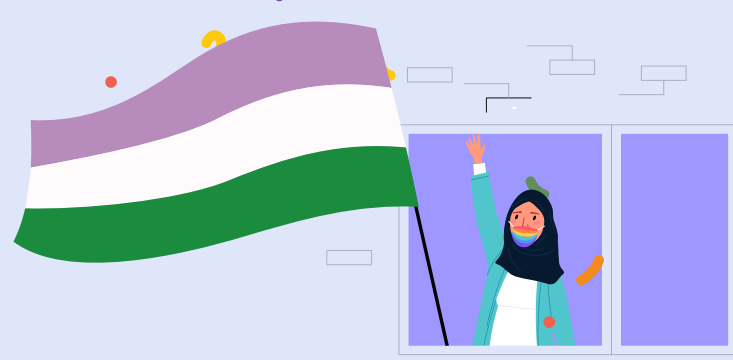


THE IMPACT OF COVID-19 ON LGBTIQ+ ORGANIZATIONS IN SOUTHEAST ASIA



The Impact of COVID-19 on LGBTIQ+ Organizations in Southeast Asia

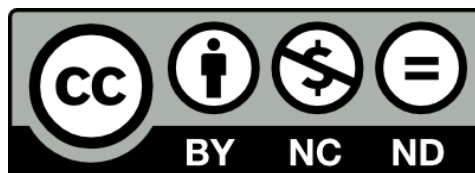
**Quezon City, the Philippines
ASEAN SOGIE Caucus
2021**

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ASEAN SOGIE Caucus (ASC) is a network of human rights activists from Southeast Asia that dynamically engages diverse actors to collectively advocate for the human rights of lesbian, gay, bisexual, transgender, intersex, queer people, and gender-diverse persons in Southeast Asia. Its mission is to empower, develop capacities, and expand spaces for leadership of LGBTIQ and gender-diverse persons in defending their human rights.

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Thank you

This study is conducted by ASEAN SOGIE Caucus (ASC), in collaboration with Arcoiris Timor-Leste, Arjuna Pasundan, Arus Pelangi, Binthe Pelangi Gorontalo, Cangkang Queer, Colors Rainbow, Deaf LGBTIQ Community Malaysia, Esbisquet, Fundasaun CODIVA, Gaya Celebes Foundation Makassar, GAYa Nusantara, Gaya Satria Purwokerto, Gender & Sexuality Alliance Kota Kinabalu, Glasis, Good Samaritan Kuala Lumpur, GWL-INA, GWL Kawanua Sulawesi Utara, Ikatan Pelangi Bengkulu, JEJAKA, Justice for Sisters, KDS Paradise Lampung, Kolektif Tanpa Nama, Komunitas Sehati Makassar, Legal Dignity, Lembaga Swarna Lentera, Life Under Umbrella, Micro Rainbow International Foundation Cambodia, Perkumpulan Puzzle Indonesia, Perwaka, People Like Us Support Ourselves (PLUsoS), PLUHO, People Like Us Hang Out!, Pondok Pesantren Waria Al-Fatah Yogyakarta, Qbukatabu, Queer Lapis, Rainbow Alliance, Rainbow Six, San Julian Pride Advocacy Group Inc., Sangsan Anakot Yawachon Development Project, Sanubari Sulawesi Utara (SALUT), Satu Hati Banten, Sayoni, SEED, Srikandi Sejati Foundation, The Healing Circle Sg., Togayther, Transmen Indonesia, Unicorn Club Malaysia/Ra Dawn/Vigorus, UniGEN, Yayasan Intermedika, Yayasan Srikandi Sejati, and Youth for YOUth, who have participated in the survey, key informant interviews, helping us spread the word and connecting us with as many groups as possible so that we can voice our needs, collectively.

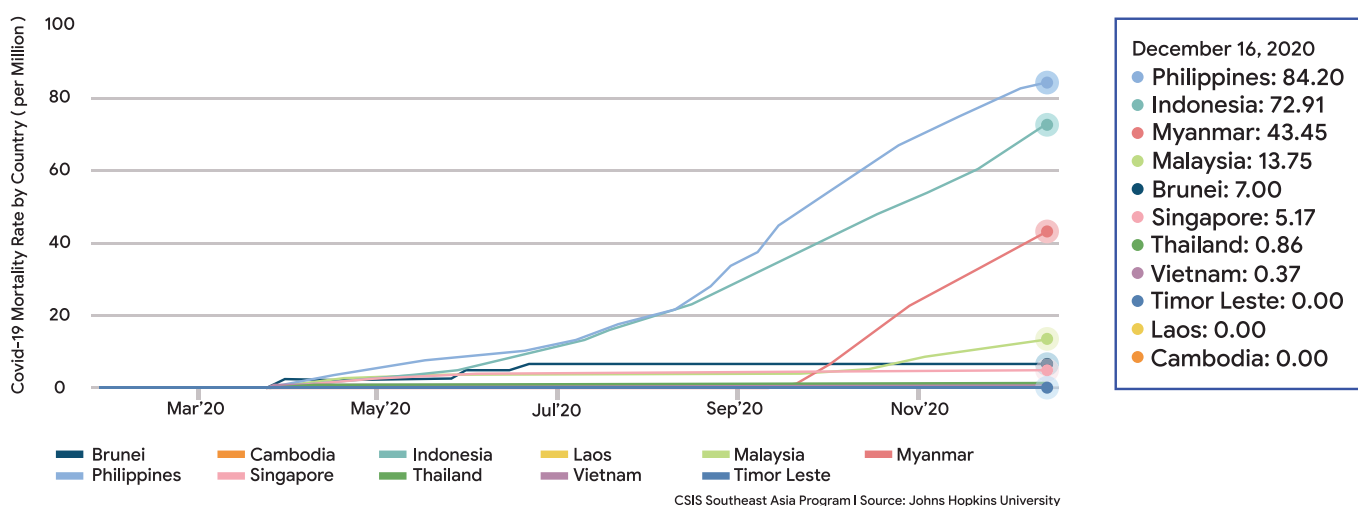
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This report is co-authored by Anna Arifin & Yuli Rustinawati and co-edited by Nguyen Hai Yen & Ryan Silverio. We extend our appreciation to the Swedish Federation for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Rights (RFSL) and GiveOut for supporting the production of this report and our Rainbow Reach Out program.

Context

The spread of the COVID-19 virus in the ASEAN region continues to be a key concern for public health and governance since the World Health Organization (WHO)'s pandemic declaration on March 11, 2020. All ASEAN member states are affected. As of December 16, 2020, Malaysia, the Philippines, Indonesia, and Myanmar were reported to have the highest prevalence in confirmed cases and mortality rates¹.

Figure 1: COVID-19 Mortality Rate by Country in Southeast Asia²



Governments continue to undertake a range of responses, including travel bans, prohibition of public gatherings, mandatory quarantine, or lockdowns. Policies and laws continue to be enacted, restricting people's freedom of movement or travel, public assemblies, and, in some cases, freedom of expression. All ASEAN states continue to struggle to mitigate and prevent the further spread of the COVID-19 virus. Now, all governments are buckling up for vaccines³.

1. Center for Strategic and International Studies (CSIS) "Southeast Asia COVID-19 Tracker," Center for Strategic and International Studies (CSIS), last modified December 16, 2020, <https://www.csis.org/programs/southeast-asia-program/southeast-asia-covid-19-tracker-0>. The numbers continue to rise. For more updated information on the extent of the COVID-19 pandemic in the region, you can also refer to the World Health Organization: <https://covid19.who.int/>.

2. "Southeast Asia COVID-19 Tracker."

3. "COVID-19 Vaccine Roll Outs in ASEAN & Asia – Live Updates by Country," ASEAN Briefing, <https://www.aseanbriefing.com/news/covid-19-vaccine-roll-outs-in-asean-asia-live-updates-by-country/>

In 2011, ASEAN established the ASEAN Coordinating Center for Humanitarian Assistance on Disaster Management (AHA Centre) with a mandate to facilitate cooperation and coordination of disaster management amongst ASEAN Member States⁴ along with the ASEAN Committee on Disaster Management (ACDM) as its governing body⁵. In 2016, two high-level commitment was published: the ASEAN Declaration on One ASEAN, One Response⁶ and the ASEAN Vision 2025 on Disaster Management⁷. Unfortunately, there is minimal information about coordinated COVID-19 regional response available on ASEAN and AHA Centre’s official websites⁸, indicating a lack of cohesion amongst ASEAN states in responding to the pandemic.

The table below provides the most recent response by country, as quoted from the Center for Strategic & International Studies (CSIS)⁹ and ASEAN Briefing¹⁰ (refer to the website for the latest updates as the contexts are changing rapidly):

Table 1: COVID-19 Respond & Vaccine Status by Country in Southeast Asia

COVID-19 Prevalence ¹¹	COVID-19 Respond (as of December 16, 2020) ¹²	Vaccine Status (as of December 31, 2020) ¹³
Brunei recorded five new cases on December 30, bringing the total to 157.	Brunei has successfully contained the spread of Covid-19 for several months and has begun opening travel corridors with other countries in Southeast Asia. Schools and places of worship have been open since July, while businesses and restaurants have reopened gradually. Brunei’s success can be attributed to its quick and drastic restrictions on travel, extensive testing, and strict quarantine rules. The small country may also have benefitted from only sharing borders with Malaysia, which until its recent regional elections had contained the virus reasonably well.	Brunei has joined the global Covax scheme and is expecting to have the COVID-19 vaccine in Q1 2021, having sourced enough supplies to cover 50% of the population. Discussions are ongoing with other suppliers.

4. “About Us,” AHA Centre, <https://ahacentre.org/about-us/>

5. “Governing Board of the AHA Centre,” AHA Centre, <https://ahacentre.org/governing-board-of-the-aha-centre/>

6. ASEAN, ASEAN Declaration on One ASEAN, One Response: ASEAN responding to disasters as one in the region and outside the region, <http://ahacentre.org/wp-content/uploads/2018/02/Declaration-on-One-ASEAN-One-Response-1.pdf>

7. ASEAN, ASEAN Vision 2025 On Disaster Management, <https://ahacentre.org/publication/asean-vision-2025-on-disaster-management/>

8. “ASEAN Health Sector Efforts in the Prevention, Detection and Response to Coronavirus Disease 2019 (COVID-19).” ASEAN, https://asean.org/?static_post=updates-asean-health-sector-efforts-combat-novel-coronavirus-covid-19

9. “Southeast Asia COVID-19 Tracker.”

10. “COVID-19 Vaccine Roll Outs in ASEAN & Asia – Live Updates by Country.”

11. “COVID-19 Vaccine Roll Outs in ASEAN & Asia – Live Updates by Country.”

12. “Southeast Asia COVID-19 Tracker.”

13. “COVID-19 Vaccine Roll Outs in ASEAN & Asia – Live Updates by Country.”

<p>Cambodia recorded two new cases on December 31, taking the total to 366.</p>	<p>Cambodia has reported few cases and zero deaths despite weak health infrastructure and an initially slow response. This has led to widespread speculation that infections have been undercounted. However, the government has proceeded with plans to reopen the economy, having already reopened places of worship, schools, and many businesses. Cambodia has also resumed flights with some Chinese cities and several other countries in Southeast Asia. However, an outbreak of cases in late November has raised fears regarding the threat of community transfer, leading to the reimposition of some restrictions.</p>	<p>Cambodia is expected to import vaccines from both China and Russia. China's vaccines are still undergoing clinical trials while Russia has already commenced production. Australia has offered financial support to aid vaccine coverage in several Southeast Asia countries including Cambodia.</p>
<p>Laos saw two new cases on December 7, bringing the total to 41.</p>	<p>Laos, the most rural country in Southeast Asia, was also the last to report its first Covid-19 infection. Despite the country's almost non-existent health care system, it has avoided a major outbreak. Geography and demographics may be important factors here: Laos is relatively sparsely populated and surrounded by neighbors which have managed to contain the virus relatively well. In an effort to boost its economy, Laos has already resumed travel to several countries in Southeast Asia and encouraged domestic tourism.</p>	<p>Laos has been trialing the Russian Sputnik V vaccine and is also in discussions with China about acquiring supplies.</p>
<p>Indonesia recorded 8,074 new cases and 194 deaths on December 31, taking the total to 743,198 cases and 22,138 deaths.</p>	<p>Indonesia has once again reclaimed the top spot from the Philippines for the most official coronavirus cases in Southeast Asia. While the Indonesian central government has continued to ease restrictions despite rapidly increasing case numbers and deaths, local leaders have begun to reimpose lockdowns, most notably in Jakarta. Doctors have warned that recent protests against the new omnibus bill on job creation could create new coronavirus hotspots.</p> <p>The country seems to be giving up on flattening the curve in favor of reopening the economy; however, official government and international sources have confirmed that the economy is continuing to contract, regardless. President Joko "Jokowi" Widodo has announced that all Covid-19 vaccines will be free for Indonesians.</p>	<p>Indonesia has commenced vaccinations with just over nine million doses being given to front line workers from last month. China's Sinovac is in discussions with Indonesia to provide supplies, however, the Government faces difficulties with a large population of 268 million and price sensitivity at Sinovac's estimated costs at 200,000 rupiahs (US\$20) a dose.</p> <p>Indonesia's Health Ministry's Disease Control and Prevention Director-General Achmad Yurianto said that vaccinations would only be provided to citizens aged 18-59. The vaccine has also been required to pass halal certification prior to use and it is uncertain how the country can source enough vaccines to reach a sizable part of its population. Australia has stated it will also provide financial support to solve these issues.</p>
<p>Myanmar reported 587 new cases and 27 deaths on December 30, bringing the totals to 123,740 cases and 2,664 deaths.</p>	<p>Myanmar had maintained some of the region's lowest case counts until August. But the case count accelerated steeply over the past several months largely due to an outbreak in Rakhine state and continued through the November 8 general elections. The country's underdeveloped health care system has impeded Myanmar's ability to cope as new case counts have stayed above 1,000 per day. The government's distribution of cash assistance has also come under criticism over allegations that most assistance has gone to well-connected business owners.</p>	<p>Myanmar is seeking assistance from the Gavi and Covax programs to acquire vaccines, while Australia is also providing financial relief. At present, the Government aims to treat 20 percent of the "most at risk" in the country with vaccines. The Government is struggling with finances and logistics, and is also under US sanctions, while cases are surging. The Government has banned the celebration of Christmas and other seasonal celebrations.</p>

<p>Malaysia reported 2,525 new cases and eight deaths on December 31, bringing the tallies to 113,010 cases and 471 deaths.</p>	<p>Malaysia's initial response to the outbreak was nonchalant and complicated by an abrupt change in government. In mid-March, the government imposed nationwide restrictions on public movement, which were gradually relaxed as the virus was brought under control. But unrestricted campaigning in the recent Sabah state election caused Malaysia's largest spike in coronavirus cases to date, which the government has yet to effectively control.</p> <p>Prime Minister Muhyiddin Yassin overcame a critical leadership test in December when lawmakers approved his 2021 budget. He had previously failed to secure royal permission for a state of emergency that would have allowed him to pass the budget without parliamentary approval.</p>	<p>Malaysia is to provide vaccines free of charge to its nationals, but foreigners will need to pay for the treatment, according to the Malaysian Minister of Health, Tan Sri Muhyiddin Yassin, who has signed a deal with Pfizer for 12.8 million doses. These will be administered in two stages of 6.4 million people each, with the program to commence in Q1 2021. The country aims to inoculate between 80-100% of its citizens.</p>
<p>The Philippines reported 1,541 new cases and 14 deaths on December 31, bringing the tallies to 474,064 cases and 9,244 deaths.</p>	<p>Against the backdrop of an inconsistent government response, the Philippines is second only to Indonesia for the most officially reported cases in Southeast Asia. Since the government lifted most restrictions in June, a new surge in cases has overwhelmed the public health system and further damaged the economy.</p> <p>Quarantines have been reintroduced throughout the country and testing has steadily increased, but the government has yet to bring the virus under control. Protests against job losses and food shortages have cropped up across the country even as the government cracks down on dissent. Finance Secretary Carlos Dominguez has signaled that the government will wait for a vaccine to spur an economic turnaround rather than borrow more funds to aid recovery efforts.</p>	<p>The Philippines aims to commence vaccinations from June 2021 and expects to inoculate about 25 million people (about 25 percent of its population) over the course of the year. The country has been badly affected by the virus and has the second-highest rate in Southeast Asia.</p> <p>The business community has reacted, more than 30 local companies signed an agreement to purchase at least 2.6 million vaccine doses from AstraZeneca in the country's first such deal to secure coronavirus vaccines, ten days ago. They plan to donate a large part of the doses to the government for its planned vaccination program and use the rest to inoculate their employees.</p>
<p>Singapore saw 30 new cases on December 31, bringing the total to 58,599.</p>	<p>Singapore initially managed to contain the virus through widespread testing, comprehensive contact tracing, and mandatory, well-enforced quarantines. But then the city-state suffered a sharp increase of cases linked to foreign workers' dormitories. It has since flattened the curve with the help of an innovative and lauded contact tracing mobile app and token system called TraceTogether, although migrant workers continue to disproportionately suffer from infections. Gathering restrictions have been loosened cautiously as Singapore has prepared for Phase 3 of its reopening at the end of the year.</p> <p>Meanwhile, the government has actively pursued "green lane" and travel corridor reopenings with its neighbors for essential and business travel, although a recent global spike in cases has delayed implementation.</p>	<p>Singapore has been working on producing its own 'Lunar' vaccine, in a joint venture between the US company Arcturus together with the Duke-NUS medical school. It is a single dose, mRNA shot, developed from genetically engineering COVID-19 genes into an otherwise harmless virus. This technique is marginally safer than other vaccines which rely on dead Covid-19 material to provoke an immune response. The vaccine is expected to be available from Q1 2021. High-risk personnel will receive the vaccine first in a process to be determined by the government.</p>

<p>Thailand reported 194 new cases on December 31, bringing the total to 6,884.</p>	<p>Thailand had done relatively well in combating the coronavirus crisis with a quick lockdown, an effective test-and-trace rollout, and an already strong healthcare system. But after more than 100 days without local transmission, Thailand reported a new case on September 3.</p> <p>Additionally, Thailand is projected to suffer the worst economic consequences in the region due to its overwhelming dependence on tourism and exports. This has contributed to pro-democracy protests in Bangkok, which have flouted an emergency order by Prime Minister Prayuth Chan-ocha banning free assembly. The government has cracked down on protests, citing the increased risk of spreading Covid-19. But the government appears to be more concerned with halting the spread of the protest movement than with public health.</p>	<p>Thailand is currently expecting vaccines to be delivered in mid-2021. The doses would cover 13 million people in a population of about 69 million. Thailand's National Vaccine Institute signed a non-refundable advance market commitment contract worth 2.38 billion baht (US\$79 million) with AstraZeneca to reserve the supplies. Discussions are also ongoing with Oxford University in the UK to secure a vaccine that could be available in Q1 if trials are completed in time.</p>
<p>Timor-Leste has 41 cases as of December 25.</p>	<p>Despite initial fears that Timor-Leste's weak health infrastructure would not be able to handle an outbreak of Covid-19, the country has effectively contained the virus since March. After announcing a state of emergency, the government heavily restricted travel to and from Timor-Leste and strictly enforced health guidelines for all travelers and residents.</p>	<p>Timor-Leste is receiving assistance from the Gavi Institute.</p>
<p>As of December 31, Vietnam's Ministry of Health confirmed a total of 1,456 cases of COVID-19. However, 1,323 of the affected patients have recovered and been discharged from hospitals. Vietnam has also recorded 35 deaths due to the pandemic.</p>	<p>Despite limited resources and a bustling border with China, Vietnam initially managed to effectively contain the pandemic. Life had returned to normal for most Vietnamese until a second wave spread from the city of Da Nang. Vietnam recorded its first handful of deaths at the end of July, but Hanoi's response was swift, getting the virus back under control by early September. Vietnam's economy has been surprisingly resilient; it is the only Southeast Asian nation still projected to have positive economic growth this year.</p>	<p>Vietnam's National Institute of Hygiene and Epidemiology (NIHE), a division of Vietnam's Ministry of Health, has signed an agreement with Medigen Vaccine, a Taipei, Taiwan-based vaccine company to secure the supply of 3 million to 10 million COVID-19 vaccine doses in 2021. Medigen is currently conducting Phase II studies of the vaccine, co-developed with the USA's National Institutes of Health (NIH), in Taiwan and Vietnam with a view to a Q1 2021 rollout.</p> <p>Vietnam is also working on producing its own vaccine, with the Institute of Vaccines and Medical Biologicals (IVAC) in Nha Trang City, partnering with New York City-based Icahn School of Medicine and the global health non-profit organization PATH. Phase 1 trials are already underway in Vietnam, while Phases 2 & 3 will be conducted at the beginning of 2021. The institute plans to submit documents for approval to the health ministry as early as April next year and claims to be capable of producing 30 million doses a year, expecting that a national vaccine could be distributed to the general population in October 2021.</p>

Methodology

In April 2020, ASEAN SOGIE Caucus (ASC) conducted a rapid needs assessment (RNA 1) to obtain reliable information on the pandemic's immediate effects on LGBTIQ+ organizations in ASEAN. The RNA 1 engaged with sixteen (16) LGBTIQ+ organizations from Cambodia, Indonesia, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Viet Nam through online interviews. The result was used to update ASC's strategies and priorities, and to advocate for LGBTIQ+ inclusion in ASEAN's COVID-19 response through various platforms. As a concrete response to the RNA 1, ASC launched Rainbow Reach Out (RRO) as its emergency response program to support LGBTIQ+ communities affected by the crisis. The program was delivered in collaboration with ten (10) LGBTIQ+ organizations in the region.

Given the pandemic's evolving nature, ASC recognizes that the situation may have changed in some contexts, or emergent issues have surfaced since the first RNA. Therefore, a second assessment (RNA 2) was conducted, covering April to December 2020¹⁴. In line with ASC's mandate, RNA 2's primary aim is to assess the impact of COVID-19 on LGBTIQ+ organizations in Southeast Asia. After observing several types of research conducted in the region regarding COVID-19 impact at the individual level, ASC decided to focus on organizations because it will have direct implications for our movements' sustainability. Local and community groups are significant actors within the LGBTIQ+ movement in ASEAN. In many contexts, these organizations play an important role in their communities' primary support system by responding directly to violence and discrimination, providing psychosocial support and safe shelters, or continuing education for their constituents.

This report is guided by the same objectives as that of RNA 1. They are as follows:

1. To identify challenges faced by LGBTIQ+ organizations in the light of the COVID-19 pandemic;
2. To identify the needs expressed by LGBTIQ+ organizations who faced difficulties in the light of the COVID-19 pandemic; and
3. To determine recommendations on how ASC can provide support for the affected LGBTIQ+ organizations.

14. RNA 2 was initially planned to cover the period of April to October 2020 and later extended to December 2020 to adjust to the data collection period.

The research methods were developed in November. During November and December 2020, data were collected through a desk-based review process, social media monitoring, online survey, and online key informant interviews (KII). The survey was launched on November 23 through ASC's social media and closed on December 30, 2020. Key informant interviews took place between November 30 and December 22, 2020. The first batch of key informants consists of participants in RNA 1 and the Rainbow Reach Out program. Key informants in the second batch were recommended by first batch's informants and identified by the researchers based on their expression of interest during the online survey, prioritizing those who come from countries with the least respondents and diversity within the LGBTIQ+ community.

By the end of December 2020, forty-eight (48) organizations completed the survey.¹⁵ Out of thirty-six (36) organizations that have received our interview requests via emails and social media, eighteen (18) responded and took part in the key informant interviews.

The 50% response rate to key informant interview requests is due to organizations being busy with back-to-back events that year. It is also likely that organizations faced digital anxiety/fatigue and work overload due to the pandemic. Because to date, ASC has not identified any LGBTIQ+ organizations from Brunei Darussalam, and the contacts in Lao PDR did not respond to our interview request, there is no respondent from these two countries.

Four key informant interviews were conducted in Bahasa Indonesia; one was conducted in writing with a deaf respondent from Malaysia. The rest of the interviews were held online using Skype, Zoom, and WhatsApp calls. All interviews were recorded and transcribed. One interview respondent requested non-visibility due to security risks.

15. The online survey received fifty (50) responses. Two (2) were removed from the analysis due to double entry.

Profile of Research Respondents

Forty-eight (48) organizations completed the survey, and eighteen (18) organizations took part in the key informant interviews. The key informants represent eight (8) out of eleven (11) Southeast Asian countries, excluding Timor-Leste, Lao PDR, and Brunei Darussalam. The survey respondents represent eight (8) out of eleven (11) Southeast Asian countries, except Thailand, Lao PDR, and Brunei Darussalam. A majority of survey respondents are from Indonesia (47.9%) and Malaysia (27.1%). For other countries, between one (1) to three (3) organizations represent each. A majority of the surveyed organizations (37.5%) have a geographical focus at the national level, while 35.4% and 16.7% have provincial-level focus and district/municipal-level focus, respectively.

Most survey respondents (87.5%) described human rights as one of their primary theme of focus, followed by HIV & AIDS (60.4%), Sexual Reproductive Health and Rights (54.2%), mental health (50%), youth (47.9%), health (35.4%), transgender health (31.3%), media (29.2%), safe shelter (29.2%), and economic empowerment (27.1%). Other themes specified by these organizations include LGBT involvement in the election process, LGBTIQ rights, religion issues, identities, SOGIE rights, empower and raise the visibility of sexual minorities, access to justice, disaster risk reduction and management, and spiritual health (Christianity); each of which accounts for 2.1% of all responses.

A majority of surveyed organizations stated that one of their primary programs/strategies is capacity building, education and training (83.3%), followed by community organizing and movement building (79.2%), media, campaign and public influencing (56.3%), policy reform and advocacy (50%), psychosocial service (39.6%), legal aid service (31.3%), and livelihood (27.15%). Arts, human rights documentation and research, and advocating for the community members to have allies are other programs/strategies specified by some of these respondents. Each of those themes accounts for 2.1% of all responses.

More than half of the organizations in the survey (55.3%) listed the LGBTIQ+ community as one of their primary¹⁶ constituents. At the moderate level, transgender people make up the primary constituents of 25.5% of the organizations; followed by transmen (25.5%), GBQ men (23.4%), LBQ women (21.3%), transwomen (19.1%), and gender queer/non-binary persons (19.1%). Eight and a half percent (8.5%) of survey respondents described parents and family of LGBTIQ+ as their primary constituents while 2.1% of respondents listed different groups, which includes intersex people, feminist/queer content creators, LGBT rights supporters, LBQ & transgender people, sexual partners of transgender persons, heterosexual allies and advisors, and Queer Christians.

Thirty-seven percent (37%) of survey respondents reported having fewer than fifty (50) constituents/members. Subsequently, there are 28.3% of respondents with fifty-one (51) to one hundred (100) constituents/members, 28.3% with 101 to 1000 constituents/members, and 6.5% (or three) with 1001 to 5000 constituents/members. This means that the organizations participating in the survey represent at least 4,996 individual constituents/members in the region.



16. In the survey tool, ASC pre-described the following options: Intersex, Gender Queer/Non-Binary persons, Transgender, Transmen, Transwomen, LBQ Women, GBQ Men, LGBTIQ+, Parents and family of LGBTIQ+ community; and provided the space for respondents to add other groups associated to their organizations. Respondents were also allowed to select more than one answer.

FINDINGS

This assessment reaffirms the continuous and severe impacts of COVID-19 on the LGBTIQ+ community and organizations in Southeast Asia. They continue to bounce back and adapt to uncertainties.



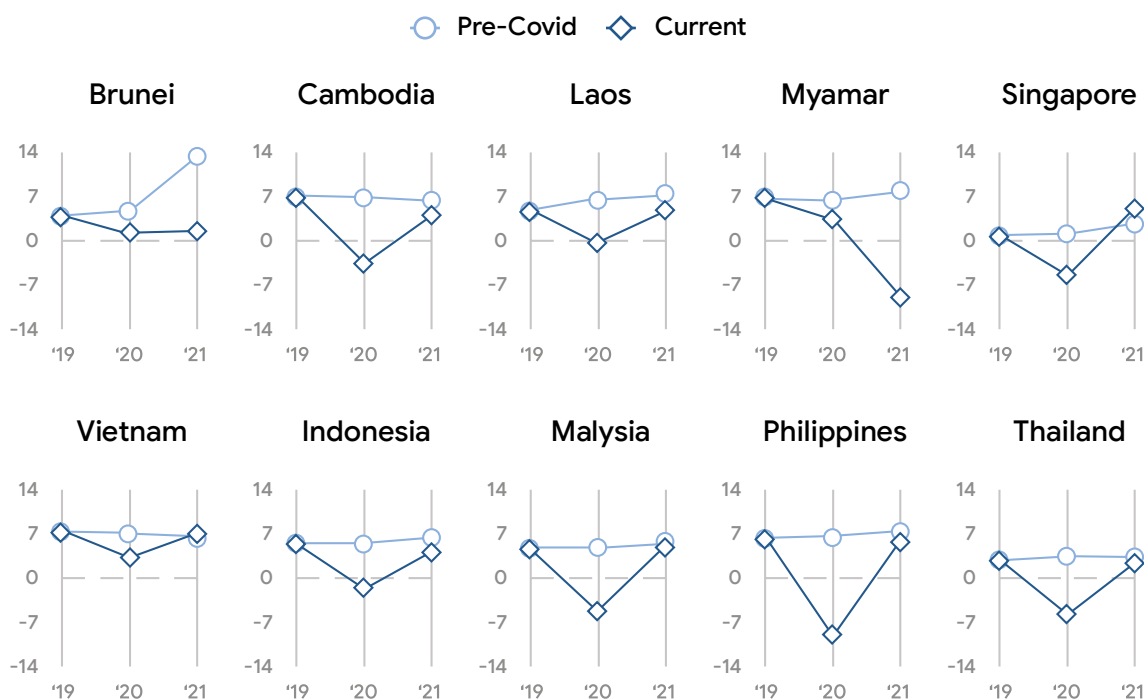
1. COVID-19 has a serious impact on the LGBTIQ+ community, thereby adding another layer to their pre-existing marginalization.

The COVID-19 pandemic is taking a toll on the livelihood, health and wellbeing, security, and agency of LGBTIQ+ communities across Southeast Asia, adding another layer to their pre-existing marginalization.

Southeast Asian governments have responded to COVID-19 with mandatory physical distancing and movement restriction policies. As a result, activities that require direct physical contact or non-vital activities that generate crowds are either shut down or open with restriction. The economic impact is severe. All ASEAN states experience a significant decline in their GDP growth rate projection for 2020. Only Lao PDR, Brunei Darussalam, Myanmar, and Viet Nam managed to keep their GDP projected growth rates above zero¹⁷. Those economic impacts hit hard on the livelihood of LGBTIQ+ communities.

Figure 2: GDP Growth Rate Projections¹⁸

Current projections are from June 2020 for Indonesia, Malaysia, the Philippines and Thailand, and April 2020 for all others



CSIS Southeast Asia Program | Source: IMF

The transgender communities in **Indonesia** reported a drastic decrease in income on top of their

17. "Southeast Asia Covid-19 Tracker."

18. "Southeast Asia Covid-19 Tracker."

pre-existing low-income status¹⁹. A majority of them estimated that they would only last for three months during the COVID-19 pandemic²⁰. The transwomen community, who generally relies on jobs requiring direct or close physical contact with customers (e.g., salons, spas, reflexology, and sex work)²¹ have switched to mobile services in order to continue earning income. This increases their risks of being infected and transmitting the virus²². The transmen community also experienced a decrease in income due to the closure of their workplaces²³. A survey led by Sore Sobat & Edith found that 61.9% of lesbian, bisexual, transmen, and queer (LBTQ) communities living in eleven (11) out of thirty-four (34) provinces in Indonesia experienced the economic impacts of the pandemic, including running out of food supplies, being unable to pay rent, water and electricity bills, not being able to afford hormones or continuing their businesses²⁴. In **Singapore**, Sayoni reported that 15.2% of surveyed LGBTQ+ persons are unemployed due to COVID-19 restrictions²⁵. Colors Rainbow in **Myanmar** described the “destruction of livelihoods and rise of food insecurity” as one of the five core impacts of COVID-19 experienced by LGBT communities across the country²⁶. Rainbow Alliance found that 54% of LGBTQ+ youths in Myanmar have lost their jobs due to the pandemic, which puts them into a financial crisis where they can no longer meet their fundamental needs²⁷. In **Timor-Leste**, Rede Feto identified many vulnerable women (including LGBTIQ families) facing economic hardships without access to financial subsidies due to their family status and a large number of family members being economically dependent on them²⁸.

Those severe livelihood impacts, combined with mandatory movement restriction policies, force many LGBTIQ+ persons to stay at homes in isolation from their friends and support system, which poses an increased risk of **mental health** challenges. Those living with unaccepting or harmful family members face even more significant risks of **domestic violence**, multiplying the burden of mental health impacts they are already experiencing.

A high percentage (88.1%) of lesbian, bisexual, transmen, and queer (LBTQ) communities living in eleven (11) **Indonesian** provinces experience mental health impacts. These include: feeling uncomfortable / under pressure; mental health consequences from being physically abused by another person they are living with at home; stress caused by income loss and not being able to find jobs; anxiety from feeling lonely and confused when adjusting to a new lifestyle; fear of contracting or spreading the virus; being temperamental; experiencing emotional/panic attack; having suicidal thoughts and difficulties accessing psychological support²⁹. In **Singapore**, 63.8%

19. Edison Butar Butar & Nova Christina, “The impact of the COVID-19 pandemic on transgender communities in Indonesia (2020 Survey)” Jaringan Transgender Indonesia, 2020

20. Butar & Christina, “The impact of the COVID-19 pandemic.”

21. Butar & Christina, “The impact of the COVID-19 pandemic.”

22. Butar & Christina, “The impact of the COVID-19 pandemic.”

23. Butar & Christina, “The impact of the COVID-19 pandemic.”

24. Sore Sobat (@soresobat) & Edith (@queer_in_life), “#SalingSapaSalingJaga”, Instagram, May 7, 2020, https://www.instagram.com/p/B_38wxcn_7P/?igshid=h7sujwgf6twy.

25. Sayoni (@fbSAYONI), “How has COVID-19 impacted LGBTQ+ persons in Singapore,” Facebook, June 1, 2020, <https://www.facebook.com/62694273168/posts/10158568092643169/?d=n>.

26. Colors Rainbow, Advocacy note related to the COVID-19 epidemic in Myanmar (unpublished manuscript, June 3, 2020)

27. Rainbow Alliance, The online survey data of LGBT+ unemployment under COVID 19 outbreak in Myanmar, LGBT Youth Empowerment Program, 2020.

28. Rede Feto, Preliminary results from qualitative gender analysis research regarding the impact of COVID-19 on women’s economic empowerment, press release, October 29, 2020

29. Sore Sobat & Edith, “#SalingSapaSalingJaga.”

of LGBTQ+ persons experience mental health challenges, 47.3% struggle with social isolation and support system access, 21% are concerned about their identity disclosure to family, 20.1% are living in a hostile family environment, 19.1% don't have access to regular medical services (e.g., counseling, prescriptions, and others), 11.1% have concerns about domestic violence³⁰. Verbal harassment and abuse (e.g., name-calling, being told to “go to hell” or being defined “wrong”); threats of disowning or punishment; shaming/belittling; refusing to communicate and withholding affection as forms of punishment are a few examples of treatments LGBTQ+ persons are receiving at their own homes in Singapore³¹. They also undergo stress, anxiety, depression, suicidal thoughts, and self-harm³². In **Myanmar**, Colors Rainbow described “the increased risk of domestic and family violence and abuse, social isolation and increasing anxiety” as the second and third core impacts of COVID-19 experienced by LGBT communities in the country³³. Rainbow Alliance³⁴ found that 38.1% of LGBTQ+ youths in Myanmar are experiencing mental health and domestic security impacts due to loss of livelihood and isolation.

Financial limitations, lack of understanding about mental health services, and fear of stigma and discrimination are the three main obstacles for transgender persons in **Indonesia** in **accessing mental health services**³⁵. In **Singapore**, some would often delay seeking mental health care due to fears of disclosure or discrimination against their sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). Loss in income means that some can no longer access vital medical services like counseling, hormonal therapy, and other prescriptions³⁶.

LGBTIQ+ persons living with HIV or chronic illnesses in Singapore are particularly vulnerable to COVID-19³⁷. In **Myanmar**, “the disruption of access to health care, including delays in ARV medication that lead to drug resistance issue” was listed by Colors Rainbow as the last two of the five core impacts of COVID-19 on LGBT communities³⁸.

One survey shows that, during the COVID-19 crisis, violence involving security forces against transgender groups in Indonesia was at its highest, accounting for 41% of all violence forms, with 36% being threats by the authorities and 5% being arrests by security forces. This was because many transgender people had to continue working in the street when movement was restricted³⁹. As many as 91% of transgender groups did not report the violations they've experienced due to many reasons; this includes stigma and fear of revictimization from the police, the perspective within the transgender community that tends to tolerate and normalize violence directed at them⁴⁰.

For Myanmar's **LGBTIQ+ migrant workers** who are expected to return home from neighboring

30. Sayoni, “How has COVID-19.”

31. Sayoni, “How has COVID-19.”

32. Sayoni, “How has COVID-19.”

33. Colors Rainbow, Advocacy note

34. Rainbow Alliance, The online survey data.

35. Butar & Christina, “The impact of the COVID-19 pandemic.”

36. Sayoni, “How has COVID-19.”

37. Sayoni, “How has COVID-19.”

38. Colors Rainbow, Advocacy note.

39. Butar & Christina, “The impact of the COVID-19 pandemic.”

40. Butar & Christina, “The impact of the COVID-19 pandemic.”

countries such as Thailand, Bangladesh, India or UAE⁴¹, the country's **quarantine policy** forces them to stay in unfriendly government facilities, exposing them to risks of bullying, verbal and physical violence, mockery, and discrimination⁴².

The initial data collected by LGBT networks in **Myanmar** show that approximately 1,200 LGBTQ individuals in 244 townships need **support and assistance**; and many have reached out to Colors Rainbow for help⁴³. In Indonesia, the majority of transgender communities rely on assistance/loans from their families and their savings to survive the COVID-19 pandemic⁴⁴. At least 81% of transwomen and 44% of transmen in Indonesia receive COVID-19 support primarily from fellow communities, NGOs, LGBT collectives, and religious institutions⁴⁵. The Singapore community, who usually seeks psychological help from friends and community resources, is now cut off from their support system⁴⁶. **Family, LGBTIQ+ organizations, and very few allies serve as the primary support system for many LGBTIQ+ communities in the region.** It was not easy, as these groups are also trying to survive the pandemic, as elaborated in our interviews:

"The COVID-19 does not just impact on the lives of LGBTQI+ members but also impact on the life of us."
Micro Rainbow International Foundation Cambodia, Cambodia.

"Not giving up is the only thing that makes us survive. Thailand is challenging. We do not only respond to the COVID-19, but we also respond to democratic crises. Our capacities are actually over our hands. We are traumatized by these situations, and I don't think we have the energy to bond with the conflict situation."
Sangsan Anakot Yawachon Development Project, Thailand.

To date, secondary data on the impact of COVID-19 on LGBTIQ+ communities in the region is only available for some countries (Indonesia, Malaysia, Myanmar, Timor-Leste, Singapore, the Philippines). Data were collected primarily through initiatives led by national and regional LGBTIQ+ organizations.

41. Colors Rainbow, Advocacy note.

42. Colors Rainbow, Advocacy note.

43. Butar & Christina, "The impact of the COVID-19 pandemic."

44. Butar & Christina, "The impact of the COVID-19 pandemic." Butar Butar & Christina. (2020). The impact of the COVID-19 pandemic on transgender communities in Indonesia (2020 Survey). Jaringan Transgender Indonesia.

45. Butar & Christina, "The impact of the COVID-19 pandemic."

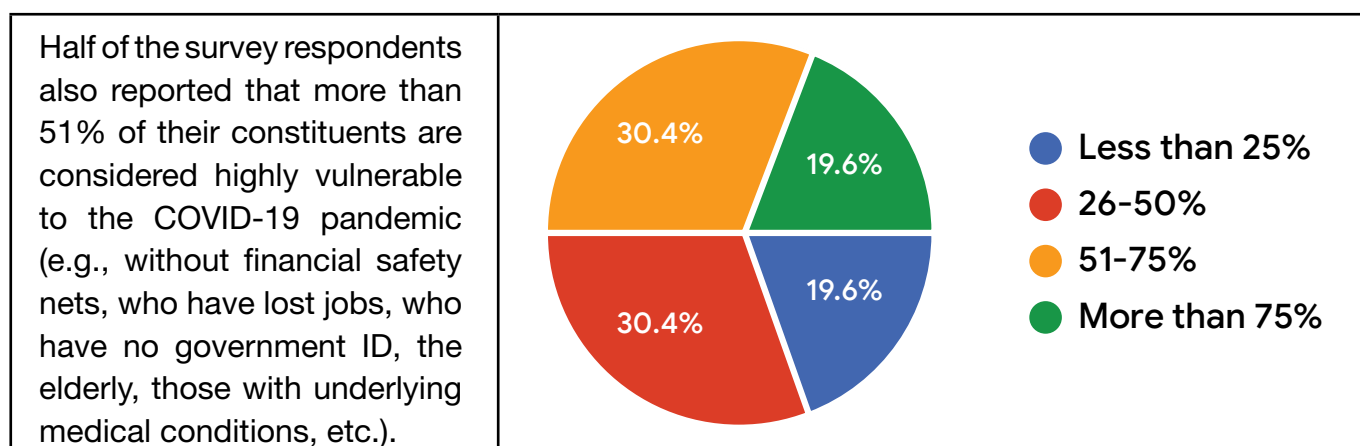
46. Sayoni, "How has COVID-19."

2. LGBTIQ+ organizations have led humanitarian responses to support their communities and continued to adjust their ways of working to adapt to the fast-changing context and uncertainties.

There is **no evidence of any state-led COVID-19 response that is SOGIESC inclusive and integrated**. Only a few ad-hoc government initiatives providing COVID-19 response to the transgender communities in Indonesia⁴⁷ and the LGBTIQ+ communities in the Philippines were identified. As a result, many LGBTIQ+ organizations have stepped up, taking the leadership role, often going beyond their limitations and capacities, to respond to the humanitarian crisis affecting their communities.

More than half (59.6%) of the organizations in our survey shifted their focus to address the pandemic’s severe impact on their constituents/members as well as themselves, as staff and volunteers.

<p><i>“UniGEN is a grassroots organization. For four years, we have done many projects without any regular financial compensation. But when COVID-19 happened, things changed a lot. Financial issues hit every member in different ways. Plus, our members’ mental health and our efficiency have decreased significantly. Therefore, we have shifted our focus to our members who struggled so badly with adapting to the situation.”</i></p>	<p><i>“Most of our members belong to the Young Key Population. They are very vulnerable to this virus. So, we decided to focus our organizational focus on COVID-19 Response to help them, especially to their Sexual and Reproductive Health and Hygiene.”</i></p>	<p><i>“Our survey stated that 90.6% of the LGBT community in Makassar (members/non-members of the organization) experienced the impact of COVID, so we changed several activity strategies to respond to this and raised funds to overcome this impact.”</i></p>
<p>UniGEN, Viet Nam.</p>	<p>Youth for YOUth, the Philippines.</p> <p><i>“Many of us lost our jobs, were dismissed from our living spaces, and we were out of money and food stock, so we shifted our focus.”</i></p>	<p>Komunitas Sehati Makassar, Indonesia.</p> <p>Arcoiris Timor-Leste, Timor-Leste.</p>



47. Butar & Christina, “The impact of the COVID-19 pandemic.”

There are many ways these organizations responded to the COVID-19 pandemic. A large percentage (59.6%) distribute dignity packs that usually contain basic food items and sanitation/hygiene kits. This was followed by organizing psychosocial activities (51.1%). Some offer support through fundraising (38.3%), providing emergency funding / technical support to other LGBTIQ+ groups (36.2%), research campaign and advocacy (29.8%), livelihood and income-generating activities (23.4%).

<p><i>“The rate of domestic violence increased. Recently, we have dealt with most cases related to LBQ & transmen. This year alone, around six individuals were evacuated to our secretariat due to violence from their families and partners. We don’t have a shelter, so we make our office a temporary safe space for the community. We also have some donations left, so we used those to feed them because they have no jobs. Last week we faced security incidents because of this.”</i> Cangkang Queer, Indonesia.</p>	<p><i>“During COVID-19, the Malaysian government came up with all kinds of systems. For example, those who want to donate any provision to the community in need would have to go through government welfare agencies. We know that’s not the case for transgender persons because there is a low chance that the welfare agencies will recognize them. So, we took it upon ourselves to start fundraising and distribute whatever we got to our community.”</i> SEED, Malaysia.</p>	<p><i>“Two transgender people got beaten by the police officer because they went out in the evening, and at that time, we were in a lockdown situation, and we were not supposed to go out by 10 p.m. We supported their medical expenses, and we reported the case to the National Human Rights Commission. They are so afraid to be targeted again after this case. We did the best we could.”</i> Rainbow Alliance, Myanmar.</p>
<p><i>“Our movement-building work had to stop because we are not allowed to gather anymore. We’re not allowed to travel anymore. The internet is not the best as we’re characterized by communities living with poverty in rural areas. The government decided to focus on supplies to respond to the pandemic, and condoms became unavailable. Sex does not stop during pandemics, we are short in health supplies, and one of our members was infected by STDs. It is also the monsoon season, and the typhoon is starting to come into the Philippines, and we have COVID-19. So, we provided each other with whatever we have, and we survived with our collective efforts.”</i> San Julian Pride Advocacy Group Inc., the Philippines.</p>	<p><i>“At some point, our small rented room became a living quarter, it ideally fits two, but we had seven people.”</i> Esbisquet, Indonesia.</p> <p><i>“After the lockdown, nothing changes, we continue to face economic crises, no one gets any jobs, they cannot buy food, and one of our students also dropped out of school because they couldn’t continue. We mobilized small support, and it is hard to find support because we work with stateless communities.”</i> Sangsan Anakot Yawachon Development Project, Thailand.</p>	<p><i>“In some areas, our friends were blamed for COVID-19, especially transwomen friends because they still work as street singers during the pandemic and they meet a lot of people on the street, so they were judged as spreaders of COVID-19. Some of them were kicked out of their homes because of community fear that they will spread COVID-19 in their neighborhood.”</i> GWL-INA, Indonesia.</p>

<p>“Our members are easily in conflict with each other. They are depressed because they have no job and no money. They become more temperamental during activities. At least 20 people described experiencing stress. We urgently needed mental health services for the members. So, we organized 14 weeks of mental health services with one of the local universities.”</p> <p>Pondok Pesantren Waria Al-Fatih Yogyakarta, Indonesia.</p>	<p>There are many violations and abuses by the authorities during the pandemic, and it puts the community in more vulnerable positions because the LGBT community is already susceptible to violence and their rights being violated in Malaysia. They are afraid to lodge report against the institutions that violate their rights for fear of further violations.”</p> <p>Legal Dignity, Malaysia.</p>	<p>“We had an increased need for shelter, so there were folks who have provided shelter and alternative housing.”</p> <p>Justice for Sisters, Malaysia.</p>
<p>“COVID-19 forced us to delay and shift some of our activities to providing food supplies for communities who are impacted by the COVID-19 pandemic. We are also supporting our friends who lost their jobs.”</p> <p>Sanubari Sulawesi Utara, Indonesia.</p>	<p>“We cannot do many activities. Some members refuse to do activities because of COVID-19, and we could only do limited activities to help our community.”</p> <p>LGBTIQ+ activist, Indonesia.</p>	<p>“The number of people infected by COVID-19 is increasing. LGBT individuals do not have a stable income, and some of them lose their jobs. They cannot work because most trans women work as makeup artists and event organizers, and all are not functioning at this moment. A lot of daily workers are affected by COVID-19. Some of us are doing fundraising activities and providing food assistance, but we can not cover everyone.”</p> <p>Colors Rainbow, Myanmar.</p>
<p>“Before the pandemic, we organized a paid discussion event as our fundraising, and we collected IDR1 million (approx. USD65). We distributed the money to a few transmen friends in need in several cities. It helped them through the early phase of the pandemic.”</p> <p>Transmen Indonesia, Indonesia.</p>		

Until today, LGBTIQ+ organizations continue to adjust their ways of working and respond to various community needs, particularly around gathering and being together to keep each other strong.

<p>“We face issues with physical events such as capacity building for local LGBTQ groups to serve the community at large, especially mental health support.”</p> <p>LGBTIQ+ activist, Malaysia.</p>	<p>“We are a church, but our people can’t gather to fellowship and build life during COVID-19. This impacts the connection between our people.”</p> <p>LGBTIQ+ activist, Malaysia.</p>	<p>“COVID-19 is very influential, our movement is restricted, and we are following health protocols to protect ourselves.”</p> <p>LGBTIQ+ activist, Indonesia.</p>
<p>“Our organization plans to identify the situation at community hot spot areas.”</p> <p>Yayasan Srikandi Sejati, Indonesia.</p>	<p>“We have limited opportunities to meet with our members and staff.”</p> <p>LGBTIQ+ activist, Indonesia.</p>	<p>“No physical space for group activities or seminars”</p> <p>LGBTIQ+ activist, Malaysia.</p>
<p>“Most of the members are unable to attend the activities.”</p> <p>LGBTIQ+ activist, Malaysia.</p>	<p>“No activity to meet face-to-face.”</p> <p>LGBTIQ+ activist, Indonesia.</p>	

Our survey found that most organizations (62%) redesigned their planned activities to attend to their constituents/members' needs. Around half of these organizations made changes and shifted all their activities to online spaces when the pandemic started. Fifty percent (50%) of the survey respondents said that they are still using online spaces for this purpose and 47.8% said they started organizing physical activities following government protocol. The pandemic has also led 41.3% and 34.8% to postpone and cancel their planned activities, respectively. Very few (8.7%) managed to follow through with their pre-pandemic plans.

<p><i>"We distributed care packages, and we included a minuscule amount of money, around USD6. It was a huge help to our members and lifted their spirit a little bit. December 1 was World AIDS Day. We distributed condoms to be able to be with one another, to speak with one another, to have conversations once again so that our members will feel that they're not being left behind. They know that the organization is still here for them, and we continue to find ways to continuously engage our members in this challenging time. We don't want to lose our membership engagement, even if we have minimal and unreliable rural technology such as the internet and Wi-Fi."</i> San Julian Pride Advocacy Group Inc., the Philippines.</p>	<p><i>"We provided the food supply, but our supply was really limited. We can't reach out to all of the LGBTQ people who are suffering in the region."</i> Rainbow Alliance, Myanmar.</p>
<p><i>"Some donors/funders do not want to know about our condition. Most GWL-INA members focus on health issues, particularly community outreach work. So, they cannot do their jobs because of the pandemic, but they are still expected to deliver their targets, though we know that virtual outreach is not going to reach their original targets. It is also challenging to access health services because of the pandemic."</i> GWL-INA, Indonesia.</p>	<p><i>"Sayoni conducted an online survey for LGBTI people, and we found that 1 of 5 is living with family in hostile environments. About 500 people did the survey. We had three (3) rounds of emergency support in June, September, and November. We provided cash, supermarket vouchers to buy groceries of SGD200, face-to-face counseling, we conducted online care support groups, and support on hormonal replacement therapy."</i> Sayoni, Singapore.</p>
<p><i>"Our primary funding is to do HIV work. Due to the pandemic, many government clinics that we partnered with are now focused on responding to COVID-19 cases with the same doctors who are working in HIV and infectious disease. Thus, a lot of our HIV work is put on hold. Luckily, we can roll out other projects and activities in hand to address the needs of the community."</i> PLUHO, People Like Us Hang Out!, Malaysia.</p>	<p><i>"Between May to August, we distributed close to 3000 provisions for transgender families around Malaysia in the form of daily packs and cooked food. First, it started for the trans community around our area here of 50 packs a day, then more people started coming, and we increased to a hundred, then to 150, and 200. The highest number was about 300 packs a day. We provided the pack not only for trans people but also to the cisgender people all around our areas, and most of them are elderly."</i> SEED, Malaysia.</p>

Furthermore, around half of these organizations (54.3%) said that they were able to adjust funding to meet the needs of constituents/members via programs/projects, whereas 13% reported their funding was cancelled and 26.1% said their funding was/is on hold because they could not / can not implement activities as planned.

<p><i>“Some of our offline activities were postponed until the government changed the big-scale mass restriction policy to a new normal policy. The campaign or public discussions are moved to online activities. Staff are suggested to work from home. We develop health protocols for offline activities. We develop security protocols for online activities. We conduct rapid/antigen swab tests for participants before and after offline activities. It’s harder to work on policy advocacy because many partner organizations implement work from home policy. The pandemic impacted the case advocacy. Court activities are postponed because the judges or court staff were tested positive for COVID-19.”</i> Arus Pelangi, Indonesia.</p>	<p><i>“Our main problem brought by COVID-19 is the delivery of our services, especially that our programs focus on Peer-Education Sessions and Sexual and Reproductive Health distribution to the community. Especially now that some of our partners canceled its funding grant.”</i> Youth for YOUth, the Philippines.</p>
<p><i>“The main challenge was we had to redesign our major project activity, which was to host the first LBT forum in Yangon for virtual training. The good news, we increase our social media engagement and reach out to different areas of Myanmar through our virtual activities.”</i> Rainbow Six, Myanmar.</p>	<p><i>“The activities that were postponed were carried out with health protocol policy, so we had to carry out almost simultaneous activities to chase project and reporting deadlines, and it makes the management and staff very tired.”</i> Komunitas Sehati Makassar, Indonesia.</p>

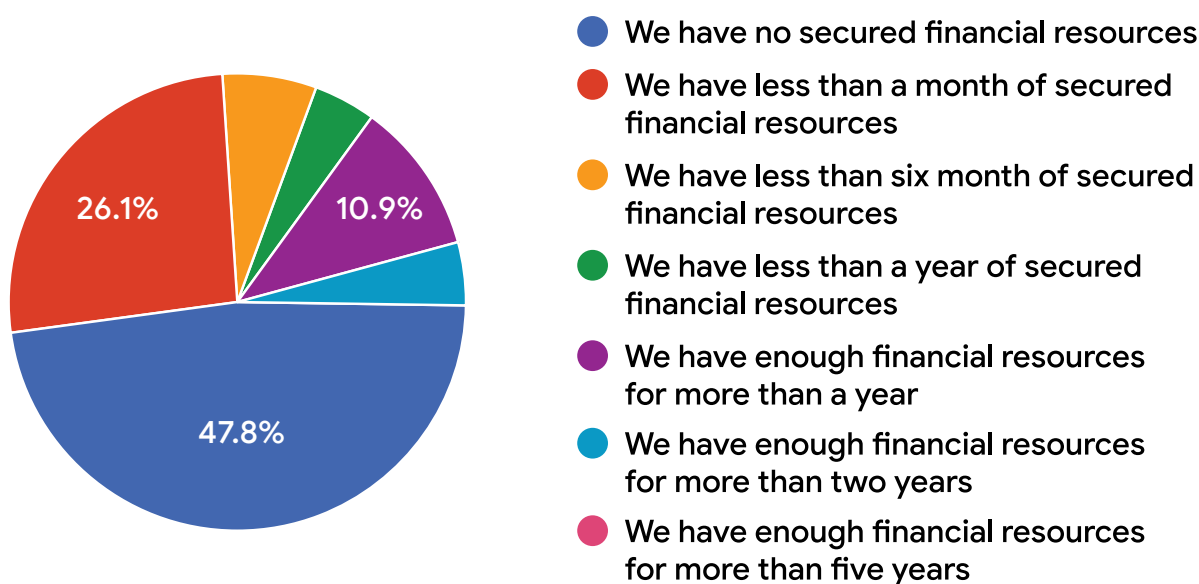
Unlike most, organizations working with the deaf LGBTIQ+ community said that they receive government support based on their disability.

<p><i>“Deaf LGBTIQ might be different from hearing LGBTIQ (those who do not have any disabilities). If there is anything bad happening to LGBTIQ because of their identity, it might be tough. However, it is quite different for LGBTIQ with hearing disabilities. We have two ways to get help, that is as LGBTIQ or Persons with Disabilities. In any case, we need support or assistance or anything to go through crisis time, and we would use our privilege as Persons with Disabilities as we know that the Malaysian government would take care of our welfare needs. In some cases, if a government officer happens to meet a Deaf person who is also part of LGBTIQ, they will see them as Persons with Disabilities first (instead of LGBTIQ) to help them to go through.”</i> Unicorn Club Malaysia/RaDawn/Vigorous, Malaysia.</p>
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3. LGBTIQ+ organizations do not have sufficient resources to meet all needs.

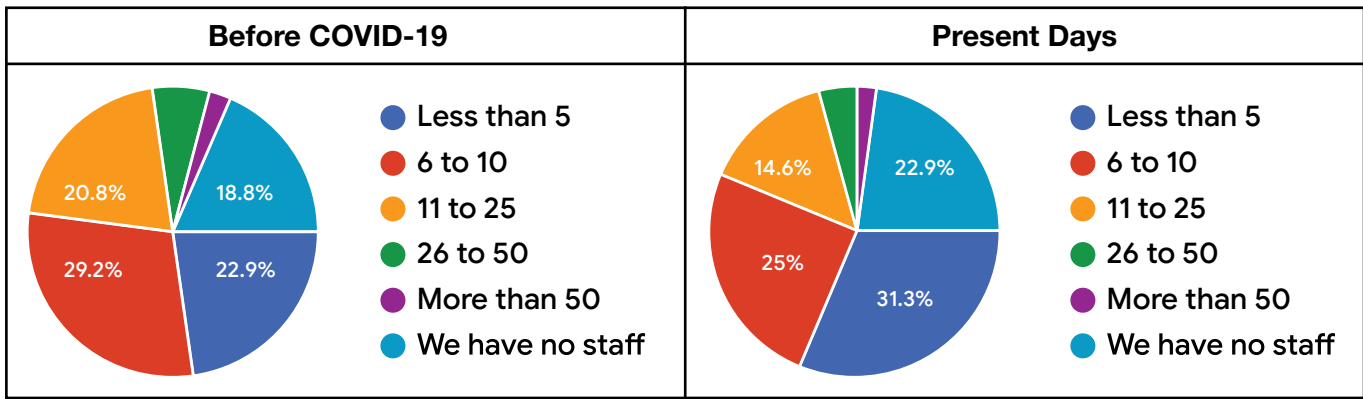
The economic impact of COVID-19 was felt not just by LGBTIQ+ individuals but also organizations. We found that most LGBTIQ+ organizations in the survey primarily rely on activity-based funding (56.3%), fundraising (50%), and short-term projects that last for less than a year (45.8%). Only 25% of them have medium to long-term projects lasting between one to five years. Very few (around 6%) are self-financing, generating income through business, and receiving funding from offerings and tithes. Furthermore, many (73.9%) said that they have no financial safety nets, with 47.8% reported having no secured financial resources and 26.1% having less than a month of secured financial resources. The rest (26.1%) stated that they have between six months to more than two years of financial safety nets. A majority of those with over one year of secure funding are national groups, groups working in HIV & AIDS, and those with sustained collective financing (e.g., offerings and tithes).



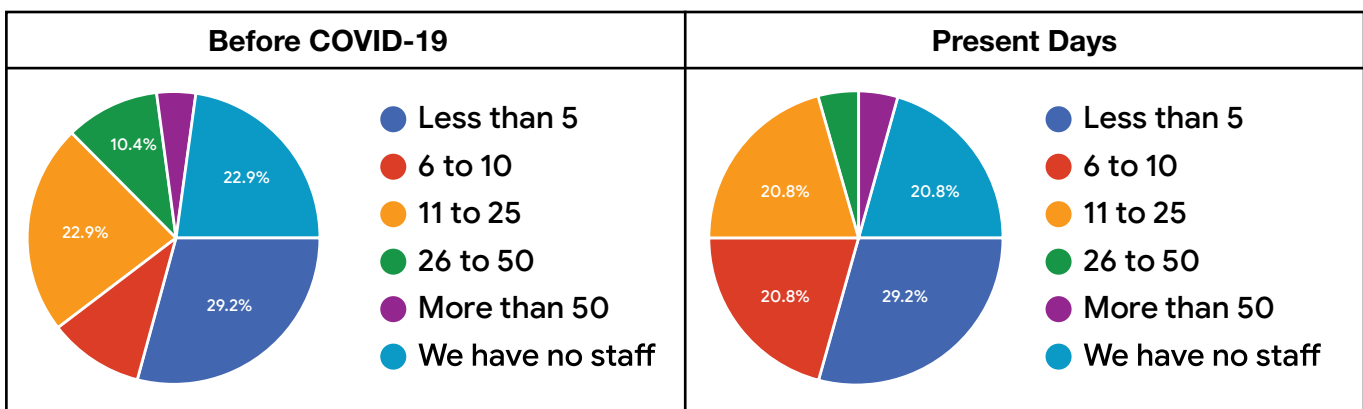
Organizations are also facing difficulties securing new funding. Those who rely on fundraising (e.g., through individual donations, membership fees, offerings, or tithes) experienced reduced income because their individual donors or members themselves faced pandemic-induced economic woes. One organization said that they are experiencing delays in the delivery of their ongoing projects as they had to focus on COVID-19 response and fundraising. Another organization reported not having enough resources to apply for a bank account to use for public donation because they are registered as a company and not as a civil society organization. This problem was created by pre-existing restrictions towards LGBTIQ+ organizing in their context.

<p>"The funding is not great, and we just have to fess up and know that one day somehow, things will be better for us. It's a constant begging for a little bit of change, so that little by little everyone can help to sustain or to push us to do things that we can do for the community." SEED, Malaysia.</p>	<p>"This year, we will end all of our contracts. We submitted several proposals, but we have not heard back on any of them yet. We sent two proposals for COVID-19 response, and none made it through. So, we have no secure funding yet for next year." Cangkang Queer, Indonesia.</p>	<p>"We don't have any funding. We only have sponsors, and we look for potential sponsors for our projects, so we rely on donations and sponsorship of other organizations." Youth for YOUth, the Philippines.</p>
<p>"We do not have sustainable resources and sustainable support because we are a grassroots organization. It is challenging to sustain our organization because we have no funding to support our staff's salary, so we barely help those who lost their jobs and struggle for food survival. We also intended to initiate the LGBT Youth Center in Myanmar, but we lost our plans, and the requested funds are also gone." Rainbow Alliance, Myanmar.</p>	<p>"It is challenging to carry out fundraising during the pandemic. We are responding to arrest cases in the pandemic, and we are finding it challenging to support people financially. We are trying to balance funder fatigue with our fatigue and yet still try to support grassroots and lower-income folks who are arrested because of their SOGIESC." Justice for Sisters, Malaysia.</p>	<p>"It's very difficult because we have to apply for two more funding agencies, and they declined our proposals, so we don't have any funds anymore, and COVID-19 affects the very existence of our organization because we're running out of funds. We have a surplus of money from the movement-building work engaging the universities. When we asked if we could shift the money to COVID-19, they said no, we should not go into humanitarian activities. So, yeah, it's so difficult." San Julian Pride Advocacy Group Inc., the Philippines.</p>
<p>"Our group is an event-based organization. Without the events, we hardly have the income to cover our operational costs. So, the core members have to cover the operational cost (e.g., google drive, website domain, technical support fees). We are now unable to continue paying for our website fees, so we ask some IT friends to rent their server for us. Half of the secretariat members are freelancers, and the pandemic has influenced their income. Unstable income makes activism harder." LGBTIQ+ activist, Malaysia.</p>	<p>"We lost money, and our balance is negative. We have to spend our own money to support our group. Two of our current projects are all about offline events. This leads to the situation where we cannot receive support from crowdfunding, which is our main funding up to 2020. Besides, our project manager, a drag performer, is being cut down payment due to decreasing drag shows. Another member whose finance depended on traveling services has been suffering from months not having any financial support. Other team members who got cut down on bonuses/salaries have also been struggling a lot." UniGEN, Viet Nam.</p>	<p>"We don't have enough funding. There is a lot of emergency funding, but we cannot access them because we are not registered." Sayoni, Singapore.</p> <p>"This year, four of our donors will end, and next year we will only have one donor. We made proposals, and they were rejected. We don't know yet what to do next year." GWL-INA, Indonesia.</p>

Financial gaps also lead to reduced human resources. Before COVID-19, almost half of the organizations (43.5%) we studied were ran collectively by volunteers without any financial compensation; that percentage decreased to 41.7% after COVID-19. The number of organization staff also declined: after the pandemic happened, the percentage of organizations with six (6) to fifty (50) staff reduced from 56.3% to 43.8% while organizations with less than five staff or no staff increased from 41.7% to 54.2%.

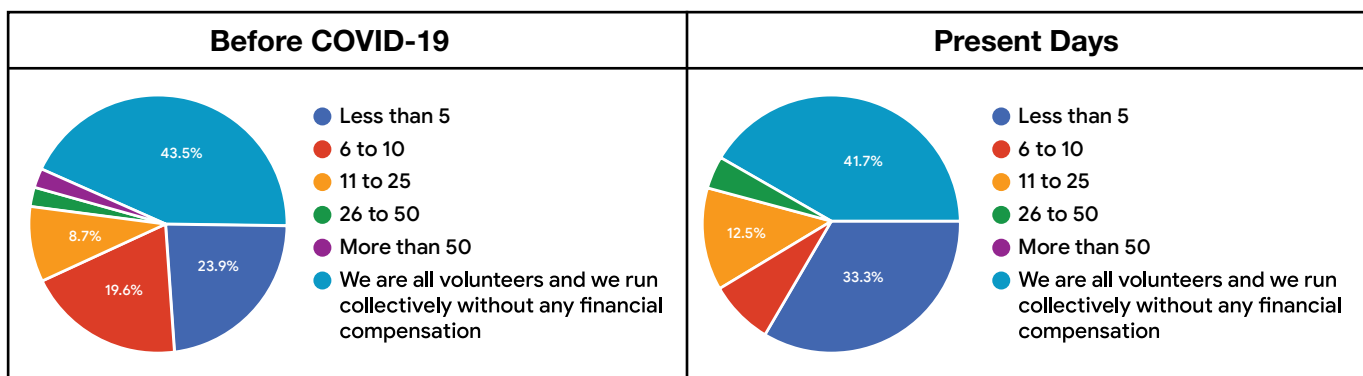


This is also the case with volunteers. The percentage of organizations with eleven (11) to fifty (50) volunteers dropped from 58.3% to 25%, while organizations with less than ten volunteers or no volunteers increased from 62.5% to 70.8%.



“Before the pandemic, we had at least seven to ten volunteers to support our programs, but right now, we only have three, and that limits us to do more as we are trying to do something to cope with this pandemic.”
Youth for YOUTH, the Philippines.

In a similar vein, the number of staff or volunteers receiving regular financial compensation from LGBTIQ+ organizations (including allowances for volunteers) have also declined due to the pandemic. During the key informant interview, Cangkang Queer, a provincial-based LGBTIQ+ organization in Indonesia, said that “during the pandemic, all of our planned projects were redesigned to respond to the community’s needs. Until today we have no secure funding for next year, and we only have short term funding until the end of this year to respond to COVID-19. Our proposals were rejected. We reduced our staff, and some staff became volunteers to reduce our operational costs”.



4. Online organizing is moderately effective yet reinforces the digital divide and exposes activists to security and well-being concerns.

A majority of organizations in the survey (77.1%) stated that online space is moderately effective in meeting the objectives of their organizations during the pandemic. Some organizations said it's very effective (14.6%). However, some (8.3%) stated that it is not effective at all. Furthermore, more than half of organizations (58.3%) reported that their constituents/members have limited internet access, while 16.7% are unsure if theirs face any internet-related challenges.

It is important to note that internet access is uneven across Southeast Asian countries. While there are countries like Brunei Darussalam, Singapore, and Malaysia with high internet usage rates (above 85%), there are also countries with medium usage rates (70-85%) such as Thailand, the Philippines, Viet Nam, and Indonesia. On the contrary, the internet is not accessible to approximately one-third of the population in Cambodia, half of the population in Laos and Myanmar, and 70% of the population in Timor-Leste. Like the rest of the world, the internet in Southeast Asia is more readily available in big cities and urban areas, which is not the case for remote and rural areas.



48. "Internet penetration in Southeast Asia as of December 2020, by country," Statista, <https://www.statista.com/statistics/487965/internet-penetration-in-southeast-asian-countries/>.

<p><i>"Most young adults who are our members fear to go to zoom to have a session because they are closeted and are staying with their parents."</i> The Healing Circle Sg., Singapore</p>	<p><i>"Our online activities from March to August were effective, and we had so many participants. However, recently, their participation is loosening. Maybe they are bored or have reduced interest in our online activities. On top of that, many are dealing with unstable internet connection issues, and they don't understand how to use online meeting apps, or not having compatible devices."</i> Cangkang Queer, Indonesia.</p>	<p><i>"We do a lot of things online now, and I guess there's just overwhelming numbers of online activities already. So, a lot of people are having this online fatigue compounded with the stress being cooped up in the house and depleting energy, even within the community. When we have a webinar to provide them with updates on the case, such as the case that we're doing, people are discouraged because of this issue. Further access to internet connection is a privilege not many within the community afford to have."</i> Legal Dignity, Malaysia.</p>
<p><i>"We get exhausted from too many online activities, especially our friends who are not used to it, and friends who also have limited access to the internet and limited digital devices. The stress level is high."</i> GWL-INA, Indonesia.</p>	<p><i>"The meetings are very long, and not everybody has the same level of adaptability and accessibility to technology. The organizers and activists are also dealing with mental health issues and family issues, and all of these things have an impact on the lives of all."</i> Justice for Sisters, Malaysia.</p>	<p><i>The online gathering is not always best as we need to use many hand movements, and sometimes we experience lagging, and it will lead to miscommunication. So, we learned that the online space is not a great solution for us, especially for those who do not have high-speed internet."</i> LGBTIQ+ activist, Malaysia.</p>
<p><i>"We had participants from different areas to our online training, but the difficulties are they don't know about online, they do not know how to join online events, so they want to join the training, but we can not reach them."</i> Rainbow Six, Myanmar.</p>		

A few organizations described that they experienced digital security incidents.

<p><i>"The leak of our online meeting links. So, people were coming into our meeting that we did not know. Also, our organization's Facebook page account was hacked, and we could not access it."</i> Youth for YOUth, the Philippines.</p>	<p><i>"One time the LGBT meeting was blocked by Youtube because someone reported it."</i> Pondok Pesantren Waria Al-Fatah Yogyakarta, Indonesia.</p>	<p><i>"During the activity, the host is disconnected from the connection so that the host's role is thrown to the participants and hinders the activity process. An unknown account infiltrated the activity using the participant's name."</i> Transmen Indonesia, Indonesia.</p>
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A few other organizations also listed potential risks that they could be facing due to the increase of digital activities, such as outing of SOGIESC and health status, doxing, being targeted by conservatives and right-wing groups, Zoom bombing, unsafe use of online cloud sharing systems. It is worth noting that half of the organizations (51.1%) said they are unsure if their online activities put them or their constituents/members at higher digital security risks. In comparison, 36.2% agree that they face more significant digital security risks due to their online activities. This poses an issue of digital security awareness.

Furthermore, all organizations reported high burnout levels and mental health impact due to extra demands, fewer resources, changing ways of life and ways of working.

<p>"We have been coping for too long, being away from our friends for too long. We also have a member whose parents, brothers and sisters are abusing him, and he is very young." San Julian Pride Advocacy Group Inc., the Philippines.</p>	<p>"The stress of activism in Singapore is likely to increase. I work from home, and it's tough to have a separation because my place is my office. Then I end up working even more and not being able to draw those boundaries and that increases the stress of working and being so isolated from colleagues and friends." Sayoni, Singapore.</p>
<p>Our freedom is being subjected to ever-changing SOPs, which we have no control over, and it has been impacting our mental health." Legal Dignity, Malaysia.</p>	<p>We face a mental health impact due to the financial crisis we are facing. Our team members' mental health has been changing negatively, which leads to fast burnout. We organized four therapy sessions with a lot of participants. However, it's inefficient because the therapy itself needs more time to see the result (as described by the therapist). It is the end of 2020, we're afraid that the burnout can worsen because our team has to deal with lots of workload from full-time job/study and finalize funded projects report & paperwork. We mostly work online, and it is tough. It makes us stressed out. Our project leaders and both of us are burned out from all the activities and the management, and worrying about everyone else in the group. We have a lot of things in our mind, but we don't have the energy." UniGEN, Viet Nam.</p>
<p>"There is a connection between the pandemic and being in quarantine with unsupportive families and increased mental health issues." Justice for Sisters, Malaysia.</p>	
<p>"We are tired, but work needs to get done, and the community needs us, so I would say that the burnout is at the top right now." SEED, Malaysia.</p>	
<p>"The movement restriction makes teamwork more challenging, so we lost momentum, it became difficult to get a response from the team, and we are working in an unenergetic environment. Our self-care needs increased due to the crisis, and some of our volunteers left." LGBTIQ+ activist, Malaysia.</p>	<p>"Every night, I listen to at least 10 LGBTIQ+ people on my messenger. They tell me about their problem. I listen to them. You can look into my eyes. It's getting dark because I lost a lot of sleep. Our staff are not interested in continuing to work under this outbreak. We are emotionally down for all the times in terms of COVID 19 and asking by ourselves whether we are doing the right thing or not." Rainbow Alliance, Myanmar.</p>



RECOMMENDATIONS

Over the next twelve (12) months, a majority of organizations (70.2%) will continue to prioritize responding to the COVID-19 pandemic. Only 8.5% said they will not prioritize COVID-19 responses, and 21.3% are still unsure of their priorities. The tasks for the next 12 months related to COVID-19 response are as follow (in order of priority):



Fundraising / resource mobilization (61.4%).



Distribution of dignity packs (basic food items, sanitation/hygiene kits) or providing emergency funding / technical support to other LGBTQ+ groups (45.5%).



Campaign and advocacy related to the impact of COVID-19 on our constituents/members or psychosocial activities (43.2%).



Livelihood and income-generating activities (38.6%).



Research to understand the impact of COVID-19 on our constituents/members (27.3%).



Access to vaccines (18.3%).

A number of organizations stated that they will pursue their regular planned activities (e.g., legal education, communications, training, consultations, capacity/skills building, student-focused activities) on virtual platforms, expand their COVID-19 strategy to other cities/municipalities, adding that it is crucial to practice intersectionality when responding to COVID-19 (e.g., LGBTQ+ and Disability).



<p>"We never know when COVID-19 will end. The prevalence is escalating. They plan to reopen schools next year, but the situation is not going to be certain. We will continue to respond to COVID-19, especially for our community, but we will also continue to educate and advocate for our community." Esbisquet, Indonesia.</p>	<p>"COVID-19 is not over yet, and we need so much help. We need so many things to sustain our movement. If we can't sustain our movement, we're going to fail. We still need food supply programs, emotional management training, and leadership programs." Rainbow Alliance, Myanmar.</p>	<p>"In the short term, COVID-19 response is still needed, such as providing basic food items and cash. For the longer term, we need to provide capacity building in economic empowerment. There are also increased cases of domestic violence, and we need to have the capacity to respond to that, including providing shelters for the survivors." Gangkang Queer, Indonesia.</p>
<p>"We need to empower the community because it does not make sense to talk about human rights when the people are hungry, and they have nothing to eat. So, the first is providing them with meals." Sangsan Anakot Yawachon Development Project, Thailand.</p>	<p>"For the moment, we definitely plan on continuing the relief fund, providing counseling hours and groceries vouchers, but unfortunately, that project will end in February, so we're not sure how we can move forward after the funding stops." Sayoni, Singapore.</p>	<p>"I have a feeling that it will still be around next year, even when our government says that the vaccine will be coming in next year and all that. We don't know what's going to happen because we don't know what the government's actions are. For us, as long as the community is there and we know that they will not be able to access the vaccine or access treatments in any way, we will do what we can to assist them." SEED, Malaysia.</p>
<p>"We are still looking for funding opportunities and will continue working on COVID-19 support for the community. We will do training on supporting LGBT effectively because I don't think COVID-19 will be deeper next three (3) or four (4) months. It will last much longer." Rainbow Six, Myanmar.</p>	<p>"It would be very important to continue providing COVID-19 support because the last time we gave something to our members was July, and many months passed. The needs are just getting greater. The local government has stopped providing relief packages for the general population." San Julian Pride Advocacy Group Inc., the Philippines.</p>	
<p>"Financial and mental health impact has led us to a bigger question on sustainable development impact: How can we carry on our activism along with making sure our team's well-being is taken care of? We are still finding a solution. We are considering having a safe & convenient place of our own in the next year to gather, take care of each other, have needed discussion on activism, and make the next steps." UniGEN, Viet Nam.</p>		

Based on the recommendations of the organizations interviewed and surveyed in this research study, ASEAN SOGIE Caucus is calling for:





1. Inclusion of LGBTIQ+ communities in COVID-19 pandemic responses (and all humanitarian responses!)

Almost all of the organizations in our study said that they are not aware of any existing government COVID-19-related support for the LGBTIQ+ communities. To support their communities, these organizations have led humanitarian response and initiatives, yet could not meet all their community needs. They continue to struggle beyond their capacity until this very day. On the other side of the story, humanitarian organizations are coordinating efforts to ensure that no one is left behind in all humanitarian responses, including COVID-19. This was echoed in the WHO's response⁴⁹ to a letter sent by LGBTIQ+ organizations in the Asia & Pacific region⁵⁰.

The demand and urgency are high, yet, there remains an enormous gap between LGBTIQ+ organizations and the existing humanitarian architecture and coordinating mechanism. These gaps have been recognized many times in the past. LGBTIQ+ communities were excluded from the 2004 Indian Ocean Tsunami response, 2010 Mt. Merapi eruption response in Indonesia, 2015 Typhoon Haiyan/Yolanda response in the Philippines, Rohingya crisis in Myanmar, the crisis faced by stateless communities in the Thai border area...The list is endless. In The Pride in the Humanitarian System (PITHS) consultation⁵¹, LGBTIQ+ civil society organizations agreed to call for humanitarian action that is SOCIESC inclusive and appropriate; centers around feminist principles; addresses continuing and specific practical and strategic needs; and centers on human rights. The COVID-19 pandemic provides an opportunity to ensure this call is put into action. More LGBTIQ+ organizations now have experience with humanitarian responses and serve as frontliners and entry points from which SOCIESC inclusion can be advanced.

Now is the time to converse and collaborate with humanitarian actors because the humanitarian crisis is a human rights crisis. Regional and national humanitarian, human rights, and LGBTIQ+ organizations play critical leadership roles in leading this change.

49. "Open Letter to WHO to integrate effects of COVID-19 on the LGBTIQ communities gets response from Director General Dr. Tedros Ghebreyesus," APCOM, <https://www.apcom.org/open-letter-to-who-to-integrate-effects-of-covid-19-on-the-lgbtqi-communities-gets-response-from-director-general-dr-tedros-adhanom-ghebreyesus/>

50. "COVID-19: Petition Statement of Support for LGBTIQ communities in Asia Pacific to WHO," APCOM, <https://www.apcom.org/covid-19-petition-statement-of-support-for-lgbtqi-communities-in-asia-pacific-to-who/>.

51. Devikara (Prim) Devakula, Elisabeth Dotter, Emily Dwyer, and Maria Holtsberg, "Pride in the Humanitarian System Consultation Report," 2018, <https://www.42d.org/2020/07/06/pride-in-the-humanitarian-system-consultation-report/>



2. Strategic response to the economic, livelihood, and mental health impact of COVID-19.

The survey and KII came up with strong evidence on the serious economic, livelihood, and mental health impact of COVID-19 on LGBTIQ+ communities and organizations. However, these are not the areas of expertise of ASC or any LGBTIQ+ regional organizations in Southeast Asia. This creates a huge gap, and taking a step forward to strengthen the regional narratives through research should be a priority. There are very few national LGBTIQ+ organizations with expertise in economic empowerment, livelihood, and mental health issues. Many ally organizations have the expertise, and these organizations are important entry points if we want to minimize this gap.

Regional and national humanitarian, human rights and LGBTIQ+ organizations play critical leadership roles in leading this change.

3. Mobilize financial resources into the region and continue providing direct, flexible, institutional grants to grassroots LGBTIQ+ organizations.

Our survey has shown that there is a massive gap regarding the financial capacity and safety net of most LGBTIQ+ organizations in the region. Community-led intervention such as ASEAN SOGIE Caucus's Rainbow Reach Out program was proven to be very effective and efficient in meeting diverse community needs during the crisis. For most grassroots organizations, the RRO program is their only source of finance. All organizations, particularly RRO grant recipients, call for continuous and potentially upscaled financial support, building from the existing RRO mechanism.

Multilateral, bilateral, regional and national donor agencies and LGBTIQ+ organizations play critical leadership roles in leading this change.

4. Continuous organizing of digital regional solidarity and learning spaces while being mindful of the digital divide.

The shift to a digital arena in our ways of working is expected to influence the way we work in the future, even in a post-COVID world. Despite the challenges that activists face in digital organizing, there are also advantages. COVID-19 has advanced the use of technology in aiding activism and eliminated geographical boundaries. In the past, regional spaces were usually occupied by “national” players. Now, we see less national gatekeeping or bottlenecking. Anyone, including grassroots communities, can access those spaces. These strengths need to be utilized through continuous acts of organizing and fostering digital regional solidarity and learning spaces.

However, it should be noted that those who can make use of digital spaces are often those who speak English with good gadgets, reliable internet access, and safe space to converse freely. Therefore, it is crucial to diversify how our digital ways of working are organized with an intersectional approach. Co-organize workshops with grassroots organizations and allies, create spaces to listen to their voices, organize events in local languages, and always allocate resources to minimize language gaps.

Aside from ensuring adequate technologies, we should also innovate and experiment with new methodologies. Many educational institutions are now learning from the mistakes of overusing the synchronous learning method (e.g., webinars). We can combine the penchant for synchronous processes with the viability of asynchronous processes known as Location Independent Learning, which has gained popularity throughout the pandemic⁵².

All LGBTIQ+ organizations play critical leadership roles in leading this change.



52. “Our Learning Methods,” Alexandria City Public School, <https://www.acps.k12.va.us/Page/2968>. See website for more information about learning methods.



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