



Global Report



Leave No Woman Behind

Impact of COVID-19 on Women and Girls

Facing Multiple Discrimination



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Researchers:

George Gelber, Sylvia Beales, Lee Macqueen, Beena Pallical, Pragya Rai and Richa Pradhan

Overall Guidance:

Ingo Ritz, Director, GCAP and Kyerewa Asamoah Sekpey , Leave No Woman Behind Project Coordinator, GCAP

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Coordination:

Pradeep Baisakh , Asia Coordinator, GCAP

Editing:

Pradeep Baisakh, George Gelber and Sylvia Beales

Communications Support:

Johannes Butscher, Communication Officer, GCAP

Designing:

Rajesh Singh

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FACES OF
INEQUALITY

Director's Message

Dear readers,

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omen and girls facing multiple discrimination are amongst the most neglected, invisible and voiceless in the world, the most underrepresented and among the poorest - suffering chronic hunger, poverty and violence on a daily basis. The "Leave No One Behind" principle of the Agenda 2030 is specified with "the furthest behind first". These women and girls are among the furthest behind.

COVID -19 has made the situation for marginalized women worse and more difficult. Global inequalities in social protection and health have hit marginalized women especially hard. When age, disability, low status work and ethnicity are added to their gender, women face multiple discrimination. They are most affected by lockdowns and loss of income, as many work in the informal sector; they have little or no social protection; and encounter increased violence at home and on the streets. Very few are being vaccinated.

This vaccination inequality is part of the pattern of global injustice which became even worse during the crisis. Participation of women suffering multiple discrimination in political processes has been additionally hampered by the lack of connectivity for virtual participation and by the scarcity of disability friendly internet requirements.

The "Faces of Inequality" campaign exposes and fights against inequalities, with a focus on the impacts of extreme wealth and extreme injustices at national and global level. It takes a hard look at inequalities and gives people and their organisations a face and a voice.

GCAP coalitions worldwide work in cooperation with organisations of marginalized women. Ending gender inequality is the number one condition to end poverty and to achieve the Agenda 2030. Many of these women experience double or multiple discrimination. This report gives them a voice: older women, women with disabilities, women of communities discriminated by work and descent, indigenous women. Experiences of women migrants and refugees and widows are included in the overview chapter.

We are not talking about small groups. Older women are the fastest growing population group worldwide. Women and girls with disabilities number more than 600 million. Indigenous women and girls are over 200 million and about 130 million women and girls are from communities discriminated by work and

descent. Discrimination due to age, gender, disability, ethnicity and descent intersect and overlap. Roughly calculated there are more than one billion women facing multiple discrimination. They are poorly represented by political institutions, and are largely ignored by the private sector and even by civil society. Women's organisations are often led by middle class women. Organisations of marginalized people are often led by men. "Leave No Woman Behind" is about changing this unjust situation - by supporting marginalized women to be active in political processes from the local to the global - and by ensuring their leadership in order to make the "Nothing about us without us" principle a reality.

Let me express my gratitude to and respect for the women fighting for their rights and their voice whom I have been fortunate to meet in villages and national and regional meetings in Africa and Asia and in UN events. Despite persistent patriarchy and authoritarianism, something great is happening – the confidence, strength and leadership of these women and their institutions continues to grow!

The « Leave No One Behind » principle could easily become an empty slogan. There is a danger that systemic issues are forgotten. For GCAP it's clear that this is a political fight for justice and compliance with human rights obligations. Tax injustice - especially tax evasion and avoidance of multilateral companies - is one example of global injustice and a reason why the Global South does not have enough national resources for social protection; and a reason why governments worldwide, but especially in the Global North, must take the lead in changing the system.

Therefore, the struggle has to continue at different levels to generate political will for change. GCAP brings together those who are fighting these issues, putting its coalitions of civil society organisations – including those of marginalized groups and of women facing multiple discrimination – at the centre.

I thank all the contributors to the report – especially the women and girls who have spoken about their lives, and the partners who contributed to this report: Ghana Federation of Persons with Disabilities (GFD), AMASBIF in Mali, Polycom Development Project in Kenya, SDGs Kenya Forum, Asia Indigenous Peoples Pact (AIPP), Network of Indigenous Women in Asia (NIWA), National Campaign For Dalit Human Rights (NCDHR), Asia Dalit Human Rights (ADRF) and Global Forum for DWD (GFOD).

I thank the researchers and report writers, George Gelber and Sylvia Beales, Lee Macqueen, Beena Pallical, Pragyaa Rai and Richa Pradhan. I thank Sylvia Beales and George Gelber of BealesGelber Consult as well for the support in editing. Also I would like to thank Kyerewa Asamoah, the Leave No Woman Behind project coordinator, and Pradeep Baisakh, the report editor and coordinator, who have done a great job in bringing these voices together, and also Johannes Butscher for the communications support and Rajesh Singh for designing the report.

I hope that this report is a wake-up call for many of us – and an encouragement for all women in their ongoing struggle for voice, human rights and dignity!

Ingo Ritz, Director

Global Call to Action Against Poverty (GCAP)

July 2021

Executive Summary

Novel Coronavirus or COVID-19 pandemic startled the world with its uniqueness, reach and impact. As an X-ray displays illness, the COVID-19 pandemic has exposed the ugly consequences of existing socio-economic, civil and environmental inequalities of women, already subject to various forms of discriminations. While women in general are facing new challenges like the massive loss of jobs in informal sectors, increased domestic violence, rising poverty, hunger and inequalities etc., the difficulties of women with double and multiple-discrimination are inexplicable. This is apart from the deaths and illness which have been caused due to the virus. Women from the indigenous communities, women from communities discrimination based on work and descent (DWD) communities, women with disabilities, elderly women are going through the ordeal, which needs to get the central attention of the policy makers.

This global report on Leave No Women Behind (LNWB) has been prepared as part of GCAP's Faces of Inequality Campaign. It has highlighted the intersectionality of gender-identity of the indigenous communities, women from DWD communities, women with disability and the similar during and post- pandemic period. The study consists of four papers. First is the global overview describing multiple discrimination and exclusion women from various marginalised groups faced during the pandemic. The second paper deals in detail the inequalities, indignity and violence the women from DWD communities across the world faced. The third paper details out the problems of women with disabilities in Africa. And the fourth paper delves into the condition of women from the indigenous communities from Asia who were not only wrenched in poverty but also various kinds of human rights violations including violence by the state. The focus of study is: social protection floors of the government - accessibility and realization, and violence against women by the state and non-state actors during the pandemic. The study give sets of recommendations for "building forward better".

The World Bank has described COVID-19 as "a **heat-seeking missile** speeding toward the most vulnerable in society."¹ What does the World Bank mean by vulnerability? The World Bank paper equates vulnerability with poverty but, while poverty is indeed a vulnerability, there are other groups

¹ Philip Schellekens; Diego Sourrouille. COVID-19 Mortality in Rich and Poor Countries - A Tale of Two Pandemics? World Bank. Policy Research Working Paper 9260.

<https://documents.worldbank.org/en/publication/documents-reports/documentdetail/559181590712052524/covid-19-mortality-in-rich-and-poor-countries-a-tale-of-two-pandemics>

who carry additional vulnerabilities. Women are the first and the largest group. Their vulnerability, differing across different societies, stems not from physical frailty, but entrenched attitudes of patriarchy and misogyny in the society around them that permit and enable discrimination and unequal treatment. Likewise, the limitations experienced by people living with disabilities, especially women and girls, should not in themselves make them vulnerable – again the cause of their vulnerability is the discrimination that flows from entrenched attitudes and beliefs and denies them the rights and resources they need to thrive. In all countries and regions poverty and discrimination interact with each other in a vicious circle, with discrimination intensifying poverty which in turn intensifies exclusion and further discrimination. Disabilities, old age, widowhood, an ethnic identity, location, a particular occupation or status, such as Dalits in south Asia or similar communities discriminated based on work and descent (DWD), can all combine and intersect to intensify discrimination. Gender and disability multiply negative impacts – women and girls with disabilities are among those most left behind in terms of health and social care, social protection and services.

The poor have much greater exposure to disease due to inadequate housing and overcrowding, vulnerable working conditions, high levels of air pollution, poor sanitation and water availability and lack of access to education of any kind, let alone quality education. Migrant workers as well as all those in informal work situations are particularly affected. In many places, minorities or migrant workers have also been made scapegoats and have been the object of hate speech and threats.

Whilst research and analyses are focusing the global economic losses in a bigger way and the challenges ahead of the governments and policy makers, it is important to throw light on the plight of the poorest and marginalised peoples who were disproportionately impacted owing to their



Meeting during the International Women's Day in Ghana in 2018

occupation and descent. This discrimination is based on work and descent (DWD) that operates on the principles of purity and pollution, and thereby gets thrust upon certain communities by virtue of birth into certain groups and remains attested throughout the lifespan.

Discrimination based on Work and Descent (DWD) is the UN terminology for structural and hierarchical systemic discrimination. 'Work' here refers to coerced occupational specialisation in locally stigmatised forms of labour, for example, sanitation, death work, leatherwork, devalued musical and performance traditions, 'slave occupations.' The 'descent' here refers to the inescapable, birth-based criteria of social structure enforced and sustained through endogamy.

In most cases, gender discrimination intersects with their occupation and descent, putting women from stigmatised and excluded communities in a multiply disadvantageous and vulnerable position. In many cases, the DWD communities are not recognised as such by their governments, and therefore, lack targeted policies and programmes for their welfare and development. In the African continent, they are called Shambara in Somalia, Osu Oru in Nigeria, Haratine in Mauritania and, Scheduled Caste (Dalit) in South Asia, and Roma, Gypsy, Sinti women across Europe, the Quilombolas in Brazil, Latin America, and the diaspora communities settled in different parts of the world.

Like any disaster, COVID-19 exacerbated the pre-existing vulnerabilities and further marginalised these communities. The governments provided for immediate relief in cash and in kind, augmenting the social protection floors following the lockdowns in general. However, available literature points to the gross inadequacy of relief assistance, low realisation of entitlements by the DWD communities, continued violence against the DWD women. Across regions, the DWD communities are typically embedded in the informal sector and subjected to disenfranchisement in the absence of identity documents, without which they cannot benefit from welfare schemes.

In Sri Lanka, the tea workers are considered the DWD community, who work under exploitative conditions. News reports suggest the insufficiency of coronavirus public health measures and lack of water and sanitisation facilities for the women workers. There are instances where such families lived empty stomach off and on during the pandemic and were limited to a 10"x2" room. In India, the internal migrants walked hundreds of kilometres together during the shutdown in 2020 to reach home from their work places. Most of these people belong to Dalit or indigenous communities. In one instance, a migrant woman while walking gave birth to a child on the roadside, and then continued walking with her family.² It cannot be confirmed which community she belonged to. A study suggested the disruption and restrictions to reproductive health services, stopped in Bulgaria, Romania and Serbia, affected some communities more than others, including the Roma women. Globally, the DWD women for their participation in casualised labour and unpaid care jobs have been impacted unequally during the pandemic.

Social protection schemes should be in place in the wake of the pandemic to help communities survive with dignity. This requires a long-term financial commitment to COVID-19 recovery plan that is based on social justice, equity and rights based-approach for community resilience.

Across Africa, COVID-19 has imposed heavy burdens on women already struggling to combine paid work, domestic chores and child care – burdens which are made more difficult by poverty and entrenched patriarchal attitudes. Impacts of COVID-19 on women in Africa include reduced access

² <https://timesofindia.indiatimes.com/city/indore/madhya-pradesh-woman-gives-birth-on-roadside-and-marches-on-for-160km/articleshow/75654249.cms>

to health services, including maternal health; increased exposure to domestic violence in lockdowns; the burden of caring for the sick; and loss of income without compensation as opportunities for work in informal sector dry up. This is true also for the women with disabilities in Africa.

In Ghana, Kenya and Mali approximately one in five of the poorest people have a disability. Poverty and marginalisation are compounded when gender, age and disability intersect, contributing to extreme vulnerability. Across their life course persons with disabilities tend to be significantly poor on many levels, and in technical reports are described as 'poor multidimensionally'.³ Evidence gathered by GCAP partners in these three countries demonstrates that women and girls with disabilities who are chronically poor and who are begging can be victims of human trafficking and exploitation, lured from the streets where they beg by promises of employment, accommodation and a meal per day.

There are no comprehensive statistics on the impact of COVID-19 on women and girls living with disabilities in Africa. Poor data are a consequence of and a causer of invisibility, lack of voice and human rights abuses. Despite this, there is mounting evidence that violence and prejudice against women and girls with disabilities has increased during the pandemic, to the extent that UN Women has described this violence as a *shadow pandemic*.⁴ COVID-19 adds an additional set of issues to the multiple discrimination experienced due to age, gender and disabilities. Already vulnerable and stigmatised before COVID-19, enforced lockdowns, curfews and increased dependence on others have increased risk, violence, poverty and abuse of the women and girls with disabilities.

Invisibility, stigma and marginalisation of women and girls with disabilities lead to multiple discriminations and violence, often perpetrated by those closest to them. Governments across Africa are failing to adhere to their commitments framed by the Convention of the Rights of Persons with Disabilities (CPRD) and national and regional legislation derived from the CRPD, and to implement policies according to its provisions.



³ <https://pubmed.ncbi.nlm.nih.gov/28501322/>

⁴ <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19#:~:text=UN%20Women%2C%20the%20United%20Nations,the%20COVID%2D19%20health%20crisis.>

The pathway to change is to listen to the voices of women and girls with disabilities, ensure their rights are implemented and include them in all policy arenas.

Indigenous people are estimated to be around 410 million constituting 5% of global population. There are 260 million Indigenous people in Asia with 2000 distinct civilizations and languages. Majority of indigenous Peoples in Asia have faced historical suppression, marginalization and socio-economic and political discrimination with no legal or constitutional recognition. Indigenous Peoples are highly represented in the poorest segment with high dominance in the informal economy. They have limited access to social protection measures where the existing policies are inadequate to enhance their access, and full and effective participation. Indigenous Peoples' rights are recurrently violated with no legal recognition of their collectivism, self-governance, identity and culture. Development aggression in most of the Asian nations has destroyed and dispossessed Indigenous Peoples from their ancestral land, territories and resources.

The onset of COVID-19 has reinforced the existing inequalities and marginalization of indigenous communities within which indigenous women and girls, and indigenous persons with disabilities and the elderly group are the most affected groups. The main underlying causes behind are their disadvantaged position in the labour market, high poverty, limited access of infrastructure and public services including water and sanitation and their enhanced vulnerability to climate change.

Indigenous communities' vulnerability to COVID-19 escalated due to their limited access to health services and information regarding the virus and relief packages. It was furthered aggravated with the restriction on mobility, lack of transportation, non-availability of information in native language and testing services. Indigenous women migrant workers are in worst economic situation due to loss of employment, and there has been reports of hunger, torture and violence. Indigenous women and children in some Asian countries were deprived of social protection measures and relief packages due to lack of their legal documentation and recognition.

Despite the spread of the virus, development projects and military operations continued in the Philippines, Myanmar, India and Bangladesh which created a worse situation for indigenous Peoples, specifically indigenous women who are the most vulnerable and at risk. The land grabbing



of indigenous territories by the development projects increased during lockdown. The human rights of indigenous leaders and women were violated through red-tagging, vilification, illegal arrest, detention, killings and sexual assaults. There is an escalation of attacks on indigenous human right defenders by state during the lockdown period among which many are indigenous women defending for their rights.

We have sought to highlight and give attention to the voices and recommendations of the women, too often marginalised and invisible, to whom his report is dedicated.

Recommendations

- ❖ Social protection schemes should be put in place in the wake of the pandemic to help all communities survive with dignity. This requires a long-term financial commitment to Covid-19 recovery plans with social protection at their centre, based on social justice, equity and rights based-approaches for community resilience.
- ❖ Governments should guarantee equal access to vaccines, basic health services and participation in recovery programmes without discrimination, and should ensure that data disaggregated by age, disability, ethnicity, location and poverty status are made available to monitor these commitments.
- ❖ The Covid-19 pandemic must not be allowed to excuse lack of action on the SDGs. Rather it should be seen as a wake-up call for greater action. The SDGs link economic and social priorities with the call for urgent environmental measures to tackle our climate, biodiversity and pollution crises. They provide the framework for policies to ensure the well-being of all people, across the life course and in all their diversity, and are a guide to the creation of genuine and accountable global partnerships, founded on human rights principles, for sustainable development, redistribution and decisive measures to reduce inequality between and within nations.
- ❖ All states must adhere to human rights commitments, and adopt and adapt policies, laws, programmes and budgets accordingly. These include the CRPD (Convention on the Rights of Persons with Disabilities) and the Declaration for the Rights of Indigenous Peoples, and the ratification of ILO Conventions, Protocols and social security guarantees relating to migrant workers, indigenous people, wage protection, domestic workers, health provisions for workers and the social protection floor.
- ❖ Fully disaggregated data is urgently needed on the impact of Covid-19, especially on women experiencing discrimination. Poor data are a consequence of and a cause of invisibility, lack of voice and human rights abuses. For example there are no comprehensive statistics on the impact of COVID-19 on women and girls living with disabilities in Africa. Despite this, there is mounting evidence that violence and prejudice against women and girls with disabilities, of all ages and ethnicities, has increased during the pandemic, to the extent that UN Women has described this violence as a shadow pandemic.
- ❖ Priority must be given to tackling inadequate housing, overcrowding and ensuring access of all without restrictions to essential services. People living in poverty are more exposed to disease by inadequate housing and overcrowding, vulnerable working conditions, high levels of air pollution, poor sanitation and inadequate water availability

and lack of access to education of any kind, let alone quality education. Migrant workers and women, men and children working in the informal economy and in precarious employment are particularly affected. In many places, minorities or migrant workers have been scapegoated and have been the object of hate speech and threats.

- ❖ Ensure meaningful representation of older women, women with disabilities, indigenous and DWD women in national, regional and international political and financial processes.
- ❖ Policy makers must focus on the on rising poverty, hunger, violence and inequality faced by women from indigenous communities, women from DWD communities, women with disabilities, and older women. Adding to the risk of death and illness during the pandemic, discrimination against women based on ethnicity, age and disability has increased, rooted in entrenched attitudes and beliefs that deny them the rights and resources they need to thrive.
- ❖ There must be a greater focus on DWD people and communities who are disproportionately impacted owing to their occupation and descent. Discrimination based on work relates to particularly stigmatised forms of labour, which certain groups are coerced into performing, for example, sanitation, dealing with dead bodies, leatherwork, devalued musical and performance traditions, 'slave occupations.' The 'descent' (in Discrimination based on Work and Descent) refers to the inescapable, birth-based criteria of social structure enforced and sustained through endogamy – the custom or obligation of marrying only within the limits of a local community, clan, or tribe. Gender exacerbates discrimination based on occupation and descent, putting women from stigmatised and excluded communities in an especially disadvantageous and vulnerable position, as their work in casual labour and unpaid care jobs has been severely impacted by the pandemic.
- ❖ Special support should be given to older women and women with disabilities who are struggling to combine paid and casual work, domestic chores and child care – burdens



made more difficult by poverty, stigma and entrenched patriarchal attitudes. Impacts of Covid-19 on older women and women with disabilities in Africa include reduced access to health services, including maternal health; increased exposure to domestic violence in lockdowns; unrelieved burdens of caring for the sick; and loss of income without compensation as opportunities for work in the informal sector dry up. In Ghana, Kenya and Mali approximately one in five of the poorest people have a disability. Evidence gathered by GCAP partners in these three countries demonstrates that women and girls with disabilities of all ages who are begging can be victims of human trafficking and exploitation, lured from the streets where they beg by promises of employment, accommodation and a meal per day.

- ❖ Attention must be given to the inequality and marginalization experienced by Indigenous Communities, among whom women and girls, and persons with disabilities and older women are the most affected. Indigenous people are estimated to be around 5% of the global population, or 410 million, with 260 million indigenous people, with 2000 distinct civilizations and languages, in Asia alone. Women from indigenous communities are disadvantaged in the labour market, chronically poor, lack infrastructure and public services including safe water and sanitation and are particularly vulnerable to climate change. They are more at risk from Covid-19 is high owing to their limited access to health services and information regarding the virus and relief packages, restrictions on mobility, lack of transportation, lack of information in native languages and testing services. Without legal documentation and recognition indigenous women migrant workers are exposed to hunger, torture and violence and are unable to access social protection measures and relief packages.
- ❖ Effective work to provide protection for all Indigenous women and girls, not excluding those with disabilities and older women, requires first of all that their voices be heard and listened to and that government, civil society organisations, communities, and other partners work closely together. Particular attention should be given to women in conflict zones, and militarized regions. Despite the spread of the virus, development projects opposed by indigenous communities and military operations continue in the Philippines, Myanmar, India and Bangladesh. Appropriation (land-grabbing) of indigenous territories by development projects increased during lockdowns together with increased attacks on indigenous human rights defenders, many of whom are women, through red-tagging, vilification, illegal arrest, detention, killings and sexual assaults.

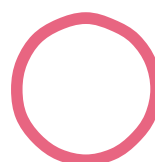
5 GENDER
EQUALITY



Impact of COVID-19 On Women With Multiple Discrimination A Global Overview



**Global
Call to Action
Against Poverty**



**FACES OF
INEQUALITY**

Introduction

There are five principal issues that arise from the COVID-19 pandemic and responses to it.

1. The immediate impact of the disease itself, in terms of the people infected by the virus, deaths and excess mortality. Early pandemic data have shown the categories of people who are most exposed to COVID-19 and of those who are most likely to die after they have been infected.
2. The immediate, now well documented, impacts on well-being, health, socio-economic, environmental and civil rights caused by the measures taken by governments to slow and halt the disease – principally curfews and lockdowns. Immediate impacts include negative impacts on food availability for poor and marginalised groups of people.
3. Vaccination: the priority assigned by governments in the distribution of the vaccines which are seen as protection for individuals and ultimately for the whole world; and the sectors which should be given and are being given priority.
4. The long-term consequences of the disease itself, so-called 'long Covid', lingering pain and disabilities which can affect people who have recovered from the acute phase of the disease, and psychiatric disorders affecting people who have reacted badly to the prolonged isolation and confinement imposed by lockdowns.
5. The long-term economic impacts of the prolonged lockdown – the jobs that have disappeared and are unlikely to return, and the high rates of unemployment which will become increasingly apparent as the emergency financial supports made available during lockdowns are withdrawn.

5 GENDER
EQUALITY



Chapter 1

Social Protection

The pandemic has focused attention on the need for social protection for all to provide income and the services to enable citizens to live decent lives in times of stress, helping them to meet the costs of child care, health and old age and cushioning them against the crises of unemployment and misfortune. Social protection is, or should be, a set of predictable and institutionalised government programmes which enable citizens to access services and receive assistance in times of need. They include food assistance, health benefits, pensions and child benefits which are not necessarily emergency responses but which are predictable forms of assistance across the life course.



Placard show by Women with disabilities in Africa during Global Week of Action "Act4SDGs" 2018

The commitment of governments to provide and extend social protection floors is contained in the third target of the **first Sustainable Development Goal, that of ending poverty**. The pandemic has knocked the poverty target off course, with 119-124 million people more pushed back into extreme poverty, according to World Health Organisation .¹

Before the pandemic, the International Labour Organisation (ILO) reported that only 45% of the global population is effectively covered by at least one social benefit, while the remaining 55% (more than 4 billion people) are left unprotected, and that only 29% of the global population enjoys access to comprehensive social security while the other 71%, or **5.2 billion people are only partially protected or not protected at all**.²

Safety nets, on the other hand, are programmes that are temporarily available, often dependent on external financing, and can be activated in response to emergencies. In some countries, governments have responded to the pandemic by providing financial assistance which has saved many of their citizens from destitution. In the absence of social protection systems, emergency food distribution and other forms of temporary

¹ <https://www.businessday.in/current/economy-politics/covid-19-pandemic-drove-119-124-million-people-into-extreme-poverty-who/story/435955.html>

² The Star. Inua Jamii beneficiaries to get Sh8,000 each from Monday. 19 04 2020

<https://www.the-star.co.ke/news/2020-04-19-inua-jamii-beneficiaries-to-get-sh8000-each-from-monday/>



Global launch of the Faces of Inequality Campaign at the UN in New York, 2018

assistance can be viewed as social safety nets. In Kenya the only social assistance identified by respondents were pensions. Some reported delayed payments, though **the Kenyan government allocated additional funding in April 2020** to clear arrears in payments.³

This example from Kenya demonstrates the consequence of the absence of any form of social protection.

“When we spoke to Terry in September, she was only able to afford one meal per day and her children were visiting neighbours to share meals. Lockdown measures abruptly halted her street food business as she was left without a supply of her main ingredient. She was also unable to travel around the city while maintaining social distancing in her wheelchair to sell food. Without an income, her family has been pushed further into poverty.

Despite schools reopening, she wasn’t sure where the money for her children’s education was going to come from. Her medium-term opportunities to recover were also dwindling as she was forced to sell some of her assets to pay for daily subsistence. Since the outbreak, Terry has had to sell her old wheelchair, a cooking stove, water storage containers, all her cooking utensils and some clothes. No longer able to pay rent, she has had to move in with her sister. Many people like Terry who were getting by before the pandemic have had their livelihoods upended. They are likely to face a long and arduous struggle to bounce back, even when the social and economic effects of the crisis begin to ease.”⁴

COVID-19 has been and is a crisis for millions of people around the world, especially for women. During the pandemic women facing discrimination and lack of access to social protection have had no choice but to risk infecting themselves and their families by continuing to work. **In low-income countries, 92.1% of employed women** are in informal employment compared to 87.5% of men.⁵ Women are more exposed to informal employment in more than 90% of sub-Saharan African countries, 89% of countries from Southern Asia and almost 75% of Latin American countries.

According to the ILO **women in informal employment are over-represented in the most vulnerable employment categories**, of contributing family workers, home-based workers doing piece-rate work in the lower tiers of supply chains (whatever their employment status), and domestic workers.⁶

³ Chronic Poverty Advisory Network. January 2021. Terry, Street food vendor, Nairobi. <http://www.chronicpoverty.org/kenya-january-case-study-1>

⁴ ILO. 2018. Women and men in the informal economy - a statistical picture. Page 20.

https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

⁵ ILO. Building back better for women: women’s dire position in the informal economy. September 2020

https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_755348.pdf

⁶ WHO Director-General’s opening remarks at the media briefing on COVID-19 – 22 March 2021

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-22-march-2021>

Chapter 2

Vaccination

One full year into the COVID-19 pandemic, our world has faced a tsunami of suffering. So many lives have been lost. Economies have been upended and societies left reeling. The most vulnerable have suffered the most. Those left behind are being left even further behind. The United Nations will continue mobilizing the international community to make vaccines affordable and available for all, to recover better, and to put a special focus on the needs of those who have borne the burden of this crisis on so many levels – women, minorities, older persons, persons with disabilities, refugees, migrants and indigenous peoples. The global vaccination campaign represents the greatest moral test of our times.



António Guterres
UN General Secretary

Although evidence is emerging of inequity in the distribution of vaccines within countries, it is the gap between access to vaccines in rich and poor countries that is attracting most attention and comment. WHO director-general Tedros Adhanom Ghebreyesus said this gap was "growing every single day, and becoming more grotesque every day, and countries that are now vaccinating younger, healthy people at low risk of disease are doing so at the cost of the lives of health workers, older people and other at-risk groups in other countries," describing it as "a catastrophic moral failure".⁷

85% of vaccine doses have been administered in high- and upper-middle-income countries and only 0.3% of doses have been administered in low-income countries.⁸ Only 1% of the 1.3 billion vaccines injected around the world have been administered in Africa – and that comparative percentage has been declining in since May 2021.⁹

⁷ WHO Director-General's opening remarks at the media briefing on COVID-19 – 22 March 2021

<https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-22-march-2021>

⁸ New York Times. 22 June 2021. <https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html> Accessed 23 06 2021

⁹ BBC News. 22 June 2021. Covid-19 Africa: What is happening with vaccine supplies? (by Peter Mwai) <https://www.bbc.co.uk/news/56100076>. Accessed 32 06 2021



LEAVE NO ONE BEHIND

Organisations of people with disabilities have voiced fears about possible discrimination in the distribution and administration of vaccines and are monitoring vaccination roll-out to ensure that governments adhere to their promises to give priority to persons with disabilities. There is some evidence emerging about inequality in distribution favouring rich people, as in [this example from Kenya](#)

“Joseph Mutisya, a physiotherapist, said he breezed through the process at Nairobi Hospital, the country’s largest private health facility. He made an appointment through the hospital’s website, and being familiar with computers was less deterred by the glitches it had.

“I came in with my booking message, I showed my doctor’s practice license to qualify, they gave me a number to wait, they called it, I registered my details, and I got the vaccine,” he said. “The whole process did not take more than 45 minutes.”

Less than half a mile away, at Mbagathi Hospital, a public institution that largely serves the sprawling slum of Kibera, hundreds of people clamoured outside the gate, where confusion reigned.

A security guard at the hospital, who spoke on the condition of anonymity because she wasn’t authorized to speak to the media, said crowds gather each day by the time she reports for work before 6 a.m. “It’s how early you wake up that determines if you get the vaccine,” she said. “Many have been turned back and told the vaccines are done for the day.”¹⁰

In the United States evidence from Chicago indicates that people living in areas hit hardest by the pandemic, predominantly African Americans, who are being vaccinated at a [slower rate than the rest of the US population](#).¹¹ This may be due in some part to greater reluctance on the part of these communities to register for vaccination. In Florida, just over 3% of Latino and Black residents have received at least one dose of the vaccination compared with almost 9% of white Floridians. [In Texas, 2.8% of Latino residents](#) have received a shot compared with 3.6% of Black residents, 7.2% of white residents and 9.7% of Asian American residents.¹²

¹⁰ Washington Post (April 3 2020). They have another door’: Kenya’s vaccine rollout exposes rich-poor divide <https://www.washingtonpost.com/world/2021/04/03/kenya-vaccine-inequality/>

¹¹ Financial Times – FT. Racial inequality plagues US vaccine rollout (20 02 21). <https://www.ft.com/content/7b0db882-a369-4e32-a86a-eb7fda2a0da0>

¹² Guardian. Latino and Black Americans see lowest Covid vaccination rates, new data shows. 17 02 2021. <https://www.theguardian.com/world/2021/feb/17/coronavirus-vaccinate-us-black-latino-race>

Chapter 3

Impact on various categories of women

The following section examines impacts on women with vulnerabilities, often multiple vulnerabilities, including women who are older, who have disabilities, who are members of ethnic minorities and who are refugees or migrants.

i. Older Women

“The crisis has exposed critical human rights protection gaps for older persons, including widespread discrimination based on older age; lack of social protection – especially for women – and of access to health services; failure to uphold autonomy and participation in decision-making; and failure to ensure that older people are free from violence, neglect and abuse.”



Michelle Bachelet

United Nations High Commissioner for Human Rights 29 March 2021

According to [HelpAge International's 2021 study of older people's experiences](#) in Argentina, Canada, Dominican Republic, Jordan, Kenya, Kyrgyzstan, Pakistan, Philippines, Rwanda and Spain,¹³ their rights have been negatively impacted by both age-based public health responses that discriminate against them and by population-wide public health measures. Knowing the right people or having access to certain resources has allowed some older people to enjoy their rights more than others, while others have suffered serious harm to their wellbeing from the isolation imposed on them. The responses also challenge ageist assumptions about older people's inability to adapt, their lack of resilience and resistance to new ways of doing things.

¹³ Unequal treatment - What older people say about their rights during the COVID-19 pandemic HelpAge International London 2021

<https://www.ohchr.org/Documents/HRBodies/HRCouncil/2030Agenda/ThirdSession/statements/HelpAge-International.pdf>

Europe and North America - Deaths in Care Homes:

Older persons have been disproportionately impacted by the pandemic. According to [the World Health Organisation \(WHO\) Europe](#), over 95% of the deaths from COVID-19 in the region occurred among people older than 60 years, with over half of these deaths being among people aged 80 years or older. Approximately half of all COVID-19 fatalities in Europe occurred in care homes for older persons.

Even though early in the pandemic older persons were [identified by the WHO](#) as being at particular risk, many governments felt that the COVID-19 pandemic did not merit their best efforts to contain it, precisely because it was primarily affecting older persons. And when the real magnitude of the pandemic became apparent, [older persons and in particular residential care settings, were not prioritised in response measures](#). [Deaths from Covid-19 in long-term care facilities](#) across Europe and North America accounted for up to 50 per cent of all coronavirus-related fatalities at the peak of the pandemic (even though only up to 1% of the population lives in them).¹⁴

Of the [60,370 deaths in Spain](#) (up to 3 February 2021)¹⁵, almost [30,000 were in care homes](#).¹⁶ In the UK up to 5 February 2021, [Covid-19 was the cause of death of 37,875 care home residents](#), out of a total of 111,420 total coronavirus deaths.¹⁷ This resulted in the neglect and abuse of several fundamental rights of older persons, their right to life, to health, to family life, to work and participation, among others. When resources were scarce, older people were [denied access to intensive treatment](#), such as ICU and ventilators simply on [account of their age](#).

Although data are available, few countries have published statistics on deaths in care homes disaggregated by sex of residents. Older women, who tend to outlive their spouses, [make up 70% of residents in care homes](#) in Canada,¹⁸ which accounted for three quarters of the country's [17,000 deaths up to mid-December 2020](#).¹⁹



Demanding fulfilling SDG 1 (No Poverty) during Global Week of Action "Act4SDGs" 2018

¹⁴ Natalia Kanem. Executive Director, UNFPA. Protecting our elders. 23 10 2020 <https://www.sustainablegoals.org.uk/protecting-our-elders/>

¹⁵ Worldometer, Coronavirus cases, Spain. <https://www.worldometers.info/coronavirus/country/spain/>

¹⁶ El Pais. 03 02 2021. The deadly toll of Covid-19 in Spain's care homes: 29,800 fatalities

<https://english.elpais.com/society/2021-02-03/the-deadly-toll-of-covid-19-in-spains-care-homes-29800-fatalities.html>

¹⁷ Worldometer. UK Coronavirus deaths. <https://www.worldometers.info/coronavirus/country/uk/>

¹⁸ The Lancet. Vol 397 January 2, 2021. Correspondence. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)32548-4.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)32548-4.pdf)

¹⁹ The Economist. 21 January 2021. The pandemic has exposed a crisis in Canada's care homes.

<https://www.economist.com/the-americas/2021/01/23/the-pandemic-has-exposed-a-crisis-in-canadas-care-homes>

Protection or harm?

The measures the government has taken with regard to older persons have done more harm than good. It doesn't make sense for me, as an older person, to be quarantined alone in my house without being allowed to see my children and grandchildren. The psychological harm has been much greater than that caused by coronavirus.²⁰

66-year-old woman
living with her spouse in an urban area, Jordan

In **Brazil**, older age for many citizens arrives on top of a life history of health, food and welfare insecurity. COVID-19 has not forged inequalities in Brazil – it has simply brought them into the open. Under lockdowns and economic insecurity, abuse of older persons has quintupled – and the majority of victims are older women.²¹ Now, Brazilians face a grim future: in 2017 the federal government froze social expenditures for 20 years.²²



Women from Nepal demanding equality for old women (Photo December 2020)

²⁰ Helpage International. 'Unequal Treatment': What older people say about their rights during the Covid pandemic. 2021 <https://social.un.org/ageing-working-group/documents/eleventh/Unequal-treatment-English.pdf>

²¹ Governo do Brasil. 15 o6 2020. Aumenta número de denúncias de violação aos direitos de idosos durante pandemia. <https://www.gov.br/pt-br/noticias/assistencia-social/2020/06/aumenta-numero-de-denuncias-de-violacao-aos-direitos-de-idosos-durante-pandemia>

²² The Lancet. Brazil's health catastrophe in the making. Volume 392, issue 10149, p731-732, September 01, 2018. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30853-5/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30853-5/fulltext)

In **the Philippines**, the lack of social protection and social assistance has been **highlighted** by Lola Rosita, 76, “The government provided us with relief goods twice, but it's still not enough. And it seems there will not be additional assistance. We really need medicines to treat our current health conditions, hygiene kits, and face masks but we can't buy them.

Aside from the restrictions due to the enhanced community quarantine, we also don't have the money, especially now that our children can't go to work.”²³

In **Sierra Leone** the desperation caused by lack of social protection and assistance is described by James Philip Conteh, 71, “My wife is a decorator and the bread winner of the family. She has had to shut down her business because of the restrictions on public gatherings and events. We are using the little she has saved to live on and if things don't get better, we don't know how we are going to survive ... my eldest son in the UK was the one sending my medications for my diabetic condition but now there is no way for him to do so. A few groups are coming around to give buckets and soap, but no one has come with money and that is what we need most badly.”²⁴

In **Nepal the social isolation of older people** has resulted in them losing support networks as social distancing has left them unable to interact with the community groups they relied on.²⁵

In terms of social protection and older age, globally, women represent nearly 65% of people above retirement age (60-65 or older) without any regular pension. While many older men as well as women live in poverty and experience social exclusion, the risk of poverty increases with age, with the percentage of older persons living in poverty as high as 80% in some developing countries. Older persons may rely on multiple income sources, including paid work, savings, financial support from families and pensions, all of which may be in jeopardy as a result of COVID-19.

This economic downturn is likely to have a **disproportionate impact on older women**, given their limited access to income, whether through employment, assets such as land and property, or through pension provision.²⁶ Women form a higher proportion of older age groups than men: globally women represent 57% of those aged 70-80 years and 62% of those above age 80. Older women tend to have lower life incomes and also lower pensions, with fewer possibilities to access care for themselves. Older women also provide a significant share of the unpaid care provided for other older persons, male or female.

COVID-19 has amplified the violence, abuse, and neglect of older people around the world, which was already on the rise. Before the pandemic, it was estimated that **1 in 6 older people** was subject to abuse.²⁷ Emerging evidence is indicating that this has sharply increased in many countries as a direct result of the pandemic.

²³ Helpage International. Older People's Stories. <https://www.helpage.org/newsroom/covid19-older-peoples-stories/lola-grandma-rosita-76-malabon-city-the-philippines/>

²⁴ Helpage International. Covid-19 – Older People's Stories: James Philip Conteh <https://www.helpage.org/newsroom/covid19-older-peoples-stories/james-philip-conteh/>

²⁵ Amanda Lenhardt. Pushing people further into poverty: the impact of Covid-19 in lower- and middle- income countries. ODI. London. 17 12 2020
<https://odi.org/en/insights/pushing-people-further-into-poverty-the-impact-of-covid-19-in-lower-and-middle-income-countries/>

²⁶ United Nations. Policy Brief: The Impact of COVID-19 on older persons. May 2020
<https://www.un.org/development/desa/ageing/wp-content/uploads/sites/24/2020/05/COVID-Older-persons.pdf>

²⁷ WHO. Abuse of older people on the rise – 1 in 6 affected. 14 June 2017
<https://www.who.int/news/item/14-06-2017-abuse-of-older-people-on-the-rise-1-in-6-affected>

Bernadette's story – Kinshasa, Democratic Republic of Congo

I was at home and I went outside to the toilet as we don't have one in my house. An armed soldier saw me and asked why I was not wearing a mask. He forced his way into the house, along with four other soldiers, and asked my husband why we didn't have masks and then started to harass him.

The men had guns and knives and attacked us. They pinned us down. One man raped me in front of my husband and my five children. Other men raped my three daughters. My two youngest tried to fight them off but they attacked them with knives and they got badly injured.

They stole all our belongings and then arrested my husband. Then they forced us out of our own home, without giving me time to get dressed. I was naked from the waist up. They told my neighbours I was a witchdoctor and they believed them because of the state I was in.

I started walking with my two children through the bush to the neighbouring houses and no one was willing to help us because, they told them that I am a witchdoctor.”²⁸

ii. Women with disabilities

An estimated 19% of women across the world have a disability compared to 12% of men. In the global South, women constitute three quarters of people with disabilities. This higher prevalence is often attributed to 'women's longer life expectancy, the later onset of dementia and the impact of poor maternal health care, particularly in developing countries'. Christian Blind Mission (CBM), the global disability organisation, suggests that “the higher prevalence of disability is not a facet of being female *per se*, but a result of social and cultural norms relating to gender, such as 'systemic exclusion from health care and education, poorer nutrition and gender-based violence'. For example, whilst blinding conditions such as cataracts normally occur later in life, thus

²⁸ Age International. In their own words: The sexual assault victims of COVID-19. <https://www.ageinternational.org.uk/news-features/features/in-their-own-words-the-sexual-assault-victims-of-covid-19/>

affecting numerically more women than men, women are less likely to receive sight saving cataract surgery. CBM has found that fewer women access surgery because their economic status within the household weakens their value and bargaining power.”²⁹

The impact of COVID-19 and outcomes for women and girls with disabilities have been very negative. Lockdowns, curfews, wearing of masks and restrictions on movement have resulted in lack of health and social care, and higher risks of violence, deprivation and destitution. Women and girls with disabilities have been subject to increased levels of violence and sexual assault; lost or deprived of their livelihoods and denied access to social protection.

The following comments made by women with disabilities participating in focus groups in India will resonate with women with disabilities in other countries and other continents.³⁰ They were collected by telephone and zoom focus groups, so do not reflect the experiences of women living in poverty without access to phones and computers.

Livelihoods

I have a sewing shop but due to the lack of customers, I am not able to make ends meet.” (A 24-year-old woman with locomotor disability, state of Chhattisgarh, India)

“I used to sell banana leaves, but now since the shops are closed, it has really affected our business.” (A 35-year-old woman with locomotor disability, Betul, state of Madhya Pradesh, India)

Life in lockdown: “Few friends (with disabilities) have told me they don’t get even a single minute to spend on themselves, because there is so much work - they are working like a machine. And they cannot even quit because that is their own home. As a woman all the responsibility comes to them, the family members are not helping.” (A 42-year-old woman with scleroderma (a wheelchair user), Faridabad, state of Haryana, India)

Making ends meet

I get Rs. 700 per month as pension. What can I do with so little? I need to buy medicines, food, clothes. It is not enough. I have to buy things on credit. I have spent all my pension. We have some land for agriculture but because of lockdown even that has stopped. I can only get things on credit now.” (A 29-year-old blind woman, Orissa, India)

Health

All the government hospitals in our village are only seeing Corona patients. Even if we go to them, they will not see us. There are some private hospitals, but they are far away.”

(A 23-year-old woman with locomotor disability, Raygada, state of Orissa, India). As a result, women with disabilities from these locations are forced to spend money for tests which would otherwise have been free at the government hospitals.

²⁹ CBM-UK. Advocacy Paper. April 2018. The Intersection of Disability and Gender in the Global South: Narratives, Gaps and Opportunities. <https://www.cbmuk.org.uk/wp-content/uploads/2018/04/The-Intersection-of-Disability-and-Gender-in-the-Global-South.-CBM-UK-April-2018-2.pdf>

³⁰ Neglected and Forgotten: Women with Disabilities during the Covid Crisis in India. Rising Flame and Sightsavers. July 2020. https://risingflame.org/wp-content/uploads/2020/07/NeglectedAndForgotten_RFandSS.pdf

Domestic violence

A participant with locomotor disability, also associated with a Disabled Persons Organisation, from a village near Bikaner, state of Rajasthan, India, shared the challenge of learning about domestic violence cases because of the hesitation, shame and stigma attached to reporting something that is considered a ‘private matter’.

Mental health and wellbeing

The government is not at all paying attention towards us, which makes us feel that we are not the citizens of this country. Even after living between 10 people, I feel alone.” (A 29-year-old DPO leader, Bikaner district, Rajasthan, India)

iii. Widows

Mortality from the virus tends to be higher for men. In March 2021 the [Sex Gender and COVID-19 Project](#) presented country-by-country data showing that men accounted for the majority of coronavirus deaths worldwide, ranging from 77% in Bangladesh, 76% in Thailand, 74% in Pakistan, 70% in Kenya, 68% in Uganda to 48% in Slovenia and South Africa. In general deaths are more evenly balanced between women and men in high income countries. These data indicate that it is likely that across the world of tens of thousands of women have been newly widowed at just the time when they are cut off from their usual socio-economic and family supports.³¹

Statistics are not being routinely gathered on widowhood. The latest figures are from 2015, with an estimate that globally some [258 million women](#) were widows.³² Both UN Women and widows’ groups have repeatedly noted that widows of all ages are ‘largely unseen, unsupported and unmeasured in our societies’. The actual number of widows is now likely to be much higher than the 2015 estimate and will grow further as the pandemic and its related effects on health continue to rage around the world, including in conflict zones and in refugee camps.

The continuing violations of widows’ rights have most recently been documented in a 2020 dossier for Convention of elimination of all forms of discrimination (CEDAW) by Widows for Peace through Democracy, which provides reports and evidence detailing the denial of inheritance rights, the theft and appropriation of widows’ property after the death of a partner and extreme stigma and discrimination, as perceived ‘carriers’ of disease.

³¹ The Sex, Gender and Covid-19 Project. The COVID-19 Sex disaggregated data tracker.

<https://globalhealth5050.org/the-sex-gender-and-covid-19-project/the-data-tracker/?explore=variable&variable=Deaths>


³² Loomba Foundation. World Widows Report. <https://www.theloombafoundation.org/our-work/research/world-widows-report>



Supporting widows worldwide

The COVID-19 pandemic has strained health systems, widened socio-economic gaps, and shifted strategic, political, and funding priorities, all of which disproportionately affect women and girls, particularly those who are most marginalized. The doubled risk of death for men from COVID-19 has not only created more widows; the pandemic has in many cases magnified the impact of the challenges they face, for example when confronted by extreme poverty from being disinherited from land and property with no alternative source of support. Even before the pandemic, women struggled to find a livelihood after the death of husbands. In 40 per cent of countries, unequal legal inheritance rights and authority over assets persist. Without secure access to land and resources to support their independence and autonomy, widows are hard-pressed to provide for their day-to-day needs and those of their families, with implications for the realization of other rights, such as to food, health, housing, water, work and education. The challenges widows face present a focused lens through which to understand the broader picture of the issues that must be definitively addressed for women of all ages and conditions to thrive. It is a key moment for gender equality advocates from every sector of society – governments, civil society, private sector, entrepreneurs, trade unions, artists, academia and social influencers – to drive urgent action and accountability for gender equality and to bring about change that would be experienced by widows the world over.

Extracted from the statement for International Widows Day by Under-Secretary-General of the United Nations and Executive Director of UN Women, Phumzile Mlambo-Ngcuka June 23, 2021



iv. Migrants

Before the onset of the pandemic, in terms of employment, migrant women fared worse than migrant men and native-born women. They were more likely to be employed part-time and in low-skilled jobs. The large concentration of immigrant workers (of both sexes) in low-skilled jobs is one of the main drivers of in-work poverty.³³ Across OECD member countries, nearly one in five immigrant workers held a low-skilled job in 2017, compared to one in ten native workers. In-work poverty rates were the highest in southern European countries and the United States. In 2017, in the European Union, around 18% of immigrant workers were poor compared to 8% of their native counterparts.

The International Labour Organisation estimates that as of 4 June 2020, 72.3% of domestic workers (55 million) were at risk of losing their jobs, many of whom were migrant workers and therefore at higher risk.³⁴ Women are also estimated to be doing three quarters of the unpaid care work that has resulted from the closure of schools and childcare services during COVID-19 and the increased care needs among older people.³⁵



Terrorism, forced migration, and access to land between Nigeria and Cameroon (Photo 2019)

³³ OECD. International Migration Outlook 2019. Chapter 2. Labour market outcomes of migrants and integration policies in OECD countries. <https://www.oecd-ilibrary.org/sites/cc4bb41d-en/index.html?itemId=/content/component/cc4bb41d-en>

³⁴ ILO. Impact of the COVID-19 crisis on loss of jobs and hours among domestic workers. 15 June 2020 https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_747961.pdf

³⁵ Esuna Dugarova. Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy responses. Paper prepared for the UN Expert Group Meeting “Families in development: Assessing progress, challenges and emerging issues. Focus on modalities for IYF+30”. 2020 https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/09/Duragova.Paper_.pdf

Studies on migrants emphasize that not all migrants are equal. Nevertheless, it is clear that incidence rates of COVID-19 among migrants and forcibly displaced persons appear to be consistently higher than among non-migrant groups and that migrants in high-income countries are at increased risk of infection and death due to COVID-19. The **higher mortality rates** are attributed to limited access to healthcare in addition to migrants' living and working conditions.³⁶

The lockdowns in many countries can have disproportionate impacts on the socioeconomic status of migrant women who, compared with men, are overrepresented in service sectors, accounting for almost **80% of foreign born service sector workers in the United States and over 70% in Italy**.³⁷ Lockdowns are particularly difficult for migrant domestic workers who find that their leisure time disappears and their mental health deteriorates when they are confined seven days a week, twenty four hours a day, with their employers and their families, often in quite small apartments, **as in Singapore**. One domestic worker, Benilda, said, "it just means I am being watched all the time". She explained that she does not have a bedroom of her own and sleeps on the floor of her employer's child's room, so has no space of her own to rest in the day when she is given time off. When usually she would have the house to herself, and would be able to sit at the table or on the sofa to relax, she felt unable to do this in front of her employer and so would not sit down all day, other than to briefly eat in the kitchen.³⁸

Another migrant domestic worker **in Singapore, Margieliyn** said that even after the circuit-breaker measures had lifted, employer would not allow her outside on her day off, "Ma'am thinks I will meet with friends and bring back the virus so she doesn't allow me out."

In some countries migrant women are more likely to be the victims of abuse and violence. They face stigma and hostility in both origin and destination countries as many believe they are responsible for spreading the virus. One front line worker in Vietnam, providing assistance to migrant women, said that the worst fears of many service providers were coming true, "Unfortunately, our prediction that the number of calls would skyrocket during COVID-19 was right, it doubled, then tripled."³⁹

v. Refugees and displaced women

Around 85% of the world's refugees are hosted in developing nations and are largely dependent on humanitarian aid or day labour. Many have now lost fragile livelihoods and have been thrust into abject poverty with disastrous and wide-ranging impacts. **United Nations Human Rights Commission (UNHCR)** said, "In addition to the mounting risks of violence, abuse, sexual exploitation and trafficking, all of which are consequences of gender inequality, the effects of the pandemic are also proving catastrophic on refugee girls' education. Many girls are being forced to drop out of school and into work, sold off or married."⁴⁰

³⁶ Migration Data Portal. Migration data relevant to COVID-19. Updated 04 March 2021
<https://migrationdataportal.org/themes/migration-data-relevant-covid-19-pandemic>

³⁷ *ibid.*

³⁸ Dr Laura Antona. The New Normal or Same Old? The Impacts of the Covid-19 Pandemic on Live-in Migrant Domestic Workers in Singapore.

<https://blogs.lse.ac.uk/seac/2020/11/04/the-new-normal-or-same-old-the-impacts-of-the-covid-19-pandemic-on-live-in-migrant-domestic-workers-in-singapore/>

³⁹ UN Women – Asia and Pacific. Lives on the frontline: Reaching women migrant workers amid the COVID-19 pandemic. 9 December 2020. <https://asiapacific.unwomen.org/en/news-and-events/stories/2020/12/lives-on-the-frontline>

⁴⁰ UNHCR UK. COVID-19 pandemic worsening gender inequalities for refugee women and girls. 08 03 2021

<https://www.unhcr.org/uk/news/press/2021/3/604524674/covid-19-pandemic-worsening-gender-inequalities-refugee-women-girls.html>



Myanmar

“My name is Sofara. The Rakhines and the Burmese Military surrounded our village and set fire and started to shoot people. They have shot my husband and took young girls in groups to the school and raped them. They have further hit the injured people with knife till death. Afterward they have put all the death people in a hole and burnt them with petrol. Young children were taken away from mothers and thrown into the fire and they raped the mothers. They shot my husband. But he was alive, then they beheaded him. I flew away with my three kids. Afterward I survived by collecting woods and fishing. But now I cannot even go for that because of the fight between the Arakan Army and the military. Now I work as cleaner to other people’s house. If I feed my children for a day, I cannot feed them for many days. I cannot buy them clothes in this cold weather. I cannot provide them any education and cannot give them any medical treatment”.⁴¹

Widows Speak Out: Abuse and Discrimination, Resilience and Agency: Alice Lees and Margaret Owen, Widows for Peace through Development 2020



As a result of the pandemic, refugee families facing destitution are already resorting to child marriage. According to United Nations Population Fund (UNFPA), COVID-19 will disrupt planned efforts to end child marriage, and result in an additional total 13 million child marriages taking place that otherwise would not have occurred between 2020 and 2030.⁴² This is the general situation of child marriage during the pandemic. One can well imagine the situation with the refugees.

Refugee women are also being burdened with extra caregiving at home, turning to precarious jobs in the informal sector, or on the streets. Increased household demands are also diminishing their opportunities for education while increasing exposure to the virus.

⁴¹ Alice Lees & Margaret Owen (2020). Widows for Peace through Democracy. Widows Speak Out - Abuse and Discrimination, Resilience and Agency. <https://www.widowsforpeace.org/wp-content/uploads/2020/11/DOSSIER%20-%20Discrimination%20against%20widows%202020.pdf>

⁴² UNFPA. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. 24 04 2020 https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

Refugees and displaced persons in crisis torn countries are more likely to have a disability than non-refugee populations. A survey in Jordan found that, although UNHCR's standard registration system had only identified around 2% of registered refugees as having a disability, in 2016 over ten times that number had some kind of disability – closer to 28%.⁴³ Disability prevalence in Syria is similar 27% of the population over the age of 12 is living with a disability. This is nearly twice the overall global prevalence of 15%. Women make up nearly half of refugees and displaced persons living with a disability in Syria.⁴⁴

A large number of women with disabilities in Syria are widows They face significant difficulties in providing for their families. Females earn on average 38% less in monthly wages than men, and 84% are unemployed (as compared to 22% of males). The combined socio-economic stress of widow-status with disabilities can increase negative coping strategies like dependence on humanitarian assistance, child employment or child marriage, negatively impacting the entire household.⁴⁵



Global Call To Action Against Poverty (GCAP) Burundi

⁴³ Sarah Collinson. ODI. A more inclusive post-Covid-19 world for persons with disabilities – how humanitarians can play their part. 02 12 20. <https://odi.org/en/insights/a-more-inclusive-post-covid-19-world-for-persons-with-disabilities-how-humanitarians-can-play-their-part/>

⁴⁴ ODI. A more inclusive post-Covid-19 world for persons with disabilities – how humanitarians can play their part. 02 12 20. <https://odi.org/en/insights/a-more-inclusive-post-covid-19-world-for-persons-with-disabilities-how-humanitarians-can-play-their-part/>

⁴⁵ Humanitarian Needs Assessment Programme. Disability: Prevalence and Impact - Syrian Arab Republic. 2019. https://www.globalprotectioncluster.org/wp-content/uploads/Disability_Prevalence-and-Impact_FINAL-2.pdf

Disabilities, marginalization, diverse sexual orientation and gender identities are also compounding discrimination and risks of violence for refugee, displaced and stateless women and girls. Programmes to combat gender violence and inequalities are severely underfunded.

According to the Women's Refugee Commission's report on global disability inclusion, women and girls with disabilities are most likely to experience instances of sexual violence, while men and boys with disabilities are more likely to suffer increased physical or psychological harassment.⁴⁶

vi. Ethnic minorities

The Covid-19 pandemic has highlighted that precarious work, and exploitative and adverse working conditions intersect with multiple factors, including ethnicity, migrant status, class, and gender, to influence which population groups are most exposed to COVID-19 infection. While unpicking the causes of ethnic inequalities in health outcomes is difficult, available evidence suggests a complex interplay of deprivation, environmental, physiological, behavioural and cultural factors.

Ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health status. This is driven by a wider social context in which structural racism can reinforce inequalities among ethnic groups, for example in housing, employment and the criminal justice system, which in turn can have a negative impact on



Mobilisation by women belonging to Indigenous community during Global Week of Action "Act4SDGs" 2020 organised by LEADS, India

⁴⁶ Humanitarian Needs Assessment Programme. Disability: Prevalence and Impact. Op.cit.

health. Evidence shows that racism and discrimination can also have negative impacts on the physical and mental health of people from ethnic minority groups. In Sao Paulo in Brazil, people of colour are 62% more likely to die from COVID-19 than white people. In the United States, Latino people are 2.4 times more likely to die from COVID-19 than white or Asian people, indigenous Americans 2.2 times, and black Americans twice as likely.⁴⁷

Ethnic minorities and migrants across the EU are more likely to be poorer, to live in over-crowded accommodation and to be in insecure jobs – e.g., as delivery drivers, in factories and warehouses, where physical distancing is challenging – which put them at greater risk of contracting COVID-19. They are also more likely to have underlying health conditions which put them at greater risk of dying when they do fall ill with COVID-19.

In the United Kingdom, the Institute for Fiscal Studies found that “the death rate for people of black African descent was 3.5 times higher than for white British people, while for those of black Caribbean and Pakistani descent, death rates were 1.7 times and 2.7 times higher, respectively.”⁴⁸ Government data for England and Wales show a death rate for black, Pakistani and Bangladeshi people that is nearly double that of white people, even when class and some health factors are taken into account. African and Caribbean populations and people of South Asian heritage are more likely to have front-line jobs, to live in over-crowded accommodation and to have poor diets⁴⁹ and also to suffer from diabetes and hypertension.⁵⁰ Black and minority ethnic medical staff also report that they had greater difficulty in obtaining good personal protective equipment than white colleagues.⁵¹



Youth Voice and Rights (Photo March 2019)

⁴⁷ APM Research Lab. The color of coronavirus: Covid-19 deaths by race and ethnicity in the U.S. 05 03 2021 <https://www.apmresearchlab.org/covid/deaths-by-race>

⁴⁸ Tony Kirby. The Lancet 08 May 2020. Evidence mounts on the disproportionate effect of COVID-19 on ethnic minorities. [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(20\)30228-9/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(20)30228-9/fulltext)

⁴⁹ Full Fact. What do we know about COVID-19 inequalities among people from minority ethnic groups? 30 June 2020. <https://fullfact.org/health/COVID-19-inequalities-minority-ethnicities/>

⁵⁰ British Heart Foundation. Ethnicity. <https://www.bhf.org.uk/information-support/risk-factors/ethnicity>

⁵¹ British Medical Association (BMA). Fighting the odds – BAME doctors at greater risk from COVID-19. <https://www.bma.org.uk/news-and-opinion/fighting-the-odds-bame-doctors-at-greater-risk-from-COVID-19>

Health inequalities in Paris, France

In metropolitan Paris, the department of Seine-St Denis is home to many non-European immigrants (23% of the local population)⁵² and has some of the worst social conditions in France. Excess mortality rates in Seine-Saint-Denis are dramatic: almost 130% overall⁵³ (compared with a national excess death rate of 26%⁵⁴ and for people over 65 years of age - 44.6%).⁵⁵ Insecure employment, insufficient medical facilities, co-morbidities and over-crowding are key features of social and health inequalities. Risk is increased by travel to and from work: just over half of residents have to travel outside their department to their place of work - twice the average proportion for metropolitan Paris as a whole.⁵⁶

‘Time to Reach for the Moon’ - SDG Watch Europe/EEB 2020. Page 29

Roma communities, a community discriminated based on work and descent (DWD) across the EU, face difficulties in implementing key measures to reduce the spread of COVID-19 such as maintaining physical distances, self-quarantine and regular handwashing: 30% live in households with no tap water and up to 80% in some countries live in **overcrowded housing**.⁵⁷ They have been made scapegoats for the propagation of the virus and have faced hate speech and threats. **It was reported that** “soldiers, police personnel, and drones have been more present in Roma communities in Bulgaria and Slovakia than have nurses, doctors, and medical supplies” and “distance learning measures leave more than half of Roma children out of school and will likely lead to an increase in the already high dropout rates among Roma students.”⁵⁸ A 2020 survey of 11,000 Roma in Spain showed that the closure of street markets, and the impossibility of collecting scrap metal, selling fruit and other informal jobs have left many families facing a situation of acute emergency. **One third of Roma in paid employment lost their jobs**, another third was temporarily laid off and 12% saw their working hours reduced.⁵⁹

⁵² Institut national de la statistique et des études économiques. Étrangers - Immigrés en 2015 Département de la Seine-Saint-Denis (93). <https://insee.fr/fr/statistiques/3569308?sommaire=3569330&geo=DEP-93>

In France it is prohibited to collect data on ethnicity, so the figure for immigrants is an approximation and an underestimate because it does not include minority ethnic people who are French citizens (non-immigrés)

⁵³ Le Monde. 17 May 2020. Coronavirus : une surmortalité très élevée en Seine-Saint-Denis

https://www.lemonde.fr/societe/article/2020/05/17/coronavirus-une-surmortalite-tres-elevee-en-seine-saint-denis_6039910_3224.html

⁵⁴ France24. 29 05 20. Hausse de la mortalité en France pendant la crise du COVID-19. <https://www.france24.com/fr/20200529-hausse-de-la-mortalite%C3%A9-en-france-pendant-la-crise-du-COVID-19>

⁵⁵ Le Monde. 17 May 2020. Coronavirus : une surmortalité très élevée en Seine-Saint-Denis

https://www.lemonde.fr/societe/article/2020/05/17/coronavirus-une-surmortalite-tres-elevee-en-seine-saint-denis_6039910_3224.html

⁵⁶ EEB. Time to reach for the moon – the EU needs to step up action and lead the transformation to sustainability.

<https://www.sdgwatcheurope.org/documents/2020/09/time-to-reach-for-the-moon.pdf/>

⁵⁷ FRA – European Agency for Fundamental Rights. 07 04 2020. Persistent Roma inequality increases COVID-19 risk, human rights heads say. <https://fra.europa.eu/en/news/2020/persistent-roma-inequality-increases-COVID-19-risk-human-rights-heads-say>

⁵⁸ Reliefweb. Roma in the COVID-19 crisis: An early warning from six EU Member States. 29 April 2020. <https://reliefweb.int/report/italy/roma-COVID-19-crisis-early-warning-six-eu-member-states>

⁵⁹ EU Observer. COVID-19's impact on Spanish Roma. 22 June 2020. <https://euobserver.com/coronavirus/148675>

Conclusions and the way forward

The pandemic is a wake-up call for change. It has thrown a harsh light on the structural injustices caused by the intersecting issues of age, gender, ethnicity, location and disability. It has highlighted the urgency of formulating and implementing robust and well financed policies for strong social protection, universal health and social care, decent housing and inclusive employment. The deep inequalities that persist within and between countries and regions must be tackled in order to have a transformative recovery to take place.

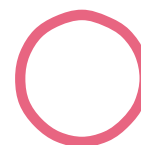
Vaccines are a public good and must be made available to all, to all ages and to all social groups, in all countries without discrimination. COVID-19 should not prevent progress, or be an excuse for not reaching the SDGs by 2030. COVID-19 should serve to accelerate government efforts with ambition, urgency and scale.

The SDGs link economic and social priorities with the call for urgent environmental measures to tackle the climate, biodiversity and pollution crises. They provide the framework to ensure the well-being of all people, across the life course and in all their diversity, and are a guide to the creation of genuine and accountable global partnerships for sustainable development, founded on human rights principles, redistribution and an end to austerity.

We know what is needed and why it must happen now. There is no time to waste.



Demanding Just Recovery during Global Week of Action "Act4SDGs", September 2020
(Source: SDG Action Campaign)



Status of

DWD

**WOMEN FACING
MULTIPLE
DISCRIMINATION**

During COVID -19
Pandemic



**Global
Call to Action
Against Poverty**



Asia Dalit Rights Forum



Introduction

The novel Coronavirus or COVID-19 pandemic startled the world with its uniqueness, reach and impact. Whilst research and analysis have mainly focussed on global economic losses and the challenges ahead for governments and policy makers, it is important to throw light on the plight of the poorest and marginalised people who have been disproportionately impacted owing to their occupation and descent.

There is a special sort of discrimination based on Work and Descent (DWD), derived from principles of 'purity and pollution'. This is the fate of certain communities who experience it by virtue of birth into certain groups, a fate that accompanies them throughout their lives.

Discrimination based on Work and Descent (DWD) is the UN terminology for structural and hierarchical systemic discrimination, contained in the Draft Principles and Guidelines for the Effective Elimination of the Discrimination based on Work and Descent. These communities are bound together in a common struggle against social structures that assigns them a permanent status of devalued personhood and requires of them to undertake stigmatised and exploitative forms of labour.

Their experience has been called 'discrimination based on work and descent (DWD).' Work here refers to coerced occupational specialisations in locally stigmatised forms of labour: for example, sanitation, death work, leatherwork, devalued musical and performance traditions, and 'slave occupations.' The Descent refers to the inescapable, birth-based criteria of the social structure, the control of population through enforced endogamy—the restriction of marriage prospects to other members of the group, policed by violence from socially dominant communities.

The Draft Principles and Guidelines for the Effective Elimination of the Discrimination based on Work and Descent affirm that this form of discrimination is prohibited under international human rights law. CERD's (Convention on Elimination of All forms of Racial Discrimination) general recommendation No. 29 on Descent-Based Discrimination recognises caste and analogous forms of discrimination as within the scope of the Convention.

Gender discrimination intersects with discrimination based on Work and Descent, which means women from these stigmatised and excluded communities experience extra disadvantages and vulnerability. In many cases, DWD communities are not recognised by their governments, and therefore do not have targeted policies and programmes for their welfare and development. In some countries, for example Nepal and India, there are special provisions to address the issues of the communities discriminated by work and descent.

In Africa they are known as the Shambara in Somalia, Osu Oru in Nigeria, and Haratine in Mauritania; In South Asia they are referred to as the Scheduled Caste (Dalit). In Brazil they are the Quilombolas. DWD communities in Europe include the Roma, Gypsy, and Sinti women. They are found in diaspora communities settled in different parts of the world.

COVID-19 exposed an epidemic of embedded inequalities in the world. Like any disaster, COVID-19 has exacerbated pre-existing vulnerabilities and has further marginalised discriminated communities. It has overwhelmed governments' capacities to respond to this rare and unforeseen public health disaster. The psychosocial and economic impact has been felt by people from all walks of life, but for the DWD communities, and the women among them, the impact has been tremendous.

DWD women experience manifold and multi-faceted vulnerabilities due to their gender, patriarchal attitudes and DWD norms. DWD identity causes greater vulnerability and engenders stigma. Pre-existing vulnerabilities meant that in disaster situations their lives, liberty and legal protections were already at risk before the pandemic, and these vulnerabilities have been heightened during COVID-19.

Governments provided immediate relief in cash and in kind for some, extending social protection provisions, during the lockdowns. Nevertheless the evidence points to the gross inadequacy of relief assistance and low take up of entitlements by DWD communities, together with continued violence against DWD women, and lack of support by governments despite their special vulnerabilities.

In all regions examined by this paper DWD communities are typically embedded in the informal sector and do not have identity documents which disenfranchises them. This means they cannot benefit from welfare schemes.



Social protection and violence against the DWD women during the Pandemic Across Regions

Section 1

South Asia

The tea workers of Sri Lanka are considered a DWD community. They are mainly of Indian Tamil descent, historically transported by the British to work on the plantations. This population of about 840,000 people only gained Sri Lankan citizenship in 2003.¹ They are placed at the bottom of its society, working under exploitative conditions. The private plantation management system is responsible for the administration and workers' health and education of children on plantations, and there are no public regulatory mechanisms. The majority of tea plantation workers in the country are women, who do not possess the documents needed to register for social protection programmes. They also face undue delays in the payment of wages (Senaratne, 2020). Overall, Sri Lanka's female labour force participation stands at 33.6%.²

During the lockdown, while all other economic activities were suspended, paddy farming and plantation work, including work on tea small holdings and fishing activities, were permitted.³ A news report of April 2020 from The Guardian⁴ noted poor coronavirus



South Asia Civil Society leaders working on issue of DWD meet UNDP Indonesia Sophie Kemkhadze to discuss inclusion (Photo 2017)

¹ <https://www.theguardian.com/global-development/2020/apr/24/soap-and-solace-scarce-as-sri-lankas-tea-pickers-toil-on-amid-lockdown>

² <https://inkstickmedia.com/womens-rights-are-still-an-uphill-battle-in-sri-lanka/>

³ Ibid

⁴ <https://www.theguardian.com/global-development/2020/apr/24/soap-and-solace-scarce-as-sri-lankas-tea-pickers-toil-on-amid-lockdown>

public health measures on estates, including the lack of facilities for washing hands with soap during a shift, and failure to issue masks despite both being mandatory measures since early April. In the humidity and heat, the report states, the women constantly touched their faces to wipe away sweat.

The government announced a one-time monetary support of Sri Lanka rupees 5000 (\$25) through a cash transfer under its Samurdhi Scheme for poverty alleviation and economic integration. However, lacking the required documentation, only a few of the plantation workers could access the entitlement (Sivapragasam, 2020). Besides, this is not a scheme that targets women. No information is available on the impact and take up of the COVID-19 relief package, in general, or by the plantation workers – with the exception of loans and a moratorium⁵ on recovery of debt interest by the banks in a manner that did not cause inconvenience to the borrower.⁶

Mrs Sarojadevi lost her livelihood due to the lockdown

Mrs. Sarojadevi (37) lives in barrack style quarters on the Mausawa Estate in the Kandy district, with her husband and five children. Owing to maladministration, poor maintenance, land fragmentation and political interference, the estate was brought under the management of Janatha Estate Development Board (JEDB), a state agency. The family earn their living by working on the plantation, earning up to 1,000 rupees (\$5) per day. After the lockdown, they lost the precious little they earned from their hard labour under exploitative conditions. Recounting their experiences of the lockdown she says, “I thought that with the curfew lifted in a day or two everything will be alright. As schools had been closed, we were confined to our tiny 10’x12 house along with all the children. I had 2,000 rupees (\$10) left with me, and some food stocks. But the lockdown, which I thought would be over soon, kept on extending, leaving us food insecure. Minor self-employment prospects such as poultry, preparing and selling snacks and food processing were also affected. I could no longer sell off the surplus eggs to the schoolteachers which had earned me some money to supplement family income.” The right to livelihood of women like Saroja Devi was compromised during the pandemic, and gave rise to domestic violence and the thrashing of children when they cried for food.

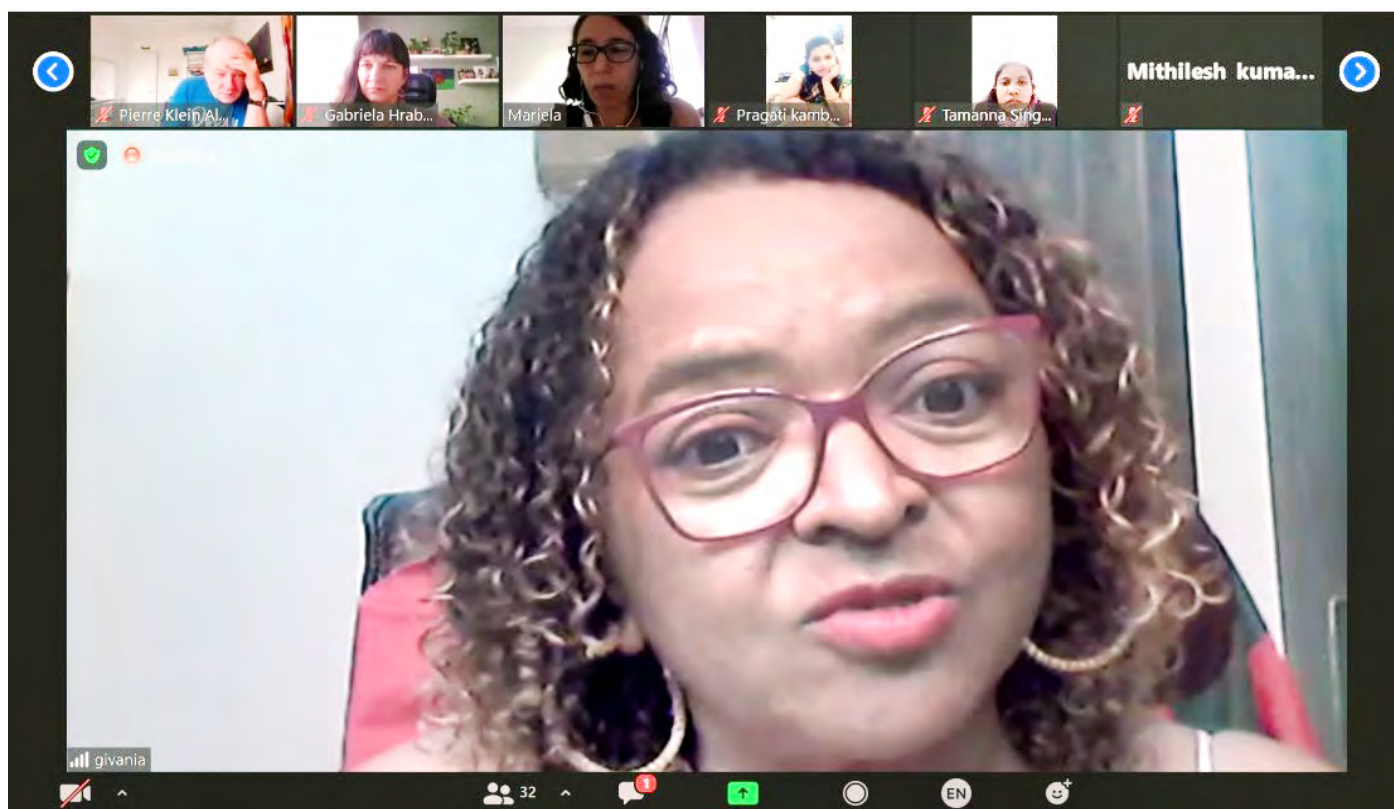
⁵ <https://www.cbsl.gov.lk/en/covid-19-relief-loan-schemes>

⁶ https://www.cbsl.gov.lk/sites/default/files/cbslweb_documents/laws/cdg/bsd_circular_no_7_of_2020_e.pdf

The majority of the workforce in the plantation sector in Sri Lanka are women. 52.9% of estate workers are women working in tea plantations (The Sri Lankan Women, Partner in Progress, 2014).⁷ Women and girls experience various kinds of oppression which violate their civil, political and economic rights. Historically, girls and women on the plantations were assigned work as tea pickers. This involves long working hours and exposure to occupational health hazards. The women do not have job security, the gender division of labour is inequitable, and women are second class citizens in the labour market.⁸

In **Pakistan**, the Discriminated-based on Work and Descent (DWD) communities are widely known as the Scheduled Caste (so called lower caste) Hindus or Dalits. Some Christians working as janitors or sanitary workers, are also considered DWD communities in Pakistan, as are Muslim fishermen and castes such as Machi and Khaskheli, and recent converts known as Shaikh Musali. However, Dalits in Pakistan mostly belong to the Hindu minority and are victims of double discrimination due to their religious status – as non-Muslims in a Muslim state – as well as their caste.⁹ According to the last Census (2017), out of a total population of 208 million, there were 520,000 (0.25 percent) Scheduled Caste Hindus and 3.3 million (1.59 percent) Christians in Pakistan.

The Government of Pakistan provided funds to mitigate the impacts of COVID-19 30 March 2020 by approving a fiscal stimulus package of PKR 1.2 trillion (\$7.8 billion) and a supplementary grant of PKR 100 billion for a "Residual/Emergency Relief Fund." It also put



Webinar by Asia Dalit Rights Forum Impact of pandemic on DWD communities and mitigation measures during the World Social Forum in February 2021

⁷ The Sri Lankan Women – Partner in Progress. Department of Census and Statistics & Ministry of Women's Affairs Sri Lanka, 2014

⁸ Women in the Plantations of Sri Lanka: Their Access to Economic Rights Land, Higher Education and Employable Skills for Livelihood. Human Development Organisation, 2017

⁹ <https://idsn.org/countries/pakistan/#:~:text=Dalits%20in%20Pakistan%20mostly%20belong,as%20well%20as%20their%20caste.>

in place an emergency cash grant scheme for registered workers, who had lost their jobs due to the lockdown. Additionally, an immediate cash transfer of PKR 12,000 (\$78) was announced over the next four months (PKR 3000 per month) for the 12 million families of daily wage earners under the **Ehsaas Emergency Cash Program**. This was extended to cover a new target of 16.9 million beneficiaries with an enhanced budgetary allocation of PKR 203 billion.

Forced and bonded labour in Pakistan is widespread, particularly in agriculture and brick making. Most bonded labourers come from marginalised communities, including Dalits. The Dalits/DWD communities also work in sanitation. However, as these jobs are classified as casual labour, the workers were not able to access COVID-19 relief assistance. This has impacted the 22% of women in Pakistan who work as casual labourers, mostly in the low paid informal sector, as they have been severely affected by the COVID-19 related restrictions. Without identification documents, they could not access relief entitlements.

The absence of data on informal sector workers and daily wage labourers, both in urban and rural areas, the lack of documentation and the failure of government to recognise the DWD communities and their issues continues to deprive them of much-needed assistance (Shah, 2020). According to the IFES report (Tariq & Bibler, 2020), as of December 2019, 12.7 million eligible women in Pakistan lacked National Identity Cards. Without these identity cards they are unable to access COVID-19 relief along with other welfare programmes. The pandemic is said to have further widened this already substantial gender gap in accessing benefits. The benefits are not targeted at women, and have done little to support women's access to cash.¹⁰

During the peak of the COVID-19 pandemic, between January and December 2020, the Aurat Foundation reported increased violence against women and girls across 25 districts of Pakistan. The report details 57% of the total cases of violence in Punjab, 27% in Sindh, 8% in Khyber Pakhtunkhwa, 6% in Gilgit Baltistan and 2% in Baluchistan. Punjab reported the highest number of murders, rapes, suicides, acid burning, kidnapping, domestic violence and forced marriage, while Sindh had the greatest number of honour killings. Punjab and Sindh provinces account for the majority of the Dalit population in Pakistan.¹¹

In **Nepal**, Dalits constitute 13% of the country's population, of whom 50% are women. They are further divided into 'Hill Dalits' and 'Madhesi Dalits', mainly based on geographical and cultural factors. The first Commission for Dalits was set up in 1963 and caste-based discrimination has been abolished. Nevertheless women continue to suffer due to caste, gender and patriarchy. In May 2011, the Interim Parliament passed the Caste-based Discrimination and Untouchability Crime Elimination and Punishment Act. Despite this, casteism remains prevalent in the Nepalese society and Dalits are considered 'untouchables'.¹²

42% of Dalits in Nepal live below the poverty line (Paudal & Nikarhil, 2020), and most survive on daily wages. The pandemic robbed them of this source of income. A rapid

¹⁰ <https://home.kpmg/xx/en/home/insights/2020/04/pakistan-government-and-institution-measures-in-response-to-covid.html>

¹¹ <https://timesofindia.indiatimes.com/world/pakistan/pakistan-reported-highest-incidence-of-violence-against-women-during-peak-of-pandemic-in-2020-report/articleshow/80895761.cms>

¹² https://www.ohchr.org/documents/issues/women/WG/PublicPoliticalLife/IDSN_2.pdf

assessment conducted by the Feminist Dalit Organisation (FEDO) revealed that most of the Dalit women had no source of income and were facing problems due to food scarcity. Relief packages could not be easily accessed by the communities due to the distance of their settlements from distribution points and patchy information sharing.

Despite knowledge of the pre-existing vulnerabilities of the Dalit communities and women in particular, the government relief packages did little to meet their basic needs during protracted lockdowns. The impact was particularly serious for women with disabilities and families of working women with members living with disabilities. Other socio-economic stimulus packages were introduced, but they made no additional provision for the needs of Dalit women and vulnerable groups who suffered disproportionately as a result.

Threat of hunger looms large for woman with disabilities during the pandemic

In the small Dalit settlement on the banks of the Tinau river of the Satyawati area, Tara Pariyar lives in a one-room cottage with her five family members. She has been worrying more about her daughters than herself during lockdown. Ms. Pariyar used to do tailoring and her husband got his daily wages in the construction sector, but now, they have both lost their incomes due to lockdown. Ms. Pariyar is pregnant and they worry about putting food on the table. Ms. Pariyar has a daughter with an intellectual disability whose needs require continual personal assistance. It has been very challenging when she asks for food. Ms. Pariyar, with tears in her eyes, says that her daughter asks for food the whole day: she doesn't know there is lockdown. Nine months pregnant Ms. Pariyar is also suffers from asthma. She has also been diagnosed as deficient in necessary nutrients along with pneumonia. The precariousness caused by lockdown has meant that hunger poses a greater threat to their lives than COVID-19 itself.¹³

Socio-economically deprived and landless, Dalits with disabilities are at great risk of hunger and starvation owing to the multiple barriers they face in accessing basic services. Due to the lack of disaggregated data on persons with disabilities, local governments did not have concrete plans on how to provide support to them during lockdown.

¹³ Dalits with disabilities hit hardest by lockdown in Nepal. 21 JUL 2020 <https://minorityrights.org/2020/07/21/covid19-dalits-nepal/>

Cases of caste and gender-based violence continued to soar during the pandemic. In a study conducted by the SaGmata Foundation, 56 cases of caste-based discrimination were reported during the three-month lockdown period. Among them, eight incidents of caste-based discrimination occurred in the quarantine centres. A Dalit woman was beaten up by a ward chairperson during relief collection in Mahottari district in Nepal. Similarly, Kalpana Nagari and Kalawati Audi, two Dalit women from the Godavari Municipality faced discrimination as their relatives tested positive for COVID-19 after returning from India (Paudal & Nikarthis, 2020).

The KIOS Foundation reported that during lockdown, the police administration offices were negligent in registering the cases of caste-based discrimination and gender-based violence against Dalit women. On 23 May 2020, the body of a 12-year-old Dalit girl was found hanging from a tree, a day after community leaders in Rupandehi district had ordered a 25-year-old man of a different caste, who had raped her, to marry her as his “punishment”. Instead of imprisoning the rapist, the community leaders made a decision to let him marry her. Some cases of rape and discrimination have also been registered by Feminist Dalit Organisation (FEDO).¹⁴

Bangladesh has approximately 6.5 million DWD groups belonging to over 80 communities, identified as such by their occupations.¹⁵ The caste-based system persists despite



¹⁴ Dalits in Nepal amid lockdown. 24 JUN 2020. <https://kios.fi/en/2020/06/dalits-in-nepal-amid-lockdown/>

¹⁵ [http://asiadalitrightsforum.org/images/imageevent/302381476Claiming%20Right%20to%20Justice%20and%20Development%20-%20Sept%202019%20-%20Final%20Content%20\(2\).pdf](http://asiadalitrightsforum.org/images/imageevent/302381476Claiming%20Right%20to%20Justice%20and%20Development%20-%20Sept%202019%20-%20Final%20Content%20(2).pdf)

Bangladesh's constitutional prohibition of discrimination based on caste (articles 27 and 28 establish principles of equality for all citizens).¹⁶ According to a survey by **Nagorik Uddyog** in June 2020, 179 people (Men-118, Women-56, Children-5) from DWD communities were COVID-19 positive, out of whom nine persons died (Hossain, 2020). As in other countries in the region, DWD communities in Bangladesh undertake the traditionally 'passed-on' unclean jobs in urban areas, such as street sweeping, manual scavenging and burying the dead. They live in congested colonies, slums or informal settlements with limited access to basic services. They lost their livelihoods instantaneously with the imposition of the lockdown. The government announced direct cash assistance to informal sector workers and a direct cash grant of BDT 2,500 (\$30) for 5 million poor families.¹⁷ However, the number of Dalits beneficiaries is not known, let alone how many Dalit women were reached by this aid..

Caste discrimination affects both the Hindu and the Muslim populations in Bangladesh and perpetuates the poverty trap the population is caught in. Dalit girls and women in Bangladesh often fall victim to prostitution and are trafficked as bonded labour.¹⁸ Despite women's 'pre-existing vulnerabilities and risks caused by poverty and lack of social security, they did not qualify for any special or additional measures..

According to the International Federation of Human Rights, the number of rapes of women and children (i.e. girls below the age of 18) increased during the COVID-19 pandemic in Bangladesh. The Odhakar organisation, reports that between January and September 2020, a total of 919 women and children were victims of rape, 325 of whom were women and 569 children.

When the government announced a "general holiday" (its term for lockdown), many workers lost their jobs. Consequent economic hardship together with living in cramped accommodation intensified frustrations and tempers which resulted in violence against women and girls.¹⁹

India put in place the Disaster Management Act to contain the spread of the virus and provide immediate food and shelter relief from the state and national disaster funds. The inclusion assessment of the COVID-19 relief package study, **DELAYED & DENIED: Injustice in COVID-19 relief, 202**²⁰ conducted by the National Campaign on Dalit Human Rights (NCDHR) in India revealed worrying gaps.

For the want of required documents, a sizeable proportion of Dalit and Adivasi (indigenous) communities were not able to access social protection programmes, the conduit for transferring relief assistance to beneficiaries. The assessment covered 21,431 Dalit households and 2,102 Adivasi households spanning eight states.

¹⁶ <https://thewire.in/south-asia/bangladesh-caste-discrimination-dalits-covid-19>

¹⁷ <https://home.kpmg/xx/en/home/insights/2020/04/bangladesh-government-and-institution-measures-in-response-to-covid.html>

¹⁸ <https://idsn.org/countries/bangladesh/#:~:text=The%20estimates%20of%20the%20number,able%20to%20raise%20their%20voices.>

¹⁹ Violence against women on the rise amid COVID-19 and rampant impunity, 24/11/2020 STATEMENT <https://www.fidh.org/en/region/asia/bangladesh/violence-against-women-on-the-rise-amid-covid-19-and-rampant-impunity>

²⁰ http://www.ncdhr.org.in/wp-content/uploads/2020/09/10-NCDHR-national-factsheet_weclaim_April-May-2020.pdf



A Dalit girl in India

The findings of the inclusion assessment relating to Dalit and Adivasi women are summed up as follows.

- ❖ 65% of single/widow women households (HHs) were not registered under the Ayushman Bharat to access free testing and treatment for COVID-19.
- ❖ 68% of single women/widows were not registered under the Pradhan Mantri Ujjwala Yojana (Free gas refill for 3-months)
- ❖ 59% of single/widow women HHs were not registered under the flagship rural employment scheme to receive enhanced wages (of 202 rupees), although 73% of Scheduled Caste (SC) migrant workers are women and 72% of Schedule Tribe (ST) workers are women% (Census 2011).
- ❖ 83.55% SC workers earn less than INR 5000; and only 11.74% earn between 5,000 and-10,000 rupees.
- ❖ 86.53% ST workers earn less than 5,000 rupees.
- ❖ 61% of single/widow women HHs are not registered under Pradhan Mantri Jan Dhan Yojana, which provided a cash transfer of 500 rupees for three months to female account holders.
- ❖ 52% of single/widow women HHs with children aged between 0 and 6 years had not received the ICDS (Integrated Child Development Service) assistance.
- ❖ 30% of single/widow women HHs received a partial quota of free food grains under the national food security programme.
- ❖ 12% of the SC and 12% ST HHs had widow pensioners but 68% of the SC and 59% of the of ST pension-holders had not received the ex-gratia assistance.

Hunger during the lockdown

Shakuntala, a former manual scavenger, from Chamari village in Bulandsher district of Uttar Pradesh, India, mother of eight children, is visibly dejected when we approached. With many mouths to feed and an asthmatic husband, her situation is desperate during the COVID-19 lockdown. When asked if she got any public assistance during the lockdown, she said she had not, but acknowledged the food support she received from her kind neighbourhood. “Kuch laabh nahi mila hamein, aur bhooka marr rahein hain”, (we are starving as no public relief reached us) she retorts, referring to the acute hunger situation in the house. The support from neighbours could provide occasional meals. Her husband’s condition deteriorated, and she could not seek medical care during the lockdown. “Kuch bhi toh nahi socha sarkar ne hamare liye”, (the government did not consider us at all) she says. And, despite having the ration card she had not received provisions in the last six months, she adds. “Apni pareshani kisko bata de? Jab Sarkara nahi sunti to garib aadmi kya sunengey hamari samasya,” (To whom should we go with our predicament? If the Government does not bother who else would?), she laments.



Some of the social protection schemes of the Government of India, such as **Jan Dhan Yojana** and **Ujjawala Yojana** were female targeted. However, most of the schemes were universal in nature and did not provide special or additional assistance to the Dalit and Adivasi communities and women, despite availability of government data on multi-dimensional poverty and deprivation among these groups. It is worth mentioning that some states like Delhi did announce enhanced pensions for Dalits and Adivasi pensioners, including for widows, although not many Dalits reside in urban areas like Delhi.

To add to the misery of Dalits and Adivasi who did not get government relief, the National Dalit Movement for Justice and **All India Dalit Mahila Adhikar Manch**, the two movements under the aegis of the NCDHR, recorded a sharp rise in caste crimes against the community and Dalit women during the lockdown.²¹ Many other cases and reports were recorded and acted on by the civil society members of Dalit Human Rights Defenders Network (Veeraraghav, 2020).

For example, in Vijaywada, a nine-month pregnant Dalit woman who needed to go down 250 steps from her hilltop home to get daily essentials was sent back empty-handed for being a Dalit. A domestic worker in Saharanpur, Uttar Pradesh, was repeatedly beaten up for speaking up when she was denied rations. Several instances of gang rape were reported from across Uttar Pradesh. In one gruesome case, a Dalit woman was kept hostage by five influential people of a village for eight hours on her wedding day and gang-raped several times,²² while in Hathras district of Uttar Pradesh after being gang raped and murdered by dominant caste men, the body of a 19-year-old girl was cremated by the police without the consent of her family.²³



²¹ <https://idsn.org/wp-content/uploads/2020/06/MEDIA-HIGHLIGHTED-CASES1.pdf>

²² <https://frontline.thehindu.com/dispatches/report-exposes-increase-in-atrocities-against-dalits-former-cji-kg-balakrishnan-calls-for-better-law-enforcement/article32611583.ece>

²³ http://www.ncdhr.org.in/wp-content/uploads/2020/10/FINAL-Joint-Press-STATEMENT_-Hathras.pdf

Violence on Dalit widow

In an incident in Uttar Pradesh's Saharanpur, Mamta, a 44-year-old Dalit domestic worker, was reportedly beaten up badly when she spoke up when denied rations that were supposed to be distributed among all the residents of Abhishek Nagar. Mamta, a widow and mother of two sons, one of whom is physically challenged, has blamed the area's Councillor for the incident. According to Mamta, on the night of 3rd April, she had sent her son to collect rations when she heard that the ward councillor's husband, along with a few other people, were distributing rations in their locality. She said her son came back empty-handed, after which she accompanied him back and faced a barrage of casteist remarks: "Tum logon ne hame vote nahi diya, hum tumhe ration nahi denge. Ye tumhare liye nhi ayya" (You people did not vote for us, so we will not give you rations). Mamta said when she questioned them and demanded that she be treated equally and with respect, she was rebuked with derogatory casteist slurs. Soon the verbal abuse turned into physical assault. Mamta is among 400 residents who were reportedly denied rations that were being distributed by the councillor's husband and brother-in-law.²⁴

16.2% of the population of India is Dalit, and 8.2% are Adivasi. There are 97.9 million Dalit females and 103.5 million males; there are 51.9 million Adivasi females and 52.4 million males (Population Census 2011). India's Constitution outlawed 'untouchability' in 1948, and made it a punishable offence under various subsequent laws.

However, despite the existence of targeted policy and programmes of the government and affirmative action in support of the welfare and development of Dalits and Adivasi, practically speaking, those responsible for attacks on Dalits still enjoy impunity, while Dalit and Adivasi poverty has increased alongside newer forms of caste discrimination, the existence of systemic loopholes and tolerance of caste crimes. Meanwhile Dalits and Adivasi remain trapped in historical and intergenerational multifaceted poverty.

As for migrants, the migrant crisis was exacerbated by the national lockdown which violated the right to life with dignity of millions of migrant workers. A staggering 77% of India's workforce (three out of four workers) falls under the category of vulnerable employment (World Bank, 2019). Seasonal migrants – workers who migrate temporarily are one of the largest and most vulnerable workforces of India. The figures for seasonal migrants vary from 15.2 million to 55 million.

²⁴ <https://www.newslick.in/COVID-19-Dalit-Woman-Beaten-Denied-Rations-Saharanpur>

They are largely driven by poverty and distress, with the majority being landless, or small-scale and marginal farmers who have no livelihood opportunities post-harvest. 23.1% and 18.6% of seasonal migrants come from the Dalit and Adivasi communities respectively. They have little education, and minimal or no assets. The vulnerability of migrants is compounded by their caste identity, as the majority belong to categories such as Other Backward Castes, Scheduled Castes and Adivasi, because caste determines wealth, income and remittance level (Venugopal, J, Samuel, & Kidwai, 2020).

Women are particularly affected as they are often responsible for getting food and water. Some migrant returnees said they wait for hours at the village tap because dominant caste families get access first.

No work for a Dalit family back in the village

In Aston village, in the central state of Madhya Pradesh, Krishna Ahirwar, 22, returned from New Delhi along with her husband and toddler and is staying in a separate locality where Dalits have historically lived. Landless, with no ration card -- the government document required to get food aid -- she has found it hard to secure food. "We are thinking about whether to go back to the city,"

Ahirwar said.²⁵



²⁵ **For millions of migrant workers, Covid-19 brought caste discrimination back.** Shruti Srivastava | Bloomberg. August 21, 2020 12:37 IST URL - https://www.business-standard.com/article/current-affairs/for-millions-of-migrant-workers-covid-19-brought-caste-discrimination-back-120082100542_1.html

Section 2

Europe

The situation during the pandemic of the Roma people, the DWD communities in Europe, is of real concern. They experience discrimination and stigmatisation that is largely unrecognised by global human rights discourse and practice. The Roma people are subjected to antigypsyism which can be manifested in anti-Roma attitudes, prevalent negative stereotyping in the public sphere and hate speech (Nikarthil, 2019).

The situation of vulnerability and inequality affecting the Roma population was already alarming before the COVID-19 crisis. A study of the Roma population in Spain in 2018 on their employment and poverty found that poverty and social exclusion affected more than 80% of Roma people, with 46% living in extreme poverty. More than 9,000 Roma families in Spain were found to live in substandard housing which does not meet basic standards of habitability.

The unemployment rate was as high as 52% (more than three times the rate of 14.5% found in the general population). Roma women were at a clear disadvantage, with an employment rate of only 16%. As street vending is the most prevalent form of work for Roma people, and 47% are self-employed, they have been very hard hit by lockdowns. Only 32% of very poor Roma households receive social welfare payments (Impact of the COVID-19 Crisis on Roma Population, 2020). It has not been possible accurately to gauge the burden of COVID 19 impacts on Roma men and women and their access to health services as these data are unavailable.

A European Union study on the gendered impact of COVID-19 observed that disruption and restrictions to reproductive health services would affect some communities more than others, including women living in poverty, women with disabilities, Roma women, undocumented migrant women, adolescents, transgender people, and women at risk of or who are survivors of domestic and sexual violence. For example, in Bulgaria, Romania and Serbia, projects supporting the sexual and reproductive health of Roma girls and women have been suspended (WENHAM, 2020).

A report of the Council of Europe (2020) noted the continuing hate speech, discrimination, and stigmatization against minority groups, especially Roma communities, throughout the pandemic (Marsal, Ahlund, & Wilson, 2020).

Section 3

Latin America

In Brazil, South America, COVID-19 has ravaged the Quilombola communities, exacerbating the ongoing impacts on them of pollution, encroachment and lack of public health services. Quilombolas are the descendants of African slaves who settled in remote parts of Brazil to flee their oppressors in the 1500s. Quilombolas are found throughout Brazil, including vast stretches of the Amazon basin. Their geographical and historical vulnerabilities are not included in government statistics, a failure which has led to the absence of targeted policy and programmes to address their rights and needs. Lack of recognition has deprived them of basic human amenities of transport road, water, electricity, telephone or health services, while at the same time they face existential threats from ranchers, miners and loggers.

In July 2020, the federal government passed a law intended to protect indigenous and Quilombola communities during the pandemic, but it did not guarantee them access to drinking water, hygiene materials, hospital beds and mechanical ventilators.³⁰ Despite the urgency, this delay and failure by the state to take action resulted in a thousand Quilombola deaths. There are few official data on COVID-19 infections and deaths but some estimates put the mortality rate among the Quilombolas at four times the national average. This has resulted in the Quilombolas being made a priority for vaccination, a topic which is part of the larger struggle to manage Covid 19 in Brazil.

Non availability of Medicare for COVID patients

Sonia Castro says her family stayed in self-isolation for two months in the Jambuaçu territory in Brazil's Pará state. She recounts how they eventually fell ill, their condition worsening bit by bit without proper medical attention. "We were staying in our house in isolation. As their health condition got worse, I had to call an ambulance, and we were shifted to Belém, the state capital," explains Castro. The other residents of her community feared they would be infected with COVID-19. Because of that, Castro says, she had to collect her children by motorboat – they were waiting on a bridge apart from the community. This daunting journey was meant to prevent interaction with others. "I was desperate, because I thought that I would lose my children and I felt I was being discriminated against because of the virus. "The worst part is there was no hospital bed available for a positive patient, nor an ambulance, and as a result people died. We live in a rural place, it's easy to get fruit, get some açaí and prepare some tapioca flour in the place where it's made, and that way we can survive. But with the virus, if we don't get government help, we won't survive." Said Castro²⁶

²⁶ <https://news.mongabay.com/2021/03/amid-pollution-and-covid-19-a-quilombolas-amazon-sanctuary-turns-hostile/>

Conclusion and recommendations

Globally the communities subjected to discrimination based on Work and Descent have been especially affected by COVID-19, due to their marginalisation, exclusion, pre-existing vulnerabilities, fragile livelihoods and poor access to social security. DWD women engaged in casual labour and unpaid care jobs have been severely affected. In most regions or countries, governments have not made any special provision for DWD women's health, safety, protection or income support.

DWD communities and DWD women are struggling for their dignified right to life and decent livelihoods, healthcare, freedom from violence and social security. Governments have responded with temporary increases in spending on social protection during COVID-19, but they must now made permanent to give protection to marginalised communities. A long term COVID-19 recovery plan that is based on social justice, equity and rights based-approach is vital for inclusive and resilient communities.



Symposium in India-Dalit Women rise for justice March 2021

The following are key recommendations:

- ❖ Governments must recognize and record the population of DWD communities disaggregated by gender, age, disability status and economic status.
- ❖ Governments must collect and report on cases of COVID-19, hospitalisations, recovery, deaths and vaccinations among the DWD communities, disaggregated by social group, age, sex, disability, along the lines modelled by the US 'Racial Data Transparency' in order to document how public health challenges affect different groups differently to put in place tailored policy measures.²⁷
- ❖ Adequate budgetary allocations must be put in place by governments to ensure that marginalized women's health and education are given priority during epidemics and pandemics.
- ❖ There must be finance for long-term recovery plans, with special and additional measures for income generation and security, and social protection of DWD communities in low-income and lower-middle income countries
- ❖ Governments must ratify the ILO Conventions and Protocols relating to migrant workers, indigenous people, wage protection, domestic workers, health provisions for workers etc., and adopt and adapt national policies, legislation, programmes and budgets accordingly.
- ❖ Policy and legislation to address exclusion, discrimination and violence against DWD communities during disasters – including epidemics and pandemics – must be enacted.
- ❖ Numbers and circumstances of migrant and casual workers must be recorded and measures put in place to ensure they are covered by social protection schemes.
- ❖ Governments must support the strengthening of labour organizations and associations (trade unions) that monitor labour standards and wages, nutritional needs and social security entitlements – especially in countries where labour laws have been relaxed after lockdowns have been lifted or where there is insufficient legal protection for women workers..
- ❖ Governments must put finance in place for programmes targeted at the long-term COVID-19 recovery of DWD communities in the informal sector and ensure healthcare facilities and workplace protection for all women workers.
- ❖ Governments must monitor the implementation of labour laws and conditions of workers both in the regulated and unregulated sectors, and put in place mechanisms to ensure the timely adjudication of grievances.
- ❖ Governments must put in place mechanisms to prevent and act on violence against DWD women and ensure they have access to judicial redress.

²⁷ <https://coronavirus.jhu.edu/data/racial-data-transparency>

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Leave No Woman and Girls With Disabilities Behind

In Africa During COVID 19 and beyond



SDGs KENYA FORUM
For Sustainable Development

Section 1

Setting the Scene

People with disabilities are relegated to the background. The pandemic simply worsened an already bad situation.¹

Anne Wafula-Strike,
a Kenyan Paralympian athlete



Over the past 12 months the impact of COVID-19 and the safety measures of social distancing, lockdowns and curfews have imposed new burdens on women and girls with disabilities, who are already struggling to combine paid work, domestic chores and child care – tasks made more arduous by poverty and entrenched patriarchal attitudes. COVID-19 has meant reduced access to social protection and health services, including maternal health; ² increased exposure to domestic violence in lockdowns; the burden of caring for the sick; and loss of income without compensation as opportunities for work in informal sector dry up.

Exclusion is exacerbated by age, gender, poverty, ethnicity, sexual orientation and location, which make it difficult or impossible in many countries for women with disabilities to access social protection, health, education, employment, transportation, community space and political representation. They are also often stigmatised in their own communities and further disadvantaged and marginalised. Lockdowns, curfews and controls implemented in response to COVID-19 make women and girls with disabilities even more dependent on others and increase the risk of violence behind locked doors.

Women have higher prevalence of disability compared to men, 19.2%, and 12% respectively.³ The vast majority (80%) of persons with disabilities live in low income countries ⁴ and women and girls represent more than half of all persons with disabilities worldwide and almost 20% of all women.⁵ Globally, compared with men with disabilities, women with disabilities are three times more likely to have unmet needs for health care;

¹ Africa Renewal, May 2020. COVID-19: People with disabilities facing tougher times. <https://www.un.org/africarenewal/magazine/coronavirus/april-2020-special-edition-covid-19/covid-19-people-disabilities-facing-tough-times>

² See <https://www.developmentpathways.co.uk/publications/situational-analysis-of-persons-with-disabilities-in-uganda/> for detailed study of these issues

³ Ibid.

⁴ Bulletin of the World Health Organisation (2005). <https://www.who.int/bulletin/volumes/83/4/news0405/en/>

⁵ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2018/empowerment-of-women-and-girls-with-disabilities-en.pdf?la=en&vs=3504>

three times more likely to be illiterate; two times less likely to be employed and two times less likely to use the internet. Among those employed, women with disabilities are two times less likely to work as legislators, senior officials or managers.⁶ And even though people living in poverty are more likely to be disabled and people with disabilities **are more likely to be poor**,⁷ over half the global population (of whom persons with disabilities form a high percentage) does not have social security coverage, with some 4 billion people unprotected. Unemployment among persons with disabilities is **as high as 80%**.⁸

People with disabilities, both female and male, make up **about 15% of the world's population**,⁹ one billion people. In Africa females account for **a slightly higher percentage of people living with disabilities** than males, mainly accounted for by the 60+ age cohort.¹⁰ The likelihood of disability increases with age, with disability **prevalence increasing from 12% among working age adults to 39% among older persons**.¹¹ Low and middle income countries have higher disability prevalence compared to high income countries. 90% of children with disabilities in developing countries do not attend school; in developing countries only 50% of **women with disabilities** are able to read and write, compared with 65% of men with disabilities.¹²



GCAP Ghana

⁶ United Nations. Realizing the Sustainable Development Goals by, for and with Persons with Disabilities - Achieving gender equality and empowering all women and girls with disabilities (Goal 5).

⁷ Mitra, Sophie & Posarac, Aleksandra & Vick, Brandon. (2013). Disability and Poverty in Developing Countries: A Multidimensional Study. World Development. 41. 1–18. 10.1016/j.worlddev.2012.05.024. https://www.researchgate.net/publication/257156723_Disability_and_Poverty_in_Developing_Countries_A_Multidimensional_Study

⁸ https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_087707.pdf

⁹ World Health Organisation. World Report on Disability 2011. Page 29. Available at: <https://www.who.int/teams/noncommunicable-diseases/disability-and-rehabilitation/world-report-on-disability>

¹⁰ World Health Organisation and World Bank (2011). World Report on Disability. Page 30 https://www.who.int/disabilities/world_report/2011/report.pdf

¹¹ Mitra S, Sambamoorthi U. 2014. Disability prevalence among adults: Estimates for 54 countries and progress toward a global estimate. Disability and Rehabilitation; 36 (11) <http://www.tandfonline.com/doi/full/10.3109/09638288.2013.825333>

¹² United Nations - Department of Economic and Social Affairs. Disability and Development Report 2018. Figures quoted are derived from a 2001 to 2012 surveys of 35 developing countries. See page 108. <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>

Section 2

Impact of COVID-19

A UNESCO study in Zimbabwe gives a good summary of the particular difficulties faced by women with disabilities dealing with COVID and also sheds light on the increased gender-based violence they are facing:

“... while there are general challenges experienced by persons with disabilities, such as movement restrictions, banning of informal trading, shortage of food and nutrition among others due to COVID-19, women and girls with disabilities experience an additional unique set of challenges.

Grounded in societal values, cultural norms and beliefs, the women and girl child carry the extra burden of looking after the whole family by doing household chores which include, cleaning cooking utensils, household furniture, floors and washrooms, washing clothes, fetching water among many others.

From the study sample, there are more female caregivers, 56% compared to 46% males. Caregiving adds a further burden to women who already have household duties to perform. This also has implications on programming targeted at improving the care of persons with disabilities. The physical and emotional drain that comes with this role overload negatively affects the health and wellbeing of women and girls with disabilities. All these activities expose them to COVID-19 virus and also mean that, they can become an ‘effective’ agent of spreading the virus.”¹³

¹³ UNESCO. (2020) Rapid impact assessment of COVID-19 on persons with disabilities in Zimbabwe
<https://unesdoc.unesco.org/ark:/48223/pf0000375260?posInSet=1&queryId=9223b8ff-d3b7-4e1a-802c-cd4b626266f1>

The extent of the prevalence of COVID amongst women and girls with disabilities in Africa is not known and Africa accounts for only a small proportion of cases worldwide, with **numbers of COVID-19 cases** differing widely across the continent. But there are acknowledged difficulties in gathering accurate statistics and many cases go unreported. According to the World Health Organisation (WHO), women as a whole account for an average of around 40% of COVID-19 cases across the continent, ranging from 35% in some countries to over 55% in South Africa.¹⁴ At the beginning of April 2021, South Africa had registered over 1.5 million cases and over 53,000 deaths.¹⁵ New variants and uneven access to vaccines between countries and population groups are now a key concern.

African countries **were praised** by the WHO for taking swift action to keep cases low, putting in place lockdowns and key public health measures, such as promoting physical distancing, good hand hygiene, and testing and tracing of contacts of people with COVID-19, with isolation of cases.¹⁶ But for women and girls with disabilities the impact of these public health measures and lockdowns has been profound and severe.

Since April 2020 **GCAP Africa** has been pulling together regional and country specific accounts of how women and girls are experiencing discrimination linked to COVID-19 and putting the case for specific measures to support access to health, income, food and information.¹⁷ Equitable access to vaccination is a key demand. Conscious of the danger of their exclusion from vaccination lists, persons with disabilities are working together to prevent this from happening.

i. COVID-19 pandemic and violence

Stigma, invisibility, and exclusion from services and social protection come together in violence and abuse. Women and girls with disabilities are at greater risk of violence and sexual abuse than women without disabilities. Women with disabilities are at **two to four times higher risk** of intimate partner violence (IPV) than women without disabilities. In the words of the chairwoman of a disabled persons association in rural Kenya, “Most people do not respect us as people who deserve to be treated with dignity, when something happens to a disabled person, it is not taken as seriously compared to when something happens to a non-disabled person. This is not only by the community, even the police, the hospitals, the schools, the churches, parents, everybody, what do you say when a parent takes 200 shillings (USD \$2.00) and agrees to close their eyes when their daughter has been raped?”

¹⁴ World Health Organisation, Africa. WHO concerned over COVID-19 impact on women, girls in Africa. 18 06 2020. <https://www.afro.who.int/news/who-concerned-over-covid-19-impact-women-girls-africa>

¹⁵ Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/>

¹⁶ British Medical Journal (BMJ). <https://www.bmj.com/content/369/bmj.m2394>

¹⁷ <https://gcap.global/news/putting-the-most-vulnerable-first/>

Testimonies submitted to the [COVID-19 Disability Rights Monitor Survey](#) revealed “... police harassment, torture, and murder of persons with disabilities and their family members [and] that persons with disabilities were particularly vulnerable to various forms of exploitation, violence, and abuse in countries with strict curfews and strong police or military presence.”¹⁸ The survey includes [reports of police brutality](#) against women and girls with disabilities who broke the curfew rules to seek food. For instance, a respondent from a Nigerian organisation of persons with disabilities said that “a mother of a child with Cerebral Palsy was harassed by policemen on her way to collect food relief at one of the distribution centres.” Likewise, a Ugandan respondent said that “a woman with a disability was beaten up after curfew time. She was looking for food.” A South African respondent said that “parents have been fined or arrested for going to buy diapers or medication for their child with a disability.”¹⁹



Event during the International Women's Day 2020 by GCAP Mali

¹⁸ International Disability Rights Alliance (2020). Disability rights during the pandemic - A global report on findings of the COVID-19 Disability Rights Monitor. Page 33. https://www.internationaldisabilityalliance.org/sites/default/files/disability_rights_during_the_pandemic_report_web_pdf_1.pdf

¹⁹ *ibid.*

“I live with my daughter who helps with selling water on the street. My daughter’s husband who used to support us was involved in an accident and is bedridden, so I am left with only my daughter. Ever since the lockdown started, my daughter cannot go out and sell the water to support us in the house.”

Elizabeth Antwiwaa,
a visually impaired woman in Kumasi, Ghana

“I go out to beg for alms by the roadside with my young son. We live on the money we get from the alms daily. Now we are kept indoors because of the lockdown. The government announced that they will help vulnerable people. The only thing we’ve received so far is a pack of cooked food shared in the community and I only got the chance to get one to eat”

Ayesha, 38 years old,
Accra, Ghana

Women and girls living with disabilities are already at greater risk of violence than their sisters who do not have disabilities. For women in Africa living with disabilities *these difficulties are intensified*. In the words of Nadia Uwimana, member of UN Women Regional EAW Reference Group and Legal Representative of Association for women with disabilities,²⁰ “There are many cases of violence against women with disabilities in different forms, reported during COVID-19, and many women suffer in silence. First, there is domestic violence where women with disabilities are forced to stay at home, without the right to go out. Then there is the case of sexual abuse of disabled girls by family members or by people of the locality. There are also cases of exploitation of the disabled girl by her family. There are also cases where girls with disabilities, due to economic hardship are forced to cohabit with men and also face stigma and discrimination. Most of these cases remain undisclosed.”²¹



²⁰ Nadia Uwimana, Member of UN Women Regional EAW Reference Group and Legal Representative of Association for women with disabilities (Les Vaillantes)

²¹ UN Women – Africa. Protection of Women and Girls with Disabilities during COVID-19: A Priority (Friday, May 8, 2020) <https://africa.unwomen.org/en/news-and-events/stories/2020/05/protection-of-women-and-girls-with-disabilities-during-covid-19>

ii. Social protection

Overcoming the multiple and intersecting disadvantages of women and girls with disabilities requires governments across Africa to ensure that the provisions of social protection floors reach women and girls with disabilities and that women and girls with disabilities have full access to health, education, sexual reproductive and social protection programmes.”

Submission to Africa regional review of twenty-five years of implementation of the Beijing Declaration and Platform for Action. Beijing plus 25 meeting in Addis Ababa 2019

By Kenya Ghana Federation of Disability Organizations (GFD). Global Call to Action Against Poverty (GCAP) Association Malienne pour la Sauvegarde du Bien Etre Familial (AMASBIF). Polycom Development Project

The COVID-19 pandemic has highlighted how important access to social protection is for everyone, and especially persons with disabilities, and at the same time has exposed the flaws which exclude them from the benefits to which they are entitled. People with disabilities need and have the right to social protection to compensate for the cost of having a disability, providing a way to help them to overcome barriers to participation in society.

In every country accessible and adequate social protection is supposed to be available, in line with government commitments to the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs). Social protection facilitates access to essential services, education, employment and social and economic inclusion, and plays an essential role in crisis and recovery.

The evidence gathered across Africa revealed how defective design, inaccessible pay points, poor access to information on entitlements and problems of coverage and adequacy are denying untold numbers their right to social protection. For example, in Ghana, provisions for persons with disabilities fall under a number of schemes, including the Livelihoods Empowerment Against Poverty (LEAP) Programme; Labour Intensive Public Works (LIPW); National Health Insurance Authority (NHIA); School Feeding Programme; the EBAN Elderly Card; and the “7.5% District Assembly Common Fund” (3% DACF). The EBAN Elderly Welfare Card, launched in 2015, is intended to provide easy access public institutions and to avoid queuing for persons aged 65 years and above at hospitals, banks and other public places and a 50% discount on bus fares.²²

Yet of the eleven women interviewed in a GCAP focus group in 2019 only six had accessed financial support. In all six cases this was from the DACF. There are no records of people with disabilities benefiting from LIPW.

The social protection laws and regulations of Mali include the 2016 National Social Protection Policy and action plan, universal health coverage policy and the 2015-

²² Government of Ghana Press Release. 28 March 2015. “EBAN Elderly Welfare Card Launched.” Available at : <http://www.ghana.gov.gh/index.php/media-center/news/127-eban-elderly-welfare-card-launched>

2024 strategic plan for the social and economic promotion of people with disabilities. Nevertheless, the focus groups stated, “Inequality of treatment: women with disabilities have limited access to food, protection, housing, training, information, new communication technologies, employment, decent pay, a home, procreation. They believe that they are instrumentalised by politicians and institutions that get rich on their backs.”

Persons with disabilities in Kenya are entitled to basic income and health services, but evidence shows that **infrastructural limitations**,²³ compounded by the poor quality of information available to persons with disabilities regarding their entitlements, result in poor take-up – difficulties now exacerbated by Covid. Women and girls with disabilities and their families find it hard to get information on where and how to obtain the benefits available; and, even if there is information, unsuitable transport, environmental factors and badly located and faraway venues for services which are not necessarily COVID secure for persons with disabilities make it hard to access them.

iii. Education, employment and health

In Kenya, there is discrimination in hiring, retention, promotion, pay and access to training, credit and other productive resources.²⁴ World Bank research has confirmed that children with disabilities have been shown to be at a substantial disadvantage in enrolling in school, completing primary or secondary education, or being literate. Disabled girls are routinely denied all levels and types of education with very negative consequences for their employment prospects and self-esteem. Drop-out rates for girls with disabilities are high. They are often discouraged from continuing in education; they may be isolated; they don't play with other children either at home or in school; and they are often bullied and given derogatory nicknames.

Girls with disabilities have difficulty getting an education; school buildings are not accessible; and learning materials are not adapted to their needs. And some school heads even turn away children with disabilities, depriving them of their right to education and denying them the opportunity to compete for the jobs which could provide an income for themselves and their families. After leaving school, at best they are assigned menial jobs as cleaners or messengers in offices and institutions or are even reduced to begging for a living.”

Focus group discussion
Ghana, 2019

²³ Kenya National survey for persons with disabilities report (2007). <https://ncpd.go.ke/wp-content/uploads/2020/05/2007-Kenya-National-Survey-on-Persons-with-Disabilities.pdf>

²⁴ UN OHCHR (Office of the United Nations High Commissioner for Human Rights). 2012. Women and the Right to Adequate Housing. New York: UN. -2010. Women and the Right to Education; New York: UN.

Without education, employment is more difficult and few allowances are made for women with disabilities in the workplace. While school completion rates for all children across Africa are improving, the **gap in completion rates** in both primary and secondary schools between girls with disabilities and girls without disabilities is increasing.²⁵ Poverty is a huge problem because it costs a lot more to ensure that a child with a disability can attend school regularly. More has to be done too to convince parents that it is worth sending a child with a disability to school. And school buildings must be made accessible. The online classes organised during the pandemic are not accessible to girls with disabilities, further reducing their opportunities to learn and therefore likely to increase their dropout rates.

Ten respondents (male and female) to a **survey** about COVID-19 undertaken with Organisations of Persons with Disabilities in Uganda in August 2020 reported that they had lost 64% of their monthly income since the start of the outbreak. After adjusting for purchase power parity, this is the equivalent of falling from €203 to €73 per month. In the same survey one in three women respondents reported an increased risk of physical and/or sexual violence.²⁶ Before the pandemic some persons with disabilities were able to make money by working, but now they are stuck at home with no money coming in, and there are reports that this is causing squabbles among family members.

In three focus study countries (Kenya, Mali and Ghana) women with disabilities had difficulties in accessing the services they were entitled to, including health, because information about their entitlements was not available or because the offices they needed to visit were not disabled-friendly, and the pandemic has intensified these problems. In Kenya it has been reported that almost three quarters of persons with disabilities living in informal settlements in urban areas are less likely to have adequate access to health services, due to stigma and infrastructural limitations.²⁷ Evidence gathered by GCAP also highlights how widespread misconceptions about the sexuality of women with disabilities results in poor access to sexual and reproductive health services, including family planning and maternal health care.



Event during the International Women's Day 2020 by GCAP Ghana

²⁵ Quentin Wodon, Chata Male, Claudio Montenegro and Ada Nayihouba. The Price of Exclusion: Disability and Education – The Challenge of Inclusive Education in Sub-Saharan Africa. December 2018. <https://blogs.worldbank.org/education/price-exclusion-disability-and-education-africa>

²⁶ ADD International (2020). Income loss, risk of violence and the response of persons with disabilities and their representative organisations in Uganda – November 2020. <https://add.org.uk/file/4321/download?token=U-U2lhDu>

²⁷ Ibid. <https://ncpd.go.ke/wp-content/uploads/2020/05/2007-Kenya-National-Survey-on-Persons-with-Disabilities.pdf>

iv. Lack of disaggregated data

Despite efforts of the international community and civil society to promote assessment of disability through the use of the **Washington Group questions on functioning** (a standardised set of questions which can detect the extent, trends and levels of disability, and which, because of their simplicity and brevity, can be incorporated into national censuses and survey instruments), women and girls with disabilities are largely uncounted and invisible in national statistics in many countries in Africa. The lack of systematic data collection on disability, disaggregated by sex and age, means that extent of disability is often invisible to governments, official institutions and the wider world. Without data that tell them where people with disabilities live, how many there are, what age and what sex they are, what sort of disability they have, government institutions cannot even begin to provide the services and protections they need. Consequently, the social protection which is theirs by right is not delivered.



#Peoplesassembly2019 takes to the streets to demand climate & environmental justice, equality and voice!

It also means that it is impossible to count the number of women and girls with disabilities relative to boys and men. This contributes to the **invisibility of children, especially girls, with disabilities**.²⁸ Official data on disability in Mali, Kenya and Ghana, collected by means of censuses, almost certainly underestimates prevalence. This may be the case in other African countries. There is, therefore, a double challenge for statistical authorities – to collect accurate data on disability for the whole population and, second, to collect age and gender specific data which will accurately provide the numbers of women and girls living with disabilities over the life course as well as the type and severity of disability. This may have had negative consequences for the provisions of support to the women and girls with disabilities during the pandemic.

Action must be taken on disaggregation of data to fulfil the pledge of governments to Leave No One Behind. **Target 18 of Goal 17**, the penultimate paragraph of the SDGs, embracing all the goals and targets that precede it, calls for countries “to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.”

²⁸ <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

Section 3

Making the changes – What ought to happen?

i. Implement the rights of persons with disabilities.

In the words of the UN Secretary General, when introducing the UN Disability Strategy in 2020, “when we secure the rights of persons with disabilities, we move the world closer to upholding the core values and principles of the UN Charter.”

The rights of persons with disabilities are supported by overarching human rights frameworks, derived from the 1948 Universal Declaration of Human Rights and the subsequent body of international human rights law. African countries have ratified the Convention of the Rights of Persons with Disabilities. The African Charter on Human and Peoples’ Rights on the Rights of Persons with Disabilities, agreed in 2018, promises in its Article 17, to “promote, protect and ensure the full and equal enjoyment of all human and people’s rights by all persons with disabilities, and to ensure respect for their inherent dignity,” with specific provisions for women and girls.

The 2006 Convention of the Rights of Persons with Disabilities²⁹ covers the rights of persons with disabilities in all contexts and areas of life, including political participation, employment, health, social protection, crises and humanitarian emergencies. The Convention on the Rights of Persons with Disabilities and its optional protocol was followed over 10 years later by the UN General Assembly resolution on its implementation,³⁰ adopted in 2017, focusing on the special needs and challenges that women and girls with disabilities face.

The ILO Social Protection Floors Recommendation, 2012 (No. 202) stipulates that disability benefits be part of progressively extended social protection, and that essential healthcare includes specific provisions for disability.

²⁹ <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> and <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/the-convention-in-brief.html>

³⁰ Implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: situation of women and girls with disabilities. General Assembly resolution 72/162, A/RES/72/162 (19 December 2017). Available from: <https://undocs.org/A/RES/72/162>.

The majority of African countries, including Ghana, Kenya and Mali, have signed the African Charter and ratified the CRPD and its optional protocol and some have a number of provisions in law to support persons with disabilities.

Despite this, as women with disabilities and their organisations have repeatedly pointed out, there are systemic failures in these countries to uphold their rights to basic services, social protection, freedom from violence and political participation. Women with disabilities who are candidates for political office face many hurdles, due to stigma, gender, access and finance, and persons with psychosocial and intellectual disabilities continue to be deprived of their rights to vote and run for election.

Even where there are laws that supposedly provide support for women and girls with disabilities, the depth of stigma and negative attitudes toward disability often makes them ineffective.

Fewer than half of African countries have legislation in place to protect and promote the rights of persons with disabilities. This failure to implement the rights of persons with disabilities contravenes both the provisions of the 2006 Convention on the [Rights of Persons with Disabilities - CRPD](#)³¹ and its optional protocol, the African Union 2018 protocol for the rights of persons with disabilities and [the 2015 Addis Ababa Action Agenda and its six references](#) to disability rights.³²



Photo from GCAP Mali

³¹ https://au.int/sites/default/files/treaties/36440-treaty-protocol_to_the_achpr_on_the_rights_of_persons_with_disabilities_in_africa_e.pdf

³² <https://www.iddconsortium.net/blog/disability-specific-references-in-the-addis-ababa-action-agenda/>

Quotes from the focus group discussions on the women and girls with disabilities

Focus group discussion in Ghana, 2019

“What should be done differently? The community must embrace girls and women with disabilities, mentor them, offer opportunities to participate in developmental programs, educate the public on the capacities of the person with a disability, empowering the woman or girl with disability to rise above the challenges and encouraging parents to educate and allow their girls with disabilities to socialise in society.”

Focus Group Discussion in Ghana September 2019

“Traditional beliefs are still strong in Ghana which means that the birth of a disabled child can be seen as a curse and taken to be a sign that evil spirits have been at work. Disabled children are often shunned or even left to die because they are considered a bad omen. Laws and beliefs are changing, however, and outright neglect is rare but disabled people are still viewed as a burden to their families and objects of pity. They are not expected to be seen in social gatherings and, if they do go, they attract uninvited looks.”

Informant from Ghana in 2019

“I get the information I need through radio and television, what about my brothers and sisters who cannot see and hear?”

Informant from Nigeria

“Social services should target women and girls with disabilities Education for women and girls with disabilities is not accessible and is money consuming, they need help in this area.”

Informant from Tanzania

“To do things differently we must empower community to understand the rights of women and girls with disabilities. Moreover, community should participate in the activities that are conducted by the women and girls with disabilities in order to know our talent and capacity that we have.”

Focus Group Discussion in Ghana, 2019

“Exclusion from education means that women with disabilities cannot get the jobs that could be the springboard for political participation and the possibility of taking on decision-making responsibilities. Cultural norms also exclude disabled people and women, for example, in the Ashanti community, it is forbidden to have a disabled chief and persons with disabilities are denied participation in decision making bodies and are prohibited even from engaging with traditional leaders.”

ii. Take political action

“Government is the main actor, and the barriers are the lack of political will to improve the lives of persons with disability.”

Focus group discussion
in Ghana, 2019

Political involvement by women with disabilities can influence disability rights and is considered a key strategy for change. However, in Mali, Kenya and Ghana it was observed that, even if a woman with disabilities puts herself forward for a political leadership position, her abilities may not be not recognised and she will not have financial and social support to represent her political party in elections. If she cannot gain a place in the leadership structures of her local community it is very difficult to break into political life at a higher level. Furthermore, there are no guidelines for political parties on inclusion of women with disabilities, which compounds the barriers of lack of finance, attitude, disability unfriendly facilities and lack of inclusive access.

Overcoming exclusions and barriers requires countries to respond to the unique needs and unmet rights of women and girls with disabilities. Better opportunities for political participation by women with disabilities as political influencers and voters are essential for change together with overcoming discriminatory attitudes and doing away with the barriers to education, social protection, essential health services, employment, protection before the law and participation in social and development activities, political decision making and community life.

In Addis Ababa in [October 2019 at the Beijing plus 25 conference](#), women and girls with disabilities called on their governments to guarantee the promotion and realisation of their human rights in all national and regional policies, according to the provisions of the Convention of the Rights of Persons with Disabilities, its optional protocol and the African Union Protocol to the African Charter on Human and People’s Rights. Furthermore, they demanded that no girl or woman with disabilities should be left behind and or remain uncounted in the next review and implementation period of Beijing +25. They asked that each of the 12 areas of action of the Beijing Platform for Action should have specific reference to and policy provision across the life course for women and girls with disabilities.

Section 4

Conclusion and recommendations

The COVID-19 pandemic should be shaping immediate and future actions to ensure the social, economic and environmental fabric of our world be one of peace, justice and security for all.

COVID-19 has exposed the systemic flaws of economic and social inequalities within and between countries. It has highlighted the discriminations experienced on a daily basis by those marginalised by virtue of age, disability, gender, ethnicity and location. It has drawn attention to the importance of human rights and government accountability to their citizens. Lockdowns have shown how exclusion and risk can be made more dangerous for those already marginalised.

COVID-19's devastating effect on older people, people with disabilities, the care sector, frontline services and those with underlying health conditions has underlined the importance of a whole-of-society approach which provides well-resourced health systems and delivers social protection for all ages and without discrimination. It has highlighted the importance of Agenda 2030 and the Sustainable Development Goals as the global framework to 'build **transformatively forward**'.

Women and girls with disabilities in Africa have provided a roadmap for their rights to be fully realised in line with the Convention for the Rights of Persons with Disabilities, The **African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities** and Agenda 2030 and the Sustainable Development Goals – all more urgent now in the context of COVID-19.



Leave No Woman Behind in Kenya

Key recommendations include:

- ❖ Governments to identify persons with disabilities on a priority basis to make sure that they are included in the support systems developed during the pandemic, and ensure that they receive adequate food and nutrition.
- ❖ Governments to ensure that the regular health needs of women and girls with disabilities are met during the pandemic.
- ❖ In planning for economic recovery and the restoration of livelihoods after the pandemic, governments should include specific opportunities for women and girls with disabilities.
- ❖ Judicial and rights institutions and law enforcement bodies should draw up special protocols and procedures for dealing with violence against women and girls with disabilities.
- ❖ Women and girls with disabilities should have equal access to COVID-19 emergency responses and vaccines without discrimination.
- ❖ Women and girls with disabilities should have equal opportunities to contribute fully to their communities and countries.
- ❖ Governments should put in place inclusive policies that enable, rather than prevent, their development and contributions.
- ❖ Women and girls with disabilities demand to be fully involved and equal participants in developing and implementing policies on disability, gender equality, social development, environmental sustainability and humanitarian programmes.
- ❖ A unified Africa approach to issues of women and girls with disabilities in addressing the COVID 19 pandemic is required.
- ❖ In all countries of the region women and girls with disabilities and their representative organisations are calling for full involvement in developing and implementing policies on gender equality and women's rights.
- ❖ UNECA and all governments must ensure availability of up to date regional and national data and statistics on women and girls with disabilities.
- ❖ There must be meaningful representation of women with disabilities in national, regional and international political processes in all countries of Africa and within the African Union and organisations of the United Nations and multilateral bodies.





Status of

Indigenous Women

Facing Multiple Discrimination

During COVID-19 Pandemic
in Asia



**Global
Call to Action
Against Poverty**



Introduction

The COVID-19 pandemic has caused havoc across the globe, taking millions of lives and depriving people of their livelihoods. In Asia, its impact on Indigenous Peoples, particularly Indigenous Women and Girls, Indigenous persons with disability and older persons has been particularly severe. COVID-19 is a greater health risk to groups who, due to marginalisation and exclusion, have limited access to health services and information. They have experienced food insecurity and have lost employment and livelihood resources during the pandemic; and their human rights have been threatened by inadequate humanitarian responses, low access to information, basic services and safety nets, insecure and poor health services, racial and gender-based discrimination, and limited participation in decision making. Indigenous Peoples are over-represented among the poorest segments of population and are disproportionately reliant on the informal economy. Despite international guidance and the UN Declaration on the Rights of Indigenous Peoples, their access to social protection is extremely limited.

The pandemic has been used as a pretext by many Asian governments for violating the rights of Indigenous Peoples to their land, territories and resources. Lockdowns imposed with restrictions on movement have facilitated and increased illegal logging and land grabbing in the indigenous territories and military operations have not been halted. The Indigenous Peoples of the Philippines, Myanmar, India and Jumma in Bangladesh have been the victims of serious human right violations during the pandemic. Reported violations include illegal searches of houses, kidnapping, arrest, detention, red tagging, vilification, killing and sexual assault. Indigenous Women in specific are at high risk simply because of their gender and because of their key roles in their families and communities. Prevented by militarisation and Covid-19 restrictions them from moving any distance from their homes, they have been unable to cultivate, gather, sell and provide food for their families.

Violence against Indigenous Women and Girls (VAIWG) is deeply rooted in racism, marginalization and poverty. The UN inter-agency report, 'Breaking the Silence on VAIWG', states "Deprivations disproportionately concentrated among Indigenous populations are often exacerbated for Indigenous Women and Girls due to societal attitudes and gendered stereotyped roles that lead to multiple discrimination that consequently increase their vulnerability to gender-based violence." COVID-19 has exacerbated this situation and heightened risk and vulnerability to different forms of violence including trafficking. The Kapaeeng Foundation's assessment in Bangladesh documents the rise in violence against Indigenous Women during the pandemic. In Nepal, 'Worec Nepal' reported that cases of gender-based violence doubled during lockdown. The United Nations Office on Drugs and Crimes (UNODC) reported in May 2020 that economic downturns and the loss of livelihoods in developing countries can lead to increases in trafficking. The significant gaps in disaggregated data on violence against Indigenous Women and Girls are an additional problem and an obstacle to prevention measures and access to justice. The ever-present difficulties of Indigenous Women and Girls have increased under COVID-19, but largely go unrecorded because they are not tracked by "Violence Against Women and Girls prevention, response and monitoring mechanisms".



Section 1

Gender based structural inequalities of Indigenous Peoples

Gender Equality, is at its best, a concept of mixed opinions. There is no consensus on the evidence that could confirm (or not) that “Gender Equality” Recognizes all women of diversity in Asia.

There are estimated to be 410 million Indigenous Peoples globally, constituting approximately 5% of the world’s population. In Asia, it is estimated that the 260 million¹ Indigenous Peoples representing 2,000 distinct civilizations and languages account for three-quarters of world’s total. While they represent distinct and diverse cultures, their common features are historical subjugation and assimilation, marginalization, economic, cultural social and political discrimination in relation to the majority population. In many countries of Asia Indigenous Peoples have not yet received legal or constitutional recognition. This has prevented them from attaining basic rights and services. Even where there has been legal recognition, their full enjoyment of rights as Indigenous Peoples is still in doubt.

Human right violations of Indigenous Peoples in Asia are rampant, affecting their collective rights over land and resources, the right to free prior informed consent and equal participation and representation in decision making. These violations stem from the non-recognition of their collective rights which has facilitated forced removal from ancestral lands, displacement and militarization.

Large scale development projects and state policies which prioritise the national economy above all else destroy and dispossess Indigenous Peoples from their ancestral lands. For example, the mineral rich indigenous northern Cordillera region in the Philippines is over-run by mining operations which are accompanied by massive human right violations, including torture, arbitrary arrest, detention, extrajudicial killing and sexual violence and abuse of Indigenous Women.

The ILO’s 2019 report states that Indigenous Peoples are treated unequally despite legal recognition of their rights with regard to employment. Indigenous People are more likely to have a job in the informal economy than non-indigenous people (86.3 per cent compared with 66.3 per cent) while Indigenous Women are 25.6 per cent more likely to

¹ <https://asiancenturyinstitute.com/society/804-asia-s-indigenous-peoples>



be working in the informal economy than non-indigenous women.² Indigenous Peoples' access to social protection is limited.³ As the ILO points out, "Indigenous peoples' knowledge, perspectives and contributions are crucial for responding not only to the immediate health and humanitarian emergency, but even more so for building resilience and durably securing sustainable development that leaves no one behind."⁴ There is a complete lack of or limited access to quality education in indigenous communities.⁵ A UNESCO study indicates that Indigenous Peoples still face more obstacles to complete primary education and are less likely to achieve higher education than the non-indigenous population.⁶

While gender-based discrimination is a global phenomenon, Indigenous Women are disproportionately affected and face multiple layers of discrimination. Discrimination can be categorized as physical, sexual, financial and psychological, but Indigenous Women suffer the same experience in different ways. Almost invariably Indigenous Women's experiences are sidelined, silenced, go unseen or are treated differently to those of non-indigenous women. Violence against Indigenous Women is not merely an expression of gender-based discrimination within Indigenous and non-Indigenous groups and communities but is a manifestation of ongoing colonization and militarism, racism, social exclusion, and poverty-generating economic and development policies. COVID-19 has added to pre-existing levels of abuse against Indigenous Women and has heightened vulnerability and the risk of violence and trafficking.

² ILO, 2019. Implementing the ILO Indigenous and Tribal Peoples Convention No. 169: Towards an inclusive, sustainable and just future.

³ ILO, 2017. World Social Protection Report 2017-19. Universal Social Protection to Achieve the Sustainable Development Goals.

⁴ ILO, 2020. COVID-19 and the world of work: A focus on Indigenous and tribal peoples.

⁵ ILO, 2019. Implementing the ILO Indigenous and Tribal Peoples Convention No. 169: Towards an inclusive, sustainable and just future.

⁶ UNESCO, 2019. Indigenous Peoples' Rights to Education.

Section 2

Multi-faceted impacts of COVID-19 on the Indigenous Women

Indigenous communities have unique cultures, forms of social organization, livelihood strategies, practices, notions of poverty and wellbeing, values, and beliefs. While the discrimination faced by Indigenous Women in Asia is manifested at an individual, inter-personal level, its main driver is the underlying structural discrimination by virtue of being indigenous.

The harsh socioeconomic impact of the COVID-19 pandemic on Indigenous Peoples across the world has further exacerbated the existing inequalities and discrimination faced by Indigenous Women within and outside their communities. The main underlying causes are their disadvantaged position in the labour market, high levels of poverty, limited access to infrastructure and public services, including water and sanitation, and enhanced vulnerability to climate change.⁷ Hunger has been a common experience of



⁷ ILO, 2020. Policy Brief on COVID-19 and the world of work: A focus on indigenous and tribal peoples.

Indigenous Women persons with disabilities and older persons during the pandemic. Pre-existing socioeconomic, health and environmental vulnerabilities have exacerbated risk, intensified stigma and discrimination and generated violence.

Alleged starvation death during the lockdown^{8 9}

Dukhi Jani, a 46-year woman belonging to the Kandha indigenous community, was an inhabitant of Kalimba Village, Odisha, India. She was dependent on non-timber forest products for her livelihood and her access to food grain distribution from public distribution system was irregular. She was a single woman who had been abandoned by her husband but she was denied social protection assistance to which in India, as a single woman living in poverty, she should have been entitled. She was denied an Annapurna card and Social security pension despite her numerous approaches to the local administration. According to a news report and the fact-finding report by Right to Food Campaign of Odisha Khadya Adhikar Abhiyan, she died from starvation and hunger on 24 June 2020.

Indigenous Women migrant workers have fared very badly under Covid-19, especially with regard to employment. There are reports that some domestic workers have been tortured by the house owners, themselves experiencing economic hardship.

In Thailand, according to the Indigenous Women's Network Thailand, men are given preference over women in applying for work. After failing to find work, Indigenous Women are forced to walk back home, risking harassment, death, and threats from security forces.

In those Asian countries where Indigenous Peoples are not recognised, it is difficult or impossible for them to obtain essential documents. In Thailand, many Indigenous people, mainly women and children, do not possess the required identification documents owing to the failure of government to extend documentation services to the indigenous population who consequently are denied access to basic government services and relief programmes.

In the Philippines, some Indigenous Women and young mothers were denied local relief initiative packages because they were not included on the census list.¹⁰

⁸ <https://www.hindustantimes.com/india-news/odisha-tribal-woman-dies-of-starvation-during-lockdown-food-rights-group-alleges/story-JfLJSCurrF2s6lkyZoWOYJ.html>

⁹ Information provided by Inter State Adivasi Women Network (ISAWN), India.

¹⁰ AIWN, 2020. Submission to UNSRIP on Indigenous Women in Asia and COVID-19 Pandemic.

Section 3

Land grabbing during the pandemic

The UN has highlighted the rise in maternal mortality and morbidity, increases in adolescent pregnancies, HIV and sexually transmitted diseases in women during COVID-19.¹¹ However, incidence of these conditions among Indigenous Women and Indigenous persons with disabilities are not documented because data are not disaggregated for Indigenous persons.

Indigenous communities are physically remote and isolated and have limited access to health services and resources - problems that were compounded during lockdown by mobility restrictions, lack of transportation, inadequate information and testing services, discrimination and language barriers. An extreme example is the death of two pregnant Indigenous Women during lockdown in Chittagong Hill Track, Bangladesh, caused by the lack of access to emergency health services, difficulties with transportation and prolonged interrogation by security personnel.

Indigenous Women, who engage in rotational farming, shifting cultivation and food security, were locked down during the pandemic and unable to work. In contrast, work on development projects in ancestral Indigenous lands continued apace, violating Indigenous Peoples' rights to land and self-determination. The Indigenous Women's Network of the Philippines (BAI) has published a special report highlighting how the



¹¹ United Nations 2020. Policy Brief on 'The Impact of COVID-19 on Women', p.10 (https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf)

government has prioritized economic development, approving a number of mega projects in Indigenous People's ancestral lands during COVID-19 pandemic.¹² Armed conflicts in some Asian nations have continued even during the pandemic, preventing Indigenous Women from accessing resources essential for their livelihood and culture. In north-east India, the Indian armed forces used the practice of shifting cultivation fields of Indigenous Peoples as a bargaining tool in ceasefire negotiations with the Naga armed resistance group.

In the Bandarban Hill district of Chittagong Hill Tracts in Bangladesh 5000 acres of the Jumma Community's rubber plantation was burned down by a land grabber during lockdown. In Indonesia's Northern Sumatra province, according to local people, a palm oil company has illegally cleared land inside a mangrove forest.¹³



Indigenous Women attacked in Bangladesh by some perpetrators in 2020.

Source-AIPP newsletter November 2020

¹² Katribu 2020, A Special report on 'Phi. Ips Admist COVID-19 pandemic: Form north to south Indigenous People are battling against discrimination, militarization and worsening human rights situation'.

¹³ Jong, H., (2020). Land Conflicts escalate with spread of COVID-19 in Indonesia. Mongabay . Viewed 20 April, 2021 (<https://news.mongabay.com/2020/04/land-conflicts-escalate-with-spread-of-covid-19-in-indonesia/>).

Section 4

Increased gender-based violence during the pandemic

Gender based violence against Indigenous Women has been reported by most Indigenous Women's organisations, networks and representatives. Cases of sexual assault, rape, domestic violence and stigmatization have almost doubled during the lockdown period. Despite COVID-19 and lockdowns, development aggression has continued in many parts of Asia, increasing harassment, charges and detentions in indigenous communities. There have been several reports of abuses by the military in the Chittagong Hill Tracts, Bangladesh, where 34 individuals have been arbitrarily detained and harassed and 17 people have been physically tortured. Three Jhum cultivators were killed and a pregnant Jumma woman died as a result of intensive interrogation. The military in the Chittagong Hill Tracts shot and killed a Jumma woman and injured her child, a crime which the army sought to justify by claiming this was part of an anti-terrorist operation.¹⁴

There have been many reports that Indigenous Women from northeast India have been harassed, attacked and abused in other parts of India with names like "Chinky Chinese" and "Coronavirus" due to their central Asian features.^{15 16 17}

Indigenous Women with disabilities confined by social isolation restrictions were at risk of abuse and violence from family members or care takers.¹⁸ Access to justice was severely constrained under COVID-19 travel restrictions.¹⁹ In Nepal, the rape of a ten-year-old indigenous girl with a disability by 54-year-old man was reported to the authorities but no action was taken. Similarly, in Nepal, another girl, eight years old, was raped during lockdown but her injuries were attributed to her falling from a tree.²⁰ These reports illustrate how far Indigenous Women in Asia have to go to before Agenda 2030 target 5.2 "End all violence against and exploitation of women and girls" becomes a reality for them.

¹⁴ Hill Voice, 2020 'A woman killed and 1 child injured in the army firing in Rowangchaari, 4 detained' <https://hillvoice.net/a-woman-killed-and-1-child-injured-in-the-army-firing-in-rowangchhari-4-detained/?fbclid=IwAR217RQweOwllYiOZuvLDfWC9DrW6CFhXpnByswunLkWTWDTMTewiatMrY>.

¹⁵ Express News Service 2020, 'Corona Crime: Neighbour harasses northeast women, held', in The new Indian Express 2020 on 13 May 2020 (<https://www.newindianexpress.com/cities/bengaluru/2020/may/13/corona-crime-neighbour-harasses-northeast-women-held-2142602.html>)

¹⁶ Larmakar S. 2020, 'Coronavirus outbreak has increased racial attacks on people from the Northeast: NGO report', in Deccan herald on 26 Mar 2020 (<https://www.deccanherald.com/national/east-and-northeast/coronavirus-outbreak-has-increased-racial-attacks-on-people-from-the-northeast-ngo-report-817899.html>)

¹⁷ Colney, K. 2020, 'Indians from the northeast face intensified racism as coronavirus fears grow', The Caravan, on 4th April 2020 (<https://caravanmagazine.in/communities/coronavirus-increases-racism-against-indians-from-northeast>).

¹⁸ S., Jody. 2020. COVID-19: National Indigenous Disabled Women Association Nepal Disability Rights Fund.

¹⁹ UN Women, 2020. The Pandemic's impact due to COVID-19 on Violence against Women.

²⁰ NIWF, 2020. Submission to UNSRIP on Report on Indigenous Women of Nepal on COVID-19.

Section 5

Lack of access to information due to language

Indigenous communities, especially women and persons with disabilities, had no access to information and appropriate communication during the pandemic. News and public information from the governments were published and broadcast only in official languages. No provision was made for information in indigenous and sign languages. Illiterate Indigenous Women and Indigenous persons with disabilities who have less access to technology were not well informed about travel protocols, safety measures, relief packages and disease symptoms. As a result, they were most at risk of food shortage, economic hardship and inability to obtain personal protective equipment.

Lack of access to culturally sensitive communication materials/methods on the part of indigenous communities constitutes a threat to the wellbeing of Indigenous Peoples in the times of COVID-19. The “Nepal Preparedness and Response Plan (NPRN)” on COVID-19 of the government of Nepal, was published only in only in Nepali and English.

Indigenous peoples who do not speak any language but their own were deprived of information and access to relief, health and other emergency services. The National Indigenous Women’s Federation (NIWF) of 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.”



COVID message spread through song in indigenous language

56 year old Ata Ratu, a traditional musician renowned as the “Queen of Jungga”, is a member of the Marapu indigenous community from East Sumba, Indonesia against whom there is a long history of discrimination by the state. Her response has been to use traditional poetic couplets to communicate domestic and international issues and news in local indigenous languages.

During the early stage of COVID-19 pandemic, she composed a song titled “Mbawa Rimangu na annanduma luri mu” (Please take care of yourself) in the East Sumbanese language. The song highlighted the uncertain fate of migrant workers of the Sumba region who were prevented from travelling home by Covid-19 restrictions. She also shared health advice. Her song achieved fame on streaming websites like YouTube and has been used as a public health information bulletin by the East Sumbanese Government and has been played at markets and public areas to raise COVID-19 awareness. It has enabled the East Sumbanese Marapu community to access information on COVID-19 and issues related to the pandemic.



Section 6

Trumped-up charges against Indigenous Women human rights

Human Right Defenders (HRDs), who are the agents of social change, are always at risk. In Asia, authoritarian rulers and populist governments have targeted human right defenders through direct action or deliberate failure to protect them from attack by the interests which they threaten. In Asia, human right defenders are portrayed as a threat to the fundamental security of the state which deploys policies, laws, regulations and sanctions against them.²¹

The Business and Human Rights Resource Centre recorded 286 attacks against human rights defenders focused on business related activities from the onset of pandemic up to September 2020 – an increase of 7.5% that points to opportunistic repression perpetrated by business, governments and other actors.²² Their research from March to September 2020, shows that on average one defender was attacked every day and that almost one quarter of attacks were against women defenders. Representing more than a third of all cases, community members and Indigenous People were at highest risk.



Struggle by Indigenous Peoples

²¹ Frontline Defenders, 2019. Frontline Defenders Global Analysis 2019.

²² BHRC, 2020. Just recovery in peril: Human Right Defenders face increasing risk during COVID-19.

In many Asian countries, governments have used COVID-19 as a pretext for intensifying militarization and attacks on Indigenous activities, advocates, leaders and defenders who are fighting for their rights.



Case study from the Philippines

In the Philippines, Indigenous Peoples' Organizations leaders, mostly women, are vulnerable and are often the subjects of trumped-up charges. There have been numerous cases where state military forces have harassed, intimidated, interrogated, vilified and red-tagged Indigenous Women's organizations and their leaders, accusing them of association with left-wing and terrorist groups.

On 13th May 2020, two Kalinga Women leaders were threatened and intimidated for posting on social media about their experiences under lockdown. Similarly, in Zambales, an Indigenous Women leader named Lolita Legaspi was harassed and intimidated by six security personnel who showed her a picture of her son and repeatedly demanded to know if he was in New People's Army.

In yet another incident, Marjorie Dulnuan, an Igorot leader and Chairperson of a women's organisation, was detained and interrogated for three hours as she was on her way to support isolated family and community members, despite having a pass. The military also defaced the poster of Punganay, (Indigenous Peoples Organization in Cagayan Valley) to vilify their staff and leaders.²³



The Bangladesh Indigenous Women's Network has also documented threats, intimidation and harassment of indigenous women rights defenders by security forces during the pandemic.²⁴

²³ Information provided by Bai Indigenous Women Network

²⁴ IWGIA, 2021. Strengthening the security of Indigenous Peoples Human Rights Defenders in Asia during the COVID-19 pandemic.

Section 7

Poverty, hunger, and exclusion- impact of disaster and climate change

Indigenous Women, who are responsible for 70% of rotational agriculture work, are the key indigenous knowledge holders.²⁵ In Asia they are prevented by COVID-19 restrictions from gathering traditional medicines and foods. The deployment of military personnel in indigenous territories has prevented them from harvesting food crops and, even when they have something to sell, they have had to throw the food away because there are no buyers for their produce.

Indigenous Peoples, who have been stewards of the forest for many generations, are now those most vulnerable to the impacts of climate change. Their food and territorial management systems are intimately connected to their collective rights over communal lands and resources. Food production systems often involve movement, nomadism and shifting cultivation, all of which have been disrupted by lockdowns together with their food and commodities value chains, tipping some communities into food insecurity. Lockdown measures coupled with restrictive state policies have eroded livelihood options, impoverishing communities and causing hunger.

In Nepal, Bote and Raji communities were prohibited from entering the forest during lockdown. The restrictions not only impaired their livelihoods which depend on access to natural resources but also undermined their cultural identity.²⁶ There were forest fires in Northern Thailand during the pandemic for which the authorities blamed the traditional shifting cultural practices of Indigenous Peoples. The government threatened to block access of Karen community to forest resources, citing the rapid drying out of the forests and climate change as additional contributory factors.²⁷

In Thailand, Indigenous Women cannot access relief provision as they live outside town and must stay home to take care of children; in Malaysia, relief packages are not reaching single mothers and single women as they can only be given to heads of households. In the Philippines, despite evident food shortages, evacuees in Haran are denied access to relief aid from local government. Indigenous Women and Indigenous persons with disabilities are those most affected because “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.”²⁸

²⁵ FAO, IWGIA and AIPP 2015, ‘Shifting Cultivation Livelihood and Food Security. New and Old Challenges for Indigenous Peoples in Asia’

²⁶ Indigenous Voices. 2020. Nepal’s Indigenous Communities face a bigger threat than COVID-19 Pandemic.

²⁷ Kang, A., 2020. COVID-19 and Humanity: Human Rights in Peril.

²⁸ Minority Right Group International 2020, Statement on ‘the Impact of the Global COVID-19 Pandemic on Person with Disabilities from Minority, Indigenous and other Marginalised Communities’, on 27th April 2020 (<https://minorityrights.org/2020/04/27/statement-covid-19-pandemic-on-persons-with-disabilities-from-minority-indigenous-communities>)

Section 8

Recommendations for an inclusive recovery plan

- ❖ Adopt inclusive recovery policies and programmes which take account of the needs and priorities of Indigenous Women and Girls, and Indigenous persons with disabilities.
- ❖ Support employment and income protection of Indigenous Women and create livelihood opportunities; recognise Indigenous knowledge and practices (such as non-timber forest produces (NTFPs), weaving, handicrafts and so on); and promote entrepreneurship for Indigenous Women to develop their skills during the crisis and prepare them for life after it.
- ❖ Ensure the provision of social protection even when indigenous communities are denied full citizenship or legal recognition.
- ❖ Ensure free and equitable access to COVID-19 vaccines, with priority given to marginalized and vulnerable communities, including Indigenous Peoples.
- ❖ Ensure information on the vaccination process is available in local and indigenous languages.
- ❖ Ensure that awareness raising material on health and women's rights are available to all Indigenous Women and persons with disabilities and have due regard to cultural sensitivities.
- ❖ Ensure equal access to basic health and sanitation facilities; relief materials; and recovery provisions.
- ❖ Governments should collect disaggregated data on the impact of COVID-19 on Indigenous Women and Indigenous persons with disabilities.
- ❖ Ensure the full and effective representation and participation of Indigenous Peoples, including Indigenous Women and persons with disabilities, in decision-making processes and public life.
- ❖ Protect fundamental freedoms, in accordance with national legislation and international agreements, to ensure the full realisation of SDG16 (access to 'justice for all' together with the promotion of 'peaceful and inclusive societies for sustainable development' and the building 'effective, accountable and inclusive institutions' at all levels).

- ❖ Institutionalize free, prior and informed consent (FPIC) to protect the collective rights and ways of life of Indigenous Peoples and Indigenous Women and retain its applicability during the pandemic.
- ❖ Reinforce efforts to combat discrimination based on race, gender and disability by means of inclusive policies and practices and recognise the reality of intersectional discrimination.
- ❖ Forge social and gender-just responses to the pandemic, as we brace for recovery from economic crisis, power-grabs, militarization, discrimination and racism. It should be rights-based (basic human rights together with civil, legal and land rights) and comply with international human rights standards, ensuring SDG 5 implementation to achieve gender equality and as a crosscutting issue across all sustainable development goals.
- ❖ To achieve SDG 5 and to prevent violence against Indigenous Women and to 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.
- ❖ Prioritize and focus on providing protection of Indigenous Women and Girls, Indigenous older persons and Indigenous persons with disabilities, who are in conflict zones and militarized regions.



Raising awareness during the pandemic
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