# Summary of APWLD Member's Survey Result on COVID-19: Subregional and National Context

**SOUTH-EAST ASIA**



Note: left to right:
concerns on personal, community to state level

**Subregional summary:**

On a *personal level*, APWLD members in South East Asia are largely concerned about the issue of immobility due to lockdown, curfews and travel restriction that limit their work particularly community organising. Other issues raised  consistently is the issue of mental health, uncertainties of the situation, healthcare in general and livelihood. *At the community level*, the big concern is about livelihood (which includes job loss, no incomes) of daily wage earners, informal workers, domestic workers which leads to people having no resources to buy food. *At the state level,* members are questioning policy effectiveness and the healthcare system. Regarding authoritarianism and militaristic approach to address the pandemic, Southeast Asia, South Asia, East Asia, as well as the Pacific all feature issues in this regard.

**Indonesia:**

Major concerns mostly on livelihood of daily wage earners and informal sectors. All of the respondents mentioned limited access to get masks, hand sanitisers, also difficulty in getting food. There's lack of coordinated communication on governments' measures regarding COVID-19 (i.e No lockdown yet but 2 out of 3 respondents mentioned lockdown as one of the measures). The Government of Indonesia encourages people to work, study and pray from home - which respondents feel it's a good measure, but some companies don't allow their workers to work from home with no punitive measure. One respondent gave a good impression for the government to impose stay at home, but at the same time need to give more social safety net to the informal workers, suspend utility payment/credits, as well as control the price of basic goods. However, it looks like the local government (like in Aceh) handled the issue more seriously by giving information to different villages on the COVID-19. 2 out of 3 respondents say the government response is not sufficient, while one based in Aceh feels that it's sufficient. Feminist Response: Policy advocacy is needed, particualarly in relation with women's formal and informal works, and women's safety and ability to manage the household in the time of crisis.

*"Government gives suggestions for work from home to all people, but not all of the companies allow that, so for the workers they  stay at work, because if they do not, they will not be paid. I think it's good, government to give suggestion of Stay at Home but they also has to think the possibility what would happen next such as they*

*supposed to be also suspension utility payment/credits, distribution food for free, spray disinfectant everywhere including people's house, distribute mask and hand sanitizer, give more attention for healthcare professional, etc" - Kartika Sari, Indonesia"*

**Malaysia:**
The issue of mobility restriction is mostly raised, and all respondents worry about the unequal impacts of the crisis and government's measures to precarious workers, migrants, refugees, daily wage earners. For instance, migrants are afraid to get tested due to documentation status. Issues of domestic violences also repeatedly mentioned. One respondent also mentioned the issue of donor uncertainty and programme instability. Measures: includes lockdown, travel restrictions, suspension for credits, free testing and contact tracing, food distribution, cash distribution and additional budget. However, all respondents felt that government's measures are not sufficient - the government needs to ensure social safety nets to the poor (even one mentioned on using socialist approach) as well as taxing the billionaires. One respondent criticises the government's approach for the men as head of the family who can only go out.

*"many migrants were infected even to the extent of their health. Many those exposed to COVID19 were afraid to come forward to be tested due to the documentation status which then impacted others" - Prema Arasan, Tenaganita*

**Myanmar:**
Issues raised mostly on work restriction, misinformation and insufficient health care - particularly for refugees, IDP, elderly and family. The measure taken is only travel/mobility restriction. Government's measures deemed not sufficient.

**Philippines:**
Consistent responses from all the respondent on the pressing concerns due to government's militaristic measures for COVID-19, the issue of economic insecurity particularly for the daily wage earners, informal workers, political prisoners, state abuse, violence and harassment for those violating the curfews and community quarantine. Aside from militaristic approach and state control, no progress on measures related to health and securing social safety nets to address the loss of income and livelihoods. No free mass testing, and very limited test-kit and prioritised to the VIPs. The issue of loss of income also leads to food shortage and inability to buy food to eat for the communities and their families. There were some good practices implemented by local authorities but were not recognised and supported by the national government.

*"...the local government of Pasig has a comprehensive response through participatory and evidence-based governance. Food packs for the poor, mobile kitchen, mobile markets, transportation for frontliners, drones for mass disinfectant etc. Marikina LGU has a molecular laboratory for mass testing even from adjacent provinces and has both of locally produced testing kits. Both initiatives were disliked / or disapproved by the national government.Pasig lgu is subject to investigation of natl govt. there are others slightly like them but doing their best to respond, Mandaluyong feed its constituencies with fresh veggies from farmers instead of noodles and canned goods.." - Daisy Arago, Philippines*

**Thailand:**

Increased stress and expenditures, burden to care works, income loss and insufficient info on how to access treatment are among the key concerns. Although Thailand government does give measures like cash, food distribution and allocating additional budget to tackle COVID-19 and to daily wagers and informal workers, and also workers under social security; but the amount is not enough. Not enough attention to the affected ones, and priority of Government's measures only focus on stopping the spread. No engagement with different groups in the communities, measures were not informed with the situation on the ground.

**Vietnam:**

Government of Vietnam imposed strict travel restriction and quarantine, as well as free test and contact tracing which are deemed as good practice by respondents. However, the issue of lack of information, lack of social safety nets for the informal workers, as well as street children and women vendors are still the main concern. lack of social protection also threatens women who have lost their job and daily income. Respondents feel the measures by the government are not sufficient.

**CENTRAL ASIA**



Note: left to right:
concerns on personal, community to state level

**Subregion summary:**

Despite the language barrier, we received a number of responses from 4 central asian countries. With the exception of Kyrgyzstan, our sisters from this subregion have generally felt that their governments' responses have not been effective or sufficient, not to mention being gender-responsive. There's a common lack of trust in the capacities of healthcare systems to handle the pandemic. Our members from this subregion have been working with vulnerable groups and distributing information.

**Kyrgyzstan:**

Respondents from Kyrgyzstan feel that measures from their government are quite sufficient. President declared a state of emergency in several provinces of Kyrgyzstan, with limitation of travel and curfews. However, despite the high rating on government measures, some respondents said that the price of food is getting more expensive (although the government said otherwise) and the government is not ready to address the pandemic. Some also mentioned the impact of state of emergency in the community level, especially those rural women who can't find additional income in this time of crisis. Some of our members also work with vulnerable groups such as women affected by HIV.

**Tajikistan:**

Most respondents raised the issue of lack of information, uncertainty of local health systems, and panic and fear due to lack of information from the governments. They feel that the efforts and measures from the government are not enough, only one responded positively. In the local level, our members and partners try to distribute information to the communities and direct them to the relevant authorities.

**Kazakhstan:**

Only one respondent from Kazakhstan. The issue of restriction of mobility, loss of livelihood, and lack of PPE are considered to be key concerns.

**Uzbekistan:**

The issue of unpaid leave and burden for women, health-care workers that are mostly women, domestic violence, as well as the need to have government hotlines to receive and complaints from citizens were mentioned as key issues that need to be addressed. The policy on taking annual leave or switching to part-time work from home for parents with young children that was encouraged by the Uzbekistan government  is deemed to be not gender-sensitive or responsive, since women are more likely to have their leaves used or switch to part-time work.

**PACIFIC**

Healthcare
Livelihood
Uncertainties
Immobility
Food-security

Food-security
Information
Violence
Livelihood
Healthcare

Healthcare
Rights-violations
Livelihood

Note: left to right:
concerns on personal, community to state level

**Subregional summary:**
Similar to Mongolia, politicians in Fiji are using the pandemic as a political tool to attack oppositions and attract votes; this phenomena might be more common than results suggest. Extreme weather conditions due to the climate crisis is a distinct feature in this subregion, adding to the urgency and severity of the current situation. Militarism is an issue in Fiji too, with measures like curfew and army featuring heavily in the crisis response. Resources are limited in most islands, leaving the health systems in precarious and risky situations. In this midst of this, our members have seen violations of rights, including right to privacy and labour rights, among others.

**Papua New Guinea:**
The issue of movement restriction, loss of income and unable to buy medicine and food are highlighted. There is also the issue of lack of information and lack of quarantine facilities. The impacts are double-fold as the

communities turned to gardening to earn money but failed to earn much due to erratic weathers caused by the climate crisis. The government should provide food and fund quarantine facilities and provisions of masks, hand sanitizer free for all.

**Fiji:**
There are issues of rising domestic violence cases, violations of privacy rights, politicisation of the issue to attack oppositions, and labour rights violations. Concern on the capacity of Fiji health system and infrastructure was also raised, if a mass outbreak happens in the communities they will not be able to cope as resources are limited. Mostly all women and girls will be highly impacted, including also casual and informal workers. The government efforts are deemed not insufficient - starting to get regular updates from the government, travel and mobilisation restrictions are considered to be good measures from the government. However, gaps remain in ensuring right to privacy, job security, and lack of leadership in several ministries.

*"All women and girls (will be impacted) - as GBV will increase. Access to justice will be severely curtailed as mobility of women is decreased due to lock down or reduced services. Women living with disabilities, LBT, rural women, urban poor women- all those who are experiencing discrimination and violence will face further hardships. Most of the women are working in the informal or formal sector- they will be impacted. Women are in the medical services sector- they will be impacted the most. Working from home options will not work for all"*
- Nalini Singh, FWRM

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**Subregional summary:**
Our South Asian sisters have mainly expressed concerns over difficulties at work and uncertainties of infection among other things on a personal level. When it comes to the communities they are in or work with, threats to livelihoods is the no.1 issue many daily wagers and informal workers are facing right now, similar to in other regions. A distinct situation in this subregion is violence: domestic violence as well as militaristic lockdown enforcement practices from authorities similar to that in Southeast Asia. Healthcare systems across South Asian countries are struggling and people have little faith in their capacities to deal with this pandemic.

Disparities emerge between countries in respondents' assessment of their governments' policy responses, with Nepal being an exception where there seems to be a higher level of trust in the government's efforts while other countries saw mostly critical assessments.

A range of innovative grassroots efforts have appeared in this context, from community resource exchange systems in Sri Lanka led by CENWOR, to Nepal Mahila Ekata Samaj mobilising youth in communities to raise awareness, to BLAST connecting mental health professionals with people in need in Bangladesh.

**Sri Lanka:**
We had only one response from Sri Lanka. Among the issues raised are immobility (and the consequent limited access to communities); limited access to resources including food, services, internet, etc.; (lack of) awareness; org dealing with requests for help; domestic violence;  national debt. People with disabilities, women facing domestic violences and daily wage earners, farmers, sex workers, children are listed as the most vulnerable groups. Government measures include rations for daily wagers and formalisation of food distribution, however, they are not yet implemented. Overall rating of government response 3 out of 5; good practice identified include raising awareness and interventions in hospitals, with a major gap in responding to the situation too slowly at the beginning. An innovative example of local response from CENWOR is that they mapped out community's issues and established resource exchange systems to keep supplies sustainable.

**India**:
Main issues faced by vulnerable population in the current situation include difficulties in of accessing essential goods and services, loss of livelihood for those who depend on daily income such as sex workers, informal/ unorganised workers, and small business owners, violence against women, racism towards people with oriental features, increasing mental health concerns, among others. With limited access to and a general lack of resources in the healthcare system as well as ill-considered, poorly-coordinated yet unreasonably strict lockdown enforced by an increasingly authoritative regime, our respondents were very unsatisfied with the Indian government's responses to COVID-19, rating it 2 out of 5; one of them described it as "random unplanned uncoordinated insensitive fiats". Cash handouts are announced but the amount is negligible. There's also poor communications with the public in terms of awareness raising. Members and partners are providing support in accessing information through WhatsApp and phone calls, and providing direct relief in some cases.

**Nepal**:
Lockdown and social distancing is introduced and enforced with a lack of consideration for vulnerable groups such as women with disabilities, LGBTI people, and elderly single women; police brutality in implementing such measures is reported although there are differences in different regions. However, staying at home is not possible for all, as in other countries, many people in Nepal depend on daily income and immobility is affecting their livelihoods; some are already dying from hunger, and there's no specific response from the government on this. Women and girls are also facing heavier burdens taking on more care work, which is even harder to handle if they need to work from home.

Our respondents think that the government of Nepal has put in timely measures in border controls, flight cancellations, and well-coordinated lockdown with essential services remaining open, but enforcement of lockdown has been identified as an issue, together with the weaknesses in the healthcare system and lack of social protection measures for the most marginalised groups. They seem to have a relatively higher level of trust in the government, with state media and government websites being two of the major ways through which they obtain information. Apart from continuing work from home where they can, our members and

partners in Nepal are also collecting evidence of rising DV, providing remote support, and raising awareness by mobilising youth in communities.

**Pakistan**:
There has been a lack of coordination among different levels of governments and a lack of thorough consideration of the impacts of lockdown on vulnerable groups, resulting in many of them, such as daily wagers, urban poor, domestic workers, transgender persons, undocumented persons among others falling through the gaps and losing livelihood. On the other hand, government measures have not been well-implemented, leading to low levels of awareness among the public. A distinct trend here is that only urban areas are locked down, posing threats to rural areas that have much worse healthcare infrastructure, which is already underprepared in general across the country. Other issues include corruption and difficulties in continuing work and study.

In the meantime, many have also identified good practices in the government's response, including awareness-raising, restricting movements while keeping essential services open, social distancing, food and case distribution announcements, setting up helplines for testing and COVID-19 related information, free testing in government hospitals (in Sindh).

Our members and partners are working either independently or with the local governments in surveying needs, raising awareness, and providing direct relief; one initiative that needs special mention is the distribution of sanitary products for women and girls in vulnerable groups.

**Bangladesh**:
Not only are people from lower socio-economic backgrounds losing livelihood due to the lockdown, they also tend to face higher risk of infection because of their living conditions. Women who have to keep performing domestic duties such as grocery shopping as well as health workers - the majority of whom are women - also face higher risks of infection. Discontinuation of work and the uncertainties have also worsened mental health conditions such as anxiety. Another major concern is increasing gender-based violence, domestic violence, and crimes, especially in urban slums and refugee camps. LGBTQIA persons, migrant workers, Rohingya refugees, indigenous peoples, garment workers, urban poor, sex workers, among others are the more vulnerable groups.

Overall, respondents felt that the government has been lagging behind in responding to the crisis regarding healthcare system preparedness and adequate social protection for vulnerable groups. Many good practices were identified but most of them are mutual aid efforts instead of government initiatives; among the latter are price control, awareness-raising, supporting the poor and homeless, etc. One person felt that red flagging people who have family overseas in the neighbourhood is a good practice.

Unique local response efforts include connecting mental health professionals with people in need, utilising religious and market spaces as points for awareness raising and material distribution, and delivering sanitary products for women and girls.

*"Just yesterday after the Prime Minister announced a BDT 5000,00,00,000.00 compensation for wages, jute mill workers whose factory was suddenly shut off without payment, led to the workers obviously demanding wages*

*for the days they worked. The police fired on the demonstrators, killing one and injuring others. My fear that neither the administrators nor the politicians will ensure (the) well being of the most marginalised, specially women." --- Khushi Kabir, Nijera Kori*

**EAST ASIA**

Food-security
Mental-health
Immobility
Work-difficulties
Uncertainties
Healthcare
Debt
Care-work

Debt
Livelihood
Rights-violations
Violence
Economic-downturn
Discriminaiton
Censorship

Healthcare
Militarism
Livelihood
Policy-effectiveness
Uncertainties
Authoritarianism
Economic-downturn

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**Subregion summary:**
Despite the limited number of responses from East Asia, we had a glimpse on the situation from both local and migrant groups.

Many sisters from this subregion are concerned about the loss of livelihood among informal workers as well as owners of small businesses, as in other subregions. Authoritarianism is a major concern in China. Other trends are hard to conclude from limited data. In this subregion, we have seen some of the highest ratings of government responses among non-migrants, with Korea leading the way with free mass testing and transparent information shared with the public.

For migrant domestic workers, their situation is rather unique since policy measures in Hong Kong or at home don't include them. The only relief that has reached them is Indonesian embassy distributing PPE. Also, given the fact that their workplaces are in fact homes where people are now confined to, lockdown has meant that they are constantly in their workplace, leaving them overworked without suitable accommodation.

**Mongolia:**
Despite the high dependency of the country's economy on China, the Mongolian government has closed its borders with China since late January, which our 2 respondents consider a timely and beneficial move despite the economic consequences. Currently it seems that the situation is under good control, but one of our respondents doesn't think that the government is prepared for any potential outbreak. Rural and urban slum communities, domestic/ sexual violence survivors, women working in the informal sector/ owners of small businesses, among others, are at most risk of bearing the burn of the economic downturn. They may find themselves in debt and trapped in poverty. Official channels of information (state media and WHO) are

preferred when it comes to obtaining information on COVID-19. Work has continued at home for some but not others.

*"Even (though) the Government has made a decision to postpone the payment of bank loan and its interest by 90 days, the banks responded that they haven't received any resolution regarding the decision of delay. Which was confusing for the people...there was a case that a woman who is a wholesaler at the market, couldn't pay the utility cost and (the) owner stopped the electricity. This would be very common."* ---Sarankhukhuu Sharavdorj, Centre for Human Rights and Development

**China (mainland)**:
Major issues identified by our only respondent from mainland China include increasing cases of domestic violence, overworked staff in both hospitals and the government, and censorship and oppression against CSOs, activist groups, as well as mutual aid groups. At the same time, local police in some places were responsive to domestic violence reports and issued protection orders. The elderly, people living with health conditions, survivors of domestic violence, cleaners, the unemployed, housewives are considered vulnerable groups. Government websites, alternative media, social media, and direct communications from the community are listed as main info channels. Women's groups and NGOs have given online lectures and workshops on GBV to raise awareness and build capacity; including a section on DV and epidemic in the upcoming monitoring report on implementation of Domestic Violence Law.

**Hong Kong (migrants):**
Our Indonesian and Filipino members in Hong Kong have given their perspectives being migrant domestic workers in Hong Kong during the pandemic. Employers have not allowed rest days outside for them and defying it can mean risking livelihood; they are overworked with no suitable accommodation. The local government has been discriminating against them, not including them in relief schemes, free testing plans, or social protection measures. They are also worried about the risk of infection with limited access to affordable personal protection such as masks and alcohol. On the other hand, they consider the HK government's responses such as distributing masks, cash and subsidies have been good for their residents. The Indonesian embassy has also been helpful in distributing PPE to migrant workers.

Our members have initiated appeals for essential personal protection gears as well as vitamins for free; they have also been using social media and engaging with local media to voice out migrants' concerns.

*"...migrant domestic workers are not allowed to have rest day outside their employer's houses and find difficulties to stay in the parks due to social distance policy and the high cost of masks and alcohols"* ---*Eni Lestari, Association of Indonesian Migrant Workers*

**Korea:**
We had one response from Korea. Loss of livelihood for informal workers, part-time workers, and small business owners was identified as one of the most pressing concerns under the economic downturn. Currently there has not been measures in place to address this issue. Despite this, the government's responses has been rated highly at 4 out of 5, mainly because of the free testing, transparent information sharing, and measures

limiting the number of masks citizens can buy. Direct communications from local authorities have been sent through SMS. They have mostly followed that as well as state media for information.

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Feminist Response on COVID-19 should be:

**(1) Women and People-centered**, using intersectionality analysis to map differentiated impacts of vulnerable groups that are already affected by intersecting power of globalisation, fundamentalisms, militarism and patriarchy

(2) **Create women's spaces** and ensure women meaningfully engage in decision making process

(3) Ensuring all messages, measures and policies in tackling the pandemic are **gender sensitive and responsive**

(4) **Aims for structural change,** including dismantling neoliberal capitalism that prolong the pandemic crisis. Redefine economies that work for the people, including tackling the underlying issues of women's burden to paid and unpaid care work, as well as providing sustained and long-term economic relief for the most marginalised such as universal access to public services and universal social protection

(5) Continuously monitor and document situations in the community**,** including **monitoring of human rights violations and building collective actions** to expose and address the issue.

(6) Proactive in thinking through **community-based solutions** rooted in feminist organising.

(7) Psycho-social intervention are needed to **address the issue of emotional distress and mental well-being** and to uplift the morale of women region-wide who may feel isolation due to narratives of governments and corporations

**(**8) Strengthening **solidarity and care** within feminists movements and between peoples movements

*"Feminist response to COVID19 should take into consideration or map out the most "vulnerable" or most affected communities doubly impacted by the crisis, on top of what they have been experiencing because of neoliberalisation, fundamentalism and militarisation. It should look at the needs of women, their families and communities in a comprehensive manner, while at the same time based on scientific analyses and solutions. There is a need for a Asia Pacific wide advocacy for general and specific demands, and we should implement them asap to not only foster solidarity but also to uplift the morale of women region-wide who may feel isolation and helplessness, due to the narratives of governments and corporations. - Christina Palabay, Philippines*

- Providing immediate relief and support for local communities
- Documentation of human rights violations e.g. rising domestic violence
- Awareness-raising campaigns
- Addressing mental health concerns of staff as well as community members
- National policy monitoring and advocacy

In general, APWLD is expected to support its members through promoting solidarity as well as collectively build and implement evidence-based advocacy at national, regional and global levels.

- **Monitor and document the evolving situation of women's human rights** in this pandemic crisis throughout Asia and the Pacific region to further expose the authoritarian regime and capitalist response to the crisis. Further highlight this situation in international and regional fora or to appropriate institutions.

   *"APWLD can be instrumental in echoing the local issues of the communities in the international scene. Especially with the restricted mobility and pandemic threats, vulnerability to abuse from the authority is very high. The use of military and police force to lead this fight means more communities are vulnerable targets to violence and harassment. There has been reports of military authorities using their power to sexually harass women in the communities" - Ruvie Ann Bautista, Gabriela Youth, Philippines*

- **Supporting APWLD members** though providing guidance to members through statements and position papers, augment the efforts of members at local and national level, supporting and highlighting activities of APWLD members regarding COVID-19 and build collective strategy
- **Conduct Regional activities to include members' assessment, lessons learned and recommendations in dealing with COVID-19 crisis**. This activity can facilitate spaces for women to share concerns and strategies to keep themselves safe within the family and communities, and form as therapy and solidarity for participants. The result of lessons learnt can be published or can be a form of therapy for participants.
- **Make educational materials regarding the virus and other socio-economic rights** that are connected to the crisis that can be easily understood by ordinary people.
- Provide economic relief to the communities. APWLD can support vulnerable women by providing mini-grants to organizations that work on the protection of women's rights.
- **Build conversation to donors to ensure grassroots women's rights organisations** can be supported and not furtherly burden due to this COVID-19 crisis.