

**Quick assessment in Indigenous Peoples (IPs) communities on the impacts of the coronavirus pandemic within the framework of ensuring respect and protection of indigenous peoples' rights and obtaining recognition and support for indigenous peoples' overall health and development priorities**

**FINAL REPORT**

**30 June 2020**



*A Sisang community leader leads the conduct of their customary tolak bala ritual, West Kalimantan, Indonesia.  
Photo Credit: Institut Dayakologi*

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## Acronyms

AMAN	Aliansi Masyarakat Adat Nusantara, Indonesia
BHERTS	Barangay Health Emergency Response Teams
CSO	Civil society organizations
COVID-19	Novel Coronavirus Disease 2019
FGD	Focus Group Discussions
IATF-EID	Inter-Agency Task Force for the Management of Emerging Infectious Diseases
ID	Institut Dayakologi, Indonesia
IDR	Indonesia Rupees
IFAD-IPAF	International Fund for Agricultural Development – Indigenous Peoples Assistance Facility
IP	indigenous peoples
IPOs	Indigenous peoples’ organizations
IPS	Indigenous Peoples’ Political Structures
IWNT	Indigenous Women Network of Thailand
KII	Key informant interviews
NEFIN	Nepal Federation of Indigenous Nationalities
NGOs	Non-governmental organizations
NRs	Nepali rupees
P	Philippine Pesos
PASD	Pgakenyaw Association for Sustainable Development, Thailand
PPE	Personal protective equipment
QAR	Quick Assessment Report
SDGs	Sustainable Development Goals
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TJG	Timuay Justice and Governance, Philippines
UCS	Universal Coverage Scheme
UN	United Nations
USAID	United States Agency for International Development
VHV	Village Health Volunteers

UPAKAT Philippine Traditional Knowledge Network

WB World Bank

WHO World Health Organization



## Executive Summary

The overwhelming infection and fatality rate associated with the coronavirus (SARS-CoV-2), popularly known as COVID-19, reached pandemic level in March 2020. This is challenging global norms and development trends especially in relation to basic human security—health, food, livelihoods and resource conservation. This has unveiled the gaps and weaknesses in state responses, programs, implementation strategies, systems and structures, which if not addressed timely and efficiently, has the potential to reverse gains achieved and push back the achievement of Sustainable Development Goals (SDGs). This Quick Assessment Report on the Impacts of COVID-19 on Indigenous Peoples in Asia supported by the World Bank is part of the Bank’s consultations with indigenous peoples’ organizations being undertaken by its Indigenous Peoples Focal Points.

Indigenous peoples in Asia reportedly comprise two-thirds of the total global indigenous peoples (IP) population, but are generally unrecognized and marginalized as reflected in their invisibility in state data and program implementation even during this pandemic. Indigenous peoples’ communities, due to their self-initiated traditional lockdowns, have generally remained COVID-19-free until the relaxation of guidelines, which allowed mobility of people into and out of their communities. Nonetheless, high levels of anxiety have crept into indigenous communities resulting from the lack of information on the disease and confusion on national mitigation measures and guidelines. Impacts from mitigation measures were felt more among indigenous communities, especially the disruption of food and medical supply and income sources. This has also aggravated the fragile situations of indigenous peoples caught in armed, land and resource conflicts, of communities already suffering the adverse economic impacts of climate change, i.e., drought, and of communities affected by other health outbreaks such as measles, dengue and chikungunya.

Responses from the global to the local levels have been overwhelming but are still lacking in terms of reaching out to indigenous peoples. This is due to other complicating factors such as availability and access to health, communications and market infrastructures, facilities and services and local capacities. These challenges are faced by indigenous peoples’ organizations and communities at varying degrees. This, however, has not prevented them from addressing the impacts of COVID-19. Indigenous peoples’ organizations and communities build on indigenous knowledge and practice, consistent with national guidelines, to mitigate virus transfer. These are through self-lockdowns, strengthened resilience through traditional health management practices, performance of rites and rituals invoking community solidarity in prevention, protection and healing, among others.

While there emerged a lot of gaps and challenges in the implementation COVID-19 responses by governments in the four countries where this quick assessment was undertaken—namely Thailand, Indonesia, Philippines and Nepal—lessons provide opportunities for better response and recovery initiatives that respect and promote the roles and capacities of indigenous peoples’ organizations and communities. In this regard, recommendations revolving around effective

recognition and safeguarding of the rights of indigenous peoples, especially women, youth and the disabled, are drawn. These include building partnerships and effective engagement with indigenous peoples' organizations and communities, capacity building specific to health, food security and livelihoods, and ensuring indigenous peoples' access to public goods and services through official recognition as citizens.

## I. Introduction

### A. Background

The global outbreak of SARS-CoV-2, also known as the coronavirus, and the disease that this has led to (COVID-19), is putting to the test health care systems, economies and social structures in ways not seen for generations. While crises are often localized (like hurricanes, forest fires, flooding or droughts), slow-moving, (like climate change) or predictable in its behavior (like El Niño/La Niña or diseases such as cholera), the current health crisis spreads globally, rapidly and relatively randomly. In addressing the public health crisis, countries have found themselves needing to take drastic measures to save the lives of citizens, knowing that the social, economic and political impact of these actions will be deep and lasting. The COVID-19 crisis has exacerbated already existing inequalities and access to resources. Southeast Asia was the first region in the world to be hit by the virus and, after initially curbing the outbreak, is now facing a second wave. The economic impact on this region, so heavily dependent on trade and tourism, cannot be understated

Marginalized people become even more vulnerable in emergencies.<sup>1</sup> Indigenous peoples (IPs) are at risk of disproportionately being affected by the pandemic due to their existing marginalization. Already, IPs often have limited access to basic health services, social protection programs and information dissemination channels. Despite exercising social distancing and taking hygienic precautions such as handwashing, these communities are extremely sensitive to the viral spread. For a variety of reasons, IPs are at high risk of complications and death from COVID-19: "In addition to respiratory and other health conditions increasing the risk of COVID-19 mortality, indigenous communities often have minimal access to clean water, soap, personal protective equipment (PPE), and public sanitation. Local medical services are underfunded for many urban indigenous communities and are scarce or non-existent for remote rural communities. Hospitals and clinics do not have capacity to meet the high demand for COVID-19 testing and treatment in the general population, let alone for indigenous communities located farther away, who often experience stigma or discrimination."<sup>2</sup>

Moreover, indigenous peoples are experiencing loss of livelihoods and access to lands, forests, waters and resources due to lockdowns or restrictions in mobility. Lockdowns and related

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<sup>1</sup> <https://idpjournal.biomedcentral.com/articles/10.1186/s40249-017-0375-2>

<sup>2</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31104-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31104-1/fulltext)

restrictions also open up possibilities of violation of indigenous peoples' rights, including encroachment, land-grabbing, expropriation of their lands, territories and resources, among others. There is disturbing news from different countries of increased illegal and legal logging and mining activities around and on the lands of the IPs and local communities across the globe.

The COVID-19 crisis is having a devastating impact on the livelihoods of other forest-dependent people also, pushing many households into further and extreme poverty, further threatening their access to resources and affecting their quality of life, health and social capital. Nature-based livelihoods such as eco-tourism, and small-scale agriculture which often takes place on communal lands and forests, and cultural tourism are adversely affected due to closures and lockdowns, resulting in loss of income and food insecurity to thousands of forest-dependent people who depend on it. Driven to destitution, forests could become quick sources of income for communities, resulting in increased deforestation. This risk is particularly acute for subsistence-based households that may find themselves forced to log for timber or clearing fields. In the process, such activities would result in a considerable increase in carbon emissions.

Remoteness and marginalization of the forest-dependent indigenous peoples and local communities are reflected also in their de facto exclusion at large from the political processes, discussions and decision making and lack of access to basic infrastructure and social and economic services. In the context of the pandemic response, this may lead to exclusion of these communities from support provided to the country from inside and external sources. Especially in times of social distancing and a drastic reduction of in-person meetings and gatherings, limited access to technologies exacerbates the information asymmetry of IPs and other vulnerable groups. As a result, vulnerable communities may be left unaware of available social and economic relief programs, which could leave large swaths of society out of the support programs provided by the governments and donors

As Asia is home to a third of the world's indigenous peoples' population, it was recently reported by IPs in the Region the current impacts of COVID-19, which include: i) lack of accurate information on COVID-19 as a major issue; ii) misinformation communicated to IPs leading to panic in many communities; iii) lack of access to medical services including testing, personal protective equipment (PPE) such as masks, soap, alcohol, lack of water; iv) management of multiple forest fires, cyclones remains a huge challenge; v) lack of medical services to those infected—IPs are facing discrimination and not getting access to medical treatment; vi) lack of proximity to health care services, especially those IPs living in remote rural areas; vii) lack of data disaggregation by ethnicity by government/health facilities, therefore the difficulty of tracking IPs with the virus and the level of infection; and finally, viii) no testing in IP communities.

Within this background, the World Bank funded a quick assessment on the impacts of COVID-19 on IPs covering four countries, namely, Indonesia (Aliansi Masyarakat Adat Nusantara/AMAN), Nepal (Center for Indigenous Peoples' Research and Development/CIPRED), the Philippines (Samahan ng mga Katutubo sa Napsan at Bagong Bayan/SAMAKANABA and Ugnayang Pambansa para sa Katutubong Kaalaman at Talino/UPAKAT) and Thailand (Pgakenyaw Association for Sustainable Development/PASD and Indigenous Women's Network of Thailand/IWNT). While

these countries are classified under medium risk, the pandemic reveals disproportionate impacts on indigenous peoples already affected by existing vulnerabilities systemically rooted in their history of discrimination.

These indigenous organizations are currently undertaking efforts to support their communities in confronting the COVID-19 pandemic. These initiatives include organizing their own COVID response teams, responding to lack of food through barter of food among indigenous communities and planting of food crops, developing their own healthcare materials such as sewing face masks being done by indigenous women, undertaking discussions on COVID, monitoring community situation, and reaching out to other indigenous organizations and CSOs to generate much needed material support. These community-level responses, being undertaken by these indigenous organizations, are however inadequate to address indigenous peoples' needs as the pandemic continues to spread to their communities. Thus, additional support is urgently needed especially in conducting needs assessment to better understand the gravity of the situation.

In Indonesia, AMAN, the national indigenous peoples' network, has organized its Emergency Response Unit and has organized Task Forces at national to community levels and encouraging their communities to undertake their own "Indigenous Community-Based Lockdown." AMAN and their communities are promoting food barter among their communities to help address lack of food. Due to increasing COVID-19 cases, however, their resources are unable to meet the needs of their communities in relation to providing healthcare equipment and food support. In Nepal, CIPRED closely engages its partner indigenous communities by providing updates on COVID, monitoring impacts of the pandemic among the Dura, Gurung, Chepang indigenous peoples. The indigenous communities, facing lockdowns, are now in dire need of food and healthcare support, and CIPRED is reaching out to funders to provide urgent support for their partner communities.

In Thailand, PASD, together with indigenous Pgakenyaw communities, are reviving traditional rituals for community protection, referring to traditional proverbs and instructions about self-reliant livelihoods through organic food crops from rotational farming and kinship-based relationship in the community in response to lack of food due to the quarantine. Information on COVID is still lacking, while healthcare equipment such as masks, hand sanitizers, etc. are sorely lacking. Aside from providing these needs, they aim to further develop and expand community seed banks and nurseries and organic food crops. In the Philippines, SAMAKANABA and UPAKAT are focusing on information exchange and monitoring among the different indigenous Tagbanua communities in Palawan and other indigenous peoples' communities in different regions in the country in relation to COVID-19. Information awareness is still lacking among the indigenous communities and thus the need to develop indigenous-sensitive information materials and enhance communication between communities. Monitoring of COVID cases and impacts in the communities is needed for them to be able to respond to these and also inform authorities and get needed support.

While these indigenous organizations are already undertaking initial steps to address the immediate COVID-19 impacts, albeit on a limited scale, there is still a lack of sufficient information

on the immediate to long-term impacts of the pandemic on their rights, health, food security and livelihoods. Thus, this consultancy aims to bridge this gap.

## **B. Objective of the Quick Assessment**

The objective of this activity is to conduct an assessment and consultation with Indigenous communities on the impacts of COVID-19 and its related mitigation measures as well as identify their priorities for relief and recovery support for livelihoods, food security and health.

The Quick Assessment Report would feed into COVID response plans of the World Bank and other donors so that these plans incorporate priorities and needs of indigenous peoples, underpinned by respect to their rights and development. The report would also be disseminated to government's efforts in providing needed support to indigenous peoples, including national health systems and programs to improve prevention, detection, and attention to affected IP populations.

The Quick Assessment focused on the following:

1. The impacts of COVID-19, both from the pandemic and its mitigation measures, on IP communities from a health, food security and livelihoods perspective;
2. Intrusions on land or natural resources that are being exacerbated by the crisis, their drivers, and risks that these invasions pose;
3. Identification of existing outreach and support currently being delivered to IP communities by: governments, international donors, NGOs, and/or their own IP organizations/leadership and an initial assessment of effectiveness;
4. Existence of policy spaces where IP leadership are invited to participate or where they could participate to inform national response efforts;
5. Roles that IP organizations can play to support broader relief and response efforts for food security and health needs;
6. Proposed mechanisms to link traditional and community health providers with the national health systems to improve prevention, detection, and attention to affected IP populations.

## **C. Methodology**

Given that countries in the region are in various levels of regulatory and mitigation measures restricting mobility due to COVID-19, the methodology used consists of literature review, using medium of communication platforms like telephone, social media and other virtual means of collecting data and consultation, questionnaire, key informant interviews, and focus group discussions undertaken by the Tebtebba Quick Assessment Report Team.<sup>3</sup> Desk research was

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<sup>3</sup> Composed of Ellen Dictaan-Bang-oa, Research Coordinator/Lead Writer with the ff. country QAR researchers James Alim, Nicky Batang-ay, June Batang-ay and Abigail Kitma.

undertaken as part of the data collection process to retrieve and process pertinent information from IPOs and key informants. Relevant literature such as media reports, government documents, and publications that are available on-line were reviewed and considered as well to compliment and/or validate data gathered from the accomplished questionnaires.

A questionnaire<sup>4</sup> was provided for the indigenous peoples' organizations (IPOs) to fill out with details on the case of indigenous communities they work with. The questionnaire was designed to cover the main questions this assessment aimed to answer. Data gathered from the accomplished questionnaires were processed and analyzed to inform the interviews. The questionnaire is accompanied by the interview/discussion guide. The interview/discussion guide served as a guide on the data collection with the organizations, their constituencies, and key informants. The guide prescribes key questions around the six (6) areas of concern as well as other concerns, priorities and interests important to respondents/informants.

In order to further cover the breadth and depth of their situations, Key Informant Interviews and Focus Groups Discussions were conducted through accessible means of communication (text, call, email, chat through FB Messenger, and video calls through Messenger, Zoom, or similar applications) depending on the local situation and availability of informants. The data gathering was done in collaboration with IPOs which are currently undertaking efforts to support their communities confront the COVID-19 pandemic.

This report did not benefit from triangulation but could nonetheless inform further in-depth studies, which is highly recommended, towards the design and development of responsive relief initiatives and national COVID-19 recovery program.

## **II. Analysis of the assessment<sup>5</sup>**

### **A. The impacts of COVID-19, both from the pandemic and its mitigation measures, on IP communities from a health, food security and livelihoods perspective.**

National COVID-19 monitoring data for the four countries reviewed does not reflect ethnicity but is limited to age, sex, residence and travel history. This invisibility does not mean that indigenous peoples are not affected by COVID-19, both directly and indirectly. In its service to communities, AMAN, an alliance of more than 2,230 indigenous communities in Indonesia, have been monitoring the spread of the coronavirus among its member communities as reflected in Table 1 below. As of 30 June 2020, there are reportedly 58 confirmed cases among indigenous peoples in 17 communities from 10 districts of 7 provinces in Indonesia. Except for the lone case in Java,

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<sup>4</sup> See Annex 5 Questionnaire and Interview Guide, p.178.

<sup>5</sup> See Annex for the following country quick assessment reports: Nepal, p. 33; Indonesia, p. 64; Philippines, p. 103; Thailand, p. 144.

these cases are from cluster transmission most of which have been traced to a gathering in Central Kalimantan. At least seven (7) of these 58 are local migrant workers.

Table 1. Breakdown of COVID-19 cases among indigenous individuals as of June 30, 2020.

Community	District	Province	Cases	Remarks
Pompakng	Sanggau	West Kalimantan	1	
Waipar	Sikka	East Nusa Tenggara	4	Lambelu Cluster
Natarmage	Sikka		1	
Osing Bakungan	Osing	Java	1	Local Transmission
Tewah	Gunung Mas	Central Kalimantan	1	Gowa Cluster
Sungai Batu	Kotawaringin Barat		1	
Beriwit	Murung Raya		6	
Puruk Cahu			8	
Datah Kotou			5	
Dirung Lingkin			4	
Laung Tuhup			1	
Mangkahui			15	
Marga Angkat Lebu Belang Malum	Dairi	North Sumatra	1	From Malaysia
Kampung Ciputer	Lebak	Banten	1	
Sobang			1	
Sanggar	Bima		6	

Kandai Satu	Dombu	West Nusa Tenggara	1	
Total			58	

Across the countries, there is no immediate way to know how many indigenous peoples are infected except through inference from the residential data. Except in homogenous communities and assuming the community is reflected in the monitoring data, assumptions can be misleading. It also discounts IPs in urban centers or those who have migrated to other areas.

Indigenous peoples in the Philippines, Nepal and Indonesia have relative constitutional recognition but not effectively cascaded to implementing government agencies on the ground. This is specially in terms of data disaggregation which has significant bearing in any pandemic response and recovery initiative.

In terms of information, most IP communities have expressed the lack of timely and appropriate information especially on state-imposed mitigation measures. This is attributed mainly due to existing lack of communication infrastructure, access to facilities in indigenous communities and the language barrier.

**A.1. Health**

As reflected in Indonesia, COVID 19 transmission into indigenous territories occurred from community members coming from the outside. This is evident in the correlation between the state’s move to relax mobility restrictions and the spike of infection in previously zero-COVID areas like in the Philippines. While the rate of infection in indigenous communities may be manageable at the moment, the situations described below put them at very high risk if transmission in indigenous communities is not arrested.

**A.1.a. Access to health services:**

Indigenous communities are generally found in geographically distant areas where transportation infrastructure and facilities are underdeveloped or lacking. Respondents from the four countries cite a common fact that health infrastructures, facilities and services are very limited in indigenous communities. Where any of these exist, it is usually understaffed, ill-equipped and inadequately supplied. Access to healthcare services entails cost in terms of finances and productive time. The most economically advanced among the four countries is Thailand. Despite this, the nearest health center in Huay E Khang is around five kilometers away, catering to 19 villages without a full-time doctor and necessary medical equipment. Moreover, respondents in Thailand cited concern on the inaccessibility of health services and social protection by indigenous peoples due to their citizenship status. The assessment reveals that while there are policies in place, like the Universal Coverage Scheme (UCS) applicable to indigenous peoples, it is very partial to those who possess national identity cards. IPOs engaged



by this assessment in Thailand, for example, cite stories of workers provided UCS as employees but are still not admitted to public health facilities due to their inadequate identity cards.

All these factors impact on the level of health seeking behavior of indigenous peoples. In response to this situation of inaccessibility, indigenous peoples declared community-initiated lockdowns, e.g., “ubaya”/”te-er” of Kankanaey Igorots in northern Philippines; “kroh yee” of Thailand and health associated rituals, i.e., the “tolak bala” in Indonesia and the “wee doh” and “kloh hee kloh koh” among the Karens of Thailand.

Though lockdowns are not new for indigenous peoples, the lack of information on the prescribed measures has led to heightened levels of fear and anxiety in many communities. Most are emanating from uncertainties about family/community members stranded outside the community, access to and availability of income and livelihoods and essential supplies like food and medicine.

*Reports from indigenous communities in the Philippines cite that the incidence rate of hypertension among the Mangyan in Oriental Mindoro increased because of the stress caused by the strict implementation of policies. An agitated Mangyan, unable to pass through a checkpoint punched a police officer; a Téduray youth stranded in Kidapawan City committed suicide; his family attributed this to high anxiety and depression.*

Among indigenous peoples and communities already in precarious situations, like those earlier displaced by armed and land or resource conflicts in the Philippines, this has resulted in anxiety attacks, and mental and behavioral imbalance. Continuing impacts of discrimination against indigenous peoples impacting on access to health services have also surfaced in varying degrees. In Thailand, access to public health services by indigenous peoples is dependent on their citizenship status on top of the general discriminatory attitude of the mainstream population to indigenous peoples. In line with social distancing, online consultations have been widely encouraged in the Philippines but access to the platform is limited among indigenous peoples in the villages because of non-availability of stable communications services in most communities.

In situations of lockdowns, the first impulse worldwide is panic-buying to ensure basic necessities for a certain period of time. This resulted in a shortage of food and medical commodities like alcohol and masks in Thailand and the Philippines, with adverse impacts to the poor who cannot afford bulk buying and people in the rural areas already limited in mobility.

#### **A.1.b. Stigma and Punitive Health Measures:**

The pandemic increased health consciousness and monitoring at the community level, especially on common seasonal diseases. In Indonesia, stigma on diseases like runny nose, cough, fever associated with COVID-19 developed among villagers. The situation also discouraged others to seek medical attention for fear of infection on the way or by practitioners and in institutions. On top of these, guidelines come with punitive measures. The case of the Lisu volunteer who was penalized Baht 5,000 for allegedly violating community quarantine rules in Thailand, the women caught without face masks that were exposed under the sun and were asked to squat in the

municipalities of Carmen, North Cotabato and South Upi, Maguindanao, Philippines, respectively, speak of the unreasonable and excessive punitive measures putting indigenous peoples at a very disadvantaged position. Measures have also been rapidly changing as states learn and strengthen their day-to-day management, resulting to confusion, misinformation and fear. Similar measures have also been observed in relation to access to food.

**A.1.c. Pressure to existing inadequate health system and coexisting health outbreaks:**

While it is commendable for the states to pool its manpower and financial resources in response to COVID-19, it also inadvertently puts other equally urgent health issues at risk. There is generally a lack of protective personal equipment supplies, test kits and social security across the countries as states responded to the pandemic. Due to inevitable exhaustion of manpower partly because of the high infection rate among medical frontliners in the long lockdowns, some government hospitals in the Philippines had to declare a temporary or partial closure, at some point, to give time not only for relief and recuperation but also for general disinfection. This created alarm among people equally needing medical attention.

*Fifty two-year old Naradevi Gurung from Dhankuta District in Nepal died of complications from high blood pressure while seeking medical attention. The first hospital she was brought to reportedly denied treatment and admission. She expired on the way to another hospital.*

Pressure on the health system was also aggravated by coexisting outbreaks of dengue and chikungunya affecting 14,000 people in northern Thailand where most indigenous peoples are found, and measles in Nepal.

*One month into the lockdowns, two Chepang children have reportedly died and 150 more infected with rubella in Benighat, Dhading District of Nepal. Most of the community children have not been immunized to communicable diseases and Chepang homes generally consist of one or two rooms making prevention of transmission impossible.*

**A.1.d. Other Health-related impacts:**

In the medium and long term, progress achieved in the health sector, like maternal and child health, may be pushed back unless effective interventions in health, poverty alleviation and livelihoods are implemented soonest. In Nepal, maternal death has reportedly decreased from 901 deaths in 1990 to 239 deaths per 100,000 live births in 2015. The state targeted a 70 per 100,000 by this year. During the 2-month lockdown, however, the government reported a 200 percent increase in maternal death with an average of three (3) women dying every day across Nepal.

Incidences of gender-based violence during the lockdown in Nepal, Philippines and Indonesia are alarming as multifaceted pressure impacts on families. These include domestic violence, rapes and murder. In June 13, 2020, for example, a woman quarantined in a facility was

reportedly gang-raped by three volunteers in the said facility. WOREC—a women’s rights organization in Nepal—reports its documentation of 465 cases of violence against women, girls and those with disabilities from 37 different districts on the span of the lockdown. While data is not disaggregated, it presents a serious threat to the security of indigenous women who are more predisposed to gender violence because of their identities. In the Philippines, PASAKK<sup>6</sup> documented at least five cases of gender violence against eight indigenous women, three of whom are minors. There may be more cases considering the limited access to communications, mobility and security and the fact that cases like these are most often not reported for varying reasons.

On a different note, the pandemic was an opportunity to revive, transfer and strengthen indigenous healthcare systems and practices heavily interwoven with indigenous spirituality and consistent with national guidelines. Across the four countries of this quick assessment, indigenous lockdown practices were imposed as communities mobilized indigenous healthcare knowledge and management practices to level up community resistance like the “tolak bala,” “sinuhong” and “panagpeng” of Erumanen de Menevu and Higaonon peoples in southern Philippines, the Karen “wee doh” in Thailand and “Amchi” among IPs in Nepal. Spirituality is an essential component in indigenous peoples’ concept of well-being, thus, the accompanying rituals to healthcare. Protection and healing from disease for IPs are not only physical and individualized but are community concerns. Well-being invokes propitiation for the unseen through rites and rituals which are symbolic of collective accountability in prevention, protection and recovery from ill-health.

## ***A.2. Food Security***

Globally, governments’ immediate attention in this COVID-19 pandemic focused on health over the public’s primary concerns on food, production and livelihoods. In countries like the Philippines, Indonesia, Thailand and Nepal where most indigenous peoples communities’ food security and livelihoods depend on agriculture, continuous restrictions will, in the immediate term, expose them to hunger and more health vulnerabilities. The availability and access to adequate food among indigenous peoples in the countries covered vary depending on access to land, resources and livelihoods, including employment.

### **A.2.a. Disruption in Food Systems and Commodity Supply and Demand:**

Restricted mobility greatly affected food availability, supply and demand in varying degrees. Accompanying this is the confusion in the process of acquiring permits due to lack of adequate information, misinterpretation and rapidly changing guidelines.

AMAN observes that indigenous communities with access to their lands and resources and managing them sustainably are the most resilient in terms of food supply that can last up to the

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<sup>6</sup> Panaghiusa Alang sa Kaugalingnan ug Kalingkawasan, an indigenous peoples’ organization based in the province of Agusan del Sur, Philippines that promotes sustainable agriculture, literacy program and human rights education for children, health, and community building.

next cropping season. These include the Penunggu Rakyat community in North Sumatra while many Igorot families in northern Philippines declined government food packs and cash relief in favor of those who are more in need. For these communities, access to health services was a more important concern at least in the short term. Despite restrictions, some indigenous communities are able to go to their farms and water sources albeit limited, without violating social distancing prescriptions.

Availability and access to food, however, has been more challenging to indigenous communities and families who are dependent on the commercial and labor market, like those in urban and semi-urban areas where traditional agriculture as an alternative form of food and livelihood may be impossible. While they may be more accessible to relief services, it is also very much competitive based on citizenship and vulnerability status, aside from access to relevant information.

#### **A.2.b. Price Increase and market glut for local products:**

A common mitigation measure employed across countries is price regulation/freeze for basic commodities. However, retail prices have inevitably increased as a function of restricted mobility. Coupled with this is the decline of prices of local products due to oversupply and the decreased buying power due to loss of livelihoods and income, pushing indigenous women and their families to resort to loans.

In Kalimantan, Indonesia, rice was sold at 20,000.00 Indonesia Rupees (IDR) per kilogram which is said to be double its usual price; sugar was sold at IDR25,000.00 per kilo from a pre-COVID-19 price of IDR10,000.00. In Agusan del Sur province in the Philippines, the Philippines Peso 25.00 per kilogram trader buying rate declined to P18.00/kilo. The Lambangian indigenous peoples in Maguindanao, Philippines were offered P8.00 for corn, P10.00 for copra and P15.00 for mongo, which used to be P12.00-13.00, P27.00-45.00 and P60.00-75.00, respectively. Nepal and the Philippines cited cases of farmers leaving their products to rot because of the lockdowns.

Consequently, and based on a survey on Livelihoods, Food Security and Vulnerability conducted by Nepal's Ministry of Agriculture, almost  $\frac{1}{4}$  of Nepali families have reduced food intake where six percent reported running out of food. Some of the most vulnerable IP communities already at the verge or most likely to experience hunger are the Bote, Chepang, Raute, Mjhi and the Raji. Respondents have, in fact, cited that some families from Majhi community in Pachtar District are already in a situation of food shortage.

#### **A.2.c. Disruption of Agricultural Cycle:**

The middle and longer-term effect is more worrying, especially to women whose roles include ensuring food on the table for the family. With the agricultural cycle disrupted, food and seed stocks may not last long with prolonged restrictions, as cited by respondents in the Philippines. The pandemic struck in the crucial harvest and planting seasons in Asia. This means that either they were not able to plant, were unable to harvest or lost income from their harvest. In some indigenous communities engaged in commercial production like in the vegetable belt of northern Luzon, farmers abandoned their farm products to rot or gave them away simply because of the

travel restrictions. Communities able to harvest but were not able to plant in Indonesia may have food but only for the next 2 to 3 months.

The disruption also exacerbates prevailing impacts of climate change on food production including livestock diseases. Indigenous communities affected by impacts of climate change are in dire straits, both in the short and longer term. The Erumanen ne Menuvu in Southern Philippines, express serious concern on a looming food crisis. The drought they experienced last year disrupted the agricultural cycle and their livelihoods. They were waiting for the rains to be able to plant this year, however, rains only came during the strict quarantine period. With the lockdowns, seeds reserved for planting were accessed for consumption. Aside from this, the threats of the African swine fever and poultry disease were also mentioned by the Tedurays and Lambangians of Maguindanao. Mangyans in Mindoro province, on the other hand, are yet to recover from the economic loss caused by typhoon Ursula last year.

#### **A.2.d. Economic Displacement:**

Food crisis and hunger are most pronounced in communities who have lost their traditional lands and forests like those displaced by development projects such as roads and dams in Nepal; and mines, dams and industrial estates in the Philippines. In its monitoring report, the Food and Agriculture Organization raised concern on “negative coping strategies” such as selling assets, getting loans from informal lenders, and child labor. Some of these have already been documented in this QAR. In Indonesia, indigenous workers in palm oil companies had no option but to report to work daily, even without personal protective equipment, risking exposure to the virus. In Nepal, poor and very marginalized indigenous communities take risks to combat hunger, the consequences of which are more oppressive.

*On June 17, 2020, 12 young men from the Bote community were arrested and charged NRs5,000.00 (Nepali rupees) for fishing in the Narayani River in Nepal. As of June 26, 2020, more than 100 from the same community were arrested for illegal fishing with an imposed fine of NRs10,000.00 per person.*

On a closer look, the low state of food security of the Bote, Chepang, Raute, Mjhi and the Raji communities is also associated to their displacement from part of their traditional territories, which are appropriated as National Parks or Protected Forests. In Thailand, food security for indigenous peoples has already been threatened by the same forest conservation measures which includes the criminalization of shifting cultivation—a primary source of food and livelihoods of indigenous peoples.

#### **A.3. Livelihoods**

Restricted mobility adversely impacted indigenous people’ traditional livelihoods and income sources, one of which is agriculture as discussed above. Like food, the longer-term impact on income and livelihood sources is worrying, especially to communities already displaced from their lands and resources and workers dependent on daily wage.

### **A.3.a. Traditional Livelihoods:**

Aside from agriculture, indigenous peoples source their food and income from the remaining natural resources in their territories. This includes gathering wild food and non-timber materials for handicrafts that they can sell for cash.

*Hanunoo Mangyans, a traditionally forest dependent non-sedentary community in Oriental Mindoro Province, Philippines were prohibited from accessing the forests and upland farms. They were further refused entry through a checkpoint because they did not have business permit to sell their handicrafts in the market.*

*'We are supposed to be planting in March and start harvesting after 3 months. Most of our farms remain barren because they would not let us through the checkpoints.'*

*-Datu Berino Sumin, Tinananen Manobo leader  
Arakan Valley, North Cotabato, Philippines*

*For communities allowed to engage in farming activities, the mitigation measures also disallowed practice of collective labor practices, i.e., the Parma in Nepal, resulting to more burden and decreased production/income.*

Existing state conservation policies that discriminate on indigenous peoples' access to their lands and resources resulting to the criminalization of indigenous peoples' traditional subsistence livelihoods have also been reiterated across countries.

*In May 2, 2020, two Chiang Dao Wildlife Sanctuary Patrol officers in Thailand arrested a 55-year-old Lisu farmer and his two sons while they were harvesting ginger in their land located within the national park. The 55-year-old Lisu farmer was assaulted with a rifle leading to a head injury and had to be rushed to the hospital. The event was witnessed by his third son, an 8-year-old, who rushed to her mother in their nearby mango farm to report the incident. For bail, each of the men have to pay from Baht400,000 to Baht2M each. The community has been trying to help them, and were able to seek the help of two lawyers to help the family.*



*Community members in Khasur Village, Nepal doing Parma (indigenous labor exchange system) which was temporary halted due to the lockdown. Photo Credit: member of the Khasur community*

### **A.3.b. Labor and other income sources:**

A Rapid Assessment of Socio-Economic Impact of COVID-19 done in Nepal reports that:

*Temporary workers, internal migrants, day laborers with precarious livelihoods who are already most vulnerable based on income and access to public services, are unable to find an alternative source of income to even procure food for their daily survival. Forty-one (41%) percent of female workers, mostly from the hospitality, wholesale and retail industry while only twenty eight ( 28%) percent among males lost their jobs...*

*-Koirala, Institute for Integrated Development Studies, 2020*

The International Labor Organization (ILO) estimates that 38 percent of the world's workforce have either lost their jobs or are under reduced work hours—both resulting to low purchasing power. It further reports that in low and middle income countries, the sectors hard hit have a high proportion of informal employment and workers with limited access to health care services and social protection.

Nepal, Indonesia and the Philippines are labor exporting countries, thousands of which are engaged in what ILO calls the hard-hit sectors, i.e., retail trade, accommodation, food and services and manufacturing. Many overseas contract workers come from indigenous communities where income sources are nil. With the pandemic many were forced to go home with uncertainties of returning back to work or employment in their home countries.

The drop in tourism which significantly contributes to family income of indigenous peoples in all the four countries may not pick up in the immediate term. A Sungai Batu restaurateur in Kalimantan, Indonesia, for example, used to earn around IDR500,000 to IDR1 M on a normal day. With the absence of tourists, IDR50.000 per day is considered good enough. The Karen mahouts in Thailand not only lost their income from tourism but are also burdened with feeding their elephants.

Indonesia's Chamber of Commerce estimate that there are six million unemployed, 8.5 million partially employed and 24 million part-time workers in Indonesia. The Department of Labor and Employment recorded over 1.4 million displaced workers in the Philippines due to COVID-19. Without effective intervention, this situation will further add pressure to domestic and national income and poverty status with the potential to increase pressure on local resources, i.e., land and water, government services, etc. and competition for local opportunities like employment.

Loss of or reduced income impact on indigenous families' current purchasing power for food, healthcare, other basic necessities and education while predisposing indigenous families to the burden of negative coping strategies that may ensue. In Arakan Valley in the Philippines, the Tinanen Manobo are being enticed to lease or sell their lands. In Indonesia, there were reportedly indigenous families who started selling off their lands to corporate entities who have taken advantage of the dire situation.

## **B. Intrusions on land or natural resources that are being exacerbated by the crisis, their drivers, and risks that these invasions pose**

As pressure on food and health increased with the impacts of the pandemic and its mitigating measures, indigenous peoples had to be doubly vigilant against other forces undermining the situation to pursue interests that aggress on their well-being.

### **B.1. Pre-COVID-19 Land and Resource Conflict**

Many indigenous communities in Asia are confronted with land and resource conflicts emanating from interest over the rich natural and mineral resources in IP territories. In the Philippines, the security of more than 432 Teduray and Lambangian indigenous peoples in Southern Philippines remains uncertain. On March 25, after unidentified armed groups reportedly raided their community, ransacked homes and threatened to burn their houses if they did not leave, these families sought refuge in government facilities near the town center. On March 28, the same armed groups were sighted near the evacuation area prompting the evacuees to relocate out of fear. With the restrictive measures imposed by the lockdown, these internal refugees can hardly respond to their situation. Some have reportedly moved to a municipal gym and a school ground in nearby towns while others have gone to relatives.



This is just one among the many other existing cases of land and resource conflict over indigenous territories in the Philippines that are being exacerbated by the COVID situation.

**B.1.a. Aggressive State and State-Facilitated Projects:**

State development projects impacting indigenous peoples and their territories and resources continued despite the imposed mitigation measures, to the disadvantage of indigenous communities concerned who cannot proactively respond. Included here is the infrastructure and urbanization project in Nepal, i.e., the Fast Track Project, Bhagmati River Basin Improvement Project, Kathmandu Outer Ring Road and the Thankot-Bhakthapur Transmission Line Project and Smart City, which will displace the Newars and destroy their rich heritage. Suppliers of the Nyahdi Hydro Power project ignored community lockdown rules to pursue delivery to the project site.

Meanwhile, in northern Philippines, some 100 policemen reportedly escorted Oceana Gold's fuel tanker into their mining site in Didipio, Nueva Vizcaya, resulting to a violent dispersal on April 6, 2020. Indigenous community members, including women and youth, reportedly sustained wounds and injuries in this incident. Indigenous communities have set up a barricade to prevent the company from reentering the site since its license expired last year. The barricade, at the entrance of the community, also served as the checkpoint as per the COVID-19 mitigation guidelines. The controversial plan to build the Kaliwa Dam rejected by the Agta and Dumagat communities in Quezon Province have seemingly commenced with the state's Department of Public Works and Highways (DPWH) working on the access road to the proposed site

**B.1.b. Forest resources:**

In Palawan, Philippines migrants and thieves are taking advantage of the lockdowns to encroach into the indigenous Tagbanua's ancestral domains and steal almaciga resin and logs. In North Cotabato, some previously cultivated lands by the indigenous Erumanen ne Menuvu were lost due to land grabbing, hocking of lands to non-indigenous individuals, land conversions into palm oil and sugarcane plantation owned by non-indigenous individuals. Poaching and logging from the Sagarnath National Park has been reported in Nepal. In West Kalimantan, Indonesia, loggers have reportedly deforested the customary forest of the Tae and Iban communities. Increased poaching was similarly reported in the Gunung Leuser National Park in Aceh, Indonesia. Reports state that hunting traps confiscated do not indicate hunting for prized species but for food, which may be an indicator on the level of food supply in indigenous communities surrounding the said park.

**C. Identification of existing outreach and support currently being delivered to IP communities by: governments, international donors, NGOs, and/or their own IP organizations/leadership and an initial assessment of effectiveness**

Governments responded to COVID-19 through legislative measures consistent to the WHO guidelines. These are the National Response and Mitigation Plan for COVID-19 of Indonesia, Thailand's National Emergency Decree and the Bayanihan to Heal as One of the Philippines.

Across the four countries of this quick assessment, state healthcare policies covered hospitalization of confirmed COVID-19 patients, lessening the burden among citizens. It does not, however, provide any sense of relief to indigenous peoples who are undocumented and have not accessed citizenship. Many indigenous peoples in Thailand remain undocumented and this is true in Indonesia and Nepal as well. In the Philippines, there are also indigenous peoples who are not included in the official census list. This deprives them access to government services including relief and emergency response in times of pandemic.

*Thailand beefed up its resources to implement its 'One Lab-One Province-24 Hours Reporting program' in its effort to reach out. Health seeking behavior among indigenous peoples, however, has not significantly improved due to prevalent issues of non-citizenship, discriminating health care and service providers, access and language barrier among others. Indigenous migrant workers in Thailand are covered with state health care policies but are not accepted by hospitals because they do not have national identity cards or insufficient cash on hand.*

Thailand mobilized around one million village health volunteers (VHV) who are tasked to go house to house to inform villagers on the pandemic and monitor health status and compliance to prescribed measures. In the Philippines, the Barangay<sup>[9]</sup> Health Emergency Response Teams (BHERTS) were activated to step-up precautionary measures on the ground. The BHERTS have been established earlier in response to the threat of SARS.

States have generally responded with various relief programs through existing national machineries, usually the department/ministry related to social welfare. Common approach is to identify the most vulnerable groups as priorities for relief support and stimulus packages. These are the poor, elderly, children and persons with disabilities and displaced workers. Government agencies, machineries and resources from national to global were mobilized under national COVID-19 Task Forces of different names. State support to communities generally took the form of food packs, cash support for displaced workers, hygiene kits, among others. The quick assessment from the Philippines and Nepal cite observations of irregularity and gaps in emergency relief distribution. Communities in remote geographically isolated and disadvantaged areas and where information is inaccessible, are less likely to receive timely, adequate and sufficient emergency relief.

### ***C.1. Eligibility for Emergency relief***

Emergency relief in the form of food packs, health supplements, hygiene kits and cash is a common approach to sustain people during the lockdowns. It targets the poor and vulnerable sectors and displaced workers. Eligibility for relief, however, has been complicated by realities on the ground. Ms. Pratima Gurung of the National Indigenous Disabled Women Association in Nepal articulates the intersectional difficulties for indigenous persons with disabilities to access state services which prevails even in this time of pandemic. State agencies require disability IDs and/or proof of citizenship before giving out emergency relief packages. Persons with disabilities

are most likely not to possess this documents due to complex factors like poverty, illiteracy, being part of a low caste and apathetic families, among others.

Access to emergency relief is also relative to geographical proximity and access as cited by respondents from Nepal, Philippines and Thailand. Relief packages arriving into Pragati Nari Samuha village in Nepal, for example, have been distributed to those who have learned about it and are able to go to the distribution center on time. Indigenous peoples who are not informed and are from farther villages were reportedly left out. Moreover, the relief packages are reportedly not sufficient for a week.

Thailand's Baht 5,000 cash payment to cover 16 million recently-unemployed workers in the informal economy requires online registration as part of the precautionary measures and a national identity card. This is problematic to indigenous peoples where access to internet facilities and services are not available, have low literacy on the use of the technology, and for the many who have yet to acquire their national identity cards. The same concern on the requirement for a national identity card to access emergency relief has been cited in Indonesia.

### ***C.2. Distribution***

In the Philippines, household-based distribution of emergency relief—in cash and in kind—has raised issues of inefficiency and insufficiency. The Hanunoo Mangyan of Oriental Mindoro, Philippines, for example, cited discrepancies in the relief list against actual household list. These resulted to two households sharing a food pack. It also does not take into consideration that households in the communities are usually home to extended families. Indigenous families in Agusan province, Philippines also expressed frustration on the insufficient emergency relief they received to temporarily ease the burden in extended families, some including single parents without source of income. In some villages, discrepancies were also cited in the census list which was the basis of the distribution.

### **C.3. Donor Support**

Support for the four countries, covered by this quick assessment, came from multilateral banks, donor countries, United Nations (UN) agencies such as the United Nations Children's Fund (UNICEF) and WHO, private and non-government institutions like the World Bank, Asia Development Bank, United States and its aid agency—the United States Agency for International Development (USAID), China, Germany, Alibaba and Pepsi Cola, among others. These come in the form of cash or kind generally targeting building country health systems capacities, i.e., provision of preventive and protective gears, test kits and laboratory support, case tracking, management and some as contribution to state response such as cash distribution. Table 2 below is not exhaustive but provides a glimpse of these support to COVID-19 Responses at the national level.

Table 2 . Donor Funds to Indonesia, Nepal and Philippines for COVID-19 Response <sup>7</sup>

Source	Target ( I=Indonesia; N=Nepal; P=Philippines)
<i>Donor Countries</i>	
China	PPEs; medical supplies; test kits targeted relief ( I, P, N)
Germany	a) Levelling up health program b) Digitalization of health system c) Responsible management of healthcare waste (N)
US/USAID Emergency Reserve Fund for Contagious and Infectious Diseases	Train medical workers, boost screening capabilities; Bolster preparedness and response; laboratory system preparedness, case-finding and event-based surveillance, technical expert response and preparedness, risk communication, and infection prevention (N)
UK/Department of International Development	Strengthen medical technical expertise, i.e., laboratory management, surveillance, contact tracing, clinical management (N)
AFD-France	Support to Research Institute for Tropical Medicine (P)
<i>UN Agencies and International Banks</i>	
WHO; International Organization for Migration	Ventilators (I)
Asian Development Bank	a) Strengthen public health systems; b) Mitigate adverse economic and social impacts especially among poor and vulnerable (N)
ADB and UNICEF	Procurement of medical supplies(N)
IMF - Rapid Credit Facility	Help cover urgent balance of payments and fiscal needs impacted by low remittances, tourism and domestic activities weakening GDP growth(N)
World Bank	Prevention, detection, response and strengthen public health preparedness(N)
<i>CSOs/NGOs/Private Sector</i>	
Fund life	PPEs, family food survival packs(P)
Project Ugnayan of the Philippine Disaster Resilience Foundation	(P)

<sup>7</sup> Various sources: <https://www.aseanbriefing.com/news/coronavirus-asia-asean-live-updates-by-country/>; <https://www.ecdc.europa.eu/en/publications-data/download-todays-data-geographic-distribution-covid-19-cases-worldwide>; <https://newsinfo.inquirer.net/1288898/ph-has-received-p6-5-billion-worth-of-donations-for-fight-against-covid-19-who#ixzz6QGgL535o>

Corporations	
San Miguel	(P)
UNILAB	(P)
Alibaba and Jack Ma foundations	PPEs, test kits
China Soong Ching Ling Foundation	masks

***C.4. Indigenous Peoples’ Organizations and Civil Society***

All over the region, civil society organizations (CSOs), the church and communities mobilized to augment or help facilitate government services. In the four countries, civil society and indigenous peoples’ organizations have been doing their own information, monitoring and relief responses to the pandemic. These include the use of communication tools available to them to raise awareness of the pandemic and monitor possible impacts of the emergency situation to the communities they are working with.

**C.4.a. Information:**

Indigenous peoples’ organizations with capacities and access to information on the progress of COVID-19 have already been alarmed of its implications to communities they are working with. AMAN issued a call for community-initiated lockdowns and work-from-home arrangement as early as March 19, 2020. Shortly following this was the establishment of its AMANkanCOVID19 Task Force under its Emergency Response Unit to provide information, monitor, coordinate and document community situation through its 86 local headquarters nationwide. It amplified indigenous knowledge and practice in building community resilience from hunger and disease tapping into traditional values of gotong royong. It aggressively promoted the application of indigenous knowledge and tapped into the traditional practice of gotong royong in responding to the expected impacts of COVID-19 and the national mitigation measures

An interesting strategy that facilitated information/communication work for AMAN COVID-19 Task Force is the development of a cell phone application called “AMANcovid” that enable data gathering on the availability of food supply, prevailing lockdown conditions, availability of medical supply and personnel, readiness for future harvest, prevailing health conditions and availability of AMAN staff. It also developed AMANkanCovid-19, a dedicated news and website service to track a wide range of data relevant to the pandemic in indigenous territories, enabling rapid response where needed. Data from this system informed AMAN’s tracking of COVID-19 infected communities, mapping of health care facilities and its community barter initiative. These are all being fed into the state’s COVID Task Force and local health unit.

IPOs cited the significant role that indigenous youth played in relaying information using social media, i.e., Facebook, Twitter, Instagram and WhatsApp and telecommunications. The “Katuwal”/“Chiraki,” traditional community messengers in Nepal, and indigenous and community radio stations also played key roles in disseminating relevant information to communities about the virus and preventive measures prescribed. Recognizing indigenous women as frontliners in domestic and community affairs with their roles as nurturers and carers, EcoHimal-Nepal set themselves up in a space near a community well to provide information on COVID-19 and protection measures to each and every woman who comes to draw water. Women and girls in the said community, are primarily responsible for fetching water daily aside from other tasks like laundry.

Other IPOS and international NGOs like Cultural Survival were instrumental in developing IP-sensitive communication materials that has been available to IPOs worldwide for translation into local languages. Tebtebba also developed an information material on COVID-19 and Indigenous peoples to facilitate information access to its community partners worldwide.



*Erumanen women from southern Philippines produce face masks for their communities' use with support provided by Tebtebba. Photo credit: Erumanen ne Menuvu*

#### **C4.b. Emergency Relief:**

Tebtebba reached out to donors of current projects to allow partial realignment of project funds to the emergency response while inviting others to contribute to its Emergency Support Fund. To date, Tebtebba has supported 15 indigenous peoples' organizations from Asia, Africa and Latin America for their emergency initiatives from provision of information, sanitary kits and food packs. International funds like the International Fund for Agricultural Development – Indigenous Peoples Assistance Facility (IFAD-IPAF), Ford Foundation, SwedBio and philanthropic funds such Pawanka Fund, Ayni Indigenous Women Fund Tamalpais Trust have all contributed either through budget realignment and project extension due to the disruption of calendared activities or provision of additional funds. Part of this is the support given to AMAN, CIPRED, PASD and UPAKAT to augment their emergency relief programs.

The Pgakenyaw Association for Sustainable Development (PASD), Thailand launched the "Eat together" campaign—an initiative to promote and transfer traditional knowledge while enhancing appreciation of traditional food resources and resilience where people are encouraged to list down food and product in community. The rice for fish exchange in Thailand, intercommunity barter in Indonesia and IP community emergency support to stranded community members are just some of the IP initiatives to reach out between and among themselves.

#### **D. Existence of policy spaces where IP leadership are invited to participate or where they could participate to inform national response efforts**

State policies, per se, are seemingly non-discriminating, noting that the pandemic affects everyone. Discrimination, however, occurs in the process of operationalizing and implementing policies. Where indigenous peoples are not fully and effectively recognized by state, participation as indigenous peoples can become a barrier. Participation has also been very restrictive due to lack of information, access and support mechanisms.

As cited earlier, there is generally a lack of adequate and timely information among indigenous communities. National and local guidelines have continuously been revised and updates and interpretation vary per agency, adding to the confusion and inability of indigenous communities to respond/act on relevant information. Access to information is dependent on availability of communication infrastructures, which usually are lacking in indigenous communities. Also, even if indigenous communities or their leaders would want to engage policy spaces, it may be logistically impossible given the travel restrictions and availability of transportation. This makes glaring the gap between those who have information and logistical resources (transportation and communication) to enable participation and those who do not have.

Indonesia's National Response and Mitigation Plan for COVID-19 explicitly identifies non-pharmaceutical interventions and community engagement as vital components in implementing

this plan.<sup>8</sup> This should be an entry point for indigenous peoples to further influence the post-COVID-19 development in Indonesia.

In the Philippines, the president put the full responsibility to local governments based on national guidelines. While this was welcomed in relation to the exercise of local governance, there was a lot of confusion because of different interpretations by national government agencies and implementing local government units. In local government units dominated by indigenous peoples, this was taken as an opportunity to mobilize indigenous lockdown systems and practice and traditional community self-help initiatives, among others. Part of its recovery plan is its continuing Build Build Build<sup>9</sup> and ALPAS<sup>10</sup> COVID-19 programs geared towards infrastructure and agricultural development. While these may respond to infrastructure and food supply gaps, it will also compromise indigenous peoples' livelihoods and security if implemented without due regard to the rights and concerns of indigenous peoples in the country.

Nepal encouraged intervention of foreign and domestic non-governmental organizations (NGOs) willing to contribute 20 percent of their budget to the State's pandemic response by offering tax exemptions on purchase of medical goods within a prescribed period. Many NGOs engaged in providing PPEs to health workers, relief and relief distribution, contact tracing, education and information. In collaboration with local government units, they were able to reach out to geographically isolated areas which are otherwise inaccessible. It is also reportedly developing its Social Inclusion Policy 2020, a draft of which provides for the institutionalization of inclusive governance system in all levels through community involvement and participation targeting excluded and disadvantaged groups and indigenous nationalities.

The mobilization of local level teams, like the village health volunteers of Thailand and the BHERTS in the Philippines, to inform and monitor compliance to measures can be seen as an opportunity for engagement by indigenous peoples. In mixed population and non-indigenous team members, however, this entails reiteration, sensitivity and conscious efforts to look into the particularities of indigenous peoples, documentation and articulation.

Thailand's Universal Coverage Scheme (UCS) is also a potential area to influence benefits of access to healthcare by indigenous peoples. The UCS reportedly provides for peoples' representatives at the subcommittee level and defines the nine sectors from which representatives come from. Unfortunately, it does not include indigenous peoples who have to strengthen their lobby for an expansion of these sectors to be inclusive of indigenous peoples.

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<sup>8</sup> See Annex 1: Quick assessment in Indigenous Peoples (IPs) communities on the impacts of the coronavirus pandemic in Indonesia, p. 64.

<sup>9</sup> Seeks to accelerate infrastructure spending and develop industries that will yield robust growth and create jobs.

<sup>10</sup> Ahon lahat, Pahkaing Sapat Laban sa COVID – flagship program under the Department of Agriculture intended to “to roll out immediate interventions for food production and availability, food accessibility and affordability, and food price stabilization,” <https://www.da.gov.ph>.



The local government units who are directly implementing state COVID-19 response and policies are strategic arenas for influence and engagement by indigenous people since this is where the real actions are. Indigenous peoples' organizations who are engaging their local councils, either as elected members, representatives or as concerned constituents, enabled access to support services from government and other entities. Indigenous youth and women's organizations in Nepal, the Philippines and Indonesia also provided needed community knowledge and warm bodies to reach out to more marginalized community members, i.e., young and/or single parents, persons with disabilities and elders. Established organizations also have a bearing as it was easier for them to coordinate with their local government units and agencies in the implementation of the guidelines during the lockdown, relief and financial assistance distribution.

### **E. Roles that IP organizations can play to support broader relief and response efforts for food security and health needs**

The Quick Assessment surfaced the following roles that indigenous peoples' organizations can play to support broader relief and response efforts:

- a) Provide relevant and timely information on disease outbreaks/epi/pandemics, in languages and format understandable to indigenous peoples. Close monitoring of their own communities when efficiently supported to provide information on actual situation, identify needs and appropriate responses required/needed by IP communities, i.e., AMANKanCovid-19 Task Force, BHERTS and Village Health Volunteers (VHV):
  - Teduray Justice Group<sup>11</sup> Task Force COVID-19 was formed primarily as a workforce that serves as center of communication and channel assistance to different "fénuwo" (villages). The group is tasked to respond to emergencies and has the capacity and passes to travel between municipalities during the pandemic. The women sector of Timuay Justice and Governance (TJG) and the youth sector in Midsayap, both in the Philippines, are maximizing text messaging in relaying COVID-related information. This is also true in the three other countries.
  - Some IPs, especially the youth, have also been actively working with the government in the implementation of their programs, e.g., manning of checkpoints.
- b) Provide effective reach-out for immediate relief and emergency services
  - Indigenous value on equitable sharing has been highlighted In Kalinga's "fil-lay"—a traditional system of equitably sharing goods and ensuring that everyone, according to their household size, has a share. Women, who are more knowledgeable of members and households in the community are entrusted this role.<sup>12</sup>

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<sup>11</sup> TJG is an indigenous political structure among Tedurays in Southern Philippines.

<sup>12</sup> Lo-oy, Leonora, "Fil-filayon": The act of equitable sharing among the people in Sitio San Pablo. Tabuk Life. 20 April 2020.

- c) Act as effective intermediaries or community representatives to articulate needs, concerns and recommendation of indigenous communities in the design and implementation of emergency, food and health security programs.
  - AMANkanCovid – community monitoring information feeding into local and national government
- d) Model self-sufficiency and sustainable solutions in relation to food security, health care and overall well-being.
  - There are robust indigenous healthcare, food and management systems that strengthens community members’ resistance from diseases while reinforcing overall community well-being, which are based on the sustained integrity of land and resources.

**F. Proposed mechanisms to link traditional and community health providers with the national health systems to improve prevention, detection, and attention to affected IP populations**

The following are some of the proposed mechanisms to link traditional and community health providers with the national health systems:

- Partnerships with Indigenous Peoples’ Political Structures (IPS) or IPOs working in communities, in prevention and detection initiatives including ensuring due attention to emergencies;
- Ensure inclusion of indigenous community members, including traditional health care providers, when mobilizing human resources, such as BHERTS, VHV, among others;
- Integrate indigenous healthcare knowledge and practice in medical course, i.e., students’ immersion in indigenous communities for this purpose and strengthening the existing incentives for medical personnel working in rural and remote areas;
- Adequate communications system and sensitive platform available and accessible to geographically isolated communities to facilitate timely information, monitoring and reporting and coordination;
- Adapt holistic health programs grounded on strengthened preventive capacities of communities, resilience and a robust referral system
- Stimulus packages supportive of effective poverty alleviation approaches – respect, enhance and support innovation and development of traditional occupations; market infrastructure, access and services
- Ensure indigenous perspectives by engaging IPOs, IPS, IP representatives in different levels of crisis management inclusive of women and youth.

### III. Recommendations

The recommendations below are based on a rapid assessment specifically focused on indigenous peoples' perspectives on how they have experienced and perceived the impacts of the COVID-19 pandemic and its mitigating measures in their diverse settings. These are generally short-term (1-3 years) except for those relating to land and natural resources which are considered as medium to long term. These recommendations are articulated in detail in the country reports<sup>13</sup> and in the Summary Recommendations from the Country QARs.<sup>14</sup>

#### a. In-depth assessment on the situation of IPs and their communities

- Undertake further investigation, documentation and in-depth study on the impacts of COVID-19 on IPs to generate substantive information to inform communities, governments and development partners in developing policies, strategies and programs to address medium and long term impacts of COVID-19 for indigenous peoples (Indonesia, Nepal, Philippines and Thailand).

#### b. IP sensitive documentation and data management

- Disaggregate data to include ethnicity and other variables like persons with disability on the impacts and overall COVID-19 situation to inform comprehensive and inclusive planning and delivery of pandemic measures/ responses, programs and activities and future policies (all countries). Other proof of identification of IPs aside from identification cards should be accepted (Thailand, Nepal and Indonesia).
- Ease requirements, process and cost for acquiring citizenship and ensure effective information dissemination to enable IPs to acquire national IDs within a sufficient period of time (Thailand).

#### c. Access to timely and relevant information

- Relevant information materials on COVID-19 including related policies and how to access mitigation measures should be prepared and provided timely to IP communities in culturally appropriate forms and languages that IPs easily understand (all countries).

#### d. Access to health care and other basic services

- Local health care providers and LGUs should mobilize local leaders and indigenous health practitioners/providers to augment community medical systems which are in dire need of health professionals, and establish temporary treatment and monitoring and communications centers operational round the clock in IP areas to effectively control the spread of the disease (all countries).

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<sup>13</sup> See recommendations for Nepal, p. 57; Indonesia, p. 92, Philippines, p. 134; Thailand, p. 171.

<sup>14</sup> See p. 178.

- Improve and increase access to free healthcare services for indigenous peoples and vulnerable groups, create targeted healthcare and pandemic preparedness programs specific and appropriate to their situation, and increase the supply of PPEs and other medical supplies to health facilities near IP communities (Indonesia, Philippines and Thailand).

**e. Traditional knowledge on medicine, food and livelihoods**

- Recognize the roles of traditional health providers/healers and legitimize the practice; provide corresponding support to improve the practice of traditional medicine (all countries).
- Recognize, protect and support IPs to sustain their traditional sources of livelihoods and income generating activities and decriminalize traditional farming practices (all countries).

**f. Planning, decision-making, management and delivery of mitigation measures**

- National and local governments, task forces for COVID-19 must proactively engage IPs/IPOs as partners in the planning, decision-making, management and delivery of mitigation measures taking into account IPs' traditional systems and customary structures/institutions in current and post-pandemic response packages (all countries). Important measures to address gender based violence and violence against children should be included (Nepal).
- Ensure the provision/inclusion of budget/financial support for the improvement of IPs' traditional medicine, livelihoods and income generating activities in support packages (all countries).

**g. Land and natural resources**

- The government should identify mechanisms to legitimize, acknowledge and recognize customary institutions and secure land tenure of indigenous peoples (Nepal, Philippines). Pass/enact the Indigenous Rights Bill which will recognize IPs' rights to land and to practice their traditional farming practices (Indonesia).
- Necessary steps should be taken to safeguard the forest and keep ecological balance in partnership with IPs/IPOs as a proactive measure to keep zoonotic viruses at bay. Measures should also be implemented to stop violations being committed by plantation and mining companies. Lands of IPs covered by agrarian reform should be returned to them for their food production (Indonesia). Review, amend and/or implement laws recognizing land rights of indigenous peoples including their customary ownership, use and management systems and ensure that all projects proposed and implemented in indigenous territories should respect IPs' customary practices (Philippines).

## ANNEXES

### **Annex 1. Quick assessment in Indigenous Peoples (IPs) communities on the impacts of the coronavirus pandemic in Nepal**

Prepared by Nicky C. Batang-ay and Pasang Dolma Sherpa, PhD/Tebtebba and CIPRED



*Photo Credit: Jivaraj Ghale, Khasur*

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## LIST OF ACRONYMS

ADB	Asian Development Bank
CIPRED	Center for Indigenous Peoples Research and Development
COVID-19	Coronavirus Disease 2019
DFID	Department for International Development
ESS	Environmental and Social Standard on Indigenous Peoples
GDP	Gross Domestic Product
ICRN	Indigenous Community Radio Network
IDA	International Development Association
IIDS	Integrated Development Studies
ILO	International Labor Organization
IMF	International Monetary Fund
INWYN	Indigenous Nationalities Women Youth Network
IP	Indigenous Peoples
IPCC	Intergovernmental Panel on Climate Change
IUCN	International Union for Conservation of Nature
KPMG	KPMG International Cooperative
LAHURNIP	Lawyer's Association for Human Rights of Nepal's Indigenous Peoples
MoHP	Ministry of Health and Population
NEFIN	Nepal Federation of Indigenous Nationalities
NIDWAN	National Federation of Disabled-Nepal
NPR	Nepalese Rupee
PCR	Polymerase Chain Reaction
PPE	Personal Protective Equipment
PSAs	Public Service Announcements
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Fund
US	United States of America
USAID	United States Agency for International Development
USD	United States Dollar
SAARC	South Asian Association for Regional Cooperation
TEBTEBBA	Indigenous Peoples' International Centre for Policy Research and Education
WB	World Bank
WHO	World Health Organizations
WOREC	Women's Rehabilitation Centre

## **I. INTRODUCTION**

The pandemic has the potential to impact indigenous peoples disproportionately given their marginalization and limited access to basic services, such as health services. This marginalization is also reflected on how most governments provide very minimal, if any, support for indigenous peoples in providing healthcare and protection as well as food and other basic support, among others. Moreover, indigenous peoples are experiencing loss of livelihoods and access to lands, forests, waters and resources due to lockdowns or restrictions in mobility. Lockdowns and related restrictions also open up possibilities of violation of indigenous peoples' rights, including potential encroachment, land-grabbing, expropriation of their lands, territories and resources, among others.

Given the unprecedented challenges that COVID-19 poses, the World Bank Group (IBRD/IFC/MIGA) expects to deploy up to \$160 billion over the next 15 months to help countries protect the poor and vulnerable, support businesses, and bolster economic recovery. As of April 2, 2020, the World Bank has supported the first 25 operations (many of them grants), totaling \$1.9 billion, to address the health challenges of COVID-19. Another 30+ operations have been approved or are under preparation. Many of these are health projects supporting efforts to monitor the spread of the virus, obtain medical equipment and supplies, set up quarantine measures, including in hospitals and clinics, train medical personnel and undertake outreach/communications about the virus, especially to vulnerable groups. Most of the health projects are commencing activities in urban areas and then reaching out to the rural areas. Where applicable, they include the requirements for applying the measures set out in the World Bank's Environmental and Social Standard on Indigenous Peoples (ESS 7). In addition, there are also other avenues within the Bank currently being explored on how best to directly support indigenous communities address the impacts of COVID 19.

Considering the aforementioned and the lack of documented information for Indigenous Peoples on COVID-19, Tebtebba in collaboration with the Center for Indigenous Peoples Research and Development (CIPRED) acceded to conducting an assessment and consultation with indigenous communities and organizations in Nepal on the impacts of COVID-19 pandemic and its mitigation measures.

### **OBJECTIVES**

The assessment was generally aimed to document the impacts of the Covid-19 pandemic as well as to identify and assess the effectivity of responses being delivered to indigenous communities in Nepal. Specifically, it aimed to:

- a. identify the impacts of COVID-19 and its mitigation measures to indigenous communities' health, food security, livelihood, and in their land and resources;
- b. identify and assess the COVID-19 responses including their mechanisms by indigenous communities, the government, international donors, non-governmental organizations and other relevant actors and;
- c. analyze their current situations and come-up with recommendations for effective and efficient COVID-19 response in indigenous communities.

The result of the assessment will be fed-in into larger assessment report for Asia which will be used to inform the WB's COVID-19 economic recovery operations, as well as to produce good that IPs could leverage to mobilize informed support for their communities.



## **SCOPE AND LIMITATION**

The assessment was conducted in collaboration with the Center for Indigenous Peoples Research and Development (CIPRED), a Nepal-based indigenous organization.<sup>15</sup> Sources of information in this assessment were merely came from partner organizations and communities that CIPRED were able to reach out and from available online information. This assessment was undertaken in June 2020.

## **METHODOLOGY**

### **Data Collection**

Given that the national lockdown is still enforced in Nepal, CIPRED with support from Tebtebba, reached out its indigenous partners and maximized the most accessible communications platforms – online channels, telephone calls and text messaging – in data gathering. Data gathering methods such as questionnaires (Annex A), Key Person Interview and focus groups discussion with guide questions (Annex B), and combination of these were employed. Review of related literatures was also conducted.

## **II. NATIONAL CONTEXT**

The federal government of Nepal reported its first COVID-19 case on January 23, 2020. He is a 31-year-old student who returned to Kathmandu from Wuhan, China on January 9, 2020. Till then, the government had set preliminary measures which include closure of borders with its neighboring countries like China and India; closure of private and public schools at all levels; started evacuating Nepali students and workers from other countries; suspension of visa processing and issuance for all tourists with an exception to diplomatic and official visas; suspension of processing of trekking permits; and restriction of air and land transportation were imposed.

To heighten the measures in preventing the massive spread of the virus, Deputy Prime Minister Ishwar Pokharel, chair of the COVID-19 Prevention and Control High Level Coordination Committee, announced a national lockdown that started on March 24 and it was extended several times and only starts to ease on June 11, 2020. Curfew hours were imposed and other relevant guidelines of the lockdown were also implemented (Box 1)

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<sup>15</sup> CIPRED is an indigenous organization based in Kathmandu, Nepal. The organization is devoted to serve the needs of the Indigenous Peoples, local communities and women of Nepal for ensuring their traditional customary governance practices, traditional knowledge, skills that has been contributing for sustainable management of natural resources and livelihoods. It also aims for Indigenous Peoples' Sustainable Self-Determined Development (IPSSDD) through research and education.

Box 1. Some of the salient features of the national lockdown

1. People can still go out, but only for urgent work like attending to a medical issue or to buy food
2. Except for vehicles with permits operated by the security system, all public and private transport will not be allowed to ply.
3. Only aircraft belonging to the security agencies will be able to fly over Nepali airspace. All international and domestic flights are cancelled.
4. Only essential services like health, security, food supply, water supply, dairy, electricity, telecommunication, news and information, customs, quarantine, waste management will be in operation. Other offices can be open but only with essential staff, or if the office in charge needs them urgently. All others are required to stay home.
5. All industries except those engaged in pharmaceutical and health equipment, water supply, energy will be closed and workers will be given leave.
6. Pharmacies and drug stores must ensure regular supply of medicines. Those who create an artificial shortage, or hoarding essential drugs will have their products confiscated and be dealt with under existing laws.
7. All federal and local administrations will be mobilized to enforce the lockdown
8. Those violating the Infectious Disease Law will be punished as per that law.

Source: Nepali Times, 2020

In the intervening time, the federal government also launched additional stimulus measures for not only to lessen the number of infected cases and strengthen the medical system but also for social protection and economic amelioration (Box 2).

Nepal is home to many indigenous peoples. The government of Nepal has officially recognized 59 indigenous groups in the country (NFDIN, 2002). According to the National Census 2011, there are 125 different castes/ethnic groups. The total population of indigenous peoples is 9,267,870 which covers 35.6 percent, out of the national population of 26,494,504 (Dahal, 2014). They have been living in different geographical regions with a distinct language, culture, identity and way of life in Nepal (Sherpa, 2015). Majority of the Indigenous peoples' communities in Nepal have been depending their livelihoods on subsidiary farming and natural resources including land, forests and water. They have been managing their natural resources through their traditional knowledge and customary practices with self-governance systems that contributed for sustainable management of the natural resources, ecosystem and biodiversity. Indigenous traditional forest related knowledge contributes for sustainable genetic resources, ecosystem and biodiversity (Troster & Parrotta, 2012) and contributions for climate change adaptation and mitigation (IPCC, 2014) despite forefront to the impacts of climate change (TEBTEBBA, 2009). Indigenous peoples account for less than 5% of the world's population but they support and protect 80% for the planet's biodiversity (BBC, 2020). Despite these contributions of IPs in Nepal, the government doesn't have any policies and programs that will acknowledge and recognize them.

## Box 2. Additional stimulus measures of the federal government of Nepal

- A health insurance and extra allowance for health workers.
- It established a Corona Prevention and Control and Treatment Fund
- Restriction on the budget expense for projects other than the ones which have already started.
- The government had directed all the local government units to coordinate the relief for the people in need including local agricultural products in the relief.
- It directed its local governments to use the approved budget from the federal government and the municipal internal fund and establish a separate fund for the Corona management and relief distribution.
- The police headquarter has directed to cut some portion of the salary of police officers working up to the officer level for the Corona Virus Prevention, Control and Treatment Fund. The salary will be deducted according to different levels of the officers. The minimum being days salary of A.S.I to maximum seven days salary of I.G.P. and different salary deduction for different levels in between. However, the has already decided to provide 75% of the salary as an incentive for all the government officials who are working for Coronavirus prevention control.
- The Insurance committee has directed all the life insurance policy for COVID-19. According to this, its insurance criteria will be similar to the current fatal diseases. The cost of individual insurance worth Rs 1 lakh will be Rs 1000 whereas the insurance of the entire family will cost Rs600 per person. The first 15 days after the insurance begins is a waiting period and the PCR report confirming COVID-19 is mandatory to claim and receive the payment of the insurance.

Source: KPMG International Cooperative, 2020

Indigenous peoples' communities in Nepal have been struggling to cope with the impacts of climate change and their situation has been getting worse for having double impacts for continuing their livelihoods and protection of their knowledge systems and cultural practices due to the impacts of covid-19 pandemic.

### III. RESULTS AND ANALYSIS

#### A. IMPACTS OF COVID-19 TO INDIGENOUS PEOPLES

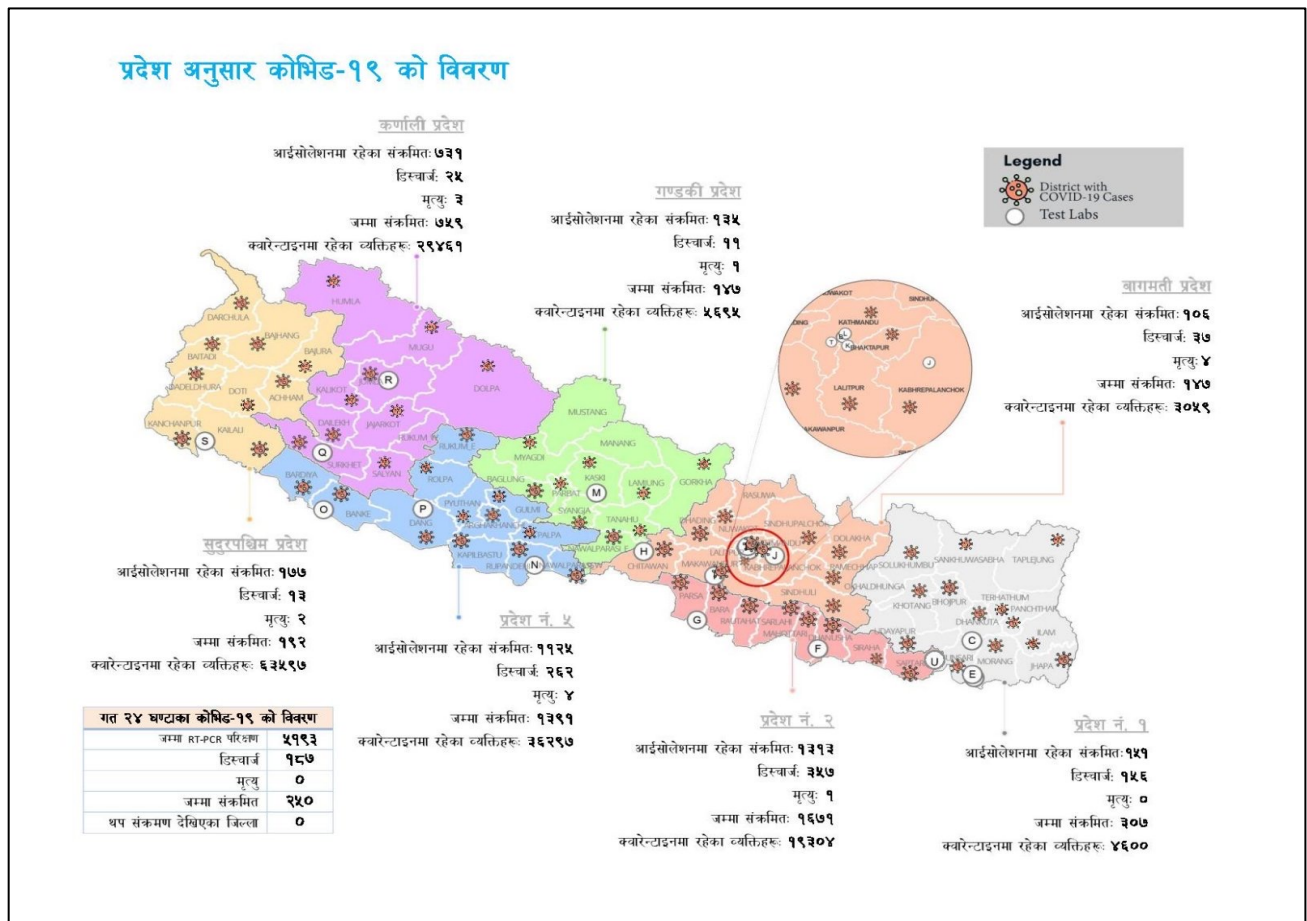
The COVID-19 poses a grave health threat to indigenous peoples who are already experiencing poor access to health care; significantly higher rates of diseases; lack of access to essential services and sanitations; underequipped and understaffed local medical facilities; and lack of key preventive measures and many others (Nuorgam, 2020). As the lockdown continues, Nuorgam also contented that IPs who already face food insecurity due to lands and territory losses confront even graver challenges in accessing food. With the loss of their livelihoods, which are often land-based. Many IPs who work in traditional occupations and subsistence economies will be adversely affected by the pandemic. Tauli-Corpuz (2020) also attested that IP in some congested urban areas are working in informal economy and domestic workers which makes them more vulnerable to economic dislocation.

## 1. Health

Although there was only a hand full of cases and evidence of community transmission in Nepal in the initial days when the country is locked down, after two months, numbers of infected people have been rapidly speeding in bigger numbers that created fear and anxiety, trauma among other to many Indigenous Peoples (IPs) communities.

According to Ministry of Health (MoHP) of Nepal currently 4,364 people are infected with COVID-19 from 72 out of 75 districts in the country (Fig.1). Out of the total, 323 cases are newly reported today and 15 people are already dead from the Pandemic. People emigrating from other countries and internally migrating are obligated to stay in quarantine for 15 days and as of today, 1, 72,266 people are staying in quarantine facility (MoHP, 2020). Out of these records, number of indigenous peoples are still not known or it was not officially disclosed. The Chairperson of Nepal Federation of Indigenous Nationalities (NEFIN) says, "Most of Indigenous peoples who have been returning back home to the communities from abroad or cities are on their self-quarantine and struggling for their survival. There is no job for them in the village and most of the indigenous peoples do not have their own land for farming and their traditional livelihoods that depend on natural resources are also restricted by different policies and mechanism of national park, conservation and even community forest " (Personal Communication, June 11, 2020)

Fig.1. COVID-19 affected provinces and districts in Nepal (MoHP Nepal Covid-19, 2020)



Health professionals have confirmed that there will be more deaths in Nepal due to malnutrition than coronavirus. As many of the health rehabilitation centers meant for providing help to malnourished children have been converted into an isolation centers for Covid-19 patients. Before the commencement of the lockdown, over 2000 children who used to visit health facilities for treatment every month are suffering from severe acute malnutrition. Since the lockdown, only 277 malnourished children from 25 districts were brought to health facilities for treatment (Paudel, 2020). According to the National Demographic Health-2016, over one million children under the age of five years are stunted, overweight hundred thousand are underweight and three hundred thousand are affected by wasting. The impacts of covid-19 is only going to increase the number of these malnourished children and their death rate, if the seriousness of this issue is not addressed by the government.

In Chepang community in Benighat, Dhading district, two children died and more than 150 infected with measles-rubella in one month of lockdown. Since the settlements are located in rural areas, it is difficult for the health professionals to reach them. Hence, Chepang families do not receive regular immunization. With the lockdown, it has further exacerbated their problems as the local government can only provide the immunization after the nationwide lockdown is lifted (Rathore, 2020). Furthermore, there is a lack of proper healthcare system including facilities and health care professionals in the community. The risk of transmitting the virus is high as a typical Chepang home only consists of one room for all the members of the family (Chepang, 2020).

A 29 years old woman from Sindhupalchowk district became the first-person who passed away on May 16, 2020 due to COVID-19 during her lactating period. She left her *13 years old child* on her way to the hospital in Dhulikhel district (Shrestha, 2020).

There is a 200 percent increase in the maternal deaths in Nepal. Three women are dying during childbirth. Government statistics show that there is a rise in number of maternal deaths in two months of lockdown. The figures were 901 women in 1990 which was slashed to 239 per 100,000 live births in 2015. To reduce the rate of maternal death, 70/100,000 live births by 2020, the government should equally-prioritize this problem during the lockdown. Majority of the indigenous women in the rural communities are struggling for safe delivery in Nepal.

The president of the Women Uplift Program used to rescue dozens of pregnant or post-partum mothers in emergency situations yet many health facilities that should be providing services to these women's remain understaffed, ill-equipped and short of medicines (Logan, 2020). There are also cases that indigenous peoples' death for not getting timely treatment in hospitals. A 52 years old with high blood pressure, Naradevi Gurung from Mahalaxmi Municipality-5, Leguwa village in Dhankuta district, was denied for treatment in a certain hospital and died on her way while seeking for another hospital on March 31, 2020 ( Budhathoki, 2020).

In the above mentioned, it indicates how the COVID-19 worsens the health conditions of indigenous peoples including women and children, especially those who are already experiencing non- and communicable diseases. As mentioned, majority of the indigenous communities lack of medical facilities, equipment and understaff health care professionals. Another situation which makes them more vulnerable is the rejection of some hospitals if the patient seeking medical help is unrelated to COVID-19. Even though that the Ministry of Health and Population has the medical records on COVID-19, the lack of

disaggregated data for indigenous peoples will be a big gap in present COVID-19 interventions and maybe in other health crisis in the future.

Given the weak medical system in communities, there is a possibility that the disease will be hard to control if at least one of the members is contracted. There is also a likelihood of fast transmission of the virus within a family taking into account the limited space in a typical indigenous home.

## **2. Food Security**

As reported by the Nepali Times (2020), the Ministry of Agriculture's survey report on Livelihoods, Food Security and Vulnerability revealed that nearly quarter of families in Nepal are eating less and 6% said that they run out of food. It also showed that household in rural areas are likely to be food-insecure than people living in the urban areas during the lockdown. This is characterized by a higher food prices in rural areas than in urban areas.

The high price of commodities like agricultural products are effect of the national lockdown. In a statement of a civil society group, farmers are unable to transport their vegetables, milk and other produce to the market in time which resulted for the farmers to let their products rot and go to waste. Moreover, consumers are having difficult time purchasing agricultural products (Nepali Times, 2020). For indigenous peoples engaged in farming and trading marketing, securing permits from the local or chief district officers is also an issue for them. Generally, influential people are often can get the travel permits while some farmers are not provided.

Indigenous peoples in Nepal are mostly located in rural areas. During the lockdown these communities are having hard time to attend their field to plant and harvest. The restriction of transportation also hinders them to travel outside their communities to buy other basic necessities. In Chepang community in Chitwan district where the families of Kamala Chepang, Santa bahdur Chepang and Subash Chepang belong to, are not having enough grains in their food for almost 2 months and sometimes rely on the roots and fruits in the forest (Ichhakamana online news, 2020). In differing situation, some indigenous peoples who were laid off from their work in the cities are being hampered by authority to gather goods from their resources which are traditionally an occupations for them. In the same district where Bote people are also located, 12 Bote youth where caught on June 17, 2020 by the police while fishing in Narayani River and the family had to pay NPR 5000 each to release them from the police custody<sup>16</sup>. As of June 26, 2020, more than 100 Bote indigenous peoples are were already caught by the police and made them signed for illegal fishing and paid NRs 10,000 per person for their release (Rai and Paudel, 2020).

Aside from Bote people, other indigenous communities like Chepang, Raute, Mjhi and Raji have also been restricted to collect forest and surface water products which are their traditional occupation. The restriction is part of the government's protection and conservation policy of natural resources, especially those that were declared as National Parks and Protected Forests. These communities are being challenged to gather forest and surface water products as source of food while their communities are experiencing food shortages.

Indigenous peoples who were daily-wage earners and retrenched from their informal works are facing financial crisis. As a result, it lowered their capacity to purchase and provide food for their families. In Majhi Communities, who are mostly working on a daily-wages in Phidlim Municipality-4 and Hilihang

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<sup>16</sup> Based on questionnaire form received from National Indigenous Women Federation (NIWF)

Village Municipality-7 in Pachtar district, are amenable that there is an increased of food shortage among them (Baskota, 2020).

Food security during the pandemic is unavoidable impact to indigenous peoples in Nepal. Given the cases above, members of communities, especially those who are laid off from their informal works, will suffer the most by means of decreasing their capacity to purchase goods and commodities for their family. The collection of forest and inland water products while there is food a crisis is being hampered by the conservation of national park and protected forest related policies. This restriction is already being badly experienced by some indigenous members who were already charged and arrested by law enforcers and paid a certain amount for their release.

### **3. Livelihoods**

The full or partial lockdown has led to job losses and reduction in job hours. The hardest hit sectors by the lockdown employ nearly 1.25 billion workers representing 38% of the world's workforce. These sectors include retail trade, accommodation, food and services and manufacturing. Specifically, in low and middle income countries, hard hit sectors have a high proportion of informal employment and workers with limited access to health services and social protection (ILO, 2020).

The Nepali government imposition of the lockdown has resulted into loss of employment of three in every five employees from both formal and informal micro, small and medium enterprises (MSMEs) (UNDP; Koirala, 2020). The study, Rapid Assessment of Socio-Economic Impact of COVID-19 in Nepal, conducted by the Institute for Integrated Development Studies (IIDS ) through survey of 700 businesses and 400 individuals and consultations with over 30 private sector organizations and government agencies has revealed that temporary workers, internal migrants, day laborers with precarious livelihoods who are already most vulnerable based on income and access to public services, are unable to find an alternative source of income to even procure food for their daily survival (Koirala, 2020).The Study has further revealed that more number of women from lower income groups have lost their jobs. Women who typically worked in hospitality, wholesale and retails are the ones more affected in losing their jobs.. The survey results specified that 41 percent of women lost their jobs during the lockdown, compared to 28 percent of men (Koirala, 2020).

Members of the community in Lamjung village who work at various unorganized sectors such as laborers at construction sites have lost their only source of income (Personal Communication, June 8, 2020). Baram and Kumal leaders in Gorkha district shared that members who depend on daily-wage livelihoods are greatly affected and no regular income to receive. They are now forced to depend from collecting food in the forest despite restrictions set by authorities (Personal Communication, June 10, 2020). A worst case happened for an informal worker was when Surya Bahadar, from Tamang indigenous community who has been working as laborer in Kathmandu, found dead on the street in Kirtipur because of hunger as there is no available job for him for an income during the lockdown (Subedi and Jha, 2020).

Members who are also involved in running homestays in the village for tourists are now uncertain of their livelihoods. Furthermore, an unprecedented unemployment among the youth is going to increase. Thousands of indigenous youth are returning back home from foreign employments, mainly from Arab countries. These pose uncertainties to where they can look for employment opportunities in Nepal. An indigenous youth who returned from Malaysia invested all his money on poultry farm just before the lockdown is left with no hope for continuing his business (Personal communication, 2020)



Meanwhile, the pandemic has affected the IPs traditional livelihoods including traditional farming systems. “Parma”, the labor exchange systems of indigenous communities during plantation and harvesting the crops, are temporarily stopped due to the lockdown (Fig.2). Indigenous farmers who are engage in trading market were not able to transport their produce in market center because of the restrictions of travels. Their produce were left to rot and got wasted. Likewise, collective decision-making process for the management of the agricultural land, water, pastureland, forest as well as festivals, rituals and community gathering are impacted. For example, Indigenous communities such as Khasur, Ngishyanba in Manang, Byashi in Darchula and Dolpos in Dolpa in the mountain region to make their collective decision on the natural resource management and performing rituals.

In the above scenarios, it shows that the pandemic and its mitigation measures, especially the imposition of the lockdowns associated with restriction of mobility, have greatly affected the economic system of Nepal. As a result, many indigenous peoples who are daily-wage-earners and work in informal industries have been halted to continue their jobs and repatriated to their respective communities. The increase of unemployment is now an imminent problem for the government and indigenous communities. In addition, operation of community-based livelihood like homestays are being challenged.

The lockdown also decreases not only the production of agricultural products for self-consumption but also the income of people who are engaged in trading markets. There is also a probability that the number of members engage in indigenous support systems like *Parma* during planting and harvesting will be decreased which increases the working time in the field.



*Fig.2. Community members in Khasur Village doing Parma which was temporary halted due to the lockdown. (Photo Credit: member of the Khasur community)*



#### 4. Intrusion to IPs Land, Territories and Resources

In a statement from the Indigenous Women's Organizations of Nepal on COVID-19 (2020), IP have been displaced from their ancestral lands. In the name of aggressive development like hydropower, mining, drinking projects, road expansions, dams and airports – IPs have been deprived of their human rights and collective rights to own their natural resources (IWGIA, 2020). In disguise of the current situation in Nepal, some developmental projects and infrastructures are continuously being implemented in some of the indigenous communities.

In Lamjung village where Thulibesi are settled, the Nyahdi Hydro Power Project, a national project of Nepal, is being constructed. Recently, the Butal Power Company Ltd and Lamjung Power Development Company had ignored the community-initiated lockdown for covid-19 where these developers brought in construction materials and sent a number of outside laborers and attempted to continue their operations (LAHURNIP, 2020). These actions by the companies have been contested by the affected communities and some human rights groups like LAHURNIP.

In February 2020, representatives of Newar communities in Khokana and Bungamati had filed two writ petitions before the Supreme Court of Nepal stating that the ongoing Fast Track Highways and other planned national projects would end the ancient civilization of the two towns and calling for the preservation of the traditional settlement (Cemsoj, 2020). In the same source of information, the Save Nepal Valley Movement and the Nepal Sanskritik have called the urgent attention of UNESCO, ILO and UN Country offices in Nepal in February and March, 2020 that the Fast Track Project along with the ongoing or planned infrastructure and urbanization projects including Bagmati River Basin Improvement Project, Kathmandu Outer Ring Road and Thankot-Bhaktapur Transmission Line Project and the planned Smart City will displace Newar communities of Khokana, which have been affected due to land acquisitions for various public purposes at different times in the past.

Poaching of animals and illegal loggings have been widely reported by media during the imposition of the national lockdown. There were protests by indigenous communities against poaching and illegal smuggling of timber in the forest of Sagarnath National Park as well as illegal logging in the plain belt. These activities are mostly for commercial purposes. The smuggling of tree and poaching in Sagarnath has occurred in the absence of a chief to supervise the forest. The former chief had left his post after he got promoted (The Rising Nepal, 2020). According to an indigenous elder in Helambu, an injured Himalayan Musk Deer, an endangered species as per IUCN, was found wounded in the Langtang National Park in Helambu and it was rescued and treated by the local government. Helambu is home of Hylomo and Tamang indigenous groups in Sindhupalchowk District in Nepal (Personal Communication, June 2020).

COVID-19 and the lockdown didn't stop indigenous communities to experienced aggressions brought by development projects and other illegal activities in their land and resources. These indigenous peoples have been asserting their rights as these projects will displace them from their land. The cases above show that even there is a national or community-initiated lockdown and the presence of a contagious disease, companies are still being able to continue to operate. It indicates that the policies for the national lockdown are not strictly implemented or law enforcers are loose in obstructing such activities. Moreover, these companies disrespected the right of these communities for self-isolation during a pandemic.

## 5. Women, Children and Persons with Disabilities

Ever since the application of nationwide lockdown, 1145 the national helpline, has been receiving 30 calls per day to report gender based violence. Organizations working for women rights like WOREC (Women's Rehabilitation Centre) reported an alarming number of gender based violence. On 26<sup>th</sup> May, 2020 WOREC documented 465 cases of violence against women and girls from 37 different districts only during the two months of lockdown. Among the documented cases 293 cases are of domestic violence, 62 cases are rape, 6 cases of murder and 16 cases of suicide. In 223 cases, the perpetrators are husband and 89 cases are family members. Even before lockdown such cases were often unreported and now with no transportation to reach police station or shelter homes on their own, the number of unreported cases is alarming (WOREC, 2020). A ten-year-old girl with disabilities from marginalized groups particularly from indigenous peoples communities from Rautahat district who had come out of the house for toilet was raped around midnight by a 55 years old named Waris Ansari and her case has been registered on April, 17,2020 (JHA, 2020). WOREC is continuing to provide psychological counselling services where 344 people are anxious due to fear of COVID-19. 393 survivors of gender-based violence has received the counselling. The COVID-19 pandemic has also resulted in rise of racial discrimination, violence and mockery directed at people from indigenous and minority community in Nepal. Disabled people belonging to scheduled tribes in northeast India have been victim of violence as they are accused of carrying the virus from China, for their resemblance with Chinese facial features (Global Statement, 2020).

A member of indigenous women's organization in Nepal expresses that the data on the victims of domestic violence is not classified with ethnicity, sexuality, gender, age, marital status or their economic status. Everyone is put under one category "women" which means we do not know who the most vulnerable women are ( Personal communication, June 9, 2020).

The numbers of sexual harassment of young girls and suicide attempts cases are also alarming in Nepal. During the lockdown period, a total of 492 already committed suicide. There is also an overwhelming number of intoxication and domestic violence (Lohani, 2020). The rate of attempted suicide and sexual harassment are also disturbing in indigenous and marginalized communities. An 8 years old Musar<sup>17</sup> girl was threatened, beaten and raped by 14 years old boy in the neighborhoods on May 26, 2020. The victim is now suffering from trauma (Gautam, 2020). In different setting, there was also an incident were a woman who was staying at the quarantine facility in Lamki Chuha Municipality, Kailali was gang raped in the night of June 13, 2020 by three volunteers at the quarantine facility that was set up at Shahid Smriti Secondary School (Chhatyal, 2020).

The alarming number of domestic violence, rape incidences and disregarding medical attentions in hospitals during the lockdown as presented above revealed that indigenous women, children and persons with disabilities are not relieved from such illegal acts. Perpetrators, especially of those who committed domestic violence and rape are disregarding the current situation and the punishment of the crimes being committed. In the case of the woman who was raped in a quarantine facility by three volunteers indicates that the selection of workforce in a quarantine area is not screened very well and there is also an indication that presence of security force is lacking. It also revealed that there is no disaggregated data for indigenous peoples and persons with disabilities for gender-based violence. Moreover, the alarming number of young people in Nepal attempting and committing suicide proved that the imposition of lockdown and letting people stay in their homes has a great psychological effect, especially to children

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<sup>17</sup> Musar is one of the most marginalized communities in Nepal

including indigenous children. Thus, there is a dire need for psychological debriefing and counselling in programs and policies to people during lockdowns.

Persons with disabilities including in the marginalized communities<sup>18</sup> in Nepal are also being impacted in varying degree. Government of Nepal lacks the data to conclude the current situation of these people which sometimes led to exclusion from emergency responses (GlobalStatement, 2020). Data such as number of disabled people in quarantine centers, infected, suspected carriers and recovered from the disease are very important. All reliefs that were supposedly for poor and vulnerable people including disabled were received by elite people, instead (Personal communication with one of the indigenous leaders, June 2020). Moreover, there is also lack of quality and culturally appropriate dissemination of information for people with disabled minorities. This leaves them unaware about the coronavirus and its prevention. Most disabled persons use their respective minority languages. COVID-19 advisories from the Ministry of Health and Population (MoHP) that are usually in circulated used mainstream language like Nepali which also failed to reach the minority groups and people. GlobalStatement, 2020; Gurung & Ghatraj, 2020).

Another issue for person with disabilities who need of medical are often dismissed at hospital if it's not COVID-19 related. A case of a man with hemophilia who had blood in his urine was denied for medical attention and doesn't receive any medical support or medication (IDA, 2020). Further ban on movement of public and transport system has amplified the problems of disable people. People with disabilities do not have access to sanitation and hygiene even in regular basis. For instance, hand washing soaps, hand sanitizers, face masks and adequate clean water are out of access in rural areas (NIDWAN et.al, 2020). This is pushing away care takers who are reluctant to provide support to them as they don't want to risk catching the virus. Many have also lost access to essential medical equipment such as catheters, urine bags, diapers, and regular medicine because of lockdown. Quarantine centers created by local authorities are also inaccessible by disabled people (Global Statement, 2020 & Gurung & Ghatraj, 2020).

## **B. COVID-19 RESPONSES TO INDIGENOUS PEOPLES AND COMMUNITIES**

### **1. Indigenous Peoples and Communities**

Indigenous peoples' communities living in countries around United States of America and Canada have found taking preventive measures to protect themselves against COVID-19 by guarding the entry point to forbid the entry of outsiders into their community. In Indonesia, the Karen people have built barricades with signs warning visitors away (Mlko, 2020). Meanwhile, also prohibiting the movement of community members within the community. Similar precautionary measure has been initiated in Nepal by community members in Naso Rural Municipality a gateway to Manang district. The restriction is applicable to all movements of people except for ambulances and emergency vehicles placed in order to ensure the safety of community people (Gurung, 2020). Likewise, community members from Khasur village in Lamjung (Fig.3) district have completely prohibited the entry of outsiders into their community. However, there are also indigenous communities like Chepang, Raute, Majhi and others who have been depending their livelihoods in the forest and natural resources (Chepang, 2020).

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<sup>18</sup> These communities are marginalized on the basis of their ethnicity, religion, linguistic use as well as people who are internally displaced and indigenous people



Fig.3. Khasur village with Ghale communities conducting spiritual celebration for protecting the community and the village. Photo credit: Jivaraj Ghale, Khasure Village

The traditional messengers, "Katuwal"<sup>19</sup> of the communities have been playing a key role in passing the message on pandemic: to clean hands regularly with soap and take care, while also informed the local government about people planning to visit the village from abroad and from around the country. Many of the traditional rituals, festivals and ceremonies have been put in halt for the time being. Meanwhile communities are trying to help each other, praying for the wellbeing of the community; connecting to each other.

Indigenous peoples in their communities with their self-isolation have been relying on "Amchi"<sup>20</sup> the indigenous healing practices for their medical treatment because of absence of medical staff in clinics and the restriction of transportation. Indigenous peoples have their own traditional way of healing, communication and coping strategy from the pandemic. In the Gurung community in Khasure, Lamjung district and Tsum and Nubriba communities in Gorkha district have initiated self-isolation and disallowing the entry and exit of the people in the communities. This helped the community for the temporary solution to be away from the pandemic. However, 2 months after the lockdown, indigenous communities already facing numerous challenges of health, economic and livelihoods, education and continuation of their spiritual and cultural values. Indigenous Peoples have been using traditional communication practices for the awareness raising on the pandemics.

Indigenous peoples have their own traditional-customary institutions that are highly trusted by indigenous peoples despite not being legally recognized by the local government of its values and role for health care, protecting the indigenous knowledge, skills, cultural practices that have been driving forces of the communities to be safe, healthy and happy during the pandemic. They have effectively conveyed the message about COVID-19 and all the precautionary measure that needed to be followed such as washing their hands, avoiding crowds and maintaining social distancing among each other. Like Katuwal

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<sup>19</sup> *Katuwal* is the indigenous traditional messengers that announce any necessary message of events or emergency announcement in the village.

<sup>20</sup> *Amchi* is the traditional healer in the indigenous peoples' communities, who uses of the traditional medicines from herbs and plants.

in Lamjung, Chiraki<sup>21</sup> in the mid-western plains' districts like Bardiya, Kailali, Kanchanpur and Dang in Tharu indigenous communities has been disseminating crucial information about COVID-19.

Given the aforementioned, indigenous peoples are also taking initiatives to at least lessen the imminent impacts of the COVID-19 pandemic. The community-initiated lockdown associated with ritual will somehow prevent the virus to reach their communities. This is being complied by the community members with full cooperation which implies respect and trust to their community leaders and elders. Customary institutions and the traditional messengers also play an important role for information dissemination about COVID-19 and its mitigating measures to the community. This means that such important information is needed to be translated into a language that can easily understand by the community. However, these customary institutions are not being maximized as an instrument in influencing the local government decisions for COVID-19 responses at the community level because of unrecognition by the local government.

In the absence of medical help due to the lockdown, the traditional healing practices are further explored and revived. *Amchi*, the traditional healers of indigenous communities that has been mentioned earlier have been providing their medical services during the lockdown for the wellbeing of the communities. This has built the level of confidence on the medicinal values of the plants in the village and need of protecting and transfer the knowledge to the future generations.

Though it was said that there is an existence of indigenous medical system, this, however, is not being utilized by the local health professionals. According to Subedi (2019), the indigenous healers and healing practices have got scant attention in health policy and development plans. He also stated that official documents acknowledge the wide existence of and use of traditional healers for primary health care showing their importance, on the other, no effort has been made to recognize them and legitimize their practices. The recent health policies tend to disregard the relevance of traditional healers at present time. The government has no any policy and program designed to appreciate, encourage, and develop this informal healing system being managed by traditional practitioners in Nepal (Tamang as cited in Subedi, 2018).

In the effort of the government to provide relief packages to IP communities, there are a number of Indigenous peoples including youths who are volunteering in relief operations by the government. Besides, some medical students who were affected by closure of schools are retuning back to their village to educate their fellow indigenous peoples. In the report of Khan (2020), Gyalen Gurung, a Gurung IP youth in Shimen of the Himalay's Upper Dolop Region, thought villagers about good hand hygiene, social distancing and ways to prepare safe water consumption and cleaning where there is no running water (Fig.4). He also created posters in the local languages and engaged elders through whiteboard activities, diagrams and story-telling.

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<sup>21</sup> Chiraki in Tharu communities are trusted members of the community for convening the important message.



Fig.4. Gyalen Gurung, an IP youth, giving health messages to villagers (Khan. A.A, 2020)

Meanwhile, there are also indigenous organizations and groups who take part in the effort of the government on COVID-19 responses. The Indigenous Community Radio Network of Nepal (ICRN), in partnership with Indigenous Television, has jointly produced PSAs about COVID-19 in 15 different languages, and in one Nepali language. This PSA have been distributed not only to 21 radio stations, but to 350 community radio stations across Nepal, as well as on Indigenous Television and its social media platforms. PSAs were produced and distributed in the following languages: Nepali, Gurung, Tamang, Nepalbhasa/Newari, Sunuwar, Thami, Magar, Tharu, Bantawa rai, Chmling-rai, Kulung-Rai, Dungmali Rai, Hyolmo, Sherpa, Uranw and Limbu (WACC, 2020). In addition, CIPRED has been updating the information of all partners in the community-level and making them aware of the COVID-19, sending the update information through messages and wished them good health. While updating the information of IP through the quick assessment of IPs in partnership with Tebtebba, CIPRED have internalized on the dire need of food, necessary prevention effort in the spread of the disease. CIPRED already started providing rice, groceries, masks, sanitizers, towels and information materials to Gurung, Dura and Ghale communities in Lamjung district; Danuwar, Maiji, Tamang, and some other marginalized Dalit communities in Udayapur district and; Newar, Tamang and Sherpa indigenous peoples in Kathmandu district in Nepal. As shared by Sukh Weer Thamee Saj, the National Federation of Indigenous Nationalities (NEFIN) in collaboration with the Regional hospitals had provided and distributed 250 Personal Protective Equipment, masks and gloves in different hospitals. Aside from it, the NEFIN in collaboration with the provincial government is also planning to distribute relief packages to Kusunda and Raute indigenous communities (Personal Communication, June 29, 2020). The Indigenous Nationalities Women Youth Network have been helping out in relief operations especially to stranded indigenous students and daily wage earners in Kathmandu. EcoHimal Nepal,<sup>22</sup> have been distributing sanitation items in its project areas.

In the sharing of ICRN and CIPRED as described above show that translating COVID-19 information to indigenous languages is very important factor in information dissemination. The translation will help IP

<sup>22</sup> a national non-government organization (NGO) founded in 2009 with the goal of achieving sustainable development through community empowerment



communities to be more aware about COVID-19, its preventions and the mitigation measures set by the government. Moreover, these IP organizations are very significant actors in giving services in areas where the government failed to reach out. Additionally, IP youth who have gained formal education plays a vital role in disseminating information about COVID-19 in their villages. These compliment the government's efforts in making sure that their PSAs are reaching to indigenous peoples and other marginalized sectors. On the other side, the action of the NEFIN to provide medical equipment to hospitals only indicates that there is a lack of such medical supplies combatting infectious diseases.

On the other note, The National Federation of Disabled-Nepal (NIDWAN) conducted a webinar and a zoom meeting with the government, health professionals and other relevant stakeholders about the Federations' General Guidelines for Persons with Disabilities and All Stakeholders on Disability Inclusive Response Against COVID-19 Pandemic that was developed on March 24, 2020. As a result, Information and Public Appeal was released for the inclusive COVID-19 response by including people with disabilities women and other marginalized people.<sup>23</sup> This initiative by the Federation to influence the government response for COVID-19 will somehow ensure that there is inclusivity in responding Covid-19 and its implications for the people including disabled and indigenous peoples.

## **2. Government of Nepal**

On February 29, the government formed the Covid-19 Prevention and Control High Level Coordination Committee chaired by the Deputy Prime Minister. This body is composed of different government<sup>24</sup> agencies that is in charge in over-all COVID-19 response efforts including coordination and management. It is responsible in making COVID-19 response policies and mobilizes taskforce of the three tiers of the government – federal, provincial, district and local. The local government body is only tasked as channel relief operations for people who needs help.

In between the duration of the lockdown, the Committee has announced several policies in response to COVID-19 pandemic. According to the International Monetary Fund (n.d.) the government announced on March 30, 2020 that health spending will be increased including by providing additional insurance coverage to all medical personnel fighting the coronavirus, importing additional medical supplies, setting up quarantine centers and temporary hospitals; social assistance will be strengthened by providing those most vulnerable with daily food rations, subsidizing utility bills for low-usage customers, extending tax filing extending tax filing deadlines, and taking measures to partially compensate those in the formal sector for lost wages in the event of job loss. In the same source of information, the government also announced on April 26 that informal sector workers who have lost their jobs due to the ongoing crisis will be given the opportunity to participate in public-works projects for a subsistence wage or receive 25% of locally daily wage should they not to participate. In addition, Finance Minister Khatiwada also announced on May 28 that in the budget speech of the fiscal year 2020/21, additional measures in the areas of healthcare (the establishment of additional hospitals facilities), business-support (a lending program for cottage, small and medium-sized enterprises and those in tourism sector), and job-creation (labor-intensive in the construction sector, and training for work in manufacturing and services sectors).<sup>25</sup>

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<sup>23</sup> Based from the questionnaires answered by Pratima Gurung, president of the NIDWAN.

<sup>24</sup> Ministry of Health Ministry of Home Affairs, Ministry of Foreign Affairs, Ministry of Finance, Ministry of Culture, Tourism and Civil Aviation, Ministry of Urban Development, Nepal Army, Nepal Police and Armed Police Force.

<sup>25</sup> <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>

As reported by Nepali Times (2020), in the fiscal year 2020/21, the government has set aside Rs6 billion for control and management of COVID-19, and another Rs12 billion to upgrade healthcare capacity, ensuring all health workers, and increasing the overall budget of the Ministry of Health to Rs90 billion to address pre-existing disease burden. The government will also set aside Rs50 billion fund to support small and medium enterprises and those in the tourism sector who have lost their jobs with soft loans at 5% interest. The tourism industry will also get rebates on income tax for this fiscal year of up to 20% and loans will be interest free. Nepal Airlines will not have to pay parking and infrastructure fees for its aircraft. Tax on aviation fuel has also been waived for domestic carriers. The budget sets aside Rs19 billion for the development of international airports, including preparations for Nijgad, which many say was not the priority.<sup>26</sup>

Basing from the interviewed conducted, 12 out of 13 respondents whom were able to reached out confirmed that they are not aware of any policies and mechanisms where they can possibly engage in responding to COVID-19. This is attributed on the lack of understandable information flowing down to the community which are mostly located in remote areas and far from the district and village headquarters where access for information is a challenge. In addition, most of the policies are at the national level. One of the members of Limbu community, stressed that national policy is beyond the capacity of IP and leaders to be involved.<sup>27</sup> In addition, a member of Sherpa community claimed that the government policies are not clear of their intentions toward Indigenous peoples.<sup>28</sup> Thus, these are going to be big factors in influencing the government's programs, plans and strategies in the present control of the pandemic and its impacts or any other similar situation in the future. Though it is not yet finalized, a Social Inclusion Policy-2020 is being developed where Indigenous peoples in Nepal can be possibly involved while or even after the pandemic. The Ministry of Federal Affairs and General Administration has prepared its draft to institutionalize inclusive governance systems in all levels, areas and structures through mainstreaming of community involvement and participation. In this policy, the government will provide skill development trainings, subsidized loans and employment to excluded and disadvantageous groups including endangered ethnic groups and indigenous nationalities (The Himalayan Times, 2020).

As part of the announced policies, the federal government had started providing economic amelioration support to its citizens including indigenous peoples through reliefs packages which comes in two forms - consumable goods and financial aid. The financial aid was only given once. To determine who are the beneficiaries at the community level, the local government has done a quick survey of each household in 74 districts of Nepal if who are the very poor and need of urgent supports before distribution of relief. However, relief distributions failed to reach the poor and vulnerable people due to irregularities of the process (Aryal, 2020). There is discoordination and miscommunication among the local government, community leaders and federal government resulting into exclusion of some people in relief operations (Aryal, 2020; GlobalStatement, 2020; NIDA et.al, 2020).

Some indigenous people who are aware of the relief operations were able to receive such. However, majority are not able to receive it because of the communication gap and the local government failed to reach the IPs who are located in far places. Many Majhi Indigenous communities living in the remote areas in Lamjung districts who have been living hand to mountain never received any relief packages. In Chitwan

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<sup>26</sup> <https://www.nepalitimes.com/latest/nepal-unveils-covid-19-budget/>

<sup>27</sup> Based from the questionnaire answered by one of the respondents whose name wants to withheld.

<sup>28</sup> Based from the questionnaire answered by one of the respondents whose name wants to withheld.



districts where Chepang indigenous peoples reside, failed to catch up the relief distribution because the distribution center is far from their settlements (Personal communication, June 2020).

An indigenous women leader from Pragati Nari Samuha<sup>29</sup> shared that when relief packages from the government arrived in the village, it only distributed to few people who are aware of the distribution date. Indigenous peoples who live in far mountains and unaware of relief package operations were not able to receive. Moreover, she expressed that the relief supports were not sufficient even for a week because it only contains few kilograms of rice and lentils. (Personal communication, June 8, 2020).

Some vulnerable groups such as single mother belonging to indigenous communities have been denied for relief package by the government as they are beneficiaries of a cash transfer program, which they hardly receive on time from the local government. The little support from the indigenous women organization for the poor indigenous families mainly in the cities are not enough to support the families if the lockdown continues in Nepal.

In the case of persons with disabilities, the local government requires disability identity card before giving relief packs. This particularly affecting ethnic and religious minorities, refugees and internally displaced people who face barriers to obtain such documentation (NIDWAN et.al, 2020). The lack of official registration at birth or identification documents is still a major obstacle to obtain any social services for most indigenous people (ILO, 2009). According to the interview by International Disability Alliance with Ms. Pratima Gurong, an advocator for the rights of indigenous peoples and women with disabilities in Asia and Nepal, obtaining relief packages whom must have proof of citizenship and/or disability poses an issue for indigenous persons with disabilities who often do not have official documentation. Ms. Patima explains that the reason for this can be attributed to many socioeconomic factors, such as family members not accepting persons with disabilities, many being part of a low cast, or due to poverty and illiteracy. She is aware of local government representatives denying relief packages for people with disabilities, and their needs are rarely prioritized (IDA, 2020).

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<sup>29</sup> Pragati Nari Samuha is the nonprofit making organization of single indigenous women in Khasure village in Lamjung district in Nepal



Chudahay village with Danuwar, Majhi and Newar indigenous communities desperately needing help for their food and basic needs. Photo credit: Ang Jangbu Sherpa

The relief operations to indigenous peoples and communities is failure as cases above revealed. As mentioned earlier, some of the major factors including lack of coordination from the national government down to the local level, requirements like identification which is somehow impossible to produce by indigenous peoples including with disabilities, information to when there is a distribution is not reaching some communities and distribution centers are far from the settlement of the community. The economic amelioration initiative by the government is insufficient and it is only temporary. It means that after relief distribution and if the pandemic and the lockdown still exist, there would be a pending possibility of food crisis in the community.

In relation to effective participation of Indigenous peoples at the policy level, it revealed that they are not being informed about the new policies for COVID-19 responses including in the area of health systems. Some reasons have been identified which means that the communication system including its channels from the national level to the community level is not appropriately in place. This is a downside for both parties. For the government, it can't be sure that these policies are being implemented on the ground. On the part of indigenous peoples, it is a lost opportunity for them to influence to assert their needs in time of crisis. In addition, for those IPs who are aware of the policies, they are not seeing any relevance of it for them since the policies are unclear of its intentions towards Indigenous peoples. The failure to engage by the indigenous peoples in drafting and implementing such policies is incoherent of their rights as embedded in the UNDRIP and ILO which were ratified by the government. The Social Inclusion Policy-2020 policy that is being developed is going to be an opportunity for IPs to be meaningfully involved. Thus, as early as today, indigenous peoples should coordinate with their district or municipal government to raise their thoughts for the betterment of this policy.

On the positive side, the Ministry of Urban Development has proposed with a list of 840 potential job for labors from unorganized sectors such as porters, truck loaders, farm workers, household helpers, construction sector workers and footpath vendors who have been hit by the lockdown. To address the loss of livelihood and its consequences, government has come up with relief for work programmed. Under this programmed, relief packages would be distributed in the form of food or wage in return for work. Potential jobs to be created are construction, maintenance, sanitation, painting, plumbing and transport of construction materials. According to fiscal year 2020-2021 Budget, the government of Nepal has allocated NPR 1 billion for providing employment for 1 lakh people from all sectors affected by covid-19 (Shrestha, 2020).

The government has also planned to create jobs for Sherpas who were put out of work due to curfew imposed for the containment of the pandemic. These Sherpas would be hired for cleaning the trekking routes. According to department of tourism hiking trails like Shivapuri, Dakshinkali and Nagarkot will be connected. Trekking routes like Manaslu and Kanchanjunga will also be repaired and cleaned (Prasain, 2020; Shrestha 2020)

### **3. International Donors**

A lot of foreign funding through grants and concessional loans are being received by the Nepal government. These are supplemental fund to the national budget and are usually channeled in the national government for their programs and activities for current and post-COVID-19 responses. However, as of the moment, it is not clear if this fund is benefitting indigenous peoples in Nepal. This indicates that it is important for the government of Nepal to cautiously plan and be transparent to where these monies are spent. On the other hand, Indigenous Peoples and other marginalized sector should also be monitoring.

### **4. Bilateral Foreign Aid**

On May 11, 2020, China donated medical supplies to Nepal Government, which includes 40,000 PCR test kits, 20,000 N95 masks, 8,000 surgical masks and 10,000 PPE sets. These were addition of the 10, 000 KN95 masks, 338,000 disposable surgical masks and 9000 PEEs and goggles the Chinese embassy in Nepal initially provided to the Government of Nepal (Xinhua, 2020).

The German Government is also topping up the existing health program in Nepal with an extra 1 million euro grant to respond to the emergency situations caused from COVID-19 which include health system digitization and – on specific request by their partners – on the responsible management of healthcare waste (New Spotlight Online , 2020).

The US government pledged USD 1.8 million through its United States Agency for International Development Emergency Reserve Fund for Contagious Infectious Diseases. This is to bolster the Government of Nepal's preparedness and response to COVID-19 Of the total fund, USD 1.1 million will be spent to scale up existing USAID health programs in Nepal to educate communities on COV- ID-19 and to counter misinformation regarding it. The remaining USD 700,000 will support ongoing preparedness and response activities in Nepal implemented through World Health Organization. The emergency fund was made possible through the generous support of the American people. The fund is provided in addition to the consignment of vital personal protective equipment that the US Government provided to the Ministry of Health and Population on March 6 (The Himalayan Times, 2020).

The Department for International Development (DFID) of United Kingdom has provided a £802,000 grant to Nepal. This support will help in increasing Nepal's technical expertise, strengthening sample and laboratory management; disease surveillance and contact tracing; improving the clinical management of cases with the support of the WHO. Additionally, the grant will help crucial consultation services of a microbiologist from Public health England which complements DFID's existing technical assistance to Nepal's Ministry of Health and Population (My Republica, 2020).

## **5. United Nations Development Program (UNDP)**

As a developmental partner of Nepal, the United Nations Development Program (2020) has also been providing assistance to the government of Nepal from the federal to the local level which focused on strengthening the health system through public awareness on COVID-19 in a nationwide live Phone-in radio program to help vulnerable groups reach out to their local elected representatives for possible solutions; Socio-Economic Recovery through rapid assessment of socio-economic impact and recovery needs and short-term employment program for workers associated with tourism sector; and Crisis Management and Response which include communications support and skill transfer to provincial and municipal governments (UNDP, 2020).

## **6. Regional and Multilateral Development Banks**

On April 7, Finance Secretary Mr. Sishir Kumar Dhungana on Behalf of the Government of Nepal and World Bank Country Manager for Nepal, Mr. Faris Hadad-Zervos on behalf of WB signed the agreement for a US\$29 million COVID-19 Emergency Response and Health Systems Preparedness Project (World Bank, 2020). This is to help Nepal to prevent, detect, and respond to the COVID-19 pandemic and strengthen its public health preparedness. The project is financed from the International Development Association (IDA), the Bank's concessional credit window for developing countries, through the WBG COVID-19 Fast-Track Facility.

The Asian Development Bank (ADB) approved a US\$250 million concessional loan to help the Government of Nepal fund its response to the COVID-19 pandemic, which includes measures to strengthen the country's public health systems and mitigate the adverse economic and social impacts of the pandemic, particularly on the poor and vulnerable (ADB, 2020). In addition, the ADB has already provided Nepal a \$300,000 grant to procure medical supplies, in close collaboration with UNICEF.

Under the Rapid Credit Facility of the International Monetary Fund (IMF), Its Executive Board has approved a disbursement of SDR156.9 million (about US\$214 million) to Nepal to help cover the urgent balance of payments and fiscal needs stemming from the COVID-19 pandemic, which include the severe impact on Nepal's remittances, tourism and domestic activities, and the weakening of the Nepal's GDP growth (IMF, 2020).

## **7. Regional Intergovernmental Organization**

In a video conference among the South Asian Association for Regional Cooperation (SAARC) leaders, The Indian Prime Minister Narendra Modi has proposed to setup a COVID-19 Emergency Fund to combat the virus in South Asia. Modi pledged to contribute US\$10 million to start the fund in the beginning phase. In Modi's statement, "This fund could be based on voluntary contributions from all of us. India can start with an initial offer of \$10 million for this fund. We had to set-up an Integrated Disease Surveillance Portal to better trace possible virus carriers and the people they contacted. We could share this Disease

Surveillance software with SAARC partners, and training on using this". Moreover, he is looking ahead for the SAARC to have a common Research Platform, to coordinate research on controlling epidemic diseases within our South Asian regions (My Republica, 2020).

#### **IV. CONCLUSION AND RECOMMENDATIONS**

In the assessment conducted, it was concluded that Indigenous Peoples are negatively impacted by the pandemic and its mitigation measures. Cases of infected people in Nepal is increasing but there is no disaggregated data for indigenous peoples if how many are infected, recovered, observed and in quarantine centers. The pandemic also exacerbates the current health condition of IPs including with disabilities, especially of those with non- and communicable diseases seeking medical attention during the lockdown and in communities with weak medical system. The limited space in atypical home of IPs is one factor for the possibility of local transmission if one gets contracted with the virus. The rate of gender-based violence including raped case is very alarming which needs an important attention for resolution. The number of children committing and attempting suicides during the lockdown is also disturbing which also needs to be an equally-important issue to address.

Food insecurity is being experienced in IP communities. This is because of the decrease of their capacity to purchase food and other necessities due to the loss of income. Moreover, traditional farming for self-consumption and trade marketing are halted. Indigenous farmers who are engaged in trading markets for additional income were not able to travel and market their products because of the restriction of transportation and the inability to secure travel permits from local authority. For some, like the Bote indigenous group, are prohibited to practice their traditional occupation like gathering of goods from their resources because of the national parks and protected forests related policies. Furthermore, most livelihoods are stopped during the national lockdown. Indigenous peoples who are involved in informal job in Nepal and abroad were laid off and repatriated to their communities. Community-based livelihoods like homestays are in uncertainties of its operation and generation of income.

Developmental aggression, poaching, illegal logging and smuggling were happening in indigenous peoples territories during the imposition of the national lockdown and community-initiated lockdown. The construction of the Nyahdi Hydro Project in Lamjung village was attempted to continue and it was contested by affected communities and LAHURNIP. Affected communities have been fighting for their rights for such projects will displace them from their land. Timber smuggling and poaching for commercial purposes have also been documented in Sagarnath National Park while there is no assigned Chief of the forest. Similar situation where poaching of animals like the Himalayan Musk Deer is also happening in Langtang National Park in Helambu, Sindhupalchowk district which is home of Hylomo and Tamang indigenous groups.

Various COVID-19 responses are also being provided to indigenous peoples and their communities. Indigenous communities in Manang and Lamjung Districts imposed community-initiated lockdowns. Traditional messengers, "katuwal" and traditional-customary institutions are initiated COVID-19 information dissemination in language that communities can understand. Traditional healing practices are revived and the "Amchi", traditional healer have been providing medical services to members during the lockdown. However, the customary institutions and indigenous healers are not mobilized to influence the government health responses. These are not being acknowledged and recognized by the local governments. There are no any COVID-19 policies which states any of their involvement. There are also a number of medical students who returned back to their village to inform the villager about COVID-19

and its preventions. There are also indigenous peoples who provided assistance in relief package distributions by the government. Moreover, various indigenous organizations like CIPRED, NEFIN, NIDWAN and others providing various assistance for indigenous communities that include: translation of covid-19 materials in different indigenous languages, providing relief packages and donating medical supplies and equipment to regional hospitals. Most of these organizations' initiatives are in coordination with relevant actors including governments agencies are regional hospitals

The government of Nepal had also announced several policies for COVID-19 responses. However, these are not being known by some indigenous communities which resulted to their ineffective engagements. Several factors were identified by indigenous peoples whom were reached in the assessment. These include lack of understandable policy information flowing down to community which are mostly located in far areas where access of information is a challenge; most policy formulation are at the national level and it is beyond the capacity of indigenous peoples particularly the leaders to engage; traditional institutions and healers are not recognized and; policies including PSAs are in Nepali language which is not being understood by some indigenous peoples; policies are also unclear about its intentions to indigenous peoples. The findings about the low-to-no participation of indigenous peoples in drafting and implementing these policies are incoherent to what are stipulated in the ILO and UNDRIP which were ratified by the government. However, there is a draft Social Inclusion Policy -2020 by the Ministry of Federal Affairs and General Administration where indigenous peoples can collaborate with their local governments to further furnished the draft to ensure their effective participation in any programs and activities to be brought by it.

On one hand, the economic amelioration by the government through relief packages failed to reach needy indigenous communities due to the following reasons: irregularities of the process like uncoordinated and no proper communication between the concerned parties; inability to show identification by indigenous peoples including disabled to access relief and; the relief centers are from the settlement of these communities. On the positive side, some policies announced by the government have opened the opportunity for indigenous peoples to be benefited like the creation of job for them in informal sector industries. Specifically, for Sherpa, the government had planned to hire them for cleaning the trekking routes in various hiking destinations.

International donors such bilateral foreign aids like China, Germany, USA and United Kingdom; UN agencies like UNDP; regional and multilateral banks like ADB and WB and; Regional Intergovernmental Organization like SAARC have provided and planned to provide grants and concessional loans for current and post-COVID-19 responses by the government. However, these funds are not yet to be known if IPs are benefiting from it.

Considering the outcome of the study, the following are recommended for an efficient and effective COVID-19 response in indigenous communities in Nepal:

1. A culturally-appropriate (including language they can understand) Information, Education Campaigns about COVID-19 and its response policies by the Ministry of Health and Population (MoHP) and the COVID-19 Prevention and Control High Level Coordination Committee in indigenous communities.
2. In data management, the Ministry of Health and Population should include ethnicity and persons with disability variables in its parameters in monitoring the overall COVID-19 situation. Robust data generation will provide information for comprehensive and inclusive pandemic response strategies, programs and activities.

3. In-depth impacts study and documentation needs to be carried out in the indigenous communities to explore the disaggregated data and information of the impacts of pandemic among indigenous peoples while developing any relevant policies, strategies and programs to address the long term impacts of the COVID-19 among the indigenous peoples in Nepal.
4. The three tiers of government – federal, provincial and local - should identify mechanisms to legitimized, acknowledge and recognize the traditional customary practices, healing practices, customary institutions and land tenure security of indigenous peoples. This is to affirm the national government's ratification of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and International Labor Organization Conventions (ILO)
5. There should also be an equally-response to the alarming rate of children and gender-based violence happening during the lockdown. Responses which are in accordance of the Gender Violence Act, Gender Equality Act, Children's Act 2075 and other relevant international conventions, e.g. CEDAW. This can be possible if the COVID-19 Prevention and Control High Level Coordination Committee will include in its framework the National Women Commission (NWC) and other relevant government agencies or the latter will work hand in hand with the committee.
6. The local health care providers have to mobilize the local leader and indigenous health practitioners to effectively control the spread of the disease. As indicated in the assessment, medical system at the community level is very weak. It lacks health professionals, equipment and facilities.
7. The local governments who are task to distribute aids should have an alternative verification strategy aside from identification card or documents to determine who are the indigenous peoples and persons with disabilities. This can be carried over by means of consulting with community members during relief operations.
8. The COVID-19 Prevention and Control High Level Coordination Committee should also state a clear policy intended for Indigenous peoples' participation in COVID-19 response at the community level .
9. Appropriate Income generation activities should also be a priority in the plan for current and post-COVID-19 response to generate employment opportunities in communities for sustaining livelihoods based on their traditional knowledge, skills and cultural practices.

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**Annex 2. Quick assessment in Indigenous Peoples (IPs) communities on the impacts of the coronavirus pandemic in Indonesia**

By James Alim



Photo Credit: Alexander Willis (Institut Dayakologi)

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## List of Acronyms

AMAN	Aliansi Masyarakat Adat Nusantara/ Indigenous Peoples' Alliance in the Archipelago
BNPB	Badan Nasional Penanggulangan Bencana/ Indonesian National Board for Disaster Management
COVID-19	CoronaVirus Disease of 2019
CSO	Civil Society Organization
KII	Key Informant Interview
ID	Institut Dayakologi
ILO	International Labour Organization
IP	Indigenous People
IPO	Indigenous Peoples' Organization
MoH	Ministry of Health
NGO	Non-Government Organization
NTFP	Non-timber forest product
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PHEIC	Public health emergencies of international concern
PPE	Personal protective equipment
QAR	Quick Assessment Report
RCO	United Nations Resident Coordinator's Office
SWOT	Strengths, Weaknesses, Opportunities, and Threats
UN	United Nations
UNDRIP	United Nations Declaration on the Rights of Indigenous People
WB	World Bank

## I. Introduction

Historically, indigenous peoples' communities in Indonesia have been marginalized and underserved in terms of basic social services such as healthcare, social protection, and other government support. This alone makes them especially susceptible to the COVID-19 pandemic. In addition to these, they have also been subjected to encroachment and development aggressions by commercial interests and even government projects. As a result, their territories continue to shrink, limiting their hunting grounds as well as cultivation areas for food. On top of these, they are also most vulnerable to climate change impacts. All these circumstances threaten their entire food, nutrition, and health systems that further aggravates their situation. In light of these circumstances, the situation of indigenous peoples' communities in Indonesia warrants an assessment that will provide breadth and depth of COVID-19 pandemic impacts in the various aspects of their individual and communal ways of life.

### Objectives

This country report aims to document the situation of indigenous peoples' communities in Indonesia specifically on the impacts of the COVID-19 pandemic on their health, food, livelihoods, lands and resources, and other relevant aspects. Aside from these, this QAR also identifies external interventions that the communities received (e.g. government programs and assistance from NGOs/CSOs) as well as the internal responses implemented by the communities themselves. From the discussion of these matters, recommendations are formulated and forwarded to concerned authorities. The results of this country report will inform the larger QAR for Asia, which will be used both to inform the Bank's COVID-19 economic recovery operations, as well as to produce a public good that IPs could leverage to mobilize informed support for their communities.

### Methodology

Due to travel restrictions, Tebtebba enlisted the assistance of its partner IP organizations (IPOs) in Indonesia namely, Indigenous Peoples' Alliance in the Archipelago/Aliansi Masyarakat Adat Nusantara (AMAN) and Institut Dayakologi (ID) for the collection of data. Data gathering methods employed in the creation of this report included desk research, email correspondence, administration of questionnaires, key informant interviews (KIIs), and a combination of these methodologies. These methods were conducted through electronic communication (i.e., email correspondence and Zoom). The following are the IP communities that were able to accomplish the questionnaires as well as the list of correspondences and interviews conducted for this report:

Date	IP Group/Organization	Means of Communication
June 17, 2020	AMAN	Email correspondence
June 19, 2020	Sakai	Accomplished questionnaire (sent via AMAN)
June 20, 2020	AMAN	Interview via Zoom and email correspondence
June 22, 2020	ID	Email correspondence
June 30, 2020	Batak Toba, Dayak Meratus, Bonai, Miri Rangan	Accomplished questionnaire (sent via AMAN)

The Strengths, Weaknesses, Opportunities, and Threats (SWOT) Framework was employed to organize and analyze the data that will emerge from the process.

### **Scope and Limitations**

With only Tebtebba's partner IPOs as main channels of communication to the indigenous peoples' communities, this country report mainly focused on the communities AMAN and ID serve and represent. Relevant literature documenting the situation of other communities were utilized to complement the data gathered from partner organizations.

## **II. Country Context**

### **IPs in Indonesia**

Estimated between 50 to 70 million in population, IPs, locally called *Masyarakat adat*, constitute around a quarter of Indonesia's population.<sup>30</sup> The national government recognizes 1,128 ethnic groups all over the country. Some indigenous communities are regarded as *komunitas adat terpencil*, which loosely translates to "geographically isolated customary communities." AMAN emphasizes that there are more groups and communities in the archipelago that self-identify as indigenous but the government has yet to recognize.

The Indonesian Constitution Article 18b-2 recognizes the rights of the IPs in the country. In 2013, the Constitutional Court affirmed these constitutional rights of IPs to their lands, territories, and customary forests with its Decision No. 35/PUU-X/2012. In the same decision, the Constitutional Court referenced the UNDRIP and other human rights instruments such as ILO Convention No. 169 on Indigenous and Tribal Peoples. Other laws use and define the term *Masyarakat hukum adat* (customary law community) such as 1999 Forestry Law, 2009 Environment Protection and Management Law, the plantation law, and the village law (Omposunggu, 2020). Despite these mentions and use of the terms' definition in legal instruments, however, the Indonesian government still struggles to fully recognize IPs and their rights, which is why IPs have been actively pushing for the passage of a law that specifically recognizes and protects their rights (AMAN, 2017). For the last 15 years, IPs are lobbying on the passage of the IP Rights Bill. In 2014, President Joko Widodo promised to pass the bill as part of his Nawacita which includes his nine political commitments but this promise is yet to be fulfilled (Barahamin, 2020).

IPs in Indonesia have faced multitudes of issues for generations. For the longest time, IPs have been victims of systemic oppression and marginalization. Their lands and territories are grabbed by commercial entities and even the government for its projects. Human rights violations and criminalization are rampant as indigenous communities fight for their right on their ancestral lands and resources therein. Their seized lands are deforested and exploited. Meanwhile, in their remaining lands, they face the impacts of climate change. Those who engage in traditional farming practices are threatened due to the criminalization and prohibition of burning as IPs have been inappropriately blamed for the haze. With shrinking lands for agriculture and livelihood, poverty and food insecurity becomes prevalent. All these are on top of the lack of social services and government support. COVID-19 did not only shed more light on these problems but intensify and worsen them.

### **General Situation**

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<sup>30</sup> AMAN estimated IP population. There is no official estimate in Indonesia.



As of this writing, Indonesia has a total of 55,092 cases with 2,805 deaths and 21,333 recoveries (Center for Strategic & International Studies, 2020). With these figures, Indonesia has the highest number of COVID-19 cases and the highest death rate in Southeast Asia. Cases have been recorded in all of Indonesia's 34 provinces and even in the remote parts of the country, which is attributed to the late imposition of travel and social restrictions (Beech and Suhartono, 2020 and Hutton, 2020).

COVID-19 cases were first reported in late February among Indonesian nationals out of the country aboard cruise ships Diamond Princess and World Dream. It was by early March that cases have been reported inside the country. By mid to late March, the spread has been observed to be accelerating and reaching areas beyond the capital. Around the same time, the Indonesian government created the Task Force for the Acceleration of the Response to COVID-19 (March 13)<sup>31</sup> and President Widodo ordered regional governments to not implement lockdown measures and explore social distancing policies instead (March 17).<sup>32</sup> Major cities in Jakarta and East, Central, and West Java, however, have either implemented or expressed their desire to implement lockdown or at least partial lockdown to curb the spread of the virus. By the end of March, the president declared the COVID-19 pandemic a public health emergency and started the enforcement of large-scale social distancing policy first in major cities and then in other areas. Banning of international flights and restrictions on city transportation and inter-island travel soon followed.

The national government declared the COVID-19 pandemic as a "national disaster" by April 13. In tune with the national government, most regional governments had also implemented travel and social restrictions by April and May. However, some local governments such as Papua decided to go a step further and issued lockdown policies at the expense of the national government's criticisms (Gokkon, 2020). The government had also flip-flopped on measures it will implement on mudik (end of Ramadan), which was celebrated by Indonesians by coming home to their provinces and conducting gatherings, until the president ultimately decided to ban its celebration as a means to prevent further spread of the virus (Gorbiano, 2020). By the end of May, the national government announced steps for the "new normal" which focuses on the slow reopening of areas with travel and social restrictions.

### **National Response and Mitigation Plan for COVID-19**

The Indonesian government, through its Task Force, crafted the National Response and Mitigation Plan for COVID-19. With the 2005 International Health Regulation as a reference, the national plan sets forth the country's aim to increase core capacity in terms of detection, verification, reporting, and response when it comes to public health emergencies of international concern (PHEIC). With its adoption of WHO pandemic risk management guidelines, Indonesia now uses a whole-community-approach and aligns its initiatives with the disaster management system. The national plan has the following objectives (OCHA and RCO, 2020):

- a. To limit transmission of the COVID-19 outbreak, reduce subsequent infections in vulnerable communities and health workers, including preventing the wider impact due to comorbidities;
- b. Early detection, isolation and early treatment, including carrying out optimal services for COVID-19 patients;
- c. Implementation of pharmaceutical and non-pharmaceutical measures for the COVID-19 outbreak;

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<sup>31</sup> Through Presidential Decree No. 7/2020

<sup>32</sup> Documented by Ministry of State Secretariat of the Republic of Indonesia (March 17, 2020)

- d. Identification of all resource requirements related to COVID-19 response; and,
- e. Maintaining public order and security as well as social and economic stability during the COVID-19 response

The implementation of the national operations plan is divided into the following components which have corresponding duties and responsibilities: 1) Implementation of command and coordination; 2) Surveillance; 3) Medical and laboratory responses; 4) Pharmaceutical intervention; 5) Non-pharmaceutical interventions; and 6) Risk communication and community engagement (OCHA and RCO, 2020).

The implementation of the national plan is in accordance with the following disaster management phases: Preparedness, Disaster Readiness/Alert, Disaster Response, and Rehabilitation. The Ministry of Health will serve as the national lead agency while heads of regions will serve as regional leading agencies for the first three phases while regional leadership will be on the helm for the fourth phase.

The plan also uses the National Cluster approach regulated by BNPB to ensure the collaboration of and mobilization of all resources from all concerned stakeholders. The National Cluster system involves the following sectors: Health (Health Crisis Centre, MoH), Search & Rescue (Basarinas), Logistics (BNPB), Displacement and Protection (Ministry of Social Affairs), Education (Ministry of Education and Culture), Infrastructure and Facilities (Ministry of Public Works and Public Resettlement), Early Recovery (Ministry of Home Affairs), and Economy (Ministry of Agriculture).

### III. Results

#### A) Impacts of COVID-19 on Indigenous Peoples and their Communities

The COVID-19 pandemic has affected indigenous peoples and communities in various aspects of their lives. For one, there are recorded confirmed cases of COVID-19 among indigenous individuals. There are also other health concerns arising in the communities. According to reports from the ground, indigenous communities are also dealing with the serious impacts of the pandemic on their food supplies and livelihoods. Aside from these, they also face multitudes of impacts brought about by COVID-19. This section will discuss these impacts in detail.

##### 1) Health

According to Mr. Annas Radin Syarif, AMAN’s Community Support Director and part of AMAN’s COVID-19 Task Force, there are 58 known cases COVID-19 among indigenous individuals as of June 30, 2020. The breakdown of cases are as follows:

Table 1. Breakdown of COVID-19 cases among indigenous individuals as of June 30, 2020.

Community	District	Province	Cases	Remarks
Pompakng	Sanggau	West Kalimantan	1	
Waipar	Sikka	East Nusa	4	Lambelu Cluster

Natarmage		Tenggara	1	
Osing Bakungan	Osing	Java	1	Local Transmission
Tewah	Gunung Mas	Central Kalimantan	1	Gowa Cluster
Sungai Batu	Kotawaringin Barat		1	
Beriwit	Murung Raya		6	
Puruk Cahu			8	
Datah Kotou			5	
Dirung Lingkin			4	
Laung Tuhup			1	
Mangkahui			15	
Marga Angkat Lebu Belang Malum	Dairi	North Sumatra	1	From Malaysia
Kampung Ciputer	Lebak	Banten	1	
Sobang			1	
Sanggar	Bima	West Nusa Tenggara	6	
Kandai Satu	Dombu		1	
Total			58	

All these 58 cases among indigenous individuals are considered active cases since all of them are still hospitalized. Their hospitalization costs are shouldered by the government as all of them are in public hospitals.

According to Mr. Syarif, there was no recorded case of COVID-19 as late as April. It was in May In that month, there were reported cases among remote areas such as East Sumatra, West Sumatra, Lampung, South Kalimantan, Sulawesi, Southeast Sulawesi, East Nusa Tenggara, and Maluku (Hansen, 2020). These developments put the indigenous communities at risk as it means that the virus has spread throughout the archipelago. It was also in May when AMAN started to receive reports on cases of IPs contracting COVID-19. It must be emphasized that AMAN gathered these figures from reports of indigenous

communities since there is no disaggregation on ethnicity when it comes to the government's COVID-19 cases records.

Based on AMAN's data, IPs who have contracted the disease include those who work in urban centers in Banten, West Kalimantan, East Nusa Tenggara, West Nusa Tenggara, and Java. There is also a case of an indigenous individual who had a travel history from Malaysia and contracted the disease there. However, a bigger number of cases stemmed from the Gowa cluster that includes IPs who have participated in a large religious event held in Gowa, South Sulawesi.

Even before the reports of these confirmed cases, indigenous communities were already on high alert on the pandemic partly due to AMAN's warnings. Many communities have initiated their own lockdowns and formed their own task forces as a response to the situation (more of this will be discussed in the Indigenous Peoples' Response section of this report).

Since many of these communities have little to no electricity, cellular network coverage, and internet access, they have suffered from lack of information on the ongoing global pandemic most especially during the earlier months of the year. This uncertainty on the spread of the virus heightened most community members' fear. AMAN received reports that some communities have developed a stigma regarding members of the community who exhibited the symptoms of COVID-19 (e.g. fever, runny nose, cough). These illnesses are common in the communities even before the pandemic but with the growing anxiety about the virus, those who have these illnesses become stigmatized as virus carriers. Prior to awareness building and information dissemination initiatives, this stigma has discouraged members of the community to let neighbors know and seek medical help. Another concern documented presented the complete opposite of the situation. During the onset of the pandemic, there were reports that IPs have this false sense of security over the virus since they believe that the disease can only be contracted by government officials who travel frequently (Gokkon, 2020). Although no reported cases stemmed from these or at least none recorded so far, it must be noted that these takes on the pandemic could have put the communities at risk.

As mentioned earlier, most indigenous communities are located in remote places so they have little to no access to healthcare centers. Referral hospitals for COVID-19 are in the cities, far from the communities. As for those communities that have healthcare centers nearby, they have serious concerns about the lack of PPE in these centers. For instance, one Sakai individual had exhibited symptoms of COVID-19 (i.e., fever, colds, and cough) so she went to the nearest hospital for a check-up but she was refused since the hospital had no adequate PPE. Aside from this, there were also reports that some community members have fears over contracting the virus through medical personnel in community health centers since they have minimal to no PPE equipment. This affects their medical help-seeking behavior since they think they are more at risk should they visit the health centers even if it is for other medical concerns.

The fact that most IPs still need to travel to access health care emphasizes the fact that indigenous communities remain underserved. Most communities do not have government-provided medical facilities and medical staff in their territories. This makes them particularly vulnerable to COVID-19. As AMAN puts it, "Indigenous peoples are the group most threatened by the spread of the Covid-19 pandemic because they live in hard-to-reach locations and in those locations, there is an extreme lack of health services" (Boyle, 2020).

## 2) Food

While indigenous communities remain COVID-free mostly due to the early imposition of their self-initiated lockdowns, the concern shifts to the potential of indigenous communities to become self-sufficient during the span of the pandemic and even after it since travel and health restrictions are still expected to be in place for the coming months and/or years.

Food supply varies from community to community. According to news reports from AMAN, some communities have food stock that can last for months and even years but most communities that suffer or will soon suffer from lack of food security.

Based on AMAN's analysis of the situation of indigenous communities, they identified the following categories of indigenous territories concerning food security:

### ***Most Threatened IPs/Communities***

This category covers IPs who are evicted or threatened because their lands are grabbed by concessions or conservation efforts due to lack of government regulation. These IPs have scarce to no land that they can use for food production.

On a number of AMAN's researches, they found out that communities with large-scale plantations nearby were "the most vulnerable communities threatened by food crises" should the pandemic remain for a longer period of time (Barahamin, 2020). This is particularly true for IPs in Seluma and Kaur Regencies in Bengkulu who now need more lands they can dedicate towards food production as they anticipate it might take a while before COVID-19 pandemic is resolved.

Aside from these communities, AMAN has also identified the communities of Sakai, Talang Mamak, Orang Rimba, and Tobelo Dalam among the most threatened indigenous communities as they have little to no agricultural land that they can dedicate towards food production for their sustenance.

According to ID, another crucial matter in the prevalent food insecurity among IPs is the vilification of certain indigenous farming practices. As traditional farming practices have been unfairly blamed for the haze, indigenous farmers have been criminalized. This discourages some to till their lands and thereby lessening the food production of the communities.

On top of these, there are reports that the price of food and other daily necessities have become more expensive than usual.<sup>33</sup> For example, the price of rice in trading centers near indigenous communities in West Kalimantan has reached Rp20,000/kg, double its usual price. Sugar, on the other hand, has more than doubled its price from Rp10,000/kg to Rp25,000.

With indigenous families plummeting income, these price increases on basic necessities put them at a disadvantage. This issue in food supply in the communities poses a threat to IPs. Should there be no intervention to help these communities, IPs will have no other choice but to find ways to eat and/or look for means to purchase them elsewhere.

There is the possibility of IPs getting out of the community to find employment opportunities to earn money for food and support their families. This will render indigenous communities' self-initiated

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<sup>33</sup> According to the reports gathered by ID by May 2020.

lockdowns useless as they will not only risk contracting the disease but also the chance to bring it with them should they decide to come back and bypass health protocols.

### ***IPs/Communities in Critical Condition***

This category covers (1) IPs who migrate to urban centers for education and/or employment (e.g. students, workers, urban farmers), (2) IPs/communities whose lands are grabbed by concessions are forced to become laborers and workers on the same concessions given the scarcity of alternative employment opportunities in their areas, (3) IPs/communities that had little to no crop yield during the last harvest season.

### ***Migrant Indigenous Students in Urban Centers***

Among the IPs in urban areas are indigenous children and youth who migrate for their education. With the implementation of strict regulations, they are among the most vulnerable given their financial situation, which is affected by the impact of the pandemic in the livelihoods of their families in their respective communities. Over the past months, AMAN has received reports of indigenous students' concerns over their safety and their food supply. AMAN responded to their needs through food provisions. However, after *mudik*, they expressed worry about their case in the months to come, most especially with the chance that classes might not resume soon.

### ***Indigenous Migrant Workers in Urban Centers***

As mentioned earlier, among the confirmed cases of COVID-19 in indigenous individuals are indigenous migrant workers who are in urban centers. With the lockdowns in the urban areas, many laborers have lost their jobs or at least stopped earning, which means they have little to no capacity to sustain themselves. This puts them in a precarious situation as they have no other choice but to try to go outside and look for ways to earn money, which puts them at risk.

### ***Indigenous Communities with Low to No Food Supply***

Similar to the case of most threatened communities, these indigenous communities have little to no land left to till with commercial interests and conservation efforts seizing their lands. Staple foods in these communities have been replaced by the crops produced by plantations or other commercial purposes. Community members are then forced to become farmers and laborers on these businesses earning meager pay.

Meanwhile, there are also indigenous communities that still have their lands for agriculture but had minimal to no yield during their most recent harvest season. This is the case for Dayak communities in East Kalimantan and Kaili and Kulawi communities in Central Sulawesi. These communities experienced heavy rains resulting in flooding in their fields and wiped out their months' work. With nothing to harvest, they lost what they could have stocked as their food for the months to come.

With all these, they virtually have low to no food stock that can sustain them. This kind of situation pushes them to find solutions, which can mean going outside the communities in the near future and risk contracting the disease or finding ways to survive inside their communities.

### ***Safe IPs/Communities***

This category covers IPs who live in their customary territories that are still managed sustainably. Most of them still have food stocked in their granary that can last for a minimum of three months with some that can last up to several years.

Among the communities AMAN considered to be under this category is the Penunggu Rakyat Indigenous community in North Sumatra. According to the report, while many Indigenous communities grapple with food insecurity, this community is harvesting and they have a positive outlook in terms of food supply.<sup>34</sup> Several years ago, indigenous women's groups in this community started a collective gardens initiative and now, they are unfazed by the looming food crisis since they have a stock that can last them at least until the next crop season.

### **3) Livelihoods**

Indigenous peoples' livelihoods are also particularly affected by the COVID-19 pandemic. As mentioned earlier, most IPs have livelihoods inside or nearby their communities but some IPs decided to migrate for work. This subsection will try to capture these two categories of livelihoods among IPs.

#### ***Inside/Nearby Indigenous Communities***

IPs mainly struggle with selling their produce and products in trading areas. This can be attributed to limited access and strains in delivery of goods to trading areas.

Those who typically sell their produce in the marketplaces near the communities encounter difficulties as they need to consider the community-imposed lockdown to mitigate the spread of the virus. For example, the Batak Toba tribe is not able to sell their produce in the market and nearby districts due to the lockdown.

As for IPs who have the means to transport their harvest, they need to grapple with the declining prices. In West Kalimantan, IPs have been struggling with the declining commodity prices in the past decade. For example, rubber has remained priced at Rp7,000/kg and during the pandemic, it dived to Rp4,000/kg. In other communities, there are reports of declining prices of coffee, rice, and other crops.

Indigenous daily wage earners who work in plantations or mining concessionaires inside or nearby their respective communities face a dilemma. On one hand, they know they need to go on reporting for duty; on the other, they are also aware that doing so could put their families and communities at risk as they might potentially contract the virus at work. This is the case of indigenous women laborers in West Kalimantan.

FAO has documented disruption of livelihoods in rural areas given the strains in the market and the agricultural supply chain brought about by restrictions in the movement of goods. As a result, FAO (2020) expects families to resort to "negative coping strategies" such as selling their assets, getting loans from informal lenders, and even committing child labor practices. As most IPs fall under this category, they might consider doing the same if they experience worsening economic conditions in the near future.

Aside from agriculture, some communities depend on tourism as their main livelihood. Such is the case of the Sungai Batu in Central Kalimantan.

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<sup>34</sup> As broadcasted in AMAN Radio, 2020

### *The Case of the Sungai Batu Indigenous Community<sup>35</sup>*

The Sungai Batu indigenous community in West Kotawaringin, Central Kalimantan braces for the impact of the pandemic in their livelihood. Since they heavily rely on tourism for their income, they have to deal with the closure of the beach and travel restrictions. Although Kubu Beach remains a green zone, entry of outsiders, most especially people who come from red zone villages or sub-districts, remain difficult, which means prospect customers significantly lessened. One informant disclosed that in his family's case, they usually earn around Rp 500,000 to Rp1 million on a normal day in their restaurant business but now, they consider earning Rp50,000 good enough. Another informant shared that she now only earns around Rp100,000 per day by selling *pecal*, which is a lot less than what she used to earn. Although the strict policy on entry negatively impacts their livelihoods, they expressed full support to ensure their safety from the pandemic.

#### ***IPs in Urban Centers***

Due to lack of employment and/or livelihoods in their communities, some IPs look for jobs in urban areas where they typically work as daily wage earners or members of the informal economy. As daily wage earners, they have suffered from lack of income when businesses became affected by restrictions and local lockdowns. AMAN has received reports of IPs who had no means to purchase food supplies given their lack of income.

Security of work becomes a major concern among IPs as unemployment rates become exacerbated by the pandemic. The Chamber of Commerce reported 7 million unemployed workers even before COVID-19. Recently, the Chamber of Commerce has recorded an additional 6 million individuals affected by unemployment, 8.5 million workers currently only partially employed, and 24 million individuals that became part-time workers (OCHA, 2020). As COVID-19 cases increase, most especially in urban areas, employment remains at risk. IPs are among those at risk to lose their jobs and/or lose the bulk of their income. With this said, it is not only these indigenous individuals who are affected as they usually provide for their families in their respective communities.

AMAN shared that there is also this concern among migrant IP workers over their health. As urban centers become plagued with most of Indonesia's cases, IPs become more worried over their safety. As mentioned earlier, 7 of the 48 recorded COVID-19 cases among the indigenous population are those IPs who work in urban centers. This figure signifies the risk migrant IP workers face. With the economic impacts of COVID-19 in their families and communities, however, they realize that they still have more opportunities in the cities where they are now than if they decide to come back home.

These strains in income generation are expected to ripple and flow through other aspects of IPs' lives. Loss of income among indigenous families results in fewer means to purchase their daily necessities, to avail themselves of health services, and to provide children and youth education. With this domino effect, IPs become more vulnerable than before.

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<sup>35</sup> Based on the report written by Baskoro (2020).



#### 4) Land and resources

As mentioned earlier, the presence of plantation and mining concessionaires in indigenous communities robs them the land they can use for food production. Such is the case of IPs in Seluma and Kaur Regencies in Bengkulu as well as Batak Toba tribe in North Sumatra.

Due to the constraints brought about by the pandemic, land-related issues and conflicts become more difficult to bear among IPs as there had been reports of arrests of IPs during the pandemic.

In Central Kalimantan, three indigenous farmers were arrested for allegedly stealing fruit from PT Hamparan Masawit Bangun Persada on its land contested by the community as theirs (Nugraha and Marie, 2020). The accused farmers filed a pretrial motion and they were supposed to have a hearing with the court but the police reasoned out their involvement on COVID-19 response to not attend; consequently, the said hearing was then rescheduled to the same date of their trial so it became null (Jong, 2020). The farmers were sentenced to eight to ten month imprisonment (Jong, 2020). One of the farmers was arrested in Jakarta where he reported their case to the human rights commission (Jong, 2020). Human rights activists have aired their criticism over the verdict given the irregularities of the case as well as the lack of proof that the plantation owns the land (Jong, 2020).

Meanwhile, in Sumatra island, Bongku, an indigenous Sakai was sentenced to one-year imprisonment and a Rp200 million fine. Bongku was charged for cutting down 20 trees planted by PT Arara Abadi as he cleared the land to plant cassava for his family. "This verdict is a way to expel and intimidate the Sakai indigenous people into leaving their traditional land," Andi Wijaya, Bongku's lawyer and human rights activist, quoted (Taylor, 2020). According to the report AMAN received from the community, the civil society coalition that tried to defend Bongku was intimidated by unidentified entities. The case is the most recent dispute in a long-time conflict between the company and the community (Taylor, 2020). The community stands by its claim that the community has already settled in the land decades before the company applied for a permit (Jong, 2020).

According to activists, these cases are emblematic of how commercial entities can weaponize law enforcement over land conflicts (Nugraha and Marie, 2020).

In relation to these, recent legislative developments such as the deregulation bill and mining bill have also got the attention of IPs and IPOs as these bills can magnify the impacts of industries in the communities, more so during this pandemic.

The deregulation bill which took IPs and IPOs by surprise on how this was crafted without them knowing (Jong, 2020). The said bill has 1,000 proposed amendments to 79 laws which would include lighter penalties for environmental violations, non-requirement of environmental impact assessment, further deregulation of the mining industry, removing of local government's authority to issue permits, and the non-requirement of 20% land allocation of oil palm plantations that is supposed to be for smallholder farmers working for them (Jong, 2020 and Jong, 2020). Moreover, the bill will limit public participation as only those who will be directly affected will be consulted (Jong, 2020). According to the report, the bill is expected to be passed into law by July (Jong, 2020).

As for the mining bill, the major change that could immensely impact indigenous communities was the removal of the limit of the size of mining operations. Under the 2009 mining law, the size of operations under a single permit was capped to 15,000 hectares. Another change introduced was the automatic

renewal of mining contracts for up to another 20 years. "This new mining law will allow mining areas to expand, and that will lead to deforestation," said Pius Ginting, coordinator of the NGO Action for Ecology and Emancipation of the People (AEER) (Jong, 2020). "This will push people to move deeper into the forests to survive and they will interact with wildlife, and these animals bring viruses to human, increasing the risks of emerging infectious diseases," he added (Jong, 2020). According to activists, legislators tried to pass the bill last year but failed to do so they believe the government used the pandemic as an opportunity to pass this into legislation (Jong, 2020). The bill is expected to be into law by August.

Meanwhile, in Sumatra, an indigenous Batin Sembilan calls on the national government to reject the proposed road construction by PT Marga Bara Jaya that will cut through the Harapan Forest. The said proposal has been pending for the Ministry of Environment and Forestry's approval. According to the report, the Harapan Forest has already been under threat of palm oil plantations and illegal logging and the road construction would only make things worse since it will "make it easier for illegal loggers, farmers, poachers, and others to encroach deeper into the forest." (Diana, 2020).

The self-initiated lockdowns of the indigenous communities were also taken advantage of by illegal loggers. In the case of Tae and Iban Sebaruk communities in West Kalimantan, loggers deforested customary forests. According to the community leaders, this possibly happened because community members limit their time outside as precaution, which unfortunately also means they have limited surveillance of their territories.

There is also a spike in wildlife poaching activities happening in Aceh's Gunung Leuser National Park where many ethnic groups live. Based on the reports of Wildlife Conservation Society (WCS) patrol teams and the Leuser Conservation Forum, the traps they found in the area are not set up by professionals (Hanafiah, 2020). They said that the traps were not for prized species of rhinos, tigers, or orangutans, which means those who set these up hunt for food and not for exotic wildlife trade. They said that this increase in poaching activities for food can be an indicator of the impacts of the pandemic. They mentioned that this increase has been brought about by the less surveillance by patrol teams due to the pandemic. As the COVID-19 pandemic continues, conservationists call for the authorities to ramp up security in wildlife habitats such as Leuser.

## 5) Other Impacts

With schools suspending face-to-face classes, Indigenous families, most especially mothers, have to assist their children in their academic workload more than usual. There are reports that Indigenous mothers struggle to help their children with their homework that goes beyond their capacity as they are not able to finish their studies themselves. This particularly becomes more difficult as indigenous mothers have taken more responsibilities at home as they need to tend to all family members' needs. They are expected to do all the household chores, provide more care to children and older members as they are deemed most vulnerable to the disease, and help out their partners to serve food on the table through gathering from the forests, their *dahas*, and/or their farms.

As mentioned earlier, Indigenous communities often suffer from poor to no cellular network coverage, more so when it comes to data or internet service, not to mention that IPs do not usually have smartphones or laptops. With this said, the shift from physical to online classes is a struggle. Given that indigenous learners have no choice but to comply, indigenous families now have to dedicate a portion of their finances for this despite dealing with the impacts of the pandemic in their livelihoods; some, however, cannot afford to do so and are planning to put their children's education to a halt.

Beyond the cost of internet access, indigenous families are also worried about the tuition costs that they still need to settle. With the outlook that COVID-19 will not be over soon, they begin to worry about how they can afford to send their children to school when they still do not know how to deal with the uncertainties on their financial situation in the coming months.

Aside from issues on education, there is also the issue of gender-based violence and domestic violence in Indonesia. During the onset of the pandemic, the Legal Aid Foundation of the Indonesian Women's Association for Justice (2020) reported that there is a spike in reports of cases of gender-based violence. Records of the Ministry of Women Empowerment and Child Protection for January to February and March to June periods, however, say otherwise (OCHA, 2020). According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), this decrease in reporting can be an indication of issues in terms of access to reporting mechanisms among victims possibly due to the travel and social restrictions, telecommunication constraints, and interruption of case management services (OCHA, 2020). It is crucial to note that with self-initiated lockdowns, indigenous women have less access to such services.

The Migi Rangan community in East Kalimantan has also flagged the lack of leisure and socialization for indigenous children due to restrictions going outside as an issue. They mentioned that indigenous children are starting to get "stressed" and anxious as they miss playing with their peers outside and interacting with them.

## **B) Interventions and Outreach**

### **1) Government Interventions**

In terms of aid, the Indonesian government allotted Rp110 trillion for social protection programs. This budget includes the prioritization of about 10 million families under the Family Hope Program and the 20 million families under the Staple Food Program. This also covers the increase in budget for pre-employment card program, which will be doubled into Rp 20 trillion to cover 5.6 million laid-off workers as well as informal workers and micro and small business owners affected by the pandemic. Moreover, the budget also covers basic logistical support and basic needs.

Government assistance includes the Program Keluarga Harapan (PKH) which is a conditional cash transfer that covers 10 million household beneficiaries considered among the poorest of the poor. Aside from PKH, there is also the Program Sembako which is a non-cash food assistance that covers 20 million household beneficiaries. In addition to these, the government provided social cash assistance to nine million households outside Jakarta who are not covered by PKH and Program Sembako. There is also the Presidential assistance that provides food aid to almost two million households in urban areas including informal workers not covered by other assistance programs. Moreover, there is also the BLT Dana Desa or Village Funds Unconditional Cash Transfer which covers 10-12 million household beneficiaries.

Village governments have released social assistance in the form of cash and food supplies promised by the national government. For instance, in the case of the Nor Tauli tribe in North Sumatra, some indigenous families have received Rp600,000/month. However, there are reports of IPs who were not able to avail government assistance because they do not have identification cards. Some IPs blame unequal distribution as a cause on why they have not received any assistance from the government. This

causes social conflicts in the communities and distrust of IPs on government institutions. Another frustration aired on the delivery of these packages was the fact that crowds were gathered during the distribution of these aids, which can cause transmission of the virus to people including IPs. Aside from these, many Indonesians have expressed frustration over the failure of the national government to make the promised packages available and accessible to them (Varagur, 2020).

As discussed earlier, the national government never called for a national lockdown and advocated for social distancing policies instead. Through the large-scale social restrictions enacted by the government, regional governments are allowed to close schools and offices and restrict mass religious activities as well as public gatherings. Aside from social restrictions, the national government, through the Ministry of Foreign Affairs, temporarily banned all arrivals and transit of foreign nationals in Indonesia. Restrictions were also applied over city transportation and intercity and inter-island travel.

The case of the governments of Papua and West Papua perfectly depicts the varying responses of Indonesian government units to the ongoing crisis.

Considered the most diverse region in the country, the Papuan region is home to about 1.4 million IPs (half of the region's total population) who belong to 250 indigenous ethnic groups. Papuan IPs primarily sustain about a quarter (24%) of the nation's forests and more than half (54%) of biodiversity (IWGIA, 2020).

In Papua, Governor Lukas Enembe enforced lockdowns for indigenous territories in La Pago, Me Pago, Anim Ha, and Mamta (Putra, 2020). The governor mentioned that the enforcement was mainly due to the vulnerability of IPs in case the infection spread into their communities, citing that this can lead to "disastrous impacts" (Gokkon, 2020). In addition to this, the governor shut Papua off and disallowed air and sea traffic, implemented social restrictions, and imposed lockdown on some villages. The national government's criticism and expression of its concerns over the economic effects of such measures, the Papuan government stood its ground saying that these measures are "legally valid and justified" in the name of public health most especially since the massive region (twice Great Britain's size) only has five referral hospitals for the disease (Gokkon, 2020). Meanwhile, experts and activists commended these measures. "Whatever happens in Papua, Papuans are responsible, and the district heads, mayors and governors are responsible," the governor said. "This is our people, our land, our country" (Gokkon, 2020).

Inversely, West Papua decided to stride with the national government. Governor Dominggus Mandacan argued that imposing transportation restrictions will result in disruption of goods from outside the province. "We in West Papua both the sea and the air are not lockdown. Even those who have all the needs are met do not hold a lockdown, let alone us in the area. We depend from the center. If we lockdown we must consider it well," the governor quoted (Putra, 2020).

The implementation of these measures or lack thereof affects the lives of more than a million indigenous population of Papua and West Papua.<sup>36</sup>

As early as April, other regions such as East Nusa Tenggara, Central Kalimantan, and North Sulawesi tried to apply for the national government's approval of their application to implement large-scale social distancing measures (PSBB) at least in their cities but to no avail (Ihsanuddin, 2020 and Sulistyawati, 2020). According to an informant, small islands such as Mentawai in West Sumatra and Enggano in Bengkulu

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<sup>36</sup> IP population estimate by IWGIA, 2020

tried to apply for PSBB as well but no update from the government yet. These initiatives by local governments could be beneficial to indigenous communities as this will complement their self-lockdown. Unfortunately, these are expected to not be allowed by the national government.

In terms of information dissemination, the national and local government and their task forces are utilizing all forms of media to reach maximum audiences. For the case of IPs, however, they have no access to most media so they depend on their local authorities and their partners for information. In the case of Bonai tribe in Riau and Miri Rangan tribe in East Kalimantan, they reported that their local health centers communicated and coordinated with their traditional healers and community leaders to disseminate information about the disease and the pandemic.

Despite the growing cases of COVID-19 in the country, the national government has started easing up restrictions with its New Normal Policies (Adjie, 2020). One of the controversial measures the national government plans is the reopening of classes in low-risk areas as early as July. The reopening of classes will happen in phases with middle and high schools in July, elementary schools in September, and kindergarten in November. The ministry emphasized that only six percent (6%) of the country's schools will reopen and that schools need to comply with strict health restrictions (Widadio, 2020). In addition to this, parents have the option not to send their kids to school physically and opt to study at home (Widadio, 2020). This move, however, can be a threat to indigenous communities since low-risk areas are mostly in rural areas. There had been doubts over "low-risk areas" as only being that due to lack of testing. If there were undiagnosed cases and the school reopens, indigenous students could get infected. Meanwhile, the home study arrangement would not also quite work for indigenous learners given the cost that comes with it and the situation of indigenous communities when it comes to access, availability, and reliability of electricity, cellular network coverage, and internet service.

Aside from schools, the national and local governments are also looking at reopening the tourism sector (Sutrisno, 2020). Although the plans highlight that there will be standard operating procedures and that health protocols will strictly be implemented, IPs, IPOs, and other relevant sectors are expressing their worries about this measure. In a recent report, the government is gradually reopening 29 national and nature parks all over the archipelago including Mount Rinjani, Mount Merapi, and Mount Gede Pangrango from mid-June to mid-July in spite of the increasing cases of COVID-19 in the country (Mongabay News, 2020). IPs believe that reopening tourist spots in indigenous territories will increase the risk of the exposure to the virus and put their self-initiated lockdown to waste.

## **2) Non-Government Interventions**

This subsection features the other actors that serve the Indigenous communities: Indigenous Peoples' Organizations (IPOs), Non-Government Organizations (NGOs), and Civil Society Organizations (CSOs) and their programs and other initiatives in response to the COVID-19 pandemic. Particularly, the case of AMAN was highlighted among others.

### ***AMAN Programs and Initiatives***

The Aliansi Masyarakat Adat Nusantara (AMAN) or the Indigenous Peoples' Alliance of the Archipelago is an IPO that represents 15 million IPs from 2,230 Indigenous communities across the country. AMAN aims to "empower, advocate for, and mobilize Indigenous peoples of the Indonesian archipelago to protect our collective rights, and to preserve our cultures and environments for current and future generations."

As the largest IPO in Indonesia, AMAN plays a crucial role in COVID-19 response on the ground. Given the lack of sense of urgency from most governments, AMAN Secretary General Rukka Sombolinggi commanded the organization to act early and act fast. On March 19, Sombolinggi advised AMAN staff to work from home and called upon the Indigenous communities to initiate self-lockdown until the COVID-19 pandemic ends (Hansen, 2020).

Shortly after, AMAN mobilized its Emergency Response Unit and formed the AMANKanCOVID19 Task Force that will deal with all COVID-19-related concerns in Indigenous communities. Scattered all over the country with 86 local headquarters, this Task Force actively monitors, coordinates, and works with the communities in all their concerns.

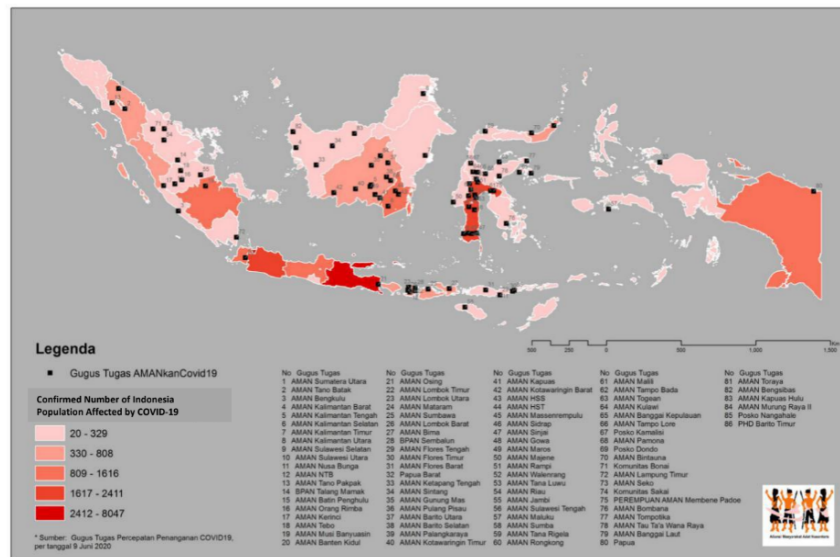


Figure 1. Map of AMANKanCOVID19 Local Task Force Headquarters all over Indonesia.<sup>37</sup>

Through this Task Force, AMAN was able to implement the following programs and measures such as encouragement of implementation of lockdowns and *tolak bala* rituals, mask distribution drives, local production of health supplies, dignified quarantine system, rapid data collection, case monitoring, and documentation, food assistance, community sharing, and barter system, awareness-raising and information dissemination, support for traditional medicine, food security measures, and coordination with authorities. The subsequent portions will discuss these programs and measures in more detail.

**Encouragement of Culture- and Nature-Based Ground Responses**

As mentioned numerous times in this report, AMAN called on indigenous communities to initiate their own lockdown given the lack of sense of urgency among government units. The call for these lockdowns was not suggested out of the blue, it was based on the indigenous practice of isolating or containing their communities on the occasion of plague-like spread of diseases that have happened in history.

Aside from lockdowns, AMAN also persuaded communities to hold *tolak bala* rituals which are traditional rituals conducted by indigenous communities to drive away bad luck and/or ask their ancestors and their god to protect them from any forms of harm including but not limited to the spread of COVID-19.

<sup>37</sup> Taken from Syarif’s presentation entitled COVID-19 & Indigenous Peoples presented to the Ministry of Education and Culture

AMAN also communicated with the communities to ramp up their local production of medical supplies such as face masks and natural disinfectants. Given that the raw materials to produce these materials are readily available in the communities, IPs can contribute towards the production of these supplies not only for their use but also for sharing with other communities and even with the society at large.

Lastly, AMAN also encouraged indigenous communities to utilize traditional medicine and ways of healing, to create sanitation booths, and to implement culture-based quarantine systems. Drawing from the experiences and initiatives of some communities, AMAN informed and assisted communities to revisit their indigenous culture and practices to implement similar mechanisms in their areas.

More details about these culture- and nature-based responses in the IP Responses section.

### ***Mask Distribution Drives***

AMAN COVID-19 Task Force distributed face masks in selected indigenous communities in Southeast Sulawesi, West Sulawesi, South Kalimantan, Papua, and West Papua among others. According to AMAN data, they have distributed about 85,000 face masks so far and they continue doing so as communities produce them.

### ***PPE Distribution***

As mentioned earlier, IPs have worries about visiting their health centers when medical staff have no PPE. Since the government is overwhelmed with the demand, AMAN stepped up to support medical personnel in community health centers nearby indigenous communities by providing them PPEs.

### ***Rapid Data Collection, Case Monitoring, and Documentation***

To be able to capture a wide range of crucial data in handling the COVID-19 pandemic response, a special unit in AMAN launched a cell phone application called AMANKanCOVID<sup>38</sup> to assist them in the data gathering process. The application focuses on the following areas: availability of food supply, prevailing lockdown conditions, availability of medicine and medical personnel (i.e., physicians), readiness for future harvest, prevailing health conditions, and availability of AMAN staff in the vicinity (Hansen, 2020). AMAN also made this application available through a webpage to maximize accessibility. As for communities that have no internet service available, AMAN has dedicated personnel who collect information from them and upload the collected information to the website. Through the information gathered by the application, cases of contagion are tracked, food surpluses are documented and coordinated to be shared with neighboring communities with food shortage, and healthcare facilities are mapped out (Hansen, 2020).

### ***Food Assistance***

Aside from barter, AMAN also provided food assistance to certain financially challenged indigenous individuals and families. For IPs who are in urban areas, AMAN mainly uses the data gathered through their app to locate and follow up affected individuals and provide assistance. As for the communities, AMAN coordinates with local AMAN chapters as well as community leaders through various means. The main goal of this coordination is to ensure that there are food stocks in the communities and encourage the formulation of traditional medicines and the planting of short-term food crops (Boyle, 2020).

### ***Food Sovereignty Measures***

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<sup>38</sup> The application can be accessed through <https://gonative.io/share/llknkq>.

As part of its initiatives in response to the pandemic, AMAN has implemented food sovereignty measures such as stock inventory and ensuring food reserves through the encouragement of planting short-term crops in indigenous communities.

As mentioned earlier, indigenous communities whose lands have been seized by plantation and mining concessionaires will suffer the most as they do not only lose their lands which could have been used for food production, they also need to deal with the price increases in commodities (Hansen, 2020). AMAN considers these communities either threatened or in critical condition and therefore are tagged as priority communities.

One example of AMAN initiatives in the Lebong Region is the optimization of 9,500 hectares of agricultural land in indigenous communities found in Bengkulu. Lebong AMAN BPH Chairman Arafik Trisno said that there are communities that have already planted cassava, bogor beans, corn, and rice on a massive scale on their own and he encourages all communities to maximize their agricultural lands and fill it with food in preparation to avoid food shortages. Lebong regent Rosjonsyah also mentioned that they will partner with AMAN and mobilize all sectors to optimize all paddy fields and fishponds in the area. All these would complement Lebong government's initiatives such as processing of rice straw and post-harvest waste from rice as organic fertilizer and animal feed through technologies and technical assistance (Barahamin, 2020).

AMAN actively encourages indigenous communities to maintain the food stock, minimize food waste, and maximize their gardens. "We urge Indigenous Peoples not to waste their existing food supplies because the COVID-19 disaster cannot be predicted when it will end," AMAN Nusa Bunga Chairperson Philipus said in a statement (Welan, 2020).

"Still, Indigenous communities without secure tenurial rights, and particularly those whose lands have been seized and are forced to live as oil palm farmers are among the most threatened because of their simultaneous interconnection to global supply chains, and lack of state health care and services," Sombolinggi said in a statement (Barahamin, 2020). "This is why the Indigenous Peoples Rights Law needs to be ratified. Without recognizing Indigenous rights, particularly in the time of COVID-19, you will kill us slowly" (Barahamin, 2020).

### ***Community Sharing and Barter System***

Drawing from indigenous culture of *gotong royong* (literally translated as mutual cooperation), AMAN has tapped the indigenous values of sharing and cooperation among IPs and persuaded them to share resources and practice barter within and among indigenous communities.

As mentioned earlier, when AMAN receives information about food supply in the communities, they then coordinate the sharing of resources among indigenous communities with the priority that those with surplus resources will share it among neighbor communities that have shortages (Hansen, 2020).

### ***Awareness Raising and Information Dissemination***

During the onset of the pandemic in Indonesia, AMAN acted early, encouraged lockdowns, and gathered data from the ground. Based on the data they collected, they found out that IPs have little to no scientific knowledge about the disease and how it spreads.

Due to this lack of information, IPs developed either a sense of complacency or irrational fear. While some believe that there is nothing to fear with the pandemic at hand, some had an irrational fear hearing about



contracting the diseases. As for some communities, individuals who exhibited COVID-19 symptoms such as fever and cough were stigmatized as carriers of the virus. These situations only equalized after the awareness-raising and information dissemination campaigns.

All COVID-19-related announcements and information drives from the national level are disseminated to the ground through various channels and means such as face-to-face dissemination and other media such as leaflets, tarpaulins, community radio, social apps, and AMAN website.

For instance, Central Flores District AMAN Council Chairperson Fransiskus Ratu reminded Indigenous constituents in their area to lead a healthy lifestyle and comply with health protocols and provisions set by the government during AMANKanCOVID19 Task Force Nusa Bunga Volunteer Team visit (Welan, 2020). Face-to-face dissemination, however, remains limited given the health protocols so AMAN had to utilize other means.

AMANKanCOVID19 Task Force led the creation of information materials in the form of leaflets and tarpaulins that they provide to community leaders. The informative leaflets were distributed to the communities during local masks and relief distribution in the areas. The tarpaulins are posted in areas where many community members can see and read it.

Through its Community Radio program, COVID-19-related information, updates, and warnings are also regularly discussed but AMAN produced a special episode that focuses on the pandemic at hand entitled *Masyarakat Adat Bergerak Mengatasi Kelangkaan APD, Masker dan Disinfektan* (which translates to Indigenous Community Moves to Overcome Scarcity of PPE, Masks, and Disinfectants). The episode features stories on how indigenous communities mobilize its members to produce their own PPEs, masks, and disinfectants as well as a discussion on why these are important for IPs in terms of spreading and/or contracting COVID-19. AMAN also made the episode available on Spotify.

Aside from these, AMAN also maximized the use of social applications such as Facebook, Twitter, Instagram, and WhatsApp and its website to actively disseminate COVID-19 information and promote compliance with health protocols. Social applications, in particular, provide AMAN the opportunity to directly engage with indigenous individuals and respond to their queries, much more efficient than traditional information dissemination means.

### ***Coordination with and Appeal to Authorities***

Finally, AMAN also reports and coordinates with government agencies and units. For instance, Mr. Syarif has shared situation reports with the Ministry of Education and Culture and has relayed AMAN's stance on the opening and reopening of classes. During his last engagement with the ministry, he stressed the fact that indigenous communities are still on lockdown as prevention for the spread of the disease in their area. In light of the increasing COVID-19 cases in the country, he said that AMAN is worried about indigenous territories being potentially infected and wiped out should opening/reopening of physical classes be implemented haphazardly. Mr. Syarif also mentioned that AMAN shares its information with relevant authorities.

Aside from this AMAN also expresses its appeals to the government regarding matters that concern IPs at large. In a statement, Secretary General Sombolinggi quoted: "We appeal to the government to stop the operations of companies operating in and around Indigenous areas. Many such operations, particularly oil palm and mining, are a real and present danger to Indigenous communities' security and livelihoods.

These operations have been a threat to us since their inception. Still, the current corona crisis has dramatically exacerbated the threat.

Indigenous communities who have already lost their lands to rapid changes in land use driven by large scale investment may in the future need assistance from the wider public for their food security if the situation worsens” (Hansen, 2020).

### **Other Organizations**

In West Kalimantan, ID has implemented initiatives to support indigenous communities. Similar to AMAN, ID has encouraged culture- and nature-based responses to the pandemic. According to Executive Director Mr. Krissusandi Gunnui’, they assisted communities to conduct *tolak bala* rituals. According to their data, more than 100 rituals had been conducted in the months March and April alone. Aside from this, ID also persuaded them to implement their self-initiated lockdowns, which is also based on their traditional practice of isolation and containment of disease per community. More about this in the IP Responses section.

Moreover, ID also assists the Iban Sebaruk and Sisang in their fight as they demand their rights as laborers at a palm oil company on the boundary of their customary land (i.e., Ketemenggungan). Lastly, ID has provided designated hand wash facilities in their service offices (i.e., 10 in Ketapang and one in Sanggau) and worked on information dissemination among the indigenous communities it serves about COVID-19 and its impacts to IPs.

In Papua, misinformation among the IPs and other local communities was something that needed to be dealt with. PSPL Director Christian Ari pointed out that people held this belief that only officials who travel out of the locality contracts COVID-19 (Gokkon, 2020). In response to this, his team had to raise awareness and disseminate scientific information to ramp up caution among the populace and encourage them to abide by the government’s health advisories and protocols.

Meanwhile, Pusaka Foundation Executive Director Franky Samperante called on to the government to limit activities of concessions (e.g. plantations and mining) in Indigenous lands as a preemptive measure to prevent the spread of disease among laborers given the risk that some of them can be potential carriers of the virus who might infect the communities they go home to (Gokkon, 2020).

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and The United Nations Resident Coordinator Office (RCO) worked with the Indonesian organizations and partners to create and publish the Multi-Sectoral Response Plan to COVID-19. In the response principles, the plan pushes for the inclusion of IPs as well as other marginalized groups “in national preparedness and response plans, risk communication and outreach, surveillance and monitoring activities.” (OCHA and RCO, 2020).

## **C) Indigenous Peoples’ Responses**

### **1) Interventions**

#### **a) Traditional Belief and Traditional Medicine**

Based on ID’s data, from March to April alone, there were more than 100 *tolak bala* traditional rituals performed by indigenous communities in West Kalimantan in response to the threat of the pandemic. The rituals are the communities’ way to repel bad luck and ask for divine providence and protection. In turn,

the communities shut off their communities for at least three to seven days as dictated by their customary law. AMAN also mentioned that they witnessed and even encouraged numerous indigenous communities all over the archipelago to conduct *tolak bala* rituals.



Figure 2. A Sisang community leader leads the conduct of their customary *tolak bala* ritual. Photo by Insitut Dayakologi.

According to ID, the traditional *tolak bala* rituals can be considered a revived wisdom in some communities as these communities have left this practice behind as they believed that these are irrational, ancient, and backward.

Mr. Syarif, AMAN's Community Support Director, shared an interesting take on the *tolak bala* rituals. He shared that based on their observation, the conduct of these rituals psychologically inculcated to the communities that the COVID-19 pandemic is something serious. He disclosed that there were communities that were very complacent during the onset of the spread of the virus but after they conducted the ritual, these communities began to really understand the legitimacy and the severity of the threat before them. Later on, community members take the initiative to comply with both community-initiated and government-recommended health protocols.

To further protect the IPs from the disease, the indigenous communities also tap their traditional medicine and ways of healing. For instance, leaders and traditional healers encourage community members to abstain from certain types of foods that are considered unhealthy and that they formulate their own herbal medicines made from leaves and roots of medicinal wood from forests, honey, turmeric, and ginger to boost their immune system. As for common illnesses, traditional healers depend on herbal medicines they can source from their customary forests and the traditional ways of healing they have learned from

their ancestors. It must be noted, however, that IPs have reported difficulties in accessing these herbal medicines in their forests due to logging and other disturbances brought about by outsiders.

Due to these robust encouragements on pursuing healthy lifestyles, IPs have become more receptive to health protocols and advice whether provided by community leaders and traditional healers or the government. As a result, IPs have become more conscious of their individual health practices most especially in terms of sanitation and hygiene.

#### ***b) Self-Initiated Lockdowns and Self-Quarantine System***

Many indigenous communities made the conscious decision to take the initiative and declare their own lockdowns partly because they were encouraged by their partner organizations to do so but mostly because their culture and history dictate it. Among those who self-initiated their lockdowns are the Banua Lemo, Sungai Itik (Iban Dayak community), and various indigenous communities in West Kalimantan, South Sulawesi, and West Papua (Gandangura, 2020, Varagur, 2020, and Gokkon, 2020).

The Mukureku Sa'ate Village's case explains how serious indigenous communities in their initiative to close off their villages from people coming from the outside. In their case, they even tell their relatives who went outside the community to let the pandemic pass before they come back home. The community members understand how deadly the spread of the virus can be so they abide by the rules set by the community and follow government-mandated protocols. "It's better we prevent it than we let our guard down and it will have fatal consequences for our entire lives," AMAN Nusa Bunga Chairperson Philipus quoted (Welan, 2020). Similar measures were implemented in other indigenous communities but together with the implementation of a culture-based quarantine system.

#### *Besesandingan: Cultural Practice of Self-Quarantine of Orang Rimba People<sup>39</sup>*

Tumenggung Tarib, an elder of Orang Rimba, shared that the Orang Rimba communities have a cultural practice of self-quarantine called *besesandingan* for hundreds of years now. *Besesandingan* explains how it was easy for them to implement self-quarantine in mid-March. According to Tarib, compliance to *besesandingan* is considered a duty among community members who came back home from travel as they are required to isolate themselves for a period of time first before they can re-enter the community. For this implementation, the objective is to prevent the spread of the disease in case the returnee is a carrier of the virus. Violation of the *besesandingan* comes with a customary punishment.

The community purposely built a *sudung* or a hut not that distant from the community center along with a warning sign that informs community members to keep their distance. "However, *besesandingan* does not mean that someone who is doing self-quarantine will be an outcast. The community [will] look after you, a traditional healer will regularly check your condition, and [the]family will provide food. After a week with no symptoms of sickness, one will be welcome to re-enter the community," Tarib explained.

The Toraja Indigenous community in Tana Toraja, South Sulawesi implemented a self-quarantine measure similar to Orang Rimba's *besesandingan*. Just like what Orang Rimba did, they constructed quarantine chambers where community members who came back from travel can stay. These chambers are built from resources either found in the community or pooled by community members and through mutual

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<sup>39</sup> Based on the report written by Barahamin (2020)

cooperation. Inside the chambers, there are rooms with beds and pillows and a public kitchen so they can still feel at home.

“This is what we, the Indigenous, call a dignified quarantine,” Rukka Sombolinggi said in a statement, “which is that no person who returns home is seen as a problem carrier. On the contrary, they are displaced people. They are leaving the city behind because it no longer offers a sense of safety. The only thing that can make them feel safe is to be with their family and community.” “This is why a dignified quarantine plays an important role in the solution. We are giving direct answers to fight the virus and offer sanctuary for our family who are seeking it,” Rukka added.

Aside from the self-quarantine for those community members coming from outside, there are also measures that some indigenous communities take to keep sick members away from the healthy ones should they need it. Aside from quarantining them, the Orang Rimba and the Suku Anak Dalam make sure minimal to no contact between them and other community members by designating different water sources and even different roads for them to use (Afrizal and Makur, 2020). In the case of the Orang Rimba, they assign one person to hunt for boars and prepare, which will then be left in a designated place for the sick members to collect.

Meanwhile, in indigenous communities in Sanggau and Ketapang in West Kalimantan, community members who decide to spend their time protecting their forests and/or planting in their *dahas* or *tembawang* (gardens) do their independent self-quarantine in the forests before rejoining their families.

As part of their self-lockdown initiatives, some indigenous communities have decided that they will not allow entry of outsiders into their villages for tourism. In the past years, tourists visit and witness traditional rituals in their communities but the communities have decided that it will not be wise to allow them entry as they might potentially bring the virus with them.

### ***c) Community Solidarity and Mobilization***

Community leaders stepped up and tapped the spirit of solidarity among their members. By doing so, they were able to mobilize the members and asked them to carry out specific roles for the community. It is through solidarity that IPs were able to come together and conduct initiatives to sustain their communities.

In the case of the Banua Lemo, the community understood that mutual awareness and responsibility are needed in order to survive the pandemic at hand. In spirit of solidarity, they voluntarily offer portions of their land to be used for corn planting for additional food supply in the community (Gandangura, 2020). Guided by *gotong royong*, an indigenous principle of coming together in times of need borne out of empathy and concern over one another, IPs shared their resources and practiced barter within and among Indigenous communities.

There are even cases when this spirit of solidarity transcended beyond their communities and tribes. There are reports of communities providing other communities some of their resources such as food supply as facilitated by AMAN. Aside from this, AMAN also shared that indigenous students trapped in urban centers were adopted by nearby indigenous communities for the time being. Among those communities that help provide shelter and food for these students were the Dayak Meratus in South Kalimantan, the Banua Lemo in South Sulawesi, and the Orang Rimba in South Sumatra.

Another observation worth noting in community solidarity and mobilization is the role the youth and women have taken. Since the young ones and the elderly are deemed most vulnerable to the disease, the youth had to step up and take up roles for the sake of the community.

*COVID-19 Kampung Siaga in Bonolemo Village<sup>40</sup>*

In the Bonolemo Village, they formed COVID-19 Kampung Siaga which was mostly made up of youth and PKK Ladies of the village. There were those who were assigned as village guards, collectors of firewood, producers of natural disinfectants, and so on.

The youth constructed sterilization booths while the women produced natural disinfectants out of lime juice and betel leaves available in their forests. These initiatives are based on their traditional knowledge passed on from generation to generation and applied it in the prevailing context, which is the prevention of the spread of the disease.

This involvement of youth and women is seen across various task forces formed by indigenous communities in response to the pandemic. Other initiatives that they have been involved in include the production of face masks, food production, and information dissemination.

**d) Food Security Measures**

As communities implement their own lockdown, the main concern becomes self-sufficiency. To achieve this, indigenous communities had to explore options they have at hand, implement attainable solutions, and even innovate in order to put food on their tables.

As mentioned earlier, food stock varies from one community to another. Some communities have enough stock on their own. Such is the case of the Sungai Batu and the Banua Lemo. In West Kotawaringin, Central Kalimantan, Sungai Batu communities now rely on the vegetables they planted in their gardens and the sea to meet their food needs. They believe that environmental protection and agriculture can help them survive through the pandemic. They plan to maximize their lands through replanting trees and food crops such as jengkol, petai, and banana. Similarly, the Banua Lemo has enough food supply and they are still planning on planting more by dedicating 10 hectares of village garden for corn (Gandangura, 2020). In addition to this, young people and their mothers dry sago in the sun, which will be added to their food stock. Out of the abundance they experience, they decided to provide for struggling families in the community.

Unfortunately, most indigenous communities' cases are far from the Sungai Batu and the Banua Lemo. However, they decided not to sit idly by. As a response to the food insecurity experienced in Bengkulu, indigenous communities are trying to negotiate with plantation companies to let them borrow portions of land they can dedicate to food production. In the case of Serawai Semidang Sakti in Seluma Regency, they asked the palm oil company in their area to let them borrow a small portion of land so they can plant cassava and corn. According to Mr. Syarif, this is also the case of indigenous communities in Sumatra.

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<sup>40</sup> Based on the report written by Gandangura (2020)

### ***e) Coordination and Collaboration with Partners***

Finally, indigenous communities have been in close coordination with their partners such as the case of the communities who work with AMAN and ID. As mentioned numerous times in this report, indigenous communities continue to be marginalized in terms of social services and the same is true when it comes to relief operations and other forms of government assistance. The partnership IPs have with NGOs/CSOs has provided them the assistance they cannot get from the government as has been discussed in Non-Government Interventions subsection.

Essentially, through coordination and collaboration with partners, indigenous communities have been made aware and informed of the ongoing global pandemic and were encouraged to and assisted implement culture- and nature-based responses such as tolak bala, lockdown, and self-quarantine systems, mobilize their resources and produce their own medical supplies, implement food security-oriented measures, and even document and report their cases and appeal for assistance to the government and other possible partners and donors.

## **2) Roles Undertaken**

As indigenous communities implemented their own lockdown, members had to play their part towards the sustenance of their communities. First and foremost, community leaders and traditional healers had taken on the responsibility and essentially became the frontliners of the indigenous communities. Community leaders implemented necessary measures and policies and mobilized their members towards local responses to the ongoing pandemic and its impacts. Meanwhile, traditional healers had to provide care for the sick members, facilitate the quarantine process, and promote traditional health practices such as the use of herbal medicine to boost people's immune system and abstaining from foods deemed unhealthy..

As discussed earlier, indigenous communities were able to form their own task forces in their localities. These task forces took on various roles (e.g. village guard duty, sourcing raw materials) and initiatives (e.g. medical supply production, food production) that help sustain their respective communities. As mentioned, young people and women have stepped up and contributed to these task forces most especially since older members of the community cannot go outside the confines of their homes and should limit their interactions with other people given that they are considered most vulnerable to the disease.

Indigenous mothers must also be particularly mentioned as they have taken on an additional burden on top of their multiple roles in the household. Aside from the additional household chores, they are expected to help in putting food on the table, to assist children on their academic workload, and to care for sick family members and/or relatives.

Finally, community leaders also closely coordinated and worked with development partners. As mentioned earlier, it is through this coordination and collaboration that they have received various forms of support. For one, the information dissemination campaigns of organizations such as AMAN and ID were brought on the ground and provided indigenous communities the knowledge about the disease and the pandemic. Another matter brought about by these engagements is the implementation, or at least the encouragement and assistance towards implementation, of traditional rituals, self-initiated lockdown measures, and self-quarantine systems. Aside from these, indigenous communities were assisted in resource mobilization and the formation of task forces. Moreover, indigenous communities were

consulted on their situation and their needs and these development partners act on their behalf to appeal to concerned authorities.

### **3) Spaces Maximized**

With indigenous communities on lockdown and the fact that communities usually have little to no electricity, poor to no cellular network coverage, and poor to no internet access, IPs have very limited political space they can afford to access, more so participate on. Given this situation, IPs depended on their partners such as IPOs, NGOs, and CSOs like AMAN and ID to speak and act on their behalf. With this responsibility on their shoulders, they participate in political spaces made available for IPs and appeal to concerned authorities on matters that greatly affect indigenous communities.

## **IV. Conclusions and Recommendations**

### **A. Conclusions**

The COVID-19 pandemic revealed that indigenous communities can take the initiative and act early most especially when the authorities lack a sense of urgency. IP communities were already in high alert even before the national government declared the spread of COVID-19 in the country as an emergency and a crisis. With the help of their traditional knowledge, IP communities were able to initiate their own lockdown and implement their own dignified self-quarantine system. As of this writing, there had been no recorded cases of COVID-19 in indigenous communities.

In stark contrast to the zero cases in indigenous communities, there are recorded cases of COVID-19 among IPs in urban areas. Given the increasing number of cases in urban areas, IPs who are there to study or work are most at risk of contracting the disease and might potentially bring the virus with them should they decide to come back home. Meanwhile, in the communities, it has been documented that the lack of information about the disease and the pandemic has led to a false sense of security or irrational fear and even stigma. There were also reports of misinformation about the disease, which both government and non-government entities tried to counter through information dissemination campaigns. Minimal to no electricity service, cellular network signal coverage, and internet access limit the information flow and their access to political spaces.

As they imposed their own lockdown, community leaders and traditional healers stepped up and became frontliners. Community leaders mobilized their constituents to come together and devise strategies to respond to the pandemic and its impacts on their health, food, livelihood, lands and resources, and other aspects of their lives. Meanwhile, traditional healers made use of traditional medicine and ways of healing and encouraged community members to take herbal medicine and abstain from unhealthy food. Communities also conducted their *tolak bala* rituals, which had them spiritually and psychologically prepared them for the pandemic and the measures that the community had to take in response to it.

Indigenous communities were able to come together in the spirit of solidarity. With children and elderlies considered most vulnerable to the disease, youth and women played a major role in local task forces formed in the localities. It was through this solidarity that the communities were able to implement initiatives and programs such as the production of medical facilities and supplies and even food security measures. This sense of solidarity even transcended beyond their own communities and tribes as seen in



cases of IP communities helping other communities by providing them surplus resources and even adopting indigenous students enrolled in nearby urban areas into their communities.

Particular attention must be paid to women and children during times of crisis. With domestic violence expected to rise during a pandemic, indigenous women are at a disadvantage. As for children, there had been reports on the effects of the social restrictions among indigenous children as they experience anxiety over having limited interactions with their peers.

Most indigenous communities, however, can be considered to be in critical condition in terms of food sufficiency as they report food shortages. As indigenous lands continue being seized by commercial interests and the government, IPs' lands continue to shrink and they have less and less they can use for food and/or livelihoods not to mention that the presence of industries that operate inside indigenous territories also raise the community's risk of exposure to the virus. Vilification and criminalization of traditional farming practices including the arrests of indigenous farmers also threatens IPs' food security as this can discourage some to plow their fields. As for livelihoods, their limited access to marketplaces robs them the opportunity to earn despite the pandemic. The declining prices on the produce they sell also affect their income. As for communities that depend on tourism, they are also expected to suffer massive losses in income due to the expected significant decrease of tourists. This food insecurity and lack of alternative livelihoods in the communities coupled with the rising prices of basic commodities can drive IPs to go outside and risk being exposed. This lack of income is expected to ripple through other aspects of IPs' lives.

In relation to livelihood and food security in indigenous communities, the expected passage of the deregulation bill and the mining bill can be seen as a threat to forests and biodiversity in indigenous territories. There were also reported presence of illegal loggers and an increase in poaching activities in some indigenous communities. Natural disasters negatively affected some communities' harvest and are expected to threaten future harvests. Climate change and its impacts remain a threat as communities try to cope with the impacts of COVID-19.

Government interventions on travel restrictions and social distancing policies complement indigenous communities' self-initiated measures. The consideration of some local governments over their indigenous constituents as exhibited in Papua's lockdown on indigenous territories in addition to major urban centers can be seen as an opportunity for IPs as well. Inversely, there are also cases of local governments that had shown more concern about being in tune with the national government than the welfare of their indigenous constituents. Moreover, the government's plan to reopen schools even in just low-risk areas increases the risk of indigenous learners contracting the virus. Study at home arrangement seems to be infeasible for indigenous students as well given their situation in terms of financial and non-financial costs that it entails. Aside from schools, the government's plan to reopen tourist spots also increases indigenous communities' risk of exposure to the virus since tourists might potentially bring the virus with them. In line with this, some indigenous communities have decided not to allow tourists to enter their communities for their scheduled harvest rituals, which tourists usually visit.

Hospitalization costs in public hospitals remain shouldered by the government. According to AMAN, all the active cases of COVID-19 among indigenous individuals benefit from this. It must be noted, however, that indigenous communities continue to suffer from issues on access, availability, and adequacy of state-provided health care facilities. Other forms of government assistance that reached indigenous communities had been helpful to IPs. However, there had been reports of issues on access as IPs were refused to be provided with assistance due to their lack of IDs.

With communities implementing their own lockdown and limited government assistance reaching them, IPOs had to step up to the task. Through the coordination and collaboration between indigenous communities and IPOs, information dissemination campaigns of IPOs reached the ground and provided indigenous communities the knowledge about the disease and the pandemic. Aside from this, IPOs also encouraged and assisted communities in the implementation of traditional rituals, self-initiated lockdown measures, and self-quarantine systems. Moreover, IPOs also assisted community resource mobilization and their formation of task forces. Furthermore, indigenous communities were consulted on their situation and their needs and these development partners act on their behalf to appeal to concerned authorities.

Table 2. Result of the SWOT Analysis on the assessment of indigenous peoples' situation in light of the COVID-19 pandemic and its impacts.

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>● IP communities were already in high alert even before the national government declared the spread of COVID-19 in the country as an emergency and a crisis</li> <li>● No recorded cases of infected individuals in the communities</li> <li>● Implementation of self-initiated lockdown and dignified self-quarantine system</li> <li>● Community leaders and traditional healers stepped up and became frontliners</li> <li>● Youth and women played a major role in local task forces</li> <li>● Conduct of <i>tolak bala</i> (traditional rituals) and practice of traditional medicine helped community members spiritually, psychologically, and physically prepare for the pandemic</li> <li>● Guided by their traditional culture and values, indigenous communities were able to come together in solidarity</li> <li>● Communities' decision to not allow entry of tourists</li> <li>● With communities in lockdown, communities try to devise solutions towards food sufficiency</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>● Cases of COVID-19 among IPs in urban areas</li> <li>● IPs in urban areas are most at risk of contracting the disease and when they decide to come back home, they might potentially bring the virus with them</li> <li>● Lack of information about the disease has led to a false sense of security or irrational fear and even stigma</li> <li>● Most indigenous communities can be considered to be in critical condition in terms of food sufficiency as they report food shortages</li> <li>● Food insecurity and lack of alternative livelihoods in the communities can drive IPs to go outside and risk being exposed</li> <li>● Lack of income source will affect other aspects of IPs' lives</li> <li>● Lack of leisure and limited socialization start to affect children</li> <li>● Domestic violence is expected to rise during the pandemic</li> <li>● Difficulty to contain the virus once it spreads to the community</li> <li>● Migration for work and education expose IPs to risks of contracting the virus</li> </ul>
<p><b>OPPORTUNITIES</b></p>	<p><b>THREATS</b></p>

- Policies on travel restrictions and social distancing policies
- Hospitalization costs are shouldered by the government
- Government assistance that reached indigenous communities had been helpful to them as well
- Consideration of local governments over indigenous constituents
- Indigenous communities' partnership with non-government entities helped them through the pandemic
- IPOs stepped up to the task and provided service for communities
- IPOs coordination with government units provided IPs representation in political spaces

- COVID-19 cases continue to rise, most especially in urban areas
- COVID-19 has spread even to remote areas in the country
- Laxing restrictions in urban areas
- Low testing capabilities in areas where IPs are
- Lack of disaggregated data on COVID-19 and its impacts on IPs
- Lack of government interventions
- Delivery of social aid involves gathering of crowds and has led to some social conflicts
- Lack of access to healthcare systems
- Inadequacy of healthcare systems (e.g. lack of medical supplies such as PPEs)
- Government's plan to re-open schools in low-risk areas
- Minimal to no electricity service, cellular network signal coverage, and internet access limit the information flow and their access to political spaces
- Misinformation has been reported among IPs' information sources
- As indigenous lands remain being seized by commercial interests and the government, IPs' lands that they can use continue to shrink
- Presence of industries inside the indigenous territories increase the risk of exposure of indigenous communities to the virus
- Vilification and criminalization of traditional farming practices which include the arrests of indigenous farmers can discourage IPs to participate in food production
- The deregulation bill and mining bill expected to pass in the coming months will impact forests and biodiversity in indigenous territories
- Limited access to trading places to sell their harvest
- Declining prices on the produce IPs sell
- Limited alternative livelihoods in the communities
- Price increases on basic commodities

	<ul style="list-style-type: none"> <li>● The decline in tourism will affect some communities' income</li> <li>● Reopening of tourist areas can increase risk of exposure of indigenous communities to the virus</li> <li>● Online classes' cost and expenses and IPs' lack of access and means</li> <li>● Presence of illegal logging and increase in poaching activities in some indigenous communities</li> <li>● Natural disasters negatively affected some communities' harvest</li> <li>● Climate change and its impacts remain a threat as communities try to cope with the impacts of COVID-19</li> </ul>
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## B. Recommendations

### *Short-term*

- The national and local governments and task forces for COVID-19 must proactively engage IPs in decision-making processes on responses for the pandemic, most especially on matters affecting indigenous territories.
  - IPs must be represented and involved in all levels of planning and decision-making process of the government. Moreover, their traditional way to respond to crises such as pandemics must be given consideration in programs and policies.
  - Task forces formed by IPs on the village level must be supported by local governments and government-led task forces. Local authorities should tap on this community-initiated mobilization endeavors most especially on making their programs reach IPs.
- The authorities should also coordinate and work with IPOs that represent indigenous communities given their linkages on key people in the area (i.e., community leaders) who can mobilize people on the ground and even IPs in urban areas. Aside from this, situations and circumstances vary from one community to another so this coordination and consultation process could bring potential modalities and platforms for IP engagement into the light.
  - Given their connection to indigenous leaders, IPOs have recent information about the situation and grasp of local contexts in light of COVID-19 pandemic and its impacts. The government and its task forces in both national and local level should tap on IPOs' knowledge and expertise to better inform their decisions and initiatives.
  - As seen in the case of AMAN, which is a national network of indigenous communities in Indonesia, IPOs have the capacity to coordinate and bring programs and services straight to the communities. The authorities should partner with IPOs like AMAN and ID and even CSOs and NGOs that serve and partner with indigenous communities (e.g. Pusaka Foundation, Samdhana Institute, etc.) to help them bring government programs and services on the ground.
- Local governments must complement indigenous communities' self-initiated lockdown measures with corresponding assistance and policies.

- Cash and/or food assistance must be made available for communities that initiated their lockdowns even those who are “accustomed to foraging the forests.” (Gokkon, 2020)
- Requirements for access to assistance (e.g. identification cards) must be reconsidered in the case of IPs who have difficulties on securing these even before the pandemic. Other proof of identification of IPs must also be accepted.
- Aid must also be provided for IPs for them to be able to sustain their livelihoods (e.g. farming, fishing, NTFP-based products, and cultural products) similar to the packages provided by the government to small and medium enterprises.
- Improve access and increase the number of IP beneficiaries of government-provided assistance.
- The authorities should affirm the self-lockdown measures implemented by indigenous communities through declaration of lockdowns and implementation of other relevant policies in order to limit the entry of non-IPs in the area who can bring the virus to them.
- The House of Representatives should provide spaces for IPs and IPOs to participate in the deliberations of the deregulation and mining bills that threaten the forests and biodiversity in indigenous territories
- Information dissemination campaigns must be brought to the indigenous communities through coordination with indigenous leaders and/or their partner organizations.
  - The national and local governments as well as task forces should coordinate and consult with IPOs such as AMAN and ID on how these campaigns must be conducted.
  - Educational materials are more likely to be useful for IPs when it comes in the form that is accessible to them and in the language they can easily understand.
- The Ministry of Education and Culture must consult IPs and/or IPOs regarding the situation of indigenous learners and their families regarding reopening of schools, resumption of physical classes, and the feasibility of online classes for them.
  - Indigenous students still trapped in their dormitories due to social and travel restrictions must be provided the necessary assistance. With the reopening of schools still uncertain, the authorities should also provide facilitation of their travel back to their communities. All these measures must be consulted and coordinated with relevant indigenous leaders and IPOs as these should also abide not only by government protocols but also by community protocols as well (e.g. IPs’ self-quarantine system).
  - The Ministry should reconsider the reopening of schools even in low-risk areas. In any case, indigenous students must not be required or expected to attend physical classes as they are vulnerable to the disease.
  - Indigenous students must be provided with the necessary support (e.g. internet access) should classes be facilitated through alternative means.
- The Ministry of Tourism must consult indigenous communities and their partner IPOs on their stance regarding reopening of tourist spots/attractions found in their territories. The Ministry must reconsider the reopening of 29 national and nature parks. Reopening tourism can increase the risk of exposure of indigenous communities and undo the success they had when they initiated their own lockdown measures.
- An ethnicity variable must be included in data collection of the government through its ministries on COVID-19 and its impacts across various sectors (e.g. health, agriculture, tourism). This would provide disaggregated data specific for IPs, which can further inform future policies and measures to be implemented by governments.
- Proper recognition and corresponding support must be provided to traditional medicine and ways of healing as means to improve indigenous communities’ resilience in times of crises.

- The Ministry of Health must provide recognition on the role of IPs' traditional medicine and ways of dealing with pandemics (e.g. dignified quarantine system) and encourage, provide assistance, and maximize these to keep indigenous communities safe from the disease.
- The role of traditional healers in encouraging community members to live healthy lifestyles should also be maximized by MoH. This pandemic further solidified the stature of traditional healers in their communities as they became the frontline health official in their villages by default. In this virtue, they should be provided due recognition and assistance.
- Further investigation on the situation of IPs and their communities in light of COVID-19 and its impacts can provide more substantive information that the communities, governments, and other development partners can use for their programs and initiatives. Particular attention should be given to communities that are not in AMAN and ID's networks as they were not that much covered in this QAR.

#### *Medium-term*

- Improve access to healthcare for IPs and increase the supply of PPEs and other medical supplies to puskesmas (healthcare facilities) near indigenous communities. (Hansen, 2020)
- Proper recognition and corresponding support must be provided to traditional food and nutrition systems as means to improve indigenous communities' resilience in times of crises.
  - The Ministry of Agriculture should involve IPs and IPOs in its program aimed on building food reserves in localities. The program should maximize and strengthen indigenous food production systems that are based on their indigenous knowledge, technologies, and innovations.
  - To promote food sovereignty in indigenous communities, the government should recognize and decriminalize traditional farming practices of IPs. By doing so, IPs would worry less about intimidation and arrests and focus on food production for their communities during this pandemic and beyond.
  - The Ministry of Agrarian Reform and the Ministry of Environment and Forestry should facilitate agrarian reforms that involve the lands IPs own. These lands must be distributed back to them as these can be used for food production of indigenous communities..

#### *Long-term*

- The Ministry of Environment and Forestry should take necessary steps to safeguard the forests and keep the ecological balance as a proactive measure to keep zoonotic viruses at bay.
  - The Ministry should also implement more measures such as more patrols to protect the forests from loggers and poachers. In doing so, the Ministry should coordinate and team up with IPs and IPOs as well as conservation organizations to better implement these measures.
  - Particular attention must be given to industries such as plantations and mining concessions cited by IPs and IPOs as committing violations. These industries threaten the traditional food and nutrition systems of IPs, which can sustain them during this time of crisis. These industries also continue to seize lands from IPs and cause ecological disturbance and environmental degradation.
- The House of Representatives should pass the Indigenous Rights Bill, which will recognize IPs' rights including their right to land and right to practice their traditional farming practices, both of which can positively contribute to the food sovereignty of indigenous communities. The

passage of this bill will also fulfill President Widodo's promise as part of his political commitments to IPs as well as the implementation of UNDRIP on which Indonesia is a signatory.

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## Annex

### Annex 1. COVID-19 Tracker Data on Southeast Asia by Center for Strategic & International Studies (2020) as retrieved on June 30, 2020.

Country	Cases	Cases Last 24hr	Deaths	Tests	Recovered	Cases per Million
+ World	10,173,722	169,079	502,589	-	4,861,715	417
+ China	84,757	14	4,641	-	79,577	58
+ USA	2,549,629	39,306	125,808	29,207,820	663,562	3,143
+ Indonesia	55,092	1,082	2,805	439,907	21,333	38
+ Philippines	36,438	983	1,225	647,804	9,182	81
+ Vietnam	355	0	0	261,004	330	3
+ Thailand	3,169	7	58	302,822	3,040	43
+ Myanmar	299	3	6	68,404	211	3
+ Malaysia	8,637	3	121	462,257	8,294	192
+ Cambodia	141	0	0	12,378	127	8
+ Laos	19	0	0	14,161	19	3
+ Singapore	43,661	202	26	684,359	36,604	2,881
+ Brunei	141	0	3	28,395	138	322

### **Annex 3. Quick assessment in Indigenous Peoples (IPs) communities on the impacts of the coronavirus pandemic in the Philippines**

by Milanie June Cadalig Batang-ay

30 June 2020



*A 'community shield' set up at the entrance of barangay Antadao, Sagada, Mountain Province during the conduct of sudey, a ritual to ward off the entry of COVID-19 pandemic within the community.*

*Photo credit: Ray Mark Manawas*

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**List of Acronyms**

ATM	Alyansa Tigil Mina
BARMM	Bangsamoro Autonomous Region of Muslim Mindanao
BHAPI	Buhid Hanununo-Mangyan Pinagbuklod
BFP	Bureau of Fire Protection
CADT	Certificate of Ancestral Domain Title
CALABARZON	provinces of Cavite, Laguna, Batangas, Rizal and Quezon
CHD	Centers for Health Development
COVID-19	Coronavirus disease 2019
DA	Department of Agriculture
DILG	Department of Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
DPWH	Department of Public Works and Highways
DSWD	Department of Social Welfare and Development
DTI	Department of Trade and Industry
ECQ	Enhanced Community Quarantine
FSRF	Financial Subsidy to Rice Farmers
FPIC	Free, prior and informed consent
GCQ	General Community Quarantine
GIDA	Geographically Isolated and Disadvantaged Area
IATF-EID	Inter-Agency Task Force for the Management of Emerging Infectious Diseases
IEC	Information Education Campaign
IPMR	Indigenous Peoples Mandatory Representative
IPOs	Indigenous Peoples Organization
IPS	Indigenous Political Structures
LGU	Local Government Unit
LSI	Locally Stranded Individual
MALUPA	Manobong Lumadnong Panaghiusa sa Arakan Valley
MECQ	Modified Enhanced Community Quarantine

MGCQ	Modified General Community Quarantine
NATRIPAL	Nagkakaisang mga Tribu sa Palawan
NAP	National Action Plan
NCIP	National Commission on Indigenous Peoples
NCR	National Capital Region
NGO	Non-Government Organization
NGP	National Government Portal
NTFP	Non-Timber Forest Product
OFW	Overseas Filipino Worker
OPAg	Office of the Provincial Agriculturist
PCG	Philippine Coast Guard
PASAKK	Panaghiusa Alang sa Kaugalingnan ug Kalingkawasan
PDRRMC	Provincial Disaster Risk Reduction Management Council
PNP	Philippine National Police
RHU	Rural Health Unit
SAP	Social Amelioration Program
SAPASILAK	Samahang Pangkabuhayan sa Sitio Lamak
TJG	Timuay Justice and Governance
TLADC	Téduray-Lambangian Ancestral Domain Claim
TriPOD	Tri-people's Organization Against Disaster Foundation
UNCHR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
VAWC	Violence Against Women and Children
WCPD	Women and Children Protection Desks
UPAKAT	Ugnayang Pambansa para sa Katutubong Kaalaman at Talino
WHO	World Health Organization

## I. Introduction

### Background of country report

As the number of coronavirus disease (COVID-19) cases continue to rise, indigenous peoples in the Philippines are at disproportionately risk given their marginalization and inequities in the access of basic services, such as healthcare services, including sanitation and other key preventive measures. The superimposition of lockdowns and related restrictions has led to the loss of livelihoods, access to lands, waters, and resources, and has also opened up possibilities of violation of indigenous peoples rights. Nevertheless, some IP communities are taking actions using their indigenous knowledge, systems, and practices but this does not guarantee a solution to the problem. This quick assessment report will seek to develop a better understanding on the impact of COVID-19 on indigenous peoples in the country.

### Objective

The report is intended to document the situation of indigenous peoples in the Philippines amid the COVID-19 pandemic. It concentrated on the determination of how COVID-19 and its mitigation measures impacted IP communities' health, food security, livelihoods, and land and resources. It also examined the existing outreach and support currently being delivered to IP communities and determined the existence of policy spaces where IP leadership are invited to participate or where they could participate to inform response efforts and identify the roles that their organizations could play to support broader relief and response efforts. Finally, the conduct of this report tries to link traditional community health providers with the national health systems to improve prevention, detection, and attention to affected IP populations.

The results will be used to inform the World Bank's COVID-19 economic recovery operations, as well as to produce a public good that IPs could leverage to mobilize informed support for their communities.

### Methodology

In attempting to bring indigenous peoples of the Philippines to the frontline, the study reached out to the representatives of the Ugnayang Pambansa para sa Katutubong Kaalaman at Talino (UPAKAT), a national network of indigenous political structures (IPS)<sup>41</sup> and indigenous peoples organizations (IPOs) for the promotion of knowledge and wisdom in the Philippines, and other IPOs that Tebtebba engages with through online channels and telephone calls as the country is still under different levels of community quarantine due to COVID-19 (Table 1). The free, prior and informed consent (FPIC) of the IPS and IPOs included in the study were sought. Information retrieved from online research databases were aided by accomplished questionnaires and interviews with indigenous leaders. The data that emerged during the process were analyzed employing the Strengths, Weaknesses, Opportunities, and Threats (SWOT) Framework.

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<sup>41</sup> refer to organizational and cultural leadership systems, institutions, relationships, patterns and processes for decision-making and participation, identified by indigenous cultural communities/indigenous peoples



Table 1. List of informants

IPS/IPO	municipality, province	name of informant	gender	ethnicity	means of communication
Buhid Hanunuo-Mangyan Pnagbuklod (BHAPI)	Mansalay, Oriental Mindoro	Amin Inggo	M	Hanunuo-Mangyan	c/o Indigenous Navigator project in the Philippines
		Rudy Mantic	M		
		Rosalia Rickenbach	F		
Erumanen ne Menuvu Kamal	North Cotabato	Ronaldo Ambangan	M	Erumanen ne Menuvu	e-mail, Fb messenger, SMS text message, phone call
		Billy Pobre	M		
		Marilou Taupan	F		
Katibeana na Mamanwa ka Caraga (KMC)	Jabonga, Agusan del Norte	Jeckir Porogoy	M	Mamanwa	SMS text message, phone call
Lambangian Peoples Organization (LPO)	South Upi, Maguindanao	Jerry Datuwata	M	Lambangian	Fb messenger, SMS text message
Manobo Lumadnong Panaghiusa (MALUPA)	Arakan Valley, North Cotabato	Berino Sumin	M	Tinananen Manobo	SMS text message, phone call
Nagkakaisang mga Tribu sa Palawan (NATRIPAL)	Palawan	Johnmart Salunday	M	Tagbanua	e-mail, Fb messenger, SMS text message
Naundep ni Napahnuhan ni Kalanguya	Tinoc, Ifugao	Geffry Martin	M	Kalanguya	Fb messenger, SMS text message
		Adela Tayaban	F		
Panaghiusa Alang sa Kaugalingnan ug Kalingkawasan (PASAKK)	Bunawan, Agusan del Sur	Becky Barrios	F	Manobo	e-mail, SMS text message, phone call
Samahan ng mga Katutubong Agta/Dumagat at Remontado na Ipinagtatangol ang Lupaing Ninuno	General Nakar, Quezon	Marcelino Tena	M	Agta/Dumagat	Fb messenger, SMS text message
Timuay Justice and Governance (TJG)	Maguindanao	Leticio Datuwata	M	Lambangian	e-mail, Fb messenger, SMS text message, phone call
		Santos Unsad	M	Téduray	
	Sagada, Mountain Province	Ray Mark Manawas	M	Kankana-ey	Fb messenger

**Scope and limitation**

The research was designed to capture the key questions the quick assessment report tries to answer. The majority of the data were drawn from the responses of representatives of the UPAKAT network and other IPOs that were able to respond to the country researcher virtually and utilized other available information on the internet. The research was carried out in June 2020.

## II. Country Context

### Indigenous Peoples in the Philippines

The 1987 Philippine Constitution and the Indigenous Peoples Rights Act (IPRA) of 1997 formally recognizes indigenous peoples in the Philippines. IPRA interchangeably use indigenous cultural communities (ICCs) and indigenous peoples and refer to these as:

*“A group of people or homogenous societies identified by self-ascription and ascription by others, who have continuously lived as organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed and utilized such territories, sharing common bonds of language, customs, traditions and other distinctive cultural traits, or who have, through resistance to political, social and cultural inroads of colonization, non-indigenous religions and cultures, become historically differentiated from the majority of Filipinos. ICCs/IPs shall likewise include peoples who are regarded as indigenous on account of their descent from the populations which inhabited the country, at the time of conquest or colonization, or at the time of inroads of non-indigenous religions and cultures, or the establishment of present state boundaries, who retain some or all of their own social, economic, cultural and political institutions, but who may have been displaced from their traditional domains or who may have resettled outside their ancestral domains” (IPRA, Chapter II, Section 3h).*

However, the lack of formal census continues to estimate their number between 10% and 20% of the total population (Dekdekan and Cariño, 2019) or around 15 million in 2019. They are mainly concentrated in Mindanao (61%), Cordillera Administrative Region (33%), with some groups scattered in the Visayas islands (UNDP, 2010) and are engaged in a mix of production systems including agricultural activities, hunting and gathering, livestock raising, fishing, and trading local handicrafts (Cariño, 2012).

Indigenous peoples are among the poorest, most disadvantaged and marginalized groups in the country. They are characterized by poorer living conditions, without access to basic services, and higher poverty incidence; thus, high incidence of morbidity, mortality, and malnutrition (De Vera, 2007). The DOH-NCIP-DILG (2013) further elaborated that:

*“The magnitude of poor health outcomes among IPs remains to be established since disaggregation of health data by ethnicity is not available and poses another form of inequity specific on health information. The isolation of IP population contributes to the barriers in their access to health services that can be attributed to physical segregation and socio-cultural exclusion” (p.1).*

### The coronavirus disease in the Philippines

General situation

The Department of Health (2020) strives to regularly provide accurate and timely COVID-19 information throughout the country. Its Situation Report present confirmed cases disaggregated based on gender and age distribution, by province and city/municipality and periodically includes gender and age distribution of confirmed deaths. In partnership with UNFPA, a Sexual and Reproductive Health and Rights Dashboard was launched that provides sex and age disaggregated data analysis of COVID-19 including the specific situation of women of reproductive age<sup>42</sup>. However, there is no disaggregation of data based on ethnicity making it difficult to generate an exact number of indigenous peoples contracting the disease and come up with culture-sensitive health measures to respond to it.

As of June 30, DOH has reported 37,423 COVID-19 cases with 25,925 active cases and 1,266 deaths, largely confined in the NCR and Central Visayas. An analysis conducted by David, Rye, Agbulos and Austriaco (2020) concluded that the COVID-19 cases in the Philippines has increased from 50% during the ECQ to MECQ and GCQ in NCR (average of 271, 396, and 583 cases per day during ECQ, MECQ, and GCQ, respectively. Data from the WHO also showed that the Philippines has the fastest increase in COVID-cases in the Western Pacific Regions as the number of infections rose by 8,143 between June 16 to June 27 (Lee-Brago, 2020).

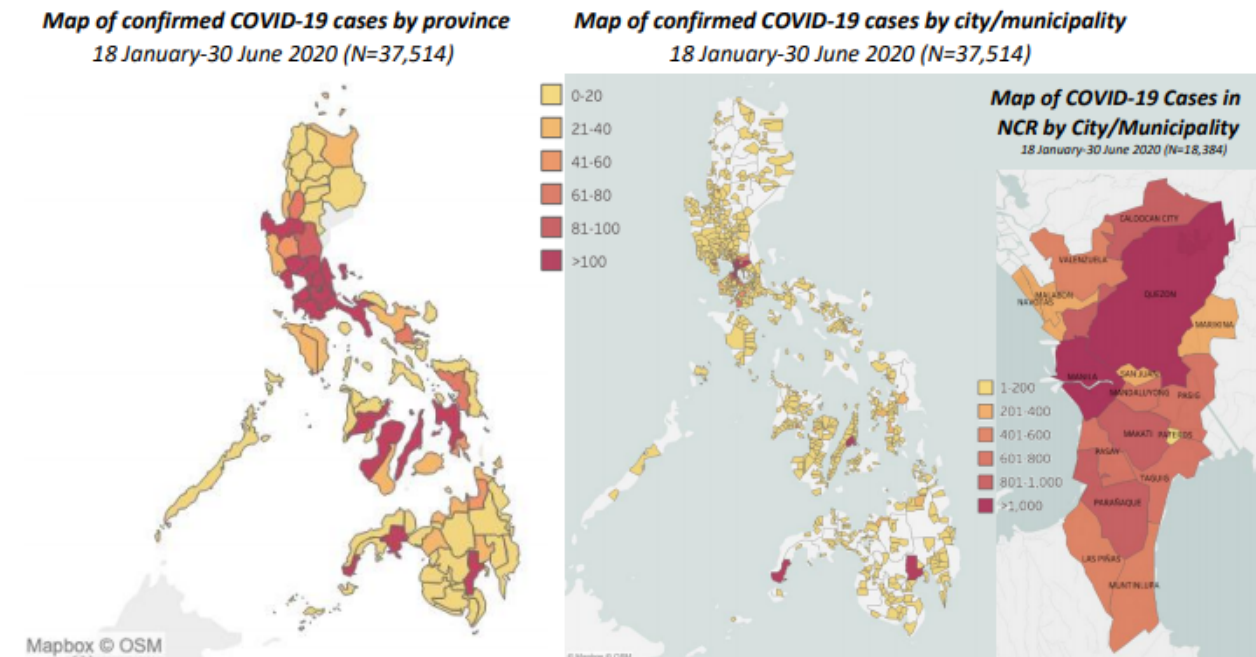


Figure 1. Map of confirmed COVID-19 cases by province and by city/municipality. Reprinted from Philippines Coronavirus Disease 2019 (COVID-19) Situation Report # 42, by Department of Health. 2020. [https://www.who.int/docs/default-source/wpro---documents/countries/philippines/emergencies/covid-19/who-phl-sitrep-42-covid-19-30jun2020.pdf?sfvrsn=b98c63ae\\_2](https://www.who.int/docs/default-source/wpro---documents/countries/philippines/emergencies/covid-19/who-phl-sitrep-42-covid-19-30jun2020.pdf?sfvrsn=b98c63ae_2)

In its June 30 situation report, the DOH (2020) communicated that the increase in the number of cases is in part due to the enhanced surveillance by processing of backlog data, real-time reporting through the

<sup>42</sup> available at <https://public.tableau.com/profile/unfpa.philippines>

mobile application COVID KAYA, expansion of laboratory network for COVID-19 testing – allowing for a more realistic picture of the actual number of cases in the country. Furthermore, it informed that the trend will continue to increase given the increased movement of people after the relaxation of movement restrictions.

National policy framework in response to COVID-19

The Philippine government adopted a multi-sectoral response to COVID-19 by activating the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF-EID)<sup>43</sup> to assess, monitor, contain, control and prevent the spread of COVID-19 in the country. A national action plan (NAP) was created as the government’s overall strategy in dealing with the pandemic and its impact.

Following the DOH (2020) confirmation of the first cases of coronavirus disease on January 30 and local transmission on March 7, it raised the COVID-19 Alert System to Code Red sublevel 1 to prepare for the possible increase in suspected and confirmed cases in the country. On March 8, President Duterte declared a state of public health emergency throughout the country through Proclamation No. 922 and promoted a whole-of-government approach in addressing the disease. The COVID-19 Alert System was further raised to Code Red sublevel 2 on March 12 as recommended by the IATF-EID following the evidence of community transmission. The National Capital Region (NCR) was placed under ‘community quarantine’ from March 15 to April 14 and imposed stringent physical distancing measures including suspension of classes, mass gatherings and non-essential work, flexible work arrangements, and travel restrictions.

On March 16, the President declared a state of calamity due to COVID-19 by way of Proclamation No. 929. To take drastic measures to stop the further spread of the disease, he placed the entire Luzon under enhanced community quarantine (ECQ) from March 17 to April 13 to halt the further spread of COVID-19 and issued a memorandum detailing additional guidelines for its management (IATF Joint Resolution No. 13, s. 2020). Thereafter, other areas of the country where UPAKAT and Tebtebba partner communities are located has also issued ‘community quarantine’ in varying degrees including the provinces of Davao del Norte, Davao de Oro, Agusan del Sur, Agusan del Norte, North Cotabato, Maguindanao, Sultan Kudarat and Sarangani (Table 2).

On March 23, 2020, Republic Act 11649 or the “Bayanihan to Heal as One Act” was passed into law authorizing the President to exercise powers that are necessary and proper to respond to the crisis brought by the pandemic.

Table 2. Community quarantine measures imposed in UPAKAT and Tebtebba areas in the Philippines

province	status	basis
Mountain Province	- community quarantine effective March 16	E.O. No. 13, s. 2020
Oriental Mindoro	- voluntary community quarantine effective March 16	E.O. No. 22, s. 2020

<sup>43</sup> IATF-EID was created through Executive Order No. 168 in 2014 and is composed of key government agencies: Department of Health (Chair), Department of Foreign Affairs, Department of Interior and Local Government, Department of Justice, Department of Labor and Employment, Department of Tourism, Department of Transportation, Department of Information and Communications Technology, Department of Trade and Industry, Department of Agriculture, Department of Budget and Management

Davao del Norte	<ul style="list-style-type: none"> <li>- ECQ (except Island Garden of Samal) effective 15 May 2020</li> <li>- Davao Region<sup>44</sup> ECQ effective 9PM of April 4 to 11:59PM of April 19</li> <li>- Davao Region ECQ extended to April 26</li> </ul>	<p>E.O. No. s, 34, s. 2020</p> <p>E.O. No. 23, s. 2020</p> <p>Davao IATF Resolution</p>
Davao de Oro	<ul style="list-style-type: none"> <li>- community quarantine effective March 16</li> <li>- Davao Region ECQ effective 9PM of April 4 to 11:59PM of April 19</li> <li>- Davao Region ECQ extended to April 26</li> </ul>	<p>E.O. No. 0023, s. 2020</p> <p>E.O. No. 23, s. 2020</p> <p>Davao IATF Resolution</p>
Agusan del Sur	<ul style="list-style-type: none"> <li>- community quarantine effective midnight of March 17</li> <li>- ECQ effective April 6</li> </ul>	<p>E.O. No. 13, s. 2020</p> <p>E.O. No. 18, s. 2020</p>
Agusan del Norte	<ul style="list-style-type: none"> <li>- community quarantine effective 11:59 of March 18</li> </ul>	<p>E.O. No. 18, s. 2020</p>
North Cotabato	<ul style="list-style-type: none"> <li>- pre-emptive lockdown</li> </ul>	<p>E.O. No. 21, s. 2020</p>
Maguindanao	<ul style="list-style-type: none"> <li>- community quarantine</li> </ul>	<p>BARMM Advisory</p>
Sultan Kudarat	<ul style="list-style-type: none"> <li>- ECQ effective March 28</li> <li>- Extension of ECQ until April 30</li> </ul>	<p>E.O. No. 25, s. 2020</p> <p>Resolution No. 2020-006</p>
Sarangani	<ul style="list-style-type: none"> <li>- GCQ effective March 19</li> <li>- ECQ starting March 28</li> </ul>	<p>E.O. No. 08, s. 2020</p> <p>E.O. No. 10, s. 2020</p>

On April 7, the government extended the Luzon-wide ECQ until April 30 to prevent the spread of COVID-19. On April 30, Executive Order No. 112 was issued extending the ECQ in NCR, Central Luzon, CALABARZON, Pangasinan, Benguet, Baguio City, Iloilo Province, Cebu City, and Davao City, which have been assessed as high-risk areas, until May 15 while a transition to general community quarantine (GCQ) in low-risk or moderate-risk areas from May 1 to 15, 2020 was enforced. To further prevent the spread of COVID-19, the GCQ in all parts of the Philippines except for Metro Manila, Laguna and Cebu were placed under MECQ and was extended until May 31, 2020. The MECQ allows limited movement for obtaining essential services and work, the operation of selected manufacturing and processing plants for up to 50% of the workforce and limited transportation services or essential goods and services, but should adhere to minimum precautionary measures (IATF-EID Resolution No. 37, 2020).

An updated risk classification through IATF-EID Resolution No. 40 (2020) was released on May 27 that ended the community quarantine in Luzon, placed NCR, Pangasinan, Region II, III, IV-A, VII, Zamboanga City and Davao City under GCQ, and the rest of the country under MGCQ until 15 June 2020. However, from June 16, Cebu City's classification was reverted to ECQ. NCR under GCQ and the remainder of the country remain under MGCQ until June 30 (IATF-EID, Resolution No. 46-A). On June 30, the President is set to announce new community quarantine measures.

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<sup>44</sup> formerly called Southern Mindanao, Davao region is composed of Davao de Oro, Davao del Norte, Davao del Sur, Davao Oriental and Davao Occidental

Table 3. Timeline of COVID-19 events and government measures to contain its spread in the Philippines

date	event
January 30, 2020	DOH confirmed first COVID-19 case in the country
	WHO declared the outbreak as Public Health Emergency of International Concern
February 11	WHO announced a name for the new coronavirus disease – COVID-19
March 7	DOH confirmed first case of local transmission
	DOH raised the COVID-19 Alert System to Code Red sublevel 1 to prepare for possible increase I suspected and confirmed cases in the country and to facilitate the mobilization of resources
March 8	President Duterte declared A State of Public Health Emergency through the signing of Presidential Proclamation No. 922 and promoted a whole-of-government approach in addressing the COVID-19
March 11	WHO declared COVID-19 as pandemic
March 12	DOH established evidence of community transmission in the country
	Government raised the COVID-19 Alert System to Code Red sublevel 2 as recommended by IATF-EID Resolution No. 11
	NCR was placed under community quarantine from March 15 to April 14 and imposed stringent social distancing measures including suspension of classes, mass gatherings and non-essential work, flexible work arrangements, and suspension of domestic, land and sea travel
March 15	partial lockdown in Metro Manila begins
March 16	President Duterte declared a State of Calamity throughout the Philippines due to COVID-19 through Proclamation No. 929
	The President place all Luzon under enhanced community quarantine (ECQ) until April 13; a memorandum detailing guideline for COVID-19 management was issued by the Executive Secretary; other areas in Visayas and Mindanao declared community quarantine in varying degrees
March 23	RA 11469 or the “Bayanihan to Heal as One Act” was passed into law
April 7	Memorandum from the Executive Secretary extended the Luzon-wide ECQ until April 30 based on IATF Resolution No. 20
April 30	Executive Order No. 112 Imposing an ECQ in high-risk geographic areas of the Philippines and a General Community Quarantine in the rest of the country from 01 to 15 May 2020, Adopting the Omnibus Guidelines on the implementation thereof, and for other purposes was signed; imposed ECQ in NCR, Central Luzon (except Aurora province), Calabarzon, Benguet, Pangasinan, Iloilo, Cebu, Bacolod City and Davao City and a transition to general community quarantine in all other areas
May 15	Inter-Agency Task Force Resolution No. 37 placed Cebu City and Mandaue City under ECQ; all highly-urbanized cities of the National Capital Region, the municipality of Pateros, Bataan, Bulacan, Nueva Ecija, Pampanga, Zambales, Angeles City and Laguna under modified ECQ; and all other provinces, HUCs, and ICCs placed under GCQ until 31 May 2020

May 27	Inter-Agency Task Force Resolution No. 40 released an updated risk classification in all provinces, highly urbanized cities and independent component cities and placed localities under different classifications of community quarantine with the goal of balancing economic activity and public health
June 15	Inter-Agency Task Force Resolution No. 46-A placed Cebu City under ECQ, NCR and some provinces were placed under GCQ and the rest of the country remained under MGCQ until June 30

Mechanisms and Operationalization

To be able to slow down the spread of COVID-19, the government-imposed lockdown and travel restriction on land, domestic and international air and sea travel. Law and order during the duration of the ECQ were tasked to the National Joint Task Force Coronavirus Shield by the PNP, AFP, PCG, and BFP to address the effects of COVID-19. The Task Force was deployed and put up and man quarantine control points, conduct patrols, and other crime-related functions.

**Indigenous Peoples and COVID-19**

The geographic and community features of rural and remote indigenous communities, along with the conditions of economic and food insecurity and marginalization from services, can make indigenous peoples more vulnerable to COVID-19 (Smith Morris and DeLuca, 2020). Many indigenous peoples in the Philippines reside in geographically isolated and disadvantaged areas (GIDAs)<sup>45</sup> with lack of access to basic social services and information. Their health situation is generally characterized by high morbidity and mortality resulting from poor access and delivery of quality health services, lack of health facilities, and inadequate logistical support (DOH Administrative Order No. 2020-0023). This prevailing condition is further exacerbated by the COVID-19 pandemic and government-imposed restrictions to contain it. Threatened with the socio-economic impacts of the pandemic, some indigenous peoples continue to rely on their activities within their land and natural resources for survival, indigenous knowledge to prevent the disease within their territory, and strengthening their indigenous health practices that are integrally related to their belief systems.

**III. Results and Analysis**

**Impacts**

Indigenous peoples in the Philippines were caught flat-footed and distracted with the declaration of the Luzon-wide enhanced community quarantine or lockdown and the imposition of community quarantine measures in varying degrees by local government units in Visayas and Mindanao to prevent the spread of COVID-19. This affected IPs normal living conditions but does not give a feeling of safety as they are prone to infectious disease and remote areas have no-to-limited access to COVID-related information. In a

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<sup>45</sup> refer to communities with marginalized population physically and socio-economically separated from the mainstream society and characterized by: physical (isolated due to distance, weather conditions, and transportation difficulties) and socio-economic (high poverty incidence, presence of vulnerable sector, communities in or recovering from a situation of crisis or armed conflict) factors

recent statement, the UN Special Rapporteur on the Rights of Indigenous Peoples, José Francisco Cali Tzay warned that the impacts of COVID-19 in indigenous communities are devastating beyond health threat (OHCHR, 2020).

### Health

While the country is still in the middle of an unprecedented health emergency, David, Rye, and Agbulos (2020) established that the proactive lockdown and quarantine measures imposed slowed down the number of transmission rates and the number of cases of COVID-19 in the Philippines. It is worth noting that the UPAKAT network and other Tebtebba partner IP communities remain COVID-free. However, this doesn't mean to say that no COVID-19 cases among the indigenous peoples in the country. For instance, in the Cordillera region where the majority of the population are indigenous, there is a high probability that most of the confirmed COVID-19 cases are indigenous individuals except for positive cases in the city of Baguio and the municipality of La Trinidad in Benguet whose population are a mix of different people and cultures (Table 4). DOH-CAR data showed that the number of confirmed COVID-19 cases spiked from 48 cases by the end of May and 116 cases by the end of June during the easing of the lockdown where the region transitioned to MGCQ. While most of the cases are front liners, others are attributed to the returning locally stranded individuals and OFWs, travel history from an area with COVID-19 infection, close contact with a confirmed case, and local transmission.

Table 4. COVID-19 cases in the Cordillera Administrative Region as of June 30, 2020

province/city	COVID-19 cases		total
	male	female	
Abra	4	4	8
Apayao	6	4	10
Baguio City	24	22	46
Benguet	28	10	38
Ifugao	6	0	6
Kalinga	4	3	7
Mountain Province	1	0	1
<b>total</b>	<b>73</b>	<b>43</b>	<b>116</b>

The dry season in the Philippines from March to May is usually accompanied by illnesses similar to COVID symptoms like cough, colds, and fever. While these illnesses are curable by indigenous health systems and practices, it triggers a person(s) having these indications to be isolated, put under observation, and is feared by members of the community. However, the different protection measures being propagated – staying at home, frequent hand washing and disinfection with alcohol, and using face-mask – are difficult to implement in the face of hunger, lack of water supply systems and sanitation facilities within the IP communities (R. Ambangan, personal communication, April 1, 2020). Yet, the punishments for non-compliance are traumatizing as in the case of women caught without face masks that were exposed under the sun and were asked to squat in the municipalities of Carmen, North Cotabato and South Upi,



Maguindanao, respectively (R. Ambangan and L. Datuwata, personal communication, April 1 and June 21, 2020).

While these show that indigenous peoples are aware of the different COVID-19 preventive measures, they felt short on the knowledge of how the disease is acquired and transmitted. For instance, an indigenous youth group interviewed thought that the disease comes from different animals and unclean things that need to be corrected through education or awareness-raising activities. This can be attributed to the difficulty in access to reliable information related to COVID-19. Also, the Community of Practice on Community Engagement (CoPCE) rapid information, communication and accountability assessment for other regions besides NCR found out a low awareness on how to access hotlines and quarantine facilities as well as of personal risk of becoming infected or infecting someone else with COVID-19 (DOH, 2020).

The recurring forced displacements (*bakwits*) of indigenous families due to land grabbing, forced occupation and armed conflict within the Téduray-Lambangian Ancestral Domain Claim (TLADC) in the province of Maguindanao increases their susceptibility of contracting the disease because they are cramped in small temporary shelters in covered courts or school grounds and lack food, basic health and sanitation facilities, and domestic water supply may not be readily accessible. These situations may also exacerbate existing violence and may lead to new forms of violence against women and behavioral and emotional disturbances to children (WHO, 2017).



Figures 2 & 3. photos of evacuation sites in barangay Kalamongog, South Upi, Maguindanao, by TriPOD Cotabato (2020, April 14). <https://www.facebook.com/tripod.cotabato/posts/10220012425954578>



Figure 4. Covered court turned evacuation center in barangay Pilar, South Upi, Maguindanao, by Edward Intang Abelardo (2020, June 27).

<https://www.facebook.com/photo.php?fbid=2950082148403518&set=pcb.2949627138449019&type=3&theater>

Also worrying is the impact of the COVID-19 mitigation measures on the mental health and well-being of indigenous peoples and the risks of violence to women and children. The incidence rate of hypertension among the Mangyan in Oriental Mindoro increased because of the stress caused by the strict implementation of policies. Reports of an agitated Mangyan who is unable to pass a checkpoint punched a police officer<sup>46</sup> and a Téduray youth stranded in Kidapawan City who committed suicide that his family attributed to anxiety and depression (S. Unsad, personal communication, May 23, 2020).

Whilst data are scarce, the WHO (2020) informed that the violence against women tends to increase during the COVID-19 pandemic. These can come from the effects of stay-at-home orders and movement restrictions, which could increase women's exposure to violent partners (UNFPA, 2020). The Philippine Commission on Women (PCW) as reported by Ranada (2020) documented 804 incidents of gender-based violence and violence against women and children from March 15 to April 30, 2020 (Table 5). The National Government Portal (NGP, 2020) reported that since the implementation of ECQ, the PNP WCPD has recorded 763 cases of crimes against women and 531 cases of crimes against children as of April 30, 2020, and a total of 2,183 cases of violation against women and 2,077 cases of violence against children as of June 11, 2020. In the province of Agusan del Sur, PASAKK<sup>47</sup> was able to document at least five cases of gender-based related violence during the ECQ<sup>48</sup>.

<sup>46</sup> from the monitoring report of the Indigenous Navigator project in the Philippines

<sup>47</sup> Panaghiusa Alang sa Kaugalingnan ug Kalingkawasan, an indigenous peoples organization based in the province of Agusan del Sur that promotes sustainable agriculture, literacy program and human rights education for children, health, and community building

<sup>48</sup> (1) 19 year-old woman beaten by her partner and his partners' mother, the woman was asked to leave their house but was not allowed to take her child with her thus she asked for PASAKKs help to retrieve her child; (2) a mother of four that was not given food pack by the LGU because his husband was one of the recipients of the SAP but has left them; (3) two female minors who were being paid Php500/700 by their neighbor just to watch him masturbate; (4) three women went missing after going to the next barangay and was found the next day in a different barangays

Table 5. Reported incidents of gender-based violence during the lockdown (March 15 to April 30, 2020)

REGION	Type of Incident								TOTAL
	R.A 9262 Anti-VAWC Law	R.A 8353 The Anti- Rape Law of 1997	Act of Lasciviousnes s Art. 336 of RPC	Concubinage Art. 334 of RPC	R.A. 9995 Anti-Photo and Video Voyeurism	R.A. 9208 Anti- Trafficking in Persons	R.A 7877 Anti-Sexual Harassmen t	R.A. 11313 Safe Spaces	
National Capital Region	37	9	9	1	2	0	0	1	59
Cordillera Administrative Region	8	1	0	0	0	0	0	0	9
I – Ilocos	26	2	0	1	0	0	0	0	29
II – Cagayan Valley	7	3	2	0	0	1	0	0	13
III – Central Luzon	43	11	2	1	0	2	0	0	59
IV-A – CALABARZON	62	3	3	0	0	0	0	0	68
IV-B – MIMAROPA	6	2	0	0	0	0	0	0	8
V – Bicol	29	5	4	0	0	0	0	0	38
VI – Western Visayas	61	3	3	0	0	1	1	0	69
VII – Central Visayas	224	2	5	1	1	2	0	0	235
VIII – Eastern Visayas	18	4	3	0	0	0	0	0	25
IX – Zamboanga Peninsula	31	2	1	1	1	0	0	0	36
X – Northern Mindanao	33	6	3	0	0	0	0	0	42
XI – Davao	15	6	3	0	0	0	0	0	24
XII – SOCCSKSARGEN	18	5	1	0	0	0	0	0	24
XIII – Caraga	47	4	4	0	2	0	0	0	57
BARMM	6	2	1	0	0	0	0	0	9
<b>TOTAL</b>	<b>671</b>	<b>70</b>	<b>44</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>1</b>	<b>804</b>

Note: Reprinted from “Reported incidents of gender-based violence during lockdown,” by PNP as quoted by the PCW in During coronavirus lockdown: Abused women, children more vulnerable by Ranada, P., 2020 (<https://www.rappler.com/newsbreak/in-depth/260072-during-coronavirus-lockdown-abused-women-children-more-vulnerable>)

Moreover, COVID-19 has caused disruptions in meeting family meeting needs (UNFPA, 2020) could result to the highest number of births in the Philippines that is attributed to the shortage of contraceptives especially in island provinces and rural areas (Ratcliffe and Fonbuena, 2020), fear about COVID-19 exposure (UNFPA, 2020), and distance of health facilities thus, women are refraining from visiting health facilities. PASAKK and Erumanen ne Menuvu has observed that there was an increase in the number of pregnancies in the community and at the same time, PASAKK reported that based on the data from barangay Poblacion health center in the municipality of Bunawan, Agusan del Sur, there were 10 individuals between the age 14 to 19 got pregnant from September 2019 to January 2020. From the onset of the lockdown up to the time of writing, there was no record of teenage pregnancy in the barangay. The decrease is attributed to the lockdown that required everyone to stay at home.

with kiss marks on their necks; (5) a child physically abused by her grandmother and is being taken cared of in PASAKKs shelter for a month

Finally, indigenous communities shared their concern with the possible impact of the institutionalization of the Executive Order 114 or the ‘Balik Probinsiya, Bagong Pag-asa’ (abbreviated as BP<sup>2</sup>; Return to the Province, New Hope) program, ‘Hatid Estudyante Para Makabalik sa Probinsiya’ (literally ‘Transport Student to Return to the Province’) program, ‘Hatid Probinsiya’ (literally ‘Transport to the Province’) of the government and few privately organized ‘Hatid Probinsiya’ initiatives for returning or repatriated Overseas Filipino Workers (OFWs), locally-stranded individuals (LSIs), and locally stranded students to return or send them off in their ancestral homes and domains. The program contributed to the spread of COVID-19 cases in the provinces, especially if coming from an area with COVID-19 cases that could strain the health care capacities of the provinces that are not as robust as the health care systems in the cities. The League of Municipalities of the Philippines Mountain Province Chapter (2020) for instance informed the IATF-EID during the easing of the lockdown that they still have limited resources, infrastructures, facilities, and meager budgets to handle the crisis once an individual test positive of the virus. ‘With the high rate of the transmissibility of the disease, it can take only one positive carrier to infect *en masse*’, they stressed. Further, with the prevalence of asymptomatic carriers of the disease, the efforts to control transmission can be undermined. The provinces of Palawan, Ifugao, and Kalinga, for instance, had been COVID-free until their first cases were recorded with returning OFW and residents in the area.

**Box 1. Balik Probinsiya, Hatid Probinsiya and COVID-19: the case of Kalinga Province**

*The province of Kalinga in the Cordillera Administrative Region is among the earliest to set up its quarantine guidelines and has the most stringent border policy to prevent the entry of COVID-19 (Cimatu, 2020). However, the province broke its COVID-free record with the seven reported confirmed COVID-19 positive cases from June 10 to 20, 2020. Three of these cases arrived in Tabuk City through the ‘Oplan Padatong’, a privately organized project conceptualized via the ‘Balik Probinsiya’ program of the government, which ferried LSIs to the City of Tabuk from the National Capital Region on June 6 and 8, 2020. Two of the confirmed cases are returning OFWs while the other two are front liners who had close contact with a confirmed case.*

*Table 6. Confirmed COVID-19 cases in Kalinga province as of June 30, 2020*

<b>patient number</b>	<b>date case was confirmed</b>	<b>age</b>	<b>sex</b>	<b>exposure</b>	<b>status</b>
K-01	June 10, 2020	30	M	travel history from NCR	recovered
K-02	June 11, 2020	51	M	OFW	recovered
K-03	June 14, 2020	22	F	travel history from NCR	recovered
K-04	June 14, 2020	25	F	travel history from NCR	recovered
K-05	June 14, 2020	36	M	close contact with confirmed case	recovered
K-06	June 14, 2020	38	M	close contact with confirmed case	recovered
K-07	June 20, 2020	33	F	OFW	recovered

*Under the established health protocols by the city LGU, the LSIs and returning overseas Filipinos were subjected to rapid testing at the barangay Agbannawag Holding center and were subsequently transported to their respective barangay or city isolation units while waiting for the result. Moreover, the OFWs have undergone quarantine in Manila, whose swab test resulted negative that is why they were allowed to come home with a trip coordinated by OWWA to the DILG that also made the coordination with the city government.*

*With the sudden emergence of COVID-19 in the province, municipal mayors with constituents who arrived through the 'Oplan Padatong' placed the different barangays into lockdown and were only lifted when the suspects' swab test yielded a negative result. The province has also regulated the entry of LSIs since the City Isolation Units and barangay Isolation units have limited space. While some residents of Kalinga are enraged with the returning residents which can endanger the local population, Tabuk City Mayor Darwin Estrañero reiterated that, "Saan tayo nga iparit nga agawid dagiti kailyan, ngem masapol a suruten tayo dagiti protocol a ma-test kayo pay idia pagapuan yu tapnu masigurado a negative kayo nu agawid ditoy Tabuk City. Ta sayang dagiti nagrigatan tayo ngamin kasapulan tayo nga i-lock down dagiti barangay ken baka iti syudad, ket mataktak manen dagiti trabaho kenn pagbyagan tayo." (We do not ban the return of our townsman, but we need to comply with health protocols to ensure that returning residents in Tabuk City are negative of COVID-19. We do not want to waste our efforts in the last months because we need to place the different barangays into lockdown and maybe the city that will disrupt our economy and source of living.)*

### Food

Despite having vast tracts of ancestral domains/lands, there are still indigenous communities in Mindanao and Palawan, which generally felt shortage of food, including those from the *sulagad* and *suragad*, traditional agroforestry system of the Téduray and Lambangian in the province of Maguindanao and Erumanen ne Menuvu in the province of North Cotabato, respectively. Exacerbating this situation is the drought, African Swine Fever, and poultry disease experienced in Mindanao. "We fear that if the lockdown will again be extended, we might consume the corn seeds stored for the next cropping season", stated Jerry Datuwata, a Lambangian indigenous leader in sitio Benuan, barangay<sup>49</sup> Kuya, South Upi, Maguindanao after the two-month lockdown.

Under the ECQ, farming activities should not be impeded. However, The Hanunuo Mangyan and the Tinananen Manobo in the municipalities of Mansalay in Mindoro and Arakan Valley in North Cotabato were still being prevented from accessing their ancestral forests and individual farm areas to gather food and tend to their farms.

Access to the market has been a challenge because of the strict implementation of regulations. While essential establishments are still open despite the lockdown, most are situated in the town center, which is hard for the people in the far-flung to access since they have to walk far. For instance, the Téduray inhabiting the mountainous areas of the province of Maguindanao can source out food from the wild but have difficulties in going to the market to buy basic needs (L. Datuwata, personal communication, May 4, 2020). Women are concerned about how to fit their household budget as there are observed prices increased on transportation fare and basic necessities notwithstanding the price freeze announced by the Department of Trade and Industry (DTI) (B. Sumin, personal communication, April 7, 2020). Moreover, a quarantine pass is issued to an assigned person per family to purchase foods that some Tédurays living in barangay Pilar, South Upi, Maguindanao dominated by migrants were discriminated against and were not issued HQP to buy food (L. Datuwata, personal communication, April 3, 2020).

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<sup>49</sup> A barangay or village is the smallest administrative division in the Philippines followed by municipality/city, province, and region. The barangay is also informally subdivided into smaller areas called purok or sitio.



## Livelihoods

Livelihood in IP communities revolves around subsistence agriculture. But for the Hanunuo Mangyan in the municipality of Mansalay, Oriental Mindoro and the Lumads<sup>50</sup> in Mindanao who are already in a difficult situation reeling from the economic losses caused by typhoon Ursula and drought, respectively, COVID-19 can be compared to grains of salt rubbed to their already existing wound.

“We are supposed to be planting in March and will start harvesting after three months”, says Datu Berino Sumin, a Tinananen Manobo indigenous leader in Arakan Valley in North Cotabato. “Most of our farms remain barren because they would not let us through the checkpoints during the lockdown”, he continued. Indigenous farmers in Mindoro were only allowed to attend to their farms after the ECQ was eased but had to present a travel pass, a health declaration form and a certificate from the Department of Agriculture but only to find out that most of their crops were already damaged (Box 2). In Palawan, livestock was not spared from being barred in passing through checkpoints to graze. Furthermore, kaingin activities continued but limited the number of people due to the physical distancing measures and prohibition of the senior citizens and individuals 21 years old and below from going out (J. Salunday, personal communication, June 12, 2020).

### Box 2. The case of Rudy Mantic<sup>51</sup>

*The Hanunuo Mangyan in the municipality of Mansalay, Oriental Mindoro mostly relies on shifting cultivation and hunting wild animals to support their everyday living and some had shifted to subsistence production to the cultivation of cash crops.*

*Rudy Mantic maintains a diverse agricultural farm in the neighboring municipality that he could not attend during the two-month implementation of the enhanced community quarantine in the country. When the province ECQ was eased to GCQ, he was required to get a travel pass, a health declaration form and a certificate from the DA. By the time he was able to visit his farm, most of the crops had already withered.*

*He suffered a great economic loss and could not even recover his capital. Worse, his son who usually assists him in the work can't since anyone below 21 is required to stay indoors. From time to time, he employs four other indigenous individuals who also need to get the same documents that he has but one was denied because he is already considered a senior citizen. In addition, they also faced the problem of transportation because the motorcycle back ride (angkas) is not allowed. To be able to go to their farms, they sometimes walk through the mountains or sneak at the checkpoints at night time when nobody is manning it.*

The marketing of farm and fishery products is severely affected by difficulty in the transport system since the lockdown despite the guidelines allowing for the unhampered flow of essential goods and supplies because of the varying interpretations of transportation rules at checkpoints. Despite the DA's “Kadiwa ni Ani at Kita” directly marketing program that had reached out to farmer-producers and other community workers, while providing access to fresh and affordable food to consumers (Layaoen, 2020), various reports in the Cordillera show tons of vegetables being dumped by farmers because of the limit in movement coupled with the low demand in vegetables as most activities and events scheduled for March to May were canceled.

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<sup>50</sup> Lumad is a term being used to denote the indigenous peoples in Mindanao, Philippines

<sup>51</sup> from the monitoring report of the Indigenous Navigator project in the Philippines

The Manobos in the municipality of Jabonga in the province of Agusan del Norte lamented that they were not able to sell copra, dried meat or kernel of the coconut, which is one of the main crops in the area, because the traders were not allowed to set foot in their area (J. Porogoy, personal communication, April 12, 2020). Téduray residing in the mountainous communities of Maguindanao were able to source out food from the wild but had difficulties in going to the market to buy basic needs. Farmers who were able to bring their products at the market were offered low-cost prices (L. Datuwata, personal communication, May 4, 2020). For instance, the Lambangian in sitio Benuan, barangay Kuya, South Upi, Maguindanao were offered Php 8, 10, and 15 for a kilo that is used to be Php 12-13, 27-45, and 60-70 for a kilogram of shelled corn, copra, and monggo, respectively (J. Datuwata, personal communication, April 4, 2020). In the province of Agusan del Sur, the price of rice has also declined and was sold at Php 18/kg that used to be Php 25/kg (B. Barrios, personal communication, April 26, 2020) that was caused by the COVID-impact on transportation of harvest and the rice liberalization or tariffication law.

Meanwhile, the Hanunuo Mangyan in Mansalay, Oriental Mindoro were unable to bring their surplus produce and handicrafts in the market because they could not show business permits at the checkpoints<sup>52</sup>. The effect on fishermen is likewise heartbreaking. In Palawan, the absence of public transportation hampers the delivery of their catch in the market (J. Salunday, personal communication, June 12, 2020) while in Oriental Mindoro, the authorities only allow them to bring their catch twice a week<sup>53</sup>.

With the increasing practice of the cash economy, subsistence farming and traditional livelihoods were replaced or complemented with modern-day livelihoods such as contractual and regular income jobs or engagement in various commerce or enterprise. Hence, individuals who are reliant on 'arawan' or daily-wage earners are severely affected by the lockdown and it might take long before they could get back to work or be hired again. With the closure of non-essential business, many indigenous workers in cities and other provinces were stranded, left out of work, and some already exhausted their savings. There were also indigenous OFWs who have lost their jobs or applicants whose contracts did not push through. Some of these individuals left their children under the care of their relatives in an attempt to provide a better future for them. The youth, especially the fresh graduates, also lamented that the lockdown deprived them of the opportunity to apply for a job. In the Philippines, DOLE recorded over 1.4 million displaced workers due to COVID-19 as of April 13 (Ramos, 2020).

### Lands and Resources

Indigenous peoples remain vigilant in safeguarding their lands, territories, and resources amid COVID-19 pandemic. However, indigenous Téduray and Lambangian communities become victims of the constant encounter between state and non-state actors due to land grabbing or forced occupation by Moro of parts of their *fusaka ingéd* (ancestral domain) claim. The perpetrators took advantage of the health crisis to further drive them away forcing them to flee their homes and became evacuees in their own ancestral land. From the start of the lockdown, the Timuay Justice and Governance (TJG)<sup>54</sup> has recorded four incidents of armed conflicts within the ancestral domain in barangays Kalamongog, Kuya, and Pilar in Maguindanao that displaced 2,993 families (Box 3). For the entire Mindanao, the United Nations High

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<sup>52</sup> from the monitoring report of the Indigenous Navigator project in the Philippines

<sup>53</sup> from the monitoring report of the Indigenous Navigator project in the Philippines

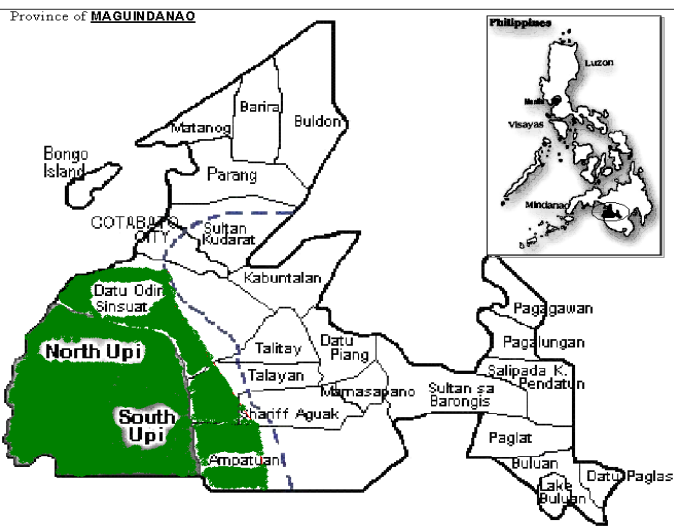
<sup>54</sup> an indigenous political structure or traditional form of leadership and governance system and conflict resolution mechanism of the Teduray and Lambangian ethnic group in the province of Maguindanao that has been in existence and was operational since time immemorial

Commissioner for Refugees (UNCHR, 2020) registered a total number of 79,657 families (374,130 individuals) who are currently displaced as of May 31, 2020.

Box 3. Brief situation in the ancestral domain of the Téduray and Lambangian amid COVID-19 outbreak<sup>55</sup>

Ancestral domain claim of the Téduray and Lambangian indigenous peoples

The Teduray and Lambangian Ancestral Domain Claim (TLADC) covers the municipalities of Datu Blah Sinsuat, Upi, South Upi, the upland portions of Datu Odin Sinsuat, Talayan, Datu Saudi Ampatuan, Datu Unsay Ampatuan, Datu Hoffer Ampatuan, Datu Sangki Ampatuan, Guindulungan and Ampatuan, and six northern barangays of Lebak, Sultan Kudarat. Led by Timuay Justice and Governance (TJG), the survey of



TLADC is completed and submitted to the National Commission on Indigenous Peoples (NCIP). However due to the hurdles related to NCIP's jurisdiction in the Autonomous Region of Muslim Mindanao (ARMM), the survey return was not processed.

With the installed Bangsamoro government as the result of the peace talks between the Government Republic of the Philippines and the Moro Islamic Liberation Front, TJG once again appeared in NCIP En Banc last August 23, 2019 in Davao City and August 27-29, 2019 in Koronadal City to gain support on the processing of their

ancestral domain claim. This was only met with a resolution signed by the Bangsamoro Transition Authority emphasizing that ancestral domain claims of Non-Moro indigenous peoples are prohibited within the Bangsamoro Autonomous Region of Muslim Mindanao (BARMM). This is just one of the manifestations of land conflict claims between the Moro peoples and Non-Moro indigenous peoples.

Evacuees from Sitio Kiatong, Barangay Kalamungog, South Upi, Maguindanao

On March 25, 2020, an armed group, suspected to be a lost command group harassed the barangay officials and health workers who were implementing the measures for the COVID-19 lockdown. They tried to close the borders between Sultan Kudarat and Maguindanao provinces which is in Laguitan, Datu Blah Sinsuat. This eventually resulted to the exchange of fires between the Armed Forces of the Philippines and the lost command group. After the encounter, houses of the civilians were also raided by the lost command group and took their televisions, cellphones, and live animals. They threatened to set the houses on fire if civilians will not leave their homes.

432 families from Sitio Kiatong, Barangay Kalamungog were forced to evacuate out of fear and went to the municipal gym of Lebak which is near the town center. On March 25, the municipal mayor of Lebak urged the evacuees to transfer to the school grounds in Sitio Tapudi, Barangay Kalamungog, which is near the highway, in order to comply to the COVID-19 measures enforced by the local government unit (Sultan Kudarat province already declared an Enhanced Community Quarantine which also covers Barangay Kalamungog). However, armed groups came to the area in pump boats, therefore, forcing the evacuees,

<sup>55</sup> Information from the emergency appeal by Téduray and Lambangian indigenous peoples on the continuing armed conflicts in time of Covid-19 and Fact sheet on the may-June 2020 crossfires at barangay Kuya, Pandan and Pilar, South Upi, Maguindanao



*once again, to move to Sitio Gandung, still in Barangay Kalamungog, which is more isolated than the previous two evacuation areas.*

*Evacuees from Sitio Langa-langa, Barangay Kuya, Sitio Bahar, Barangay Pandan, and barangay Pilar, South Upi, Maquindanao*

*On May 29, intense and heavy crossfires between AFP and MILF resulted in the residents of the sitio to evacuate in a covered court. On May 31, crossfires in Sitio Bahar erupted because of the shooting of two Téduray farmers. On the same day, gun fires started in barangay Pandan. Residents have also fled their homes and took refuge in temporary shelters in various areas. Based on the TJG monitoring there are 657, 629, and 617 displaced families from barangays Kuya, Pandan, and Pilar, respectively.*

The Certificate of Ancestral Domain Title (CADT) is not a guarantee. For indigenous peoples in the municipality of General Nakar, Quezon Province, the DPWH had taken advantage of the lockdown and worked on the access road for the planned Kaliwa dam within the territory of the Agta/Dumagat Remontado (M. Tena, personal communication, June 29, 2020). In the province of Palawan, the lockdown intensifies the encroachment of migrants in ancestral domains, illegal logging, and stealing of almaciga resin and other valuable forest resources (J. Salunday, personal communication, June 12, 2020). The same is true in the case of Oceana Gold in Didipio, Nueva Vizcaya where 100 personnel of the PNP escorted oil tankers towards the mining area during the lockdown. A few villagers manning the barricade had an argument with the police officers that led to the physical and violent dispersal of the barricade and the arrest and detention of one of their leaders. The oil tankers were able to proceed to the mining site, no police force was held responsible for the dispersal of the barricade, and the villagers were left with bruises and physical injuries and member facing charges in court (Mongabay 2020).

Some previously cultivated lands by the Erumanen ne Menuvu in the province of North Cotabato were lost due to land grabbing, hocking of lands to non-indigenous individuals, land conversions into palm oil and sugarcane plantation owned by non-indigenous individuals (R. Ambangan, personal communication, April 1, 2020). In the municipality of Arakan Valley, the Tinanen Manobo are being enticed to lease or sell their lands (B. Sumin, personal communication, April 28, 2020).

The Buhid Hanunuo- Mangyan Pinagbuklod (BHAPI)<sup>56</sup> reported that a certain portion of barangay Manaul in Mindoro inhabited by the Mangyans and Bisaya was surveyed during the lockdown and is being claimed by a certain Maulyon who threatened the residents if they do not compensate him. They further reported that DENR personnel conducted cave hunting on the whereabouts of the Mangyan sacred cave where they store the bones of their ancestors. With the resumption of all major infrastructure projects, a DPWH survey was conducted on planned road construction that would pass through their ancestral land without their consent<sup>57</sup>.

## **Interventions and Outreach**

### Government institutions

The national government and LGU officials are making ways and means to help the people.

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<sup>56</sup> an indigenous peoples organization based in the municipality of Mansalay, Oriental Mindoro that advocates indigenous peoples rights and strives to improve the livelihood of the Buhid Hanunuo Mangyan

<sup>57</sup> from the monitoring report of the Indigenous Navigator project in the Philippines

The Philippine government has launched its COVID-19 hotline and intensified information drive by providing updates, relevant advisories, communication materials on frequently asked question, IEC materials, educational materials, radio public service announcements, social media cards, infographic videos and short radio dramas on COVID-19 were developed and have been made available in different platforms<sup>58</sup> to promote public awareness and understanding on COVID-19. However, these materials are usually in English and regional major languages that most indigenous peoples hardly understand and require internet connectivity to access. Lately, some efforts translate DOH infographics into local languages such as Bisaya<sup>59</sup>, Kolibugan<sup>60</sup>, and Subanen<sup>61</sup>.

Through Memorandum Circular No. 2020-018, The Department of Interior and Local Government (DILG) mobilized the Barangay Health Emergency Response Teams (BHERTs) to help in the containment, control, and prevention of COVID-19 and advised each barangay to set up a barangay Information or Call Center to facilitate the reporting of coronavirus suspects and contacts. The same memorandum requested all LGUs to intensify IEC against coronavirus. Immediately, the Rural Health Unit (RHU) of the municipality of Sagada, Mountain Province complied and conducted awareness-raising on coronavirus disease in the different barangays.

To ensure that indigenous peoples are not left behind during the pandemic, the department issued an advisory to LGUs on April 28 to include IPs in all the programs and assistance pertaining to distribution of relief packs, rendering medical assistance, arrangement for necessary transportation, provision of a market for food and produce, and inclusion of qualified IPs in the social amelioration program (SAP).

The DOH also established its COVID-19 hotline and has been regularly providing up-to-date information, materials, and guidelines on COVID-19. On April 24, Department Circular 2020-0192 was issued to ensure that people living in GIDAs and the ICCs/IPs are well-informed on COVID-19. Mechanisms should be introduced and maintained to ensure their access to temporary treatment and monitoring facilities and referral hospital. It also released Administrative Order 2020-0021 (Guidelines on integration of the local health systems into province-wide and city-wide health systems) that aimed to strengthen the implementation of primary health care through enhanced coordination between DOH, DILG, and other relevant government and non-government stakeholders, including private sector; and Administrative Order 2020-0023 (guideline on identifying GIDAs and strengthening their health systems). It also released guidance on disability and mental health considerations during the COVID-19 outbreak and has collated different mental health resources. Furthermore, Regional centers for Health Development (CHD) and Ministry of Health in BARMM are increasingly making hotline services for psychological support. In April, it started providing free 24/7 telemedicine consultations through its hotline.

With support from the WHO, the DOH (2020) ensured the continuation of essential health-care services including but not limited to mother and child care, family planning, nutrition, and routine immunization

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<sup>58</sup> The information channels being used by the government that serves as the main sources of information on COVID 19 includes websites (<http://www.covid19.gov.ph>, <https://www.doh.gov.ph/2019-ncov>, <http://dohhealthpromotion.ph>), a web-based COVID-19 Tracker (<https://www.doh.gov.ph/covid19tracker>), COVID-19 Data Drop ([bit.ly/DOHDataDrop](https://bit.ly/DOHDataDrop)), Facebook sites (<https://www.facebook.com/OfficialDOHgov>, <https://www.facebook.com/DOHhealthphilippines>), DOH Viber Community, YouTube channel ([https://www.youtube.com/channel/UCbZQaAATaHjT\\_wG-kac3qfA](https://www.youtube.com/channel/UCbZQaAATaHjT_wG-kac3qfA)) and a Google Drive ([bit.ly/COVIDPH](https://bit.ly/COVIDPH)) that serves as a repository of all COVID-19 related public documents

<sup>59</sup> <https://drive.google.com/drive/folders/1UMZZZjO8VaFIcObpC2keaZTtPiyxcuem>

<sup>60</sup> <https://www.facebook.com/watch/?v=626284244895109>

<sup>61</sup> <https://www.facebook.com/watch/?v=244579259993937>

activities throughout the country. The National Commission on Indigenous Peoples (NCIP), the primary government agency responsible for protecting the rights of indigenous peoples, also took part in the endeavor by coordinating with the DOH medical consultations, immunization on indigenous children, pre-natal check-ups to indigenous pregnant women, post-natal check-up, and family planning services in indigenous communities.

The provision of assistance to women, children and other vulnerable groups' is included as a target in the healthcare component of the Bayanihan to Heal as One Act that were carried out by ensuring that rights and welfare of women and children are protected during the ECQ and monitored the incidence of violence against women and children (VAWC) cases reported, by the PNP Women and Children Protection Desks (WCPD) and the Philippine Commission on Women Inter-Agency Council on Violence Against Women, respectively. Gender-based violence response units, barangay VAWC desks, PNP Women's and LGBTQ+ help desks, and Women and Children Protection Units were established to respond quickly and effectively to all reports of gender-based violence. A webinar series on gender-based violence is also organized (NGP, 2020). However, there were no mention of any interventions to indigenous peoples in the accomplishment reports.

The LGUs has started providing relief packs to different communities. Whilst there are self-reliant indigenous community that relied on their traditional support system and waived the food packs in favor of more needy and less fortunate families (PIA, 2020), data collated by Tebtebba showed that barangay, municipal and provincial LGUs in the province of Palawan, Oriental Mindoro, and the island of Mindanao were only able to send relief in varying quantities to areas near the center and did not reach families situated in remote areas that only rely on root crops that will not last long. Relief packs were distributed per household, leaving extended families living in one roof sharing the meager resource. In Oriental Mindoro, complaints were raised by the BHAPI because of the discrepancy in the actual number of households in the municipality of Mansalay which resulted in two to three families dividing the content of one food pack. In the province of Agusan del Sur, PASAKK raised concerns of the non-inclusion of solo parents in the list of food pack recipients.

The Philippine National Police (PNP), through its 'Kapwa Ko, Sagot Ko' program provided relief assistance to indigenous families economically affected due to the implementation of the ECQ in Mountain Province and Benguet. PIA Mountain Province reported that relief assistance came in the form of agricultural products initiated by the PDRRMC and the Office of the Congressman thru the "East to West, West to East' agri scheme wherein produce from the western part of the province were brought to eastern municipalities and the products of the eastern towns are delivered to the western towns to help farmers. Few offices prioritized remote indigenous communities such as the Office of the Member of the Parliament in BARMM Romeo C. Saliga who were able to reach out to 175 families in North Cotabato, 330 families in Lanao del Sur and 2,776 families in Maguindanao. Furthermore, the Provincial IPMR Lito Mosela in Maguindanao also provided relief to indigenous communities within his area.

Section 4(c) of the Bayanihan to Heal as One Act provided emergency subsidy known as the SAP to low income households implemented by the Department of Social Welfare and Development (DSWD) that have attracted a lot of attention because the government imposed a quota on the number of beneficiaries that were lesser than those who were qualified to receive the cash aid, irregularities in the program such as in the selection process, the disorganized distribution system, and the deficiency in the amount provided. The Act states that each qualified family can receive at least Php5,000 to Php 8,000 based on the prevailing regional minimum wage rates. However, we have received that some beneficiaries in the province of Agusan del Sur who are supposed to receive Php 5,000 only received Php3,650. Recently, the

government admitted that the assistance is not enough to sustain the needs of the people. Even so, Agoot (2020) reported 21 towns from indigenous territories returned excess funds.

The Department of Labor and Employment (DOLE) has also extended cash assistance to formal and informal sectors displaced due to COVID-19 where NATRIPAL<sup>62</sup> has submitted its request.

To ensure food sufficiency during the pandemic, the Department of Agriculture launched the “Ahon Lahat, Pagkaing Sapat Laban sa COVID-19” (ALPAS COVID-19) or the ‘Plant, Plant, Plant’ program that includes distribution of vegetable seeds as starter kits for families to produce their own fresh and healthy foods from their backyards, trucking services of produce, provision of rice seeds, fertilizer and mechanization, financial assistance, and loan to farmers and fisherfolks. To complement their trucking services through the ‘Kadiwa on Wheels’, the DA launched the ‘eKadiwa’, an online marketing platform that directly links producers and agripreneurs to consumers (Bejarin, 2020). As of June 22, 2020, DA was able to procure Php 5.8 billion worth of produce that were included in LGU food packs and were sold through its Kadiwa ni Ani at Kita marketing platform and has benefitted around 1.3 million households (dela Cruz, 2020).

The Office of the Provincial Agriculturist (OPAg) in the province of North Cotabato has included in its beneficiary the Erumanen ne Menuvu indigenous youth organization in the municipality of Midsayap, North Cotabato who is now waiting for the seeds and farm tools to further strengthen their *suragad* (M. Taupan, personal communication, June 6, 2020). The Kalanguya rice farmers in Ifugao reported to have benefited from the rice seeds and fertilizer subsidy or have received Php 5,000 cash assistance from the Financial Subsidy to Rice Farmers (FSRF) program and some are being assessed to avail of the Php 25,000 loan, zero interest, payable in 10 years, to finance their emergency and production capital requirements (J. Martin, personal communication, April 25, 2020).

However, the flagship program of the DA may impact indigenous peoples lands and territories as Agriculture Secretary William Dar appealed to ‘transform part if not most of IPs idle ancestral lands into vegetable and high-value crop farms’ (Biong, 2020). Recently, the DA-NCIP Joint Special Order on Food Security and Ancestral Domains that aims to strengthen the DA-NCIP collaboration, cooperation, and coordination of various agri-fisheries program for the development of IPs, and their respective domains was signed (Gayta, 2020). Following this, the NCIP in Davao targeted to develop 430 hectares in the total ancestral domain areas in the region into food production sites to be a source of food and income for the IP communities (Gumba, 2020). However, for Fintailan Jennevie Cornelio of the TJG, “*Ang sinasabi nilang nakatiwangwang lang na lupain na pilit inaangkin ng mga ganid na korporasyon. Ang panukala na ito ng DA ay isa na naming paraan ng pagkontrol sa mga katutubo, pag-angkin ng aming lupain, at paghamak sa aming mga Karapatan. Ni minsan ay hindi naming naramdaman na para sa interest naming ang mga panukala at proyekto ng gobyerno.*” (What they refer as idle lands are the areas being claimed by savage corporations. This proposal by the DA is now a way of controlling indigenous peoples, possessing our lands, and disrespecting our rights. We never feel that the governments’ projects are of our interest).

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<sup>62</sup> indigenous peoples organization federated by 63 local associations that spread across the island of Palawan consisting three indigenous groups (Tagbanua, Pala’wan and Batak)



Figure 5. Erumanen ne Menuvu youth in Midsayap, North Cotabato working in their suragad. by Midsayap Youth Development Council. (April 19, 2020) [https://www.choosephilippines.com/awesome-filipinos/pinoy-culture/6552/midsayap-ip-youth-continue-traditional-farming-pra?fbclid=IwAR0Y8C7OPbFyBYxa48dwTuxoZ30-KoAujaNlvDN42LY6Uvm\\_5v8HXYmUQJk](https://www.choosephilippines.com/awesome-filipinos/pinoy-culture/6552/midsayap-ip-youth-continue-traditional-farming-pra?fbclid=IwAR0Y8C7OPbFyBYxa48dwTuxoZ30-KoAujaNlvDN42LY6Uvm_5v8HXYmUQJk)

While not identified as front liners, the NCIP has made efforts in reaching out to indigenous peoples through its Oplan Bayanihan “Abot Kamay Alagang NCIP Laban sa COVID-19”. From its social media posts, the Commission has coordinated with the various LGUs and organizations in their respective communities for the provision of food packs, hygiene kits, and financial assistance to indigenous peoples; regional offices provided IEC on COVID-19 on social distancing measures, actual demonstration of proper handwashing and proper hygiene, proper use of face mask in indigenous communities; coordinated with the DOH and conducted medical consultation, immunization on indigenous children, pre-natal check-ups to indigenous pregnant women, post-natal check-up, family planning services to IPs, coordinated with the DA for IPs to avail their services and distribution of swine and assorted fruit trees seedlings, palay seeds, vegetable seeds, fertilizers to support their food security during the pandemic; collaborated with other agencies to provide livelihood assistance/socio-economic projects to IPs especially indigenous women such as mat weaving, hand sanitizer making, sewing washable face masks; and helped locally stranded indigenous peoples and eventually sent them off in their ancestral homes and domains.

#### Non-government organizations

Some organizations collaborated directly with IPS and IPOs to immediately provide relief packages and financial assistance to IP communities. Food packs from Alyansa Tigil Mina (ATM), Assisi Development Foundation, and Non-Timber Forest Product (NTFP) were distributed to 615 indigenous families in barangay Irawan, Napsan, Bagong Bayan, Simpocan, and Ipil Bato (J. Saluday, personal communication, April 13, 2020). The Legal Rights and Natural Resources Center also provided relief packs to other indigenous communities in Maguindanao (L. Datuwata, personal communication, April 23, 2020).

*Bakwits* in barangay Kalamongog in Maguindanao were given relief packs by the Peace and Equity Foundation and cash assistance by the Philippine Business for Social Progress. Tri-people’s Organization Against Disaster Foundation (Tripod) based in Cotabato initiated a fund drive to provide them hygiene kits and face masks (L. Datuwata, personal communication, April 23, 2020). LILAK started its program on



'Babayenihan Laban sa COVID-19' and has provided food, medicines, or hygiene kits to indigenous women in some indigenous communities throughout the country.

An urgent public service announcement about COVID-19 disease outbreak in different indigenous languages that includes Kankana-ey, a language that is spoken in northern Luzon was produced by the Cultural Survival Indigenous Rights Radio (2020).

TriPOD and MiHAND have started training the Tebagka or the Erumanen ne Menuvu women sector on soap making and herbal gardening, indigenous leaders on sustainable agriculture technology through the processing of organic fertilizer, and youth (*beguwaterw*) and young professionals on humanitarian response.

### Private institutions and individuals

Private groups and organizations also helped in providing support to indigenous individuals. The Palawan Savers' Club was able to provide support to 500 indigenous families in barangays Napsan, Bagong Bayan, and Simpocan, in Palawan (J. Salunday, personal communication, April, 2020).

The proliferation of online sellers during the lockdown has also contributed to small farmers in the Cordillera to sell their produce. Some examples include Session Groceries<sup>63</sup> and Markitku<sup>64</sup>, online applications that allows a person to order fresh fruits and vegetables and are delivered at their homes maximized due to the difficulty in transportation. Lately, individual social medias were utilized to sell products that were expanded to include grocery items and make use of riders to deliver their product.

Different Oplan Sumaa programs by private groups in the Cordillera region were also able to help in bringing back stranded individuals and students in their hometowns thru their different Oplan Sumaa programs.

## **Indigenous Peoples Responses**

### Interventions

As the fear of coronavirus spread, many indigenous communities' in the Cordillera initiated community lockdowns (called *ubaya*, *tengao*, *te-er*, *to-or*, *far-e*, *tungro*) to prohibit anyone from entering and leaving the village by putting traditional and written signs and erecting physical barriers and performed associated rituals to seek protection and prevent the entry of COVID-19 within their communities. The Kankana-

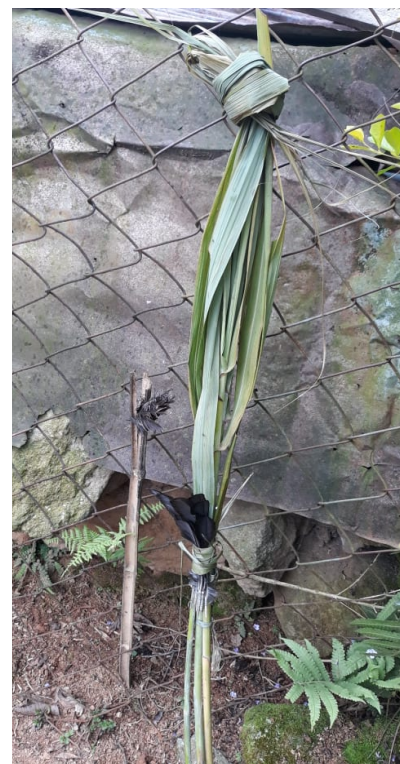


Figure 6. Pudong/buyaboy, (a knotted grass like in the picture) placed at every entrance of the community, to signal that nobody is allowed to enter and leave; photo by Aubrey Rose Doyog

<sup>63</sup> <https://www.sessiongroceries.com>

<sup>64</sup> <https://www.facebook.com/MarkitkuOnlineMarket/>

ey elders in Sagada performed *sedey/sudey*<sup>65</sup> in each barangay, a Bontok elder performed *manengtey*<sup>66</sup>, the Itnegs in Abra performed the *sagubay*<sup>67</sup> (Lapniten, 2020). In Mindanao, the *Kemamal Keadatan* (spiritual leader) of the Téduray and Lambangian facilitated a community ritual within the ancestral domain claim, the *Baylans* (spiritual leaders) of the Erumanen ne Menuvu in the province of North Cotabato and of the Higaonon in Cagayan de Oro facilitated an offering ritual called *sinuhung*<sup>68</sup> and a ritual called *panagpeng*<sup>69</sup>, respectively. Olanday (2020) shared that *Panalahawig*<sup>70</sup> and *Pamugsa*<sup>71</sup> was also performed by the indigenous leaders of the Talaanding, Bukidnon, and Higaonon residing in the province of Bukidnon (Olanday, 2020). Generally, these communities have zero cases of COVID-19. In areas where there are infections, these were brought by returning residents or visiting persons when the lockdowns were eased.

#### Box 4. Youth participation in the performance of *sudey* in Antadao, Sagada, Mountain Province<sup>72</sup>

The municipality of Sagada, Mountain Province has its own unique way of handling things. Thus, when the governor of Mountain Province issued an executive order declaring a province-wide lockdown in compliance with the Luzon-wide lockdown announced by the Philippine President, the elders in barangay Antadao, Sagada, Mountain Province decided to conduct the associated ritual that aims to protect the people and the community from COVID-19.

His curiosity was piqued when he heard his father, who came home one night, that they prepared the materials for the conduct of the *sudey*, a ritual to ward off the disease, so he went to visit a community elder to learn more about it. The elder informed him that the *sudey* is performed to dispel the occurrence of diseases, illnesses, or unknown circumstances in the community and was last performed during the Asian Flu (1956-1958) pandemic.

At 4 AM the following morning, he joined the elders as they trooped towards the '*susudeyan*' or the place where the ritual took place - the entrance of the community. Once the destination is reached, some of the elders looked for *sapil* or grass that will be used as *buyaboy*, a sign to prevent an individual from leaving and entering the community, while the others cut up the *etag* (salted and smoked pork meat) into small pieces, pierced it into a stick that was placed above the door of each house as an indicator that the people residing in the house were included to what was sought off in the ritual.

The ritual commenced with a chant called *sapon di sudey*. The elder who chanted then sip *tapuy* (rice wine) and spit it gradually to the grasses until these were soaked with rice wine. The *buyaboys* are then placed at every entrance of the barangay before they proceeded to the *dap-ay*<sup>73</sup>, built a fire and rest for the day. Likewise, the residents of the community stayed in their respective houses. After three days, the elders

<sup>65</sup> Sacred ritual invoking the supreme being Lumawig to cleanse and protect the town from an epidemic

<sup>66</sup> A ritual that involved divining omens from the internal organs of a sacrificial chicken. In this case, the organs particularly the bile ducts and liver, as presenting signs of protection, which the elders requested against COVID-19

<sup>67</sup> A traditional ritual practiced in Abra to ward of disease and pestilence. All trails and passage leading to the village are symbolically closed by placing warning signs, strands of rattan leaves and plants are placed across them to prevent people from entering the area.

<sup>68</sup> Offering ritual conducted in every window in response to the constant reminder from the Baylan that there is an epidemic that has to be prepared for

<sup>69</sup> ritual which invokes protection against deadly disease

<sup>70</sup> Ritual to sought forgiveness from Bulalakaw for making the waters unclean and asked the guardians water spirit to 'wash away impurities like the virus'

<sup>71</sup> Ritual to protect all life forms, particularly those in mountains and forests

<sup>72</sup> based on the narration of Mr. Ray Mark Manawas, a Kankana-ey Igorot youth who participated in the performance of the *sudey*

<sup>73</sup> a socio-political and religious institution important for various village affairs ruled by a council of male elders (*amam-a*) who earned their distinction by virtue of seniority, exemplary deeds, and experience

performed *pakdu* (that involved butchering a pig) in the *papatayan* (omen site) that invoked the success of the *sudey* and overall community well-being.

‘My participation in the ritual provided me an opportunity to deepen my relationship with my community and understanding of our culture. I believe that this age-old tradition performed to ward off the pandemic should be better understood,’ he said.

IP communities demonstrated their resilience during the height of the lockdown. For instance, Sadanga municipal mayor was lauded after he declined the food packs in favor of more needy and less fortunate families while the residents relied on their traditional support systems. In Kalinga, indigenous peoples invoked ‘*dagup* or *charup*’ through passing off the hat to raise funds to secure additional ventilators for their hospitals as a precautionary measure for COVID-19. According to a Kalinga native, “*dagup* is one of the many inherent values of the Kalinga peoples invoked in times of need where members of the community, in their own volition, are called upon to pitch a helping hand for those who are distressed to ease their burden” (Ngalob, 2020).

IPS and IPOs have raised funds to support their constituency or member organizations. With support from Tebtebba, TJG, Erumanen ne Menuvu Kamal<sup>74</sup>, MALUPA<sup>75</sup>, and PASAKK were able to augment food and provide hygiene kits to 509 families in barangay Lamud, South Upi, Maguindanao; 1000 households in the province of North Cotabato; 3,836 households in the municipality of Arakan Valley, North Cotabato; and 612 families in the municipalities of Loreto and Bunawan in Agusan del Sur, respectively. PASAKK and MALUPA have started posting COVID-19 infographics in Manobo and Tinananen Manobo languages in conspicuous areas of the community and have distributed pamphlets containing COVID-19 related information. Information and education campaigns to indigenous leaders, women, youth, and children within their area of jurisdiction were also conducted on the importance of proper hygiene. The Tebagka has also started producing soaps, preparing their herbal gardens and sewing facemasks for the market while the youth are planning on how to strengthen their group to respond to emergencies. “These empower the women and youth as they are going along the mainstream. This will provide a venue to allow a self-governing group to alleviate their living condition amid the crisis”, remarked Mr. Billy Pobre, an Erumanen ne Menuvu leader.

Perhaps, one of the positive impacts of the pandemic is the revival and strengthening of the *sulagad* and *suragad*, traditional agroforestry systems of the Teduray and Lambangian and Erumanen ne Menuvu, respectively, as the residents’ source of food. However, with the drought that is being experienced in some communities, the root crops might not suffice; thus, both IPS continue to advocate it especially to the families who had embraced cash-economy and are yearly indebted to traders. The Sanguniang Kabataan federation in the municipality of Midsayap had included it in their program to be able to keep it alive and to be integrated into the government programs. To complement the program of the DA, the TJG has distributed vegetable seeds to its constituents in barangay Lamud in South Upi, Maguindanao as a starter to revitalize or strengthen their *sulagad*. The Samahang Pangkabuhayan sa Sitio Lamak (SAPASILAK) does the same to indigenous peoples in the province of Oriental Mindoro.

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<sup>74</sup> the indigenous political structure and collective governance structure of the Erumanen ne Menuvu tribes in the province of North Cotabato formed out of the accumulated memories of experiences and wisdom that was sustained up to the present

<sup>75</sup> Manobong Lumadnong Panaghiusa, an indigenous peoples federation, duly accredited by the LGU of the municipality of Arakan Valley, North Cotabato, working on different advocacies and concerns of the Tinananen Manobo indigenous peoples



The backyard gardening of the Kalanguya in the municipality of Tinoc, Ifugao was also revitalized and had provided them with an immediate supply of vegetables and raw materials to continue their ginger tea production (A. Tayaban, personal communication, May 19, 2020). In the municipality of Sagada, Mountain Province, the residents had turned to agricultural activities and was able to clear idle lands for crop production. Aside from food sufficiency the program has strengthened the family relations and revived the spirit of bayanihan in working on the farm as many kids were involved with the different chores. It also served as a platform for the elders to transfer the different practices and knowledge to the young generation through observation and accompanying the elders during the actual conduct of the activity.

### Roles undertaken

TJG Task Force COVID-19 was formed primarily as a workforce that serves as the center of communication and channel assistance to different *fénuwo* (villages). The group is tasked to respond to emergencies during the lockdown and has the capacity and passes to travel between municipalities during the pandemic. The group has also been tasked by their leaders to gather data on the impacts of the lockdowns to the Téduray and Lambangian peoples that the IPS can use in their planning and has been coordinating with the different NGOs and local government officials in the conduct of relief operations, including redirecting of relief support to remote villages that have not been given any support yet (L. Datuwata, personal communication, May 4, 2020).

In consideration of the role women play in their homes, the TJG *Finatailan*<sup>76</sup>, with support from LILAK launched comprehensive information dissemination on COVID-19 to Téduray and Lambangian women thru text in Téduray language and was called ‘Mass texting for indigenous women’ to ensure that they are well-informed on the disease and the different policies that are implemented. Similarly, the Erumanen ne Menuvu youth sector in Midsayap maximizes text messaging and social media in relaying localized COVID-related information to their members (M. Taupan, personal communication, June 6, 2020) A. On the other hand, NATRIPAL makes use of radio sets to disseminate information since most areas have ‘unstable signal’, ‘poor signal’ or ‘no signal at all’ in Palawan (J. Salunday, personal communication, June 12, 2020).

Some indigenous leaders in the municipalities of Sagada, Mountain Province, Tinoc, Ifugao, and Carmen, North Cotabato has been actively working with the government in the implementation of their programs e.g. volunteered as front liners being members of the barangay or municipal Task Force COVID Team by manning checkpoints, repacking and distribution of food packs and non-food items, and assisted barangay LGUs in the printing and distribution of home quarantine pass for IP families.

### Spaces maximized

Indigenous communities in the Cordillera have invoked indigenous coping mechanisms and enacted it into policies to respond to the growing threat of COVID-19. The government-imposed lockdown was translated into their local concepts of staying-at-home for their constituency to easily understand. While in quarantine, the community leaders assessed their status and plan for the coming days. The elected leaders did not plan on their own and consulted the elders of the indigenous governance system, thus most of the municipalities conducted rituals to request for protection to the disease.

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<sup>76</sup> generic term for the women sector of the Téduray and Lambangian peoples

In Central Luzon, IPMRs and tribal leaders spearheaded the coordination with the various LGUs in their respective communities for food packs and financial assistance intended for indigenous peoples (NCIP, 2020)

IPS and IPOs membership in the municipal councils prove useful in influencing support for indigenous peoples during the COVID-19 pandemic. A representative of PASAKK sits as a member of the Municipal Disaster Risk Reduction and Management Council in the municipality of Butuan, Agusan del Sur, and has secured food packs for indigenous families and the inclusion of qualified indigenous peoples in the SAP. In the municipality of Arakan Valley, a member of MALUPA is a member of the Local Finance that has been monitoring the budget being spent by the town to the relief operations during the pandemic and ensured that part of the budget is also allotted to the relief of indigenous populations. Moreover, an Eumanen ne Menvu youth who sits as a member of the Municipal Youth Development Council in Midsayap, North Cotabato is currently lobbying for support to the indigenous youth. These venues have allowed the indigenous representatives to articulate what is good for them and some were able to get it.

Finally, being an established organization at the local level has a bearing as it was easier for them to coordinate with the barangay or municipal officials, indigenous peoples mandatory representatives, Sanguniang Kabataan, and DSWD staff in the implementation of the guidelines during the lockdown, relief, and financial assistance distribution.

#### IV. Conclusions and Recommendations

##### Conclusions

Indigenous community welfare and well-being values have surfaced into practice as indigenous peoples responded to COVID-19 and the impacts of its mitigation measures on their daily lives. The imposition of the traditional lockdown mechanisms and active leadership with strong coordination among the members of the community was an important component that helped prevent the entry of the disease into indigenous communities.

The pandemic has exacerbated existing conflict situations related to lands and resources, including migrant intrusion in indigenous territories. Another equally important concern is the lack of information among the indigenous peoples with regards to COVID-19 and the lack of disaggregated data about its impacts on indigenous peoples to better plan for interventions that better suit their needs. While some IPOs and IPS have already initiated disseminating information through different means, it has to be complemented by the LGUs especially in the translation of the different guidelines being issued and the provision of funds for its propagation.

Much is yet to be done especially in the effective implementation of national policies in harmony with diverse situations of indigenous peoples on the ground.

Table 7. Strengths, weaknesses, opportunities and threat experienced by indigenous peoples during the COVID-19 pandemic and associated mitigation measures

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• no COVID-19 cases recorded yet in IP communities that Tebtebba engages with</li> </ul>	<ul style="list-style-type: none"> <li>• low level or lack of access to COVID-19 information and basic services</li> </ul>

<ul style="list-style-type: none"> <li>• existence of IPS and IPOs that works for the welfare of the indigenous peoples</li> <li>• presence of community leaders who are active and committed to serve</li> <li>• linkage with LGUs, NGOs and CSOs</li> <li>• indigenous values that are strengthened during the pandemic</li> <li>• community resilience</li> <li>• strong mutual and coordinated relationship between and among the members of the IPS/IPO/community</li> <li>• there are different programs initiated by the government, CSOs, private organizations, others to help</li> </ul>	<ul style="list-style-type: none"> <li>• postponement/cancellation of community activities</li> <li>• rapidly changing guidelines and different interpretation of laws being implemented</li> <li>• difficulty in communication with IP leaders because of the no-to-limited cellular signal in indigenous communities</li> <li>• no disaggregation of data on COVID-19 cases on IPs and the number of displaced IP workers including OFWs</li> <li>• uncoordinated programs and efforts of LGUs, NGOs in indigenous communities</li> <li>• presence of already existing problem prior the pandemic</li> <li>• recovery from economic loses may take years</li> </ul>
<p><b>Opportunities</b></p>	<p><b>Threat</b></p>
<ul style="list-style-type: none"> <li>• existence of regional, national and international laws that recognize the rights of IPs and provides continuing aspiration for the strengthening of IPS and IPOs</li> <li>• IPS and IPOs has established partnership with different organizations, agencies and other groups that provided help</li> <li>• education and awareness-raising activities</li> <li>• strengthened IPOs, traditional institution and IKSP</li> <li>• existence of key community leaders as government officials or IPMR</li> <li>• membership to municipal councils or organizations</li> <li>• maximized traditional health-care providers and traditional medicine during the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• vulnerability of IPs to pandemic but has poor access to health services</li> <li>• difficulty to contain COVID-cases if it will occur in evacuation sites</li> <li>• financial challenges due to sudden income loss and increasing cost of commodities</li> <li>• mental health and gender-based violence occurring in indigenous communities</li> <li>• gradual loss of ancestral domains and lands due to continued intrusion of migrants, selling and hocking of lands to non-indigenous individuals, land conversion</li> <li>• none-recognition of IPRA and IP rights; e.g. right to FPIC in the consultation and implementation of government and private projects within the ancestral domain</li> <li>• food security</li> <li>• policies undermining indigenous peoples rights</li> </ul>

Recommendations:

Table 8. Recommendations arising from the Quick Assessment Report

	<b>short term (1 - 3 years)</b>	<b>medium term (3 - 5 years)</b>	<b>long term (5 years and above)</b>
1. The multisectoral and whole-of-government approach adopted to address the COVID-19 pandemic should have the full and effective participation of all stakeholders. In this note, IATF-EID should reorganize to include the head of the NCIP, and representatives from civil society organization and private sectors to be able to contribute ideas and strategies to fight the disease from their end.	TJG Task Force COVID-19 should be recognized, reinforced, and integrated with the Provincial IATF Task force in the province in Maguindanao		
2. Extend basic health services to the marginalized and vulnerable population, including indigenous peoples, women, youth, and children and sensitization in addressing appropriate solutions to local needs	In areas with mix populations, LGUs to include representatives of indigenous peoples in the BHERT, indigenous health providers should be recognized by the DOH, their skills should be strengthened by including them in all relevant training and contention measures to prevent and respond to the disease. In IP areas that are inaccessible by online tools, the LGU and the DOH should devise a mechanism to train them offline or through face-to-face	Ensure the implementation of the different COVID-19 and health policies passed (DOH AO 2020-0021 and AO 2020-0023)  Culture and gender-sensitive health services are mainstreamed  Ethnicity variable should be incorporated in all government forms as a basis of data disaggregation	LGUs to have installed capable and trained IP health workers in areas with indigenous peoples  Joint monitoring, evaluation of the implementation of the programs and policies to determine gaps and possible revision

	<p>LGUS to support the establishment of temporary treatment and monitoring facilities in IP areas (DOH DC 2020-0192) with health personnel who would stay in the clinic all the time and not on a per schedule basis</p> <p>LGUs and DOH to ensure the safety, and the provision of health and sanitation facilities of IDPs against COVID-19</p> <p>A disaggregated COVID-19 data on ethnicity should be reflected on the updates to better plan for indigenous peoples needs</p>		
<p>3. Access to information</p>	<p>COVID-related information and audiovisual materials posted in National Government Portal and DOH should be translated by the LGUS in all local languages, including indigenous languages, which should be culturally-appropriate and accessible to indigenous communities.</p> <p>IPS and IPO efforts in translating COVID-related information and providing awareness-raising to their areas of coverage should be recognized and supported by the LGUs to reach a wider scale such as in the provision of funding</p>		

	LGUs to inform their constituency the different COVID-related policies being implemented in a language understandable by them		
4. Food security	LGUs to ensure food reliefs to reach the far-flung indigenous communities and to IDPs in evacuation areas	<p>LGUs to ensure the safe return of IDPs in their respective homes and provide the interventions for them to start anew</p> <p>The food security practices and traditional livelihoods of indigenous peoples in the Philippine (e.g., <i>suragad</i>, <i>sulagad</i>, <i>kaingin</i>) sustained for generations should be further strengthened by the provision of appropriate agricultural technologies, capital and technical assistance by the LGUs, NCIP, and DA</p>	Government to review laws and policies that are inconsistent with the rights of indigenous peoples, including the prohibition of the practice of sustainable traditional livelihoods, such as <i>kaingin</i>
5. Livelihoods	<p>Disaggregated data on the number of IPs who were displaced due to COVID-19 should be presented to better plan for providing them alternative livelihoods</p> <p>LGUs and NCIP to provide appropriate assistance to indigenous farmers and fisherfolks whose farming operations have been disrupted</p>	Training on alternative livelihoods, especially farmers, should be provided to indigenous peoples to provide them other sources of income while waiting for their crops to be harvested	-
6. Recognize and highlight good practices of indigenous peoples' organization and	Indigenous leaders, government officials, and IPMRs to collaborate and partner with IPS and IPO in the implementation of	Strengthen indigenous political structures as means to interface with local government programs in the	

<p>traditional structure in the fight for COVID-19 and its mitigation measures</p>	<p>guidelines and relief operations in IP communities of their jurisdiction. Recognize the participation of women, youth and children, and PWDs in decision-making processes addressing the COVID-19</p> <p>Government to consider the readiness of the community in the 'Balik Probinsiya' program; there should be a proper coordination between the national, local government, especially in IP territories in the implementation of the program</p>	<p>implementation of projects in indigenous communities</p>	
<p>7. Governance of lands and resources</p>	<p>Local and government officials to address the urgent issues indigenous peoples face in relation to their lands</p> <p>For the government, NCIP and corporations to ensure that all projects proposed and implemented in indigenous territories should be sought in accordance with the IPs customary practices</p>	<p>DA, NCIP, and LGUs to ensure the engagement of indigenous peoples in all policies enacted affecting them. IP participation in the development planning ensures their co-ownership of the plan</p>	<p>Government to review, revise and/or implement national and regional laws to be consistent with the recognition of the land rights of indigenous peoples, in accordance with their customary ownership, use and management systems</p>
<p>8. Future research</p>	<p>Conduct further research on the impact of COVID-19 to indigenous peoples, disaggregating the impacts to indigenous communities which are homogenous and those which allowed outsiders live with them</p>		

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**Annex 4. Quick assessment in Indigenous Peoples (IPs) communities on the impacts of the coronavirus pandemic in Thailand**

by Abigail Kitma



30 June 2020  
Updated 15 July 2020

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## Acronyms

AIPP	Asia Indigenous Peoples Pact
CAAT	Civil Aviation Authority Thailand
CCSA	Center for COVID-19 Situation Administration,
CIPT	Council of Indigenous Peoples in Thailand
IMPECT	Inter-Mountain Peoples Education and Culture in Thailand Association
IWNT	Indigenous Women’s Network of Thailand
IFAD	International Fund for Agricultural Development
MHV	Migrant Health Volunteers
NCDC	National Communicable Disease Committee
NIPT	Network of Indigenous Peoples in Thailand
PCU	Primary Care Unit
SOWIP	State of World’s Indigenous Peoples
VHV	Village Health Volunteers
UCS	Universal Coverage Scheme

## I. Background and Objectives

According to the Global Health Security Index (Bell, Cameron & Nuzzo 2020), the Thailand public healthcare system is ranked sixth among the best globally, and has one of the highest scores in the pandemic preparedness ranking. Since the entry of the first confirmed coronavirus case on January 13, 2020, the Thailand has substantially handled the pandemic effectively, earning praise and recognition not only in Asia but globally. In April 2020, the Division of Communicable Disease reported that the mortality rate in Thailand is one of the lowest in the world, standing at 1.7% as compared to the global rate of 6%. In complement, domestic recovery rate since then up to the time of writing have remained steady at 96% (Thai Ministry of Public Health, 2020).

With the pandemic still on-going, comprehensive studies of its impacts to the Thailand society, most especially indigenous peoples have yet to be published. This report aims to be a preliminary look at the situation of indigenous peoples in Thailand relative to the COVID-19 pandemic and the state measures undertaken to mitigate its spread. It also aims to contribute to highlighting challenges and opportunities to help shape state health policies, as well as legislation in other fields that impact health, particular to the context of indigenous peoples in Thailand.

## II. Methodology and Limitations of the Report

As government restrictions related to mitigating the COVID-19 pandemic were still in place as of writing, physically conducting the data gathering in the community cannot possibly be done by the indigenous organizations. This means that the report requires maximizing online sources and means of gathering data. As such, that majority of the references cited in this document are secondary sources available and accessed online. Online communication was difficult as Internet is also intermittent or unavailable in many indigenous communities. Despite such challenges the following interviews were conducted with the help of Indigenous Women’s Network of Thailand (IWNT) and other leading Indigenous Peoples’ organizations and networks, particularly, in Northern Thailand.

Table 1. Informant Details

	Date	IP group	Gender	Age	Organizational affiliation/ Community	Means of communication
1	June 29, 2020	Lisu	Female	36	Lisu Women Group, San Ba Heang	Zoom with interpreter, Facebook
2	July 1, 2020	Karen	Female	45	Karen Women Group, Huay E Khang	LINE with interpreter
3	July 2, 2020	Karen (Pgakenyaw)	Male	n/a	PASD	Zoom
4	July 2, 2020	(same with July 1 interview)				
5	July 3, 2020	Lahu	Female	47	Indigenous Women’s Network of Thailand	LINE, Facebook, Email

6	July 3, 2020	Karen	Male	29	Indigenous Peoples Foundation	Zoom, email
7	July 4 2020	Lahu	Female	42	Lahu Women Group, Kaenoi, Chiang Dao, Chiang Mai	LINE with interpreter
8	July 4, 2020	Lisu	Male	54	IMPECT	Facebook

As some of the informants were not confident to speak in English, a translator was needed to bridge the gap between the writer and some of the informants. Given the limited time and constraints in communication, only general observations from six informants were taken. Despite such, it should be noted that the informants are leaders of indigenous peoples’ organizations and networks in Thailand and have worked extensively with various indigenous communities, as well as other international organizations. While they represent their communities’ experiences during the COVID-19 pandemic, they are in contact with representatives and leaders from other communities as well.

This report did not benefit from triangulation and thus many potentially significant stories were not pursued. Further research is needed on important issues, such as mental health, indigenous migrant workers, indigenous village health volunteers, youth and others. Another limitation this report is that all the informants are primarily based in Chiang Mai province, where there is a very strong indigenous peoples’ movement, and are from the 10 ‘hilltribes’ recognized by the government. A follow-up report, therefore, will have to make efforts to reach out to other indigenous communities in Thailand, whose situation may be different from those interviewed for this report, as should get perspectives from the different groups mentioned earlier as well. More time to reach out and collaborate with Thai indigenous peoples organization should be allotted for more detailed and accurate depiction of the situation on the ground and to explore the general observations shared by the informants in this report. Nevertheless, this report can still serve as a preliminary glimpse on the situation of indigenous peoples in Thailand in an emergency situation such as the COVID-19 pandemic outbreak.

**III. Results**

**A. Country context**

Thailand is the country that had reported the first case outside of China in January 13, 2020. By January 31, 2020 it had recorded its first confirmed case via local transmission. The highest recorded number of cases in Thailand was in March 22, when it logged 188 cases. Since April 27 up to the time for writing, Thailand has rarely had its number of cases in double digits, even logging zero infections on June 15, 2020 for the first time since the pandemic had reached the country. As of June 30, 2020, Thailand recorded a total of 3,171 confirmed cases, 2,987 of which have recovered, 57 still active, and 58 deaths (Thailand Ministry of Public Health, Department of Disease Control, 2020). A country with a population of approximately 70 million, the total number of recorded infections are 45 in a million (John Hopkins University, 2020).



Among the 3,000 cases logged, data specifically on indigenous peoples<sup>77</sup> affected by the COVID-19 pandemic cannot be determined, as ethnicity was not a considered variable in the case-finding efforts. This lack of data is an extension of fundamental concerns of indigenous peoples in Thailand - their non-recognition of indigenous peoples in national legislation<sup>78</sup>, and the issue of citizenship<sup>79</sup>.

As there is no news of indigenous persons being infected yet, and of Thailand's record of handling infected cases, the impacts being felt by indigenous peoples are more from the mitigation measures imposed by the state to address the spread of coronavirus, as well as other national concerns such as drought and forest fires (AIPP, 2020). In fact, AIPP (2020: 10) points out that addressing other problems, such as forest fires was a more urgent and immediate need for indigenous peoples in the north than COVID-19, as they lived far from the epicenter and their food and livelihood security were dependent on healthy forests. COVID-19 is an addition to the problems they are already facing, which often stem from generalized assumptions of indigenous people's connection to drug trading, forest arson, insurgency and illegal immigration (NIPT, 2010; Morton & Baird, 2019: 12).

## **B. Direct COVID-19 mitigation measures**

### **1. Government measures**

In February 24, COVID-19 was officially announced as a dangerous communicable disease by the National Communicable Disease Committee, as defined under the Communicable Disease Act B.E. 2558 (2015), joining thirteen others like plague, smallpox, Yellow Fever, Ebola, Severe Acute Respiratory Syndrome, and Middle Eastern Respiratory Disease (Judd, 2020). It officially took effect in March 1, legally authorizing health officers to test, treat and quarantine persons that are infected or at high risk of infection (Thai Ministry of Public Health, 2020). When cases soared over a thousand by 3rd week of March, Prime Minister Prayut Chan-o-cha issued the National Emergency Decree on the 26th, which allowed government authorities to implement specific and urgent measures to keep the pandemic under control. Furthermore, the Ministry of Public Health established the Center for COVID-19 Situation Administration (CCSA), as the primary state institution through which the pandemic will be monitored, and through which decisions on mitigation are made.

#### *Lockdown and restrictions*

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<sup>77</sup> Instead of Indigenous peoples, Thailand officially uses the term ethnic minorities to refer to other populations who are not of the dominant Thai ethnicity, and hill tribes to refer to 9 or 10 indigenous groups occupying the North and Northwestern part of Thailand. Thus, government documents only refer 'hilltribes'. The Royal Thailand government justifies that an indigenous peoples constituency is irrelevant in its context because a) Thailand has never been substantially colonized by any other empire and as such, all its citizens are "indigenous" (Baird, Leepreecha, & Yangcheepsujarit, 2017), and that b) the ethnicities that do fall under the definition of "indigenous peoples" are considered illegal migrants from other countries Thailand shares borders with such as Myanmar (Vanderveest as cited in Morton and Baird, 2019).

<sup>78</sup> As such, there is no official census of indigenous peoples in Thailand. Recent estimates are 6.1 million (Morton, 2017) or around 9% of Thailand's 2015 population and 5 million or 7.2% of the population in Thailand (CIPT as cited in IWGIA, 2019).

<sup>79</sup> Many Thai indigenous peoples do not have Thai citizenship. According to 2004 government data on highland ethnic groups, 56.8% or 496,036 people are registered with Thai nationality, while 43.2% or 377,677 people have not yet acquired Thai nationality (MSDHS, 2015: 11).

The emergency decree, originally effective until June 30 and then extended to end July, authorized the government to order lockdowns, curfews and travel bans. Provinces have also ordered their own border restrictions and village lockdowns.

Table 2. Timeline of lockdown measures by Thailand<sup>80</sup>

Date	Event
March 26	Prime Minister Prayut Chan-o-cha declared a state of lockdown through the National Emergency Decree until April 30. The Center for COVID-19 Situation Administration was also established to oversee the measures taken to combat the spread of the virus.
April 3	The Thai government enforced a nationwide curfew in an announcement in April 2. All residents were instructed to remain inside their homes between the hours of 10pm and 4am. The Civil Aviation Authority of Thailand (CAAT) announced a regulation prohibiting all commercial flights from entering Thailand until April 6 <sup>th</sup> (and then extended it until June 30)
April 6	The Thai government issued provincial border closures and extended the hours of the curfew into a 24-hour curfew, leaving estimated thousands of Thai citizens stranded and unable to cross over the cross-country borders, as well as around 5,000 Thai citizens waiting to fly back to their home country
April 10	The Ministry of Education has announced that all Thai schools are required to postpone the start of the next term to the 1st of July and to provide learning arrangements to suit the emergency context.  Bangkok and 11 provinces have banned the sale of alcohol from April 10th to 20th to reduce the risk of social gatherings at home or in a community. By April 11, at least 47 Provinces have a ban on the sale of alcohol. to reduce the risk of social gatherings at home or in a community.
May 3	Phase 1 of easing restriction measures. Nationwide curfew shortened from 10:00 pm to 4:00 am.
May 17	Phase 2 of easing restriction measures. Some light to moderate-risk businesses allowed with strict social distancing measures Nationwide curfew shortened from 11:00 pm to 4:00 am.
June 1	Phase 3 of easing restriction measures. Moderate-risk businesses including boxing stadia, massage parlors, spas and convention venues have been allowed to reopen. Domestic tourist areas were allowed to open, in compliance with restriction measures.

<sup>80</sup> All information in this table was summarized from the series of WHO-Thailand COVID-19 situation reports that can be accessed at <https://www.who.int/thailand/emergencies/novel-coronavirus-2019/situation-reports>

	Nationwide curfew shortened from 11:00 pm to 3:00 am.
June 15	Phase 4 of the easing restriction measures Majority of businesses and social activities allowed, such as small sized schools such as international schools, tutorials and daycares. Curfew is now completely lifted. Public and private transportation between provinces is now allowed.
July 1	Start of Phase 5 of easing restriction measures Both international domestic travel restrictions are lifted. High risk businesses such as pubs, bars and night entertainment are allowed to operate but with restrictions. Schools resume classes.

Meanwhile, other government agencies-imposed restrictions as well to discourage mass gatherings and enforce physical distancing measures. For one, the Ministry of Education announced on April 9 that all Thai schools were to postpone the start of classes to July 1, 2020, and were to provide alternative learning arrangements while the pandemic is still ongoing. Provincial government units banned the sale of alcohol to reduce social gatherings. The CAAT prohibited commercial flights to Thailand until April 30, and regulated the entry of Thai residents. The Sangha Supreme Council of Thailand, on the other hand, issued restrictions to temples, cancelling daylight processions in order to avoid mass gatherings. In Bangkok, where most of the cases were located, the Bangkok Metropolitan Authority issued prohibitions and regulated the easing of restrictions on the opening of commercial establishments<sup>81</sup>.

*Information dissemination*

Access to communication vary from community to community. For those with access to such communication channels, information from the Ministry of Public Health has been deemed adequate by the informants. In their communities, information about the virus were taken from different communication channels such as - television, radio and social media. The Ministry of Interior, through village officials also relayed the information to their constituents. In the Kaenoi village in Chiang Dao, Chiang Mai, the village leader already warned the community to prepare for at least two (2) months of lockdown, two (2) weeks before the National Emergency Decree was issued. In a meeting held by the village leader, the community discussed and agreed that a lockdown would be a good measure to protect themselves from an outbreak in the community, and as such were at least partly, if not fully prepared, for the restrictions that took place by the last week of March. Other informants, however, reported that they were unaware of such discussion in their community, and that has led to some problems in the implementation of the restrictions in the community, as will be explained in another section.

Organizations with community contacts also helped in spreading information about the pandemic through text messages or social media, as the lockdowns did not allow them to pursue fieldwork for this. For those who were still able to do fieldwork before the lockdown on March 26, information on the virus was relayed in conjunction with discussions on community health. . Many indigenous peoples do not understand Thai,

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<sup>81</sup> These are based on the series of WHO situational reports by the Thai Ministry of Public Health, which can be accessed at <https://www.who.int/thailand/emergencies/novel-coronavirus-2019/situation-reports>

and thus translation to their local tongue is needed so that they can be properly informed about the pandemic and measures taken to curb it.



Figure 1. A member of the Karen Women Group facilitating a discussion on the community health, including sharing news on COVID 19 in March 11, 2020. Photo credit: Noraeri Thungmueangthong.

Other agencies like the Indigenous Media News Network has been active in social media on publishing news of the effects of COVID-19 to indigenous communities. They have also published videos on COVID-19 in different indigenous tongues such as Karen, Dara-ang, Lahu, Lisu and Hmong<sup>82</sup>. Indigenous youth are also joining in this endeavor, initiating their own ways to translate COVID-19 related information in their indigenous languages in online platforms<sup>83</sup>.

### Case-finding, monitoring and surveillance

Thailand took advantage of its Village Health Volunteer (VHV) program<sup>84</sup>, and supplied at least a million volunteers with protective materials such as masks, face shields, biohazard bags and alcohol to help in disseminating information, handing out medicines, regular monitoring of health status (especially recent country returnees), contact tracking and reporting to public health authorities. They played an important

<sup>82</sup> Check <https://www.facebook.com/watch/?v=765904863942712>

<sup>83</sup> See Indigenous Media Network, UNDP Thailand and other Facebook video posts here <https://www.facebook.com/thaithenorth/videos/246186069843233/UzpfSTMwMTAwNjk0MzM4MTMzNjoxNTg4NDxOTA3OTc1MTYw/> and <https://www.facebook.com/theactive.net/photos/a.240742769290424/3015859625112044/?type=3&theater>

<sup>84</sup> The Village Health Volunteers program was created in 1977 to support the Thai government in reaching out remote areas, including those affected by active communist insurgency (Kuhakan & Wongcha-um, 2020).

supporting role in case-finding efforts of the Thai government, having visited at least 11.3 million households from March 2 to April 11. After receiving trainings and were supplied with health equipment, these volunteers pay visits to the 10 to 15 households that have been allocated to them and monitor the health of these residents (Thai Ministry of Public Health, 2020).



*Figures 2 & 3. Indigenous village health volunteers in Huay E Khang actively monitoring health inside the village and those coming from outside, as well as maintaining hygiene in the village entrance.*

VHVs in indigenous communities also implemented government protocols on quarantine. For example, the Huay E Khang community trained a team of volunteers on COVID-19 awareness and mitigation, identified areas for quarantine as well as enforced protocols on how they will be maintained, and conducted regular monitoring of those returning to the village (AIPP, 2020: 4).

#### *Targeted testing*

At the onset, the Ministry of Public Health already stated that mass testing was not possible, due to budget and logistical constraints. However, surveillance and testing targeted vulnerable groups, especially in the South (where non-hilltribe groups such as the Mani are located), prisons, migrant camps. To date there are no confirmed cases (Thai Ministry of Public Health, 2020) from these groups. In terms of facilities, laboratory capacity was expanded through a project called “One Lab, One Province - 24 our reporting” (Thai Ministry of Public Health, 2020). However, the informants were unaware if there were targeted testing in indigenous communities.

#### *Healthcare treatment and insurance*

On April 8, the government approved a budget of at least 4 billion Baht to support the cost of prevention, treatment and compensation for COVID-19 patients, and included free screening tests for those who meet the surveillance criteria, as well as protective equipment for ambulance services and health workers (Thai Ministry of Public Health, 2020). Even prior to the COVID-19 pandemic, the Thailand government has offered three (3) free healthcare insurance schemes to its citizens: Civil Servant Medical Benefit Scheme (CSMBS), Social Security Scheme (SSS) and the Universal Coverage Scheme (UCS). The only applicable health insurance for most indigenous peoples is the UCS, particularly the 30-Baht Scheme, as the other two are for healthcare workers and government staff, respectively. Under the 30-Baht Scheme, patients

register and pay only 30 Baht to receive a gold card, which entitles them to certain healthcare in their home/domicile area. Children, the elderly and the poor people receive a special version of the registration card and pay no fee. Among the general observations of the informants, there are varying levels of access to the UCS' 30-Baht Scheme among indigenous peoples, although the prevailing observation is that can only be availed easily by those with national IDs<sup>85</sup>.

## **2. Community and indigenous peoples organizations' mitigation measures**

Indigenous villages followed state protocol in preventing the spread of the disease in their community, even extending restrictions, such as in Kaenoi village, where curfew was extended from 8 pm to 5 or 6 am in the morning. On top of state measures to mitigate the spread of the COVID-19 pandemic, some Thai indigenous peoples have practiced added measures of protection through their ceremonial practices. Indigenous traditional ceremonies such as the *Kroh Yee* (or village closure) and *Wee Doh*, (which drives away malevolent spirits from the community), were performed by several Karen communities as a proactive measure to protect their communities from the pandemic, even before the lockdown was imposed through the National Emergency Decree (AIPP, 2020). Similar to the national state-imposed lockdown, community lockdowns ensure that no possible infection may come in by restricting access and that no villager may get infected by going out. A physical barrier to the village entrance is placed.

The *Wee Doh*, on the other hand, is a community ritual done with a bamboo basket filled with several herbs, thrown away from the community, as a way to symbolically cast out the malevolent spirits causing bad omen (usually several illnesses in the community at the same time but without death) to the community (AIPP, 2020; Kedmanee 2020). Local news outlet TCIJ Thai (2020) shared a link of a map that indicates the locations of communities that have announced closures.

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<sup>85</sup> See IWNT & Manushya (2019) for recent case studies on this.



## Village closures Info

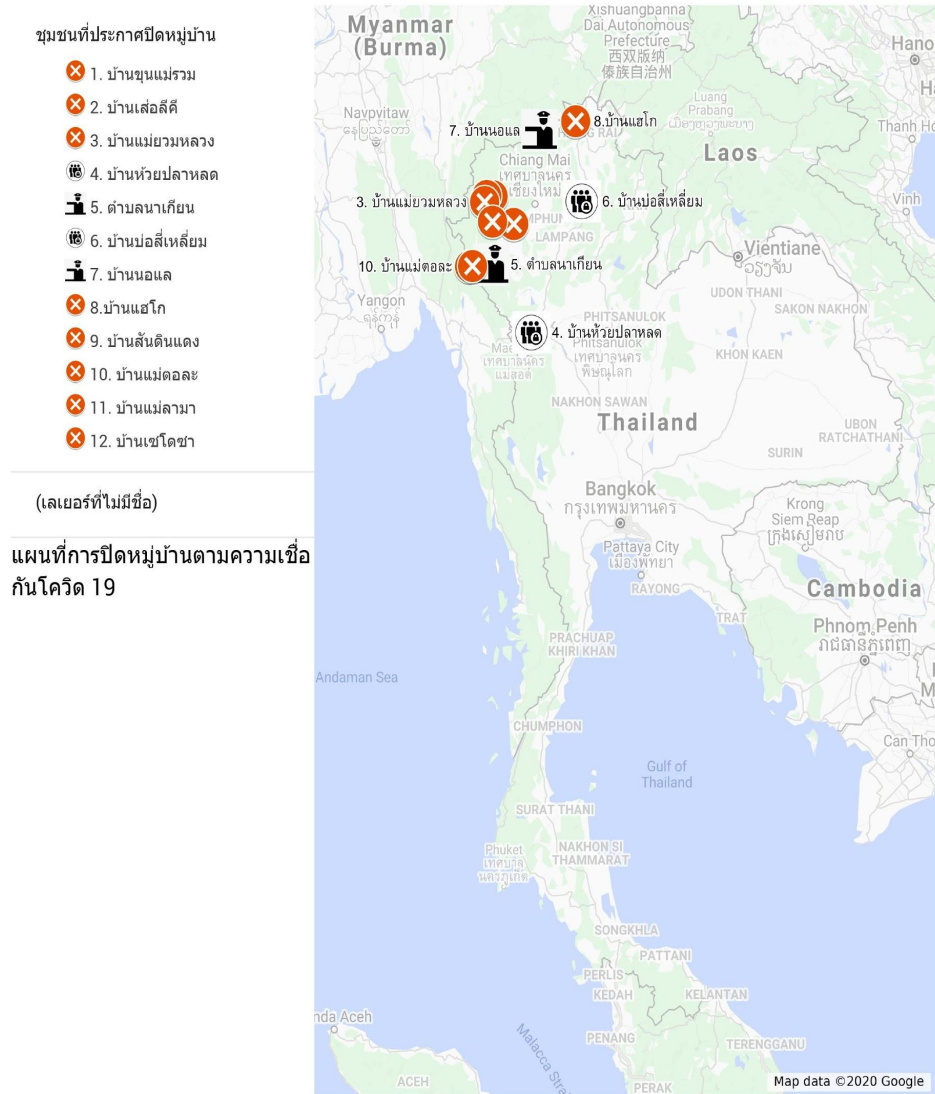


Figure 4. Map identifying the locations of self-imposed village closures in Thai

Indigenous peoples' organizations like IWNT, on the other hand, responded with immediate relief needs such as food and emergency kits, as well relaying information about COVID-19. However, the restrictions, curfew and enforcement of checkpoints after the National Emergency Decree in March 26, limited organizations in fully implementing their support programs and projects in indigenous communities. As such, they diverted to providing relief and facilitating food exchanges to communities.

Although the organizations who were part of this initiative were not able to enter villages due to the restrictions, they were able to cross borders to drop off goods at designated centers, or meet at the boundaries to give the donation. Members of these organizations have IDs, and are thus allowed to cross provincial borders to deliver food, as long as they present their ID and show the food, relief and/or emergency kits they deliver at the checkpoint.

Several indigenous peoples' organizations initiated and facilitated relief drives to provide basic necessities to communities in need. For example, starting April 17, NIPT through IMPECT and other indigenous organizations have joined together to service communities with relief provisions like rice, vegetables, root crops and other food products. They established a COVID-19 Relief Assistance Center for Emergency Aid in Chiang Mai. From March to May, various organizations helped in this endeavor, indigenous as well as many non-indigenous donors. Not only did they deliver assistance to indigenous communities, they also gave relief to needy non-indigenous persons.

In Chiang Rai, an initiative called the Local Plant Genetic Learning Center in Mae Chan, Chang Rai province, encouraged fellow indigenous peoples to learn more about their genetic resources and encouraged the exchange of traditional seed varieties to plant during the lockdown.

## **C. Impacts and adaptation measures**

### **1. Health and healthcare**

According to one informant, the COVID-19 threat, especially during its earlier stages when information about it was scant, worried many indigenous communities, especially the older members who still recall the effects of smallpox. Around 60-70 years ago, the smallpox spread so rapidly even in remote villages, that many people got infected and resulted to a whole community even being wiped out. According to one informant, one living elder he knows is a testimony to the gravity of the effects of smallpox then. Since there was no vaccine available then, at least 8 of his immediate family members died, leaving him and his father the ones to only survive the deadly disease. In addition, the subsequent imposition of lockdowns and restrictions to combat COVID-19 also caused anxiety among indigenous communities, due to the consequential loss of livelihood among those engaged in the market, but as well as young people who are unused to have to keep distance from peers and other social groups (Trakansuphakon, 2020, personal communication).

Some observations on impacts on health were made by the informants, such as:

- Hospitals in the city became stricter in accepting patients during the peak of the COVID-19 pandemic, and refused minor cases.
- On informant observed that there seems to be a significant rise of pregnancies during the lockdown in her community. As women were not able to go to the nearest hospital for reproductive health related check-ups, they were not able to avail of contraceptives.
- Some community members chose not to avail of hospital services because of the fear of catching the infection in transit to the hospital or in the hospital itself, since there are no protection measures in the general admission ward.
- There is general anxiety about the future after COVID-19, especially on income and the education of their children, as well as how to prepare for a possible second wave of infections



- While village health volunteers were very active in monitoring those who were coming in, one informant felt that the village health volunteers were not as active in their regular health monitoring work inside their village.
- The informants emphasized that more concerning is the situation of indigenous peoples who are stuck in the city and are unable to go back to their village. Often, these are migrant workers who have looked for jobs in the city. They are more vulnerable in terms of infection to the virus as they are in more populated areas, do not have their own land to produce their own food, and often do not also have identification to avail of social protection aid from the government.

The COVID-19 pandemic highlighted the essential role of village health volunteers, in implementing government policies in the community. In the past, the role of village health volunteers was related more in the prevention of diseases like dengue and chikungunya, as they are seen spraying mosquito repellent around the village. As the pandemic still ensues, they remain the front liners in ensuring that those coming back to the village are following health protocols. They strictly impose those coming from the outside quarantine themselves for 14 days before entering, and monitor their progress. They report daily to the local Health Center (or Primary Care Units/PCUs as some are now called under the Universal Health Coverage/UHC program<sup>86</sup>) such as quarantining for 14 days in an identified area (usually in the farm or forest). These local Health Centers/PCUs are the nearest public health facilities to many indigenous villages, but are often understaffed and inadequately equipped. In the Local Health Center connected to the village of one of the informants, there was no doctor and not much equipment—only two staff members catering to 19 villages. As such, the burden on monitoring really lies on the village health volunteers. Community organizations also assisted in this endeavor. A regular work of the Karen Women Group is to alert and assist village health volunteers in the monitoring of the health women in their community, albeit through communication such as texting, calling or using social media so as to maintain social distancing protocols.

## 2. Food Security

According to the informants, indigenous communities with access to land and resources were able to sustain food production for their community for some time even with limited support from the state. For these communities, forests acted like “supermarkets” where they can gather diverse kinds of food (Phnom, 2020, personal communication).

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<sup>86</sup> Under the UHC, some local Health Centers were upgraded to PCUs with added staff and equipment. Ideally, for every 10,000 citizens, there should be at least one PCU. PCUs and local Health Centers are supposed to have at least one permanent nurse staff working with a team of medical professionals who are doing rotations in their assigned areas of responsibility (Chamchan, 2007: 231).



*Figure 5. Different crops, rice, fish, oil and crops from other indigenous communities were distributed at Ban San Paheang village, Chiangdao, Chiang Mai on March 4, 2020. Photo credit: Katima Leeja*

However, not all indigenous communities are able to be self-sufficient during the pandemic. In the Kaenoi village, where one of the informants live and which is located in the peripheries of a national park, not all community members have land to work on. Since about 13 years ago when the national park was established, none of the villagers can legally own the land they are farming on, but each of the family who do traditionally own land in that area prior to the national park establishment are allowed to farm up to 15 rai (around 6000 square meters) each. The crops produced in the community from these lands are varied, but are mostly rice, corn, cabbage, garlic, as well as fruits such as cherry, plum and mango, among others. Rice is purely for consumption but corn is for sale. Since the village is a Lahu community, and rotational farming/shifting cultivation is not part of their practice—however, they do change crops in the same plot every so often. The informant noted that since students came home from the city, the youth have more time to help out in the farm during the break and lockdown. Furthermore, she shared that in her village, there are only 2 or 3 stores which quickly sold out a few weeks into the lockdown, so the village committee decided to allow villagers and vendors to go out and buy necessities on Tuesdays and Fridays, respectively (Pooyee, 2020, personal communication).

Since indigenous communities have varied levels of food security, various organizations have initiated relief programs to these communities, as well as facilitating food exchanges—like the fish and rice exchange between fishermen of the Andaman coast and farmers from the north and northeast region of

Thailand. Indigenous communities also tried to reach out to others, like that of the efforts of the Karen people in Omkoi area who gathered produce in their community and rice from their farms to send to other indigenous communities, as well as the homeless, affected by the COVID-19 lockdown. Some indigenous communities also initiated to send their harvest as food relief for other indigenous peoples in the city, who cannot live the city or urban area as they do not have IDs, and cannot access the free healthcare and cash aid assistance given by the government.

### 3. Livelihoods

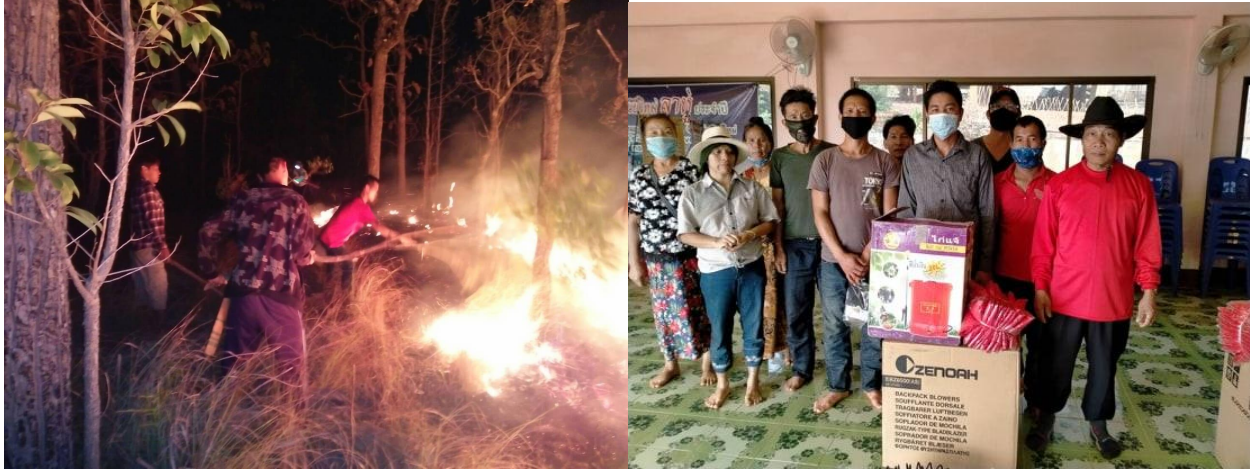
As there is no access to market due to lockdown/restrictions, farmers who have adopted cash cropping as their main livelihood did not find it profitable to work in their farms. In one community, it was observed that some of the men turned to opium, since they were not able to work in the farm. Indigenous organizations have advised these farmers to shift to subsistence rotational farming instead.

Those who have work in the city and urban centers are unable to continue their work because they can only stay at the village, and thus, are left with no income from their major occupation. Migrant workers are also left with no income as they are stranded in the borders—unable to go back to work as it is not their home country, and unable to go home because of the border restriction.

The tourism industry, which many indigenous peoples engage in was also hit hard during the lockdown, with many of those reliant on it having lost their income. Some of them are the *mahouts*, or indigenous (Karen) caretakers of elephants. Many mahouts and their elephants have retreated back to their villages in the mountains, trudging many kilometers to get home. With limited resources to feed elephants, *mahouts* are not only worried about their income, but also the lives of their elephants (Promchertchoo, 2020).

Another concern that indigenous peoples still face in the lockdown is the criminalization of their agroforestry practices. In May 2, 2020, two Chiang Dao Wildlife Sanctuary Patrol officers arrested a 55-year-old Lisu farmer and his two sons while they were getting woodchips (which will be used in ginger planting) in their land located within Chiang Dao Wildlife Sanctuary. The 55-year-old Lisu farmer was assaulted with a rifle gun leading to a head injury had to be rushed to the hospital. The event was witnessed by his third son, an 8-year-old, who rushed to her mother in their nearby mango farm to report the incident. For bail, each of the men have to pay from 400,000 to 2 million baht each. The community has been trying to help them, and were able to seek the help of two lawyers to help the family. The community cried foul against the two officers, as they were not allowed to enter the village/community in the first place. While medical and emergency-related government staff are allowed to travel between borders and visit villages, national park staff are not allowed to do so, and as such the two officers were in violation of lockdown protocols.

For communities in the north who are dependent on the forest, the restrictions in the forest add difficulty not only to access to their livelihoods, but also managing forest fires. In Thailand, indigenous communities are front liners in addressing forest fires.



*Figures 6 & 7. Volunteers trying to put out the fire with sticks in April 2020 (right). An NGO aided Kaenoi village with fire-fighting tools and equipment. Photo credit: Kulsuwarak Pooyee*

For 10 years in the Kaenoi community, no major forest fires occurred in the peripheries of their village. But in March, forest fires started popping up in various areas in the national park where they are situated, and reached the boundaries of the village by 1<sup>st</sup> week April. For some time, volunteers from the village had to monitor and put out fires in the top of the mountains regularly. At first, they did not have much tools, and used local items like sticks to put it out. Sometimes the smoke became too thick that they cannot assess whether they have successfully put out the fire or not. Fortunately, an NGO donated some equipment to help them. There is a small government support as well to the eight (8) villages surrounding the National Park through a cash aid of 2000 baht per village, but this is not enough. As the fires became uncontrollable, the villagers gave up actively going to the mountain to check, and instead put out fires whenever they reach close to the community. As of writing, the informant said that the fires have stopped already. Unfortunately, in other villages, uncontrollable forest fires even lead to death. In social media, posts have circulated about a 21-year old youth in Mae Hong Son who died while volunteering to extinguish a fire in the Mae Kopi forest in April 22, 2020.

To mitigate the loss of income brought about by the lockdown, the Thai government provided financial aid to various sectors (i.e., general public, farmers, elders and etc.). On April 28, the cabinet approved a National Economic and Social Development Council proposal to extend the coverage of the 5,000 Baht cash payment to cover 16 million people from March to June. This financial aid is targeted to recently unemployed workers in the informal economy, and will cover 6 months (Bangprapa & Theparat, 2020).

According to one informant, however, there were some elderly members in her village who were not able to avail of the said program. Aside from some of them not having identification cards, they also faced the problem of having to register online, as Internet is not always easily available for everyone in the village (as with many remote villages). The informant also commented that for a household with multiple generations living in it, it is sometimes the case that only one of them have identification, and as such the household cannot fully avail the benefits that they can be eligible for because of this limitation.

Livelihoods of indigenous migrant workers were also severely impacted by the COVID-19 crises. According to Shan Women’s Action Network (2020), the closing of establishment such as hotels, guest houses, restaurants, malls, large markets, as well as tourist areas and even in commercial agriculture in certain rural areas (particularly in Fang, Wieng Haeng, and Muang districts in Chiang Mai where SWAN operates), have left many migrant workers and their families without income, as these sectors heavily rely on migrant



workers to serve as maids, gardeners, waiters/waitresses, small-scale vendors, and porters. The lockdown measures also restricted them from going to farms or transferring to other places for work.

#### 4. Community dynamics and other impacts

Informants also identified other impacts to the community. For one informant who is a resident of Huay E Khang, the COVID-19 pandemic both offered challenges and chances in her community.

One, the emergency decree provided an opportunity for community members working in urban centers and outside the community to come home and reunite with their families. The village policy on lockdown also further spurred sharing of food among members of the community, as well as community members who were unable to go home and are stuck in the city. Another is that the cancellation of classes made more free time for youth to learn traditional skills, such as weaving, which is taught by mothers to their daughters.

However, tensions in the communities also arose, especially about who can go back in the village or not. The two-week quarantine can sometimes seem pointless and problematic. One example was when an underaged girl came home from the city and had to be isolated and quarantined in the forest or farm outside of the village settlement. As she was underaged, a guardian/parent had to accompany her in the quarantine, which also make them vulnerable to infection. In another case, people who live solitarily, without relatives, in the village do not have someone who can immediately help them while they are in isolation (i.e., like bringing them food).

Many families were also not happy with the proposal to shift to online studying as a prevention measure to the spread of the virus. While the dangers of physical gatherings in a confined space such as that of the classroom are acknowledged, the shift to studying online shifts the burden to the families, which is especially difficult in remote indigenous villages without Internet and appropriate communication technology, as well as families with more than one children, all of which are at different learning levels.



*Figures 8 & 9. A schoolboy had to undergo quarantine in a tent outside the Huay E Khang village before entering.*

Another informant observed that social distancing was difficult to maintain in communities, as many activities included social gatherings. Generally, village leaders reportedly had difficulty in enforcing mitigation protocols. Funerals and weddings still pushed through, with the compromise of shortening the length of the services, as well as limiting the number of attendees. The provincial ban on alcohol was a bit problematic, as Karen weddings required alcohol (whisky) as part of its process. Physical religious gatherings were banned as well, but when the restrictions relaxed around June, people flocked to hold their ceremonies, as fear of the impacts of COVID-19 prompted many to spiritual activities such as prayers (Trakansuphakon, 2020, personal communication).

Furthermore, as students, migrant workers and other community members working in the city had to go back to their villages, some tensions arose. Those coming back were feared as carriers of the virus. To this end, a practice called *Ki Cu* or *Kau K’La*, wherein a white cotton thread is tied around the wrist of those who just got back home from the city as a sign of protection and of “calling the soul”; the thread is kept until the next ceremony or ritual. These students who came home had to undergo through quarantine for 14 days in an identified solation/quarantine place in the farm or forest before entering the village. As they cannot be left alone isolated in such a place, it was necessary for a family member to accompany them anyway (Trakansuphakon, 2020, personal communication).

In some villages, the enforcement of restrictions in communities can have a negative impact, as shared by one informant. In a neighboring village, a 19-year-old volunteer from the Lisu Women’s Group (who had been actively participating in the relief operations initiated by IMPECT and other organizations) was locked in her house for some time because she took care of another woman’s 5-year-old son. The mother had to be hospitalized, and the husband could not take care of all of their four young children together, and as such the mother requested the young woman to help her take care of her child. As the mother and child are from a neighboring village, the young woman informed the village officials of the situation. However, when she did so, the village officials placed the young woman’s house on lockdown (as though on house arrest), apparently because she violated village policies. For them to get out of this situation, the village head assistant charged her 5,000 Baht—a fee that only came about during the pandemic crises. The informant posted about this in her social media, which the village head assistant requested to remove. However, the informant insisted she will do so if the official would return the 5,000 Baht to the 19-year-old volunteer, who paid the amount for her house to be released from lockdown. As of writing, the village official still has not paid back the young woman. This is apparently only one of around 10 cases in the village of the same situation (Leeja, 2020, personal communication).

#### IV. Analysis

Based on the identified impacts above, several interrelated factors come into play in assessing the ways by which COVID-19 has impacted indigenous communities, and how indigenous communities have coped up with the COVID-19 pandemic. A brief summary of some key points is presented in the table below:

Table 3. Strengths, Weaknesses, Opportunities and Threats (SWOT)

	Positive	Negative
Internal	<p><i>Strengths</i></p> <p>Sustainable food systems</p>	<p><i>Weaknesses</i></p> <p>Lack of communication facilities (such as Internet) to access government services</p>

	<p>Food-sharing and other community initiatives</p> <p>Self-governance through self-imposition of lockdowns and various other pro-active measures</p> <p>Strong indigenous organizations network</p> <p>Desire for preparedness for possible 'second-wave' of infections</p>	<p>Low public healthcare seeking behavior due to linguistic and cultural deterrents, as well as fear of the virus</p> <p>Some IPs do not have citizenship to avail of free healthcare, as well as other government services and aid</p>
External	<p style="text-align: center;"><i>Opportunities</i></p> <p>Progress in extending programs, services and policies on free healthcare to indigenous peoples through the following</p> <ul style="list-style-type: none"> <li>- Universal Coverage Scheme</li> <li>- Village Health Volunteers and Migrant Health Volunteers</li> <li>- local Health Centers/PCUs</li> </ul> <p>Recognition of traditional livelihood systems of Karen and Chao Ley and identifying Special Cultural Zones</p>	<p style="text-align: center;"><i>Threats</i></p> <p>Environmental problems such as drought and forest fires, affecting food and livelihoods of communities</p> <p>Inadequate government outreach in IP communities, as well as lack of disaggregated data on indigenous peoples</p> <p>Inadequate coverage of government services such as free healthcare and social protection support</p> <p>Inadequate and understaffed health facilities</p> <p>Lockdown restrictions leading to loss of livelihoods and access to market</p>

The key points above can be summarized in two themes—access to healthcare and community resiliency which will be discussed in the succeeding paragraphs:

**A. Factors affecting healthcare access during the COVID-19 pandemic**

Early diagnosis and healthcare treatment were identified as crucial in Thailand’s response to curb the pandemic. This is attributed largely to the UCS of Thailand’s public healthcare system, which encourages health-seeking behavior. As one commentator explains of the taxi driver who was Thailand’s first case, “the fact that the taxi driver sought medical attention early on, that he wasn't put off by having to pay for something he couldn't have afforded, made a huge difference in helping them control the virus” (Gharib, 2020: para 1). Thailand’s strength can be partly attributed to its efficient early detection, through case finding efforts such as the mobilization of VHVs and target testing, and the active health-seeking behavior of its citizens.

For the informants, health-seeking behavior can be influenced by their experiences on access to healthcare, among other factors<sup>87</sup>. According to them, the issue of access to healthcare is especially relevant to indigenous peoples in the time of COVID-19 pandemic, even with no reported confirmed cases in indigenous communities yet, as it is a new disease which indigenous peoples cannot treat with traditional medicines and other methods. While there are some ceremonies such as the *Kroh Yee*/village closure that act like a preventive measure, the informants acknowledge that new diseases such as COVID-19 may be treated best in the hospital. Past outbreaks in indigenous communities, such as that of the cholera, have made them guarded against the drastic impacts communicable diseases can have on their communities. A common fear among the informants is the possible rise of infections after the relaxation of restriction measures (more commonly called as the second wave of infections). The resumption of which urban to rural movement spurred by the opening of borders (village, provincial and country) may increase the vulnerability of remote villages to an outbreak.

It was also emphasized by the informants, that the COVID-19 pandemic does not prevent other diseases in the community. For example, even before the pandemic, there are several afflictions that have had major impact to indigenous communities, such as the dengue outbreak that has, since January, affected at least 14,000 individuals, the highest percentage of which are in the Northeastern area, where many hill tribes live (The Nation, 2020).

Access to healthcare, social protection aid and other state services have long been identified as challenges to Thailand indigenous peoples—most especially as it is tied with the fundamental recognition of indigenous peoples in the constitution, and the lack of citizenship of many indigenous peoples (NIPT, 2016).

There have been studies and reports on the issue of healthcare and indigenous peoples, and one of the most recent and comprehensive ones identified two main themes that encapsulate the specific issues of indigenous peoples with their access to healthcare, which remains relevant in an emergency situation like COVID-19. These are: a) difficulty in proving nationality to be eligible for health insurance; and b) distance to health services, such as lack of nearby facilities, as well as deterrents to health-seeking behavior (IWNT & Manushya, 2019: 37). As such, this section will focus mainly on these two.

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<sup>87</sup> It should be noted it is possible that access to insurance, particularly through the 30-Baht Scheme, does not necessarily result to increased health-seeking behavior. NaRanog and NaRanong notes that “[a]lthough the number of people who seek healthcare has increased substantially following the implementation of the 30-Baht Scheme, our fieldwork suggests that the health-seeking behaviors of the poor have not changed much after the Scheme started, as most of them have rather limited choices. For most people, including the low-income group, the financial costs for healthcare did not change drastically after the implementation of the 30-Baht Scheme. However, most people feel more secure with this Scheme in place, as they now have an insurance against a drastic or catastrophic illness that they could suffer in the future. While almost all beneficiaries—especially the poor—welcome this scheme, most people voiced concern about the inadequacies of hospitals and health personnel (especially doctors in small public hospitals), which is the main problem that the government needs to address should it really aim at providing universal and equal access to good quality health care for all, especially for the poor” (2006:8). However, insurance is still seen as an important public health service by the informants especially for marginalized indigenous communities who have, for a long time, had difficulty in accessing any state service, and who are vulnerable to outbreaks.



## **1. Difficulties in availing health insurance because of lack citizenship<sup>88</sup>**

For the general public, including indigenous peoples, the UCS is the primary healthcare insurance that can be availed. Under the UCS, Thai nationals and PWTN (persons waiting proof of Thai nationality) should both receive similar benefits (2067 baht/person per year), but PWTNs cannot avail of services outside their provinces (Jongudomsuk et al, 2015: 181). Under the UCS, the 30-Baht scheme was also introduced, where which in principle, all Thai citizens are to avail many (if not all) public health services with a payment of only 30 Baht. Generally, however, indigenous peoples without national ID cards cannot access this coverage of free health insurance. If they are able to do so, they can only avail of healthcare services in their domicile province.

The issue of citizenship has been identified in numerous reports/studies as the single greatest factor affecting Thai indigenous peoples' access to basic social service, including healthcare, as it is the main proof of nationality (NIPT, 2016: 3). More notably, since there have been amendments to the Nationality Act to increase efforts of the Thai government to end or minimize statelessness, it is the long verification process of citizenship that is often considered problematic. The situation is especially dire for indigenous peoples as their communities are often remote, and limits their movement between provinces.

Although there are no statistics available to determine their true number, it should be noted that indigenous peoples partly make up the migrant worker population. In fact, the home village of one of the informants shared borders with Myanmar, and so do many other indigenous villages. In the state quarantine centers, where many are stranded, one informant noted that social distancing measures and other protocols cannot be fully implemented. As such, as mentioned by the informants, indigenous migrant workers are more vulnerable to the direct impacts of COVID-19, given their proximity to densely populated areas and their lack of identification. Many migrant workers also lack identification cards to avail of the 30-Baht Scheme, which deter them from seeking health services (Baker, 2011). As of writing, details on the situation of migrant workers in the cities and borders have yet to be published.

As such the UCS is a great opportunity for indigenous peoples who can prove their nationality with citizenship cards. It should also be noted that there have been other developments in healthcare policies since the UCS, as well as the passing of a Cabinet Resolution on March 23, 2010 on the right to healthcare for ethnic minorities without citizenship in local hospitals. However, the lack of proof of nationality and of the problematic citizenship verification process serves as weakness and threat to indigenous communities, respectively, in availing health insurance. This is amplified by the current COVID-19 situation, where government efforts are focused in the urban centers, and local efforts are left to the village committees and volunteers with minimal support.

## **2. Availability of health facilities and health personnel**

In the COVID-19 response, the village committee and village health volunteers are the frontliners in ensuring that the disease does not spread to the community, and serve as a strength to the community's response to the pandemic. They have been essential in preventing the entry of the

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<sup>88</sup> There have been numerous recommendations from different reports on how to address the issue of citizenship (see NIPT, 2016; Thummapol, Barton, & Park, 2018, IWNT & Manushya, 2019, among others), highlighting the difficulties of indigenous peoples in gathering of documents to prove one's nationality, as well as the long verification process

outbreak to the villages. However, as relayed by the informants, while there are village health volunteers and local health centers, which are more accessible to indigenous communities, they do not have enough capacity to address major health issues—and the possibility of a COVID-19 outbreak in the community is a major health issue. In the actual case of an infection and active transmission in the community, health and medical professionals would be also needed.

Thus, aside from the issue of citizenship, the informants mention the following other factors that affect the state of healthcare in their communities during pandemic:

- Local Health Centers/PCUs are understaffed and lack necessary equipment; sometimes they do not have the necessary medicine or advice and have to seek assistance from the district hospital<sup>89</sup>;
- There are is only one local Health Centers/PCU to cater to many villages at the same time – this also means that for villages further away, travelling even to the local health center is more difficult;
- Village health volunteers can only assist in monitoring health, ensuring hygienic practice in the community and connecting with patients with the local health center/PCU;
- Villagers are afraid to go outside to the local health center and the hospital for other sicknesses, since they will probably be placed in the general ward where there is no protection, and they might get infected.

Other studies have mentioned deterrents that are related to those mentioned above, for example, language and cultural barriers (Thummapol, Barton, & Park, 2018: 8), as well as discrimination from some healthcare professionals. This is due to the different interpretations of healthcare policies by service providers, as well as stereotyping of indigenous peoples that are prominent in government messaging (IWNT & Manushya, 2019). Same problems are being faced in migrant worker populations, as well, where it was noted that the practice of getting migrant workers at health facilities did improve the language and cultural barriers between service providers and migrant worker patients. Despite their role in bridging these gaps, however, current employment policies do not provide for their institutionalization, and remains a barrier for improving such services (Baker, 2011: 7).

These issues may reflect that though improving, there is still lack of understanding and lingering discrimination in the public health service delivery to indigenous peoples, as well as the larger issue of conflicting policies on citizenship and negative stereotyping of indigenous peoples.

## **B. Factors affecting community resiliency**

The challenges identified in the previous section show that while improving indigenous peoples' access to healthcare via citizenship rights is immensely crucial, the journey towards its achievement is long and tedious. The difficult plight of those without citizenship is amplified by the COVID-19 pandemic.

For many indigenous peoples who are unable to access healthcare and other state interventions, community resiliency through the practice of their self-governance is an important crutch against pandemics such as COVID-19.

Thus, for Indigenous peoples in Thailand, there are several elements that affected and affects their resiliency against the COVID-19 pandemic:

1. Food and livelihood

While indigenous peoples in urban areas, as well as other communities and villages, are in need of food and cash relief to cope up with economic consequences of the state emergency measures, these indigenous communities are able to be resilient in the face of restrictions because they are self-sufficient. This is attributed to how well they are able to manage their own resources. As AIPP (2020:4) points out, communities such as Nong Tao, Hin Lad Nai, Mae Jok and Huay E Khang display confidence in their survival capabilities because of their sustainable management systems<sup>90</sup>. These points serve as their strength in situations of emergency. Long village closures were enabled by the strong belief of local leaders and elders on the ability of their communities to sustain food production enough to fulfill the consumption needs of their community. For indigenous peoples, food and livelihood security is tied to their right to develop their own land, territories and resources.

However, even while Indigenous communities were able to be resilient for some time, the restriction measures imposed to control the spread, combined with their difficulty to access basic government services, as well as external threats such as forest fires and the extended drought season has made it more difficult for indigenous communities to maintain this resiliency<sup>91</sup>. Indigenous communities affected by drought are unable to produce as much crops as they have otherwise done. This extended drought not only affects Thailand, but other Lower Mekong basin countries as well, and is perhaps the worst in many years according to NASA Earth Observatory (2020). According to the Mekong River Commission (2019), the drought started since late 2019, when water level was recorded at an all-time low. This affects food consumption and nutritional intake. Furthermore, shifting cultivation is still being criminalized. For indigenous communities who are dependent on forests for their livelihood, restrictions on access to lands within national parks still serve as a major problem.

The fire outbreaks occurring in the early half of the year has divided the community's attention in responding to emergencies. Furthermore, the smoke and haze coming from these fires may have long-term respiratory consequences. For the Karen peoples who have indigenous knowledge on forest fire, forest restrictions, in addition to lockdown, prevents them from practicing shifting cultivation, which helps in lessening the fuel load of forest. Lessening the fuel load of such fires through small fires lessens the risk of uncontrollable forest fires (Ekachai, 2020).

Aside from Karen peoples, other northern Indigenous peoples are also at the forefront of beating down forest fires (with some even losing their lives to it), and yet are often blamed for starting uncontrollable forest fires. These traditional practices have been proven to be effective, to date. As such, it should be recognized and respected, especially in times of emergencies such as the forest fire, where community members are, themselves, the first responders.

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<sup>90</sup> A study in 2010 supports the view that communities such as Hin Lad Nai are be self-sufficient, owing their ability to maintain food security for long periods owing to traditional and innovative livelihood practices and forest management (Kingdom of Thailand, IFAD, PROCASUR & AIPP, 2010).

<sup>91</sup> This was relayed by Gam Shimray, the Secretariat General of AIPP based in Chiang Mai, Thailand, who spoke as part of the opening plenary of the virtual meeting of the UN Business and Human Rights Forum, to update the participants on the general situation of Indigenous Peoples and the impacts of COVID-19, including Thailand.

An opportunity is seen in the designation of Karen and Chao Ley communities as Special Cultural Zones by the Cabinet in 2010. Recognizing the importance of natural and cultural heritage together in conservation, the Cabinet, with support and cooperation from the Ministry of Culture along with other actors (civil society groups, communities, academe, media, etc.), passed a resolution on the “Revitalization of Chao Lay Culture” and “Revitalization of Karen Culture,” both of which aim to conserve cultural practices of both groups. This led to several committees to be set-up to look at possible revitalization efforts, as well as to look at land conflicts and their settlement (Arunotai, 2017). While its implementation is deemed as still problematic, it is still valued as a leverage to minimize criminalization of livelihood practices and other forms of resource management of indigenous peoples (Trakansuphakon, 2020, personal communication). Though not explored in this report, securing rights to manage land (if not owned), especially among northern indigenous peoples in national parks, are also affected by the COVID-19 lockdown, as people are restricted to prepare evidence required to prove their long residence in the said national parks (Phnom, 2020, personal communication)

## 2. Community initiatives and cultural practices

As noted by informants, the restrictions have inevitably caused some community tensions, especially about how the policies on restrictions are implemented. However, some actions taken to address the pandemic also showed community solidarity and a strong sense of self governance. According to an informant, “we don’t need to wait for the government to do something about the pandemic” (Leeja, 2020, translated in a personal communication).

For example, the practice of rituals and ceremonies can be seen as collective actions against a common burden. While state enforced lockdowns as means of physical protection, community ceremonies and rituals added spiritual protection for its members. Furthermore, community food sharing and exchanges, as well as other actions, such as taking care of other peoples’ children are reflections of indigenous values of mutual responsibility and solidarity. While they do not solve the challenges brought about by the pandemic, these gestures help augment needs, and lift up the spirits of community members, who are anxious with the many problems they are facing.

Solidarity was also expressed by the network of indigenous peoples’ organizations, who facilitated relief operations to the community, where there was little government intervention. Their experience and grassroots work make them more accessible to indigenous communities, along with their ability to speak and understand their language, culture and community dynamics.

Furthermore, the availability of youth in the village, spurred by the government lockdown policy, allowed them to learn weaving, help in the farm and take on important roles in distributing relief in the community, thus possibly facilitating intergenerational transfer of knowledge and skills, as well as reinforcing the important roles and contributions of the youth in community-building, especially in times of emergencies.

Furthermore, one informant noted that, “the new normal is relearning the old ways of living” (Saenmi, 2020, personal communication), referring to how indigenous knowledge, systems and practices have helped communities in coping up with the impacts of the pandemic. He observed that more community members are remembering to perform traditional farming practices to produce for their family’s consumption.

### 3. Availability of state services and aid

Another direct consequence of the lack of citizenship of many indigenous peoples are that they are unable to avail of government aid or social protection services, which are needed most especially during times of emergencies such as the current COVID-19 pandemic.

While the government aid is appreciated by indigenous families who were able to avail of it, the informants emphasized that for many indigenous peoples, the lack of citizenship/identification remains a barrier for them to avail of this cash aid. Aside from this fundamental barrier is the limited access to communication technology/services in many indigenous communities, which make online registration difficult for some. Thus, many indigenous peoples without IDs and without access to Internet have yet to enjoy the benefits of cash aid and other services of the government, such as free healthcare.

For those who are able to get aid, the lack of Internet connection bars them from applying to these services, as beneficiaries have to apply online. As such, for indigenous peoples in remote villages without Internet connection, alternative methods for government aid should be provided. To this end, the informants recommended that for government aid to reach the people who needed it the most, connecting with organizations working at the grassroots level was important, as they are able to better overcome linguistic and cultural barriers. Because of their grassroots work and community monitoring, they also have available data on community statistics, and can help in identifying those who are in need of aid.

### **C. Roles of IP organizations in emergency responses**

In general, the increasing momentum and expansion of the indigenous peoples' movement in Thailand, as well as the growing openness to multiculturalism of the Thai government, have been identified as opportunities for indigenous communities and organizations to foster a better relationship with the Thai government (Morton, 2016: 11)<sup>92</sup>. And although challenges still remain, this was seen in how indigenous peoples organizations responded to the COVID-19 crises.

Indigenous peoples organizations played a big role in providing relief during the COVID-19—some informants even shared that they felt their presence more rather than government aid. Community organizations received and facilitated the distribution of relief from larger network of organizations such as NIPT.

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<sup>92</sup> The designation of Karen and Moken areas as Special Cultural Zones through cabinet resolutions in 2010 is one achievement related to this.



*Figure 7. IMPECT, AIPP, CIPT and other organizations donated rice and other relief to the San Paheang village in March 4, 2020. Photo credit: Katima Leeja*

It is felt by the informants that these wider IP networks are better equipped to deliver relief and other assistance to the community. As mentioned, these organizations established a COVID-19 Relief Assistance Center for Emergency Aid in Chiang Mai, which is maybe possible collaboration platform between government (through agencies like the Ministry of Interior) and civil society in providing relief and other services specifically targeted to indigenous peoples.

The informants also identified that another possible opportunity in the future is that NIPT and Princess Maha Chakri Sirindhorn Anthropological Center (SAC) are discussing a way to create a database on food being produced by indigenous communities. One of the possible assistance this could bring is to be able to identify appropriate food items for food exchanges during times of emergencies between communities, based on the food they can produce in excess and the food that they have less of.

A recommendation from one of the informants is for a communication platform for indigenous peoples wherein news, notices and other relevant information about the government are translated into indigenous languages. During the COVID 19-lockdown, various individuals and organizations made efforts to translate news and information whether through text messaging, social media posts or other communication channels. However, for it to be sustainable, it has to be supported by the government. According to the informants, sharing important information during times of emergencies like the COVID-

19 pandemic helps a lot in reducing anxiety in indigenous communities, and allows better response on how to address it.

#### **D. Policy spaces**

Since the lockdown is already at its most relaxed stage at Phase 5 by July 1, there has been fear of a second wave of infections. The informants (based on their experience of being unprepared for the pandemic) mentioned that having a plan and being prepared for a second wave of infections should be done through the coordination of the government and indigenous organizations. To this note, the NCDC had asked all Provincial Governors to develop action plans for screening, case-finding and disease prevention measures at the district and sub-district levels (Thai Ministry of Public Health, 2020). As of writing, the informants are unaware if there are opportunities to include the perspectives of indigenous peoples in the planning.

Under the National Health Security Act 2002, there are five seats for peoples' representatives or non-profit private organizations on the National Health Security Board and five seats on the Standard and Quality Control Board of the Universal Coverage Scheme. These two committee boards oversee the implementation of policy and healthcare service quality of the UCS, and is an important space to influence and negotiate changes needed in order for the benefits of UCS to reach the wider Thai population. Unfortunately, there are nine networks representing different peoples' groups, including the indigenous peoples' network, and not all of them can be accommodated. As such these peoples' network are lobbying the national committee concerned with the UHC program to include at least one representative per people group/network in each board. This is seen by the informants as an opportunity for indigenous peoples' inclusion, especially on their concern for increased UCS coverage to benefit also those indigenous peoples without Thai national IDs but are born and who live in Thailand.

Furthermore, since 2011, indigenous organizations through its network, NIPT, have been lobbying for the government recognition and formal establishment of a Council of Indigenous Peoples in Thailand (CIPT), an advisory body who can give advice and influence decisions relating to indigenous peoples to the National Legislative Assembly. While the legal framework for the establishment of the CIPT is being revised, by 2015 CIPT has grown to represent 38 different IP groups, clustered in three local IP councils. Should the CIPT be formally recognized as an advisory body to the government, a bigger opportunity arises for indigenous communities to raise their voice on the policies and programs that affect.

#### **V. Conclusion and Policy Recommendations**

The challenges and analysis above show that the persisting challenge of non-recognition of Indigenous peoples and their rights (most notably the issue of citizenship) is exacerbated by the threat of the COVID-19 pandemic. Some of the policy recommendations by indigenous communities to the government in times of the pandemic can be:

Table 4. Prioritization of Recommendations

Recommendations	Short term (1 year)	Medium (3 – 5 years)	Long term (5 years or more)
<i>Address issues related to citizenship through:</i>			Mobilizing the local government unit in collaboration with Indigenous peoples' organizations, especially those at the village level, to assess the status of citizenship of each and every village member. This should include identifying prevailing barriers to citizenship acquisition, especially for those eligible but still unable to acquire full citizenship, in relation to Thailand's Nationality Act
<i>Address information gap on indigenous peoples in policy and program decision-making by:</i>	Ensuring indigenous peoples' representation in national and local planning and preparation for pandemics, including for the second wave of COVID-19	Support and build capacities at the village level to collect disaggregated data by ethnicity, gender and sex for to feed into policy planning process at all levels, including targeted programs and policies on healthcare for indigenous peoples	Support and collaborate with indigenous people's network through the CIPT in their development of a framework catering to indigenous peoples
<i>Increase access to healthcare for indigenous peoples and vulnerable groups, and create targeted healthcare and pandemic preparedness</i>	Strengthening capacity of local Health Centers/ PCUs by employing full-time doctors to help remote communities,	Expand seats for people's representation in the National Boards of the UHC to include all nine peoples' network (including indigenous peoples)	Expanding of the scope of free health insurance under the UCS to allow beneficiaries access to all levels health services (including necessary health



<i>program specific to their situation by:</i>	especially in times of pandemic when there are travel restrictions		services outside of domicile provinces)
<i>Support and increase resiliency of indigenous communities by their food and livelihood systems, as well community and civil society initiatives to augment inadequacies during emergencies through:</i>	Connecting and collaborating with community-based organizations to deliver social protection relief/services (financial aid) to those in need, especially those without IDs and those who cannot register online	Create a communication platform on government news and notices on emergency situations, translated in indigenous languages	Extending the creation of Special Cultural Zones for all indigenous groups, so they can also practice their traditional livelihood systems (like the Cabinet Resolutions for Karen and Chao Ley communities in 2010)

Urgent emergency situations like lockdowns during communicable disease pandemics such as COVID-19, show the importance of basic rights in ensuring resiliency of communities, such as the right to citizenship/nationality, right to food, right to healthcare, right to a safe and healthy environment, right to culture and most importantly for indigenous peoples, the right to land, territories and resources.

Ensuring a human-rights based approach, through the policies recommended above, is a relevant and holistic way of addressing indigenous peoples' plight during the COVID-19 pandemic. Indigenous peoples' rights, as ratified by the Thailand government through the UNDRIP, should be the main guidance for policy measures to ensure indigenous communities' resiliency can be supported in times of emergencies such as COVID-19 pandemic.

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## Annex 5. Summary Recommendations from the Country QARs

Note: Indonesia – green; Nepal – orange; Philippines – yellow; Thailand – pink

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
<b><i>I. Participation and engagement of Indigenous Peoples' organizations and communities in COVID-19 response</i></b>		
<p>1. The national and local governments and task forces for COVID-19 must proactively engage IPs in decision making processes on responses for the pandemic, most especially on matters affecting indigenous territories.</p> <p>a. IPs must be represented and involved in all levels of planning and decision making process of the government. Moreover, their traditional way to respond to crises such as pandemics must be given consideration in programs and policies.</p> <p>b. Task forces formed by IPs on the village level must be supported by local governments and government-led task forces. Local authorities should tap on this community-initiated mobilization endeavors most especially on making their programs reach IPs.</p>		
<p>2. The authorities should also coordinate and work with IPOs that represent indigenous communities given their linkages on key people in the area (i.e., community leaders) who can mobilize people on the ground and even IPs in urban areas.</p> <p>a. Given their connection to indigenous leaders, IPOs have recent information about the situation and grasp of local contexts in light of COVID-19 pandemic and its impacts. The government and its</p>		

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
<p>task forces in both national and local level should tap on IPOs' knowledge and expertise to better inform their decisions and initiatives.</p> <p>b. As seen in the case of AMAN, which is a national network of indigenous communities in Indonesia, IPOs have the capacity to coordinate and bring programs and services straight to the communities. The authorities should partner with IPOs like AMAN and ID and even CSOs and NGOs that serve and partner with indigenous communities (e.g., Pusaka Foundation, Samdhana Institute, etc.) to help them bring government programs and services on the ground.</p>		
<p>The authorities should affirm the self-lockdown measures implemented by indigenous communities through declaration of lockdowns and implementation of other relevant policies in order to limit the entry of non-IPs in the area who can bring the virus to them.</p>		
<p>The COVID-19 Control Management High Level Committee should also state a clear policy intended for Indigenous peoples' participation in COVID-19 response at the community level.</p>		
<p>The multisectoral and whole-of-government approach adopted to address the COVID-19 pandemic should have the full and effective participation of all stakeholders. In this note, IATF-EID should reorganize to include the head of the NCIP, and representatives from civil society organization and private sectors to be able to contribute</p>		

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
<p>ideas and strategies to fight the disease from their end.</p> <ul style="list-style-type: none"> <li>TJG Task Force COVID-19 should be recognized, reinforced, and integrated with the Provincial IATF Task force in the province in Maguindanao</li> </ul>		
<p>Recognize and highlight good practices of indigenous peoples' organization and traditional structure in the fight for COVID-19 and its mitigation measures:</p> <p>a. indigenous leaders, government officials, and IPMRs to collaborate and partner with IPS and IPO in the implementation of guidelines and relief operations in IP communities of their jurisdiction. Recognize the participation of women, youth and children, and PWDs in decision-making processes addressing the COVID-19;</p> <p>b. Government to consider the readiness of communities in the "Balik Probinsiya" program where proper coordination between the national and local governments, especially in IP territories, should be efficiently done.</p>	<p>Indigenous leaders, government officials, and IPMRs to collaborate and partner with IPS and IPO in the implementation of guidelines and relief operations in IP communities of their jurisdiction. Recognize the participation of women, youth and children, and PWDs in decision making processes addressing the COVID-19.</p>	
<p>Address information gap on indigenous peoples in policy and program decision making through:</p> <p>a. Ensuring indigenous peoples' representation in national and local planning and preparation for pandemics, including for the second wave of COVID-19.</p> <p>b. Connecting and collaborating with community-based organizations to deliver social protection relief/services (financial</p>		<p>Support and collaborate with IP networks through the CIPT in their development of a framework catering to IPs.</p>



SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
aid) to those in need, especially those equally vulnerable village/community members without national ID cards and those who cannot register online.		
<b>II. Information on COVID-19 Pandemic and Mitigating Measures</b>		
<p>Information dissemination campaigns must be brought to the indigenous communities through coordination with indigenous leaders and/or their partner organizations.</p> <p>a. The national and local governments as well as task forces should coordinate and consult with IPOs such as AMAN and ID on how these campaigns must be conducted.</p> <p>b. Educational materials are more likely to be useful for IPs when it comes in the form that is accessible to them and in the language they can easily understand.</p>		
A culturally-appropriate (including language they can understand) Information, Education Campaigns about COVID-19 and its response policies by the Ministry of Health and Population (MoHP) and the COVID-19 Control Management High-Level Committee in the indigenous communities.		

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
<p>a. COVID-related information and audiovisual materials posted in National Government Portal and DOH should be translated by the LGUs in all local languages, including indigenous languages, which should be culturally-appropriate and accessible to indigenous communities.</p> <p>b. IPS and IPO efforts in translating COVID-related information and providing awareness-raising to their areas of coverage should be recognized and supported by the LGUs to reach a wider scale such as in the provision of funding</p> <p>c. LGUs to inform their constituency the different COVID-related policies being implemented in a language understandable by them.</p>		
<p>Create a communication platform on government news and notices on emergency situations, translated in indigenous languages.</p>		
<p><b>III. Emergency Services, Health Systems and Social Justice</b></p>		
<p>Proper recognition and corresponding support must be provided to traditional medicine and ways of healing as means to improve indigenous communities' resilience in times of crises.</p> <p>a. The Ministry of Health must provide recognition on the role of IPs' traditional medicine and ways of dealing with pandemics (e.g., dignified quarantine system) and encourage, provide assistance, and maximize these to keep indigenous communities safe from the disease.</p> <p>b. The role of traditional healers in encouraging community members to live healthy lifestyles should also be maximized by MoH. This pandemic further solidified the</p>	<p>Improve access to healthcare for IPs and increase the supply of PPEs and other medical supplies to puskesmas (healthcare facilities) near indigenous communities. (Hansen, 2020)</p>	

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
<p>stature of traditional healers in their communities as they became the frontline health official in their villages by default. They should be provided due recognition and assistance.</p>		
<p>Local governments must complement indigenous communities' self-initiated lockdown measures with corresponding assistance and policies:</p> <p>a. Cash and/or food assistance must be made available for communities that initiated their lockdowns even those who are "accustomed to foraging the forests." (Gokkon, 2020);</p> <p>b. Requirements for access to assistance (e.g., identification cards) must be reconsidered in the case of IPs who have difficulties on securing these even before the pandemic. Other proof of identification of IPs must also be accepted.</p> <p>c. Aid must also be provided for IPs for them to be able to sustain their livelihoods (e.g., farming, fishing, NTFP-based products, and cultural products) similar to the packages provided by the government to small and medium enterprises.</p> <p>d. Improve access and increase the number of IP beneficiaries of government-provided assistance.</p> <p>e. Government authorities should affirm the self-lockdown measures implemented by IP communities through declaration of lockdowns and the implementation of other relevant policies in order to limit</p>		

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
<p>the entry of non-IPs and/or possible virus carriers.</p>		
<p>The Ministry of Education and Culture must consult IPs and/or IPOs regarding the situation of indigenous learners and their families regarding reopening of schools, resumption of physical classes, and the feasibility of online classes for them.</p> <p>a. Indigenous students still trapped in their dormitories due to social and travel restrictions must be provided the necessary assistance. With the reopening of schools still uncertain, the authorities should also provide facilitation of their travel back to their communities. All these measures must be consulted and coordinated with relevant indigenous leaders and IPOs as these should also abide not only by government protocols but also by community protocols as well (e.g., IPs' self-quarantine system);</p> <p>b. The Ministry should reconsider the reopening of schools even in low-risk areas. In any case, indigenous students must not be required or expected to attend physical classes as they are vulnerable to the disease.</p> <p>c. Indigenous students must be provided with the necessary support (e.g., internet access) should classes be facilitated through alternative means.</p>		
<p>The local healthcare providers have to mobilize the local leader and indigenous health practitioners to effectively control the spread of the disease. Medical system at the community level is lacking of health</p>		

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
professionals, equipment and facilities.		
Extend basic health services to the marginalized and vulnerable population, including indigenous peoples, women, youth, and children and sensitization in addressing appropriate solutions to local needs:		
a. In areas with mix populations, LGUs to include representatives of indigenous peoples in the BHERT, indigenous health providers should be recognized by the DOH, their skills should be strengthened by including them in all relevant training and contention measures to prevent and respond to the disease. In IP areas that are inaccessible by online tools, the LGU and the DOH should devise a mechanism to train them offline or through face-to-face.	Ensure the implementation of the different COVID-19 measures and other health policies, i.e., DOH AO 2020-0021 and AO 2020-0023.	LGUs to include capable and trained IP health workers in areas with indigenous peoples.
b. LGUs to support the establishment of temporary treatment and monitoring facilities in IP areas (DOH DC 2020-0192) with health personnel who would stay in the clinic all the time and not on a per schedule basis.	Culture and gender sensitive health services should be mainstreamed.	Joint monitoring and evaluation of the implementation the programs and policies to determine gaps and revision with full and effective participation of indigenous peoples.
c. LGUs and the DOH to ensure safety, provide health and sanitation facilities for IDPs against COVID-19.		
d. LGUs to ensure that food relief reach geographically isolated communities and IDPs in evacuation areas.	LGUs to ensure the safe return of IDPs in their respective homes and provide interventions for them to start anew.	
Increase access to healthcare for indigenous peoples and vulnerable groups, and create targeted healthcare and pandemic preparedness program specific to their situation by strengthening capacity of local Health Centers/	Expand the scope of free health insurance under the UCS to allow beneficiaries access to all levels health services (including necessary health services outside of domicile provinces)  Expand seats for people’s representation in the National Boards of the UHC to include all nine peoples’ network (including indigenous peoples)	

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
PCUs by employing full-time doctors to help remote communities, especially in times of pandemic when there are travel restrictions		
Support and increase resilience of indigenous communities by acknowledging and strengthening their food and livelihood systems, including community and civil society initiatives to augment inadequacies during emergencies	Support and build capacities at the village level to collect disaggregated data by ethnicity, gender and sex to feed into policy planning process at all levels, including, targeted programs and policies on healthcare for IPs.	
	Mobilize the local government units in collaboration with IP organizations, especially those at the village levels, to assess the status of citizenship of each and every village member. This should include identifying prevailing barriers to acquisition of full citizenship, especially for those eligible but are unable to acquire the pertinent national ID card.	
<b>IV. Food Security</b>		
	<p>Proper recognition and corresponding support must be provided to traditional food and nutrition systems as means to improve indigenous communities' resilience in times of crises.</p> <p>a. The Ministry of Agriculture should involve IPs and IPOs in its program aimed on building food reserves in localities. The program should maximize and strengthen indigenous food production systems that are based on their indigenous knowledge, technologies, and innovations.</p> <p>b. To promote food sovereignty in indigenous communities, the government should recognize and decriminalize traditional farming practices of IPs. By doing so, IPs would worry less about intimidation and arrests and focus on food production for their</p>	<p>The House of Representatives should pass the Indigenous Rights Bill, which will recognize IPs' rights including their right to land and right to practice their traditional farming practices, both of which can positively contribute to the food sovereignty of indigenous communities. The passage of this bill will also fulfill President Widodo's promise as part of his political commitments to IPs as well as the implementation of UNDRIP of which Indonesia is a signatory.</p>

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
	<p>communities during this pandemic and beyond.</p> <p>c. The Ministry of Agrarian Reform and the Ministry of Environment and Forestry should facilitate agrarian reforms that involve the lands IPs own. These lands must be distributed back to them as these can be used for food production of indigenous communities.</p>	
	<p>The food security practices and traditional livelihoods of indigenous peoples in the Philippine (e.g., <i>suragad</i>, <i>sulagad</i>, <i>kaingin</i>) sustained for generations should be further strengthened by the provision of appropriate agricultural technologies, capital and technical assistance by the LGUs, NCIP, and DA.</p>	<p>Government to review laws and policies that are consistent with the rights of indigenous peoples, including the prohibition of the practice of sustainable livelihoods such as traditional kaingin system.</p>
<b>V. Land and Resource Governance and Livelihoods</b>		
<p>The House of Representatives should provide spaces for IPs and IPOs to participate in the deliberations of the deregulation and mining bills that threaten the forests and biodiversity in indigenous territories.</p>		<p>The Ministry of Environment and Forestry should take necessary steps to safeguard the forests and keep the ecological balance as a proactive measure to keep zoonotic viruses at bay.</p> <p>a. The Ministry should also implement more measures such as more patrols to protect the forests from loggers and poachers. In doing so, the Ministry should coordinate and team up with IPs and IPOs as well as conservation organizations to better implement these measures.</p> <p>b. Particular attention must be given to industries such as</p>

SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
		<p>plantations and mining concessions cited by IPs and IPOs as committing violations. These industries threaten the traditional food and nutrition systems of IPs, which can sustain them during this time of crisis. These industries also continue to seize lands from IPs and cause ecological disturbance and environmental degradation.</p>
<p>The Ministry of Tourism must consult indigenous communities and their partner IPOs on their stance regarding reopening of tourist spots/attractions found in their territories. The Ministry must reconsider the reopening of 29 national and nature parks. Reopening tourism can increase the risk of exposure of indigenous communities and undo the success they had when they initiated their own lockdown measures.</p>		
		<p>The tier 3 levels of government—federal, provincial and local—should identify mechanisms to legitimized, acknowledge and recognize the traditional customary practices, healing practices, customary institutions and land tenure security of indigenous peoples. This is to affirm the national government’s ratification of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and International Labor Organization Conventions</p>
		<p>Appropriate Income generation activities should also be a priority in the plan for current and post-COVID-19 response to generate</p>



SHORT TERM (1-3 years)	MEDIUM TERM (3-5 years)	LONG TERM (5 years +)
		employment opportunities in communities for sustaining livelihoods based on their traditional knowledge, skills and cultural practices.
<p>Local and government officials to address the urgent issues that IPs face in relation to land tenure.</p> <p>For the government, NCIP and corporations to ensure that all projects proposed and implemented in IP territories be consistent to the right to FPIC and in accordance to IP customary practices.</p>	<p>DA, NCIP, and LGUs to ensure the engagement of indigenous peoples in all policies enacted affecting them. IP participation in the development planning ensures their co-ownership of the plan.</p>	<p>Government to review, revise and/or implement national and regional laws to be consistent with the recognition of the land rights of IPs, in accordance to their land and resource customary ownership, use and management systems.</p>
<p>Disaggregated data on the number of IPs who were displaced due to COVID-19 should be presented to better plan for providing them alternative livelihoods</p>	<p>Training on alternative livelihoods, especially farmers, should be provided to indigenous peoples to provide them other sources of income while waiting for their crops to be harvested</p>	
<p>LGUs and NCIP to provide appropriate assistance to indigenous farmers and fisherfolks whose farming operations have been disrupted.</p>		
	<p>Extending the creation of Special Cultural Zones for all indigenous groups, so they can also practice their traditional livelihood systems (like the Cabinet Resolutions for Karen and Chao Ley communities in 2010)</p>	
<p><b>VI. In depth studies and data disaggregation – across all four countries</b></p>		

## Annex 6. Questionnaire and Interview Guide

### A.5.1. Questionnaire

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Ethnicity : \_\_\_\_\_

Locale (Village, Town, Province):

- 1. What are the impacts of COVID-19 to your community in the areas of health, food security and livelihoods? What are its specific impact on women, children, elders and persons with disabilities?**

Impact area	Impacts of Pandemic	Impacts of mitigation measures (lockdowns, etc.)	Case examples/Other remarks/observations
Health			
Food security			
Livelihoods			
Specific sectors/community members			
<ul style="list-style-type: none"> <li>● Women</li> </ul>			
<ul style="list-style-type: none"> <li>● Children</li> </ul>			
<ul style="list-style-type: none"> <li>● Elders</li> </ul>			
<ul style="list-style-type: none"> <li>● Persons with disabilities</li> </ul>			

- 2. Are there intrusions on land or natural resources that are being exacerbated by the crisis? What are their drivers and what risks do these invasions pose?**

Collective and individual human rights	Victim/s (as detailed as possible)	Drivers and brief description of incident	Implications/risk
Land			
Resources			
Other collective rights (includes social, cultural, civil, political rights)			
Human rights violation (individual rights and gender-based/domestic violence)			

**3. What are the existing outreach and support currently being delivered to IP communities by: governments, international donors, and NGOs? How effective are these?**

Agency/Actors	Policy/Support	Positive impacts	Negative impacts (issues and gaps in efficiency)

**4. Are there policies that provide space for IP leaders to participate in response to COVID-19? Are these being used or not? If so, how do these benefit IPs so far?**

	Are there policies that provide space for IP leaders to participate in response to the pandemic?	Are IPOs/community leaders using these spaces?	If no, why? If yes, what are the gains from participation so far?
a. Pandemic			

b. Health systems			
C. Others			

**V. What roles can IP organizations can play to support broader relief and response efforts for food security and health needs of the communities?**

IPOs	Existing initiatives/responses	Gaps/challenges	Recommendations to address the gaps and challenges	Other roles that IPO can play

**VI. Is there an integration of the traditional and community health providers with the national health systems? What mechanisms (i.e., policy, programs, etc.) should be in place so that IPs are not left behind in improving prevention, detection and due attention to the affected IP population?**

Existing mechanisms available for IPs in improving prevention, detection, and due attention to affected IP population	Challenges

Recommended mechanisms ( i.e., specific programs, policy, etc.) for IPs in improving prevention, detection, and due attention to affected IP population	Support needed(?)

**A.5.1. Interview/Discussion Guide**

**I. The impacts of COVID-19, both from the pandemic and its mitigation measures, on IP communities from a health, food security and livelihoods perspective.**

1. What are the impacts of COVID-19 to your community in the following aspects:
  - a. Health situation
  - b. Food security
  - c. Livelihood
2. Who among the members of your community are the most vulnerable in the current pandemic? How are they affected by the pandemic?

3. Can you provide specific cases in your community/country that highlight these issues?

**II. Intrusions on land or natural resources that are being exacerbated by the crisis, their drivers, and risks that these invasions pose.**

Since the mitigation measures were imposed, have there been:

1. cases/incidences of intrusion into indigenous peoples' territories and/or extraction of resources from your territories during this pandemic?
2. violation of other collective rights (e.g. right to culture)?
3. instances of gender based and domestic violence?

**III. Identification of existing outreach and support currently being delivered to IP communities by: governments, international donors, NGOs, (and/or their own IP organizations/leadership) and an initial assessment of effectiveness.**

1. What are the measures done in your community in response to COVID-19 pandemic?
2. Who is/are implementing these measures?
3. How effective are these measures? How have they helped your community address the problems you identified above?
4. What are the positive impacts of these measures? What are the negative impacts?

**4. Existence of policy spaces where IP leadership are invited to participate or where they could participate to inform national response efforts.**

1. Are there policies that provide space for IP leaders to participate in response to the pandemic?
2. Are there other spaces that IP leaders can access or were provided access where they could participate to inform national response?
3. Are IPOs/community leaders using these space/s?
4. If no, why? If yes, what are the gains from participation so far?

**5. Roles that IP organizations can play to support broader relief and response efforts for food security and health needs.**

1. What are the existing initiatives/responses IPOs have in light of COVID-19 pandemic?
2. What are the gaps/challenges in these initiatives/responses?
3. What are your recommendations to address these gaps and challenges?
4. What are other roles IPOs can play?
5. What are your priorities?

**6. Proposed mechanisms to link traditional and community health providers with the national health systems to improve prevention, detection, and attention to affected IP populations.**

1. Is there an integration of the traditional and community health providers with the national health systems?
2. What mechanisms (i.e., policy, programs, etc.) should be in place so that IPs are not left behind in improving the prevention, detection and given due attention to affected IP population?