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Covid-19 and feminism in the Global South: Challenges, initiatives and dilemmas

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Abstract
The article addresses the gendered implications of Covid-19 in the Global South by paying attention to the intersectional pre-existing inequalities that have given rise to specific risks and vulnerabilities. It explores various aspects of the pandemic-induced 'crisis of social reproduction' that affects women as the main caregivers as well as addressing the drastic increase of various forms of gender-based violence. Both, in addition to growing poverty and severely limited access to resources and health services, are particularly devastating in marginalized and vulnerable communities in the Global South. The article looks at specific regions and countries to illustrate wider challenges faced by LGBTQ populations, ethnic minorities, domestic workers, migrants and sex workers. Against the background of these gendered intersectional challenges, the article then moves to discuss feminist initiatives and mobilizations to deal with the crisis in specific local contexts as well as nationally, regionally and transnationally. It concludes by highlighting a number of visions, tensions and dilemmas faced by feminists in the Global South that will need to be taken into consideration in terms of transnational feminist solidarities.

Keywords
Africa, Asia, Covid-19 pandemic, crisis in social reproduction, Global South feminism, Latin America, Middle East, transnational feminism

Introduction

No one can predict the long-term implications and consequences of a pandemic that has so far led to the death of hundreds of thousands of people and debilitated those who got infected, some temporarily, some suffering long-term effects. Yet, it is apparent that the

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pandemic has overstretched healthcare systems in many countries and devastated economies globally. And, crucially, we already know that Covid-19 is accentuating and heightening pre-existing inequalities, forms of exclusion, and poverty while also increasing risks and vulnerabilities linked to war, displacement as well as various forms of pre-existing marginalization.

While much of the focus so far has been on the original epicenters of the outbreak, first China, then Europe and later the US and Brazil, we know that many people in the Global South will bear the long-term effects in even more horrific ways. Countries in the Global South were already struggling in terms of economic disparities, inadequate infrastructures, such as limited access to healthcare, clean water and electricity, in addition to large-scale unemployment and uneven access to education. Previously existing poverty is predicted to increase substantially as a direct impact of the pandemic, particularly as a result of lockdowns, potentially leading to unprecedented famines, illness and hardship.

There are indications that one of the worst aspects of the impact of Covid-19 in the Global South will be a food crisis, doubling the number of people directly facing shortages to 265 million (Rogers, 2020). Famines and malnutrition might eventually kill more people in the Global South than the actual virus itself. Lockdowns, in turn, might exacerbate food crises and famines not only in terms of their impacts on local economies but schools, closed to millions of children in countries that imposed full or partial lockdowns, have often been providing nutritious meals at least once a day to children. Meanwhile, the very idea of lockdowns highlights huge disparities. As a widely quoted tweet by an Indian doctor states: 'social distancing is a privilege: you need running water, space in your house, and the means to afford not going out to earn money. Many Indians, he added, don't' (Horn, 2020). Neither do people living in refugee camps in Lebanon, Jordan or Turkey; shanty towns in South Africa; favelas in Brazil; informal settlements in Kenya, Peru, Mexico or Pakistan, to name just a few.

Crisis of social reproduction

The Covid-19 pandemic is gendered in its consequences and experiences. Despite the fact that men appear to be much more vulnerable to losing their lives to the virus, in some contexts, 70% of those dying from the virus being men (Polglase et al., 2020), women are disproportionately affected by its political, economic and social repercussions. Women across the Global South (as well as the Global North) are overrepresented in health services on the frontline, and in casual employment most likely to be hit hard by economic downturns. As the feminist economist Alessandra Mezzidri has argued convincingly, we are currently experiencing a reproductive crisis like no other before. A crisis that is showing us the value of care as well as 'the stark "care inequalities" experienced by different communities and individuals across the globe' (Mezzidri, 2020). Mezzidri stresses the centrality of life-making activities for the working of capitalism and production, drawing on the work of Tithi Bhattacharya, the co-author of *Feminism for the 99 Percent: A Manifesto*, who states in an interview:

> Those activities and institutions that are involved in this process of life-making we call social reproduction work and social reproduction institutions. But social reproduction is also a

framework. It is a lens through which to look at the world around us and try to understand it. It allows us to locate the source of wealth in our society, which is both human life and human labor. (Jaffe, 2020)

Women who provide most of the unpaid care work within families are experiencing a sharp increase in their care burden. At the same time, women are disproportionately represented in the public sector and in informal economies, which have been shrinking during lockdowns. According to Sylvia Katooko, Executive Director of the Suubi Center for Sexual and Reproductive Services in Uganda: 'lockdowns and social distancing measures impact the women and girls with whom they work by restricting their access to markets to sell goods and preventing them from reaching community gardens where they grow food. This in turn poses more long-term risks to their income, financial independence and ability to provide for their families' (Forsyth, 2020).

Similarly, staff of the Southern African advocacy platform Genderlinks stress that women constitute a majority of health sector workers and domestic workers in South Africa, while also being the main caregivers in the family, which are all forms of care work increasing the risk of exposure to the Covid-19 (Horn, 2020).

The pandemic threatens to create long-term gaps in terms of girls' education as well as women's participation in formal paid labor, which in turn risks strengthening traditional patriarchal gender norms and the division of labor within the household and the economy. Those women who still have jobs, tend to do even more housework than before. Feeling overburdened, stressed, less independent and, at the same time, lonely and missing support networks of friends and extended families, has been a common thread for women during the pandemic. Globally, we are also witnessing an unprecedented increase in domestic violence. As Helen Lewis puts it in her important piece 'The coronavirus is a disaster for feminism' in *The Atlantic*: 'Stress, alcohol consumption, and financial difficulties are all considered triggers for violence in the home, and the quarantine measures being imposed around the world will increase all three' (Lewis, 2020). Her assessment resonates with feminist campaigners and activists who report significant increases in domestic violence.

The pandemic of gender-based violence

Accounts of increases in domestic and intimate partner violence have been reported by feminist activists in all regions of the Global South, but, without doubt, have also clearly been an issue in the Global North. According to a report on the impact of the Covid-19 on women in Africa published by the Brookings Institute, Google searches for domestic violence indicate a spike in the number of people searching for help dealing with domestic violence and sexual harassment since the start of the pandemic. For example, in Kenya, calls for help against domestic violence increased by 34% in the first three weeks of the nightly curfew in Kenya (Chuku et al., 2020). In Turkey, from 11 to 31 March alone, 21 women were killed according to the Turkish feminist organization 'We Will Stop Femicide'. Selin Nakipoglu, a lawyer and activist with the TCK 103 Women's Platform, an umbrella group for feminist and LGBTQ+ organizations in Turkey, states: 'Sixty percent of femicides are a result of domestic violence', which resonates with a

police report stating 'that 72.8% of femicides in Turkey took place in apartments or housing complexes' (Ünker and Bellut, 2020). The Lebanese feminist researcher and activist Lina Abu Habib, having participated in an online discussion with feminists from the Middle East and North Africa, reports:

> According to all the narratives exchanged by feminist activists, cases of domestic violence have indeed shot up exponentially during the lockdown with the added complications related to the difficulties women are facing when trying to reach out for help, either from friends and family or from helplines and law enforcement. The lockdown has meant that friends and family are unable to provide solace or safety and authorities are simply . . . unavailable. In any case, and as indicated by many feminist activists 'our systems are broken, ineffectual and often deplorable to start with . . . they cannot withstand this shock and they will not prioritise the provision of safety and safe haven for women victims of violence'. (Abu Habib, 2020a)

In many countries, legal mechanisms for protection have become even less available than they were before, at the same time as many victims of domestic violence retreat into silence out of fear of being stigmatized, as has been pointed out by a Libyan lawyer, for example, who has reported four wives killed by their spouses during lockdown (Tarzi, 2020). Tribal law and tribal arbitration is gaining ground in Libya as well as in Iraq, another country already devastated by sanctions, war, invasion and political conflict. According to Rasha Khalil, a lawyer and project manager at the Baghdad Women's Association: 'Covid-19 has strengthened the rule of tribal laws, in which the best representation a woman has is her father – who unquestionably kowtows to tribal norms' (Tarzi, 2020). Most legal proceedings and lawsuits have been postponed, and due to the lack of digital access to the law, many women turn to tribal chiefs for guidance, which results in many women being forced to stay in abusive marriages, or to sacrifice their rights to custody or maintenance (Tarzi, 2020). However limited and problematic national courts might be, at least they include investigations, arrest and medical examinations, while tribal arbitrations tend to be biased towards men and regularly grant impunity to male perpetrators of violence.

Looking to Latin America, a region frequently associated with high rates of gender-based violence, including femicide, increases of domestic violence have also been significant. In Colombia, daily domestic violence calls to a national women's hotline were up nearly 130% during the first 18 days of the country's quarantine, according to government figures (Sigal et al., 2020). The mayor of Bogota, the capital of Colombia, stated after the first week of lockdown that violence against women had grown by 225%, while other crime statistics decreased (Skinner, 2020).

Vulnerable communities

Gender-based violence (GBV), including intimate partner violence (IPV), of marginalized women tends to be even higher. Globally, women with disabilities are two to four times more likely to experience IPV than women without disabilities (Care and UN Women, 2020: 26). According to a detailed report about the impact of the pandemic on women in Latin America, violence experienced amongst Indigenous, Afro-descendant

and women with disabilities as well as refugee and migrant women has been particularly high. The report states that in Bolivia, regions 'with the highest concentrations of Indigenous peoples have intimate violence rates up to 5% higher than the national average. In a 2019 survey in Ecuador, Afro-Ecuadorian women were 7% more likely to experience GBV than Indigenous and 10% more than mestiza women' (Care and UN Women, 2020: 26). Although not directly challenging common culturalist and racist explanations of increased levels of GBV in indigenous, ethnic minority and refugee communities, the report stresses the overall vulnerability experienced by these communities due to limited access to economic, legal, social and political rights and resources. Without wanting to justify GBV in any way, the experiences of injustice and exploitation at the hands of state and non-state actors and institutions has, historically and cross-culturally, tended to contribute to men lashing out and becoming more likely perpetrators of violence against women.

Homes are often not safe for women or girls, but are frequently also unsafe for LGBTIQ+ people who are forced to stay in closer proximity to potentially homophobic and transphobic family members. In Latin America, LGBTIQ+ populations are amongst the most vulnerable, with limited access to healthcare or protection, as well as economic precarity due to stigma. Already before the outbreak of Covid-19, LGBTIQ+ people were overrepresented amongst homeless populations and people living with immuno-compromising situations. Transgender women have been particularly at risk in a context where 44–70% have been forced to leave their homes due to discrimination and violence (Care and UN Women, 2020: 18). Due to limited economic opportunities, some transgender women have been forced to make a living through sex work, a livelihood that has been severely disrupted by the pandemic. Trans sex workers in Brazil, for example, have experienced hunger and extra hardship due to the pandemic (Philipps, 2020), compounded by the lack of tourism. Transgender people are also being more exposed than ever to discrimination and police harassment and lack access to courts in countries where the pandemic is putting additional pressures on security and judicial institutions (Philipps, 2020).

The death of the Egyptian queer and social activist Sarah Hegazi in June 2020 also reminds us of the extreme challenges faced by LGBTQ+ people and activists in the Middle East. Hegazi chose suicide in exile in Canada after she had been arrested and tortured in Egypt for raising a rainbow flag during a live concert by the Lebanese indie band Mashrou' Leila in 2017. Following the news of her death, the lead singer of Mashrou' Leila, Hamed Sinno, wrote on Facebook: 'We are born into trauma, and we carry it with us wherever we go. . . . That is what trauma does to the body. That is what hate does to the body' (Berger, 2020). The arrests and persecution of LGBTQI+ persons have continued in Egypt, where people are being arrested, even during the Covid-19 curfew. Not only in Egypt, but in other countries in the region, LGBTQI+ people have been made more vulnerable as a result of the pandemic. They often lack the family support and connections (*wasta*) that are crucial in times of crisis. In Lebanon, already faced with its worst economic crisis since the end of the civil war in 1990, the lockdown has made an already dire economic situation devastating for many. Due to social stigma and violence by security forces, many transgender people have historically relied on delivery services that have become much less accessible due to the lockdown. LGBTQI+

organizations and activists are less able, due to both the extreme economic crisis as well as the lockdown, to provide support and resources (Younes, 2020).

Female domestic workers are another group of people who are particularly vulnerable to the consequences of the pandemic. Many countries in the Middle East have continued to use an extremely exploitative sponsorship system, called *kafala*, that ties workers' visas to their employers. Activists advocating for the rights of domestic workers in the Middle East, particularly in Lebanon and the Gulf states, have long pointed to the abuses and exploitation that the system facilitates. According to Heba Morayef, Amnesty International's Middle East and North Africa Regional Director: 'The kafala system has always been a form of imprisonment in the home for migrant domestic workers. While staying at home will help prevent the spread of COVID-19, it increases the risk of exploitation and other forms of abuse suffered by live-in migrant domestic workers at the hands of their employers' (Amnesty International, 2020).

During lockdown, workers have been forced into longer hours and more intense labor, including obsessive demands to clean and disinfect homes while facing xenophobia when venturing outside (Chulov, 2020). 'Exploitative working conditions, the threat of violence, and living under lockdown can also have a devastating impact on the mental health of domestic workers, many of whom are far removed from their own homes and families', as Amnesty International (2020) warns. In Lebanon, which already faced an economic meltdown prior to the Covid-19 pandemic, many domestic workers have not been paid their salaries anymore. In the beginning of June 2020, 37 Ethiopian women were forced to sleep on the street outside their consulate for days after their employers had left them there. Due to the economic crisis, the women had not been paid for months, but some employers had not even returned their passports to them or allowed them to take a change of clothes (Rose, 2020). Later in June, the BBC reported that over 100 Ethiopian female domestic workers were 'dumped' by their employers in front of the Ethiopian embassy (BBC, 2020).

Lebanon, just like Iraq and Turkey, is also home to a large number of refugees from Syria who are part of another group of particularly vulnerable populations. Lebanon, for example, has not proactively tested the more than 1.5 million Syrian refugees for Covid-19. Those refugees who exhibit symptoms might avoid being tested as more than 70% lack residence papers or have outdated papers and want to avoid deportation to Syria (Refugee International, 2020). In the West Bank, of the estimated 775,000 Palestinian refugees, a quarter live in 19 overcrowded refugee camps, while in Gaza 70% of the approximately 2 million people are refugees (Rothchild, 2020), with extremely limited access to healthcare in general and to Covid-19 testing and treatment in particular. Preventing the spread of Covid-19 has been a priority for volunteers in refugee camps across the Global South. A Rohingya woman volunteer in a refugee camp in Bangladesh expressed her fear and lamented the lack of access to resources: 'As we live in a very congested area, if there is limited access to medical treatment and the virus comes here, we will all die. So, we need sufficient hygiene materials like soaps and masks, along with doctors and nurses' (UN Women, 2020).

War and conflict further worsens the challenges and risks factors faced by displaced people as we have seen in Syria and Yemen, for example, with '67 attacks on hospitals in Syria in over a year and constant attacks on health facilities and medical personnel in

Yemen' (Abi Rafeh, 2020). The more than 6 million internally displaced people in Syria experience not only targeted attacks on health infrastructure but also severely restricted humanitarian aid, which is making the diagnosis of the coronavirus and adequate treatment for those infected nigh impossible (Refugee International, 2020). Women's sexual and reproductive healthcare, including maternal health, is severely interrupted or even eliminated altogether (Refugee International, 2020). At the same time, forced migrant women are particularly vulnerable to intimate partner violence as the circumstances linked to the pandemic increases the possibility of being trapped in abusive relations or exploitative situations, while also experiencing high levels of sexual violence in refugee camp settings. Closure of services and far more limited access to NGOs and charities during the pandemic have exacerbated precarious and dangerous living conditions.

Authoritarian and nationalist politics

At the same time that the pandemic is highlighting intersectional gendered vulnerabilities, patriarchal violence and toxic forms of masculinity, it has also exacerbated the growth in authoritarian politics, at state and sub-state levels, increasingly linked with nationalist rhetoric and policies. Globally, we have seen increases of repressive and hyper-masculinist backlashes by populist political leaders and right-wing constituencies. State-led enforcement of lockdowns has been pursued through emergency powers, providing opportunities for stricter authoritarian rule, arbitrary arrests and/or brutal crackdowns, predominantly waged against marginalized minorities, including in Egypt, India, Kenya, the Philippines, Uganda, Cambodia and Paraguay (Skinner, 2020).

In Egypt, the government of President El-Sisi has been using the pandemic to try to tighten his ever-increasing authoritarian grip on the country while denying the extent of the pandemic. Human rights activists and the medical union have reported that doctors and journalists who question the government figures and narratives have been arrested. Doctors have also reported that managers in government-run hospitals have threatened to report staff to the security authorities or fire them if they speak out (Raghavan, 2020). In highly militarized Israel, the Israel Security Agency, known as Shin Bet or Shabak, was initially authorized to use its advanced surveillance methods for contact tracing (Rothchild, 2020). Challenged by Palestinian and Israeli human and civil rights groups, the Israeli Supreme Court ruled by the end of April 2020 against the use of counterterrorism surveillance for coronavirus-positive people (Rothchild, 2020). At the same time, the government in Cambodia drafted a state of emergency bill that was so extreme that it warranted a Human Rights Watch statement, warning that it would 'allow the government to restrict all civil and political liberties and target human rights, democracy, and media groups' (Human Rights Watch, 2020a). The authorities arrested overt 30 people in the first weeks of the outbreak, all based on allegations of spreading 'fake news!' about the virus in Cambodia, many of them opposition activists (Human Rights Watch, 2020b).

Referring to 'failing, discriminatory, authoritarian, inept and corrupt systems and states in the MENA region', Lina Abu Habib (2020b) sums up the situation eloquently. State authorities in the region, in her assessment: 'have responded to the pandemic with militarization, heightened oppression and control over people's liberties, mobility, and freedom of expression while at the same time refraining from providing any significant

form of social protection or support at least to those hit hardest by the pandemic' (Abu Habib, 2020b). In some contexts, the pandemic initially provided relief for governments who had been under pressure by local populations opposing government policies and actions. In the Middle East, Lebanon and Iraq are cases in point: before the outbreak of the pandemic, both countries experienced widespread protests against state authoritarianism, unemployment and economic crises, pervasive incompetence by government ministries and officials, corruption as well as sectarianism. The first weeks of lockdown and social distancing measures led to the sudden halt of all street protests. In Lebanon, we even saw some people who previously protested against the government and the military, asking for more direct state and military intervention in the fight against Covid-19. Yet, several months into the pandemic protesters started to mobilize again in Beirut and Tripoli, the main sites of previous protests. Hardship and despair have grown tremendously in a context where the devastation linked to the pandemic is underlined by a severe pre-existing economic crisis.

Feminist initiatives

Feminist organizations and activists, who have frequently been at the centre of anti-authoritarian and anti-corruption movements in the Global South, have also been at the forefront of challenging the gender-blindness of many government interventions and responses to the pandemic. At the same time, they have been stepping in to provide information, support, resources and services. Feminist activists across the globe had to adjust to new realities, creatively think how to continue their previous initiatives and programs, while also having to come up with strategies to deal with the pandemic. This has been particularly challenging given the limited access to the Internet, proper work and living spaces and privacy (Abu Habib, 2020a).

The provision and sharing of information were particularly urgent in the first phases of the pandemic. According to Meredith Forsyth's summary of a webinar organized by the University of Columbia's Women, Peace and Security Program at the end of March 2020, with participants from women's organizations in Nigeria, Uganda, the Democratic Republic of Congo, Lesotho and the Sudan, local feminist organizations have been playing an important role in educating women about Covid-19 and in circulating important information. For example, members of the Federation of Muslim Women's Associations in Nigeria have been hosting workshops with local leaders to advise community members and raising awareness via the media on how to prevent the spread of the virus (Forsyth, 2020). In eastern Congo, the organization REFEADES, which works with survivors of gender-based violence, has been reaching out to women and girls directly to educate them about safe hygiene and social distancing measures. This is in a context where many women have little access to media or the Internet for information (Forsyth, 2020). In the Sudan, activists engaged in a 'Sudan Against Corona' campaign, making masks, donating needed supplies, distributing posters with essential information, and raising awareness about the virus via social media (Forsyth, 2020). Meanwhile, the regional African feminist advocacy platform FEMNET has invited African women to share lockdown concerns on Twitter using the hashtag #inclusivelockdown, which has

triggered an ongoing media discussion that focuses on the challenges faced by women with disabilities in particular (Horn, 2020).

In Latin America, feminist activists and organizations have also mobilized locally, nationally and transnationally. Nationally, the Coordinadora Feminista 8M in Chile have built on their successful mobilization during the recent popular uprisings, when they managed to mobilize millions of women around the country on 8 March 2020. The group issued a 'Feminist Emergency Plan in the Face of the Coronavirus Crisis':

> Faced with the emergency the Coronavirus presents to our lives, a feminist emergency plan is – necessarily – one that prioritizes health, life and care above corporate profits, and which also makes visible the conditions in which those who carry care work are situated. We are facing a crisis that will intensify precarity, patriarchal and racist violence, as well as a global ecological crisis and crisis of care. (Coorinadora Feminista 8M, 2020)

The plan contains detailed instructions and points of action at local and national level, ranging from calls to create registers for vulnerable community members, organize collective childcare, create community emergency networks to support victims of gender-based violence, and develop a security and protection plan for women, including an online mechanism to report domestic violence. The Chilean feminist network calls for: 'a strike of all productive labor that is not directly connected to sustaining the health care system, of care work and or of ensuring supplies', and asks people to follow lockdown rules. The plan also calls for free medical care and medical leave for those in caring roles (Coorinadora Feminista 8M, 2020). The plan and its associated action points clearly confirm the argument stated above that we are facing a reproductive crisis as no other before (Mezzidri, 2020) in which the value of care and 'life-making' activities need to be re-centered.

This approach is also evident in one of the most widely circulated interventions initiated by women from the Global South in collaboration with women from marginalized communities in the Global North, which has been put together by the Feminist Alliance for Rights (FAR). The statement, also known as 'the Feminist COVID-19 Policy', was endorsed by more than 1600 individuals and women's networks and organizations from more than 100 countries. It highlights the importance of a human rights and intersectional based approach 'to ensure that everyone has access to necessary information, support systems and resources during the current crisis' (FAR, 2020). The recommended policies address nine key areas of focus: food security, healthcare, education, social inequality, water and sanitation, economic inequality, violence against women and intimate partner violence, access to information and abuse of power. The most recent version of 'the Feminist COVID-19 Policy' stresses principles of equality and non-discrimination: 'centering the most marginalized people, including but not limited to women, children, elderly, people with disabilities, people with compromised health, rural people, unhoused people, institutionalized people, LGBT+ people, refugees, migrants, indigenous peoples, stateless people, human rights defenders, and people in conflict and war zones' (FAR, 2020). The revised statement denotes a shift from the emphasis on women to a more intersectional emphasis on vulnerable communities.

In the Middle East, the region I am most familiar with, feminists have been challenged to react to the recent health crisis in the context of their pre-existing struggles with authoritarian and corrupt states, political repression, war and conflict, large-scale displacement and settler colonialism. The importance of access to information has been key here as well, especially given that in Arab majority countries, nearly half of the female population of about 84 million is not connected to the Internet nor has access to a mobile phone (Abi Rafeh, 2020). In addition, with a relatively low literacy rate of 67% of women and 81% of men, women 'are disproportionately unable to access accurate information about the virus to help them prepare, respond and survive' (Abi Rafeh, 2020).

Across the region, several initiatives aim to educate and inform women about Covid-19. In Iraq, for example, a platform of feminist organizations called 'She is a Revolution' declared in a statement their intention to work to maintain public health and support education, thereby reducing the risks of this pandemic. The platform has launched several initiatives to address the impact of Covid-19 on women and girls in Iraq, with a specific focus on the effects of the domestic quarantine on women and girls (She is a Revolution, 2020). In Egypt, the Egyptian Initiative for Personal Rights has launched a gender tracker to monitor the impact of the Covid-19 epidemic on women and other vulnerable social groups, hoping to counter the gender-blindness of public policies and wider measures.

Feminist visions and dilemmas

Complicating feminist initiatives in relation to the Covid-19 pandemic in countries of the Middle East, but with parallels elsewhere in the Global South, is the tension between state-led feminist initiatives, often referred to as state feminism, and independent feminist organizations and initiatives. Calls for increased centralized government interventions, and in some cases even calls for the military to get involved to tackle Covid-19, are clearly problematic in contexts where governments and militaries have been part of the problem in terms of maintaining or even exacerbating structural inequalities, different forms of injustice and violence. Women in many countries in the Global South, but also some countries in the Global North, most prominently the US, have not been able to rely on the state and state-related institutions, like the police and the judiciary, to protect them from gender-based and sexual violence, allow them access to resources and provide security and protection. In contrast, government-related institutions, the military and sub-state militia have been controlling women's bodies, mobility, dress codes, personal relations and sexuality, reinforcing patriarchal heteronormative gender regimes, toxic masculinities and authoritarian politics, whether religious or secular. The Lebanese feminist academic Carmen Geha argues:

> Lebanon's version of state feminism is like some sort of breakfast club; seeking funds from donors, and holding events with no real impact on structural obstacles against gender equality as well as on legislation, policy, or implementation. State feminism at the center renders the voices of feminist collectives, activists, and NGOs secondary or silent because the state – which we mistrust – is responsible for responding to and framing the impact of COVID-19 on women's lives. (Geha, 2020)

One question that feminists throughout the Global South have to ask themselves is in how far their advocacy and strategies should focus on criticizing the consistently gender-blind policies, interventions and relief programs of governments, or whether their strategy should be to influence governments by trying to get involved without being coopted by them. In some contexts, collaborations and joint initiatives might be possible, and even effective, whether they are strategic temporary alliances or more lasting ones. But in other contexts, joint ventures with authoritarian regimes might mean not only having to cross red lines, but could also lead to the further discrediting of feminist activists and organizations who are already often under pressure and under attack for either being coopted by authoritarian states or supposedly importing western alien ideas and concepts. The latter being a common strategy to discredit feminist activists in many parts of the Global South.

In contexts of authoritarian repressive regimes, such as Iraq and Egypt, or severely incompetent and corrupt regimes, like Lebanon, for example, should feminist activists be involved in decision-making processes and demand seats at the table, or should they try to stay far away from the tables associated with corruption, repression and securitization of bodies and sexualities? In my view, in the context of the specific countries mentioned above, working around instead of with governments might be the wiser approach. However, in general, I would like to stress that these are difficult and complex decisions that need to be made on a case by case basis, and cannot be categorically assessed, especially not from the outside, without knowing the complex internal local and national dynamics, pressures and challenges.

Some feminist activists and researchers have commented that there might be a silver lining in terms of the conditions of the pandemic, and the opportunities it might open up. Lina Abu Habib put it the following way:

> However, I would like to think that some of its effects are positive and to a large extent irreversible. The abysmal failure of our states to protect women and curb gender-based violence can no longer be hidden or excused. Violence against women and girls can no longer be ignored and is already fully recognized as a pandemic in its own right and the [Covid-19] pandemic has probably shown us the human cost of failing to recognize and address this pandemic [of violence against women and girls]. Unequal gender relations within families and the burden of care work carried by women and girls has finally entered the realm of social and public debates. Several feminist organisations are already working toward public policies, which are not only aware of the opportunity cost of care work but which also seek to distribute that cost. Moreover, and perhaps more importantly, the silencing and invisibilising of queer people, sex workers, and other groups is no longer possible. What the crisis has showed us is that feminist organizing is not only live and kicking but also creative and resilient and saves lives. (Abu Habib, 2020a)

Her assessment might appear over-optimistic given the long history of missed opportunities and the tendency to marginalize women and gender issues, as well as LGBTQ communities, not only in the Global South but, more broadly, in the context of economic and political crises. There is, of course, the risk that the exact opposite of what Abu Habib predicts might happen as gender-based claims and injustices might be yet again pushed to the side, and into the eternal waiting rooms of what is always presented to us as 'priorities' and 'wider issues'. Feminists will be particularly challenged to not be marginalized, or, worse, be threatened, by right-wing populism and militant ethno-nationalism that

seem to have been exacerbated by the pandemic, and might increase as part of the back-lash against growing global anti-racist mobilization.

But, then again, maybe we are actually witnessing a shift in thinking and a wider and deeper recognition of life making activities, social reproduction and care giving? However limited and gender-blind government responses and policies have been in the past and might be in the future, we have already seen the emergence of creative, powerful and important feminist responses, initiatives and solidarities at local and at transnational levels. Awino Okech, a prominent feminist academic and activist from Kenya, based at SOAS University of London, suggests that the Covid-19 pandemic, similar to other situations of conflict, might even provide a window for 'rewiring societies' and for feminists to move beyond isolated pockets of work. In her contribution to a webinar entitled 'Feminist Realities: Transforming Democracy in Times of Crisis' organized by the Transnational Institute and the Association for Women in Development (AWID) in late May 2020, Okech put forward the argument that feminists need to create stronger narratives and engage in transnational solidarity led by activists from the Global South. She stressed the importance of building effective allyship with the recognition that 'we are not all in this together, and the consequences of Covid-19 are not felt the same way everywhere'. The conditions linked to the pandemic might also provide an opportunity for autonomous organizing of marginalized groups to develop and possibly allow feminists to escape the prison of NGOs (Okech, 2020).

In the context of the Middle East, demands by protesters during the revolutionary demonstrations preceding the pandemic are resurfacing, now with even greater force and justification: 'These are the demands for human rights, universal health care, proper compensation for all forms and kinds of work, equality in practice and in the law and, at the heart of it all, an end to state impunity, corruption and oppression' (Abu Habib, 2020b). Yet, we have also seen the rise of large scale anti-racist and anti-police brutality movements sparked in Minneapolis, Minnesota with the murder of George Floyd on 25 May 2020 that in turn have prompted solidarity movements globally. Protests have not only been taking place all over the US, and many cities in Europe, but there have been solidarity demonstrations in Argentina, Brazil, Nigeria and Kenya, amongst many other countries. It remains to be seen how far transnational solidarity in relation to anti-racism and social justice might or might not translate into intersectional demands that include gender-based justice and challenges to heteronormativity. At the same time, more than ever, feminists in the Global North will have to be vigilant that the feminism they promote, advocate for and enact responds to global inequalities, is anti-racist to its bones, respects and accepts mobilization and leadership by activists from the Global South, without either essentializing or reifying differences.

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