the impacts on and responses from the ground. Following a series of flash updates on COVID-19, it indispensable for dedicated update on Indigenous Women who have been the most vulnerable and heavily burdened with emergencies. This update also considers that Indigenous Women suffer from intersectionality of their status as women, Indigenous and other form of identities based on age, ableism, physio-social, health, economic, geography, sexual orientation and so on which compound the intensity of the impacts.

COVID-19 has both revealed and exacerbated existing issues that Indigenous Women and Indigenous persons with disabilities are facing chronically. These issues are not limited to violations of their basic human rights such as deprived access to health services, education and social infrastructure, unequal work rights and domestic work share, defying land rights, gender-based violence and exclusionary decision-making processes coupled with already marginalized socioeconomic and political status. Although these issues are gradually recognised and attempted to address through national and international policy instruments. There is a pressing need for inspections at all levels from Indigenous Women’s perspective with intersectional approach. Despite available disaggregated data on Indigenous Women and Indigenous Persons with Disabilities from a few member countries including Nepal, India, Bangladesh and the Philippines, their situations remain largely unaccounted in many issues as well as the remaining countries. This clearly indicates the need of gender lens and interactional approach of analysis and implementation, and creating opportunities for their voices to be heard at all level.

Recognizing the risk that COVID-19 and its multifaceted impacts could roll back the limited progress that has been made on gender equality and women’s rights in the past, the United Nations is urging governments to put women and girls at the centre of their recovery efforts. Therefore, this update aims to reveal the predicaments faced by Indigenous Women and Indigenous Persons with Disabilities as the fallout of COVID-19, their responses from the ground exemplifying their capability to tackle emergencies and concluding with identified opportunities brought along with the crisis.

This flash update is drawn based on information from the ground and secondary sources. Thanks to NIWA and AIPP’s member organizations, partners and Indigenous Women organizations and networks for their contribution through different meetings, formal and informal reports, and cases from the ground situations on the Indigenous Women and Indigenous Persons with Disabilities in Asia. It aims to raise awareness, reiterate the importance and urgency of attending to the issues of Indigenous Women who have been the most vulnerable and heavily burdened with emergencies. This update also considers that Indigenous Women suffer from intersectionality of their status as women, Indigenous and other form of identities based on age, ableism, physio-social, health, economic, geography, sexual orientation and so on which compound the intensity of the impacts.

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Key Issues

1. Indigenous Women & Health

Impact on health is one of the most immediate and stringent consequences felt by Indigenous Women and Indigenous Persons with Disabilities during COVID-19. They have unique health needs but are less likely to have equal access to quality service and information due to intersecting inequalities based on their sexuality, ethnicity, ableism, to name but a few.

1.1. Deprivation of Health-related services and infrastructure

Being physically remote and isolated as many indigenous communities are, the diversion of attention and critical resources (medicine, hygienic materials, medical equipment, hospitals as examples), away from essential health requirements related to COVID-19. Limited access to health services is further excavated due to lack of transportation and information communication, racial discrimination, corruption, and language barriers. The UN pointed out exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases for women during COVID-19\(^2\). It is nonetheless difficult to find disaggregated data on Indigenous Women and Indigenous Persons with Disabilities. Based on the information shared by our partner, members organizations and networks, we infer that the situation of Indigenous Women and Indigenous Persons with Disabilities is grave as their conditions are often worse than women in general.


In Nepal, Indigenous Women and Indigenous Persons with Disabilities are not getting proper and timely health facilities, and facing death consequences due to restricted movement, stretched health care services and even as hospitals are refusing to admit without a Covid-19 test report. Indigenous Persons with Disabilities are encountering difficulties to maintain social distancing and follow other instructed prevention measures due to dependency on other people for daily activities and shortage of hygiene and health supplies. Similarly, cases of pregnant Indigenous Women dying from delayed treatment are being repeatedly reported in the Chittagong Hill Tracts (CHT), Bangladesh. Communities have demanded government for providing ventilators and other medical services but have not yet received any. Bangladesh Indigenous Women’s Network (BIWN) shared ‘One pregnant died on her way to hospital due to lengthy inquiry from the police. Another pregnant woman died due to no immediate access to health services. India has reported multiple cases of migrant women delivering on the way back home under the circumstances far from minimum required.’ Adhivi Women’s Network (AWN), Mainland India furthered the indigeneity of migrant women is not mentioned in any news reports mentioned above. We can only infer that some of them belong to indigenous communities telling from surnames and knowing that most migrant labourers are from indigenous and other rural communities.

Systematic exclusion and bureaucratic barriers also prevent Indigenous Peoples especially Indigenous Women and Indigenous Persons with Disabilities from being included in relief efforts and health services. Approximately half of the 50,000 Indigenous Persons with Disabilities do not possess disability registration in Manipur India and therefore cannot access benefits which aggravates their health situation during COVID-19.

Women are disproportionately on the front lines (working in healthcare and caretaker) in the world’s struggle to treat infected patients. Worse still, in countries where resources are strained, access to protective equipment, occupational safety and health protocols, adequate rest and recovery periods are impossible to be met. Women, health workers, around the globe are consequently facing both extended shifts at work and additional unpaid care work at home. We are unable to acquire disaggregation specific to Indigenous Women pertaining to the issues. We can nonetheless speculate similar holds true for Indigenous Women as health facilities are reportedly poor and insufficient in indigenous communities in many of which traditional gender roles are prescribed as the normal.

1.2. Health workers mainly at Risk

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4 Dua R. and Ghosh A. 2020, ‘24 women abroad special trains for migrants have given birth’ in Times of India on 22nd May 2020 (https://m.timesofindia.com/india/24-women-aboard-special-trains-for-migrants-have-given-birth-amp_articleshow/75886031.cms?fbclid=IwAR1GK4AhFO4Zb1jyf6v4SP1ulpRe0TS-SLoNuNsWXUBtQP6gmgC-C-mTe) 
6 OB Bureau, 2020. ‘Another Odisha Woman Delivers Baby In Shramik Special Train’ in Odisha bytes on 24 May 2020 (https://odishabytes.com/another-odisha-woman-delivers-baby-girl-in-sharmik-special-train/?fbclid=IwAR0mlkX8nOrLXuXRdHeVF5JX1ZmAMlMnx-p-DpJH7Tv5rVj5y5WS3-x2VAc) 
7 MoodoStory, 2020, Pregnant Migrant Worker delivers baby by road, then walks 150 KMs ‘Cant Someone put us on a bus? On 14 May 2020 (https://www.youtube.com/watch?v=9DJZEd80z4I&feature=share&fbclid=IwAR3x9v7oiewymsPdzH1DfJPh1ZofrVcRfeW-CuOL-ehkCp6lkj9d8U)
1.3. Limited access to related and reliable information

In most of AIPP’s member countries, lack of access to reliable information and culturally sensitive communication methods for the Indigenous communities especially indigenous Women and Indigenous Persons with Disabilities is a stringent issue posing threat to their wellbeing. It completely destitute their rights to be informed timely and accurately of the situation pertaining to the pandemic, to access relief packages and other external supports.

There are concerns about insufficient dissemination of proper information in indigenous languages. Government of Nepal has prepared Nepal Preparedness and Response Plan (NPRP) on COVID-19 aiming at disseminating the COVID-19 information however only in Nepali and English Languages. Indigenous Peoples who speak mother tongues were deprived of information as well as services like relief, health and other emergency services. National Indigenous Women’s Federation (NIWF), Nepal states ‘this leads to further marginalization’ of the Indigenous Peoples especially Indigenous Women and Indigenous Persons with Disabilities who were already marginalized in normal situation’. In India, Philippines and Malaysia, good practices have been reported, where indigenous communities utilize digital platforms such as Facebook and WhatsApp for information sharing and advocacy for external assistance. However, these practices are not applicable for communities at the very grass-root level where telecommunication is out of their reach (AIPP 2nd Survey 2020). In particular to Indigenous Women having less access to technology and related literacy, and Indigenous Persons with Disability having limited access to disability friendly technologies face continued challenges.

NEFIN’s Indigenous women representative shared that level of awareness about COVID is quite low in indigenous community in mountain region. Single or widowed Indigenous Women are facing greater issues with food and medical supplies and limited access to COVID-19 related information as their movement and supports are constrained and some of them are illiterate.

"Indigenous Peoples who speak mother tongue were deprived of information as well as services like relief, health and other emergency services."

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2. Indigenous Women & Socioeconomic Right

“Rotational agriculture or shifting cultivation is way of life as well as the source of livelihoods and food security for millions of Indigenous Peoples in Asia. Indigenous Women are the key knowledge holders and perform 70% of the rotational agriculture work.”\textsuperscript{13}. Impacts of COVID-19 on the cultural and socioeconomic sphere are the most felt and have brought straightforward consequences on their food insecurity, work rights and so on.

### 2.1. Livelihood Insecurity

As countries rolled out quarantine and lockdown measures since the virus outbreak, Indigenous Women’s lives are impacted substantially albeit at various levels. Movements have been restricted and service industries are closed, Indigenous Women are losing their jobs and means of their livelihoods. For Indigenous Peoples with access to lands, territories and resources are in fact much better conditions as they can achieve self-subsistence in time of crisis. However, their livelihoods are in peril as increasing threats to their land rights with COVID-19 as an excuse leaving Indigenous Women in dire situation.

Indigenous Women Network of the Phillipines (BAI) shared that government incessantly emphasizing on economic development granting mega projects targeting to Indigenous Peoples’ ancestral land and territories in the Philippines. The government is pushing for a stimulus package that gives priority support to big corporate business through the various bills as a solution to economic loss due to the pandemic, are being deliberated in Congress.\textsuperscript{14} In many other Asian countries, lockdown has restricted Indigenous Women to go to forests to retrieve traditional medicines and foods. Cases of harassment, charges, arrests are common as their land rights and Indigenous practices are not fully recognized especially in Thailand, India, and other countries. Despite Indigenous Women are assertive of their rights and trying every possibility to reach out.

Promotion of Indigenous and Nature Together (POINT), Highlander Association (HA) and Partners of Community Organizations in Sabah (PACOS) Trust reported Myanmar, Cambodia and Malaysia are witnessing Indigenous Peoples’ agriculture products such as coffee, cabbage and tomato have to be thrown away due to lack of buyers or restrictions of access to markets outside their communities during lockdown. They are able to sell slowly recently with gradual ease of lockdown. Similar situations are also spotted in Bangladesh and Cambodia where Indigenous Women are providing their families through small scale trading.\textsuperscript{15}

Aside from the violence, harassment, and intimidation associated with armed conflict, the presence of armed personnel in the Indigenous territories prevents livelihood practices and the harvesting of food produces from forest. In India, the Indian Armed Forces have gone against ceasefire agreements between Naga armed resistance groups, and using shifting cultivation fields for their encampments. Last but not the least, a brewing concern has been raised by multiple partners on the impact of climate change on the Indigenous Peoples especially Indigenous Women adding disruptions to the grave situations, they are already in. Indigenous Peoples are the stewards of our forests for many generations but sadly being among the most vulnerable to the climate change impacts. This has been intensified amid the pandemic’, add Nagaland Alliance for Children and Women Rights (NACWR), BIWN, BAI, HA.

> Rotational agriculture or shifting cultivation is way of life as well as the source of livelihoods and food security for millions of Indigenous Peoples in Asia. Indigenous Women are the key knowledge holders and perform 70% of the rotational agriculture work

\textsuperscript{13} FAO, IWGIA and AIPP 2015, ‘Shifting Cultivation Livelihood and Food Security. New and Old Challenges for Indigenous Peoples in Asia’


\textsuperscript{15} Information provided by BIWN and HA.
COVID-19 has severe impact on the right to employment and decent work of Indigenous Women. Indigenous women should enjoy equal rights in the world of work as any other genders and intersectional groups. During COVID-19, however, we are witnessing aggravated inequalities for Indigenous Women as when people are forced to stay at home. They are prone to be considered either less valuable for the employer or should give in as domestic duties are seen by default women’s responsibility.

Across the region, Indigenous Women migrant workers prominently in informal sectors as daily wage earners in both urban and rural spaces, have also been heavily impacted in the pandemic. They are one of the worst affected groups as compared to Indigenous Peoples having access to land and natural resources, often left without any forms of support, encountered with both institutional and socio-ideological discrimination. NIDWAN reported that spinal cord injured persons living in rented house in Kathmandu valley are facing crisis as the house owners are requesting them to leave knowing they have lost income. Similarly, three Garo Women have been tortured by house-owner in an instance took place in Kalachandpur area of Dhaka, Bangladesh as per Indigenous Peoples Human Rights Defender (IPHRD) Network.

As formal and informal service sectors close in the cities, stranding Indigenous Women are left in worst circumstances. ‘Most of the Indigenous Women working in beauty parlour are losing their jobs due to lockdown situation in Bangladesh’, BIWN representative stated. According to Indigenous Women’s Network Thailand (IWNT) representative, ‘With the limited opportunities for migrant wage labours in Thailand, Shan women are not chosen up for wage labours and left out as men are preferred over them’. As jobs decreased, affected workers without Thai ID cannot access government emergency support fund. Even among those with Thai ID, due to lack of digital skills, access to information and mobilization, some help cannot access them. Some local institutions have set up help centre at the temple distributing relief packages, indigenous women with children living outside of city cannot collect. It is also reported that people are fearing the migrant workers of having the virus. Indigenous Women’s engagement in the workforce largely fall in the informal sector, their legal rights to equitable benefits are undoubtedly curtailed.

Indigenous Women should enjoy equal rights in the world of work as any other genders and intersectional groups. During COVID-19, however, we are witnessing aggravated inequalities for Indigenous Women as when people are forced to stay at home.
Likewise, migrant returnees are often forced to walk home, facing harassment, hunger, death and intimidation by security forces. Migrant returnees working across borders, such as India/Nepal and Thailand/Myanmar, have found themselves stranded in border regions in destitute conditions with limited access to basic amenities. These “quarantines” are crammed and there are reports of people fleeing the conditions and even committing suicide. Indigenous Women with specific needs like pregnant, breast feeding mothers, and with infants and children are facing extra engendered challenges. There has been reported cases of harassment, violence, and rape in these quarantines shared AWN, Mainland India representative.

‘Migrant returnees managed to get back home, they are stigmatized and discriminated, if not community efforts are already strained due to a lack of governmental support, the impacts of lockdowns and travel. These strains are facing increased stresses due to reverse migration to indigenous areas from urban spaces’ shared Interstate Adivasi Women’s Network (ISAWN). With spiking cases of COVID-19 in Nepal and India, AIPP is concerned with the indiscriminate spread of COVID-19 in migrant populations and their communities.

Indigenous Women are often deemed default care providers (often unpaid) for family members and communities. Schools are closed, and classes and exams are being held online due to COVID-19. Many indigenous children are left behind as they cannot access proper technology. Mothers are left with extra burden to take are of these issues of looking after family members, and child education and, are stressed especially if they are illiterate. If there are sick and elderly in the family, responsibilities to take care of them often automatically fall on women’s shoulders. Their domestic contributions are often unnoticed given the gendered construction of care work even when they are meanwhile generating income for the family.

"Indigenous Women are often deemed default care providers (often unpaid) for family members and communities."
3. Indigenous Women & Gender-Based Discrimination

A shadow pandemic arises concomitantly as we witness an astonishing growth in gender-based discrimination and violence against Indigenous Women stretching from domestic to nearly all sphere of the society.

3.1. Domestic Violence & Other Gender-based Violence

Violence against Indigenous Women (VAIW) is solemn human right violation and often used against them as means to exercise power and suppress their voices leaving immediate and long-term impacts. The number complaints against gender-based violence against Indigenous Women and Indigenous Persons with Disabilities have absolutely increased though during COVID-19 in many Asian countries. Further, our Indigenous Women representatives, member organizations and networks have doubts in the actual numbers of cases reported and suspect more Indigenous Women kept silence on these issues’ due to social stigma and threats. Through media monitoring, AIPP under IPHRD Network collected more than 33 cases of violence against Indigenous Women from January to June 2020 in Bangladesh. Out of them, 18 were reported in the plains and 15 in the Chittagong Hill Tracts (CHT). NIWF shared ‘An eight-year old Indigenous girl was raped and killed in Nepal, yet the reported reason was that she fell off a tree’. Cases of VAIW are also being repeatedly reported in Bangladesh.

The movement restrictions, force to locked down with abusive family members, intensified stress, increased alcohol consumption among others have caused the heightened number. However, nearly none of them have detailed disaggregated data or reports expect a few sweeping figures.\(^\text{16}\)

The economic centred development aggregation is key for violation of Indigenous Peoples’ right to lands, territories and resources, and forcibly becoming displaced persons and refugees. The COVID-19 pandemic has upended lives everywhere, but hits hardest those who have the least, including refugees and displaced persons. For them, the dangers have compounded. The displaced peoples are not only facing risks of destitute, having limited access to water, overcrowded camps, poor sanitation systems and health facilities, but also violence wielded against them under the convenient of the ‘lockdowns’.

Of grave concern is Myanmar, which has the highest population of Internally Displaced Persons (IDPs). The Kachin, Northern Shan, Kayah and Rakhine States have the largest populations of IDPs due to the recent intensification of fighting in Rakhine and Chin states, and clashes in northern Shan and other parts of the country. Quarantines and other restrictions on movement have begun to disrupt the service provisions for survivors. It also affects the monitoring, reporting and outreach works of international and multilateral organizations such as United Nations entities mandated to gather information, verify violations and enhance compliance by both State and non-State parties with international obligations, including relevant security council resolutions. This has led to an increased risk of sexual and gender-based violence and exacerbated structural, institutional, and sociocultural barriers to seeking redress for such transgressions.\(^\text{17}\)


Numerous reports of military linked abuses from the CHT, Bangladesh, regarding the arbitrary detention and harassment of 34 individuals including the physical torture of 17, the killing of three Jhum cultivators and the death of a pregnant Jumma woman. Further, a Jumma woman was killed and her child was injured in an indiscriminate army firing in the name of capturing terrorists in CHT.\(^{18}\)

Governments have used COVID-19 to intensify militarization and targeted Indigenous activist, advocates, and defenders for struggling for their rights in many Asian countries. The Philippines, Indigenous Peoples including Indigenous Women are already struggling with historical discrimination further aggravated by negligence for social service and attack on their ancestral lands. The red tagging, criminalization, threatening and repressions of Indigenous Women Human Right Defenders (IWHRDs) by security forces are adding salt to the wound preventing vital aid and support programs from reaching vulnerable Indigenous communities in the midst of armed conflict. In Mindanao, Gloria Tomalon, an Indigenous Women leader was arrested and detained over trumped-up charges. Similarly, on April 23, another case was led against Lumad human rights defenders including Renalyn Tejero and Gary Payac of Alternative Learning Center for Agricultural and Livelihood Development, Inc. (ALCADEV) Lumad school. Instances such as these are not isolated events, the human rights situation in the Philippines requires urgent attention.\(^{19}\)

The BAI has documented several cases of threats, intimidation, and harassment from security forces of their women leaders, preventing them from providing aid, assistance or collecting food produce from swidden fileds.

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\(^{18}\) Hill Voice, 2020 ‘A woman killed and 1 child injured in the army firing in Rowangchaari, 4 detained’ on Hill Voice on 11 July 2020 (https://hillvoice.net/a-woman-killed-and-1-child-injured-in-the-army-firing-in-rowangchhari-4-detained/?fbclid=IwAR217RQwe0w1lYiOZuvLDFWCs9DrW-6CFHiXpmByswunLkJWTDpTfTswiatMrY)

\(^{19}\) NIWF, NIWF, INWOLAG, NIDWAN, INYWN, 2020. Report on 'Indigenous Women’s of Nepal on COVID 19' submitted to the UNSRIP.
The discrimination that Indigenous Women and Indigenous Persons with Disabilities have been enduring for a long term and the COVID-19 has exposed the risks imposed on them through discrimination and social unjust acts. Pandemic has exemplified the consequences in multiple aspects damaging their wellbeing and rights and intensified stigmatization merely based on their gender and indigenous identity resulting in a series of severe ramifications. Such treatment can negatively affect those with the diseases, as well as their caregivers, family, friends and communities. Few of them are reluctant to seek for treatment or getting tested fearing the imposed social stigma.

"Pandemic has exemplified the consequences in multiple aspects damaging their wellbeing and rights and intensified stigmatization merely based on their gender and indigenous identity resulting in a series of severe ramifications."

People who don’t have the disease but share other characteristics of COVID-19 also suffer from stigma. Indigenous Peoples particularly Indigenous Women from Northeast India have been repeatedly reported being harassed and/or attached in their destination cities with alleged racial abuse by calling them “chinky Chinese” and “Corona virus” as they share the “mongoloid” features of East Asians. 20 21 22 NACWR representative states ‘There remain many unreported and compromised cases in addition to numerous exposed ones indicating the scourge of racism escalated during the pandemic’. Alana Golmei, a lawyer and activist running the North East Support Centre and Helpline, has commented: “When it comes to racial abuse, both men and women are faced with it but Indigenous women are more vulnerable, because perpetrators feel they can get away with it without getting into a fight. 23

Issues of mental health crisis bringing us to the alert to grave consequences of this pandemic. NIWF, has reported more than 1,200 suicide cases within 88 days of lockdown and the number is increasing everyday in Nepal. In Thailand, cases of Indigenous Women’s suicide is increasing because of the stress they face and its increasing during pandemic as shared by IWNT representative. As the pandemic has hit humanity in nearly all aspects of their lives, it is comprehensible that increasing number of people are suffering mentally from coping with all degrees of impacts brought to them.

Most of AIPP’s members and partners see in multiple occasions that Indigenous Peoples do not have access to government relief packages owing to intersecting reasons. In Thailand, Indigenous Women cannot access to relief provision as they live outside town and have to stay home to take care of children; in Malaysia, relief packages are not reaching single mothers and single women as the provisions are only given to the head of households. In the Philippines, evacuees in Haran are left vulnerable due to food shortage and exclusion from receiving relief aid from local government. Indigenous Women and Indigenous Persons with Disabilities are the most affected as ‘Multiple and intersecting identities of these individuals overlap, intensifying existing issues, excluding them from COVID-19 response strategies and placing them in the most vulnerable position in their nations’.

3.4. Exclusion of Indigenous Women and Indigenous Persons with Disabilities

“Multiple and intersecting identities of these individuals overlap, intensifying existing issues, excluding them from COVID-19 response strategies and placing them in the most vulnerable position in their nations”

Responses from the Ground

Indigenous Women’s organizations and networks across many member countries have led the proactive strategies directed at supporting their communities, neighbours, and families differently.

![Relief of Health and Livelihood Impact and Resource Mobilization:](image)

Indigenous Women have weaved masks, made sanitizers (Thailand, India), continued to harvest Non-Timber Forest Products (NTFPs) including medical plants to provide for their families. In most of the member countries, Indigenous Women’s organizations and networks are working closely with communities to sensitize people of COVID-19, providing relief materials, help stranded migrants to return home and so on. ISAWN shared Indigenous Women are utilizing their creativity and produce herbal hand sanitizers made from Mahua flower thriving in tribal belts of central India. Many women Self Help Groups (SHGs) are also making face masks and supply them to the government, not only generating income but also helped the country in fighting the pandemic. There is also the revival of the practice of barter system as women go to different villages and sell their products in exchange of needed goods instead of money. Across the region, Indigenous Women have formed collectives to distribute assistance packages to vulnerable peoples. In Bangladesh, continue to harvest NTFPs including medicinal plants to provide for their families.

Perempuan Aman and their local chapters in Indonesia are using their Indigenous Knowledge for enhancing food security. COVID-19 effect period is still unpredictable, so they are collecting, processing, and storing food of their families, communities as well as neighbouring communities. As the double blow of COVID-19 and the Super Cyclone Amphan falls into areas, community-based women’s organizations are leading their people through recovery by engaging women in the response and planning in Bangladesh.

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As some countries are also caught in between war, disasters and the health crisis, Indigenous Women are, again, leading the roles of raising awareness and mitigate impacts for their fellows. NIWF developed the awareness material, translated in 43 Indigenous languages and widely broadcasted in collaboration with media houses. ISAWN further added, Adivasi Shramik Mahila Mandal (Indigenous Working Women Union) and the Maharashtra State level Women Unit of the Adivasi Ekta Parishad (National Forum of Indigenous Peoples in India) creatively spread awareness through Warli indigenous wall paintings on walls and public spaces with the help from other civil society organizations in Maharashtra.

Figure 3: Indigenous Women making Mahua based hand sanitizer in Madhya Pradesh, Jharkahnd Chhattisgarh, Odisha.
*Photo: ISWAN*
In Thailand, organizations such as Partners Relief & Development, Mae Sot are working with Karen migrant women to help relief the impacts of the health crisis. Besides providing essential food and other relief materials, Indigenous Women working for the organization (receiving a fair wage) are sewing reusable feminine hygiene packs for women and girls who are too financially stricken to afford this important hygienic product.26

“\nIn Thailand, organizations such as Partners Relief & Development, Mae Sot are working with Karen migrant women to help relief the impacts of the health crisis.\n”

Educating children:

Amid government’s neglect of education in some indigenous communities, collective culture and determination propelled Indigenous Peoples particularly Indigenous Women to seek alternatives to uplift their communities. They are taking care of children’s education by self-mobilized Indigenous Youths, establishing free alternative learning schools which revives Indigenous Knowledge, cultural and political system education as well as inter-generational Indigenous Knowledge exchange besides teaching regular academic subjects.

Among all the Indigenous Women proactively fight against the pandemic, IWHRDs in the Philippines are one of the most outspoken and resilient. Despite intensified vilification and harassment against indigenous leaders including women and their humanitarian efforts, Indigenous Women do not take defeat as an answer and stand solid on their roles of being the voice of their communities. Not only Lumad Women are struggling generations over generation on their ancestral domain, rights and self-determination but also disseminating information on the coping with COVID-19. Such roles are not new in their communities mentioned Bai.

Figure 6: Lorena Mandacawan, head of the health committee in the sanctuary, explains to fellow Manobos the need to wear mask to protect from COVID-19.


Across the member countries, we are observing the resourcefulness and strength of Indigenous Peoples especially Indigenous Women and their ability to organise and unite in times of distress through the forming of strong solidarity networks. Indigenous Women have been collaborative and proactive to the COVID-19 pandemic, activating indigenous and creative collective strategies as well as national networks used to respond to natural disasters. The hard work and contributions of Indigenous Peoples’ organizations are likewise non-negligible. For instance, NIDWAN in close collaboration with different government and non-government organizations at national and international level is distributing relief packages and conducting peer support program in Nepal. Such collaboration and synergy are also reported by NACWR in Northeast India where Indigenous Women’s Organizations are working together with CSOs as well as government in ameliorating adverse impacts on Indigenous Peoples.

Lessons Learnt for Indigenous Women in the Post-Pandemic World

- Community collaboration & collectivism plays an indispensable role in the successful fighting against health crisis like COVID-19. As exemplified by the ground situations in our member countries, it is not always timely, if not totally unavailable, that government aid can reach grassroot communities. From experiences, we know that disaster recovery come from a collective, rights-based responses that prioritize the needs of those made most vulnerable in crisis.

- There can be a wider acknowledgement of indigenous way of life (Indigenous Knowledge, sustainable management and use of resources and biodiversity, generational mindset, respect for elderly, inclusive education system, among others.) to deal with the crisis time. There is growing evidence that Indigenous Women hold important roles in contributing to sustainable way of living, effective strategies to cope crises and nature based solution to climate change.

- Division of labour has the potential to be made substantively equal (share of domestic care responsibilities, social, reproductive and productive roles among genders). With so many organizations globally shifting to flexible work arrangements, it is clear that the working modality which allows for greater balancing of work and care responsibilities, is possible. Equally, as we have shown that Indigenous Women are an essential part of health and service work, fathers and men can readily assume primary or shared caregiver roles post-crisis.

- Post-pandemic recovery will hopefully lead to an expansion of rights and participation of Indigenous Women and Persons with Disability in public affairs so that we are more resilient to future such crises. They have proved in time of crisis their leadership capabilities and resolution. They, as right holders, can certainly be more proactive change agent and development partners in the bigger picture post-crisis.

- There should be increased recognition, documentations and dissemination of Indigenous Women’s contributions in pre, during and post societal crisis NIWA, and its member countries have provided ample accounts in which Indigenous Women and Persons with Disabilities are not only actively helping in time of crisis but also proactively assuming the role of leading their counterparts out of predicaments.

- We have the opportunity to shape the “New Normal” post COVID-19 of which the paradigm will be shifted from a monologue of the powerful into one that is inclusive and respectful of the voices of the marginalized and invisible Indigenous Women and Indigenous Persons with Disabilities.

"NIWA, and its member countries have provided ample accounts in which Indigenous Women and Persons with Disabilities are not only actively helping in time of crisis but also proactively assuming the role of leading their counterparts out of predicaments."
Call For Actions

AIPP and partner organizations urged to:

- Ensure information with culturally sensitive and equal access to all grassroots Indigenous Women, Persons with Disabilities and our communities on awareness raising of health practices and their endowed rights.

- Apply intersectional approach which are gender, disability and socio-cultural friendly to provide effective measures during self-isolation, quarantine, and lock down and in all hospitals and other services providing spaces, and beyond pandemic.

- Ensure culturally sensitive and gender disaggregated research and documentation to safeguard Indigenous Women and Persons with Disabilities situations to be recognized and tackled. Likewise, inclusive and culturally sensitive policies, its implementation, monitoring and follow-up should be ensured.

- Prioritize health and other vital social services such as education, housing, social protections, measures to promote Indigenous Women and Persons with Disabilities wellbeing. Discrimination and violence reporting/assisting mechanisms, phyco-social counselling services should be made essential to Indigenous Women and Persons with Disabilities during crisis and after math.

- Create livelihood opportunities recognizing Indigenous Knowledge and Practices (such as NTFPs, weaving, handicrafts and so on) and encourage Indigenous Women entrepreneurship to prepare and capacitate them during post crisis.

- Ensure genuinely democratic participation of Indigenous Women and Persons with Disabilities in governance and development processes including customary institutions and any other decision-making platforms. Recognize our identity, intersectionality, rights to self-determination, land rights and autonomy in natural resource management which will support us to be resilient and self-sustained in future crisis.

- Institutionalize free, prior and informed consent (FPIC) to protect collective rights and ways of life of Indigenous Peoples and Indigenous Women as FPIC remains applicable during the pandemic. Reinforce efforts to combat racial, gender and disability discrimination, whilst recognising intersectional discrimination through the inclusive policies and practices.

- Recognize, protect, and replicate Indigenous Women’s Indigenous Knowledge and practices that offer nature-based solutions to global challenges. Stop the criminalization of our skills, Indigenous Knowledge and practices, considering a moratorium on extractive mining, oil and logging activities, industrial agriculture, as aggressive and destructive development initiatives in our ancestral lands and territories.

We also call on the UN bodies to:

- Ensure stronger mechanism for holding development actors and government accountable for all its decisions and actions that violate the Indigenous Peoples’ economic, social, and cultural rights.

- Forge social and gender just responses to the pandemic as we brace for recovery from economic crisis, power-grabs, militarization, discrimination, and racism and so on. It should be right based (basic human rights, legal rights, land rights and so on) and comply with international human rights standards ensuring Sustainable Development Goal 5 to achieve gender equality and considering it as cross cutting issues across all the goals. To achieve this and to prevent violence against Indigenous Women, increase access to quality response services for survivors, it is vital to work in close collaboration with government, civil society organisations, communities, and other partners.

"Stop the criminalization of our skills, Indigenous Knowledge and practices, considering a moratorium on extractive mining, oil and logging activities, industrial agriculture, as aggressive and destructive development initiatives in our ancestral lands and territories."
A joint publication of Aisa Indigenous Peoples Pact (AIPP) and Network of Indigenous Women in Asia (NIWA)

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