

# REGIONAL ACTION PLAN ON GENDER-BASED VIOLENCE

## IN THE MIDDLE EAST AND NORTH AFRICA



**THE WORLD BANK**

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Middle East & North Africa

# REGIONAL ACTION PLAN ON GENDER-BASED VIOLENCE

IN THE MIDDLE EAST  
AND NORTH AFRICA

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# TABLE OF CONTENTS

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<b>ACKNOWLEDGEMENTS</b>	<b>3</b>
<b>EXECUTIVE SUMMARY</b>	<b>6</b>
<b>ABBREVIATIONS</b>	<b>8</b>
<b>INTRODUCTION</b>	<b>10</b>
<b>A. CROSS-COUNTRY ANALYSIS</b>	<b>14</b>
<b>I. Background and Prevalence</b>	<b>15</b>
1. Intimate Partner Violence	16
2. Non-Partner Violence	19
3. Femicide	22
4. GBV Against Children	24
5. Female Genital Mutilation/Cutting	29
6. Sexual Harassment	31
7. Cyber GBV	33
8. GBV in FCV Contexts	35
9. GBV and Climate Change	37
<b>II. Challenges and Progress in Prevention and Response</b>	<b>38</b>
1. Legal, Policy & Institutional Environment	39
2. Service Delivery	45
3. Protection and Access to Justice	51
<b>B. BUILDING BLOCKS</b>	<b>54</b>
<b>I. Best Practices and Lessons Learned</b>	<b>55</b>
1. Economic Empowerment Interventions	56

2. Behavioral Psychosocial Interventions	57
3. Education, Awareness-raising and Information Interventions	58
4. Youth Empowerment Interventions	59
5. Community Mobilization Programs	60
6. Service Delivery and Access to Justice	61
<b>II. Existing World Bank Engagement on GBV</b>	<b>64</b>
1. Analytical and Advisory Work	64
2. Operational Engagement	67
3. Implementing GBV-sensitive Safeguards as Part of the ESF	70
<hr/>	
<b>C. PRIORITY ACTIONS</b>	<b>73</b>
<b>I. Guiding Principles and Approaches</b>	<b>74</b>
<b>II. Three Pillars for Action</b>	<b>76</b>
1. Data and Knowledge	78
2. Policy Dialogue	81
3. Operations	84
<hr/>	
<b>LIST OF ANNEXES</b>	<b>95</b>
<b>Annex 1</b>	<b>96</b>
<b>Annex 2</b>	<b>114</b>
<b>Annex 3</b>	<b>126</b>
<b>Annex 4</b>	<b>132</b>
<b>Annex 5</b>	<b>136</b>
<hr/>	
<b>BIBLIOGRAPHY</b>	<b>140</b>

# EXECUTIVE SUMMARY

**This Regional Action Plan on Gender-based Violence (GBV) in the Middle East and North Africa (MENA) region reflects the region's commitment to step up its efforts to address different forms of GBV, recognizing the detrimental impact GBV has not only on the survivors' wellbeing, but for societies and economies at large. It is a call to action, for teams across the World Bank Group (WBG) to be creative and persistent in bringing these issues to the forefront of our dialogue, and to use all different instruments at our disposal to contribute to preventing and addressing GBV.**

**GBV remains a major challenge in the MENA region.** Women and girls are particularly at risk of different forms of GBV, including intimate partner violence (IPV), non-partner sexual violence, femicides and so-called "honor crimes", child and early marriage, female genital mutilation/cutting (FGM/C), as well as sexual harassment. Compared to other regions, MENA has some of the highest prevalence rates for different types of GBV. Forty percent of women in MENA, for example, are estimated to have experienced physical or

sexual IPV during their lifetime, being the second highest regional prevalence rate after South Asia (43 percent) and equal to Sub-Saharan Africa (40 percent). Average prevalence of FGM/C remains among the highest in the world. GBV against men and boys, as well as particularly vulnerable populations, is a taboo topic in many MENA countries. The current COVID-19 pandemic has exacerbated risks and affected the availability of and access to services. Challenges in the MENA region are further compounded in fragile and conflict contexts, which result in higher levels of GBV, including sexual violence and forced marriage, and disrupt service provision due to insecurity, the breakdown of institutions, and the lack of rule of law. Risks related to climate change increase existing vulnerabilities and the incidence of GBV. With devastating effects on individuals and societies, countries struggle to address GBV effectively. Legal and policy gaps, weak institutional capacity, and inadequate protection, services, and access to justice represent major obstacles, especially when combined with discriminatory social norms and practices.

This Action Plan identifies concrete, actionable recommendations for moving forward on this critical agenda through three pillars of action: (i) data and knowledge, (ii) policy dialogue, and (iii) operational engagement. An overview of rigorous evaluations of interventions provides best practices and lessons learned for WBG engagement in the

region. Existing WBG engagement on GBV in MENA and examples from other regions represent building blocks for future engagement, guided by key principles for all GBV prevention and response efforts. Efforts to change discriminatory social norms and behavior are prioritized throughout the recommended actions moving forward.

# ACTION PLAN



## 1. Data & Knowledge

## 2. Policy Dialogue

## 3. Operational Engagement

PRIORITY ACTIONS

**Support better data:**  
alternative data sources, incl. administrative records; capacity-strengthening.

**Enhance knowledge:**  
analytical work, standalone GBV assessments, gap analyses.

**Build evidence:**  
pilot and assess behavioral interventions; incorporate IEs in operations.  
*Apply ethical guidelines*

**Identify legal and policy gaps:**  
identify and bring gaps to the agenda; close legal gaps; advocate for stand-alone GBV laws.

**Support implementation:**  
provide technical assistance to support implementation and strengthen procedures.

**Strengthen institutional capacity:**  
support capacity-building and enforcement, incl. through trainings.

**Increase focus on prevention:**  
awareness and social norms change through education (schools and unis), public safety (transport, local infrastructure) and health (community outreach). Improve urban development, livelihoods, women's empowerment.

**Improve service delivery:**  
prioritize health (service strengthening, psychosocial), SP (social services, case mgt, referrals, livelihoods) - consider behavioral change.

**Strengthen access to justice:**  
support service improvement, capacity development, monitoring, legal assistance.

INSTRUMENTS

Impact Evaluations  
Behavioral Interventions  
SCDs  
Technical Assistance  
ASAs

Development Policy Financing  
ESF  
CPF/CEN  
PLR  
With support in TA & ASAs

PforR  
IPF  
ESF  
With support in TA & ASAs

# ABBREVIATIONS

<b>AoR</b>	Area of Responsibility
<b>CDD</b>	Community-Driven Development
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination against Women
<b>CEFM</b>	Child, Early and Forced Marriage
<b>CEN</b>	Country Engagement Framework
<b>CoC</b>	Code of Conduct
<b>CPF</b>	Country Partnership Framework
<b>CSO</b>	Civil Society Organization
<b>DHS</b>	Demographic and Household Survey
<b>DLI</b>	Disbursement Linked Indicator
<b>DPO/F</b>	Development Policy Operation/Financing
<b>ESA</b>	Environmental and Social Assessment
<b>ESF</b>	Environmental and Social Framework
<b>ESS</b>	Environmental and Social Standard
<b>FCV</b>	Fragility, conflict, and violence
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>FY</b>	Fiscal Year
<b>GBV</b>	Gender-Based Violence
<b>GCC</b>	Gulf Cooperation Council
<b>GPN</b>	Good Practice Note
<b>GRM</b>	Grievance Redress Mechanism
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
<b>HNP</b>	Health, Nutrition and Population
<b>IBRD</b>	International Bank for Reconstruction and Development
<b>IDA</b>	International Development Association
<b>IDP</b>	Internally Displaced Person
<b>IMAGES</b>	International Men and Gender Equality Survey
<b>IOM</b>	International Organization for Migration
<b>IPF</b>	Investment Project Financing
<b>IPV</b>	Intimate Partner Violence
<b>M&amp;E</b>	Monitoring and Evaluation

<b>MENA</b>	Middle East and North Africa
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>NGO</b>	Non-Governmental Organization
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>OHCHR</b>	Office of the United Nations High Commissioner for Human Rights
<b>PforR</b>	Program-for Results
<b>PIU</b>	Project Implementation Unit
<b>PLR</b>	Performance Learning Review
<b>SCD</b>	Systematic Country Diagnostic
<b>SEA</b>	Sexual Exploitation and Abuse
<b>SEP</b>	Stakeholder Engagement Plan
<b>SH</b>	Sexual Harassment
<b>SOP</b>	Standard Operating Procedure
<b>SVRI</b>	Sexual Violence Research Initiative
<b>UAE</b>	United Arab Emirates
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UN ESCWA</b>	United Nations Economic and Social Commission for West Asia
<b>UNFPA</b>	United Nations Population Fund
<b>UNGA</b>	United Nations General Assembly
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations International Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>VAC</b>	Violence Against Children
<b>VAW/VAWG</b>	Violence Against Women/Violence Against Women and Girls
<b>WASH</b>	Water, sanitation and hygiene
<b>WBG</b>	World Bank Group
<b>WBL</b>	Women, Business and the Law
<b>WHO</b>	World Health Organization



# INTRODUCTION

**Despite some political and legal improvements, gender-based violence (GBV) remains a major concern across the Middle East and North Africa (MENA) region.**

While most governments have signed international human rights treaties and conventions<sup>i</sup> and announced steps to translate commitments into national legislation, strategies and action plans, progress in practice has been slow and inconsistent. Increased domestic and international attention to various forms of GBV, and their impact on people's wellbeing, and the overall development in the region provide a window of opportunity for WBG engagement.

**Women and girls in MENA are at particular risk of GBV,**

which is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e., gender) differences between males and females.<sup>1</sup> Specific forms of GBV include intimate partner violence (IPV); non-partner sexual violence; GBV against children; child, early and forced marriage (CEFM); femicides and violence committed in the name of "family honor", and female genital mutilation (FGM/C), as well as sexual harassment in public places, educational institutions, or in the workplace. Interlinked factors at the relationship, community, societal and structural levels influence GBV risks. Patriarchal and discriminatory gender norms and beliefs, women's unequal access to education and employment, and the absence of comprehensive legislative and policy frameworks in most MENA countries increase vulnerabilities across the region.<sup>2</sup> According to WHO, 40 percent of women in MENA countries have reported some form of violence in their lifetime, but overall prevalence is likely to be higher.<sup>3</sup>

**Contexts of fragility, conflict and violence (FCV), climate change and the current COVID-19 pandemic amplify GBV risks and vulnerabilities.**

Conflict, humanitarian emergencies, and displacement exacerbate pre-existing inequalities and patterns of discrimination and contribute to increased prevalence of GBV, particularly among vulnerable populations. FCV contexts also result in

additional reporting and data collection challenges and disrupted access to services. Climate change aggravates GBV risk factors through competition over scarce resources, loss of livelihoods, food insecurity, and human mobility, with particular relevance to the MENA region. In addition, the ongoing COVID-19 pandemic has led to increased GBV risks and has affected access to and the availability of services for survivors. Rising tensions in households, mobility restrictions, limited access to information, shifts in social safety nets, and inadequate services due to the pandemic put women and girls, as well as specific vulnerable groups, at increased risk of GBV, particularly IPV. Economic repercussions of the crisis may encourage negative coping mechanisms, including transactional sex or child marriages.<sup>4</sup>

**GBV has devastating effects on individuals and societies and the cost of inaction is high.**

GBV can have severe impacts on individuals' health and wellbeing, including their physical health, and be a source of trauma, psychological stress, anxiety, or isolation. Physical and sexual violence increase the risks of miscarriage and mortality; some forms of GBV can lead to death. In addition, GBV is costly for society. It affects the human capital potential of survivors, reducing labor market participation and civic activities. Estimates before the COVID-19 pandemic indicated that GBV can cost up to 3.7 percent of GDP in some countries – which is more than double than the amount that many governments spend on education.<sup>5</sup> In Egypt, for example, costs due to IPV were estimated to be at least EU 127 million annually, based only on the cost of the most recent severe incident that women faced.<sup>6</sup> High rates of IPV and sexual violence also translate into lost staff time and reduced productivity to almost ten days of work per employee yearly.<sup>7</sup>

**Despite country-specific issues, MENA countries share many similarities and face common challenges.** Legal and policy gaps, low institutional capacity that hampers adequate implementation of existing legal frameworks, inadequate protection

<sup>i</sup> All MENA countries except Iran have ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), but only Djibouti did so without reservations in general and to specific articles. See: World Bank 2017a; Banyan Global et al. 2016.

systems and service provision, and lack of access to justice for survivors continue to represent major obstacles to effective GBV prevention and response in the region. As root causes of these challenges, underlying discriminatory social norms, gender roles, and cultural beliefs urgently need to be tackled and addressed throughout GBV prevention and response efforts in different sectors.

**Nonetheless, legal reform processes or recent policy commitments in several MENA countries provide a window of opportunity for WBG engagement.**

Several MENA countries have adopted national strategies and plans to combat violence against women and girls.<sup>ii</sup> A number are currently drafting legislation on GBV or specific forms of GBV, including sexual harassment, FGM/C, and IPV. In addition to relevant line ministries, existing mechanisms on the national level, such as national councils and commissions, can assist increased country engagement and dialogue. Operational engagement should leverage best practices from international organizations and civil society initiatives. The Regional Action Plan on GBV can help the increasing awareness of heightened GBV risks caused by the COVID-19 crisis to be used to build these considerations into analysis, policy dialogue and operations.

**The Regional Action Plan on GBV in MENA aligns with key WBG priorities for the region.**

Enhancing the understanding of GBV in MENA and developing concrete entry points for WBG engagement is consistent with the MENA Regional Strategy. It will contribute to promoting gender equality and female empowerment, as well as plans outlined in the 2019 regional update to mitigate risks of gender-based violence, with a focus on supporting vulnerable, conflict-affected populations. The Regional Action Plan on GBV contributes to the following key priority area for gender equality and women's empowerment of

the MENA Regional Gender Action Plan FY18-23: gender and conflict, with a focus on GBV, refugee/IDP gender issues and women in recovery & reconstruction, as well as the cross-cutting area of women's voice and agency. As underlined by the MENA Regional Gender Action Plan FY18-23 and the related Progress Note, improvements in closing gender gaps, including addressing GBV, are key to achieving the WBG's twin goals of reducing poverty and promoting shared prosperity<sup>8</sup>.

The WBG Gender Strategy identifies the Bank's involvement in addressing GBV in three categories: support to programs to reduce IPV; developing interventions to improve women's safety and security in public transport and in the workplace; and developing integrated health and livelihood approaches for women at risk of violence in conflict areas.

The Regional Action Plan on GBV in MENA is organized as follows:

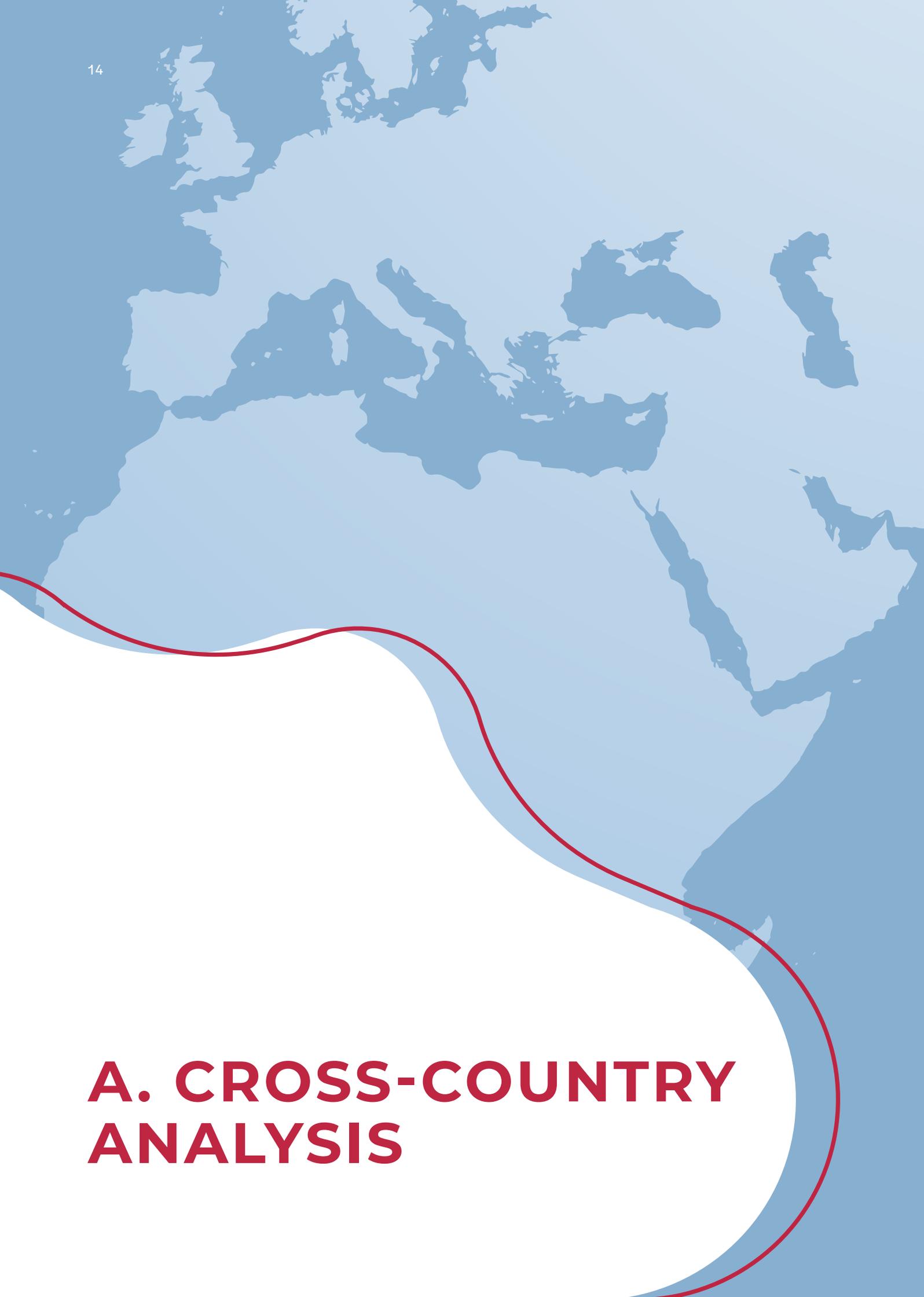
- i. **What to address and why:** The first part provides an overview of the current state of different types of GBV based on an in-depth cross-country analysis including the most recent prevalence data and an overview of the legal and institutional context. It includes a specific focus on the COVID-19 pandemic, amplifiers in FCV contexts, and intersections with climate change risks. This part aims to illustrate the different forms of GBV that need to be addressed and makes the case why this is a priority in the MENA region.
- ii. **What works and what to build on:** The second part entails a systematized overview on best practices and lessons learned, based on a meta-analysis of rigorous evaluations of interventions. It further provides a brief overview of existing WBG engagement on GBV in MENA, and examples from

ii See for example Jordan's 2016 National Framework for Family Protection against Violence, 2015 Communication Strategy on Gender-based Violence, 2014 National Strategy to Combat Violence against Women (2014-2017); Iraq's National Strategy to Combat Violence Against Women (2013-2017) and National Strategy on violence against women and girls (2018-2030); Lebanon's National Strategy for Women in Lebanon (2011- 2021) of 2012 and National Action Plan 2019-2017; 7-year strategic plan on child protection and GBV of 2018; Egypt's National Strategy to Combat Violence Against Women (2015); Morocco's National strategy on violence against women in 2002 - a new strategy will be developed in 2020, and Action Plan for Women and Children and the Protection of Women from Violence in 2008. In Saudi Arabia, the Vision 2030 of 2016 and the Tenth Development Plan 2015-2019 entail goals to enhance gender equality. A National Strategic Plan for the Prevention of and Action on Family Violence, has been prepared by the Ministry of Labor and Social Development.

other regions, as building blocks for future engagement.

- III. **How to engage and what to prioritize going forward:** The third part sets out guiding principles and approaches as well as concrete entry points and actions for the World Bank Group across three pillars: data and knowledge, policy dialogue, and operational engagement. It aims to provide actionable recommendations on increased WBG engagement on GBV across sectors in the short, medium and long term.

Phase I of this action plan serves to analyse prevalence, progress, and gaps in GBV prevention and response in the region and develop a set of critical recommendations for World Bank engagement. Under Phase II, a monitoring framework, including a set of indicators and more granular annual action plans, will be developed to track and measure progress towards implementation through a consultative process with Global Practices and Country Management Units. The report's country profiles and background notes can be made available to World Bank teams upon request.



# **A. CROSS-COUNTRY ANALYSIS**

# I. BACKGROUND AND PREVALENCE

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## **The MENA region lacks nationally representative data on the prevalence of different types of GBV.**

The main instrument to collect official data on GBV prevalence and overall sexual and reproductive health are Demographic and Household Surveys (DHS). There are only three recent DHS in MENA: in Egypt (2015), Jordan (2017-18), and West Bank and Gaza (2019).<sup>iii</sup> In MENA countries, there are also few examples of consistent management of administrative records on GBV. Some initiatives present topic specific GBV data across countries based on a combination of available official statistics and data from a range of sources. For example, UNICEF manages a database with statistical information on FGM/C and on child marriage, mainly drawn from the Multiple Indicator Cluster Surveys (MICS)<sup>iv</sup>. It is important to note that ethical and methodological challenges affect the reliability and accuracy of data collection on GBV. Sensitivities around potential re-traumatization of survivors, a reluctance to talk about issues that are often considered a family matter, normalization of violence, pressure on survivors, and lack of trust in the responsible institutions lead to severe underreporting<sup>v</sup>.

## **To compensate for the lack of official statistics, other mechanisms are in place to monitor and**

## **report on GBV, and to specifically shed light on attitudes and behavior related to GBV.**

Throughout this document data is presented based on a wide range of existing sources, beyond official data from surveys, to provide a data-driven understanding of the scope of the issues. For example, in FCV contexts, UN agencies often report on sexual and other types of GBV. With COVID-19, UN Women has carried out web-based surveys that include indirect questions about GBV<sup>vi</sup>. Several NGOs across the region have conducted similar surveys, using internet or phone surveys. In addition, there are several organizations that undertake perception surveys to gain a better understanding of attitudes and behaviors around GBV<sup>vii</sup>. At the regional level, the Arab Barometer conducts surveys in 13 MENA countries and includes several questions specifically on feeling safe and secure, women's mobility and decision-making, domestic violence, and verbal and sexual harassment in public places. Other cross-country studies provide comparative information on attitudes towards violence, based on quantitative data such as the International Men and Gender Equality Survey (IMAGES) implemented in Egypt, Lebanon, and Morocco.<sup>9</sup>

The sections below describe the prevalence and characteristics of different forms of GBV in MENA.

iii Other DHS in the MENA region are available for Yemen (2013), Morocco (2003-04), and Tunisia (1988). MICS surveys are available for Algeria (2018-19), Djibouti (2006), Egypt (2013-14), Iraq (2018), Lebanon (2000), Syria (2006), Tunisia (2018), West Bank and Gaza (2019-20), and Yemen (2006).

iv The MICS collect household data on issues that directly affect the lives of children and women, and in the MENA region there are recent surveys from Algeria (2018-19), Egypt (2013-14), Iraq (2018), Oman (2014), Palestine (2019-20), Qatar (2012) and Tunisia (2018).

v Data collection and analysis therefore requires following a set of guiding principles and approaches, particularly the "do no harm" principle. Development partners have developed recommendations for ethical and safe data collection and research, including specific guidance for emergency settings which apply during the ongoing COVID-19 pandemic in all MENA countries (UNFPA 2020e; UN 2019; WHO 2016; IASC 2015). See Annex 6 on Resources for further information.<sup>6</sup>

vi The survey was carried out in Morocco, Tunisia, Egypt, Jordan, Palestine, Iraq, Yemen, Lebanon, and Libya to a sample of random internet users with a total sample of 16,500 respondents. See UN Women n.d. Rapid Gender Assessments on the Socioeconomic impacts of COVID-19. <https://data.unwomen.org/rga>

vii At the global level, the nationally representative World Values Survey incorporates questions on acceptance of domestic violence. Data collection for the WVS-7 survey round will be completed in December 2021. The fieldwork in Jordan, Lebanon, Iraq, and Egypt was funded by the World Bank.

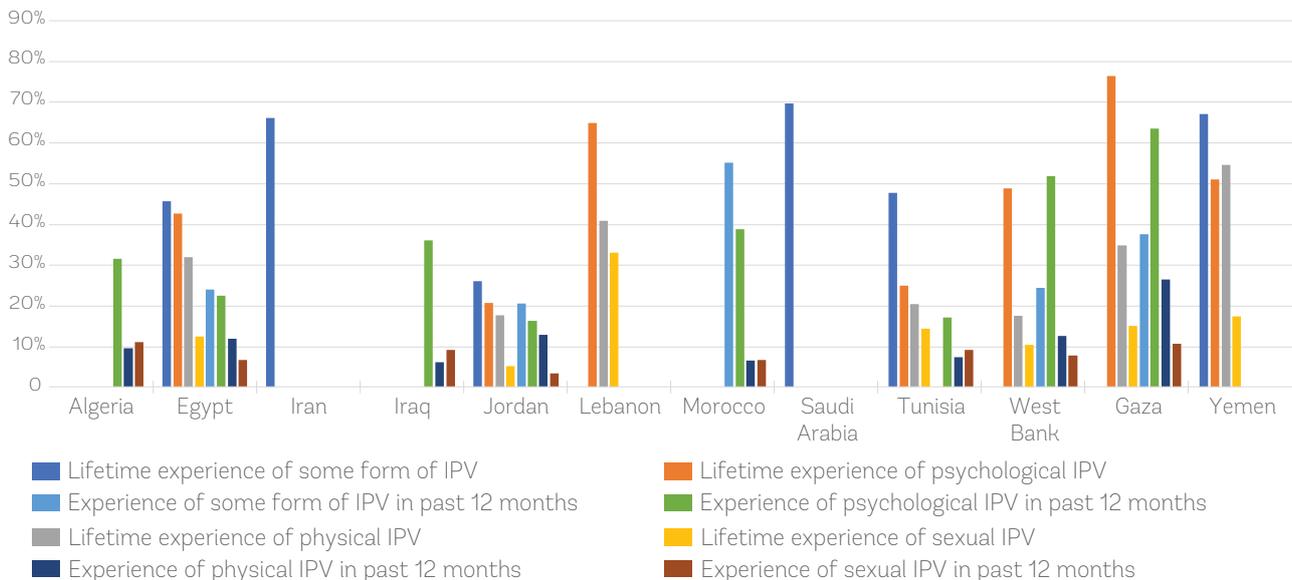
Intimate Partner Violence refers to any form of violence – physical, sexual, economic and emotional abuse and controlling behaviors – by an intimate partner (who may or may not be part of the same household).

## 1. Intimate Partner Violence

Intimate partner violence is one of the most prevalent forms of GBV in MENA. According to the Status of Arab Women Report 2017, 35 percent of women in MENA have experienced some form of IPV in their lifetime.<sup>viii,10</sup> IPV is often considered a family matter rather than a societal problem and is usually not referred to in criminal laws across the region.<sup>11</sup> Most women who experience IPV never contact officials or seek services. As social pressures deter survivors from reporting incidents,

prevalence levels tend to be underreported, although hotlines and health centers may have information on such cases. Moreover, in situations of conflict or other crises, household tensions due to changing or threatened gender roles may result in higher prevalence of IPV.<sup>12</sup> For example, the rate of intimate partner violence is estimated to be 34 percent higher for conflict-affected countries than non-conflict-affected countries globally.<sup>13</sup> Figure 1 presents available country data.

FIGURE 1: PREVALENCE OF INTIMATE PARTNER VIOLENCE IN MENA



Sources and notes: Nationally representative data unless other stated. Algeria 2006 National Survey on Violence Against Women; Egypt 2015 Economic Gender-Based Violence Survey (CAPMAS, NCW, UNFPA); Iran 2016 meta-analysis of articles published 2000-2014 (Hajnasiri et al); Iraq 2012 Woman Integrated Social and Health Survey (Ministry of Planning); Jordan 2017-18 Population and Family Health Survey (Hashemite Kingdom of Jordan); Lebanon 2014 study of 91 ever-married women age 20-65 presenting for gynecological care (Awwad et al); Morocco 2011 Enquête Nationale sur la Prévalence de la Violence à l'Égard des Femmes (High Commission for Planning); Saudi Arabia 2016 Cross Sectional Study of 421 women age 14-55 (Al Dosary); Tunisia 2010 Enquête Nationale Sur la violence à l'égard des femmes en Tunisie (ONFP, AECID); West Bank & Gaza 2011, 2019 Violence Survey in the Palestinian Society (Palestinian Central Bureau of Statistics); Yemen 2002 Study on 120 women in Sana'a (Ba-Obaid & Bijleveld). No nationally representative data on the prevalence rates of IPV is available for Bahrain, Djibouti, Kuwait, Libya, Oman, Qatar, Syria, the UAE.

**The COVID-19 pandemic has led to an increase in IPV.** In West and Gaza, one in four phone survey respondents indicated that domestic violence

increased during the lockdown<sup>14</sup>. In Lebanon, the NGO ABAAD's hotline received twice as many calls in the first three months of 2020 as through all

viii The definition of Arab states covers Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Mauritania, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates and Yemen, excluding the WB MENA countries Algeria, Djibouti, Iran; and including non-WB MENA countries Mauritania and Sudan.

of 2019, most concentrated in March when the lockdown started. An increase of 20 percent in domestic violence cases has been reported.<sup>15</sup> In Bahrain the crisis response program for women, Shamsaha, indicated a 46 percent increase of cases from March to April 2020.<sup>16</sup> Tunisia and Iraq saw similar trends and spikes on their GBV hotlines. Results from surveys conducted in Egypt are also bleak: in April 2020, 11 percent of Egyptian women reported that they were subjected to violence from their husbands during the previous week.<sup>17</sup>

**Economic abuse by an intimate partner is widespread in the region and is strongly interlinked with other forms of domestic abuse, including emotional, psychological, and physical violence.** Economic violence is a form of domestic violence that involves making or attempting to make a person financially dependent by maintaining control over financial resources, withholding access to money, and/or forbidding attendance at school or employment.<sup>18</sup> Studies found that economic abuse experienced by married working women in Jordan heightened the probability of other forms of IPV, including psychological, emotional and physical abuse.<sup>19</sup> Another study indicated that 55.5 percent of urban and 44.5 percent of rural women in Jordan have encountered spousal economic abuse through controlling their economic resources, managing their financial decisions, and exploiting their economic resources.<sup>20</sup> In Yemen, women face economic violence related to inheritance that prevents women from asserting, claiming, and defending their housing, land and property rights.<sup>21</sup> In Djibouti, cases of economic violence by an intimate partner is one of the most reported forms of GBV to service providers and represented more than half of all GBV cases (54 percent) reported to the National Union of Djiboutian Women between 2015 and 2020.<sup>22</sup> In Tunisia, on the contrary, economic violence cases are less reported by women (6 percent) than cases of psychological (25 percent) or physical violence (20 percent).<sup>23</sup>

**Social norms play a central role in accepting and justifying IPV.** In many MENA countries, both women and men consider a husband to be justified in perpetrating violence against his wife for reasons such as burning food, arguing with him, going out

without telling him, neglecting children or refusing sexual relations. For example, 42 percent of women in Algeria<sup>24</sup>, 64 percent in Morocco, 51 percent in Iraq, and 49 percent in Yemen believe that husbands are justified in beating their wives for at least one of the specified reasons.<sup>25</sup> More than 70 percent of men and women in Egypt, Lebanon, Morocco and Palestine believe that wives should tolerate violence to keep the family together.<sup>26</sup>

### Legal framework addressing IPV

**Some MENA countries have amended their penal codes to address IPV, but generally these provisions do not address the issue comprehensively.** In many MENA countries some forms of IPV are addressed in penal codes, but there is a general lack of appropriate protection for survivors and mechanisms on prevention and recovery. Most penal codes in the region do not recognize economic and sexual violence by an intimate partner as a criminal offence and, except in Algeria, domestic violence provisions only apply in cases of IPV by current spouses, not violence committed by former partners. In Egypt, certain provisions can be interpreted as covering some forms of domestic violence, although the term domestic/intimate partner violence is not used. In Yemen, physical harm and sexual violence against women are criminalized, but psychological harm is not, and existing provisions do specifically address IPV.<sup>27</sup>

**Currently, stand-alone legislation on domestic violence has been passed in nine countries in the MENA region:** the Kurdistan region of Iraq, Bahrain, Jordan, Lebanon, Morocco, Kuwait, Saudi Arabia, Tunisia, and the United Arab Emirates.<sup>28</sup> A stand-alone law on domestic violence was also passed in the Kurdistan Region of Iraq.<sup>29</sup> Several MENA countries (including Egypt, Iran and Iraq) have prepared bills on domestic violence, although they have not been passed yet.<sup>30</sup> These laws cover mechanisms for prosecution and punishment of offenders, as well as protection, support, and recovery for survivors. They also address strategies for prevention of domestic violence through awareness raising, education, and training of police and healthcare workers. In some countries, domestic violence legislation requires the state to

establish specialized units within institutions, with trained and sensitized personnel. For example, in Morocco, domestic violence law presupposes the establishment of specialized cells in courts, police stations and hospitals to address cases of IPV.<sup>31</sup> The definitions of domestic violence in stand-alone legislation vary across countries. Physical and sexual abuse, and some reference to verbal and emotional harm, psychological abuse, and exploitation, are common elements, but the level of detail provided differs between countries and definitions often omit economic violence.<sup>32</sup>

**Even though rape is criminalized in all countries in the region, no country in the MENA region has explicitly and fully criminalized marital rape.**

Due to traditional beliefs of marriage as a contract between a man and a woman with certain duties, there continues to be a widespread understanding that a wife should be sexually available for her husband. This is sometimes enshrined in Personal Status Codes or Family Law, explicitly excluding marital rape from criminal provisions on rape.<sup>33</sup> For example, in Djibouti, wives are legally obliged to “respect the prerogatives of the husband, as head of the family, and owe him obedience in the interest of the family.”<sup>34</sup> Lebanon’s Penal Code explicitly states that rape is “the forced sexual intercourse [against someone] who is not his wife by violence or threat.”<sup>35</sup> In Syria, the Penal Code criminalizes rape, other than of a female spouse.<sup>36</sup> Nevertheless, in some MENA countries, efforts have been made to define marital rape as a criminal offence. In Bahrain, there are protections provided by the law on domestic violence, according to which marital rape can be classified as a form of a sexual assault.<sup>37</sup> In Djibouti, marital rape can be considered to constitute an act of violence against the spouse and prosecuted in accordance with the Penal Code, although cases are rare, and the decision is made exclusively by

the judges on a case-by-case basis.<sup>38</sup> In Morocco, the Family Code refrains from referring to wives’ supposed obligation of sexual availability, but instead appeals to “lawful cohabitation on the basis of good conjugal relations and the right of mutual respect, love and affection.”<sup>39</sup> Since the legal definition of a marital rape is ambiguous, it may sometimes be prosecuted under rape or other laws.<sup>40</sup> Another example is that in Tunisia, marital rape is not explicitly criminalized, although in its response to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the government has claimed that it can be prosecuted under general criminal law.<sup>41</sup>

**While there is some progress on the legal framework for IPV, provisions in Personal Status Codes or Family Law discriminate against women with consequences for their protection in IPV cases.**

Unequal divorce or custody rights may trap women in abusive relationships. In most countries in the MENA region, divorce procedures differ for men and women, with additional burden of proof for women.<sup>ix,42</sup> Although domestic violence and abuse are usually considered reasonable grounds for divorce, legal procedures are often long and costly. Unequal custody rights can also affect survivors of IPV, given the fact that in most MENA countries guardianship rights are granted only to men in case of divorce, which may deter women from seeking divorce<sup>x</sup>. Lack of protection mechanisms for GBV survivors who report about cases of violence is another obstacle, which hinders women’s access to justice and discourages them from seeking help and reporting cases of abuse.

ix It is important to note that in Tunisia, Jordan, and Morocco the divorce procedure is equal for both men and women, while in Algeria and Bahrain, the repudiation of marriage by men can be accepted only through the court, and if both parties agree. See: Musawah. 2019. Positive developments in Muslim family laws. Malaysia: Musawah. [https://www.musawah.org/wp-content/uploads/2019/02/Positive-Developments-Table-2019\\_EN.pdf](https://www.musawah.org/wp-content/uploads/2019/02/Positive-Developments-Table-2019_EN.pdf)

x Exceptions are Algeria (Family Law of 2005, art. 87) and Tunisia (Personal Statute Code, art. 67), where both divorced men and women can become guardians for their children after dissolution of a marriage. However, in Algeria post-divorce guardianship is annulled if a woman re-marries, although the same condition does not apply to men (Family Law of 2005, art. 56). In Egypt, if a woman remarries, custody of her children from a previous marriage is transferred to the children’s father or grandmother (Law No. 4 of 2005, art. 20).

Non-Partner Violence refers to gender-based physical, sexual, psychological violence by someone other than a partner (other family member, stranger, colleague, friend, etc.). Non-partner violence includes sex trafficking, rape and other forms of sexual assaults, some of which are particularly common in conflict settings.

## 2. Non-Partner Violence

**Specific groups are particularly vulnerable to non-partner violence.** While nationally representative data or systematic analysis on GBV perpetrated by persons other than intimate partner is difficult to find, violence in the context of conflict, human trafficking, and among foreign domestic workers stand out in MENA. Moreover, the COVID-19 pandemic has led to increased incidence of non-partner violence.

**Forcibly displaced women and girls or persons in conflict-affected areas are at high risk of different forms of non-partner violence across the MENA region.** Displaced populations are exposed to GBV along migratory routes, camps, detention centers, and judicial police prisons.<sup>43</sup> In Iraq, for example, women, girls, men, and boys have been subjected to various forms of sexual violence, including rape and sexual enslavement, physical and psychological violence, as well as human trafficking. Girls and women captured by ISIS were exposed to forced marriage, sexual slavery, rape, assault and domestic servitude, and are often stigmatized and excluded.<sup>44</sup> In Syria and Yemen, armed groups perpetrated sexual, physical and GBV on all sides of the conflict and used violence to spread fear and secure control.<sup>45</sup> In Syria, there was a significant increase in reported female rape cases from 300 in 2011 to 6,000 in 2013.<sup>46</sup> Refugees in Jordan are also exposed to different types of non-partner violence, with 28 percent of Syrian women in Jordan experiencing psychological abuse and 29 percent physical assault.<sup>47</sup> Syrian as well as Palestinian refugee women fleeing the conflict in Syria were found to be at a heightened risk of GBV, including sexual violence, labor and sexual exploitation.<sup>48</sup>

**There is a high prevalence of sex trafficking or forced prostitution in the region.** In Iraq, up to 10,000 women and girls have been kidnapped and trafficked for the purposes of sexual exploitation, or held for ransom, since 2003, and in 2017, the High Judicial Council recorded around 200 crimes related to human trafficking.<sup>49</sup> Jordan has been

both an origin and destination country for persons subjected to forced labor and sex trafficking, with trafficking survivors originating primarily from Asia, East Africa, Egypt, and Syria.<sup>50</sup> In Lebanon, refugees and asylum-seekers are at high risk of GBV, including sex trafficking. Trafficking survivors are often detained or deported for crimes committed as a result of human trafficking, without being screened for trafficking.<sup>51</sup>

**Female migrant domestic workers in the Mashreq and GCC countries are particularly exposed to different forms of non-partner violence,** including through human trafficking and sexual exploitation, but also in the households they work in. In Bahrain 30-40 percent of attempted suicide cases reported by the government's psychiatric hospitals were foreign female domestic workers who were subjected to verbal, physical and sexual abuse, including beating, rape and sexual molestation<sup>52</sup>. Lockdowns and movement restrictions due to the pandemic have exacerbated their situation. In Jordan, at least one third of migrant domestic workers have lost their jobs, and reported being subjected to violence, exploitation and abuse while awaiting deportation to their home countries.<sup>53</sup>

**Already marginalized or stigmatized populations face additional risks.** In Algeria, divorced or separated women, single mothers, and women living on the street reportedly face exploitation and abuse.<sup>54</sup> In several MENA countries, LGBTQI persons face particular protection challenges. In Kuwait, for example, transgender persons have been exposed to discrimination and violence, especially after the Penal Code was amended, criminalizing the act of "imitating the opposite sex in any way".<sup>55</sup>

### Legal framework addressing non-partner violence

**In many MENA countries, domestic legislation addresses several forms of sexual violence, including sexual assault and inappropriate**

**touching, but reporting and achieving justice remains a challenge.** The Penal Codes of Bahrain, Djibouti, Egypt, Kuwait, Libya and West Bank and Gaza have provisions for the prosecution of sexual assault against women.<sup>56</sup> At the same time, some MENA countries do not have a clear definition or any provisions on sexual assault in domestic legislation. For instance, the Algerian law does not contain any provisions for prosecution of sexual assault, although aggravated sexual assault may be classified as indecent assault and punished. In Oman and Qatar, general provisions on physical assault can be applied to sexual assault.<sup>57</sup>

**All MENA countries criminalize rape and set severe punishments for rape offenders under their Penal Codes, but the definitions of rape vary<sup>xi</sup>.** In some countries, rape is understood as a crime committed by a man against a woman, as in Bahrain, Egypt, Iraq, Jordan, Morocco, Oman and Syria.<sup>58</sup> The level of detailed description of what constitutes rape varies, and some countries (Jordan, Libya, Morocco) recognize rape not as a crime against an individual, but rather against public morality.<sup>59</sup> The sentence in most countries is imprisonment, while some others (Iran, Syria, Qatar, United Arab Emirates, and Yemen) practice capital and/or corporal punishment, which often violates international law agreements.<sup>60</sup> In some cases, rape offenders are exonerated from punishment if they marry the rape survivor. For example, in Algeria, Bahrain, Iraq, Kuwait, Libya, and Syria an offender may avoid punishment, or get a less severe penalty, if he marries the survivor of rape.<sup>61</sup>

**The roots of these legal provisions can be traced to some cultures or communities considering unmarried girls and women who have been raped as unfit for marriage.** Stereotypes putting the blame on survivors (for example, based on clothes, location, or company) influence reporting and health seeking behavior. Survivors of rape encounter little support or help when reporting offenders with whom they are personally acquainted.<sup>62</sup> In addition, in most MENA countries extramarital sex is an offence. This discourages women from coming forward to prove that they have been raped, due to fears of being convicted of having an extramarital affair. It places women at risk of becoming subjects of “honor crimes” and puts unmarried women who report rape at risk of being prosecuted for the offence of fornication. The only exception is Djibouti, where adultery and fornication are not criminal offences.<sup>63</sup> Morocco is currently making efforts to repeal its provisions on extramarital sex, which will make a clear distinction between consensual sex and rape, and, respectively, give more protection for the survivors of GBV.<sup>64</sup> In Iraq, rape is seen as dishonorable, and it is more socially acceptable to conceal the crime than to file a complaint.<sup>65</sup> According to the IMAGES study, around a third of all respondents from Egypt, Lebanon, Morocco, and Palestine believe that a man who rapes a woman and marries her should not be prosecuted.<sup>66</sup> By marrying his victim, family honor and reputation are considered to be restored.<sup>67</sup> Due to increasing criticism and pressure from civil society activists to change these laws, relevant provisions have been removed from a number of Penal Codes. Jordan, Lebanon, Morocco, Tunisia, and West Bank and Gaza have abolished their rape-exoneration provisions.<sup>68</sup> Only

xi According to the Istanbul Convention, sexual violence and rape are defined as: “a) engaging in non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object; b) engaging in other non-consensual acts of a sexual nature with a person; c) causing another person to engage in non-consensual acts of a sexual nature with a third person”. The International Classification of Crime for Statistical Purposes (ICCS) defines rape as a “sexual penetration without valid consent or with consent as a result of intimidation, force, fraud, coercion, threat, deception, use of drugs or alcohol, abuse of power or of a position of vulnerability, or the giving or receiving of benefits”.

Algeria, Egypt, Iraq, and Tunisia legally recognize a rape victim's right to an abortion<sup>xii</sup>.

**There is limited domestic legislation in MENA countries on GBV in the context of armed conflicts.** Under international agreements, sexual violence against civilians during armed conflicts constitutes a crime against humanity and can be qualified as war crime, if it is performed with the use of force or arms, and/or on a systematic basis. Sexual violence as a war crime is regulated by the Rome Statute of the International Criminal Court (1998), which only Djibouti, Jordan, Tunisia, and West Bank and Gaza have ratified in the MENA region. Certain legal efforts have been undertaken in Libya to recognize survivors of SGBV during the Libya uprising as survivors of war, and therefore provide them with a right to reparations, but implementation remains challenging.<sup>69</sup>

**Most countries in the region have ratified, without reservations, the 1950 Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime.**<sup>xiii</sup> In addition, several countries have adopted comprehensive laws on prevention and protection of human trafficking victims,<sup>70</sup> while others have provisions in their Penal Codes which include the criminalization of human trafficking.<sup>71</sup>



xii Except for Tunisia (Penal Code, Art. 214), abortion is criminalized in all other countries in the region, generally with the exception of when the woman's life and health is at risk. See: UNDP Gender Justice & The Law publications for Algeria (2018), Egypt (2019), Iraq (2019) and Tunisia (2019). Specifically, in Algeria, abortion is legally prohibited, although, according to the Law No. 85-05 of 1985, Art. 72, it is allowed for rape survivors, as it is recognized that the rape might significantly affect psychological and emotional health of women. In Egypt, a 1998 fatwa on abortion permits abortion for rape survivors on the early months of pregnancy. In Iraq, rape is regarded as a legally mitigating circumstance for a pregnant woman to procure an abortion because of shame. In Libya, abortion is prohibited, although the penalty is reduced if it is performed to save the honor of a woman and her family. In West Bank and Gaza, abortion is forbidden, although in practice it is performed, if a pregnancy is the result of incest or rape (UNDP 2019a).

xiii Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, and West Bank and Gaza ratified the 1950 protocol, while Algeria, Bahrain, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, and Yemen have done so with the reservations of some articles.

Femicide is the most extreme form of gender-based violence and refers to the intentional killing of women or girls because they are females. So-called “honor killings” fall under this category.

### 3. Femicide

**The killing of women and girls because they are females is often motivated by “family honor” in MENA,** and justified by referring to the risk of reputational damage from adultery, refusal to marry by arrangement, selecting a partner for marriage by own choice, and being involved in sexual relations with a person of the same sex.<sup>xiv</sup> Overall, femicides often remain unreported or are officially categorized as suicides or accidents.<sup>xv</sup> There are no nationally representative statistics on the prevalence of femicides or so-called honor killings in MENA countries.

**The acceptance of “honor crimes” and “honor killings” is high in the region, and is strongly linked to a traditional belief in men being responsible for the exercise of guardianship over female relatives in their charge.** Family honor is linked to economic and legal systems that emphasize men’s role in maintaining the family financially and economically. In many MENA countries, the sexual behavior of women is a matter of honor for their male relatives, and bringing “dishonor” to the family is a sufficient ground and justification for femicides. The IMAGES survey found that a vast majority of respondents agreed that the way women act and dress directly affects a man’s honor<sup>xvi</sup>. Specifically in relation to “honor killings”, 62 percent of men and 49 percent of women in

Egypt agree with the practice, 32 and 12 percent in Morocco, 26 and 8 percent in Lebanon, and 37 and 48 percent in West Bank and Gaza, respectively.<sup>72</sup> In a nationally representative survey in Kuwait, 33 percent of men and 37 percent of women agreed that physical violence is justified in the case of female adultery.<sup>73</sup>

#### Legal framework on femicide

**Femicide, especially when associated with preserving family honor and dignity, is not fully criminalized through the legal and justice systems.** Legal frameworks in MENA countries are lenient in dealing with so-called “honor crimes”, either through judicial discretion of what constitutes a crime, or mitigating circumstances under laws relating to adultery and crimes committed while enraged. In several countries, such as Egypt and Jordan, judges have discretionary powers under the Criminal Code to reduce the sentence for cases of so-called honor killings.<sup>74</sup> In other MENA countries, if an offender can prove that violence against a woman was a “crime of rage”, he may benefit from mitigating circumstances. For example, in Algeria, the Penal Code states that a person catching his/her spouse in adultery provides a reasonable ground to set mitigating circumstances, even if the violence resulted in the spouse’s death. Similarly,

xiv So-called honor killing of a female relative may be in response to activities from contacting persons of different faiths, initiating a separation or divorce, being a survivor of rape, and even flirting. See: Kulczycki, A., & Windle, S. 2011. Honor killings in the Middle East and North Africa: A systematic review of the literature. *Violence Against Women*, 17(11), 1143. See also: UNDP 2019a.

xv For example, in Egypt, a total of 165 femicides was reported in 2020. See: Salaam Gateway. 2021. Egypt sees gender-based violent crimes rise to 415 during 2020: Edraak Foundation. Via Daily News Egypt. February 4, 2021. <https://www.salaamgateway.com/story/egypt-sees-gender-based-violent-crimes-rise-to-415-during-2020-edraak-foundation>. In Algeria, 60 cases were reported, with a significant increase compared to the previous year. See: The Arab Weekly. 2020. Rape, murder of Algerian woman spark calls for death penalty. October 9, 2020. <https://the arabweekly.com/rape-murder-algerian-woman-spark-calls-death-penalty>. In Lebanon, 138 women migrant domestic workers were killed between 2016 and 2017. See: Al-Hindi, M. 2020. A Comparative Analysis of the Femicide of Migrant Domestic Workers in Bahrain and Lebanon. *Contemporary Challenges: The Global Crime, Justice and Security Journal*, 1, 59-75. A study in Jordan identified 66 cases of “honor crimes” involving the murder of women recorded between 2000 and 201. See: Banyan Global et al. 2016. From these cases, 69 percent were committed by a brother. 56 percent of the women were aged between 18 and 28. In West Bank and Gaza, 23 women were killed at the hands of family members in 2018. See: Ghoneim, N. 2020. Domestic Violence in COVID-19 Lockdown: Palestinian Women Are Dying at an Alarming Rate. *Egyptian Streets*. April 24, 2020. <https://egyptianstreets.com/2020/04/24/domestic-violence-in-covid-19-lockdown-palestinian-women-are-dying-at-an-alarming-rate/>.

xvi Respondents in the IMAGES survey consider that the way women act, and dress directly affects a man’s honor in Egypt (95 percent of men and 83 percent of women), Lebanon (68 percent of men and 32 percent of women), Morocco (83 percent of men and 76 percent of women), and West Bank and Gaza (82 percent of men and 66 percent of women). See: El Feki et al 2017.

the law in Bahrain provides a reduced penalty for perpetrators who kill or injure their spouses, after catching them in the act of adultery. Furthermore, in Yemen, a man killing his mother, daughter, sister, or wife after finding them in the act of committing adultery faces a maximum prison sentence of one year, or a fine.<sup>75</sup> Also in Yemen, a man who has killed his wife or a female relative on the grounds of honor can be excused by his family, at which point the state can imprison him only if he is deemed a threat to public order, although this decision rests exclusively with a judge.<sup>76</sup> Similar provisions, which reduce penalties for committing so-called honor crimes, can be found in the Penal Codes of Egypt, Jordan, Iran, Iraq, Kuwait, Libya, Morocco, Qatar, Syria, and Yemen.<sup>77</sup> Only Djibouti, Lebanon, Saudi Arabia, Tunisia, the United Arab Emirates, and West Bank do not have mitigating conditions for so-called honor crimes.<sup>78</sup>

**Different regulations also apply to the very concept of adultery, depending on whether it has been committed by men or women.** The only country in the region where adultery is not considered a criminal offense is Djibouti. According to the UNDP, adultery committed by women rather than men is more likely to be viewed as dishonor and disrespect of public morality.<sup>79</sup> Even when the Penal Code does not explicitly distinguish between the prosecution of men and women for adultery, women are more likely to be punished than men. In Iraq and Syria, men are punished for adultery only when it occurs at their homes, while women are punished regardless of the location.<sup>80</sup> In Jordan, survivors' rights to use "self-defense" differ. A man can claim mitigating circumstances for killing his wife if he finds her committing adultery under any circumstance, whereas a woman only benefits from mitigating circumstances when committing the crime in the marital home.<sup>81</sup>



GBV against children refers to gender-based physical, sexual, psychological abuse and violence towards a person below the age of 18. It includes early and forced marriage and school-related GBV. It does not refer to other forms of violence committed against children, such as violent punishment or disciplining, neglect, bullying, or gang violence.

## 4. GBV Against Children

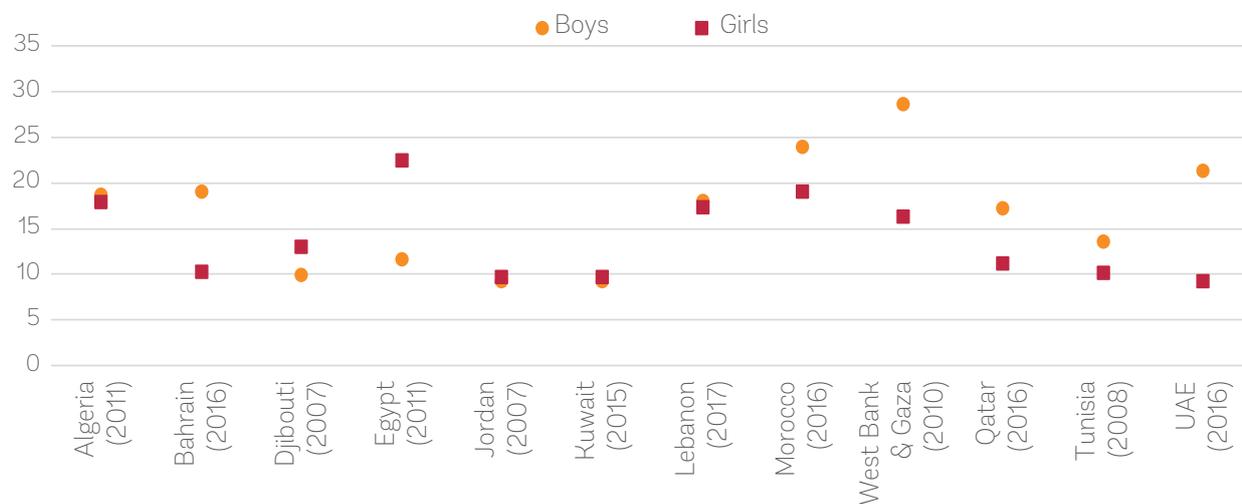
**Children and adolescents in MENA are at risk of different forms of GBV—at home, in schools, and forced into early marriage.** MENA countries lack comparable data on GBV against children, and nationally representative data on the percentage of girls (aged 15-17 years) who have experienced sexual violence is only available for Egypt (3 percent in 2014) and Jordan (2.7 percent in 2018).<sup>82</sup> In Lebanon, one study found that 24 percent of children reported experiences of childhood sexual abuse.<sup>83</sup> 52 percent of survivors reporting violence and receiving specialized services in Jordan were children, with the majority of them ages 12-17.<sup>84</sup> In Algeria, incest has been reported as prevalent among girls and boys.<sup>85</sup> Although not included as a form of GBV, violent disciplining at home is the most common type of violence against children in MENA, with some of world's highest rates in Egypt and Tunisia.<sup>86</sup> In addition to immediate harm, violent discipline can lead to more violence-prone norms and violent behavior against partners and children in adulthood. In Lebanon, for example, men who had witnessed their fathers beating their mothers during childhood were more than three times more likely to perpetrate physical violence at home than those who did not.<sup>87</sup>

**Both girls and boys are exposed to a range of gender norms that make girls particularly vulnerable to GBV.** From early childhood, girls and boys are prescribed strict gender norms, which affect their socialization and perception of the roles and freedoms of men and women. Boys are taught to be “masculine”; for example, protective of female relatives, dominant, and tough. Girls are taught to be submissive and confined to the home, at times with restricted social interactions. In Morocco, 62 percent of men and 57 percent of women believe that being a man means to be tough, and in Egypt, Morocco, and West Bank and Gaza, the majority of survey respondents said that boys are responsible for the behavior of their sisters, regardless of their age.<sup>88</sup>

**School-related GBV negatively impacts educational outcomes, with students avoiding school, not reaching their potential in terms of learning, or dropping out of entirely.** School-related GBV includes bullying, as well as physical and verbal violence, corporal punishment, and sexual harassment and violence.<sup>89</sup> GBV in schools can have serious and long-term consequences for affected students, and lead to the intergenerational transmission of violence.<sup>90</sup> In Libya, for example, more than one in three school children experience some form of sexual violence by other children, teachers, or other adults. Around 35 percent experienced unwanted touching, 18 percent sexual comments, 6 percent rape, and 11 percent have had a teacher offer them better grades, money, or other favors for sex.<sup>91</sup>

**Physical and sexual bullying are the most frequently reported forms of GBV.** Generally, boys are significantly more likely to be physically punished by a teacher than girls. Evidence from Egypt shows that 83 percent of male survey respondents have been beaten or physically punished by a teacher.<sup>92</sup> In Morocco, boys are more likely to experience teacher violence than violence at home, while in Lebanon and Palestine children seem to be more at risk at home than at school (ibid). School-based surveys reveal that on average over 43 percent of boys have experienced sexual bullying (harassment or violence) in schools, while the share is 34 percent for girls (see Figure 2). Except for Djibouti and Egypt where girls are more likely to report sexual bullying, boys are more affected by sexual bullying in most other surveyed MENA countries.

**Children who are already marginalized or in vulnerable situations are at higher risk of GBV.** Girls and boys in conflict or displacement settings are targeted because they are already vulnerable (for example, children living on the street, unaccompanied minors, and orphans), because of the perceived affiliations of their parents, or when abducted or recruited by armed groups.<sup>93</sup>

**FIGURE 2. SHARE OF STUDENTS WHO WERE SEXUALLY BULLIED ON ONE OR MORE DAYS DURING THE 30 DAYS BEFORE THE SURVEY**

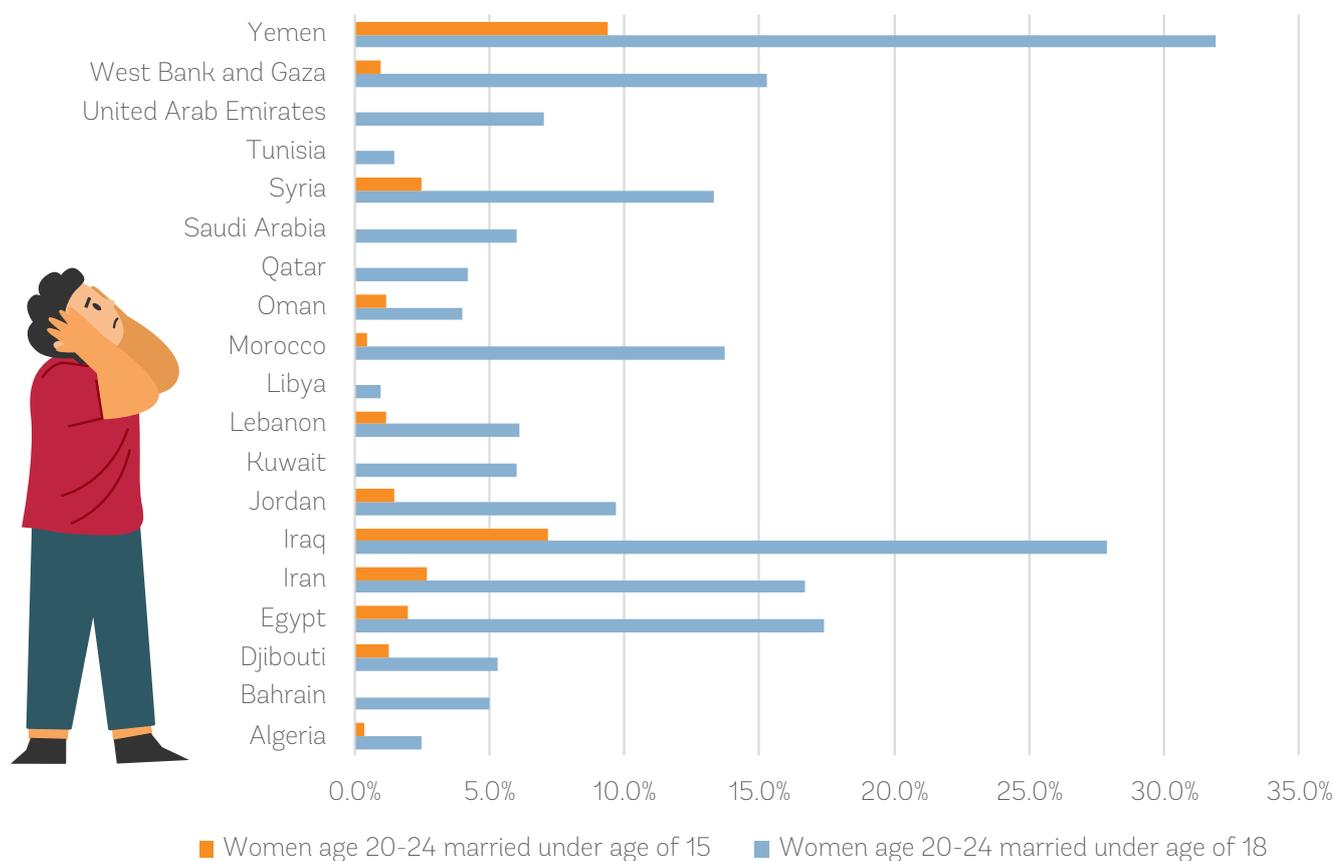
Source: Global school-based student health survey (GSHS).

In Yemen, for example, more than a quarter of sexual violence cases reported in 2018 were against children, and most of these acts were perpetrated by community members and relatives.<sup>94</sup> Children recruited by armed groups are reportedly exposed to sexual violence, for example in Libya.<sup>95</sup> Furthermore, trafficking of persons under the age of 18 remains a major issue, including for young girls sold into temporary marriages, as reported in Iran.<sup>96</sup>

**Cyber GBV against children in the MENA region is an emerging problem.** For example, in Saudi Arabia in 2016 there were over 2,000 cases of online child sexual exploitation reported. According to UNICEF, child support hotlines in Algeria report cyberbullying, online sexual extortion, and online trolling as the most urgent cases of GBV against children in the country. In Jordan, the most common forms of online GBV against children include grooming, online sexual harassment, and involving children in, or exposing them to, child sexual exploitation materials.<sup>97</sup>

**Child, early, and forced marriage is widespread in MENA with, on average, 18 percent of girls married before age 18 and 3 percent before age 15.** Prevalence rates vary significantly across different countries, ranging from 1 percent in Libya

to 32 percent in Yemen (see Figure 3). Across the region, the prevalence of child marriage in rural areas is significantly higher than in urban areas.<sup>98</sup> Forcibly displaced children and children in conflict contexts were found to be at high risk of early marriage, with increasing rates over recent years.<sup>99</sup> In such insecure and often economically difficult situations, families can resort to child and early marriages as a coping mechanism. Early marriages accounted for 32 percent of marriages among Syrians in Jordan, which is twice as high as the level in Syria before 2011.<sup>100</sup> Similarly, 41 percent of Syrian women refugees aged 20–24 in Lebanon were married before the age 18 in 2018, compared to 13 percent of Syrian women married before the age of 18 according to the 2006 Syrian household survey.<sup>101</sup> The COVID-19 pandemic may further increase the number of early marriages. According to assessments carried out in other health crisis contexts, such as the cholera outbreak in Yemen, reported child marriages increased because of additional stresses on families and the deterioration (or lack) of informal and formal support structures.<sup>102</sup> That is, in some MENA countries child marriage is a form of economic gain through bride price, particularly in conflict contexts but also in marginalized areas characterized by economic hardship, increasing

**FIGURE 3: PREVALENCE OF CHILD AND EARLY MARRIAGE AMONG WOMEN IN MENA**


Source: The figure shows most recent available data. For the purpose of comparability, data from the UNICEF database on child marriage was used for most countries. Studies reflected in OECD Social Institutions and Gender Index (2019) were used for Bahrain, Kuwait, Libya, United Arab Emirates. Note that data on child and early marriage among boys is limited. The UNICEF data base provides some information. In Egypt, 0.2 percent of men age 20-24 were married under the age of 18; in Jordan 0.1 percent; in Qatar 0.6 percent and in Tunisia 0 percent. In Djibouti, 0.8 percent of boys age 15-19 were reportedly currently married or in union; 0.6 percent in West Bank and Gaza; 0.4 percent in Jordan and Morocco; and 0 percent in Tunisia.

cost of living, and unemployment.<sup>xvii</sup> Not all early marriages are motivated by coping mechanisms. In many MENA countries it is considered preferable for girls to be married early, as younger brides are less likely to have had previous intimate relationships and are believed to be able to better cater to their husband's needs.<sup>103</sup> In Morocco, for example, if a woman does not get married at a "socially accepted age", she and her family will face stigma, gossip, social exclusion, and bullying.<sup>104</sup>

**Sexual trafficking and prostitution of children have been documented in many MENA countries, with the ongoing humanitarian crises worsening the situation and posing new threats.** While both adults and children are victims of trafficking, several countries in the region have been identified as source, transit and destination countries specifically for sexual trafficking of children.<sup>105</sup> In Tunisia, for example, the Ministry of Women, Family and Children identified 709 potential survivors of human trafficking among 10,000 reported cases of child abuse in 2018,<sup>106</sup> and in Morocco

xvii For example, in Morocco child and early marriages most frequently occur in areas where people have limited access to education, healthcare, and employment opportunities. In Yemen, a family who marries their daughter, receives a so-called bride price (mahr), which depends on the age of the bride. See: UNICEF 2017. In many MENA countries, having a daughter is seen as an additional economic burden, and early marriage is a way to obtain some financial security for the family. See: ICMEC 2013.

400 child survivors of human trafficking—the majority of whom were sexually exploited—were identified in the period 2012-2015.<sup>107</sup> In conflict and humanitarian crises, sexual trafficking of underage persons is a particular risk. According to UNODC some families choose to trade their daughters for money and goods to protect them from potential violence and obtain some means for survival.<sup>108</sup> However, such trades often end up in sexual exploitation and trafficking of underage girls. In Iraq, displacement, sectarian violence and poverty have led to an increase in children sexual trafficking and exploitation.<sup>109</sup> In Syria, Yazidi girls, captured by ISIS, are openly sold and used as sex slaves.<sup>110</sup>

**Children are also at risk of sexual exploitation in travel and tourism in the region.** There is evidence that this occurs in Egypt, Lebanon, Morocco, Saudi Arabia, the United Arab Emirates, and Yemen.<sup>111</sup> In Egypt, for example, so-called “summer marriages” are legally permitted for male tourists, allowing them to marry a girl for the duration of their vacations without any responsibilities and consequences afterwards, even in the event of pregnancy. Some girls can be married up to 60 times before they reach age 18.<sup>112</sup> A similar phenomenon is documented in Yemen, with sex tourists from Gulf countries using legally contracted “temporary marriages” to sexually exploit girls, some reportedly as young as 10 years old.<sup>113</sup>

### Legal framework addressing GBV against children

**While all MENA countries have certain legal protections in place for children, most lack comprehensive national legislation addressing child sexual abuse.** All countries in the region have ratified the Convention on the Rights of the Child (1989), which refers to sexual abuse: “states parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment,

maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”<sup>114</sup> Several MENA countries have initiated legislative changes in domestic law to protect children against sexual abuse. Jordan criminalizes some conduct related to child sexual abuse material. Similarly, the United Arab Emirates penalizes conduct related to child exploitation and sexual abuse. In Egypt, the penalty for sexual assault increases for acts carried out against children.<sup>115</sup> When it comes to rape, in most countries in the region, increased penalties are imposed where a victim is underage. For instance, in Jordan, the penalty for rape is 10 years’ imprisonment; however, the death penalty is applied in the case of rape of a child under 15 years old. Similarly, in Kuwait, the death penalty is applied where a victim is under 16 years old, and in Lebanon, the imprisonment term increases from five years to seven years for the rape of a child under 15.<sup>116</sup>

**The legal age for marriage varies across countries, but child and early marriage is only prohibited in few MENA countries, and even then numerous exceptions exist.** The prohibition of child marriage is one of the key CEDAW obligations under Article 16, to which nearly all countries in the region have made one or more reservations.<sup>xviii</sup> In Djibouti, Egypt, Iraq, Jordan, Morocco, Oman, Saudi Arabia, Syria, Tunisia, Gaza, and United Arab Emirates the legal marriage age is 18 for both men and women.<sup>117</sup> A lower legal marriage age is set in Bahrain, Kuwait, Qatar, and West Bank, and the lowest legal marriage age is established in Iran, at 13 years for girls and 15 years for boys.<sup>118</sup> A higher legal marriage age is legally enforced only in Algeria (19 years) and Libya (20 years).<sup>119</sup> In Lebanon, Saudi Arabia and Yemen there is no official minimum legal age for marriages.<sup>120</sup> Moreover, in Lebanon the minimum marriage age varies across different religious laws.<sup>121</sup> Even in countries where the legal minimum age for marriage is set at 18 years, exceptions can be made by the courts or with the permission of guardians. For example, in Djibouti marriages of girls under 18 years are subject to the consent of the husband and wife’s legal guardians.

xviii Countries, which have made reservations on the application of Art. 16 of CEDAW are Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Oman, Qatar, Syria, and the United Arab Emirates.

Although recent legal reforms have raised the minimum legal age for marriage in Morocco to 18 years, judges may still grant requests for early marriage for “well-substantiated reasons.”<sup>122</sup>

**Several MENA countries have set up specialized institutional mechanisms to facilitate their legal responses to human trafficking of children and adults, and to address the issue in a cross-sectoral manner.** Djibouti, Iraq, Kuwait, Morocco, Oman, Qatar, Saudi Arabia, Syria, Tunisia and the United Arab Emirates have central or national committees to combat human trafficking.<sup>123</sup> Bahrain’s National Committee to Combat Trafficking in Persons established a center to provide migrant workers with integrated services ranging from legal, social, public, and psychological health services to security protection, and a 24-hour call center operating in seven languages. Kuwait has set up a specialized unit to manage and investigate trafficking cases, as well as a centralized recruitment center to counter the use of illegal recruitment agencies. In Syria, an Anti-Trafficking in Person Department was established, which in 2017 opened a unit to receive women and child survivors of trafficking in collaboration with the Syrian Commission for Family Affairs.<sup>124</sup>

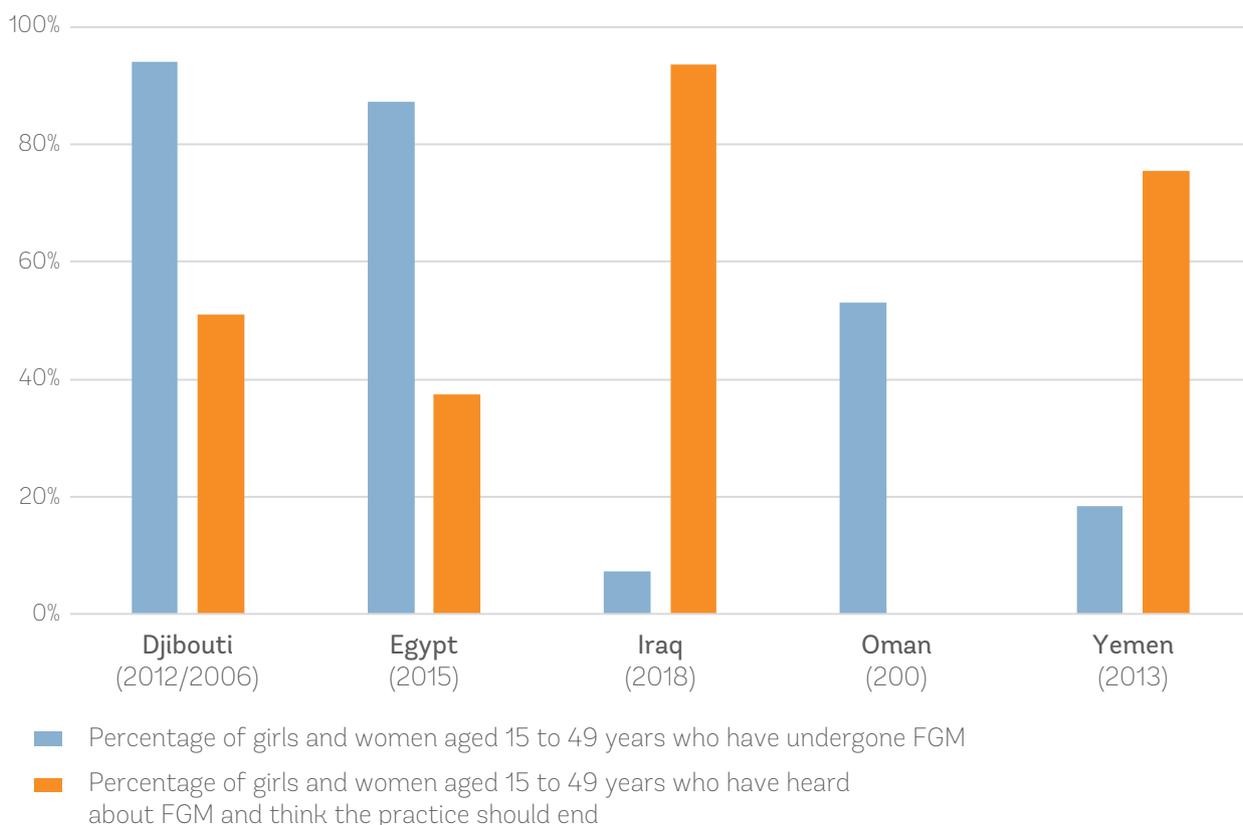
Female Genital Mutilation/Cutting refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.

## 5. Female Genital Mutilation/Cutting

**Female genital mutilation/cutting (FGM/C) remains a concern in several MENA countries, and is particularly common in rural areas.** Among girls and women ages 15-49 years, 94 percent in Djibouti, 87 percent in Egypt, 53 percent in Oman, 19 percent in Yemen and 7 percent in Iraq have been mutilated (Figure 4). In Saudi Arabia, for example, a 2017 survey of 963 women ages 18-75 years in Jeddah found that 18 percent had undergone FGM/C.<sup>125</sup> In Oman, 85 percent of respondents to the 2000 National Health Survey supported the practice, particularly in rural areas.<sup>126</sup> In Djibouti,

39 percent of the female urban population (women aged 15-49) have undergone FGM/C compared to 98 percent of the rural population. In Egypt, 77 percent of girls and women in urban areas have undergone FGM/C as compared to 93 percent in rural areas. The divide is not always large – in Yemen the difference is two percentage points and in Iraq one percentage point. UNFPA estimates that 2 million FGM/C cases which could have been averted will take place over the next decade as a result of the disruptions to services caused by the COVID-19 outbreak.<sup>127</sup>

**FIGURE 4: PREVALENCE OF FEMALE GENITAL MUTILATION IN MENA COUNTRIES**



Source: UNICEF Data Warehouse 2020. Data on attitudes for Djibouti is from 2006; Data for Egypt refers to girls ages 6 months to 14 years. Source for Oman is Musawah 2017.

**Acceptance of this practice varies.** While 94 percent of girls and women ages 15-49 years in Iraq, 64 percent in Yemen, and 51 percent in Djibouti think that FGM/C should be eliminated, in Egypt only 38 percent of women think so. In many communities where FGM/C is practiced, it is a cultural tradition considered important to conform to community expectations and acceptance, and in some cultures it is believed that an uncut woman will not be able to marry, which, in turn, leads to social stigma and exclusion. A majority of men and women in Egypt believe that it is important to continue FGM/C because of customs and tradition.<sup>128</sup> Although no religious texts call for FGM/C, the practice is often justified by or associated with religious support. For instance, in Egypt, 68 percent of men and 59 percent of women believe that FGM/C is required by religion. Importantly, FGM/C is also practiced to increase the attractiveness of women and raise their chances of being married, by safeguarding femininity and modesty through the removal of body parts that are considered “unclean”, “unfeminine” or even “male”.<sup>129</sup>

### Legal framework on FGM/C

**In most countries, including those with the highest prevalence of FGM/C, like Egypt and Djibouti, the practice is prohibited and criminalized.**<sup>130</sup> Provisions against FGM/C sometimes include preventative measures. In Djibouti, for example, failing to report a case of FGM/C to authorities is punishable with up to one year’s imprisonment and a fine. However, legal gaps remain and actual enforcement is weak. In Egypt, although FGM/C was criminalized, the prohibition can be circumvented through provisions which allow for harmful actions to be taken in order to prevent a greater harm to oneself or others—allowing FGM/C practices to continue when found medically necessary and when carried out by professional doctors.<sup>131</sup> In Djibouti, despite legislation, cases of FGM/C are neither reported nor prosecuted.<sup>132</sup>

**In some countries, FGM/C is subject to regulation but is not criminalized under the law.**

While no legal prohibition criminalizes FGM/C in Oman, it is prohibited by medical doctors in public hospitals through a policy directive.<sup>133</sup> In the UAE, FGM/C is not a criminal offence, although there is a ban on performing it at public hospitals and clinics.<sup>134</sup> In Yemen, the law does not prohibit FGM/C, but the practice is forbidden in government institutions and medical facilities, albeit without defining penalties for violations.<sup>135</sup>

**Most MENA countries do not have legal prohibitions on FGM/C, which is linked to no or low reported prevalence of the practice.**

This is the case in Algeria, Jordan, Lebanon, Libya, Morocco, Qatar, Saudi Arabia, Syria, and West Bank and Gaza. FGM/C is also practiced and not explicitly prohibited in Iraq, where it can be regarded as an “assault”.<sup>136</sup>

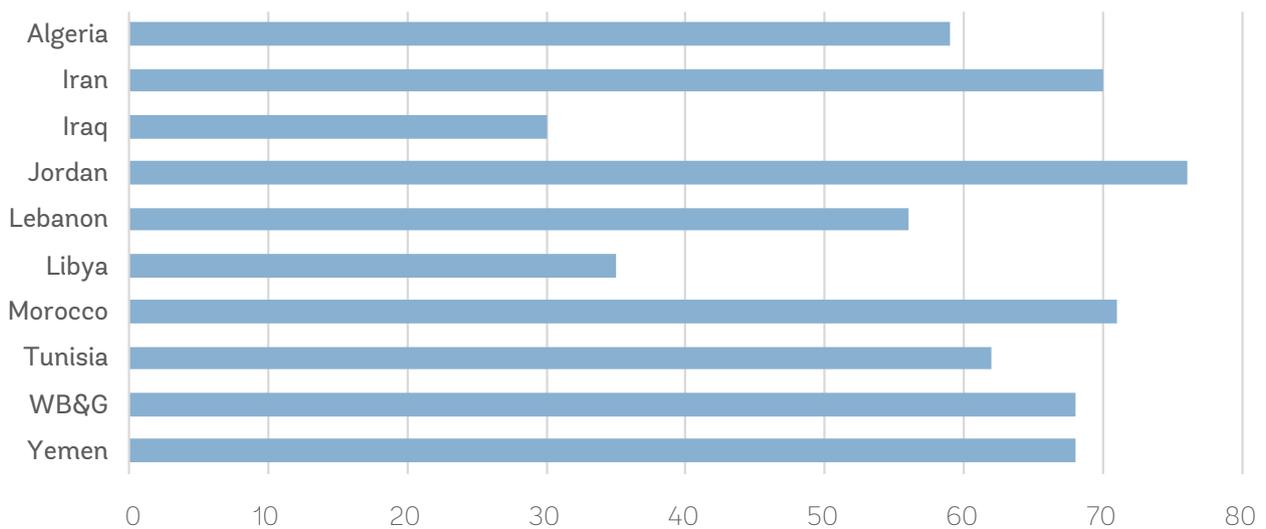
Sexual harassment refers to any form of unwelcome sex-based behavior (verbal, non-verbal, physical) that is offensive, humiliating or intimidating. It is common in public spaces and at workplaces.

## 6. Sexual Harassment

**Sexual harassment in public places, educational institutions, and the workplace has received increasing attention across the region.** Prevalence rates, although often not available on a nationally representative scale, remain high across the region. According to the OECD’s 2019 Social Institutions and Gender Index, many women do not feel safe walking alone at night, spanning from 76 percent in Jordan to 30 percent in Iraq (Figure 5). In Egypt, 87 percent of women do not

feel safe on public transportation and 83 percent do not feel safe in the street.<sup>137</sup> More than half of Tunisian women have experienced physical or psychological violence in public spaces.<sup>138</sup> At the same time, sexual harassment often remains underreported. Additionally, surveys reveal that large parts of the populations in MENA countries believe that women deserve to be harassed, for example, when “dressing provocatively” in public.<sup>139</sup>

**FIGURE 5: SHARE OF WOMEN WHO DO NOT FEEL SAFE WALKING ALONE AT NIGHT IN THEIR NEIGHBORHOOD**



Source: OECD 2019 Social Institutions and Gender Index.

### Legal framework on sexual harassment

Many countries in the MENA region have made legislative and policy efforts to address sexual harassment, including criminalizing it through their Penal Codes.<sup>140</sup> Articles on the criminalization of sexual harassment are listed in the Penal Codes of Algeria, Bahrain, Djibouti, Egypt, Jordan, Kuwait, Morocco, Qatar, Syria, Tunisia, the United Arab Emirates, and Yemen.<sup>141</sup> Stand-alone laws criminalizing sexual harassment have been passed in Lebanon, Morocco, and Saudi Arabia.<sup>142</sup>

The definitions of sexual harassment are often incomplete, unclear, unavailable, or overlap with that of sexual assault, and vary across the region. For example, in Bahrain, sexual harassment is defined as “commit[ting] an act of indecency with a female” in either a public or private space; in Egypt as “accosting” in a “private or public or frequented place implying sexual or obscene gestures, whether by verbal or nonverbal means or through actions, in any manner including modern means of communication”, and in Tunisia as “any act, gestures or words with sexual connotations

that are offensive to one's dignity or affect one's modesty with the intention to subject the victim to the perpetrator's sexual desires". Jordan established penalties for those, who fondle a minor or a woman without consent.<sup>143</sup> Algeria's legislation criminalizes only cases of sexual harassment based on the abuse of authority.<sup>144</sup> In Djibouti, Libya, the United Arab Emirates, and Yemen, sexual harassment falls under the category of sexual assault and/or indecent/offending act against females.<sup>145</sup> However, there are often no provisions for prosecution of sexual harassment specifically in educational institutions, sporting establishments, and cyberspace (for example, in Qatar, Syria, and Yemen). There are no laws or regulations on sexual harassment in Iran and West Bank and Gaza.<sup>146</sup>

**Some MENA countries also address workplace sexual harassment and violence through labor laws and other legislation.** Certain provisions for punishment of sexual harassment at the workplace can be found in the Labor Laws of Algeria, Bahrain, Djibouti, Iraq, Jordan, Libya, Morocco, Oman, Saudi Arabia and the United Arab Emirates.<sup>147</sup> In Algeria, sexual harassment is defined as "any act committed by someone abusing their position in office, with the aim of obtaining sexual favors". In Iraq, sexual harassment includes physical and verbal offences. In Morocco, sexual harassment is defined as "any intensified harassment of others by acts, statements or signs of a sexual nature or for sexual purposes; or sending written, telephonic, or electronic messages or recordings or images of a sexual nature or for sexual purposes, in public or other spaces".<sup>148</sup> Labor laws and other regulations often fail to account for the journey to and from work, putting women and girls at risk of sexual harassment in public places, including transport hubs, on trains or buses, and in private or semi-private transportation, such as taxis. Furthermore, labor laws generally do not apply to informal employment environments where many women in MENA countries work, which leaves them without redress mechanisms in cases of exploitation and abuse as well as sexual harassment.<sup>149</sup> Additionally, labor laws are often not applicable to civil servants, leaving women working in the public sector without protection, or only the protections granted by the penal code.

**Penalties for sexual harassment vary across the region and, being a relatively new concept in many MENA countries, are not yet widely enforced.** In Egypt, sexual harassment can be prosecuted only when an offender attempted to obtain sexual benefits from a woman.<sup>150</sup> In Djibouti an employer must take all necessary measures to prevent acts of sexual harassment and to punish perpetrators, who are liable to a disciplinary sanction.<sup>151</sup> In Jordan, if an employer or their representative commits an act of sexual harassment, the establishment may be closed for a certain period of time.<sup>152</sup> In Iraq, penalties for sexual harassment are up to six months' imprisonment and/or a fine of one million IQD. In Kuwait, sexual harassment is sanctioned with a prison sentence of up to 15 years, depending on the scope and circumstances in which it was committed. In Morocco, Qatar, and Tunisia, committing sexual harassment can result in imprisonment for one to two years and/or a financial penalty.<sup>153</sup>



Cyber GBV includes stalking, bullying, hate speech, sexual harassment, non-consensual dissemination of pornographic or hypersexualized images, death and rape threats, surveillance through email, messaging apps and social media platforms, and electronically facilitated sexual exploitation and trafficking.

## 7. Cyber GBV

**One third of women in MENA have experienced at least one form of online violence.**<sup>154</sup> Cyber GBV includes different forms of online conduct targeting women and girls, which aim to intimidate, coerce, cause fear and anxiety, humiliate, or create emotional and psychological distress.<sup>155</sup> According to a national survey in Egypt, over 80 percent of women reported having experienced online sexual harassment, while another study on cyber violence against women indicates that 42 percent of women have experienced some form of online violence in the past 12 months.<sup>156</sup> In Morocco, 13 percent of women have been subject to online abuse according to the second National Survey on the prevalence of violence against women.<sup>157</sup> In Jordan, 81 percent of women have experienced cyber sexual harassment.<sup>158</sup> The COVID-19 outbreak and lockdown measures increased risks of cyber GBV due to the increased use of mobile devices, online platforms and digitalization of services. For example, on major social media platforms, online abuse targeting women increased by 50 percent in March 2020 globally, and online harassment was the highest reported type of violence against women in all MENA countries.<sup>159</sup>

**Cyber GBV targeting women and girls increases the probability of offline violence.** For example, in Egypt, if a woman refuses to date a man or asks for divorce, she may become a target for threats of sexual and physical violence, together with sexist and discriminatory comments.<sup>160</sup> Case studies from Morocco show that women are targeted by their ex- or current partners with “revenge porn”; non-consensual dissemination of pornographic or sexualized content without an owner’s permission, as a form of coercion to continue a relationship or as a punishment for ending one.<sup>161</sup> Women activists, journalists, and bloggers in the MENA region encounter increased risks of being targeted by cyber GBV, intended to discredit their contributions and shift public attention from substance to discussion of their private life.<sup>162</sup>

**Censorship, control, and surveillance of women’s profiles on social media platforms by relatives,**

**partners and/or governments constitute a distinct form of cyber GBV.** Women’s appearance, behavior, and voices are often scrutinized by society, and posting personal content online may lead to increased risks of cyber GBV and real-life threats. For example, in West Bank and Gaza, women often report familial surveillance and interventions in their online presence and content.<sup>163</sup> In Yemen, women often refuse to publish personal photos online, as they might be used as a reason for bullying and blackmailing.<sup>164</sup> Similarly, women in Saudi Arabia report that posting photos without traditional covering clothes might result in not only the increase of cyber threats and hate speech, but also police arrest.<sup>165</sup>

### Legal framework on cyber GBV

**Most MENA countries are yet to implement legal and policy frameworks to prevent and address cyber GBV.** Some countries (such as Iran, Jordan, and the United Arab Emirates) have passed cybercrimes acts to penalize certain forms of cyber GBV, while others (Iraq and Egypt) have amended their criminal codes to address online violence.<sup>166</sup> At the same time—and partly due to the emerging nature of this phenomenon—no country in the region has enacted legislation against all forms of cyber GBV. Many countries have regulations on cyber bullying, defamation, and threats of death and rape, while electronically facilitated sexual exploitation and trafficking, cyber sexual harassment, and cyberstalking are not explicitly covered. The degree to which existing laws provide protection against cyber GBV also varies. For instance, in Jordan, dissemination of non-consensual pornography is considered a crime only when it involves minors.<sup>167</sup> In Iran, criminalization of certain forms of cyber VAW is motivated by protecting public morality and the reputations of families, rather than seeking justice for survivors. In Egypt, cyber sexual harassment can be prosecuted as an “indecent assault incident”, but not as a distinct form of GBV. Only Egypt and Morocco have emphasized a gendered approach to tackling cybercrimes in their legislation,

acknowledging the fact that women and girls are disproportionately targeted by online violence.<sup>168</sup>

**Obstacles to accessing justice present a challenge to accurately reporting cyber GBV.**

For example, in Morocco underage women cannot complain to police without the consent of their parents.<sup>169</sup> However, the social stigma and shame of discussing cyber GBV prevents adolescents from talking to their parents and, consequently, from seeking legal help. In Iraq, fear of defamation and social stigma discourages survivors of cyber GBV from revealing their experiences and reporting their offenders.<sup>170</sup> Studies from different MENA countries show limited awareness of existing legislation. In Jordan, for example, among different

forms of sexual harassment the type least reported is online harassment.<sup>171</sup> An online survey in Egypt found that none of the respondents had ever filed a complaint to police when facing sexual harassment online.<sup>172</sup> In addition, women from West Bank and Gaza admit they do not trust police and their competency to handle cases of online abuse.<sup>173</sup> In some cases, women choose not to report due to a lack of trust in the legal and social response. In Iran, for instance, producing the files used in revenge porn can impact women for a lifetime, whereas the punishment provided by law does not exceed 24 months and/or US\$135,000.<sup>174</sup> In Morocco, it is the responsibility of a survivor to find out personal details of their offenders, if they want to report them to police.<sup>175</sup>



## 8. GBV in FCV Contexts

**GBV can be used as a tactic in conflicts to humiliate, dominate, and disrupt social ties, and women and girls, as well as men and boys, face heightened risks and violence, including GBV, in settings of conflict and displacement.** Conflict contexts, complex humanitarian emergencies, and protracted displacement exacerbate structural inequalities and pre-existing patterns of discrimination, and contribute to increased prevalence of GBV, which particularly affects already vulnerable populations.<sup>176</sup> This can result in long-lasting effects even after conflict may have ended, perpetuating “a cycle of anxiety and fear that impedes recovery.”<sup>177</sup> As discussed earlier, sexual violence and rape are used as a means of control and repression. In Syria, for example, armed actors systematically raped and sexually humiliated detainees from opposing factions.<sup>178</sup> In Yemen, GBV against women, men, and children by armed actors and/or in detention is widely documented, including extortion through sexual violence and rape.<sup>179</sup>

**In FCV contexts, men and boys are more likely to suffer severe injuries or die, and women and girls are disproportionately exposed to sexual violence and different forms of GBV.** As men and boys often comprise the majority of combatants, they are generally at higher risk of being killed or injured through combat. Men and boys are also exposed to GBV, including sexual violence, during and after conflict, including in formal and informal detention settings and in armed groups.<sup>180</sup> Due to the taboo and stigma associated with GBV against men and boys, and deeply entrenched cultural assumptions about male invulnerability to such violence, men and boys face particular reporting barriers, and prevention and response remain largely non-existent.<sup>181</sup> Escalation of conflict and a rise in militant groups have resulted in abduction, trafficking and enslavement of women and girls.<sup>182</sup> Sexual violence has been used

as a recruitment strategy to attract young men, by promising marriage and sexual slaves as forms of domination and status. Human trafficking has enabled terrorist groups to generate income and finance their activities.<sup>183</sup> Female heads of households, and women migrating with children, were found to be particularly vulnerable to sexual violence committed by authorities, armed groups, smugglers or traffickers, as observed in Iraq and Libya.<sup>184</sup> Additionally, survivors of conflict-related GBV, including children of rape survivors and their mothers, are often stigmatized and can be at risk of abuse, abandonment, and marginalization.

**Forcibly displaced persons, particularly women and girls, are disproportionately affected by different forms of GBV.** Insecure environments in border areas, displacement settings or, upon return, lack of privacy, limited livelihood opportunities and services, and declining international attention and assistance over time lead to exacerbated protection risks for female refugees, IDPs, and returnees.<sup>185</sup> For example, in Iraq, women and girls with an affiliation or perceived affiliation to ISIS face greater risk of sexual assault, rape, and exploitation, in addition to lack of access to services and civil documentation.<sup>186</sup>

**The COVID-19 pandemic further exacerbates the risks of GBV among vulnerable women and children in conflict zones and in refugee and displaced settings.** Survivors of trafficking in Iraq and Syria are at risk of further exploitation as lockdowns and border restrictions limit their ability to seek and get help, while countries also divert resources to fighting the pandemic.<sup>187</sup> This is likely in Iraq where ISIS-affected communities are still vulnerable to trafficking.<sup>xix</sup> Of an estimated 800,000 people trafficked each year across Syria, 80 percent are women and girls, with 79 percent trafficked for sexual exploitation. Some Palestinians with permits to work in Israel returned during the pandemic and were forced to self-quarantine at home, making it challenging for wives and families to continue residing in their usually

xix The International Organization for Migration reports that it assisted 100 victims of trafficking in Iraq between 2017-2018, of whom 90 percent were women. See: IOM. 2019. In Iraq, IOM Engages Government, Community Actors to Tackle Human Trafficking. Press Release. August 2, 2019. <https://www.iom.int/news/iraq-iom-engages-government-community-actors-tackle-human-trafficking>.

### Box 1: UN Framework on Sexual Violence in Conflict

In 2000, the Security Council adopted resolution 1325 on Women, Peace and Security, which calls for the increased participation of women, and the incorporation of gender perspectives, in all UN peace and security efforts. Additionally, resolution 1820 (2008) addresses sexual violence in conflict situations. Follow-up resolutions 1888 (2009), 1889 (2009), and 1960 (2010), have focused on preventing and responding to conflict-related sexual violence, and have established the UN architecture to this end, including the appointment of a special representative of the Secretary-General (SRSG) on sexual violence in conflict, strengthening UN coordination mechanisms, establishing a Team of Experts on the Rule of Law and Sexual Violence in Conflict, and the establishment of monitoring, analysis and reporting mechanisms. Recent resolutions indicate that acts of sexual and gender-based violence can be used as a tactic of terrorism (resolution 2242, adopted in 2015) and establish the nexus between trafficking, sexual violence, terrorism, and transnational organized crime (resolution 2331, adopted in 2016).

In 2013, the Committee on the Elimination of Discrimination against Women (CEDAW) adopted general recommendation No. 30, with guidance to States Parties to the Convention on legislative, policy and other measures to protect, respect, and fulfil women's human rights in situations of conflict and instability. CEDAW general recommendation No. 35 recalls that GBV against women and girls constitutes discrimination under the Convention.

In July 2018, the UN SRSG on Sexual Violence in Conflict and the CEDAW Committee signed a Framework of Cooperation to reaffirm common commitments to promote and protect the rights of women and girls affected by conflict-related sexual violence. This framework of cooperation aims at reinforcing synergies between the pillars of peace and security, human rights, and development. This will be done through establishing a joint program of work; advancing national-level implementation of human rights standards on the protection of women and girls affected by sexual violence, and cooperating in the conduct of research and collection of data to ensure accountability and compliance of Member States with the obligations under international law.

Source: OHCHR n.d.

small quarters given restrictions on mobility are already widespread.<sup>188</sup> In Lebanon, only one third of Syrian refugee women have access to a mobile phone, which can deepen their isolation and limit their (and their families') access to critical health information during quarantine.<sup>189</sup>

**FCV contexts contribute to added challenges in GBV prevention and response, and disrupted access to services puts GBV survivors further at risk.** While GBV is already widely underreported, it remains particularly difficult to determine its prevalence in FCV contexts due to additional security-related reporting and data collection challenges. Women and girls are at higher risk of severe sexual and reproductive injuries,

contracting sexually transmitted infections, unplanned pregnancy, and maternal mortality as a result of sexual violence in conflict. Access to, and availability of, essential services, including for life-saving health care, clinical management of rape, or medication, as well as psychosocial support, are often limited during and after conflict.<sup>190</sup> Institutional collapse, and the lack of justice mechanisms, services, and access limit the recording of cases and the provision of services. These factors also result in widespread impunity for perpetrators of GBV.<sup>191</sup> In Syria, the UN SRSG report on sexual violence in conflict (2019) pointed out that formal justice systems are often non-existent outside of government-controlled areas. In Yemen, the breakdown of law and order and

the limitations of the justice system resulted in widespread impunity.<sup>192</sup> In Iraq, despite numerous detentions and prosecutions of ISIS members on terrorism charges, no cases included indictments for GBV crimes.<sup>xx</sup>

## 9. GBV and Climate Change

**As one of the most water scarce regions globally, the MENA region is highly vulnerable to climate-related stresses and environmental disasters, which have major gendered implications.**

Resource scarcity and environmental vulnerability exacerbate existing gender inequalities. Gender norms and power structures shape how women and men access and control natural resources, are exposed to environmental hazards, and are able to cope with climate-related risks.<sup>193</sup> Women in rural areas often face a double economic burden— income generation and unpaid household care— while dealing with climate-related shocks. Loss of income due to environmental stresses can lead women to take on new roles, such as paid work in sectors that have traditionally been dominated by men, while keeping household responsibilities. In MENA countries, agriculture is the largest employment sector for women, making them particularly vulnerable to climate-related impacts.<sup>194</sup> While women are often the primary providers of water, food, and fuel, they face gender disparities and discriminatory norms in accessing and controlling land, property, and other assets. These disparities make it harder for women and girls to mitigate climate-related hazards, and increase their exposure to GBV.

**Climate change and environmental vulnerability can aggravate GBV risk factors.** A comprehensive review by the International Union for Conservation of Nature found direct links between environmental issues and GBV.<sup>195</sup> During and after natural disasters and extreme weather-related events,

women face greater risks of rape, domestic violence, sexual exploitation, and assault.

**Resource scarcity makes travel to collect water and other resources longer and exposes women and girls to new security risks, including GBV.**

During prolonged drought, women and girls tend to make more frequent and longer trips to get food and water – which makes them more vulnerable to sexual assault, rape, and harassment, as in Yemen and Djibouti.<sup>196</sup> For example, in Yemen, where 11.2 million Yemenis are in acute need of water and sanitation,<sup>197</sup> women have reported being afraid to travel alone to collect water.<sup>198</sup>

**While direct links between climate change and displacement are complex and multi-causal, climate-induced migration can increase GBV risks.**<sup>199</sup>

In MENA, prolonged droughts have led to climate-induced migration from rural to urban areas and exacerbated pre-existing socioeconomic and political tensions, such as in Syria and Djibouti. Climate-induced migration due to resource scarcity or natural disasters can increase women's exposure to GBV due to overcrowding and unsafe conditions in temporary housing, emergency shelters, and IDP camps.<sup>200</sup> Drought-affected adolescents from Ethiopia on the move through Djibouti have experienced high risks of GBV and trafficking on their journey and upon arrival. A survey by the Danish Refugee Council found that nearly 100 percent of women migrants in transit through Djibouti started taking contraception before they left their country of origin, indicating that they anticipated being raped or sexually abused during their migration journey and took precautions to avoid pregnancy.<sup>201</sup>

**During, and in the aftermath of, natural disasters, women and girls are at particular risk of GBV, including IPV, especially women of lower socioeconomic status.**<sup>202</sup> Poor harvests, livestock loss, lower earnings, and food insecurity due to resource scarcity, natural disasters, and

xx In 2018, the Special Adviser of the UN Investigative Team to Promote Accountability for Crimes Committed by Da'esh/ISIL was appointed with a mandate to collect, preserve and store evidence of ISIS war crimes, crimes against humanity, and genocide, which include acts of sexual violence. So far, ISIS members have only been prosecuted on terrorism charges, but not for crimes of sexual violence. The UN Special Representative, with the Team of Experts on the Rule of Law and Sexual Violence in Conflict, supports the government to prosecute "pilot cases" of crimes of sexual violence crimes perpetrated by ISIS. See: UN Secretary-General 2019.

environmental degradation can put pressure on men in their traditional roles as providers for the household. In Djibouti, for example, prolonged drought has also led to major losses in pasture and livestock.<sup>203</sup> The socioeconomic impacts of climate-related stresses have also increased tensions within households during prolonged droughts, due to scarcity of resources and women's increased involvement in how money should be spent.<sup>204</sup> This increased tension exacerbates IPV risks.<sup>205</sup> Women living in severe and moderate drought have been found to face higher risks of a controlling partner, and of experiencing physical and sexual violence, than women not experiencing drought.<sup>206</sup>

**Forced/early marriage has been used as a negative coping mechanism to deal with food insecurity brought about by prolonged drought and natural disasters.** In situations of protracted conflict, environmental shocks, and natural disasters, girls and boys face heightened risks of early marriage.<sup>207</sup> In Yemen, both the protracted violent conflict and environmental vulnerability have contributed to a threefold rise in already high rates of child marriage, due to economic collapse, lack of security, and food insecurity.<sup>208</sup> In pastoral communities in Djibouti, conflict over pasture, livestock, and water points due to resource scarcity have exacerbated some forms of GBV, including forced intercommunal marriage, which is used as a conflict resolution mechanism to build peace between communities. There have also been

cases of young girls running away to other tribes to escape from forced marriage during pastoral conflicts.<sup>209</sup>

**Sexual exploitation and abuse, including sex trafficking, linked to land tenure and productive resources has been used to assert control over natural resources and maintain unequal power structures.**<sup>210</sup> Where the rule of law is weak, GBV has been used to enable illicit and illegal activities, through sexual exploitation to exert control over communities. In Iraq, ISIS deliberately targeted and contaminated the farmlands of minorities in Kirkuk<sup>211</sup> while intimidating civilians through night attacks, kidnapping, execution of farmers, burning of agricultural land, and sexual abuse and exploitation.<sup>212</sup> Women's lack of land rights also makes them particularly vulnerable to land and property grabbing, which can increase their vulnerability to sex trafficking and sexual extortion to access agricultural land.<sup>213</sup> More particularly, research found a correlation between control over land and land disputes affecting women with intra-family GBV. In Yemen, for example, GBV has been used to deter women from asserting and claiming land, property, and inheritance rights.<sup>214</sup> While the correlation between GBV and women's land rights is highly variable and context-specific, evidence suggests that secure and equitable land rights are a key lever to reduce some forms of GBV, by giving women more decision-making and bargaining power within the household.

## II. CHALLENGES AND PROGRESS IN PREVENTION AND RESPONSE

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While most countries in the region have ratified international frameworks and/or developed national strategies to address GBV, considerable challenges remain in relation to law enforcement and policy implementation. GBV survivors continue to face significant barriers to accessing support services and justice due to limited institutional

leadership and capacity. This section details the institutional framework for GBV prevention and response in MENA, challenges to GBV survivors accessing justice and protection, and limited service delivery due to a lack of capacity and trust in existing systems.

## 1. Legal, Policy & Institutional Environment

### a. International Conventions & Constitutions

**Most countries in the region have signed the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).** While Iran is the only country in the region which has not signed the CEDAW, only Djibouti, Tunisia, West Bank and Gaza, and Yemen have done so without reservations and/or declarations. Countries' reservations are generally linked to incompatibility with Shari'a law, domestic legislation, customs, and traditions.<sup>xxi</sup> The CEDAW articles most frequently under reservation are Article 2 (obligation to amend national legislation to ensure gender equality), Article 9.2 (women's rights in regards to the nationality of their children), Article 15 (freedom of movement and choice of residence and domicile), Article 16 (protection of equality of marriage and family life), and Article 29 (regulation on the international disputes between the member states of the convention). Libya and Tunisia are the only two countries in the region to have ratified the Optional Protocol to CEDAW, which grants their citizens the opportunity to refer to the provisions of the Convention when domestic law is restricted or unavailable.<sup>215</sup>

**Many countries in the region have ratified other international treaties, contributing to the reduction of GBV and promotion of women's agency.** Egypt, Iran, Iraq, Lebanon, and Syria have ratified the Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others (1951). The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (1950), which supplements the United Nations Convention against Transnational Organized

Crime (1950) has been fully or partially ratified by all countries, except of Iran and Yemen. Djibouti, Iran, Jordan, Lebanon, Morocco, Qatar, and West Bank and Gaza are members of the International Covenant on Civil and Political Rights (1966). The International Covenant on Economic, Social and Cultural Rights (1966) has been ratified in most MENA countries, except for Saudi Arabia and the United Arab Emirates. The Convention on the Rights of the Child (1989) has been ratified by all countries in the region, with Bahrain, Djibouti, Kuwait, Lebanon, Libya, Morocco, Tunisia, and Yemen making no reservations.

**Most MENA countries recognize and commit to the enhancement of gender equality in their constitutions.**<sup>216</sup> Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Kuwait, Libya, Morocco, Oman, Qatar, Syria, Tunisia and West Bank and Gaza explicitly refer to equality on the basis of sex/gender. The constitutions of Jordan, Lebanon, and the United Arab Emirates do not contain any provisions on gender parity, although the principle of equality is mentioned in regard to race, religion, and/or ethnicity. Egypt and Tunisia are the only two countries in the region whose constitutions express commitments to tackle discrimination and prevent GBV through legal means.<sup>217</sup> The constitutions of Iran, Iraq, Libya, and Syria do not explicitly refer to combatting GBV, although they imply that the state should not tolerate, and should address, gender-based discrimination to ensure equal rights and freedoms of all citizens.<sup>218</sup> Other general protections for women and girls include, for instance, prohibitions on forced labor, slavery, the slave trade, the sex trade, and trafficking in Iraq; and provisions on the freedom of speech and protection from discrimination, violence, and hatred based on gender in Libya.<sup>219</sup>

xxi For example, Bahrain, Iraq, Morocco, Oman, Qatar, Saudi Arabia, and Syria refer to this argument to justify the reservations. Egypt has stated that Shari'a law has already provided rights and protections to women which are equivalent or even superior to those outlined in the CEDAW. Tunisia and Yemen have ratified the convention without reservations, but have declared that in the event of contradictory statements between the convention and the domestic law, the priority should be given to the latter. Detailed information about country reservations, comments and dates of ratification can be found on the UN General Assembly website. A/RES/34/180.

## b. National Strategies Addressing Violence Against Women and Girls

Several MENA countries have adopted national strategies that specifically address violence against women, including Algeria, Bahrain, Egypt, Iraq, Lebanon, Morocco, Tunisia, and West Bank and Gaza. Bahrain, for example, has adopted the National Action Plan for the Protection of Bahraini Women (2013 - 2022), which aims at the promotion of family stability and protection of women from all forms of violence. The plan incorporates executive and legislative measures providing services, protections, and counselling for survivors of GBV. Algeria has adopted the National Strategy to Combat Violence Against Women to provide support and protection to GBV survivors, implement empowering strategies, and raise public awareness.<sup>220</sup> Iraq's Anti-Violence against Women Strategy (2013-2017), adopted in March 2013, and the National Strategy on Advancement of Women in Iraq, adopted in 2014, call for legislation on IPV/ violence against women. In West Bank and Gaza, the 2013 National Strategy to Combat Violence against Women tasks the Ministry of Women's Affairs with policy making for eliminating GBV against women.

### Some countries have launched national strategies to eliminate specific forms for GBV.

Djibouti, for example, has a National Strategy for the Total Abandonment of FGM/C (2018-2022). In Jordan, a National Strategy and Action Plan to Prevent Human Trafficking (2019-2022) was launched in 2019. In Kuwait, the state introduced the Kuwait National Child Protection Program, which partially focuses on elimination of GBV against girls, including sexual abuse, assault and exploitation. In addition, in 2018, the Council of Ministers of Kuwait approved and funded a national strategy to combat human trafficking. Similarly, Oman has a National Childhood Strategy (2015-2025) to strengthen services available to

vulnerable children, including protection against sexual abuse and exploitation.

In some countries, GBV or violence against women and girls is not addressed by a stand-alone strategy or specific national action plan, but rather as part of an overall strategy on women and girls. In Jordan, the recently approved National Strategy for Women in Jordan 2020-2025 includes, as one of four strategic objectives, that "Women and girls enjoy a life free of all forms of gender-based violence". It calls for interventions for "effective GBV prevention, protection and response mechanisms in the private, public and digital sectors and spaces", and for the development of policies that make high quality services accessible to GBV survivors. Similarly, Djibouti's National Gender Policy 2011-2021 includes the elimination of harmful practices and GBV in its objectives.<sup>221</sup> In Egypt, GBV is a priority in the National Strategy on Women's Empowerment 2030. A National Strategy for the Advancement of Women in the United Arab Emirates 2015-2021 was passed by the Cabinet and includes mechanisms for protecting women and children from violence and abuse.<sup>xxii</sup> Iran, Kuwait, Libya, and Oman have no specific policy framework or strategy to address GBV or VAW. More details on the legal and policy environment in MENA can be found in Annex 2.

## c. Institutional Framework

In many MENA countries institutional leadership on GBV prevention and response is lacking, and even where clear responsibilities are in place, institutional capacity to effectively prevent and respond to GBV is generally low. While most MENA countries have ministries, departments, units, or committees to address GBV or violence against women, mandates and responsibilities are often fragmented, and institutions lack adequate funding to effectively carry out their mandates on a national scale. Although some coordination mechanisms exist, including national councils

xxii Previous efforts have included Algeria's 2008 National Strategy for the Promotion and Integration of Women, which included combatting gender-based violence as a core principle (UNDP 2018a). Qatar's National Development Strategy (2011-2016) included a section on domestic violence, and a General Strategy of the Family (2011-2016), with a strategic objective related to violence against women. Yemen's National Strategy for Women's Development (2006-2015) contained "combatting violence against women" as one of its six objectives (OECD 2019).

or commissions, as well as specific instruments to address certain types of GBV, such as human trafficking, FGM/C or child marriage, overall coordination and effective collaboration remains weak. In units dealing directly with GBV survivors, these weaknesses often translate into lack of GBV awareness and training, including in the justice, police, social, and health sectors. In conflict-affected countries, overall governmental and institutional capacities have been undermined, including in Yemen and Libya, with government officials themselves involved in GBV, human trafficking, and exploitation in several cases.<sup>222</sup>

**Specific ministries, national commissions, and supreme councils are mandated to work on GBV or violence against women and girls as part of their general mandate on women's issues.** Where a ministry for women's or family affairs exists, it is usually responsible for coordinating GBV prevention and response efforts. In Algeria the Ministry of National Solidarity manages hotlines and national shelters for GBV survivors, and coordinates governmental action to implement the national strategy to combat violence against women through its Delegate Minister for the Family

and the Status of Women. In Bahrain, the Supreme Council for Women launched a unified framework for counselling services and family awareness in 2019, in cooperation with the public and private sectors. It established a Women's Support Center which provides social, psychological, and legal assistance to families before, during, and after marriage; shelters for women survivors of domestic violence; a hotline to support survivors and provide legal advice, and training programs for GBV service providers, including in social centers and police stations. Djibouti established a Ministry for the Advancement of Women and Family Planning in 2008. Egypt's National Council for Women manages a Women's Complaint Bureau that offers counselling services and referrals to civil society organizations (CSOs) for medical or legal assistance, on a case-by-case basis. In Morocco, a national committee on violence against women, as well as regional and local committees, coordinates judicial and government action and address obstacles to survivors' access to justice. The Ministry of Women's Affairs in West Bank, co-chaired by the Ministry of Social Affairs, is leading the National Committee to Combat Violence Against Women.<sup>223</sup> However, some countries have



abolished their ministries for women's affairs, for example Iraq in 2015 and Lebanon in 2020, weakening national coordination and resulting in lack of leadership, inefficiency, and loss of synergies on issues such as GBV prevention and response.<sup>224</sup> In some parts of West Bank and Gaza, coordination and implementation of existing laws has been hampered by the fragmentation of areas under the control of different authorities.<sup>225</sup>

**Other forms of cooperation on GBV prevention and response across governmental institutions can be observed in several MENA countries, sometimes around specific types of GBV.** In Bahrain, the Supreme Council for Women, the Minister of Interior, the Minister of Labor and Social Development, the Ministry of Justice, Islamic Affairs and Endowments, and the Ministry of Health formed a joint committee, which led to the 2017 launch of a database and statistics project to consolidate, track, and monitor statistics on violence, including cases of domestic violence.<sup>226</sup> In Jordan, the Ministry of Education and Ministry of Health formed gender units to better address GBV, and a national coordination mechanism has been established involving the Ministry of Social Development, local and international organizations, and the UN. Similarly, in Tunisia, an inter-sectoral mechanism created in 2016 aims to improve coordination among frontline service providers with five ministries (Health, Interior, Justice, Social Affairs, and Women, Family and Children). A common framework between

government institutions and NGOs has been established to support women GBV survivors and implement measures across sectors. Some MENA countries have targeted committees, units, or working groups in place for specific forms of GBV, particularly human trafficking. Some countries, such as Egypt and Morocco, have national observatories to measure progress on addressing violence against women.

**The overall low institutional capacity on GBV frequently translates into limited capacity throughout entire institutions, and affects the ability of public officials to prevent and respond to GBV.** Institutional weaknesses at the higher political levels across the region include lack of leadership, prioritization, coordination and resource allocation. This leads to inefficiencies and lack of synergies on GBV prevention and response. Many MENA countries lack sufficient qualified staff. In many countries police officers, judicial personnel, health and social workers do not systematically receive training on effective GBV responses.<sup>xxiii</sup> CSOs often play an important role in complementing or expanding official capacity building efforts by providing training for public officials and other frontline responders.<sup>xxiv</sup> However, officials receiving GBV complaints often prioritize family reconciliation, and reports illustrate that gender-based stereotypes and discriminatory attitudes affect the investigation, prosecution, and adjudication of GBV cases.<sup>xxv</sup> The lack of medical personnel specialized and trained

xxiii This has been reported in Djibouti, Egypt, Iraq, Jordan, Libya, Morocco, Oman, Qatar, Syria, Tunisia, the United Arab Emirates, and West Bank and Gaza. See: UN Women & Oxfam 2018; Global Protection Cluster 2018; International Commission of Jurists 2019; CEDAW 2017, 2019; United Nations Committee on the Rights of the Child 2016; UN Women Global Database on Violence Against Women; OECD 2019a–j.

xxiv In Algeria, for example, the Wassila Networks contributed to the training of medical, legal and media personnel. ABAAD in Lebanon has enabled skill-sharing between experts in different domains and front-liners and offers an online course on GBV case management in emergencies. In Egypt, CEWLA created awareness and training materials for public officials and relevant authorities on "honor crimes". In some of countries where civil society presence is relatively weak—such as Kuwait, Libya, Oman, Saudi Arabia, the United Arab Emirates, and Yemen—CSOs have less access to provide training. In Iran, for example, the UN Committee on the Rights of the Child (2016) noted that law enforcement officials, judges, and relevant professionals working with children do not have proper access to GBV sensitivity training. See Cairn Info. n.d. Le réseau Wassila, un collectif algérien pour les droits des femmes et l'égalité. <https://www.cairn.info/revue-nouvelles-questions-feministes-2014-2-page-136.htm>; International Planned Parenthood Federation. n.d. Association Djiboutienne pour l'équilibre et la Promotion de la Famille. <https://www.ippf.org/about-us/member-associations/djibouti>; SOAS Centre of Islamic and Middle Eastern Law. n.d. Egypt Center for Egyptian Women Legal Assistance. <https://www.soas.ac.uk/honourcrimes/partners/egypt---centre-for-egyptian-women-legal-assistance-cewla.html>.

xxv This has been reported in Iraq Morocco, Oman, Qatar, Saudi Arabia, the United Arab Emirates, and West Bank and Gaza. OECD 2019a–j; International Commission of Jurists 2019; CEDAW 2018; UNGA 2019; Euromed Rights. 2015. Palestine. Report on Violence against Women in the Context of Conflict. Euro-Mediterranean Human Rights Network. <https://euromedrights.org/wp-content/uploads/2015/12/EMHRN-Factsheet-VAW-Palestine-EN.pdf>

in forensic aspects of GBV leads to evidence being lost, and emergency contraception not being provided in cases of rape, and also affects adequate treatment of GBV survivors, referrals, and follow-up mechanisms. The lack of adequate health system capacity is even more pronounced in FCV settings, where the availability of female gynecologists, medical professionals who provide specialized GBV services, and forensic specialists, is limited.<sup>xxvi</sup> Service providers often have limited capacity to respond to the different needs of GBV survivors, including psychological services, physical health, safe shelter, legal assistance, and material support.

**A small number of MENA countries – such as Lebanon, Kuwait, Djibouti, Morocco, and West Bank and Gaza – have developed multi-sectoral referral systems and integrated approaches to increase collaboration between different sectors within government and CSOs.** In Kuwait, doctors are required to report domestic violence cases or injuries to a Ministry of Interior investigator at the hospital, who must then pass the report to the Department of Investigation within the Ministry, along with a medical report by the examining doctor. In Lebanon, a referral system for GBV survivors, standard operational procedures, and case management protocols were established through coordination between CSOs and different ministries. In West Bank and Gaza, a coalition of CSOs launched a national referral system for survivors called Takamol, which is now legally required for GBV service providers, including health, police, and social service providers.

#### **d. Civil Society & Development Partners**

**In the context of limited public institutional capacity, CSOs are instrumental in advocating for GBV survivors' rights to justice and services.**

CSOs, including women's rights groups and human rights activists, have been particularly instrumental in advocacy efforts to influence national policy and legal frameworks. In Egypt, for example, CSOs and women's rights groups have long campaigned for a national strategy to address violence against women and girls, and were part of the strategy development process under the leadership of NCW.<sup>xxvii</sup> CSOs also come together to hold governments accountable for fulfilling their mandates on GBV prevention and response, and some organizations monitor and record overall human rights violations in their respective countries, including women's rights issues and GBV.<sup>xxviii</sup> In some MENA countries CSOs have formal coordination and network functions together with the governments. In Lebanon, for example, the NGO ABAAD has been co-chair of the National Technical Task Force to End GBV against Women and Girls alongside the Ministry of Social Affairs since 2012).<sup>227</sup> In Djibouti, the National Union of Djiboutian Women works closely with government actors to coordinate the multi-sectoral response to GBV with line ministries and provide key services for survivors.

**CSOs fill important gaps in prevention, through awareness raising, and in response, by both connecting and providing services to survivors for legal, health, shelters, and psychosocial support, as well as general livelihood and empowerment programs.** Many CSOs working on GBV in the region provide targeted information

xxvi This is reported in Iraq, Gaza, and Syria. See: UN Women & Oxfam 2018; Banyan Global et al. 2016; UN Women 2017; UNFPA 2018.

xxvii Other examples include Djibouti, where the ADEPF (Association Djiboutienne pour l'Equilibre et la Promotion de la Famille) has worked closely with the Ministry for the Promotion of Women, the Ministry of Health, and the State Secretariat of Youth on the issue of female genital mutilation. In Iran, the National Welfare Organization has been working with the judiciary to prevent child marriages through a joint awareness campaign. KAFA and ABAAD in Lebanon have also been advocating for legal reforms. See: International Planned Parenthood Federation n.d.; ODVV 2017; ABAAD 2020.

xxviii In Egypt CEWLA (Center for Egyptian Women's Legal Assistance) established a strong network with executive and legislative stakeholders and other civil society organizations, to strengthen cooperation between stakeholders on women's and children's legal rights (Global Fund for Women n.d.). The Omani Center for Human Rights (n.d.) documents human rights issues in the country and raises awareness of human rights in all areas of public life, including women's and children's rights. Similarly, in Egypt, the El Nadeem Center for Rehabilitation provides a media archive that summarizes certain violations of human rights and raises awareness of violence against women in the household, and sexual violence in public spaces (Michaelson 2018).

for GBV survivors and conduct public awareness-raising activities through community outreach and communication campaigns. Often CSOs are the first point of contact for GBV survivors, and as such play an important role in connecting survivors with appropriate services.<sup>xxix</sup> Often with the support of v.<sup>xxx</sup> The role of CSOs is further discussed in the sections on access to justice and service provision.

**In addition to local CSOs, numerous international NGOs are working at the country and regional level in MENA on elimination of GBV against girls and women, especially in the context of humanitarian crises.** For example, CARE International implements development programs in Egypt, Jordan, Lebanon, Syria, the West Bank and Gaza, and Yemen, with programs on child marriage and engagement to address violence through a focus on gender norms and stereotypes. In Syria, CARE provides protection programming for GBV, as well as case management and psychological support. Plan International has a presence in some MENA countries with efforts to address and prevent GBV, such as in Jordan where they implement support programs for children who are at risk of abuse, child marriage and exploitation. Save the Children offices, particularly in Lebanon and Yemen, address GBV against children through educational programs to protect adolescents from GBV and the promotion of their sexual and reproductive health rights. Several international organizations focus primarily on addressing and combatting GBV against female refugees, asylum seekers, and IDPs, as well as host

communities. World Vision International operates in Iraq, Jordan, Lebanon, Syria, and West Bank and Gaza. It addresses GBV as part of its humanitarian strategy, with some focus on combatting child marriages and violence against girls by advocating for legal reform, investing in scaling-up education and empowerment of adolescent girls, and community dialogue. The International Rescue Committee (IRC) is implementing humanitarian aid programs in Iraq, Jordan, Lebanon, Libya, Syria, and Yemen, which address GBV against female refugees and IDPs, among other issues, and provide different types of support to survivors. For example, in Iraq IRC offers counselling, group activities and legal support to women and girls, and in Syria IRC is creating safe spaces for women and girls that offer services for survivors of GBV.<sup>xxxi</sup>

**UN agencies, based on their individual specialized mandates and expertise, are key stakeholders advocating for change and supporting national and regional efforts to prevent and address GBV.** Many UN agencies work closely with governments and CSOs to strengthen national capacities to prevent and respond to GBV. They advocate for legal and policy reforms and their enforcement, contribute to strengthening government capacity for GBV prevention, and are directly involved in service provision for survivors of GBV. Annex 4 includes examples of support by UN agencies in the MENA region.

**UN agencies recognize that effective prevention and response requires coordinated and sustained action by the multiple actors working on GBV.**

xxix For example, in Algeria, the organization RACHDA refers women to other institutions for consultations, reception services, and so on. (Balsam 2011). In Djibouti, the National Union of Djiboutian Women's counselling center for female survivors of GBV has worked with the police and legal authorities, and directs survivors to appropriate services (No Peace Without Justice 2008). In Egypt, the El Nadeem Center for Rehabilitation has referred refugees to special organizations providing help to refugees and asylum seekers, following the shutdown of their clinic (Michaelson 2018).

xxx In Lebanon, ABAAD has worked on engaging men and providing support at the individual, family, couples, and community levels, promoting non-violent behavior, reinforcing positive familial and social relationships, and engaging women and men from host and refugee communities in instilling concepts of non-violence and partnership (ABAAD n.d.-a-c). In Djibouti, ADEPF has worked on social norms around the cultural practice of FGM/C through TV, radio programs and educational programs (International Planned Parenthood Federation n.d.).

xxxi See: International Rescue Committee (n. d.). Similarly, the Danish Refugee Council (DRC) assists refugees and internally displaced persons in Iraq, Jordan, Lebanon, Libya, Syria, and Yemen, and provides support services for vulnerable women and girls. For instance, in Lebanon, DRC delivers psychosocial support, case management and community-based protection for female GBV survivors. In Syria, DRC focuses on strengthening the protective environment for women and girls. Efforts to combat GBV as part of the humanitarian aid program have been also undertaken by the Norwegian Refugee Council (NRC). In Iraq, refugee women receive legal support from NRC, particularly in vulnerable cases. In Iran, NRC provides emergency service delivery for women, affected by humanitarian crisis, and organizes community-based education services to empower adolescent girls.

UNFPA is leading the Inter-Agency Gender-Based Violence Area of Responsibility (AoR) that functions as a platform to bring together NGOs, UN agencies, academics, and others, under the shared objective of “ensuring life-saving, predictable, accountable and effective GBV prevention, risk mitigation and response in emergencies”.<sup>228</sup> There are a number of GBV sub-clusters in the MENA region, including in Iraq, Jordan, Lebanon, Morocco, Syria, and Yemen, which are generally led by UNFPA, UNICEF or UN Women, depending on the priority GBV issue. In humanitarian settings, UNHCR is responsible for organizing and coordinating GBV response actions on the regional and/or national levels.

## 2. Service Delivery

**Many MENA countries have not ensured comprehensive service provision for GBV survivors through legislation and policy.** Service provision for survivors is a government responsibility, but legal regulations lack consistency and clarity on the rights of survivors, including services. In several MENA countries, governments are committing to service provision through new legislation, national strategies and/or action plans, or agreements with other agencies.<sup>xxxii</sup> Effective case management is key, as it provides GBV survivors with multi-sectoral services including health care, counselling and psychosocial support, legal aid, socioeconomic empowerment, and referral to other services. However, government capacities are weak and responsibilities for service provision tend to be spread across various public institutions with insufficient coordination. The result is fragmented service delivery and limited geographic coverage.<sup>229</sup> Thus, in many MENA countries, GBV-related services are often provided by CSOs. While CSOs have long been engaged in GBV prevention and response efforts and are often the first responders in GBV cases, they are also

often underfunded and have limited capacity to fully meet the needs of survivors.<sup>230</sup> A continued lack of standard procedures, functioning referral systems, and survivor-centered case management hinders effective service delivery. Services in many regions, particularly in remote locations, are often unavailable, inadequate or inaccessible for GBV survivors and those at risk.

**Limited institutional capacity and trust in existing systems, combined with social stigmatization, contribute to few survivors of GBV seeking support.** Most survivors of GBV do not seek any help or support. For example, according to a national survey in Tunisia, only five percent of female GBV survivors approached a governmental institution or CSO for help. Less than four percent approached police, and around two percent reached out to health care providers.<sup>231</sup> In West Bank and Gaza, less than two percent of female GBV survivors went to police for protection or to file a complaint.<sup>232</sup> In Jordan, less than three percent of female GBV survivors have ever sought help from lawyers, the police, or medical personnel.<sup>233</sup>

**FCV countries face additional challenges regarding service delivery for GBV survivors.** Although some GBV services have been provided to female IDPs, refugees, and migrants, many services are disrupted due to ongoing conflict.<sup>234</sup> In Syria, for example, operations of shelters for trafficking survivors in Damascus and Aleppo are on hold. Yemen’s commitment to develop five shelters for women in the action plan of the Ministry of Social Affairs and Labor for 2011-2015 have not been implemented.<sup>235</sup>

**It remains particularly difficult to reach vulnerable population groups.** These include unregistered persons, adolescent girls, elderly women, survivors with disabilities, LGBTQI survivors, and male survivors of GBV.<sup>236</sup> The few services available to LGBTQI and male survivors

xxxii Morocco’s plan to combat VAW stresses that legal and financial measures as well as listening centers should be strengthened to support female GBV survivors. Tunisia’s National Strategy on Violence against Women (2009) states the need for a variety of services for GBV survivors, including immediate and accessible protection through shelters. Bahrain’s Law on Protection against Domestic Violence (2015) states that the state should provide adequate and sufficient support for survivors of GBV including shelter, although no regulations on management and access to shelter are provided. The West Bank and Gaza National Strategy to Combat Violence Against Women (2011-2019) underlines the need for an increased number and enhanced quality of shelters.

of violence are generally managed by CSOs, and accessing these services is highly stigmatized.<sup>xxxiii</sup> Adolescent girls are often restricted in their mobility and cannot access services due to family or community constraints, but some government-run services specialize in reaching these younger women. In Algeria, for example, the Ministry of National Solidarity, Family and Status of Women manages reception centers for girls under the age of 18 and centers for elderly women over 60 years.<sup>237</sup> The State Welfare Organization in Iran runs 31 health houses for young and/or unmarried women “in danger of social harms”, and 26 safe houses for married and/or elderly women.<sup>238</sup> In Kuwait, the Ministry of Health established the National Child Protection Program in 2015, which initiated the creation of Child Protection Centers to address domestic violence against children and abuse at home.

**Amid the COVID-19 pandemic, service delivery for GBV survivors has been affected in many MENA countries** by the closure of facilities, limited operations, and shifting of resources. The deteriorating socioeconomic situation imposes further hardship in already vulnerable settings and particularly in countries experiencing humanitarian crises. Nationwide efforts to analyze and evaluate the situation and introduce best practices for addressing GBV during the COVID-19 crisis are being implemented in several MENA countries with CSOs, international development partners, and governments engaging in joint efforts to support availability and access to services. In some countries, face-to-face management services have been replaced by remote case management or mobile forms of counselling. Notwithstanding the importance of remote-based systems, including phone, internet and SMS services, the current crisis has underlined that effective case management requires additional entry points for

GBV survivors.<sup>xxxiv</sup> Survivors or those at risk may not have access to a phone or the internet, or would put themselves at risk by accessing remote case management services from their homes during confinement. The following section covers key social services including GBV hotlines, health services, psychosocial support and livelihoods support.

### a. Hotlines

**Hotlines are often a first point of access for GBV survivors, and in MENA these are generally provided and managed by both government institutions and CSOs.** In Algeria, hotlines run by the Ministry of National Solidarity, Family and Status of Women are in place in the 48 provinces, and the Balsam Network of CSOs manages a national network of 15 call centers supporting the delivery of essential services to survivors.<sup>239</sup> The National Union of Djiboutian Women operates a counselling center for female GBV survivors, working with the police and legal authorities to direct survivors to appropriate services (Immigration and Refugee Board of Canada 2017).<sup>240</sup> Bahrain is an example of using multiple hotlines: the crisis response center Shamsaha provides two 24-hour helplines, one in English and one in Arabic, and free text message services through WhatsApp or SMS; the Aisha Yatim family counselling center provides an eight-hour-a-day hotline to survivors of IPV, and the government manages a hotline specifically for women migrant workers.<sup>241</sup> In Libya, CSOs, in cooperation with the Ministry of Social Affairs and UN agencies, launched a psychosocial hotline to assist survivors of GBV and other vulnerable populations in 2019.<sup>242</sup> Kuwait has established a hotline to report labor complaints, human trafficking, and forced labor, although no hotline is available for reporting on domestic violence or other forms of GBV.<sup>243</sup> In

xxxiii Other, CSO-driven examples, include: in Lebanon, the NGO MOSAIC specifically provides medical, psychological, and legal support to LGBTQI and male survivors to reduce the gaps they face in service provision, and Plan International works with educational and health facilities to engage with adolescent girls at risk of GBV (Irish Consortium on GBV 2019). In Kuwait, Al Hurriya focuses on the rights of LGBTQI people (Amnesty International 2019, Human Rights Committee 2016).

xxxiv See for guidance on case management during COVID-19: UNFPA 2020e. In Lebanon, with the support of international partners, ABAAD launched an online learning course on GBV case management in emergency settings for social workers and other service providers (ABAAD 2020).

countries such as Iraq and Lebanon, hotlines are mainly managed by CSOs.<sup>xxxv</sup>

**Given the limited physical accessibility of centers or other facilities for GBV survivors during COVID-19, hotlines gained additional importance.** National helplines for domestic violence or other forms of GBV extended their operating hours, and additional phone services were launched in several countries to provide legal assistance or psychological support via phone, for example, in Lebanon, Tunisia and West Bank and Gaza.<sup>xxxvi</sup> UN agencies have supported the ramping up of hotlines to respond to increased needs due to COVID-19 in, for example, Lebanon, Yemen and Oman.<sup>xxxvii</sup>

## b. Health Services

**GBV survivors directly seek or are referred to health care service providers to receive medical attention, and these services provide critical interventions for GBV survivors.** Health services often serve as a first point of contact for GBV survivors, with key services such as emergency contraception to prevent pregnancy, post-exposure prophylaxis medication to prevent HIV infection, and presumptive treatment of sexually transmitted infections. They can also provide first-line support, psychological first aid, and referral to other services, although this is not necessarily standard practice in MENA countries.

**Specialized medical services are scarce and medical personnel are not always trained to respond to GBV cases.** In Morocco, for example, some public hospitals have GBV units that provide urgent medical care to survivors.<sup>244</sup> In Qatar, the Aman Protection and Social Rehabilitation Center provides medical services for survivors of domestic violence, including female migrant workers who have fled their sponsors.<sup>245</sup> Beyond treatment of physical injuries, GBV survivors do not always receive treatment for prevention of STIs or HIV, nor receive emergency contraception.<sup>246</sup> Furthermore, facilities do not always schedule follow-up appointments, and mental health is often not integrated into the health response for GBV survivors. Lack of forensic medical personnel or lack of training can lead to evidence that is required for court cases being lost. NGOs or shelter staff are sometimes also engaged in training health care professionals on GBV response and providing these types of services, including Clinical Management of Rape.<sup>xxxviii</sup>

**Health systems are particularly strained through the COVID-19 pandemic in several MENA countries.** Acknowledging that countries face difficult choices when health systems are overwhelmed, it is widely recognized that services for GBV remain essential, especially given its increased prevalence during COVID-19.<sup>247</sup> Nonetheless, given resource constraints, it has been particularly challenging to increase provision of

xxxv In Iraq, a 24/7 hotline for women, who experienced domestic violence is operated by Cordaid's mental health program (Cordaid 2020). KAFA and ABAAD in Lebanon run emergency lines for GBV survivors (Banyan Global et al. 2016). The section on Psychosocial support specifically discusses the counselling function of the hotlines.

xxxvi In Lebanon, for example, the National Commission for Lebanese Women, in cooperation with the Internal Security Forces, set up a new domestic violence hotline (UN Women 2020a). In Tunisia, an additional hotline was opened to respond to the five-fold increase of reported GBV cases and the operating hours of the existing hotline were extended to 24/7 (TV5Monde 2020). In West Bank and Gaza, existing hotline hours for GBV reporting were extended (CARE Palestine West Bank/Gaza. 2020. A Summary of Early Gender Impacts of the COVID 19 Pandemic.). See: OECD. 2020. COVID-19 crisis in the MENA region: impact on gender equality and policy responses. <http://www.oecd.org/coronavirus/policy-responses/covid-19-crisis-in-the-mena-region-impact-on-gender-equality-and-policy-responses-ee4cd4f4/>

xxxvii In Lebanon, UNFPA launched a family planning hotline at the beginning of the pandemic, which also provides support in questions of reproductive and maternal health and emergencies and in Yemen, UNFPA supported hotlines and toll-free numbers as an alternative to in-person services for survivors of GBV (UNFPA 2020). In Oman a hotline that provides psychological and medical counselling for women was jointly launched by UNFPA, WHO, the Omani Society of Obstetrics and Gynecology, and the Ministry of Health. (ibid).

xxxviii In Lebanon, ABAAD and KAFA offer access to medical treatment to survivors of GBV, and ABAAD has worked with UNICEF to enhance the capacity of frontline workers in hospitals and primary health care centers through training on GBV and CMR in health facilities throughout the country (UN ESCWA 2017, ABAAD 2020). In Syria, the Sisters of the Good Shepherd organization provides emergency care as well as psychological and medical services to survivors of violence. In the United Arab Emirates, Emirates Red Crescent delivers first aid and relief to the survivors.

health services for survivors of GBV. FCV countries are particularly vulnerable, where availability of health and WASH services is insufficient, health care facilities have been partially destroyed, and governance remains fragile.

### c. Psychosocial Support

**Psychosocial support is a key component of GBV service delivery.** Mental health impacts for GBV survivors include self-harm and suicidal behavior, depression, anxiety, substance misuse, sleep disturbances, and post-traumatic stress disorder. In addition, GBV survivors often face shaming and stigmatization from their families or communities.<sup>248</sup> Psychosocial support takes the form of emotional support groups, positive parenting groups, and other community activities,<sup>xxxix</sup> as well as individual treatment through counsellors and health professionals. In many cases, it is an entry point for disclosing GBV incidents; in Lebanon, data shows that more than 30 percent of survivors seek individual help after more than one month of continuing participation in psychosocial activities.<sup>249</sup>

**Psychosocial support is maintained through government service providers and CSOs in MENA countries, often directly linked to shelters.** Several government-run or government-funded shelters in the region, such as in Algeria, Tunisia and Jordan, provide psychological and social services for GBV survivors.<sup>250</sup> In other countries, response-related units have been set up, like a Community Police Department which offers psychological and social support to GBV survivors in Kuwait, or the Violence against Women Unit set

up by the Egyptian Ministry of Interior.<sup>251</sup> Similarly, counselling services and referrals to CSOs are provided in several countries, such as Egypt, Tunisia and Yemen.<sup>252</sup> Numerous CSOs offer psychosocial support activities combined with other services, such as livelihood programs, offered in shelters or safe spaces, or direct counselling through hotlines.<sup>xl</sup>

**During COVID-19, overall psychosocial support needs increased, while service delivery was affected.** Prior to COVID-19, some MENA countries were offering psychosocial support services via phone or other remote mechanisms, and the pandemic has increased the need for these services. In Morocco, a new digital platform that will help raise awareness among families and enable direct reporting of acts of GBV is being developed.<sup>253</sup> New modes of psychological counselling and support target vulnerable women and those who have limited access to support services.<sup>254</sup>

### d. Shelter

**Despite some advances in the establishment and capacity of shelters, overall coverage, accessibility, capacity, and financing of shelters remains concerning.** Shelters for GBV survivors and those at risk are an essential component of GBV prevention and response, providing protection, allowing survivors of violence to distance themselves from abusive situations, and preventing further violence through awareness raising and support.<sup>255</sup> Although most MENA countries offer shelters in some form, their number and geographic coverage remains inadequate. According to a 2019 study, there are not more

xxxix Psychosocial interventions are therapeutic interventions which use "cognitive, cognitive-behavioral, behavioral or supportive techniques to relieve pain. Methods include patient education, interventions to aid relaxation, psychotherapy, and structured or peer support." See: Health and Human Rights Info. 2016. Mental Health and Gender-based Violence: Helping Survivors of Sexual Violence in Conflict – a Training Manual.

xl In Algeria and Bahrain, for example, several CSOs provide psychosocial support through telephone counselling and assistance. There are other examples, such as in Iraq, where the ASUDA organization provides psychological, social support, directly and via telephone hotline. The National Union of Djiboutian Women has a counselling center for female GBV survivors. The El Nadeem Center for Rehabilitation in Egypt also provides psychological rehabilitation to domestic violence survivors and medico-legal reports whenever necessary (DW Akademie nd). In Lebanon, the CSO ABAAD also established a Men's Center for men who show signs of violent behavior, which offers psychosocial support and anger management to men (ABAAD 2020). In some MENA countries, shelters offer out-of-shelter counselling and psychosocial support services. For example, in Bahrain, the Women's Support Center provides social, psychological and legal assistance to families, and the counselling services are provided in several social centers (UNDP 2018).

than 50 shelters across all Arab states.<sup>xli</sup> Shelter services have been affected by COVID-19, with facilities closed, operations limited, and/or made inaccessible by movement restrictions.

**The services provided in shelters vary, and staff are not always adequately trained to provide specialized services.**<sup>xlii</sup> Most shelters or safe spaces in MENA countries offer temporary accommodation to survivors of domestic violence, while some also provide rehabilitation services. Due to a lack of financial and material resources, many shelters depend on part-time employees and volunteers, who do not necessarily have professional qualifications and competencies. Centers in Tunisia, West Bank and Gaza, and Yemen provide health services without specialized health care staff and/or child-related services without employing childcare staff.<sup>256</sup> In other countries, such as Lebanon, shelters offer a wide range of services, including from specialized staff.<sup>xliii</sup>

**Many existing shelters are run by CSOs which often depend on international donors for support.** Egypt, Iraq, Jordan, Oman, Qatar, Saudi Arabia, Syria and West Bank and Gaza have government-run shelters.<sup>xliiv</sup> Nonetheless, even in areas with government shelters, most shelters are run by CSOs and face challenges in staffing, capacity, sustainability, and service provision for survivors. In Lebanon, for example, most shelters and safe spaces are provided by CSOs, often in

collaboration with the Ministry of Social Affairs.<sup>257</sup> In Morocco, the “Union de l’Action Feminine” (UAF) operates a network of several centers providing housing, counselling, and guidance, as well as legal, medical and psychological assistance to women experiencing violence. Only the government of Bahrain funds the costs of a shelter run by a CSO.<sup>xliv</sup> In some countries it is difficult for CSOs to establish shelters. For example, in Iraq, only the government can legally provide shelters, due to a narrow interpretation of the Law on Combating Human Trafficking (2012) and, as a result, some survivors of GBV are temporarily placed in female prisons to ensure protection.<sup>258</sup>

**Shelters or safe houses for specific vulnerable groups or for survivors of specific forms of GBV exist but are scarce.** Some MENA countries have special shelters for trafficking survivors, generally operated by CSOs, such as the Organization of Women’s Freedom in Iraq (OWFI) for Yazidi women and girls who have escaped ISIS, and in the United Arab Emirates, by the Emirates Red Crescent and the government. In Oman, the government has opened a shelter for trafficking survivors with the provision of lodging, psychological counselling, legal assistance and medical services.<sup>259</sup> In Saudi Arabia, the government-run shelter does not allow access to women over age 65 years, refugee and migrant women, women with disabilities, and those with mental health issues.<sup>260</sup> In contrast, a center for the accommodation of migrant workers was

xli ESCWA defines Arab states as: “Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Mauritania, Oman, State of Palestine, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.” ESCWA (2019). This is aligned with the findings of the UN Women and Center for Arab Women Training and Research (CAWTAR) directory of government and non-government institutions supporting female survivors of violence in 19 MENA countries, which found that out of 434 organizations documented, only 10 percent indicated that they provided shelter services (UN ESCWA 2019b).

xlii UN agencies have developed minimum considerations for essential services for women and girls in shelters which includes providing safe and secure accommodation; ensuring safety measures are in place; providing basic accommodation needs free of charge; ensuring there is a protocol for unaccompanied children, including for longer-term alternative care; where necessary and appropriate; ensuring that accommodation is accessible for women and girls with disabilities (UN ESCWA 2019a).

xliii ABAAD’s emergency safe shelters in Lebanon, for example, provide free temporary houses for women at risk or survivors of GBV, including single and married women, their children, as well as adolescent girls. Services include immediate safe housing (24/7), crisis counselling, emergency support and information on legal rights.

xliv In Egypt, the Ministry of Social Solidarity announced the opening of a new shelter in Giza in 2019, which is one of eight similar facilities across the country (Egypt Independent 2019). In Qatar, the Ministry of Administrative Development, Labor and Social Affairs offers shelter assistance as well as childcare (Hukoomi Qatar Government nd).

xlv Among the many examples of CSO-run shelters are: In Algeria, SOS Women in Distress offers a temporary accommodation center for women and children experiencing abuse (Balsam nd). RACHDA has also created a reception center (DARNA) in Algiers providing temporary housing to survivors of domestic violence (ibid). In Bahrain, the Bahraini Young Ladies’ Association established the Aisha Yateem Family Coaching Center, which offers consultancy services and residential facilities (BMMI 2016). The National Union of Djiboutian Women offers safe spaces for female GBV survivors (Devex n.d.).

established in 2015 by the Bahrain National Committee to Combat Trafficking in Persons and the Labor Market Regulatory Authority, a first of its kind in the Arab Region providing integrated services ranging from legal, social, public and psychological health services, to security protection, and a 24-hour call center in seven languages.<sup>261</sup>

**Access to shelters remains difficult for survivors because of admission requirements and limited protection measures, which are often anchored in patriarchal social norms.** Seeking access to shelter can be challenging, especially when police or judicial officers receiving reports of abuse are not adequately trained. In response, some MENA countries have enacted legislation that prohibits authorities from interfering with a GBV survivor reporting abuse, such as Law No. 293 in Lebanon, which prescribes penalties for judicial officers in such cases. Some shelters have specific eligibility requirements, such as nationality, marital status, and proof of a hospital or police report.<sup>xlvi</sup> Furthermore, many shelters do not accept women with their children, or impose age restrictions on children, especially boys, accompanying survivors, which deters them from seeking shelter.

### e. Livelihoods and Empowerment

**Overall, livelihood and economic support targeted towards GBV survivors is limited.**<sup>xlvii</sup> Shelters and CSOs are regularly constrained in their funding and so often prioritize immediate assistance over longer term support to survivors. To some extent, life skills trainings and rehabilitation services are offered in MENA countries through shelters. The Qatar Foundation for the Protection of Women and

Children provides social rehabilitation for survivors of domestic violence.<sup>262</sup> Shelters in Algeria offer follow-up support for up to two years to help reintegrate survivors back into society.<sup>263</sup> In the United Arab Emirates, the General Women's Union provides vocational training and job placement services, and facilitates economic independence through small business development.<sup>264</sup> ABAAD operates eight Women and Girls Safe Spaces throughout Lebanon, based at the Social Development Centers of the Lebanese Ministry of Social Affairs, which offer a range of services including soft skills and economic empowerment for survivors of GBV and their children.<sup>265</sup>

**Demand for livelihood and economic support became particularly urgent in the context of the COVID-19 pandemic.** International development partners, NGOs, and CSOs attempt to provide livelihood and empowerment support for GBV survivors under the conditions of the pandemic. For instance, in Libya, Women and Girls Safe Spaces in Tripoli and Sabha are delivering livelihood training for women on, to sew face masks in compliance with WHO guidelines.<sup>266</sup> In many MENA countries digital solutions have been developed to encourage vulnerable women's economic opportunities and livelihoods. Other strategies of supporting livelihood and economic opportunities for vulnerable populations, including GBV survivors, focus on the distribution of food and hygiene products, immediate cash assistance, and governmental support for health insurance.<sup>267</sup>

xlvi In Egypt, for example, women and girls must meet several conditions to be admitted into a shelter, namely only Egyptian nationals or those officially married to an Egyptian man, or a divorcee of an Egyptian man, who is still in her post-divorce idda (waiting) period (UN ESCWA 2019b). Some shelters require proof of identity, which is the case in Lebanon and Yemen, or proof of hospital and police reports, like in Bahrain, before accepting women at the shelter (ibid). In Kuwait, there are no shelters for married women who suffered from GBV, nor any temporary accommodation services for adolescent girls under the age of 18 subject to family violence (CEDAW 2011b). In Oman, shelters and support centers are available only for women of Omani nationality or married to Omani men, and access to the Dar al Wifaq shelter for female survivors of violence and trafficking is only possible through the office of the Prosecutor General or another law enforcement agency (OECD 2019h, UN ESCWA 2019b).

xlvii This paragraph discusses livelihood and economic support for GBV survivors, not general livelihood/economic support as a prevention strategy. See for more information on this see: Women's Refugee Commission (2011). Preventing Gender-based Violence, Building Livelihoods Guidance and Tools for Improved Programming. Women's Refugee Commission 2011. Preventing Gender-based Violence, Building Livelihoods Guidance and Tools for Improved Programming. [https://gbvaor.net/thematic-areas?term\\_node\\_tid\\_depth\\_1%5B68%5D=68&term\\_node\\_tid\\_depth\\_1%5B69%5D=69](https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B68%5D=68&term_node_tid_depth_1%5B69%5D=69)

### 3. Protection and Access to Justice

**Access to justice and legal representation is a key barrier to survivors of GBV obtaining protection, rehabilitation, or compensation.**

GBV survivors face considerable challenges that include: lack of information and awareness; high costs of legal services and lack of legal aid or transport; inadequate training of public officials; underrepresentation of women in the police and judiciary; procedural challenges, including barriers in customary law systems and informal justice mechanisms, and deeply entrenched social norms and biases that affect help-seeking behavior. GBV survivors in FCV-affected countries, forcibly displaced persons, and migrants without legal status or limited rights under national laws face additional obstacles. Movement restrictions and closures of public institutions during the current pandemic are exacerbating these challenges.

**In many MENA countries, there is a lack of information and awareness on the rights of GBV survivors.** In addition, information on legal rights and protections is particularly difficult to access for poor women and girls in rural areas, refugees and asylum-seekers, and migrant domestic workers. For example, in Djibouti, it is suggested that women's lack of knowledge of their rights and the legal framework is linked to extreme poverty, structural difficulties, and discriminatory attitudes and behaviors.<sup>268</sup>

**Access to legal recourse is directly affected by the costs of legal services, lack of legal assistance, and challenges related to physical access.** Public legal aid services are only available in few MENA countries, and the inability to pay for legal aid affects the chances of cases being brought to court. Beyond court fees and legal services, physical access to courts can be another barrier, because of distance from remote areas, lack of transportation, or the physical design of facilities. Women often have limited access to financial resources or are financially dependent on their husbands, and especially in cases of intimate partner violence or violence involving family members, this limits their ability to seek justice. Furthermore, facilities and buildings are not necessarily designed to protect GBV survivors' privacy, reinforcing fears of negative repercussions and lack of trust in institutions. These challenges have been exacerbated during COVID-19 by movement restrictions and closures of public institutions. On the other hand, some special units have been established to address GBV cases, such as for example in the Kurdistan region of Iraq.



In addition, several countries have national human rights institutions which sometimes provide an alternative to courts for women seeking redress for human rights violations.<sup>269</sup>

**To compensate for the lack of public legal aid services, CSOs offer free legal assistance in several MENA countries, sometimes in collaboration with the respective governments.**

In Egypt, the Women's Complaint Bureau in the NCW offers referrals to CSOs for legal assistance, on a case-by-case basis, and the Violence against Women Unit in the Ministry of Interior is mandated to follow up on GBV legal cases.<sup>270</sup> Some CSOs provide medico-legal centers where GBV survivors can receive both health and legal services, resulting in an increase in prosecutions and convictions.<sup>271</sup> In some cases, legal aid services are provided through joint efforts between governments, bar associations and/or CSOs, for instance in Bahrain, Egypt, Iraq, Jordan, Lebanon, Syria, Tunisia, and West Bank and Gaza. In other countries CSOs are given a limited legal and operational space to provide free legal assistance to women.<sup>272</sup> Across the region, several CSOs offer free legal advice or representation to GBV survivors, such as the Jordanian Justice Center for Legal Aid that provides legal aid services to Jordanians, and Syrian, Iraqi, and Palestinian refugees.<sup>xlviii</sup>

**Limited knowledge of GBV survivors' legal rights and lack of appropriate training leaves public officials inadequately prepared to respond effectively.** Police, prosecutors, and judges in many MENA countries lack understanding of gender-sensitive procedures and specific sensitivities on GBV cases, and sometimes blame survivors of GBV or do not take the cases seriously.<sup>273</sup> In addition, law enforcement authorities do not always take adequate measures to ensure the confidentiality and safety of GBV survivors and witnesses, discouraging others from reporting incidents and undermining trust in the legal system.<sup>xlix</sup>

**Procedural challenges place a heavy burden on GBV survivors.**

In several countries, such as Djibouti, there is no legal process for obtaining a protection or restraining order from a court in IPV cases.<sup>274</sup> In other countries, procedures are lengthy, only provide protection for a limited time, and often put the burden of proof on the survivor.<sup>l</sup> In some countries, survivors of rape cannot testify without facing the perpetrator, with no protection mechanisms for the survivor or witnesses. Furthermore, in Shari'a courts in several countries, such as Bahrain and Libya, a woman's testimony is only worth half the testimony of a man.<sup>275</sup> In countries with guardianship systems this can deter women from seeking justice through the formal system, especially in cases involving

xlviii Other examples of CSOs that provide legal assistance to GBV survivors include, in Algeria, the Wassila Networks; in Bahrain, the Awal Women's Society of Bahrain and SOS Women in Distress lawyers; in Egypt, CEWLA provides legal aid, particularly for poor women; in Iraq, the Family Guidance and Awareness Center; in Kuwait, SWS provides domestic and migrant workers with legal assistance including lawyers and representation at police stations; in Morocco, the Ennajda centers, the "Association El Amane pour la Femme et l'Enfant" and the "Centre des droits des gens"; in West Bank and Gaza, the Women's Centre for Legal Aid and Counselling (WCLAC) and the Palestinian Working Women Society for Development; in Syria, the Sisters of the Good Shepherd; and in Yemen, the Yemen Women's Union. See: Amera International. N.d. Jordan Pro Bono Directory. <http://www.refugeelegalaidinformation.org/jordan-pro-bono-directory>

xlix Banyan Global et al. 2016; In Djibouti, a law on legal aid for poor complainants was introduced in 2011 but is rarely used due to lack of awareness, as well as prevailing social norms and traditions (UNDP 2018c). In Lebanon, some criminal courts continue to consider "honor" as a mitigating circumstance and grant reduced sentences to perpetrators, despite the abolition of this provision from the Penal Code (International Commission of Jurists 2019). In Morocco, Tunisia and other MENA countries, police officers were found to refuse to record cases, investigate allegations and arrest suspects. Instead, police often saw their role in IPV cases as promoting mediation and preserving survivors' marriages, and did not file formal charges. In some cases IPV survivors have been told to return to their abusers, or police did not take any further action (Amnesty International 2016; Human Rights Watch 2016, 2018). Moreover, women are generally underrepresented in police and judicial institutions, which may deter female survivors of GBV from seeking support. For example, in Jordan only 19% of judges and 27% of practicing lawyers are women (UNDP 2018e), and some countries have introduced quotas to increase share of female judges which has led to higher shares – 39% in Djibouti, 24% in Morocco (UNDP 2018c).

l In Lebanon, for example, urgent protection orders by a judge require that a survivor submits proof of violence and risks of recurrence, and are only valid for a short period of time (International Commission of Jurists 2019; UN ESCWA 2019b). This burden of proof, along with forensic requirements, adds further barriers. In Jordan, women are usually required to provide two or more witnesses to any investigation, or to prove battery if charges are pressed (ESCWA 2017). In Algeria, there is a requirement to prove injury as part of forensic evidence (UN Human Rights Council 2011).

family members. In Saudi Arabia, a woman needs the authorization of a male guardian to file a complaint, and if a woman decides to enter or leave a detention center or a state-run shelter, she needs her guardian's consent.<sup>276</sup> Customary legal systems and informal justice mechanisms are present in MENA countries where the rule of law has broken down due to conflict, or in remote areas, but also exist in parallel to formal systems in some countries. These systems are often dominated by elderly men, and tend to prioritize reconciliation, consensus, and the avoidance of social shame over the rights and needs of survivors. The precedence of customary law can pose a major obstacle to the implementation of the formal legislative framework.<sup>li</sup>

**Due to restrictive gender norms, GBV survivors reporting and filing legal complaints regularly face stigma and discrimination, and even risk re-victimization.** As noted, a majority of the population in MENA countries supports attitudes that reinforce traditional gender roles in which men are expected to exert power over women by controlling their bodies and mobility. In this

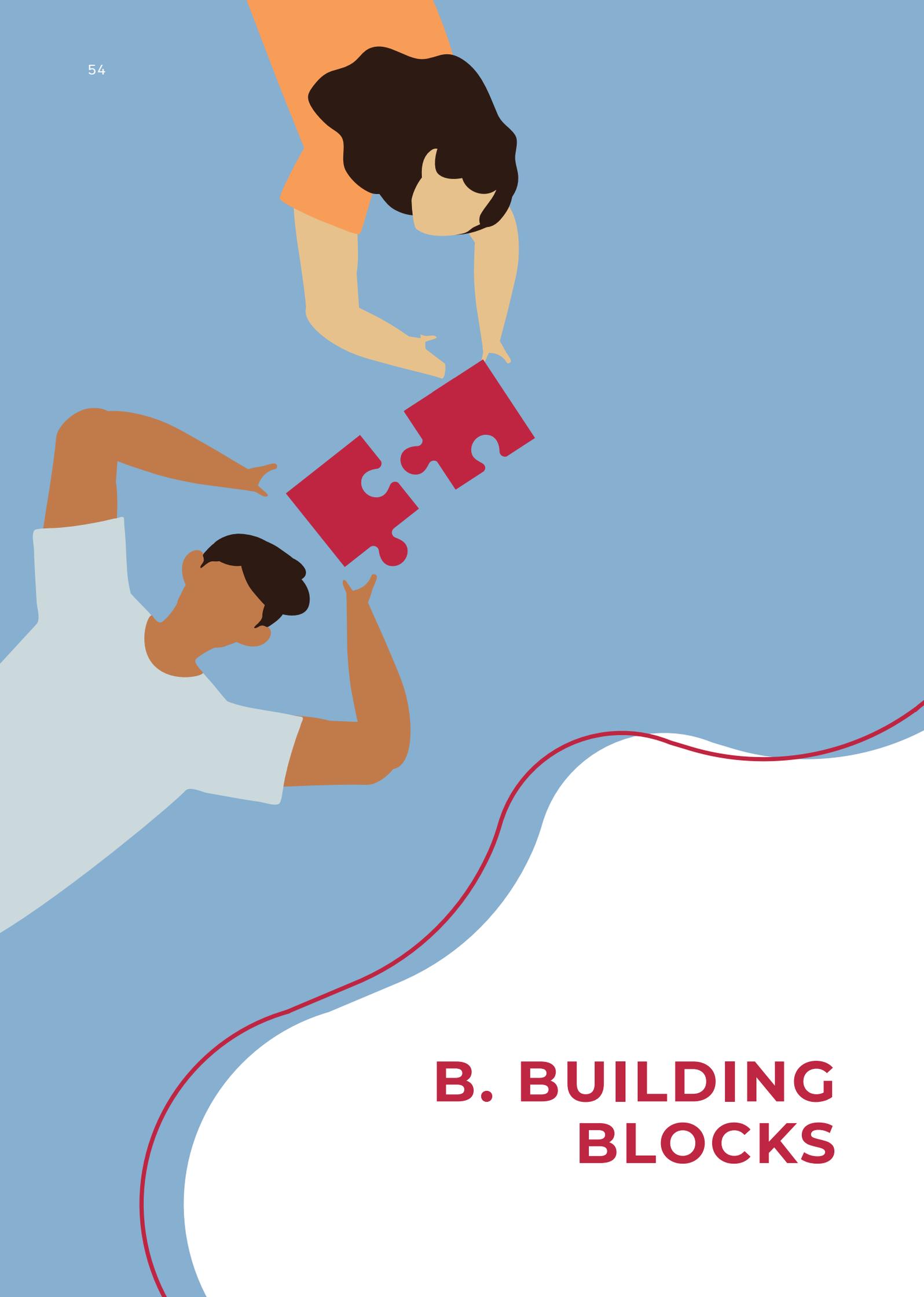
context, social stigma regarding GBV contributes to a culture of shame and dishonor towards survivors and prevents them from access to legal services.<sup>lii</sup> In some cases, GBV survivors risk being prosecuted themselves due to inconsistencies in legal frameworks and a culture of victim-blaming, including risks of being prosecuted for “moral crimes” or even the offence of fornication. Some governments fail to address the sensitive issue of GBV cases perpetrated by state agents, resulting in inability for women to report cases and obtain protection and services.<sup>liii</sup> This adds to a general lack of trust in public institutions across the region.

**GBV survivors in FCV-affected countries, forcibly displaced persons, or migrants without legal status or limited rights under national laws face specific protection and access to justice challenges.** They rarely approach authorities to report cases due to lack of trust, lack of identity documents, or the prevalence of informal dispute resolution mechanisms. Ongoing conflicts in Libya, Syria and Yemen have undermined governmental capacity in certain areas and severely affect protection and access to justice for GBV survivors.

li In Djibouti, for example, cases are often regulated through traditional resolution mechanisms or within the family, through payment of indemnities to a survivor's family, without asking the survivor's consent (UNFPA 2017a; SIHA Network. 2019. Djibouti. <https://sihanet.org/djibouti/>). In Iraq, disputes are also commonly settled through informal systems without recourse to a court, especially in cases involving family members (UN Women & Oxfam 2018).

lii In Jordan, for example, GBV survivors face obstacles in accessing justice through the courts due to social stigma, fear of embarrassment and negative repercussions, especially in cases involving family members (UNDP 2018e). In Yemen, police stations and courts are commonly considered inappropriate for “respected women”, and authorities reportedly expect GBV survivors to take their complaint to a male relative to intercede on her behalf or provide sanctuary rather than filing a complaint (OECD 2019l, UNDP 2018k). GBV survivors often refuse seeking help and justice because of the fear of social stigma or of dishonoring their family, and family members often discourage women and girls from seeking justice, and instead handle the matter in private or through traditional, socially acceptable mechanisms. Research on access to justice in Lebanon, Jordan and Egypt found that women only file a complaint in court for personal status matters as a last resort and gender norms still hinder them from doing so (UNDP 2018). See: ECPAT 2020; Hasday, J. E. (2000). Contest and consent: A legal history of marital rape. Calif. L. Rev., 88, 1373.

liii For example, in Libya officials have reportedly been involved in human trafficking cases (US Department of State 2019a).



## **B. BUILDING BLOCKS**

This section outlines best practices and lessons learned from a comprehensive review of evaluations of GBV prevention and response interventions, conducted for this Action Plan. It describes existing WBG engagement in the region to address GBV through analytical work, operations, and gender-sensitive safeguards. Existing WBG interventions

have included improving the quality of referral systems and service delivery, strengthening government capacity, and mitigating GBV risks through livelihood support. Both sub-sections aim to serve as building blocks for future World Bank engagement on GBV in the MENA region.

## I. BEST PRACTICES AND LESSONS LEARNED

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**Rigorous evaluation of interventions to address GBV is scarce at the global level, and is almost completely lacking in the MENA region.** The review of evaluations, particularly randomized controlled trial studies,<sup>liv</sup> conducted for this Action Plan, identified a total of 133 relevant studies across the globe since 2000, of which only 16 percent were from MENA countries.<sup>277</sup> Most of these MENA studies refer to Egypt, Iran and Syria.<sup>278</sup> Most evaluations of GBV response mechanisms are from high income countries and do not tend to evaluate their impacts on addressing GBV. When available, these studies are typically not randomized controlled trials.<sup>279</sup>

**Combined or integrated approaches that both acknowledge social norms and simultaneously address GBV risk factors at individual, community and institutional levels are considered the most effective in preventing and responding to GBV.** Context-specific interventions focusing on the possible interplay of multiple factors and actors operating at individual, household, community, and policy levels (Figure 6), are more likely to exhibit positive effects on reducing GBV.<sup>280</sup> Going beyond simply recognizing inequalities, and rather working to challenge and change the harmful norms that perpetuate them is key. Various studies and reviews confirm the relevance of focusing on the structural drivers of

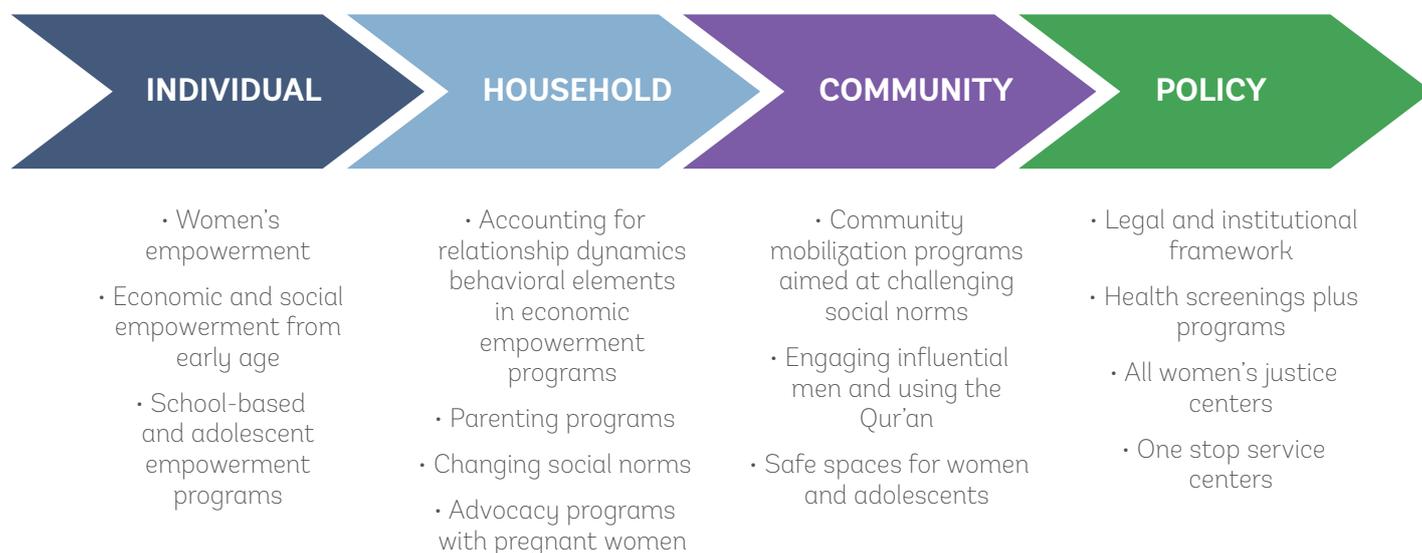
unequal power in relationships to prevent GBV, through the promotion of an adequate legal and institutional framework, a focus on community culture or traditional gender-norm transformation, the empowerment of women, and the active engagement of influential men.<sup>281</sup>

**Several factors are important in the design and implementation of interventions, including assessing the country context, involving both women and men, and engaging various stakeholders at community and institutional levels.** Assessing the country-specific context and prevalence of different forms of GBV is an important factor to consider when planning, designing, and/or scaling-up GBV prevention and response interventions. It is also important to target both men and women in behavior change activities.<sup>282</sup> GBV prevention and response interventions can be more effective when implemented in environments that can transmit attitudes and social norms about GBV and gender equality, and have the potential to reach a large proportion of the population (for example, national governments, legislation, health care, education and social services, media, and workplaces). Finally, adopting an aspirational and empowering approach in GBV programming tends to be more effective than only emphasizing the negative aspects of GBV.<sup>283</sup> The sustainability or long-term

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<sup>liv</sup> The review prioritized studies assessing interventions that were implemented in the region, and given the scarcity of those, was expanded to also include assessments from relevant contexts such as other middle-income countries, fragile and conflict contexts, and countries where more than 30 percent of the population is Muslim. Some studies using other evaluation designs than RCTs have been included when they were especially interesting for the purpose of the review.

**FIGURE 6: EFFECTIVE AND PROMISING INTERVENTIONS AT INDIVIDUAL, HOUSEHOLD, COMMUNITY, AND POLICY LEVELS**



impacts of GBV interventions are, however, often overlooked in assessing their effectiveness. Studies with longer follow-up periods of 12 or 24 months reduce the chances of social desirability bias and provide a better assessment of actual behavioral change.<sup>284</sup> The length and intensity of programs are also important to ensuring effectiveness. In most cases, longer interventions are found to be effective, while short-lived, one-sided policies alone do not appear to be sufficient to reduce exposure to violence.<sup>285</sup>

## 1. Economic Empowerment Interventions

**A wealth of evidence—mostly coming from the Latin American and Caribbean region—confirms that cash transfer and microfinance programs can contribute to reducing the incidence of different forms of IPV; however, such interventions need to be coupled with an awareness raising or behavioral component.** Programs from different (mostly low income) contexts confirm that adding an awareness raising or behavioral component to microfinance interventions can have positive impacts on IPV and foster behavior change among participant

women, as in the Maisha and the TEVAW programs in Tanzania.<sup>286</sup> Cash transfer programs are associated with declines in physical violence (of up to 9 percent among participants in the Juntos program in Peru, for instance), in the risk of being a survivor of physical abuse (by 40 percent among participants in the Mexico Oportunidades program) or in the domestic violence rate (by 8 percent in the municipalities where the Familias en Acción program was implemented in Colombia).<sup>287</sup> Closer to the MENA region, the Zindagii Shoista intervention in Tajikistan combined group discussions and micro-grants provision and led to a halving in the number of women reporting IPV over the past 12 months.<sup>288</sup> Microfinance or savings interventions without any additional component are classified as ineffective in reducing IPV rates, at least in the context of low-income countries.<sup>289</sup> An emergency cash transfer program in Syria, for instance, led to an increase in physical (from 14 to 19 percent), and sexual (from 18 to 25 percent) IPV and economic abuse (from 22 to 35 percent) among participants, likely in connection with changes in the decision-making capacity of the affected women.<sup>290</sup> Evidence from Bangladesh also indicates that, to contribute to decreased levels of GBV, pure cash and food transfers need to be combined with household and community level behavioral interventions.<sup>291</sup>

**Combined economic and social empowerment interventions can also be effective in reducing women’s exposure to and experience of IPV.**

Programs that aim to improve women’s access to financial assets, improve their agency and decision-making powers, and equip them with financial literacy skills are promising, especially in regard to GBV-related attitudes. For example, the Stepping Stones and Creating Futures intervention in South Africa combined livelihood components (training on setting livelihood goals, coping with crises, managing savings, getting and keeping jobs, and managing work expectations) and social empowerment elements (GBV, sexual and reproductive health, communication skills, and sexual behavior), targeting both young and elderly members of the community. An evaluation found men reported considerably less physical IPV and economic IPV perpetration, as well as reductions in sexual IPV and non-partner sexual violence perpetration, although there was no impact on women’s reporting of IPV. Similarly, the Women for Women International intervention in Afghanistan, which delivered vocational training, a cash transfer, and social empowerment sessions, led to a significant reduction in severe IPV among women with medium levels of food insecurity at baseline, but not among other groups of participants.<sup>292</sup> However, evidence from other studies shows that combining economic empowerment and social empowerment interventions might have no effect on reducing the rates of IPV.<sup>293</sup> For example, the savings and gender dialogue program in Cote d’Ivoire did not reduce the incidence of IPV, although it significantly improved women’s financial autonomy, gender equitable household decision-making, and gender attitudes among participants.<sup>294</sup>

## 2. Behavioral Psychosocial Interventions

**Behavioral group-based interventions with women and men, to promote egalitarian attitudes and couple relationships, show positive effects on reducing women’s exposure to IPV.** Such interventions typically involve couples, occasionally with other family members,

irrespective of the history of violence. The Unite for a Better Life program in Ethiopia utilized the traditional coffee ceremony to deliver a series of group-based sessions on root causes of IPV and gender stereotypes and unequal roles in the home. The results proved that the project was effective in reducing men’s perpetration of sexual and physical IPV, as well as women’s experience of sexual and physical IPV.<sup>295</sup> India’s CHARM, a family planning intervention with young couples, led to a significant reduction in sexual IPV and related attitudes (even at the 18 month follow up).<sup>296</sup> The Women’s Health Coop program in South Africa, which provided three hour workshop sessions on, among other topics, violence prevention, led to decreases in reported sexual or physical abuse by a partner. The Indashyikirwa program in Rwanda led to a decrease in IPV incidence among attendees of the intensive participatory training for couples.<sup>297</sup> These types of interventions are also effective in reducing risk factors of GBV (such as alcohol abuse and unequal decision-making in households) and enhancing protective factors, such as better communication skills within relationships.<sup>298</sup>

**Interventions that focus on the promotion of fathers’ involvement in child care, non-violent forms of conflict resolution, and healthy parenting practices, prove to be effective in preventing IPV.**

For example, the REAL Fathers intervention in Uganda, which combined a mentoring program for young fathers, awareness raising activities, and community celebrations, led to a decrease in IPV and violence against children.<sup>299</sup> Female participants in the Bandebereho program in Rwanda, which engaged expectant and current fathers and their partners in sessions of reflection and dialogue, reported reduced physical and sexual IPV. Moreover, the Ethiopian male norms initiative resulted in increased support for gender-equitable norms and decreased reporting of IPV.<sup>300</sup> Evidence shows that combined parenting and IPV-prevention interventions provide an opportunity to impact beneficially on two generations simultaneously and, if the impact is further sustained, lay the foundations for a less violent society of the future.<sup>301</sup>

**Psychosocial response interventions can improve mental health outcomes for GBV survivors in fragile and conflict affected areas.**

There is evidence showing that behavioral interventions with women and girls who have survived GBV can be effective in improving the mental health outcomes of participants. This has been the outcome in group and individual cognitive processing therapy interventions with women survivors of sexual violence in the Democratic Republic of Congo; group therapy for mothers to children after rape in Rwanda, and the post-rape psychological individual support program in the Democratic Republic of Congo.<sup>302</sup> One study from Iran shows that IPV-affected women benefit from trauma-focused interventions such as narrative exposure therapy (NET), although the study does not assess the likelihood of NET reducing future (re)occurrence of IPV.<sup>303</sup>

**There is conflicting evidence on the efficiency of interventions targeted exclusively at men and boys, with the purpose of preventing or reducing GBV.** Some evidence suggests that more intensive interventions with men and boys show positive impacts, although there are few such interventions. For example, the Yaari Dosti intervention in India, which targeted young men age 15-29 promoting positive aspects of masculinity and awareness on sexual and reproductive health, led to a decrease in physical and sexual violence against female partners and women.<sup>304</sup> The Stepping Stones and Creating Futures intervention in South Africa proved to be highly successful at reducing perpetration of IPV by men, but did not lead to any changes in reported experiences of IPV among women.<sup>305</sup> Findings about so-called batterer intervention programs (targeted at male perpetrators) indicate that these programs do not work as well as expected, as they often experience high dropout or offender attrition rates (which may falsely inflate their impact), and sometimes have unintended negative consequences such as the normalization of aggressive behaviors.<sup>306</sup> Additionally, there is evidence that brief bystander interventions which target men and boys alone are ineffective in preventing the (re)occurrence of GBV.<sup>307</sup> Therefore, working with men and boys requires intensive interventions, or should be seen as an important part of a wider, multi-component approach that also includes work with women and girls.

**Faith-sensitive approaches or models can contribute to more gender equal norms and reductions in abusive behaviors within households and communities.** The intersection between patriarchal social norms, religion, or religious values and GBV (which leads to social tolerance and wide impunity for aggressors) is particularly relevant in the region. There seems to be growing interest in how more progressive reinterpretations of Islamic scripture can contribute to ameliorating patriarchal attitudes toward women's roles. Evidence from Egypt, for instance, indicates that using the Qur'an to empower women is promising.<sup>308</sup> The Happy Muslim Family program in Thailand, among the first to attempt to prevent violence by changing the behavior of men in accordance with Islamic principles and social norms, led to a reduction in domestic violence.<sup>309</sup> The Emotional Focused Intervention on Spousal Abuse and Marital Satisfaction Among Elderly Married Couples in Iran also led to a significant decrease in abusive behaviors and an improvement in marital satisfaction three months after the intervention.<sup>310</sup> Another program from Iran, the Prevention and Relationship Education Program, which worked with the distressed couples, showed similar results, leading to a significant decrease in marital conflict and an increase in marital satisfaction levels, both immediately after the end of the program and at the one year follow-up.<sup>311</sup>

### 3. Education, Awareness-raising and Information Interventions

**Comprehensive school-based programs that cover a wide range of activities and actors show promise in changing mindsets and behaviors around GBV.** Short informational activities such as workshops on dating violence (as in Mexico or Haiti's Safe Dates curriculum) can help raise knowledge and awareness among young participants.<sup>312</sup> However, programs with a wider scope show particularly long-term positive effects. The Precede-Proceed Model used with girls in Iran, for instance, has had significant positive impacts on gender-related attitudes.<sup>313</sup> A multi-

component, school-based intervention, PREPARE, in South Africa has led to the reduction of IPV victimization, and the formation of safer intimate partnerships among adolescents, among other outcomes.<sup>314</sup> Combined group and individual awareness-raising activities also seem to be more effective than group-only campaigns, as shown by the program Amor del Bueno in Argentina.<sup>315</sup> This type of intervention is of special interest for some MENA countries in relation to FGM/C. In Egypt, for instance, a comprehensive information campaign with university students led to an increase in knowledge about the dangers of that practice.<sup>316</sup> This is particularly relevant from a social norms perspective, where systematic biases in the information people reveal to each other produce widespread overestimation of private support for these norms.<sup>317</sup> This pluralistic ignorance means that, when uncertainty and misgivings about a norm go unrecognized, people who oppose the norm still perform it.<sup>318</sup>

**Mass media and “edutainment” programs also appear to be promising, although evaluations with regard to GBV-related outcomes remain scarce.** Studies show that media can enhance agency, and promote changes in social norms.<sup>319</sup> Improving access to information through media can lead to lower levels of acceptability for spousal abuse.<sup>320</sup> In Uganda, a mass video campaign significantly reduced the incidence of GBV, while the MTV series *Shuga* led to a reduction in men’s support for GBV.<sup>321</sup> The *Somos Diferentes, Somos Iguales* program in Nicaragua, which made use of *Sexto Sentido*, a ‘social soap’, resulted in a significant reduction in stigmatizing and gender-inequitable attitudes.<sup>322</sup> At the same time, mass media campaigns focusing on awareness raising alone are unlikely to decrease the occurrence of GBV.<sup>323</sup> Evidence from different regions suggests that such stand-alone awareness raising interventions are ineffective at reducing GBV by themselves, but can form a part of a wider program against GBV.

**Advocacy programs with pregnant women are also effective in decreasing abuse, especially when combined with behavioral or educational components.** In Peru, discussions about pregnant women’s experiences of abuse in health settings

and referrals led to declines in further abuse.<sup>324</sup> Comprehensive programs for pregnant women, including some form of training or cognitive behavioral therapy component, can be effective in reducing IPV among participants.<sup>325</sup> The prevention of mother-to-child transmission of HIV in South Africa, combined with standard care and health education sessions, was successful in decreasing IPV among participating women.<sup>326</sup> A relevant example from MENA is Iran, where training pregnant women in problem-solving skills led to significantly reduced rates of physical and psychological violence.<sup>327</sup>

## 4. Youth Empowerment Interventions

**While comprehensive programs aimed at socially empowering adolescent girls are promising as a way to change views and experiences of IPV, the design, implementation, and context of programs matters.** Examples of successful comprehensive adolescent girl programs include the Adolescent Girls Empowerment Program in Kenya, combining safe spaces, health vouchers, and savings, which reduced girls’ experience of violence;<sup>328</sup> the Empowerment and Livelihood for Adolescents program in Uganda, combining microfinance, vocational and life-skills building, which led to reduced levels of coerced sex, sustained two years after completion.<sup>329</sup> However, evidence from other programs, such as the Safe and Smart Savings Products for Vulnerable Adolescent Girls (SSSPVAG) in Kenya and Uganda and the Adolescent Girls Initiative in Zambia, shows that these interventions may not always be effective in reducing GBV.<sup>330</sup> This indicates that differential design, implementation and/or contextual factors are at play.

**Targeted programs can provide adolescent girls with alternative livelihood opportunities and stronger voice and agency,** so that, for example, girls stay in school, develop relevant skills, and postpone marriage. The *Ishraq* program in Egypt can offer a promising example for the region. It combined skills building and social

empowerment activities for school age girls in Egypt, and significantly reduced support of FGM/C from 71 percent to 18 percent among girls who participated for more than a year.<sup>331</sup> Another program relevant to MENA is the COMPASS adolescent empowerment program in Pakistan, Ethiopia and the Democratic Republic of Congo, which led to improvements in views about child marriage. In particular, In Ethiopia, the number of adolescent girls who thought that girls should be 18 or older before having their first child or getting married doubled from the beginning of the program, while in Pakistan, girls were significantly more likely to believe they should be given the same life opportunities as boys.<sup>332</sup>

**There is growing evidence to suggest that inheritance and asset ownership interventions and policies have a promising impact on the reduction of certain forms of GBV.** These are interventions that improve legislative provisions and promote reforms of family, property, inheritance, and land acquisition/ownership laws. Increasing women's access to assets and legal protections is an important tool for social and economic empowerment, and for shifting decision-making and control powers of female members of families and communities. For example, reform of the inheritance law in India in 2005, which granted equal inheritance rights to sons and daughters, has decreased women's vulnerability to IPV by 17 percent and reduced the number of GBV cases by 36 percent. Similar reforms took place in a number of countries in Sub-Saharan Africa,<sup>333</sup> resulting in significant economic empowerment of women, although there is a lack of studies to identify their effect on GBV.

## 5. Community Mobilization Programs

**Evidence shows that community mobilization programs can be effective in reducing GBV, especially when combined with educational**

**components and when they engage (religious) leaders.** There is promising evidence of success in low- and middle-income countries when these approaches involve high-intensity delivery, engaging a cross-section of the community, and involving informal activities that provoke critical reflection and discussion. Most community mobilization only interventions appear to have limited effects on IPV prevalence, although they can lead to changes in attitudes (see for instance the Sonke in South Africa).<sup>334</sup> However, comprehensive community mobilization interventions can have positive direct impacts on IPV, as shown by two different experiences in Uganda, the SASA! community mobilization program that reduced IPV by 52 percent, and SHARE project, which showed a 20 percent reduction in women's reports of physical and sexual IPV.<sup>335</sup> Combined educational and community mobilization programs targeted at men appear to have especially positive effects for patriarchal norms and IPV (self-reported) perpetration, as shown by a men's discussion group in Cote d'Ivoire<sup>336</sup> and an intervention on male norms in Ethiopia.<sup>337</sup> Of special interest for some MENA countries (especially those in conflict) is the Help Children Peace Education program in Afghanistan, which covered a range of activities at the school and community levels targeting various stakeholders,<sup>lv</sup> and led to more equal gender attitudes and less victimization among children.<sup>338</sup> The engagement of religious or community leaders can be key to success. The Transforming Masculinities program in the Democratic Republic of Congo, which aimed to engage and equip faith leaders to be catalysts, led to a substantially lower prevalence of physical and sexual IPV.<sup>339</sup>

**This type of intervention has been effective in reducing harmful traditional practices such as FGM/C.** One significant model for reducing FGM/C is the TOSTAN program implemented in several countries in Sub-Saharan Africa including Senegal, Mali, and Burkina Faso. The program utilizes community-based education on health, literacy, and human rights to change behaviors by prompting identification as role models and providing information about the negative

<sup>lv</sup> Including children, teachers, parents, community and religious leaders, civil society organizations (CSOs) and influential women.

consequences of this practice. In Senegal, for example, women directly involved in the program reported significantly less violence, while women in the intervention villages who were not directly involved in the program also reported lower levels of violence and FGM/C, which indicates positive spillover effects.<sup>340</sup>

## 6. Service Delivery and Access to Justice

### **Expanded GBV screening activities in health programs have promising results in high-income countries, but more evidence is required to evaluate their effectiveness in other contexts.**

There is growing evidence that a comprehensive approach to identifying and counselling women experiencing IPV in health settings (Screening Plus) can be an effective strategy to improve health outcomes and reduce victimization.<sup>341</sup> The services that were most comprehensive and integrated in their responsiveness to IPV were in primary health and antenatal care settings. Findings suggest that the availability of clear guidelines, policies or protocols, management support, intersectoral coordination, adequate and trained staff, and a supportive and supervised environment are key elements. However larger scale and high quality research is required to provide further evidence in this area.<sup>342</sup>

### **Specialized and gender-sensitive protection services can better meet the needs of survivors.**

For example, a training program in family police stations in Medellin, Colombia, with female police officers was found to be associated with an increase of 7-8 percent in the rate of formal reporting of VAW and IPV.<sup>343</sup> All-women's justice centers (WJCs) are specialized institutions that mostly employ female officers and provide incoming survivors with a service integrating all steps of the complaint process (for example, police station, attorney's office, and medical doctor) in a single office. In Peru, WJCs resulted in a 40 percent increase in VAW reporting, an increase in women's

trust in institutions, and a decrease of 10 percent in domestic violence and female deaths due to aggression and femicides.<sup>344</sup>

### **One-stop centers for integrated services and support to GBV survivors can improve women's access to services, and their subsequent levels of satisfaction.**

The Ciudad Mujer programme in El Salvador accommodates 18 state institutions in the same physical space and offers more than 20 services that respond to the needs of women for free, with special sensitivity to their particular situations. According to an impact evaluation, women who visited Ciudad Mujer used 43 percent more public services than women who did not attend the centers. In addition, these services positively influenced users' levels of satisfaction with life. While 85 percent of women who did not visit Ciudad Mujer reported being satisfied with their life in general, this proportion increased to 93 percent for those who visited the centers.<sup>345</sup> A recent review of these types of centers across countries offers important conclusions about the barriers to, and also enablers for, effectiveness.<sup>346</sup> The main barriers identified included a lack of political will and government investment on issues of IPV/SV; corruption and mistreatment by police; lack of basic medical supplies and facility equipment; poor documentation, data management systems, and monitoring mechanisms; lack of services on nights and weekends; lack of community awareness of one-stop center services; weak multi-sectoral collaboration; weak referral networks; lack of adequate psychosocial services and staff, as well as inadequate training on trauma informed care and OSC operations. Key enablers were support from higher leadership, supportive laws and policies on VAW, standardized policies and procedures, regular interagency meetings, on-site psychological services and support groups, and champions or dedicated staff leaders in centers. The table below summarizes the review of effective, promising, and conflicting GBV interventions (Table 1).

TABLE 1: WHAT WORKS BEST?<sup>LVI</sup>**ECONOMIC EMPOWERMENT:**

Programs focused on improving economic opportunities and reducing poverty and vulnerability among women.

-  Cash transfers + social norm change component => IPV
-  Entrepreneurship/access to finance + social empowerment/behavioral change => mostly attitudes but also IPV
-  Cash transfer only
-  Micro-finance or savings and loans + gender and empowerment training components
-  Entrepreneurship/access to finance + gender-related training
-  Entrepreneurship or access to finance programs only

**BEHAVIORAL PSYCHOSOCIAL INTERVENTIONS:**

Psychosocial programs aimed at shifting attitudes, norms and behaviors.

-  Behavioral programs to promote egalitarian attitudes and norms among men and women
-  Group-based workshops with women and men to promote changes in attitudes and norms
-  Parenting interventions with IPV component => IPV and attitudes
-  Behavioral preventative and response couples' therapy => IPV and attitudes
-  Behavioral programs to minimize risky health behaviors => IPV and attitudes
-  Behavioral response programs with male perpetrators
-  Behavioral preventive programs with men and boys alone

**EDUCATION, AWARENESS RAISING, AND INFORMATION:**

Programs that focus on informing and educating about GBV, its impacts and ways to prevent it or respond to it.

-  Prevention programs with pregnant women in health settings => attitudes and IPV
-  Media campaigns and edutainment => attitudes and IPV
-  Advocacy interventions with women to prevent victimization => IPV and attitudes
-  Life skills/school-based curriculum, rape and dating violence prevention training
-  Whole School interventions
-  Stand-alone awareness campaigns/single component communications campaigns

**YOUTH EMPOWERMENT INTERVENTIONS:**

Interventions to socially empower women and girls through skills building or safe spaces provision.

-  Social empowerment programs targeted at adolescents
-  Inheritance and asset ownership policies and interventions
-  Social empowerment programs targeted at adolescents

<sup>lvi</sup> The interventions selected have been classified by the methodology they use. The review has covered both prevention and response types of interventions – although most evidence relates to the former. Some interventions that do not directly target GBV but may have indirect or spillover effects in this area have been also considered. The main categories identified are listed in the summary table below, which provides a brief description by category, the main types, and whether the existing evidence shows that they are effective (green), promising (soft green), ineffective (orange), or for which it is conflicting or in-conclusive (soft orange).

**COMMUNITY MOBILIZATION PROGRAMS:**

Awareness raising programs organized at the community level and by community members.

-  Community mobilization + educational/norms component
-  Community mobilization only programs

**EDUCATION, AWARENESS RAISING, AND INFORMATION:**

Programs that focus on informing and educating about GBV, its impacts and ways to prevent it or respond to it.

-  One stop protection and response services for women => reporting
-  Gender sensitive (female, trained staff) protection and response services => reporting, satisfaction
-  Screening Plus programs => IPV
-  Screening in health services
-  Sensitization and training of institutional personnel without changing the institutional environment

 **Effective:** At least two high or moderate quality impact evaluations, using randomized controlled trials and/or quasi-experimental designs (which make use of a comparison group) have found statistically significant reductions of physical IPV, sexual IPV, or non-partner sexual violence. An intervention is also considered effective based on high-quality meta-analyses and systematic reviews of findings from evaluations of multiple interventions.

 **Promising:** One high or moderate quality impact evaluation, using a randomized control trial or quasi-experimental study has found statistically significant reductions in physical or sexual IPV, non-partner sexual violence or a pattern of change across multiple violence outcomes.

 **Conflicting:** Evidence from different high-quality studies shows conflicting results on one or more VAWG domains.

 **No effect:** At least two high or moderate quality impact evaluations, using randomized controlled trials and/or high-quality quasi-experimental designs have found no significant reductions in physical IPV, sexual IPV, or non-partner sexual violence.

## II. EXISTING WORLD BANK ENGAGEMENT ON GBV

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**The World Bank is committed to addressing GBV through research and learning, collaboration, and operational engagement.** Recognizing that GBV is a risk and a main barrier to women's empowerment has led to it being highlighted as a strategic priority under the voice and agency pillar of the WBG Gender Strategy, and IDAs 17, 18 and 19 include specific commitments on GBV (Box 2). The World Bank currently supports development projects through integrating GBV components in sector-specific projects such as transport, education, and social protection, and through stand-alone projects.<sup>347</sup> Furthermore, the World Bank also conducts analytical work and collaborates with UN partners and bilateral organization to generate data and knowledge, and to provide technical assistance related to effective prevention and response.

**In addition to operational engagement and analytical work, the Bank has strengthened its GBV risk assessment, mitigation, and management through dedicated safeguards instruments and guidance notes.** The Bank has put in place comprehensive Sexual Exploitation and Abuse/Sexual Harassment (SEA/SH) guidelines in projects with major civil works. In addition, training modules for project task teams and government counterparts on project preparation and implementation have been made available.<sup>lvii</sup>

### 1. Analytical and Advisory Work

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**There is a breadth of analysis across the Bank and in MENA that has contributed to enhancing**

**knowledge about GBV.** While the WBG has not produced any stand-alone GBV-related reports in the MENA region, regional and country level gender reports analyze GBV as part of the broader assessment of women's voice and agency in some cases.<sup>348</sup> One example of analytical work that has benefited from additional data collection is the Yemen Human Capital and Gender Assessment, which collected sex-disaggregated data that allowed the analysis of, among other things, child marriage; women's access to psychosocial care and counselling; women's experiences of tensions/conflict within households, and perceptions of safety and women's mobility outside the household. Ongoing stand-alone GBV assessments in Morocco and Djibouti include analysis of GBV prevalence and underlying drivers, mapping of existing services, and gap analysis of legal and policy frameworks.

**The Women, Business and the Law report and index recognize GBV as a barrier to women's economic inclusion, and provides an entry point for policy and programmatic action.** MENA has improved the most of any region in terms of introducing reforms towards more gender equal societies in the last few years, but still lags behind all other regions. In general, women have just a little over half the legal rights men have in the measured dimensions, with an index at 51.5, compared to a global average of 76.1 (World Bank 2021).<sup>349</sup> It recognizes that GBV is a barrier to economic opportunities for women and specifically includes indicators that measure if a country has legislation on sexual harassment in employment and domestic violence. According to the latest WBL index, in October 2020 eleven MENA countries

lvii The 2016 Inspection Panel (IP) case of the Uganda Transport Sector Development Project, which found evidence of sexual misconduct and abuse by contractor staff, constituted a turning point in the WB approach to GBV prevention and mitigation, with the goal of increasing its efforts to effectively protect the safety, dignity and well-being of affected communities. In the wake of the IP investigation, the WB established a Global GBV Task Force, comprised of external experts and WB support staff, which in July 2017 provided this set of recommendations on prevention, mitigation and response to SEA/GBV. This initiative further helped to elaborate the WB Action Plan, which identified key steps to enhance social risk management, strengthen operational systems to improve accountability, and build staff and client capacity on GBV.

## Box 2. GBV in IDA Policy Commitments, WBG Gender Strategy & MENA Regional Gender Action Plan

**IDA17:** Support efforts for addressing gender-based violence issues in fragile and conflict-affected states.

**IDA18:** Increase the number of operations in fragile contexts that include gender-based violence prevention/response and links to livelihood activities compared to IDA 16.

**IDA19:** Support at least five IDA countries to invest in GBV prevention and response, delivering safe, quality, inclusive services through health systems; Support at least five IDA countries to implement GBV prevention and response protocols as part of safe and inclusive schools.

**WBG Gender Strategy (FY16-23):** Under strategic pillar 4 of Enhancing Women's Voice and Agency and Engaging Men and Boys, the Strategy specifically sets out to address issues of child and early marriage, and to help reduce the incidence of gender-based violence in relevant operations and mitigate its impact in conflict situations. To address GBV, the Strategy identifies three categories: (i) support programs to reduce IPV; (ii) develop interventions that improve the safety and security of women in public transport and in the workplace, and (iii) develop integrated health and livelihood approaches for women in conflict areas who are at risk of violence.

**MENA Regional Gender Action Plan (FY18-23):** The Action Plan defines Women's Economic Empowerment and Gender and Conflict as its two main focus areas, with Women's Voice and Agency as a cross-cutting priority. While GBV is highlighted under Gender and Conflict in the original RGAP, the mid-term review (December 2020) points to GBV and sexual harassment as additional areas that merit attention going forward, aligned with the enlarged regional strategy and priorities. The mid-term review identifies the need to strengthen the focus on GBV across instruments and refers to the development of a regional GBV Action Plan.

had legislation on sexual harassment at work, with either criminal penalties or civil remedies, and only 55 percent of MENA countries had legislation addressing domestic violence.<sup>350</sup> Most recently, Lebanon has passed a comprehensive law on sexual harassment. The data presented in the WBL report and index has been a useful tool in furthering the discussion on these topics across countries in the region.

**The Bank has leveraged trust funds to provide technical assistance and advisory services to prevent and address GBV at the country level in MENA.** In Lebanon, the Mashreq Gender Facility (MGF) (P168157) has provided legal technical assistance to multiple public agencies identifying legal gaps related to women's economic opportunities, directly contributing to the passing

of a law criminalizing sexual harassment (December 2020) based on significant technical assistance from the MGF.<sup>351</sup> The technical assistance consisted of revising legal outputs based on international best practice to compile several existing draft laws into one, and facilitating coordination across stakeholders building on the Bank's convening power. Another example is the Piloting of Delivery of Justice Sector Services to Poor Jordanians and Refugees in Host Communities (P157861; 2016-2018), a recipient executed trust fund (RETF) that was implemented by the NGO Justice Center for Legal Aid, providing different types of legal aid and awareness campaigns to enhance access to justice for poor and vulnerable populations. The project specifically targeted women and a large share of cases specifically concerned information, counselling and legal representation related to GBV.

The WBG is also supporting Egypt's inclusive growth and sustainable recovery from COVID-19 through Development Policy Financing (DPF). This DPF includes a pillar on fostering women's inclusion and actions to address GBV in public transportation and support survivors through a One Stop Center.

**In addition, the World Bank supports partner initiatives that aim to increase the knowledge and evidence base at the global, regional and country levels, through—for example—the Development Marketplace on Innovations to Address GBV.** The Sexual Violence Research Initiative (SVRI) has created the world's largest research network on violence against women and children, and is a partnership the Bank takes part in. It provides a space where various stakeholders and global players in the field can connect with one another, share and promote their research,

and work to influence policies that ultimately aim to prevent GBV and improve the lives of survivors. In collaboration with the SVRI, the Development Marketplace on Innovations to Address GBV funds research in low- and middle-income countries across the globe. It supports teams in providing evidence-based research, interventions and undertaking other activities related to GBV prevention and response. Over the last four years, the Development Marketplace has supported projects in 28 countries with an investment totaling more than \$4 million. In MENA, five projects— in Jordan, Egypt and Lebanon —have been granted funding through the Development Marketplace, contributing to improving the evidence base on the effectiveness of different models to prevent and respond to GBV (Table 2).

**TABLE 2: GBV DEVELOPMENT MARKETPLACE SUPPORTED RESEARCH IN MENA**

Country	Year	Lead Agency	Project	Objectives
Jordan	2020	Jordan Forum for Business and Professional Women; Hakoura for Educational Programs.	Testing reintegration model "trust" for women and girl survivors of GBV with their families and communities in Jordan.	This project is focused on qualitative and quantitative methods of evaluating a unique model of reintegration for survivors of violence in Jordan.
Jordan	2019	Women & Health Initiative at the Harvard T.H. Chan School of Public Health; School of Nursing, University of Jordan; The Jordanian Hashemite Fund for Human Development.	Harnessing the power of social networks to create positive change in norms and attitudes towards GBV among youth in Jordan.	Researchers aim to understand how social interactions among youth influence attitudes related to gender and to GBV. Based on the study among 1,000 youth (men and women ages 18-24) living in East Amman, the team intends to promote evidence-based recommendations for research and interventions.
Jordan	2018	Try Center (Jordan); Cambridge Reproductive Health Consultants (USA); Institute for Family Health (Jordan).	Preventing IPV among newly-weds in Jordan.	The main goal of this project is to study and identify whether a primary prevention program for IPV among new married couples in Jordan increases knowledge and improves attitudes about gender norms and violence.
Egypt	2017	International Center for Research on Women; Ministry of Investment (Egypt), w Ministry of Manpower (Egypt); UN Women; University of Cairo, Social Research Center.	Gender Equity Model, Egypt – Promoting Women's Economic Empowerment and Fighting GBV	Project aims at developing an intervention for gender equity in private firms incorporating a focus on GBV prevention. It assesses the effectiveness of the developed intervention, with regard to increasing women's access to employment, improving their working conditions, changing community attitudes towards women's work and GBV, and preventing domestic and workplace violence.

Lebanon	2016	Queen's University; ABAAD Resource Center for Gender Equality.	Making sense of early marriage among Syrian refugee girls.	This project aims at reducing the rates of child marriage among Syrian refugees by using Cognitive Edge's SenseMaker and a participatory approach to assist communities in the self-identification of acceptable, feasible, and sustainable interventions that will enact change from within. The project led to recommendations for more effective interventions aimed at reducing and addressing child marriage in the region, especially among refugee populations. <sup>lviii</sup>
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## 2. Operational Engagement

While there are no stand-alone GBV operations in the MENA region, the Bank has designed and implemented two stand-alone projects in the Africa region, focused on health response. The first stand-alone investment lending, the Great Lakes Emergency Sexual and Gender-Based Violence & Women's Health Project, was approved in FY14 and provided US\$107 million in IDA funding to Burundi, the Democratic Republic of Congo, and Rwanda for the provision of integrated health and counselling services, legal aid, and economic opportunities to survivors of (or those affected by) sexual and gender-based violence.<sup>lix</sup> In FY19, building on the experience of the Great Lakes project, a Democratic Republic of Congo-specific project (P166763) committed US\$100 million to prevent and respond to GBV, expanding the engagement to aim for changes in social norms by promoting gender equality and behavioral change through strong partnerships with CSOs. Another stand-alone project was designed for Uganda (P160447), but was never approved by the country's Parliament. Annex 3 includes an overview of stand-alone operations and operations with strong GBV components, mostly focused

on service provision within the health sector and almost all in east Africa.

There has been progress in integrating components or elements of GBV prevention and response into service delivery, social inclusion, and legal and institutional strengthening across regions and instruments.<sup>lx</sup> Most IDA/IBRD projects that incorporate activities related to GBV are IPFs, and generally aim to expand access to and quality of social and health services for GBV survivors, to improve referral systems and to incentivize behavioral and attitude change through enhanced awareness, empowerment, and social inclusion. Out of 115 Development Policy Operations (DPOs) approved by the Board FY20-FY21Q2, only a handful include GBV-related prior actions (Annex 3). Several of the DPOs address specific types of GBV, in particular child marriage. There are programmatic DPOs that have a somewhat phased approach to the GBV. In Bangladesh, a first DPO introduced mechanisms for anonymous reporting and monitoring grievances, including sexual exploitation and abuse and sexual harassment; a second DPO strengthened enforcement capacity through the Labor Inspections Management Application (LIMA) that included the reporting mechanism; and a third DPO supported full deployment of LIMA. In MENA,

<sup>lviii</sup> The work has resulted in a series of research papers: Bartels, S.A. et al. 2018. Making sense of child, early and forced marriage among Syrian refugee girls: a mixed methods study in Lebanon. *BMJ Global Health*; Roupetz, S. et al. 2020. Continuum of sexual and gender-based violence risks among Syrian refugee women and girls in Lebanon. *BMC Women's Health*. Roupetz, S. et al. 2020. Displacement and Emotional Well-Being among Married and Unmarried Syrian Adolescent Girls in Lebanon: An Analysis of Narratives." *International journal of environmental research and public health* vol. 17; Garbern, S. C. et al. 2020. 'It will be a weapon in my hand': The Protective Potential of Education for Adolescent Syrian Refugee Girls in Lebanon. *Refugee: Canada's Journal on Refugees*, 36(1).

<sup>lix</sup> This was the first stand-alone operation with WBG commitments. There was a small Bank-Executed and Recipient-Executed TF project prior to that in the DRC on "Addressing Sexual Gender Based Violence in South Kivu (P117558)" FY10-12.

<sup>lx</sup> The review of operations with GBV focus or components covers operations that have been active within the last five years.

dialogue between the Government of Egypt and the Bank is being advanced in preparation of a DPO on Inclusive Private Sector Led Growth for Sustainable Recovery (P171311; expected to go to the Board early FY22). The PDO includes a pillar to foster women's inclusion, which incorporates a GBV prior action for the first time in MENA: the adoption and publication of a ministerial decree on a national code of conduct to promote safe transport, and the adoption and publication of a Prime Ministerial decree to establish and operate a one stop center for supporting GBV survivors in Greater Cairo. The aim is to introduce reforms that address issues around GBV prevention and service provision for survivors, supporting the foundation for different actors to work together in addressing GBV.

**The most common focus of operations that address GBV is on strengthening the capacity, and improving the quality of, referral systems and service delivery for survivors, especially in the health sector.** Commonly, these projects also incorporate communications and information focused activities. The Lebanon Health Resilience Project (P163476) supports a health system overburdened by the influx of Syrian refugees, with a package of services to address GBV, elderly care, non-communicable diseases, and mental health through screening, case management, counselling, and outreach activities. The project provides targeted health services for girls and adolescents. The Transforming Egypt's Healthcare System Project (P167000) delivers family planning, and maternal and reproductive health services, and also builds awareness on GBV (including domestic violence and child marriage) and GBV response services at the local level through community

health workers, helping to connect community representatives and local service providers. To address gender-specific vulnerabilities, especially among vulnerable Jordanians and Syrian refugees, the Jordan Emergency Health Project (P163387) includes a capacity building component that provides training and development of protocols on GBV and reproductive health (in partnership with other donors and UN agencies), and further supports the collection, use, and analysis of more sex-disaggregated health data. Some projects are more ambitious, such as the CAR Consolidation and Social Inclusion Development Program (P173900), which includes a prior action establishing targeted free healthcare for victims of GBV.

**Elements of GBV prevention and response are included in many projects that aim to protect and improve people's livelihoods.** The Social Protection Enhancement Project in West Bank and Gaza (P160674) and the Iraq Emergency Social Stabilization and Resilience Project (P165114) both focus on livelihoods and emergency response in FCV contexts through the provision of conditional cash transfers. They both incorporate elements of prevention and response to GBV through sub-components that utilize lessons learned from similar programs related to reliance on community spaces, social outreach, and awareness campaigns, among other things.<sup>lxi</sup> The West Bank and Gaza Emergency Social Protection COVID-19 project (P174078) includes actions to respond to increased levels of GBV due to the pandemic by using previously GBV-trained social workers to strengthen household awareness on stress management and on available protection services, and by prioritizing GBV response service providers in the selection of sub-grants.<sup>lxii</sup> The Yemen

lxi More specifically, the WB&G SPEP project developed positive messaging to promote family, motherhood /parenting support through interactive tools, including game cards, conducting trainer of social workers, male and female on GBV-related issues and protocols for home visitations, and hired a senior local GBV expert to provide support. Another example is the recent West Africa project Nigeria for Women (P161364) that supports improved livelihoods in targeted areas of Nigeria and utilizes a GBV design and analysis with a focus on community-based approaches and awareness raising for prevention.

lxii Across the Bank, several COVID-19 response projects aimed to protect the poor and vulnerable from the impact of the pandemic, include activities directly transferring benefits to women and redressing the amplified gender-based vulnerabilities to contribute to lowering GBV risks. See for example, Accelerating India's COVID-19 Social Protection Response Program, (P173943 and P174027); Niger Second Laying the Foundation for Inclusive Development Policy Financing, (P173113). Another example of a project that focuses on communications is the Strengthening Foundations for Post COVID-19 Recovery in Peru project (P174440) that includes the development of a sexual harassment mobile app dedicated for use in emergencies in universities, innovative GBV awareness initiatives targeting adolescents and a communications strategy in support of the implementation of the national GBV plan.

Emergency Electricity Access Project (P163777) recognizes that women suffer disproportionately from lack of access to clean and modern energy, including in health outcomes, prospects for income generating activities, and safety; and that the collapse of power supply and nighttime lighting has also added to security concerns, especially among women for whom the lack of lighting on the way to shared latrines exacerbates risks to GBV. The project supports increased access to, and reliability of, energy. Actions within the project ensure that women are part of the decision-making processes, that female borrowers are targeted, and that women's specific inputs and concerns are taken into consideration. In other regions, there is also operational work to improve GBV survivors' access to justice. The Madagascar Investing in Human Capital DPF (P168697) strengthens the legal regime for the prevention and prosecution of acts of GBV and the protection of victims of GBV. The Delivery of Legal Aid for the Poor and Vulnerable in Vietnam (P171660) will train legal aid providers to be better equipped to work on civil, marriage and family law, and to work more effectively with vulnerable groups, such as ethnic minority women, GBV survivors, and people with disabilities.

**Access to harassment- and discrimination-free transportation, public spaces, and workplaces is important for women's overall safety and security.** Globally, concerns of harassment in transportation and in public spaces represent a mobility barrier that disproportionately affects women and girls, and World Bank transport projects are increasingly addressing this issue. In Lebanon, analysis showed that women do not have a reliable and safe alternative to private vehicles given the safety and harassment concerns with existing public transportation. Lower-income women, who are forced to use existing unsafe public transportation, are particularly affected. The Greater Beirut Public Transport Project (P160224) sets out to improve safety on public transportation through the training of bus drivers, creation of reliable channels for complaints, improvements in security systems (cameras at stations and buses, well-lit stations, security guards), and campaigns to raise awareness against sexual harassment. The Railway Improvement and Safety for Egypt

Project (P175137) will provide sensitivity training to security personnel on effective handling of sexual harassment and other complaints, and enhance patrolling of platforms by well-trained personnel, all with a view to improving service delivery. In Jordan, the Second Equitable Growth & Job Creation Programmatic DPF (P168130) took a broader look at drivers of women's low labor force participation, identifying that women's lack of safe transportation and sexual harassment in the workplace impede women's access to economic opportunities. It recognized the importance of a code of conduct on sexual harassment in public spaces, transport, and in the workplace. The Code of Conduct in Transport regulates passenger, driver, and operator conduct in public transport, and makes explicit reference to sexual harassment. To support the operationalization of the code, the Mashreq Gender Facility provides technical assistance for the training of stakeholders and the development of a mobile app to report sexual harassment cases and other infringements.

**Several Bank projects include education-related activities and targeted communications to support GBV awareness raising and prevention.**

In the MENA region, several education projects incorporate actions that specifically aim to improve knowledge and capacity related to GBV in general and sexual harassment in schools specifically. To address gender-based violence and sexual harassment in schools in Egypt, the Supporting Education Reform Project (P157809) incorporates gender-sensitive behavior in kindergarten classroom training modules, and the gender dimension in the continuous professional development framework and classroom management training. The training modules address, among other things, gender gaps and stereotypes in education and GBV in schools. The Jordan Education Reform Support Program (P162407) trains and certifies teachers on gender-specific modules and introduces a socio-emotional learning intervention which includes issues of GBV. Some projects focus on promoting more gender-equal attitudes for a safer and more inclusive society. For example, the Economic Opportunities for Jordanians and Syrian Refugees PforR Additional Financing (P171172) includes a DLI to

address social norms through communication campaigns targeting a series of related issues such as the image of masculinity and stereotypes taught to children.

### 3. Implementing GBV-sensitive Safeguards as Part of the ESF

**World Bank teams are required to assess GBV risks, especially related to sexual exploitation and abuse and sexual harassment (SEA/SH), during project preparation, with the understanding that the risk assessment is a continuous process and should take place throughout the project life cycle.** Several resources are available to teams to support the consideration of GBV during project design and implementation. The GBV Good Practice Note for Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing involving Major Civil Works<sup>352</sup> sets standards for SEA/SH risk identification, assessment, mitigation, and response and applies to all IPF operations in sustainable development and infrastructure sectors. The World Bank SEA/SH Risk Assessment Tool further helps teams understand SEA/SH issues and identify potential risks based on a combination of the country context (for example, fragility and legal aspects) and the project specific scope (such as labor influx, consultation and feedback from women groups, presence of military personnel). This tool consists of a series of questions as a starting point for discussions within the team to assign a risk rating score for the project (low, medium, substantial, or high). In addition, the Bank has developed, and is in the process of finalizing, sector-specific screening tools (social protection, health, and education) to provide more targeted guidance.<sup>lxiii</sup> From the client side, and especially for pipeline projects, the Environmental and Social Assessment (ESA) is the primary vehicle for assessing SEA/SH risks, as well as stakeholder engagement (particularly with women groups) on SEA/SH risks and potential

risk mitigation measures. The Environmental and Social Framework (ESF) includes four standards that define the Borrower's responsibilities that are especially relevant to SEA/GBV (Box 3).

**In the MENA region, all projects being prepared under the ESF are screened for SEA/SH.** Regardless of risk rating, all projects will be required to integrate at least a basic set of SEA/SH risk mitigation measures as per the Good Practice Note. It is recommended that even projects that have been assessed as having a low risk of SEA/SH put in place basic risk mitigation measures, such as Codes of Conduct, a SEA/SH-sensitive grievance redress mechanism (GRM), GBV service provider mapping, and consultation and sensitization with communities. Aligned with these general ESF-related tools, specific guidelines have been developed for Health, Nutrition and Population (HNP) COVID-19 response operations to mitigate any risks of SEA/SH, based on a strong focus on awareness-raising and broad communication (Box 4). In MENA, including SEA/SH measures in projects through the ESF introduces some challenges, primarily due to: (i) the sensitive nature of the topic when discussed with the client; (ii) low client capacity and/or budget to manage and oversee implementation of SEA/SH prevention measures; (iii) client disagreement in overall principles of codes of conduct, and particularly accountability frameworks, and (iv) client disagreement over the overall SEA/SH risk screening results.

**GBV “retrofitting” is mandatory for high/substantial risk active SD operations.** All projects from Social Development with a closing date beyond June 2021 are screened based on the guidance note and the risk assessment tool, to retroactively integrate SEA/SH risk mitigation measures into projects with a risk rating of substantial or high. The screening exercise rated two out of 29 SD projects and two out of 17 Human Development projects as substantial risk, and needing to be retrofitted.

**The Bank has strengthened other measures that aim to prevent and address GBV risks related to Bank financed projects, including GRMs, Codes**

lxiii By April 2021, the INF/SD screening tool is finalized, while HD tools SPJ, HNP and EDU are expected to be finalized shortly.

### Box 3. Relevant Environmental and Social Framework (ESF) Standards

The Environmental and Social Framework lays out the World Bank's commitment to sustainable development with four Environmental and Social Standards especially relevant to SEA/SH:

- » **ESS1, Assessment and Management of Environmental and Social Risks and Impacts** formulates the Borrower's relevant responsibilities linked to prevention and containment of GBV incidents associated with each stage of a project. The ESS1 lays out that in performing the environmental and social assessment the Borrower will consider all risks and impacts of the project, including "threats to disadvantaged or vulnerable groups" (such as women and children).
- » **ESS2, Labor and Working Conditions**, while recognizing the importance of employment creation, also addresses SEA/SH risks linked to labor influx and forced labor. ESS2 also refers to child labor, highlighting that persons under the age of 18 will not be employed or engaged in connection with the project in a manner that is likely to expose them to physical, psychological, or sexual abuse. This provision should be implemented in conjunction with the Guidance Note on Managing the Risks of Adverse Impacts on Communities from Temporary Project Induced Labor Influx.
- » **ESS4, Community Health and Safety** addresses the health, safety, and security risks and impacts on project-affected communities and the corresponding responsibility of Borrowers with particular attention to vulnerable groups. The ESS4 also refers to situations when projects are "situated in high-risk locations that may threaten the safety of communities", which may increase the risk of SEA/SH.
- » **ESS10, Stakeholder Engagement and Information Disclosure** requires project teams to develop a Stakeholder Engagement Plan (SEP) to be implemented over the life cycle of the project to keep communities adjoining the project and other stakeholders informed about the project, and to enable their ongoing engagement and feedback. For substantial- and high-risk projects, stakeholder guidance should be sought to identify existing and potential local SEA/SH risks, and relevant stakeholders should be identified and consulted on potential interventions and risk mitigation measures, to enable an understanding of SEA/SH risks and trends in the community.

#### of Conduct, and Contractor Disqualification.<sup>lxiv</sup>

Managing allegations of SEA/SH is a sensitive task, since survivors can experience stigma, rejection, or harm, and may be reluctant to come forward. At the same time, grievance mechanisms and internal monitoring and reporting on SEA/SH incidents create a crucial building block for the prevention and response strategies of Borrowers. Thus, staff engaged in a project linked to SEA/SH incidents need to be trained to apply an approach that differs from that of other types of concerns raised through project-level grievance mechanisms. This

approach should be survivor-focused, and ensure the confidentiality, safety, and wellbeing of the survivor to minimize the risk of re-traumatization and further violence. Since 2021, the Bank's Procurement Framework includes provisions to disqualify contractors and sub-contractors who fail to implement GBV prevention measures. The World Bank is the first multilateral development bank to ban contractors from cooperation for non-compliance with GBV-related obligations.<sup>lxv</sup> The Bank's Standard Procurement Documents for large works require that all contractor personnel

<sup>lxiv</sup> Those means and procedures are complemented by the new World Bank Accountability Mechanism, which after the reform of the Inspection Panel in 2020 carries out Compliance Review and Dispute Resolution Service.

<sup>lxv</sup> The World Bank introduced these provisions in the Procurement Framework and Regulations effective for all procurement initiated on or after January 1, 2021.

#### Box 4: SEA/SH Risk Mitigation Measures in COVID-19 Response Operations

The Technical Note on SEA/H for HNP COVID-19 Response Operations outlines a minimum set of SEA/SH risk mitigation measures that COVID-19 response projects should put in place, as described below.

- » Staff in PIUs/PCUs will sign Codes of Conduct. This can also include the development and dissemination of communications materials outlining unacceptable behavior on SEA/SH.
- » Make information available to health service providers on where GBV psychosocial support and emergency medical services can be accessed, such as specialized facilities and helplines.
- » Promote two-way communication between health authorities and communities that allows information on instances of SEA/SH to surface and inform the strengthening of risk mitigation measures as needed. Measures include establishing community feedback mechanisms for healthcare providers and developing rapid guidance on how to deal with SEA/SH complaints through hotlines and other mechanisms.

are provided with a Code of Conduct, in a language that is culturally appropriate and understood, and that defines the behavior expected from employees, such as prohibiting sexual harassment. The Code of Conduct also stipulates provisions for addressing SEA/GBV, which include prohibitions against sexual activities with legal minors (anyone younger than 18 years), how allegations will be handled, the appropriate time frame for processing complaints, and the range of possible consequences for perpetrators. All workers must also complete relevant training courses on the environmental and social requirements in the contract, including on health and safety matters, sexual exploitation and abuse, and sexual harassment. The Code of Conduct encourages discussions of ethics and compliance, empowering employees to handle ethical dilemmas they encounter in everyday work. As a result, it can become a benchmark against which individual and organizational performance can be measured.<sup>353</sup>

**Existing WBG engagement on GBV and SEA/SH provides several entry points for increased action in the MENA region.** Research initiatives

and partnerships can be leveraged to support new analysis, and contribute to deepening our understanding of GBV-related issues in the region and strengthening the evidence base on the effectiveness of GBV prevention and response efforts. Lessons learned from stand-alone GBV operations in other regions can be utilized to pilot multi-sectoral initiatives in MENA countries. GBV components can be added to pipeline projects in other sectors and GBV components that are already in place can be expanded, particularly with regard to health, social protection, education, and transport. These would ideally be accompanied by behavioral change focused communication and outreach, as well as impact assessments. To improve the legal and institutional framework for GBV prevention and response in the longer term, DPOs in MENA could include prior actions on GBV, including specific types of GBV that remain a major concern in several MENA countries, such as child marriage and FGM/C. Existing tools and mechanisms, including through the ESF and SEA/SH Risk Assessment, provide important entry points for broader World Bank engagement on GBV prevention and response.



# C. PRIORITY ACTIONS

Effective GBV prevention and response remains a major concern in the MENA region. Building on international best practices and lessons learned, as well as existing engagement on GBV, the World Bank is well positioned to support countries in the MENA region to increase GBV prevention and response efforts. The following sections describe

which guiding principles and approaches to follow and where to engage with regard to (i) data and knowledge, (ii) policy dialogue, and (iii) operations. It highlights priority actions utilizing existing entry points and exploring options for broader GBV engagement.

## I. GUIDING PRINCIPLES AND APPROACHES

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Design and implementation of GBV prevention and response interventions should be guided by the following key principles:<sup>354</sup> (i) do no harm; (ii) adopt a survivor-centered lens; (iii) build on the strength and resilience of communities; (iv) adopt an intersectional approach; (v) strengthen existing systems, and (vi) be evidence-based.

**1. Do no harm.** It is vital to ensure the safety and security of GBV survivors at all times, including their children and caregivers. Teams should take all measures to anticipate and avoid any negative consequences, ensure trust and empowerment of GBV survivors, and minimize the risk of potential exposure to further harm. Applying the “do no harm” principle requires adequate assessments of gender dynamics and social norms that may result in re-traumatization, stigma, marginalization, or further violence by perpetrators, families, or communities. When aiming to conduct an interview with a GBV survivor, for example, teams should make sure that survivors are not at risk of being exposed to reprisals, stigma, or violence as a result of the interview and consider whether an interview may cause survivors to recount traumatic events and potentially result in re-traumatization.

**2. Adopt a survivor-centered lens.** The survivor’s rights, needs and wishes should be prioritized when developing and implementing GBV interventions. A

survivor-centered approach places emphasis on the integrity, security, and personal experience of GBV survivors by applying the following principles to decisions related to policies and service delivery:<sup>355</sup>

- » **Safety.** The top priority of GBV case management is to ensure the safety of GBV survivors, as well their children, caregivers, or vulnerable witnesses.
- » **Confidentiality.** Personal information of survivors should not be shared with third parties without informed consent,<sup>lxvi</sup> including when working on multi-sectoral coordinated activities. Adequate confidentiality policies should be in place for health and social services, police and security forces, and the justice systems, and clearly communicated to the survivor.
- » **Respect.** Survivors have the right to decide whether they want to proceed with the reporting of a GBV case. All involved parties should respect the dignity, wishes, and choices of survivors and allow them to be in control of the process by deciding whom to tell and what action to take.
- » **Non-discrimination.** Survivors should receive equal and fair treatment regardless of age, gender, race, religion, nationality, ethnicity, sexual orientation, citizenship status, social

<sup>lxvi</sup> Informed consent means “making an informed choice freely and voluntarily by persons in an equal power relationship. A survivor must be informed about all available options and fully understand what she is consenting to as well as the risks, including the limits of confidentiality, before agreeing. The full range of choices should be presented to the survivor, regardless of the service provider’s individual beliefs. The survivor should not be pressured to consent to any in interview, exam, assessment, etc. A survivor is allowed to withdraw consent at any time.” (Global Protection Cluster 2019).



class, or any other characteristic. In practice, this also requires that services are provided free of charge for those who are unable to afford it and that appropriate means are taken to reach marginalized groups.

**3. Build on the strength and resilience of communities.** Communities, including women and girls, as well as men and boys, should be engaged as active partners to combat GBV and promote survivors' access to services. Participatory approaches and citizen engagement allow for direct consultation and dialogue with members of communities. Engage groups who are often overlooked and ensure that all members of the community benefit from the proposed interventions.<sup>356</sup> Through community outreach and citizen engagement, teams can build on the voice, agency, and skills of people, which is an important step in promoting trust and empowerment of GBV survivors and facilitating community dialogue.

**4. Adopt an intersectional approach.** The varying characteristics of GBV survivors—geography, ethnicity, religion, language, sex, age, income, disability, and socioeconomic status—need to be considered when addressing this issue, since their combination determines the vulnerability and exposure to different forms of violence, as well as survivors' abilities and resources to react to violence. GBV interventions should be aware of and target multiple forms of discrimination that GBV survivors might experience, and provide adequate support to each survivor in accordance with their actual needs and capacities. The design

of GBV interventions or components in projects should reflect, and to the extent possible identify, vulnerable groups based on different characteristics and include actions that specifically address their differentiated needs. When information is scarce, projects can play an important role in contributing to increased information by collecting disaggregated data and assessing specific barriers that different population groups face.

**5. Strengthen existing systems.** Effective GBV prevention and response requires building on established systems through multi-sectoral coordination among various actors working on GBV in order to avoid duplication, support locally driven initiatives, and improve service delivery and knowledge sharing across sectors. Stakeholder and service mappings can help identify existing referral systems and service providers, as well as gaps and bottlenecks, to create synergies and inform operational engagement.

**6. Be evidence-based,** drawing on research and best practices as the basis of recommendations. Monitoring and evaluation mechanisms are also essential in the design and scale-up of GBV interventions. Basing project design on data and evidence contributes to ensuring that resources are invested in interventions that work, mitigating unintended or harmful consequences, and taking the local context into account when scaling up activities. Assessing impact during implementation of GBV prevention and response activities is key to continuous learning and improvement of outreach and targeting.

### Box 5: Guiding Principles and Approaches Amidst COVID-19

This box illustrates how to integrate the guiding principles outlined above in GBV prevention and response amidst the current COVID-19 pandemic:

- » **Do no harm:** Implementing face-to-face population-based surveys during the COVID-19 pandemic can be challenging and using remote data collection methods could pose serious safety risks to those interviewed. In this context, utilizing existing data and information from service providers and key informant interviews can help prioritize the safety of survivors while continuing to document the prevalence of GBV.
- » **Adopt a survivor-centered lens:** Ensuring the safety and confidentiality of GBV survivors in situations of restricted mobility requires additional measures, such as safe reporting mechanisms via phone or online through silent calls or preprogrammed messages when survivors are in close proximity to perpetrators.
- » **Build on the strength and resilience of communities:** Adapting community-based approaches to guarantee the meaningful participation of women in COVID-19 response planning and decision-making is critical to address the detrimental effects on women's voice and well-being associated with COVID-19-related mobility restrictions and isolation.
- » **Adopt an intersectional approach:** Applying an intersectional approach means, for example, taking into consideration innovative and remote ways to reach women with disabilities who are facing additional barriers to access services, or migrant domestic workers who do not have access to information about public health protocols or GBV hotlines due to language and mobility barriers.
- » **Strengthen existing systems:** When service accessibility and availability is limited due to COVID-19 lockdowns, it is critical to build on existing efforts with partners on the ground. This cooperation can include information-sharing on services and gaps, and the coordinated use of relevant tools and resources for safe data management.
- » **Be evidence-based:** Designing and implementing GBV interventions during the COVID-19 pandemic should build on evidence and lessons learned from interventions in other emergency settings and health crises. For example, evidence shows that local women's organizations are critical providers of GBV services during health crises. Supporting their efforts through long-term and flexible funding therefore represents an important entry point.

## II. THREE PILLARS FOR ACTION

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**Recommended actions for World Bank engagement on GBV in the MENA region center around (i) data and knowledge, (ii) policy dialogue, and (iii) operational engagement.** All three pillars for action are interlinked as both policy dialogue and most interventions will require prior research

and/or accompanying technical assistance. Since availability of nationally representative prevalence data on GBV and its different forms remains a major concern in the region, efforts to utilize existing data, support data collection efforts, and strengthen capacities in this regard is important. Nonetheless,

the lack of comparable, high quality statistics on different aspects of GBV in MENA countries should not preclude the adoption of adequate actions to prevent and address GBV in the region. The Action Plan calls for integrating social norm and behavioral change into GBV prevention and response efforts across sectors to address root causes of GBV systematically. The proposed actions across MENA countries and sectors provide an overview of both existing entry points, where efforts should

be strengthened or expanded, and suggestions on where to step up engagement through additional research, operational engagement or targeted policy dialogue on GBV. It calls for strong collaboration with governments, UN agencies, and other stakeholders and consistent multi-sector engagement to prevent GBV, increase access to services and justice for survivors, and improve the safety of those at risk.

## ACTION PLAN



### 1. Data & Knowledge

**Support better data:**  
alternative data sources, incl. administrative records; capacity-strengthening.

**Enhance knowledge:**  
analytical work, standalone GBV assessments, gap analyses.

**Build evidence:**  
pilot and assess behavioral interventions; incorporate IEs in operations.  
*Apply ethical guidelines*



### 2. Policy Dialogue

**Identify legal and policy gaps:**  
identify and bring gaps to the agenda; close legal gaps; advocate for stand-alone GBV laws.

**Support implementation:**  
provide technical assistance to support implementation and strengthen procedures.

**Strengthen institutional capacity:**  
support capacity-building and enforcement, incl. through trainings.



### 3. Operational Engagement

**Increase focus on prevention:**  
awareness and social norms change through education (schools and unis), public safety (transport, local infrastructure) and health (community outreach). Improve urban development, livelihoods, women's empowerment.

**Improve service delivery:**  
prioritize health (service strengthening, psychosocial), SP (social services, case mgt, referrals, livelihoods) - consider behavioral change.

**Strengthen access to justice:**  
support service improvement, capacity development, monitoring, legal assistance.

PRIORITY ACTIONS

INSTRUMENTS

Impact Evaluations  
Behavioral Interventions  
SCDs  
Technical Assistance  
ASAs

Development Policy Financing  
ESF  
CPF/CEN  
PLR  
With support in TA & ASAs

PforR  
IPF  
ESF  
With support in TA & ASAs



## 1. Data and Knowledge

1

### 1) SUPPORT DATA COLLECTION AND DOCUMENTATION OF GBV

- Support national GBV data enhancement through alternative data sources, including sector specific administrative records related to service provision (health, justice, etc.).
- Capacity-strengthening for data collection and analysis.

2

### 2) ENHANCE KNOWLEDGE ABOUT DIFFERENT FORMS OF GBV AND AFFECTED GROUPS

- In-depth research on specific types of GBV, incl. IPV, GBV against children, child and early marriage, non-partner violence, cyber GBV, sexual harassment.
- In-depth research on GBV against specific population groups, incl. children and youth, displaced persons and migrants, LGBTQI, men and boys.

3

### 3) UNDERSTAND UNDERLYING DRIVERS OF GBV AND BARRIERS TO ACCESS SERVICES

- Analyze amplifiers of GBV in MENA countries, incl. climate change, FCV and COVID-19.
- Build knowledge on underlying social norms and what works to transform adverse social norms, behaviors and attitudes.
- Identify barriers to access services and conduct gap analyses of services available for survivors.

4

### 4) BUILD ON THE EVIDENCE OF WHAT WORKS

- Pilot and assess GBV prevention interventions aimed at changing social norms and attitudes.
- Evaluate interventions aimed at addressing GBV response (referral systems, service delivery).

Given the comparative advantage of the WBG in the area of data and analysis, the organization could play a role in strengthening the evidence base on GBV at the country and regional level, promoting data analysis, and improving statistical information systems and the harmonization of data. While there is limited appetite for the collection of official data in the MENA region, the WBG can support several activities aimed at strengthening the existence of quality data on GBV, including by using existing alternative data sources, such as online platforms. In addition, Systematic Country Diagnostics (SCD) provide an important entry point to not only shed light on the impact of GBV in people's and societies' wellbeing, but also to identify precise data and knowledge gaps.

#### a. Support Improved Data Analysis and Promote Documentation of GBV

Documenting the prevalence of GBV will contribute to making it visible. To inform discussions on GBV at the country level, the World Bank should promote the analysis of existing data

and the identification of data gaps, and provide suggestions for ways to improve the evidence base as part of these discussions. Data gaps could be related to, for example, quality, coverage in terms of capturing different types of GBV, and representativeness of data for certain population groups or at a subnational level. Data should be sex-disaggregated and specifically include women and girls, as well as men and boys.

**Generating adequate and harmonized data to assess the dimensions and nature of GBV is key to understanding it.** Given that in MENA only Egypt, Jordan, and West Bank and Gaza have recent Demographic and Health Surveys, this is an instrument that the Bank could push for, for example under projects that specifically support data collection and statistical capacity development. In addition, the Bank could support or provide technical assistance for dedicated, specialized surveys, and for the identification, collection, and monitoring of GBV data, including activities such as guidelines for harmonization and coordination of data. Support could also be

provided to specific Ministries providing services for survivors of GBV, to strengthen their capacity to monitor, manage and analyze GBV-related data, such as for example in the health, education and justice sectors. Furthermore, existing alternative data sources, such as online platforms, should be utilized for further analysis.

### **b. Enhance Knowledge About Different Forms of GBV and Affected Groups**

**Specific forms of GBV in the MENA region remain particularly concerning and require additional research and analysis.** One example is the relatively under-researched issue of sexual harassment in public spaces, including public transportation, which is of increasing concern across MENA countries. Moreover, special attention should be paid to the emerging—and rapidly growing—phenomenon of cyber violence, which has been exacerbated by the COVID-19 pandemic due to an increased use of mobile devices and digitalization of services. Continuing research on the prevalence rates and characteristics of different forms of cyber GBV is an important step towards increased awareness of the problem and broader dialogue and engagement on GBV in digital spaces. Furthermore, the high prevalence of FGM in Djibouti, Egypt and Oman, as well as the issue of early, child, and forced marriage in Egypt, Iraq, Yemen, Lebanon and Jordan, particularly with regard to displaced populations, require additional analysis.

**Analysis of GBV against specific population groups remains scarce in MENA countries.** In many MENA countries, GBV against displaced persons, including refugees, IDPs, and returnees, is a particular concern. In several MENA countries, particularly in the GCC countries, Lebanon, and Jordan, female migrant domestic workers have been exposed to heightened GBV risks, exacerbated during the COVID-19 pandemic. Analysis of the often less visible forms of violence against men and boys, as well as against LGBTQI persons, remains scarce in the region. Qualitative research and mixed-methods approaches can provide insight into where programming efforts need to be directed.

**Given the large knowledge gaps concerning GBV against children and school-related GBV, it is crucial to document its prevalence and scope.** Generally, data on school-related GBV can be collected through cross-national surveys or national surveys. While it is increasingly common to measure the prevalence and scope of bullying and corporal punishment, the issue of sexual violence in schools and cyber bullying among adolescents requires particular sensitivity. A good practice example in this area is the Violence Against Children (VAC)<sup>357</sup> survey, administered in 12 developing countries (none in MENA), which measured physical, emotional, and sexual violence against children based on a household sample focusing on young people ages 13 to 24.

### **c. Understand the Underlying Drivers of GBV and Barriers to Accessing Services**

**Stand-alone GBV assessments can help understand the underlying drivers and amplifiers of GBV and identify gaps in institutional frameworks and service delivery.** These stand-alone assessments can include country-level data on prevalence and characteristics of various forms of GBV, drivers and amplifying factors, the legal and policy environment, and service provider mappings. Country profiles developed for the purpose of this Action Plan provide an overview of these issues for all MENA countries. Based on the needs of country teams, the country profiles can be used for in-depth, stand-alone GBV assessments, including comprehensive service provider mappings.

**Building the evidence base on the impacts of GBV amplifiers on prevalence, service delivery, and access to justice for survivors is critical to inform engagement in situations of FCV, climate vulnerability, and health crises.** Rigorous analysis about the incidence, drivers, and ramifications of GBV in contexts of displacement is especially relevant for FCV countries, where both phenomena are deeply intertwined. In addition to FCV-related factors, specific concerns related to climate change and its impact on MENA countries need further research and rigorous evaluation. More research is needed to better understand how climate-related stresses, such as water scarcity and prolonged

droughts, aggravate GBV in MENA, and how GBV interferes with resilience and recovery efforts from both climate-related and conflict-related shocks. Priority countries that are particularly affected by FCV, environmental vulnerability and GBV include Syria, Yemen, Djibouti, and Egypt.<sup>358</sup>

**These stand-alone assessments can also disentangle the role of social norms as underlying drivers of GBV and build evidence on what works to change adverse norms and harmful practices.**

<sup>359</sup> There are several efforts to disentangle gender norms and their role in limiting women's voice and agency and general participation in society across MENA countries through, for example, nationally representative perception studies like the World Values Survey and the Arab Barometer, which can be used to inform the design of interventions and outreach. The World Bank has also contributed to expanding the knowledge on this, most recently through the work of the Mind, Behavior and Development (eMBeD) team. However, more country specific diagnostics are needed, and evidence on what works to change social norms and to address harmful practices remains scarce.

**Based on country-level needs, stand-alone GBV assessments can include comprehensive service provider mappings and gaps analyses.** These serve to assess the accessibility, availability, and quality of services for GBV survivors and those at risk, and provide an overview of referral pathways and case management systems available on a country level. Service provider mappings/gap analyses can help to inform further operational engagement across sectors (see section on operational engagement).

#### **d. Build on the Evidence of What Works**

**Continuing to build on and develop the evidence base of what works best to address GBV is necessary.** MENA clearly lags behind other regions in this area, as shown by the background review of randomized controlled studies conducted for this

Action Plan. Evidence-based program design is key to learning about what works best in specific contexts and to address certain types of GBV, and will be crucial to ensure cost-effectiveness and responsiveness to the needs of the various stakeholders. This knowledge will help realign and adjust programs and policies to improve their performance and will be needed to inform policy makers on a range of decisions, from ending inefficient interventions to scaling up those that work.

**To learn what works, and to be able to course-correct less effective interventions, all activities aimed at addressing GBV should be monitored and, to the extent possible, evaluated.** Beyond the collection and reporting of sex-disaggregated data, gender responsive monitoring and evaluation (M&E) plans are recommended to also capture unintended consequences like GBV, which would be particularly relevant for health, education, and cash transfer projects.<sup>lxvii</sup> The most paradigmatic case is that of cash transfer programs, which have been shown to have important unintended (and generally positive) impacts on the incidence of different forms of IPV by improving economic wellbeing, reducing household tensions, and empowering women.<sup>360</sup> Project design should include assessments that can capture the learning of GBV interventions, preferably using mixed-methods research with qualitative methods, to disentangle the role of social norms and dynamics and identify "harder to measure" results of the intervention that may otherwise remain invisible and unaccounted for. Ethical considerations surrounding confidentiality and safety or context sensitivity are even more important in this area. When possible, teams should consider incorporating an impact evaluation in the intervention design to measure the attributable effect of the program within the target population.

lxvii It is recommended that existing, agreed-upon GBV indicators are used, to ensure comparability (World Bank 2014). As an example, in 2013, the UN Statistics Division published the Guidelines for Producing Statistics on VAW, which included internationally agreed indicators. In addition, the global compendium, developed by MEASURE Evaluation, includes a set of monitoring and evaluation indicators for use at the programmatic, policy, and institutional levels across all sectors.



## 2. Policy Dialogue

1

### 1) IDENTIFY LEGAL AND POLICY GAPS

- Support stand-alone laws to address GBV.
- Review existing legislation on GBV to align with international law and best practices.
- Review related legislation, incl. personal status law, migration law, etc.
- Policy dialogue on specific forms of GBV, incl. child marriage or FGM.

2

### 2) SUPPORT IMPLEMENTATION OF LEGAL REFORMS

- Provide technical assistance to implement legal and policy reforms.
- Support the development or revision of national strategies, and/or action plans to tackle GBV.
- Support the development or strengthening of National Codes of Practice, workplace policies, and/or standard operating procedures.
- Embed GBV in policies to improve women's agency, promote women's leadership, and enhance economic empowerment.

3

### 3) STRENGTHEN INSTITUTIONAL FRAMEWORKS AND LEADERSHIP

- Strengthen institutional frameworks and leadership.
- Strengthen legal enforcement and capacities.
- Support trainings and capacity-building that are embedded in institutional frameworks.

**The World Bank is uniquely positioned to engage with governments in policy dialogue on how to prevent GBV, protect survivors and those at risk, and strengthen service delivery and access to justice.** A key entry point for the medium- and long-term policy engagement is to identify and address gaps in existing legislation and its enforcement, as well as supporting efforts for stand-alone laws that seek to address GBV comprehensively, building upon the country profiles undertaken for this Action Plan. DPFs provide a unique instrument to promote relevant changes. In addition, the World Bank should use its policy dialogue space to advocate for strengthened institutional frameworks and leadership on GBV and to promote adequate resource allocation for the implementation of national policies and action plans. Key guiding documents like Country Partnership Frameworks (CPFs) or Country Engagement Notes (CEN), should incorporate an assessment of GBV prevalence and response, to identify specific priorities for the Bank's engagement to address identified issues. The Performance Learning Reviews (PLR) provide an opportunity to discuss any specific

learning related to ongoing engagements as well as to assess if there may be any momentum for reflecting additional GBV priorities based on the country context.

**Policy dialogue should further focus on specific forms of GBV given the respective country context.** IPV remains of particular concern in all MENA countries. Policy dialogue should address legal loopholes, barriers to help-seeking and reporting, as well as specific service delivery in this regard. The prevalence of other forms of GBV varies from country to country and requires targeted policy engagement. In Djibouti, Egypt, and Oman, for example, FGM/C remains a major concern and entry point for engagement. Measures to prevent early, child, and forced marriages should be discussed in Egypt, Iraq, Morocco, Yemen, Lebanon, and Jordan, and should include displaced populations. DPFs can include specific prior actions, such as establishing Child Protection Committees at the national, regional, and municipal level to address child and early marriage.

### a. Identify Legal and Policy Gaps

As part of its policy dialogue, the World Bank can point to gaps in existing legislation on GBV, based on a review of national frameworks. This includes legislation that directly addresses forms of GBV, such as Penal Codes or stand-alone laws on GBV or domestic violence. Stand-alone laws on combatting domestic violence, violence against women, or GBV are important instruments for comprehensive reform as they reaffirm the obligation of the state to create prevention measures and offer services for support and recovery. Many MENA countries have drafted or adopted stand-alone laws to address GBV, to protect survivors, and establish essential services. Gaps should also be identified in laws that address specific forms of violence, including anti-trafficking laws, cybercrime laws, or laws on sexual harassment (at the workplace or in general) where remaining barriers for GBV survivors may exist, for example, impediments related to protection measures or burden of proof requirements. Furthermore, given the cross-sectoral nature of GBV prevention and response, a review of government policies across sectors (health, education, transport, private sector development, social protection, justice, and even tax reform) can also help identify relevant aspects and potential adverse policies indirectly linked to GBV prevention and response.

**Existing WBG tools and databases should be leveraged in the identification of legal and policy gaps.** The Women, Business and the Law index, which provides a comparative assessment across countries on matters related to domestic violence and sexual harassment, is a valuable starting point for teams, as are the country profiles prepared for the Action Plan. In many MENA countries, legal loopholes exist with regard to the minimum age of marriage. This also applies to countries with parallel non-formal justice systems, allowing for the application of traditional or religious law. Annex 2 provides a detailed overview of legal gaps at the country level.

### b. Support Implementation of Legal and Policy Reforms

The World Bank can support implementation of legislative changes and legal reforms through technical assistance and financing instruments. This includes supporting countries in revising legislation and regulations related to GBV prevention and response through instruments, such as Development Policy Financing (DPF) and Development Policy Operations (DPOs). DPFs can provide opportunities for a wide range of actions to support GBV-related laws, policies, and systems. In recent years, several MENA countries have shown strong interest in legal reforms and have taken steps to advance their legislation. The World Bank can help sustain this momentum through continued policy dialogue on these critical issues. Building partnerships with UN agencies that have supported governments in developing national strategies on GBV and legal reforms can also help strengthen policy dialogues through the World Bank's convening power. For example, UNFPA supported the development of Algeria's National Strategy to Combat Violence Against Women and Tunisia's Organic Law No. 2017-58 on expanding protection for GBV survivors.<sup>361</sup> Where national GBV strategies and action plans exist, actions and synergies with development partners can be developed to facilitate implementation; where no national instruments exist, DPFs can promote the development of such key policy frameworks. A DPF can support the development and implementation of data collection, monitoring, and evaluation mechanisms into the plans and strategies. Prior action on combatting GBV can be part of different types of DPOs, such as human capital DPOs. The Bank can also specifically focus on sexual harassment in the workplace, for example, through employment. Technical assistance in this regard can also focus on developing or strengthening a National Code of Practice, workplace policies, and standard operating procedures. Annex 3 includes an overview of prior actions in DPFs across the Bank.

**Policies to promote women's agency and leadership, and enhance economic empowerment, can contribute to creating a more enabling environment and to facilitating a cross-sectoral framework for GBV prevention and response.** While these policies aim to reduce constraints that hinder women's access to resources and participation in economic and social life, they can also contribute to social norm change and help reduce GBV risks. Bringing these elements into policy dialogues can help promote the integration of GBV prevention and response measures into projects that include components and activities aimed at enhancing women's economic empowerment and/or opportunities. Establishing a link to other commitments that the country has already made on combatting GBV, such as in national development strategies, can strengthen policy dialogues in this regard.

### **c. Strengthen Institutional Frameworks and Leadership**

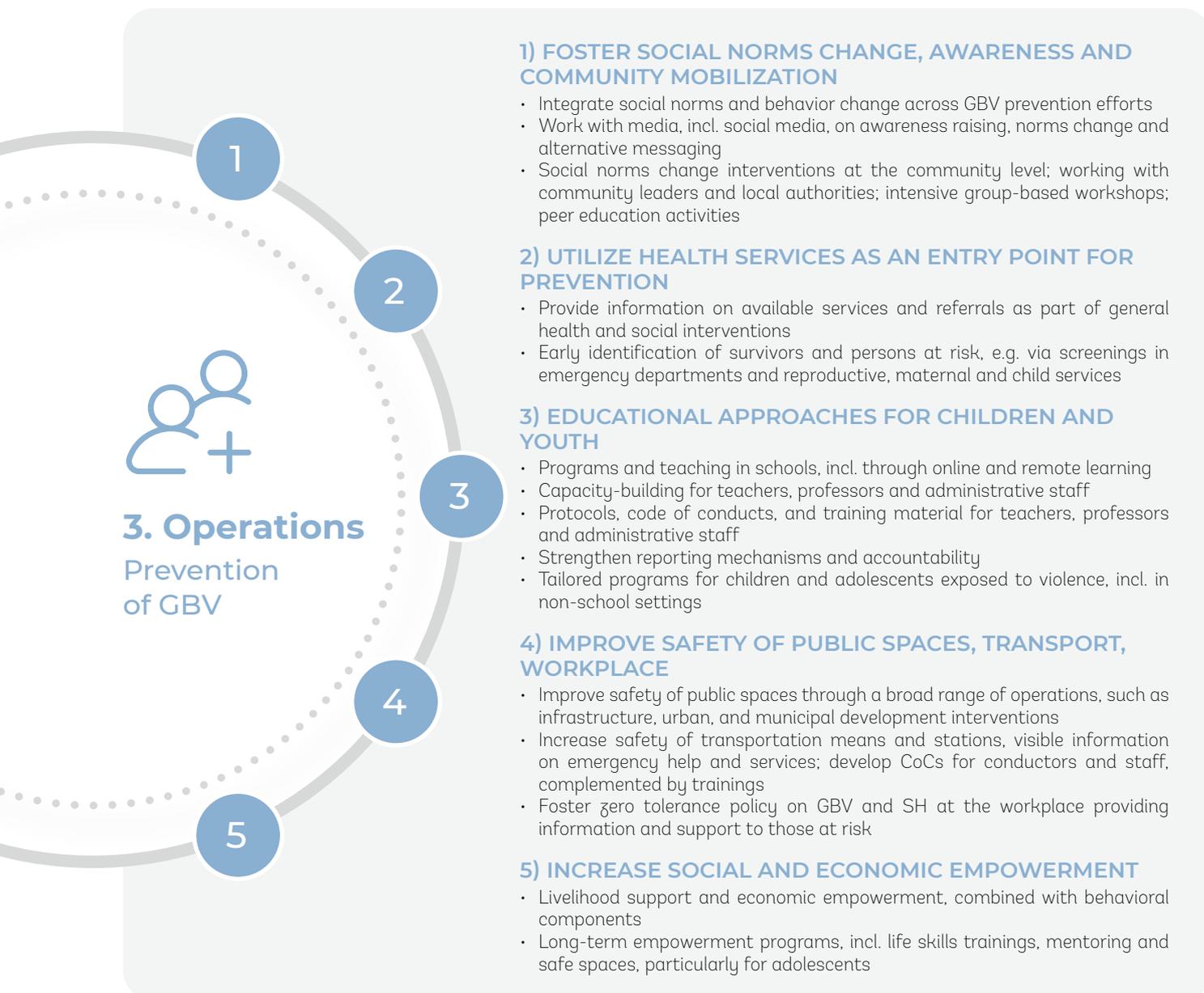
**Strengthening institutional frameworks and leadership should be part of the policy dialogue on GBV.** Establishing and reinforcing dedicated institutions, as well as proper coordination mechanisms across sectors, is a necessary pre-condition for this agenda to move forward. Through technical assistance and DPFs, the World Bank can strengthen institutional frameworks and systems to prevent and address GBV and sexual harassment. In addition to developing and revising national strategies and action plans to combat GBV, the World Bank can help install structures that ensure institutional leadership and oversight of these commitments at the highest political levels and across different sectors of government. Implementation of national action plans or strategies should be led by a high-level board or steering committee, across government departments and including other stakeholders with a strategic mandate and adequate technical capabilities. Another potential entry point for World Bank work in this area is through supporting the

development and reinforcement of such systems as part of COVID-19 response operations.<sup>362</sup>

**Strengthening legal enforcement to protect GBV survivors and those at risk is critical.** Most GBV survivors refrain from seeking protection or filing legal complaints due to fear of reprisal or stigma, shame or pressure from family members and communities, and lack of trust in formal institutions. Even when cases are brought to the courts, procedures often stall or sentences remain lenient, leading to prolonged insecurity for survivors and widespread impunity for perpetrators. Reinforcing the institutional framework, and building the capacity for legal enforcement, is crucial. As part of its policy dialogue in MENA countries, the World Bank can add regulations as prior actions, to strengthen enforcement of legislation protecting GBV survivors, including the implementation of existing GBV legislation through, for example, the development of implementation plans,<sup>lxviii</sup> and specifically the issuance, enforcement, and monitoring of protection orders for GBV survivors and those at risk. DPFs should be accompanied by previous analytical work and technical assistance in this regard. Additionally, to address sexual harassment at the workplace, for example, the enforcement capacity of labor inspectorates could be strengthened.

**Evidence shows that trainings and capacity-building need to be embedded in institutional frameworks to be effective.** It remains crucial for GBV prevention and response efforts that professionals in all relevant sectors receive comprehensive and standardized training on GBV, including health, social, police, and justice officials. However, training institutional actors is ineffective without system-wide change. Institutional change addressing gender norms and attitudes, institutional policies, and targeted support can sustainably build institutional capacities. Through policy dialogue, the World Bank can engage with governments on how to strengthen these capacities, particularly in the public sector.

lxviii In Kiribati, the DPF requires an implementation plan for GBV legislation in preparation by the government (Project ID: P167263).



The World Bank has a key role to play in addressing GBV and its various forms through its operational engagement, including prevention, service delivery, and potentially access to justice. The following section describes recommended actions for engagement in MENA countries, based on existing entry points, as well as suggestions for operational engagement in the longer term, including through comprehensive GBV operations.

Social norm and behavioral change components are integrated across sectors. Working with men and boys requires reviewing best practices and lessons learned, as outlined in the review undertaken for this Action Plan and considering multi-component approaches that are embedded within communities and include working with women and girls.

## PREVENTION OF GBV

### **GBV prevention efforts can be integrated across World Bank operational support for MENA countries.**<sup>lxix</sup>

Prevention efforts need to address the underlying causes of GBV. In particular, they aim to transform social norms, attitudes and behaviors that support gender discrimination and GBV. Furthermore, prevention efforts aim to strengthen legal and policy frameworks, increase safety and availability of services, strengthen women's agency, and build partnerships for regional and national strategies to combat GBV. World Bank operations can build on existing work in MENA countries at the individual, family, community, organizational and societal level across different sectors for continued engagement as well as stand-alone operations on GBV prevention. With regard to cultural and norms related aspects of GBV, including behavioral change focused interventions that specifically aim to change attitudes and in the longer term, behaviors towards GBV in projects, accompanied by evaluations would be essential.

#### **a. Foster Social Norms Change, Awareness and Community Mobilization**

**Social norms and behavior change should be prioritized in GBV prevention and response efforts across sectors.** As indicated throughout the Action Plan, underlying discriminatory norms, behaviors and attitudes are at the root of high GBV prevalence rates in the region, and should be targeted in WB engagement throughout different sectors, including health, education, transport, social support, livelihoods, among others. Increasing awareness and mobilizing communities through targeted interventions are important additional entry points, as outlined below.

**Working with the media is important to increase awareness of GBV, its root causes and risk**

**factors.** Although evidence is mixed in terms of social marketing campaigns or edutainment campaigns as well as large scale awareness raising campaigns, well-designed approaches, especially in combination with community level work, can be used to actively challenge gender discrimination, social norms and attitudes that drive violence and to provide alternative messages. To prevent FGM/C, for example, radio stations, television, newspapers and social media platforms can be used to highlight the harmful effects of FGM/C, including the fact that it is illegal. Piloting innovative uses of social media to challenge norms and attitudes can be another entry point for World Bank engagement in this regard. Especially in the current situation, online, visual, audio and print media provide a critical platform and entry point for GBV prevention efforts. Specific media campaigns can help provide information on how and where to seek help, specifically during the pandemic when services may be limited. Additionally, media campaigns can particularly address the issue of cyber GBV and positive conduct of behavior among Internet users. In addition to targeted media campaigns, the World Bank can help strengthen regulatory frameworks in the sector.

**Social norms change interventions in communities continue to be an urgent priority for GBV prevention.** Promoting positive attitudes, beliefs and norms related to gender, including through engaging men and boys, is essential for GBV prevention. There is promising evidence from LMICs that multi-year community mobilization interventions lead to community level reductions in physical and sexual IPV. Additionally, intensive group-based workshops with women and men or peer education activities for youth can improve individual attitudes and behaviors of the target groups, including reduced prevalence of GBV, which can initiate wider community change. Social norm change interventions can also focus on specific types of GBV, such as FGM/C or other harmful practices. These types of interventions

<sup>lxix</sup> This Action Plan uses a broad definition of prevention, including primary and secondary prevention. Primary prevention refers to efforts to prevent GBV from occurring in the first place, for example through community awareness of risk factors, conflict resolution, challenging harmful norms, and so on. Secondary prevention focuses on early identification of survivors, for example, via screenings, responding to survivor needs, and referral to appropriate services. Tertiary prevention aims to mitigate the negative impact of violence that has already occurred. In this Action Plan, tertiary prevention is covered by the section on Response.

could be built into for example social protection, CDD, municipal development projects and youth projects. Efforts should involve a wide range of stakeholders at the community level, including local authorities, community, traditional and religious leaders.

### b. Utilize Health Services as an Entry Point for Prevention

**Health providers are often the first point of contact for individuals at risk of GBV and are therefore not only important for GBV response but also for prevention efforts.** Providing information on available services and referrals should be part of general health interventions. Survivors and those at risk can be identified early on through screenings at primary health care facilities and reproductive, maternal and child services, when adequate training is provided.

### c. Educational Approaches for Children and Youth

**Prevention efforts rely heavily on education in schools,** including programming and lessons on life skills, respectful relationships, conflict resolution, gender roles, etc. at all levels of schooling. Learning materials and curricula need to be adapted to the respective age group and type of educational institution, taking contextual factors into account and working with local partners who are already working on these issues. School-based interventions are found to be particularly effective in preventing GBV when using participatory approach and interactive methods. Working with schools on how to integrate GBV awareness raising and information on assistance and available services is a key entry point. School staff and teachers should receive specialized training on how to generally address these topics through remote/online teaching, but also how to respond to concrete cases of suspected abuse. Through education projects, the World Bank can help develop and revise protocols, code of conducts, and training material for administrative staff and teachers. It can further strengthen reporting mechanisms building on its expertise

on grievance redress mechanisms and leverage digital technology in this regard.

**Additionally, universities can be an effective entry point for GBV prevention and social norm change interventions.** GBV prevention programs in universities often primarily aim to reduce sexual harassment and sexual assault on campus. Recommended interventions include informational campaigns, awareness raising programs, educational (online) courses, edutainment with contextualized narratives, and efforts to strengthen university policies on GBV. The World Bank can help develop tailored prevention programs at universities. It can further offer technical assistance to develop and revise policies and codes of conduct for staff and professors.

**Tailored programs for children and adolescents exposed to GBV are critical for sustained prevention efforts.** Children and adolescents who are living in households where they are exposed to GBV or witness IPV against their mothers or other caregivers, are at greater risk of perpetrating violence in their own relationships as adults, particularly boys and young men. Programs reinforcing the resilience of children and adolescents, providing safe environments to recover and building skills in developing respectful and healthy relationships can help to break this “cycle of violence”. The World Bank can build on its work with children and youth in the MENA region to offer tailored programs in this regard.

### d. Improve Safety of Public Spaces, Transport, Workplace

**Improving safety in public spaces is an important part of GBV prevention efforts.** Poor infrastructure, unlit streets, limited sanitary facilities, unsafe transit points, markets, and other public spaces increase GBV risks and can be addressed through a broad range of operations, such as infrastructure and urban development interventions. Technology-based solutions, such as applications or online platforms mapping high risk areas, can be a component of World Bank engagement in MENA countries alongside other

prevention efforts to improve safety in public spaces. In the medium term, safety audits can be a practical tool to record the state of facilities, evaluate their safety, and make recommendations for safer public spaces.

**Safer transport is another key entry point for World Bank engagement on GBV prevention.**

Sexual harassment and violence in public transport is a prevalent phenomenon across MENA countries, particularly putting women and girls at risk. It has a severe impact on daily lives and professional opportunities by limiting their mobility, including their ability to get to their workplace and back. Standard protocols and codes of conduct should be developed for public transport workers and conductors, complemented by trainings on gender and GBV awareness. Adequate grievance redress mechanisms and responsive accountability mechanisms should be in place that allow survivors to safely and confidentially report incidents. Safety of transportation means and stops should be increased through better lighting and visibility, connectivity between neighborhoods and routes, especially in peripheral areas. In the short term, visible information on emergency numbers and services for GBV survivors and those at risk in buses, trains and transit points could be an entry point for the transport sector.

**Addressing sexual harassment at the workplace can be an additional key entry point for World Bank engagement.**

Workplaces and employers play a special role in communicating zero tolerance for GBV, providing information and support to those at risk. Occupational safety and health programs and risk assessments could be used to integrate efforts to prevent harassment and violence and change the organizational culture. Furthermore, strong commitments, monitoring mechanisms, complaints procedures and disciplinary measures foster an environment of zero tolerance at the workplace. A variety of projects could support the development of effective human resource policies, procedures and practices that help prevent sexual harassment and violence (including cyber GBV) at the workplace.

### e. Increase Social and Economic Empowerment

**Reducing financial strain and poverty as GBV risk factors remain important from a long-term prevention perspective.**

Livelihood support and economic empowerment includes short term social welfare support, including provision of basic goods and services, cash transfers, low/no interest loans, housing support, and unemployment assistance. To avoid negative impacts, such as increased tensions through changing gender roles, these types of programs should be combined with behavioral components, for example in “social protection/ economic empowerment plus” programs. Similarly, long term empowerment initiatives can help reduce vulnerability and risk of violence. These initiatives include life skills trainings, mentoring and safe spaces. Livelihood, vocational trainings, and life skills trainings specifically targeting adolescents show promising impacts on GBV reduction and could be an entry point for World Bank engagement in MENA countries.



### 3. Operations

Services for Survivors of GBV

1

Conduct service provider mappings and gap analyses to inform programming

#### 1) ENSURE QUALITY HEALTH SERVICES FOR SURVIVORS

- Provide high-quality health services for survivors, incl. first-line support, treatment for injuries, emergency contraception, STI prevention, HIV post exposure prophylaxis, post-rape care, as well as psychological and mental health care
- Build capacity of service providers through continuing education and in-service training
- Integrate GBV health services into existing health systems where possible

2

#### 2) IMPROVE PSYCHOSOCIAL SUPPORT AND MENTAL HEALTH CARE

- Ensure availability of crisis counselling, support helplines and information about services
- Provide psychosocial support for survivors and referral to mental health care providers
- Provide Parenting consultations and psychological support interventions for children and adolescents

3

#### 3) FACILITATE ACCESS TO SAFE SPACES, LIVELIHOODS SUPPORT, AND REINTEGRATION

- Update policies for the accommodation of girls and boys in line with international standards
- Provide emergency or transitional housing for GBV survivors and children in the short term while supporting long-term recovery and empowerment through income generating activities, economic opportunities, and skill-building trainings

4

#### 4) ESTABLISH FUNCTIONAL REFERRAL SYSTEMS AND CASE MANAGEMENT

- Integrate clear protocols and agreements about the referral process in the relevant service sectors
- Develop or strengthen multisectoral referral systems with consistent procedures between services

**In addition to prevention, service provision remains a critical area of potential World Bank engagement to address GBV.** In many MENA countries, GBV survivors have limited access to quality basic services, including emergency helplines, health care, psychosocial support, social services, shelter and safe accommodation, as well as adequate police and justice sector response. Service providers often do not have sufficient funding, human resources, and capacities to respond adequately to the needs of GBV survivors and those at risk. Due to lack of knowledge, fear of reprisal or shame, many did not seek help from service providers nor reported their experiences or filed complaints. During the current pandemic, these challenges have been exacerbated, service provision is reduced or disrupted in many countries, and survivors face additional burdens reporting cases or accessing those services that

are still available.<sup>363</sup> The World Bank can address these service provision gaps by partnering with UN agencies and civil society organizations including women's groups, especially in FCV contexts, to provide direct response services for survivors (Annex 4). Amidst the COVID-19 pandemic, UN agencies have facilitated access to essential services, such as helplines, health, and case management. FCV contexts are a key entry-point for GBV work in the region through strong partnerships with development partners on the ground and long-term engagement as it requires time and a flexible approach to implement, innovate, and adapt in these challenging contexts.

**Service provider mappings can be an important resource for clients and a useful tool for World Bank engagement in GBV response efforts.** Service provider mappings identify which services and

initiatives are currently available for GBV survivors and those at risk, including judicial institutions, health care services, psychosocial support and mental health care, hotline and counselling services, shelters and safe spaces, as well as livelihood and economic empowerment initiatives. Service provider mappings should also identify the main users of the services, which groups and geographic locations may not be reached, and what types of GBV are addressed. Mapping exercises can be conducted for internal purposes, for example at the pre-planning stage of projects, or be offered to clients to inform their GBV response.

### a. Ensure Quality Health Services for Survivors

**Providing high quality health services for GBV survivors is a key recommended entry point for World Bank programming.** GBV survivors need to be able to access medical treatment, including first-line support, treatment for injuries, emergency contraception, STI prevention, HIV post exposure prophylaxis, post-rape care, as well as psychological and mental health care. Primary health care providers are often the first formal point of contact for GBV survivors, whether they disclose their experience of violence or not. Health services for GBV survivors should be integrated into existing health systems, where possible, rather than being provided as stand-alone services.

**Specific population groups require specialized healthcare services.** Women who experience GBV while pregnant, for example, face a higher risk of complications and need special counselling and referral to specialized gynecological services. Adolescent girls are especially vulnerable to GBV in crisis settings and special attention should be given to removing barriers and facilitating adolescent girls' access to services. Children are more vulnerable to exploitation and abuse and survivors should receive specialized child-friendly and rights-based health services. Furthermore, male survivors have specific needs with regard to treatment and care that should be addressed by health care providers in a non-discriminatory manner. Professionals need to be trained in identifying and treating GBV survivors in line with

best practice. This includes building capacity at pre-service, through continuing education and in-service training. The World Bank can build on successful health interventions to support GBV survivors and those at risk in other regions to engage in MENA countries.

### b. Improve Psychosocial Support and Mental Health Care

**Crisis counselling, information and support helplines, and referral to services are important social services for GBV survivors.** Although they may not directly lead to reduction of violence, telephone or online helplines allow survivors and those at risk of violence to seek help and obtain information on protection mechanisms and services. Crisis information should be widely available and accessible and should include information about the rights of survivors and the services available. Counselling should also support survivors to make informed choices and offer a range of options. Help lines should operate 24/7 and provide services free of charge. Case workers and staff should be adequately trained and protocols for referrals need to be in place and updated according to the current situation. If the World Bank engages in integrated service delivery operations in MENA countries in the longer term, this should be part of the response.

**Psychosocial support and counselling should be part of an integrated approach to service delivery.** GBV often results in a range of mental health consequences. Counselling should be provided at the community as well as health care level, in groups or at the individual level, and by specialized professionals over a longer period of time as needed. Referrals to adequately trained providers should be integrated into GBV case management systems. Healthcare providers are often the first point of contact and should provide information and referral to appropriate psychological support services. Children should be able to receive specialized, age-appropriate support and counselling. Additionally, parenting consultations and psychological support interventions for girls and boys who experience or observe IPV could be an entry point for MENA countries.

### c. Facilitate Access to Safe Spaces, Livelihood Support, and Empowerment

**Providing livelihood support can be a major entry point for WBG engagement to support the recovery and empowerment of GBV survivors.** Interventions usually provide emergency or transitional housing for female GBV survivors and their children in the short-term. Safe houses and shelters in many MENA countries specifically need to update their policies for accommodation of children in line with international standards and establish access to shelters for boys. Some institutions offer access or referral to other services, including health care, counselling and economic assistance or trainings. Long-term reduction of violence often requires that survivors leaving a safe house or shelter are financially independent and do not have to return to an abusive situation. Supporting long-term recovery and empowerment provides an entry point for World Bank engagement. This can include activities to enhance income-generating activities and economic opportunities, better access to agricultural resources and increased agricultural productivity, as well as capacity building, skills development and training.

### d. Establish Functioning Referral Systems and Case Management

**Strong referral and case management systems are crucial for effective support for survivors of GBV.** The World Bank can offer technical assistance to support developing or revising standard operating procedures for referrals in collaboration with relevant stakeholders. In countries where no referral systems are in place, it can particularly engage in distributing information on available services and how to access them in the short term. However, it is paramount that the development and support to referral systems be coupled with the strengthening of the quality of the services referring to, in order to ensure effectiveness and limit any risks for the survivors. In the medium and longer term, the World Bank can work with governments to develop or strengthen multisectoral referral systems with consistent procedures between services and to integrate clear protocols and agreements about the referral process in the relevant service sectors.



### 3. Operations Protection and Access to Justice

1

#### 1) IMPROVE ACCESS TO LEGAL COUNSELLING AND ASSISTANCE

- Partner with organizations working to enhance legal services for GBV survivors
- Strengthen legal aid and counselling centers

2

#### 2) STRENGTHEN REPORTING MECHANISMS AND RESPONSIVENESS

- Leverage digital technology for safe reporting and help-seeking, e.g. through mobile applications, silent calls, pre-programmed messages etc.
- Ensure that gender-sensitive procedures are in place and staff and service providers are trained on GBV case management through digital technology
- Increase accessibility to courts in remote areas and areas with limited connectivity, e.g. through mobile justice units

3

#### 3) BUILD CAPACITIES OF PUBLIC SECTOR

- Develop and implement codes of conduct/ codes of practice for professionals in the public sector
- Conduct specialized, gender-sensitive training that is embedded in the institutional framework
- Increase female representation in police, judicial system and legal support services and establish specialized units

#### a. Improve Access to Legal Counselling and Assistance

**Legal advice and assistance for GBV survivors is a key factor to ensure access to justice.** GBV survivors often lack knowledge about their rights, available security measures and legal options as well as related issues such as divorce/marriage laws, guardianship, child custody, the division of property and migration law. In addition, rural communities do not always have access to court systems and legal contracts. Legal advice and assistance to navigate judicial procedures should be survivor-centered and free of charge. Based on its data on access to justice and legal aid across countries through sector assessments, the World Bank can partner with organizations working to enhance legal services for GBV survivors. It can work with National Women's Commissions or other institutions coordinating the legal response to establish and strengthen legal aid centers and counselling.

#### b. Strengthen Reporting Mechanisms and Responsiveness

**Digital technology can be used to enable reporting and help-seeking.** Safe and confidential mechanisms are essential for survivors to report violence. During the current situation, GBV survivors and those at risk may face even higher barriers to reporting cases or seeking help. Mobile applications can be used to seek help even when perpetrators are nearby, for example through silent calls, silent chats, and pre-programmed messages to pre-set contacts, including family members, government authorities, or CSOs using geolocation. They can also be used for real-time reporting of incidents and location sharing to allow for rapid interventions. Leveraging such digital platforms requires specific ethical and safety guidelines to ensure the confidentiality, protection, and wellbeing of the survivors. The World Bank can offer technical assistance on leveraging digital technology for safe reporting and help-seeking. It can work with service providers to ensure that gender-sensitive procedures are in place and staff is trained on GBV case management through digital technology.

**Specialized justice institutions that address GBV, including GBV prosecution units and specialized mobile courts, can enhance access to justice for GBV survivors.** Evidence indicates that specialized protection services are more effective than those that do not take gender and GBV considerations into account. Such units can perform several functions, including receiving complaints and GBV reports, and providing both legal assistance and support in initiating court cases. To increase accessibility in remote areas and areas with limited connectivity, deploying mobile justice units which operate under social distancing regulations should be considered. The World Bank could support the establishment of specialized mobile courts through DPFs or P4R.

**legal support services can have a positive impact on help-seeking and reporting of GBV.** Effective mechanisms to enhance women's participation in the justice and security sectors include targeted recruitment campaigns for women, quota systems for women in the judiciary, and training and mentoring for women judges and lawyers. The World Bank can offer technical assistance on gender-sensitive recruiting practices, human resources policies, and trainings for specialized staff, for example through trust-funded TA. Developing and implementing codes of conduct and codes of practice for relevant stakeholders in the judicial sector can help systematize good practice across units. Codes of conduct and updated policies should be accompanied by specialized, gender-sensitive training that is embedded in the institutional framework and accountability mechanisms.

### c. Build Capacities of the Public Sector

**In the longer term, increasing female representation in police, judicial systems, and**

#### Box 6. Potential Engagement in the COVID-19 Context

- » **Data collection during the COVID-19 pandemic needs to meet additional ethical and safety principles.** Data on GBV, risk factors, availability and accessibility of services and emerging needs remains crucial during the pandemic to design evidence-based programs addressing the needs of survivors and reducing risks. In-person data collection efforts may be impossible during the pandemic and remote data collection can entail safety risks, especially for women and girls exposed to IPV during confinement. In fact, the WHO and UN Women strongly advise against collecting information about respondents' experiences of violence through rapid assessments t. The World Bank therefore needs to work with clients and development partners to utilize existing data, including population-based surveys predating the pandemic, service-based data, qualitative data and case reports, key informant interviews with providers and frontline workers.<sup>lxx</sup> The ethical and safety principles for data collection on VAWG should be applied also in secondary data collection efforts, for example when conducting interviews with providers remotely via phone or web-based platforms to ensure the safety and confidentiality of survivors.<sup>364</sup>
- » **The World Bank should use its policy dialogue space to ensure that GBV is part of the COVID-19 response and recovery policies at both national and regional levels through high-level events with client countries.** GBV services need to be considered essential during the pandemic and should be included in national COVID-19 recovery policies and plans.
- » **GBV prevention efforts need to be adapted to the current situation during the pandemic.** Prevention programming, including community outreach and mobilization, dialogue and awareness-building, as

<sup>lxx</sup> There are some examples of innovative, safe data collection focusing on proxy measures. East Asia and Pacific Gender Innovation Lab collected data on exposure to GBV through a phone survey, to understand the greatest risk factors and policy interventions that may effectively protect women. No direct questions about violence were asked, since in-person data collection was impossible due to the pandemic, and also in order to protect the safety of the respondents from backlash by perpetrators in the same households. Rather, a series of proxy questions focusing on safety perceptions, household tension, and general injuries, which allowed for inferring likely exposure to violence. See: World Bank. 2020g. What Factors Exacerbate and Mitigate the Risk of Gender-Based Violence During COVID-19? Insights From a Phone Survey in Indonesia. <http://documents1.worldbank.org/curated/en/991971610438425529/pdf/What-Factors-Exacerbate-and-Mitigate-the-Risk-of-Gender-Based-Violence-During-COVID-19-Insights-From-a-Phone-Survey-in-Indonesia.pdf>

well as livelihood and empowerment initiatives, have been interrupted through restrictions on mobility, suspension of work, school, sport, faith and social institutions and social distancing. At the same time, prevention efforts are urgently needed to address the increasing risk of violence during the pandemic. In the short term, existing health and social services, online learning, and media are recommended entry points for prevention. Prevention efforts should continue where possible given necessary COVID-19 precautions and regulations. Additionally, technology-facilitated solutions and digital tools, including mobile applications, websites, blogs, social media can be used to continue and adapt GBV prevention efforts during the pandemic.

- » **Remote and online services need to be strengthened during the pandemic.** Certain types of services, including psychosocial support, legal assistance and counselling, can be offered remotely while taking additional measures to ensure that GBV survivors and those at risk can safely access these services.<sup>lxxi</sup> Helplines should extend their services to provide 24/7 support, especially during the pandemic when other services may be limited or more difficult to access. Mobile applications can link survivors of GBV with verified professionals or provide a list of contacts with instructions on how to access help and report cases. Through its work on digital development, the World Bank can help adapt remote service delivery and multisectoral standard operating procedures. Service providers and CSOs should receive capacity building for remote counselling and support to develop adapted tools, materials, and trainings.
- » **Accessible and safe services for GBV survivors need to be included in the COVID-19 response.** The World Bank can build on existing rapid assessments and studies by UN agencies and other organizations to inform the development, programming and implementation of these integrated response mechanisms. It can strengthen existing relationships with partner organizations and communities to identify needs and capacities. Furthermore, the World Bank can support governments in mainstreaming GBV information in standard operating procedures for service providers to conduct GBV screenings in reported COVID-19 cases.

**The World Bank should work with governments to ensure that critical services receive adequate resources and funding during the COVID-19 pandemic.** Health and social service providers directly targeting GBV survivors and those at risk should be considered essential during the pandemic. Shelters and safe houses should remain open where feasible while adhering to COVID-19 safety precautions. Notwithstanding the importance of remote-based systems, some may not have access to a phone or the internet or would put themselves at risk accessing remote case management services in their homes during confinement. Setting up general helpdesks in permitted areas or utilizing open services, such as pharmacies or food distribution points with privacy and confidentiality measures in place, could provide alternative opportunities to alert GBV workers for support, get a referral or receive direct support near the premises.

**Judicial protection measures need to remain available or should be adapted during the COVID-19 pandemic,** such as through remote procedures to ensure compliance with protection orders. In Lebanon, for example, judges conduct virtual sessions to issue protection orders for women at risk of violence and survivors.<sup>365</sup> Furthermore, electronic submission of testimony and evidence should be enabled, for example, through secure online platforms, text messaging and phone calls. World Bank investment in digital technology should be complemented with gender-sensitive design of tools, taking local conditions and barriers into account. In collaboration with other development partners working on these issues, the World Bank can offer technical assistance in this regard.

<sup>lxxi</sup> In Morocco, for example, the Regional Council of the College of Physicians and the Moroccan Society of Psychiatry offer remote psychosocial support (UN Women 2020a).

## PRIORITY ACTIONS TO ADDRESS GBV AMIDST COVID-19

### Data and Knowledge

Utilize existing data and alternatives to data collection during COVID-19 for targeting of response.

In case new data is collected, apply ethical and safety principles, including for remote data collection.

### Policy Dialogue

GBV services need to be considered essential during the pandemic.

Ensure that actions to address GBV are part of the national COVID-19 response and recovery plans.

### Prevention

Recognize that prevention efforts are urgently needed to address the increasing risk of violence during the pandemic.

Adapt prevention efforts, incl. through updated protocols, technology-facilitated solutions, remote and digital tools, such as mobile applications, websites, blogs, social media.

Continue GBV prevention programming, including community outreach and mobilization, dialogue and awareness-building, livelihood and empowerment initiatives where possible.

Integrate existing health and social services, online learning, and media as entry points for GBV prevention.

### Services

Ensure that GBV services are designated as essential during the COVID-19 pandemic.

Mainstream GBV information in SOPs for service providers to conduct GBV screenings in reported COVID-19 cases.

Support availability and accessibility of services, i.e. by setting up general helpdesks in permitted areas or utilizing open services.

Strengthen remote and online services, e.g. extend operating hours of helplines, help adapt remote service delivery and multisectoral SOPs through digital development.

Update information service directories and referral systems to avoid disruptions.

Build on existing rapid assessments and studies by UN agencies and other organizations to inform the development, programming and implementation of integrated response mechanisms.

Strengthen relationships with partner organizations and communities to identify needs and capacities.

### Protection and Access to Justice

Adapt procedures to current situation, incl. through remote solutions for reporting, opportunities to file complaints online, online court proceedings, etc.

Ensure that service providers are aware of increased GBV risks and adequately trained to respond to reported cases.

# LIST OF ANNEXES

**Annex 1.** GBV and COVID-19 in MENA

**Annex 2.** Legal and Policy Environment in MENA

**Annex 3.** Select Stand-alone IDA/IBRD GBV Operations and DPOs with GBV Component or Focus

**Annex 4.** Overview of UN Agencies Addressing GBV

**Annex 5.** Resources and Tools for Teams

## Country Profiles<sup>lxxii</sup>

- » Algeria
- » Bahrain
- » Djibouti
- » Egypt
- » Iran
- » Iraq
- » Jordan
- » Kuwait
- » Lebanon
- » Libya
- » Malta
- » Morocco
- » Oman
- » Qatar
- » Saudi Arabia
- » Syria
- » Tunisia
- » United Arab Emirates
- » West Bank and Gaza
- » Yemen

<sup>lxxii</sup> Country profiles are available upon request. Furthermore, the team can provide a regional overview of stakeholders upon request.

# ANNEX 1

## IMPACT OF COVID-19 ON GENDER-BASED VIOLENCE IN THE MIDDLE EAST AND NORTH AFRICA REGION

### SITUATIONAL ANALYSIS AND POTENTIAL ENTRY-POINTS FOR BANK OPERATIONS

#### INTRODUCTION

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**Around the world, the COVID-19 pandemic has increased the incidence of gender-based violence (GBV) and affected survivors' ability to access services.** The Middle East and North African region (MENA) is no exception. Almost all MENA countries have imposed movement restrictions through partial or full lockdowns to contain the pandemic. The rates of different forms of GBV, in particular intimate partner violence (IPV), cyber sexual violence, and child marriages,<sup>lxxiii</sup> have increased. Existing mechanisms and activities, which support GBV prevention, protection, and response, have been negatively affected. Even before the pandemic, at least 37 percent of Arab women experienced some form of violence in their lifetime.<sup>366</sup>

The World Bank is well placed to address these issues in the MENA region, by strengthening and adapting existing GBV prevention efforts and service provision in response to the pandemic.<sup>lxxiv</sup> This note complements the forthcoming MENA Regional GBV Action Plan. It illustrates the evidence of increased incidence of GBV in the region, discusses intersectional factors that affect the prevalence of GBV, and outlines measures to respond to GBV during COVID-19. It also highlights

challenges with data availability and collection, as well as institutional challenges such as incomplete and unenforced legal frameworks, limited capacity to deliver services, and discriminatory social norms that need to be taken into account when engaging on GBV prevention and response in the region. The main purpose of this note is to encourage World Bank management across MENA countries to maintain a particular focus on GBV response and prevention while engaging clients, and to encourage operational colleagues to consider integrating GBV interventions into their projects. The note draws on sector-specific operational guidance notes to respond to the different impacts of COVID-19 on women and men, including recommendations to address GBV in each sector. More precise operational entry-points are presented in Table 1.

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lxxiii Definitions used in this paper are based on: World Bank. 2020-b. Environmental & Social Framework for IPF Operations Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing involving Major Civil Works. <https://pubdocs.worldbank.org/en/741681582580194727/ESF-Good-Practice-Note-on-GBV-in-Major-Civil-Works-v2.pdf>

lxxiv Despite country-specific differences, there are a range of issues related to GBV in the region that remain a concern across countries, including prevalent social norms, legal and institutional challenges, weak capacities and service provision, as well as barriers to access justice. Therefore, this issue is being explored from a regional perspective. However, aggregated data at the regional level is difficult to identify and the majority of emergency-response policies are implemented at national and subnational levels; therefore, this discussion will be represented through country-specific data points and references.

## IMPACT OF COVID-19 ON RISKS OF GENDER-BASED VIOLENCE

**GBV incidence has increased as a result of COVID-19 related lockdowns, reduced mobility, and disruptions in access to services,** exacerbating existing economic and social inequities worldwide. Many countries are reporting substantial increases in emergency calls for IPV while experiencing decreased access to services, including crisis centers, shelters, legal aid, and protection services. Online abuse and cyber GBV have also increased substantially.<sup>367</sup> Furthermore, the disruption of existing efforts to prevent GBV may have long-term impacts: for example, UNICEF estimates that 2 million female genital mutilation (FGM) cases that could have been averted will take place over the next decade if current efforts are disrupted.<sup>368</sup> Similarly, an additional 10 million child marriages over the next decade are expected because of the implications of COVID-19.<sup>369</sup> Risks of GBV are exacerbated by multiple, intersecting factors, which are intensified during the pandemic. These include economic vulnerability, labor conditions, for example for migrant domestic workers, living in rural areas, having a disability, or living in conflict zones and as refugees and displaced persons.

**Countries in the MENA region are showing trends that compound the already high rates of GBV, in particular IPV.** In West Bank and Gaza, the Women's Center for Legal Aid and Counselling reported a 69 percent increase in GBV consultations in April 2020 compared to the previous month.<sup>370</sup> Tunisia and Iraq saw similar spikes on their GBV hotlines<sup>371</sup> In Lebanon, the NGO ABAAD received triple the number of calls to its hotline in 2020 compared to 2019, and reports of domestic violence doubled last year compared to the previous year.<sup>372</sup> Since the onset of the pandemic and reduction in face-to-face services, 57 percent of women and girls in Lebanon reported feeling less safe in their communities and 44 percent of women and girls surveyed reported feeling less safe in their homes.<sup>373</sup> In Morocco, incidence of GBV recorded by the government reached 54 percent, with the highest rates reported among married women.<sup>374</sup>

Results from a survey conducted in Egypt in April 2020 are also bleak: 11 percent of married women reported that they were subjected to violence from their husbands during the previous week, family problems increased by 33 percent, and violence among family members by 19 percent since the outbreak of COVID-19.<sup>375</sup> In Libya, a country where 70 percent of women are not able to go to health facilities unless accompanied by a male guardian, 46 percent feared domestic violence would increase during lockdown measures.<sup>376</sup> In Algeria, there were reports of increased domestic violence, including women killed by their husbands. However, these have not translated to more calls to hotline services, and in Jordan there has been a notable decrease in hotline calls to seek help.<sup>377</sup>

**Women and girls are increasingly exposed to online abuse and violence.** More than half of the girls and young women who use social media worldwide have experienced online abuse.<sup>378</sup> Research before the COVID-19 pandemic indicated that approximately 84 percent of respondents from MENA countries who had experienced online violence reported some form of real-world impact, including fearing for their safety and feeling anxious or depressed.<sup>379</sup> This finding supports other research suggesting that women tend to reduce their online presence because of online abuse and violence.<sup>380</sup> This is particularly detrimental given the increased reliance on online communication and service provision during the pandemic. Globally, online abuse targeting women increased by 50 percent in March 2020 on major social media platforms.<sup>381</sup> In the MENA region, online harassment was the highest reported type of violence against women in 2020.<sup>382</sup> This includes a surge in non-consensual sharing of images and videos with the purpose of shaming, threatening, and controlling women, often linked to IPV.<sup>383</sup> At the same time, there have been increased efforts in using online spaces to increase awareness and share information about combatting GBV and supporting survivors during COVID-19.

**Women in households marked by economic distress are at higher risk of IPV.**<sup>384</sup> In Egypt, surveys revealed that exposure to spousal violence in the first weeks of the outbreak increased at lower income levels: from 14 percent among the lowest economic level to six percent among the highest. Economic stress and instability can affect the rate and severity of IPV. In the context of the financial crisis in Lebanon, COVID-19 has exacerbated these factors by increasing pressure on households struggling to meet basic needs, including families with a larger number of individuals. For example, a higher percentage of women living in households with five or more family members (18 percent) reported feeling unsafe and afraid of the threat of domestic violence compared to those who lived in households of two to four people, or alone (14 percent).<sup>385</sup> Evidence from other regions supports the same conclusions.<sup>386</sup>

**Reports show worsened conditions for migrant domestic workers during lockdowns across the region,** and especially for migrant domestic workers in Lebanon, Jordan and in Gulf Cooperation Council (GCC) countries.<sup>lxxv</sup> Most of the 3.16 million migrant domestic workers employed in Arab states, who are predominantly women,<sup>387</sup> do not benefit from legal protections, and are highly dependent on their employers under the Kafala “sponsorship” system.<sup>lxxvi</sup> The lack of legal protections in addition to the inherent power imbalance puts migrant domestic workers at heightened risk of GBV with limited options for recourse. Airport closures prevented many of them returning to their home countries and movement restrictions and social distancing measures have led to increased vulnerability. Furthermore, many employers have reduced salaries and, in some instances, salaries may be withheld completely, which results in an inability to send remittances back home. In Lebanon, the sharp currency depreciation has resulted in already limited wages losing value for migrants looking to send back remittances. Many migrant domestic

workers have also lost their employment and face heightened risks of deportation. In Jordan, for example, at least one-third of migrant domestic workers are reported to have lost their income or jobs by May 2020.<sup>388</sup> There were also reports from several GCC countries of deportations of thousands of migrant workers. Their precarious legal and economic situation puts them at a higher risk of sexual exploitation, abuse, and harassment.

**Rural populations have lower access to services, infrastructure, and information during COVID-19 lockdowns.** In MENA, 27 percent of women and 18 percent of men are working in agriculture. In countries with large rural economies, such as Morocco, up to 75 percent of women work in agriculture. In Tunisia, for example, 70 percent of the agricultural workforce are women.<sup>389</sup> Fifty-nine percent of female farm workers in Tunisia experienced violence on farms, with 40 percent indicating that they experienced psychological violence, 31 percent verbal violence, and 29 percent physical violence.<sup>390</sup> While existing sexual and reproductive services have generally experienced lower disruption in rural areas, rural women often have very limited access to social protection and quality health care facilities, exacerbating vulnerabilities in the context of COVID-19.<sup>391</sup> Furthermore, GBV survivors and persons at risk in rural areas may not be reached by relevant information and face higher barriers to accessing services, which are traditionally concentrated in more populous areas.

**The COVID-19 pandemic has exacerbated risks of discrimination, exploitation, violence, and barriers to information and services faced by persons with disabilities.**<sup>392</sup> While data on persons with disabilities in the MENA region is rather unreliable due to data collection and reporting challenges, research found that they experience greater vulnerabilities and exclusion than persons without disabilities. For example, 67 percent of persons with disabilities in Morocco

lxxv The Gulf Cooperation Council (GCC) is comprised of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates.

lxxvi The kafala, or sponsorship, system is a legal framework in Arab Gulf countries, Jordan, and Lebanon that defines the relationship between migrant workers and their employers. Under this system, the state gives local individuals or companies sponsorship permits to employ foreign laborers. For more details, see: Robinson, Kali. 2021. What is the Kafala System. Council on Foreign Relations. March 23, 2021. <https://www.cfr.org/backgrounder/what-kafala-system>

have never been to school, compared to 35 percent of persons without disabilities.<sup>393</sup> While many institutions and NGOs offer services to women subjected to violence, these services usually fail to consider accessibility needs.<sup>394</sup> COVID-19 lockdown measures disrupted critical services, such as adapted public transportation, regular rehabilitation or health care appointments, and close contact with health care workers and caregivers.<sup>395</sup> Prior to the pandemic, women with disabilities in low- and middle-income countries were already two to four times more likely to experience IPV than non-disabled women, and the risk of both IPV and non-partner violence increases with the severity of the disability.<sup>396</sup> Despite an absence of robust research on the increased prevalence of GBV toward women with disabilities during COVID-19, it has been well established that this crisis is aggravating preexisting inequalities and vulnerabilities—and GBV is no exception. Furthermore, persons with disabilities have been and continue to be underrepresented in consultation and decision-making around relevant legislation and service provision, which enhances the risk that their priorities will not be properly reflected. On the other hand, the crisis is also a unique opportunity to rapidly scale up adapted and remote approaches, such as phone-based counselling and inclusive communication methods.

**Women and children in conflict zones and in refugee and displaced settings also face exacerbated GBV risks.** Even before the pandemic, conflict and displacement were directly linked to increased GBV prevalence. In Yemen, for example, the incidence of GBV increased by 63 percent from the start of the civil war.<sup>397</sup> and two-thirds of girls in Yemen are married before the age of 18, compared to one-half before the war.<sup>398</sup> In Syria, GBV has been a persistent feature of the conflict and used as a tool of war.<sup>399</sup> Particularly in contexts of armed conflict, GBV is also perpetrated against men, boys, and sexual and gender minorities. COVID-19 has heightened these risks, and the associated loss of livelihoods and economic strain further exacerbate them. In August 2020, GBV was occurring at a higher incidence in 90 percent

of the Global Protection Cluster's<sup>lxxvii</sup> operations, including Syria and Iraq.<sup>400</sup> Survivors of trafficking in Iraq and Syria are at risk of further exploitation as lockdowns and border restrictions limit their ability to seek and get help.<sup>401</sup> According to a 2021 survey of aid workers, including in Yemen and Syria, 98 percent of respondents agreed that the pandemic had worsened the humanitarian crisis in their countries with regard to GBV risk factors, including increased food scarcity and famine, hyperinflation, extreme poverty, delays in aid delivery, lack of funding, and crowded living situations.<sup>402</sup> For refugees, asylum seekers, and internally displaced persons, preexisting challenges have been magnified since the onset of the pandemic, including exclusion from public health facilities and other key social services, as well as an elusive legal status in some cases. They are more likely to be employed in precarious jobs in the informal sector and experience disruptions to income generating activities. They also strongly rely on services delivered by UN agencies and NGOs, many of which were forced to close due to the pandemic.

**The pandemic has increased the risk of child marriage for girls.** Child marriage can be a negative coping mechanism to deal with financial instability, loss of livelihoods, and difficult living conditions in conflict and fragile contexts. Prior to the pandemic, there were nearly 40 million child brides in MENA, including currently married girls and women who were first married in childhood. While child marriage has decreased from one in three marriages to one in five over the past 25 years, progress has stalled and significantly reversed in some countries over recent years, largely due to conflict and fragility.<sup>403</sup> Increased economic stresses and loss of livelihoods during the pandemic have led to a further increase in the risk of child marriage in the region. In Jordan, for example, rates of child marriage have been on the rise in the Azraq and Zaatari camps since the onset of the pandemic.<sup>404</sup> In Yemen, service providers expressed concern that child marriage would increase during the pandemic due financial constraints among poor families.

lxxvii UNHCR-led network of UN agencies and NGOs which provides protection to people affected by humanitarian crises.

## STATE OF GBV PREVENTION AND RESPONSE IN MENA

The following section describes the state of GBV prevention and response in MENA countries with regard to institutional frameworks, service delivery, and awareness raising efforts during the pandemic, followed by key challenges that have been exacerbated in the current context.

### Institutional Policies and Strategies

**Many COVID-19 response and recovery approaches at the global level highlight increased risks of GBV.** The World Bank Group (WBG) approach for responding to COVID-19 discusses the sharp increases in domestic and GBV,<sup>405</sup> and is aligned with the UN Comprehensive Response to COVID-19, which highlights that preventing and responding to the increased levels of violence against women and girls is critical.<sup>406</sup> The United Nations (UN) Secretary-General appealed to governments in April 2020 to make the prevention and redress of violence against women a key part of national response plans. Several humanitarian agencies have also developed guidance on prevention and response to GBV in emergency settings. The Inter-Agency Standing Committee and Gender-based Violence Area of Responsibility are global-level forums that facilitate coordination and collaboration in humanitarian settings. Several guidance notes have been produced to help identify and mitigate GBV risks within COVID-19 response in humanitarian settings.

**At the regional level and under the umbrella of the League of Arab States,** member countries have agreed to strengthen cooperation between the Arab Parliament and the Arab Women Organization in support of combatting violence against women. This includes recommending legislative mechanisms that can guide Arab governments when preparing or updating relevant national legislation for combatting violence against women, including: considering combatting violence against women an essential part of the state's national legislation, plans and policies, criminalizing all its forms, imposing severe

penalties for perpetrators, and stipulating the conditions of punishment.<sup>407</sup>

**At the national level, several countries are strengthening inter-ministerial coordination to support survivors of GBV.** The National Council for Women (NCW) in Egypt, for example, has specified mitigation and response policies to protect women in the post-COVID-19 era, including combatting GBV, in coordination with line ministries, by strengthening the provision of services such as hotlines and legal aid, and ensuring that information reaches communities.<sup>408</sup> In Tunisia, the Ministry of Women, Family, Children and Elderly Affairs has strengthened coordination with different line ministries and other stakeholders, including managers of shelters and call centers, to ensure adequate temporary shelters during quarantine and focus on vulnerable population groups such as pregnant women.<sup>409</sup> Similar committees are being established elsewhere in the region with the support of international partners—such as in Djibouti, with the objective of carrying out needs assessments, establishing a case management committee, and supporting emergency hotlines.<sup>410</sup>

**National-level legislation that protects women from IPV is the foundation for establishing legal protection for survivors and formal avenues for recourse.** According to the World Bank's Women, Business and the Law report,<sup>411</sup> 45 percent (nine out of 20) of MENA economies do not have legislation specifically addressing domestic violence. In some cases, legislative frameworks even protect perpetrators of violence, for example, through regulations where perpetrators are exonerated if they marry the GBV survivor, etc. While these discriminatory laws highlight entrenched institutional challenges to combatting GBV, there has been some legislative progress in MENA countries. For example, Kuwait issued comprehensive legislation on domestic violence for the first time in September 2020 that not only prohibits any form of physical, psychological, sexual, or financial domestic abuse, but also provides for protection orders and

services for survivors of violence. In December 2020, the Lebanese parliament criminalized sexual harassment, a reform supported by the World Bank through the Mashreq Gender Facility. COVID-19 has fostered discussion across the region around the prevalence of domestic violence and the importance of legal reform, which presents an opportunity to advocate for the introduction of robust legislation and commensurate enforcement measures.

**While some justice systems have implemented novel methods of serving constituents to address family law issues during COVID-19, including remote hearings, these innovative approaches have lagged in MENA.** Women initiate most family law cases, including formalizing marriage or divorce, seeking custody of children, and requesting protection from violence. Access to courts is therefore critical. At least 72 countries worldwide introduced measures to declare family cases urgent or essential during lockdown.<sup>412</sup>

Many countries also created new online portals, which not only help maintain access during COVID-19 but expand access to women with disabilities and mobility challenges. In MENA, Lebanon was the only country to introduce hearings to obtain protection orders via video call. The attorney general of the Court of Cassation also issued a circular with updated procedures for public prosecution of domestic violence cases. COVID-19 is accelerating efforts to modernize civil legal systems around the world toward enhanced inclusion and there is an opportunity for countries in MENA to invest in doing the same. Rather than being regarded as temporary and reversible, measures that help close the gender justice gap should be made permanent and scaled as appropriate.

## Service Delivery

**Countries in MENA have adapted some GBV services during the pandemic, particularly through remote service provision.** Even prior to COVID-19, referral systems and service delivery mechanisms have been limited and inconsistent, both in terms of accessibility and quality. The

pandemic has exacerbated the impacts of these inadequacies while highlighting the necessity of strengthening remote service provision. Some governments have implemented measures aimed at strengthening services for survivors, including through helplines, shelters, and other reporting mechanisms.<sup>413</sup> For example, in Lebanon the National Commission for Lebanese Women, in cooperation with the Internal Security Forces, set up a new domestic violence hotline. Face-to-face support also continued for high-risk cases during the lockdown.<sup>414</sup> In Tunisia, the operating hours of the national domestic violence helpline have been extended to 24/7 and a free psychological support service via phone was launched for survivors of violence.<sup>415</sup> Morocco launched a platform, Kolona Maak, to provide 24/7 remote support to female survivors of violence. The platform has the advantage of linking survivors to national authorities and security forces via a hotline and regional listening centers.<sup>416</sup> In Jordan, the Family Protection Department of the Public Security Directorate took measures and organized transportation of survivors to shelters while the movement of people and transport was restricted during comprehensive lockdown.<sup>417</sup> In Iraq, the government has taken necessary measures to ensure that shelters continue to stay open and provide services to women survivors, with support from UN agencies and NGOs. In the West Bank and Gaza, the Police's Family and Juvenile Protection Department launched a helpline to improve access of women to services via free phone calls and to facilitate referral and protection.<sup>418</sup> In Egypt, a GBV medical response clinic was inaugurated as part of the emergency room at Ain Shams University hospital and will be working 24/7, free of charge.<sup>419</sup> Egypt is also launching clinics in 20 governorates with support from the United Nations Population Fund (UNFPA), offering comprehensive services for women subjected to violence.<sup>420</sup>

**Leveraging digital solutions has proven especially important in fragile and conflict affected areas.**

In Syria, case management workers are receiving online training to be able to manage GBV cases online and to mobilize support networks for women through online platforms. At the same time, mobile teams provided essential services for

those without access.<sup>421</sup> In Yemen, tele-counselling services<sup>lxxviii</sup> have been supported through hotlines and toll-free numbers to address disruptions in the ability to conduct in-person sessions. Specialized psychological centers have been supported to continue operating, following international public health guidelines and with the provision of PPE. In Libya, health workers received training on COVID-19 health awareness, psychological first aid, and hotline services.<sup>422</sup>

**There have been several initiatives aimed at addressing GBV and ensuring access to services for refugees and asylum seekers.** In Algeria, for example, UNHCR reached out to female refugees and asylum seekers by SMS to share information about GBV services, including available support through a UNHCR helpline. Female asylum seekers who are categorized as most vulnerable are provided with housing and cash assistance. In Iraq, UNHCR is continuing protection services including remote case management and emergency cash assistance and in Egypt, it is continuing to operate 24/7 emergency hotlines and remote case management for survivors, as well as emergency cash support for survivors and those at high risk. In Lebanon, UNHCR is providing emergency cash assistance and remote support, including case management and psychosocial counselling over the phone. GBV prevention sessions for women have also been moved from physical safe spaces to being run online. Women receive internet data to participate. However, barriers to access remain. Mobile phones are not necessarily in women's hands and there are constraints associated with digital literacy. One approach that has been applied when in-person interventions are required and humanitarian workers are unable to access communities has been for partner organizations to hire and train refugee community workers to safely identify and refer cases<sup>lxxix, 423</sup>

**Development partners also distributed dignity kits, which contain basic necessities to maintain health and hygiene during the pandemic while also working to combat harmful norms and**

**practices such as FGM/C and child marriage.** Dignity kits are being distributed in health centers in Syria, Libya, and Iraq, and to families in conjunction with cash assistance.<sup>424</sup> In addition to strengthening referral pathways and hotlines to be able to address FGM, other actions include establishing rescue brigades to reach remote areas.<sup>425</sup> UNHCR distributes similar shelter kits with core relief items to refugees, internally displaced persons and other marginalized groups with a focus on water, sanitation and hygiene.<sup>426</sup> In Egypt, the distribution of dignity kits in communities also includes messages about FGM and early marriage.<sup>427</sup>

## Awareness Raising

**The second most common type of measure during COVID-19 in MENA has been awareness raising and sensitization campaigns.**<sup>428</sup> Communication campaigns sharing messaging on non-violent conflict resolution within the household, management of anger and stress, and healthy discipline are an important part of GBV prevention and response, along with information on available services, including GBV support resources. Women, girls, and other at-risk populations often do not access information as much as their male counterparts. Although there is no evidence that social communication interventions aiming to reduce violence at the population level alone can prevent violence, rigorous assessments suggest they can improve the knowledge that GBV survivors and those at risk have about available.<sup>429</sup> In Lebanon, the Ministry of Interior, with the National Commission for Lebanese Women (NCLW), led an information campaign on where to report violence.<sup>430</sup> UNHCR is also targeting refugees with digital content about COVID-19, access to GBV services, and new hotlines, as well as materials targeting men and boys.<sup>431</sup> In the West Bank and Gaza, a radio campaign on women's access to justice was launched in collaboration with the Media Community Center. Morocco's Ministry of Social Development collaborated

lxxviii UNFPA Tele-counselling services include psychological counselling, psychosocial support services, GBV case management and referral, legal aid consulting, coronavirus awareness and protection services related to women in prisons.

lxxix This approach was used in Kenya and could be replicated in MENA.

with UN Women to re-launch a communication campaign, Hit Ana Rajel (“Because I am a Man”), on positive masculinities and to promote ways for men and boys to participate more actively in domestic work.<sup>432</sup> In Syria, government entities have used different media channels, such as TV, radio, and Facebook, to raise awareness and share messaging to influence social norms and promote practices to prevent VAWG. There are also efforts

to engage local councils and support youth and informal activists’ initiatives to raise awareness. In Egypt, the referral pathway for female survivors of violence is being updated to include the most up-to-date hotlines and newly introduced response and reporting mechanisms. The updated referral pathway will be disseminated publicly to reach women and girls in remote areas, under the leadership of the NCW.<sup>433</sup>

## KEY CHALLENGES TO ADDRESSING GBV

**Addressing GBV and its underlying causes is complex, and defined by multiple challenges.** They include incomplete legal frameworks, inadequate enforcement, distrust in institutions, underreporting, and data collection challenges. These challenges are compounded by a lack of accessible, available quality services and major obstacles to accessing justice. Underlying these challenges are discriminatory social norms that normalize violence and stigmatize seeking help or pursuing recourse. COVID-19 has aggravated these challenges and brought their consequences to the fore.

**Incomplete legal provisions are a major challenge to systematically strengthening the response to GBV in MENA.** Increased GBV during COVID-19, has shown up legal gaps and the inadequacy of institutional responses in the region. While several countries have reformed their laws to enhance women’s and girls’ physical and psychological well-being and protection from domestic violence, loopholes remain and various forms of GBV are not addressed at all. Law enforcement and justice systems may not see addressing GBV as a priority during the pandemic, especially in the MENA region where domestic violence, including marital rape, is often not criminalized.<sup>434</sup>

**COVID-19 has increased the barriers to effectively implementing and enforcing legislation and systems for holding perpetrators of GBV to account.** Enforcement of existing regulations is weak and access to justice is limited.<sup>435</sup> This was the case before COVID-19 and more so now, when potential indictments

and court hearings are pushed aside because of the restrictions in place and a backlog of cases. In Lebanon, forensic doctors have reportedly been unable or unwilling to document physical violence of GBV survivors at police stations for fear of the spread of COVID-19.<sup>436</sup> GBV or child marriage may not be considered essential or urgent issues as financial resources are diverted toward efforts to contain COVID-19.<sup>437</sup> Ongoing interventions to combat practices such as FGM may slow down or be set aside, potentially reversing progress made in some communities. Laws must be meaningfully implemented and enforced, which requires not only enacting them, but also ensuring that all relevant parties comply. This requires a comprehensive effort from all branches of government, including the judiciary. In 2019, only 14 percent of judges in Arab states were women. Evidence shows that the increasing presence of women in judiciaries in the Arab world is associated with positive effects such as more gender-sensitive handling of cases and increased understanding of the judiciary’s role in protecting women from violence. The prevalence of female judges can also encourage women to rely on judicial mechanisms when their rights have been violated.<sup>438</sup>

**Underreporting of intimate partner violence and other forms of GBV has always been a challenge globally, and in the region.** In MENA, less than 40 percent of women who experience violence seek help of any sort or report the crime.<sup>439</sup> Distrust in institutions, prevalent social norms, fear of shame or stigmatization, lack of knowledge about rights and resources, and pressure from families and communities continue to present major barriers to

seeking help and reporting. Access to information, and the ability to seek support services, for GBV survivors and those at risk has been severely hampered during the pandemic, especially in MENA where nearly half of women lack internet access or a mobile phone.<sup>440</sup> Lockdown measures and mobility restrictions have made the situation more difficult. Decreases in calls to hotline services during the early stages of the pandemic, as was the case in Jordan, reinforced concerns about women's ability to seek support.<sup>441</sup> A UN Women survey in May 2020<sup>442</sup> found that of respondents who knew a woman who had been subjected to violence, the proportion of who reported that support was sought ranged between 23 percent, in Morocco, and 38 percent, in Iraq. A considerable proportion of respondents agreed that "a woman should tolerate domestic violence to keep her family together, especially in these difficult times", with the highest level of agreement observed in Yemen (52 percent), and the lowest in Tunisia (31 percent). In all countries, more men than women agreed with the statement. Additionally, many survivors lack knowledge about relevant laws and services. In Gaza, for example, 25 percent of women had no knowledge of how to seek legal aid in their community and 35 percent were unaware that wives can file court cases to ensure financial support from their husbands. For survivors who lost their jobs and livelihoods during the pandemic, it has been increasingly difficult to leave an abusive partner due to financial dependence, especially in countries experiencing an economic and financial crisis like Lebanon.<sup>443</sup>

**Trust in public institutions has varied widely during the pandemic, ranging from 63 percent in Jordan to only 6 percent in Lebanon, given the relative weakness of health care systems and shortcomings in delivering basic social services in MENA.**<sup>444</sup> Many of the services are offered by NGOs that rely on external donor funding, which can be unreliable, risking their ability to provide services. In FCV contexts, capacity is further constrained, as in Libya, Syria and Yemen, where it has been increasingly difficult for providers of medical, legal, and social services to access GBV survivors.<sup>445</sup> Furthermore, the quality of services may be poor or ineffective because they are

under-resourced, and existing resources may be reprioritized due to COVID-19. Displaced women and girls in refugee and IDP camps face increased challenges accessing quality services. Camp overcrowding, limited health services, and poor water, sanitation, and hygiene can increase both exposure to COVID-19 and risks of GBV in camp settings.<sup>446</sup>

**Limited institutional and legal capacity is compounded by challenges with the ethical and confidential management of support for GBV survivors and witnesses.** Law enforcement officials often do not follow adequate measures to ensure the confidentiality and safety of survivors and witnesses, undermining trust in the legal system and discouraging others from reporting.<sup>447</sup> In Egypt, for example, witnesses in an ongoing high-profile case were arrested<sup>448</sup> after authorities had initially encouraged survivors and witnesses to come forward.<sup>449</sup> These phenomena are reinforced by social norms that stigmatize reporting.

**Despite evidence of increased incidence of GBV during COVID-19, data gaps make it difficult to get an accurate picture of its prevalence and consequences.** Challenges with ethical, safe and confidential data collection are compounded by underreporting and survivors' unwillingness to pursue recourse. Collecting sensitive information may pose serious safety risks to survivors<sup>450</sup>, and in times of lockdowns, ensuring the privacy, confidentiality, and safety of survivors may be even more challenging.<sup>451</sup> Upholding ethical and safety principles remains paramount and the "do no harm" principle must be followed through when embarking on data collection. Exploring existing data resources and understanding what additional data can show should be the initial step when considering data collection.<sup>452</sup> While data and evidence are valuable tools, targeting resources to ensure that GBV survivors have access to quality services and support remains a key priority.<sup>453</sup>

**Several initiatives are underway to collect data on the impacts of COVID-19 on GBV.** While development partners are implementing large-scale rapid assessment phone and online surveys, some governments have introduced new data collection and analysis. For instance, the Palestinian

Civil Police Force's Family and Juvenile Department collects monthly data and compares it to the previous year to track trends in GBV cases. A policy paper launched by the NCW in Egypt identified data and knowledge work as one of the pillars of Egypt's short- and medium-term response to COVID-19.

**The World Bank is also supporting data collection efforts.** In the Mashreq, the Maghreb and in Egypt, for example, World Bank emergency health projects will collect and analyze sex- and age-disaggregated data to better understand the differentiated impact of the pandemic on different demographic groups, including impacts on the

use of project grievance redress mechanisms to support referrals for GBV survivors. The World Bank EAP Gender Innovation Lab conducted phone surveys in Indonesia, using vignette questions, to understand which factors are associated with greater exposure to GBV during the COVID-19 pandemic. Two notable observations were that women in households marked by economic distress, such as food insecurity, were at a higher risk of violence, and also that having a job protects women from increased violence due to the COVID-19 pandemic.<sup>454.lxxx</sup> The World Bank is considering opportunities to embed learning more deliberately in its interventions (see Box 1).

## BOX 1: SPOTLIGHT ON CASH TRANSFERS

### **There is emerging evidence about the impacts on GBV of direct cash transfers to women.**

The expansion of social protection systems during COVID-19, and particularly cash transfers, presents an opportunity to explore how to best leverage these transfers to combat GBV. For example, a mixed methods study in Ecuador found decreases in poverty-related stress and increases in empowerment among women who received transfers, which improved their bargaining power in the household and their self-confidence. However, much is still unknown. For example, many cash transfer programs combine transfers with other components, such as nutrition training and conditions related to education and health. These components may affect women's social or human capital distinctly from the cash transfers. So far, studies have not been able to separate the impacts of cash transfers on IPV from those of other components.

**World Bank support through emergency social protection programs** in Jordan, Lebanon, and West Bank and Gaza utilize digital payments to deliver cash assistance to boost vulnerable women's financial inclusion in countries where the share of women who have financial accounts or a mobile payment provider is sometimes less than half that of men. Cash assistance and top-ups are intended to provide immediate short-term relief. They are complemented by communications to inform beneficiaries about their temporary nature, as well as other health and social protection related matters, such as tips on good hygiene practices and information on women and family protection services.

lxxx There is a measurement note from this work that provides guidance to practitioners who may wish to carry out similar work; see: Pelova, Eligaveta and Jarvis, Forest. 2020. Can we capture exposure to Gender-based Violence (GBV) through Phone Surveys during a Pandemic?. EAPGIL. <https://documents1.worldbank.org/curated/en/950601606987399330/pdf/Can-We-Capture-Exposure-to-Gender-based-Violence-GBV-through-Phone-Surveys-during-a-Pandemic.pdf>.

## OPERATIONAL ENTRY POINTS

**COVID-19 has underlined the importance of strengthening the focus on GBV prevention and response.** Efforts are underway to address GBV in WBG operations. Many World Bank-financed health and social protection COVID-19 emergency response projects focus on the continuation of GBV health services and protection facilities (for example, shelters and care centers) as essential during the pandemic. Some projects support targeted communication campaigns for violence prevention, which include practical advice on stress management, mental health, and healthy conflict resolution. Given the complex nature of GBV, it is important to also promote cross-sectoral approaches and to foster multi-sectoral coordination. While several MENA countries have taken steps to address GBV as part of their pandemic response with support from donors and UN agencies, more can be done to strengthen these efforts and push this agenda forward through World Bank-financed operations while aligning with national priorities. There are organizations, both international and local, which have been at the forefront of efforts to address GBV in the region prior to the World Bank's engagement. Through leveraging their expertise and experience, the World Bank's support should ensure coordination, collaboration, and complementarity with these organizations.

**The WBG is well-positioned to support client governments in responding to and preventing GBV through COVID-19 emergency response and other operations.** Table 1 illustrates some entry points task teams can consider for addressing GBV in the context of COVID-19. These recommendations are not exhaustive, and task teams should rely on the key resources listed and relevant focal points for detailed guidance. Box 2 provides examples of WBG projects that have been approved during COVID-19 that help address GBV. It is important to note that suggested interventions and examples are independent of any measures that projects are expected to adopt

for mitigating the risks of sexual exploitation, abuse, and harassment (SEA/SH) in the context of designing and implementing World Bank-financed operations<sup>lxxxi</sup>. The WBG COVID-19 Response Approach Paper<sup>455</sup> and World Bank Development Committee Paper From COVID-19 Crisis Response to Resilient Recovery – Saving Lives and Livelihoods while Supporting Green, Resilient and Inclusive Development (GRID)<sup>456</sup> frame the WBG approach for supporting countries to address the immediate health crisis and its corresponding social and economic impacts, while focusing on rebuilding economies that are more inclusive and resilient to future shocks. These approaches will require urgent investments at scale in all forms of capital (human, physical, natural and social) to address structural weaknesses and promote growth. The impacts of GBV on human and social capital development, together with the structural and intersectional approaches that are required to address it, underscore the importance of addressing GBV in the World Bank's COVID-19 response operations. The World Bank can support GBV response for refugees through programs and policies adapted to their specific vulnerabilities and needs. In line with ongoing work on displacement and gender, this includes helping them to overcome barriers in accessing education, economic opportunities, and services to prevent and respond to GBV.<sup>457</sup> While this note focuses on interventions in the context of the COVID-19 pandemic, the forthcoming MENA GBV Action Plan and its background papers frame the Bank's approach to integrating GBV prevention and response in World Bank operations in the region.

lxxxi For detailed information see: World Bank. 2020-b.

**Table 1: Operational Entry Points by Global Practice****HEALTH AND NUTRITION**

- » Ensure GBV services within health care systems are designated as essential.
  - Include post-exposure prophylaxis (PEP) and emergency contraception (ECP) in the list of essential medicines related to COVID-19 emergency supply chain systems for response.
  - Make a minimum emergency package of sexual and reproductive health services available.
  - Ensure funding for essential services such as GBV diagnostics, mental health, and sexual and reproductive health, are prioritized and not diverted.
- » Include possibilities for remote service provision of essential health services (for example, via phone or SMS).
- » Ensure health service providers have updated lists of GBV service providers (including psychosocial support, case management, shelter, legal, and police or security) to enable accurate referrals.
- » Incorporate essential training modules on identifying, treating, and referring GBV survivors for medical professionals into existing training (use existing training opportunities rather than creating separate training).
- » Include GBV messaging in all forms of community health outreach.
- » Invest in violence prevention campaigns, including practical advice on stress management, mental health, and healthy conflict resolution that target men and women, girls and boys, making use of various channels (radio, TV, social media) and relevant influencers, celebrities and faith leaders.
- » Strengthen midwives' networks and/or invest in mobile clinics for those living in hard to reach areas.
- » Fund actions and equipment to ensure the safety and wellbeing of women frontline health care workers, including by ensuring safe transportation, safe housing, mobile phones and credits, adequate PPE, and so on).

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**Relevant resources:** *Guidance for Health COVID-19 (Coronavirus) Response Projects; Gender Dimensions of the COVID-19 Pandemic; Identifying and Mitigating Gender-based Violence Risks within the COVID-19 Response; Violence Against Women and Girls Health Sector Brief.*

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## SOCIAL PROTECTION

- » Expand economic inclusion programs that support survivors' livelihoods long-term; collect sex-disaggregated data to assess gender-differentiated use and impact of top-ups for cash transfers and of other support related to COVID-19.
  - paying transfers directly to women;
  - engaging men and boys to mitigate any risk of backlash against women's participation in the program;
  - delivering accompanying measures which build women's skills, self-esteem and social networks, providing women with resources for productive economic inclusion
- » Expand coverage and ensure predictability of safety net transfers to provide adequate consumption of basic goods and services and to reduce uncertainty around the timing and level of income.
  - Continue or introduce new cash transfers, particularly for vulnerable groups of people (with particular attention to the needs and risks of women and girls and other at-risk groups in high-risk employment situations: those in the informal labor market, domestic workers, those who are dependent on their work for immigration/residency status, and so on).
  - Leverage safety net programs to close gender gaps in access to ID, bank accounts and mobile phones.
- » Include GBV prevention activities within cash transfer programs and labor market activities.
- » Consider GBV messaging with alternative modes of accessing help in locations women visit (for example, grocery stores, or pharmacies), as well as the program's grievance mechanism.
- » Provide women with mobile phones (and/or phone credit) so they can access GBV-related information, support services, and financial services.
- » Consider using mobile services where safe and feasible to facilitate cash transfers and to reduce associated security and safety risks.
- » Invest in violence prevention campaigns, including practical advice on stress management, mental health, and healthy conflict resolution that target men and women, girls and boys, making use of various channels (radio, TV, social media) and relevant influencers, celebrities and faith leaders.
- » Provide GBV training and sensitization to key project staff and volunteers, particularly those who are in direct contact with project beneficiaries.
- » Ensure the continuation of existing protection facilities (for example, domestic violence shelters, institutional care centers, and initiatives providing essential social work).

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**Relevant resources:** *Safety First – how to leverage safety nets to prevent gender-based violence; Identifying & Mitigating Gender-based Violence Risks within the COVID-19 Response; Care-IRC Global Rapid Gender Analysis for COVID-19; Violence Against Women and Girls Social Protection Brief; Entry Points for Gender Design in SSN COVID-19 Response Operations.*

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## EDUCATION

- » Develop or maintain a system to track dropouts of girls and boys in both normal education services and remote learning services.
- » Address the gender digital divide and ensure that girls and boys have access to remote learning and are trained with the necessary digital skills and knowledge of online safety.
- » Develop and carry out trainings for teachers and school staff to build their capabilities to detect and prevent sexual abuse and other forms of GBV, and to promote gender equitable norms.
- » Develop or reform institutional codes of conduct for teachers and administrative staff to prohibit sexual harassment and other abuses.
- » Foster the integration of GBV prevention into school health and/or life skills curricula for students.
- » Expand school-based counselling and referral services.
- » Carry out school-based programs targeting the prevention of dating violence.
- » Improve girls' safety at school (location, infrastructure design, safe spaces) and on the way to and from school.

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**Relevant resources:** *Protecting Children During COVID-19; How to Protect Vulnerable Children, Especially Girls, During the COVID-19 Pandemic?; Identifying and Mitigating Gender-based Violence Risks within the COVID-19 Response; Violence Against Women and Girls Resource Guide Education Sector Brief.*

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## AGRICULTURE AND FOOD

- » Provide cash transfers to women traders so they can afford increased costs.
- » Train women cross-border traders and border officials for awareness and prevention of GBV.
- » Provide women with mobile phones (and/or phone credit) so they can benefit from digital interventions, increase privacy and security, and reduce the need for physical interaction.
- » Provide productive inputs (such as fertilizers and seed) directly to women farmers.
- » Train and deploy more women border officials, and provide them with a safe and sanitary work environment.
- » Institute grievance redress mechanism at borders that can serve both women traders and officials.
- » Monitor food consumption habits, price changes, availability and/or distribution due to the pandemic, and consider providing cash transfers or food assistance.
- » Consider dedicated food distribution times or locations that are open only for the most at risk (where feasible, consult with women and girls to determine their preferred time windows and locations)
- » Increase women's participation in decision making and regulatory bodies (for example, regulatory bodies overseeing cash grants, licensing agencies for inputs such as fertilizer, and land tribunals).

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**Relevant resources:** *Entry Points for Gender Design in Agriculture and Food in COVID-19 Response Operations; Identifying and Mitigating Gender-based Violence Risks within the COVID-19 Response.*

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## DIGITAL DEVELOPMENT

- » Invest in systems that enable digital payments of cash assistance that target both women and men.
- » Consider including GBV referral and response systems in government digitization programs which are being scaled up during COVID-19.
- » Target women and girls in digital identification systems which are being scaled up during COVID-19.
- » Assess exposure to online GBV, and consider carrying out awareness raising and prevention campaigns that provide tools and resources on how to identify, document and report online GBV.
- » Consider investing in strengthening protocols and codes of conduct for law enforcement officials addressing online GBV.

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**Relevant resources:** *Online and ICT facilitated violence against women and girls during COVID-19.*

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## GOVERNANCE

- » Ensure that family law cases are considered urgent or essential during lockdown.
  - Ensure that courts remain open and legal services are available for GBV survivors seeking justice, to ensure their safety and to hold perpetrators accountable.
  - Ensure inclusion of displaced populations in affected COVID-19 areas.
- » Assess availability of survivor-centered legal services, and train personnel on ethical and safety principles.
- » Identify formal and informal legal networks and accountability mechanisms to ensure women know their rights.
- » Include the law enforcement and justice sectors in comprehensive multi-sectoral national plans or strategies to address GBV.
- » Establish protocols for filing police reports and pressing charges.
- » Increase available services for survivors of violence, such as safe houses, mobile legal aids clinics, and so on.

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**Relevant resources:** *Justice for Women amidst COVID-19; Violence Against Women and Girls Resource Guide—Citizen Security, Law and Justice Brief.*

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## MACROECONOMICS, TRADE AND INVESTMENT & POVERTY

- » Support legislative and regulatory reforms that enforce and monitor protection and redress for GBV survivors.
- » Support the establishment of referral pathways for GBV survivors.

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**Relevant resources:** *Violence Against Women and Girls Resource Guide; Gender based violence and the law.*

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## BOX 2: EXAMPLES OF WBG OPERATIONAL SUPPORT DURING COVID-19 THAT HELP ADDRESS GBV

The **Lebanon Emergency Crisis and COVID-19 Response Social Safety Net Project (P173367)** supports the provision of social support services, including psychosocial and GBV services, through partnering with specialized organizations, and will track the number of GBV survivors referred to relevant service providers.

The **Kenya COVID-19 Health Emergency Response Project (P175188)** focuses on strengthening the capacity of health care providers to identify the risks and health consequences of GBV and to offer first-line support and medical treatment. It includes community sensitization and outreach activities to provide information on available support services and messages on alternative behaviors to violence. The project will also provide GBV care kits to facilitate quality service provision, build knowledge and skills for clinical care (including forensic evidence collection), and improve data collection and analysis to monitor service delivery and understand emerging trends.

The **Ghana COVID-19 Emergency Preparedness and Response Project (P174839)** provides support to the Domestic Violence and Child Abuse Support Unit of the Ghana Police Service, the Department of Social Welfare, the International Federation of Women Lawyers and the Legal Aid Board so that affected women, girls, and children have greater opportunities to access appropriate services, including counselling. The project also helps train front-line health workers to recognize and manage early signs of GBV and to refer survivors while guaranteeing their privacy and safety.

The **Albania Emergency COVID-19 Response Project (P174101)** supports messaging and awareness among health workers, through the overall communications strategy, to identify any GBV risks and cases. The messaging strategy proposed under the project ensures that vulnerable groups (women, Roma and Egyptians, persons with disabilities) are reached in a language and format (including sign language) that they understand.

The **South Sudan Provision of Essential Health Services Project (P168926)** will significantly scale-up attention and efforts to improve access to services for survivors of GBV. Clinical management of rape and basic psychosocial support services are included in the essential package of health services offered at health facilities.

The **Zambia COVID-19 Emergency Response and Health Systems Preparedness Project (P174185)** contributes to the implementation of the Zambia Safe Schools Framework and helps enhance capacity of one-stop centers that support GBV survivors in selected health facilities, including data collection and information management on GBV. The project also helps disseminate information on available GBV services, including established response hotlines and community outreach.

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# ANNEX 2

## LEGAL AND POLICY ENVIRONMENT

### International Conventions

Most countries in the region have signed the **Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)**. While Iran is the only country in the region which has not signed CEDAW, only four MENA countries - Djibouti, Tunisia, State of Palestine, and Yemen - have done so without reservations and/or declarations. Reservations are generally linked to incompatibility with Shari'a law, domestic legislation, customs, and traditions.<sup>458</sup> For example, Qatar and Bahrain explained that CEDAW provisions should not contradict domestic legislation, as well as local customs and traditions. Tunisia and Yemen, which have ratified CEDAW without reservations, have declared that in case of contradicting statements between the convention and domestic law, the priority should be given to the latter. The articles that are most frequently under reservation are Article 2 (obligation to amend national legislation to ensure gender equality), Article 9.2 (women's rights in regards to the nationality of their children), Article 15 (freedom of movement and choice of residence and domicile), Article 16 (protection of equality of marriage and family life), and Article 29 (regulation on the international disputes between the member States of the convention). Libya and Tunisia are the only two countries in the region which have ratified the Optional Protocol to CEDAW, which grants their citizens the opportunity to refer to the provisions of the Convention to protect their rights and freedoms, when domestic law is restricted or unavailable.<sup>459</sup>

In addition to CEDAW, many MENA countries have ratified other international treaties, contributing to the protection of women's rights, elimination of discrimination against women and girls, and addressing GBV. Egypt, Iran, Lebanon, and Syria (without reservations) and Iraq (with reservations), for example, have ratified the 1951 Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others. The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (1950), supplementing the United Nations Convention against Transnational Organized Crime (1950) has been fully or partially ratified by all countries, except of Iran and Yemen. Djibouti, Iran, Jordan, Lebanon, Morocco, Qatar, and State of Palestine are also members of the International Covenant on Civil and Political Rights (1966). Jordan, Libya, Tunisia, West Bank and Gaza, and Yemen have ratified the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1962). The International Covenant on Economic, Social and Cultural Rights (1966) has been ratified in most MENA countries, except for Saudi Arabia and United Arab Emirates. The Convention on the Rights of the Child (1989) has been ratified by all countries in the region, with only Bahrain, Djibouti, Kuwait, Lebanon, Libya, Morocco, Tunisia, and Yemen making no reservations on the convention. All other countries in the region have put certain articles of the convention under reservation that are considered incompatible with the domestic legislation or contradictory to Shari'a law.

TABLE 1: RATIFICATION OF INTERNATIONAL CONVENTIONS

	<b>CEDAW</b> Convention on the Elimination of all Forms of Discrimination Against Women 1979	<b>CRC</b> Convention on the Rights of the Child 1989	<b>The Palermo Protocol on Human Trafficking 2000</b>	<b>ICESCR</b> International Covenant on Economic, Social and Cultural Rights 1966	<b>Convention Relating to the Status of Refugees 1951</b>	<b>ICRMW</b> International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families 1990	<b>ICCPR</b> International Covenant on Civil and Political Rights 1966	<b>Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others 1951</b>	<b>Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages 1962</b>
Algeria	1996	1993	2004	1989	1963	2005	1989	1963	-
Bahrain	2002	1992	2004	2007	-	-	2006	-	-
Djibouti	1998	1990	2005	2002	1977	-	2002	1979	-
Egypt	1981	1990	2004	1982	1981	1993	1982	1959	-
Iran	-	1994	-	1975	1976	-	1975	-	-
Iraq	1986	1994	2009	1971	-	-	1971	1955	-
Jordan	1992	1991	2009	1975	-	-	1975	1976	1992
Kuwait	1994	1991	2006	1996	-	-	1996	1968	-
Lebanon	1997	1991	2005	1972	-	-	1972	-	-
Libya	1989	1993	2004	1970	-	2004	1970	1956	2005
Morocco	1993	1993	2011	1979	1956	1993	1979	1973	-
Oman	2006	1996	2005	2020	-	-	-	-	-
Qatar	2009	1995	2009	2018	-	-	2018	-	-
Saudi Arabia	2000	1996	2007	-	-	-	-	-	-
Syria	2003	1993	2009	1969	-	2005	1969	1959	-
Tunisia	1985	1992	2003	1969	1957	-	1969	-	1968
UAE		1997	2009	-	-	-	-	-	-
State of Palestine	2014	2014	2017	2014	-	-	2014	-	2019
Yemen	1984	1991	-	1987	1980	-	1987	1989	1987

**GREEN** Ratified without reservations.

**YELLOW** Ratified with reservations/declarations.

**RED** Not ratified.

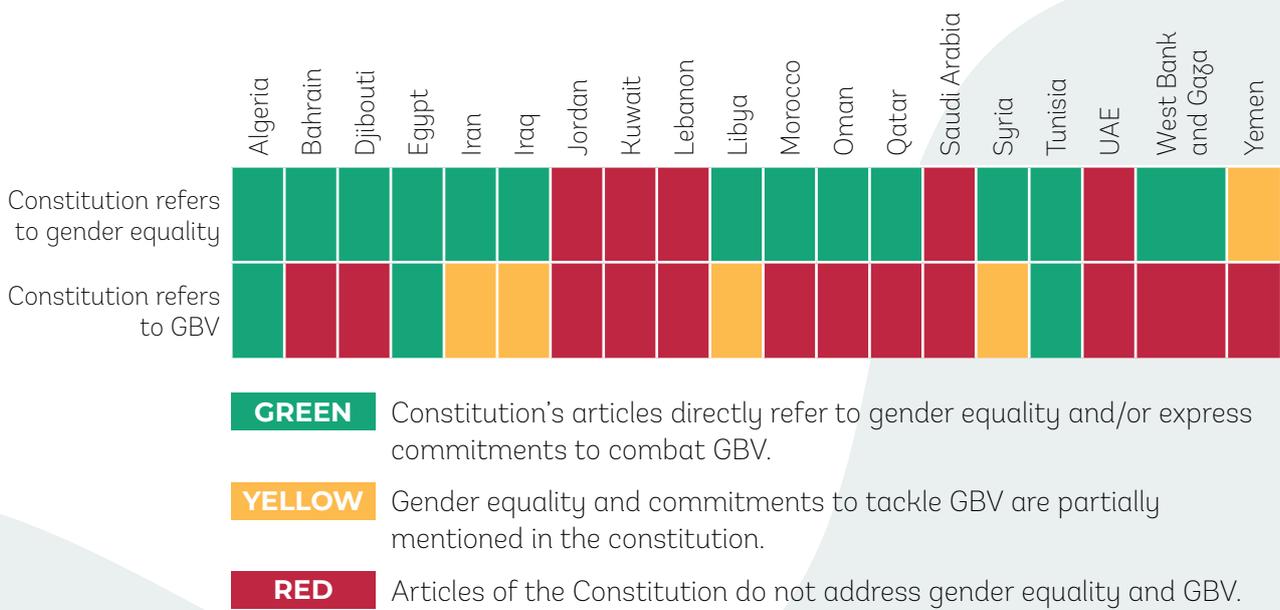
## Constitutions

**Most MENA countries address gender equality in their constitution and underline the importance of equal opportunities for male and female citizens.**<sup>460</sup> Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Kuwait, Libya, Morocco, Oman, Qatar, Syria, Tunisia and West Bank and Gaza explicitly use the term of “equality on the basis of sex/gender” in their constitution. In Jordan, article 6 of the constitution identifies only race, language, and religion as criteria for equality, and do not use words such as “gender”, “sex”, “women”, “girls”. Similarly, there are no references to the equality on the basis of sex/gender in the constitutions of Lebanon and the UAE. In Yemen’s constitution, women are only mentioned in the statement that “women are the sisters of men” (2001, art 31).

**Some constitutions contain articles on violence prevention and protection of women in professional, social, economic, financial, and**

**political spheres.** Egypt (2014, art 11) and Tunisia (2014, art 46) are the only two countries in the region that do not only condemn discrimination of women, but also express their commitment to tackle discrimination and prevent GBV through legal means. The constitutions of Iran (1979, art 21), Iraq (2005, art 29), Libya (2011, art 159), and Syria (2012, art 23) do not contain explicit prohibition of GBV, although they imply that discrimination based on gender is inappropriate and that it is the obligation of the state to address it and ensure equal rights and freedoms to all citizens. Other general protections for women and girls include, for instance, the prohibition of forced labor, slavery, slave trade, sex trade, and trafficking in women or children in Iraq (2005, art 37); and provisions on the freedom of speech and protection from discrimination, violence, and hatred based on gender in Libya (2011, art 37).

**TABLE 2: CONSTITUTIONAL PROVISIONS ON GENDER EQUALITY AND GBV**



## Legal Framework on Different Forms of GBV

**TABLE 3: CRIMINALIZATION OF DIFFERENT FORMS OF GBV IN PENAL/CRIMINAL CODES**

	Algeria	Bahrain	Djibouti	Egypt	Iran	Iraq	Jordan	Kuwait	Lebanon	Libya	Morocco	Oman	Qatar	Saudi Arabia	Syria	Tunisia	UAE	West Bank and Gaza	Yemen
Rape is criminalized	GREEN	YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN
No exoneration for rape offenders for marrying their victims	YELLOW	RED	GREEN	GREEN	GREEN	RED	GREEN	GREEN	YELLOW	RED	GREEN	GREEN	GREEN	GREEN	YELLOW	GREEN	RED	GREEN	GREEN
Marital rape is criminalized	RED	YELLOW	YELLOW	RED	RED	RED	RED	RED	RED	RED	YELLOW	RED	RED	RED	RED	YELLOW	RED	RED	RED
No mitigating circumstances for femicide/so-called "honor crimes"	RED	RED	GREEN	RED	RED	RED	RED	RED	GREEN	RED	RED	RED	RED	GREEN	RED	GREEN	GREEN	YELLOW	RED
Sexual harassment is criminalized	GREEN	GREEN	GREEN	GREEN	RED	YELLOW	YELLOW	GREEN	GREEN	GREEN	GREEN	RED	GREEN	YELLOW	GREEN	GREEN	GREEN	YELLOW	GREEN
Comprehensive provisions on human trafficking	YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	YELLOW	YELLOW	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	YELLOW	RED
FGM/ C is criminalized (if practiced)	GRAY	GREEN	GREEN	GREEN	GRAY	RED	GRAY	GRAY	GRAY	GRAY	GRAY	YELLOW	GRAY	GRAY	GRAY	GREEN	YELLOW	GRAY	YELLOW
Cyber GBV is criminalized	RED	RED	RED	YELLOW	YELLOW	YELLOW	YELLOW	RED	YELLOW	RED	GREEN	RED	RED	RED	RED	RED	YELLOW	RED	RED
Adultery is not criminalized	RED	RED	GREEN	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED

- GREEN** The relevant law addresses gender equality and/or protection from GBV.
- YELLOW** The law addresses GBV to some extent, but gaps remain.
- RED** There is no or minimal protection on GBV under the law.
- GRAY** No data available

### a. Intimate Partner Violence

**Some MENA countries in the region have amended their Penal Codes to address IPV, but generally these codes are not sufficient in addressing the issue comprehensively.** In many countries, some forms of IPV are addressed in the Penal Codes, but there is a general lack of appropriate protection for survivors and mechanisms for prevention and response. Most Penal Codes in the region do not recognize economic and sexual violence from an intimate partner as a criminal offence, and in all countries, except for Algeria, provisions on domestic violence provide protection to women in cases of IPV from current husbands, excluding the possibility to seek justice for any violence committed by former partners. In Egypt, some Penal Code provisions can be interpreted to cover some forms of domestic violence, although the term “domestic/ intimate partner violence” does not appear in the document.<sup>461</sup> In Yemen, physical harm and sexual violence against women are criminalized in the Criminal Code (art 254 and 270), but there are no provisions on psychological harm, and existing provisions do not relate specifically to IPV.

**Currently, standalone legislation on domestic violence exist in nine countries in the region:** Bahrain, Jordan, the Kurdistan region of Iraq, Kuwait, Lebanon, Morocco, Saudi Arabia, Tunisia, and the UAE.<sup>462</sup> Several MENA countries (e.g. Iran, Iraq and West Bank and Gaza) have prepared bills on domestic violence, although they have not been passed yet. The definition of domestic violence that stand-alone legislation refers to varies across countries and does not encompass all of forms of violence. Physical and sexual abuse, as well as references to verbal and emotional harm, psychological abuse, and exploitation are common elements, but the level of detail provided differs and economic violence is mostly excluded.<sup>463</sup> Provisions of the above-mentioned laws cover mechanisms on prosecution and punishment of the offenders, as well as protection, support, and recovery for the survivors. The laws contain strategies on prevention of domestic violence through awareness raising, education, and training of police and healthcare workers. Moreover, in some countries, domestic violence legislation requires

that states establish specialized units within institutions, with trained and sensitized personnel. For example, in Morocco, domestic violence law presupposes the establishment of specialized cells in courts, police stations, and hospitals to address cases of IPV.<sup>464</sup> Finally, all the standalone domestic violence laws in MENA countries include the possibility of obtaining a protective order against the preparator, even in their absence<sup>465</sup>. Protective orders include different types of orders, including prohibiting preparators from contacting or harming GBV survivors, or damaging their properties, or accessing joint assets. Generally, children of survivors are included in the protection orders, but there are some exceptions that may exacerbate or cause harm. For example, in the Lebanese domestic law,<sup>466</sup> children are excluded from protection orders when they are not in the mother’s custody.<sup>467</sup> This means that if during the child’s stay the mother is exposed to her husband’s violence, the child is not protected.

**While rape is criminalized in all countries in the region, no country in the MENA region has explicitly and fully criminalized marital rape.**

Due to traditional beliefs perceiving marriage as a contract between a man and a woman with certain duties, there is a widespread understanding that the wife should be sexually available for her husband -- which is sometimes enshrined in Personal Status Codes or Family Law that explicitly excludes marital rape from criminal provisions on rape.<sup>468</sup> For example, in Djibouti, wives are legally obliged to “respect the prerogatives of the husband, as head of the family, and owe him obedience in the interest of the family.”<sup>469</sup> Lebanon’s Penal Code explicitly states that rape is “the forced sexual intercourse [against someone] who is not his wife by violence or threat.”<sup>470</sup> In Syria, the Penal Code criminalizes rape, other than of a female spouse.<sup>471</sup> Nevertheless, in some MENA countries, efforts have been undertaken to define marital rape as a criminal offence. In Bahrain, there are provisions in the law on domestic violence that classify marital rape as a form of a sexual assault.<sup>472</sup> In Djibouti, marital rape can be considered as an act of violence against the spouse and prosecuted in accordance with the Penal Code, although cases are rare, and the decision is made exclusively by judges on a

**TABLE 4: GENDER COMMITMENTS IN PERSONAL STATUS/FAMILY LAW**

	Algeria	Bahrain	Djibouti	Egypt	Iran	Iraq	Jordan	Kuwait	Lebanon	Libya	Morocco	Oman	Qatar	Saudi Arabia	Syria	Tunisia	UAE	West Bank and Gaza	Yemen
Equal rights on divorce	Yellow	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Yellow	Red	Red	Red	Yellow	Green	Red	Red	Red
Equal rights on post-divorce guardianship	Yellow	Yellow	Red	Yellow	Red	Red	Red	Red	Red	Red	Red	Red	Red	Yellow	Red	Yellow	Red	Red	Red
Equal rights on custody of children	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Equal rights on inheritance and property	Red	Red	Red	Yellow	Red	Red	Red	Red	Yellow	Red	Red	Red	Red	Red	Yellow	Red	Red	Red	Red

<b>GREEN</b>	Law guarantees equal rights to men and women
<b>YELLOW</b>	Women have some legal rights, but significant inequalities exist in the law.
<b>RED</b>	Women do not enjoy equal rights and protection under Personal status/Family law

case-by-case basis (UNHCR 2015).<sup>473</sup> In Morocco, the Family Code restrains from referring to wives' obligation of sexual availability, but instead appeals to the "lawful cohabitation on the basis of good conjugal relations and the right of mutual respect, love, and affection."<sup>474</sup> As the legal definition of a marital rape is ambiguous, it may sometimes be prosecuted under rape or other laws.<sup>475</sup> In Tunisia, marital rape is not explicitly criminalized, but the state has claimed that it can be prosecuted under general criminal law.<sup>476</sup>

**While there is some progress in legal frameworks on IPV, there are provisions in Personal Status Codes or Family Law that discriminate against women - which negatively affect their protection in IPV cases.** Unequal divorce or custody rights, for example, may trap women in abusive relationships. In most countries in MENA region, divorce procedures differ for men and women that put an additional burden of proof for women when a woman asks for divorce.<sup>477/478</sup> While domestic

violence and abuse are usually considered reasonable grounds for divorce, legal procedures are often long and costly. Unequal custody rights can also affect survivors of IPV, given the fact that in most MENA countries guardianship rights are granted only to men in case of divorce -- which may deter women from seeking divorce.<sup>479</sup> The lack of protection mechanisms for GBV survivors hinders women's access to justice and discourages them from seeking help and reporting cases of abuse.

**b. Non-Partner Violence**

**In many MENA countries, domestic legislation addresses several forms of sexual violence, including sexual assault and inappropriate touching, but reporting and accessing justice remains a challenge.** Provisions on prosecution of sexual assault against women are present in the Penal Codes of Bahrain, Djibouti, Egypt, Kuwait, Libya and West Bank and Gaza.<sup>480</sup> At the same time, some MENA countries do not have a clear

definition or any provisions on sexual assault in domestic legislation. For instance, the Algerian Penal Code does not contain any provision on prosecution of sexual assault, although aggravated sexual assault may be classified as indecent assault and punished.<sup>481</sup> Similarly, the Penal Codes in Lebanon (art 507-511) and Tunisia (art 228-229) do not include any clear definition of sexual assault and abuse, although these acts are punishable as “indecent acts”. In Oman and Qatar general provision on physical assault can be applied to punish sexual assault.<sup>482</sup> Moreover, older, unmarried or divorced women have less chance to prove the crime and achieve justice. For example, in Egypt, younger women below 25 years are reported to be more likely to report physical or sexual violence than older women.<sup>483</sup>

**While all MENA countries have criminalized rape and set severe punishments for rape offenders under their Penal Codes, the definition of rape varies.**<sup>484</sup> In some countries, rape is understood as a crime committed by a man against a woman, e.g. in Bahrain, Egypt, Iraq, Jordan, Morocco, Oman and Syria.<sup>485</sup> The level of detailed description of what constitutes rape varies, and some countries (Jordan, Libya, Morocco) recognize rape not as a crime against an individual, but rather against public morality.<sup>486</sup> Imprisonment is foreseen in most countries, while some other countries (Iran, Syria, Qatar, UAE and Yemen) practice capital and/or corporal punishment, which often violates international law agreements.<sup>487</sup> In some cases, rape offenders are exonerated from punishment, if they marry the rape survivor. For example, in Algeria, Iraq, Kuwait and Libya the offender may avoid punishment or get a less severe penalty, if he marries the survivor of rape.<sup>488</sup> The roots of these legal provisions can be traced to cultural and social norms considering unmarried raped girls and women as unfit for marriage. According to the IMAGES study, around a third of all respondents from Egypt, Lebanon, Morocco and West Bank and Gaza believe that a man who rapes a woman and marries her should not be prosecuted.<sup>489</sup> By marrying his victim, family honor and reputation are considered as restored.<sup>490</sup> Due to increasing criticism and pressure from civil society activists to change these laws, several countries have

repealed these provisions in their Penal Codes. Thus, the abolition of rape-exoneration provisions was enacted in Jordan, Lebanon, Morocco, Tunisia, and West Bank and Gaza.<sup>491</sup> When it comes to the rape victim’s right to abortion, only Algeria, Egypt, Iraq, and Tunisia legally allow this.<sup>492</sup>

**There is limited domestic legislation in MENA countries on GBV during military conflicts.** Under international agreements, sexual violence against civilians during military conflict are crimes against humanity and can be qualified as war crimes, if these crimes are performed with the use of force or arms and/or on a systematic basis. Sexual violence as a war crime is regulated by the Rome Statute of the International Criminal Court (1998), which was only ratified by Djibouti, Jordan, Tunisia, and West Bank and Gaza. In Libya, Ministerial Decree 119 was adopted to recognize survivors of SGBV during the Libya uprising as survivors of war and provides them with reparations rights, which however are yet to be implemented.<sup>493</sup>

**Most countries in the region have ratified the 1950 Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, without reservations.**<sup>494</sup> In addition, several countries have adopted comprehensive laws on prevention and protection of human trafficking, while others have provisions in their Penal Codes which include the criminalization of human trafficking.<sup>495</sup>

### c. Femicide

**Femicide, especially cases associated with preserving family honor and dignity, is not fully sanctioned through the legal and justice system in most MENA countries. Legal frameworks in MENA countries are lenient in dealing with so-called “honor crimes”, either through judicial discretion of what constitutes a crime, or legally enforced mitigating measures for adultery crimes and crimes committed while enraged.** In Egypt and Jordan, judges have discretionary power under the Criminal Code to reduce sentences for cases of so-called “honor killings.”<sup>496</sup> In Yemen, a man who has

killed his wife/female relative on the grounds of honor can be excused by his family, and the state can imprison him only if he is deemed a threat to public order, although the decision is exclusively upon the judge.<sup>497</sup> Article 262 of the Penal Code provides that the killing of the mother, daughter, sister or wife after finding them in the act of committing adultery is penalized with a maximum prison sentence of one year or a fine. In other MENA countries, if the offender can prove that violence against a woman was a “crime of rage”, he may benefit from mitigating circumstances under the law. For example, in Algeria, Article 279 of the Penal Code states that the killing of a wife who was caught in an act of adultery is a reasonable ground to set mitigating circumstances for the husband, even if violence resulted in the death of the spouse. In Bahrain, Article 333 of the Penal Code provides a reduced penalty for perpetrators who killed or injured their spouses, after catching them in the act of adultery. Similar provisions that reduce penalty for the commitment of so-called “honor crimes” can be also found in the Penal Codes of Egypt, Jordan, Iran, Iraq, Kuwait, Libya, Morocco, Qatar, Syria, United Arab Emirates, West Bank and Gaza, and Yemen.<sup>498</sup> Only Djibouti, Lebanon, Saudi Arabia, Tunisia, and the United Arab Emirates have repealed mitigating conditions for so-called “honor crimes”.<sup>499</sup>

**Different regulations also apply to the very concept of adultery, depending on whether it has been committed by men or women.** The only country in the region where adultery is not considered a criminal offense is Djibouti.<sup>500</sup> All other states recognize adultery as a criminal offence and prosecute it under their Penal Codes. According to a UNDP Regional Report (2019), adultery, committed by women rather than men is more likely to be viewed as dishonor and disrespect of public morality.<sup>501</sup> Even when the Penal Code does not make explicit differences in the prosecution of men and women for adultery, women are more likely to be punished than men. In Iraq and Syria, men are punished for adultery, only when it occurs at their homes, while women are being punished regardless of the location.<sup>502</sup> In Jordan, punishment for adultery is equal for men and women, although survivors’ rights to

use “self-defense” differ. Thus, a man can benefit from mitigating circumstances for killing his wife if he finds her committing adultery under any circumstance, whereas a woman can only benefit from mitigating circumstances if she kills/hurts her husband who is committing adultery in the marital home.<sup>503</sup>

**Extramarital sexual relationships are generally prohibited in MENA countries.** In most MENA countries, extramarital sex is a punishable offence, which makes it difficult for women to come forward and prove that they have been raped, due to fear of being convicted of adultery. It further places women at risk of so-called “honor crimes”. Morocco is currently making efforts to repeal the provision on extramarital sex, which will make a clear distinction between consensual sex and rape, and, respectively, give more protection for GBV survivors.<sup>504</sup> Djibouti is the only country in the region where adultery and fornication do not constitute a criminal offence.<sup>505</sup>

#### **d. GBV Against Children**

**While all MENA countries have certain legal protection in place for children, most countries lack comprehensive national legislation addressing sexual abuse of children.** All countries in the region have ratified the Convention on the Rights of the Child (1989), whose Article 19 refers to sexual abuse.<sup>506</sup> Several MENA countries have initiated legislative changes in domestic law to protect children against sexual abuse. For instance, the Jordanian Cyber Crime Law 2010 (art 9) has penalized conducts related to child sexual abuse material and the distribution of pornography. Similarly, in the United Arab Emirates, the Federal Law on Child Rights (Wadeema’s Law, 2016) penalizes conducts related to child sexual abuse. Individuals who are convicted for child sexual abuse are not allowed to seek jobs that presuppose direct contact with children, even after their rehabilitation.<sup>507</sup> In Egypt, courts established in 2017 that children born into customary (Urfi) marriages are entitled to be legally registered – which secured their legal rights to health and education, as well as minimization of their risk to sexual abuse and exploitation. Moreover, the penalty for sexual

assault under Article 269 of Penal Code was increased for acts carried out against children. As for rape, increased penalties are imposed when the victim is underage. For instance, in Jordan, the penalty for rape is 10 years of imprisonment, however, the death penalty is applied in case of rape of a child under 15 years old (Jordan Penal Code 1960 art 293). Similarly, in Kuwait, the death penalty is applied, if a survivor is under 16 years old (Kuwait Criminal Code art 186-187). In Lebanon, imprisonment increases from 5 years to 7 years for the rape of a child under 15 (Lebanon Penal Code art 503).

**The legal age for marriage varies across countries, but child and early marriage is only prohibited in few MENA countries and numerous exceptions exist.** The prohibition of child marriage is one of the key CEDAW obligations under Article 16, to which nearly all countries in the region have made one or more reservations.<sup>508</sup> In Djibouti, Egypt, Iraq, Jordan, Morocco, Oman, Saudi Arabia, Syria, Tunisia, Gaza, and United Arab Emirates,

the legal marriage age is 18 for both men and women.<sup>509</sup> A lower legal marriage age is set in Bahrain, Kuwait, Qatar, and West Bank, and the lowest legal marriage age can be observed in Iran, at 13 years for girls and 15 years for boys.<sup>510</sup> A higher age of legal marriage is established only in Algeria (19 years) and Libya (20 years).<sup>511</sup> In Lebanon and Yemen, there is no official minimum legal age of marriage.<sup>512</sup> Moreover, in Lebanon, the minimum marriage age varies across different religious laws.<sup>513</sup> Even in countries where the legal minimum age for marriage is set at 18 years, exceptions for marriage of underage individuals apply by decision of the court or permission of the guardians. Exceptions to the official age of marriage are allowed in most countries if they are agreed by the judge and/or child's guardian. For example, in Djibouti, the marriage of women below 18 years is "subject to the consent of the husband and wife's legal guardians."<sup>514</sup> In Morocco, although legal reforms in 2004 raised the age for marriage to 18 years, judges may still grant requests for early marriage for "well-substantiated reasons."<sup>515</sup>

**TABLE 5: MINIMUM LEGAL AGE OF MARRIAGE FOR WOMEN AND MEN**<sup>516</sup>

	Algeria	Bahrain	Djibouti	Egypt	Iran	Iraq	Jordan	Kuwait	Lebanon	Libya	Morocco	Oman	Qatar	Saudi Arabia	Syria	Tunisia	UAE	West Bank	Gaza	Yemen
<b>Women</b>	19	15	18	18	13	18	18	15	-	20	18	18	16	18	18	18	18	15	18	-
<b>Men</b>	19	18	18	18	15	18	18	17	-	20	18	18	18	18	18	18	18	16	18	-

### e. Female Genital Mutilation/Cutting

**Even in countries with the highest prevalence of FGM/C, like Egypt and Djibouti, the practice is prohibited and criminalized.**<sup>517</sup> Provisions against FGM/C sometimes include preventative measures. In Djibouti, for example, anyone failing to file a report a case of FGM/C to the authorities is punishable with up to one year of imprisonment and a fine (Penal Code art 333). While the act is criminalized in some MENA countries, legal gaps remain, and actual implementation is weak. In Egypt, although FGM/C was criminalized in 2008, the prohibition can be circumvented through Article 61 of the Penal Code, which allows for harmful actions to be taken in order to prevent a greater harm to oneself or others, allowing for FGM/C practices to continue when found medically necessary and when carried out by professional doctors.<sup>518</sup> In Djibouti, despite the existence of the respective legislation, cases of FGM/C are neither reported, nor prosecuted.<sup>519</sup> Elimination of FGM/C cannot be achieved through legal reforms alone, as the practice is deeply entrenched in social norms and traditions. Approaches that target underlying drivers and root causes of FGM/C by changing attitudes and promoting social norm change should be central in attempts to eliminate harmful practices.

**In some countries, FGM/C is subject to regulations but is not criminalized under the law.**

In Oman, while no legal prohibition criminalizes FGM/C, the practice is prohibited in government institutions (by medical doctors in public hospitals) through a policy directive.<sup>520</sup> Its Child Law of 2014 (art 20) also prohibits traditional practices that are harmful to the health of the child but does not specifically mention FGM/C. In the UAE, FGM/C is not a criminal offence, although there is a ban on performing it at public hospitals and clinics.<sup>521</sup> In Yemen, while the law does not prohibit FGM/C, a 2001 ministerial directive abolished the practice in government institutions and medical facilities albeit without defining penalties for violations (ibid).

**Most MENA countries do not have legal prohibitions on FGM/C because the FGM/C is not reportedly practiced or prevalence is low.**

This is the case in Algeria, Jordan, Lebanon, Libya, Morocco, Qatar, Saudi Arabia, Syria and West Bank and Gaza. FGM/C is also practiced and not explicitly prohibited in Iraq, where it can only be regarded as an “assault” under the Penal Code.<sup>522</sup>

### f. Sexual Harassment

**Many countries in MENA region have taken legislative and policy efforts to address sexual harassment, including criminalizing it through their Penal Codes.**<sup>523</sup> Articles on criminalization of sexual harassment are listed in the Penal Codes of Algeria, Bahrain, Djibouti, Egypt, Jordan, Kuwait, Morocco, Qatar, Syria, Tunisia, the United Arab Emirates and Yemen.<sup>524</sup> A standalone law on the criminalization of sexual harassment has been passed in Lebanon (Law No. 205), Morocco (Law 103-13), and Saudi Arabia (Royal Decree No. M/96, Dated 16 Ramadan 1439 A.H. approving the Anti-Harassment Law). Notably, the definition of sexual harassment is often incomplete, unclear, unavailable, or overlapping with that of sexual assault and vary across the region. In Bahrain, sexual harassment is defined as “commit[ting] an act of indecency with a female” in either public or private space (Penal Code art 350). The Egyptian Penal Code (art 306) provides a broad definition, according to which sexual harassment is an “accosting” in a “private or public or frequented place implying sexual or obscene gestures, whether by verbal or nonverbal means or through actions, in any manner including modern means of communication.” In Jordan, the Penal Code (art 305) establishes punishment for those who fondle a minor/a woman without their consent. According to Tunisian Penal Code, sexual harassment is “any act, gestures or words with sexual connotations that are offensive to one’s dignity or affect one’s modesty with the intention to subject the victim to the perpetrator’s sexual desires” (art 226). In Algeria, only cases of sexual harassment based on the abuse of authority are subject to criminalization under the actual legislation.<sup>525</sup> In Djibouti, Libya, Morocco, the United Arab Emirates, and Yemen, sexual harassment falls under the category of sexual assault and/ or indecent/offending act against females. Most MENA countries lack comprehensive provisions on criminalization of

sexual harassment in educational institutions, sporting establishments, and regarding online violence.

**Some MENA countries also address workplace sexual harassment and violence through labor laws and other legislation.** Certain provisions on punishment of sexual harassment at workplace can be found in the Labor Laws of Algeria, Bahrain, Iraq, Jordan, Kuwait, Libya, Morocco, Oman, Saudi Arabia and the United Arab Emirates.<sup>526</sup> In Algeria, sexual harassment is defined as “any act committed by someone abusing their position in office, with the aim of obtaining sexual favors” (Law 15-19 2015). In the Labor Law of Iraq (art 10), sexual harassment includes physical and verbal offences. In Morocco, sexual harassment is defined as “any intensified harassment of others by acts, statements or signs of a sexual nature or for sexual purposes; or sending written, telephonic, or electronic messages or recordings or images of a sexual nature or for sexual purposes, in public or other spaces” (Law 103-13, art 5). Regulations often fail to account for the way to and from work, putting women and girls at risk of sexual harassment in public places, including transport hubs, trains or buses, as well as private or semi-private transportation like taxis. Furthermore, labor laws generally do not apply to informal employment, a huge share of which is occupied by women, which leaves them without redress mechanisms in cases of exploitation and abuse as well as sexual harassment.<sup>527</sup> Additionally, labor laws are often not applicable to public or civil servants, meaning that women working in the public sector are generally left without protection or only the protection of the penal code.

**Punishment measures of sexual harassment vary across the region and are not yet widely enforced.** Under the Egyptian Penal Code, sexual harassment can be prosecuted only when the offender attempted to obtain sexual benefits from a woman.<sup>528</sup> In Djibouti, the employer must take all necessary measures to prevent acts of sexual harassment and to punish perpetrators, who are liable to a disciplinary sanction.<sup>529</sup> In Jordan, if an employer or their representative commits an act of sexual harassment, the establishment may be closed for a certain period

of time.<sup>530</sup> In Kuwait, sexual harassment is sanctioned with a prison sentence of up to 15 years under the Penal Code (art 191-192), depending on the scope and circumstances of its committing. In Iraq, penalties for sexual harassment are up to six months’ imprisonment and/or a fine of one million IQD.<sup>531</sup> Moreover, in Morocco, Qatar and Tunisia,<sup>532</sup> committing sexual harassment can result in imprisonment of one to two years and/or a financial penalty.

### **g. Cyber GBV**

**Most MENA countries are yet to implement legal and policy frameworks to prevent and address cyber GBV. Some countries, such as Iran, Jordan, the United Arab Emirates, have passed cybercrimes acts to prosecute certain forms of cyber GBV, while others, such as Iraq and Egypt, have amended their penal and criminal codes to address this issue.**<sup>533</sup> At the same time – and partly due to the emerging nature of this phenomenon – no country in the region has enforced legislation against all forms of cyber GBV or provided an exhaustive list of all forms of cyber GBV. Many countries have adopted certain regulations on cyberbullying, defamation and death and rape threats, while electronically facilitated sexual exploitation and trafficking, cyber sexual harassment and cyberstalking are not explicitly covered in most legislations. The degree to which existing laws provide protection against cyber GBV also varies. For instance, in Jordan, dissemination of non-consensual pornography is considered as a crime only when it involves minor individuals (Jordan Cybercrimes Act 2015). In Iran, criminalization of certain forms of cyber GBV is motivated by the necessity to protect public morality and reputation of families, rather than by establishing justice for survivors.<sup>534</sup> In Egypt, cyber sexual harassment can be prosecuted on the grounds of “indecent assault incident”, but not as a distinct form of GBV.<sup>535</sup> Only Egypt and Morocco have emphasized a gendered approach to tackling cybercrimes in their legislations, acknowledging the fact that women and girls are being disproportionately targeted by online violence.<sup>536</sup>

## Policy Framework

**Several MENA countries have adopted national strategies that specifically address violence against women.** Bahrain, for example, has adopted the National Action Plan for the Protection of Bahraini Women (2013 - 2022), which aims at the promotion of family stability and protection of women from all forms of violence. The plan incorporates executive and legislative measures that provide protection and counselling services for survivors of GBV.<sup>537</sup> Algeria has adopted the National Strategy to Combat Violence Against Women to provide support and protection to GBV survivors, implement empowering strategies and raise public awareness.<sup>538</sup> Iraq's Anti-Violence against Women Strategy (2013-2017), adopted in March 2013, and the National Strategy on Advancement of Women in Iraq, adopted in 2014, called for legislation on IPV/ violence against women.<sup>539</sup> In West Bank and Gaza, the 2013 National Strategy to Combat Violence against Women tasks the Ministry of Women's Affairs with policy making for eliminating GBV against women.<sup>540</sup>

**Some countries have launched national strategies to eliminate specific forms for GBV.** Djibouti, for example, has a National Strategy for the total abandonment of FGM/C 2018-2022.<sup>541</sup> In Jordan, a National Strategy and Action Plan to Prevent Human Trafficking (2019-2022) was launched in 2019.<sup>542</sup> In Kuwait, for instance, the state introduced the Kuwait National Child Protection Program, which partially focuses on elimination of GBV against girls, including sexual abuse, assault and exploitation. In addition, in 2018, the Council of Ministers of Kuwait approved and funded a national strategy to combat human trafficking.<sup>543</sup> Similarly, Oman has a National Childhood Strategy (2015 - 2025) to strengthen services available to vulnerable children, including protection against sexual abuse and exploitation.<sup>544</sup>

**In some countries, GBV or violence against women and girls is not addressed by a standalone strategy or specific national action plan but rather as part of an overall strategy on**

**women and girls.** In Jordan, the recently approved National Strategy for Women in Jordan 2020-2025 includes GBV as one of four strategic objectives "Women and girls enjoy a life free of all forms of gender-based violence" calling for interventions for "effective GBV prevention, protection and response mechanisms in the private, public and digital sectors and spaces" and for the development of policies that make high quality services accessible to GBV survivors. Similarly, Djibouti's National Gender Policy 2011-2021 includes the elimination of harmful practices and GBV in its objectives.<sup>545</sup> In Egypt, GBV is set as a priority in the National Strategy on Women's Empowerment 2030. A National Strategy for the Advancement of Women in the United Arab Emirates 2015-2021 was also passed by the Cabinet and includes mechanisms for protecting women and children from violence and abuse.<sup>546,547</sup> Iran, Kuwait, Libya, and Oman have no specific policy framework or strategy to address GBV against women.

# ANNEX 3

## SELECT STAND ALONE IDA/IBRD GBV OPERATIONS, AND DPOS WITH GBV COMPONENT OR FOCUS

Project Name / ID	Country	GP	Project Development Objective	GBV Indicators	Financing Instrument	Amount (US\$ M)	Timeline
Great Lakes Emergency Sexual and Gender Based Violence & Women's Health Project (P147489)	Burundi, DRC & Rwanda	HNP	(i) expand the provision of services to mitigate the short and medium term impact of sexual and gender based violence; and (ii) expand utilization of a package of health interventions targeted to poor and vulnerable females.	(i) Awareness about GBV built (ii) Increase availability of integrated services for GBV survivors within communities, health facilities, CoEs (iii) Increase availability of medicines, infrastructure, equipment of health facilities. (iv) Improve quality of health services (v) Expand the provision of services for survivors (vi) Expand utilization of a package of health interventions targeted to poor and vulnerable females	IPF	106.96	Jun 2014 - Dec 2019

Project Name / ID	Country	GP	Project Development Objective	GBV Indicators	Financing Instrument	Amount (US\$ M)	Timeline
Gender Based Violence Prevention and Response Project (P165763)	DRC	SSI	Increase in targeted Health Zones: (i) the participation in GBV prevention programs; (ii) the utilization of multi-sectoral response services for survivors of GBV; and (iii) in the event of an Eligible Crisis or Emergency, to provide immediate and effective response to said Eligible Crisis or Emergency.	<p>(i) Percentage increase in reported cases who receive access to multidisciplinary services, defined as at least two of the following (medical, psychosocial, security, legal support &amp; livelihoods support).</p> <p>(ii) Percentage reported decrease in accepting attitudes towards GBV in targeted Health Zones. (target: 20).</p> <p>(iii) Percentage of eligible cases of GBV that receive Post Exposure Prophylaxis (PEP) Treatment within 72 hours (target: 80)</p> <p>(iv) Number of direct project beneficiaries (target: 785000).</p> <p>(v) Percentage of implementing partners providing services to GBV survivors in line with quality standards.</p> <p>(vi) Female beneficiaries (target: 50%)</p> <p>(vi) Direct project beneficiaries in Twa communities. (target: 30000.00)</p>	IPF	100	Aug 2018 – Jun 2023
Outer Islands Transport Infrastructure Investment Project for Kiribati (P165838)	Kiribati	TRA	The PDO is to improve the connectivity, safety and climate resilience of transport infrastructure on Selected Outer Islands, and in the event of an Eligible Crisis or Emergency, to provide an immediate response to the Eligible Crisis or Emergency.	<p>(i) A draft code of conduct has been developed and will be finalised by contractors.</p> <p>(ii) A draft GRM has been developed (October 2019).</p> <p>(iii) A national free call Help Line (191) is in service.</p> <p>(iv) A gender capacity assessment was conducted in September 2019</p> <p>(v) National Gender Social Safeguards Specialist conducted consultations in four islands (101 women and 87 men) on the GBV Framework.</p>	IPF	43xxxii	Mar 2020 – Jun 2026

lxxxii IDA grant (30 US\$ M) and Asian Development Bank (12 US\$ M).

Project Name / ID	Country	GP	Project Development Objective	GBV Indicators	Financing Instrument	Amount (US\$ M)	Timeline
Nepal Development Policy Financing with CAT DDO (P166788)	Nepal	URL	Prior Action #4: Approval of the National Pandemic Preparedness and Response Plan (NPPRP), which enhances government's preparedness and response capacities for pandemic crisis, which includes Gender-specific actions and indicators under NPPRP. The Plan will notably improve the availability and quality of services for women and other vulnerable populations. During implementation of the NPPRP, the MOHP will ensure Essential Health Care Services by liaising with relevant health units, particularly in relation to: (i) the delivery of medical attention to pregnant women, (ii) delivery of psychological, clinical and legal support for GBV survivors; and (iii) delivery of psychosocial counseling for disaster survivors.	Simulation exercises on the activation and use of the National Pandemic Preparedness and Response Plan (NPPRP) carried out, while also ensuring Essential Health Care Services (EHCS) to meet the direct needs of women during emergencies and issues faced by other vulnerable groups. Exercises will incorporate specific actions to respond to women's needs, among others: (i) the identification of priority groups; (ii) the delivery of medical attention to pregnant women, persons with disabilities (PWDs), young children, etc. (iii) delivery of psychological, clinical and legal support for GBV survivors; Baseline: 0; Target: 3 (2023)	DPF	50	Mar 2020 – May 2023
Nepal Fiscal Reforms DPC (P160792)	Nepal	MTI	Prior Action 4: The National Women Commission has adopted an integrated platform that provides a comprehensive response system and coordinates and expands access to services for Gender Based Violence cases.	National Women Commission has (i) established a 24-hour Helpline manned by trained staff; (ii) established a case processing system to track service provision; and (iii) issued protocols and guidelines for survivor support, case prioritization and service access. Share of service referrals (legal, health, police and shelter homes) on Gender Based Violence cases that are closed; Baseline: 0; Target 80%.	DPF	200	May 2018 – Feb 2019

Project Name / ID	Country	GP	Project Development Objective	GBV Indicators	Financing Instrument	Amount (US\$ M)	Timeline
Strengthening Fiscal Management and Private Sector Employment Opportunities Development Policy Credit (P171780)	Bhutan	MTI	Prior Action 12: The Recipient, (i) through its Cabinet, has approved the National Gender Equality Policy on January 21, 2020; as evidenced by letter Ref C-3/47/2020/422 dated January 23, 2020; and (ii) through the National Commission for Women and Children, has approved the Standard Operating Procedures for the Prevention of Gender-Based Violence, as evidenced by letter Ref 2 (7) NCWC-Commission Meeting/2020/, dated January 23, 2020.	Proportion of Public-School Teachers categorized as either Beginning or Proficient by the new Bhutan Professional Standards for Teachers. Baseline: 0; Target: 50% (2021)	DPF	40	Apr 2020 – Jun 2021
First Inclusive and Sustainable Growth DPF (P169822)	Ecuador	MTI	Prior Action #9 introduces a legal framework to prevent and eradicate violence against women, with positive impacts on their ability to find and sustain an income-generating activity. This law and associated regulations provide a way to focus government action on the awareness and prevention of violence with the participation of citizens, under the principle of co-responsibility. These two actors must guarantee, through policies, plans and programs, the transformation of sociocultural patterns and the eradication of practices that normalize violence against women. This law also establishes three components for the eradication of violence: care, protection and reparation of women victims of violence to ensure their safety and integrity and to resume their life, job, and family activity.	Prior Action #9 is expected to reflect a gradual shift in the Government's and citizens' strategies, programs, and attitudes, strengthening the prevention and eradication violence against women, ultimately resulting in a safer environment for women to live, study, and work. The labor reform, which will be designed with the World Bank's technical assistance, will aim to address constraints on labor market regulations that limit access to high quality formal jobs. Therefore, the expected outcome of this reform is to increase formal employment in general and among the vulnerable segment in particular	DPF	500	Jun 2019 – Dec 2019
Investing in Human Capital Development Policy Financing (P168697)	Madagascar	HNP	Prior Action 1. To strengthen the legal regime for the prevention and prosecution of acts of GBV and the protection of victims of GBV	Number of communities (fokontany) that have signed the pledge to combat child marriage.	DPF	100	Mar 2020 – Mar 2021

Project Name / ID	Country	GP	Project Development Objective	GBV Indicators	Financing Instrument	Amount (US\$ M)	Timeline
Niger First Laying the Foundation for Inclusive Development Policy Financing (P169830)	Niger	MTI	<p>Prior Action 1: establishing Child Protection Committees at the national, regional, departmental, commune, and village to promote the abandonment of child marriage</p> <p>Prior Action 2: allowing access to family planning assistance to married adolescent girls without parents or husbands' mandatory accompaniment, to improve their access to health services.</p> <p>Prior Action 3: allowing adolescent girls to remain enrolled in school in the event of pregnancy or marriage, to improve educational attainment.</p>	<p>Share of targeted communes that have a Child Protection Committee.</p> <p>Share of demand of family planning met for adolescent girls aged 15-19.</p> <p>Share of adolescent girls aged 15-19 who are married and mothers in school system.</p>	DPF	350	Dec 2018 – Dec 2020
Consolidation and Social Inclusion Development Program: Supplemental Financing (P173900)	Central African Republic	GOV	<p>Prior Action 8: establishing targeted free healthcare for children under-five, pregnant and breastfeeding women and victims of GBV;</p>	<p>Number of Health Facilities offering Free Health Care for Pregnant Women, Breastfeeding Women, Children Under Five Years and GBV victims.</p>	DPF	25	Mar 2020 – May 2021
Niger Second Laying the Foundation for Inclusive Development Policy Financing (P173113)	Niger	MTI	<p>Prior Action 1: To promote abandonment of child marriage by establishing a Monitoring Committee for overseeing the operationalization of Child Protection Committees ("CPC") in fifty (50) pilot municipalities.</p> <p>Prior Action 2: To promote abandonment of child marriage, by: (i) approving the adoption of an operational manual governing the composition, mandate and responsibilities of CPC; and (ii) establishing the eligibility criteria for the municipalities in which the CPC should be created.</p>	<p>Share of targeted communes that have a Child Protection Committee.</p>	DPF	250	Dec 2019 – Dec 2021

Project Name / ID	Country	GP	Project Development Objective	GBV Indicators	Financing Instrument	Amount (US\$ M)	Timeline
Second Consolidation and Social Inclusion Development Program (P168474)	Central African Republic	GOV	Prior Action 9: In order to improve access to healthcare for pregnant and breastfeeding women, children under five, and gender-based violence survivors, the Recipient has allocated budget in the 2020 Budget Law to fund the implementation of the policy on targeted free healthcare in seven districts in CAR	Number of districts where targeted free health care is implemented by the government (and not by donors), which receive essential medicines	DPF	50	May 2019 – Dec 2021
Uzbekistan: Supporting a Transparent and Inclusive Market Transition (P171751)	Uzbekistan	MTI	Prior Action 8: To reduce barriers limiting the full economic participation and safety of women, the Borrower has issued regulations to further implement legislation: (i) guaranteeing non-discrimination on the basis of sex for employment, electoral candidacy, and for access to state resources; and (ii) for the issuance, enforcement, and monitoring of protection orders for survivors of gender-based violence.	The establishment of referral pathways for survivors of gender-based violence.	DPF	500	Jul 2019 – Jun 2022
Afghanistan COVID-19 Response Development Policy Grant (P174234)	Afghanistan	MTI	Prior Action 4: To help address gender-based violence, the Minister of Education has approved a Gender Based Violence Action Plan.	Proportion of general education schools that have provided training to school administration staff, teachers, students, and Shura members on the School Code of Conduct for GBV and SEAH; Baseline= 0%; Target = 50% (end of 2021).	DPF	200lxxxiii	Jul 2020 – Dec 2020
Bangladesh Second Programmatic Jobs Development Policy Credit (P168724)	Bangladesh	SPJ	Prior Action 7: The Ministry of Labour and Employment has launched nationally and across sectors the Labor Inspection Management Application, including mechanisms for feedback from workers and online reporting of inspection results.	10% for women-owned businesses of labor and safety complaints addressed by DIFE (quarterly average), of which related to sexual harassment or GBV	DPF	250	Mar 2019 – Dec 2020

lxxxiii Source of financing: 100 (US\$ M) - IDA and 100 (US\$ M) - Multi-donor TF (B3025; COVID-19 Response DPG)

# ANNEX 4

## UN AGENCY SUPPORT TO GBV PREVENTION AND RESPONSE IN MENA

**UN agency support to GBV prevention and response in MENA include building the capacity of governments and other stakeholders in law and policy reform, the provision and delivery of key services, and awareness and advocacy efforts.** For example, UNFPA supported advocacy efforts and the development of the Algeria National Strategy to Combat Violence Against Women and the Tunisia Organic Law No. 2017-58 on expanding protection to survivors of GBV (UNFPA 2018, UNFPA Tunisia nd). In 2019, UNICEF Lebanon supported the Reform of Law No. 422 on the Protection of Children in Violation of the Law or Exposed to Danger and other child protection related provisions and contributed to the Ministry of Social Affairs' Strategic Plan on Child Protection and GBV (UNICEF Lebanon nd). Several UN agencies work jointly as well as based on their specific mandates for the elimination, criminalization and reporting of FGM/C in Egypt and Djibouti, where prevalence rates are particularly high. UNICEF and UNFPA have co-led the Joint Program to End Female Genital Mutilation/Cutting in Djibouti and Egypt since 2008 – which contributed to the inclusion of FGM/C related issues in the National Action Plan on Gender and the National Action Plan on Children in Djibouti (UNFPA & UNICEF 2013).<sup>lxxxiv</sup>

Box 1 below describes how key UN agencies focuses on GBV prevention and response.

**UN agencies contribute to strengthening government capacity for GBV prevention and response.** In Egypt, UN Women's Cairo Safe City Program across more than 20 cities build stakeholder capacity to prevent and reduce sexual harassment and other forms of sexual violence in public spaces (UN Women Egypt nd). In the same country, UNICEF is closely cooperating

with policy makers, opinion leaders, and religious authorities to support efforts to end violence against children, which includes domestic abuse and child marriage (UNICEF 2018). In Iraq, UNICEF works with the Police and the Health, Justice, and Education and Welfare Ministries to strengthen the protection of adolescents and women, especially the most vulnerable from violence, exploitation, abuse and neglect, in accordance with international standards (UNICEF Iraq nd). In Iraq and Syria, WHO is implementing projects to strengthen health sector capacities to deliver services to GBV survivors, which includes updating technical and normative guidelines and tools and enhancing WHO participation in coordination of GBV response (WHO nd).

**Awareness-raising – coupled with research studies - is an important area of work to assess the magnitude of the problem and design effective interventions to combat GBV. Several UN agencies, especially UNFPA and UN Women, specifically target men and boys as agents of change in their advocacy and awareness-raising efforts to encourage more respectful and positive attitudes toward girls and women.** The UN Secretary General's UNiTE to End Violence against Women campaign, managed by UN Women, aims to prevent and eliminate violence against women and girls around the world by advocating for the adoption and enforcement of national laws to punish all forms GBV, monitoring the implementation of multi-sectoral national plans on prevention of GBV, establishing national and local campaigns to address GBV, and contributing to the data collection and analysis on the prevalence of various forms of violence against women and girls (UN Women nd). In addition, UN Women organized Because I am a man campaign in Egypt,

<sup>lxxxiv</sup> At a programmatic level, UN Women, UNICEF and UNDP also include a focus on FGM/C in Egypt (UN Women Egypt nd, UNDP Egypt nd, UNICEF 2017).

### Box 1: How UN Agencies Address GBV

The below list identifies the main focus of key UN agencies in preventing and addressing GBV.

The United Nations Population Fund – UNFPA - focuses on advocacy and awareness-raising, research and data collection, and coordination in development and humanitarian settings, addressing issues such as early and forced marriages, harmful physical practices, and protection of reproductive and sexual health.

The United Nations Entity for Gender Equality and the Empowerment of Women - UN Women - focuses on providing on-going programmatic support to survivors of domestic violence and other forms of GBV; conducting research and advocacy for policy change; and, promoting more gender equitable attitudes and behaviors to address GBV, through awareness-raising, advocacy efforts and research activities.

As part of its commitment to gender equality, United Nations Development Programme – UNDP - includes a focus on the elimination of certain forms of GBV, generally emphasizing the legal and policy frameworks to tackle GBV, access to justice and capacity for multi-sectoral support and services. In MENA, this is part of the work program in Bahrain, Egypt, Jordan, Lebanon, Libya, West Bank and Gaza, and Yemen.

The United Nations Children’s Fund – UNICEF - primarily addresses GBV through their child protection programs that prevent domestic violence against children, advocate for the criminalization of FGM/C, raise awareness about child, early and forced marriages, and campaign against physical violence in the education sector and sexual abuse of children.

The United Nations High Commissioner for Refugees - UNHCR - applies an intersectional approach to GBV prevention and response, with a focus on legal issues, protection, and service provision for refugees and internally displaced people, but also targeting host communities.

The World Health Organization – WHO - works to strengthen the national health systems to address GBV against women and girls, and as part of that mandate they have produced internationally recognized ethical guidelines, operational protocols and clinical handbooks.

The International Organization for Migration – IOM - works on counter-trafficking, and violence against women migrants and women migrant workers, especially in contexts of emergencies and natural disasters. IOM also attempts to address and eliminate harmful practices, such as FGM/C.

The United Nations Economic and Social Commission for Western Africa - UN ESCWA - undertakes analytical work and provides policy recommendations on GBV-related issues and works with different stakeholders in the MENA countries to enhance safety for women and guarantee equal access to justice.

*Sources: Information collected from the websites of the respective UN agencies, and additional documents (UNFPA 2019, WHO 2007, WHO 2014)*

Jordan, Lebanon, Morocco, Tunisia, and West Bank and Gaza to advocate for behavioral change and involvement of men in caregiving, childcare, and domestic work, as well as elimination of harmful gender-based stereotypes and prejudices.<sup>lxxxv</sup> In Algeria and Yemen, UNFPA supports men and boys' engagement in addressing GBV, by working on changing negative gender attitudes and prejudices, adopting respectful behaviors, and demonstrating positive respect to women and girls (UNFPA 2018). In Iraq, UNICEF is engaging communities to change deeply rooted behaviors and gender norms and aims to increase awareness among children and women of their rights and of the availability of services (UNICEF Iraq nd). These campaigns are often based on or coupled with research studies. For example, the UN Women-Promundo study (2017) on Understanding Masculinities: Results from the International Men and Gender Equality Survey (IMAGES) in Egypt, Lebanon, Morocco, and Palestine shed light on attitudes related to various forms of GBV. UN ESCWA also published a study (2019) on the availability and accessibility of shelters for survivors of domestic violence in MENA countries, covering Algeria, Bahrain, Jordan, Lebanon, Morocco, Oman, Saudi Arabia, Syria, Tunisia, West Bank and Gaza, and Yemen.

**UN agencies can also directly support response services to GBV survivors, in addition to providing global and regional instruments to improve service delivery.** For example, the UN Joint Global Programme on Essential Services for Women and Girls Subject to Violence developed a guidance tool identifying essential health, social services, police and justice sector services for women and girls survivors of GBV, and guidelines

for the coordination of these services. WHO also published guidelines and handbooks about ethical issues in addressing sexual and/or reproductive health violence. National GBV sub-clusters in MENA countries report building their GBV strategies around these guidelines and handbooks.<sup>lxxxvi</sup> The UNDP-initiated project on Ending Gender-based Violence and Achieving the Sustainable Development Goals in Iraq and Lebanon, tests new tools and approaches that reduce gender-based violence and intensify progress towards other development goals, such as health, social cohesion and economic empowerment (UNDP nd). In cooperation with local CSOs, UNFPA created Women and Girls Safe Spaces in Jordan, Lebanon, Iraq, and Syria, to provide access to GBV case management services, referrals, psychosocial support, awareness raising, counselling, life skills and empowerment activities (UNFPA 2015). In Lebanon, UNICEF provided psychosocial support for children and created safe spaces for girls and women, who survived domestic violence or other forms of GBV (UNICEF Lebanon nd). In Yemen, UNHCR has supported refugee women and girls through a GBV case management package which includes psychological first aid and counselling, legal medical, and financial assistance (UNHCR 2019). In Syria, UNHCR opened a community center in the Homs Governorate to provide protection services to at risk populations, including GBV prevention (Ibid).<sup>lxxxvii</sup> IOM also addresses GBV in crisis operations, and has worked in Iraq since 2014 to improve information gathering and response, incorporating protection concerns and standard operating procedures in coordination with GBV Specialists (IOM 2017).

<sup>lxxxv</sup> Other examples of UN Women led campaigns targeting men and boys are: In West Bank and Gaza, UN Women is implementing the Men and Women for Gender Equality Regional Program, aimed at questioning gender norms and stereotypes and tackling gender prejudices and violence. Through its Men and Women for Gender Equality program, UN Women has also led two advocacy campaigns on banning and prosecuting early and forced marriages (UN Women Arab States nd).

<sup>lxxxvi</sup> These include the 2007 World Health Organization (WHO) published Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies, which provide guidelines for healthcare personnel and other involved parties on how to address the issue of sexual violence and communicate with its survivors. The clinical handbook Health care for women subjected to intimate partner violence or sexual violence (2014) follows the survivor-centered approach and establishes ethical code for addressing sexual and gender-based violence.

<sup>lxxxvii</sup> Other UNHCR initiatives focusing on GBV in the region includes operating an emergency shelter and protection program for judicial assistance in Morocco, with a referral and comprehensive care provision system for survivors and people at risk of GBV (UNHCR 2020). Similarly, in Lebanon, UNHCR provides case management services including psycho-social support, health assistance and legal counseling to survivors of GBV, and in Iraq, UNHCR supports IDP survivors of GBV through health and security services, psycho-social support, and safe shelters (UNHCR Lebanon nd, UNHCR Iraq nd).

**To respond to the COVID-19 crisis and its impact on GBV prevalence and service provision, UN agencies have stepped up their support to this agenda.** UN agencies have led the development of multi-sector response to address the impact of the pandemic on women and girls in several countries in the MENA region, often in coordination with the national mechanisms for women's affairs. UN Women is monitoring and undertaking rapid assessments of violence against women and girls and COVID-19 in many countries, including Egypt, Jordan, Lebanon, Libya, Morocco, Tunisia, and West Bank and Gaza. UN agencies are also directly involved in GBV response during the COVID-19 pandemic to facilitate access to essential services, such as health, justice and policing, social services, helplines, and coordination of these services. In Yemen, for example, UN Women supported women around the country with essential livelihoods and services to GBV survivors (UN Women 2020b).

# ANNEX 5

## RESOURCES AND TOOLS

This annex provides a list of selected internal and external resources<sup>lxxxviii</sup> to address GBV in MENA, including knowledge hubs and databases, practical guidelines and handbooks, and COVID-19 specific resources.

### World Bank Group Resources

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#### Strategies and Action Plans

- » World Bank (2018). *Second Country Gender Action Plan (C-GAP II) for Palestinian Territories (FY2018-2021)*.
- » World Bank (2017). *Progress Towards Gender Equality in the Middle East and North Africa Region*.
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- » World Bank (2016). *World Bank Group Gender Strategy: Gender Equality, Poverty Reduction and Inclusive Growth (FY16-23)*.
- » World Bank (2014). *Strategic Framework for Mainstreaming Citizen Engagement in World Bank Group Operations*.
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- » World Bank (2020). *Good Practice Note: Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing involving Major Civil Works*.
- » World Bank (2018). *Good Practice Note: Assessing and Managing the Risks and Impacts of Using Security Personnel*.
- » World Bank (2016). *Addressing Risks and Impacts on Disadvantaged or Vulnerable Individuals or Groups*.
- » World Bank (2016). *Managing the Risks of Adverse Impacts on Communities from Temporary Project Induced Labor Influx*.

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- » Arango, D., Morton, M., Gennari, F., Sveinung, K., Ellsberg, M. (2014). *Interventions to prevent or reduce violence against women and girls: a systematic review of reviews*. World Bank Group.
- » Bott, S., Morrison, A., Ellsberg, M. (2005). *Preventing and responding to gender-based violence in middle and low-income countries: a global review and analysis*. Policy Research Working Paper no. WPS 3618. World Bank Group.
- » Willman A., and Corman, C. (2013). *Sexual and Gender-Based Violence: What is the World Bank Doing and What Have We Learned, A Strategic Review*. World Bank Group.
- » World Bank (2020g). *Citizen Engagement and Stakeholder Consultations during COVID-19*.

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<sup>lxxxviii</sup> Please note that the resources include hyperlinks for easy access.

- » World Bank (2020h). *Women's Economic Participation in Iraq, Jordan and Lebanon*.
- » World Bank (2019). *Gender-Based Violence in Fragile, Conflict, and Violence Situations. FCV Health Knowledge Note*.
- » World Bank (2018). *Women Economic Empowerment Study - MENA*.
- » World Bank (2013). *Opening Doors: Gender Equality and Development in the Middle East and North Africa. MENA Development Report*.
- » World Bank, Global Women's Institute and IDB (2015a). *Violence Against Women and Girls Resource Guide: Education Sector Brief*
- » World Bank, Global Women's Institute and IDB (2015b). *Violence Against Women and Girls Resource Guide: Transport Sector Brief*
- » World Bank, Global Women's Institute and IDB (2014a). *Violence Against Women and Girls Toolkit*.
- » World Bank, Global Women's Institute and IDB (2014b). *Violence Against Women and Girls Resource Guide: Health Sector Brief*
- » World Bank and Sexual Violence Research Initiative (n.d.). *Working with Adolescents and Youths to Reduce GBV*. Development Marketplace: Innovations to Address Gender-based Violence.
- » World Bank and Sexual Violence Research Initiative (n.d.). *Technology and Gender-Based Violence*. Development Marketplace: Innovations to Address Gender-based Violence.
- » World Bank and Sexual Violence Research Initiative (n.d.). *Interventions to Reduce Gender-Based Violence in Humanitarian Settings*. Development Marketplace: Innovations to Address Gender-based Violence.
- » World Bank and Sexual Violence Research Initiative (n.d.). *Shifting Cultural Norms to Address GBV*. Development Marketplace: Innovations to Address Gender-based Violence.
- » World Bank and Sexual Violence Research Initiative (n.d.). *Economic Empowerment to Address Gender-Based Violence*. Development Marketplace: Innovations to Address Gender-based Violence.

## External Resources

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### Online Platforms, Knowledge Hubs, and Databases

- » Association for Progressive Communication, *Online Gender-Based Violence*.
- » European Institute for Gender Equality, *Methods and Tools for Combating Gender-Based Violence*
- » *GBV Guidelines Knowledge Hub*.
- » Gender Based Violence AoR / Global Protection Cluster. Field Support and Helpdesk.
- » International Organization for Migration. Institutional Framework for Addressing GBV in Crises
- » *Sexual Violence Research Initiative*.
- » UN Population Fund. GBV portal.
- » UN Women. Global Knowledge Platform to End Violence against Women.

### Handbooks and Practical Guidelines

- » GBV Information Management System (2017). Inter-Agency GBV Case Management Guidelines.
- » Gender Based Violence AoR / Global Protection Cluster (2020). Handbook for Coordinating Gender-based Violence Interventions in Emergencies.
- » Gender-Based Violence AoR (2021a). *Facilitator's Guide: Understanding and Applying the IASC Minimum Standards for GBV in Emergencies Programming*.

- » Gender-Based Violence AoR (2021b). *Facilitator's Guide : Understanding and Applying the IASC Minimum Standards for GBV in Emergencies Programming – The Contextualization Tool*.
- » International Rescue Committee (2015). Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies.
- » Jhpiego GBV Quality Assurance Tool for post-violence care in health facilities.
- » UK Aid Direct (2020) What Works to Prevent Violence against Women and Girls.
- » UNICEF (2018). *Systems Strengthening and GBViE Programming*.
- » UNICEF (2012). Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings. First Edition.
- » UNFPA (2020). Understanding and Applying the Inter-Agency Minimum Standards for GBV in Emergencies Programming.
- » UNFPA (2019). The Inter-Agency Minimum Standards for GBV in Emergencies Programming.
- » UNFPA (2018). *Managing Gender-Based Violence Programmes in Emergencies E-Learning and Companion Guide*.
- » UNFPA (2015). *Reporting on Gender-Based Violence in the Syria Crisis: Good Practices in the Media*.
- » UNFPA (2006). *Human Rights-Based Programming: What It Is*.
- » UN Women / ILO (2019). Handbook. Addressing Violence and Harassment Against Women in the World of Work.
- » UN Women (2019). Essential Services for Women and Girls Subject to GBV.
- » UN Women (2015). A framework to underpin action to prevent violence against women.
- » USAID (2008). Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators.
- » WHO (2020). Clinical management of rape and intimate partner violence survivors.
- » WHO (2019). *RESPECT Women: Preventing violence against women*.
- » WHO (2017). *Responding to children and adolescents who have been sexually abused*.
- » WHO (2014). *Healthcare for women subject to intimate partner violence or sexual violence*.
- » WHO (2005). Researching Violence Against Women. A Practical Guide for researchers and Activists.

### COVID-19 specific resources

- » Inter-Agency Standing Committee (2020). *Identifying and Mitigating Gender-Based Violence Risks within the COVID-19 Response*.
- » Johnson, K. et al. (2020). The impact of COVID-19 on services for people affected by sexual and gender-based violence.
- » Neetu, J. Casey, S. Carino, G., and McGovern, T. (2020). *Lessons Never Learned: Crisis and gender-based violence. Developing World Bioethics*, 20(2), 65-68.
- » UN Women and Translators without Border (2020). *COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement*.
- » Yaker, R. and Erskine, D. (2020). *GBV Case Management and the COVID-19 Pandemic*. GBV AoR Help Desk.

### MENA-specific resources

- » Aaad and Oxfam (2018). *Working with men in the law enforcement and justice sectors to promote women's access to justice: a review of approaches, challenges, and lessons in the MENA region*.
- » Adra, N. et al. (2020) Women, violence and exiting from violence with a gendered approach: MENA region and diaspora.

- » Amado L. E. (2005). Sexual and bodily rights as human rights in the Middle East and North Africa.
- » Bayan Global and USAID (2016). **Countering Gender-Based Violence Initiative – MENA: Situational Analysis.**
- » Birchall, J. (2020). Gender-sensitive security and justice interventions in Sub-Saharan Africa, MENA and South Asia.
- » Elghossain, T., Bott, S., Akik, C., Makhlof Obermeyer, C. (2019). **Prevalence of intimate partner violence against women in the Arab world: A systematic review.** BMC International Health Human Rights, 19,29.
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- » Solomon, H. et al. (2021). Beyond Patriarchy: Gender, Islam and the MENA Region. In: Arab MENA Countries: Vulnerabilities and Constraints Against Democracy on the Eve of the Global COVID-19 Crisis.
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- » UNESCWA and the UN Entity for Gender Equality and the Empowerment of Women (2017). **Estimating costs of marital violence in the Arab region: Operational model.**
- » UNHCR (2014). Sexual and Gender-Based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa.
- » UNICEF (2018). A Profile of Violence against Children and Adolescents in the Middle East and North Africa.
- » UN Women Arab States (n.d.). **Facts and Figures: Ending Violence against Women and Girls.**
- » UN Women, UNDP, the United Nations Team of Experts on the Rule of Law and Sexual Violence in Conflict (2018). **Accountability for Sexual Violence in Conflict: Identifying Gaps in Theory and Practice of National Jurisdictions in the Arab Region.**



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## LEGAL FRAMEWORKS REVIEWED

### International Conventions and Treaties

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## Constitutions

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- » Constitution of Palestine 2003.
- » Permanent Constitution of the State of Qatar 2004.
- » Syrian Arab Republic Constitution of 2012.
- » Constitution of Tunisia 2014.
- » United Arab Emirates' Constitution of 1971 with amendments.
- » Constitution of the Republic of Yemen 2015.

## Country GBV Legislation

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- » Egypt, Presidential Decree Promulgating Law No. 11 of 2011.
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- » Egypt, Law no. 126 of 2008 amending the provisions of the Child Law.
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- » Iraq, Law No. 28 of 2012 Combating Trafficking in Persons.
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- » Kuwait, Law No. 91 of 2013 Combating Trafficking in Persons and Smuggling of Migrants.
- » Lebanon, Law No. 293 of 2014 on the Protection of Women and Family Members from Domestic Violence.
- » Lebanon, Law no. 164 of 2011 Punishment for the Crime of Trafficking in Persons.
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- » Libya, Law no. 20 of 1991 on the Consolidation of Freedom.
- » Libya, Decision No. 119 of 2014 addressing the situation of the victims of sexual violence.
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- » Oman, Royal Decree No. 126 of 2008, the Law Combating Human Trafficking.
- » Qatar, Law No. 15 of 2011 on Combating Trafficking in Human Beings.
- » Saudi Arabia, Law on Protection from Abuse, Royal Decree No. M/52 of 2013.
- » Saudi Arabia, Suppression of the Trafficking in Persons Act, Royal Decree M/40 of 2009.
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- » Tunisia, Law No. 58 of 2017 on the Elimination of Violence against Women.
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- 463 Regarding physical domestic violence, some countries (Bahrain, Lebanon, Morocco and Tunisia) have a broad definition, which includes physical and sexual abuse, physical and sexual damages and/ or death. In terms of psychological violence, the most common definition, found in the legal frameworks of Algeria, Bahrain, Lebanon, Morocco and Saudi Arabia, includes verbal and emotional harm, psychological abuse, and exploitation. Iraq provides an exhaustive list of psychological abuse, including "humiliating, insulting, belittling, intimidating, psychological pressure, suicide due to domestic violence, cutting off social relations, and marriage to settle feuds". The economic dimension of domestic violence varies the most across the region, such as economic harm (Morocco), leaving family members without sufficient means to support basic needs (Saudi Arabia), intimidation to deprive of financial resources (Bahrain), economic assault, which leads to economic damage (Tunisia), forced begging and forced sex work (Lebanon), orders to quit employment and forced prostitution (Iraq).
- 464 Morocco, Law no. 103-13 on Combating Violence against Women 2018.
- 465 Gender Justice and Equality before the Law, UNDP, 2019, page 47
- 466 Lebanon, Law 293 of 2014, art 12.
- 467 Lebanon, Law 293 of 2014, art 12.
- 468 See Jordan Law on Protection from Domestic Violence, Law no. 15 of 2017, art. 2. Also, Lebanon's Penal Code (art. 503) explicitly states that rape is "the forced sexual intercourse [against someone] who is not his wife by violence or threat"
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- 472 Bahrain, Law no. 17 of 2015 concerning Protection against Domestic Violence, art 1.
- 473 Djibouti Penal Code, art 343.
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- 478 It is important to note that in Tunisia, Jordan, and Morocco the divorce procedure is equal for both men and women, while in Algeria and Bahrain, the repudiation of marriage by men can be accepted only through the court, and in case both parties agree to it (Musawah 2019).

- 479 Exceptions are Algeria (Family Law of 2005, art. 87) and Tunisia (Personal Statute Code, art. 67), where both divorced men and women can become guardians for their children after the marriage dissolution. However, in Algeria post-divorce guardianship is annulled, if a woman re-marries, although the same condition does not apply to men (Family Law of 2005, art. 56). Similarly, in Egypt, the law stipulates that if a woman remarries, custody of her children from a previous marriage is transferred to the children's father or grandmother (Law No. 4 of 2005).
- 480 Bahrain Penal Code art 344; Djibouti Penal Code art 326; Egypt Presidential Decree Promulgating Law No. 11 of 2011; Kuwait Penal Code art 186; Libya Penal Code art 368, 398; Israeli Penal Law 5735-1977 art 435.
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- 485 Bahrain Criminal Code, art 344; Egypt Penal Code art 267 and 268; Iraq Penal Code art 393; Jordan Penal Code art 292-295; Morocco Penal Code art 486; Oman Penal Code art 257; and Syria Penal Code art 489.
- 486 Libya Penal Code art 407; Morocco Penal Code art 486. Related to the definition of rape, according to Djibouti's Penal Code (art 343), rape is an act of sexual penetration, committed on another person with the use of violence, constraint, or threat. A detailed definition can be also found in the Penal Code of Tunisia, according to which rape is defined as any "act resulting in intercourse, regardless of the nature or the method used, against a female or male without the person's consent" (art 226(3)). On the contrary, the Criminal Code (art 224) in Iran does not define rape but considers it as a form of adultery or physical assault, depending on the context of the case.
- 487 Imprisonment is foreseen in Algeria (Penal Code art 336); Bahrain (Penal Code Decree-Law No. 15 of 1976); Djibouti (Penal Code of 1995, art 324 and 325); Egypt (Penal Code 58 of 1938, article 267); Lebanon (Penal Code art 503); Morocco (Penal Code art 486); and Oman (Penal Code sec. 225, 226). See also CEDAW 2017b and UN Human Rights Committee, General comment no. 20: Prohibition of torture or other cruel, inhuman or degrading treatment or punishment (article 7) (1992) (A/44/40).
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- 493 UNDP 2019a.
- 494 Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, and State of Palestine ratified the 1950 protocol, while Algeria, Bahrain, Qatar, Saudi Arabia, Syria, Tunisia, United Arab Emirates, and Yemen have done so with the reservations of some articles.
- 495 National legislation exists in Bahrain, Djibouti, Egypt, Iraq, Jordan, Morocco, Oman, Qatar, and Syria. Penal Code provisions applicable to trafficking exist in Algeria, Kuwait, Lebanon, Libya, West Bank and Gaza, and Saudi Arabia. Yemen's legislation considers slavery as a criminal offense, although no provisions on human trafficking are available under domestic law. UNDP 2019.

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- 509 Djibouti Family Code 2002 art 13; Iraq Personal Status Law 1959; Jordan Personal Status Law 2010 art 10a and 10b; Egypt Child Law 2008 art 31-bis; Morocco Family Code art 20-21; Oman Personal Status Law Sec. 7; Saudi Arabia Child Protection Law; Syria Law No. 59 Art 16; Tunisia Code du Statut Personnel 2012 art 5 and 6; Gaza The Presidential Decree of 4 November 2019; UAE Personal Status Act Sec. 30.
- 510 Bahrain Personal Status Code/Family Law (16 years); Kuwait Personal Status Law art 26 (15 for women, 17 for men); Qatar Family Law art 17 (16 for women, 18 for men); Iran Civil Code art 1041. Information on West Bank (15 for girls and 16 for boys), see Azzouni, Suheir (2010) in Sanja Kelly and Julia Breslin, eds., (2010).
- 511 Algeria Code de la famille 1984, article 7; Libya, Law No. 10 of 1984 on Marriage and Divorce Provisions and the Effects Thereof, art 8.
- 512 UNICEF 2011 for Lebanon; Human Rights Council 2009 for Saudi Arabia; OECD 2019 SIGI for Yemen.
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- 516 In all countries, marriage below the specified minimum legal age is practiced either due to the decision of the judge or permission of the guardian.
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- 523 In addition, the Bank has contributed to some of these changes in places like Jordan where the Second Equitable Growth and Job Creation Programmatic Development Policy Financing is addressing harassment in public transportation and at the workplace. See <https://www.worldbank.org/en/country/jordan/brief/second-equitable-growth-and-job-creation-programmatic-development-policy-financing>.

- 524 Algeria, Penal Code, Articles 333bis and 341bis; Bahrain, Penal Code, Article 350; Djibouti, Penal Code, Article 326; Egypt, Penal Code, Article 306 bis A; Jordan, Penal Code, Article 305; Kuwait, Penal Code, Articles 191-192; Morocco, Penal Code, Article 503; Qatar, Penal Code, Article 291; Syria, Criminal Code, Articles 505-506; Tunisia, Penal Code, Article 226; United Arab Emirates, Penal Code, Article 358; Yemen, Criminal Code, Articles 270-274.
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- 526 Algeria, Law no 15-19, 2015; Bahrain data from UNDP 2018; Iraq 2015 Labor Law, Article 10; Jordan, Law No. 48 amending the Labor Code, 2008: Section Five; Libya Labor Relations Law, Article 12; Morocco, Labor Code, Article 40; Oman, Royal Decree No. 35/2003 Issuing the Labor Law, Articles 41(3) and 42; Kuwait, Saudi Arabia and UAE data from the OECD 2019 Social Institutions & Gender Index Report.
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- 532 Morocco, Labor Code, Article 40; Qatar, Penal Code, Article 291; Tunisia data from OECD (2019). Social Institutions & Gender Index.
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- 547 In addition, previous efforts include Algeria's 2008 National Strategy for the Promotion and Integration of Women that contained combating gender-based violence as a core principle (UNDP 2017). Qatar's National Development Strategy (2011-2016) included a section on domestic violence, and a General Strategy of the Family (2011-2016), with a strategic objective related to violence against women (ESCWA 2016). Yemen's National Strategy for Women's Development (2006-2015) contained "combatting violence against women" as one of its six objectives (OECD 2019).



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