

# CDWD IN AFRICA

## INVISIBLE YET INDISPENSABLE: SDG GAPS FOR CDWD COMMUNITIES IN AFRICA: PROGRESS AND GAPS IN SDGS 3, 5 AND 8

**Communities Discriminated on Work and Descent (CDWD)** remain trapped in cycles of poverty, exclusion and violence across Africa. Despite progressive laws in countries like Gambia, Mauritania, Niger, Cameroon and Nigeria, CDWD continue to experience multiple forms of discrimination—based on caste, gender, geography and economic status. This fact sheet consolidates findings from five African countries, highlighting region-wide patterns, systemic challenges and recommended actions for advancing SDGs 3 (Health), 5 (Gender Equality), and 8 (Decent Work).

### KEY COMMUNITY GROUPS

#### MAURITANIA

Haratine, Igawen, Ŋeñbe,  
Diam, Makes me, Komo,  
Niakhamala

#### THE GAMBIA

Mandinka, Gewel,  
Garanke, Numoo, Jongo,  
Jaama, Komo, Fula

#### NIGERIA

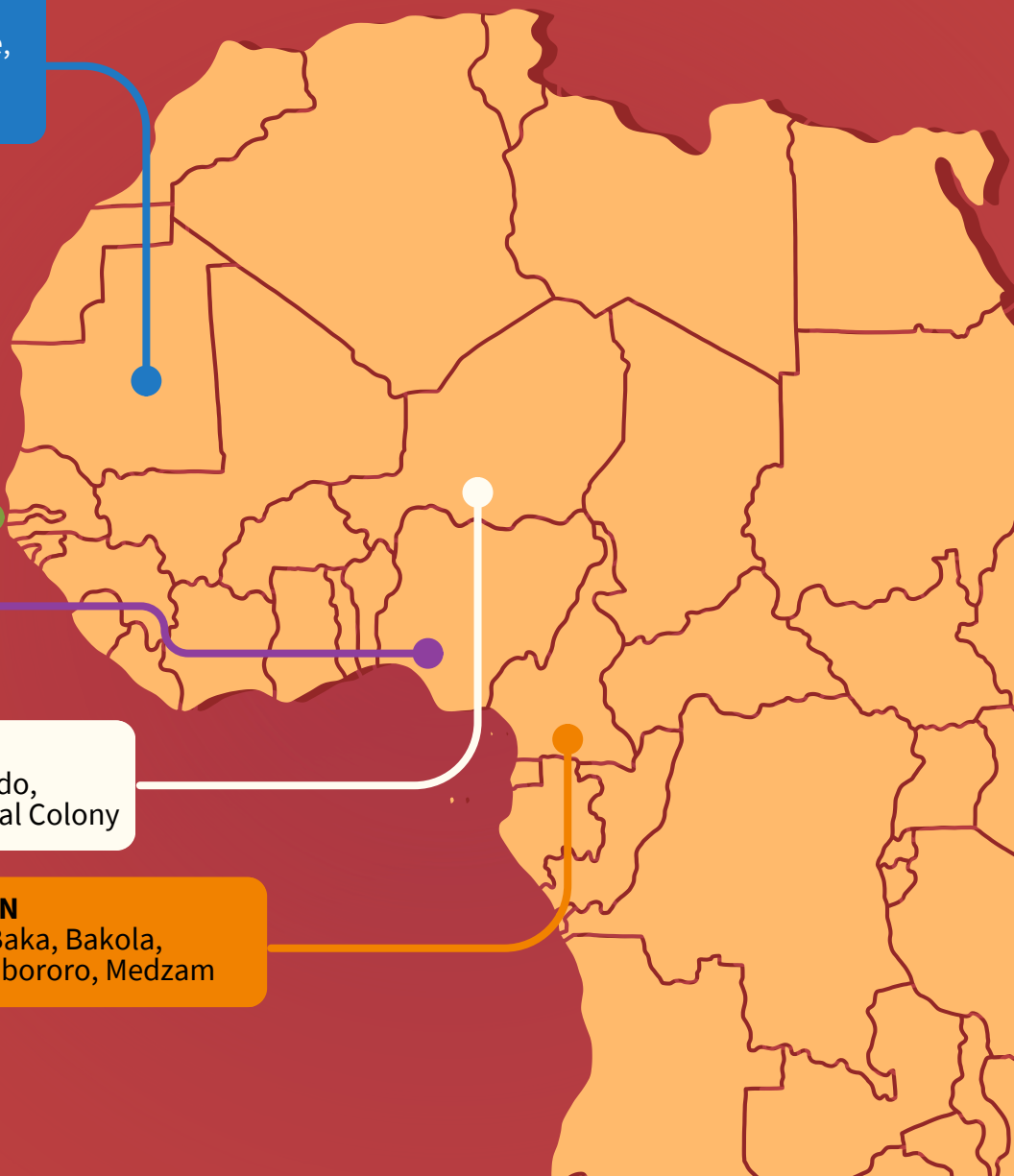
Osu (SE), Kamwe (NE)

#### NIGER

Bayou, Ikhlas, Maccudo,  
Fawouko, Tchakay, Pal Colony

#### CAMEROON

Pygmies (Baka, Bakola,  
Bagyeli), Mbororo, Medzam



# KEY REGIONAL FINDINGS

## CDWD Country-Level Demographic Data

The table below provides a comparative demographic overview of CDWD populations across five African countries, highlighting their estimated size, gender distribution, and key community groups.

Country	Total National Population	Estimated CDWD Population	Estimated CDWD Population	Gender Breakdown (CDWD)	Key CDWD Groups
Gambia	2,822,093	200,000–250,000	~7–9%	~100,000 M, ~105,000 F	Mandinka, Gewel, Garanke, Numoo, Jongo, Jaama, Komo, Fula
Mauritania	4,927,532	2,838,532	~57.6%	~973,520 M, ~1,100,400 F, ~964,032 C	Haratine, Igawen, Ñeñbe, Diam, Makes me, Komo, Niakhamala
Niger	26.3 million	112,000	~0.43%	53,760 M, 58,240 F	Bayou, Ikhlas, Maccudo, Fawouko, Tchakay, Pal Colony
Cameroon	29,879,337	~2.5–3 million (est.)	~8–10%	Not disaggregated	Pygmies (Baka, Bakola, Bagyeli), Mbororo, Medzam
Nigeria	216,783,381	3,693,000	~1.7%	~3,000,000 Osu, ~693,000 Kamwe	Osu (SE), Kamwe (NE)



### HEALTH INEQUITIES

- CDWD often live far from clinics and health centers, especially in Cameroon, Gambia and Niger.
- In Mauritania and Nigeria, less than 30% of CDWD women give birth in medical facilities.
- Stigma, cost, lack of civil documentation and discriminatory treatment prevent CDWD from accessing essential healthcare.
- Traditional birth practices persist across Gambia and Nigeria due to exclusion and mistrust of health systems.
- Malnutrition among CDWD children is severe (e.g., 54% in Mauritania).



### GENDER-BASED EXCLUSION

- CDWD women face multiple forms of marginalization based on caste, gender and poverty.
- Early and forced marriage is prevalent (e.g., 77% of CDWD girls in Niger married before age 18).
- Access to water and sanitation is discriminatory (e.g., CDWD women in Niger allowed to fetch water only on Fridays).
- GBV remains underreported across all five countries due to fear and lack of legal aid.
- Very few CDWD women hold decision-making positions despite informal leadership roles (e.g., Cameroon's Mbororo women).



### INFORMAL AND EXPLOITATIVE WORK

- CDWD are confined to caste-based, informal occupations like leatherwork, domestic labour, blacksmithing or pastoralism.
- CDWD youth face near-total exclusion from civil service and formal employment opportunities.
- Less than 10–15% of CDWD youth access vocational training (e.g., Mauritania, Niger).
- Hereditary servitude, bonded labour, and violence against workers persist in multiple forms (e.g., Niger, Mauritania).

### SYSTEMIC DISCRIMINATION AND DATA INVISIBILITY

- Despite existing laws, CDWD are not explicitly recognized in national policies or censuses.
- Lack of disaggregated data results in policy blind spots and ineffective targeting.
- Implementation of anti-discrimination and health laws remains weak or nonexistent.
- Social protection programs and development benefits rarely reach CDWD.

## COMMUNITY VOICES

Walked 15 km to demand mobile clinics—resulted in bi-monthly health officials visits.



**Fatou (Gambia)**



Denied emergency maternal care due to poverty and caste identity.

**Aïcha (Niger)**

Turned to sex work after being excluded from school and jobs.



**C.O. Nzam (Nigeria)**



Beaten for demanding wages as a blacksmith, then forced to abandon his trade.

**Oumar (Niger)**

## COMMUNITY VOICES (CONT'D)

Denied healthcare during childbirth; forced to deliver at home.



**T.A. Umuode (Nigeria)**



Gave birth safely thanks to CDWD-trained midwives.

**Marie (Cameroon)**

Formed a women's literacy group and became the first CDWD woman on a village committee.



**Mariama (Gambia)**

## RECOMMENDATIONS

### LEGAL AND POLICY REFORM



- Recognize CDWD in constitutions, policies, and national censuses.
- Criminalize caste-based discrimination and hereditary slavery.
- Promotion and implementation of the **African Commission resolution no.619** on Promotion and Protection of Rights of CDWD.

### INCLUSIVE EDUCATION AND EMPLOYMENT



- Expand vocational training and apprenticeships for CDWD youth.
- Protect informal workers and support CDWD-led cooperatives.
- Ensure CDWD inclusion in public job schemes and employment policies.

### HEALTH SYSTEMS STRENGTHENING



- Invest in mobile clinics and rural health infrastructure.
- Provide universal health insurance irrespective of documentation status.
- Train healthcare workers to eliminate caste and gender bias.

### GENDER EQUALITY AND PROTECTION



- Enforce GBV laws with rural outreach and free legal aid.
- Mandate quotas for CDWD women in governance and leadership.

### DATA AND ACCOUNTABILITY



- Collect disaggregated data on CDWD and their socio-economic status.
- Monitor implementation of laws through community-led mechanisms.



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