

Consultation and participation

The majority of respondents (73%) indicated that they were not consulted on COVID-19 prevention and response within their communities. Female respondents in focus group discussions reported that women are not included and consulted in public discussions and decisions. Indigenous women respondents in Laikipia county recounted:

'We were not involved like all other persons in the community. The information on this pandemic came to us through the chief and his elders and sometimes. We could see a van roaming around our community with loudspeakers and some people in it talking about the pandemic and requesting people to stay indoors.'

Women from minority indigenous communities, such as the Wayyu in Marsabit county, face double discrimination and exclusion from decision-making processes. Female respondents from the Wayyu community indicated they are not involved in community decision-making processes on COVID-19 prevention:

'The community itself has not had any discussion in regards to COVID. Normally our communities go by the decisions made by the majority tribes. Consultations are done mainly between the county government executives and the medical staff but not with communities. Communities mostly learn from local radio stations, or NGOs holding talk shows and announcements in the village. No consultations are done for and with us.'

On a positive note, women of the Endorois community are engaged in decision-making processes on COVID-19 response. They were equipped to teach their community how to take COVID-19 preventative measures such as regular handwashing. The Baringo County woman National Assembly representative also enlisted women of the Endorois community to distribute face masks and hand sanitisers in Mogotio constituency.

Enforcement of Government emergency measures

The majority of respondents (92%) indicated that they comply with the Government preventive measures, including washing of hands, wearing of face masks and social distancing. Hand washing was the most commonly practised measure. However, given traditional modes of living where there are several households living in a homestead, many families are unable to maintain social distancing.

A number of respondents (12%) reported been subjected to a human rights violation in the course of the enforcement of Government directives and emergency measures, predominantly by police. Community members reported harassment by police for non-compliance with directives: 23 respondents reported harassment and/or arrested for not wearing a mask or incorrectly wearing a mask, and 24 respondents reported harassment for non-compliance with the nightly curfew hours. The harassment mostly involved physical assault. Several community -

members reported being arrested and only released after paying bail or bribes.

Seven cases of sexual violence by police were reported. In one case, a police officer in Laikipia county reportedly tried to sexually assault two teenaged girls after arresting them. The case was reported to police and is currently under investigation.

Despite the reports of police harassment, the police were still the primary choice for most respondents to report violations (31%), followed by chiefs (25%).

Impacts on community life

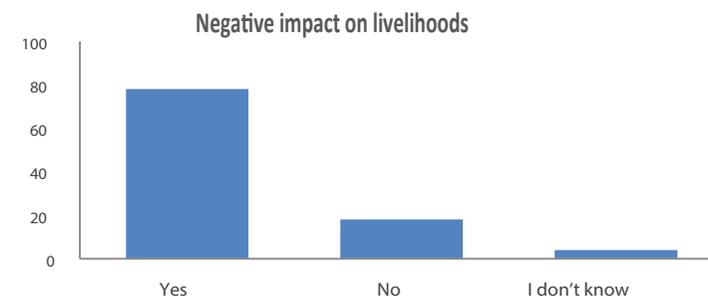
Most respondents (69%) said their lives have been greatly impacted by the range of Government COVID-19 directives and measures. Community members indicated that COVID-19 has affected customary ways of life. In particular, directives on social distancing and restriction has constrained traditional ceremonies. Some male respondents reported that they had ceased their interactions as community elders because of fears of public gatherings. For those communities who practise a nomadic lifestyle, they have had to cease this due to the curfew and restrictions on movement. Community members have also limited cultural activities to mitigate risks of contracting COVID-19:

'... we are avoiding movements outside the forest, drinking a lot of water, avoiding visitation and not participating in any cultural and heritage festivals.'

There is mistrust and stigma within communities, as community members suspect each other of being carriers of the virus. This has resulted in separation of families and reduction of social gatherings, including for weddings and burials, which impacts upon cultural and traditional practices. Some respondents reported that community members returning to villages due to closure of schools or loss of employment had been subjected to stigma and discrimination, as a result of the climate of fear and mistrust.

Impact on livelihoods

The majority of respondents (78%) indicated that the COVID-19 crisis has had a negative impact on their livelihoods, including loss of jobs when businesses and schools closed; closure of markets leading to loss of income from livestock trading, sale of honey and other products; financial constraints impacting businesses; and the curfew and restrictions on movement curtailing livelihood activities.



Women respondents in focus group discussions indicated that they had closed their businesses due to financial constraints, and were struggling to meet their needs. One male respondent, who is a livestock trader, narrated:

'The families are selling their livestock at throw away prices in the market close to home.'

Families who depend on fishing for livelihoods lost their entire household income because they could not access the lake at night, when they usually fish, due to the curfew. The Wayyu, an indigenous community in Marsabit county whose sources of livelihoods are hunting and gathering, and charcoal burning, have been severely affected by COVID-19 as they cannot carry out these activities due to Government restrictions on these specific activities.

Some 26% of surveyed households are coping with economic hardships by reducing their daily meals to only one meal a day; others are separating households to live apart as an economic coping measure. Other households and community members have changed their source of livelihoods and adopted alternative forms of income-generating activities:

'We have turned to farming for the meantime, and boys and men have to look for manual work around farms of the neighbouring community.'

'Some young women have resorted to doing odd jobs to survive because they come from a poor background. The odd jobs include casual labour jobs like farming in neighbouring communities' farms and going to the urban centres to do housework.'

Due to loss of income and low demand for livestock sales, families have resorted to consuming their livestock, reducing men's traditional role of herding animals.

Lack of income and decrease in casual jobs has led to youth depending heavily on their parents for financial support, causing further economic strain. There has been an increase in child labour, ostensibly to increase household income for household. There is no community objection to child labour as long it enables households to buy food and meet families' needs:

'Most high school boys are working in farms or mjengo (masonry) and selling wares at the urban centres. Owners of the buildings don't ask the boys for their national identity cards to confirm their ages.'

'The young girls have experienced forms of sexual and gender-based violence, especially during their business ventures. Male customers demand sexual favours in order to pay for the products of these businesses.'

Community members have to walk long distances in search of work. While men and boys are able to work in farms until curfew time, women and girls cannot do so due to fears for their safety.

Gender impacts

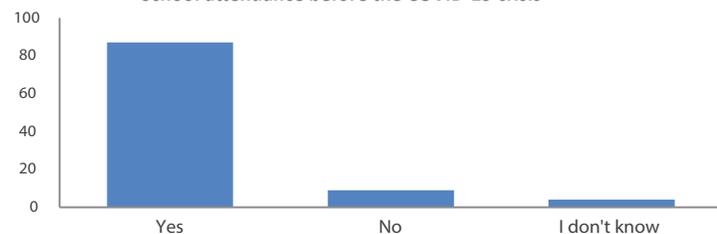
Economic impacts and financial constraints heightened girls' vulnerability to sexual exploitation and abuse. Respondents reported that girls engaged in transactional sex to get money to buy food for their families. Further, since the closure of schools, girls no longer receive sanitary towels free of charge, and some have engaged in transactional sex to be able to purchase sanitary towels.

Women who lost employment had to depend on their husbands, who are mostly casual labourers, to provide for their families; however, income was not sufficient, causing tensions in most households. Further, it was reported that lack of employment had increased alcoholism among some men.

Right to education

Prior to COVID-19, the large majority of school-aged children (87%), both boys and girls, attended school. On 16 March 2020, all schools in Kenya were closed following confirmation of the first COVID-19 case; and in July, the Government declared that the 2020 school year "will be considered lost due to COVID-19 restrictions".

School attendance before the COVID-19 crisis



The large majority of respondents (86.5%) indicated that children from indigenous communities did not receive any educational support, including online learning, to enable them to continue with their education during the closure of schools. Only a very small number of respondents (5%) indicated that children from their household or community

had accessed educational support, including through video clips from teachers, radio educational programmes, the Kenya Institute for Curriculum Development (KICD) programme disseminated through television and schools, and assignments sent to parents and guardians by phone and email.

In the absence of formal education, there was little alternative education for children. Some respondents (3%) indicated that traditional education was provided for children, including lessons in morals from elders; traditional methods of fishing, farming and animal husbandry; beading; honey harvesting; environmental conservation and house chores. Traditional education was conducted according to gender roles for males and females within indigenous communities.

Prior to the COVID-19 crisis, children in 55% of surveyed households benefitted from school feeding programmes and distribution of free sanitary towels. Children no longer had access to these services following the closure of schools.

Since children are not going to school, their domestic responsibilities have increased. Girls' responsibilities include fetching firewood, washing clothes, cooking and taking care of younger siblings while parents are looking for work. Boys' responsibilities include herding and watering livestock. The communities view these increased responsibilities as an opportunity for girls and boys to learn and practice traditional gender roles in leading and managing a home.

Gender impacts

Due to the larger burden of increased domestic responsibilities for girls in comparison to boys, girls were much less likely to receive support to continue their education. Respondents indicated that most boys provide security to their homesteads and herd their families' livestock, therefore have little time to study:

'Boys are not interested in education since they are looking after cows in the community and their parents are not encouraging them to read.'

Girls have decreased chances of resuming their education in comparison to boys. Due to economic hardships, some parents married off their daughters, in particular those who were in college, to get money or livestock:

'Our younger girls are being forced to marry since unmarried men are taking advantage of this season when many girls are at home, so all of them want to marry during this COVID-19 period.'

Female college and university students, particularly those who were in their final year of studies, have opted to get married due to the long period of institutional closures and the fact that they were no longer

receiving financial support from their parents. Other female students indicated they had lost hope of completing their studies, due to financial constraints related to the crisis:

'We are losing hope and we may start looking for husbands to marry us.'

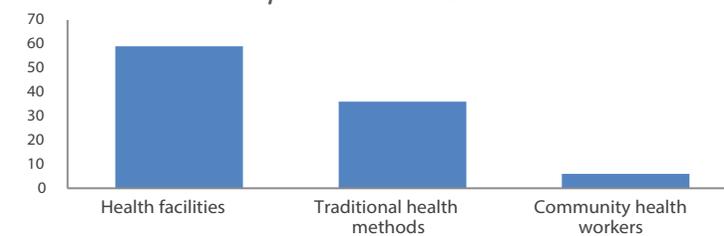
The majority of boys who underwent circumcision during the COVID-19 period started to look for girls to marry, thus reducing their chances of resuming school.

Respondents reported that during the closure of schools, school-aged boys and girls have started drinking illicit brew, and there were incidents of defilement (rape of a minor) among the teenagers, leading to girls becoming pregnant. In focus group discussions, young women aged below 21 years shared their apprehension of negative peer influences that may compel them to indulge in drugs, alcohol and casual sex that may put them at risk of contracting HIV.

Right to health

Within the 512 villages surveyed, the primary sources of healthcare were health facilities (59%), traditional health methods (36%) and community health workers (6%). The majority of health facilities were located at a significant distance from communities.

Primary sources of healthcare



For the majority of respondents (65%), access to health facilities had not changed since the COVID-19 crisis. However, numerous respondents indicated that they would only go to a health facility as a last resort, due to fear of contracting COVID-19 or being subjected to mandatory quarantine.

'We are afraid of visiting health facilities due to this pandemic because health care facilities do not keep social distancing, hence causing a lot of tension. We are waiting for COVID-19 to end so we can feel free to access hospitals.'

'We only go to hospital when one is critically ill. And we also don't go to hospital for fear of contracting COVID-19 in the hospital.'

During the COVID-19 period, communities increasingly resorted to traditional medicine – in particular, the elderly, as they were apprehensive of visiting health facilities due to perceived risks. Traditional

treatments included herbs administered by traditional medicine people or herbalists, or picked by the community from forests and used to treat common ailments.

'Traditional medicine is still common place. We use herbs to treat our ailments but when it persists, we take the sick to a health facility.'

Some elderly patients reportedly died because they did not go to health facilities due to travel restrictions or because they did not receive regular medication. Patients with existing conditions such as diabetes, hypertension and cancer refrained from going to health facilities, and were unable to continue regular medication and recommended diets due to financial constraints. Many resorted to traditional medicine as an alternative.

Women respondents in focus group discussions indicated that most women in indigenous communities were not seeking health care services for sexual and reproductive health, due to financial constraints, or the perception that healthcare facilities were giving priority to combatting COVID-19. Women only went to health facilities when they were sick, or pregnant with suspected complications; otherwise, they opted for traditional medicine and home births.

'I was supposed to see a gynaecologist but I was told that it would not be possible.... I have opted to use traditional medicine.'

'Some women do not take their children to hospitals.'

FGD session of women and girls below 21 in Embobut, Elgeyo Marakwet County



Women also refrained from going to health facilities for prenatal and antenatal care out of fear of contracting COVID-19 at the facilities. A few health care workers and non-governmental organisations had embarked on community awareness to encourage women to go to health facilities for maternal health services.

COVID-19 testing was not readily available within the communities surveyed. In suspected COVID-19 cases, community members sought traditional medicine and treatment as a first resort. One respondent indicated:

'We believe asymptomatic cases have been cured by local herbalists that we have here locally.'

Right to water

The majority of households surveyed (57%) relied primarily on natural water sources, including lakes, rivers and springs. Only 12% of respondents paid for their regular water usage. Since the start of the COVID-19 crisis, 17% of respondents had experienced changes in water usage, primarily to comply with Government directives on hand washing and cleanliness. Some respondents mentioned that public water sources were closed to comply with the directive on social distancing, although this compromised the directive on hand washing. Only 5% faced increased costs for water; this is likely due to the fact that the majority primarily rely on natural water sources. Despite these challenges, the large majority (88%) were able to comply with the Government's hand washing directive. Those who were unable to comply cited include insufficient water and giving priority to cooking and drinking.

In some areas surveyed, the COVID-19 crisis compounded the already existing water scarcity. One respondent explained:

'Marsabit is mostly a semi-arid area... Water vendors are expensive, hence women and girls have to trek for long distances in search of water for their families. They go to rivers, wells and dams situated in forests, which is not safe because wild animals get water from there. Due to ethnic clashes in Marsabit, not everyone can go to any water catchment area to collect water. The water catchment areas dry up very fast because it is a struggle between people and livestock and also wild animals.'

Right to housing

Forced evictions are a longstanding issue of concern for indigenous communities living in forest areas. During the COVID-19 period, the right to adequate housing is central to prevention efforts. Recognising this, in May 2020, following a number of mass forced evictions in urban areas, the Government committed to a moratorium on forced evictions during the COVID-19 crisis.

Yet, in July 2020, when COVID-19 cases were rising across the country, more than 400 members of the Sengwer community were evicted from their homes within the Kapkok forest, allegedly by the Kenya Forestry Service. During these evictions, approximately 30 houses were reportedly burnt down.

Respondents also reported 59 cases of forced evictions and destruction of property by security agents, primarily attributed to the Kenya Forestry Service. Cases were mainly reported in Elgeyo Marakwet county.

Gender-based violence

As outlined above, the negative impacts of the COVID-19 crisis on livelihoods, access to education and access to health for indigenous communities have distinct gender dimensions. Yet one of the most prevalent gender impacts of the crisis is the increase in gender-based

violence (GBV).

Forms of GBV reported by respondents included domestic violence, early marriage, defilement (rape of a minor), rape, and female genital mutilation (FGM), which had all increased since the onset of the COVID-19 crisis. Married women, single mothers, girls living with disabilities and adolescent girls had increased vulnerability to GBV.

One out of five households surveyed reported incidents of domestic violence, a form of GBV that has been normalised. The majority of perpetrators of GBV identified by respondents were spouses; they attributed increased domestic violence to the stress and frustration arising from financial constraints, and inability to provide for their families.

Other identified perpetrators of GBV included male family members, men who had returned from urban areas having lost jobs, community elders, neighbours and boda boda (motorcycle taxi) riders. Boda-boda riders were commonly identified as perpetrators of defilement, after luring girls with free motorcycle rides. It was also reported that close male relatives and neighbours groomed girls and sexually assaulted them.

FGD session of young boys and men in Embobut, Elgeyo Marakwet County



Schools acted as a safe haven for girls from FGM and early marriage. The prolonged closure of schools increased their vulnerabilities to FGM, early marriage and defilement resulting in pregnancies.

Cases of FGM increased during the COVID-19 period, as girls remained at home and there was reduced oversight. Some girls have undergone FGM due to peer pressure. FGM ceremonies are carried out in secrecy, especially at night, to conceal the violations from neighbours and authorities.

'The circumcisers and families are fearful and trying their best for pastors or chiefs not to know about the FGM.'

Some of the school going girls, through the influence of their traditional age mates and peers, have accepted to choose voluntarily to be part of those who are to undergo through the ritual and to find their way to being suitable to get married from a traditional view, thus ending their schooling.'

Once girls have been subjected to FGM, they are then deemed suitable for marriage. Early marriages are likewise conducted in secrecy, and information on the violations is not easy to confirm. Human rights defenders received reports of girls being kidnapped and married off, and were, in some instances, obliged to rescue girls and take them to their own houses due to the lack of safe shelters.

Girls have run away from home to escape sexual exploitation, early marriage and FGM, however some became pregnant. There were two reported cases of defilement between minors, resulting in pregnancy. High school girls who became pregnant have reportedly lost hope of resuming their studies.

Reporting of GBV

Due to the culture of silence around GBV, victims rarely report violations. Further, GBV is seen as taboo, and victims fear being cursed or blamed.

Families reportedly protect perpetrators, which discourages victims from reporting. Domestic violence, particularly physical assault, is commonly resolved at the family level by family members and elders, with most of these decisions not favourable to the victims. In some of these cases, the victims were compensated. Victims avoided reporting domestic violence to police due to the perception that they would not get justice. Victims of sexual violence are also pressured not to report, as it will bring shame to the family, and are in many cases they are married off to older men.

A woman airing concerns of prevalence of SGBV



'A lot of girls now are being raped silently, especially when looking after the animals, but most of them don't report this. Women are also running out of their homes due to increased fights with their husbands.'

'Most of these GBV cases go silent. Most community members would prefer that the cases be settled from within the community. In many cases, the local available community based organizations find it difficult to intervene because of how the community prefers to handle these cases.'

COVID-19 directives have made it difficult for human rights defenders to intervene in time to prevent FGM and early marriage. Women human rights defenders have also faced intimidation from their communities for intervening in GBV cases.

'Due to government restrictions on social gatherings, a few family members in the some remote village may come together and sell off their girl without anybody in authority knowing. As a result, many young girls have been forced into early marriage.'

'When trying to deal with GBV issues that increased at this time of COVID-19, the community turn against you, especially men.'

Access to GBV treatment, counselling and services

In the communities surveyed, there was an extremely low level of awareness on where victims of GBV can access medical treatment, counselling and safe spaces. Only 6 out of 1,334 household survey respondents in the 7 counties were aware of the national GBV hotline (HAK 1195). On a positive note, in Baringo county, 27 out of 35 indigenous community members who took part in focus group discussions, including human rights defenders, were aware of the hotline.

There are no safe shelters to which to refer victims of GBV, or comprehensive psychosocial services. Commonly, GBV victims seek safety with family and friends.

During the monitoring period, the human rights defenders who conducted focus group discussions disseminated posters on GBV prevention and response service providers; one community respondent indicated that the poster enabled them to be aware of avenues to report GBV and seek essential services. Victims who reported violations to the - human rights defenders received assistance, as they were referred to health facilities and other service providers.

Impacts on specific groups

Elderly persons

Elderly respondents who participated in 9 targeted focus group discussions shared their perception that COVID-19 prevention messaging was not disseminated effectively, and caused panic within the community. Elderly respondents feared going to health facilities as they perceived their low immunity would place them at high risk of contracting COVID-19, and they also refrained from going to public places due to their vulnerability.

'We were told when older persons get this disease they die, so we no longer go to hospitals or to social places to stay with other friends. We don't go out to look for food so we are suffering a lot; we don't go out even to fetch water.'

Elderly persons aged over 65 years reported that they continued receiving financial assistance from the Government following the outbreak of COVID-19, but not food assistance.

FGD session with the elderly persons



Persons with disabilities

Indigenous people with disabilities suffer from multiple forms of discrimination. The COVID-19 pandemic exacerbated these forms of discrimination, and disproportionately affects indigenous people with disabilities. In 7 targeted focus group discussions, respondents with disabilities indicated that no specific measures were taken to reach them and directly disseminate information on COVID-19 prevention and responses. They were also not consulted in discussions and decisions on community responses. Some persons with disabilities experienced discrimination from community members, as they were perceived as outcasts, and did not receive assistance and support. At the onset of the crisis, persons with disabilities also faced difficulties in accessing water, food and health services.

'We used to get money from the Government for the disabled, but nowadays we are not getting this and we are suffering a lot as disabled people. Some of us are parents with disabilities and have children, but are not able buy food for them and now we are just staying hungry. Accessing medication for us is really hard and we are calling for the Government to help us with food or to support us financially to buy medicine and to earn a living.'

In focus group discussions, persons with disabilities urged focused support to marginalised areas and indigenous communities, and specific assistance for persons with disabilities to mitigate the socio-economic impacts of the crisis.

Human rights defenders, including women human rights defenders

The Government COVID-19 directives have impacted upon the ability of human rights defenders (HRDs) to undertake their work in indigenous communities. Movement and communication with communities were the biggest challenges – where movement is restricted, and telephone communication is difficult due to poor network coverage and limited mobile telephone usage in indigenous communities. The curfew also limited the ability of human rights defenders to respond in real time, given they are not listed as essential service providers. Due to the ban on public gatherings and social distancing requirements, it is difficult to hold meetings. They are not able to go as a team to respond to an arrest or to follow up on violations, and have been turned back from police stations where people have been arrested as they go to respond. Further, the progress of cases has been affected by the closure of courts.

HRDs highlighted challenges due to the impact of COVID-19 directives



Some HRDs felt that the COVID-19 crisis and Government directives were used as a rationale to curtail their work, citing the arrest of an HRD on grounds that he had organised a meeting with victims.

In terms of key human rights issues that indigenous human rights defenders have been dealing with during the COVID-19 pandemic, they cited early marriage, FGM, forced evictions, land issues and related inter-communal violence. HRDs stated that the Government has not focused on addressing human rights issues emanating from indigenous communities, but has instead prioritised enforcement of COVID-19 directives and penalising community members for non-compliance.

During the COVID-19 pandemic, indigenous human rights defenders have supported communities, including through the provision of face masks, soap, water and daily needs. They have also provided information to communities on COVID-19, prevention measures and the Government economic assistance package.

Women human rights defenders shared that they have faced additional challenges. Many used their personal resources to respond to cases of GBV, in particular early marriage, and provided shelter to girls since rescue centres and shelters were not operational during the crisis. They shared that in addition to their work as HRDs, they have domestic responsibilities that reflect gender roles in indigenous communities, and the long hours spent responding to calls for interventions within their communities had taken a toll on their family lives. Under the Indigenous Women Council, women human rights defenders had established support networks during the COVID-19 crisis, using virtual platforms to refer cases to each other and share ideas on how best to assist their communities.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The most severe impacts of the COVID-19 crisis on indigenous communities were on livelihoods, with loss of sources of livelihoods and income. This had knock-on effects in terms of reduced coping mechanisms, child labour and tension within families. Closure of schools and interruption of education also caused serious impacts within communities, also interrupting services and assistance provided to children. For many, in particular adolescent girls who will not be able to complete their studies for various reasons, this disruption will have a lasting impact on their future. Contrary to marginalised urban communities, surveyed indigenous communities mostly did not experience major challenges with access to water as a result of the

COVID-19 crisis, and communities could largely comply with Government directives on hand washing.

Gender disparities, intersectional discrimination and gender impacts on indigenous women and girls came through clearly in household surveys and focus group discussions. In particular, gender-based violence was a prevalent issue within the surveyed indigenous communities. For young girls, increased FGM, early marriages and teenage pregnancies were attributed to closure of schools and hence decreased protection and increased vulnerabilities.

There is clear lack of consultation with and participation of indigenous communities, particularly indigenous women, to inform the COVID-19 response and recovery in their communities. This compounds the lack of clear information on and understanding of the Government's COVID-19 economic assistance package, and assistance available to indigenous communities and families.

Indigenous communities have historically had challenges with land ownership and tenure since they live and derive their livelihoods from the forests. They continued to be subjected to forced evictions during this period, despite the Government commitment to a moratorium on evictions during the COVID-19 crisis.

Recommendations

- Employ the findings of this scoping initiative to guide the implementation of COVID-19 response and recovery plans, and sectoral responses (e.g. social protection, education, health).
- Undertake analysis of 2019 Kenya Household and Population Census data on indigenous communities and other groups left behind, to inform implementation of the Sustainable Development Goals and close gaps and disparities in indigenous communities.
- Address longstanding issues around land tenure and management in indigenous communities, as a precursor to delivering on the Sustainable Development Goals for all.
- Empower indigenous human rights defenders to continue their work within communities, and engage with authorities and duty bearers. In particular, empower and support women human rights defenders, taking into account intersectional discrimination based on age, disabilities and other factors