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Key considerations for COVID-19 management in marginalised populations in Southeast Asia: transnational migrants, informal workers, and people living in informal settlements. May 2020

This brief presents considerations for COVID-19 management among structurally vulnerable populations in Southeast Asia, including transnational migrants, people working in the informal economy, and people living in informal urban and peri-urban settlements. These vulnerable groups are generally poorly understood, ignored, or left out of formal policy and as such represent an area of concern for disease control in the region more generally. The brief summarises the vulnerabilities associated with the limited legal and social protection of these groups, and it is not a systematic study of COVID-19 control measures and impacts across the region. It does, however, include information on alternative, parallel, or informal responses that are relevant to COVID-19 control in the region.

This brief was developed for the Social Science in Humanitarian Action Platform (SSHAP) by the Institute of Development Studies (Megan Schmidt-Sane). It aims to provide practical considerations for governments and response partners working on the COVID-19 response in the context of Southeast Asia. It is the responsibility of the SSHAP.

Summary considerations

Marginal vulnerable populations in context

- Most Southeast Asian countries have responded decisively to the challenges posed by COVID-19. The region is interconnected through its economy and migratory patterns and therefore needs a regional approach, coordinated through existing regional structures like the Association of Southeast Asian Nations (ASEAN).

- Southeast Asian countries have populations with high levels of vulnerability which need special consideration. Vulnerability is a political issue, linked to a lack of legal protections, international economic migration patterns, and precarious living and working conditions. These increase exposure to the disease as well as the livelihood impact of lockdown measures and the economic downturn.

- Because of their legal status, these populations fall outside of social and legal safety nets, and hence have poor access to services and protection. Access to health, livelihood support, and other forms of state social protection should be extended to these groups regardless of their legal status.

- The line between formal and informal sectors is blurred. There is overlap also between informal work, international migration, and unplanned urbanisation. Such intersections should be considered in assessments of protection needs and the design of COVID-19 control measures and relief.

Informal work

- Informal workers are losing work due to COVID-19 control measures and have few options for livelihood generation in the interim. They should be allowed to continue work, if it is possible to do so safely. Restricting the informal sector pushes workers into further precarity.

- Informal work is not protected under countries' labour laws and is typically more hazardous than formal work with no formalised worker protections. Informal workers need protection as part of the COVID-19 response and the economic recovery strategy.

- Informal work tends to be under-recognised and unaccounted for, which contributes to inadequate data and policy responses. Improved data collection is necessary so informal workers are reached by stimulus benefits or social protection.

- Economic policies should account for both the formal and informal economy and its workers. Successful local solutions by governments have included: suspending tax payments during the crisis, incentivising linkages between formal and informal businesses, and improving access to capital, health services and protective equipment for the informal sector.

Informal urban and peri-urban settlements

- Informal settlements face the challenges of COVID-19 in addition to a range of other stresses and constraints including insecure land tenure and precarity.

- Population density should not be used as an excuse to evict settlements.

- Settlements are mounting their own responses and relief efforts for COVID-19. Stakeholders can work together to find local solutions, such as establishing safe quarantine spaces to separate those who are ill and mitigate COVID-19 spread.

- Policymakers can support existing COVID-19 local responses in informal settlements, such as the provision of food and cash aid to those who need it most, or the sharing of information via trusted sources and platforms.

Transnational migrants

- For migrants who decide to return to their home countries within Southeast Asia and beyond, governments should jointly ensure safe passage of people across borders. Staggered openings and crossings and the provision of adequate and safe facilities for people waiting to cross can reduce risks of infection. Border officials and other relevant staff should have adequate PPE.

- The impacts of COVID-19 can be exacerbated by nationality and residency status. Countries should work with migrant associations and networks to plan how to ensure access to health care for migrants under their jurisdiction, regardless of their nationality or legal status. Migrants under administrative detention related to migratory status should be released.

- Risks related to sub-standard and crowded accommodation should be considered. Where possible, migrants should be provided temporary accommodations that have access to water, sanitation, and sufficient space to enable physical distancing and self-isolation when necessary. Local public health officials should provide migrants with protective equipment and attend to their context-specific public health needs.

Social protection

- Policymakers should consider how to support the recovery of livelihoods tailored to the needs of different groups, and ensure their inclusion in social protection systems. The impact of these measures would have a positive impact on COVID-19 control in the wider population.

- Government and civil society groups have a role in minimising fear and distrust that may prevent vulnerable communities from accessing care and other forms of assistance.

- Women are particularly vulnerable as they are over-represented in informal work and must balance livelihood generation with caretaking and other home responsibilities. Context-specific measures are critical to address the multiple needs of women.

Community engagement

- The groups face communication challenges including lack of access to information and language barriers. Two-way communication channels in local languages where relevant should be established, leveraging connections through existing community-based organisations.

- Many of these groups are organised either through local groups, community structures, migrant associations or civil society platforms. The official response should acknowledge, recognise, and build on ongoing grassroots initiatives and promote local community-led responses.

The region and its connections

As defined by the Association of Southeast Asian Nations (ASEAN) the countries covered in this brief are: Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic (PDR), Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Viet Nam. The ASEAN countries have a combined population of 649 million and GDP of US$2.8 trillion. There are major differences between ASEAN countries in terms of income level, economies, political traditions and state-society relationships. There are also important connections across the region due to high levels of human mobility, including to beyond the Southeast Asian countries.[1] The economies of this region are also highly connected, with many dependent on trade with China.

Strengthening regional collaboration was a focus of the Declaration of the Special ASEAN Summit on Coronavirus Disease 2019 (14 April 2020). Member states have agreed to mobilise the ASEAN Response Fund to further cooperation in public health across sectors, enhance communication to promote healthy behaviours and combat misinformation, reduce stigma and discrimination, and prioritise assistance to ASEAN nationals affected by the pandemic, including those in each other's countries or in third countries.[2]

Formal responses by Southeast Asian countries

Despite some early efforts to identify priorities and coordinate responses to COVID-19, the implementation of countries' control measures has diverged in practice.[3] Measures to control spread of COVID-19 are detailed by country in the table below. The social and economic impact of COVID-19 and associated public health restrictions has been wide ranging with implications for marginal and transient populations.

The economic impact of the pandemic on Southeast Asia is estimated to be on par with the 1997-98 Asian Financial Crisis.[4] The stimulus packages passed by countries vary in terms of social protections and support for the vulnerable. The middle-income countries of the region had, as a result of the 1997-98 and the 2008-10 economic crises, strengthened their welfare systems and have the capacity to deliver comprehensive policy responses to COVID-19. Malaysia, Thailand, Indonesia, Singapore, Indonesia and Viet Nam are providing direct cash payments or food aid to the poor, or waiving payment of utility bills such as electricity. However, often these are not applicable to foreign migrant workers or some informal settlement residents who are not on the electric grid. Notably, the Philippines is planning a temporary short-term work programme that will employ close to 1 million informal workers as part of a COVID-19 stimulus package.[5] Brunei, Myanmar, and Cambodia are providing economic assistance for businesses or sectors hit hard by the pandemic only.[6] Meanwhile, Laos has shifted their tax collection, with a moratorium on tax payments by the tourism industry.[7,8] Parallel to these formal responses, organisations and residents from vulnerable communities are collaborating to advocate for aid, pool resources, distribute food, and provide basic goods and services to those in need.[9]

See table below.

Structural vulnerability in Southeast Asia

There are many forms of vulnerability, but here we focus on populations more likely to be excluded from formal social safety nets as a result of having undefined or inequitable legal and social standing. In particular, we highlight challenges for 1) people working in the informal sector, 2) transnational migrants, and 3) people living in informal settlements. The social and legal marginalisation of these groups makes them more susceptible to COVID-19, and to the negative economic impacts of control measures. First, we outline some cross-cutting issues, followed by a discussion of each group.

Government measures to curb the spread of COVID-19		Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Viet Nam
Individual	Advise to keep personal physical distance (including, not shaking hands, touching, work from home, etc.)	x	x	x	x	x	x	X	x	x	x
	Mandatory stay at home (except for medical care and to get life-saving supplies)			x	x	x	x[1]	x			x
	Advise to wear face masks in public			x		x		x	x	x	x
Community	Restrictions to social gatherings (including limiting the number of guests or setting up additional IPC measures)		x	x		x	x	x	x		x
	Suspension of public gatherings with many people (between 10-100 people varying per country)	x	x	x	x	x	x	x	x	x	x
	Closure of public places that don't provide essential services (e.g. restaurants, bars, sport facilities, etc.)		x	x	x	x	X[2]	x		x	x
	Social services provided (suspension of utility bills, water distribution, early hand-out pensions, tax and financial relief, etc.)	x	x	x		x		x	x	x	x
	Public transport restrictions (e.g. sick people can't travel, maximum capacity of travellers, etc.)			x	x		x	X[3]		x	x
	Measures taken to limit contact with prisoners (e.g. limiting or prohibiting visitation, partial release of prisoners)			x			x	x	x		
	Obligatory government or self-quarantine for travellers from international locations (14 days)	x	x			x	x			X[4]	x
	Land borders closed and international commercial flights suspended, citizens advised to remain in-country or abroad	x	x	x	x	X[5]	x	x	x	x	x
	Advise against or restrictions around non-essential internal travel (e.g. to other cities/districts)		x	X[6]	x	x	x	x			x
	Enforcement through deployment of police or security forces and application of penalties	x	x	x		x		x	x	x	x

References: Ministry of Health websites; Centre for Strategic and International Studies "Southeast Asia COVID-19 Tracker," https://www.csis.org/programs/southeast-asia-program/southeast-asia-covid-19-tracker-0; and the IMF's COVID-19 Policy Response Tracker, https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#L

[1] No national stay-at-home order as of April 22, 2020, but Yangon is under de facto stay-at-home with heterogeneity in other parts of Myanmar.

[2] This is the case in Yangon, these measures have been decided at a municipal level rather than a national level.

[3] Public transportation restrictions are location-specific in the Philippines, e.g. suspension of public transport in COVID19-affected quarantined areas.

[4] Only for those coming from countries with COVID-19 cases as reported by the WHO.

[5] As of April 14th, 2020, the Malaysian government allowed Malaysians in Singapore to return only if tested and placed in quarantine.

[6] The Indonesian government allowed the return of migrant workers to their home provinces at the end of Ramadan, but dissuaded them with financial incentives.

Poor living conditions contribute to vulnerability to infection: whether living in informal settlements or migrant worker dormitories, a common concern across vulnerable groups in Southeast Asia is the lack of quality housing and accommodation with access to reliable basic services.[10,11] Within these groups there are significant differences. Overcrowding, poor ventilation, and poor water and sanitation[12] have made these populations simultaneously more vulnerable to COVID-19 infection, and unable to follow physical distancing guidelines appropriately. Migrant detention facilities are more likely to be extremely crowded.[13] Peri-urban areas may be less densely populated than urban settlements and often do not benefit from economies of scale, which makes extending services costlier and more complex. Informal settlements often may not have their own water supply, relying on private providers of water, or on a small number of water points.[14] Scarcity of water points in a community means people need to move to transport water and queue, making physical distancing and lockdown very difficult. Migrant families may live in densely populated areas, where rental rooms are small and have limited space, with shared facilities.[15] They may be housed in dormitories owned by factories. Many households share space with other families. Institutions with responsibility for housing quality vary across the regions: private landlords, municipal, local or national government, or in some cases international aid organisations (e.g. UNHCR) may need to be cooperate.

Policy is not reflected in practice for vulnerable populations: In settings or sectors which are characterised by informality, there is often a mismatch between official policies and on-the-ground realities.[16] This follows for COVID-19 public health measures. Whatever (often minimal) legal entitlements that these populations have in terms of labour rights, social protection and access to health in law or policy may not materialise in reality.[17] Either willingly or through negligence, or the action of intermediary actors on the ground, workers may be exploited or fired without recourse, people may not receive the income support or food aid promised by government, or they may not be able to access protection equipment or treatment for COVID-19 and other ailments that they are entitled to.

Enforced compliance of public health measures disproportionately affects the most vulnerable: Public uptake of COVID-19 control measures is uneven, with vulnerable groups often constrained by social and economic realities and unable to comply with all measures. Groups who are less able to comply with control measures, for economic reasons or due to living environments, are more vulnerable to being penalised or subjected to state violence. The expansion of state power exerted over vulnerable groups, under the guise of public health is concerning in some settings. Some states have used heavy control measures to enforce public health restrictions. Malaysia has one of the highest arrest rates in connection with COVID-19 public health guidance, with 4,189 people arrested for loitering

after going against stay-at-home orders.[18] In the Philippines and Cambodia, individuals have been arrested for "spreading misinformation"[19,20] while others have been arrested for demanding government aid.[21] States like the Philippines, Cambodia, and Thailand have used COVID-19 as an opportunity to pass legislation giving emergency powers to the president, censor the media, impose curfews, bust unions and round up dissidents.[22,23,24,25]

Informal workers

The informal economy employs a majority of the workforce in many Southeast Asian nations today, with a disproportionate number of migrant workers and informal settlement residents represented.[26] In the region, over 68% of the economy is informal, ranging from a low of 31.9% in Brunei to a high of 93.6% in Lao PDR.[27,28] Informal sector jobs tend to be more precarious, characterised by low wages and occupational and safety hazards. The growth of the informal economy corresponds to changing demographics and increasing urbanisation in the region. The line between formal and informal sectors is blurred, with people in the formal economy experiencing casualisation of labour and lack of decent work, and with businesses complying with some regulations and not others.[29]

Informal workers often lack points of contact with the state and public health information does not always reach those in shadow economies. Despite strong state capacity in the middle-income nations to deliver welfare support, most informal workers lack defined labour status and this undermines their access to social and economic protection, including any COVID-19 related stimulus aid.[30] Informal work tends to be under-recognised, and much migration is also informal, meaning people tend to work informally in host countries. Under-recognition contributes to inadequate data and policy responses, as large numbers of people are excluded from stimulus benefits or social protection, and is likely to contribute to limitations in COVID-19 relief.[31] Since many do not have digital bank accounts and/or access to mobile money transfers, restrictions on mobility make it difficult for informal workers to collect income support. COVID-19 highlights the need to expand the social welfare state to be more inclusive, more resilient, and to better reflect the realities of informality.[32]

Informal workers are vulnerable to COVID-19 infection and economic vulnerability: Informal workers are disproportionately at risk of COVID-19 and disease complications because of inadequate living conditions, population density, and a lack of broader health services.[33] Typically informal workers work and live in more population dense areas, and are likely to lack reliable access to protective gear, soap or water. Informal workers' face multiple vulnerabilities as: 1) economic precarity shapes their vulnerability to COVID-19 and 2) COVID-19 control measures impact their ability to generate income. Reliance on daily wages hinders forward planning, food security and the ability to survive for long without work, and therefore informal workers are also affected more by public health measures that restrict their ability to work.[34] For example, home-based workers in the region have seen a decline in demand for their craft products, while contracts for the garment industry have been cancelled due to low global demand for clothing and textiles. The garment sector in Cambodia and Vietnam are a large part of the economy, which will decline with these changes in demand.[35] In Southeast Asia, the pandemic has impacted tourism, an industry characterised by informal labour, and the loss of many tourism-related informal jobs in the region.[36] Tourism is unlikely to recover for a long time, meaning that home-based workers, street vendors, and market traders who rely on the tourist industry will remain vulnerable in the long-term.[37]

Gender and informal work: The impacts of COVID-19 on women are important to consider given their specific vulnerabilities: First, women are more likely to be employed in informal work than men, due to the flexibility it offers, so have a greater burden of impact.[38] Second, lockdown measures have increased the threat of intimate-partner violence among women informal workers who are also finding it more difficult to work due to childcare responsibilities as schools and childcare centres are closed. Intimate-partner violence in the region is already high, with 28% of women experiencing IPV.[39] Additionally, women take on multiple roles, both at work and at home. With school closures and layoffs, women are having to balance income generation with childcare responsibilities.

Transnational migrant workers

Since the 1990s, migration within the region has grown. There are up to 9 million migrant workers within the ASEAN region, mostly from Myanmar (2.1 million), Indonesia (1.2 million) and Cambodia (1.1 million). The top destinations are wealthier countries in the region like Malaysia, Singapore and Thailand [40.] Regional migration can be of a temporary nature, with crossings happening even daily in particular contexts. Countries can be both source and destination countries of migrants, creating a double vulnerability.

Legal status means lack of access to protection: governments have complex laws related to migration and migrant rights are often limited. While it is difficult to measure the scope, roughly one in four migrant workers in the region are estimated to be undocumented.[41] Migrant rights and entitlement in the host country depend on the existence of previous bilateral agreements between countries and the national processes for verification and regularisation of undocumented migrants.[42] Documented migrants are concerned that their residency status (as well as their livelihoods) depend on being employed. Therefore, losing a job also puts both the residency status at risk and any entitlements that are attached to that status.[43] These entitlements are also inaccessible to those who migrate illegally.[44] Both are concerns as vulnerable migrants cannot access any economic stimulus offered by the state.

Vulnerability is even more acute depending on the degree of coercion involved in people's movement across borders. Migration can vary from regular and documented entry, to irregular or undocumented migration, smuggling or trafficking. Migrants are less likely to seek help, and are less likely to know or demand the services they are entitled to, either because of fear of reprisals by the host State (e.g. deportation) or by smugglers/traffickers when relevant. This is particularly true if migrants are stateless. On occasions, undocumented migration is the result of marginalisation in the countries of origin or due to the inability to acquire legal access to destination country through formalised recruitment and work programmes. For example, some minorities that have already been denied citizenship (e.g. the Rohingya in Myanmar) are effectively stateless and do not have proof of legal identity, nor can they obtain valid passports to enter neighbouring countries (e.g. Thailand) legally. These undocumented refugee-migrants are unlikely to have access to health care and welfare and social protection rights and are at risk of deportation if detected by the authorities.[45] Coming out of the shadows to access aid during this time would put these populations at great risk. States should work with existing organisations that can access undocumented migrants.

Countries should ensure entitlements are fulfilled and migrants are aware of them: It is important to distinguish the legal entitlements of workers from the implementation of those entitlements. ILO research highlights that despite protections, many migrants have been excluded, including employees in informal sectors (domestic work, agriculture, fishing), workers whose employers did not

enrol them in the social security system, and undocumented migrants.[46] Often, migrants are not aware of their legal entitlements in their host country, nor of their rights when crossing borders.

Vulnerabilities are gendered: For example, women who do domestic work in Singapore in homes come from other countries like the Philippines, Indonesia, Myanmar or Sri Lanka. State policy prescribes they live-in with their employers, where they often face constant surveillance and control. There is no legal protection for domestic workers in the form of labour laws. However, Singapore has a contract system and employers could be sanctioned for abuse. COVID-19 lockdown measures have emphasised that domestic workers have to stay in their employers' homes, which means many face social isolation for weeks and are more vulnerable to exploitation than usual. Women migrants, who are more likely to have precarious job arrangements and lower wages are particularly vulnerable.[47] Domestic workers must have legal protection, and any policies that mandate living with employers should be repealed or suspended during the pandemic.

Access to PPE, testing and health services should be extended to everyone: Access to COVID-19 testing and treatment can depend on a country's social insurance coverage. In the case of irregular or undocumented migrants, they are unlikely to be able to access health services, and will fear seeking them for fear of reprisal, confinement or deportation.[48] Singapore at first closed its borders and solely gave health service access to its citizens, out of fear of people from abroad coming into Singapore to test for COVID-19.[49] Migrants have had to rely on civil society support instead. In Malaysia, the state is providing testing and free treatment for COVID-19 to all migrants regardless of status.[50] Because of their experiences with marginalisation, migrants have little trust in the host countries' ability or willingness to deliver health care or provide for them in the event of their illness or destitution. The ILO reports that migrant workers who are still employed (for example in the construction industry in Thailand), are less likely to receive PPE equipment or be allowed to meet physical distancing measures in the workplace.[51] Health information regarding COVID-19 and prevention measures are often circulated in the language of the host country, and information is not available in the local language of migrants.[52]

Migrants can also face challenges to health care access in their home countries. Concerns have been raised about the capacity of home countries to provide adequate health services to returnees as local capacities are low in terms of health care professionals and experts, and inadequate intensive care unit beds. This is particularly true in rural communities where healthcare services are very limited. Lockdown measures have also had an impact on Community Health Workers. For example, Thailand has a migrant-to-migrant health initiative, but health workers themselves are struggling to get to their job, or to maintain a minimum income in the current economic circumstances.

Border closures are exposing migrants to infection and curtailing livelihoods: The closure of borders has made temporary migrants particularly vulnerable, because they have been faced with immediate decisions on mobility. In one case, migrants in Thailand rushed back to their homes in neighbouring countries, but were caught in large crowds, and eventually faced shut borders, having to wait in chaotic circumstances that put them at risk of COVID-19 transmission.[53] Cambodian workers were confined in temporary camps at the border where their health was checked and personal information checked in spaces that did not allow for physical distancing. Movement restrictions have had an impact on travel by sea, an important migration channel in this region, and there have been reports of boats with migrants and refugees not being able to dock due to COVID-19 restrictions, in ports of Malaysia or Thailand.[54] Migrant domestic workers in the region are unable to return to work if they were visiting their country of origin. For example, when the Philippines closed its border unexpectedly in February, migrant domestic workers could not return to their employers in Hong Kong (China) and elsewhere.[55]

Countries should coordinate contact tracing across borders: Some countries set up quarantining measures for returning migrants (e.g. returnees to Myanmar from Thailand), but other border crossings stalled in implementing similar measures at the border (e.g. at the time of writing, Cambodia was only carrying out temperature screening. Application of quarantine practices has not been consistent. Countries like Cambodia, Lao PDR or Myanmar may not have the capacity to 'follow' migrants for contact tracing[56] and in Myanmar the quarantines had focused mostly on cities like Yangon and Mandalay.[57]

Migrants are having to choose between health and income for survival: Lockdowns, closure of markets, and physical distancing measures have had drastic consequences for migrants that depend on daily income for survival[58]. Survival takes precedence over health concerns. In the Philippines, the lockdown is strict, people in Luzon having to cross checkpoints when they went out and this requiring a quarantine pass (one per household)[59]. Temporary migrant workers in the Philippines are unlikely to have these passes, and are going hungry. Foreign workers in Malaysia and Thailand affected by movement restrictions no longer have access to income or food.[60,61,62] Stockpiling by the middle class has increased the price of staples like rice and eggs in Thailand. In the Philippines, the government did not deliver the food aid promised to people under lockdown. Governments should partner with community-based organisations to identify the most vulnerable and deliver much-needed food aid during the lockdown period.

Accommodation shapes vulnerability to infection: The conditions in which migrants live vary across different contexts, shaped by the form of employment practices. In Singapore, foreign workers are employed via agencies and the government houses around 200,000 foreign workers in 43 purpose-built dormitories in the outskirts of the city, reported to be unsanitary and with high concentration of individuals. The second wave of COVID-19 infections in Singapore have been linked to migrant worker dormitories. In Malaysia, however, migrant workers were encouraged to find and pay for their own accommodation, thus they will be more spread throughout cities.[63]

COVID-19 can exacerbate xenophobia towards migrants: Exacerbated by economic destitution, there are increased tensions between host communities and migrant communities that might lead to xenophobia. Activists in Singapore are witnessing a stigmatisation of migrant workers as unclean and carriers of disease a result of COVID-19 transmission in dormitories.[64] Stigma and discrimination has also been experienced by some migrant returnees in their home countries.[65] COVID-19 is being used by some governments to clamp down on dissenters such as the Philippines or specifically on migrant populations in Malaysia.[66] Messages which associate COVID-19 with particular groups should be avoided.

The COVID-19 response must build on existing local responses: Migrant non-governmental (NGOs) and civil society organisations supporting migrants are playing a key role in protecting against the disease, providing livelihood support and advocating for rights and adequate policies. In many instances, civil society organisations have led advocacy and provided concrete assistance to migrant communities, such as grassroots mobilisation to provide food parcels and other basic needs assistance to migrant workers in Malaysia, Singapore and Indonesia. Migrant groups have distributed PPE in Singapore.[67] In Thailand, local organisations (set up in hospitals and factories) have worked with community health volunteers to translate and communicate health information, provide up-to-date news and recommend protective measures for migrants in their own languages in Thailand.[68] IOM has been providing PPE equipment at the border and support in quarantining and surveillance across the region.[69]

Migrant organisations such as MAP Foundation, HomeNet and the Human Right and Development Foundation (HRDF) are running Migrant Worker Resource Centres (MRCs) and giving legal advice in terms of residency, mobility and labour rights in border areas in Thailand and in Bangkok.[70] Organisations like Transient Workers Count Too (TWC2) in Singapore or Justice Without Borders (Philippines and Indonesia) are supporting migrant workers in securing legal entitlements.[71] Organisations like Aware in Singapore are supporting women's rights in the context of COVID-19 or supporting domestic workers.[72] In the medium term, a concern is that there will be a problem of lack of funding for civil society organisations and NGOs that support migrants due to losses of income. This may debilitate civil society response. This is particularly concerning in the face of increasingly authoritarian responses in the context of COVID-19 in which dissent is met with repression.

Informal urban and peri-urban settlements

Southeast Asia's urban population is large (47% of the region's population), ranging from less urban nations (Cambodia, 23.8%, Lao PDR, 35.6%, Myanmar, 30.9%, Viet Nam, 36.6%) to more urban nations (Malaysia, 76.6%, Brunei Darussalam, 77.9%, Singapore, 100%). The scale and pace of urbanisation in the region has posed major policy challenges.[73] Southeast Asian cities face rapid growth and change, while urbanisation is broader and includes small- and medium-sized cities rather than large megacities only. The region has taken steps to manage urban development and upgrade existing informal settlements. For example, Thailand has reduced informal settlement growth through strategic planning and development efforts accompanied by active civil society involvement. However, informal settlements remain prevalent in the region, because of the high cost of living in urban areas and the focus of poverty reduction on rural rather than urban areas.[74] See our brief on Informal Settlements for more detail.[75] COVID-19 control measures have focused on large urban areas as sources of transmission in the region.

Residents of informal urban and peri-urban settlements are particularly vulnerable and facing enormous strain due to the health and economic effects of COVID-19. Cities like Jakarta, Bangkok, Ho Chi Minh City, Hanoi, and Yangon face challenges particular to their large and dense populations, including large populations of informal settlement residents on the peri-urban fringe.[76]

COVID-19 has exacerbated tensions between informal settlements and the government: COVID-19 has exposed challenges in governance, with public health policies that are applied differently for different groups, especially in spaces like informal settlements. In the Philippines, excess force has been used. After the swift mandatory quarantine order across Luzon in the Philippines, Manila's informal settlement residents broke quarantine rules to demand assistance from the government. The response was a shoot-to-kill order for anyone breaking quarantine orders. Violence erupted in an informal settlement in Quezon City after individuals queuing for promised relief started to rally. Police officers responded with force and arrested 21 protesters.[77] Informal settlement residents have challenged mandates to stay-at-home so that they could continue working. In Cambodia, the national government closed down public transportation, while *tuk tuk* (motor taxi) drivers have protested the loss of income. Balancing local needs with public health guidance is essential, and authorities should collaborate with communities to be determine strategies which mitigate local vulnerabilities.[78]

COVID-19 spreads easily due to population density and household structure: Urban population density is highest in informal settlements, both within and between households. Households are often comprised of large, inter-generational, and extended families. While maintaining physical distance is a core recommendation for preventing spread COVID-19, informal settlement residents find this near-impossible. Bangkok's largest informal settlement, Khlong Toey, is home to 100,000 residents. The elderly, individuals with co-morbidities, and other vulnerable individuals live in close proximity to one another and cannot maintain adequate physical distance. Residents are exposed to additional risk, by travelling to other parts of the city for work.[79] In peri-urban Yangon in townships such as Hlaing Thar Yar, a household in an informal settlement can average around 8-10 people across several generations. Most homes are in large buildings that are not fully compartmentalised, where COVID-19 can easily spread among households. Despite these challenges, governments can partner with informal settlement leaders and communities to efficiently deliver goods and services to large numbers of individuals who need them and develop strategies appropriate to the local circumstances. In the Philippines, an informal settlement in Manila was demolished hours before a quarantine was announced, leaving more than 1,000 residents without a home. Forced evictions should be avoided, especially during the pandemic.

Street vending is a major contributor to incomes and as a food source: Some governments have taken advantage of restrictions on physical distance to enforce long-desired controls on the informal sector. For example, street vending has long faced regulation in light of development policy and urban management in the region.[80] Yet, the urban poor across the region depend on informal food provided by street and market vendors. However, with the COVID-19 restrictions, only supermarkets and formally registered markets may remain open. Street vending is forbidden, stratifying access to food based on income and ability to afford higher-priced foods in supermarkets.[81] Diminished sales and loss of perishable good stock has led to rising debts. Forced evictions and police brutality against informal traders has led to temporary or permanent loss of trading spaces.

Existing local initiatives can form a major part of a successful COVID-19 response: Local civil society and community-based organisations are thinking creatively and strategically about how to best serve informal settlement residents during the pandemic. Grassroots organisations are turning to crowdfunding sites like Global Giving to support a variety of social, economic, and health emergency projects in informal settlements. In places like the Philippines, informal settlement residents have engaged in protests to advocate for food aid during the stay-at-home order.

Networks like the Asia Coalition for Housing Rights (ACHR) have highlighted the work that their community partners are engaging in to mitigate the harms of COVID-19 and associated public health measures.[82] ACHR (April 2020 Newsletter) demonstrates that community organisations and residents are highly organised and not passively accepting circumstances, but are mobilising their networks in the following ways: conducting active surveillance of the impact of COVID-19 on vulnerable communities; monitoring and documenting the impacts of government-led public health measures; coordinating with governments to distribute emergency food aid; distributing emergency food aid to communities; raising funds to provide cash assistance to vulnerable households; finding innovative ways to make quarantine work in population dense areas; distributing public health information and guidance on COVID-19 prevention and control; making face masks, personal protective equipment, and hand sanitiser; sharing information via social media; developing parallel systems and supply chains to distribute basic goods and necessities, especially to communities under quarantine; and leveraging community savings and credit programmes to enable survival during this cash scarce time. As outlined in previous SSHAP briefings,[83] residents of informal settlements must be consulted in developing response and relief plans, and support should be provided for their own initiatives as they have crucial local expertise and understanding of local priorities and vulnerabilities. Partnerships between community-based groups, local governments and aid agencies are needed to support such local initiatives.

Related guidance and SSHAP briefs

Key Considerations: COVID-19 in Informal Urban Settlements (March 2020)
https://www.socialscienceinaction.org/resources/key-considerations-covid-19-informal-urban-settlements-march-2020/

Key Considerations: COVID-19 in the Context of Conflict and Displacement – Myanmar (May 2020)
https://www.socialscienceinaction.org/resources/key-considerations-covid-19-context-conflict-displacement-myanmar/

COVID-19 Guidance Note: Protecting Residents of Informal Settlements (April 2020)
https://www.ohchr.org/Documents/Issues/Housing/SR_housing_COVID-19_Guidance_informal_settlements.pdf

COVID-19 Guidance for Employers and Businesses on Protection of Migrant Workers During the COVID-19 Crisis
https://www.iom.int/news/iom-releases-guidance-employers-and-businesses-protection-migrant-workers-during-covid-19

COVID-19, Informal Workers and WIEGO's Work during this Crisis
https://www.wiego.org/covid19crisis

Acknowledgements

Contact

If you have a direct request concerning the response to COVID-19 regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisers please contact the Social Science in Humanitarian Action Platform by emailing Olivia Tulloch (oliviatulloch@anthrologica.com) and Annie Lowden (a.lowden@ids.ac.uk). Key Platform liaison points include: IFRC (ombretta.baggio@ifrc.org); and GOARN Research Social Science Group (nina.gobat@phc.ox.ac.uk).

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