



BRIEF

COVID-19 AND INDIGENOUS WOMEN IN EAST AFRICA:

Emerging Impacts, Responses and Opportunities

INTRODUCTION

As the COVID-19 pandemic rages on, calls have been made for continuing analyses of its impacts on and dynamics among the world's most vulnerable groups and peoples. Indigenous peoples have been recognized as one of the groups at heightened risk for COVID-19 and its many adverse socio-economic and other impacts.¹ This brief summarizes emerging evidence on the impact, responses and opportunities related to COVID-19 among Indigenous people in East Africa.

The first confirmed case of COVID-19 in the East African Community (EAC) occurred in March 2020 in Nairobi, Kenya.² Since then, the pandemic has continued to spread, albeit with much reduced case incidence, morbidity and mortality than were initially anticipated. Countries in the region responded to COVID-19 with

curfews, closure of schools, lockdowns, mask mandates and strict measures on physical distancing. Currently, however, state engagement with the pandemic in East Africa can, at best, be described as uneven. While Rwanda continues to implement a reasonably robust public health response to the pandemic, Tanzania's President John Magufuli declared the country "coronavirus-free" in June 2020, forestalling access to evidence on the pandemic in the country. In the meantime, the virus continues to spread in the region with major socioeconomic implications for different groups, including Indigenous peoples.

Defined as "distinct social and cultural groups that share collective ancestral ties to the lands and natural resources where they live, occupy or from which they have been displaced,"³ Indigenous peoples often

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Cover photo: Ian Marcharia/Unsplash. Rendille people, Kenya.

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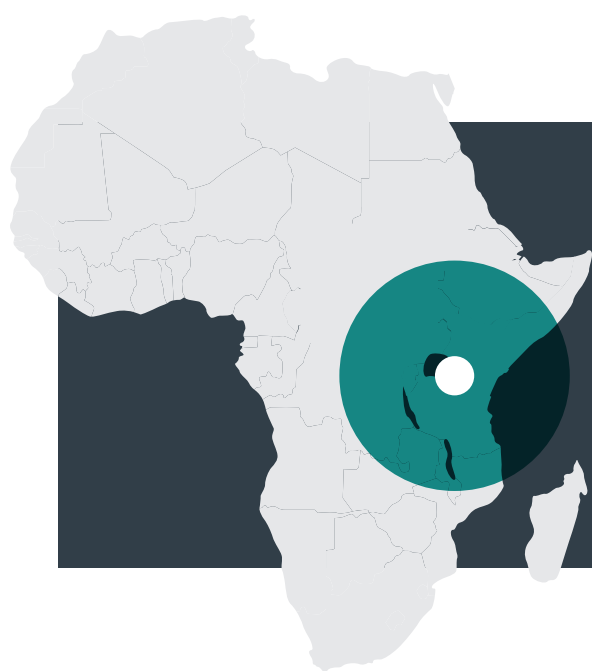
depend on access and rights to their traditional lands and the natural resources that such lands hold. Many of these people live in hard-to-reach, geographically isolated areas and experience political and social neglect.⁴

Indigenous communities live in 35 countries in Africa, often as hunter-gatherers, fisherfolk, pastoralists and agro-pastoralists. While they own, occupy or use only a small area of the continent, they safeguard much of its remaining biodiversity. Indigenous peoples rely on their ancestral knowledge and expertise to adapt to, mitigate or reduce climate, disaster, health and several other risks.⁵

East Africa hosts millions of Africa's Indigenous people. In Ethiopia, Indigenous peoples comprise 15 percent of the country's estimated population of over 105 million. They are primarily pastoralists and sedentary farmers in the Ethiopian lowlands and several hunter-gatherer communities, including the forest-dwelling Majang and Anuak. Kenya's Indigenous peoples form 25 percent of its population. Mainly pastoralists, hunter-gatherers, fisherfolk and small farming communities, they include the Turkana, Rendille, Borana, Maasai, Samburu, Ilchamus, Somali, Gabra, Pokot, Endorois, Ogiek, Sengwer, Yiaku, Waata and Awer. In Rwanda, the Batwa people, an indigenous, forest-living group, number about 33,000. Tanzania is home to over half a

million Indigenous people including hunter-gatherers like the Akie and Hadzabe, and pastoralists such as the Parakuyo, Barabaig and Maasai. An estimated 1.2 million Indigenous people live in Uganda. These include the Benet, Batwa, Ik and the Karamojong and Basongora pastoralists. Substantial numbers of Indigenous people are also found in other Eastern African countries, including Burundi, the Democratic Republic of Congo and South Sudan.⁶

Although their livelihoods diverge, East Africa's Indigenous peoples are united by a shared history of vulnerability, marginalization, land tenure insecurity, poverty and inadequate political representation. They regularly experience poor social services delivery, discrimination, exclusion, dispossession, and demeaning stereotypes. In Tanzania, the Indigenous Barbaig pastoralists in Hanan'g District were evicted by the state from their 10,000 acres of pastureland to make way for the National Agriculture and Food Corporation (NAFCO)—a now-defunct government-owned corporation—to cultivate wheat with financial support from the Government of Canada.⁷ In Rwanda, the Batwa continue to suffer discrimination and mistreatment by the majority Hutu and Tutsi who call them *abasigajwe inyuma n'amateka* (those left behind by civilization).⁸



ESTIMATED POPULATION OF INDIGENOUS PEOPLE IN THE EAST AFRICAN COMMUNITY

ETHIOPIA
15 million

RWANDA
33,000

UGANDA
1.2 million

KENYA
13 million

TANZANIA
500,000+

COVID-19 AND INDIGENOUS WOMEN IN EAST AFRICA

Women and girls comprise about half of the population of East Africa's Indigenous peoples.⁹ These women contribute immensely to their countries as artisans, traditional healers and birth attendants, businesspeople, mothers, farmers, forest-keepers and herders, among others. They play critical roles in tourism, agriculture, health and environmental and biodiversity conservation; are key to food and livelihood security; and possess vital knowledge of sustainable forest, livestock and ecosystems practices.¹⁰ But they are also particularly vulnerable to multiple forms of discrimination, violence, sexual abuse and mistreatment both within and outside their own communities. UN Women describes being an Indigenous woman or girl as a life sentence of poverty, exclusion and discrimination that can span over a lifetime and across generations.¹¹ Indigenous peoples often lack access to critical social services, including education, health care, security, good roads, water, and sanitation and face disproportionately high rates of poverty. Many East African Indigenous peoples practice female genital mutilation (FGM), forced and early marriages, polygyny or harmful widowhood rites.¹²

Generally, Indigenous women in the region are less likely to have medical insurance, occupy positions of national political authority, own land, or participate in politics.^{13,14} Survey data from multiple countries suggest that Indigenous women and adolescent girls have significantly worse maternal health outcomes than their non-Indigenous counterparts.¹⁵ Also, elderly Indigenous women often have medical conditions that can go untreated for years due to their lack of access to modern health services. They experience challenges in accessing emergency relief distribution points; do not have enough food; and are often without any income.¹⁶ Where social and health amenities exist in East African Indigenous communities, they are often obsolete, insufficient, understaffed, dysfunctional, or lacking basic essentials and supplies.¹⁷

This legacy of vulnerability and exclusion heightens the susceptibility of Indigenous women to the impacts of COVID-19.¹⁸ Historically low levels of formal education among women in East Africa's Indigenous communities have resulted in the rapid spread of misinformation about COVID-19, increasing their vulnerability to the virus.¹⁹ The pandemic is also extending existing vulnerabilities of Indigenous women.

While there is scant data on COVID-19 morbidity and mortality among Indigenous peoples in East Africa, emerging evidence suggests an **unfolding health and socio-economic crisis among women in these communities**. They not only experience anxiety and stress associated with the probability of becoming infected, but also face a deepening socio-economic crisis and rising prospects of intensified discrimination.²⁰



For instance, the association of COVID-19 with wildlife has instigated rumors and perceptions among some East Africans that Indigenous peoples are reservoirs of dangerous viruses, amplifying contemptuous beliefs that they are dirty, backward, unsanitary and bereft of the skills and knowledge to prevent COVID-19.²¹

Reports point to the heightening of pre-pandemic inequities in access to quality education, health, nutrition, livelihood security and markets among

Indigenous women. Existing inequalities between Indigenous women and women from other ethnic groups in East Africa are worsening rapidly due to COVID-19. In Rwanda, Batwa women were overlooked in the distribution of COVID-19 relief materials. Highlighting a pervasive feeling among the Batwa that they are at higher risk of dying from lack of food than from the virus, a Batwa woman reportedly complained, "Honestly, I think that we are waiting for God's help as death is at our doorsteps."²² As a result of their



Women carrying firewood to sell in Oromia region, Ethiopia.
Photo by Natasha Elkington/CIFOR.

continuing experience of land dispossession, the Batwa of Rwanda survive largely by scavenging or selling their labor in exchange for food items. Many Indigenous peoples in East Africa live in hard-to-reach places, where food, support, information and emergency relief take a long time to reach. Border closings, movement restrictions and other lockdown measures have exacerbated poverty and food insecurity for these communities, hurting the livelihoods of transboundary pastoralists, hunter-gatherers and other semi-nomadic and nomadic communities.²³ These measures have also impeded goods and services from leaving or entering Indigenous communities, complicating the effects of recent violent cattle rustling activities, internal conflicts, crop and livestock losses, severe locust infestation, low yields and severe floods experienced throughout East Africa.²⁴ Because women and girls in some Indigenous societies eat last and least when food is scarce, there is the possibility that COVID-19 will specifically expand existing risks for compromised nutrition and associated morbidities among Indigenous women.²⁵

As a result of the pandemic, several local medical facilities where Indigenous women in East Africa seek care have shuttered or reduced their hours of operation. In Kenya, public health workers have gone on strike to protest lack of salaries and protective equipment during the pandemic with telling implications for many marginalized people who rely on public health facilities for care.²⁶ While several urban-based facilities and health centers that serve non-Indigenous people across the region have been equipped to respond to COVID-19, little investments have gone into equipping health centers in Indigenous

communities to offer COVID-19 testing, treatment and care. In most of the region, Indigenous peoples rely on public transportation to reach health facilities and must pay cash to receive services.²⁷ Movement restrictions and lost incomes have therefore mired health access for many Indigenous women. Closures of public transportation during the early days of the pandemic in the region frustrated Indigenous women's access to critical health services, resulting in risky homebirths, near-misses, life-threatening complications, lack of access to treatments and even deaths.²⁸ As the pandemic rages on, women living with HIV in East Africa's Indigenous communities continue to experience difficulties in accessing critical care and treatment.²⁹

Within Indigenous communities themselves, COVID-19 has intensified gender division of labor where Indigenous women are at the center of the care economy within their families and communities.³⁰ It has worsened East Africa's Indigenous women's unemployment rates and earning capacity.³¹ Public health measures including travel bans, closure of markets and restrictions on public gatherings have generally immobilized many Indigenous-women-run small enterprises. Such enterprises often require a lot of face-to-face contact, which has become nearly impossible during the pandemic. As one Masai woman reportedly put it, "Our main income was selling Masai beads to the tourists, but they are not coming here anymore. We have the beads but there are no customers."³² Saringe and Jansen note that traditional livelihoods of Indigenous East African women have been severely impacted by COVID-19.³³ Not only are Indigenous women unable to continue gathering non-timber forest products, but there is evidence from other settings that poachers and illegal loggers have also intensified their extraction of the resources on Indigenous lands during the lockdown.³⁴

With reduced formal police presence in remote East African communities during the pandemic, cattle raids and violent communal conflicts among Indigenous societies are increasingly common.^{35,36} These incidents have increased women's risks for rape, murder, kidnapping and abduction. The pandemic has also expanded older Indigenous women's risk for neglect and abuse. Often physically and medically fragile, these older women are key reservoirs of language, culture and history and often live in multi-generational housing,

relying on younger generations for support and care. Their needs for close and routine care and support are increasingly unmet due to physical distancing and isolation measures as well as unfolding food insecurity during the pandemic.

The pandemic is reversing years of hard-won progress in the elimination of harmful cultural practices among Indigenous peoples in East Africa. With school closures in most of the region, child marriage, teenage pregnancy and FGM have surged in some Indigenous communities.³⁷ Food scarcity during the pandemic is driving many vulnerable and food-insecure Indigenous households in the region to marry off young girls, often to older men, with far-reaching social and health implications for the girls. Also, anecdotal evidence increasingly points to rising gender-based violence in the context of COVID-19 among the region's Indigenous women and girls.³⁸ Reports highlight worsening mental health among the region's Indigenous women due to anxiety, fear of exposure to the pandemic, loss of basic resources and limited access to essential gender-based violence and sexual and reproductive health services.³⁹

However, realizing the threats of COVID-19 to their

communities, East Africa's Indigenous women are also fighting back. They are organizing their communities to ensure compliance with physical distancing measures and promote hygiene, isolation and care of those at risk or infected.⁴⁰ For instance, Indigenous women's associations in Kenya and Tanzania are using local language to reach their communities with accurate information on the pandemic while also advocating and campaigning for more government support and attention to vulnerable communities. Through organizations such as Hadzabe Survival Council, an NGO run by members of Tanzania's Hadzabe Indigenous peoples, women are raising awareness of the virus within their community and sensitizing people on the importance of hand hygiene, the use of face coverings and the need for physical distancing.⁴¹ Indigenous craftswomen in the region are selling masks made from local materials and promoting their use in their communities.⁴² There are also Indigenous women's organizations in the region that are working with international agencies to draw attention to the plight of Indigenous communities and to mainstream their communities' needs into national COVID-19 responses.⁴³

THE CASE OF MAMA EVELIN



Mama Evelin's community in Kenya holds strong beliefs in witchcraft and feels that COVID-19 is an ancestral spell that has been cast on its members.

The elders believe that their ancestors' wrath has engulfed them in the form of the virus, and they are performing sacrifices to appease their spirits. Mama Evelin, along with a group of women, are working as health volunteers for the home-based care approach introduced by the government. This is an initiative that engages community health volunteers acting as a communication link between healthcare workers and community households. Says Mama Evelin, "When COVID-19 hit, the Maasai communities in Kenya were scared and confused. Where did this virus come from? I have been told that everyone is at risk of contracting the dreadful virus – men, women, children and the elderly." Mama Evelin maintains a list of the most vulnerable households and she visits these on a weekly basis, and discusses with them the importance of social distancing, wearing masks and washing hands during the pandemic.⁴⁴

ADDRESSING THE IMPACT OF COVID-19 ON INDIGENOUS WOMEN IN EAST AFRICA

While pre-existing multiple vulnerabilities shape East Africa's Indigenous women's ability to cope with COVID-19, the pandemic is also exacerbating threats to their wellbeing. Urgent action is needed to address the vulnerabilities that expand COVID-19 risks, tackle the emerging impacts of COVID, and ensure that Indigenous populations are not excluded from existing and future COVID-19-related investments and responses. As the world races forward with prevention, treatment, care and vaccination efforts, Indigenous communities cannot be left behind. Emerging evidence suggests that addressing the impacts of the pandemic among this key population requires, among other things:

- ◆ Research and disaggregated data on Indigenous women and COVID-19, with a focus on the pandemic's impact; access to testing, treatment and vaccination; morbidity and mortality; and participation in vaccine trials;⁴⁵
- ◆ Prioritization of support and capacity strengthening to Indigenous women's organizations and organizations working with Indigenous peoples on health, livelihood and other issues;⁴⁶
- ◆ A gender- and culture-sensitive strategy for ongoing COVID-19-related relief, support and engagement with Indigenous peoples;⁴⁷
- ◆ Support for Indigenous women's access to quality COVID-19 control, prevention, and treatment;⁴⁸
- ◆ Investments in the design and implementation of evidence-based programs to prevent violence, mitigate socio-economic and livelihood challenges, strengthen social protection mechanisms, and promote access to health, including maternal reproductive health and GBV services among Indigenous women and girls;⁴⁹
- ◆ Continuing consultation with Indigenous women and their groups to secure and integrate their views of equity in the design, implementation and evaluation of COVID-related interventions;⁵⁰
- ◆ Broadening the human rights contexts of engagement with Indigenous peoples to recognize and reflect local notions of consent, autonomy, self-determination, and collective and individual rights;⁵¹
- ◆ Building Indigenous peoples' capacities in resilience and pandemic decision-making and management from a rights-based, gender-responsive and intercultural inclusion perspective;⁵² and
- ◆ Promoting local, national and global dialogues on Indigenous peoples and their futures.⁵³



Maasai woman. Photo by Sneha Cecil/Unsplash.

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