



We are done with playing the same old game;

WE DEMAND CHANGE

Violence against Women & Girls (VAWG) in the Greater Horn of Africa during COVID-19

Strategic Initiative
for Women in the
Horn of Africa



SIHA Network

About SIHA Network:

The Strategic Initiative for Women in the Horn of Africa (SIHA) is an indigenous and women-led network of civil society organizations from Djibouti, Eritrea, Ethiopia, Somalia, Somaliland, South Sudan, Sudan, and Uganda. SIHA was established in 1995 by a coalition of women's rights activists with the aim of strengthening the capacities of women's rights organizations and addressing women's subordination and violence against women and girls in the Greater Horn of Africa. Today SIHA continues to work with grassroots civil society activists to build and strengthen women's rights, focusing particularly in the areas of access to justice, economic empowerment, mixed migration, ending violence, and movement building.

SIHA envisions all women and girls in the Greater Horn of Africa having the right to live in a peaceful and just environment and having the ability to exercise their equal rights as human beings.



Cover Art:
Hussein Mirghani

CONTEXT - SPECIFIC FINDINGS



ETHIOPIA



DJIBOUTI - SOMALIA - SOMALILAND



SOUTH SUDAN



SUDAN



UGANDA

INTRODUCTION

There is an attitude that VAWG is unimportant in the face of the COVID-19 pandemic. This briefing paper endeavours to highlight just how untrue and unjust that attitude is.

The disproportionate impacts of COVID-19 on women and girls in the Greater Horn of Africa stems from structural and systemic inequalities that existed before the pandemic. Closely following the social, political, and economic impacts of the COVID-19 crisis, SIHA staff in Djibouti, Ethiopia, Somalia, Somaliland, South Sudan, Sudan, and Uganda have observed an increased prevalence of VAWG in these countries. Evidence of this dangerous trend has been extracted from SIHA's work in the region, alongside insights from SIHA staff and members, and an amalgamation of the lived realities of women and girls that have been documented over the past two months.

It is abundantly clear that the economic and health crisis of COVID-19 is quietly feeding into a shadow crisis: VAWG. The increased risk and exposure to violence that women and girls are facing has begun to receive attention, but so far, little government action has been taken to address this issue, and in fact, many COVID-19 response measures are exacerbating the problem. When implementing measures necessary for public health, governments have a responsibility and a duty to implement them alongside complementary measures which use gender-responsive approaches to ensure that the equal rights of women and girls are fully protected. Until the protection of women and girls from discriminatory violence is prioritized, Greater Horn of Africa leaders will continue to govern their nations with blood on their hands.

Because of a lack of gender disaggregated data, we cannot know the full extent of the impacts the COVID-19 crisis has had on increasing violence against women and girls. However,

we must not let history repeat itself

The increase in VAWG that occurred as a result of the Ebola epidemic of 2013-2015 in West Africa is well

documented¹. Similarly, mounting quantifiable evidence demonstrating the increase in VAWG across Asia, Europe, and the Americas as a result of the COVID-19 crisis are being reported daily². However, in the Greater Horn of Africa (GHOA), the data collection process is moving a bit slower. Partially, because this part of the world was hit by the pandemic a bit later than much of the rest of the world, but also because the collection of gender disaggregated data is not being prioritized. During the West African Ebola outbreak, the documentation of gender disaggregated data was also not initially prioritized. Women and girls sustained further injuries or died during that delay. We cannot let this happen again with COVID-19 in the GHOA. Moreover, reporting of VAWG may also be lower during this time because, the expectation that women must prioritize the needs of others over their own suffering—something society continues to construct as fundamental to the nature and identity of women – will be exacerbated by mobility restrictions and the atmosphere of a greater need for self-sacrifice in the face of the pandemic. This further underscores the need to shift policies, norms, and beliefs which impede women from reporting.

Currently prevention of VAWG and providing support for survivors is neither viewed as “essential” nor prioritized by governments across the GHOA region. To make matters worse, women are caught in a double bind: increased triggers of violence at the same time as the support and protection services are being closed, limited, or losing funding. Governments across the region fail to recognize the importance of civil society and women’s rights groups who provide direct support to survivors or advocate for their health, safety, and rights, in engineering COVID-19 responses. This exclusion is particularly harmful, as these groups have the experience, contextual knowledge, and perspective necessary to ensure that COVID-19 response measures do

not deepen gender inequalities. This briefing paper identifies six key characteristics of the COVID-19 pandemic response in the GHOA that are exacerbating violence against women throughout the region. Discussion of these factors is followed by context-specific key findings from countries throughout the region.

COMMON FACTORS OF THE PANDEMIC

1. QUARANTINE/CURFEW ORDERS

Quarantines, mandatory curfews, and public gathering bans have been implemented across the GHOA in order to stem the spread of COVID-19. These measures have required that only industries categorized by the government as *essential* are allowed to continue operation outside of the home. This has resulted in generalized damage to economies across the region and loss or reduction of income for the majority of people. The impacts of the dire states of these economies is felt acutely by women,

“All the activities which women were doing to earn their living have stopped”

– woman street vendor, South Sudan

who are disproportionately represented in the informal economy, which is characterized by precarious labour conditions, low wages, and are generally accorded low levels of appreciation and respect.

“It has reduced my daily income. It is really tough to make ends meet.”

– woman fruit/vegetable vendor, Somalia

The sharp drop in income that families across the region have experienced, has resulted in

1 International Rescue Committee. (September 2015). Are We There Yet? Progress and challenges in ensuring live-saving services and reducing risks to violence for women and girls in emergencies

2 The Guardian. (2020, March 28). Lockdowns around the world bring rise in domestic violence

tensions in the household due to the emotional strain brought on by hunger, thirst, the inability to provide for family/children, and lack of access to work or leisure activities outside the home. Varying degrees of cultural acceptance for husbands using some degree of violence against their wives in this region, leaves the door open for these tensions to erupt into domestic violence. When men feel their masculinity is being threatened or eroded, by their lost or compromised ability to contribute financially to the household they may seek to re-establish it through displays of violence or taking control of their partners' resources or finances. These patterns have been observed by urban poor women throughout the region. The quarantines also mean that women are more cut off than usual from friends and others who might support/help them as well as limiting their access to support/protection services. In cases in which women might be able to access counselling services over the phone, they are often unable to do so as they are confined to a small living space with their abuser and may not be able to risk him overhearing the call.

2. SCHOOL CLOSURES

For families whose parents work in essential industries, such as women who vend food on the streets and in markets, this leaves children home alone while parents are at work, which places girls in a position of increased risk of violence. The lasting impacts of rape upon adolescent women and girls in the GHoA, are further complicated by the COVID-19 measures, which decrease the likelihood that the girls will be able to access contraceptive services in a timely manner. This lack of contraception will increase unintended pregnancies, at a time when, due to COVID-19 induced financial strain, many girls in the region may not have access to sufficient levels of nutrition to ensure they and their new-borns survive the pregnancy and postpartum periods.

3. HAND WASHING DIRECTIVES

In the GHoA fetching water continues to be a task that is nearly always delegated to women and girls, and in parts of the region this may involve hours of walking in each direction. Women and girls are also expected to collect firewood for the family. On their way to bring water and firewood home to their families, women are highly exposed to the risk of violence, usually in the form of sexual assault.

4. LACK OF AWARENESS, MISINFORMATION, AND LIMITED RATES OF TESTING

A combination of inaccurate or low awareness about COVID-19 combined with low testing rates, and in some cases, government directives advising the sick to stay home, combine to result in a dramatic increased exposure to COVID-19 infection for women and girls. Because women and girls are expected to do care work, they are more likely to be infected – which may lead to higher infection rates among women, potentially leading to women being blamed for bringing the disease into their families and communities. This was the case in Sierra Leone with the Ebola outbreak, where the link between increased VAWG and blaming women infection has been documented³.

5. EXPANSION OF POLICE POWER AND MILITARIZATION

In response to the COVID-19 pandemic, governments across the GHoA have expanded police power directly and indirectly – by not holding officers accountable for excessive use of force and intimidation. The increase in police power has been accompanied by the militarization of public space, which governments have attempted to justify by leveraging the climate of fear that surrounds COVID-19 to frame national efforts to contain the virus as a national emergency akin to war, where any means law enforcement officers use are justified so long as they enforce

³ International Rescue Committee. (September 2015). Are We There Yet? Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies.



COVID-19 containment measures⁴. This has led to increased prevalence of police violence as officers are emboldened by a deepening sense of their importance and impunity. SIHA has documented increased observations of law enforcement officers across the region harassing, exploiting, beating, and confiscating the wages and wares of women, as part of a campaign of intimidation being mounted by police, which targets, among others, women street vendors.

6. LACK OF A GENDER-RESPONSIVE APPROACH TO THE CRISIS

As healthcare systems across the region are overwhelmed by COVID-19, services that prevent VAWG or support survivors have largely been deprioritised. This is a direct result of the fact that none of the GHoA governments have truly taken a gender-responsive approach to this crisis. Leaders in the region have used the COVID-19 health crisis as an excuse to ignore VAWG or mask it through the language of what is and is not considered an 'emergency'. The president of Uganda, in perhaps one of the most damaging single comments from a GHoA national leader during this crisis (upon the levels of VAWG), made light of domestic violence during one of his presidential addresses to the nation. In his comments he joked about domestic violence reporting, saying that people should not concern the police with such calls as they are busy keeping the public safe from COVID-19. His remarks highlight a tolerance for VAWG that is prevalent across the region. Many national leaders – including Museveni later on – have paid lip service to the importance of protecting women and girls, however

POLICIES SPEAK LOUDER THAN WORDS.

Governments throughout the region are alienating civil society and women's groups from the entire COVID-19 response and recovery

process, in keeping with a long history of this kind of treatment. The COVID-19 measures which restrict travel and all business that are deemed non-essential by the government, have made it difficult for women's rights NGOs/CBOs as well as VAWG prevention and recovery service providers to continue their service provision and advocacy work. These groups have lost funding, and while continuing to do as much of this work as possible from home, they face difficulties of regular power outages, poor internet connectivity, amongst others. This is a highly dangerous time for women's rights groups and VAWG prevention and recovery service providers to have a decreased capacity to serve, protect, support, and connect with vulnerable women in our communities. Like the other devastating impacts detailed in this briefing paper, this will continue to impact women and the movement advancing their access to rights even after the pandemic ends as it will take time to rebuild what has been lost during this crisis. It must be noted that these losses were avoidable, and it is still possible to mitigate them: by investing in prevention and recovery services for women in partnership with civil society and women's groups. This partnership must be characterized by genuine sharing of powers, in which civil society and women's groups have influence over planning and implementation.

Deprioritising VAWG prevention and survivor support has also worsened the already weak reporting and justice infrastructures of GHoA countries. Many courts across the region have been closed, and law enforcement officers are giving even less priority and time to address VAWG than they did before the COVID-19 crisis began. Before the COVID-19 crisis women and girls throughout the region faced significant barriers in pursuing accountability of perpetrators of violence. Across the region women report social stigma against women who report as well as well-founded fears that police officers will not file a report because

⁴ Giroux & Filippakou. (April 2020). Militarization in the Age of the Pandemic Crisis. <https://www.e-ir.info/2020/04/22/militarization-in-the-age-of-the-pandemic-crisis/>



the will either refuse to believe the survivor's account or because they will characterize such an incident as something to be worked out informally, not meriting a formal police investigation and carriage of justice. In the midst of the COVID-19 crisis, women and girls across the region face even more barriers and increased risks in reaching a police station to report violence they have experienced, and as such they are even less likely to take these risks, as they know the journey is unlikely to even result in a case being opened.

CONTEXT-SPECIFIC FINDINGS

1. ETHIOPIA

Unlike in other countries in the region, Ethiopia has refrained from implementing a full lockdown, opting instead to ban large gatherings and close schools under a declared state of emergency⁵. Despite this effort to ease the financial strain on the informal economy by avoiding full lockdown, the ban on gatherings has negatively affected incomes for much of the informal sector, which operates in market spaces and other places that are characterized by large gatherings. According to UNICEF, Ethiopian women are overrepresented in the country's informal sector. This means that a large section of working women in Ethiopia will face some of the most severe income losses, without the benefits of social protection mechanisms. One woman shared with SIHA that she is on the verge of being kicked out by her landlord because, without her normal income, she has no way to pay rent:

“I sell tea, coffee, and food to students, teachers, and government employees, but

now that schools are closed no one comes to buy things from me.”

In wake of the economic downturn brought on by COVID-19, one of SIHA's partners in Ethiopia has documented a pattern of men refusing to provide child support money, exacerbating the economic burden borne by women, as well as an increase in domestic violence in the country. This pattern was further exacerbated by the rapid increasing prices of several basic commodities in Ethiopia due to pandemic response measures.

In Ethiopia, where an emergency shelter for women was established in expectation of the increased VAWG in the context of the COVID-19 crisis, the Addis Ababa Women and Children's Affairs Bureau gave a television interview on the increase of VAWG. In the interview, the Bureau highlighted a gruesome rape of two teenage girls by their father and uncle. The Bureau also reported that rape, has risen as a result of the school closures, noting that,

“more than 100 girls have been raped since the outbreak of COVID-19, which authorities attribute to school closures⁶.”

Additionally, the Amhara Bureau of Women Children and Youth Affairs has reported an increase in child marriage in the region during the COVID-19 related school closures. The Bureau reports that it has intervened to stop 540 child marriages during the crisis, but they worry about the unknown numbers of girls who have been married without a chance for intervention⁷. These worries are intimately connected with the school closures because schoolteachers report that tips about planned child marriages were often acquired at schools, and funnelled

5 Oqubay, A. (June 2020). Ethiopia's unconventional COVID-19 response. World Economic Forum.

6 Adriaanse, C. (June 2020). 'School closures factor in rape of Ethiopian girls during Covid-19 lockdown'. Independent Online.

7 Wuilbercq, E. (May 2020). Hundreds of child weddings thwarted in Ethiopia as coronavirus locks girls out of schools. Reuters.



through teachers to the appropriate intervening authorities⁸. These circumstances speak to the potential for the school system to be used as a mechanism for protecting girls as well as educating them.

Apart from giving lip service to these issues which are equally devastating as the virtues itself, there has not been any concrete government action, and women's rights organizations are fragmented and have not been able to come up with one strong voice. This is evidenced by the fact that some common forms of VAWG, such as marital rape, are not criminalised in Ethiopian law, while the direct criminalisation of other forms of VAWG, such as domestic violence, child marriage, marriage by abduction, rape outside marriage, and FGM/C are reported to often be weakly enforced or poorly implemented⁹. The fact that the Ethiopian government has still not taken steps to strengthen enforcement and implementation of laws against VAWG is highly indicative of how little priority the state actually gives to the safety of women and girls. Moreover, women report that the law enforcement and justice systems rarely take survivors seriously without eyewitness accounts and other hard evidence, which is often difficult to secure in sexual and domestic violence cases. These factors are significant deterrents already but are exacerbated by the COVID-19 movement restrictions, which make it difficult for survivors to escape abusers if they are living together. Despite these many deterrents, SIHA recorded 40 cases within the first month of the crisis period and was advised by the Ministry of Women, Children, and Youth Affairs that another 50 survivors had been relocated to shelters away from their abusers within the same timeframe.

Women in Ethiopia report that they are experiencing increased state surveillance as well as police brutality during the COVID-19 crisis, making neither the home nor the streets a safe place for women and girls in Ethiopia. Simultaneous with the increase in VAWG, funding and support for organizations and service providers that help survivors has decreased and some have had to reduce their services in order to meet safety standards for their workers. Setaweet, for example, had to temporarily suspend their survivor services hotline due to the COVID-19 crisis, though thankfully the hotline has recently been reinstated.

2. DJIBOUTI – SOMALIA – SOMALILAND

In Djibouti, Somalia, and Somaliland the tensions over food and income scarcity in families as well as male frustrations over the inability to generate income are some of the primary factors contributing to the increase in intimate partner violence during the COVID-19 crisis. Polygamy is legal in all three countries, but Djibouti has much stronger family and women's rights laws. Even though Djibouti's legal framework is much more progressive, cultural norms and pressures mean that women in Djibouti face many of the same exploitative dynamics in polygamous relationships as in Somalia and Somaliland. In this dynamic, wives are placed in positions of having to compete for attention, love, resources, etcetera from the husband, and this dynamic makes them susceptible to exploitation by the husband. Furthermore, it pushes wives to tolerate abusive behaviour because they know

8 BBC News. (May 2020). Coronavirus is said to have increased premature marriages following the closure of schools in the Amhara region.

9 African Rights Monitor. (June 2010). Submission from African Rights Monitor to the Committee on the Elimination of All Forms of Discrimination Against Women, 22 October, Geneva.

Getachew, Semhal. (March 2010). Interview by Jane Williams in "Fighting Violence Against Women in Ethiopia," Redeye, Vancouver Cooperative Radio.

Refworld. Ethiopia: (December 2011). Domestic violence, including legislation, state protection and services available to victims (2007-2011)

United Nations (UN). (February 2011). UN Entity for Gender Equality and the Empowerment of Women (UN Women). "Ethiopia: Regaining Hope for Life."

United States (US). (April 2011). Department of State. "Ethiopia." Country Reports on Human Rights Practices for 2010.



that if they are the only wife to complain they may lose favour and be ejected from the home, as men are also the ones with control over the home and property.

In Somalia and Somaliland, the sale of Miraa, a stimulant drug which is also known as khat, has been banned as a non-essential good. The drug has traditional significance and is chewed disproportionately by men. As a result, Somali women have reported that the high rates of Miraa dependent men who are now confined to their homes with the women and girls who are their wives and family while the men face withdrawals is exacerbating domestic violence. One of the women SIHA staff spoke with explained that,

“now that Miraa [Khat] is banned and men are doing nothing, they tend to quarrel with their wives. This results in domestic violence. Men ask for money from the daily sales of their wives’ small businesses, if they are not given, they become violent.”

When asked if she had heard or witnessed any incidents of violence or harassment of women in her community, one Somali woman food vendor replied:

“yes, brutal killing of women during the night due to the lockdown and the curfew. We cannot buy a simple milk from the shop during the night.”

On top of the increased violence women and girls are facing due to the COVID-19 crisis, they are also cut off from their social support networks, as one woman interviewed in Somalia pointed out,

“I can no longer freely visit my family and friends for fear of COVID-19.”

– Somali woman.

Moreover, the reduction in income is most acutely felt by women in these three countries as they are predominantly represented in informal labour work, typically selling goods in public places. Even within the informal sector, women are saddled with a greater amount of the blame, as one Somali woman vendor reports,

“Women like me who are street vendors, people now view us as unhygienic business operations. They believe vegetables carry germs which might cause diseases.”

Women and girls are being increasingly targeted by police violence in all three countries. Our staff in Djibouti report that officers frequently hurl verbally abusive attacks at women working in markets and public places of sale. Many women report that they are exposed to police violence even when acting in full compliance with the curfew.

“Police start kicking and spilling my milk before curfew time”

– woman street vendor, Somalia

“I witnessed the police beating a woman street vendor and destroying her materials.”

– woman street vendor, Somaliland

Other vulnerable groups that have been targeted by the police include residents of Internally Displaced Persons (IDP) camps. One



of SIHA's member organizations reports that in Hargeisa the police have evicted people from their homes in the IDP camps and destroyed the homes. Also, across the three countries all international and government aid or relief measures are focused on food and cash. There is a dangerous lack of a gender-responsive approach thus far in the crisis which results in more women and girls being exposed to violence, yet with less access to support services and accountability. The whole referral system has collapsed because the medical services sector is overwhelmed dealing with the COVID-19 crisis.

In Somalia and Somaliland, women who attempt to report abuse are required or pressured to pay all procedural fees associated with detention, arrest, and trial. In practice, this means that if women cannot afford to pay, their perpetrator will go free, even in the face of ironclad evidence. This is exacerbated by COVID-19's negative impact on women's incomes, as this even further limits their possibility of having access to sufficient funds to see their attacker held accountable before the law. Further, the clan-based structures of both societies often mean that the clan leader or the Sheikh needs to deem your case to be true before it can be seen as legitimate. In this way these traditional leaders are positioned as gatekeepers to access to justice, and they are nearly always male, and will often take the male abuser's side.

Particularly in Somalia, a sharp increase in FGM/C procedures have been documented in connection with school closures and financial strain due to COVID-19¹⁰. Nurses report receiving higher than normal requests from to perform the procedure on their daughters while the school are still closed. Moreover, FGM/C practitioners, who depend on the income they receive from performing FGM/C on girls, have been observed knocking on doors to offer their services.

In Somaliland, a pattern has emerged whereby groups of young boys have been breaking into

the homes of girls whose parents are away to sexually assault them. One of the women street vendors who sells food in Hargeisa confided her fears to SIHA staff:

“our children are also at risk, we do not know what will happen to them as they are staying home.”

3. SOUTH SUDAN

South Sudan's quarantine measures have severely destabilized the sources of income available to most women in the country, particularly as petty trade is one of the few means women have to access an income. These financial strains and lost incomes result in the bodies of women and girls being commercialized at significantly higher rates, both through commercial/survival sex and through forced child marriage in exchange for bride price for the family.

SIHA staff in South Sudan reports hearing domestic violence against women during the night. This means that curfew is in place, preventing anyone from leaving their homes to intervene or provide support to the women they hear crying. Staff note that the women in South Sudan face significant barriers against reporting violence, as they fear community leaders will intervene on the side of the abuser. A woman interviewed in South Sudan shared her observation that

“around the neighbourhood many cases of domestic violence have occurred during this period.”

Another result of women being cut off from their incomes is that they will be more likely to engage in commercial and/or survival sex, to be sold by

their parents for bride price, to be economically dependent on their abuser – allowing him/them to control the woman’s access to anything that costs money including food, water, and a phone. All of these situations place women in positions in which their vulnerability to violence is significantly heightened. The trend of exposure to violence through commercial and survival sex was particularly noted in South Sudan, where one woman commented that,

“there are also some girls who are trying to survive through sexual practice in the hotels after losing their businesses some of them are sexually exploited for survival.”

The gendered risks associated with the increased need for leaving the home to procure firewood and water are particularly present concern in South Sudan where, echoing the sentiments of many others, one South Sudanese woman called those long walks

“the most risky factor which exposes women to rape.”

The need to wash hands more regularly means women and girls must make these dangerous journeys to collect water more frequently per day, which drastically increases the probability each woman and girl faces of experiencing sexual violence. Moreover, because law enforcement energies in South Sudan have been diverted away from VAWG prevention to COVID-19 mitigation, the limited police officers stationed along some of the water and firewood routes have left these posts, leaving women and girls more exposed.

Many survivors are unwilling to report because they and their families are often threatened by the perpetrator(s) and they know that the police are unlikely to take them seriously. Police officers in Sudan rarely believe or take women’s accounts of abuse seriously, and they often side with the husband, placing the blame on

the wife for having provoked the violence. To make matters worse, survivors are required or pressured to pay all procedural fees related to detainment and trial of the perpetrator, thus if women in South Sudan want accountability, they will have to pay for it, and most do not have the means, particularly with the serious decline in income that the COVID-19 crisis has caused. The weakness of South Sudanese justice institutions combined with the lack of law enforcement sensitization to sexual violence against women and girls as well as the way the COVID-19 crisis has exacerbated this issue, contributes to increased rates of such violence as survivors stay silent, perpetrators go unpunished, and the entire cycle of gender-based sexual violence becomes simultaneously normalized and ignored.

SIHA operates a One-Stop Centre for women and girls who have experienced violence. Despite all the factors that push survivors to stay silent including decreased mobility due to COVID-19 response measures, SIHA staff report an increase in the number of women and girls coming to the centre for services. Currently, the centre received about 40 cases per month. Many hospitals and clinics are refusing to accept survivors, over fears that they may have COVID-19. There are also no safe housing facilities for survivors to be placed in, and thus SIHA and other activists must find families or orphanages to host the survivors on a case by case basis. In rebel-held areas, women and girls have even less access to support services and functioning accountability mechanisms.

The focus of the aid sector and the government in South Sudan have completely shifted off preventing or responding to violence against women and girls to rest exclusively on food and/or cash assistance. While access to food and income are very important pieces of preventing violence against women, they are not the root cause which drives the violence. The lack of a gender-responsive approach in South Sudan results in women and girls facing even more barriers blocking their access to safety and justice.



Women who sell tea in public places and by the roadside have reported that the police are beating them or extorting them for money more often than before. This is in line with the pattern emerging across the region with an increased level of police power accompanied by an increased abuse of that power by law enforcement actors. In South Sudan, SIHA staff also report that the government decisions to reopen bars and hotels but not to allow women to sell their wares shows a dangerous disregard for the gendered impacts of this crisis and associated response measures. These policies mean that women continue to be unable to access income through vending; however, the hotels are open which is where commercial sex is most known to take place, leaving many women and girls with few other options to secure an income. Knowing their husbands or male partners may be out buying commercial sex during the day, may lead more women to attempt to refuse sexual intercourse to reduce their own risk of contracting COVID-19. This contributes to the potential for women to face violence in their own homes because women in South Sudan report that many men believe refusal of sex is a valid justification for violence¹¹.

4. SUDAN

Having only just overthrown a 30 year-long militant Islamist regime a little over a year ago, women in Sudan face one of the most legally restrictive and institutionally exclusionary environments in the region. Despite endless promises, the Sudanese Transitional Government has done very little to improve women's access to employment, training, property, and resources. The deeply institutionalized impoverishment of Sudanese women has left them in a position in which they are highly vulnerable to violence. While COVID-19 has hurt the Sudanese economy generally, the brunt of this damage has been sustained within the informal sector. In Sudan,

women are three times more likely than men to work in the informal sector. Within the informal sector, women typically occupy the much more fragile position of tea vendors because it is much harder for them to access the wealth needed to acquire their own shop. In a press statement, the Women Cooperative Union, an association of 13 registered cooperatives in Khartoum, reminded us that many in this sector are still recovering from the state violence they were exposed to after the Khartoum sit-in last year:

“In the wake of the sit-in’s dispersal, 5000 tea and food vendors lost all their tangible belongings and means of livelihood and were directly targeted”

Women tea sellers have long been converted into scapegoats for community problems. With the COVID-19 crisis, these women are once again being unjustly blamed for the virus, and thus shoulder a greater burden of lost customers. The precarity of their access to income leaves women with greater exposure to violence and little means to pursue justice or support services.

“We are witnessing physical abuse, more severe than before. I never imagined someone could hurt their wife or sister that badly.”

– SIHA staff in Sudan

In contrast to the patterns observed in several other countries in the region, in Sudan, husbands are not the only perpetrators of the domestic violence that has risen under COVID-19 quarantine measures. Fathers, brothers, and uncles are all common perpetrators of VAWG in the country. This pattern is supported by the 1991 legal codes which excuse male guardians

11 Danish Refugee Council. (2012, July). A Sexual and Gender-based Violence Rapid Assessment: Doro Refugee Camp, Upper Nile State, South Sudan.



from any legal consequences for abusing the women in their families, as this is seen as part of the ‘male guardianship’ role (qawama in Arabic). According to Sulaima Ishaq, Head of the Combating Violence against Women Unit of the Sudanese Ministry of Social Development, 25 women called the Unit’s recently opened survivor support hotline in the second half of May (12th-31st). Sulaima noted that the idea for opening the hotline came in response to worries that women are facing more violence and have fewer opportunities to escape it, due to the quarantine and curfew measures in Sudan¹².

In one of the more gruesome single attacks SIHA has documented in Sudan, a woman was attacked by her husband with a sword just days after she had given birth. The woman continues to heal from the severe injuries inflicted upon her while her attacker faces no consequences.

What was his reason for using such horrific violence on his wife?

She refused to cook for him, as she was still recovering from childbirth¹³.

Survivors of domestic violence in Sudan face a particularly weak legal framework in terms of protecting women and girls from Violence. Sudanese legal codes, most of which remain untouched from the militant Islamist ex-regime, do not acknowledge domestic violence as a crime.

“At the Combating Violence Against Women and Girls Unit we were surprised that there is no legal framework to help us do our jobs properly”

– Sulima Ishaq, Head of the Unit. In the midst

of the COVID-19 crisis, misogynistic norms and beliefs within Sudanese society are being intensified. Women in abusive households are now trapped with their abusers because of the quarantine measures, and their ability to access support over the phone is compromised by the fact that men often have control over the phones of their wives or female family members. The quarantine also makes women and girls even less likely to report the violence they experience to the police because Sudanese police are not well-trained to handle domestic or sexual violence cases and are highly likely to take the side of the abuser. Moreover, SIHA has received reports that because of worries over the spread of COVID-19 in jails, the Sudanese police are releasing perpetrator, typically within hours of detaining them. Overall, a lack of coordination between governing bodies and ministries and the absence of a gender-responsive approach has allowed women in Sudan to fall between the cracks, facing significantly increased risks of violence due to the many exacerbating factors of the crisis while receiving very little support.

In line with the pattern of militarization across the region, hundreds of Sudanese Army soldiers and Rapid Support forces militia members have been injected into the Khartoum area¹⁴. Ostensibly in place to encourage compliance with COVID-19 response measures, this increased presence of military and militia in civilian streets is particularly worrying given the institution’s history of targeting women with violence. This policy choice by Sudanese leadership indicates a complete lack of gender-responsive in their approach to this crisis.

12 Reliefweb. (May 2020). How a phone number is preventing GBV in Sudan.

13 This attack occurred shortly before the first COVID-19 case was documented in Sudan, however it is illustrative of the how such a minor transgression of misogynistic norms or rules can lead to such severe outcomes for women and girls in their own homes.

14 Dabanga. (May 2020). Sudan’s military employed to enforce anti-Covid-19 measures.



5. UGANDA

Intimate partner violence in Uganda is on the rise in the face of the region's strictest COVID-19 response measures. Within the first 14 days of national lockdown, the Ugandan police had already recorded 328 cases of domestic violence¹⁵. The strict measures have caused severe income disruptions for many families, leading to a home dynamic where lack of food, income, and freedom of movement gives way to rising tensions. Unjust yet common gender norms place the lion's share of responsibility for household maintenance, cleaning, cooking, and childcare on women. With so much responsibility to bear, women are often blamed for any misfortune in the house. A Ugandan woman who provides for her family by selling produce spoke to her experiences of this dynamic in her own home:

“because there is no actual income my husband was bringing home, I feel he is threatened by me as the sole provider of the home and this makes him quarrel and beat me.”

Other women have lost their savings because their husbands take it to use for their own purposes, and the women do not feel they can argue against this because it could provoke a violent response from their husbands, and they know they will have to stay with their husbands due to the quarantine and lack of survivor shelter availability.

Polygamy is quite prevalent in Uganda, particularly in the capital city, where men have greater access to income and resources. Like in Somalia, Somaliland, and Djibouti, the dynamic within polygamous households often becomes

exploitative, and contributes significantly to a woman's choice not to report domestic abuse.

Additionally, in trying to reach many of the women SIHA works with in Uganda, we have noticed that often times a man answers the phone first, indicating that it is common for men to have control over the phones of their wives or that the two share a phone – making the woman's ability to use the phone without his knowledge nearly impossible. The plight of Ugandan women working as food vendors took a significant turn for the worse on 30th March, when President Museveni announced that essential workers could only continue to work if they work from home or encamp at their place of work. This left women who are dependent on daily wages to survive and cannot sell their foodstuffs from home, with no choice. Thus not only have Ugandan women food vendors been living in uncomfortable and unsafe conditions without mosquito nets next to the area where they sell food, but since the restrictions were eased allowing them to return home again, many are facing suspicion and possibly violence from their spouses who lost direct control over the women's space and time during the encampment period.

The particularly strict quarantine directives in Uganda have resulted in higher maternal and child mortality rates as women are being forced to walk to hospitals in labour, often failing to arrive in time to save the life of the mother or the child or both¹⁶. Women have also expressed worries that male youth may be raping their female siblings or family members while they are forced to remain home together during lockdown.

The expansion of police power is especially notable in Uganda where Local Defence Units have been granted high levels of immunity, urban and rural spaces have been militarized, and the president has used his national addresses to threaten and subordinate population. Recently,

15 The Independent. (April 2020). Police records 328 cases of domestic violence during COVID-19 lockdown.

16 The Ugandan government relaxed the quarantine directives somewhat in response to the maternal and newborn deaths. This move helped, but it is not enough, and pregnant women still face significant barriers in receiving timely treatment.



over 100 street vendors were arrested in Lira and sent to prison over two weeks because they could not afford the bail of 100,000 Ugandan Shillings. Many of those arrested were widowed women. A woman fruit vendor told SIHA that she has seen the police violently seizing the fruit women sell and redistributing that stolen food in the police barracks. She also highlighted that, rather than being restricted to the vending environments, this police brutality followed her home:

“One day the police also broke in to my home and wanted to take my foodstuffs that were brought from the village, being a street vendor the authorities perceive that all foodstuffs we have are for sale, I was so disappointed by this act, I hope this is not

happening in other areas because women continue to carry the burden of looking after the family.”

Likely due to the expansion of their impunity in the streets, there are also increasing rates of LDU’s subjecting their own wives and daughters to further violence at home.

Survivors of violence doubly suffer from the decrease in support services available in Uganda as a result of the strict COVID-19 response measures which have limited the mobility and activities of many survivor support services (either because they are not considered essential or because they are being reserved for addressing COVID-19). FIDA-Uganda, for instance, has been a first point of contact for women after experiencing violence, but current government restrictions mean that their office is now closed.

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