



# The Impact of COVID-19 on Women and Girls





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The Impact of COVID-19 on Women and Girls: A Snapshot of Responses from nine National Human Rights Institutions in the Asia Pacific Region

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Asia Pacific Forum of National Human Rights Institutions GPO Box 5218 Sydney NSW 1042 Australia

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### Contents

Acknowledgements			
Introdu	ction	3	
1.	Afghanistan Independent Human Rights Commission	7	
2.	National Centre for Human Rights of Kazakhstan	11	
3.	Human Rights Commission of Malaysia (SUHAKAM)	14	
4.	National Human Rights Commission of Mongolia	19	
5.	National Human Rights Commission of Nepal	21	
6.	Palestinian Independent Commission for Human Rights	25	
7.	Commission on Human Rights of the Philippines	29	
8.	Ombudsman of Samoa	33	
9.	Provedor for Human Rights and Justice of Timor Leste	36	
Apper	ndices		
1.	Semi-structured interviews with participants of the course on mainstreaming the human rights of women and girls	39	
2.	Survey on the impact of COVID-19 on women staff of the Human Rights Commission of Malaysia (SUHAKAM): April-June 2020	40	
Other re	esource material	43	
Endnot	es	44	

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This resource has been coordinated by gender expert Dr Jillian Chrisp. She is also the author of APF's NHRI Guidelines on Mainstreaming the Human Rights of Women and Girls into our Everyday Work. Aishath Fasoha, APF Gender Focal Point, managed the development of the resource. Both Faso and Jill are co-facilitators of the APF blended learning course on mainstreaming the human rights of women and girls.

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- National Centre for Human Rights of Kazakhstan
- Human Rights Commission of Malaysia (SUHAKAM)
- National Human Rights Commission of Mongolia
- National Human Rights Commission of Nepal
- Palestine Independent Commission for Human Rights
- Commission on Human Rights of the Philippines
- Ombudsman of Samoa
- Provedor for Human Rights and Justice of **Timor Leste**.

### Introduction

Human rights are key in shaping the pandemic response, both for the public health emergency and the broader impact on people's lives and livelihoods. Human rights put people centre-stage. Responses that are shaped by and respect human rights result in better outcomes in beating the pandemic, ensuring healthcare for everyone and preserving human dignity. But they also focus our attention on who is suffering most, why, and what can be done about it. They prepare the ground now for emerging from this crisis with more equitable and sustainable societies, development and peace.<sup>1</sup>

### BACKGROUND

Currently the world is going through an unprecedented global crisis – the pandemic of COVID-19. The crisis cannot be framed just as a health issue, as it impacts all aspects of economic, social, cultural, civil and political life and rights.

A pandemic of this scale affects women and men differently, exacerbating existing inequalities and increasing discrimination against women and girls. Other marginalized groups such as indigenous peoples, migrant workers, persons with disabilities, elderly and those in extreme poverty are also disproportionately affected.<sup>2</sup>

As frontline responders, health professionals, community volunteers, transport and logistics managers, scientists and more, women are making critical contributions to address the outbreak every day. Most caregivers, at home and in our communities, are also women.<sup>3</sup> Many experience multiple discriminations – they are low-paid and/or casual workers, with greater risk of wage loss and unemployment, limited access to healthcare and protective items.<sup>4</sup>

Mandatory social isolation and increased household stress increases the risk of domestic abuse. Women in violent relationships are trapped at home and exposed to their abuser for longer periods of time.<sup>5</sup>

NHRIs have a critical role to ensure that human rights, and the human rights of women and girls, are central to our responses during the COVID-19 pandemic, and to our strategies for recovery.

Inequities existed for women and girls pre-COVID-19. This pandemic has both highlighted these inequalities and, in some instances, been used as excuse for their neglect.

In 2019 the Asia Pacific Forum of National Human Rights Institutions (APF) published guidelines for mainstreaming the human rights of women and girls within their institutions and in their external work.<sup>6</sup> Based on these Guidelines, nine NHRIs have come together to report on the impact of COVID-19 on women and girls in their countries.

### THE SNAPSHOT

The snapshot does not intend to be an analysis of issues for women and girls relating to COVID-19. Rather it is an account of the responses of courageous human rights workers from nine national human rights institutions in the Asia Pacific Region, who have highlighted some of the issues that women and girls are facing in their countries and how they, and their institutions, are responding to these issues.

It is hoped that, by sharing these case studies, the challenges, tools and strategies for responding to, and supporting recovery from COVID-19, may also be shared.

This snapshot covers the period April to June 2020 and has been written while most countries are still responding to increasing cases of COVID-19. For most the recovery phase hasn't begun. The COVID-19 related information included was outdated immediately the snapshot was completed. However, the issues participants have included in the document, stay constant.

The case studies involve the national human rights institutions of Afghanistan, Kazakhstan, Malaysia, Mongolia, Nepal, Palestine, Philippines, Samoa, and Timor Leste. Contributors are those participating in an APF blended learning capability programme on mainstreaming the human rights of women and girls.

The case studies are framed by three questions (Appendix 1):

- 1. What are the key issues for women and girls in your country as a result of COVID-19?
- 2. How is your NHRI responding to these issues?
- 3. How is your NHRI responding to the COVID-19 situation for women within your organisation?

Information for this snapshot was gathered during online interviews, email chats, group online meetings and desk research. The snapshot has been strengthened by the work of others working for the rights of women and girls, particularly UN Women Asia and the Pacific.

### **OVERVIEW**

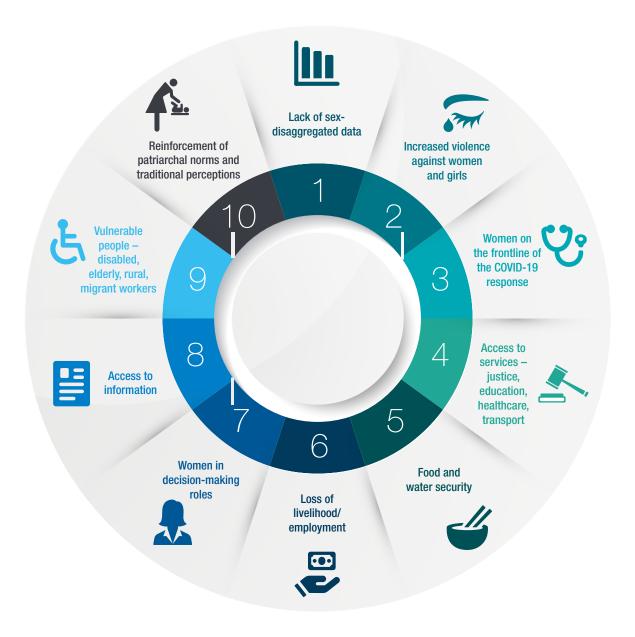
As with many organisations when operating under locked down conditions, working from home can be challenging. The NHRIs case studied here are in countries where doing human rights work is challenging at the best of times.

Continuing that work from home adds to those challenges – particularly for women. The case studies report experienced isolation from colleagues; difficult, or no, digital connectivity or computer hardware; added child-care and schooling responsibilities; and a lack of extended family support due to isolation measures.

For some the patriarchal norms and traditional roles of women were amplified in the private spheres of their homes. In one NHRI, for example, a staff member died of COVID-19. Staff were unable to support each other, or the family of the staff member, as was customary.

Despite this, the case study participants continued their work to promote the human rights of women and girls. They have identified 10 key issues for women and girls as a result of COVID-19.

### 10 key issues for women and girls as a result of COVID-19



They responded to these issues by using the powers and the mandates of their national human rights institutions. Actions included:

- applying a gender lens to their analysis and responses
- monitoring states of emergency and government actions
- establishing various mechanisms such as coordinating committees
- gathering data when and if it was available
- preparing and disseminating public submissions and press releases
- writing targeted papers, reports, letters and guidance notes
- · communicating good practice, raising awareness and facilitating community engagement
- collaborating with women's groups from civil society, government and international sectors and taking part in joint projects
- facilitating stakeholder consultations.

Given that, for most of the time, NHRIs were working under states of emergency and lock-down, case study participants relied on online platforms and social media channels to continue their work.

While work was happening to respond to external issues, NHRIs were also responding to the needs of their own employees, including recognising the specific situations of their women staff and commissioners. They:

- instigated good employment practices, such as maintenance of salaries; safety at work practices; provision of masks, sanitiser and handwashing facilities; ensuring the safety of pregnant and lactating mothers; no redundancies
- involved women staff in decision-making at all levels
- supported working at home, such as flexible work hours; equipment and internet provision;
   special provision for women, including leave to take care for children and other responsibilities
- provided alternate work and reporting processes, as a result of internet difficulties
- gauged the views of women staff and commissioners through an internal staff survey and making recommendations accordingly
- regularly communicated across their organisations using various face-to-face and asynchronistic online platforms.

For some NHRIs these internal processes were formalised through policies and procedures.

### LOOKING AHEAD

COVID-19 is going to be with us for a long time. Once the pandemic itself is contained, the recovery process will be enormous. Women will continue to find themselves both in the front and centre of the recovery effort and, at the same time, will be impacted by the inequitable situations they find themselves in. NHRIs play a pivotal role in continuing to highlight the disproportionate impact of COVID-19 on women and girls and using their mandate to address this impact.

When we recover, we must be better than we were before.7

### 1. Afghanistan Independent Human Rights Commission

#### **KEY FACTS**

**Population:** 37.74m

Women<sup>8</sup>: 18.21m (48.3%)

**COVID-19 cases:** 34,194 **COVID-19 deaths:** 9719



#### **NATIONAL SITUATION**

COVID-19 was confirmed in Afghanistan on 24 February 2020. Lockdown measures were rolled out across cities and provinces during March. Education facilities closed, most international travel suspended, and borders closed. Other measures taken involved testing, public awareness campaigns, food and disinfectant distribution and mask and PPE production. International funding was received through the WHO, EU, China, World Ban, Asian Development Bank. Uzbekistan and Turkey also contributed aid for bordering provinces.

Restrictions were eased in Kabul Province on May 21 with quarantine measures gradually lifted as each region improves. The Government has promised aid due to the loss of jobs and poverty. The civil society organizations and NGOs such as UN Women, UNFPA, UNCEF and government institutions are distributing food, protective masks, and washing materials, plus raising awareness on prevention of getting infected to COVID-19.

### 1.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF COVID-19 AND THE NHRI RESPONSE

Issue	Situation for women and girls NHRI response	
Complaints referrals to the AIHRC	There has been a substantial decrease in women complaints during the lockdown period throughout the country. However, this decrease does not represent an improvement in the status of women rights, but rather we believe that it is due to lack of accessibility for women to AIHRC's offices in regions and provinces.	
	As a result, AIHRC has adopted a new mechanism to register citizen's complaints via phone, WhatsApp and other social media platforms and by sharing hotline numbers on its Facebook page, Twitter and website with public in all provinces. This mechanism was launched in May 2020 to increase people's access to human rights services. A public awareness campaign was also instigated through social media.	
	The number of cases that registered by AIHRC from January to May are listed below. It shows the drop in cases during April when most of Afghanistan went into lockdown during March, and an increase as a result of AIHRC's measures launched in May.	
	January: 194 February: 215 March: 160 April: 71 May: 104	

Issue	Situation for women and girls	NHRI response
Vulnerability of women as front-line workers	Women at home supporting infected patients or nurses at hospitals are at high risk of contracting with the virus. It is the custom in Afghanistan that the women should always do the house chores, even when they are not well.	AIHRC has submitted several official letters including recommendations to relevant government organizations to urge them to raise awareness on health services among women, children, and people with disabilities.
Difficulty in accessing to proper healthcare for women, particularly during childbirth	The fear of getting infected with COVID-19 has caused women to be deprived of healthcare facilities, especially before and after giving birth to their children. For instance, in April and May, 52 children were born dead in Balkh province.	AIHRC has regularly monitored healthcare centers during lockdown to see whether those affected by COVID-19 have access to healthcare or not.  The AIHRC called on the Taliban to allow health workers into militant-controlled areas of the country in order to provide public health advice and support to communities amid the COVID-19 pandemic.
Increased domestic violence	There are reports that domestic violence particularly affecting women, has globally increased and Afghanistan cannot be an exception. Nonetheless, the reason for fewer complaints being referred to AIHRC is because of restrictions in movement due to lockdown and lack of women's access to legal and judicial organs of the country.	
Access to justice	Lack of access to human rights offices, attorney and courts as these are closed. Women have to wait until after quarantine period.	Case study: The husband of a woman named Najwa died, and she wanted to keep her child. However, her husband's family forcibly took her child. When she lodged her complaint, all judicial institutions were closed. She has to wait for the institutions to reopen and pursue the case.  Case study: A 17-year-old girl named Afsana escaped home from Herat Kabul. The explanation for her escape was reportedly a forced marriage. Her entry to shelter was denied for fear of COVID-19 infection. The head of the shelter in Kabul asked her to get tested before entering the shelter. Afsana did not have a place to stay at night, but finally she managed to stay with a group of girls in a private dorm for five nights. She was permitted to enter the shelter only after she got tested and the result was negative.

Issue	Situation for women and girls	NHRI response
Economic problems of the families and lack of girls' access to education	Schools are closed. Online schooling services involves homework goes by telegram to the teacher. A family pays money to the school to have video/internet services from the school. Poor people can't afford to access this.	
Women in leadership	The government established a national committee for fighting COVID-19. Two central committees and 14 provincial committees have been established, all of which consist of women members.	

### 1.2. NHRI RESPONSE TO THE COVID-19 SITUATION FOR **EMPLOYEES AND COMMISSIONERS**

Since the spreading of COVID-19 in Afghanistan, all AIHRC employees are working from home. Sometimes the internet doesn't work during the day, so staff are working during the night and available by telephone during the day.

Staff salaries are being paid on a regular basis.

Guidance on stopping the spread of COVID-19 has been shared with the staff.

Men and women AIHRC staff were involved in the decision-making about and development of the new mechanism to process people's complaints this mechanism.

In case of reforms and structural changes at AIHRC, there is a need for training and developing new and effective mechanisms, for instance, effective advocacy methods, or effective methods on monitoring human rights situation.

AIHRC is planning on undertaking an internal gender audit with the support of APF.

### **FURTHER INFORMATION**

AIHRC Website. Available at https://www.aihrc.org.af/

AIHRC Tweet - Public Awareness video including sign-language. Available at https://twitter.com/AfghanistanIHRC/status/1247514864173502469

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- Issue II: Ensuring Access to Services for Survivors of Violence Against Women and Girls.
   Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/04/gender-alert-on-covid-19-in-afghanistan-issue-ii--ensuring-access-to-services-for-survivors-of-vawg
- Issue III: The Impact of COVID-19 on the Implementation of the Women, Peace and Security Agenda.
  - Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/gender-alert-on-covid-19-in-afghanistan-issue-iii-the-impact-of-covid-19
- Issue IV: The Impact of COVID-19 on Women's Burden of Care and Unpaid Domestic Labor.
   Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/the-impact-of-covid-19-on-womens-burden-of-care-and-unpaid-domestic-labor
- Issue V: Maintaining services for survivors of violence against women and girls during COVID-19.
  - Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/gender-alert-issue-v-maintaining-services-for-survivors-of-violence-against
- Issue VI: Women, Peace & Security and Ensuring Women's Meaningful Participation in the Afghan Peace Process.
  - Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/issue-vi-women-peace-and-security-and-ensuring-womens-meaningful-participation
- Issue VII: Women's participation and leadership in COVID-19 Response.
   Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/genderalert-on-covid-19-in-afghanistan-issue-vii
- Issue VIII: Gendered Impact of COVID-19 on IDPs.
   Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/genderalert-on-covid-19-in-afghanistan-issue-viii-gendered-impact-of-covid-19-on-idps
- Issue IX: Women's Access to Health Care During COVID-19 Times.
   Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/genderalert-on-covid-19-in-afghanistan-issue-ix-womens-access-to-health-care-during-covid-19-times

# 2. National Centre for Human Rights of Kazakhstan

#### **KEY FACTS**

**Population:** 18.78m

**Women:** 9.71m (51.51%)

**COVID-19 cases**<sup>10</sup>: 54,747 **COVID-19 deaths**: 296



#### **NATIONAL SITUATION**

COVID-19 was confirmed in Kazakhstan on 13 March 2020. A state of emergency was declared on March 15 including quarantine and lockdown of most activities. This ended on May 11 with quarantine measures gradually lifting as each region improves.

Measures by the State are in place to address the impact of COVID-19 aimed at supported vulnerable categories of citizens, medium and small businesses and those left without income.

### 2.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF COVID-19 AND THE NHRI RESPONSE

Issue	Situation for women and girls	NHRI response
Loss of employment	Women particularly vulnerable are small business owners and those employed by small to medium businesses.  Information about the unemployment situation for women regarding COVID-19 is unavailable.	NHRI is planning to conduct extended research on the impact of the pandemic COVID-19 on women and girls in cooperation with international partners and some individual experts.
Lack of sex disaggregated data	While the Labour Ministry is collecting data on unemployment this is not being collected by sex.	
Violence against women and	The number of cases of domestic violence against women and children has increased in Kazakhstan. The Parliament	NCHR is working in cooperation with authorized bodies, including local bodies and NGO.
girls	of Kazakhstan is considering draft law on development of mechanisms to prevent domestic violence, as well as methods of rehabilitation of victims of domestic violence.	The Ombudsperson sent letters to the local executive bodies about the need for preventive measures in such cases, as well as support for crisis centers that help women and children in difficult situations.

Issue	Situation for women and girls	NHRI response
Violence against women and girls (continued)	Response to violence against women and girls is under the control of the Ministry of Internal Affairs of the Republic of Kazakhstan (MIA) and the Ombudsperson as well.	In particular this research was included in the joint action plan for implementation with one of our partners the Organization for Security and Co-operation in Europe (OSCE program office in Kazakhstan).
	Since the beginning of the quarantine regime from March 16 to the end of May, more than 15,000 complaints on domestic violence were registered by MIA. 4.700 people were arrested and fined for committing domestic violence.	A similar study is already being carried out in collaboration with UN Children's Fund on the impact of the pandemic COVID-19 on children.
	Possible victims of violence and sellers at grocery stores and pharmacies were informed about a code word, which signals that the person is in danger. In such cases, sellers need to immediately inform the police.	
Women as front-line workers	Schools are closed. Online schooling services involves homework goes by telegram to the teacher. A family pays money to the school to have video/internet services from the school. Poor people can't afford to access this.	Commissioner for Human Rights in the Republic of Kazakhstan E. Azimova noted that 73% of frontline workers (medical, social workers and teachers) were women.
Lack of women in decision- making roles	The State Commission created a response team for the period of the emergency situation and during quarantine regime consisting of 22 members. All of the members are men.	
Priority areas for action were identified at a LINI Women virtual dialogue (May 2020) where the NIHPI		

**Priority areas for action** were identified at a UN-Women virtual dialogue (May 2020) where the NHRI participated. They are:

- end violence against women and girls
- provide social protection and economic support for women and girls
- the distribution of unpaid and domestic labor between men and women
- the involvement of women and girls in decision-making and response planning processes
- the provision of information, data, knowledge.

The Chairperson of the Commission has stated that the Kazakhstan Ombuds Office supports the initiative of UN Women on the need to develop a roadmap to ensure gender equality to improve the situation caused by the COVID-19 pandemic.

### 2.2. NHRI RESPONSE TO THE COVID-19 SITUATION FOR **EMPLOYEES AND COMMISSIONERS**

The NHRI of Kazakhstan has 13 staff. Of these three are men and 10 are women

During the national lockdown period from (1 April to 11 May) all staff worked from home.

A flexible work schedule allowed staff to work hours that differed from the normal schedule at office. This was convenient for women employees with responsibility for housework, childcare and support children with their schooling etc.

Laptops were given to staff if they didn't already have IT capacity.

No staff member lost salaries and funding for staff was not reduced.

From Monday, 15 June, quarantine measures in Almaty were strengthened amid rising COVID-19 infections. Staff have returned to work from home.

### **FURTHER INFORMATION**

National Centre for Human Rights of Kazakhstan Website. Available at www.ombudsman.kz

NCHR Kazakhstan (May 2020) UN-Women virtual dialogue.

Available at https://www.gov.kz/memleket/entities/ombudsman/press/news/ details/upolnomochennyy-po-pravam-cheloveka-v-rk-eazimova-vmestes-predsedatelem-nacionalnoy-komissii-po-delam-zhenshchin-i-semeynodemograficheskoy-politike-pri-prezidente-respubliki-kazahstan-Iramazanovoyprinyali-uchastie-v-virtualnom-dialoge-oon-zhenshchiny?lang=en



UN Women (April 2020) Rapid Gender Assessment for the Covid-19 situation in the Republic of Kazakhstan.

Available at https://kazakhstan.unfpa.org/en/publications/rapid-genderassessment-covid-19-situation-republic-kazakhstan

# 3. Human Rights Commission of Malaysia (SUHAKAM)

#### **KEY FACTS**

**Population:** 32.70m

Women: 16.11m (49.3%)

**COVID-19 cases:** 8,683 **COVID-19 deaths:** 121



#### **NATIONAL SITUATION**

COVID-19 was confirmed in Malaysia in January 2020. Following a spike in cases in mid-March the government initiated a two-month lockdown period under a Movement Control Order (MCO). All education and childcare facilities were closed, and business and social activities cancelled except where expressly deemed as "essential". Quarantines were in place for close contacts of COVID-19 patients and returning Malaysians. A Conditional Movement Control Order, which eases certain restrictions (e.g. work and business activities) but continues to close schools and childcare centres, has been in place since May. By mid-June over 26,000 people have been arrested for violating these orders.

The *Prihatin* (Care) Economic Stimulus Plan was launched on March 27 targeting the welfare of people and to support small and medium businesses. On June 5, the *Penjana* (Generator) Short-Term Recovery Plan was announced.

### 3.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF COVID-19 AND THE NHRI RESPONSE

Issue	Situation for women and girls	NHRI response
Violence against women and girls	Women's NGOs report domestic violence cases increased multi-fold during the MCO as survivors are forced to live 24-hours with their abusers without or minimal access to external assistance in light of travel restrictions, shifted priorities for police and judicial services, and limited number of shelters especially in rural areas. At the same time, there were concerns that many cases were still unreported due to pre-existing gender digital divide, protection gaps in online violence, gender insensitivity of enforcement officers and data discrepancies.	SUHAKAM officers have been working from home since one of our Commissioners was tested C-19 positive on 10 March.  Organisational capacity and resources in relation to gender issues are limited.  On June 17, SUHAKAM hosted an online stakeholder consultation on the impacts of COVID-19 on gender in Malaysia.  The purpose of the consultation was to obtain views and input from civil society organisations on the immediate and longer-term impacts of COVID-19 and the national responses such as the MCO on women in Malaysia.

Issue	Situation for women and girls	NHRI response
Violence against women and girls (continued)	Judicial, legal and protection services (including SUHAKAM) were also not been listed as "essential services" under the MCO Regulations, which further impedes issuance of court protection orders and delivery of direct assistance to survivors.	This consultation was the latest in the series of online dialogues with CSOs working with vulnerable groups in Malaysia that SUHAKAM has held since the start of the MCO.
	The government has responded to the rise of domestic violence. There has been increased allocation to the Ministry of Women, Family and Community Development to provide additional shelters and psychosocial support for survivors.  In a campaign to reduce domestic conflict during the MCO period, the Ministry of Women, Family & Community Development released online posters advising women to dress up and wear make-up while working from home, refrain from sarcasm while asking for help with household chores, avoid nagging and attempt to inject humour when communicating with their husbands. The posters were criticised for stereotyping women and insinuating that women are responsible for domestic conflict. In response, the Ministry took down the posters and apologised.	This consultation was moderated by the SUHAKAM Children's Commissioner, and presentations were made by the Women's Aid Organisation, Gender Studies Department of University of Malaya, International Labour Organisation, Sabah Women's Action Resource Group and the Centre for Orang Asli Concerns. An open discussion was then held to welcome other inputs and recommendations agreed for going forward.  Based on responses through this consultation and previous online dialogues, SUHAKAM will develop a policy brief on COVID-19 and Women in Malaysia. SUHAKAM will also engage with the Ministry of Women, Family and Community Development, Ministry of Human Resources, and related government agencies on specific gender issues. SUHAKAM will also incorporate these issues into SUHAKAM's recommendations and inputs for the COVID-19 Temporary
Home schooling and the vulnerability of rural areas	There are issues in access to online education for children, particularly in rural areas. The Ministry of Education is trying to continue education online but there are challenges, particularly lack of access to IT and internet.  There is a lack of coordination between the Government and NGOs in channelling assistance to vulnerable groups. Some families will get a lot of assistance while other families are left out.  Government is giving a lot of aid, but some families are outside of the system such as those in Sabah and Sarawak, and indigenous and migrants. The mother is mostly responsible for home-schooling, and more often expected to juggle this with other unpaid care and domestic work and work-from-home responsibilities.  There is a lack of data about the disproportionate disadvantage of families across geographical areas, as well as families falling into poverty due to economic impacts of COVID-19.	Measures Bill.  Post-script: A substantial policy brief, COVID-19 and Women's Human Rights in Malaysia <sup>11</sup> was endorsed by the Commission in July. The summary statement reads as follows:  "The coronavirus does not discriminate, but its impacts do. 12 Prior to COVID-19, women and girls were already facing discrimination and violence in various aspects of their public and private lives especially if they are of a particular identity or geographical location. Malaysia's COVID-19 responses such as the Movement Control Order (MCO) have only exacerbated their challenges.  This brief highlights these challenges, which includes gender-insensitive and short-term policies, gender-based violence, forced separation of families, loss of maintenance, unpaid care work, gender digital divide, gender data gap, and impeded access to sexual and reproductive healthcare services.

#### Issue Situation for women and girls **NHRI** response **Decisions** For example, in the beginning of the MCO, It also provides broad recommendations made not only the head of the household could get for systemic changes to eliminate gendergendergroceries. Usually it is presumed to be based discrimination and accelerate sensitive the man of the house. However, women the achievement of gender equality in usually do the cooking and knows what Malaysia." is needed. There are also many women-Key issues raised by the brief are: led and women-only households, who • gender sensitivity of policies and often had a more difficult time at the decisions roadblocks proving they were the heads of the household. The Government later • gender-based violence changed this policy to the one-person-per-· forced separation and loss of household policy. maintenance More recently during the online • access to sexual and reproductive consultations, SUHAKAM also received healthcare reports of separated and separating • unpaid care work families due to MCO arising from the • access to information and livelihood following situations: assistance. • divorced parents sharing custody were Five recommendations to address these prevented from or faced challenges issues were adopted. with enforcement officers to travel to 1. Gender representation in public polytheir former spouse's house to visit their making and service children 2. Zero tolerance against gender-based • Malaysian mothers faced challenges violence to return to Malaysia with their non-3. Closing the gender data gap and Malaysian children, while those already digital divide in Malaysia could not be reunited with 4. Acknowledging unpaid care work as their non-Malaysian husbands and fathers more often as a result of gendervaluable insensitive immigration policies 5. Leveraging off business and human rights initiatives including the UN • as family courts operated in limited Guiding Principles. manner, divorce and maintenance orders could not be granted nor enforced. Restricted mobility exacerbating preexisting factors such as limited internet access and digital literacy also meant that some single mothers could not and/or did not receive maintenance for themselves and children from their former husbands, especially in cash. Lack of sex Sex-disaggregated data not widely disavailable and/or not publicly accessible, aggregated including in relation to unemployment data rates and workers in various economic sectors. Data disaggregated by other status such as disability, age and race/ ethnicity especially in the public sector are also often unavailable and/or not publicly accessible.

Issue	Situation for women and girls	NHRI response
Employment and livelihood	Healthcare workers are mostly local women and faced challenges especially with childcare as most childcare centres were closed during the MCO. Many had to send their children to older parents and inlaws due to their increased work demands with COVID-19.	
	Domestic workers, who are pre-dominantly migrant women, were especially affected by the MCO with the increased workload because everyone stayed at home. Some were even at risk of violence and working in forced labour conditions as they were given little rest, had to work overtime and were not paid wages on time.	
	Informal sector workers are not legally protected in Malaysia. Department of Statistics Malaysia figures show that in 2017, 38.5% of informal sector workers were female compared to 61.5% male. Cumulatively this means that even though informal sector workers are less likely to	
	be female, they face equal risk of being terminated without notice and/or backpay, in addition to pre-existing higher risks of workplace gender-based discrimination, violence and harassment. Now they are more impacted when they lose their jobs because of the disproportionate impact on women of COVID-19.	
	Gender pay gap in Malaysia is more prevalent in the private sector. It is less so in the public sector because public sector pay scales, maternity leave and tenure is secure and standard for all sub-sectors. However, during the online consultations, SUHAKAM received reports that women are leaving the workforce following the	
	MCO because of the rising demands of unpaid care and domestic work.  Department of Statistics Malaysia figures recently confirmed that female labour force participation rate dropped from 55.6% to 55.1% between January and April 2020, compared to 80.8% to 80.3% for their male counterparts within the same period.	
	Under the <i>Penjana</i> Plan, the Government through the Social Welfare Department announced that more than 300,000 registered persons with disabilities and single mothers will receive a one-off MYR 300.00 cash assistance. However, sustainable plans for longer-term and systemic changes for the development of these vulnerable groups remain unclear.	

Issue	Situation for women and girls	NHRI response
Inter- generational support	Intergeneration support is practiced including in urban areas. Some families live with older parents/in-laws in the same house, or in different houses but in the same city. Unpaid care work demands increase for those living in the same household. Travel restrictions have less impact for those living separately from parents within the same city than those with parents in another state or city, but many still wouldn't or couldn't travel across city to visit older parents due to COVID-19 risks.	

### 3.2. NHRI RESPONSE TO THE COVID-19 SITUATION FOR EMPLOYEES AND COMMISSIONERS

### Survey of the impact on women staff

The SUHAKAM team worked together to develop a survey<sup>13</sup> about the impact of COVID-19 on women staff. (Appendix 2) The main objective of the survey was to assess the socioeconomic impacts of the "new normal" directly associated with the MCO such as work-from-home policies (WFH) on SUHAKAM women staff.

The findings of the survey highlighted several issues for women staff within SUHAKAM, such as the digital divide, income inequality, unpaid care work, mental health and gender stereotyping that may have been exacerbated with COVID-19.

To determine whether the situation has amounted to discrimination, future surveys and studies will be conducted including to collect and analyse comparative data on male employees.

The team recommended as a result of the survey that SUHAKAM Management leverage on the findings of this survey to continue implementing the work from home policy beyond COVID-19, and to provide infrastructural support such as laptops, access to file and reference database, and internet access subsidies, in order to support female SUHAKAM employees.

### **FURTHER INFORMATION**

SUHAKAM Website. Available at https://www.suhakam.org.my/

(March 31) *Malaysia's coronavirus lockdown advice for women sparks sexism backlash*. Available at https://amp.abc.net.au/article/12108242

Australian Institute of International Affairs. The Disproportionate Effect of COVID-19 on Southeast Asian Women: Case Studies from Malaysia and Indonesia. Available at http://www.internationalaffairs.org.au/australianoutlook/the-disproportionate-effect-of-covid-19-on-southeast-asian-women-case-studies-from-malaysia-and-indonesia/



### 4. National Human Rights Commission of Mongolia

#### **KEY FACTS**

Population: 3.22m

Women: 1.63m (50.6%)

COVID-19 cases: 227 COVID-19 deaths: 0



#### **NATIONAL SITUATION**

The first imported case of COVID-19 was confirmed in Mongolia on 10 March 2020. Prior to this (Jan 27), the Government closed its border with China. All education facilities were closed until 1st September. All public activities were cancelled. There is mandatory 21-day isolation for returning Mongolians, and all international flight have been suspended until the end of June.

As at early June, there was no community transmission.

Note: Because of these measures it is reported that H3N2 flu and gastrointestinal cases, causing hospitalisation and death for Mongolian children in particular, has dropped by 90 percent.

### 4.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF **COVID-19 AND THE NHRI RESPONSE**

Issue	Situation for women and girls	NHRI response
Violence against women and girls	In February 2020, Mongolia declared a state of alert by closing all educational facilities including kindergarten, schools and universities, prohibiting public events and restricting intercity travels. This remains the current situation.  Due to these measures against COVID-19, the rate of domestic violence has increased. Victims have been mostly children and women.  The statistics for the first three months of 2020 show that the domestic violence cases (3,131) in Mongolia increased by 61.6% compared to the same period last year.	In relation to the measures against COVID-19, the National Human Rights Commission of Mongolia monitored the situation at 22 institutions including detention centers, prisons, shelter houses and orphan centers, from 27 April to 12 May 2020.  During this monitoring work, the Commission examined the situation of girls and women in "Unur bul" Center of Family, Youth and Child Development Agency, Child Protection Service and Shelter House and Women's Prison No.407 of the General Executive Agency of Court Decision.

Issue	Situation for women and girls	NHRI response
Female- headed household	In relation to the employment of female-headed household, some children are left unattended at home during the closure of kindergarten and school, which inevitably violates their right to safe and healthy environment.  Case study: On 5th February 2020 a single mother living in Darkhan-Uul province left her three children between the ages of one to five unattended at home because she had to go to work. While she was away, her three children died after being burned by hot water combined with electric shock.	From February to July 2020, the National Human Rights Commission of Mongolia has received 35 complaints from Mongolians living overseas due to the restriction of their right to return home as well as international travel ban. The Commission has referred their complaints accordingly to the competent authority, which is the State Emergency Commission.  The Parliament of Mongolia has adopted the Law on COVID-19 prevention, fight, and mitigation of its socioeconomic impact on 29 April 2020. The Law included a provision on prevention measures for domestic violence. In addition, the Law reflected a provision that the National Human Rights Commission of Mongolia oversees the implementation of this law from the human rights perspective under its mandate.

### 4.2. NHRI RESPONSE TO THE COVID-19 SITUATION FOR EMPLOYEES AND COMMISSIONERS

Following the availability of government support, the NHRI has enabled female staff and single fathers to take leave to look after their children from home.

### **FURTHER INFORMATION**

NHRC Mongolia Website. Available at http://en.nhrcm.gov.mn/

Daily Updates. Available at https://www.amicusmongolia.com/coronavirusmongolia-update.html



# 5. National Human Rights Commission of Nepal

#### **KEY FACTS**

**Population:** 30.23m

Women: 15.23m (50.4%)

**COVID-19 cases:** 16,531 **COVID-19 deaths:** 35



### **NATIONAL SITUATION**

COVID-19 was confirmed in Nepal on 23 January 2020. The government initiated a lockdown period from 24 March 2020. All education facilities were closed, activities cancelled, international travel suspended, and borders with India and China closed off. The Government eased lockdown from June 12, allowing shops to open and private vehicles to operate under the odd-even rule in the first phase in the Kathmandu valley and less infected areas. Government offices, NGOs, private offices, banks and financial institutions have operated in double-shifts from June 15, 2020.

Other measures taken have involved quarantine, testing, health-desks and check points, public awareness campaigns, food and disinfectant distribution and mask and PPE production. International funding has been received from Germany and the US. A South Asian Association for Regional Cooperation (SAARC) COVID-19 Emergency Fund has been established.

### 5.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF COVID-19 AND THE NHRI RESPONSE

Issue	Situation for women and girls	NHRI response	
· ·	NHRC Nepal has been conducting monitoring and investigation on cases of human rights violation and drawing attention to the government.		
Women's involvement in decision-making and planning processes	Nepal is coordinating with women's groups and excluded groups to enhance the gender responsiveness of all response and recovery efforts.	NHRC Nepal has formed coordination committees in the Central, Provincial and Local Levels consisting of including the Nepal Bar Association, Federation of Nepalese Journalists and NGO Federation of Nepal to monitor the human rights situation during COVID-19. The committees include women members (at central level, two women; higher level, two women; and in all province and district level task force numbers of women are represented).	

Issue	Situation for women and girls	NHRI response
Violence against women and girls	Increase in cases of violence against women and girls in Nepal have been reported. There were 176 cases of violence against women and girls in 18 districts between 24 March (when lockdown began) and 1 May. This is	The committees are responsible for monitoring the overall situation of human rights. NHRC Nepal has developed a monitoring checklist including the following gender-based components:
	expected to raise the nationwide annual average of cases of domestic violence this year. <sup>14</sup>	<ul> <li>whether domestic violence, sexual violence, gender-based violence and child abuse have occurred</li> </ul>
	Of these cases, 103 are related to domestic violence, 15 are to social	<ul> <li>whether female domestic or childcare workers are affected or not</li> </ul>
	violence, 26 are related to rape and five are attempted rape. One murder, two are either murders and/or suicides	<ul> <li>the status of single women with dependent children and other poor women</li> </ul>
	(under investigation), seven of sexual harassment, 11 suicide cases, two of	<ul> <li>the status of women working in the health sector</li> </ul>
	attempted murder and two cases relating to cybercrime. 15	<ul> <li>the assurance for women with or without children in quarantine</li> </ul>
Social and economic protection for women and girls	Laborers working on the daily basis wage and marginalized communities living in rental accommodation are in a destitute situation.	On the basis of this monitoring, the NCHR Nepal is urging the Government of Nepal to adopt effective measures for the prevention of violence of women as increased during lockdown.
	Large numbers of sick people, senior citizens, children, pregnant and childbearing mothers, and laborers have been walking long distances to access services because they did not receive relief packages at local level. They left their homes temporarily with limited amount of money.	The NHRC Nepal is also urging federal, provincial and the local governments to coordinate their efforts to pay special attention to persons with disability, pregnant women, senior citizens, children, detainees and prisoners, squatters and the severely poor, when distributing relief packages.
Migrant women workers	Many Nepalese migrant workers are returning from India and other foreign countries. Most are living in community level quarantine. Local level quarantine is not managed properly. It is not comfortable for women, especially pregnant women, postnatal women and girls who are in a vulnerable situation	The NHRC has drawn attention to the provincial and local governments about the lack of provision of relief package. They are collecting the data of the persons and the family residing even temporarily in the respective government's territorial jurisdiction.
		Due to the difficulty of doing field monitoring, NHRC Nepal has adapted its processes to monitor the human rights situation of the country through the media, an online newspaper, and by receiving phone calls.
		All the provincial offices provide information via submitting reports, video conferences, and phone calls. The Treaty monitoring division is responsible for the documentation of the human rights situation.

Issue	Situation for women and girls	NHRI response
		Advocacy is undertaken through the recommendations of the committees and press releases.
		NHRC Nepal has focused on monitoring the situation of human rights during lockdown. It has published the preliminary report on the human rights situation of COVID 19. Based on the findings of monitoring it has recommended to the Government to i) improve the quarantine environment for women, children, senior citizen and people with disabilities and ii) to give special care and attention to the pregnant women and girl, LGBTI people etc.

Crime data against women, children and senior citizens during the lockdown period (24 March 24 – 23 May 23 2020) $^{16}$ 

Type of crime	Total
Suicide	515
Domestic violence	374
Rape	274
Attempted rape	62
Child sexual abuse	35
Polygamy	16
Allegation of witchcraft	9
Untouchability	7
Abortion	5
Child marriage	4
Overall total	1,301

### 5.2. NHRI RESPONSE TO THE COVID-19 SITUATION FOR EMPLOYEES AND COMMISSIONERS

The Government of Nepal rolled out remote work (Work from Home) policies as one of their measures to prevent the spread of the coronavirus infection.

The NHRC Nepal adopted a policy to provide leave to breast-feeding mothers and pregnant women employees. They also were not expected to go on official tasks during lockdown periods. Other women staff were also encouraged to work from their home. NHRC Nepal has not made it mandatory for anyone to be physically present at the office.

Management committee meetings are being regularly held through Zoom and Messenger. All staff are encouraged to provide feedback. NHRC conducts a daily Skype meeting with the management team including secretary, each division head, and head of provincial offices of the NHRC to update the human rights situation of the nation.

Women are also involved in developing response to COVID-19. The monitoring committees formed to monitor the human rights situation during COVID-19 have been made inclusive and participatory.

Anecdotally staff report that:

- all staff continue to be paid full-time
- pregnant staff and with mothers with young children, prior to lockdown, could work from home
- it is difficult for women to go to the office but the working environment at home is challenging managing children, schooling and working while at home. There are reports of physical and mental exhaustion
- while the comparative situation for men and for women hasn't been discussed officially, there is informal recognition of the issue
- even working in the human rights field, women are facing the different kinds of violence at their home and other places as well.

The NHRC Nepal is undertaking an internal gender assessment to develop a GESI policy for the institution.

**Note:** On 12 June 2020, along with the Government policy the NHRC Nepal opened its offices for 50 percent of its staff in each of a double shift.

#### **FURTHER INFORMATION**

NHRC Nepal Website. Available at https://www.nhrcnepal.org/

Human Rights Situation Monitoring Network regarding the COVID-19 Working Procedure.

Available at https://www.nhrcnepal.org/nhrc\_new/doc/newsletter/1913305489COVID-19%20Working%20Procedure%20eng.pdf

Human Rights Situation Monitoring Checklist.

Available at https://www.nhrcnepal.org/nhrc\_new/doc/
newsletter/615012001Final%20COVID%2019-%20Monitoring%20Check%20
List%20eng.pdf



# 6. Palestinian Independent Commission for Human Rights

#### **KEY FACTS**

**Population:** 5.10m **Women:** 2.51m (49%)

**COVID-19 cases:** 5,829 **COVID-19 deaths:** 27



### **NATIONAL SITUATION**

COVID-19 was confirmed in Palestine on 5 March 2020. The government immediately declared a State of Emergency with strict measures to prevent movement between governorates and closing all non-essential services.

A Response Plan was enacted, and this has since been updated. Response priorities involve health, protection, sanitation, provision of shelter and non-food items, education and food security. The Plan highlights the gendered impact of COVID-19.

### 6.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF COVID-19 AND THE NHRI RESPONSE

Issue	Situation for women and girls	NHRI response
Reinforcement of patriarchal norms and traditional perceptions of women and girls	For women and girls who already experience strict control over their movement, access to resources and general rights, lockdown is witnessing a surge in the normalization of concepts such as 'keeping women indoors for their protection' at the household and	The ICHR Palestine (in collaboration with UN Women, the Palestinian Ministry of Women's Affairs and the OHCHR), prepared a <i>Guidance Note on Women's Rights During the COVID-19 Emergency</i> . The following priorities were highlighted for action:
	community levels.  The traditional responsibility for	<ul> <li>Preparing for an increase in gender- based violence</li> </ul>
	maintaining the cleanliness of the household is increasing the burden on	<ul> <li>Raising community awareness on gender power disparities</li> </ul>
	women and girls.	<ul> <li>Targeting assistance for women impacted by economic inequality and barriers to the right to work</li> </ul>
		<ul> <li>Ensuring women's access to adequate information</li> </ul>
		<ul> <li>Ensuring women meaningfully participate in responses to, and planning for the recovery from, COVID-19 at local and national levels</li> </ul>

Issue	Situation for women and girls	NHRI response
Access to health care  Education  Women as frontline workers	Women who are pregnant or new mothers are at increased risk of not being able to access proper healthcare with the current lockdown measures and the reduction in medical referrals to hospitals in Jerusalem and Israel.  Women take on the additional role to support school-enrolled children (average household size is 5.0) studying from home.  They also experience difficulties accessing internet and technology. Male headed households have a higher rate of access to internet, and electronic devices such as mobiles, computers and tablets. Only 19 per cent of female headed households own a computer compared to 35 per cent of male headed households.  As more people use online platforms for either gaining updates on the crisis or for communication and education, there is increased exposure to cyber-bullying.  Currently, women represent nearly 60 per cent of workers in the care sector in Palestine. This raises the question of exposure and the necessary mitigation for all workers in this field. Both male and female frontline health workers are increasingly exposed to isolation and ill-treatment.  Infection of household members, especially children may cast negative blame against female caregivers generally which may result in stigma.	<ul> <li>Ensuring access to and quality of health care facilities</li> <li>Ensuring women's access to sexual and reproductive health information and services</li> <li>Observing domestic legislation, international standards, the UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders, including providing alternatives to detention for pregnant women and those detained with children</li> <li>Safe quarantine with access to basic needs</li> <li>Collection of sex-disaggregated data which should inform government response</li> <li>Continued access to justice for women, especially survivors of gender-based violence</li> <li>The ICHR (in collaboration with the Ministry of the Interior and the OHCHR) also prepared a comprehensive paper Deprivation of Liberty amid the Outbreak of COVID-19, with specific reference to women.</li> </ul>
Women's livelihoods	Impact on women's livelihood particularly those active in the informal sector where there is no work protection or income compensation.  In a flash survey conducted by UN Women it was found that 95 per cent of Palestinian women owners of micro, small and medium enterprises report negative impacts due to COVID-19.	
Domestic violence and access to justice	The restriction on movement means more people are confined to their homes and incidences of domestic violence are increasing.	

Issue	Situation for women and girls	NHRI response
Domestic violence and access to justice (continued)	The restrictions are also preventing women and girls from accessing essential services (including health, protection, security and justice). Hotlines are reporting increased physical violence complaints. During the State of Emergency, the work of Family (Sharia) Courts has been suspended.	
Women's participation in decision-making and access to information	Currently, women's participation in national and sub-national decision-making processes related to COVID-19, is limited, and so is that of women's organizations.  Women's access to reliable information on COVID-19 is lacking. This is impacting marginalized or vulnerable groups – including refugees, the elderly, and pregnant and lactating women.	

### **FURTHER INFORMATION**

Palestinian Independent Commission for Human Rights Website. Available at www.ichr.ps

Independent Human Rights Commission Palestine: Guidance Note on Women's Rights During the COVID-19 Emergency (Joint note with OHCHR, UN Women and the Palestinian Ministry of Women's Affairs).

Available at https://www.asiapacificforum.net/media/resource\_file/Palestine\_ Womens\_Rights\_COVID-19-\_Eng.pdf

Independent Human Rights Commission Palestine: Deprivation of Liberty Amid the Outbreak of COVID-19 (Joint note with OHCHR & Palestinian Ministry of the Interior).

Available at https://www.asiapacificforum.net/media/resource\_file/Eng\_Ver\_ Deprivation\_of\_Liberty\_amid\_the\_Outbreak\_of\_Covid-19.pdf

Palestinian Humanitarian Country Team (24 April 2020) Occupied Palestinian Territory COVID-19 Response Plan.

Available at https://www.who.int/health-cluster/countries/occupiedpalestinian-territory/Occupied-Palestinian-Territory-COVID-19-Humanitarian-Response-Plan-April-2020.pdf?ua=1 (refer p 23)

UN Women (April 2020) COVID-19: Gendered Impacts of the Pandemic in Palestine and Implications for Policy and Programming. Findings of a Rapid Gender Analysis of C-19 in Palestine.

Available at https://www2.unwomen.org/-/media/field%20office%20palestine/ attachments/publications/2020/4/covid%2019%20-%20un%20women%20 rapid%20gender%20analysis.pdf?la=en&vs=4626





UN Women (April 2020) Rapid Assessment on COVID-19 and Domestic and Family Violence Services across Palestine.

Available at https://www2.unwomen.org/-/media/field%20office%20palestine/attachments/publications/2020/5/fianl%20rapid%20assessment%20on%20covid-19%20(003). pdf?la=en&vs=5745

UN Women (April 2020) Impact of COVID-19 on the access of women victims and survivors of violence to justice and security services in Palestine.

Women's Centre for Legal Aid and Counselling (June 2020) May in Numbers: COVID 19, Violence against Women and Post Lockdown Interventions in Palestine.

Available at http://www.wclac.org/News/319/May\_in\_Numbers\_COVID19\_violence\_against\_women\_and\_postlockdown\_interventions\_in\_Palestine

# 7. Commission on Human Rights of the Philippines

#### **KEY FACTS**

**Population:** 108.87m **Women:** 54.27m (49.9%)

**COVID-19 cases:** 51,754 **COVID-19 deaths:** 1,314



### **NATIONAL SITUATION**

COVID-19 was confirmed in the Philippines on 30 January 2020. On March 17 the President declared the Philippines under a 'state of calamity' for a tentative period of six months.

The government has introduced nationwide measures related to economic medical, food supply strategies; lockdowns including education facilities; travel restrictions; repatriation of citizens from COVID-19 affected countries, deploying the military and police and 'front-liners', and implementing a no-touch policy. Foreign aid in the form of money and medical supplies has been granted by China, the USA, Singapore, Brunei and the UAE.

### 7.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF COVID-19 AND THE NHRI RESPONSE

Issue	Situation for women and girls	NHRI response	
The CHRP is focuse sectors.	The CHRP is focused on conducting ongoing monitoring of human rights situations, specially of vulnerable sectors.		
Women with disabilities	Persons with disability, especially women with disability face multiple barriers in accessing information and services during health crisis. They are often excluded from decision-making spaces and have unequal access to information on outbreaks and availability of services. They can be socially isolated or dependent on other family members for support.	CHRP's Center for Gender Equality and Women's Human Rights is working in collaboration with Community Based Peer Monitoring by Women with Disabilities to contribute toward strengthening capacities of organizations, including informal alliances to ensure community support for disable people.	
Gender based violence (GBV)	Heightened risks of gender-based violence for women and girls and for persons of diverse sexual orientation, gender identity and expression (SOGIESC) during the Enhanced Community Quarantine (ECQ) period.	The Commission, including its regional offices, has been actively advocating for the recognition of the impact of COVID-19 on GBV and for the importance of ensuring prompt and effective response to GBV cases.	

Issue	Situation for women and girls	NHRI response
Gender based violence (GBV) (continued)	<ul> <li>Instances during the ECQ include:</li> <li>Average of eight people a day are sexually assaulted</li> <li>Over 1,200 cases of crimes against women and children (during March and April)</li> <li>602 rapes (17 March to 23 May)</li> <li>Three-fold increase in tips received about online sexual exploitation of children (March to May).<sup>17</sup></li> </ul>	Press statements have been issued, letters sent (to the Department of Interior and Local Government, the Philippine National Police, and the Inter-agency on Violence Against Women), GBV monitored and cases referred.  In addition, the Commission has developed an online reporting portal for GBV, which is aimed at making reporting easier during lockdown and restrictions, and to collect relevant and accurate data that will help address the issue.  The portal is available at: www.gbvcovid.report/
Access to health care	Women and girls' needs are often left behind in the response. Menstrual and hygiene kits are forgotten, provisions for family planning and other reproductive health commodities and services are not provided for, and special needs of pregnant and lactating women may not be priorities.  Access to relief and support services for persons with diverse SOGIESC may be affected by stigma and prejudice against them and LGBTQI+ families may run the risk of not obtaining safety nets accorded to families in general.	<ul> <li>Specifically, CHP has called for:</li> <li>hygiene and menstrual health kits to be included the government provided relief goods</li> <li>continued access and availability of family planning and reproductive health commodities</li> <li>protection of community front line workers, including the provision of face masks, PPEs in cases where necessary, and the provision of Hazard pay</li> <li>access for pregnant women to ante and post-natal care with precautions to protect them from risks of exposure to COVID-19</li> <li>prioritization of the most vulnerable and at risk- persons with disabilities, the elderly, solo parents, pregnant women.</li> </ul>
Food and water security	Quarantine passes are required to enable a single individual in a household to buy goods and supplies or do errands, such as pay utilities.  These passes are extended to heads of households, who are usually men, or to a family member not considered vulnerable under the health protocols set by the Health Department. Checkpoints are usually staffed by male law enforcement officers or Barangay officials, conducting pass and temperature checks, and questioning the purpose of travel.	<ul> <li>Specifically, CHP has called for</li> <li>the recognition of women and girls' multiple burden during ECQ</li> <li>ensuring continuous and uninterrupted water supply</li> <li>food security through provision of relief and other safety nets</li> <li>mobility support and access to essential services such as public markets, pharmacies, clinics, and hospitals</li> <li>safe spaces for women.</li> </ul>

Issue	Situation for women and girls	NHRI response
Food and water security (continued)	There have also been cases of sexual exploitation and abuse of women in prostitution by checkpoint officers in exchange for safe passage, transportation, money or essential goods, including food.	
Sexual Orientation Gender Identify and Expression and Sex Characteristics	The LGBTIQ community regularly experiences stigmatisation and discrimination, with the COVID-19 pandemic heightening these occurrences.  These violations highlight the need for increased civilian oversight, including oversight by women civil society, and accountability to ensure respect for human rights during the COVID-19 responses and emergency measures.	Ensuring that persons of diverse SOGIESC and their families are able to access government support and that there is zero tolerance for discrimination on the basis of SOGIESC in accessing government support and safety nets.
Access to information	Ensuring accessible information on government programs and support as provided under the <i>Bayanihan We Heal as One</i> Act; The announcement of programs from the government under the law has created a clamour among communities for enhanced and accessible information dissemination on (a) what benefits are available; (b) who are entitled to benefits; (c) what are the process and documentary requirements; (d) where the benefits can be availed; (e) when they may be available at the Barangay level; and (f) who to contact in case of further queries and complaints etc.	
Women Migrant Workers	By June, 32,037 Filipinos had been repatriated. Repatriates are placed in government-assigned quarantine facilities. Eight of the almost 100 repatriated overseas Filipina workers who were pregnant, gave birth while in quarantine facilities.  The closure of international borders, contraction of business operations, and fears of imported cases, have meant that many Filipino migrant workers have lost their livelihoods. For migrant workers who remain overseas, many have found themselves without work and medical	
	support, and vulnerable to eviction from their employer's accommodation. By the end of May, 5,184 overseas Filipino workers had contracted COVID-19, with 339 deaths.	

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### 8. Ombudsman of Samoa

#### **KEY FACTS**

**Population:** 200,660 **Women:** 97,052 (48.4%)

COVID-19 cases: 0 COVID-19 deaths: 0



#### **NATIONAL SITUATION**

There have been no cases of COVID-19 in Samoa.

State of Emergency Orders issued on March 23rd. Under these orders all essential services operated on limited hours (9am to 3pm) and the non-essential services (including Office of the Ombudsman/NHRO Samoa) were advised to work remotely from home. Public gatherings were limited to five people. Borders were closed, educational facilities were closed, church services and other activities were restricted.

Borders remain close (with the exception of flights approved by Cabinet) but domestic travel and restrictions on internal activities are lifted.

### 8.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF COVID-19 AND THE NHRI RESPONSE

Issue	Situation for women and girls	NHRI response	
The CHRP is foo sectors.	The CHRP is focused on conducting ongoing monitoring of human rights situations, specially of vulnerable sectors.		
Access to services	Public transportation was ceased from March-May which was difficult for those who didn't have private means of travel.	The main role of the Office during this time has been to monitor the Government's implementation of the SoE, to ensure there are no human rights violations during these processes.	
		Some human rights questions and issues have been raised on social media or referred to our office. The Office has responded with public statements.	
		The Office is actively involved in building collective impact to reduce family violence through the roll out of the National Inquiry into Family Violence.	
		Workshops are carried out including establishing special committees to assisting in the prevention of DV. The Office aims to equip leaders, men and women, with the ability to and identify any violence in their village and respond effectively.	

Issue	Situation for women and girls	NHRI response
Livelihoods and job loss	Mostly affected are tourism and private sectors – individual businesses. Some tried to manage, and others were required to lay off employees – both women and men. While government sector workers were protected, this impacted mostly private sector workers. In April, the Government issued a Stimulus Package in response to the impact on employment.	As well as working with communities and villages they have collaborated with the Ministry of Women and NGOs (such as Samoa Victim Support Group, Fataua le Ola) since lock-down on raising awareness on helpline or how to seek help when experiencing violence.
	Government allowed for flexi hours or working from home particularly the elderly and mothers with children, as schools were also shut down. Private sector employees were left to their discretion to implement relevant conditions while noting the SOE condition of temporary working hours from 9am-3pm.	
	Special leave granted and extended for all paid employees that were stuck overseas	
Family and domestic violence	Police report in May that domestic violence increased during lockdown. From mid-March to May there was a total of 857 arrests. Of these, 33% were domestic violence cases.	
	There has been a report by the Ministry of Women that the source of the violence is tracked to the strain of the drop in regular family income for daily up keeping.	
	Intimate partner violence was exacerbated by economic hardships, having to stay at home, couldn't get out for social reasons, church and pastor not available especially for village communities.	
	There was not only an increase in domestic violence cases but in total reported crimes for Samoa during this time.	
	As part of Inquiry roll out <sup>18</sup> , the Office found that most cases of family violence were against children. Parents, mostly women, had additional duties to attend to their children every day while trying to 'work from home' and do their chores. Having to sit down with the kids to help them with schooling was frustrating and challenging.	

Issue	Situation for women and girls	NHRI response
Lack of data capture	Data capture is an issue – particularly sex disaggregated data.	
	An initiative by UN Women and Ministry of Women and a local telecom company to conduct a survey via phone text messages to understand the gendered consequences of COVID-19 – particularly changes in employment, income, access to health and unpaid care and DV.	

### 8.2. NHRI RESPONSE TO THE COVID-19 SITUATION FOR **EMPLOYEES AND COMMISSIONERS**

In accordance with SoE restrictions on public gatherings, all staff were immediately advised to work remotely from home until such revisions to the SoE. All of staff were provided with internet routers and equipment and what was needed to work from home for the SOE period. Hand sanitisers and masks were also issued.

However, the connection and speed were much worse than they had been (they were poor before!) due to the overload as most offices were working remotely. Thus, the only work staff managed to do was when they were able to go in the Office. Despite the SoE restrictions, staff were still permitted to go in the office when they could to clear any urgent work.

Women staff have reported that everything is OK, apart from the extra challenges involved with working from home – additional responsibilities, poor internet etc. Those working from home with responsibilities for home schooling were granted special leave to home-school when office resumed work on normal working hours. Three staff have requested this (two were women). Those who did not have personal transportation and were affected by the SoE restrictions on public transportation were granted special leave to work from home.

#### **FURTHER INFORMATION**

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UN Women (June 2020) Across the Pacific, crisis centres respond to COVID-19 amid natural disasters.

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# 9. Provedor for Human Rights and Justice of Timor Leste

#### **KEY FACTS**

**Population:** 1.32m **Women:** 0.65m (49%)

COVID-19 cases: 24 COVID-19 deaths: 0



#### **NATIONAL SITUATION**

COVID-19 was confirmed in Timor Leste on March 21. Following a State of Emergency was declared, and public gatherings were limited to five people. Schools and church services were suspended. All international arrivals faced 14 days of quarantine.

## 9.1. KEY ISSUES FOR WOMEN AND GIRLS AS A RESULT OF COVID-19 AND THE NHRI RESPONSE

This table highlights some of the key issues for women and girls and summarises how the NHRI has responded to those issues.

Issue	Situation for women and girls	NHRI response
COVID-19 data	The government collecting information on the impact of COVID-19 through the Integrated Crisis Management Center (CIGC-Centro Integardo Gestão Crise) working closely with relevant Ministries to collect data to attend all citizens affected by COVID-19, including women and girls, not only based on gender.	assistance from United Nations' Human Rights Unit in Timor-Leste to conduct monitoring during the state of emergency. Monitoring by NHRI is not only part of NHRI's mandate but also obligatory under "state of emergency" law. Example: As identified by PDHJ's monitoring team one safe house (uma mahon) in Oecusse was under no condition to guarantee and continue working to protect the victims of
	The CIGC provides services for those who think they might have been affected with COVID-19 to have do rapidly the test, while monitoring the family from the suspect of COVID-19, including women and girls.	
		The PDHJ reported on the results of the monitoring during SoE to the President of the National Parliament, the Prime Minister and copies to the President of the Republic of Timor-Leste. It recommended to the government to take action and implement PDHJ's recommendations according to the information and data collected by PDHJ's monitoring activities.

Issue	Situation for women and girls	NHRI response
Impact on livelihood	Women have been particularly affected as many have been unable to work, or their income has been reduced, due to the SoE measures imposed.  With little or no money to buy food, women living in both rural areas and urban areas have said that during the SoE their livelihoods have been put at risk.	The PDHJ appreciated that the government approved a guideline from the Ministry of Solidarity and Social Inclusion related to the establishment of a new transition house, during the COVID-19 period, to protect and prevent COVID-19among women and girls victim of crime.
	For instance, a widowed mother living in Dili said that normally through their daily activity, which is to sell bread, she manages to make an income of \$10.00 per day. However, during the SoE period, she could not sell bread because the schools were closed.	Awareness raising: PDHJ produced standing banners and put them in front of the PDHJ's offices in Dili and regional offices and published the information on PDHJ's Facebook, on how greetings to the public would be conducted by PDHJ staff when the public visited the PDHJ offices. Posters on hygiene measures
	Other women said that their small business was closing down because the public transport was not operating, which was impacting greatly their ability to sell their local products in the market.	to fight off COVID-19 were also put up. PDHJ set up portable stands so the public and staff can wash their hands before entering the building.
	their local products in the market.  The governments of Timor-Leste approved monetary support for households who have income under USD500 per month of USD100 per month (March and April) with a possible extension.  Low income  Lack of access to food  Lack of public transport  Lack of access to online education	<ul> <li>Advocating: The PDHJ released a report, in Tetun, on the SoE from March 28 to April 26, 2020 on COVID-19. In the PDHJ's report it has recommended to the government to take action such as:</li> <li>• re-open safe houses (uma mahon) for women and girls and allocate more funding to them through the COVID-19 State Fund, in order for them to be able to receive more victims during the state of emergency</li> </ul>
Access to facilities		
		<ul> <li>create obligatory transition houses to hold new victims for 14 days, before they are allowed to enter safe houses</li> </ul>
		<ul> <li>provide financial support for vulnerable groups including women and girls in need</li> </ul>
		<ul> <li>provide masks, hand sanitiser and portable hand washing basins, especially to the community who are vulnerable, including women and girls so they can abide by the rules of the state of emergency</li> </ul>
		<ul> <li>provide vulnerable families with funds and food, and immediately to implement on-going financial support measures and basic goods/food for vulnerable families, including women.</li> </ul>
		Collaborating: The PDHJ is linking with UN Women to address issues for women and girls.

### 9.2. NHRI RESPONSE TO THE COVID-19 SITUATION FOR EMPLOYEES AND COMMISSIONERS

"Currently, we are under "state of emergency", therefore, sometimes we work at home and sometimes we are able to go to work. During this period two colleagues of ours have passed away, making it harder for all staff of PDHJ, as we cannot be together as a family to support the family of these staff members, as custom mandates." 19

During the State of Emergency (SoE) PDHJ developed an institutional contingency plan and an operational monitoring plan and guidelines for all employees to follow, such as:

- not allowing employees to conduct on-site/direct meetings,
- allowing workers to work from home,
- establishing a rotational work schedule to avoid agglomeration of workers on-site, etc.

When working at the Office the PDHJ provided minimum standard of personal protection equipment to women employees at PDHJ offices including masks, hand sanitizers, hand washing facilities.

To consider the specific needs of women staff, the PDHJ established internal procedures and implemented some action, such as:

- a 'work from home' procedure for employees in Dili and in regional offices who were over 55 years of age, pregnant and mothers with babies under five (5) months. A work from home policy was implemented for these employees.
- providing transport to pick up and drop off women employees who were working in the office under the rotation schedule approved.

Women employees at PDHJ were specially involved in decision-making activities such as:

- senior women staff coordinated the monitoring team related to the issue of women and girls in Timor-Leste.
- women staff were responsible for conducting monitoring regarding the issue of women and girls during the state of emergency period result of COVID-19.
- senior staff at PDHJ actively contributed their ideas and opinions to developing internal procedures, guidelines and the PDHJ operational monitoring plan related to the COVID-19 during the state of emergency period.

### **FURTHER INFORMATION**

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Available at https://asiapacific.unwomen.org/en/digital-library/publications/2020/05/in-brief-womens-needs-and-gender-equality-in-timor-lestes-covid-19-response



### Appendix 1: Semi-structured interviews with participants of the course on mainstreaming the human rights of women and girls

### 1. What are some of the issues for women and girls in your country as a result of COVID-19?

- 1.1 Can you give examples?
- 1.2 Is there a focus on collecting information on the impact of COVID-19 on women and girls (including gender disaggregated data) in your country?
- 1.3 Who is collecting this information? Government? NGOs? UN bodies? Others?
- 1.4 Have policies or statements been made in your country about monitoring the disproportionate effects of COVID-19 on women and girls and working to reduce them?
- 1.5 If so, can you give any examples?

### 2. How is your NHRI responding to these issues for women and girls in your country as a result of COVID-19?

- 2.1 Is your NHRI focusing on issues for women and girls related to COVID-19?
- 2.2 Can you share example/s of any initiatives that have been taken or are planned?
- 2.3 Are you collecting complaints data? Is this data gender disaggregated?

### 3. How is your NHRI responding to the COVID-19 situation for employees/ Commissioners?

- 3.1 What are some of the specific challenges that COVID-19 is presenting for female employees? Can you give examples?
- 3.2 Is the NHRI developing policies and practices for employees during this period, that are gender inclusive and considers specific needs of women staff? If so, can you give examples?
- 3.3 Is the situation for women employees being monitored? How is that happening? If not, are there plans to monitor how women employees are affected by COVID-19?
- 3.4 Are women employees involved in developing the NHRI's response to COVID-19 for staff?

### Appendix 2: Survey on the impact of COVID-19 on women staff of the Human Rights Commission of Malaysia (SUHAKAM): April-June 2020

### The survey questionnaire

The questionnaire was anonymous and specific to SUHAKAM women staff only. It consisted of the following sections:

- Demographic
- Working from Home (WFH)
- Relationship with couple during Movement Control Order (MCO)
- COVID-19 (for couple and single)
- Financial situation/support
- Knowledge about how to access and get help.

Ques	Questions		
1	How equipped and ready to WFH since MCO announced on 19 March.		
2	Do you have access to the internet and computer?		
3	Does WFH work for you?		
4	Is your partner helpful and able to share responsibility during MCO?		
5	Is your partner helpful with assisting kids to complete schoolwork?		
6	How are resources including funds shared in household?		
7	Do disagreements happen between you and your partner during MCO period? If so, how frequently?		
8	Is there any physical abuse?		
9	How about your mental health? Are you feeling lonely/depression?		
10	How do you feel if your partner does not stay at home during MCO?		
11	How do you feel as a single woman during MCO?		
12	Question about financial support and financial situation.		
13	Question about whether they knowledge of, and access to, help and counselling.		

### The analysis

#### 1. Introduction

- 1.1 COVID 19 pandemic affect globally including Malaysia. In response, the government imposed several stages of the Movement Control Order (MCO) within the county to fight to flatten the curve. First stages MCO begin from 18 March 14 April with certain areas under Enhanced Movement Control Order (EMCO). Followed the Conditional Movement Control Order (CMCO) from 15 April 4 May and currently in the recovery phase until 31 August 2020. During MCO period, like other organizations, SUHAKAM continues its operation through Work from Home (WFH).
- 1.2 There are some challenges faced among its workforce officials and as National Human Rights Institution (NHRI), SUHAKAM responded through conducting a survey with aim to assess the socio-economic impacts of the "new normal" directly associated with the MCO such as workfrom-home policies (WFH) on SUHAKAM female staff.

### 2. Methodology

2.1 SUHAKAM workforce includes 83 staff (44 female staff and 39 male staff). As mentioned, this survey would be focusing on female staff only. Online survey conducted and respondents were asked questions related to demographic background, WFH, relationship within the family during MCO time, financial situation and support, access, and knowledge to get help.

### 3. Respondent background

- 3.1 The survey involved 28 from a total of 44 SUHAKAM women staff (63.6%), organised in the following age groups:
  - 18-25 years old (10.7%)
  - 26-30 years old (14.3%)
  - 31-40 years old (57.2%)
  - 41-45 years old (14.3%).
- 3.2 From the total number of participants, 57.1% are married while 42.9% are single or unmarried.
- 3.3 53.6% of the participants' households have children, older people and persons with disabilities (PWDs). Size of households range from: two people (14.3%); three people (14.3%); four people (28.8%); and six to eight people (17.9%).
- 3.4 Most households earn monthly incomes of RM 6,000.00 and above (42.9%), followed by RM 4,000.00-RM 6,000.00 (28.6%) and RM 2,000.00-RM 4,000.00 (21.4%).

### 4. Findings

- 4.1 In terms of acceptance of the new WFH policies, most survey participants (89.3%) agreed that SUHAKAM should continue to implement this policy post COVID-19. Despite challenges such as lack of equipment and internet access, they find that the policy has helped them to better manage caregiving responsibilities and domestic work at home, as well as to save commuting time and reduce risks of infection. Reasons cited include:
  - "no need to worry about sending the children to the crowded day care centre"
  - "more time to manage the home and work at the same time"
  - "able to monitors children's safety more closely and see them grow
  - "able to care for nieces, nephews and elderly parents, especially when spouse is a frontliner working in the healthcare sector".

- 4.2 The need to address the issue of the digital divide where most participants are also comfortable working from home (67.9%). Others remain uncomfortable, for reasons including:
  - "no full access to laptop, having to share it with colleagues (on rotation) or other family members"
  - "unsatisfactory access to the internet"
  - "uncomfortable using online meeting applications"
  - hard to focus on work because need to manage domestic work such as childcare, cooking, etc".
- 4.3 Out of 18 participants with spouses, 16 felt that their spouses have been helpful in sharing domestic work and fulfilling basic needs during the MCO. The remaining two stated that their spouses could not help because one is a frontline worker and the other has interstate work (essential service).
- 4.4 In terms of sharing responsibilities over children's online education at home, most participants (61.1%) expressed that their spouses have been helpful. Unpaid care work and stereotyping roles among career females that need to strike a balance between chores and their office work would be minimised if responsibility is equally shared among their spouses and other people in the household.
- 4.5 Most participants (82.4%) agreed that their spouses have been contributing and sharing the financial burden such as in supply of groceries and basic daily needs. However, two participants reported to have had spouses who lost their jobs and source of income during the MCO. Three participants have had to find additional sources of income to fulfil basic needs during the MCO. Seven participants have not received cash assistance under the government's National Care Assistance scheme (Bantuan Prihatin Nasional) for B40 and M40 households, including due to irregularities in the payment of salary.
- 4.6 No domestic violence has been reported. However, five participants still reported to have experienced loneliness, anxiety and/or depression during the MCO, including due to financial problems, work pressure due to crowded household and fear of exposure to the disease outside the home. Mental health issues were among other issues that urgently needed to be addressed.

### 5. Conclusion and recommendations

- 5.1 The findings of this survey highlight some gender issues occurring within SUHAKAM, such as concerning the digital divide, income inequality, unpaid care work, mental health and gender stereotyping that may have been exacerbated with COVID-19. To determine whether the situation has amounted to discrimination, future surveys and studies will be conducted including to collect and analyse comparative data on male employees.
- 5.2 SUHAKAM Management should leverage on the findings of this survey to continue implementing the work from home policy beyond COVID-19, and to provide infrastructural support such as laptops, access to file and reference database, and internet access subsidies, in order to support female SUHAKAM employees.

#### OTHER RESOURCE MATERIAL

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- Guidelines on Mainstreaming the Human Rights of Women and Girls. Available at www.asiapacificforum.net/media/resource\_file/APF\_NHRI\_Guidelines\_Mainstreaming\_pCkDLRa.pdf.
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### Asia Pacific Forum of National Human Rights Institutions

GPO Box 5218 Sydney NSW 1042 Australia

E: apf@asiapacificforum.net W: www.asiapacificforum.net