

Cambodia CSO Joint Position Paper

Prioritize the needs of those at increased risk of gender-based violence in responding to the COVID-19 situation

Phnom Penh, 2 April 2020

We, as representatives of civil society organizations (CSOs) across all sectors in Cambodia, express our solidarity with, respect, and appreciation for the actions that the Royal Government of Cambodia (RGC) has taken to protect citizens from the COVID-19 pandemic. We especially appreciate the swift actions of Ministry of Health (MoH) and all frontline health medical staff who are working hard to provide prevention and treatment of this pandemic.

We, the undersigned CSOs, express our concern for potential gendered issues that may be exacerbated during and after the current pandemic, and offer our support and recommendations to the RGC in addressing these concerning issues. These include gender based violence (GBV), discrimination against women and girls in all their diversities, women's economic empowerment, and community safety and security. These are critical issues that we believe the RGC should consider in its response to slow the detrimental effects of COVID-19.

COVID-19 has gendered impacts and risks

COVID-19 is a pandemic that affects people of any race, religion, sex, gender, geography and nationality. However, the pandemic affects people differently depending on their particular circumstances. For instance, there are distinct gendered impacts that require gender-responsive crisis management. Women's and girls' roles in their homes, communities and in the workforce place them at increased risk of exposure to COVID-19. This includes domestic and unpaid care responsibilities, as well as in employment as frontline health and social service providers. These same roles also place women, girls and those from vulnerable and disadvantaged groups (including gender and sexual minorities, healthcare workers, migrant workers, sex workers, ethnic minorities, landless women, women and girls with disabilities, informal sector workers and others) at an increased risk of GBV during this pandemic. This is due to limited access to and control over resources and power in decision-making on household needs, social security nets, mobility and access to information/services. While human rights laws allow for the limitation or derogation of some rights for legitimate purposes, such as to protect public health, there are strict boundaries on when, how and to what extent rights may be limited. Criminalization of the act of sharing information on social media is not the answer and can do more harm than good. Likewise, silencing civil society members for speaking unpopular truths is not a valid method of protecting society. Thus, any limitation must be for a legitimate aim and must be proportionate to that aim, necessary (effective and evidence-informed), time-bound, non-arbitrary (non-discriminatory) and according to law. COVID-19 preparedness and response efforts must be gender-responsive to these unique needs and prioritise GBV risk management in the response.

- While the root cause of GBV is unequal power relations, the COVID-19 pandemic is likely to increase the known triggers of GBV. Indications from women's rights organizations and GBV service providers in China and elsewhere around the world during COVID-19 so far, as well experiences from past epidemics, point to increased risks of gender based violence.¹ In Cambodia, women and girls may face escalating risks of intimate partner and domestic violence due to heightened tensions in the household from food and economic insecurity, fears about the virus, domestic confinement and inability to distance from abusers, women's increased burden of unpaid care work, and reduced access to GBV response services that can help to prevent further violence. Restrictions on movement compromise women's ability to distance themselves from violent husbands or other family members.
- Heightened risks of sexual harassment offline and online, as people are less visible in public spaces and social media is relied on as the primary forum for social interactions,
- Sexual exploitation and abuse, especially of those in precarious economic situations, or while accessing pandemic response services,
- School closures put girls and young women at high risk of sexual violence² by their neighbors and relatives, as well as unwanted pregnancies.

¹ Fraser, E, *Impact of COVID-19 Pandemic on Violence against Women and Girls*, UKAID, March 2020.

² <https://www.dw.com/en/coronavirus-fears-of-domestic-violence-child-abuse-rise/a-52847759>

We, therefore, call for the following immediate actions by the government, politicians, relevant stakeholders and citizens, individually and collectively:

- 1) The RGC should adequately inform a diverse range of women and girls³ about how to prevent and respond to the pandemic, since women play a major role as conduits of information in their communities. The information should be made accessible in various forms and formats, including pictorial to ensure that women and girls with different educational levels and ethnicities can understand the current situation of the virus. This information should promote **Physical Distancing** instead of social distancing since stress caused by social isolation increases the risk that women and children will be victims of violence and provides less options for them to speak out.
- 2) Data related to outbreaks and implementation of the emergency response must be disaggregated by gender, age, and disability, then analyzed accordingly in order to provide a comprehensive understanding of gendered differences in exposure and treatment and to design various specific needs, precautions and preventive measures. However, data such as name, photo, individual diagnosis, religion, ethnicity, disability, address and other private information or personally identifiable information of persons testing positive for COVID-19 or suspected of being in contact with a carrier, should never be made public in respect of their right to privacy, and particularly, to avoid conflict, violence and social stigma among the community.
- 3) Country strategic plans, particularly those developed by National Committee for Disaster Management (NCDM), the MoH, and the Ministry of Women's Affairs, must be revised/drafted by including the meaningful input of women and girls at every stage, and must be based on a strong gender analysis, taking into account gendered roles, responsibilities, and dynamics. This includes ensuring that containment and mitigation measures also address the burden of unpaid care work and heightened GBV risks, particularly those affecting women and girls.
- 4) Provide economic assistance to marginalized people, especially women at risk of losing employment, by placing a moratorium on all forms of evictions from homes due to an inability to pay rent or loans using land/houses as collateral. Cambodia's economy has already suffered due to COVID-19, with a large burden of the economic costs borne by women, especially since women hold the majority of microfinance loans and many have lost their jobs due to closure of an employer's business and/or women's need to self-isolate or care for others. The National Bank of Cambodia and other commercial banks and microfinance institutions should cooperate closely to properly and adequately address this unprecedented situation, especially on small scale borrowers and SMEs. These measures should include including waiving minimum balance penalties and banking charges.
- 5) Safe housing, with proper access to water and sanitation, should be provided to the homeless and persons with inadequate housing to protect them from the pandemic, prevent the spread of the virus and reduce their risks of GBV.
- 6) Introduce innovative digital community education content that highlights men's roles within the household, and encourages the sharing of household work and the care and homeschooling of children, so they are able to continue to access education despite school closures. Such efforts are needed to alleviate the increased burden of unpaid care work that women must now take on when their children are out of school. The government must make sure that students in rural areas have the same access to digital means of accessing the planned curriculum as urban students and others who have better access to technology.
- 7) RGC should ensure that all health services remain available to all women and girls and people with diverse sexual orientation, gender identity and expression during this crisis, as well as pay particular attention to the elderly, the disabled, pregnant women, women with newborns and people with underlying medical conditions. Such health services should ensure access to safe abortions for unwanted pregnancies and health care for sexual violence survivors (PEP kits, pregnancy tests and so on). Home visits must be provided and special helplines and digital platforms should be

<https://www.reuters.com/article/health-coronavirus-education-westafrica/teen-pregnancy-risk-rises-as-schools-shut-for-coronavirus-in-africa-idUSL8N2BC4GV>

³ in particular those disadvantaged and vulnerable women and girls such as indigenous groups, women who living with HIV/Aids and other underlying medical conditions, women who are living at rural and remote areas and those who are working in the precarious employment and are the primary caregivers

introduced to provide necessary health services for these groups. This includes childbirth, domestic violence, sexual assault, child abuse and mental health services. In addition, adolescents who get pregnant during the pandemic should be supported and guaranteed the right to continue their education.

8) Increased efforts should be made to raise awareness about domestic violence, sexual violence and sexual health by using different media channels to deter abuse and prevent unwanted and teen pregnancies during the pandemic. In addition to continuing plans to provide supportive services for GBV victims in hospitals where safe to do so, primary and secondary healthcare facilities should take on primary responsibility for GBV survivors and prioritize access to sexual and reproductive health services, and only refer to cases to tertiary hospitals when a higher level of care is needed. The government must equip health workers responding to COVID-19 with basic skills to respond to disclosures of GBV that could be associated with or exacerbated by the epidemic, in a compassionate, non-judgmental and gender-sensitive manner. They should also be aware of referral procedures and destinations for further care and/or treatment in a timely manner. Psychosocial support needs to be incorporated at all stages.

9) The treatment facilities and health staffing for responding to COVID-19 should be highly gender-sensitive to ensure the security of women and girls and a guarantee of protection from harassment and other forms of GBV.

10) The Ministry of Interior should issue a “COVID-19 response protocol” for all prisons around the country to prevent COVID-19 outbreaks inside prisons. The physical safety and well-being of imprisoned women and children should be prioritized, and their rights to access quality health care must be respected during this pandemic. Therefore, it is crucial to take immediate steps to enable those who have been accused of non-violent crimes put in pre-trial detention to go home, perhaps placed under court supervision as an alternative to custody, and to commute the sentences of those who have served two thirds of their prison term from non-violent crimes, particularly vulnerable women such as pregnant women, women who have children in detention with them, and women with underlying medical conditions, from the country’s crowded prisons amid the pandemic. All prisons should provide essential tools for monitoring the bodily temperatures of prisoners and staff, and should ensure the availability of products necessary for maintaining hygiene including soap, sanitary pads, diapers, disinfectant, and similar items for sterilizing and ensuring the safety. Loved ones of prisoners should be permitted to visit only via telephone or videoconference, and procedures for such visitations should be put in place as soon as possible.

In solidarity with the Royal Government of Cambodia, relevant stakeholders, and citizens to fight against COVID-19 in Cambodia.

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This Joint Position Paper is endorsed by:

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2. Cambodian Center for Human Rights (CCHR)
3. Klahaan
4. Women Peace Makers (WPM)
5. Rachana Strei
6. COMFREL
7. AMARA
8. ADD International Cambodia
9. Alliance for Conflict Transformation (ACT)
10. Banteay Srei
11. Lady Saving Group (LSG)
12. Phnom Srey Organization for Development (PSOD)
13. Planete Enfants and Developpement (PE&D)
14. World Vision International Cambodia
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