



**ESSENTIAL SERVICES FOR  
ADOLESCENT  
GIRLS  
SUBJECTED TO  
VIOLENCE  
IN THE ARAB REGION**





# ACKNOWLEDGEMENTS

Gender-based violence (GBV) is a human rights violation and a public health crisis. Globally, data indicates that 30% of women aged 15 or older have experienced physical and/or sexual intimate partner violence or non-partner sexual violence, with numbers estimated to be higher in the Arab region. Adolescent girls, by virtue of their age, can be particularly exposed to intimate partner violence, child marriage and female genital mutilation. There are also growing new challenges facing them, such as technology-facilitated gender-based violence which has become especially salient during the COVID-19 pandemic. While gender-based violence negatively impacts adolescent girls' bodily autonomy, agency and control over their lives, adolescent girls are nonetheless often neglected in GBV research, programming and services. This translates into systems and services that are insufficiently equipped for their needs and for the respect of their rights.

Coordinated, age-responsive essential services are required for the prevention and response to GBV to mitigate the adverse impacts of violence on adolescent girls in a way that is specific to their realities. Following the guiding framework of the Essential Services Package, the current paper is an effort to provide an initial mapping into the availability and delivery of GBV essential services for adolescent girls and to provide recommendations to strengthen GBV prevention and response services for adolescent girls in the Arab region.

The study is targeted at policy-makers, researchers, programmers, civil society and other professionals in the field of gender-based violence and in adolescent girls programming.

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# ACRONYMS

ASRO	Arab States Regional Office
CMR	Clinical management of rape
CSE	Comprehensive sexuality education
CSO	Civil society organization
ESP	Essential services package
FGD	Focus group discussion
GBV	Gender-based violence
IPV	Intimate partner violence
MoE	Ministry of Education
MoH	Ministry of Health
SRH	Sexual and reproductive health
TF-GBV	Technology-facilitated gender-based violence
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNODC	United Nations Office on Drugs and Crime
VAC	Violence against children
VAWG	Violence against women and girls
WHO	World Health Organization

# DEFINITIONS & TERMINOLOGY

Unless otherwise cited, these definitions have been adopted directly from UNFPA's [kNOwVAWdata Key Terminology](#); further information on each of the GBV-related terms and the usage can be found therein.

TERM	DEFINITION
Adolescents	An adolescent is a person aged 10 to 19. <sup>1</sup>
Children	A child is someone below the age of 18. <sup>2</sup>
Domestic violence	'Domestic violence (DV) refers to abusive behaviour (physical, sexual, emotional violence and neglect) that occurs within the private, domestic sphere, generally between individuals who are related through blood or intimacy. In most contexts, 'intimate partner violence' (IPV) is the main type of domestic violence, but in some societies violence by in-laws can also be the most dominant form. The term, 'domestic violence' should be used carefully in order to avoid confusion, since (1) it overlaps with 'intimate partner violence' and 'gender-based violence' and (2) it is not confined to women. For example, domestic violence also includes child abuse and elderly abuse in the domestic sphere.'
Gender-based violence*	'Gender-based violence (GBV), in its original meaning, is 'violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty'. (...) 'Gender-based violence, which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms under general international law or under human rights conventions, is discrimination within the meaning of Article 1 of the Convention on the Elimination of All Forms of Discrimination Against Women.' (General recommendations made by the Committee on the Elimination of Discrimination against Women, 1992)' 'While the terms 'gender-based violence' and 'violence against women' are frequently used interchangeably in literature and by advocates, the term 'gender-based violence' highlights the gender dimension, in other words, the relationship between (1) women's subordinate status in society and (2) their increased vulnerability to violence because of unequal power relations and gender roles. The use of the term 'gender-based violence' provides a context in which to examine and understand the phenomenon of violence against women. It shifts the focus from women as survivors to gender and the unequal power relationships between women and men created and maintained by gender stereotypes as the basic underlying cause of violence against women (UNIFEM, 2001). This also means that women can be survivors of gender-based violence perpetrated by other women to reinforce the patriarchal order, as for example from their own mother or their mother-in-law.'

<sup>1</sup> UN Youth (2013) Definition of Youth. Available at: <https://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>

<sup>2</sup> Convention on the Rights of the Child (1989). Available at: <https://www.unicef.org/child-rights-convention/convention-text>

Intimate partner violence	'Intimate Partner Violence (IPV) usually consists of a pattern of assaultive and coercive behaviours, including physical, sexual and psychological attacks, as well as economic coercion, by a current or former intimate partner. It can occur within heterosexual or same-sex relationships and does not require sexual relations. Garcia-Moreno et al (2005) define intimate partner violence as "behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological abuse and controlling behaviours.'
Technology facilitated gender-based violence	'An act of violence perpetrated by one or more individuals that is committed, assisted, aggravated and amplified in part or fully by the use of information and communication technologies or digital media, against a person on the basis of their gender.' <sup>3</sup>
Violence against children	'This package defines children as all persons aged under 18 years, and therefore defines violence against children as violence against all persons aged under 18 years. According to WHO, violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (9). Violence thus includes more than acts leading to physical harm. Its consequences are far wider than deaths and injuries, and can include communicable and noncommunicable disease, psychological harm, risky behaviours, educational and occupational underachievement and involvement in crime.' <sup>4</sup>

\*Whilst this definition was used, heavy emphasis was placed during this research on the rootedness of GBV in social hierarchy and the resulting unequal power relations. 'Adulthood' is a particular form of social hierarchy that perpetuates unequal power relations between children/young people and adults. Crucially, it informs expectations of obedience to parental or other adult authorities and restricts girls' participation in and control over their own lives. This emphasis on the inequality in decision making and expectation of deference to adults informs how adolescent girls experience violence and whether/how adolescent girl survivors seek out support and essential services.<sup>5</sup>

<sup>3</sup> UNFPA (2021) Making all spaces safe: Technology assisted GBV. Available at: <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-TFGBV-Making%20All%20Spaces%20Safe.pdf>

<sup>4</sup> WHO, UNICEF, et al (2016) INSPIRE: Seven strategies for ending violence against children. Available at: <https://www.who.int/publications/item/9789241565356>

<sup>5</sup> Child, Early and Forced Marriage and Unions (CEFMU) and Sexuality Working Group (2022) Girls' sexuality and child, early, and forced marriages and unions: A conceptual framework. Available at: [https://www.girlsnotbrides.org/documents/1780/Girls\\_sexuality\\_and\\_CEFMU\\_Conceptual\\_framework.pdf](https://www.girlsnotbrides.org/documents/1780/Girls_sexuality_and_CEFMU_Conceptual_framework.pdf)





# INTRODUCTION

As part of its mandate to prevent and respond to gender-based violence and to promote adolescent and youth development, UNFPA ASRO seeks to ensure that adolescent girl survivors and those at risk of GBV across the region have access to the preventive, protective and responsive services that they need. This report presents the findings of a review of existing international and regional guidelines and standards for the provision of GBV essential services for adolescent girls; in addition, it presents regional recommendations derived from a mapping of health, legal, education and social services designed specifically for adolescent girls in five countries: Iraq, Jordan, Palestine, Sudan and Tunisia.

# PROJECT BACKGROUND

UNFPA, together with UN Women, UNDP, UNODC and WHO, has engaged in the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence in response to the 2013 Commission on the Status of Women's agreed conclusions.<sup>6</sup> In 2015, these five UN agencies developed and launched the Essential Services Package (ESP) to ensure greater access for all women and girls who have experienced GBV, particularly IPV, to a coordinated set of essential and high quality multi-sectoral services in the health, legal and social sectors.

Over the past several years of programmatic implementation, a consensus has emerged within the Arab States Regional Office (ASRO) and UNFPA globally, as well as amongst partner organizations and implementing agencies, around the need to strengthen the ESP to be responsive to the unique needs of adolescent girls as there is a risk of overlooking them both in GBV and VAC programming.<sup>7</sup> Firstly, although the ESP is intended to be responsive to all survivors of GBV, more emphasis should be placed on the age-specific and intersectional needs of adolescent girls. Secondly, to have a comprehensive strategy to prevent and respond to GBV, further recognition should be given to all forms of violence, including harmful practices, that are experienced by adolescent girls in ASRO - including, FGM and child marriage. Specifically, there is a need to ensure that GBV interventions are adolescent girl-responsive and those related to FGM and child marriage are integrated systematically into GBV programming. Thirdly, given that the ESP centres primarily on systems' GBV response, more attention should be given to prevention, including the increasingly-recognised role that responses play in mitigating further violence and/or breaking cycles of violence. In relation to adolescents, prevention efforts should extend to comprehensive sexuality education in light of a nascent evidence base of its effectiveness in preventing violence.<sup>8</sup> Finally, there is a need to understand how the ESP interacts with other, interlinked tools that support the prevention and response to GBV, including the INSPIRE strategies for ending VAC.<sup>9</sup>

In order to advance the consensus around the need to strengthen the ESP for adolescent girls, UNFPA ASRO commissioned a research project in mid-2022 to provide a more comprehensive overview of the strengths and weaknesses of current GBV prevention and response services for adolescent girls in order to identify the opportunities moving forward.

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<sup>6</sup> UN Women (2013) Elimination and prevention of all forms of violence against women and girls. 2013 Commission on the Status of Women Agreed Conclusions. Available at: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/57/CSW57-AgreedConclusions-A4-en.pdf>

<sup>7</sup> UN Women (2013) Elimination and prevention of all forms of violence against women and girls. 2013 Commission on the Status of Women Agreed Conclusions. Available at: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/57/CSW57-AgreedConclusions-A4-en.pdf>; Engel, Danielle et al. (2021) Safety and a Supportive Environment: Essential Conditions for Adolescent Well-Being. Available at: [https://orca.cardiff.ac.uk/id/eprint/142560/1/eng\\_06\\_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf](https://orca.cardiff.ac.uk/id/eprint/142560/1/eng_06_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf) Last accessed 26 August 2022; Ellsberg, M., A. Vyas, B. Madrid, M. Quintanilla, J. Zelaya and H. Stöckl (2017) Violence Against Adolescent Girls: Falling Through the Cracks? Background paper. Ending Violence in Childhood Global Report 2017. Available at: [https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Falling%20through%20the%20Cracks\\_Background%20Paper%20\(1\).pdf](https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Falling%20through%20the%20Cracks_Background%20Paper%20(1).pdf)

<sup>8</sup> See Goldfarb E & Lieberman L.D. (2021) Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health*, 68(1), 13 - 27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>.

<sup>9</sup> WHO, UNICEF, et al (2016) INSPIRE: Seven strategies for ending violence against children. Available at: <https://www.who.int/publications/i/item/9789241565356>.

# RESEARCH APPROACH

The overall objective of the research was to map the existence of essential services for adolescent girls across five countries - Iraq, Jordan, Palestine, Sudan and Tunisia - and to make recommendations for more coordinated preventive and responsive services for adolescent girls across the region. Three primary research questions guided the project and form the backbone of this report:

1. *How (well) do the existing standards and guidelines aimed at preventing and responding to GBV address the needs and rights of adolescent girls?*

This question aimed at determining the extent to which the current ESP and other tools, guidelines and standards for responding to/preventing violence, FGM and CM currently address the needs of adolescent girls. The research also sought to determine the extent of the overlap and intersection between various tools to get a full picture of the guidelines available for implementation.

2. *To what extent are GBV essential services available for adolescent girls?*

In response to this question, the research identified the preventive and responsive services for adolescent girls in five countries using the methods explained below.

3. *What recommendations can be drawn for the enhancement of the ESP with regard to rights-based GBV prevention and response for adolescent girls across the Arab region of UNFPA?*

This question aimed to elicit recommendations derived from international/regional guidelines and the case study development in five countries that lays the ground-work for the adaptation of ESP programming for adolescent girls in the Arab States region.

The entirety of the research adopted an intersectional, human rights-based approach. This entailed questioning the extent to which guidelines are adequate for adolescent girls who experience marginalization(s), including on the basis of ethnicity, (dis)ability, gender, marital status, migratory/refugee status, place of residence, and/or socio-economic status. Further, this research was grounded in an understanding of adolescent girls as rights-holders, including of sexual and reproductive rights, with evolving capacities to make autonomous decisions about their bodies and lives. Whilst adolescent girls living in humanitarian contexts were considered in the data collection, this was not the focus of this research; however, where available, data on the services available to them was integrated into the five case studies, and the regional recommendations stemming from them are included here in this report.

# ANALYSIS

Gender-based violence is a human rights violation and a public health crisis. Globally, estimates indicate that 30% of women aged 15 or older has experienced physical and/or sexual IPV or non-partner sexual violence.<sup>10</sup> These experiences of violence begin early in life, and adolescence is generally considered a time of heightened vulnerability.<sup>11</sup> Across the world, one-fifth of adolescent girls are married or cohabiting with a male sexual partner,<sup>12</sup> and an estimated 650 million women alive today were married before their eighteenth birthday.<sup>13</sup> Almost one in four (24%) ever-partnered adolescent girls aged 15 to 19 have experienced physical and/or sexual violence from a male intimate partner.<sup>14</sup> Moreover, forced first sexual experience has been estimated at 12% globally, and around 15 million adolescent girls aged 15 to 19 years have experienced forced sex in their lifetime.<sup>15</sup> An estimated 100 million women of reproductive age have experience female genital mutilation/cutting, though there is significant variance between regions and countries.<sup>16</sup> Whilst adolescent girls experience forms of violence common amongst children of all ages - such as maltreatment by caregivers - during this time of life, new forms of violence emerge or increase, due in part to norms related to gender and sexuality that concretize and intensify during adolescence.<sup>17</sup> These new forms of violence include IPV (between adolescents and with adult partners), child marriage, and female genital mutilation.

Adolescents experience violence in every facet of their lives, including in the home, at school and on the streets. Common experiences of violence within school environments include corporal punishment, physical fights, sexual harassment and/or bullying by classmates.<sup>18</sup> During the COVID-19 pandemic, the incidence and impact of GBV has become even more pronounced. Efforts to address GBV have been undermined by reductions in the provision of preventive and responsive services and by increases in the incidence of violence, including against adolescent girls. At the outset of the pandemic, for example, UNFPA estimated that 2 million cases of FGM and 13 million child marriages would occur during the pandemic that would have otherwise been averted.<sup>19</sup>

<sup>10</sup> WHO (2021) Prevalence and health effects of intimate partner violence and non-partner sexual violence. Available at: <https://www.who.int/publications/i/item/9789240022256>.

<sup>11</sup> Alessandra Guedes, Sarah Bott, Claudia Garcia-Moreno & Manuela Colombini (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children, *Global Health Action*, 9:1, DOI: 10.3402/gha.v9.31516

<sup>12</sup> UNFPA (no date) Child marriage. Available from: <https://www.unfpa.org/child-marriage#readmore-expand>

<sup>13</sup> UNICEF (2018) Child marriage: Latest trends and future prospects. Available at: <https://data.unicef.org/resources/child-marriage-latest-trends-and-future-prospects/>

<sup>14</sup> Engel, Danielle et al. (2021) Safety and a Supportive Environment: Essential Conditions for Adolescent Well-Being. Available at: [https://orca.cardiff.ac.uk/id/eprint/142560/1/eng\\_06\\_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf](https://orca.cardiff.ac.uk/id/eprint/142560/1/eng_06_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf) Last accessed 26 August 2022.

<sup>15</sup> Engel, Danielle et al. (2021) Safety and a Supportive Environment: Essential Conditions for Adolescent Well-Being. Available at: [https://orca.cardiff.ac.uk/id/eprint/142560/1/eng\\_06\\_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf](https://orca.cardiff.ac.uk/id/eprint/142560/1/eng_06_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf) Last accessed 26 August 2022.

<sup>16</sup> Leen Farouki, Zeinab El-Dirani, Sawzan Abdulrahim, Christelle Akl, Chaza Akik, Stephen J. McCall (2022) The global prevalence of female genital mutilation/cutting: A systematic review and meta-analysis of national, regional, facility, and school-based studies. Available at: <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004061#sec018>

<sup>17</sup> Kägesten A, Gibbs S, Blum RW, Moreau C, Chandra-Mouli V, Herbert A, et al. (2016) Understanding Factors that Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review. *PLoS ONE* 11(6). <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0157805>

<sup>18</sup> Engel, Danielle; Seema Vyas, Satvika Chalasani, José Roberto Luna, Alexandra Robinson (2022) Violence against adolescents: prevention must cross the divide between children and women. *BMJ* 2022; 379 doi: <https://doi.org/10.1136/bmj-2021-067682>

<sup>19</sup> UNFPA (2020) Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. Available at: [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf)

Whilst TF-GBV is estimated to have increased with the expansion of technology globally over the past several decades, the ongoing COVID-19 pandemic was a catalyst for increased use of online spaces, including for schooling, by young people.<sup>20</sup> A further study conducted in 2021 in the 51 countries with the highest internet penetration showed that, globally, 38% of women with internet access have experienced violence online themselves, whilst 85% have witnessed it being perpetrated against another woman. The same study also indicated that younger women are more likely to have experienced TF-GBV.<sup>21</sup>

Women and girls in the Arab region are amongst the most vulnerable populations in the world, with the region ranking lowest on the Global Gender Index. Across the region, GBV is the most common rights violation experienced by women and girls.<sup>22</sup> At 37%, the Arab States region<sup>23</sup> has the second highest lifetime prevalence of IPV, whilst amongst girls aged 15 to 19 it is estimated at 29.4% - higher than the global prevalence for this age group.<sup>24</sup>

Many other forms of violence, including child marriage and FGM, that are experienced disproportionately by adolescent girls persist across Arab states, with their prevalence varying significantly within the region. The region has some of the highest prevalence rates of both practices. In Iraq, Somalia and Yemen, up to one third of girls are married before the age of 18; in contrast, the prevalence of this practice is very low in Algeria, Tunisia and Qatar.<sup>25</sup> Whilst the region showed a quick decline in child marriage compared with other regions, with drop from 1 in 3 to 1 in 5 in the past 25 years, this progress appears to have stalled in the past decade due, at least in part, to the humanitarian situation in the region.<sup>26</sup> This has important implications for GBV. In Jordan, for example, the Ministry of Social Development reported in 2017 that 60% of women survivors of GBV were also married as children.<sup>27</sup>

The rates of FGM also are very high in some countries with nationally representative data; data shows that 70% of women between the ages of 15 to 49 have undergone FGM in Djibouti; this percentage is 87% in Sudan, 86% in Egypt, 19% in Yemen, and 7% in Iraq.<sup>28</sup> In contrast, there are no reports of the practice in Morocco, Algeria, Palestine and Tunisia.

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<sup>20</sup> UNFPA (2021) Making all spaces safe. Available at: <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA-TFGBV-Making%20All%20Spaces%20Safe.pdf>

<sup>21</sup> The Economist Intelligence Unit (2021) Measuring the prevalence of online violence against women. Available at: <https://onlineviolencewomen.eiu.com/>

<sup>22</sup> Plan International (2020) The protection of young women and girls in the Middle East and Northern Africa (MENA). Accessible at: <https://reliefweb.int/report/syrian-arab-republic/protection-young-women-and-girls-middle-east-and-northern-africa-mena>

<sup>23</sup> The WHO prevalence report cited herein uses a regional grouping called the Eastern Mediterranean Region that encompasses many of the same states that comprise UNFPA's Arab States region.

<sup>24</sup> WHO (2015) Prevalence and health effects of intimate partner violence and non-partner sexual violence. Available at: <https://www.who.int/publications/i/item/9789241564625>. Last accessed 26 August 2022.

<sup>25</sup> UNFPA, UNICEF MENA Regional Office, UN Women Regional Office for Arab States, United Nations Economic and Social Commission for Western Asia (ESCWA), UNFPA Arab States Regional Office, UNESCO Beirut Office, UNDP Regional Bureau for Arab States, the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP), the World Health Organization (WHO), Plan International, and Terre des Hommes Foundation. (2021) Situational analysis of women and girls in the MENA and Arab region. Available at: [https://arabstates.unfpa.org/sites/default/files/pub-pdf/54949\\_-\\_design\\_mena\\_sitan\\_report.pdf](https://arabstates.unfpa.org/sites/default/files/pub-pdf/54949_-_design_mena_sitan_report.pdf)

<sup>26</sup> UNFPA, UNICEF, Women's Refugee Commission, & Johns Hopkins University (2020) Child marriage in humanitarian settings in the Arab region. Available at: <https://arabstates.unfpa.org/sites/default/files/pub-pdf/child-marriage-arab-states-synthesis-report-final.pdf>; UNICEF (no date) A Profile of child marriage in the Middle East and North Africa. Available at: <https://www.unicef.org/mena/media/2641/file/MENA-ChildMarriageReport.pdf>

<sup>27</sup> The Arab states CSOs and Feminists Network (no date) Putting an end to gender-based violence in the Arab region. Accessible at: <https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/2021/07/GBV-Policy%20Paper-AR.pdf>

<sup>28</sup> The Arab States CSOs and Feminists Network (no date) Putting an end to gender-based violence in the Arab region. Accessible at: <https://arabstates.unwomen.org/sites/default/files/Field%20Office%20Arab%20States/Attachments/2021/07/GBV-Policy%20Paper-AR.pdf>; EHHS, 2021

Humanitarian contexts in various countries in the Arab region exacerbate the risks for girls in relation to sexual violence, exploitation and child marriage, in large part because of the disruption to preventive and responsive services needed by adolescent girl survivors.<sup>29</sup> Studies show that the effects of FGM in humanitarian contexts, for example, have a range of consequences that mirror those in non-humanitarian contexts but, when set against a backdrop of increased vulnerability, are compounded; these include infections, pain, fistula, disfigurement, infectious diseases and death.<sup>30</sup>

The impact of violence, in all its forms, is felt across countries and contexts, as well as across the lifespan. Gender-based violence has been shown to have a significant, adverse impact on a range of health, development, social, emotional and educational indicators for adolescents generally and adolescent girls specifically, the consequences of which can last a lifetime.<sup>31</sup> Unintended pregnancy, sexually transmitted infections, substance use, obesity and risk of premature death have all been linked to experiences of violence in adolescence.<sup>32</sup> Further, when experiences of violence intersect and overlap with other forms of vulnerability or marginalization that interfere with access to support services for adolescent girls, the negative outcomes are compounded; in particular, adolescent girls living in humanitarian settings have a heightened risk of exposure to violence.<sup>33</sup>

*'Violence in childhood and adolescence, have been shown to have significant negative impacts on brain development and health and social development, poor educational outcomes, early and unwanted pregnancy, increased risk of mental health disorders, difficulties in social and emotional functioning, increased risk-taking, sexually transmitted infection, substance use, obesity, and risk of premature death. The experience or even the threat of violence can interrupt or fully disable adolescents' access to entitlements, autonomy, and social participation, limiting their control over their lives and choices.'*<sup>34</sup>

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<sup>29</sup> UNFPA, UNICEF MENA Regional Office, UN Women Regional Office for Arab States, United Nations Economic and Social Commission for Western Asia (ESCWA), UNFPA Arab States Regional Office, UNESCO Beirut Office, UNDP Regional Bureau for Arab States, the Food and Agriculture Organization of the United Nations (FAO), the World Food Programme (WFP), the World Health Organization (WHO), Plan International, and Terre des Hommes Foundation. (2021) Situational analysis of women and girls in the MENA and Arab States Region. Available at: [https://arabstates.unfpa.org/sites/default/files/pub-pdf/54949\\_-\\_design\\_mena\\_sitan\\_report.pdf](https://arabstates.unfpa.org/sites/default/files/pub-pdf/54949_-_design_mena_sitan_report.pdf) Last accessed 26 August 2022.

<sup>30</sup> UNFPA and Women's Refugee Commission (2021) FGM in Humanitarian Settings in the Arab Region: Gaps and priorities for prevention and response programming. Available at: [https://arabstates.unfpa.org/sites/default/files/pub-pdf/fgm\\_in\\_humanitarian\\_settings\\_in\\_the\\_arab\\_region\\_unfpa\\_2021.pdf](https://arabstates.unfpa.org/sites/default/files/pub-pdf/fgm_in_humanitarian_settings_in_the_arab_region_unfpa_2021.pdf)

<sup>31</sup> Engel, Danielle; Seema Vyas, Satvika Chalasani, José Roberto Luna, Alexandra Robinson (2022) Violence against adolescents: prevention must cross the divide between children and women. *BMJ* 2022; 379 doi: <https://doi.org/10.1136/bmj-2021-067682>

<sup>32</sup> Engel, Danielle et al. (2021) Safety and a Supportive Environment: Essential Conditions for Adolescent Well-Being. Available at: [https://orca.cardiff.ac.uk/id/eprint/142560/1/eng\\_06\\_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf](https://orca.cardiff.ac.uk/id/eprint/142560/1/eng_06_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf) Last accessed 26 August 2022. See also Schneider M, Hirsch JS. (2020). Comprehensive Sexuality Education as a Primary Prevention Strategy for Sexual Violence Perpetration. *Trauma Violence Abuse*. <https://journals.sagepub.com/doi/abs/10.1177/1524838018772855>; and De La Rue, Lisa; Joshua R. Polanin; Dorothy L. Espelage; Terri D. Pigott (2014) School-Based Interventions to Reduce Dating and Sexual Violence: A Systematic Review. *Campbell Systematic Reviews* Vol 10: 1. <https://onlinelibrary.wiley.com/doi/10.4073/csr.2014.7>

<sup>33</sup> Schlecht, J., Lee, C., Kerner, B. et al. (2017) Prioritizing programming to address the needs and risks of very young adolescents: a summary of findings across three humanitarian settings. *Confl Health* 11 (Suppl 1), 31. <https://doi.org/10.1186/s13031-017-0126-9> and Kågesten, A.E., Zimmerman, L., Robinson, C. et al. (2017) Transitions into puberty and access to sexual and reproductive health information in two humanitarian settings: a cross-sectional survey of very young adolescents from Somalia and Myanmar. *Confl Health* 11 (Suppl 1), 24. <https://doi.org/10.1186/s13031-017-0127-8>

<sup>34</sup> Engel, Danielle et al. (2021) Safety and a Supportive Environment: Essential Conditions for Adolescent Well-Being. Available at: [https://orca.cardiff.ac.uk/id/eprint/142560/1/eng\\_06\\_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf](https://orca.cardiff.ac.uk/id/eprint/142560/1/eng_06_adol-wbeing-bkg-ppr-6-safety-and-supportive-environment-final.pdf) Last accessed 26 August 2022.

# ADOLESCENT GIRLS AND GBV ESSENTIAL SERVICES

The available data indicates that the prevalence of violence is high amongst adolescent girls; that new forms of violence emerge during this period of life that disproportionately affect girls; and that the impact can be life-long. Despite this, adolescent girls are often neglected in GBV research, programming and services.<sup>35</sup> Girls above the age of 15 are included in research on VAW in some contexts but not others, and research on VAC tends to focus on younger age groups.<sup>36</sup> This leaves a sizable gap in data on adolescent girl survivors that, in turn, translates into systems and services that are insufficiently equipped for their needs. Adolescent girls slip through the cracks between child protection systems, which often are designed for younger children, and the systems intended to respond to GBV, which focus on the mostly adult women who are married or cohabiting.<sup>37</sup>

Coordinated, essential services are required for the prevention and response to GBV to mitigate the adverse impacts of violence on adolescent girls in a way that is specific to their realities. These services include many of those provided by the health, legal, and social services sectors that are included in the ESP. In addition, given the crucial role that the education sector plays in the lives of adolescents, it is also included as a sector involved in GBV services for this age group. These services include, but are not limited to:

- **health** services such as identification of survivors of IPV; first line support; care of injuries and urgent medical treatment; sexual assault examination and care; mental health assessment and care; and documentation (medico-legal);
- **education** to equip adolescent girls with knowledge, attitudes and skills needed to prevent violence amongst and between adolescents, as well as mitigate the consequences and provide safe environments for support seeking;
- **legal** services such as legal aid; assessment/investigation; pre-trial, trial and post-trial processes; perpetrator accountability and reparations; safety and protection; assistance and support; communication and information; and
- **social services** such as crisis information and counselling; help lines; safe accommodations; mental health and psychosocial support, material and financial aid, including cash transfers; creation, recovery, replacement of identity documents; legal and rights information, advice and representation, including in plural legal systems; and connection with/referral to children's services.<sup>38</sup>

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<sup>35</sup> Alessandra Guedes, Sarah Bott, Claudia Garcia-Moreno & Manuela Colombini (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children, *Global Health Action*, 9:1, DOI: [10.3402/gha.v9.31516](https://doi.org/10.3402/gha.v9.31516)

<sup>36</sup> Alessandra Guedes, Sarah Bott, Claudia Garcia-Moreno & Manuela Colombini (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children, *Global Health Action*, 9:1, DOI: [10.3402/gha.v9.31516](https://doi.org/10.3402/gha.v9.31516)

<sup>37</sup> Alessandra Guedes, Sarah Bott, Claudia Garcia-Moreno & Manuela Colombini (2016) Bridging the gaps: a global review of intersections of violence against women and violence against children, *Global Health Action*, 9:1, DOI: [10.3402/gha.v9.31516](https://doi.org/10.3402/gha.v9.31516)

<sup>38</sup> UNFPA et al (2015) GBV Essential services package: Modules 2 - 5. Available at: <https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence>

Ensuring that adolescent girls who are at risk of or have experienced GBV have access to essential services is about more than the menu of services provided; it is about the way that they are provided and the extent to which state systems and CSOs support them to navigate the myriad of barriers they face. In other words, service providers must ensure the availability, accessibility, acceptability and quality of services.<sup>39</sup> Many such barriers are rooted in gender norms<sup>40</sup> that dictate the boundaries for adolescent girls' (sexual) behaviour; deference to parents and other adult authorities; and the social acceptability of their access to certain services, particularly SRH services. Further, girls are often held responsible for the harassment and violence they face during adolescence which, in turn, impacts on their willingness to seek support and services.<sup>41</sup>

*'Many young people grow up in hegemonic societies where gender norms reinforce ideals of male strength and control as well as female vulnerability and need for protection. These notions often create boundaries of appropriate dress, education, behaviour, and occupations for girls and boys alike. With the onset of puberty, adolescents are exposed to new expectations from adults and peers that, in turn, shape their expectations of themselves and those around them.'*<sup>42</sup>

Globally, understandings of adolescent-responsive services are more developed in the health sector,<sup>43</sup> and studies focused on the provision of SRH services over the past two decades indicate that there have been increased efforts across most regions of the world to consider the unique needs of adolescents. Despite advances, however, gaps still remain and barriers persist.<sup>44</sup> A recent study across 16 countries in the Arab States region revealed that the availability of SRH services is low and that there is a dearth of health providers trained in the specific needs of adolescents. Further, adolescents do not believe that privacy and confidentiality will be guaranteed for them and that the personal beliefs and values of health care providers determine their attitudes and behaviours towards adolescent clients - findings echoed through this research. These factors are compounded by the legal requirement to have parental consent before accessing services or information in various countries. Across the region, there is also a strong perception amongst adolescents, health providers and communities that SRH services are for married women only; as such, 'youth' services are often integrated within clinics that also serve adults and do not cater to those who are in school during the working day. Unmarried adolescents - particularly girls - who attempt to access services are stigmatised given the perception that they are sexually active.<sup>45</sup> On the part of the health system, there is limited investment in adolescent health in many contexts in the Arab states, resulting in a lack of clinical guidance and training for providers; poor coordination between sectors involved in the health and well-being of adolescents; and insufficient facilities, equipment and medication to address

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39 See General Comment 14 of the Committee on Economic, Social and Cultural Rights, Available at: <https://uniteforreppr.org/wp-content/uploads/2018/01/G0043934-1.pdf>

40 UNFPA, UNICEF (2020) Technical note on gender norms. Available at: <https://www.unfpa.org/resources/technical-note-gender-norms>

41 Child, Early and Forced Marriage and Unions (CEFMU) and Sexuality Working Group (2022) Girls' sexuality and child, early, and forced marriages and unions: A conceptual framework. Available at: [https://www.girlsnotbrides.org/documents/1780/Girls\\_sexuality\\_and\\_CEFMU\\_Conceptual\\_framework.pdf](https://www.girlsnotbrides.org/documents/1780/Girls_sexuality_and_CEFMU_Conceptual_framework.pdf); see also WHO, UNICEF, et al (2016) INSPIRE: Seven strategies for ending violence against children. Available at: <https://www.who.int/publications/i/item/9789241565356>

42 Julie Pulerwitz, Robert Blum et al (2019) Proposing a Conceptual Framework to Address Social Norms That Influence Adolescent Sexual and Reproductive Health. *Journal of Adolescent Health*. 64:S7-9. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6426762/pdf/main.pdf>

43 See WHO (no date) Strengthening adolescent-responsive health systems. Available at: <https://www.who.int/activities/strengthening-adolescent-responsive-health-systems>

44 Chandra-Mouli V, Lane C, Wong S. (2015) What Does Not Work in Adolescent Sexual and Reproductive Health: A Review of Evidence on Interventions Commonly Accepted as Best Practices. *Glob Health Sci Pract*. 31;3(3):333-40. doi: 10.9745/GHSP-D-15-00126; UNFPA (no date) Universal health coverage and adolescent sexual and reproductive health. Available at: [https://asiapacific.unfpa.org/sites/default/files/pub-pdf/asrh\\_factsheet\\_7\\_uhc.pdf](https://asiapacific.unfpa.org/sites/default/files/pub-pdf/asrh_factsheet_7_uhc.pdf)

45 UNFPA & Center for Public Health Practice (CPHP) at the Faculty of Health Sciences (FHS) at the American University of Beirut (AUB) (2022) Assessment of adolescent- and youth-friendly health services in the Arab region. Available at: <https://arabstates.unfpa.org/en/publications/assessment-adolescent-and-youth-friendly-health-services-arab-region>



adolescents' needs.<sup>46</sup> Given all of these 'supply' and 'demand' side barriers, more attention is merited to ensure that services address adolescent girls' age- and gender-specific rights and needs.<sup>47</sup>

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<sup>46</sup> UNFPA & Center for Public Health Practice (CPHP) at the Faculty of Health Sciences (FHS) at the American University of Beirut (AUB) (2022) Assessment of adolescent- and youth-friendly health services in the Arab region. Available at: <https://arabstates.unfpa.org/en/publications/assessment-adolescent-and-youth-friendly-health-services-arab-region>

<sup>47</sup> UNFPA (2020) Technical note on adolescent girl responsive health systems. Available at: <https://www.unfpa.org/resources/technical-note-adolescent-girl-responsive-systems>

# METHODOLOGY

This section lays out the methodology followed in responding to the research questions and is presented in the order in which the various components of the research were undertaken.

## **International/regional literature review**

As a first step, UNFPA colleagues from global, regional and country offices shared existing international and regional publications that contained norms, standards and/or guidelines for GBV programming and services. Given the study's explicit integration of child marriage and FGM, specific publications on these two topics were also requested and shared. The bibliographies of these documents were searched for further relevant publications. In addition, online searches using Google and Google Scholar were conducted in English and Arabic for relevant guidelines using search terms such as: gender-based violence/VAW; adolescent girls/young women and girls; and guidelines/standards. The websites of various UN partners, including UN Women, UNICEF and UNESCO, were also referenced. A full list of the international and regional literature referenced can be found in Annex 1.

All of the publications were reviewed in a consistent manner to understand how existing GBV guidance relates to adolescent girls. The following questions guided the review:

- Which rights-based GBV preventive services/interventions should be in place for adolescent girls across health, police/justice and social sectors?
- Which rights-based GBV response services/interventions should be in place for adolescent girls across health, police/justice and social sectors?
- Which strategies, policies and laws across the health, police/justice and social sectors should be in place to ensure rights-based GBV prevention and response for adolescent girls?
- How should the intersectionality of the GBV response for adolescent girls be integrated into GBV prevention/response efforts?
- How should the known barriers to services' accessibility, acceptability and availability to adolescent girls be mitigated?
- What are the opportunities for integration between sectors and between GBV, FGM and CM services/interventions?
- Which actors (civil society/government/private) are providing which services and where?  
How are the GBV services/interventions for adolescent girls funded and supported?

## **Mapping framework development**

Standards related to GBV prevention and response services for adolescent girls were extracted from the publications reviewed for the three sectors in the ESP - i.e. health, legal and social services - as well as for the cross-cutting standards of coordination and governance applicable to adolescent girls. Given the stated interest in focusing more on prevention and ensuring the inclusion of marginalized adolescent girls, standards were also extracted for the education sector and for humanitarian responses.

The extraction of standards was done in two different ways. Firstly, where there were standards (or indicators) specific to adolescent girls or young women, these were pulled out into the mapping framework for the relevant sector. Secondly, the researchers applied an intersectional, girl-centred human rights analysis to identify standards that, whilst not explicit, were relevant to adolescent girls.

The mapping framework tool itself was created in a Google sheet, with tabs for each of the abovementioned five sectors, as well as tabs labelled Introduction, Data, Stakeholders, Coordination and Governance (see Annex 2). The relevant standards were inserted therein, and guiding questions were developed for each. Space was provided in the tool for the entry of data against each guiding question. Although not exhaustive, the mapping framework was utilised in this research to organize the existing standards/guidelines and to organize the country-level research to determine which services and support exist for adolescent girls survivors. The mapping framework can be used and updated by UNFPA ASRO and COs in the future to ensure the availability of recent data and literature in relation to prevention and response to GBV, including, harmful practices against adolescent girls.

## **Country level data collection and case study development**

Copies of the mapping framework were created for each of the 5 countries to guide data collection to form the basis of the report. Desk review of country documents; FGDs with government and CSOs; and a survey with young people were the methods used. The tools used can be found in Annexes 3 and 4.

Each of the five UNFPA country offices submitted documents relevant to GBV and adolescent girls from their contexts. These were reviewed as a first step, and from the bibliographies of these documents, further relevant documents were found for each country. In addition, Google searches were conducted in English and Arabic using key search terms (see above) for each country. In analysing these documents, the mapping framework served as a guiding framework, and outlines for the country case studies were made within it.

In preparation for the FGDs, discussion guides were developed (see Annex 3a and 3b). In each of the five countries, two focus groups were scheduled: one with UN and government representatives and the other with CSO representatives. UNFPA country offices identified participants for both FGDs, whilst the researchers also identified participants from their own networks. The UN participants came primarily from UNFPA, and government participants were from a range of state institutions including ministries of health, social services, women and justice. Many of the government officials were directly involved in GBV programming. The CSO representatives were primarily those involved in the day-to-day provision of services

across the countries, and many were also involved in advocacy for ending GBV. All the FGDs were conducted on Zoom in Arabic and lasted between one and two hours, depending on the number of participants. The calls were recorded and then transcribed into Arabic using Sonix.ai. An English translation of each transcript was produced using Google Translate and subsequently cleaned by a native Arabic speaker.

The youth survey was drafted in a Google form (see Annex 4), and versions in both English and Arabic were created. It was disseminated through the UNFPA country offices, Y-PEER coordinators and other CSOs in each country with a request for responses from adolescents and young people up to age 24 of any gender. The survey was left open throughout the data collection period.<sup>48</sup>

The document review material alongside the FGD and survey data were analysed to formulate each country's case study. The data from the case studies was synthesised as the basis of this report to provide an initial picture on regional trends across the different sectors. All five case studies followed the same format, wherein analysis was done primarily by sector (health, education, legal and social services) with other cross-cutting themes explored therein.

## Limitations

The timeline for this project meant that the scope for youth participation was limited. Understanding young people's - and particularly adolescent girls' - perspectives on what they need from GBV essential services and the barriers and gaps that exist is crucial to formulating strategies, policies and funding targeting their needs. The youth survey was a first step toward understanding young people's opinions on what services and support exists for adolescent girl survivors. However, it was understood that their meaningful involvement in essential services guidelines and programming will be enhanced following the finalisation of this project.

Another limitation was the scope for the involvement of a range of stakeholders at the country level; this, too, related to the timeline for the project. Focus groups were scheduled and where invited participants could not attend, the discussions were not rescheduled. In two instances, this resulted in a focus 'group' of one person. However, the perspectives of those who could not attend were sought through written questionnaires sent after the FGD. Related to this is the lack of involvement from sectors that are not traditionally considered as being within the GBV prevention and response mechanisms, including those within child protection systems and the education sector.

Whilst the researchers attempted to gather as much documentation as possible for the review, there are undoubtedly key documents that have been missed out. The existing standards and guidelines cut across a multitude of sectors and areas of programming, including youth-friendly SRH service provision; VAWG; school-related GBV; comprehensive sexuality education; child marriage; FGM; gender and justice; and humanitarian responses. It was challenging to piece together the full picture and to identify which standards and guidelines are most used across the world and in the Arab region. However, every effort was made to find and review relevant publications, and stakeholders across UNFPA's global, regional and country offices contributed the documents that they considered to be most relevant for review.

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<sup>48</sup> Fewer than 10 responses were received for Tunisia, Palestine and Jordan, whilst more than 250 responses were received for Iraq.



# INTERNATIONAL AND REGIONAL STANDARDS AND GUIDELINES

This section presents findings in relation to the first research question: *How (well) do the existing standards and guidelines aimed at preventing and responding to GBV address the needs and rights of adolescent girls?* The findings draw exclusively from the desk review of international and regional (i.e. not national) standards and guidelines and are presented below by sector, following the format found in the ESP.

There are a wide range of international and regional human rights instruments that mandate the elimination of VAW of all ages, including adolescent girls. Amongst these are the Convention on the Elimination of All Forms of Discrimination against Women; Vienna Declaration and Platform for Action; Declaration on the Elimination of Violence Against Women; Beijing Declaration and Platform for Action; the 2030 Agenda for Sustainable Development ; and, at the regional level, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa and the Arab Charter on Human Rights. Several of these documents address the specific forms of violence (or 'harmful practices') experienced by adolescent girls in some parts of the Arab region, including child marriage and FGM, and make explicit calls for ending these practices. Flowing from these human rights instruments are a range of publications that establish standards and guidelines for programming and policy in relation to GBV and harmful practices at the global and regional levels.

The extent to which existing international and regional standards and guidelines include adolescent girls varies in breadth and depth from publication to publication, organization to organization, country to country. The publications can be divided into the following 3 general 'categories' (see Annex 1) based on the ways in which they include adolescent girls and GBV:

1. those that focus on gender-based violence and include general norms, standards and guidelines for all age groups;
2. those that focus on children and adolescents in relation to specific health or rights issues, such as child marriage, sexual abuse or VAC (generally); and
3. those that focus on issues that typically only affect adolescent girls such as child marriage or FGM.

The first category of publications typically recognise violence as a phenomenon that affects women and girls across the life cycle. In these documents, the guidance in relation to adolescent girls is often buried within broader standards for GBV services, making it difficult to draw out the specifics for the 10-19 age category, or it does not exist at all. Further, there is often no recognition of the importance of various aspects of services (e.g. being non-judgmental or ensuring privacy) and/or of the role of state systems in ensuring that adolescent girls can

overcome the unique socio-cultural challenges that they face in accessing services. Further, these documents do not address all types of GBV experienced by adolescents, given the focus on IPV and the exclusion of topics such as TF-GBV, child marriage, FGM and forced sexual debut.

The second category of publications have adolescents as an age group of focus but a) focus in on a specific type of GBV and/or b) apply generally to both girls and boys. These publications do not provide holistic programming or policy guidance for GBV prevention and response for adolescent girls, nor do they consider the full breadth of violence as experienced by the age group.

Lastly, the third category shows that there are norms, standards and guidelines that focus on issues typically experienced by adolescent girls - i.e. child marriage and FGM - but that do not consider these in the broader context of violence against girls in this age group. Further, there is scant guidance on the coordination and integration of child marriage and FGM prevention/response into broader efforts to end GBV against adolescent girls, with the exception of guidance on child marriage in humanitarian settings. Indeed, the INSPIRE package to ending VAC specifically excludes FGM in its seven strategies, given that 'consolidated guidance already exists elsewhere.'<sup>49</sup>

All available publications were reviewed to draw out standards for health, legal, education and social GBV essential services for adolescent girls. In addition, information was drawn out in relation to the coordination and governance of these essential services and humanitarian contexts were considered in a cross-cutting manner. Table 1 provides an overview of the 'components' of essential services for adolescent girls, by sector. Following this, each of the sub-sections provides an overview of the current content and gaps in international and regional standards and guidelines, as well as a table of questions developed as part of the mapping framework that guided the case study development. The full list of components, standards and guiding questions can be found in the mapping framework in Annex 2.

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<sup>49</sup> WHO, UNICEF, et al (2016) INSPIRE: Seven strategies for ending violence against children. Available at: <https://www.who.int/publications/i/item/9789241565356>

Table 1: Overview of mapping framework of GBV prevention and response services for adolescent girls

SECTOR	COMPONENTS FOR ADOLESCENT GIRLS
Health	<ul style="list-style-type: none"> <li>● Sectoral policy</li> <li>● Health information for adolescent girls</li> <li>● Identification of adolescent girl survivors</li> <li>● Principles of girl-responsive healthcare</li> <li>● History-taking and physical examination of girls</li> <li>● Service availability for girls</li> <li>● Integration of services for girls</li> <li>● Accessibility of services for girls</li> <li>● Equity of access to health services for girls</li> <li>● Quality of health services for girls</li> </ul>
Legal/Justice	<ul style="list-style-type: none"> <li>● Sectoral policy</li> <li>● Laws related to GBV and adolescent girls</li> <li>● Girl-centred law enforcement and policing</li> <li>● Girl-centred legal proceedings</li> <li>● Equity in access to justice for girls</li> <li>● Quality of legal services for girls</li> </ul>
Education	<ul style="list-style-type: none"> <li>● Sectoral policy (including CSE)</li> <li>● Whole school approaches to ending GBV</li> <li>● Equity in access to education for girls</li> <li>● Quality of education for girls</li> </ul>
Social	<ul style="list-style-type: none"> <li>● Sectoral policy</li> <li>● Economic empowerment for girls</li> <li>● Crisis services for girls</li> <li>● Social norms transformation</li> <li>● Child protection</li> <li>● Equity of access to social services for girls</li> <li>● Quality of social services for girls</li> </ul>
Coordination and governance	<ul style="list-style-type: none"> <li>● Multisectoral policy</li> <li>● Coordination mechanisms and referral pathways for girls</li> <li>● Civil society engagement</li> <li>● Financial resources for girls</li> <li>● Principles of working with/for girls</li> <li>● Monitoring, evaluation and research on GBV and adolescent girls</li> </ul>



## Health sector

There are more guidelines and standards for health services than for any other type of GBV preventive or responsive service for adolescent girls. Many of the specific health services required by all survivors - including adolescent girls - are found in the *Essential Services Package for Women and Girls Subject to Violence*, whilst standards related to equity, quality and principles relevant to services for adolescent girls are typically found separately in standards on youth-friendly SRH services or quality health care for adolescents. Health services for survivors include the identification of violence; history taking and physical examination; first line support; psychosocial and mental health support (or referrals); contraceptive services; HIV and STI post-exposure prophylaxis; safe abortion care to the full extent of the law; and integration with other adolescent health services related to nutrition, substance misuse and healthy behaviours. In the provision of all of these services, the principles of adolescent girl-responsive care should be applied and care differentiated appropriately, e.g. based on individuals' evolving capacities and best interest.

COMPONENT	GUIDING QUESTIONS
Sectoral policy	Is there a national GBV policy/plan/strategy for the health sector that includes adolescent girls?
	Is there a national GBV standard operating procedure/protocol in place for the health sector that includes adolescent girls?
	How is the health sector integrated into policies/strategies/plans around the prevention and response to child marriage?
	How is the health sector integrated into policies/strategies/plans around the prevention and response to FGM?
	Is there a national standard operating procedure/protocol in place for the provision of adolescent/youth responsive/friendly services?
Health information for girls	Is written information on GBV available in healthcare settings that serve adolescent girls?
	Is information on FGM and women's health available for adolescent girls living with FGM?
	What are the modes of outreach for sharing information with adolescent girls - including marginalized adolescent girls - about the availability of GBV services?
Identification of girl survivors	Are there guidelines for identifying adolescent survivors of GBV within the health sector?
	Are there health sector guidelines for identifying survivors of child marriage and/or FGM or those at risk?
Principles of girl-responsive health care	Are there guidelines for providing non-judgmental, supportive care for adolescent girls who have experienced GBV?
	Are there guidelines for ensuring that adolescent girls are afforded privacy during consultations with health care providers?
	Are there guidelines on how to assess the evolving capacity of adolescent girls in the context of GBV services?
	Are adolescent girls able to consent to services without the involvement of a parent/caregiver/spouse?
	Under which circumstances, if any, is it mandatory to report violence against adolescent girls to third parties?

History taking and physical examination of girls	Are there specific guidelines for history-taking for adolescent girls? If so, how do they differ from the guidelines for adults?
	Can adolescent girls be interviewed without the presence of a parent or caregiver?
	Are there specific guidelines for conducting a physical examination for adolescent girls that follow the WHO guidelines?
	Do health care providers document the findings of their medical history and examinations of adolescent GBV survivors in a manner that aligns with WHO guidelines?
Service availability for girls	Is adolescent girl-responsive first line support available?
	Are there referral pathways from the health sector to other sectors that are specific to adolescent girls' needs?
	Are the following GBV preventive and responsive health services available for adolescent girls:
	Counselling and service provision for a range of modern contraceptives
	Sexual counselling for preventing/treating female sexual dysfunction amongst women living with FGM
	Antenatal, childbirth and postnatal care, including emergency obstetric and newborn care
	Prevention, detection and management of reproductive cancers, especially cervical cancer
	Information, counselling and services for subfertility and infertility
	Information, counselling and services for sexual health and well-being
	Promotion of healthy behaviour (e.g., nutrition, physical activity, no tobacco, alcohol or drugs)
	Prevention, detection and management of anaemia, especially for adolescent girls. Iron supplementation where appropriate
	Emergency contraception
	Safe abortion care to the full extent to the law
	Sexually transmitted infection prophylaxis
	HIV post-exposure prophylaxis
	Psycho-social support
	Mental health assessment
	Mental health treatment
	Deinfibulation (in alignment with WHO guidelines)
	Are GBV services for adolescent girls integrated with other adolescent health services, e.g. for nutrition, mental health, substance use and/or chronic illness?

Integration of services for girls	How are GBV services (including in relation to child marriage and FGM) for adolescents integrated into the health care system?
	Are GBV services for adolescent girls provided in an integrated or fragmented manner within health care institutions?
	Are there sufficient entities within the country that provide GBV services for adolescent girls?
Accessibility of services for girls	Are the operational hours of service providing institutions suitable for adolescents?
	Are services provided at low or no cost?
	Is the waiting time for the services minimised for adolescent girl survivors of GBV?
	Are the distances to health care facilities convenient for adolescents?
	Are translation services available for adolescent girls seeking services?
Equity of access to health services for girls	Are there targeted interventions for the inclusion of specific groups of marginalized adolescent girls?
	Are GBV services available to migrant adolescent girls and/or those with refugee status?
	Are GBV services available to adolescent girls with disabilities?
Quality of health services for girls	Which types of healthcare providers (e.g. nurses, doctors, midwives, nutritionists, outreach workers) are trained in the provision of GBV services for adolescent girls?
	How are such health care providers trained in GBV services for adolescent girls? (i.e. which topics are covered that are specific to the provision of service to adolescent girl survivors of GBV?)
	How do health care providers receive training on adolescent-responsive GBV services?
	Are health care providers given information on child marriage and FGM as well as related health risks for adolescent girls?

## Education sector

Globally, the education sector has articulated a range of standards and guidelines for policies and programmes that aim to prevent and respond to GBV; however, these efforts are not integrated well into the GBV programming and services provided by other sectors or national coordination mechanisms and, if applied, are not evaluated for effectiveness. Prominent in the standards and guidelines is a call for governments to adopt a national policy on CSE that covers all the key concepts articulated in the *International Guidelines on Sexuality Education*. The 'Education and life skills' strategy in the INSPIRE package for ending VAC identifies the importance of adolescent IPV prevention programmes as a key approach by the education sector. INSPIRE and guidelines on school-related GBV highlight the need for 'whole school approaches' for GBV prevention and response should be adopted that support the creation of safe environments within schools that ensure that violence is identified; that girls are supported in reporting violence; that educators and staff are trained to respond; and that girls can access referrals for the services that they require. Further, many resources point to the importance of training for educators to be able to identify and respond to all forms of violence, including child marriage and FGM.

COMPONENT	GUIDING QUESTIONS
Sectoral policy	Is there a national GBV strategy/plan/policy for the education sector that includes adolescent girls?
	Is there a national policy for school-related GBV (SRGBV)?
	Is there a national CSE/life skills curriculum in place?
	Which age groups receive sexuality education in schools?
	Which topics are included in relation to ITGSE key concept 1: relationships?
	Which topics are included in relation to ITGSE key concept 2: values, rights, culture and sexuality?
	Which topics are included in relation to ITGSE key concept 3: understanding gender?
	Which topics are included in relation to ITGSE key concept 4: violence and staying safe?
	Which topics are included in relation to ITGSE key concept 5: skills for health and well-being?
	Which topics are included in relation to ITGSE key concept 6: human body and development?
	Which topics are included in relation to ITGSE key concept 7: sexuality and sexual behaviour?
	Which topics are included in relation to ITGSE key concept 8: sexual and reproductive health?
	Are CEFM and FGM/C specifically included in the learning objectives for CSE in the country?
	Which organizations are providing out-of-school CSE?
	Which curricula are they using and to what extent do they cover all topics in the ITGSE?

Whole school approaches to ending GBV	What child protection systems are included in the education sector and at which levels?
	Are there referral links for GBV response services from schools?
	Are there safe transport options for girls to and from school?
	Is there an established and implemented code of conduct at all levels of the educational system?
	Are there incident management protocols in schools?
	Are there interventions aiming at increasing school enrolment at all educational levels?
	Are there interventions to lift financial barriers that prevent girls from going to school?
	Are there interventions to establish a safe and enabling school environment?
Equity in access to GBV education for girls	Are there appropriate WASH facilities for girls within schools?
	Are CSE/GBV prevention education programmes available for adolescent girls that do not attend school?
	Are there targeted interventions for the inclusion of specific groups of marginalized adolescent girls?
	Are there targeted interventions for migrant adolescent girls and/or those with refugee status?
	Are there targeted interventions for adolescent girls with disabilities?
	Are there targeted interventions for adolescent girls living in humanitarian or crisis settings?
Quality of GBV education for girls	Are there tailored approaches to CSE targeting other groups of adolescent girls that are at higher risk of violence in the country?
	Are there programmes for capacity-building of teachers and educational staff in relation to GBV, including child marriage and/or FGM where relevant?
	Are there programmes for capacity-building of teachers and educational staff in relation to GBV?

## Legal sector

Standards and guidelines for adolescent girls survivors' access to justice are limited. The focus in existing standards and guidelines is on ensuring that the legal framework itself is supportive for GBV survivors. The *Essential Services Package for Women and Girls Subject to Violence* is the only publication that includes a range of standards for supporting adolescent girls to navigate police and court systems. Most of these standards relate to the need to centre girls' best interests and evolving capacities through their participation and consultation, as well as provide training for police officers, lawyers and judges on girls' unique needs. Several other standards relate to the need to make the legal sector more adolescent-responsive through the consent and confidentiality processes used, as well as the adoption of specific procedures that protect girls from harm, e.g. banning media from trial proceedings involving minors.

COMPONENT	GUIDING QUESTIONS
Sectoral policy	Is there a national GBV policy/plan/strategy for the legal sector that includes adolescent girls?
Laws related to GBV and adolescent girls	Are there laws in force in relation to the following:
	Banning discrimination based on gender
	Banning domestic labour undertaken by children/adolescents
	Banning the violent punishment of children by parents, teachers and caregivers
	Criminalizing sexual abuse and exploitation of children
	Prevention of alcohol misuse
	Spousal or parental authorization for access to GBV health or other services
	Legal age of consent to sex for women
	Legal age of consent to sex for men
	Legal age of consent to same-sex sexual activity
	Minimum age for accessing contraceptive or other SRH services
	Minimum legal age of marriage
	Legal indications for abortion services
	Sexuality education or violence education in schools
	(Statutory) rape
	Marital rape
	Harassment
	Domestic violence
	Child marriage
	FGM
Equality in marriage	
Divorce	
Enforcement of national laws over customary laws	
Online violence or cybercrime	
Laws banning pregnant girls from attending school	

Girl-centred law enforcement and policing	Are there interventions/regulations to ensure that policing is girl-centred and gender-responsive?
	Adolescent-friendly interview rooms and techniques
	Participation of non-offending parent/relative, guardian, legal representative or appropriate child assistance authorities in all proceedings
	Support available for girls who want to file claims against perpetrators of violence
	Referrals available to support services needed (psychosocial, health, protection, etc)
	Disclosure of information and identity of the adolescent girl
Girl-centred legal proceedings	Are there interventions/regulations to ensure the justice system is girl-centred and gender-responsive?
	Girls being able to express their views in accordance with their age, abilities, intellectual maturity and evolving capacity across all legal proceedings
	Adolescent-friendly interview rooms and techniques
	Participation of non-offending parent/relative, guardian, legal representative or appropriate child assistance authorities in all proceedings
	Psychosocial and other support services on-site for girl survivors
	Trial timing protocols that consider girls' best interests
	Exclusion of the public and media from legal proceedings
	Modified courtroom environment for children/adolescents
	Separation from the accused at all times during the legal proceedings
	Consideration of girls' social and educational recovery and reintegration with regard to damages owed
Equity in access to justice for girls	Are there targeted interventions for the inclusion of specific groups of marginalized adolescent girls?
	Are there targeted interventions for migrant adolescent girls and/or those with refugee status?
	Are there targeted interventions for adolescent girls with disabilities?
	Are there targeted interventions for adolescent girls living in humanitarian or crisis settings?
Quality of legal services for girls	Do law enforcement officials receive training on adolescent- and gender-responsive GBV services? On child marriage? FGM?
	Do legal professionals receive training on adolescent- and gender-responsive GBV services? On child marriage? FGM?

## Social services sector

Standards and guidelines on social services cover a very wide array of interventions; however, what is severely lacking is a consideration of the additional barriers that adolescent girls face in accessing these services due to their age and related restrictions on mobility and/or access to financial means. Further, there is also no standardised guidance on how child protection systems should interact with GBV systems given the overlap between the 'child' and 'adolescent' age categories. Some of the interventions highlighted as important for adolescent girl survivors include hotlines, shelters, counselling, referrals, legal literacy training, and material resources. When adolescent girl survivors access social services, guidance indicates that this should trigger individualised care plans and follow-up from skilled professionals who are trained in adolescent girls' specific needs (i.e. adolescent-responsive case management). At the community level, social norms transformation programmes that address the values, attitudes and beliefs that underpin GBV, child marriage and FGM are crucial for prevention.

COMPONENT	GUIDING QUESTIONS
Sectoral policy	Is there a national GBV policy/plan strategy for the social services sector that includes adolescent girls?
Economic empowerment for girls	Are there economic empowerment programmes that target girls affected by GBV?
	Are there subsidies and support for safe transport (school bus, bicycle schemes) or enrolment and retention in education (school uniforms, school feeding programmes) for girls affected by GBV?
Crisis services for girls	Is crisis information widely available for and tailored to the needs of adolescent girls, including marginalized girls?
	Is crisis information available for parents, guardians, family and friends, work colleagues, police and health services who may have a role in assisting adolescent girls?
	Is there age-appropriate crisis counselling for adolescent girls?
	Are there helplines available that provide essential links to information, counselling and support services for adolescent girls experiencing violence?
	Are there shelters/safe houses for adolescent girls survivors of violence or those at risk of violence?
	Is there a protocol for unaccompanied minors, including for longer-term alternative care?
	Are there mechanisms for material and financial resources for immediate adolescent girls survivors?
	Are there interventions that allows adolescent girls survivors to create, recover or replace their identity documents?
	Are their programmes on legal literacy for adolescent girl survivors? (Including in plural legal systems)
	Do adolescents girls have access to skilled assistance from trained staff?
	Are individualised care plans available for adolescent girls who experience or are at risk of GBV?
Are services for adolescent girls provided free of charge?	



Social norms transformation	Are there prevention interventions for any of the following groups: men/ boys, parents, teachers, religious leaders, community leaders?
	Are there social norms transformation programmes aimed at parents, family members and other stakeholders in adolescent girls' lives?
	Are there social norm transformation programmes aimed at changing the attitudes, beliefs and norms that underpin GBV? Child marriage? FGM?
Child protection	To what degree have child protection systems mainstreamed attention to gender and to adolescent girls in particular?
	How well do child protection systems meet the needs of adolescent girls who experience violence? And how are they linked with GBV systems?
Equity of access to social services for girls	Do adolescent girls from marginalized communities have access to social services?
Quality of social services for girls	Do social workers receive training in the unique needs/realities of adolescent girls who experience or are at risk of GBV?

## Coordination and governance

Very few resources other than the ESP provide guidance on sustainable, effective coordination and governance models for GBV. Yet, it is clear through the sectoral guidance provided that GBV essential services for adolescent girls require multi-sectoral policy, planning and budgeting, as well as coordination across a broad range of actors from the health, legal, education, social and humanitarian sectors and civil society. From a human rights perspective, efforts must be made to include adolescent girls as well as youth- and girl-led organizations in the national coordination mechanism. Guiding the coordination and governance of services for adolescent girls should be the human rights principles of non-discrimination, privacy and confidentiality, participation and accountability. The application and real-life implementation of these principles requires a tailored approach - namely, a deep understanding of concepts such as evolving capacity and best interests. Whilst these 'child rights' concepts enjoy passing mentions in various publications, they deserve comprehensive attention in any guidance on the provision of services for adolescent girls. Doing so ensures that the unique vulnerabilities emanating from their legal status as minors; their social status within their communities; and any intersecting marginalization they face are considered. Monitoring, evaluation and research should prioritise age-disaggregated data on violence and include adolescent girls in needs assessment that inform programmes and services.

COMPONENT	GUIDING QUESTIONS
Multisectoral policy	Is there a national multisectoral plan/strategy for GBV that includes adolescent girls?
	Which sectors are indicated in the plan/strategy?
	Is there a multisectoral plan/strategy for child marriage? If so, how is it linked with the GBV plan/strategy?
	Is there a multisectoral plan/strategy for FGM? If so, how is it linked with the GBV plan/strategy?
Coordination mechanisms and referrals for girls	Is there a mechanism in place to ensure communication and cooperation between the various sectors on programming for adolescent girls? With community-based organizations?
	What are the referral pathways that exist between the sectors included in this framework?
	Are the roles, responsibilities and reporting lines of sectors engaged in the GBV prevention/response efforts for adolescent girls articulated and available?
	Does the coordination mechanism cover child marriage and/or FGM specifically? If not, how does it coordinate with other relevant government bodies that have oversight on these issues?
Civil society engagement	Are women's organizations working on GBV prevention/response funded by the government?
	Are youth/girl-led organizations working on GBV prevention/response funded by the government?
	How are they involved and integrated into the government's GBV prevention and response programmes?

Financial resources for girls	Are there guiding standards and principles for GBV resource allocation and policy-making at the local/provincial level that includes adolescent girls?
	Are financial resources allocated for the legal, education, health and social sectors' work on GBV prevention and response for adolescent girls?
	Are financial resources allocated for these sectors' work specifically on child marriage? On FGM?
	Are there assessments conducted on the adequacy, sufficiency, regularity and sustainability of funding for adolescent girls?
Principles of working with adolescent girls	Are multisectoral prevention and response efforts grounded in international human rights standards and principles in relation to adolescent girls, including 'do no harm'; 'best interests'; 'intersectionality' and 'evolving capacity'?
	Are GBV plans and programmes designed using participatory design that includes adolescent girls in the design process, the review and assessment of interventions?
	Is there a common understanding across coordinating agencies of the causes and consequences of GBV against adolescent girls?
Monitoring, evaluation and research on GBV and girls	Is data collected on the prevalence of GBV amongst adolescent girls in a manner that is consistent with international guidelines on collecting sex, age and disability disaggregated data?
	Is there a system for the regular collection of data on service utilisation and health outcomes of adolescent girl survivors at the facility level?
	Is there any research available on GBV amongst adolescent girls, particularly marginalized girls?

## Humanitarian contexts

Of particular relevance in the Arab region is the way in which essential services are provided to adolescent girls living in humanitarian contexts. Whilst there is increasing recognition of the ways in which development and emergency guidance are being used interchangeably, a multitude of existing standards that are specific to humanitarian settings, including the Minimum Interagency Standards for the Provision of GBV in Emergencies Programming, are currently available to guide programming and services.<sup>50</sup> However, few of these comprehensively focus on adolescent girls, and many of the GBV programmes and services for adolescent girls in humanitarian contexts have not been evaluated, given the difficulties associated with research involving transient populations.<sup>51</sup> Further, funding for GBV services is exceptionally low, accounting for just 0.12% of all humanitarian funding between 2016 and 2018; funding for adolescent girls is even less.<sup>52</sup>

In sum, crucial gaps exist in understanding of girls' experiences of violence in humanitarian settings and this is reflected in a scarcity of resources and girl-specific standards and guidelines.

*'Adolescent girls face elevated risks of gender-based violence in humanitarian settings because of the intersectionality of age and gender, and the additional and exacerbated risk factors relevant to emergencies. Because there is no clear division of labour between the gender-based violence and child protection sectors, adolescent girls are often neglected by both groups, and violence against this subpopulation goes unaddressed.'*<sup>53</sup>

Despite the scarcity of data and evidence, there are some general recommendations for GBV programming that are based in organizational and UN good practices. In sum, adolescent girls living in humanitarian contexts need access to health, education, social and legal services just as they would in non-humanitarian contexts. However, such services must be tailored to both meet their needs and to mitigate the specific risks to adolescent girls present in each context. Health care services is an area for which there are a number of general (non-adolescent specific) standards and guidelines that are, nonetheless, relevant to adolescent girls.<sup>54</sup> These call for immediate access to reproductive health care from the onset of emergencies and the establishment of a clear package of services and referral pathways.

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<sup>50</sup> UNFPA (2022) Addressing GBV Across Contexts - Guidance Note. Available at: [https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20GBVIE%20Guidance%20Note\\_ENv2.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20GBVIE%20Guidance%20Note_ENv2.pdf)

<sup>51</sup> Lindsay Stark, Ilana Seff, Chen Reis (2021) Gender-based violence against adolescent girls in humanitarian settings: a review of the evidence. *Lancet Child Adolesc Health* 2021; 5: 210-22. [https://prevention-collaborative.org/wp-content/uploads/2021/08/Stark\\_2021\\_GBV\\_against\\_Adolescents\\_Humanitarian\\_Settings.pdf](https://prevention-collaborative.org/wp-content/uploads/2021/08/Stark_2021_GBV_against_Adolescents_Humanitarian_Settings.pdf)

<sup>52</sup> International Rescue Committee and VOICE. Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls (2019), available from: <https://www.rescue.org/sites/default/files/document/3854/wheristhemoneyfinalfinal.pdf>

<sup>53</sup> Lindsay Stark, Ilana Seff, Chen Reis (2021) Gender-based violence against adolescent girls in humanitarian settings: a review of the evidence. *Lancet Child Adolesc Health* 2021; 5: 210-22. [https://prevention-collaborative.org/wp-content/uploads/2021/08/Stark\\_2021\\_GBV\\_against\\_Adolescents\\_Humanitarian\\_Settings.pdf](https://prevention-collaborative.org/wp-content/uploads/2021/08/Stark_2021_GBV_against_Adolescents_Humanitarian_Settings.pdf)

<sup>54</sup> See UNFPA et al (2019) The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. Available at: <https://www.unfpa.org/minimum-standards>; WHO, UNFPA, UNHCR (2020) Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings. Available at: <https://apps.who.int/iris/handle/10665/331535>; and WHO (2021) *Child and adolescent health in humanitarian settings: operational guide*. Available at: <https://apps.who.int/iris/bitstream/handle/10665/351255/9789290228172-eng.pdf>

Mental health and psychosocial support accessed within safe spaces are also considered crucial for adolescent girls.<sup>55</sup> Guidelines on GBV education in humanitarian settings are scarce, though general standards for education in emergencies dictates that curricula cover girls' empowerment and other life skills necessary to mitigate risks within their contexts.<sup>56</sup> As in non-humanitarian settings, education is seen as an entry point for promoting gender equality, peace and stability. Child protection systems and legal aid/support should also be available for adolescent girls who experience GBV.

The prevalence of FGM in humanitarian settings in the Arab States region, and the way it is impacted by conflict, migration and displacement, is largely unknown. The available literature shows the prevention interventions are mostly ad hoc in nature, rather than being part of longer-term strategies. The recommendations mentioned in literature aiming at improving FGM prevention and response strategies include the need for more research; more funding; and integration into multisectoral responses that are tailored to context.

Despite the global attention on ending child marriage, it is still not adequately prioritised in humanitarian crisis due to a shortage of funding, lack of coordination between different actors, unavailability of guidance on social norms change in humanitarian settings, and absence of clear data. The recent *Addressing Child Marriage in Humanitarian Settings: Technical Guide for Staff and Partners of the UNFPA-UNICEF Global Programme to End Child Marriage* demonstrates just how cross-cutting child marriage programming is within humanitarian responses and provides recommendations for programming for the protection, education, health, camp coordination/management, WASH, food security and early recover clusters.<sup>57</sup>

Whilst child marriage and FGM programming are often siloed from broader GBV programming in both humanitarian and non-humanitarian settings, there are efforts within the guidelines available to ensure better coordination. The *Inter-agency Inter-Agency Minimum Standards for Gender-based violence in Emergencies Programming*, for example, mentions child marriage and FGM as a forms of GBV to be addressed by health care providers and emphasise the importance of targeting adolescent girls with programming. In addition, there is emphasis in the aforementioned child marriage Technical Guide on the need to work closely with GBV and child protection actors in humanitarian settings.

*'GBV-specialized actors must target adolescent girls as a distinct population with unique needs due to their high risk of sexual violence, child marriage and/or early pregnancy, female genital cutting and/or mutilation, sexually transmitted infections, unsafe abortion and social/ psychological problems.'*<sup>58</sup>

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<sup>55</sup> Child and adolescent health in humanitarian settings: operational guide. Available at: <https://apps.who.int/iris/bitstream/handle/10665/351255/9789290228172-eng.pdf>

<sup>56</sup> International Network of Education in Emergencies (2012) Minimum standards for education: Preparedness, Response, Recovery. Available at: <https://spherestandards.org/wp-content/uploads/INEE-EN.pdf>

<sup>57</sup> UNFPA, UNICEF (2021) *Addressing Child Marriage in Humanitarian Settings: Technical Guide for Staff and Partners of the UNFPA-UNICEF Global Programme to End Child Marriage*. Available at: <https://www.unfpa.org/resources/addressing-child-marriage-humanitarian-settings-technical-guide-staff-and-partners-unfpa>

<sup>58</sup> UNFPA et al (2019) *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. Available at: <https://www.unfpa.org/minimum-standards>

# FINDINGS: REGIONAL OVERVIEW

This section responds to the second research question: *to what extent are GBV prevention and response services available for adolescent girls?* It contains a regional synthesis of the findings from the five country case studies in relation to the health, legal, education and social sectors as well as the coordination and governance mechanisms for adolescent girls.

Across the five countries, levels of **help-seeking** amongst all women survivors of GBV is low; whilst age-disaggregated data is unavailable for adolescent girls in the 15 - 19 age group, it is projected to be much lower than the percentage of adult women who seek support. The most recent data on support-seeking from Tunisia, for example, indicates that 42% of women had never told anyone about their experience.<sup>59</sup> In Palestine, 60% of ever married women aged 15 to 64 who have experienced violence by their husband prefer to remain silent, and less than 2% of them seek psychological or police services.<sup>60</sup> The Jordan Population and Family Health Survey data indicates that overall, only 19% of ever-married women aged 15 to 49 who have ever experienced any type of physical or sexual violence committed by their husband have sought help; notably, 67% have neither sought help nor told anyone about the violence.<sup>61</sup> The low levels of support seeking likely relate to the fear of the stigma and consequences that flow from disclosure of violence and pose a substantial barrier to adolescent girl survivors receiving the support and services they need.

*‘Adolescent girls are afraid to reveal violence due to fear of parents, threats, customs and traditions, society’s view of the girl and words like “your honour” or “a girl’s reputation is the most important thing” or “we don’t want you to expose yourself” or “it is forbidden” or “shame/3eib.”’<sup>62</sup>*

The Ministries of Health in all five countries have strategies and guidelines at the national level that mandate the provision of **essential health services** for GBV survivors. Whilst a few countries have adolescent-specific health policies that include GBV, others do not and fully integrate care for adolescent girls into the care provided to adult survivors. The Iraq MoH has adopted several national policies including clinical management of rape (CMR) protocols and, at the governorate level, Standard Operating Procedures (SOPs) establish referral pathways to manage cases of women and girls subject to violence. Adolescent health, whilst nascent as a focus of programming, is being integrated into these and other health policies and protocols. In Palestine, GBV is integrated into national health policies focused on adolescent SRH, and adolescents are integrated into GBV standards and protocols in the West Bank.

<sup>59</sup> ONFP (2010) National survey report on violence against women in Tunisia

<sup>60</sup> Palestinian Central Bureau of Statistics (PCBS) (2022) Results of the violence survey in Palestinian Society. Not available online.

<sup>61</sup> Jordan Department of Statistics (2019) Jordan Population and Family Health Survey 2017-18.

<sup>62</sup> Youth survey participant

There are also UNRWA guidelines for GBV service provision for refugees in the West Bank and Gaza. In Sudan, the MoH also adopted CMR protocols and SoPs for women and girls' case management; however, there are several challenges facing their actual implementation and services are mainly provided in bigger hospitals in the main cities with low access levels of adolescent girls to the services.

*'I think the problem is with the application and the culture of society, as it is very difficult for teenage girls to obtain these services because of some customs and traditions that prevent them, especially health services if they are not married. It's hard to go see a doctor or get these services as there is a stigma.'*<sup>63</sup>

Health services are provided for adolescent girl survivors through a **variety of governmental and non-governmental channels**, including hospital emergency rooms, primary care centres, family clinics, specialised health units for GBV and mobile health clinics. Just one of the five countries - Tunisia - provides differentiated care for adolescent girls through youth-friendly centres across the country. However, several countries have specialised centres or spaces open to all survivors. In primary care centres in Palestine, the MoH has established 'family counselling rooms'; there are 32 in the West Bank and one in Gaza. 'Family protection' rooms exist in Jordan's public hospital emergency rooms to afford more privacy than the standard emergency room facilities. In Iraq, there are 3 one-stop treatment centres for survivors of sexual violence. In addition to government services, there are a range of CSOs providing various mobile and static health services for survivors across all five countries. In Sudan, the lack of privacy arrangements for women and girls is a challenge for adolescent girls' access to services with few measures put in place.

*'One of the cases was a 12-year-old girl whose parents wanted to marry her off by force, and she was subjected to beatings, burning and other types of violence, and she had enough awareness to come to the hospital to receive psychological support. However, she was once seen by a relative at the hospital, and since then she stopped coming. Therefore, privacy must be taken into account when dealing with these cases.'*<sup>64</sup>

Health service providers have a duty to care for and refer cases of GBV. Though there are ad hoc efforts to provide **training** for health providers on adolescent health, this is not institutionalised within pre-service or in-service training in any of the five countries.

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<sup>63</sup> Civil society FGD participant, Iraq

<sup>64</sup> FGD participant, Sudan

**Barriers to access** to health services for adolescents persist due to the stigma attached to unmarried girls accessing clinics where SRH services - perceived as being for married women - are provided. Another barrier is the threat of reporting incidents of violence to parents or authorities due to the consent and **mandatory reporting laws** in force across the region. In Tunisia, service providers are bound by law to ask for parental consent before providing any medical services to those under 18; neglecting this legal requirement risks litigation by the adolescent's parents. Further, providers are bound to report any sexual violence that involves minors to the Child Protection Directorate. In Iraq, it is mandatory to report all incidents of violence to the Ministry of the Interior.

Whilst **comprehensive sexuality education** is not included in the state curricula of any of the five countries, most do include key topics related to human rights and gender equality, biology and human development. In addition, there is growing political will around CSE and many pilot projects across the region.<sup>65</sup> In Sudan, Iraq and Tunisia, for example, information on the human body and development is taught in secondary schools, and in Palestine, SRH is included in the curriculum. Across all countries, however, there are a range of CSOs implementing **smaller-scale educational programmes** with the aim of promoting gender equality and reducing violence in both out-of-school and in-school settings; in some places, they work in partnership with UN agencies and the MoE. Reports from across the five countries indicate that schools are involved in campaigning and awareness raising with students and the broader community on ending violence and child marriage or FGM, where relevant.

There is less information on the legal sector than for any other sector and, across the five countries, there is consensus that laws intended to protect girls are weakly enforced. Police can be the first point of contact for survivors in some contexts, whilst in others it is more common for survivors first to access social or health services, from which they are referred to the police. Whilst there are **specialised GBV units** in police stations in Iraq, Palestine and Tunisia, there is no information to indicate that these policing services are differentiated for adolescent girls. Without ready access to the police, access to legal services becomes impossible for adolescent girls, and evidence from several countries indicates that all survivors are encouraged by police to accept mediation as an alternative to prosecution.<sup>66</sup>

Within the justice system, there are **specialised GBV judges** in some contexts including Jordan and Tunisia, and in 2022, the High Judicial Council of Palestine established a court specifically for cases involving VAW that affords a high degree of privacy for survivors. Whilst there are CSOs providing **legal aid** to survivors across the region, it is clear that adolescent girls have trouble accessing these services given their age and the social norms around parental involvement - yet another barrier to justice.

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<sup>65</sup> UNFPA (2021) Between 3EIB and Marriage: Navigating CSE in the Arab Region. Available at: [https://arabstates.unfpa.org/sites/default/files/pub-pdf/situational\\_analysis\\_final\\_for\\_web.pdf](https://arabstates.unfpa.org/sites/default/files/pub-pdf/situational_analysis_final_for_web.pdf) Last accessed 30 August 2022.

<sup>66</sup> UNFPA (2021) Sexual and reproductive health and reproductive rights regulatory frameworks across the Arab states region: Current status and future outlook (Jordan). Available at: <https://arabstates.unfpa.org/en/publications/sexual-and-reproductive-health-and-reproductive-rights-regulatory-frameworks-across-0>



*'Underage girls are never dealt with in obtaining legal services, whatever their specialisation, without the presence of a guardian or caregiver. Even the organizations themselves, all that they can do for minors if they are separated from their parents is to provide advice only, and they work on this issue in cooperation with the social worker in managing this case without taking us to the court.'*<sup>67</sup>

There are a range of **social services** provided by the government and CSOs in all five countries, including hotlines, shelters, psychosocial care and empowerment programming. However, the coverage and accessibility of these services is variable for adolescent girls. In both Palestine and Jordan, there is a single **shelter** exclusively for adolescent girls; in all other cases, the existing shelters are for survivors of all ages, and it is unclear how welcoming they are to (unmarried) adolescent girls/minors. In Sudan, there are no shelters and there is a drafted law awaiting approval from the Ministry of Justice to allow shelters for GBV survivors. However, there is evidence that, increasingly, CSOs are recognising the impact of technology-facilitated violence on adolescent girls and are responding to this and other forms of violence experienced by adolescents with e.g. **mobile apps** and hotlines designed specifically for this age group.

The landscape of **coordination and governance** mechanisms across the five countries is extremely complex; multiple bodies appear to exist in each country, some of which have overlapping mandates. Generally, adolescent girls are covered within the remit of working groups, committees and task forces with a broad focus on all forms and survivors of GBV. In all countries, the ministries charged with the provision of health, education, legal and social services are included in the mechanisms, and CSO and UN agency representatives are also included in these bodies. In Palestine, the CSO Juzoor alongside government and UN actors formed the Palestine Adolescent Health Coalition, which supports the MoH and MoE to institutionalise work on adolescents, including in relation to SRH and GBV. Whilst all countries have IMS to **collect data** on GBV, there is still very scant age-disaggregated data. Steps are being taken to rectify this, including efforts by the GBV IMS task force in Jordan, which produced an adolescent-themed report in 2019.

In general, the young people consulted through this research were aware of the government health services for GBV survivors, though a lower percentage were aware of the legal, educational and social services available through the public sector. In all five countries, young people believe that **CSOs provide more services** for adolescent girl survivors than their government does. The barriers faced by adolescent girl survivors in access services were very similar across the countries, with stigma and marginalization of adolescent girls being commonly mentioned.

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<sup>67</sup> Civil society FGD participant, Iraq

# RECOMMENDATIONS

This section responds to the third research question: *What recommendations can be drawn for the enhancement of the ESP with regard to rights-based GBV prevention and response for adolescent girls across the ASRO region of UNFPA?* These recommendations are intended to focus the programmatic response at the regional level; country level adaptations would need to be made and not all recommendations apply in the same way across all contexts. These recommendations should not be read as a comprehensive guide for the integration of adolescent girls-specific GBV prevention and response services, but rather as an outcome of the review of available literature, FGDs and youth survey results at the time of development of this report.

## Definitions

Definitions used in relation to GBV include adolescent girls but lack explicit references to their unique vulnerabilities, experiences of violence and service needs. In particular, the intersections of age/development and gender goes unrecognised in definitions which, in turn, may impact on the design and delivery of services and programmes intended for adolescent girls. Standards and guidelines on VAC and, specifically, the INSPIRE package, account more comprehensively for the vulnerabilities faced by girls, including the social acceptance of (sexual) violence against/amongst young people and its intersection with gender. More effort is needed amongst government ministries, CSOs and UN agencies to break the siloed approaches to VAC and GBV and to promote communication between the actors working in these separate sectors, starting with a mutual understanding of definitions used by both.

## Research

There is a dearth of research to inform programmes and essential GBV services across all sectors for adolescent girls in the Arab States region. Research that seeks to understand the experiences of adolescent girl survivors and their real and perceived needs must precede any effort to reform policy and programming. The following themes have been identified as priorities for research for academic institutions, UN agencies, CSOs and governments alike:

- Prevalence of different forms of GBV amongst adolescent girls, including technology-facilitated GBV and school-related GBV as well as violence experienced by girls in humanitarian contexts
- Barriers to support-seeking across all service-providing sectors, particularly for marginalized girls, including those that live in humanitarian contexts
- Impact of CSE on gender equality and reductions in GBV amongst adolescent girls
- Effect of mandatory reporting laws and consent laws on adolescent girl survivors' access to support and services

- Overlap and interplay between systems designed for child protection and for GBV response
- Pros and cons of adolescent girls survivors accessing essential services through the child protection system or the GBV system
- Different models of service delivery for adolescent girl survivors across all sectors and the preferences of survivors in relation to each, including in humanitarian contexts
- Understanding how differentiation for adolescent girl survivors happens in service delivery across all sectors at each and every stage of their engagement with those systems (e.g. outreach, access, consultation, communication, referral, support, follow-up, etc)
- Full, comprehensive understanding of the policy and legal framework that relates to GBV amongst adolescent girls and their access to support, services and justice

## **Data**

Data on violence amongst adolescent girls is not collected systematically or regularly across the region in government-backed IMS and in the monitoring done by CSO or private actors that provide services. At the same time, standardised survey tools focused on violence against children and women used globally, such as the Violence Against Children and Youth Survey, MICS and DHS, do not collect data that is representative of all adolescent girls' experiences but, rather, focus on older adolescents and/or married girls and women. The consequence is that service-providing institutions must piece together what they know with very outdated or unrepresentative data about adolescent girls' experiences and service needs. Governments, other service-providing institutions, and the agencies that support them, should take strides toward ensuring that all data collected within each GBV IMS are age-disaggregated, including for very young adolescent girls aged 10 to 14, and that data are collected for those who are unmarried and/or not in an intimate relationship. Data collected should include information on all types of GBV experienced by adolescent girls, including TF-GBV, FGM and child marriage. In addition, institutions that develop and support the implementation of standardised survey tools should ensure that data collected is comparable across contexts.

## **Adolescent voices**

With a couple of notable exceptions, adolescent girl survivors' voices are missing from the coordination, governance and programmatic spaces designed for them. Their participation and advocacy in decisions about the prevention and response systems should be prioritised and may be integrated in a variety of ways. These might include partnership with existing support groups for adolescent girl survivors through CSOs; greater coordination with existing youth advisory boards that include survivors; or the creation of new safe spaces and platforms for

adolescent-led advocacy. Training for adults should be prioritised just as much as for the youth to ensure equality and safety for adolescent girls within those spaces. Organizations working with and for adolescent girls need to ensure that policies and practices are in place that address their protection and right to ensure that marginalization experienced in the outside world are not further replicated within these spaces. In this regard, UNFPA's guidance and principles on safe spaces for girls are useful. As a starting point for integrating adolescent girls' voices in a meaningful way, service providing organizations, including government agencies, should work with adolescent girls to map their social spheres and the factors that influence their decision-making to ensure that all the relevant stakeholders are engaged through programmes.

### **Mandatory reporting**

From the research, the fear of disclosure emerged as a great barrier to adolescent girl survivors seeking and accessing support. It is clear: adolescent girls do not want others in their lives, including parents, siblings and peers, to know that they have experienced violence. Whilst more should be done to shift the norms that lie at the root of this fear, more also needs to be done to respect adolescent girls' desire for privacy and confidentiality. Mandatory reporting laws that require health or other professionals to report violence to various authorities make it impossible for girls to avoid disclosure. At the same time, laws' exact stipulations around when it is and is not mandatory to report violence are not always clear to service providers. Governments need to provide further clarity on the exact stipulations of the law and apply human and children's rights principles such as 'best interest' and 'evolving capacity' as applied to adolescent girls' access to essential services, whilst other relevant stakeholders, such as CSOs, must be provided the space to support with advocacy.

# LAWS AND POLICIES

Whilst many jurisdictions in the Arab States region criminalize forms of GBV, including domestic violence, rape and sexual assault, there are notable exceptions in all countries. For example, Iraq does not have domestic violence legislation at the federal level, and the Constitution of Jordan does not protect against gender-based discrimination. Marital rape is not criminalized in Tunisia, Iraq, Sudan and Jordan. As a relatively emerging form of violence in some contexts, TF-GBV is also not criminalised in many jurisdictions, yet is experienced disproportionately by young women. Other forms of violence experienced by adolescent girls, including psychological violence, are not recognised in law. Further, even where laws exist 'on the books,' enforcement is weak. The lack of law and its enforcement has a normative impact, too, reinforcing existing patriarchal norms that tolerate violence against adolescent girls and tolerate impunity for perpetrators. Law- and policy-makers need to ensure that the existing loopholes in the law are closed through the adoption of comprehensive legislation that criminalises all forms of violence and funds the enforcement and implementation mechanisms needed. Beyond this, government sectors, CSOs and UN agencies involved in the provision of preventive and responsive GBV services should be aware of adolescent girls' legal rights and ensure that information is shared with them on the laws and policies that apply to them.

## **Justice**

The understanding of what justice looks like for adolescent girls survivors of GBV is under-developed in the region (and globally). At best, police and the courts are ill-equipped to deal with adolescents without the involvement of their caregivers and, at worst, they perpetuate the same norms of parental deference and family reconciliation at all costs that lie at the root of GBV in many cases. Police officers and judges are gatekeepers to justice for adolescent girl survivors and, as a first and immediate step, government ministries should prioritise more intensive training to ensure that adolescent girls' human rights and the principles of evolving capacity, best interest, and 'do no harm' lie at the centre of the decisions they make when confronted with incidents of violence.

## **CSE advocacy**

Given the relatively high levels of primary and secondary school enrolment across the Arab region, there is great potential for the education sector in relation to GBV prevention and response. In-school CSE is likely to reach a large number of young people and, where comprehensive, evidence shows its potential to contribute to gender equality and violence reduction amongst adolescents. Governments should act on their various human rights commitments to the provision of CSE and roll it out nationally across the region. Advocacy should focus on ensuring that curricula are comprehensive in nature, align with international guidelines, and address the needs of adolescent girls in each distinct context. In humanitarian settings, CSE should be integrated into the education in emergencies framework used; this is of particular importance in protracted humanitarian settings.

## **Adolescent responsiveness**

Essential service providers - including government actors - lack an understanding of why and how services should be differentiated for adolescents. In several countries, there is a belief that differentiating services is undesirable for adolescent girl survivors, who should indeed access the same services in the same places as adults. The evidence and backing of adolescent girls' perspectives behind this position are unclear based on the review of the evidence undertaken in this study. Whilst it may well be possible for some groups of adolescent girls - particularly those who are married - to access GBV services in the same places as adults, this is certainly not the case for all. A first step for all actors engaged with, working for adolescent girls is understanding what adolescent-responsiveness *looks like* in each context and sector. The only way to do so in a meaningful way is to build inclusive spaces for adolescent girls to participate in decision-making processes.

## **Sectoral and thematic integration**

Programming for various age groups, sectors and issues are siloed, preventing holistic services being provided for adolescent girl survivors. The education sector, for example, is not fully integrated into the systems for GBV prevention and response; their participation appears to be more ad hoc in many contexts and focused on awareness raising. Child protection services cater more for pre-adolescent girls, meaning that the specific types of violence that adolescent girls face are inadequately addressed by those systems. Furthermore, programming and services for child marriage and/or FGM are siloed from other GBV essential services, partly as a result of these forms of violence not falling within national definitions or understandings of what constitutes GBV. All actors, including government, UN agencies and CSOs, require a greater understanding around how all forms of violence are overlapping and intersecting and ensure that programmatic responses are adapted accordingly, including all sectors that engage with adolescent girls.

## Sectoral recommendations

This section makes recommendations for each component included in the mapping framework where such recommendations are supported by the findings of the research and work as a complement to global guidance.<sup>68</sup> If no such findings arose in relation to a specific component, 'not applicable' has been inserted.

HEALTH	
COMPONENT	RECOMMENDATIONS
Sectoral policy	Ensure that adolescent girls are integrated into existing GBV policies, plans and strategies for the health sector and that the specific forms of violence that affect them, including FGM and child marriage, are included therein
Health information for girls	Ensure that written information on GBV services in all relevant languages is available for adolescent girls and through a variety of adolescent friendly channels, including those that reach marginalized girls
Identification of girl survivors	Put in place guidelines for identifying adolescent survivors and those at risk of GBV (including FGM and child marriage) within the health sector
Principles of girl-responsive health care	Adopt, disseminate and train health providers on guidelines for providing non-judgmental, supportive, rights-based care for adolescent girls who have experienced GBV and ensure that health providers are aware of mandatory reporting requirements
History taking and physical examination of girls	Not applicable
Service availability for girls	Put in place a comprehensive package of health services for adolescent girls that is available in a one-stop shop and from which referrals can be made to a variety of other sectors
Integration of services for girls	Ensure that health providers are trained to identify adolescent girls at risk of or having experienced FGM and child marriage and that the services for these are integrated with other GBV services
Accessibility of services for girls	Design and provide adolescent-responsive services that are available at hours that suit their schedules (in any given context) and at a low cost
Equity of access to health services for girls	Design programming and modes of services delivery that are inclusive of marginalized adolescent girls, including those living in humanitarian or conflict-affected contexts as well as those with disabilities
Quality of health services for girls	Institutionalise training and capacity building for all healthcare providers that interact with adolescent girls on GBV (its types and the ways that it differentially impacts adolescent girls) and rights-based service delivery for survivors

<sup>68</sup> See [https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA-MBMLMW\\_MOD2-EN.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA-MBMLMW_MOD2-EN.pdf).

EDUCATION	
COMPONENT	RECOMMENDATIONS
Sectoral policy	Advocate for a <i>comprehensive</i> sexuality education programme at the national level that focuses on the full range of concepts, attitudes and skills needed to affect gender equality and violence reduction outcomes
Whole school approaches to ending GBV	Advocate for the adoption of whole school approaches to eliminating violence and ensure that referrals are in place to the full range of services required for adolescent girl survivors
Equity in access to GBV education for girls	Design CSE programmes that reach marginalized adolescent girls, including those that do not attend school, those in humanitarian/conflict-affected areas, girls with disabilities and girls at higher risks of violence in any given context
Quality of GBV education for girls	Ensure that educators are trained in the identification of all forms of GBV and the response for adolescent girls
LEGAL	
COMPONENT	RECOMMENDATIONS
Sectoral policy	Not applicable
Laws related to GBV and adolescent girls	Advocate for comprehensive legislation that criminalises all forms of violence experienced by adolescent girls and, at the same time, recognises their rights
Girl-centred law enforcement and policing	Adopt protocols for law enforcement that centre the experiences of adolescent survivors, including their need for privacy and accompaniment through policing processes; for referrals to all other sectors; and their fear of disclosure and stigma
Girl-centred legal proceedings	Ensure that 'justice' is defined in consultation with adolescent girl survivors and that the default is not reconciliation with or impunity for perpetrators
Equity in access to justice for girls	Ensure that all adolescent girl survivors have access to the legal aid needed to pursue the course of justice that they see fit
Quality of legal services for girls	Ensure that judges hearing cases of GBV and lawyers representing adolescent girls survivors have been trained on adolescent-responsive justice



## SOCIAL SERVICES

COMPONENT	RECOMMENDATIONS
Sectoral policy	Not applicable
Economic empowerment for girls	Not applicable
Crisis services for girls	Ensure that adolescent girl survivors have ready and free access to crisis services, including hotlines, shelters and advice on referrals to other sectors' services
Social norms transformation	Work in communities - including with men and boys, families and in humanitarian contexts - to shift norms that normalise violence, require parental deference, and promote a culture of silence around violence
Child protection	Understand how child protection systems can bolster the efforts of GBV systems and how they need to be adapted to serve adolescent girl survivors, particularly those who experience violence perpetrated by someone outside of their families
Equity of access to social services for girls	Ensure that social services are available to girls from all backgrounds, including those in humanitarian/conflict-affected areas and those with disabilities
Quality of social services for girls	Ensure that social workers or other service providers in the sector are trained in adolescent-responsive services for survivors

## COORDINATION & GOVERNANCE

COMPONENT	RECOMMENDATIONS
Multisectoral policy	Clearly define the coordination and governance structures at the national level in manner that outlines each stakeholder's roles and responsibilities, as well as the complementarity of everyone's work
Coordination mechanisms and referrals for girls	Ensure the integration of child marriage and FGM preventive and responsive systems into existing systems for GBV and clearly defined referral pathways between all stakeholders/actors/services providers
Civil society engagement	Work with girl-led and girl-serving organizations, including them in national level conversations about adolescent-responsive services
Financial resources for girls	Ensure the allocation of government funding for GBV essential services for adolescent girls across sectors and at the local/national level
Principles of working with adolescent girls	Operationalise human rights standards and principles, including 'do no harm'; 'best interests'; and 'evolving capacity', into the work of all sectors
Monitoring, evaluation and research on GBV and girls	Systematise the collection of age-disaggregated data in a coordinated manner at the national level

## Annex 1: International and regional literature review

4. those that focus on VAW and girls and include general norms, standards and guidelines for all age groups;
5. those that focus on children and adolescents in relation to specific health or rights issues, such as child marriage, sexual abuse or VAC (generally); and
6. those that focus on issues that typically only affect adolescent girls such as child marriage or FGM.

GENERAL VAWG NORMS, STANDARDS AND GUIDELINES				
INTERNATIONAL GUIDELINES, STANDARDS AND TOOLS	HEALTH	EDUCATION	LEGAL	SOCIAL
<a href="#">Essential services package for women and girls subject to violence</a>	x	x	x	x
ASRO Essential services package for women and girls subject to violence (not available online)	x		x	x
Mapping of Gender-based violence Programmes, Services and Policies in the Arab Region (not available online)	x		x	x
<a href="#">RESPECT Women - Preventing violence against women</a>	x	x	x	x
<a href="#">RESPECT: Strategy Summary (Prevention of Child and Adolescent Abuse)</a>	x	x	x	x
<a href="#">Guidelines on the management of health complications from female genital mutilation</a>	x			
<a href="#">Manual on Social Norms Change</a>				x
<a href="#">Package of essentials for addressing violence against women</a>	x	x	x	x
<a href="#">Handbook for legislation on violence against women</a>			x	
<a href="#">Handbook on effective prosecution responses to violence against women and girls</a>			x	
<a href="#">Clinical Management of Rape and Intimate Partner Violence Survivors: Developing protocols for humanitarian settings</a>	x			
<a href="#">Handbook on gender-responsive police services for women and girls subject to violence</a>			x	
<a href="#">Inter-agency Minimum Standards for GBV in Emergencies Programming</a>	x		x	x
<a href="#">Guidelines for Integrating GBV Standards into Humanitarian Action</a>	x		x	x
<a href="#">Inter-agency Network on Education in Emergencies Minimum Standards</a>		x		
<a href="#">Situational analysis of women and girls in the MENA and Arab States Region</a>	x	x	x	x
<a href="#">Gender Justice &amp; The Law: Assessment of laws affecting gender equality in the Arab States region</a>			x	

CHILD- OR ADOLESCENT-FOCUSED NORMS, STANDARDS AND GUIDELINES				
INTERNATIONAL GUIDELINES, STANDARDS AND TOOLS	HEALTH	EDUCATION	LEGAL	SOCIAL
<a href="#">Responding to children and adolescents who have been sexually abused</a>				
<a href="#">Gender Dimensions of Violence Against Children and Adolescents</a>				
<a href="#">Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children</a>				
<a href="#">Global guidance on school-related gender-based violence</a>		X		
<a href="#">International Technical Guidance on Sexuality Education</a>		X		
<a href="#">My Body, My Life, My World</a>		X		
<a href="#">INSPIRE: Seven strategies for ending violence against children</a>	X	X	X	X
<a href="#">Child and adolescent health in humanitarian settings operational guide: A holistic approach for programme managers</a>	X			X
<a href="#">Youth sexual and reproductive health and reproductive rights in the Arab Region</a>	X			
<a href="#">Assessment of Youth-friendly Services in the Arab Region</a>	X			
ISSUE-FOCUSED NORMS, STANDARDS AND GUIDELINES				
INTERNATIONAL GUIDELINES, STANDARDS AND TOOLS	HEALTH	EDUCATION	LEGAL	SOCIAL
<a href="#">Technical note on Child Marriage and the Law</a>			X	
<a href="#">Technical note on Leaving no one behind</a>	X	X	X	X
<a href="#">Technical note on girl-responsive systems</a>	X	X	X	X
<a href="#">Technical note on Partnering with Men and Boys</a>				X
<a href="#">Addressing Child Marriage in Humanitarian Settings: Technical Guide for Staff and Partners of the UNFPA-UNICEF Global Programme to End Child Marriage</a>	X	X		X
<a href="#">Global Programme to End Child Marriage Phase II Results Framework</a>	X	X	X	X
<a href="#">Between 3EIB and Marriage: Navigating CSE in the Arab Region</a>	X	X		
<a href="#">Child Marriage in Humanitarian Settings in the Arab States Region</a>	X	X	X	X
<a href="#">FGM in Humanitarian Settings in the Arab Region</a>	X	X	X	X
<a href="#">Mapping of laws and services for online and ICT-facilitated violence against women and girls in Arab States</a>			X	

## Annex 2: Mapping framework

The full mapping framework tool can be accessed [here](#).

## Annex 3a: Focus group discussion guide template (UN/government)

PROCESS
<ul style="list-style-type: none"> <li>- Each FGD will start with a quick introduction and a brief framing of the context and the purpose of the consultancy and this meeting.</li> <li>- Each participant will be asked for their consent to participate in the meeting and for documenting/recording their answers.</li> <li>- Participants will be given information about confidentiality, ability to turn down any questions, as well as withdraw from the interview at any point.</li> <li>- The consultants will not pre-assign the questions to specific target groups from the participants, as this might lead to losing valuable information and input from some of the participants, yet the consultants will decide during the interviews on the choice of questions and which ones to be in-depth explored.</li> <li>- The FGD will last for 90-120 minutes</li> </ul>
INDICATIVE QUESTIONS
<p>The below list provides guiding questions that will be used by the team during the FGDs with government officials from the 5 countries. We have identified some overarching topics based on the desk review and the provided consultancy ToRs. However, other overarching topics and areas of interest could be suggested during the FGDs, if needed. The data collected and the final list of overarching topics will guide the development of the final report for all countries.</p>
PROFILE
<p>We will ask participants for a quick round of introduction to share:</p> <ul style="list-style-type: none"> <li>- Name</li> <li>- Government sector/sub-sector they work for</li> <li>- What is their role in GBV prevention and response processes in their country?</li> </ul>
STAKEHOLDERS/COLLABORATION
<p>To your knowledge, Who are the key stakeholders / entities for GBV response and prevention in general in your country?</p>
<p>To your knowledge, is there any difference in stakeholders when it comes to GBV response and prevention for adolescent girls?</p>
<p>To your knowledge, are there any coordination mechanisms for the GBV in your country?</p>
<p>If yes, is the government part of/work closely with this mechanism and how?</p>
<p>Are national FGM and CM focal points part of the work on GBV? and how?</p>
<p>To your knowledge, is there a focus on the needs of adolescent girls within this coordination mechanism? Are adolescent girls involved in some way?</p>
<p>In your opinion, are there other government sectors that should take part/engage more in GBV prevention and response, especially for adolescent girls?</p>
<p>If yes, who? what would their role be in this process?</p>

## HEALTH

Are adolescent girls' needs included in national GBV policy/plan/strategy for the health sector and their vulnerabilities recognized?

To your knowledge, what are the available health interventions that focus solely on adolescent girls taking in consideration their vulnerabilities?

To your knowledge, is FGM and CM prevention and response integrated in the GBV interventions for adolescent girls in your country?

If yes, please share any examples you know on how this integration work in practice in your country?

To your knowledge, are there available information on GBV for adolescent girls and marginalized adolescent girls, including information on FGM and CM services for survivors?

To your knowledge, what are the modes of sharing of this information to ensure easy access to knowledge on available GBV services?

To your knowledge, Are there guidelines for identification and management of adolescent girls survivors of GBV, including FGM and CM cases?

To your knowledge, what are the measures in place to ensure accessibility, availability, equity of access and quality of GBV services for adolescent girls in your country?

In your opinion, what is needed to ensure that the health sector is more responsive to the needs of adolescent girls in the future?

Are there any best case practices within the health sector for ensuring accessibility, availability, equity of access and quality of GBV services for adolescent girls in your country you can share with us?

## LEGAL

To your knowledge, is there a national GBV policy/plan/strategy for the legal sector that includes adolescent girls?

To your knowledge, is the legal sector part of the national GBV response process?

If yes, what are the key role of the legal sector within the national GBV prevention and response framework?

In your opinion, are there any current laws or policies that are limiting adolescent girls access to GBV services that should change?

To your knowledge, are there interventions/regulations to ensure that policing is adolescent-friendly and gender-responsive?

To your knowledge, are there interventions/regulations to ensure the justice system is adolescent-friendly and gender-responsive?

Are there any best case practices of the legal sector for the prevention and response of GBV with a focus on adolescent girls you can share with us?

## EDUCATION

To your knowledge, is there a national GBV policy/plan/strategy for the education sector that includes adolescent girls?

To your knowledge, are there interventions/regulations to ensure that schools are adolescent-friendly and gender-responsive?

To your knowledge, are there interventions to connect adolescent girls in schools and higher education to GBV services?

To your knowledge, are there interventions to ensure equity in access to education for girls (CSE, life skills, marginalized groups, adolescent girls with disability, refugees, other marginalized groups)?

To your knowledge, are there interventions for building the capacity of educational institutions and personnel in relation to GBV including FGM and CM?

Are there any best case practices of the education sector for the prevention and response of GBV with a focus on adolescent girls you can share with us?

## SOCIAL SERVICES

To your knowledge, is there a national GBV policy/plan strategy for the social services sector that includes adolescent girls?

To your knowledge, are there any economic empowerment interventions targeting adolescent girls?

To your knowledge, are there crisis information and services tailored for adolescent girls, including FGM and CM?

To your knowledge, are there GBV prevention interventions focused on adolescent girls, including FGM and CM?

Are there any social services best case practices for the prevention and response of GBV with a focus on adolescent girls you can share with us?

## HUMANITARIAN

To your knowledge, are there GBV-related interventions/regulations for adolescent girls from the displaced communities? (health, legal, education, social services)

## GOVERNANCE

Is there a system for the regular collection of data on service delivery and utilisation and health outcomes of adolescent girl survivors at the facility level?

To your knowledge, is data collected on the prevalence of GBV amongst adolescent girls in a manner that is consistent with international guidelines on collecting sex, age and disability disaggregated data?

In your opinion, to what extent does the current system implement 'do no harm'; 'best interests'; 'intersectionality' and 'evolving capacity' principles?

## REFLECTIONS & RECOMMENDATIONS

In your opinion, what are the most successful interventions for the prevention of GBV against adolescent girls in your country, including FGM and CM?

In your opinion, what are the most successful interventions for responding to GBV against adolescent girls in your country, including FGM and CM? (what works well)

In your opinion, what should be done to ensure adolescent girls in your country are protected from GBV and have better access to GBV services? (what is missing?)

## CLOSING NOTES

- Ask participants to share any relevant documents (share emails and deadline)

### Annex 3b: Focus group discussion guide template (CSOs)

## PROCESS

- Each FGD will start with a quick introduction and a brief framing of the context and the purpose of the consultancy and this meeting.
- Each participant will be asked for their consent to participate in the meeting and for documenting/recording their answers.
- Participants will be given information about confidentiality, ability to turn down any questions, as well as withdraw from the interview at any point.
- The consultants will not pre-assign the questions to specific target groups from the participants, as this might lead to losing valuable information and input from some of the participants, yet the consultants will decide during the interviews on the choice of questions and which ones to be in-depth explored.
- The FGD will last for 90-120 minutes

## INDICATIVE QUESTIONS

The below list provides guiding questions that will be used by the team during the FGDs with CSOs from the 5 countries. We have identified some overarching topics based on the desk review and the provided consultancy ToRs. However, other overarching topics and areas of interest could be suggested during the FGDs, if needed. The data collected and the final list of overarching topics will guide the development of the final report for all countries.

## PROFILE

We will ask participants for a quick round of introduction to share:

- Name
- NGOs / areas of expertise
- What are the activities they implement in relation to GBV prevention and response in general and specifically for adolescent girls?

## STAKEHOLDERS/COLLABORATION

To your knowledge, Who are the key stakeholders / entities for GBV response and prevention in general in your country?

To your knowledge, is there any difference in stakeholders when it comes to GBV response and prevention for adolescent girls?

To your knowledge, are there any coordination mechanisms for the GBV in your country?

If yes, are CSOs part of/work closely with this mechanism and how? Are adolescent girls and/or youth-led organizations involved in this mechanism?

Is the work on GBV, FGM and CM interconnected within CSOs context in your country?

In your opinion, are there other government sectors who should take part/engage more in GBV prevention and response, especially for adolescent girls?

If yes, who? what would their role be in this process?

## HEALTH

Are adolescent girls' needs included in national GBV policy/plan/strategy for the health sector and their vulnerabilities recognized?

To your knowledge, Do CSOs provide any health services to GBV survivors generally and for adolescent girls specifically?

If yes, what is the difference between the services available at the government and CSOs SDPs?

To your knowledge, is FGM and CM prevention and response integrated in the GBV interventions for adolescent girls in your country?

If yes, please share any examples you know of how this integration works in practice in your country?

To your knowledge, are there available information on GBV for adolescent girls and marginalized adolescent girls, including information on FGM and CM services for survivors?

To your knowledge, what are the modes of sharing of this information to ensure easy access to knowledge on available GBV services?

To your knowledge, are there guidelines for identification and management of adolescent girls survivors of GBV, including FGM and CM cases?

To your knowledge, what are the measures in place to ensure accessibility, availability, equity of access and quality of GBV services for adolescent girls in your country?

In your opinion, what is needed to ensure that the health sector is more responsive to the needs of adolescent girls in the future?

Are there any best case practices within the health sector/CSOs for ensuring accessibility, availability, equity of access and quality of GBV services for adolescent girls in your country you can share with us?



## LEGAL

To your knowledge, is there a national GBV policy/plan/strategy for the legal sector that includes adolescent girls?

To your knowledge, do CSOs offer legal support to GBV survivors in general and specifically adolescent girls?

If yes, please give examples of the legal support provided by CSOs

In your opinion, are there any current laws that are limiting adolescent girls access to GBV services that should change?

To your knowledge, are there interventions/regulations to ensure that policing is adolescent-friendly and gender-responsive?

To your knowledge, are there interventions/regulations to ensure the justice system is adolescent-friendly and gender-responsive?

Are there any best case practices of the legal sector for the prevention and response of GBV with a focus on adolescent girls you can share with us?

## EDUCATION

To your knowledge, is there a national GBV policy/plan/strategy for the education sector that includes adolescent girls?

To your knowledge, are there interventions/regulations to ensure that schools are adolescent-friendly and gender-responsive?

Do CSOs engage with the education sector to tackle GBV for adolescent girls including FGM and CM? How?

To your knowledge, are there interventions to connect adolescent girls in schools and higher education to GBV services?

To your knowledge, are there interventions to ensure equity in access to education for girls (CSE, life skills, marginalized groups, adolescent girls with disability, refugees, other marginalized groups)?

To your knowledge, Do CSOs take part in interventions aiming at building the capacity of educational institutions and personnel in relation to GBV including FGM and CM?

Are there any best case practices of the education sector for the prevention and response of GBV with a focus on adolescent girls you can share with us?

## SOCIAL SERVICES

To your knowledge, is there a national GBV policy/plan strategy for the social services sector that includes adolescent girls?

To your knowledge, are there any economic empowerment interventions targeting adolescent girls?

To your knowledge, are there crisis information and services tailored for adolescent girls, including FGM and CM?

To your knowledge, are there GBV prevention interventions focused on adolescent girls, including FGM and CM?

Are there any social services best case practices for the prevention and response of GBV with a focus on adolescent girls you can share with us?

In your opinion, what is the role of CSOs in social services of adolescent girls and how this role can be stronger in the future?

## HUMANITARIAN

To your knowledge, are there GBV-related interventions/regulations for adolescent girls from the displaced communities? (health, legal, education, social services)

## GOVERNANCE

Is there a system for the regular collection of data on service delivery and utilisation and health outcomes of adolescent girl survivors at the facility level? (Is the CSOs data collected as part of national health/demographic surveys?)

In your opinion, to what extent does the current system implement 'do no harm'; 'best interests'; 'intersectionality' and 'evolving capacity' principles?

## REFLECTIONS & RECOMMENDATIONS

In your opinion, what are the most successful interventions for the prevention of GBV against adolescent girls in your country, including FGM and CM?

In your opinion, what are the most successful interventions for responding to GBV against adolescent girls in your country, including FGM and CM? (what works well)

In your opinion, what should be done to ensure adolescent girls in your country are protected from GBV and have better access to GBV services? (what is missing?)

## CLOSING NOTES

- Ask participants to share any relevant documents (share emails and deadline)

## Annex 4: Youth questionnaire template

### INTRODUCTION

This survey is part of a project sponsored by UNFPA's Arab States Regional Office to understand which services are available in your country for adolescent girls (ages 10 - 19) who are survivors of gender-based violence, as well as which services exist to prevent gender-based violence. Only young women and men aged 15 to 24 living in Egypt, Iraq, Jordan, Palestine or Tunisia should answer this survey. You do not have to be a survivor of violence to fill in this survey.

The questions in this survey are about which services you are aware of in your country and which barriers or challenges adolescent girls have in accessing them. There will also be questions about how young people are included in programmes aimed at ending gender-based violence. Please answer them the best that you can, using English or Arabic.

You will not be asked to give your name in this survey. Any information you give (e.g. your organization's name, job title) that could be used to identify you will not be used in connection with any of your answers in any public facing documents. So, please feel free to give your honest opinions and perspectives. Your full response will not be shared with anyone outside of the two consultants working on this project.

Please fill in all the questions in this survey to the best of your ability; it should take you no more than 10 minutes. If you truly cannot respond, you will need to put something in the blank to be able to finish the survey.

### CONSENT

If you respond 'No' to either of the questions in this section, your response to this survey will not be read. Please only proceed with the survey if you feel comfortable providing your consent.

Do you consent to participating in this survey?

Yes/No

Do you consent to the information that you provide in this survey being used anonymously in publications produced by UNFPA and its partners?

Yes/No

### ABOUT YOU

Which country do you work in?

Egypt, Iraq, Jordan, Palestine, Tunisia

How old are you?

[Multiple choice with ages 15 - 24]

How do you identify yourself? (e.g. Young woman, young man, etc.)

[Free text]

Do you belong to a youth network or organization that works on ending gender-based violence against girls in your country or region?

Yes/No

If so, please provide the name of your organization.

[Free text - optional]

If so, what is your role within the network or organization? (E.g. volunteer, staff member) Please give a brief description of what you do.

[Free text - optional]

GOVERNMENT GBV PROGRAMMES FOR ADOLESCENT GIRLS

The questions in this section are asking you about the government-sponsored health, legal, social and education services and programmes specifically aimed at addressing gender-based violence against adolescent girls in your country. Remember, it is okay to respond 'I don't know' to these questions if you truly do not know whether they exist or not.

<p>To your knowledge, are there health services provided by the government of your country that are available for adolescent girls who are survivors of violence? Examples of these services include counselling, emergency contraception, STI testing and treatment and mental health services.</p>	<p>Yes/No/I don't know</p>
<p>To your knowledge, are there legal services provided by the government of your country that are available for adolescent girls who are survivors of violence? Examples of these services include support for girls in accessing a lawyer and girl-responsive trial proceedings.</p>	<p>Yes/No/I don't know</p>
<p>To your knowledge, are there social services provided by the government of your country that are available for adolescent girls who are survivors of violence? Examples of these services include shelters or safe houses, crisis hotlines and economic support.</p>	<p>Yes/No/I don't know</p>
<p>To your knowledge, is information on gender-based violence prevention included in government education for adolescent girls and boys? An example of this would be a life skills or relationships education programme in schools.</p>	<p>Yes/No/I don't know</p>
<p>Which, if any, barriers do adolescent girls face in accessing gender-based violence services and programmes?</p>	<p>[Free text]</p>
<p>Are there specific government services/programmes for marginalized adolescent girls who experience violence in your country, including those in emergency/humanitarian settings?</p>	<p>Yes/No/I don't know</p>
<p>Are adolescent girls involved in the decision-making processes for the government's gender-based violence programmes or services in any way?</p>	<p>Yes/No/I don't know</p>
<p>If so, please describe how adolescent girls are involved and in which programmes or decision-making spaces.</p>	<p>[Free text]</p>

## CIVIL SOCIETY GBV PROGRAMMES FOR ADOLESCENT GIRLS

The questions in this section are asking you about how CSOs/NGOs (including your own youth network or organization) in your country are involved in gender-based violence prevention or response services and programmes for adolescent girls.

In your opinion, are CSOs/NGOs providing more services to adolescent girl survivors than the government?	Yes/No/I don't know
Please explain which services are being provided to adolescent girl survivors by CSOs/NGOs. You should include any work that your own network or organization does.	[Free text]
Which are the main CSOs/NGOs providing services (health, legal, social or education services) for adolescent girl survivors ? Please make a list and include websites, if available.	[Free text]
Are there any youth-led organizations/networks that receive government funding to work on programming for GBV?	Yes/No/I don't know
If so, please describe their work.	[Free text]
<b>IMPROVING GBV PROGRAMMES FOR ADOLESCENT GIRLS</b>	
If you could ask your government to provide three things for adolescent girls that would help to prevent GBV, what would they be?	[Free text]
If you could ask your government to provide three things for adolescent girls that would help adolescent girls who are survivors of GBV, what would they be?	[Free text]
Would you like to add anything else to this survey that you have not already mentioned?	[Free text]



**UNFPA**

**Arab States Regional Office**

70 A Al Nahda street,  
Maadi Sarayat, Cairo, Egypt

**Phone:** +202 25223900

**Web:** [arabstates.unfpa.org](http://arabstates.unfpa.org)

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