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THE IMPACT OF COVID-19

ON THE LIVES OF | **INDIGENOUS WOMEN**
AND THEIR STRATEGIES TO DEAL WITH THE PANDEMIC

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INDIGENOUS WOMEN

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EXECUTIVE SUMMARY

The spread of the COVID-19¹ pandemic has exposed the structural historical inequalities experienced by Indigenous Women, being ranked among the groups most at risk due to the particular conditions in which indigenous peoples live. In order to document the impacts of COVID-19

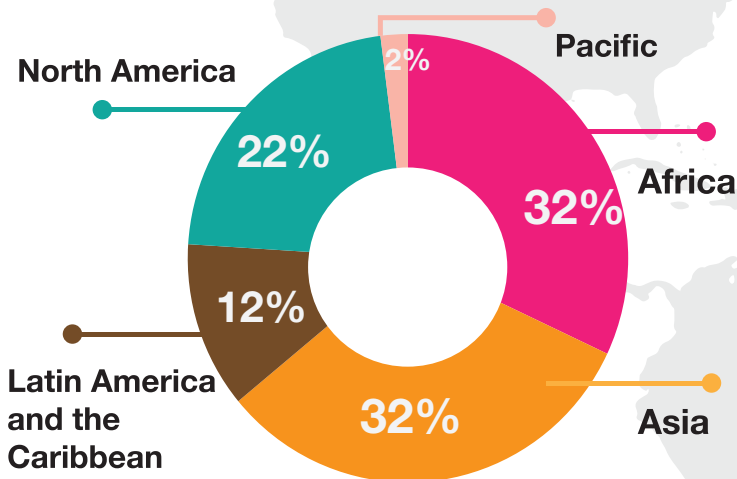
on the lives of Indigenous Women and identify the strategies promoted by them, the International Indigenous Women Forum (IIWF) has analyzed more than:

120 responses

to the global survey, as well as:

47 initiatives

promoted by the counterparts of IIWF AYNI Fund, including contributions from:



The Indigenous Women who responded to the survey are from **33 INDIGENOUS PEOPLES**.

The pandemic has increased the multiple inequalities that were already affecting Indigenous Women, such as impoverishment, limited access to health services and clean drinking water, forced displacement, degradation of natural resources due to extractive industries, energy projects and climate change (CIM, 2020). Prevalence and fatality rates of COVID-19 is higher in indigenous peoples than in the rest of the population (Muñoz-Torres et al., 2020).

Indigenous Women's organizations that have participated in this study have identified the following impacts:

- ✧ Limited access to health services
- ✧ Loss of spaces of spirituality, culture and intergenerational transmission of knowledge
- ✧ Increased women's workload due to family care and other tasks
- ✧ Lack of food and damaged production, marketing and employment systems
- ✧ Increased violence, discrimination and racism
- ✧ Effects on indigenous young women
- ✧ Effects on mental health
- ✧ Effects on education due to school closures and limited access to technology in indigenous communities
- ✧ Displacement and limitations to reach the communities

¹ Infectious disease caused by the SARS-CoV-2 virus.

The strategies implemented by Indigenous Women aimed at preventing contagion, protecting the family and communities, and contributing to generating conditions for physical, mental and spiritual survival, both individually and collectively. Some their strategies are the following:

- ✧ *Application of regulations on responsible governance and ancestral community knowledge*
- ✧ *Awareness, training, education and communication on COVID-19 in indigenous languages*
- ✧ *Measures to deal with food insecurity and create conditions for sustainability in the midst of the crisis*
- ✧ *Prioritize the eradication of violence and conflict resolution in times of pandemic*
- ✧ *Encourage government responses to deal with the crisis in indigenous communities*
- ✧ *Organizational strengthening, coordination and alliances with other sectors*

This report arises as an urgent need to show how important it is to recognize the actions carried out by Indigenous peoples and women in the territories, and include a comprehensive and culturally relevant approach in the prevention and care schemes for indigenous territories during the COVID-19 pandemic promoted by governments and other decision-makers.

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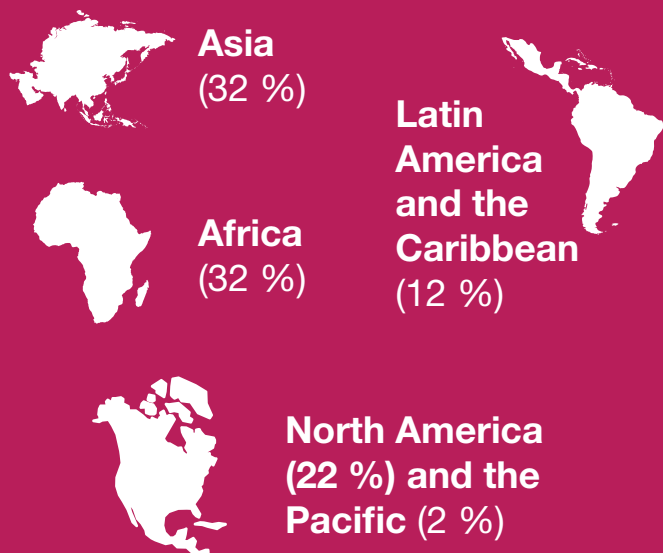
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I. INTRODUCTION

The International Forum of Indigenous Women (IIFW) has prepared this report in order to have a document for analysis and systematization of the impacts of the COVID-19 pandemic on the lives of Indigenous Women, and to identify the strategies promoted by them. This document is expected to serve as a political tool for advocacy. The methodology used in this analysis is a gender and Indigenous Women's collective and individual human rights approach. The results are mainly based on a global, participatory survey, conducted in English, French and Spanish languages, aimed at indigenous women's organizations and leaders.






More than 120 responses from the global survey, as well as 47 initiatives promoted by the IIFW AYNI Fund counterparts were analyzed by IIFW. The Indigenous Women who answered the survey were from



The surveyed women are part of:

 **33 DIFFERENT INDIGENOUS GROUPS.**

The information has been complemented with collected and analyzed documentation prepared mainly by Indigenous Women's organizations and networks; for example

-  *Statements,*
-  *Studies,*
-  *Notes and articles published in the media,*
-  *Reports prepared and published by Indigenous Women's organizations, as well as through monitoring national and*
-  *Regional presentations and debates that have taken place through different virtual platforms.*

II. INDIGENOUS WOMEN'S DEMOGRAPHIC DATA

There are more than **5000 Indigenous Peoples** (IWGIA, 2019) in more than 90 countries around the world (DESA, 2009)

Indigenous Peoples have their own social, cultural, economic, and political characteristics.

They maintain a special relationship with land, territory and natural resources based on their own worldviews.

Approximately **4000 indigenous languages**

They are also carriers of ancient knowledge, wisdom, cultural and spiritual practices.

Recent data from the OIT (2019) estimate that Indigenous Peoples are:

6.2 %
of the global population

238.4 millones are women

238.2 millones are men

476.6
million indigenous people

Asia-Pacific is the region with the most indigenous population in the world (**335.8 million-70.5 %**),

Africa (77.9 million-16.3 %)

Latin America and the Caribbean (58 million-11.5 %) (Bárcena, 2020)

North America (7.6 million-1.6 %)

Europe and Central Asia (0.4 millones-0.1 %)

The world's indigenous population lives mostly in rural areas, where it reaches **73.4 %**, of which **173.1 million** are women.



III. INDIGENOUS WOMEN'S IMPACTS AND CHALLENGES BEFORE COVID-19

The pandemic has increased the multiple inequalities and exclusions that have an impact on the lives of Indigenous Women, such as impoverishment, violence and racism, limited access to education, health and clean drinking water services, forced displacement and degradation of natural resources due to extractive industries, energy projects and climate change (CIM, 2020).

Due to the abovementioned conditions, Indigenous Peoples and Women are at greater risk. The COVID-19 prevalence and case-fatality rate is significantly higher than in the rest of the population: in regions such as Quintana Roo, Mexico, the case-fatality rate among Indigenous Peoples is three times higher than the national average, which means that one in three people dies of COVID-19 (Muñoz-Torres et al., 2020).

The same occurs in other regions around the world, where a relation between ethnicity and death rates is observed

On May 29, 2020, in the Amazon region, the Pan American Health Office (PAHO) reported twenty thousand cases of COVID-19 in an area that accommodates 2400 indigenous territories in nine countries: Bolivia, Brazil, Colombia, Ecuador, Guyana, French Guyana, Peru, Suriname and Venezuela (FILAC and FIAY, 2020)

In addition to the inequalities dealt with by Indigenous Women to access health systems in rural areas and Indigenous Women who migrate to other regions including urban areas, the impacts of the measures adopted by Governments to deal with the health crisis, which do not meet with the realities of the communities, have also been added.

The indigenous women's organizations that participated in this report identified the following impacts:

- ✧ Limited access to health services*
- ✧ Loss of spaces of spirituality, culture and intergenerational transmission of knowledge*
- ✧ Increased women's due to family care and other tasks*
- ✧ Lack of food and damaged production, marketing and employment systems*
- ✧ Increased violence, discrimination and racism*
- ✧ Effects on indigenous young women*
- ✧ Effects on mental health*
- ✧ Effects on education due to school closures and limited access to technology*
- ✧ Displacement and limitations to reach the communities*

III.1 Limited access to health services

According to the participating Indigenous Peoples' conception of health, diseases are not only caused by physical-biological factors, but also social, spiritual and environmental ones. Therefore, the impacts expressed by women have a comprehensive perspective and approach. Limited access to health services is a constant in indigenous territories in most regions

as expressed by Indigenous Women in Nepal, who are dealing with difficulties in relation to basic needs such as access to drinking water, health and food, which makes it difficult to meet the basic requirements such as the use of masks and constant hand washing.

For the indigenous people of the Navajo Nation in the United States, this situation also restricts them from following the sanitation protocols. According to Godin (2020), Indigenous Peoples are dealing with these same challenges in Canada, where at least 61 First Nations communities have had no access to drinking water for at least a year.

In the Navajo Nation, only 30% of the population has access to clean drinking water (Sala, 2020) and they have to travel approximately 30 kilometers several times a week to find a source of drinking water (Lima, 2020).

In indigenous communities, health systems are fragile and the effect of COVID-19 has doubled the burden on the health infrastructure and personnel involved. In many communities, health care centers are several hours away (whether by plane, river, or land), and nearby health centers only have one nurse. Such situation occurs in areas such as the Navajo Nation in the United States, Canada and Australia. In this latter country, even medical consultations are being conducted remotely by phone (Godin, 2020).

Michelle Tom, a Navajo physician, said that at the Wistow hospital, Arizona, there are not enough tests and hospital beds available to assist patients with the COVID-19 and, especially, there is no protective equipment for her and the medical team, which is why they had to work for an NGO to find support and have access to said equipment (Lima, 2020).

Indigenous migrant women are again at a disadvantage in the face of the global emergency situation.

Amazigh women in Morocco stated that there are women who travel to work in Europe and have to deal with challenges such as access to health services and lack of sanitation in the spaces where they live, which are usually houses with high standards of overcrowding and lack of access to drinking water services, essential for cleaning during this pandemic.

Likewise, similar conditions are being experienced in the indigenous reserves of the United States, where the lack of access to clean drinking water and poor housing programs result in overcrowding, which strongly increases the vulnerability to the pandemic (Godin, 2020). The impact is also reflected in women from various Indigenous Peoples, such as **Amazigh women in Morocco and Aymara women in Bolivia**, who stated that many of them are giving birth at home during quarantine for fear of going to health centers and contracting COVID-19. As a result, the access to sexual and reproductive health care is affected and it could have a strong impact on maternal mortality rates.

III.2 Loss of spaces of spirituality, culture and intergenerational transmission of knowledge

For Indigenous Peoples, the elderly men and women are the basis of indigenous cultural survival. The intergenerational transmission of knowledge, culture, language, traditional practices and livelihoods of peoples around the world is produced through them

. Since the outbreak of the COVID-19 pandemic, it has been said the older people are one of the highest risk groups. In some communities, elderly men and women have been isolated in houses, forests and empty and unknown areas to protect their lives, prevent the loss of transmission of indigenous knowledge and reduce the impact on mental health and family ties between generations, as expressed by the Indigenous Women of Guam.

The elders are the guardians of culture. Among the Chamorro, older women or Manâmkô are the only native speakers. Indigenous women in Guatemala said that the death of indigenous elders not only

represents the loss of human lives, but also the loss of indigenous culture and it will increase the current ethnocide of Indigenous Peoples. Brazilian indigenous women have compared the loss of an indigenous old man or woman to the loss of all the knowledge of a library that is going up in flames. Therefore, it is so important to establish actions in order to safeguard indigenous territories and older people and thus reducing severe impacts that put cultures in danger of disappearing.

III.3 Increased women's workload due to family care and other tasks

In some regions of the world, Indigenous Women, in addition to conducting economic activities outside, have to exercise care economy inside home. During this pandemic, the imposed quarantines and the mobility restrictions meant that male members of some families had not been able to get back home, so it has had a great impact on the increased workload in family care, which falls entirely on Indigenous Women. With respect to the indigenous women of the Chamorro people, in Guam, the workload

has increased for girls and young women who take care of elderly men and women, sick family members, as well as siblings or children who do not attend school. In the communities of Guyana, caregiving activities carried out by Indigenous Women have increased in addition to other community participation actions in the supporting committees to watch over the entry and exit of the community members or other activities to fight the pandemic.



Additionally, in some communities, Indigenous Women add their support for containing the COVID-19 pandemic in the community to their workload at home.

In Algeria, Amazigh women are working in garment workshops to supply the needs for face masks and protective suits for villagers and hospitals.


III.4 Lack of food and damaged production, commercialization and employment systems


In various indigenous communities around the world, Indigenous Women are responsible for growing family plantations and orchards, as well as commercializing these products in local markets. During the quarantine, it has been observed how these activities for subsistence production and commercialization have been affected due to the mobility restrictions between regions or within their own areas.


In some indigenous communities such as the Chepang peoples in Nepal, restrictions on mobility are having a strong impact on their traditional lifestyle, that is, on their workplace and their subsistence farming systems in which they work from three to seven months a year and the rest of the time they have to move to work in nearby markets or districts, a situation that has an impact on food access.

In the survey, Indigenous Women from:

 **India and the Philippines,** stated that a similar situation is taking place in their countries given that populations cannot commute to work on agricultural plots due to restrictions or strict mobility protocols in their areas.

 **In Morocco,** markets or zokos are closed and Amazigh women have not been able to sell their products, which are sometimes perishable and cannot be preserved. It has an impact on the purchase of other basic products necessary to meet the family needs.

 **In Bangladesh,** Indigenous Women work in the informal cosmetic care industry and, as a result of the lockdown of economic activities, the effects on economic stability represent a serious challenge due to the quarantine in the country.

 **The Mukkuvar indigenous community in the district of Kanyakumari, Sri Lanka,** rely on fishing activities for their livelihoods, and in the survey, Indigenous Women stated that “fishing activity is deadlocked.” This situation seriously affects them as they usually go door-to-door to sell fish, which particularly involves those women who are heads of households. They consider that they are being totally discriminated since farmers have been allowed to resume their activities in other communities, but fishing activities remain restricted.

Another impact on indigenous peoples and women resulting from COVID-19 is food shortages

In some countries, governments have established programs for supporting local communities throughout this period. Even so, in countries such as **Sri Lanka, Nigeria, and Canada**, the support for these communities has been limited, and sometimes, nonexistent. In regions of the Ecuadorian Amazon, local organizations have had to seek emergency support from different international organizations in the face of food shortages, which is a representation of the Government's non-existent attention to indigenous territories. This pandemic highlights the inequities and structural racism which Indigenous Peoples have to deal with.

Some peoples such as the **Amazigh from Morocco**, who were dealing with challenges related to the dispossession of land, territories and natural resources, and biases regarding access to basic systems before the COVID-19 pandemic, have been aware of their aggravated situation and it has had impact on women as they have lost their jobs, and those who still have a job are often working in precarious conditions in relation to health care and are afraid of taking the disease home.

Indigenous migrant women who are working seasonally in other countries or in urban areas in their own countries have been dealing with job loss since confinement and territory border closures have deprived them of all economic income, and they have difficulty finding means of subsistence apart from community solidarity. The mobility restriction is seen by many Indigenous Women's organizations as an extension of the violence exerted by the Government.

In some regions, militarization has been

accompanied by violence against Indigenous Peoples, specifically women, as they are victims of criminalization and repression when they go out to sell products in the street markets.



In Guatemala and Temuco, Chile, arrests of Indigenous Women by Special Forces soldiers for selling vegetables in the city have been reported. A serious issue about this situation is that non-indigenous women are allowed to sell products without suffering any type of repression from the Police (Chirapaq and ECMIA, 2020).

III.5 Increased violence, discrimination and racism against Indigenous Women

In the survey, it was observed that a widespread indicator during the confinement due to the COVID-19 pandemic has been the intensification of violence and racism against girls, young women and Indigenous Women.

It has been observed that in India, Colombia, Ecuador, Argentina, Guyana, among other countries, abuses are related to ethnic origin. The Wapichan Indigenous Women, in Guyana, stated that during the confinement they were much more stressed because reports of violence and sexual abuse had increased. Miners have arrived to the territory over time and women leaders are responsible for monitoring the places of entry into the community, so they have been threatened.

Mukkuvar Indigenous Women from Sri Lanka state that domestic violence is caused by increasing frustrations and overcrowding in communities. Amazigh women are also concerned as they consider that confinement is a physical and psychological imprisonment, given that women who were already experiencing violence at the moment do not have a support network or opportunities to find support. Likewise, assistance systems for reporting sexual assault and gender violence are not active in many countries, resulting in an institutional gap that

only generates greater vulnerability for Indigenous Women in the context of COVID-19.

Surveys also show different reports on ethnic abuse in Asia, especially in India, where students and residents from the northeast of the country have been the target of attacks.

A similar situation has occurred in Colombia, Argentina and South Africa, where indigenous people have been attacked under the allegation that they are carrying the COVID-19 virus to specific areas. **In the Democratic Republic of the Congo Batwa**, increased rape cases against Indigenous Women have been reported, since it has been rumored that having sex with Indigenous Women makes men immune to the COVID-19 virus. One of the most serious cases in recent weeks has been the rape of Embera Chamí, a 12-year-old indigenous girl, by seven military personnel in Colombia (Miranda, 2020).

In some countries, it has been noticeable that governments have intensify the control of indigenous areas and territories during the pandemic. **In Colombia, for example, murders of social and indigenous defenders in the areas of the Embera people in Chocó did not stop during the confinement.** Even in countries such as Chile, the Army and Police are repressing and arresting traditional authorities who have made efforts to control the transit through the territories of indigenous communities (CLACSO, 2020).

III.6 Effects on indigenous young women

During the COVID-19 pandemic, young indigenous women in urban and rural areas have been dealing with a series of negative impacts such as lack of access to medical care for diseases not directly related to COVID-19, as pointed out by a young Nahua woman from central Mexico:

“[...] all medical care related to sexual and reproductive health has stopped, and if we want to be treated, we have to find a doctor or private clinics, and not all young women can access these services” (CEIICH-UNAM, 2020).

In Nepal, Indigenous Women said that stress and anxiety are revealing symptoms of depression in young women. Even the lack of fellowship with their peers and support groups has resulted in lethargy among younger women. The impact on young Indigenous Women is also related to the way in which they perform their duties in communities, and those who live in urban areas are more vulnerable since they do not have a support network to cope with this quarantine far from their communities.



III.7 Effects on education due to school closures and limited access to technology

As a preventive measure, many governments have restricted social activities, and the cancellation of face-to-face schooling at all levels, including university education, was among the first ones. School closures and the implementation of online classes has had a great impact on Indigenous Peoples, since it has exposed gaps in their access to communication and information technology connected to non-indigenous areas.

Indigenous young women from “Nuestras Voces”, an intercultural youth collective from Mexico, stated that the virtual educational system *«makes the complexity and different realities of Indigenous Peoples invisible as well as their limitations to having computers or the access to Internet to monitor classes»* (CEIICH-UNAM, 2020). Additionally, the public educational system, which is attended by most of the indigenous girls and boys, does not have the necessary technological systems to carry out online classes.



In Asian regions such as Sri Lanka, Indigenous Women pointed out that the lack of continued schooling and these online education systems may mean that this year the school dropout levels would be higher in the territories, which would have an increasing effect on the inequality gap that existed before the COVID-19 pandemic.

In other IWF partner organizations in India, school and educational institution closures is having a visible impact on girls' education, especially in tribal areas, mainly because the additional responsibilities generated at a family level fall on girls and young women during this quarantine, causing an obstacle to be able to systematically monitor classes.

III.8 Effects on mental health

Before the COVID-19 pandemic, the issue of indigenous peoples' mental health in rural and urban areas was a constant concern in different regions of the world. One of the great challenges that Indigenous Peoples had to deal with was suicide rates among children and young women, which in recent decades have rapidly grown in countries such as the United States, Canada, Mexico, New Zealand, Ecuador, among others. These cases are the result of years of genocide, wars, rapes and loss of control over the natural resources and territories where Indigenous Peoples live, causing trauma between generations, which often persists to the present day and creates a space of uncertainty and an attitude of denial respect to the future among children and young women (FILAC, 2020; Gerstner, et al., 2018; Tuesta et al., 2012).

It is revealed that the loss of control over the decisions and actions in the communities can have a negative impact on Indigenous Peoples, added to the inequalities and historical discrimination experienced by them. Among Guam Chamorro Indigenous Women, the COVID-19 pandemic has had an impact on their physical and mental well-being, which has affected not only young women, but also elderly women in the community. IWF members in Ecuador and the Philippines have pointed out that curfews and militarization in cities and regions has had a great effect on

local mobility, generating stress, as well as social trauma related to the militarization of indigenous territories from other times.

Likewise, uncertainty regarding what the future holds, unemployment, constant effects on family members' health, elderly deaths in the communities, among other issues, has led to notice that in many Indigenous Peoples communities

“people are dealing with great mental pressure which causes an imbalance in their lives”, as pointed out by an indigenous woman from Nepal in the survey.

III.9 Displacement and limitations to reach communities

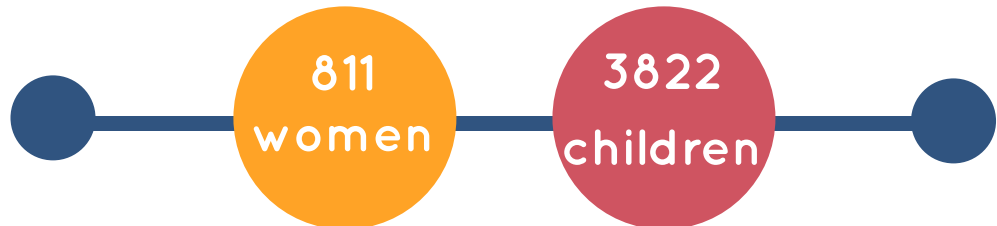
One of the impacts identified by the organizations and Indigenous Women is that some families have been stranded in places where they had migrated for work, and their situation has affected both people who stayed in areas far from their communities and those who are in the communities, since it has had an impact on the vulnerability of Indigenous Women who, due to confinement:



In countries such as **Nepal and the Philippines**, many indigenous people were stranded in urban areas, and some Igorot indigenous people have to resort to the assistance of local governments to obtain food supplies and financial assistance.

Have lost their jobs in the cities and other women in the communities have had more responsibilities, in addition to the burden of feeding their families and caring their homes.

IN
CAMEROON



Were displaced to cities as a result of the health crisis in the two Anglophone regions, which generated greater social, cultural and health vulnerability in this current context.



IV. STRATEGIES AGAINST COVID-19 FROM INDIGENOUS WOMEN'S PERSPECTIVE

Indigenous Women have shown themselves to be resilient in the face of the pandemic, adopting innovative and creative measures based on ancestral knowledge and practices of their peoples, through which they have sought to exercise their rights as women and members of their respective peoples, participating in the exercise of the right to self-determination, strengthening organizations for personal and community care, respecting the different visions and promoting changes for an inclusive and fair world.

The strategies have been aimed at preventing contagion, protecting family and community members, and contributing to creating conditions for physical, mental and spiritual survival, both individually and collectively, assuming

“that they did not know for how long” or “how many resources they had at that moment”, but to do so, they had to demonstrate that “they were strong”. The main strategies promoted by the women participating in the study are the following:

- ✧ *Application of responsible governance standards and ancestral community knowledge*
- ✧ *Awareness, training, education and communication on COVID-19*
- ✧ *Measures to alleviate food insecurity and create sustainable conditions during the crisis*
- ✧ *Prioritize the eradication of violence and conflict resolution in times of pandemic*
- ✧ *Encourage government responses to deal with the crisis in indigenous communities*
- ✧ *Organizational strengthening, coordination and alliances with other sectors*

IV.1 Application of responsible governance regulations and ancestral community knowledge

Main measures include community isolation, celebration of rituals, use of traditional medicine and recovery of community reciprocity practices. As stated by the Chamorro women of I Jahan Famalao'an Guahan of Guam:

“We recognize that our main strength is in the revitalization of our sacred spaces for cultural practices, as they offer true solutions to current problems. As organized women, we mobilize, demand and fight for the right of our people to live and prosper, as our ancestors, Saina’s spiritual guides and elders taught us.”



a) Isolation measures.

Women have participated in the decision-making process and application of the “traditional practice of community isolation”, prohibiting the entry and exit of people and closing community borders, as observed in Bangladesh and other countries in Asia, Africa and Latin America. In some cases, women have performed duties as gatekeepers at gates and barricades.



b) Ritual celebration.

Various peoples have celebrated healing rituals and practices led by Indigenous Women, such as the Kankanaey Igorots peoples in the Cordillera (Ubaya/Tenerw) in Philippines and Karen in Thailand (Kroh Yee). Women of the Lakota nation, in the United States, state that they have been resisting through prayers, cultural beliefs and fellowship time in the community. Spiritual counseling in various organizations has allowed them to express their problems, restore their physical-mental balance and deal with the impacts resulting from the crisis.



c) Resort to traditional medicine.

Various organizations state that they have “explored traditional indigenous medicine treatments in order to find natural remedies to prevent and treat coronavirus”, which, in the case of Amazigh and Gbagyi women in Morocco, and other peoples in Asia, Africa, The

United States, Latin America and the Caribbean, derives from its relationship with its territory, worldview and environment. They use various parts of plants, fire, water, salt, black soap, spices, bulbs, stones, roots and bark for sterilization, disinfection and purification of food and rituals, for the well-being of body and mind, including inhalation and fumigation for cleaning houses in an ecological and safe way.

d) *Practice reciprocity and community solidarity.*

In all cases, Indigenous Women have shown resilience, supporting each other. Cases have been documented in which they have shared and/or exchanged food, water, disinfectant products, made masks to donate them, or provided support so that people stuck in other cities due to quarantines can come back, among others. The organization of women in the state of Edo, Nigeria, prioritized the distribution of masks to people with disabilities and relatives of the unemployed.

In other cases, they have promoted the creation of small emergency funds, as well as the distribution of books in communities with little or no access to the network or other means for online education, so that girls and young women do not miss the school year.

Amazigh women's solidarity practices

Amazigh women are applying two types of solidarity. One is the *tiwizi*, which consists of mutual help between members of a community to carry out communal work in order to deal with difficulties or disasters, like in the case of COVID-19. They apply it in order to help families who have not received support from the Government after two months of confinement. The other practice is the *tada*, which is an inter-tribal pact that serves as a non-belligerence and solidarity treaty in times of disaster and war. The role of women in this case is fundamental, since they mix breast milk into collective food, with which the alliance between the different tribes is sealed. The bond of milk is sacred and the members of each tribe must help their *tada*.

IV.2 Awareness, training, education and communication about COVID-19

Educating in order to make a change in behavior and thus preventing the spread of the virus has been a task assumed by all the organizations participating in this study.

I have organized awareness campaigns in my community, I have instructed people to stay home and I have taught them hygiene methods, how to wash [their hands] and how to stay alert, and how to avoid its spread [virus] in our community (IIWF, 2020)!¹

The messages have been prepared and disseminated in indigenous languages for greater understanding and acceptance of the information. Some organizations have conducted public events, home visits, and used community speakers and radios to disseminate information about COVID-19.

Several organizations have planned awareness and prevention campaigns about the virus. For example, the Tuareg Tinhinan women's organization, under the slogan "Information saves lives", produced two videos in Tamasheq language, which were widely disseminated and had positive effects on youth, music groups and political leaders. The comprehensive approach of the trainings promoted by various organizations is remarkable, since they also addressed issues

¹ Response of the Tinhinan Organization of the Tuareg people in an online survey on good practices to deal with the COVID-19 pandemic

such as reproductive health, hygiene, nutritional values of traditional foods, promotion of healthy production and consumption. In several cases, in addition to educating, they have distributed protective equipment which included masks, food, among others.

Social networks have been very useful to organize campaigns, report on the situation of communities and raise funds for the most affected communities. Intergenerational transmission has been a line of work, so that, in several cases, indigenous girls and young women have been trained in the manufacture of reusable face masks or in the production of sanitary pads to be distributed among women and girls.



Case of the southern Rupununi district council in Guyana

We took the initiative to carry out awareness sessions in the communities. Indigenous women and health department staff promoted the tippy tap, a simple tool to promote frequent handwashing. A young woman produced a video on "how to make your own tippy tap". Wapichan women made masks and we had a segment on local radio in English and the Wapichan language.

IV.3 Measures to alleviate food insecurity and create sustainable conditions during the crisis

The Indigenous Women of Nepal recognize that they maintain traditional collective ways of life, guard traditional knowledge, skills, languages and cultures; they have spiritual guides and practices for the protection of lands, territory and natural resources; therefore, in order to deal with the emergency, the Government must work with the indigenous governance system.¹

➤ Several indigenous women's organizations have provided food so that families and communities can deal with shortage after several weeks of confinement. They have carried out campaigns to educate about the consumption of foods that strengthen the immune system by disseminating information about the nutritional values of herbs, plants and fruits. They have also shared seeds and trained on domestication and planting of edible forest products and, in some cases, have supported the creation of emergency funds. The traditional practice of storing food for later sale has been useful, as is the case of the Indigenous Women of the Gbagyi people.

➤ They have also been trained on how to improve soil quality, pest management and recovery of traditional forms of cultivation. Some women who lost their jobs located outside their communities

got back to knitting activities so they can sell their products and earn money for families.



¹ National Indigenous Women Federation (NIWF), National Indigenous Women Forum (NIWF), Indigenous Women Legal Awareness Group (INWOLAG).

IV.4 Prioritize the eradication of violence and conflict resolution in times of pandemic

A global communication ratified by 22 organizations of indigenous people with disabilities reaffirms that it is essential to recognize the intersections of ethnic-racial, gender and disability discrimination in the legislative, educational and advocacy measures adopted in the face of the pandemic (Minority Rights Group International, 2020). A specific strategy of Indigenous Women's organizations has been the registration of domestic violence cases using new technologies and through networks. In some cases, they have visited households where cases of violence against women, boys and girls, and occupation of collective lands have been reported, in order to provide legal advice for justice.

Some organizations report that they are giving advice and orientation so that family members can live in peace.

Some of them have also established **online awareness and support units**, in order to provide comprehensive services ranging from:

➤ Food support, exchange of traditional medicine products, assistance for couples who mistreat, to record of actions related to exclusion and discrimination by ethnicity and gender.

“As an organization, we are training women in order for them to work together, establish mutual aid groups and collaborate with each other, and be busy making soap or other innovations, growing plants, selling seedlings, so that their minds can be occupied”, say the Gbagyi indigenous women.



IV.5 Promote government responses to deal with the crisis in indigenous communities

Indigenous women from African organizations have shared information through daily phone calls and agreed advocacy strategies and resource mobilization with Governments.

Advocacy strategies include:

✧ *The use of radio broadcasts, distribution of articles, studies and notes, through which they argue and call upon the authorities, especially local authorities, about the measures they must implement in the face of the crisis to respond to the needs of the communities, maintain the common cultural heritage and ensure the operation of fairs or sites to market their products.*

✧ *Through voluntary work, they have helped Governments with the distribution of food, water and other needs.*

✧ *They have formulated proposals so that financial aid, services and products offered by the Governments can reach women, including those who live from daily work, such as women of the National Federation of Peasant, Artisan, Indigenous, Native and Salaried Women of Peru (FENMUCARINAP).*

Some organizations in Africa have made their facilities available to be used as quarantine centers or hospitals for patients with COVID-19. In some cases, they have called upon local governments in order to provide community women who were left stranded in cities with food and financial aid, including migrants and women workers in the informal sector.

IV.6 Organizational strengthening, coordination and alliances with other sectors

According to the indigenous women's organizations that participated in this study, an outstanding strategy is strengthening collective action, that is, sharing responsibilities to provide food, advice, spiritual and health support for the neediest families and communities. Organizations in Myanmar created policies for home teleworking and safety guidelines for staff members and boards of directors, improved staff access to networks, assumed transportation costs so the staff can return to their home communities, provided medical kits and emergency support, all this in order to facilitate communication and

ensure the physical and mental care of their staff.¹

Most organizations have distributed emergency aid and recorded evidence of the situation. . Networks of regional organizations such as **The Continental Liaison of Indigenous Women of the Americas, the Indigenous Women's Biodiversity Network, the Alliance of Indigenous Women of Central America and Mexico, as well as organizations in Cameroon and the Central African Republic** have made reports, recorded the situation, held webinars for training on various

¹ Shan Women's Action Network (SWAN). Sponsor: SWAN Foundation, Thailand. See: <https://www.shanwomen.org..>

topics, among others. Indigenous women from the Amazon basin have participated in events for the international mobilization of resources.

IV.7 Some measures for community protocols adopted with the participation of Indigenous Women

- » Follow the community isolation measures
- » Ban the entry and exit from the town blocking the roads with barricades and closing the perimeters
- » Establish days for disinfection of the streets and public squares in the town
- » Creation of a crisis center to manage emergencies: for example, managing if a patient is going to be transferred, each person leaving the town has to be inspected so that they can pass.
- » Establish disinfection points at the entrance of the town
- » Every vehicle that enters the town must be disinfected
- » Have all seamstresses open their workshops to make masks and protective suits
- » Delivery of protective suits to hospitals
- » Provide food and other kind of aid to those most in need
- » Public information about COVID-19, including preventive measures
- » Prepare and distribute safety guidelines for people in community institutions
- » Ensure the operation of the communication system between the crisis center and organizations



V. CONCLUSIONS AND RECOMMENDATIONS:



INDIGENOUS WOMEN'S ORGANIZATIONS SHOULD NOT WORK IN ISOLATION

- ✦ Indigenous Women have contributed a lot in this health crisis. They have managed to protect the neediest families.*
- ✦ They have resorted to ancestral customs, knowledge, practices and values as faithful guardians of memory and traditions. However, work with youth is a constant challenge.*
- ✦ As societies that have traditionally practiced reciprocity, cooperation and exchange, these have been the main strategies used. As they say: "When we see family, friends and communities struggling, we give what we can, when we can."*
- ✦ Indigenous Women have raised awareness and trained on COVID-19, have protected families and promoted preventive measures. Some of them prepare traditional medicine to strengthen the immune system of their relatives.*
- ✦ Despite their limited financial resources, Indigenous Women have widened solidarity, reciprocity and creativity networks to cope with crisis.*
- ✦ Women require and promote healing and mutual support actions to stay strong.*
- ✦ Networking and resource mobilization is a line of work that requires continuity.*
- ✦ There are more community members moving towards the cultivation and production of traditional foods "producing our own food in the communities." However, more youth participation is required for longer term responses.*

Therefore, it is recommended that:

- ✧ *Various advocacy means be used among governments, especially local governments, since it is essential to include Indigenous Women in recovery actions and ensure critical resources, including the transfer of funds and food aid.*
- ✧ *The Governments and international entities establish protocols with a differential approach and cultural relevance in order to deal with the pandemic in their countries and prevent contagion.*
- ✧ *Essential information on health, protocols and restrictions in indigenous languages be ensured and spread to households in indigenous territories through different means of communication.*
- ✧ *Governments and society recognize and implement the humanitarian principles of human rights and the objectives of sustainable development as elements to delimit the gaps of Indigenous Peoples.*
- ✧ *Indigenous Women's leadership and actions conducted by them to deal with the pandemic be recognized and included in the proposals and in the institutional proposals of the Governments.*
- ✧ *Data disaggregated by sex and ethnicity be included for a better contingency approach in the face of the COVID-19 pandemic, with a comprehensive and culturally appropriate vision according to the towns and regions.*
- ✧ *Equal access to medical care, equipment, and support for indigenous communities be ensured.*

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