#### **13th session of the Expert Mechanism on the Rights of Indigenous Peoples1 December, 2020**

Joint Statement by **Lin Lin Su on**

Impact of COVID-19 pandemic on indigenous Women, Youth and Persons with Disabilities

***on behalf of Asia Indigenous Peoples Pact (AIPP), Asia Indigenous Peoples Caucus & Network of Indigenous Women in Asia (NIWA)***

Thank you, Mr. Chair,

The Covid-19 pandemic has severely and disproportionately impacted Indigenous Peoples, particularly Indigenous Women, elders and Persons with disability. This impact extends beyond a risk to our collective health, exacerbating the deeply entrenched structural violence we face every day. Our ways of life have been jeopardised at the expense of perusing economic growth and disregarding our rights to self-isolation and free prior and informed consent. As a result, our ability to provide for our families and communities to generate income and our food security suffer.

We face multiple layers of discrimination and violence based on our ethnicity, gender, age, language and cultural practices. We have experienced grave discrimination and rise in gender-based violence during the COVID-19, disproportionately affecting the most vulnerable and marginalized individuals.

We wish to particularly highlight Violence Against Indigenous Women and girls who face intensified racial discrimination, criminalization, and human rights violations in various manners. In Bangladesh, a total of 13 cases of violence against Indigenous Women, including rape, abduction, murder and physical attacks were reported from January-June 2020[[1]](#footnote-1). Likewise, many Asian Governments are introducing regressive policies and laws that violate the rights and civil liberties of Indigenous Women, Youth and persons with disabilities. Red tagging, criminalization, threats, harassment, extra judicial killings and repression among Indigenous Women Human Right Defenders (IWHRDs) is happening country wide due to the forcible implementation of the new law and the formation of the National Task Force to Eliminate Local Community Armed Conflict under the Executive order COVID-19 and Lockdowns in the Philippines.

A clear lack of culturally appropriate information and strategies have deprived us and our children from health and education services. As our communities are often physically remote and isolated, COVID-19 diverted attention and critical medical resources away from our regions which saw other diseases proliferate unchecked. The UN has already highlighted the increase in maternal mortality and morbidity, increased rates of adolescent pregnancies and sexually transmitted diseases during COVID-19 pandemic.[[2]](#footnote-2)

Lockdowns in many Asian countries disproportionately affect persons with chronic diseases and severe types of disability who require regular medical attention. COVID-19, and the discrimination that Indigenous Women and Persons with Disabilities endure, has exposed the systemic exclusion created by bureaucratic barriers that prevent Indigenous Women and Persons with Disabilities from being included in relief efforts and health services. In Manipur, India, around 25,000 Persons with Disabilities do not possess disability registration and cannot access benefits.[[3]](#footnote-3)

Indigenous children and young persons, particularly those living in rural areas, have difficulty accessing distance learning programs due to a limited access to infrastructure, internet connectivity and even electricity[[4]](#footnote-4). According to a report from the Philippines, out of the 218 Indigenous Lumad schools, 176 were forcibly closed by Armed Forces of the Philippines (AFP) affecting 5,579 students. Similarly, in Odisha, India, the state government has decided to shut 8,000-odd primary and upper primary state-run schools with less than 20 students. This will force many poor parents to discontinue their children’s education[[5]](#footnote-5).

Despite these challenges, Indigenous women, youth and Persons with Disability are in the forefront in fighting against this pandemic through their collective community initiatives, using their Indigenous ways and practices.

The current situation is still severe in most of the countries in Asia and I would like to urge the state to

* take urgent action to provide culturally appropriate and timely information in their mother language to Indigenous communities to minimise risks of further spreading of the disease
* integrate human rights-based approach and engage Indigenous, Women, Youth and Persons with Disability in designing, planning and monitoring COVID-19 responses related programmes at local and country level
* reinforce efforts to combat racial, gender and disability discrimination, whilst recognising intersectional discrimination through the inclusive policies and practices
* stop using repressive laws and policies during and in time of the pandemic
1. https://www.iwgia.org/images/news/COVID-19/Bangladesh-Kapaeeng/COVID-19\_Report\_on\_IPs\_in\_Bangladesh\_KF.pdf [↑](#footnote-ref-1)
2. United Nations 2020. Policy Brief on ‘The Impact of COVID-19 on Women’, p.10 (<https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf>) [↑](#footnote-ref-2)
3. AIPP 2020. A Report on ‘Impact of COVID-19 on Indigenous Peoples in Asia’ submitted to UNSRIP. p.9. [↑](#footnote-ref-3)
4. <https://www.iwgia.org/images/publications/newpublications/2020/IndigenousNavigator/COVID19Navigator.pdf> [↑](#footnote-ref-4)
5. <https://www.hindustantimes.com/india-news/odisha-to-shut-over-8-000-primary-schools-with-less-than-20-students/story-kFYeSA4pTyyUd9TGhleFBJ.html> [↑](#footnote-ref-5)