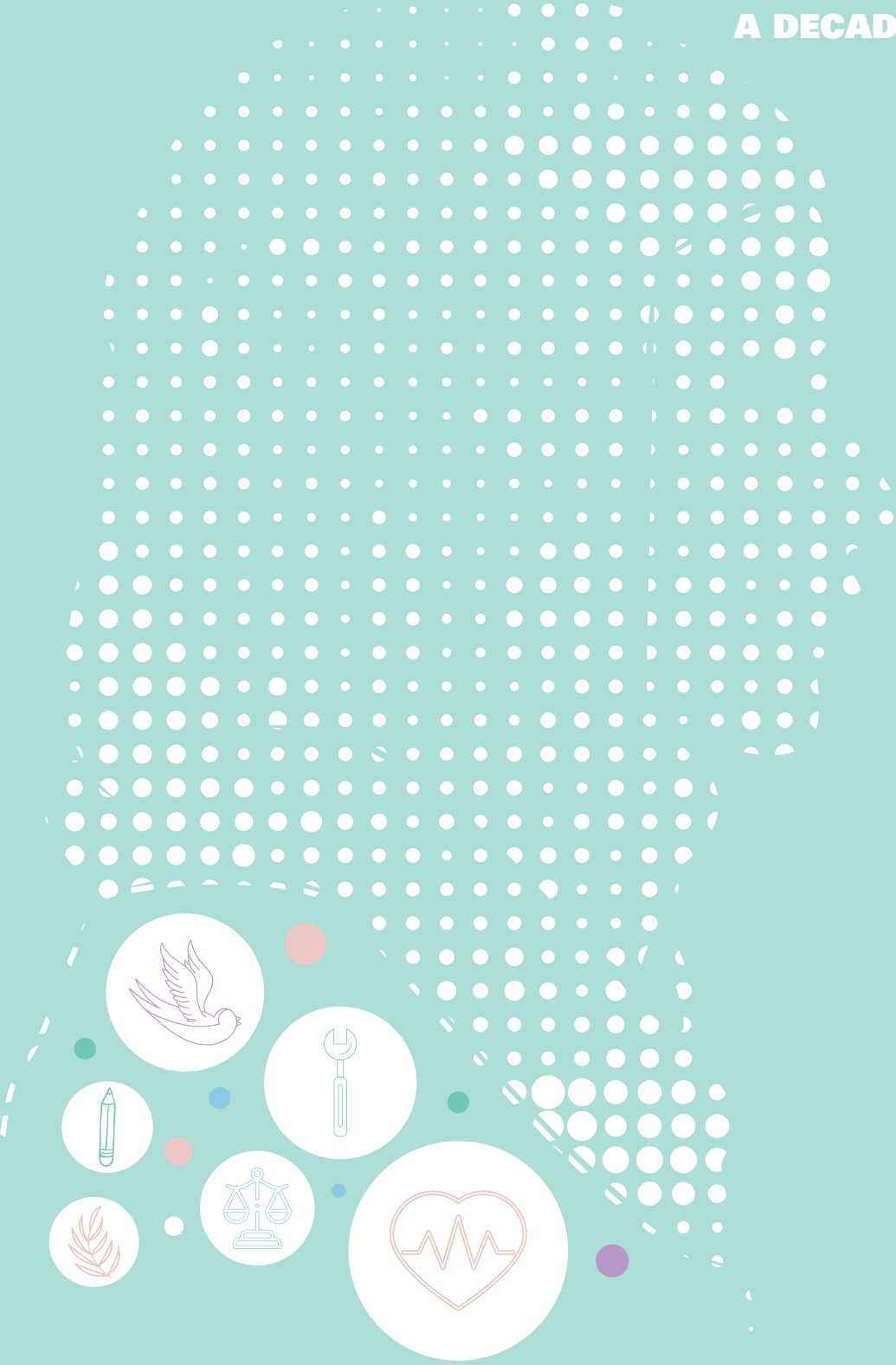
REGIONAL REPORT

SITUATIONAL ANALYSIS OF WOMEN AND GIRLS IN THE MENA AND ARAB STATES REGION

A DECADE REVIEW 2010 – 2020



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Regional Report

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Foreword

Despite the progress registered in recent decades, gender inequalities – in terms of sociocultural expectations, differential access to opportunities and security, and discrimination for girls and women throughout their life cycle - remain a major impediment to the development of the region and a key challenge to achievement of Agenda 2030 and the Sustainable Development Goals (SDGs), particularly SDG 5 on Gender Equality.

The past decade witnessed notable progress for women and girls in many development domains in the region, ranging from the important reduction in maternal mortality (for which the region outperforms the global average improvements) to the ratification of core international human rights treaties and alignment of national laws and policies to end discrimination against women and girls. At the same time, albeit at a slow pace, women's representation in government bodies and politics has increased, and girls and young females have greater access to education and learning opportunities, substantially narrowing the pre-existing gender gap in access to education. In the midst of societal change, feminist, women and youth organizations have been at the forefront of civil society movements.

Evidence, data and analysis on the situation of women and girls are fundamental to global action, and to inform advocacy, programmes and policies in support of gender equality and aiming at the promotion of equality and fairness of opportunities. Yet, in the region, analysis on the situation of women and girls, including gender sensitive data and indicators disaggregated by sex, has been unsystematic, providing a fragmented evidence-base support to the implementation of programmes and policies and to measure their progress. Making use of close to 1000 regional and country-level resources, this report is a collaborative initiative led by UNICEF in partnership with ESCWA, FAO, UN Women, UNDP, UNESCO, UNFPA, WFP, WHO, Plan International, and Terre des Hommes to address the evidence gap. It consolidates existing pieces of research and analysis to present a comprehensive picture of the life journey of girls and women in MENA and ultimately to drive collective action.

The report highlights priorities for attention. Economic participation is an area where women remain at large excluded, with the region reporting among the lowest levels of female participation in the labour market in the world and among the highest levels of female unemployment (especially among young women). Social norms restricting the role of women in society and the economy, expectations on their overwhelming unpaid work and care burden responsibilities and a lack of support policies are key root causes of this inequality in economic participation. Despite growing awareness, violence against girls and women remains widespread, including female genital mutilation, child marriage and other forms of gender-based violence, which is exacerbated in fragile contexts and countries affected by protracted crises. Gender biases and negative attitudes towards women's political participation, representation and civic engagement also persist. In terms of education, barriers to access remains, specifically for females living with disabilities and girls and adolescent females living in rural areas or emergency contexts. Technical and vocational education and training (TVET), suffers from a general negative perception with specifically low enrolment of young females, creating an additional barrier to transition from learning to earning.

Important policy gaps exist, including dedicated policies to address mental health, corporal punishment at school, sexual and reproductive health rights, safe space for participation, personal status law, women's inequal access to land perpetuate the cycle of gender inequalities. In addition, the region has some of the highest levels of physical inactivity, obesity, diabetes, and anxiety disorders, as well as undernourishment and which disproportionally affect women and girls.

Against this background, the COVID-19 pandemic puts key achievements of the last decades at risk and exacerbates inequalities and vulnerabilities, with women most vulnerable to losing their jobs in a period of economic downturn, and girls at greater risk of dropping out of school. Since the pandemic and lockdowns, both women and girls are at a higher risk of being exposed to domestic and other forms of violence, often with limited access to timely and safe services.

This report is the results of an intense process of consultations together with all contributing UN agencies and international non-governmental organizations. In order to accelerate the specific actions and recommendations of the report, its launch will be followed by a series of thematic sessions with stakeholders, focusing on identifying entry points for implementation.

Women's and girls' full political, social, environmental and economic participation will be critical to achieving all the SDGs in the region. The conclusions of the report stress that the realization of rights of girls and women, and the reduction of gender inequalities will require more deliberate collective efforts at structural, systemic and societal level. Now, more than ever, is the time to accelerate a comprehensive and transformative gender equality agenda. Together, all stakeholders, must commit to step up joint efforts, to put girls and women at the centre of the regional and country-level development agenda. It is hoped that this Situational Analysis will reignite a much-needed debate and guide our resolute actions.

Acknowledgement

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Acronyms and Abbreviations

AAAQ	Availability, Accessibility, Acceptability and Quality
ACLED	Armed Conflict Location and Events Data
AFDT	Association of Tunisian Democratic Women
ARDD	Arab Renaissance for Democracy and Development
ART	Antiretroviral Treatment
CARE	Co-operative for Assistance and Relief Everywhere
CAWTAR	Center of Arab Women for Training and Research
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organization
DALY	Disability-Adjusted Life Year
DHS	Demographic and Health Survey
ESCWA	Economic and Social Commission for West Asia
FAO	Food and Agriculture Organization
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/Cutting
FPD	Family Protection Department
GBV	Gender-based Violence
GBVIMS	Gender-based Violence Information Management System
GCC	Gulf Cooperation Council
GHI	Global Hunger Index
GLAAS	Global Analysis and Assessment of Sanitation and Drinking Water
GPI	Gender Parity Index
HPV	Human papillomavirus

HRC	Human Rights Council
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IDP	Internally Displaced Person
IGME	Inter-agency Group for Child Mortality Estimation
ILO	International Labour Organization
IMAGES	International Men and Gender Equality Survey
IPV	Intimate Partner Violence
ISCED	International Standard Classification of Education
ISIL	Islamic State in Iraq and the Levant
IYCF	Infant and Young Child Feeding
LDC	Least Developed Country
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
MAGNET	the Migration and Governance Network
MDG	Millennium Development Goal
MENA	Middle East and North Africa
MHM	Menstrual Health Management
MHPSS	Mental Health and Psychosocial Support Services
MICS	Multiple Indicator Cluster Surveys
MMR	Maternal Mortality Ratio
NAP	National Action Plan
NCD	Non-communicable Disease
NEET	Not in Education, Employment or Training
NGO	Non-governmental Organization
NSHR	National Society for Human Rights (Saudi Arabia)
NWMs	National Women's Machineries
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the High Commissioner for Human Rights
PAPFAM	Pan Arab Project for Family Health

PEP	Post-exposure Prophylaxis
PISA	Program for International Student Assessment
PLW	Pregnant and Lactating Women
PMTCT	Prevention of Mother-To-Child Transmission
PROWD	Protecting the Rights of Women Domestic Workers
PSS	Psychosocial Support
RAF	Regional Accountability Framework of Action to End Child Marriage
SDG	Sustainable Development Goal
SIGI	Social Institutions & Gender Index
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRHRR	Sexual and Reproductive Health and Reproductive Rights
STI	Sexually Transmitted Infection
TVET	Technical and Vocational Education and Training
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSC	United Nations Security Council
UNSCR	United Nations Security Council Resolution
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WPS	Women, Peace and Security
WSIS	World Summit on the Information Society

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Executive Summary

The situation of women and girls in the Middle East and North Africa (MENA) and the Arab States region[1] remains unresolved. Incremental progress has been documented, yet the pace is slow and does not reflect the commitments made to the Agenda 2030 and the Sustainable Development Goals, nor to address the challenges of the region. As will be discussed, some progress related to gender equality and women's and girls' empowerment in several domains over the past decade has been witnessed. Within the region, laws, policies, and programming focused on gender equality are growing, women's representation in government and in national programming has increased, and many countries have established national women's machineries and other institutions that promote the rights and welfare of women and girls. Areas such as education and health have seen significant improvement in gender-related indices, and specialized programming aimed at supporting women's and girls' rights and empowerment have accelerated in many countries in the region. While governments have significantly stepped up efforts to ensure that they meet their gender-based human rights obligations, it is also necessary to highlight the increasing engagement of civil society, particularly women's and youth feminist civil society, in advocating for and securing gains. Women's civil society in the region has actively engaged with the Women Peace and Security agenda at the international level, for example, activists have testified in front of the Security Council to highlight the gender impact of conflict and occupation on the lives of women and girls in the region.

Yet, in the midst of these gains, gender gaps in the region persist and part of recent progress is at risk of regress. These gaps are augmented by the unanswered intersectional concerns of women and girls, and are further compounded by global and regional events, including political and economic upheaval, conflict, occupation, and the COVID-19 pandemic. Increasing backlash from governments towards civil society since the Arab uprisings over a decade ago, especially towards women's rights and youth feminist groups, has also impeded progress. Conflict is another factor that perpetuates gender inequalities and human right violations in the some countries of the region. Furthermore, the staunch patriarchal character of governments continues to impact the movement towards gender equality which, in turn, reinforces the structural inequities present in negative socio-cultural norms and practices through laws, justice mechanisms and socio-political institutions. Many States in the region still allow such norms and practices to restrict the rights of females relative to males, and limit access for women and girls to targeted education regarding their rights and other substantive empowerment initiatives. Taken as a whole and despite the gains made, the evidence detailed throughout this report illustrates that the MENA and the Arab States region has made the slowest progress on gender equality across multiple indicators and indices.

Throughout the report, the lack of data in many of the areas of concern is highlighted and the need to enhance data collection and evidence generation in these areas is stressed. Drawing from evidence gathered, the following highlights some of the common gaps that governments in the MENA and Arab States region need to explicitly address in order to ensure gender equality, the empowerment of women and meet their human rights obligations towards women and girls:

- Ratify and amend legislation to be in line and in compliance with all relevant international covenants, conventions and treaties, including the 1951 Refugee Convention and the

1 Both Middle East and North Africa (MENA) and the Arab States region are used throughout the report to reflect the terminology used amongst the multiple agencies involved in this analysis. Countries of investigation under this study include those within the UNICEF MENA Regional Office and the UNFPA Arab States Regional Office [Algeria, Djibouti, Egypt, Gulf Area Office (Bahrain, Kuwait, Qatar, Saudi Arabia, and United Arab Emirates), Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, State of Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen]. Thus, the report will classify the region under study as including all these countries and will refer to the region as 'MENA and Arab States.'

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) without reservation.

- Draft, expand and codify effective and accountable laws and juridical procedures which ensure the rights of all women and girls, including anti-discrimination laws, violence against women laws, personal status laws, economic and political participation laws, and laws impacting the rights of the girl child.
- Monitor and allocate the required resources to implement existing laws, in line with international standards.
- Acknowledge the particular vulnerabilities of refugees, migrants and internally displaced persons to statelessness and being undocumented, which may include lack of access to basic health, educational, employment, and legal services, and act to address the significant and wide-ranging risks for women and girls created due to a lack of formal identification or nationality.
- Strengthen multisectoral initiatives and integrated services and allocate adequate financial resources to support people-centered programming and service delivery to address inequalities manifested through discriminatory social norms and community practices.
- Remove barriers to the proper functioning and funding of civil society, particularly women's rights, networks of women living with HIV, youth and feminist organizations.
- Institutionalize inclusive and gender-responsive/transformative and evidence-based planning practices at all levels of government and strengthen co-ordination platforms, multisectoral initiatives and integrated services to address intersectional discrimination.
- Invest in national women's machineries and other relevant ministries through gender responsive budgeting, with adequate and skilled human and financial resources allocated to structures, policies and capacities supporting women's rights and empowerment, in line with Agenda 2030 and Sustainable Development Goal Target 5.5.

PILLAR 1: HEALTH AND WELLBEING

OVERVIEW AND KEY CONSIDERATIONS

The region as a whole has made significant progress on improving key general health indicators including lowering maternal and under-five mortality and decreasing the disease burden generally. Furthermore, non-communicable diseases have replaced nutritional disorders and communicable diseases as major causes of women's death or disability. Throughout the region, emergency and conflict settings continue to have significant health impacts on populations, and disproportionately on women and girls.

Despite significant progress on several health indicators, the 2020 report by the United Nations Economic and Social Commission for West

Asia (ESCWA)[2] on the status of the Sustainable Development Goals (SDGs) in the Arab region noted that levels of health and well-being remain significantly uneven within and between countries, with health services fragmented and often supply-driven, and access to universal health coverage varying widely within and among countries and social groups. Most health systems continue to focus largely on curative health services instead of primary and preventative care and pay little attention to the social determinants of health.[3]

Recent data confirm that women and girls throughout the region face major barriers in accessing Mental Health and Psychosocial Support Services (MHPSS), programming, and information. While many women throughout the region suffer from depression and stress at higher rates than men,[4] cultural stigma around mental health often prevents both access to services and effective treatment. Furthermore, the lack of dedicated mental health legislation in half of the countries within the region and a lack of national policies and plans in 30 per cent of the countries may indicate that a large proportion of women are likely left without prevention and response services.[5] Overall, there is a lack of psychosocial support across the region[6] which has been amplified and exacerbated by the COVID-19 pandemic.[7]

Ensuring that Sexual and Reproductive Health and Rights (SRHR) are met for all women and girls in the region requires that norms and practices that are embedded in society are challenged and confronted. Barriers to SRHR are present in laws, policies, and the economy worldwide, and prevent women and girls from gaining access to knowledge and services that contribute to healthy and equitable lives for women and girls at all stages of their lifecycle. Securing adequate and appropriate sexual and reproductive health care for every woman and adolescent girl hinges on the realization of reproductive rights, which are often overlooked.[8] These barriers are not unique to the region and are present throughout the globe, however, the MENA and Arab States region present a particularly challenging operating environment as SRHR is a culturally sensitive topic for many societies in the region, especially within the context of the ongoing conflicts and fragilities. For example, a reluctance to teach sexuality has meant that young people often rely on the internet or peers for information, and this may be inaccurate. Furthermore, a prevalent tendency among socially conservative societies of the region to only consider SRHR in the context of marriage means that unmarried adolescents, men and women, face social barriers in raising issues concerning their SRHR with health-care providers.[9]

Overall, however, the region exhibits a lack of a rights-based approach to SRHR, despite commitments to and efforts to comply with the range of global instruments noted above. Countries in the region still face challenges in granting access to sexual and reproductive health care for all, without discrimination based on sex, nationality, displacement status or marital status. Services related to maternal health, family planning, and the prevention and treatment of sexually transmitted infections and HIV/AIDS are not fully integrated within primary health care. Accessibility and quality vary across countries, among social classes and from urban to rural areas. Cultural barriers significantly prevent women and couples from deciding freely and responsibly on their sexual and reproductive health, including family planning.[10]

Similarly, as discussed below legal frameworks do not reflect a rights-based approach that promotes well-informed individual choices, and often stipulate

2 ESCWA, Arab Sustainable Development Report 2020, 2020.
3 Ibid.
4 Arab Barometer, 'Arab Barometer Wave V.'
5 Dalacoura, Katerina, Middle East and North Africa Regional Architecture: Mapping Geopolitical Shifts, Regional order and Domestic Transformations, Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the post-2011 Juncture, 2019.
6 UN Women, Accountability for Sexual Violence in Conflict: Identifying Gaps in Theory and Practice of National Jurisdictions in the Arab Region, 2018.
7 WHO, The impact of COVID 19 on mental, neurological and substance use services in the Eastern Mediterranean Region: results of a rapid assessment, 2020.
8 Starrs, Ann M, et al, Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, 2018.
9 ESCWA, Arab Sustainable Development Report 2020, 2020.
10 Ibid.

exemptions from the legal age to marry, forcing young girls into marriage, and early pregnancy.

There is a specific gender dimension to food security and nutrition that is widely supported by established research and data. Worldwide, women and girls experience a greater risk of malnutrition than men, and more girls die of malnutrition than boys, as a result of gender-based discrimination.[11]

Yet, there is limitations in the sex and age disaggregated data on hunger and food insecurity in the world and in the region. Often data on hunger is collected through interviewing the heads of households while the cultural norms in the region show that men are most likely to be identified as heads of households because of their socially accepted gender roles as breadwinners. This in turn, risks disregarding food security challenges facing women, girls, and boys and disregards the inequalities caused by gender-based discrimination within intrahousehold dynamics.

Roles and responsibilities associated with food security and nutrition largely fall on the shoulders of women and girls in the region due to gender social norms. The lack of engagement of men and boys in food preparation exacerbates women and girls' unpaid domestic chores, restricts women and girls from engaging in paid labor, re-enforces stereotypical gender roles, and puts men and boys at risk of food insecurity and malnutrition in case of any losses of women family members, especially in conflict and displacement settings. Social and behavioral communication change initiatives are needed to promote the equal engagement of men, women, girls, and boys in food security and nutrition interventions.

Women and girls in the region remain particularly vulnerable to food insecurity and face a triple burden of malnutrition, consisting of undernutrition, overweight or obesity, and micronutrient deficiencies. Undernourishment is especially high in conflict-affected countries: a 2019 study of gender disparity in dietary intake noted that the MENA and Arab States region features a marked gender gap detrimental to women.[12] Every country in the region has either moderate or severe rates of anaemia in women of reproductive age, while, at the same time, women in the Arab States are far more likely to be overweight or obese than in any other region.[13]

Knowledge of and adherence to infant and young child feeding (IYCF) practices, including breastfeeding, vary substantially both between and within countries in the region, with factors such as mother's education level, mother's age, mother's health, mother's employment status, place of delivery, and place of residence (i.e., urban versus rural) impacting children's nutritional status. Provision of social and behavioral change communication (SBCC) initiatives are required to enhance the awareness of women, men, girls, and boys about infant and young child feeding practices and breastfeeding. Food security and nutrition actors, including governments, should work to create enabling environments that support IYCF. This includes promoting policies that support breastfeeding, provide maternity protection, and removes barriers to breastfeeding within workplaces (facilities, services, parental leave, and breaks) and communities. Policies should ensure that women's choice to breastfeed does not negatively affect their economic security and rights.

According to the most recent data, the countries in MENA with a stunting rate over 20 per cent are 4 out of 17 countries with available data. Therefore slightly less than one quarter of the countries of the region have a high or very high prevalence of stunting in children under 5 years of age. This is very problematic, as stunting and anaemia adversely affect the cognitive and physical growth of children, contributing to lower performance in schools and lowering lifetime incomes. It should be noted that the most successful efforts to reduce stunting have been connected with programmes aimed at reducing poverty and socio-economic inequities, particularly of gender inequalities. Mothers with a

11 FAO, Gender and Nutrition, No date.
12 FAO, IFAD, UNICEF, WFP and WHO. 2020. Regional Overview of Food Security and Nutrition in the Near East and North Africa, Rethinking food systems for healthy diets and improved nutrition, 2019.
13 Ibid.

low level of education and a low income are more likely to have stunted children due to their limited knowledge and capacity to obtain food that will provide a diverse and nutritious diet. Improving women's socio-economic status, by increasing their access to decent employment and social protection programmes, is essential not only to improve their well-being, but also children's health and nutrition.

Equitable access to safe Water, Sanitation and Hygiene (WASH) services has not been met in the region. Women in poor households are less likely to have access to clean, safe places for Menstrual Health Management (MHM) or other sanitation facilities that provide appropriate security and hygiene standards to maintain women's unique needs related to privacy and dignity. Further, lack of access to WASH services at schools for women and girls may lead to their missing school or dropping out altogether. These access issues are exacerbated in very impoverished and/or conflict-affected countries, and more generally there are gaps in access to services between rural and urban communities throughout the region. Further, because suitable drinking water sources are also frequently missing at a family's home site, cultural norms throughout the region that designate women and girls as responsible for their household's water collection can involve long walks that expose them to protection and security risks.

During crisis situations, gender-based water insecurity is amplified, especially for refugee or internally displaced women and girls who face major barriers in access to basic services that are essential to their and their families' health and well-being. In addition to accessing basic services, women-headed households experience financial burdens that further limit their abilities to purchase water. In some countries water rights are tied to land rights, which in certain instances restrict women's access.[14]

Moving forward, key considerations include:

- Continue fostering a rights-based and people-centred approach to health and focus on the four essential elements of the right to health: availability, accessibility, acceptability and quality. This includes ensuring a gender-based approach to health services, policies and increasing relevant investments in health.

- Ensure provision of integrated benefit packages which deliver services including the whole continuum of care at all ages with focus on maternal health, family planning, and the prevention and treatment of sexually transmitted infections, HIV/AIDS and GBV services, and strengthen cross-sectoral co-ordination to improve efficiency including aadvocating for comprehensive sexuality education in education – both in formal and non-formal settings. Ensure that services provision includes the dimensions of universal health coverage in terms of better access to services with focus on access in rural areas and innovative telemedicine approaches, the scope and quality of care, securing equitable access to health information, in addition to financial protection to those most vulnerable including women and girls.

- Addressing the health disparities and inequities through addressing the social determinants of health and focus on 'whole-of-society' approach that's ensures the engagement of women in decision making in reference to health service provision and accountability.

- Ensure essential services are provided to vulnerable populations including women's and girls in fragile countries in the region and those of humanitarian complex settings including maintaining these services amid the current COVID-19 preparedness and response.

14 United Nations, Women, Water Security, and Peacebuilding in the Arab Region, Policy Brief, 2018.

- Address insufficient data on adolescent health and nutrition by prioritizing key health indicators, allocating adequate resources to relevant quantitative and qualitative research gaps, and enhancing effective data management with focus on sex and age disaggregation.

- Address the major increase in non-communicable diseases by ensuring gender-responsive research, policies as well as adequate access to training facilities.

- Advance mental health legislations and policies and expand access and quality of available medical, mental health and psychosocial support services, including to address violence against women and girls, especially for those impacted by emergencies including the COVID-19 pandemic.

- Build gender and adolescent-responsive health systems, including Primary Health Care systems, to provide quality non-discriminatory and integrated youth-friendly health services with an adolescent and gender-competent workforce.

- Address existing social and economic barriers to women's food security and nutrition by ensuring their equal entitlements, access to and control over assets, resources and services (financial and non-financial), and by enhancing their access to decent employment, livelihood opportunities, and social protection. Special attention should be dedicated to support women and girls in conflict-affected areas, women refugees and IDPs.

- Enhance the access of rural women to and control of agricultural assets (land, in particular) and facilitate their exposure and uptake of nutrition-sensitive agricultural practices and technologies through targeted and accessible capacity building programmes.

- Allocate adequate resources for the adoption of gender-transformative approaches in food security and nutrition-related policies and programmes, including capacity building of stakeholders in gender analysis and programming, to tackle the discriminatory social norms and gender roles that limit women's control over income and assets, and their decision-making power within households and communities.

- Ensure the sex and age disaggregation of data on hunger and malnutrition and provide support to regional and national strategies and programmes through intersectional gender and age analyses. This should be done in a manner that explores intrahousehold dynamics and roles in food security and nutrition, and addresses hunger and malnutrition through a lifecycle approach.

- Engage women, men, girls, and boys through social behavioural communication change initiatives that seek to engage all groups equitably utilizing gender transformative approaches that change stereotypical gender roles associated with food security and nutrition and acknowledge the valuable contributions of women and girls to food security, food production, preparation, and distribution.

- Address the disproportionate impacts of climate change on the food security and resilience of women and girls and promote gender equality and climate resilience in interventions related to the development of food systems.

- Strive for equitable access to safe WASH services, especially in rural and conflict/emergency settings and ensure adequate resources for effective implementation.

- Address the gender impact of climate change through gender responsive National Adaptation Plans that builds on relevant evidence, engage women and girls in the development process, maintain health and education services and secure economic and empowering opportunities for women and girls in WASH sector.

- Promote health literacy and nutrition and WASH education to improve the nutritional status of women and girls, households and communities, by ensuring that fathers and mothers are equally targeted by programmes and initiatives.

PILLAR 2: LEARNING AND LIVELIHOODS

LEARNING: OVERVIEW AND KEY CONSIDERATIONS

Formal and non-formal education plays a large role in children's and young persons' lives throughout the region. In the region, there are disparities among women and girls in terms of relevance of education opportunities, abilities, access and outcomes For this reason, it is important to explore multiple pathways for education including those that help female children and youth transition into lifelong learning and dignified livelihood opportunities. Access to education and learning opportunities – in both formal and non-formal settings – is crucial for advancing the interests of all women and girls in the region.

Despite recent gains as a region, educational inequalities between males and females persist. These inequalities are based on a number of additional factors (e.g., migration, conflict, language of instruction, ethnicity or social group, disability status, privatization of educational access, uneven educational opportunities) and manifest in myriad forms, most often affecting the most marginalized girls and women (e.g., rural, impoverished, displaced or nomadic communities, and those with disabilities).15 For example, rural females at both the primary and lower secondary levels exhibit higher out-of-school rates than other populations in the region, with some exceptions. Female youth are more than twice as likely to be Not in Education, Employment, or Training (NEET) than male youth.16 Yet, when young females have access to education, girls outperform boys in learning outcomes throughout the region. Another group that is often marginalised, when it comes to accessing education are females with disabilities – between 63 per cent and 92 per cent of females with disabilities report having no schooling at all.17

Unfortunately, the increase in girls' and women's literacy and educational attainment has not translated into participation in the labour force.[18] Even with higher education, men and women with advanced education experience starkly different unemployment rates in all countries for which data exist. Women with advanced education are at least twice as likely to be unemployed than their male counterparts in 90 per cent of the countries in the region.[19] Educational attainment is often not the only factor contributing to unemployment and this is especially true in this region. Socio-cultural norms including what is considered appropriate work and roles for women, laws and policies that restrict a woman's ability to perform certain tasks

15 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
16 ILOSTAT, Share of youth not in employment, education or training (NEET) by sex- ILO modelled estimates, Nov. 2020 (per cent) | Annual, 2020.
17 ESCWA, Disability in the Arab Region, Disability-Dashboard, 2020.
18 Dalacoura, Katerina, Middle East and North Africa Regional Architecture: Mapping Geopolitical Shifts, Regional order and Domestic Transformations, Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the post-2011 Juncture, 2019.
19 ILO, Unemployment with Advanced Education, ILOSTAT Database.

(e.g., hours or sector), and traditional gender norms all contribute to higher levels of unemployment.[20]

Regional data suggests that higher female participation to education correlates with lower prevalence of child marriage[21] and educational attainment is also a key determinant of sexual and reproductive health – women with education tend to access sexual and reproductive health services more than women with lower or no education (see Pillar 1).

Within the region, Technical and Vocational Education and Training (TVET) accounts for only 20 per cent of post-secondary enrolment and suffers from a negative perception, even though evidence shows that TVET graduates have higher prospects for employment compared to university graduates.[22] Concerningly, research in the region determined that vocational training programmes themselves reinforce gender-based discrimination, often dividing programmes into topics that are socially acceptable to men and those that are socially acceptable to women.[23] Additionally, research has found that TVET programmes in the region offer limited support to vulnerable groups, including persons with disabilities, former detainees, and illiterate populations.[24]

Research in the region concluded that life skills and citizenship education programmes in non-formal settings play an important role in targeting marginalized and vulnerable groups. However, these programmes are sporadic and are sustained by support from implementing non-governmental organizations. As such, these activities often lack national or local co-ordination mechanisms and are delivered on a project-by-project basis which calls into question the long-term sustainability of such activities.[25] Nevertheless, a few countries in the region have integrated life skills and citizenship education into their national education system and curriculum.

Within both formal and non-formal education settings, Information and Communications Technologies (ICTs) have the potential to promote inclusive and equitable quality education as well as promote lifelong learning opportunities for all women and girls. However, access to ICTs and low levels of digital literacy are factors that contribute to an unequal landscape within the region, both between countries and between the sexes. This digital divide[26] is exacerbating inequalities, especially based on wealth (poor vs. rich) and location (urban vs. rural), as well as gender inequalities hinder women's and girls' participation in education. Women's and girls' access to ICTs vary greatly within the region. As an example, the percentage of the female population using the internet in the region ranges from 11 per cent in Sudan to 99.8 per cent in Kuwait. (See Table 2.7.)

Socio-cultural norms and practices are critical impediments to women's and girls' access to ICTs including computers and mobile phones. Throughout the region, these traditional gender roles and harmful social norms undermine girls' and women's access to and use of ICT tools. This precludes the ability of women and girls to adapt to the heightened demand for digital skills and access to digital technologies to foster learning during the COVID-19 pandemic and to participate in recovery efforts. This is especially true in lower socio-economic environments or rural localities, where ICTs are often accessed outside of the home where safety concerns and norms regarding socializing act as barriers for women's and girls' access to these technologies. Additionally, lack of control over when and how to use these technologies can present another barrier for women and girls. Lastly, it is important to note that while there has been a focus

20 World Bank Group, Women, Business and the Law, 2018, p. 14.
21 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
22 Internal UNICEF Document titled Gender dynamics and barriers for girl child employability in MENA (shared with the research study team by UNICEF), no date.
23 Oxfam, Counting on Women's Work Without Counting Women's Work, 2019.
24 UNICEF MENA Regional Office, Analytical Mapping of Life Skills and Citizenship Education in the Middle East and North Africa, 2017.
25 Ibid.
26 The digital divide refers to the uneven possession of skills and experience that are required to use ICT tools and it entails access to hardware and software as well as the aspects of access and use which all impact the digital divide.

on improving school ICT infrastructure throughout the region in recent years, the same priority has not been given to reforming education methods to improve the quality of teaching. In fact, limited statistical evidence from the region reveals that use of ICTs in education does not have a significant impact on education methods.[27]

Moving forward, key considerations include:

- Ensure that education opportunities, including digital learning, are available, accessible, and acceptable to all girls and women, independent of wealth, location, ethnicity, ableness or displacement status.
- Review and revise education curricula, including e-learning content, to ensure that they are gender-responsive, do not perpetuate gender stereotypes and equally prepare girls and boys for a dignified transition into adulthood, including decent and productive employment/ livelihood and lifelong learning.
- Integrate and operationalize gender responsive foundational and transferable life skills curricula through formal and non-formal education platforms and improved teaching practices.
- Promote and monitor equal access to and acceptance of digital learning to address and mitigate gender-inequalities reinforced by the digital divide and expand affordable access to the most disadvantaged population with focus on girls in rural areas.
- Review and amend education policies to promote girls' and young women's access to both learning and livelihood, specifically addressing harmful practices and social norms barriers.
- Ensure education services and policies are gender-responsive in emergency and humanitarian settings, with specific attention to girls and young women needs and risk of dropping out of school.
- Ensure available, accessible and gender-responsive WASH facilities including menstrual health and hygiene support, in education settings for girls and adolescent females, including in humanitarian settings.
- Implement policies and accountability frameworks to ensure a safe and protective school environment to address wellbeing, including mental health and psychosocial support, and to mitigate against the increased risk of GBV.
- Ensure a safe learning environment, including that all schools and tertiary education must provide accessible and reliable means of reporting cases of sexual harassment and assault (be it physical, psychological, emotional and/or verbal) as enshrined within school governing documents/policies, which must be inclusive.

LIVELIHOODS: OVERVIEW AND KEY CONSIDERATIONS

The period covered in this report, 2010-2020, has been a time of massive change in the region. In particular, there has been an increase in recognition of the need to further integrate women more fully into the economy, with many countries introducing new incentives programmes and changing labour laws to allow this to be achieved. While much progress has been made, there is still much that can be improved. Women's labour force participation rates are still among the lowest in the world, and women and girls face disproportionate barriers to inheritance, property ownership, and access to capital, as well as one of the world's highest ratios of unpaid care and domestic work responsibilities compared to men.[28]

27 ESCWA, Arab Horizon 2030 Digital Technologies for Development, 2019.
28 UN Women, 'The Role of The Care Economy in Promoting Gender Equality', 2020.

During the past decade, the MENA and Arab States Region has seen an increasing recognition of the importance of women in the economy. Private organizations and global donors have begun to develop monitoring and evaluation mechanisms,[29] reports and research, and data[30] regarding women's impact in the business and financial sectors. However, much of the information gathered during this time period has shown mixed results. While the enabling environment for women entering the workplace has arguably improved, the observed trends increased the over-representation of women among the unemployed population. As of 2018, women's labour force participation[31] rates in the region remain the lowest in the world, with an average rate of around 19 per cent across the region, compared to 49 per cent globally.[32] With the emergence of COVID-19, labour force participation numbers are expected to decrease.[33]

While overall economies in the region have grown, disparities between urban, rural, and poorer communities have grown. With an overall regional poverty rate of 13.4 per cent (as of 2017),[34] this number hides great disparities. The Least Developed Countries (LDC) in particular face greater and more widespread poverty, with poverty rates approaching 50 per cent in Sudan and 30 per cent in Yemen.[35] Conflicts in Iraq, Yemen, Libya, and Syria exacerbate poverty, and continue to slow economic growth. Projections for 2019 for the region also predict slow economic growth, estimated by the World Bank at 0.6 per cent due in part to decreasing oil prices.[36] This follows a downward trend during the entirety of the reporting period, with overall regional growth rates slowing year over year.[37] Decreasing oil prices and conflict in the region seem to be the main drivers of this slow-down. The good news is that there has not been widespread retraction – the regional average growth rate has not become negative. The World Bank predicted stronger growth in the coming years, however the recession caused by the emergence of COVID-19 have made the growth rates for 2020 and beyond uncertain. Growth rates in the region are expected to be impacted by a loss in real GDP, loss in jobs as well as a high increase in people living in poverty.[38] The projection of job losses are expected to be highest in 'most at risk' sectors as well as in the informal economy, where women in the region make up 62 per cent of the labour force.[39]

Moving forward, key considerations are:

- Formally codify or enhance anti-discriminatory and gender-responsive laws governing livelihoods, such as the labour code, and include implementable repercussions or sanctions against those who violate them, in addition to enforcement mechanisms and robust monitoring.
- Enact or strengthen legislation that addresses discriminatory social norms that dissuade women from inheriting wealth and accessing collateral.
- Support women entrepreneurs through increased access to credit and capital, business and technical training, strengthening networks and associations, and gender-responsive procurement and inclusion of women-led businesses in value chains.
- Work with community groups, businesses, and the government to challenge norms in vertical

29 See: Buvinic et al., 'Measuring Women's Economic Empowerment: A Compendium of Selected Tools.'
30 For instance, see resources available at Data2x: https://data2x.org/resource-center/
31 Labor force participation is defined by the International Labour Organization as being the proportion of the working age population currently employed. It is usually calculated using ages 15 and above. For more information, see https://ilostat.ilo.org/resources/concepts-and-definitions/description-labour-force-participation-rate/.
32 ILO, 'World Employment and Social Outlook Trends for Women 2018: Global Snapshot.', 2018.
33 UN Women, 'The Impact of COVID-19 on Gender Equality in the Arab Region.', 2019.
34 League of Arab States et al., 'Arab Multidimensional Poverty Report.'
35 Ibid.
36 Arezki et al., 'Reaching New Heights.'
37 Ibid.
38 United Nations Sustainable Development Group, Policy Brief: The Impact of COVID-19 on the Arab Region An Opportunity to Build Back Better, 2020.
39 Ibid.

and horizontal occupational segregation that prevent women from taking on leadership and senior roles in the world of work, as well as from entering occupations in non-traditional sectors of the economy.

- Enact gender-responsive laws and policies, including those on finance and enforcement, and support the private sector to improve working conditions, safety and security at work, to encourage more women to enter the private sector as an employer of choice.

- Ensure adherence to global standards in the world of work (including equal pay for work of equal value), implementation of gender-responsive policies in the workplace, and promoting gender-responsive tripartite dialogue.

- Address the high burden of women's unpaid care work and disproportionate domestic responsibilities such as childcare, education, and caring for the elderly and the infirmed, especially during the COVID-19 pandemic, including responding to any need of support for women to re-enter the workforce or shift demands as businesses reopen.

- Invest in the care economy, inspired by the 5R framework for decent care work: recognize, reduce, and redistribute unpaid care work, including in collaboration with the private sector; reward paid care work, by promoting more and decent work for care enforcement workers; and guarantee care workers' representation, social dialogue, and collective bargaining;

- Strengthen the ability of refugee communities to obtain work permits by providing opportunities and develop local economies that will allow women to join the formal economy.

- Ensure that governmental macroeconomic policies, response programmes and fiscal stimulus packages to mitigate the socio-economic impact of COVID-19 are gender-responsive and include the varying needs of women and men, including through supporting employers and women-led businesses to protect women's employment, where possible.

PILLAR 3: FREEDOM FROM VIOLENCE AND ACCESS TO JUSTICE

OVERVIEW AND KEY CONSIDERATIONS

Everywhere in the world, gender discriminatory norms and practices are at the root of multiple forms of Violence Against Women and Girls (VAWG). This is no exception in the MENA and Arab States region, where patriarchal beliefs that support male privilege and power exist in virtually every area of life. Many forms of VAWG persist across the region, and throughout the female lifecycle. In situations of armed conflict and occupation, and among women and girls who are particularly marginalized, the risk of exposure to violence is compounded. However, data and documentation on VAWG is limited due to the stigma and fear of retaliation. Crises can exacerbate existing vulnerabilities and risk factors, leading to an increase in GBV, abuse and neglect, as well as an increased lack of access to professional care and support services for survivors. Since the emergence of the COVID-19 pandemic, many countries have reported a simultaneous increase in gender-based violence (GBV), which has come to be known as the 'Shadow Pandemic.'[40]

A girl child living in the MENA and Arab States may be at particular risk for child marriage, domestic labour and Female Genital Mutilation (FGM), for which several countries in the MENA and the Arab States region have some of the highest rates globally. For example, one in five girls in the region are married before the age of 18. Collective violence against children is also higher in the MENA and Arab States region than in any region of the world, and while boys are primarily affected, girls also face high rates of collective violence, particularly in settings affected by armed conflict. Another growing problem is online violence. This issue is especially salient in the age of COVID-19, where in many communities across the region the internet has become integrated into everyday life.

As girls grow older, additional risks present themselves. In the MENA and Arab States region, existing data suggests that slightly more than a third of females are likely to be exposed to intimate partner violence, and in some settings the rate is likely to be much higher. Other VAWG risks include abusive temporary marriages, trafficking, and non-partner sexual violence.

It is critical to note, however, that the prevalence of different forms of VAWG varies considerably throughout the region. For example, while an estimated third of all girls are married as children in Somalia, Yemen, and Iraq, the rates are very low to non-existent in Algeria, Tunisia and Qatar. Likewise, the rates of FGM are very high in Somalia, Egypt and Sudan, while the practice is essentially absent in Morocco, Algeria, and Tunisia. Aside from cultural norms, demographic factors such as wealth, education and state stability affect rates of various forms of VAWG. For example, urban areas—and particularly settings with higher levels of wealth and education–typically have fewer cases of child marriage and FGM. On the other hand, VAWG can be exacerbated by conflict. For example, sexual violence has been used as a tactic of war by armed

40 UN Women, 'COVID-19 AND VIOLENCE AGAINST WOMEN AND GIRLS: ADDRESSING THE SHADOW PANDEMIC', 2020.

forces in Sudan, as well as by ISIL in Iraq[41] and has been weaponized against female political activists in Libya, and Somalia. Displacement also creates particular risk factors for VAWG, including sexual violence and exploitation and child marriage.

In recent years, countries in the MENA and Arab States region have made significant legislative progress in addressing VAWG. The constitutions of Egypt, Tunisia, Somalia, Yemen, and Iraq include provisions seeking to eliminate VAWG. Stand-alone legislation regarding VAWG also exists in eight countries in the MENA and the Arab States, and a majority of countries in the region criminalize non-partner sexual violence. FGM has also been outlawed in many of the countries in which it is most prevalent (Egypt, Somalia, and Sudan). However, in spite of these measures, protection gaps persist in laws and policies. In many states, marital rape is not considered a crime, and laws prohibiting child marriage vary widely in terms of both their implementation and their enforcement. Laws also often fail to specifically protect those at greatest risk, including refugees, women and girls with disabilities, migrant domestic workers, etc.

Specialized services and programming to aid women and girls affected by VAWG are growing in the MENA and Arab States region. For example, all Arab countries have established formal channels to report VAWG to the police, and several countries, such as Jordan and Tunisia, have dedicated units to investigate cases, offer legal support, and provide women and girls who report VAWG with access to safe shelters and psychosocial services. Several governments offer free medical and psychosocial services to survivors, although the accessibility of these can be limited, particularly for marginalized women and girls such as refugees, women and girls with disabilities, adolescent girls, and others. Where government services have been insufficient, international and local non-governmental organizations (NGO) fill some gaps, offering shelters, providing capacity building and awareness raising, and promoting improved VAWG data collection. However, their capacity is also proscribed by limitations in funding—an increasing concern in the COVID-19 pandemic.

Access to justice for survivors of VAWG has shown some improvement through statutory systems in some countries in MENA and the Arab States region over the last ten years, supported by near gender parity in the judiciary in countries such as Lebanon, Tunisia, and Algeria, as well as the proliferation of dedicated police desks for women and children, and increasing participation of women in the legal sector. However, many women and girls in the region continue to face very challenging barriers to accessing justice in both formal and informal institutions—not only in relation to VAWG, but for gender justice more generally. Discriminatory gender norms enforced by family or personal status laws remain in many countries, essentially codifying inequality. Justice is not yet gender-responsive in the region, neither for women nor for girls. Despite progress with female representation, the legal system remains male-dominated. In addition, many deep-rooted socio-cultural practices do not incentivize but stigmatize and even endanger women and girls who seek justice, particularly gender justice, and services to challenge these norms and help women and girls overcome such barriers are largely insufficient.

Not only are many laws and policies in the region discriminatory towards women and girls—particularly in terms of family or personal status laws – but discriminatory norms prohibit women and girls from accessing justice for other reasons, including that the legal/justice sector being male dominated; socio-cultural norms and practices disincentivize, stigmatize and even endanger women and girls who seek justice, particularly gender justice; and there is lack of services that challenge these norms and sufficiently assist women and girls to overcome the myriad obstacles to accessing justice.[42] Despite these challenges, there is evidence of some shifts towards greater gender equity in the legal/justice sector across a number of countries in the region. These shifts may, over time, improve policies,

41 United Nations, UN News, 'UN human rights panel concludes ISIL is committing genocide against Yazidis, 2016.
42 OECD, 2014. Women in Public Life–Gender, Law and Policy in the Middle East and North Africa, p. 31.

standards, norms, and law enforcement processes related to access to justice for women and girls.

Even with significant progress in some countries in the region regarding VAWG and access to justice, much remains to be done.

Moving forward, key considerations include:

- Collect information on the prevalence of gender-based violence using systematic methods aligned with international standards for collecting sex, age and disability disaggregated data on VAWG as well as periodical collection of data aligned with the SDG indicator on prevalence of different forms of VAWG. This includes emerging forms of violence, such as online harassment and exploitation.

- Adopt stand-alone legislation on VAWG, including violence related to the legal age of marriage, trafficking, marital rape, and online harassment and amend existing legislation in line with a survivor-centred approach. Ensure such legislation is enforceable and that perpetrators are held accountable.

- Address stereotypical gender norms by developing social norms programming targeting men and women on drivers of VAWG, such as patriarchal beliefs and gender discriminatory norms, including related to growing forms of VAWG such as online harassment.

- Ensure VAWG programmes assess risk, including recognizing the overlapping risks girls and women experience at different stages, and protective factors across the lifecycle of women and girls in order to promote prevention and age-appropriate responses at all stages.

- Adopt an intersectional approach to VAWG programming, including addressing drivers of marginalization, that is available and accessible to women and girls with various demographic profiles, especially those facing significant challenges accessing support and protection, such as women and girls who are economically disadvantaged, stigmatised, less educated, living in rural areas, or with disabilities.

- Address the stigma related to support-seeking and ensure integrated, age-appropriate and specialized services for survivors of VAWG are affordable, acceptable, accessible and of good quality. This includes improving prevention, accountability and response interventions and promoting survivor-centred approaches.

- Establish and maintain comprehensive referral systems that are survivor-centred and are aligned with human rights standards.

- Implement, customize and finance different survivor-centred approaches to improve women and girls' safe and age-appropriate access to justice, including improving female representation in the judiciary, providing virtual legal and judicial services, and developing legal literacy curricula for women and girls.

- Ensure appropriate mechanisms and non-discriminatory procedures for women and girls who lack identification documents or are non-citizens, such as internally displaced women, migrant women workers, refugees and asylum seekers, so that they are able to access justice mechanisms, including police protection, legal aid services, and a confidential process for lodging complaints to enable prosecution and protection.

- Eliminate the practice of criminalizing women and girls for being survivors/victims of gender-based violence and trafficking as well as end administrative detention for this reason.

- Engage in rights-based interventions with traditional/tribal leaders administering customary/informal justice in gender-based violence cases involving women and girls

- Prevent child violence, exploitation and abuse by enforcing child rights legislation on labour,

and adopt initiatives that address unpaid domestic work by the girl child and adolescent.

- Ensure gender-sensitive respond to increased levels of GBV during the COVID-19 pandemic by strengthening capacity for PSEA, hotlines, safe spaces and case management as well as engage existing women's and youth rights networks to support connectivity and vital information flow and ensure gender data are available, analysed and actionable.

PILLAR 4: PARTICIPATION AND LEADERSHIP

OVERVIEW AND KEY CONSIDERATIONS

Women's participation and leadership in the MENA and Arab States region have historically been obfuscated, despite decades of community involvement, activism at the national and international levels, and formal and informal political engagement. During the past decade, however, women's formal engagement has gained greater focus and traction, often transgressing the invisible barrier between the public and private spheres. Despite this momentum, challenges remain, none the least of which is the COVID-19 pandemic that has widened gaps between men and women in terms of employment, care work, perceived family obligations and, in some cases, actively curbed women's access to the public sphere. The region as whole remains resilient in the face of enduring conflicts, from the State of Palestine to Syria to Yemen, as women remain at the forefront of building their communities.

This chapter focuses on women's agency at the household as well as in public life of women, including engagement in civic society, activism, government, politics, and peace and security. From a legal perspective, inequality at the household level is codified through personal status laws. Additionally, household decision-making is often beholden to conservative socio-cultural norms and expectations resulting in women exerting less autonomy and power within the family, though this is not an absolute.

Community and national level civil society participation remains an important avenue for women to engage in leadership, however entry points, such as female youth's ability to participate in civic engagement, is limited by both conservative social norms and lack of opportunities to participate. Since the uprisings over a decade ago, women and girls' prominence in protests movements is now better documented, as is their formal political engagement (despite globally low rates of participation in the region). However, this has not translated into substantial and sustainable engagement. Notably, this increasing visibility has also resulted in increasing violence and harassment.

In a region overwhelmed by conflict and occupation, women continue to lead efforts related to peace and security. While the acceptance of the Women, Peace and Security agenda[43] has been gaining prominence at the grassroots and institutional levels in the MENA and Arab States region, women's main venue for influencing policy, peace processes and transitional justice processes continues to

43 In October 2000, the United Nations Security Council adopted UNSCR 1325 on Women, Peace, and Security (WPS).

be through civil society and work at either the community level or at the international level, with serious omissions at the national level.

This chapter focuses on the public life of women, including engagement in civic society, activism, government, politics, and peace and security. It finds that women have been central to many of the movements for increased rights in the last ten years, but there is still more research left to do to fully understand the role that women have played.

Moving forward, key recommendations include:

- Adopt legislation and policies that facilitate women's political participation, including gender-based quota systems for seats in national parliament and local government level or gender-based quota systems for candidate lists for national parliament that meet the international standard of 50 per cent.
- Adopt and enforce legislation explicitly outlawing violence against women in politics and/or elections.
- Remove legal and financial restrictions on the work of civil society organizations and enforce protection of all women's human rights defenders.
- Enhance partnerships with civil society organizations and other non-governmental actors and ensure adequate funding for services provided by civil society organizations.
- Develop and implement policies and programmes, including in schools, to engage youth and provide safe physical and online spaces for young women to participate in volunteerism and local communities.
- Review school curricula and textbook contents to eliminate socio-cultural gender stereotypes and to stimulate a culture of equality between women and men by presenting progressive and affirmative images of women to reflect their dynamic positions, multiple roles and identities in the household and in public life.
- Ensure transparent and complete reporting of women's participation in all areas of public life, including in the public service, in line with international standards and methodologies developed by Sustainable Development Goal indicators (women in local governance).
- Ensure regular data collection of national statistics on women's participation in decision making at the household level and in the public sphere.
- Initiate qualitative research to understand household decision-making dynamics, as well as research into women's participation in activism and politics at the local and national levels, in order to better understand and address barriers to leadership.
- Introduce policies and programmes and allocate adequate resources that address the unequal division of labour and gender stereotypes within households.
- Increase resource allocation to the Women, Peace, and Security agenda and the development of National Action Plans.
- Fund local civil society organizations to implement identified activities within Women, Peace, and Security National Action Plans in order to increase the oversight capacity of relevant ministries (often the Ministry of Women's Affairs).
- Create a safe environment for women to participate and actively engage in peace processes.
- Mainstream gender into all transitional justice processes at all levels.

Scope of this Situational Analysis

This situational analysis is based on a desk review focused on regional-level reporting and quantitative data.

All research was framed around a conceptual framework that supports a rights-based framing of issues and allows for integration of cross-cutting issues such as age, disability status, migration, conflict, and climate change both within and across each of the pillars, as data allowed. The conceptual framework includes four pillars: Pillar 1, Health and Well-being, Pillar 2, Learning and Livelihoods, Pillar 3, Freedom from Violence and Access to Justice, and Pillar 4, Participation and Leadership. See Appendix 3 for full explanation of the conceptual framework.

The situation analysis covers the timeframe of 2010 – 2020. Countries of study include those within the United Nations International Children's Emergency Fund (UNICEF) MENA Regional Office and the United Nations Fund for Population Activities (UNFPA) Arab States Regional Office [Algeria, Djibouti, Egypt, Gulf Area Office (Bahrain, Kuwait, Qatar, Saudi Arabia, and United Arab Emirates), Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, State of Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen].

Considering the heterogeneity that exists within these four pillars throughout the region, this situational analysis divides the region into four subregions to help create some homogeneity and allow for analysis at the subregional level where data are scarce. These subregions are:

- **Gulf Cooperation Council (GCC) subregion:** Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates (UAE).
- **Mashreq subregion:** Egypt, Iran, Iraq, Jordan, Lebanon, State of Palestine, and Syrian Arab Republic (Syria).
- **Maghreb subregion:** Algeria, Libya, Morocco, and Tunisia.
- **Least developed countries (LDCs) subregion:** Djibouti, Somalia, Sudan, and Yemen.

This research study is split between three phases: phase one that acted as the inception phase and helped frame the study, phase two where regional-level data were shared by the reference group and a regional report was developed, and phase three (forthcoming) that will use country-level research, existing documentation, and data to develop country level reports that will help fill gaps and explore other areas identified as emerging areas of interest or critical areas of interest.

The goal of this report is to provide a high-level view of the region and, to the extent possible, differences within the region to inform additional research in phase three of the assignment.

INTRODUCTION

REGIONAL SNAPSHOT

The Middle East and North Africa (MENA) and Arab States region is home to just under 250 million women and girls,[44] encompassing 21 countries[45] and many languages, cultures, and lifestyles. Around 31 per cent of the female population (approximately 77 million) are girls under the age of 14 whose future opportunities for health, education, employment, safety, and participation both within and outside the home will be dictated by the world in which they live.

The MENA and Arab States region has been undergoing rapid and turbulent change over the past couple of decades. Many of these changes have been positive for women and girls, leading to advancements in health care access and services, increased opportunities for education and political participation, and changing cultural norms that reduce violence and discrimination. For example, the mobilization of civil society in the MENA and Arab States region during the past 10 years presented an unprecedented level of political participation by women-led groups, organizations, and individuals.

Yet, women in the MENA and Arab States region still face serious barriers in their everyday life. The most striking feature characterizing quantitative data within the region is the incredible disparities that exist across nearly every indicator. While some countries in the region lead the world in development and infrastructure, other states suffering from low development, poor governance, and active conflicts produce population statistics that indicate a harsh and difficult lifestyle amongst the population as a whole, and women and girls in particular.

Within each country, disparities amongst many indicators can be connected to household wealth, education, location, local governance, and socio-cultural norms and practices. Armed conflict in the region, especially in Iraq, Libya, Sudan, Syria, and Yemen, has seriously affected women and girls and their freedom of movement, ability to access services, and their participation in the community. While quantitative data available in the region is not robust enough to draw conclusions about the effects of these conflicts on selected indicators, qualitative sources give insight into the consequences of destruction and armed clashes that have occurred.

→ THE RIGHTS AND EMPOWERMENT OF WOMEN AND GIRLS

OVERVIEW AND KEY CONSIDERATIONS

The rights and empowerment of women and girls are dependent on many interrelated factors. Access to education, bodily autonomy and control of personal health, economic stability, political representation, and legal reform are all channels for empowerment. These and other issues affecting the well-being of women and girls in the MENA and Arab States region and are discussed in greater detail throughout this report. This chapter seeks to situate the information in subsequent chapters of this report within a general review of gender

44 Estimates based on data from the United Nations Population Division's World Population Prospects: 2019 Revision.

45 Countries of investigation under this study include those within the UNICEF MENA Regional Office and the UNFPA Arab States Regional Office [Algeria, Djibouti, Egypt, Gulf Area Office (Bahrain, Kuwait, Qatar, Saudi Arabia, and United Arab Emirates), Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, Palestine, Somalia, Sudan, Syria, Tunisia, and Yemen]. The report will classify the region under study as including all these countries and will refer to the region as 'MENA and Arab States.' Where regional databases vary in their country composition, this will be noted in the findings, and attempts will be made as is possible to aggregate the data.

equality, the rights of women and girls, and efforts to promote their empowerment in the region. The chapter provides a preliminary overview on gender and development in the region; laws and policies explicitly related to gender equality; and political structures and programmes supporting women's rights and empowerment in the region.

Although there are significant differences among countries in the region that are important to recognize and bear in mind, evidence detailed in this section illustrates that when taken collectively, the region is among the slowest in the world to show progress on gender equality across multiple indicators. Many countries in the region have suffered significant obstacles and setbacks in the last decade. This is further exacerbated by conflict and violence, which is hindering development processes.[46] Political upheaval has greatly affected women's and girls' rights, particularly in countries where there has been a backlash from governments towards civil society, especially towards human rights groups. The patriarchal disposition of resurgent conservative governments has greatly impacted the movement towards gender equality.[47] So too has ongoing structural-level reinforcement of inequitable norms through laws and institutions; persistent socio-cultural norms and practices that restrict females' rights relative to males; and limited access for women and girls to targeted education about their rights or other substantive empowerment initiatives.

And yet, rights of women and girls in the MENA and Arab States region have seen progress in several domains, across a number of countries. Laws, policies, and programming focused on gender equality are growing. Women's representation in government and in national programming has increased, and many countries have established national women's machineries and other institutions that promote the rights and welfare of women and girls. Areas such as education and health have seen significant improvement in gender-related indices, and specialized programming aimed at supporting women's rights and empowerment has accelerated in many countries in the region.

Moving forward, key considerations are:

- Ratify and amend legislation to be in line and in compliance with all relevant international covenants, conventions and treaties, including the 1951 Refugee Convention and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) without reservation.

- Draft, expand and codify effective and accountable laws and juridical procedures which ensure the rights of all women and girls, including anti-discrimination laws, violence against women laws, personal status laws, economic and political participation laws, and laws impacting the rights of the girl child.

- Monitor and allocate the required resources to implement existing laws, in line with international standards.

- Acknowledge the particular vulnerabilities of refugees, migrants and internally displaced persons to statelessness and being undocumented, which may include lack of access to basic health, educational, employment, and legal services, and act to address the significant and wide-ranging risks for women and girls created due to a lack of formal identification or nationality.

- Strengthen multisectoral initiatives and integrated services and allocate adequate financial resources to support people-centered programming and service delivery to address inequalities manifested through discriminatory social norms and community practices.

- Remove barriers to the proper functioning and funding of civil society, particularly women's rights, networks of women living with HIV, youth and feminist organizations.

46 UNDP- Human Development Indicators and Indices: Statistical Update, 2018.
47 Egyptian Feminist Union, Alliance of Arab Women, Arab Women Network for Parity and Solidarity (Tha'era), Coalition of Arab Women Parliamentarians for Equality, and Gender Expert Group of South Mediterranean, 'MENA Regional Parallel Report Beijing +25', 2019.

- Institutionalize inclusive and gender-responsive/transformative and evidence-based planning practices at all levels of government and strengthen co-ordination platforms, multisectoral initiatives and integrated services to address intersectional discrimination.

- Invest in national women's machineries and other relevant ministries through gender responsive budgeting, with adequate and skilled human and financial resources allocated to structures, policies and capacities supporting women's rights and empowerment, in line with Agenda 2030 and Sustainable Development Goal Target 5.5.

GENDER AND DEVELOPMENT IN THE REGION

According to the 2020 World Economic Forum Global Gender Gap Report, the MENA region trails all other regions in the world in terms of progress on gender parity. Based on the Global Gender Gap Index 2020, measuring relative gaps between women and men in terms of health, education, economy and politics Western Europe has made the most progress on gender parity (standing at 76.7 per cent), followed by North America (72.9 per cent), Latin America and the Caribbean (72.2 per cent), Eastern Europe and Central Asia (71.3 per cent), Sub-Saharan Africa (68.2 per cent), South Asia (66.1 per cent) and, finally, MENA (60.5 per cent). Out of the 153 countries ranked, UAE, Kuwait and Tunisia are leading, but are still relatively low in the global ranking at 120th, 122nd, and 124th, respectively. Seven out of ten of the lowest rank countries are from the MENA and Arab States region, with Yemen coming in last, closely trailed by Iraq, Syria, Iran and Saudi Arabia.[48] Similar findings are captured in the United Nations Development Programme (UNDP) Gender Inequality Index for 2019, where the UAE, Saudi Arabia, Qatar, Bahrain and Kuwait are ranked in the top third of all countries included, and Yemen is last.[49]

Closer analysis reveals that the region (in aggregate) is performing relatively well in terms of health and education indicators. In addition, in the 20 years from 2000 until 2019, women's economic opportunity[50] in the region has improved. In the 10 years from 2000 to 2009, the average score on economic opportunity increased by 4.9 points, and then by a further 7.7 points between 2010 and 2019.[51] Moreover, some countries in the region have made significant progress in several other key gender indices in the last years, including mobility and marriage rights (see Pillar 4). According to the World Bank, of the top ten best-performing countries globally in terms of improvements towards gender equality, two-thirds are from the MENA and Arab States region (see Table 0.1, below).[52]

Despite these important gains, women's economic and public participation in the MENA region remains the lowest in the world, at 25 per cent, compared to a world average of around 50 per cent.[53] According to the International Labour Organization (ILO), the difference between the relatively strong health and education fields compared to politics and economic participation is often referred to as the MENA paradox.[54] Women shoulder the majority of the burden of unpaid work[55] in the region, on average women do 4.7 times more than men (see Pillar 2), and little has been done to recognize and value their contributions through the provision of public services, infrastructure, or social protection

48 World Economic Forum, 'Global Gender Gap Report', 2020.
49 UNDP, 'Gender Inequality Index', 2020.
50 This measurement is built from eight indicators; Mobility, Workplace, Pay, Marriage, Parenthood, Entreprenership, Asset and Pension. See World Bank, 'Women, Business and the Law, 2020', p. 22.
51 World Bank, 'Women, Business and the Law', 2020, p 17 and 18. Countries included in the World Bank's Women, *Business and the Law*: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, State of Palestine (West Bank and Gaza Strip), Qatar, Saudi Arabia, Syria, Tunisia, UAE, and Yemen.
52 Ibid.
53 Arab Sustainable Development Report 2020, SDG 5: Achieve Gender Equality and Empower all Women and Girls, p. 74.
54 ILO, 2017. Impact Brief Series, Issue 9: Promoting Women's Empowerment in the Middle East and North Africa, A Rapid Evidence Assessment of Labour Market Interventions, p 2.
55 In its reference, this indicator is measured as the amount of time that individuals spend per week or per day in performing care activities. UN Women, 'The Role of The Care Economy in Promoting Gender Equality', 2020, p. 28.

Table 0.1:
Economies that have exhibited the most progress toward gender equality since 2017

Economy	WBL 2020 Score	Change in score	Mobility	Workplace	Pay	Marriage	Parenthood	Entrepre-neurship	Assets	Pension
Saudi Arabia	70.6	38.8	☐	☐	☐	☐	☐	☐		☐
UAE	56.3	29.4	☐	☐	☐	☐	☐			
Nepal	73.8	18.1		☐			☐			☐
South Sudan	70.0	11.9					☐			
Sao Tome and Principe	86.3	11.9					☐			
Bahrain	46.3	8.8		☐	☐	☐				
Congo	78.8	8.8					☐			☐
Djibouti	68.1	8.8		☐		☐				
Jordan	40.6	8.8			☐		☐			
Tunisia	70.0	8.8		☐		☐	☐			

☐ Yes

Source: Women, Business, and the Law Database

to promote shared responsibility, as set out by the Sustainable Development Goal Target 5.4.[56]

The gendered division of unpaid care labour in the region is likely to mean that when added care responsibilities arise, these fall primarily on women.[57] Moreover, reduction or redistribution of women's unpaid care responsibilities does not occur when they have paid employment outside the home.[58] While the youth unemployment rates are generally high in the region, reach the highest levels among young women, at 39.3 per cent on average.[59] In addition to unemployment rates, women's labour force participation rates are very low in the region, at 19 per cent on average.[60] As well, compared to men and women in the rest of the world, women in the region still face significantly more legal obstacles.[61,62] The World Economic Forum suggests that if progress continues at its current pace, it will take 150 years before gender parity is reached in the MENA region.[63]

As described below and in other chapters of this report, many factors contribute to the overall low level of empowerment of women in the MENA region, including structural-level reinforcement of inequitable norms through laws and institutions; persistent cultural norms and practices that restrict females' rights relative to males; and limited access for women and girls to targeted education about their rights and other substantive empowerment programmes.

56 Arab Sustainable Development Report 2020, SDG 5: Achieve Gender Equality and Empower all Women and Girls, p. 81.
57 UN Women, 'The Role of The Care Economy in Promoting Gender Equality', 2020, p. 66.
58 Ibid. p. 67.
59 Arab Sustainable Development Report 2020, SDG 5: Achieve Gender Equality and Empower all Women and Girls, p. 74.
60 International Labour Office, 'World Employment and Social Outlook Trends for Women 2018: Global Snapshot.', 2019.
61 World Bank, Women, Business and the Law, 2020, p. 17 and 18.
62 World Economic Forum, 2020. Global Gender Gap Report, p. 23.
63 Ibid.

CONSTITUTIONAL GUARANTEES, LAWS AND POLICIES THAT SUPPORT OR IMPEDE RIGHTS AND EMPOWERMENT OF WOMEN AND GIRLS

While all Arab States, apart from Somalia, have acceded to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, 1979), many did so with reservations to articles on gender-based discrimination; equal rights in marriage, family, employment or nationality; the right to choose residence; and/or compatibility with religious laws, rendering the framework difficult to fully implement.[64]

A review of the extent to which the constitutions of 18 countries in the Arab States region align with CEDAW found that nearly all states have at least some reference to equal protection under the law, with the exception of Saudi Arabia.[65] The constitutions of Egypt, Morocco and Tunisia have constitutional stipulations about working towards parity between males and females including, for Egypt and Tunisia, political representation for women. However, in the majority of constitutions, equal protections clauses often reflect aspirational principles that are not coupled with obligations or accountabilities of the State to fulfil them, nor are they explicitly enumerated along the lines of sex or gender.[66]

A number of countries in the region have introduced laws that focus on specific improvements in the rights of women and girls. In Saudi Arabia, women are no longer legally required to have the permission of a male guardian to obtain a passport or to travel outside the country. Saudi women also now have the right to choose where to live, rather than being required by law to claim their husband's residence as theirs.[67]

Family codes in Morocco and Tunisia have enshrined consent to marriage, equalizing the minimum age of legal marriage at 18 for both males and females, and eliminating husbands' repudiation as a process to divorce (also see Pillar 4).[68] In Algeria, Bahrain, Iraq, Jordan, Lebanon, Morocco, Oman, the State of Palestine, Qatar and Tunisia, the bride and groom must consent to the marriage, such that *ijbar* marriages, in which the guardian arranges the marriage of a woman or girl without her permission, are prohibited.[69] Algeria, Bahrain, Iraq, Jordan, Lebanon, Oman, the State of Palestine, Qatar and Tunisia require marriages to be officially registered.[70] Egypt, Iraq, Morocco and Tunisia do not require the consent of a marriage guardian for adult brides.[71] And, in Saudi Arabia, the law requiring women to obey their husbands was repealed.[72]

In the last years, laws have also been promulgated in some countries that support females' equal right to health care and education (also see Pillar 1 and Pillar 2). All countries included in the 2020 World Bank report on Women, Business and the Law grant equal administration authority over assets during marriage. All women in the region are also equal (under law) in ownership of immovable property.[73] Sudan has endorsed the amendments to the Personal Law and has developed the Child Act for 2021.

In some countries, specific laws have been enacted to support certain groups, of which females are often particularly vulnerable, such as older populations and persons with disabilities. For example, in 2015, Morocco's Ministry of Solidarity, Social Development, Equality and Family and the League of Arab States held a regional conference that resulted in the declaration of the rights of older persons.[74] The State of Palestine has taken concrete measures to promote rights and prevent

64 Elghossain, T., Bott, S., Akik, C. et al. 'Prevalence of intimate partner violence against women in the Arab world: a systematic review', BMC Int Health Hum Rights 19, 2019.
65 United Nations ESCWA, 'State of Gender Justice in the Arab Region', 2017.
66 Ibid.
67 World Bank Group, 'Women, Business and the Law', 2020.
68 ESCWA, 'State of Gender Justice in the Arab Region', 2017
69 UNFPA, UNDP, UN Women, ESCWA, 'Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region', 2019.
70 Ibid.
71 Ibid.
72 World Bank Group, 'Women, Business and the Law', 2020.
73 Ibid.
74 ESCWA, 'Ageing in ESCWA Member States: Third Review and Appraisal of the Madrid International Plan of Action on Ageing', 2017, p. 19.

discrimination against women and girls with disabilities.

A summary of the region's ratification/accession of nine internationally binding instruments is presented in table 0.2.

Furthermore, in addition to the above international human rights instruments, and as members of the United Nations, all Arab States directly engage with international normative frameworks that are adopted by the General Assembly, such as UN Declarations and United Nations Security Council resolutions. Therefore, all the States engage in implementing and reporting on the Beijing Declaration and Platform of Action, the International Conference on Population and Development, and Agenda 2030 and the SDGs.

However, many inequalities continue to be reinforced by gender discriminatory laws, particularly in personal status laws and laws related to labour (see Table 0.2, below). Many women in the Arab States region still cannot marry without the consent of a male guardian.[75] If they are allowed to initiate divorce proceedings, the legal grounds are often more restrictive,[76] and legal provisions typically support awarding custody of children to fathers. Daughters do not have equal rights to inherit assets from their parents in the majority of communities across the region.[77] (See Pillar 4.)

Table 0.2:
Ratification status of select multilateral treaties [78]

Year	International treaty	Countries ratified
1966	Convention on the Elimination of All Forms of Racial Discrimination	All
1966	International Covenant on Civil and Political Rights	All except Oman, Saudi Arabia and UAE
1966	International Covenant on Economic, Social and Cultural Rights	All except Saudi Arabia and UAE
1979	Convention on the Elimination of All Forms of Discrimination Against Women	All except Sudan and Somalia
1984	Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment	All except Sudan
1989	Convention on the Rights of the Child	All
1990	Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	Only Egypt, Syria, Algeria, Libya and Morocco
2006	Convention on the Rights of Persons with Disabilities	All except Lebanon
2006	Convention for the Protection of All Persons from Enforced Disappearance	Only Oman, Iraq, Morocco and Tunisia

75 ESCWA, 'State of Gender Justice in the Arab Region', 2017.
76 Ibid.
77 World Bank Group, 'Women, Business and the Law', 2020.
78 UNFPA, UNDP, UN Women, ESCWA, 2019. Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region.

Table 0.3:
Select national personal status and labour laws related to gender equality and women's empowerment[79]

ESCWA Category	Country	National Personal Status Laws				National Labour Laws			
		Minimum age of marriage	Marriage and divorce	Male guardianship over women	Inheritance	Right to equal pay for the same work as men	Legal restrictions on women's work	Dismissal for pregnancy	Paid maternity leave
GCC	Bahrain	🔴	🟢	🟢	🔴	🔴	🔴	🔴	🟢
	Oman		🔴	🟢	🔴	🔴	🔴	🔴	🟢
	Qatar	🔴	🔴	🟢	🔴	🔴	🔴	🔴	🟢
	Saudi Arabia	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🟢
Maghreb	Algeria	🟢	🟢	🟢	🔴	🔴	🟢	🟢	🔴
	Libya	🟢	🔴	🟢	🔴	🔴	🔴	🔴	🔴
	Morocco	🟢	🟢	🔴	🔴	🔴	🔴	🔴	🔴
	Tunisia	🟢		🔴	🔴	🔴	🔴	🔴	🟢
Mashreq	Egypt	🟢	🔴	🟢	🔴	🔴	🔴	🔴	🟢
	Iraq	🟢	🔴	🔴	🔴	⚫	🔴	🔴	🔴
	Jordan	🟢	🔴	🟢	🔴	🔴	🔴	🔴	🟢
	Lebanon	🔴	🔴	🟢	🟢	🔴	🔴	🔴	🟢
	State of Palestine	🔴	🔴	🟢	🔴	🔴	🔴	🔴	🟢
	Syria	🔴	🟢	🟢	🟢	🔴	🔴	🔴	🟢
LDC	Djibouti	🟢	🔴	🟢	🔴	🔴	🔴	🔴	🔴
	Somalia	🟢	🔴	🔴	🔴	🔴	🔴	🔴	🔴
	Sudan	🟢	🔴	🟢	🔴	🔴	🔴	🟢	🟢
	Yemen	🔴	🔴	🟢	🔴	🔴	🔴	🔴	🟢

Notes:
General explanation of color codes below. For more details regarding categorization per topic, see full report.
A green code indicates that laws on this topic provide for gender equality and/or protection from gender-based violence and are substantially compliant with international standards. A green category does not indicate that the law is perfect or that gender justice in the relevant topic area has been fully achieved.
An amber code indicates that some gender aspects of the law on this topic have been addressed, but important gender inequalities remain.
A red code indicates that the law on a particular topic does not provide for gender equality and/or there is no or minimal protection from gender-based violence.
A grey code indicates that there is no available data or inadequate information.
Data for Iran, Kuwait, and UAE were not included in the source study.

79 UNFPA, UNDP, UN Women, ESCWA, 2019. Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region.

Legal inequalities in family or personal status law are particularly pronounced in the Gulf Cooperation Council (GCC) subregion, but also exist in other countries throughout the MENA and Arab States. In some GCC countries, the problem is the lack of codification of family law, which allows judges to impose their own, often conservative interpretations; this is changing, with codification increasingly taking place in Qatar and the UAE, for example.[80] However, Saudi Arabia's family law is directly inferred from shari'a law and the Quran, and is not codified.[81] In Lebanon, there are 15 different personal status laws for 18 of the country's different religious communities, resulting not only in widely divergent protections under the law, but also challenges with enforcement.[82]

Nationality laws in many countries in the region also discriminate against women. In Qatar, Kuwait, Lebanon, Jordan, Libya, Saudi Arabia, the UAE, Syria, Bahrain and Oman, national laws do not allow women to pass their nationality on to their children, or they limit this right to cases in which the father is unknown or stateless.[83] In Iraq, and despite a 2006 reform of the nationality law that recognised women's right to transmit nationality to their children if born inside the country, restrictions continue to apply in the case of children born outside the country.[84] This inequality in nationality laws contributes to statelessness among children, and can often impede children's access to education and social services.

Nationality laws also affect refugee women and their children. Most countries in the region have not ratified the 1951 Refugee Convention and its 1967 Protocol, which in itself limits protections for refugees. This lack of protection for refugees can be exacerbated by discriminatory nationality laws. In the case of Syrian refugees, one in four refugee households are headed by women, with no man present.[85] However, Syrian children born outside of Syria can only acquire nationality through the father. If children are born out of wedlock, or born to fathers who are absent, unknown, deceased, stateless themselves, or unwilling to complete the relevant administrative process, the risk that children will not be registered increases, in turn increasing their risk of statelessness.[86] Women and girls who are stateless and/or without civil documentation such as a birth certificate may face a higher risk of human trafficking. Stateless and refugee girls are also more likely to be involved in child or forced marriages in order to obtain economic stability or citizenship benefits.[87]

Another group particularly affected by lack of legal rights and protections are female domestic migrant workers, of whom the Arab States region has the highest concentration in the world.[88] These workers are bound by the *kafala* system that excludes them from protection under national labour legislation.[89] In order to protect their immigration status, domestic workers (the majority of whom are women) are bound to the rules set by their employer. This immense power imbalance puts domestic migrant workers at risk for violence and exploitation.[90,91] The past years have witnessed efforts by many GCC countries in the region to reform their *kafala* system, particularly in what relates to migrant

80 Seikaly et al. 2014: 35, cited in Dalacoura, Katerina, 2019. 'Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the Post-2011 Juncture', MENARA Final Reports, n. 3, March 2019.
81 ESCWA, 'State of Gender Justice in the Arab Region', 2017.
82 Human Rights Watch, 2015. Unequal and Unprotected, Women's Rights under Lebanese Personal Status Laws.
83 UNHCR, cited in Dalacoura, Katerina, 2019. 'Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the Post-2011 Juncture', MENARA Final Reports, n. 3, March 2019.
84 UNFPA, UNDP, UN Women, ESCWA, 'Gender Justice & the Law: Iraq', 2019.
85 UNHCR, cited in Albarazi, Z. and van Waas, L, 'Understanding Statelessness in the Syria Refugee Context.' Norwegian Refugee Council and Institute Statelessness and Inclusion (ISI), 2016.
86 Norwegian Refugee Council/Internal Displacement Monitoring Centre (NRC/IDMC), Understanding statelessness in the Syria refugee context, 2016.
87 Egyptian Feminist Union, Alliance of Arab Women, Arab Women Network for Parity and Solidarity (Tha'era), Coalition of Arab Women Parliamentarians for Equality, and Gender Expert Group of South Mediterranean, 'MENA Regional Parallel Report Beijing +25', 2019.
88 ILO, 2015 as cited in Ibid.
89 Aoun, Rana, 2020. COVID-19 Impact on Female Migrant Domestic Workers in the Middle East, GBV AoR HelpDesk,
90 Khan, Azfar and Hélène Harroff-Tavel, 'Reforming the Kafala: Challenges and Opportunities in Moving Forward. ILO Regional Office for the Arab States', 2011.
91 Amnesty International, 'Their House is my Prison' Exploitation of Migrant Domestic Workers in Lebanon', 2019.

workers' ability to terminate their contracts, transfer sponsorship, and exit the country.[92] Moreover, in 2020, Qatar became the first country in the region to adopt a non-discriminatory minimum wage.[93] Similarly, Saudi Arabia has announced its intention to abolish the *kafala* system in 2021 and replace it with an employment contract in line with its Vision 2030.[94] Lebanon attempted to introduce a revised contract guaranteeing increased migrant workers' rights in 2020, but the effort was eventually struck down by the state Shura Council.[95] While all of these efforts are commendable and can have significant economic, social and administrative benefits, it remains that the only way to ensure the proper and full guarantee of migrant workers' rights, and particularly women domestic workers' rights, is by completely dismantling this exploitative sponsorship system.

NATIONAL WOMEN'S MACHINERIES AND NATIONAL STRATEGIES AND ACTION PLANS FOR WOMEN'S RIGHTS, GENDER EQUALITY AND GENDER MAINSTREAMING

Despite some of the legal challenges to the rights and empowerment of women and girls in the MENA and Arab States region, there has been steady growth—particularly during the last 30 years—of National Women's Machineries (see Table 0.4, below).

National Women's Machineries (NWMs) are devoted to women's issues or issues facing families and are commonplace and centralized institutions to support women's empowerment projects and mainstreaming gender into the government as a whole.[96] Many of them have supported the development of national gender equality and gender mainstreaming action plans. Some have designated gender focal points in other ministries, as in the case of the State of Palestine, where the Ministry of Women's Affairs has supported the development of gender units within 18 other ministries.[97] In Tunisia, Governmental Order 626 for 2016 established a Council of Peers to work with the Ministry of Women, Family, Childhood and Elderly on a specific mandate for 'Mainstreaming gender equality in planning, programming, evaluation and budgeting with the aim of eliminating all forms of discrimination between men and women and ensure equality in rights and duties.' In Lebanon, some ministries have entire gender units; in Jordan, gender teams have been integrated into select ministries. Jordan, Lebanon and Libya are examples of countries that have supported the development of gender committees in parliament. In Yemen, in the north the Women National Committee includes specialists from various governmental and non-governmental organizations who provide consultation and support to gender mainstreaming.[98]

In some countries, NWMs work with and support CSOs. Cooperation is most notable in countries in the region that have a relatively strong history and presence of women's rights activism, such as in Egypt, Jordan, Lebanon, Morocco and the State of Palestine. In one example, the Palestinian Ministry of Women's Affairs includes support to women's CSOs as an explicit part of its mandate.[99]

But despite their growing influence, NWMs in the region typically suffer from scarce resources, staff, and funding to implement projects.[100] They are also often staffed by women, and in some countries, this may be one of the only ministerial-level positions held by women.

Most of the countries in the region have also developed strategies and action plans for achieving gender equality and women's advancement during

92 ILO, 2017. Employer-migrant worker relationships in the Middle East: exploring scope for internal labour market mobility and fair migration / International Labour Organization, Regional Office for Arab States.
93 ILO, 'Dismantling the kafala system and introducing a minimum wage mark new era for Qatar labour market', 2020.
94 Saudi Gazette, 'Saudi Arabia set to abolish sponsorship system', 2020.
95 Middle East Eye, 'Lebanon court rejects new migrant worker contract to replace criticised kafala system', 2020.
96 ESCWA, 'Cultivating Resilient Institutions in the Arab Region: National Women's Machineries in Challenging Times.'
97 ESCWA, 'Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20)', 2016.
98 Ibid.
99 Ibid.
100 Ibid.

Table 0.4:
Overview of national women's machineries in MENA and Arab States region

ESCWA Category	Country	Type	National women's machinery title
GCC	Bahrain	State Agency	Supreme Council for Women
	Kuwait	State Agency within Ministry	Higher Council for Family Affairs
	Oman	Government Department	Ministry of Social Development
	Qatar	State Agency, under Ministry	National Committee for Woman, Child, Elderly and People with Disability – Ministry of Administrative Development, Labour and Social Affairs
	Saudi Arabia	State Agency within Ministry	Family Affairs Council – Ministry of Human Resources and Social Development
	UAE	State Agency	General Women's Union - Supreme Council of Motherhood and Childhood
Maghreb	Algeria	Ministry	Ministry of National Solidarity, Family Affairs and the Status of Women
	Libya	Government Department	Women's Support and Empowerment Unit – Presidential Council of the Government of National Accord
	Morocco	Ministry	Ministry of Solidarity, Social Development, Equality and Family
	Tunisia	Ministry	Ministry of Women, Family, Childhood and Seniors
Mashreq	Egypt	State Agency	National Council for Women
	Iraq	Government Department	Women's Empowerment Directorate – General Secretariat of the Council of Ministers
	Jordan	State Agency	Jordanian National Commission for Women
	Lebanon	State Agency	National Commission for Lebanese Women
	State of Palestine	Ministry	Ministry of Women's Affairs
	Syria	State Agency	Syrian Commission for Family Affairs and Population – Ministry of Social Affairs and Labour
LDC	Djibouti	Ministry	Ministry of Women's Affairs and Family
	Somalia	Ministry	Ministry of Women and Human Rights Development
	Sudan	Ministry	Ministry of Labor and Social Development
	Yemen	Ministry	Ministry of Social Affairs and Labor

Source: ESCWA

the past decade. These strategies focus mainly on preventing gender-based discrimination, combating gender-based violence, and strengthening the economic empowerment of women. Examples include:[101]

- Bahrain: National Strategy to Protect Women from Domestic Violence (2015-2018); National Action Plan for the Advancement of Bahraini Women (2013-2022)
- Djibouti: National Strategy to Eliminate Female Genital Mutilation (2018-2022); National Action Plan for Gender Equality (2011-2021)
- Egypt: National Strategy to Combat Violence against Women (2015); National Strategy for the Empowerment of Egyptian Women (2030);
- Iraq: National Strategy to Combat Violence against Women (2012-2017); National Strategy to Advance the Status of Iraqi Women (2013-2018)
- Jordan: National Strategy for Women in Jordan (2020-2025)
- Lebanon: National Strategy for Women in Lebanon (2011-2021); National Action Plan to Implement the National Strategy for Women in Lebanon (2017-2019); National Strategy for Gender Equality (2017-2030); National Strategy to Combat Violence against Women and Girls (2019-2029)
- Morocco: Government Plan for Equality – IKRAM (2017-2021)
- Qatar: Family Cohesion and Women's Empowerment Strategy (2011 – 2016)
- State of Palestine: Cross-Sectoral National Gender Strategy (2017-2022); Strategy to Promote Gender Equality and Justice and Empower Women (2017-2020); National Strategy to Promote Palestinian Women Entrepreneurship (2018)
- Syria: National Framework for Women's Support
- Tunisia: National Action Plan to Mainstream Gender in Institutions (2018)
- UAE: National Strategy for the Empowerment and Entrepreneurship of Women in the UAE (2015-2021)
- Yemen: National Strategy for Women Development (2006-2015)

In some countries, gender equality strategies have further been supplemented by gender mainstreaming strategies or action plans that seek to improve institutional capacity to support gender equity such as for example in Tunisia, Mauritania, and Morocco.

Other countries have adopted a different approach towards implementing Agenda 2030 and achieving the SDGs by developing general strategies which include women-specific dimensions. These include Jordan (Road Map 2016 – 2030), Saudi Arabia (Vision 2030), Oman (Vision 2040), Qatar (Vision 2030), and Kuwait (National Development Plan (2015-2020)[102]. And yet, despite these positive efforts, enforcement of established strategies tends to be weak due mostly to lack of solid data and statistics, insufficient resources to implement strategies, in addition to armed conflict and political insecurity in many of the region's countries that has also hindered implementation; only few countries are reportedly taking steps towards implementation of these strategies.[103]

One example of notable progress is the UAE's National Strategy for the Empowerment of Women 2015-2021, which addresses women's participation and empowerment in a variety of areas, and which includes provisions to support its implementation

101 ESCWA, AWO, UN Women, LAS 'Arab Report on the Periodic Review of the Beijing Declaration and Platform for Action after 25 Years', 2020.
102 NDP 2020-2025 is in the Parliament for Approval in Kuwait.
103 OECD, 'Women in Public Life–Gender, Law and Policy in the Middle East and North Africa', 2014, p. 8.

through a partnership of the General Women's Union and the UAE cabinet.[104] On the other hand, a review of Jordan's implementation of its National Strategy for Women found that the strategy did not assign clear responsibilities to stakeholders, which impacted the effectiveness of its implementation.[105]

SOCIO-CULTURAL NORMS AND PRACTICE RELATED TO RIGHTS AND EMPOWERMENT OF WOMEN AND GIRLS

As is discussed in greater detail in other sections of this report, many socio-cultural norms and practices limit women's and girls' equal rights and empowerment. Socio-cultural norms typically dictate inequality for women and girls as compared to men and boys in almost all aspects of life, even including basic freedom of movement (see Pillar 4). Although, as noted previously, many countries in the region have acceded to CEDAW, they have done so with reservations, with some governments defending these reservations based on social, cultural and religious practices. In one example, when challenged by the Committee on the Elimination of Discrimination against Women (CEDAW Committee) about discriminatory customary and religious laws, Djibouti responded: 'As regards … the husband's role in the family and women's share of an inheritance, these cannot be amended as they are rooted in our country's higher socio-cultural and religious values.'[106]

This gender bias is not only embedded in social, cultural and religious practice; it continues to be embedded in individual attitudes and beliefs. Recent data published in the UNDP 2020 *Human Development Perspectives Report* indicates that gender bias among both males and females in the region is significantly higher than the worldwide average (see Table 0.5).[107] According to the index, 99 per cent of men and 96 per cent of women in the MENA and Arab States region show at least one clear bias against gender equality in areas such as politics, economic, education, intimate partner violence, and women's reproductive rights. This compares to 91 per cent of men and 86 per cent of women worldwide. Bias (in any category) is highest among Iraqi men, where 99.84 per cent express bias against gender equality in at least one area. Lowest (although still very high) is among Tunisian women, where 93.17 per cent showed bias against gender equality in at least one indicator.

Areas that contribute most toward the gender discriminatory attitudes in the Arab States region are in the categories of politics, economics, and physical integrity. In the political category, 90 per cent of men and 74 per cent of women agree that men make better political leaders than women do or answered 7 or below (on a scale of 10) when asked if women should have the same rights as men. This compares to 64 per cent of men and 53 per cent of women worldwide. In the economic category, 89 per cent of men and 31 per cent of women agreed that men should have more right to a job than women or that men make better business executives than women. This compares to 63 per cent of men and 49 per cent of women worldwide. Finally, in the physical integrity category, 86 per cent of men and 79 per cent of women answered 2 or above on a 10-point scale for a proxy indicator for intimate partner violence or a proxy for reproductive rights. This compares to global averages of 74 per cent of men and 69 per cent of women.[108]

Discriminatory attitudes are often heightened against marginalized women and girls. In settings of armed conflict, where it often becomes necessary for women to take on traditionally male responsibilities, such as supporting the family (in cases, for example, when males are not able to work, or when they are separated from their families), shifts in gender norms and roles may lead to increased levels of intimate partner violence, as well as increased levels of sexual exploitation and abuse in the workplace (see Pillar 3).

104 The General Women's Union of the UAE, 2019. The United Arab Emirates' National Report on the Implementation of the Beijing Declaration and Platform for Action Unofficial Translation Beijing + 25, p. 9.
105 UN Women, 'Evaluation of the National Strategy for Women and Situational Analysis of Women's Rights and Gender Equality in Jordan', 2019.
106 UNDP, UN Women, UNFPA, ESCWA, 'Gender Justice and the Law: Djibouti', 2018.
107 UNDP, 'Tackling Social Norms–A game changer for gender inequalities', 2020.
108 Ibid.

Table 0.5:
Share of people biased by dimension year 2020[109]

ESCWA Category	Country	Political		Economic		Educational		Physical integrity	
		per cent of women	per cent of men	per cent of women	per cent of men	per cent of women	per cent of men	per cent of women	per cent of men
GCC	Qatar	99.73	93.46	80.6	82.92	27.98	27.16	85.78	88.99
	Kuwait	97.77	93.88	61.49	85.52	28.45	40.57	85.12	83.77
Maghreb	Algeria	97.83	89.47	61.82	86.02	29.05	45.07	85.14	88.32
	Morocco	96.25	82.55	59.27	85.91	15.4	23.83	76.32	88.76
	Tunisia	96.35	88.49	68.3	89.27	17.16	31.07	78.28	88.8
	Libya	99.13	93.07	74.01	93.95	17.59	44.15	89.87	94.24
Mashreq	Iran	98.54	89.71	84.5	93.19	46.66	63.99	76.22	80.92
	Iraq	97.50	95.71	65.85	92.37	22.07	39.75	78.81	90.78
	Jordan	99.33	91.5	88.33	90.5	20.17	37.33	79.17	83.83
	Lebanon	96.08	81.46	56.37	64.12	29.08	33.16	82.35	83.33
	State of Palestine	98.00	93.44	71.68	87.7	18.75	35.04	81.05	86.07
LDC	Yemen	97.80	94.98	79.08	95.38	39.24	51.41	74.1	87.95
Other	MENA and Arab States	-	90.19	72.38	89.95	31.30	46.23	78.75	86.25
	World Average	88.35	64.01	49.68	63.18	22.41	28.68	69.71	74.09

Women with disabilities are far less likely to have access to essential needs such as education and employment.[110] For example, Palestinian females with disabilities in the Gaza Strip, West Bank and Lebanon report frequent exclusion from social life and the denial of basic rights such as employment, marriage, health care and inheritance.[111]

109 Ibid.
110 Egyptian Feminist Union, Alliance of Arab Women, Arab Women Network for Parity and Solidarity (Tha'era), Coalition of Arab Women Parliamentarians for Equality, and Gender Expert Group of South Mediterranean, 2019.
111 Sayrafi, Iman, 'Invisible People: Women and Girls with Disabilities and Access to Rights Organizations to in the West Bank, Gaza Strip, and Palestinian Refugee Camps in Lebanon', 2013.

Attitudes towards sexual and gender non-conforming women and girls are also discriminatory, with many lesbian, bisexual, transgender and queer women and girls facing immense pressure to keep their sexual orientation and/or gender identity secret. Familial and societal pressures create challenges for self-acceptance, community-building and movement-building, meaning that some activists report harassment and death threats, resulting in them seeking asylum elsewhere[112] Transgender women may face systemic discrimination through legal, economic, political and medical institutions, preventing them from meeting many basic needs. These issues are further exacerbated for transgender refugees and asylum seekers who also face xenophobic and racial discrimination as non-citizens.[113]

Oxfam reports challenging power structures can put women human rights defenders at considerable risk. For example, women human rights defenders face serious endangerment throughout the Arab States region, including arbitrary arrests, excessive force, abductions and death threats. Activists can face judicial-level threats, including arrests and travel restrictions and there has been examples of female journalist being assassinated.[114] Risks facing feminist activists cannot only severely limit their capacity, they also can discourage other women to get involved in women's rights work.

According to Amnesty International, suppression of human rights activists has curtailed positive developments at the legislative and institutional levels with regard to women's rights in recent years.[115] However, there are strategies that women are using to increase their voice and promote their rights in their communities in ways that are potentially safer, such as through digital media. Social media enabled women to participate in the Arab uprisings in a diversity of ways and has since provided women a platform to accelerate their agenda towards gender equality. Increased access to the internet and availability of smartphones has facilitated awareness-raising on women's rights,and allowed for the dissemination of information to women living in both rural and urban areas. The ability to share this information has provided an increasingly diverse group of women with the opportunity to share their personal narratives, and in this way has increased international awareness of issues affecting women in the MENA and Arab States region.[116]

PROGRAMMING FOR RIGHTS AND EMPOWERMENT OF WOMEN AND GIRLS

Rights and empowerment programming is being taken up by government entities and even the private sector in some countries in the region, with varying levels of investment. Many programmes focus on improving economic conditions for women and girls, particularly empowerment of marginalized and rural women (see Pillar 4). For example, in the UAE, economic strategies have focused on empowering women and giving them an important role in the country's development; the establishment in 2015 of the Gender Balance Council dedicated to reduce the gender gap in employment and to advance gender equality across public and private entities in the UAE is one vibrant illustration of these efforts.[117]

The primary actors promoting women's rights and empowerment are civil society and women's rights organizations, which often face significant challenges. In many countries, registration for new Civil Society Organizations (CSO) is generally restrictive, and even after registration organizations often face intensive monitoring of their day-to-day business. Funding also presents an issue for CSOs, with national laws surrounding funding

112 Human Rights Watch, 'Audacity in Adversity: LGBT Activism in the Middle East and North Africa', 2018.
113 Human Rights Watch, 'Don't Punish Me for Who I Am': Systematic Discrimination Against Transgender Women in Lebanon, 2019.
114 Ghazzaoui, Sarah, 'Factsheet: Women, Peace and Security in the Middle East and North Africa Region.' Oxford: Oxfam, 2016.
115 Amnesty International, 'Human Rights in the Middle East and North Africa: Review of 2018', 2019.
116 Egyptian Feminist Union, Alliance of Arab Women, Arab Women Network for Parity and Solidarity (Tha'era), Coalition of Arab Women Parliamentarians for Equality, and Gender Expert Group of South Mediterranean, 2019. MENA Regional Parallel Report Beijing +25.
117 The General Women's Union of the UAE, 2019. The United Arab Emirates' National Report on the Implementation of the Beijing Declaration and Platform for Action Unofficial Translation Beijing+25.

and establishment of CSOs being particularly prohibitive.[118] Another trend among foundations supporting women's organizations has been a shift in focus from longer term consciousness-raising, coalition-building, and advocacy activities to time-bound, project-specific funding focused on 'women's empowerment'. This shift presents a risk, as the focus on individual projects often leaves activists and foundations without the resources or time for broad systemic change. Feminist organizations also frequently suffer from violations of freedom of association and peaceful assembly across the region, restricting their ability to practice effective advocacy.[119] These challenges can create difficulty for the promotion of gender equality in the MENA and Arab States region.

Even so, women's CSOs play a crucial role in supporting the rights and empowerment of women and girls in the region, as are women's networks and movements that undertake advocacy related women's rights and gender equality, and often sponsor activities and programming to empower women and girls. Not only are civil society movements and organizations working to gain more rights for women and girls, they are also working to protect the rights currently provided. As noted previously, in some settings these CSOs work alongside NWMs.

Many CSOs focus on supporting women to exercise their legal rights. For example, one organization in Jordan, the Arab Renaissance for Democracy and Development (ARDD), supports women's access to justice by advocating for women's rights at the community and policy levels, and providing them with legal aid in the form of counseling, mediation and court litigation support.[120] In another instance, a group of women's organizations in Morocco came together to fight informal justice systems that banned them from using ancestral land. Through civil society, the women were able to receive rights to the land as well as challenge the system oppressing them.[121] (Also see Access to Justice in Pillar 3.)

Life skills programming is another strategy for promoting empowerment by providing women and girls with tools and skills needed to increase their economic and social power. The UNICEF led Life Skills and Citizen Education Initiative has implemented programmes throughout the MENA region to increase the skills and knowledge of youth and children.[122] In one example from Morocco, a Life Skills and Citizen Education program included a life skills-based counseling component, assisting youth to gain skills they can use in the workplace.[123] While this programming benefits both girls and boys, it can particularly benefit girls through decreasing the educational gender gap and providing girls with tools for economic and social empowerment. (Also see Pillar 2.)

Micro-enterprise programming is yet another strategy to support women's empowerment, not only in terms of financial gain but also in terms of addressing discriminatory labor structures and practices. Algeria, Djibouti, Iraq, Jordan, Lebanon, Oman and the UAE have all created lending facilities that provide services specifically for women.[124] The Obader Project in the State of Palestine targeted young women entrepreneurs and aimed to build their knowledge and agency. The project worked to expand women's opportunity for dialogue at multiple levels of the community and form advocacy groups aimed at influence labor policy to support women's participation in the labor force(also see Pillar 2).[125] In Lebanon, the ILO launched the Action Program Protecting the Rights of Women Domestic Workers (PROWD) and the Migration and Governance

118 Egyptian Feminist Union, Alliance of Arab Women, Arab Women Network for Parity and Solidarity (Tha'era), Coalition of Arab Women Parliamentarians for Equality, and Gender Expert Group of South Mediterranean, 2019. MENA Regional Parallel Report Beijing +25.
119 Ibid.
120 ESCWA, et al, 'The State of Gender Justice in the Arab Region', 2017.
121 Ibid.
122 UNICEF, 'Life Skills and Citizenship Education Initiative Middle East and North Africa: Conceptual and Programmatic Framework', 2019.
123 UNICEF, 'UNICEF Annual Report 2017: Morocco', 2017.
124 Egyptian Feminist Union, Alliance of Arab Women, Arab Women Network for Parity and Solidarity (Tha'era), Coalition of Arab Women Parliamentarians for Equality, and Gender Expert Group of South Mediterranean, 2019. MENA Regional Parallel Report Beijing +25.
125 CARE International's Regional Applied Economic Power Hub, 'Women's Economic Empowerment through Gender Transformative Approaches–Evidence from CARE's Experience in Middle East and North Africa', 2019

Network (MAGNET) in order to improve economic integration and working conditions for female domestic workers. These programmes focused on co-ordination mechanisms, policymaking, awareness-raising, organizing and capacity-building in order to empower domestic workers.[126]

Another intervention aimed specifically at the rights and empowerment of women and girls that has accelerated in some parts of the region—especially in settings affected by the Syrian conflict—is Women's Safe Spaces. These community centers often provide women and girls access to empowerment activities, including literacy, livelihoods, and other classes. They may also provide psychosocial support for women and girls who are exposed to VAWG, such as intimate partner violence, sexual violence, and/or child marriage (see Pillar 3).[127] In some settings these facilities receive direct support from the government. In Jordan, Morocco, and elsewhere, the government is assisting CSOs to scale up multifunctional spaces for women that provide counselling, social, and legal services to women. These facilities provide economic and social empowerment programmes, temporary shelter services, and care for women and girls in difficult situations.[128] In some settings they also provide legal literacy and support. However, in some settings these separate spaces for women and girls can be a mechanism for further isolating and oppressing them, particularly in settings where women's civil society are not involved in their operation. In Libya, the government operates social rehabilitation centers that have been criticized for detaining women and girls against their will. Another issue with these government-supported programmes for women and girls is that they may reinforce gender inequitable norms by prioritizing the role of females as wives and mothers.[129]

Furthermore, an analysis of some of these services suggests that marginalized women and girls, such as females with disabilities and ethnic minorities, do not always experience equal access to programmes. Adolescent girls in particular may not be receiving the support they need through services that are targeted towards women.[130] To address this gap, some countries in the region have developed programmes specifically targeting adolescent girls, with the explicit objective of enhancing their empowerment. Although relatively small in scope, evidence suggests these programmes are valued by the girls who attend them.[131] For example, Mercy Corps and the Women's Refugee Commission used the Girls Roster Tool in order to identify and connect with vulnerable populations in urban refugee communities within Gaziantep, Turkey and Erbil, Iraq. The project gave many girls better access to community resources and humanitarian aid, allowing them to better understand their rights to access services.[132] And yet, parents and caregivers—along with other members of communities—have shown some reluctance to change their views on traditional, prescribed roles of adolescent girls. Working with the community to sensitize them to the needs of adolescent girls and the need for such projects has reportedly been difficult.[133]

Ageing populations are also a vulnerable group in the region that appear to be underserved by government and civil society programming. While traditionally the family has been responsible for taking care of elders, by 2050 it is expected that nearly 15 per cent of the population in the MENA and Arab States region will be considered older persons (individuals aged 60 and above), with women comprising over half of this population.[134,135] Recognizing this, countries such as Egypt, Iraq,

126 ILO, 'Protecting the Rights of Migrant Domestic Workers: Good Practices and Lessons Learned from the Arab Region', 2015.
127 ESCWA, UNFPA, ABAAD, WAVE 'Shelters for Women Survivors of Violence: Availability and Accessibility in the Arab Region', 2020.
128 UNDP, UN Women, UNFPA, ESCWA, 'Gender Justice and the Law: Morocco', 2018.
129 UNDP, UN Women, UNFPA, ESCWA, 'Gender Justice and the Law: Libya' 2018.
130 Akiki. Anne-Marie, Adolescent Girls Assessment Report Tripoli, Libya, Norwegian Refugee Council, 2019.
131 Martin., S. and Anderson., K, 'Listen, Engage, and Empower: A Strategy to Expand Upon and Strengthen the Response to Adolescent Girls in Syria', 2017.
132 The Coalition for Adolescent Girls, 'Partners and Allies: Toolkit for Meaningful Adolescent Girl Engagement', 2015.
133 Martin., S. and Anderson., K, 'Listen, Engage, and Empower: A Strategy to Expand Upon and Strengthen the Response to Adolescent Girls in Syria', 2017
134 ESCWA, 'Population and Development Report Issue No. 8: Prospects of Ageing with Dignity in the Arab Region', 2017, p. 39.
135 UNFPA, 'Regional interventions Action Plan for Arab States 2018-2021', 2018, p. 4.

Jordan, Kuwait, Oman, the State of Palestine, Sudan and Tunisia have implemented policies for the protection of older populations.[136] Governments have established nursing homes and day-care centers in Egypt, Kuwait and the State of Palestine. Civil society organizations in Bahrain, Egypt, Morocco and the State of Palestine are providing home-services in order to help ageing populations within their homes.[137] These services can be critically important for widows, who are especially prominent in conflict-afflicted countries, such as Iraq, the State of Palestine, Syria and Yemen, where the majority of female-headed households are run by widows.[138] However, it is unclear the extent to which these services promote the rights and empowerment of elderly women.

THE COVID-19 PANDEMIC AND RIGHTS AND EMPOWERMENT OF WOMEN AND GIRLS

More than a year into the COVID-19 pandemic, it has become clear that States' responses have a gender dimension and a gendered impact. Global data show that women and girls are differently and, in many cases, more negatively impacted by the COVID-19 pandemic, as well as by the restrictions imposed in order to control it.[139] In the MENA and Arab States region, this is largely due to the exacerbation of pre-existing gender inequalities. For example, women and girls are often caregivers for those who are sick, which puts them at heightened risk of contracting the virus.[140] For girls, caregiving responsibilities may negatively impact their ability to stay in school (even remotely) during the pandemic.[141] Women may also be more immediately affected by an unstable economy, especially in times of crisis. Because women make up the majority of laborers within the informal market and who work part-time, the economic impact of government lockdown restrictions can have a major impact on women's livelihoods.[142] The pandemic early on, also witnessed increases in VAWG that were compounded by confinement and limited access to essential services such as shelter and counselling.[143]

Furthermore, research conducted in the region has found that women's organizations are experiencing staff shortages, loss of funding, (even in the context of additional costs related to transitioning to remote work), as well as difficult and mounting workloads, all while intensifying previous shortages.[144] A survey by UN Women of over 220 CSOs from 15 countries across the Arab region found that 84 per cent were either negatively or very negatively affected by the COVID-19 pandemic, and 67 per cent indicated that if their organization did not receive additional funding in 2020 and 2021, they would remain only partially operational, while another 6 per cent noted that they would have to close down.[145]

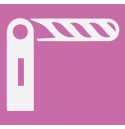
136 ESCWA, 'Population and Development Report Issue No. 8: Prospects of Ageing with Dignity in the Arab Region,' 2017. p. 39.
137 Ibid., p. 89.
138 Ibid. p. 54.
139 Talha Burki, 'The indirect impact of COVID-19 on women', 2020.
140 UNFPA, Arab States Humanitarian Hub, 'COVID-19: Reporting on gender-based violence during public health crises', 2020.
141 OECD, 'COVID-19 crisis in the MENA region: impact on gender equality and policy responses', 2020.
142 UNFPA, Arab States Humanitarian Hub, 'COVID-19: Reporting on gender-based violence during public health crises', 2020.
143 UN Regional Issue-Based Coalition for Gender Justice and Equality, 'Violence Against Women and Girls and COVID-19 in the Arab Region', 2020.
144 Ibid.
145 UN Women, Impact of Covid-19 on Violence against Women and Girls in the Arab States through the Lens of Women's Civil Society Organizations.

CHALLENGES

Gaps in evidence and in systematic data collection across several areas including practices to adolescent health, sex and age disaggregated data on hunger and food insecurity, and on MHH and VAWG due to stigma and fear of retaliation.

Gaps in polices remains including on mental health, food security, girls and women living with disabilities, inclusion of TVET, work policies, minimum age of marriage, corporal punishment, restrictions in public participation and reservations to CEDAW.

The **gaps at system** level are cross-cutting and intersectional and highlights limits in coordination mechanisms, quality of services, mental health services, poor quality of education, limited connectivity, weak private sector and barriers to accessing justice in both formal and informal institutions.



Sociocultural **gender norms and expectations** are constituting barriers and constrains for women and girls across the life cycle which includes limited levels of autonomy in decisions making, unpaid domestic labour, exposure to VAWG, effect on nutritional status and food security and school attendance due to limited WASH and restricted mobility.

Regional **gaps in preparedness** which includes preparedness planning towards climate change, water scarcity, food insecurity, the digital divide and the relationship between public and private sector in terms of these demands.

Girls, adolescents and women **experience limited participation** in both public and private sphere. Civic engagement among youth is the lowest in the world and adolescents' women are experiencing the highest levels of unemployment.

Equitable and safe access to services is a major concern, especially for women and girls in rural areas, young women, women and girls living with disabilities, refugees and IDP's. Women and girls continue to face very challenging barriers towards equitable and safe access to health, mental health, SRHR, multi-sectoral care for survivors of VAWG and WASH services.

Emergencies have a gendered impact on women and girls which threatens to undermine decades-long investments and further exacerbate gender inequality by reinforcing already-existing inequalities within the education system, disproportionally disadvantaged marginalized groups, amplify domestic work burden and lead women and girls to assert negative coping mechanisms.

Throughout the life course, women and girls experience **barriers to human capital** which includes limited opportunities to attain skills-based education, ac cess to resources, economic empowerment and high levels of unpaid labour.

Youth are at risk of not receiving an education aligned with current labour market requirements due to limitations in national education system and curriculum, limited integration of LSCE, constrained attitudes towards TVET and vocational training programmes which reinforce gender-based discrimination.

OPPORTUNITIES

Civil society participation in local and regional groups has expanded in the past decade with women playing an influential and critical role in public life through their involvement in women's organizations, feminist movements, media, labour unions, academia and in the WPS agenda.

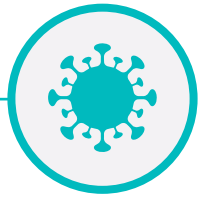
The **Sustainable Development Goals** agenda is an opportunity to strengthen partnerships, both between governments and civil society organizations as well as amongst UN agencies to gather momentum towards more gender equal societies.

Institutional progress which protects and **mitigates risk of violence against women and children** including legislative progress, policies, national discussions, commitmentsand accountability mechanisms.

Regional commitment to gender-centered approach and integration of LSCE into national education system. Given the relative high school attendance across the region, **education reform** focusing on developing quality education systems, update curriculum, develop research and critical and independent thinking is an opportunity.

Emergencies can **challenge traditional gender norms** and bring women and girls into greater participation and leadership positions through frontline women-lead NGO's, the National Action Plans and engagement in transitional justice.

COVID19- pandemic has highlighted multiple weaknesses and need for system changes, especially as increased levels of intimate partner violence was reported during isolation. These realities brings momentum to the intensified discussion on how to build back better.



Countries have undertaken efforts to **scale up sexuality education;** within or outside the school context, which can mitigate prevalence of incorrect information, lack of access to SRHR and spread of STD's.

Implementation of quotas has been a significant way that Arab States have been able to ensure women's participation in the electoral process. %33 of countries in the region have legally mandated candidate quotas and %58 have reserved seats in the legislative body.

Women's entrepreneurship has grown substantially over the past decade with women-focused non-profit groups, private businesses, and government agencies becoming increasingly common.

PILLAR 1:

HEALTH AND WELLBEING

OVERVIEW AND KEY CONSIDERATIONS

The region as a whole has made significant progress on improving key general health indicators including lowering maternal and under-five mortality and decreasing the disease burden generally. Further, non-communicable diseases have replaced nutritional disorders and communicable diseases as major causes of women's death and disability. Throughout the region, emergency and conflict settings continue to have significant health impacts on populations, and disproportionately on women and girls.

Despite significant progress on several health indicators, the 2020 report by the Economic and Social Commission for West Asia (ESCWA)[146] on the status of the SDGs in the Arab region noted that levels of health and well-being remain significantly uneven within and between countries, with health services fragmented and often supply-driven, and access to universal health coverage varying widely within and among countries and social groups. Most health systems continue to focus largely on curative health services instead of primary and preventative care and pay little attention to the social determinants of health.[147]As such, there is an overall lack in the essential elements of the right to health: ensuring availability, accessibility, acceptability and quality.

Evidence shows that women and girls throughout the region face major barriers in accessing Mental Health and Psychosocial Support Services (MHPSS), programming, and information. While many women throughout the region suffer from depression and stress at higher rates than men, cultural stigma around mental health often prevents both access to services and effective treatment.[148] Further, the lack of dedicated mental health legislation in half of the countries within the region and a lack of national policies and plans in 30 per cent of the countries may indicate that a large proportion of women are likely left without prevention and response services.[149] Overall, there is a lack of psychosocial support across the region[150] which has been amplified and exacerbated by the COVID-19 pandemic.

Ensuring that Sexual and Reproductive Health and Rights (SRHR) are met for all women and girls in the region requires that norms and practices that are embedded in society are challenged and confronted. Barriers to SRHR are present in laws, policies, and the economy worldwide, and prevent women and girls from gaining access to knowledge and services that contribute to healthy and equitable lives for women and girls at all stages of their lifecycle. Securing adequate and appropriate sexual and reproductive health care for every woman and adolescent girl hinges on the realisation of reproductive rights, which are often overlooked.[151] These barriers are not unique to the region and are present throughout the globe, however, the MENA and Arab States region present a particularly challenging operating environment as SRHR is a culturally sensitive topic for many societies in the region, especially within the context of the ongoing conflicts and fragilities. For example, reluctance to teach sexuality has meant that young people often rely on the Internet or peers for information, which may be inaccurate. Furthermore, a prevalent tendency among socially conservative societies

146 ESCWA, Arab Sustainable Development Report 2020, 2020.
147 Ibid.
148 Dalacoura, Katerina, Middle East and North Africa Regional Architecture: Mapping Geopolitical Shifts, Regional order and Domestic Transformations, Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the post-2011 Juncture, 2019.
149 Ibid
150 UN Women, Accountability for Sexual Violence in Conflict: Identifying Gaps in Theory and Practice of National Jurisdictions in the Arab Region, 2018.
151 Starrs, Ann M, et al, Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, 2018.

of the region to only consider SRHR in the context of marriage means that unmarried adolescents, men and women, face social barriers in raising issues concerning their SRHR with health-care providers.[152] Moreover, data and evidence on adolescent health in particular continues to be a gap throughout the region.

Overall, however, the region exhibits a lack of a rights-based approach to SRHR, despite commitments to and efforts to comply with the range of global instruments noted above. Countries in the region still face challenges in granting access to sexual and reproductive health care for all, without discrimination based on sex, nationality, displacement status or marital status. Services related to maternal health, family planning, and the prevention and treatment of sexually transmitted infections and HIV/AIDS are not fully integrated within primary health care. Accessibility and quality vary across countries, among social classes and from urban to rural areas. Cultural barriers significantly prevent women and couples from deciding freely and responsibly on their sexual and reproductive health, including family planning.[153]

Similarly, as discussed below legal frameworks do not reflect a rights-based approach that promotes well-informed individual choices, and often stipulate exemptions from the legal age to marry, leading young girls into marriage and early pregnancy.

There is a specific gender dimension to food security and nutrition that is widely supported by established research and data. Worldwide, vulnerable women and girls experience a greater risk of malnutrition than men, and more girls die of malnutrition than boys.[154]

Food insecurity affects women and girls of all ages. While pregnant, food insecure women are more likely to experience iron-deficiency anemia, anxiety, depression, and excess weight gain; among children, food insecurity can negatively impact long-term physical, mental, and cognitive development; and food-insecure adults are more likely to have diabetes, high blood pressure, and experiencehypertension.[155]

The triple burden of malnutrition, consisting of undernutrition, overweight or obesity, and micronutrient deficiencies, is clearly visible among women and girls in the region, with high rates of obesity existing alongside both acute and chronic undernutrition, particularly in countries affected by protracted crises such as Yemen and Syria. Undernourishment is especially high in conflict-affected countries. A 2019 study of gender disparity in dietary intake noted that the MENA and Arab States region features a marked gender gap detrimental to women. It also noted that the region has experienced a major increase in the prevalence of obesity and nutrition related non-communicable diseases, with the prevalence of obesity and diabetes among the highest worldwide.[156]

Equitable access to safe Water, Sanitation and Hygiene (WASH) services has not been met in the region. Women in poor households are less likely to have access to clean, safe places for Menstrual Health Management (MHM) or other sanitation facilities that provide appropriate security and hygiene standards to maintain women's unique needs related to privacy and dignity. Furthermore, lack of access to WASH services at schools for women and girls may lead to their missing school or dropping out altogether. These access issues are exacerbated in very impoverished and/or conflict-affected countries, and more generally there are gaps in access to services between rural and urban communities throughout the region. Besides, because suitable drinking water sources are also frequently missing at a family's home site, cultural norms throughout the region that designate

152 ESCWA, Arab Sustainable Development Report 2020, 2020.
153 Ibid.
154 FAO, Gender and Nutrition, No date.
155 ESCWA, Arab Horizon 2030: Prospects for Enhancing Food Security in the Arab Region, 2017.
156 Abassi, Mohamed Mehdi, et al., Gender inequalities in diet quality and their socio-economic patterning in a nutrition transition context in the Middle East and North Africa: a cross-sectional study in Tunisia, Nutrition Journal 18:18, 2019.

women and girls as responsible for their household's water collection can involve long walks that expose them to protection and security risks. [157]

During crisis situations, gender-based water insecurity is amplified, especially for refugee or internally displaced women and girls who face major barriers in accessing basic services that are essential to their and their families' health and well-being. In addition to accessing basic services, women-headed households experience financial burdens that further limit their abilities to purchase water. In some countries water rights are tied to land rights which in certain instances restrict women's access.[158]

Moving forward, key considerations include:

- Continue fostering a rights-based and people-centred approach to health and focus on the four essential elements of the right to health: availability, accessibility, acceptability and quality. This includes ensuring a gender-based approach to health services, policies and increasing relevant investments in health.

- Ensure provision of integrated benefit packages which deliver services including the whole continuum of care at all ages with focus on maternal health, family planning, and the prevention and treatment of sexually transmitted infections, HIV/AIDS and GBV services, and strengthen cross-sectoral co-ordination to improve efficiency including aadvocating for comprehensive sexuality education in education – both in formal and non-formal settings. Ensure that services provision includes the dimensions of universal health coverage in terms of better access to services with focus on access in rural areas and innovative telemedicine approaches , the scope and quality of care, securing equitable access to health information, in addition to financial protection to those most vulnerable including women and girls.

- Addressing the health disparities and inequities through addressing the social determinants of health and focus on 'whole-of-society' approach that's ensures the engagement of women in decision making in reference to health service provision and accountability.

- Ensure essential services are provided to vulnerable populations including women's and girls in fragile countries in the region and those of humanitarian complex settings including maintaining these services amid the current COVID-19 preparedness and response.

- Address insufficient data on adolescent health and nutrition by identifying key health indicators, allocating adequate resources to relevant quantitative and qualitative research gaps, and enhancing effective data management with focus on sex and age disaggregation.

- Address the major increase in non-communicable diseases by ensuring gender-responsive research, policies as well as adequate access to training facilities.

- Advance mental health legislations and policies and expand access and quality of available medical, mental health and psychosocial support services, including to address violence against women and girls, especially for those impacted by emergencies including the COVID-19 pandemic.

157 United Nations, Women, Water Security, and Peacebuilding in the Arab Region, Policy Brief, 2018.
158 United Nations, Women, Water Security, and Peacebuilding in the Arab Region, Policy Brief, 2018.

- Build gender and adolescent-responsive health systems, including Primary Health Care systems, to provide quality non-discriminatory and integrated youth-friendly health services with an adolescent and gender-competent workforce.

- Address existing social and economic barriers to women's food security and nutrition by ensuring their equal entitlements, access to and control over assets, resources and services (financial and non-financial), and by enhancing their access to decent employment, livelihood opportunities, and social protection. Special attention should be dedicated to support women and girls in conflict-affected areas, women refugees and IDPs.

- Enhance the access of rural women to and control of agricultural assets (land, in particular) and facilitate their exposure and uptake of nutrition-sensitive agricultural practices and technologies through targeted and accessible capacity building programmes.

- Allocate adequate resources for the adoption of gender-transformative approaches in food security and nutrition-related policies and programmes, including capacity building of stakeholders in gender analysis and programming, to tackle the discriminatory social norms and gender roles that limit women's control over income and assets, and their decision-making power within households and communities.

- Ensure the sex and age disaggregation of data on hunger and malnutrition and provide support to regional and national strategies and programmes through intersectional gender and age analyses. This should be done in a manner that explores intrahousehold dynamics and roles in food security and nutrition, and addresses hunger and malnutrition through a lifecycle approach.

- Engage women, men, girls, and boys through social behavioural communication change initiatives that seek to engage all groups equitably utilizing gender transformative approaches that change stereotypical gender roles associated with food security and nutrition and acknowledge the valuable contributions of women and girls to food security, food production, preparation, and distribution.

- Address the disproportionate impacts of climate change on the food security and resilience of women and girls and promote gender equality and climate resilience in interventions related to the development of food systems.

- Strive for equitable access to safe WASH services, especially in rural and conflict/emergency settings and ensure adequate resources for effective implementation.

- Address the gender impact of climate change through gender responsive National Adaptation Plans that builds on relevant evidence, engage women and girls in the development process, maintain health and education services and secure economic and empowering opportunities for women and girls in WASH sector.

- Promote health literacy and nutrition and WASH education to improve the nutritional status of women and girls, households and communities, by ensuring that fathers and mothers are equally targeted by programmes and initiatives.

Situational Analysis of Women and Girls in the MENA and Arab States Region: Pillar 1 Health and Wellbeing Key Messages and Recommendations

OVERVIEW

The region has made significant progress on improving key general health indicators and strides are made to align national priorities with the SDGs agenda, however, emergencies and conflict settings continue to have significant health impacts on populations and are stilling and reverting progress. Conflicts are also the main drivers for food insecurity and malnutrition within the region. Non-communicable diseases have replaced nutritional disorders and communicable diseases as major causes of women's death and disability. The region has made significant progress on improving key general health indicators including lowering maternal and under-5 mortality, decreasing disease burden, and increasing life expectancy. 14 of the 21 countries have reached the SDG indicator of reducing maternal deaths to less than 70 per 100,000 and female life expectancy at birth increased in all countries (from an average of 68 years in 1995 to 71.31 years in 2019). However, Sudan, Djibouti, and Yemen remained above global estimate for U5 Mortality.

Continue fostering a rights-based and people-centred approach to health and focus on the four essential elements of the right to health: availability, accessibility, acceptability and quality.

POLICY GAPS

The right to health has been adopted into domestic or constitutional laws in most countries of the region, and governments throughout the region have made institutional changes and begun to align national priorities with the SDGs, including launching voluntary national reviews. There is lack of dedicated mental health legislation in 50% of the countries within the region, and a lack of national policies and plans in 30% of the countries which indicates that a large proportion of women are likely left without prevention and response services. Securing adequate and appropriate sexual and reproductive health care for every woman and adolescent girl hinges on the realization of reproductive rights, which are often overlooked. Barriers to SRHR are present in laws, policies including codes related to sale, procurement, or facilitation of contraception, and laws related to child marriage and FGM practices. While all countries in the region have signed the Convention on the Rights of Persons with Disabilities, operationalization and implementation of this instrument is very limited.

Addressing the health disparities and inequities through addressing the social determinants of health and focus on 'whole-of-society' approach that's ensures the engagement of women in decision making in reference to health service provision and accountability.

SYSTEM BARRIERS

Health services remain fragmented and often supply driven; most health systems continue to focus largely on curative health services instead of primary and preventative care and pay little attention to the social determinants of health. While advancements have been made regarding safe motherhood programmes, lack of integration between maternal and neonatal health remains a major challenge and services related to maternal health, health family planning, and the prevention and treatment of sexually transmitted infections and HIV/AIDS are not fully integrated within primary health care. Issues of human resources, supplies, public-private divisions, verticalization of health programmes and the lack of universal health coverage are sited as major barriers to SRHR in the region. The region also characterized by limited mental health services, inadequate antiretroviral treatment (reaching 38% of those in need), and low priority of screening for reproductive cancers which is practiced at a limited scale in the public sector.

Ensure that services provision includes the dimensions of universal health coverage in terms of better access to services with focus on access in rural areas and innovative telemedicine approaches and securing equitable access to health information, in addition to financial protection to those most vulnerable including women and girls

NORMS

There is little consistent, robust data on the issue of norms and practices relating to health care decisions and information and access to services within the region. However, data from some countries indicate limited levels of autonomy in decisions about women and girls own health (between 9.4% and 40% of decisions regarding a woman's own health are made by the woman herself). Stigma and discrimination limit access to and utilization of services for mental health issues, HIV testing, and menstrual health needs. Knowledge of HIV prevention remains extremely low with marked contrast between males and females. Discriminatory sociocultural norms affect women's control over assets and resources, as well as their decision-making power within households, communities and institutions, thus comprising their socioeconomic empowerment, their food security and their nutrition.

Build gender and adolescent-responsive health systems, to provide quality non-discriminatory and integrated youth-friendly health services with an adolescent and gender-competent workforce.

ACCESS INEQUALITY

53% of people in the region had access to basic health services below the global (population weighted) coverage of 64%. Access to health is especially inequal for rural women, women in conflicts and emergencies, as well as people living with disabilities (50% cannot afford health care). Long travel distances, lack of female health providers and concerns about entering health-care facilities alone, are among the underlying norms that affect access and utilization. Across the region, access of young people, particularly unmarried young people to SRHR services, remain limited. Lack of financial resources is another major barrier, where public health insurance usually covers only between 30 and 40% of the population; women from the wealthiest quintile between 46% and 62% more likely to deliver in a health facility than those from the poorest wealth quintile.

Ensure essential services are provided to vulnerable populations including women's and girls in fragile countries in the region and those of humanitarian complex settings including maintaining these services amid the current COVID-19 preparedness and response.

MENTAL HEALTH

The region has experienced a steady increase in mental health disorders. Within the region 33% of women felt stressed to a point where ´everything seemed like a hassle either ´often' or 'most of the time' and anxiety disorders and depressions is highly prevalent amongst girls 10 -19 years. Female youth in crisis-affected areas of the region exhibited a higher prevalence of mental health issues than male and refugees with disabilities were twice as likely to report psychological distress than refugees without. COVID-19 pandemic introduced additional mental health strains (and associated strains on services) in all countries. Mental health services are extremely limited within the region, with intra-regional disparity in dedicated human resources and the number of mental hospitals (per 1000,000 population) is higher than global median in only three countries. Women and girls face major barriers in accessing services, programming, and information. Approximately 70% of NGO-run shelters in the region follow the practice of not accommodating women with mental health issues and cultural stigma around mental health often prevents both access to services and effective treatment.

Advance mental health legislations and policies and expand access and quality of available medical, mental health and psychosocial support services, including to address violence against women and girls

SEXUAL AND REPRODUCTIVE HEALTH PROGRESS

Reduction in maternal mortality outperforms the global average; decreased from 238 (2000) to 156 (2015) per 100,000 live births, compared to a world average of 216 and the region is yet to reach the goal for lifetime risk of maternal death among 15 years and plus females. 13 of the 21 countries have reached at least 90% skilled birth attendance (Yemen and Somalia report levels below 75%) and roughly 78% of ever married women aged 15-49 reported having their reproductive needs for family planning satisfied with modern methods. Antenatal care is lower in rural and poor areas; estimated 65% of women receive postnatal care. However, in similar areas in the LDC subregion women are most likely to receive no postnatal care at all. Abortion, especially unsafe abortion, is a neglected public health topic despite two in five pregnancies being unplanned, of which one half ending in abortion. Qatar and Tunisia have CSE in schools, with other countries (Djibouti, Egypt, Jordan and Syria) providing some form of sexuality education outside the school context.

Ensure provision of integrated benefit packages which deliver services including the whole continuum of care at all ages with focus on maternal health, family planning, and the prevention and treatment of sexually transmitted infections, HIV/AIDS and GBV services, and strengthen cross-sectoral coordination to improve efficiency including aadvocating for comprehensive sexuality education in education – both in formal and non-formal settings.

ADOLESCENT HEALTH

Data and evidence on adolescent health continues to be a gap throughout the region. Collective violence is among top five causes of death and anxiety disorders and depressions are among the top five causes of DALYs among young girls 10 -19 years. Across the region, young people, particularly unmarried young people, remain highly neglected populations in terms of access to SRHR services and education. Reluctance to teach sexuality has meant that young people often rely on the internet or peers for information, which may be inaccurate. In conflict-affected countries, younger females (15 – 29) are less likely to have their family planning needs met than older cohorts. Given the increasing trends in child marriage, the prevention of unintended pregnancies and reduction of adolescent childbearing is crucial to the health and well-being of these young women. Women and girls affected by VAWG are growing in the region, adolescent girls in emergency contexts raise concerns of sexual abuse and exploitation particularly for those with disabilities.

Address insufficient data on adolescent health and nutrition by prioritizing key health indicators, allocating adequate resources to relevant quantitative and qualitative research gaps, and enhancing effective data management with focus on sex and age disaggregation.

PHYSICAL ACTIVITY AND NON-COMMUNICABLE DISEASES

While the region has witnessed a decrease in DALYs for causes such as diarrhoea and respiratory infections in recent years, ischaemic heart disease, major depressive disorders and diabetes have become more widespread. Unhealthy diets – along with physical inactivity – are key contributors to the burden of non-communicable disease in the region where several countries demonstrate highest rates of physical inactivity, obesity, and diabetes in the world (26.9% of men and 43.5% of women). Adolescents perform poorly in engaging in adequate physical activity, this is true globally but is worse in the region with a rate of 87% (84.3% boys and 89.9% girls).

Address the major increase in non-communicable diseases by ensuring gender-responsive research, policies as well as adequate access to training facilities.

COVID-19

Restrictions on movement and social distancing measures have limited households' access to work, regular income, remittances, markets, schools and healthcare in the region. Lower income/savings depletion and decreased government capacity to respond to a second and third wave may worsen poverty and inequality, and lead to deterioration of household food security while increasing people's health needs.

Ensure essential services are provided to vulnerable populations including women's and girls in fragile countries in the region and those of humanitarian complex settings including maintaining these services amid the current COVID-19 preparedness and response.

Situational Analysis of Women and Girls in the MENA and Arab States Region: Pillar 1 Food Security, Nutrition and WASH Key Messages and Recommendations

OVERVIEW

The triple burden of malnutrition (undernutrition, overweight or obesity, and micronutrient deficiencies), is clearly visible among women and girls in the region, particularly in countries affected by protracted crises such as Yemen and Syria. 11% of the population reported that they experience severe food insecurity, which is estimated to be 56 million people. Cross-cutting issues of conflict and climate change also impact food security and nutrition status. There is a specific gender dimension to food security and nutrition, vulnerable women and girls experience a greater risk of malnutrition than men, and more girls die of malnutrition than boys. Across the region, and particularly in countries affected by conflict, female-headed households are the most susceptible to food insecurity and the most likely to resort to negative coping mechanisms that increases their protection and security risks.

Address existing social and economic barriers to women's food security and nutrition by ensuring their equal entitlements, access to and control over assets, resources and services (financial and non-financial), and by enhancing their access to decent employment, livelihood opportunities, and social protection. Special attention should be dedicated to support women and girls in conflict-affected areas, women refugees and IDPs.

POLICY GAPS

Governments within the region have established laws and policies to address food insecurity and nutrition. While analyses around laws and policies influencing food security specifically are lacking, a range of policy statements and recommendations have been made over the past decade addressing key issues around nutrition. 89% of countries in the region have nutrition policy, 53% reporting policies relating infant and young child nutrition, and 17% had costed operational plans. Other examples of laws and policies include fortifying staple foods with micronutrients, micronutrient supplements, promoting exclusive breastfeeding and school feeding. The lack of policy coherence and sectoral coordination, coupled with limited institutional capacities, also prevents the formulation and implementation of gender-responsive food security and nutrition policies. While limited implementation, 17 countries in the region put some of the provisions of the International Code of Marketing of Breastmilk Substitutes into law. At national level, several countries have recognized the right to water in their constitutions; 13 countries ratified the Arab Charter of Human Rights which refers to the right to water and sanitation. Women's inadequate access to land remains an obstacle for improvement of both food security, agricultural productivity and access to water.

Allocate adequate resources for the adoption of gender-transformative approaches in food security and nutrition-related policies and programmes, to tackle the discriminatory social norms and gender roles that limit women's control over income and assets, and their decision-making power within households and communities.

SYSTEM BARRIERS

Supplementation and food fortification was implemented widely across the region. 21 countries are implementing vitamin and mineral supplementation for pregnant women (iron and folic acid), while 8 eight countries report provision of supplements to women of reproductive age (folic acid and iron) and 16 report the provision of supplements to children (vitamin A, iron, micronutrient powder, zinc and iodine). 16 countries report fortification of salt, 12 countries report fortification of wheat flour, six report fortification of oil, and one country reports fortifications of sugar. 17 countries had some coverage of wheat flour fortified with iron and folic acid, which is mandatory in 11 countries. There is limitation in the sex and age disaggregated data on hunger and food insecurity in the world and in the region.

Ensure the sex and age disaggregation of data on hunger and malnutrition and provide support to regional and national strategies and programmes through intersectional gender and age analyses. This should be done in a manner that explores intrahousehold dynamics and roles in food security and nutrition, and addresses hunger and malnutrition through a lifecycle approach.

NORMS

Roles and responsibilities associated with food security, nutrition and water management largely fall on the shoulders of women and girls in the region due to gender social norms. Women and girls gendered responsibility for household's water collection can involve long walks that expose them to protection and security risks. The lack of engagement of men and boys in food preparation exacerbates women and girls' unpaid domestic chores and restricts women. Limited knowledge about what constitutes appropriate complementary feeding, often results in poorer nutritional outcomes for women and their children. In terms of dietary intake, the region features a marked gender gap detrimental to girls and women. Girls in Yemen often have the least access to food at mealtimes due to cultural norms that determine who within a family eats first. In the South Darfur region of Sudan a mistaken belief is prevalent stating that male infants needed to be fed solid foods starting at three months, as opposed to six months for female infants. Lack of physical activity and mobility in public spaces due in part to cultural norms that constrain women's and girls' movement outside the house and de-emphasize the importance of physical education for girls in school contribute to the high rates of obesity and overweight status in women in the region.

Engage women, men, girls, and boys through social behavioural communication change initiatives that seek to engage all groups equitably utilizing gender transformative approaches that change stereotypical gender roles associated with food security and nutrition and acknowledge the valuable contributions of women and girls to food security, food production, preparation, and distribution.

AT RISK GROUPS

Most individuals who experience hunger in the MENA region are located in the five countries currently in conflict; Iraq, Libya, Syria, Sudan, and Yemen. Individuals living in poverty are more likely to have insufficient water and sanitation facilities and are at greater risk of experiencing food insecurity, hunger, and have a lower nutrition status as their economic access to food is compromised. Employment in agriculture sector accounts for 1/3 of total female employment in the region mainly through informal work sectors. As such, water scarcity jeopardizes women and adolescent girl's income opportunity, amplifying economic vulnerability while also risking food insecurity. Mothers with a low level of education and a low income are more likely to have stunted children due to their limited knowledge and capacity to obtain food that will provide a diverse and nutritious diet.

Enhance the access of rural women to and control of agricultural assets (land, in particular) and facilitate their exposure and uptake of nutrition-sensitive agricultural practices and technologies through targeted and accessible capacity building programmes.

FOOD SECURITY

There is a specific gender dimension to food security and nutrition. Despite the key roles women play in food systems, they tend to experience a greater risk of food insecurity than men, and more girls die of malnutrition than boys. Across the region, and particularly in countries affected by conflict, female-headed households, rural and refugee women, and women living with a disability are the most susceptible to food insecurity and the most likely to resort to negative coping mechanisms.

Address existing social and economic barriers to women's food security and nutrition by ensuring their equal entitlements, access to and control over assets, resources and services (financial and non-financial), and by enhancing their access to decent employment and social protection. Special attention should be dedicated to support women and girls in conflict-affected areas, women refugees and IDPs, whose access to resources and services is particularly compromised.

NUTRITION PROGRESS

Slightly less than 25% of the countries of the region have a high or very high prevalence of stunting in children under 5 years of age. Undernourishment prevalence in the region stand at 13.2%. Rates are double that of the world average for developed countries. In conflict affected countries (27.7%) rates are five times higher than non-conflict countries and higher than least developed countries at the global level. In Syria, the prevalence of malnutrition among pregnant and lactating women more than doubled. Although undernourishment rates in the region are decreasing, prevalence of undernourishment began increasing in conflict-affected countries, and children still suffer high rates of iron and vitamin A deficiency and inadequate iodine status. Every country in the region has either moderate or severe rates of anaemia in women of reproductive age ranging from 23% In Kuwait to as high as around 79% in Yemen. The region is the second most obese region in the world, with 19.5% among adults (14.9% men and 24.3% women), and 8.2% among children 5-19 years (8.3% boys, 8.1% girls). Prevalence for timely breastfeeding initiation and exclusive breastfeeding for six months stand at 34% and 20.5% respectively. For both indicators, the region remains below the global average of 40%. Caesarean section and first-time motherhood correlated with reduced prevalence, while rooming-in and successful breast-feeding experience increased prevalence. Children from the poorest quintile are 1.6 times more likely to be breastfed at two years of age than children from the wealthiest quintile. Lack of knowledge and skilled support for mothers in conflict affected countries led to reduced rates.

Promote health literacy and nutrition and WASH education to improve the nutritional status of women and girls, households and communities, by ensuring that fathers and mothers are equally targeted by programmes and initiatives.

LACK OF EQUITABLE ACCESS TO WASH

Equitable access to safe Water, Sanitation and Hygiene (WASH) services has not been met in the region. These access issues are exacerbated in very impoverished and/or conflict-affected countries, and more generally there are gaps in access to services between rural and urban communities throughout the region. In Bahrain, Kuwait and Qatar 100% of the population have access to basic drinking water services while Djibouti (76%) , Somalia (52%), Sudan (60%), Yemen (64%) and Morrocco (87%) have constrained access. Lack of access to WASH services at schools for women and girls may lead to their missing school or dropping out altogether due to inappropriate security and hygiene in relation to menstrual health management needs. 1 in 5 schools in the region does not have access to hygiene services in school, a range of 74% to 83% have access to basic drinking water in schools and a range of 79% to 87% have access to basic sanitation in schools. In terms of safe places within the region, there is a lack of comprehensive usable data on WASH in health facilities, suggesting that countries do not systematically track the availability or quality.

Strive for equitable access to safe WASH services, especially in rural and conflict/emergency settings and ensure adequate resources for effective implementation. maintain health and education services and secure economic and empowering opportunities for women and girls in WASH sector.

EMERGENCY AND CLIMATE CHANGE

During crisis situations, gender-based water insecurity is amplified, especially for refugee or internally displaced women and girls who face major barriers in access to basic services that are essential to their and their families' health and well-being. In addition to accessing basic services, women-headed households experience financial burdens that further limit their abilities to purchase water. WASH interventions being delivered to women and children in conflict settings in low-income and middle-income countries revealed gaps in the current evidence on WASH intervention delivery in conflict settings, suggesting that the WASH needs of women and children have not or are not being sufficiently considered in the humanitarian response in many conflict settings. The MENA region is the most water scarce region in the world, including 15 of the most water-scarce countries worldwide. Climate change, recurrent droughts and scarceness of natural resources combined with recent years conflicts and humanitarian crisis is putting extreme pressure on WASH service provision impacting the most vulnerable populations, especially women and girls. Water scarcity can amplify domestic work burden on women and girls at both household and community level.

Address the disproportionate impacts of climate change on the food security and resilience of women and girls and promote gender equality and climate resilience in interventions related to the development of food systems.

Situation of Health and Wellbeing – Key Highlights

POLICIES/ LEGISLATIVE

The right to health has been adopted into domestic or constitutional law in many countries.

All countries in the region have signed the Convention on the Rights of Persons with Disabilities but implementation is still limited

Lack of dedicated mental health legislation in 50% of countries within the region and a lack of national policies and plans in 30% of the countries

Barriers to SRHR are present in laws and policies and prevent access to knowledge and services that contribute to equitable lives

All of the 21 countries adopted the ICPD Programme of Action in 1994

SYSTEMS/ INSTITUTIONS

Mental health services are extremely limited

Lack of data on MHH due to sociocultural norms and stigma

Limited access to health services including MHH (rural, adolescent girls, disability and emergency setting)

Limited access to postnatal services
Lack of integration between maternal and neonatal health

Health services are often focused on curative health services instead of primary and preventative care
Public health insurance covers only between 30-40% of the population

STD's and HIV/AIDS not fully integrated within primary health care

Countries have undertaken efforts to scale up sexualit education (Qatar and Tunisia)

NORMS

Limited levels of autonomy in decisions about women and girls own health

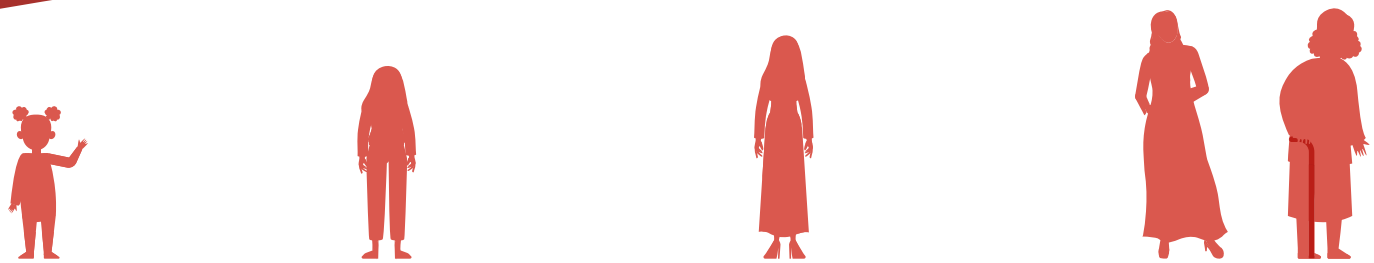
Increased care burden on women and girls due to gendered expectations

Sociocultural norms affects women's and girls' nutritional status as well as child feeding

Declining level of physical activity

Stigmatization and discrimination for mental health issues and support

Abortion, especially unsafe abortion, is a neglected public health topic



EMERGENCY SETTINGS

Gender-based water and food insecurity is amplified during crisis, especially for refugee or internally displaced women. Women may face major barriers in access to basic services that are essential to their and their families' health and well-being

ISSUES

Antenatal care is lower in rural and poor areas; estimated 65% of women receive postnatal care

50 million girls are being cut

Reduce of and infant mortality and MMR (14 of 21 countries have achieved SDG indicator of 70 per 100,000 live births)

1 in 5 girls are married

13 of the 21 countries reached 90% skilled birth attendance (Yemen and Somalia below 75%)

Irregular use of contraceptive amongst unmarried women and girls

Adolescent girls and unmarried young women access to SRHR is limited

Limited access to MHH

Lack of access to information, female health providers and concerns about entering health-care facilities alone

Adolescents physical activity is worse than global rates (84.3% boys and 89.9% girls)

Evidence on adolescent health continues to be a gap throughout the region

Increase of non-communicable diseases

Prevalence of obesity and diabetes among the highest worldwide

Anxiety disorders and depressions are among the top five causes of DALYs among young girls 10-19 years.

MH and PSS have been exacerbated by the COVID-19 pandemic

1 in 3 women in the region experience extreme levels of stress

Refugees with disabilities twice as likely to report psychological stress

70% of NGO-run shelters do not accommodate women with mental health issues.

53% of people in the region had access to basic health services

Only 46% of NGO services for PSS only accommodate elderly women.

SRHR is minimally addressed in elderly time

Inadequate antiretroviral treatment (reaching 38% of those in need)

Situation of Food Insecurity and WASH – Key Highlights

LEGISLATION/ POLICIES

The Arab Charter of Human Rights refers to the right to water and sanitation services under articles 38 and 39

No data available regarding existing laws and policies on food security

The lack of policy coherence and sectoral coordination prevents the formulation and implementation of gender-responsive food security and nutrition policies

89% of countries in the region have a comprehensive or topic-specific nutrition policy

79% of countries have a comprehensive nutrition policy that aims to address all forms of malnutrition

Several states have recognized the right to water in their constitutions

SYSTEMS/ INSTITUTIONS

Women's inadequate access to land remains an obstacle for improvement of both food security and agricultural productivity

Limitations in qualitative and quantitative disaggregated data for food security

Agriculture sector accounts for 1/3 of total female employment, mainly through informal work sectors

1 in 5 schools in the region does not have access to hygiene services in school

Equitable access to WASH services has not been met in the region (MHH, household responsibilities)

Limited consideration of WASH needs of women and children in the humanitarian response

74%-83% have access to basic drinking water in schools and a 79%-87% have access to basic sanitation in schools

17 countries had some coverage of wheat flour fortified with iron and folic acid, which is mandatory in 11 countries

16 countries report fortification of salt, 12 countries report fortification of wheat flour, six report fortification of oil, and one country reports fortifications of sugar

16 report the provision of supplements to children (vitamin A, iron, micronutrient powder, zinc and iodine

SOCIAL NORMS

The triple burden of malnutrition is clearly visible among women and girls, particularly in countries affected by protracted crises

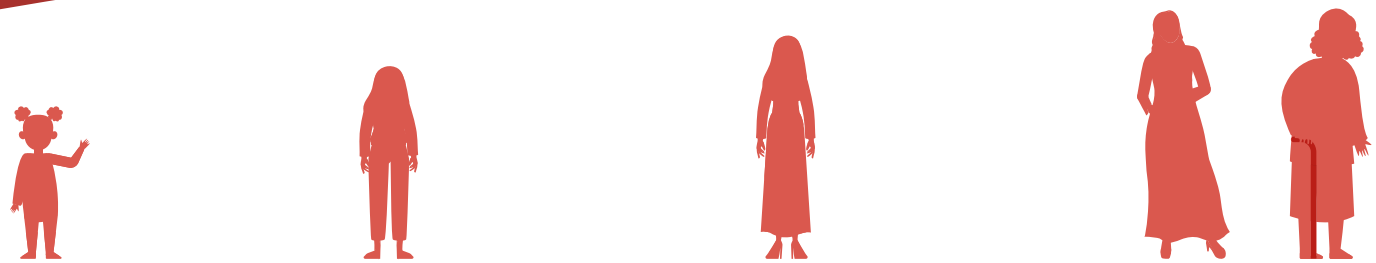
Sociocultural norms affects women's and girls' nutritional status as well as child feeding

Lack of WASH services at schools leads to missing school and school-drop-out

Gendered expectations and female burden of water management

Water scarcity amplify domestic work burden on women and girls at both household and community level

Girls have less access to food at mealtimes due to cultural norms that determine who within a family eats first



EMERGENCY SETTINGS

Climate change, recurrent droughts and scarceness of natural resources combined with recent years conflicts and humanitarian crisis is putting extreme pressure on WASH service provision impacting the most vulnerable populations, especially women and girls. Water scarcity can amplify domestic work burden on women and girls at both household and community level

ISSUES

- Inadequate dietary intake
  - Breastfeeding initiation and exclusive breastfeeding for six months stand at 34% and 20.5%
- The region is the most water scarce region in the world, including 15 of the most water-scarce countries worldwide
- Slightly less 25% of the countries have a high or very high prevalence of stunting in children under 5 years
  - Children from the poorest quintile are 1.6 times more likely to be breastfed at two years of age
- Every country in the region has either moderate or severe rates of anaemia in women of reproductive age (23% Kuwait to 79% Yemen)
- Women-headed households experience financial burdens that further limit their abilities to purchase water
- 11% of the population reported that they experience severe food insecurity
  - Highest level in Iraq, Libya, Syria, Sudan, and Yemen
  - Eight countries report provision of supplements to women of reproductive age
- Female-headed households are the most susceptible to food insecurity
  - Prevalence of undernourishment and obesity stood at 13.2% and 28%, respectively
  - 21 countries are implementing vitamin and mineral supplementation for pregnant women
- Roles and responsibilities associated with food security and nutrition largely fall on the shoulders of women and girls
  - Women-headed households experience financial burdens that limit abilities to purchase water

GENERAL HEALTH

Overview

The WHO Constitution (1946) envisages '… the highest attainable standard of health as a fundamental right of every human being.' This recognition of health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to provide for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality. In many countries, the right to health has been adopted into domestic or constitutional law.159 Tracking the realisation of this right to health is an integral part ofa range of international human rights mechanisms.

Governments throughout the region have joined the global community in committing to the 2030 Agenda for Sustainable Development and efforts to achieve the Sustainable Development Goals (SDGs) are on the rise across the region. To illustrate, states have made institutional changes and have begun to align national priorities with the SDGs, including launching voluntary national reviews.[160] Included in the SDGs is Global Target 3.8 which states 'achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all'.[161] An analysis by the World Health Organization (WHO) in 2018 estimated that 53 per cent of people in the region had access to basic health services – below

Table 1.1:
Universal Health Coverage Index

ESCWA Category	Country	Index Score
GCC	Qatar	77
	Oman	72
	UAE	63
	Bahrain	72
	Saudi Arabia	68
	Kuwait	77
Maghreb	Tunisia	65
	Algeria	-
	Morocco	65
	Libya	63
Mashreq	Lebanon	68
	Iran	65
	Syria	60
	Jordan	70
	Palestine	60
	Egypt	68
	Iraq	63
LDC	Djibouti	47
	Yemen	39
	Sudan	43
	Somalia	22

Source: World Health Organization

159 WHO, Human rights and health, Key Facts, 2017.
160 ESCWA, Arab Sustainable Development Report 2020, 2020
161 Universal health coverage means that all people and communities can use health services they need, of sufficient quality to be effective, without facing financial hardship.

Table 1.2:
Life expectancy at birth (years)

ESCWA Category	Country	Female	Male
GCC	Qatar	81.74	78.83
	Oman	79.91	75.65
	UAE	79.01	76.97
	Bahrain	78.14	76.19
	Saudi Arabia	76.49	73.67
	Kuwait	76.36	74.58
Maghreb	Tunisia	78.35	74.30
	Algeria	77.74	75.31
	Morocco	77.44	74.95
	Libya	75.62	69.67
Mashreq	Lebanon	80.79	77.03
	Iran	77.44	75.22
	Syria	77.42	65.41
	Jordan	76.05	72.63
	Palestine	75.45	72.11
	Egypt[162]	73.97	69.45
	Iraq	72.32	68.28
LDC	Djibouti	68.02	64.00
	Yemen	67.79	64.41
	Sudan	66.71	63.09
	Somalia	58.42	55.07

Source: United Nations Population Division

the global (population weighted) coverage of 64 per cent. However, projections show that a regional population weighted coverage of 60 per cent could be achieved by 2023 if WHO recommendations are implemented. [163]

The WHO analyses combined multiple indicators on health coverage to capture coverage by individual and population-based health services and give a composite score for each country (see Table 1.1). This provides a useful overall measure of country performance

A 2020 Economic and Social Commission for West Asia (ESCWA) report[164] on the status of the SDGs in the Arab region noted 'significant improvement in key health indicators in the Arab region, including lower maternal and under-five mortality.'

In 2016, ESCWA reported[165] that increasing life expectancy and decreasing maternal and child mortality rates reflected 'a commendable record' in the region when it comes to women's health, making it one of the key areas of success in the implementation of the Beijing Declaration and Platform for Action. The report noted that female life expectancy at birth had increased in all countries of the Arab region, rising from an average of 68 years in 1995 to an average of 72.5 years in 2015. 2019 data from WHO indicates that female life expectancy at birth in the Eastern Mediterranean is 71.31 years.[166]

However, the 2020 ESCWA SDG report noted that levels of health and well-being remain significantly uneven within and between countries, with health services fragmented and often supply-driven, and access to universal health coverage varying widely within and among countries and social groups. Most health systems continue to focus largely on curative health services instead of primary and

162 See Also Egypt in Figures 2020.
https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5104&Year=23602
163 WHO, 'Advancing universal health coverage', 2018
164 ESCWA, Arab Sustainable Development Report 2020, 2020.
165 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
166 WHO, Data Base: Global Health Observatory- Life Expectancy at Birth.

preventative care and pay little attention to the social determinants of health.[167]

Reduction in maternal mortality, while outperforming the global average[168], has not seen as strong progress as other indicators - only three countries in the region had achieved the Millennium Development Goal (MDG) of reducing the Maternal Mortality Ratio (MMR) by three quarters between 1990 and 2015: Iran, Lebanon and Libya, with Saudi Arabia, UAE and Kuwait very close to meeting the target (albeit with already-low MMR). Algeria, while not achieving the MDG target, almost halved maternal mortality between 1999 and 2014 (from 117 to 64) per 100.000 life births.[169]

The Disability-Adjusted Life Year (DALY) is a quantitative way to present the burden of disease and ill-health among a given population. The calculation aggregates a range of health-related measures (life-expectancy, illness, disease, disability, accidents, time/age) to express the cumulative number of years of life lost. One DALY can be thought of as one lost year of 'healthy' life.[170]

According to WHO data, the MENA and Arab States region has, on average, experienced a positive trend of decreasing disease burden, with the steepest gains being made by countries in the LDC region (Somalia, Yemen, Sudan, Djibouti - albeit mitigated in Yemen since the commencement of conflict there in 2014). This mirrors global reductions in DALYs over the same time period, with lesser-developed countries (notably in Africa) exhibiting the largest declines. Other countries in the region, notably Morocco, Egypt, Iraq, Iran and Tunisia[171] have also seen smaller but still definite decreases in the aggregate burden of disease. However, some countries have seen increases in DALYs directly coinciding with the onset of conflicts, specifically Syria, Yemen, Somalia and Sudan. Similar trends are observed with respect to specific health indicators. For example, in Syria, which had seen a steady trend of decreases in maternal mortality between 1990 and 2010, the rate has increased to 2016 from approximately 50/100,000 to 70/100,000.[172]

The below table presents a sex-and-age disaggregated measure of DALYs for the year 2017 for the entire region. The burden for males is typically higher in all age groups and is concentrated in the older and younger age categories, reflecting the higher levels of morbidity and mortality associated with age cohorts at the beginning (<5) and end (>50) of life.

Table 1.3:
DALYs across MENA and Arab States countries for 2017 (per 100,000 people)

Sex	Aged under 5	Aged 5-14	Aged 15-49	Aged 50-69	Aged 70+
Male	56,635	9,849	22,306	53,704	111,802
Female	50,773	9,104	19,314	42,407	87,986

Source: WHO DALY Estimates (2017)

167 ESCWA, Arab Sustainable Development Report 2020, 2020.
168 The Arab region's average maternal mortality rate has decreased from 238 (2000) to 156 (2015) per 100,000 live births, compared to a world average of 216 per 100,000 live births in 2015.
169 UNICEF, Progress for Children with Equity in the Middle East and North Africa, 2016.
170 See WHO, Data Base: Global Health Observatory- Global Health Estimates: Life expectancy and leading causes of death and disability.
171 Data from Lancet- Institutes of Health Metrics and Evaluation, Global Burden of Disease, 2020.
172 Progress for Children with Equity in the Middle East and North Africa, UNICEF, 2016

Non-communicable diseases have replaced nutritional disorders and communicable diseases as major causes of women's death and disability. While the region has witnessed a decrease in DALYs for causes such as diarrhoea and respiratory infections in recent years, ischaemic heart disease, major depressive disorders and diabetes have become more widespread. This epidemiological transition reflects the demographic shift due to increased life expectancy and the nutrition transition.[173] A key additional factor (particularly influencing the presence of non-communicable diseases) is the declining level of physical activity - a common phenomenon as wealth increases. Several countries in the region have the highest rates of physical inactivity, obesity, and diabetes in the world.[174]

Finally, emergencies, conflict or civil unrest are one of the critical determinants of health in this region. Ongoing conflicts in Yemen, Sudan, Syria and Iraq, as well as the effects of these, and previous conflicts, in surrounding countries, continue to have significant health impacts on populations, and disproportionately on women and girls. In 2017, almost 85 per cent of the conflict-related casualties globally resulted from conflict in the countries of Syria, Afghanistan, Iraq, Yemen and Somalia.[175]

COMMUNICABLE DISEASES AND NON-COMMUNICABLE DISEASES

The leading causes of death worldwide and in the MENA and Arab States Region are noncommunicable diseases (NCDs). Within the region, NCDs accounted for 74 per cent of all deaths in 2015 compared to 70 per cent of deaths globally. Communicable diseases comprise infectious diseases such as tuberculosis and measles, while non-communicable diseases are mostly chronic diseases such as cardiovascular diseases, cancers, and diabetes.

Epidemics of communicable diseases follow predictable patterns, spreading across vulnerable population sectors by disease carrying agents or vectors. However, modern social, cultural, ethnic and socio-economic patterns can also influence the prevalence of health risk behaviours such as smoking, unbalanced nutrition, physical inactivity, and excess alcohol use. These are some of the determinants of non-communicable disease and many experts now argue that the intersection of the above patterns with chronic diseases means that they are actually also communicable.[176] However, the terms provide a useful comparison between diseases that are more determined by lifestyle factors and those caused or transmitted by an independent vector.

WHO data on communicable and non-communicable diseases illustrate clear gender-specific risk factors, and major disparities in location and age. In every Arab sub-region, females are at a higher proportion of death by both communicable and non-communicable diseases. Men are more at risk from death by injuries. With respect to non-communicable diseases, three myths contribute to their neglect among women:

- A persistent view that health-related issues of importance to women are defined through their reproductive capacity.
- The misperception that non-communicable diseases, especially cardiovascular diseases, primarily are diseases of men.
- The myth that non-communicable diseases in women are an issue only in high-income countries and a result of lifestyle choices.[177]

The chart below highlights the distribution of deaths by causes by both types of disease across all countries in the region compared with the global

173 Nasreddine, Lara M., et al. Nutritional status and dietary intakes of children amid the nutrition transition: the case of the Eastern Mediterranean Region, Nutrition Research 57 (2018): 12-27 5.
174 FAO, IFAD, UNICEF, WFP and WHO, Regional Overview of Food Security and Nutrition in the Near East and North Africa 2019 – Rethinking food systems for healthy diets and improved nutrition, 2020.
175 Dupuy, Kendra & Siri Aas Rustad, Trends in Armed Conflict, 1946–2017, Conflict Trends, 5. Oslo, 2018.
176 Ackland M, Choi BCK, Puska P, Rethinking the terms non-communicable disease and chronic disease, Journal of Epidemiology & Community Health 2003,
177 WHO, Data Base: Global Health Observatory- On the Prevention and Control of NCDs.

totals (for 2016), highlighting the increased mortality resulting from NCDs overall. Women in the region have a higher likelihood than the global average of dying from a communicable disease (26.8 per cent vs. 20.7 per cent) and from injury.

On a country-by-country level, as with other indicators, significant disparities exist due to the many social, cultural, economic and other factors at play (presented in the table below). Among adults, Somali females are the country population most at risk of death from communicable diseases, followed by Djibouti. Women in the UAE and Bahrain experience the highest risk of death from non-communicable diseases in the region, followed by Egypt.

Chart 1.1:
Cause of death: Non-communicable vs communicable disease (all ages)

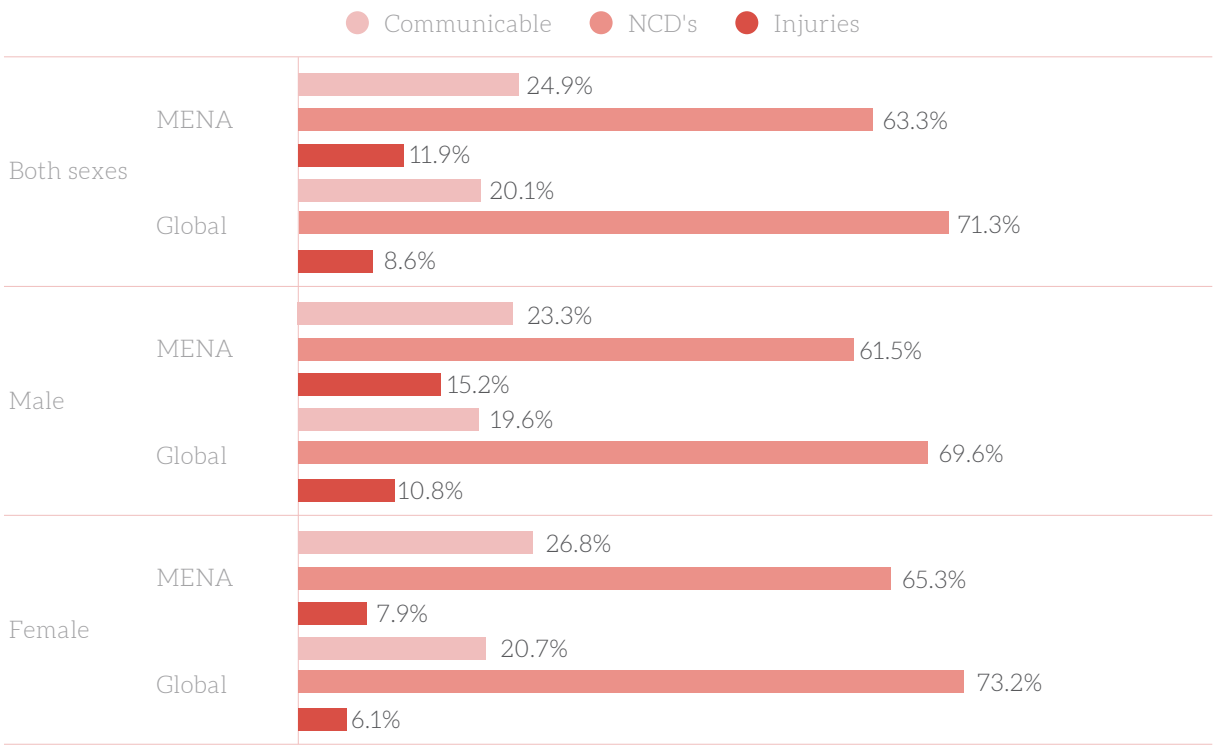


Table 1.4:
Cause of death by communicable and non-communicable diseases

Communicable diseases (per cent of relevant age group)						Non-communicable diseases (per cent of relevant age group)					
Region	Country	Sex/Age				Region	Country	Sex/Age			
		Female		Male				Female		Male	
		15-34	35-59	15-34	35-59			15-34	35-59	15-34	35-59
GCC	Oman	16.7	8.4	8	7.3	GCC	UAE	66.8	90.7	39.8	77.2
	Kuwait	14.7	9.6	2.7	6.5		Bahrain	64.9	90	41.5	78.2
	Saudi Arabia	12.5	7.7	3.7	5.1		Qatar	53	88.7	21.1	66.9
	Bahrain	11.1	4.5	5.4	4.9		Oman	49.9	81.3	29.3	69.6
	Qatar	9.5	2.8	3.2	2.5		Kuwait	49.9	79.5	33	72.7
	UAE	7.3	2.6	4.9	3.2		Saudi Arabia	44.2	75.3	19.7	61.7
Maghreb	Algeria	24.5	8.2	5.3	5.7	Maghreb	Morocco	52	85.4	29.5	74.9
	Morocco	21.4	6.8	8.7	7.4		Tunisia	52.5	84.7	27.1	77.8
	Tunisia	18.9	6.3	5	4.3		Algeria	49.1	82.4	26.4	70.4
	Libya	8	5.7	2.3	4.8		Libya	39.3	76.6	13.5	57.7
Mashreq	Egypt	18.6	4.2	9.7	4	Mashreq	Egypt	58.6	91.8	42.3	85.5
	Jordan	14.9	5.1	2.9	2.9		Lebanon	57.5	89.6	28.9	82
	Lebanon	11.7	3.9	2.8	2.2		Jordan	49.4	84.1	26.8	79.3
	Iran	9.3	5.1	5.5	9.8		Iran	46.6	83.2	26.1	67
	Iraq	8.3	4.6	1.3	2.9		Iraq	21.9	66.1	8	49.7
	Syria	3.2	2.1	0.4	1		Syria	12	50.3	5	35.9
LDC	Somalia	68.5	47.1	41	42.9	LDC	Yemen	41.2	77.8	28.1	71.5
	Djibouti	58.3	47	40.6	40.6		Sudan	41.8	74.8	28.3	67.5
	Sudan	37.9	18.7	15.2	12.8		Djibouti	26.6	46.8	31.1	48.4
	Yemen	31.7	13.7	8.2	6.8		Somalia	15.2	44.4	18.3	38.8

Source: WHO Global Health Estimates

UNDER 5 MORTALITY

A 2016 report from UNICEF on progress for children in MENA[178] noted that under-five mortality rate had 'more than halved on average' between 1990 and 2015, with nine countries meeting the SDG target (of reducing U5 mortality by two-thirds by 2015) and another five close to doing so.

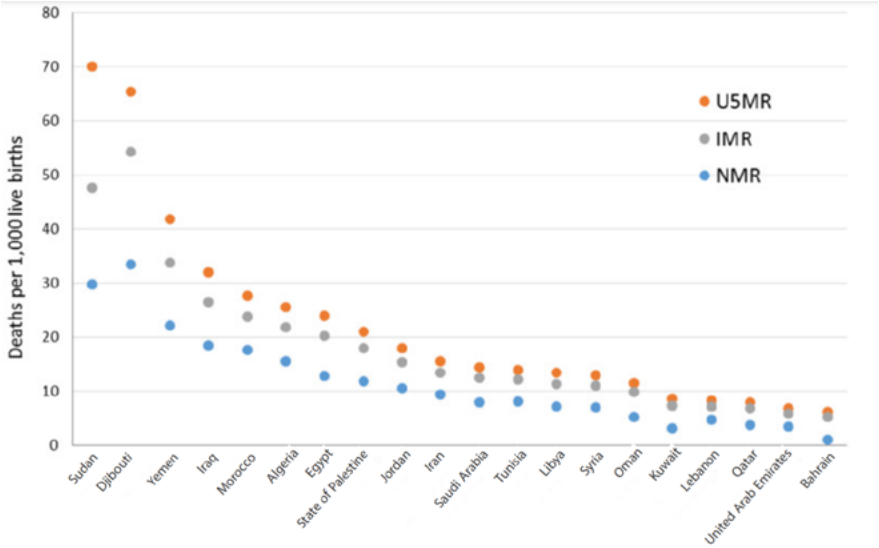
The MENA and Arab States region as a whole has demonstrated a consistent trend of decreasing under-five mortality. The United Nations Inter-agency Group for Child Mortality Estimation (IGME) has estimated the 2019 rate at 21.8 for the region, considerably under global under-five mortality rate of 37.65 deaths per 1,000 live births.[179]

Data presented in the figure below (2015 data) indicate that significantly above-average rates of under-five, neonatal and infant mortality are seen in Sudan and Djibouti, and to a lesser extent, Yemen. All three of these countries are above the global estimate.

178 UNICEF, Progress for Children with Equity in the Middle East and North Africa, 2016.
179 UN Inter-agency Group for Child Mortality Estimation, Global data for 2018.

More recent estimates from IGME place the 2019 under-five mortality rates for Sudan at 58.41 per thousand live births, for Djibouti at 57.49 and Yemen at 58.36. The latter country, in particular, is the only country in the region that has shown a significant increase in under-five mortality in the past decade (up from 55.2 in 2011).

Figure 1.1:
Neonatal-, infant-, and under-five mortality rates by country, 2015



Notes: NMW = Deaths 0-28 days from birth; IMR = deaths 0-364 days from birth; USMR = deaths 0-4 years of age from birth. Ranking of countries by total under-five mortality rates.
Source: UNICEF, WHO, World Bank Group, United Nations. Estimates generated by the UN Inter-agency Group for Child Mortality Estimation (IGME) in 2015. http://www.childmortality.org.

Socio-cultural Norms/Practices

DECISION-MAKING POWER

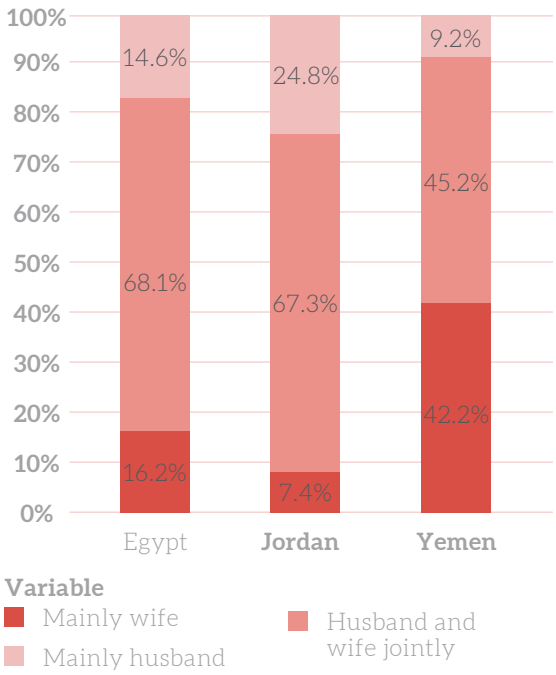
Despite legislation and polices that guarantee a level of autonomy in decision making, surveys conducted in Arab States suggest that women have limited levels of autonomy when it comes to decisions about their health. For example, 36.6 per cent of Yemeni women interviewed in a 2013 demographic and health surveys stressed the problem of needing the informal permission of male relatives to access health care. This contrasts with Jordan, where 67.3 per cent of women said they had full autonomy over decisions that affected them, including health care.[180] According to data on ever married women from the Demographic and Health Survey (DHS) surveys in Egypt, Jordan, and Yemen, between 9.4 per cent and 40.0 per cent of decisions regarding a woman's own health are made by herself. Between 11 per cent and 42.2 per cent of decisions are made by the husband.

Table 1.7 presents data on decision-making among married women for Jordan, Egypt and Yemen. It shows the dominance of patriarchy in Yemen, and higher levels of autonomy experienced by women in Jordan. In Egypt, the dominant mode of decision making is jointly between husband and wife and increased autonomy is correlated with increasing levels of education, urban living and higher household income.[181]

A specific SDG indicator under this is *5.6.1: Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care*. The data for this indicator are collected via DHS reports, which are available only Jordan (2017), Egypt (2015) and Yemen (2013). Results for the three countries on the specific component of the indicator relating to decisions on use of contraception (in the

Figure 1.2:
Healthcare Decision Making

This image depicts the percentage of currently-married women for whom the decision maker about healtcare is mainly the specified actor (%).



Source: Demographic and Health Survey (DHS). Egypt DHS (2014), Yemen DHS (2013), Jordan DHS (2018). Accessed through the WB API.

Table 1.7:
Women's Decision-making on Health issues

Country	Own decision (%)	Joint decision (with husband) (%)
Egypt (2014)	23	75
Yemen (2013) (health care only)	9.4	45.2
Jordan (2017)	8.4	85

Source: Demographic and Health Survey.

180 Demographic and Health Survey, Jordan, 2017.
181 Demographic and Health Survey, Egypt, 2014

case of Yemen only questions on decisions around general health care were asked) are as follows:

In contrast to the level of anecdotal and qualitative data, there is little consistent, robust and comparable data available on the issue of norms and practices relating to health care decisions, information and access to services within the region. For example, many stakeholders have dedicated resources to addressing perceived stigma or lack of facilities around menstruation and menstrual hygiene,[182] but there is a paucity of global or regional quantitative data on the specifics of the challenges in relation to socio-cultural norms and practices and in relation to stigma.

SMOKING

Smoking of tobacco (not counting other uses) in the region, at 19.8 per cent of the total ≥ 15-year-old population of the region – 82 million smokers in all – is slightly less than the global average of 21.9 per cent.[183] By 2020, the WHO estimates there will be 94 million smokers in the region. Smoking amongst children 13-15 in the MENA and Arab States region is, at 4.5 per cent (7.0/1.9 per cent boys/girls), lower than the global average of 6.8 per cent (9.3/4.2 per centboys/girls).[184]

The global age-standardized prevalence of tobacco smoking has decreased steadily since 2000. WHO estimates that smoking rates decreased by 6.7 per cent globally between 2000 and 2015. However, this overall trend is not seen in the MENA and Arab States region, where the trends appear to be flat or even increasing.[185] WHO projections suggest that 36.2 per cent of the ≥ 15 population will smoke by 2025 if tobacco control efforts are not implemented, 13 per cent below the WHO target for the time period.[187]

Table 1.8:
WHO age-standardized estimated prevalence of smoking among those aged 15 years or more (current tobacco smokers)[186]

		Male (%)	Female (%)	Total (%)	Data Year
GCC	UAE	29.1	0.6	14.8	2017
	Bahrain	33.8	4.0	18.8	2017
	Qatar	25.5	0.7	13.1	2017
	Oman	15.2	0.3	7.8	2017
	Kuwait	36.5	2.2	19.3	2017
	Saudi Arabia	24.0	1.3	12.7	2017
Maghreb	Morocco	27.4	1.1	14.2	2017
	Tunisia	43.8	2.0	22.9	2017
	Algeria	28.4	0.9	14.7	2017
	Libya	n/a	n/a	25.1	2009
Mashreq	Egypt	42.3	0.4	21.4	2017
	Lebanon	39.0	25.4	32.2	2017
	Jordan	49.6	5.7	29.0	2007
	Iran	20.3	1.5	10.9	2017
	Iraq	34.8	2.6	18.7	2017
	Syria	48.0	8.9	24.7	2003
LDC	Yemen	27.3	6.3	16.8	2017
	Sudan	17.1	0.7	9.6	2016
	Djibouti	18.0	2.0	n/a	2012
	Somalia	n/a	n/a	n/a	n/a

Table 1.8 provides estimated country-specific data on smoking among those ≥ 15. Men smoke at much higher rates (33.9 per cent) than women (2.3 per cent) in the region. Outliers include Lebanon, where 26.9 per cent of women smoke. This is

182 For example, see UNICEF, MENSTRUAL HYGIENE MANAGEMENT "MHM" PROGRAMME ENABLES GIRLS TO REACH THEIR FULL POTENTIAL, 2019.
183 Age-standardized prevalence of tobacco smoking among persons 15 years and older (per cent), by WHO region, 2016.
184 World Health Organization, Global report on trends in prevalence of tobacco smoking 2000-2025, 2nd ed. 2018.
185 Ibid.
186 Appendix X to the WHO Report on the Global Tobacco Epidemic, 2019.
187 Ibid.

much higher than the world average of women who smoke of 6.4 per cent.[188]

Countries with the highest rates of smoking are Jordan (49.6 per cent), Syria (48 per cent) and Tunisia (43.8 per cent),although lack of recent data for Jordan and Syria (2007 and 2003, respectively) means that those rates are not accurate.

Accurate policy setting in the region is hampered by lack of data on smoking prevalence- some countries have not completed surveys for a decade or more.

The lack of data and limited tobacco control efforts in the region means that none of the countries in the region are likely to achieve the Framework Convention on Tobacco Control target of a 30 per cent reduction in smoking prevalence by 2025, with two likely to see an *increase*, nine not likely to see any change, and only three likely to see any decrease in prevalence (the remaining countries did not have adequate data on which to base projections).[189]

PHYSICAL ACTIVITY

Inadequate physical activity is a leading risk factor for a range of chronic illnesses such as cardiovascular disease, cancer and diabetes, and premature death worldwide.[190] Conversely, undertaking physical activity has significant health benefits and contributes to preventing a range of non-communicable diseases. Sufficient physical activity for adults is defined as a minimum of 150 minutes of moderate physical activity, or at least 75 minutes of vigorous physical activity per week, or any combination of the two.

According to the WHO, globally in 2016, 23 per cent of men and 32 per cent of adult women were insufficiently physically active. In the MENA and Arab States region, rates substantially exceeded the global average: 26.9 per cent of men and 43.5 per cent of women. This rise in physical inactivity is due to the growing sedentary nature of many forms of work, changing modes of transportation, and increasing urbanization.

Adolescents perform particularly poorly in engaging in adequate physical activity. This is true globally, with 81 per cent of adolescents aged 11-17 not undertaking sufficient activity (77.6 per cent boys; 84.7 per cent girls), and is worse in the MENA and Arab States region with a rate of 87 per cent (84.3 per cent boys; 89.9 per cent girls). This is likely a high contributor toward health problems later in life.

On a country basis, for adults by far the worst performing country in the region, and also in the world, is Kuwait, with 67 per cent (61.3 per centM/74.6 per centF) performing insufficient physical exercise, although adolescents in Kuwait are closer to the global average. Adults in Saudi Arabia and Iraq (predominantly women) are also particularly poor performers, occupying the second and third positions on the global ranking of insufficient physical activity, respectively. Among adolescents, Sudan is one of the worst globally, with girls in Egypt similarly poorly engaged in physical activity. For both adults and adolescents, males invariably outperform females in the level of activity engaged in, indicating that the negative outcomes associated with inadequate physical activity will accrue more amongst women than men.

188 World Health Organization, Report on the Global Tobacco Epidemic, 2019.
189 Global report on trends in prevalence of tobacco smoking 2000-2025, 2nd ed. World Health Organization; 2018.
190 All data in this section from World Health Organization, 2020. Accessed at https://www.who.int/news-room/fact-sheets/detail/physical-activity and https://www.who.int/gho/ncd/risk_factors/physical_activity/en/

Figure 1.3:
Prevalence in Insufficient Physical Activity Amoong Adults and Adolescents

This indicator shows the percentage of school going adolescents and adults age 18 and older who are estimated by the WHO to not meet the WHO recommendations on physical activity for health, i.e., doing less than 60 minutes of moderate to vigorous intensity physical activity daily.

Services, Programming and Information

Despite progress in the quantity and quality of health services available to women and girls living in the region over the past decades, they continue to face many barriers in obtaining necessary care. Some of the most frequently cited obstacles in the research include long travel distances to health-care facilities and challenges related to transportation, as well as a lack of female health providers and concerns about entering health-care facilities alone (see Table 1.9, below). Aggregate statistics on access to health care can conceal significant differences in coverage at the sub-national level. In the Midlands region of Yemen, for example, about 80 per cent of women report having access to health care, while in the Northern region of the country less than 25 per cent of women report having such access.[191] Young people, particularly unmarried young people, remain highly neglected populations in terms of access to SRH services and education in the region.[192]

Lack of financial resources is another major barrier. Indeed, public health insurance in the region usually covers only between 30 and 40 per cent of the population, leaving the remaining individuals or their employers to subscribe to private insurance schemes. For example, according to a national survey conducted in 2010, only 45 per cent of Lebanese women could afford regular medical visits and medication when they did not receive health insurance benefits through their work. This is indicative of the extent to which women may be at greater risk from limited social security coverage, as the regional female participation in the formal labour market is as low as 23 per cent.[193]

Out-of-pocket health expenditures for all people (not specifically women) are usually high in the region (see Figure 1.4, below), with the exception of some countries that provide free health care for their citizens, most notably those in the GCC subregion. Stagnating or declining state investment in the health sector has exacerbated this problem in some cases. On average, countries in the region spend 2.97 per cent of their GDPs on health, in contrast with 3.53 per cent globally.[194] This is of particular concern, as deficiencies in health care and social programmes may result in an increased burden on women, who usually assume the

Table 1.9:
Perceived challenges in accessing health care, as identified by women aged 15–49 who reported serious problems in accessing health care for themselves when they are sick, in selected countries (data 2013-2015).[195]

Country	Getting money for treatment (%)	Distance to health facility (%)	Using means of transportation (%)	Not wanting to go alone (%)	No female provider available (%)
Egypt	10.5	18.2	20.9	31.3	28.9
Jordan	22.5	26.4	28.6	28.8	29.5
Yemen	56.1	58.8	-	80.2	62.9

Source: Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), ESCWA 2016

191 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
192 Regional Report: Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, UNFPA, 2016
193 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
194 World Health Organization, Global Health Observatory Data Repository.
195 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.

responsibility of caring for relatives.[196] Illustratively, available data suggests that between 60 per cent and 97 per cent of people in LDC countries are at risk of a catastrophic expenditure for surgical care (i.e. >40 per cent of household income remaining after subsistence needs) , in comparison to a global average of 28.1 per cent in 2017.[197]

There is great disparity within the region regarding out-of-pocket expenditures on health care, ranging from 5.9 per cent in Oman to 81.0 per cent in Yemen.

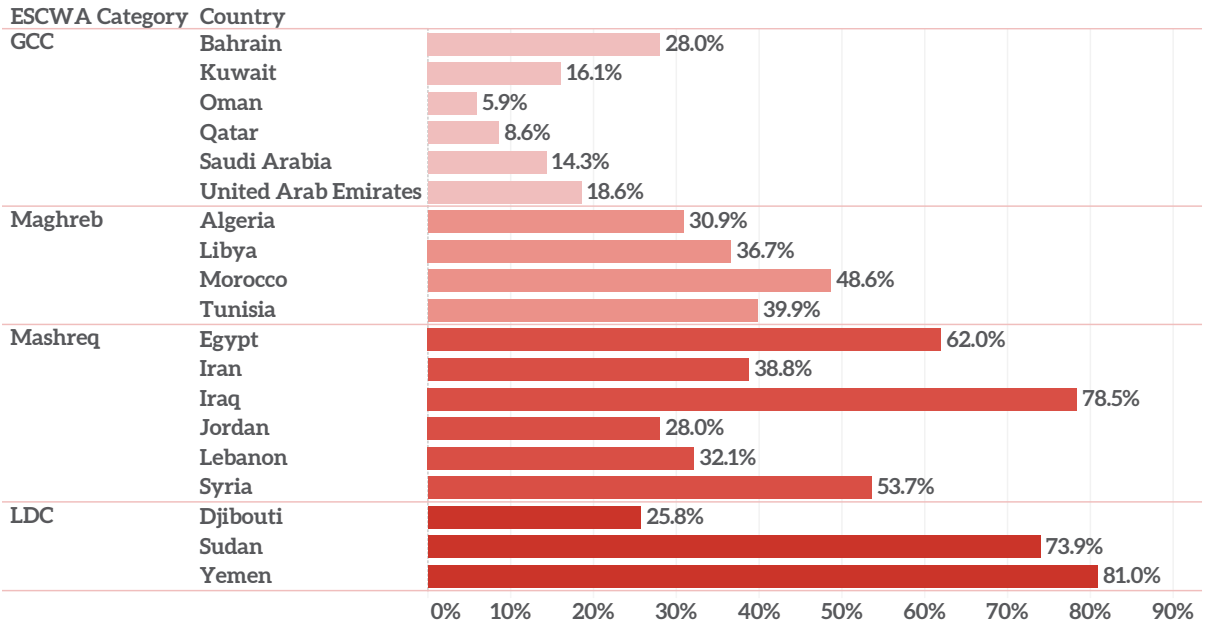
VACCINATIONS AND IMMUNIZATION COVERAGE

Immunization coverage for the major to vaccine preventable diseases ranges from 37 per cent in Somalia (for BCG) to 99 per cent in the GCC countries.

All countries in the region report high immunization coverage for HepB3, BCG, DPT1 and DpPT3, with over 90 per cent coverage rates across the region. Areas that fall short of the 90 per cent immunization coverage mark for these common diseases are Iraq, Syria, Djibouti, Somalia, Sudan, and Yemen.

Figure 1.4:
Out of Pocket Expenditures on Healthcare

This graph shows the percentage of current healthcare expenditures that are out of pocket.



Source: WHO Global Health Expenditure Database

196 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
197 World Bank Data. Accessed at https://data.worldbank.org/indicator/SH.SGR.CRSK.ZS
198 See also: National Survey on Population and Health 2018 for more numbers on Morocco.

Table 1.10:
Immunization coverage among 1-year-olds ()

ESCWA	Country (%)	HepB3 (%)	BCG (%)	DPT1 (%)	DPT3 (%)	MCV1 (%)	MCV2 (%)
GCC	Bahrain	99	-	-	99	99	99
	Kuwait	99	99	99	99	99	99
	Oman	99	99	99	99	99	99
	Qatar	98	99	99	98	99	95
	Saudi Arabia	97	98	96	96	98	97
	UAE	99	95	99	99	99	99
Maghreb	Algeria	91	99	96	91	80	77
	Libya	97	99	98	97	97	96
	Morocco[193]	99	99	99	99	99	99
	Tunisia	97	92	98	97	96	99
Mashreq	Egypt	95	95	96	95	94	94
	Iran	99	99	99	99	99	98
	Iraq	84	95	92	84	83	81
	Jordan	96	94	98	96	97	96
	Lebanon	80	-	-	83	82	63
	Syria	47	79	67	47	63	54
LDC	Djibouti	84	93	91	84	86	81
	Somalia	42	37	52	42	46	-
	Sudan	93	88	97	93	88	72
	Yemen	65	64	75	65	64	46

Source: WHO Global Health Observatory (2018)

DISABILITY

Access of women and girls with disabilities to health care typically presents significant challenges, exacerbated by a lack or absence of services. While all countries in the region have signed the Convention on the Rights of Persons with Disabilities, operationalization and implementation of this instrument is very limited. Over 100 million people (15 per cent of the population) in the WHO Eastern Mediterranean Region are living with some form of disability.[199] Data from the 2011 WHO World report on disability highlighted that 50 per cent of people with disability cannot afford health care and face challenges that impede their access to those services.[200] These challenges vary between income levels, rural and urban communities and countries with poor resources, rich, and developing, developed, industrial, and agricultural countries.[201] In a number of Arab countries, disability caused by conflict, occupation and terrorist operations is reported to be increasing.[202]

Further, anecdotal evidence indicates substantial gaps in non-mainstream health services, such as rehabilitation/physical/occupational therapy, assistive devices (hearing aids, wheelchairs, glasses etc.), specialist medications as well as surgical interventions which are not provided systemically by the Ministries of Health or covered by health insurance providers.

Rural vs. urban areas

The Arab Multidimensional Poverty Index shows that health services are generally lower in rural areas, reflecting high spatial inequality whereby acute poverty and poverty is more prevalent in rural areas. Therefore, rural women have lower access to health care than urban counterparts.[203]

HUMANITARIAN AND CONFLICT-AFFECTED AREAS

In many countries of the region, armed conflicts have had an unprecedented impact on women and girls' access to health care services, threatening their lives and undermining decades-long investments. In Syria, a 2015 WHO assessment found that only 43 per cent of public hospitals were fully functioning. Thirty-two percent were considered partially operational with shortages in equipment, supplies, or staff, while the remaining 25 per cent were not functioning at all. In addition, 22 per cent of health care facilities in that country was deemed inaccessible.

In Gaza, health infrastructure has been seriously affected by Israel's frequent military operations. At least 15 out of 32 hospitals in that area were damaged during the July-August 2014 war, putting additional strain on remaining health facilities. Moreover, years of blockade have led to a chronic shortage of essential medical supplies and delays in patients accessing hospitals on the other side of military checkpoints.[204]

Due to the conflict in Yemen that started in 2015, the health infrastructure in Yemen was brought to the point of collapse. As of 2019, only 51 per cent of health facilities in the country were fully functional. The majority of the Yemeni population had limited access to health services as a result of the harsh economic conditions, which impacts their ability to seek health services. This is compounded by high transport costs, poor road infrastructure and insecurity, roadblocks and advancing frontlines.[205]

199 WHO, 2020. Accessed at http://www.emro.who.int/entity/violence-injuries-disability/index.html#
200 WHO, 'Violence, injuries and disability' 2020. Accessed at http://www.emro.who.int/entity/violence-injuries-disability/index.html#
201 Arab Multidimensional Poverty Report, 2017
202 Ibid.
203 Ibid.
204 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
205 WHO, 2020: https://www.who.int/bulletinvolumes/93/10/15- 021015/en/

COVID-19 PANDEMIC IMPACT

The 2020 pandemic caused by the coronavirus disease 2019 (COVID-19) has affected the region severely, given that many of its countries are directly or indirectly impacted by complex humanitarian emergencies, with fragile health systems vulnerable to suboptimal disease surveillance, preparedness and response capacities.

The virus, which entered its pandemic phase in March 2020, had reached all 22 countries of the region by early May. By late 2020, more than four million cases had been recorded across the region, with over 100,000 deaths. The hardest hit country in the region has been Iran, with more than 1.1 million cases and over 50,000 deaths recorded as of December 2020.[206]

The pandemic has had a major impact on the countries health system capacity to maintain and continue delivery of essential health services. With the increase in the demand for care of COVID-19 patients, it has been critical to maintain preventive and curative services for the most vulnerable populations including women and girls. Countries had to achieve the optimal balance between pandemic preparedness and response and provision of essential services including most importantly sexual and reproductive health in addition to psychological and mental health support.

While countries in the region reacted to the pandemic with swift and rigorous measures to avoid the spread of the virus, the measures have had a large impact on socio-economic outputs that that will aggravate existing economic and humanitarian challenges. Specific health-related impacts are:[207]

- Increases in food prices has led to the proportion of households consuming inadequate diets reaching the highest levels in the past five years (Sudan, Yemen, Syria and Lebanon).
- A decrease in global oil prices and demand hampered health responses and is leading to reduced health budget (, Iraq and Libya).
- Restrictions on movement and social distancing measures have limited households' access to work, regular income, remittances, markets, schools and health care (all countries).
- Lower income/savings depletion and decreased government capacity to respond to a second wave may worsen poverty and inequality, and lead to deterioration of household food security while increasing people's health needs.

206 Johns Hopkins Coronavirus Resource Center, COVID-19 Dashboard by the Center for Systems Science and Engineering, 2020.
207 World Food Programme, Vulnerability Analysis and Mapping Food Security Analysis, Impact of COVID-19 in the Middle East, North Africa, Central Asia, and Eastern Europe, Update #7, 2020.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT[208]

OVERVIEW

The right to the health is protected under both international human rights law and international humanitarian law. The most comprehensive article regarding the right to health is found in the International Covenant on Economic, Social and Cultural Rights wherein States Parties recognize 'the right of everyone to the enjoyment of the highest attainable standard of physical and mental health'.[209] Yet data show that women and girls throughout the region face major barriers in accessing mental health services, programming, and information. While many women throughout the region suffer from depression and stress, cultural stigma around mental health often prevents both access to services and effective treatment. Further, the lack of dedicated mental health legislation in half of the countries within the region and a lack of national policies and plans in 30 per cent of the countries may indicate that a large proportion of women are likely left without prevention and response services.[210] Overall, there is a lack of psychosocial support across the region.[211]

Besides this, humanitarian crises including natural disasters, man-made emergencies (e.g. armed conflicts), and complex emergencies (i.e. a combination of natural and man-made factors) can weigh heavily on affected populations and lead to significant, oftentimes consequential psychosocial suffering. These crises have been exacerbated by the COVID-19 pandemic, as well as introducing mental health strains (and associated strains on services) in all countries. Already scarce outpatient and community mental health services have been most affected. Mental health prevention and promotion programmes felt the most severe impacts at a time when countries need them the most. Although global advocacy for mental health inclusion in COVID-19 responses has resulted in better integration into plans, multisectoral co-ordination platforms and regular data collection, there is still a gap in the financial and human resources allocated to integrate mental health into the emergency response, which constitutes a significant challenge and a barrier to the continuity of services.[212]

According to Arab Barometer, women experience stress more frequently than men within the region. When women and men throughout the region[213] were asked how often in the past six months they had felt so stressed that everything seemed to be a hassle, women were more likely to answer ´sometimes´, ´often´, and ´most of the time´ than their male counterparts. Specifically, 33 per cent of women express that they felt stressed to a point where ´everything seemed like a hassle´ either ´often' or 'most of the time' in the region.

208 Defined as any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat a mental disorder. Source: Inter-Agency Standing Committee (IASC), IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.
209 UN General Assembly, International Covenant on Economic, Social and Cultural Rights, 16 December 1966.
210 Dalacoura, Katerina, Middle East and North Africa Regional Architecture: Mapping Geopolitical Shifts, Regional order and Domestic Transformations, Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the post-2011 Juncture, 2019.
211 UN Women, Accountability for Sexual Violence in Conflict: Identifying Gaps in Theory and Practice of National Jurisdictions in the Arab Region, 2018.
212 World Health Organization, The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment, 2020.
213 Countries included: Algeria, Iraq, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, State of Palestine, Sudan, Tunisia, Yemen.

Table 1.11:
Distribution of Stress Frequency

Variable: In the past six months, how often did you feel so stressed that everything seemed to be a hassle?

Results: Chi-square test shows significant differences in stress frequency between ESCWA group respondents.

	Maghreb		GCC		LDC		Mashreq		Whole Region	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Never	20.99	17.07	33.52	28.01	32.26	30.07	18.15	13.42	22.65	18.4
Sometimes	43	47.07	55.92	59.79	41.81	43.69	47.85	48.03	46.21	48.23
Often	20.33	18.88	9.7	11.14	18.62	19.68	23.47	27.5	20.38	21.99
Most of the Time	15.67	16.98	0.86	1.05	7.31	6.56	10.53	11.05	10.76	11.38

Source: Arab Barometer Wave V

Table 1.12:
Distribution of Depression Frequency

Variable: In the past six months, how often did you feel so depressed that nothing could cheer you up?

Results: Chi-square test shows significant differences in depression frequency between ESCWA group respondents.

*This question was not asked to participants from GCC

	Maghreb		LDC		Mashreq		Whole Region*	
	Male	Female	Male	Female	Male	Female	Male	Female
Never	36.8	32.61	39.96	38.52	27.46	21.94	32.81	28.42
Sometimes	38.7	39.78	39.67	38.62	42.29	42.54	40.58	40.92
Often	13.45	14.88	14.3	15.77	20.67	25.14	17.06	19.96
Most of the Time	11.06	12.74	6.07	7.08	9.58	10.38	9.54	10.71

Source: Arab Barometer, Wave V

Table 1.13:
Stand-alone Laws and Policy Plans for Mental Health

ESCWA Category	Country	Law	Policy or Plan	ESCWA Category	Country	Law	Policy or Plan
GCC	Bahrain		●	Mashreq	Egypt	●	●
	Kuwait				Iran	●	●
	Oman		●		Iraq	●	●
	Qatar	●	●		Jordan		●
	Saudi Arabia	●	●		Lebanon	●	●
	UAE	●	●		Syria		●
Maghreb	Algeria	●		LDC	Djibouti		
	Libya				Somalia		
	Morocco	●	●		Sudan	●	●
	Tunisia		●		Yemen		

Source: World Health Organization, Global Health Observatory (accessed 2019)

Women in the Mashreq and Maghreb regions are most likely to experience extreme levels of stress, with 38.5 per cent in the Mashreq and 35.9 per cent in the Maghreb experiencing high levels of stress (reporting to experience high stress levels to the point where everything seemed to be a hassle 'often' or 'most of the time'). Women in the Maghreb exhibit the highest stress levels ('most of the time' they feel so stressed that everything seemed to be a hassle) at 17.0 per cent, more than 5 per cent higher than women in any other subregion.

Similarly, women report higher levels of depression than men in the region as a whole. When women and men throughout the region[214] were asked how often in the past six months they had felt so depressed that nothing could cheer you up, women were more likely to answer 'sometimes', 'often', and 'most of the time' than their male counterparts.

DALY figures for mental health indicate that men are more affected by mental and substance abuse disorders, while women are much more affected by anxiety disorders. For example, in Iran, anxiety disorders were estimated by the WHO as 310.43 DALY, while men only recorded 188.96. Women are more affected by anxiety than men in every country in the region.

While the region exhibits the lowest female suicide mortality rate for females (ages 15-29 and 30-49) in the world, the within region differences in suicide mortality rates are worth noting. For example, while fewer than one female per 100,000 people per year commits suicide in the United Arab Emirates, females in Yemen are committing suicide approximately 8 to 10 times more often.[215] The contributing factors to suicide risk are complex, however, documentation suggests that living in a conflict-affected area can lead to circumstances of increased insecurity and violence, thus increasing the prevalence of depression, anxiety and post-traumatic stress, which may overwhelm one's normal coping ability.[216],[217] While men aged 30-49 are more likely to commit suicide than their younger counterparts (age 15-29), the opposite is true for females in several countries, where deaths by suicide are generally higher among young adults (15-29) than adults (30-49).

214 Countries included: Algeria, Iraq, Egypt, Jordan, Kuwait, Lebanon, Libya, Morocco, State of Palestine, Sudan, Tunisia, Yemen.
215 WHO Global Health Estimates.
216 International Medical Corps and UNICEF, Mental Health Psychosocial and Child Protection for Syrian Adolescent Refugees in Jordan, 2014.
217 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.

Conflict andhumanitarian situations often have an adverse effect on the mental health and psychosocial well-being of the population. Adolescents are especially affected by these situations as these hardships occur during a time in their lives where they are developing their identifies and roles in their families and communities.[218] As an example, evidence from the State of Palestine indicate that 47 per cent of Palestinian girls ages 6 to 12 displayed emotional and/or behavioural disorders and that women are experiencing high rates of anxiety and depression.[219]

In Syria, individuals with pre-existing mental health conditions are even more vulnerable and significant numbers of Syrians are experienced increasing levels of emotional disorders (e.g. depression, prolonged grief disorder, and post-traumatic stress disorder).[220] A study in 2014 found that Syrian refugees with disabilities were twice as likely to report psychological distress than refugees without disabilities, and that refugees with disabilities experience greater obstacles in accessing services, support, and justice.[221]

LAWS AND POLICIES

Regionally, half of the countries have a dedicated mental health legislation regarding mental health, however, when broken down by subregions, greater contrasts are exhibited. For example, one out of four of LDCs and two thirds of countries from the Mashreq have stand-alone laws regarding mental health.

A majority of countries in the region (70 per cent) have an officially approved mental health policy or plan in place. The GCC and Mashreq subregions exhibit the highest percentages of countries with mental health policies and plans at 100 per cent and 83 per cent, respectively.

SOCIO-CULTURAL NORMS AND PRACTICES

A systematic literature review of nearly 100 reports related to mental health in the region confirmed that female youth in crisis-affected areas exhibit a higher prevalence of mental health issues than their male counterparts. Interestingly, while boys are equally (or more often) exposed to traumatic situations – due in part to the socio-cultural norms and standards that allow boys to spend more time outside of the house than girls – girls experience a higher prevalence of conditions such as post-traumatic stress disorder, depression, anxiety, and other psychological symptoms.[222]

Research also reveals that the practice of female genital mutilation and female circumcision (FGM/C) can negatively affect the emotional well-being of girls and women throughout their lifecycle. A majority of women who have been subjected to the harmful practice of FGM/C have reported mental health issues and emotional disorders due to the procedure, with many FGM/C survivors reporting severe depression, anxiety, and post-traumatic stress disorders.[223]

In conflict-affected areas, girls are the first to be taken out of school and limits are placed on their mobility due to security reasons. As education is halted and there is increased confinement, families begin to perceive their girls as becoming financial burdens. In turn, this leads to limits in access to psychosocial support and other protection services.[224]

SERVICES, PROGRAMMING AND INFORMATION

Mental health services are extremely limited even though the region has experienced a steady increase in mental health disorders.[225] A survey of NGO-run shelters in the region – which often provide some

218 International medical Corps and UNICEF, Mental Health Psychosocial and Child Protection for Syrian Adolescent Refugees in Jordan, 2014.
219 ESCWA, Social and Economic Situation of Palestinian Women and Girls (July 2016 – June 2018), 2019.
220 Avis, Qilliam, The impact of protracted crises on attitudes and aspirations, 2016.
221 UNHCR, Sexual and Gender-based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa, 2015.
222 Fehling, M., et al., Youth in crisis in the Middle East and North Africa: a systematic literature review and focused landscape analysis, Eastern Mediterranean Health Journal, Vol. 21 No. 12, 2015.
223 UNFPA Arab States Regional Office, Female Genital Mutilation and Population Movements within and from the Arab Region, 2018.
224 UNFPA, UNICEF, et al., Child marriage in humanitarian settings: Spotlight on the situation in the Arab region. N.d.
225 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.

psychosocial support services – revealed that of shelters surveyed, only 46 per cent accommodate elderly women over the age of 65, 69 per cent accommodate unaccompanied girls under 18 years of age, 31 per cent accommodate women with mental health problems, 62 per cent accommodate women with physical disabilities, 54 per cent accommodate migrant workers, and 70 per cent accommodate women refugees. Approximately 70 per cent of NGO-run shelters in the region follow the practice of not accommodating women with mental health issues. This is a major issue as there is a direct link between intimate partner violence (of which women are most affected) and psychological trauma, and stress and mental health problems. Therefore, it is contradictory to prevent women from gaining access to the services they require due to their mental health problems – problems they have sustained as a direct consequence of experiencing violence.[226]

Survey findings concluded that shelters in Lebanon had the least amount of restrictions regarding who can access the shelters while Yemen had the most restrictions. The same survey revealed that in 2017, shelters in Algeria, Lebanon, and Tunisia were forced to turn women away due to lack of resources or because they did not meet criteria for the specific shelter.[227] Limited access for women with specific needs is a major concern within the region – providing specialised support for women with moderate or severe mental health requirements necessitate additional expertise and resources which place additional burden on shelters' often limitedresources.[228]

Data regarding government expenditure on mental health is scant. Out of the 21 countries in the region, six countries report government expenditures on mental hospitals as a percentage of total government expenditures on mental health. Lebanon leads the region, at 5 per cent of the mental health budget spent on mental hospitals, followed by Saudi Arabia (4 per cent), Bahrain (3.2 per cent), Qatar (.6 per cent), Egypt (.5 per cent), and Syria (.2 per cent).[229]

Moreover, mental health human resources vary widely within the region. Some countries, like Bahrain and Iran, exceed the global median[230] in every mental health workforce category for which data are available. Other countries like Iraq, Syria, and Yemen have between zero and 1.2 staff per 100,000 population.

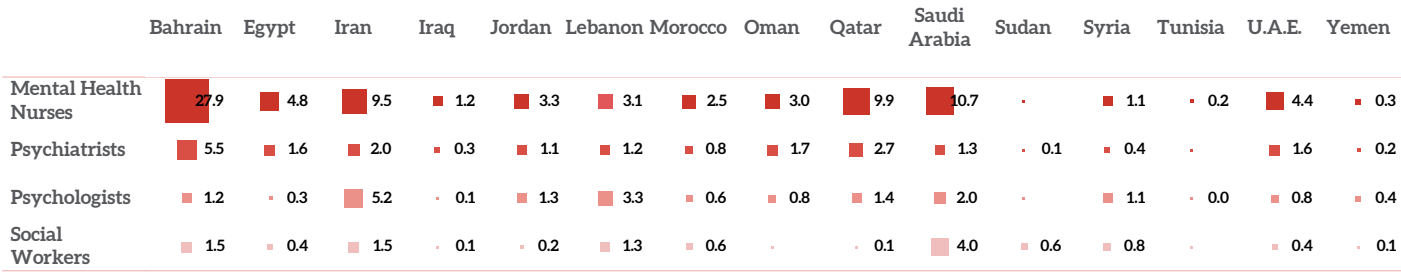
At a subregional level, the GCC has the highest rates of mental health nurses, psychiatrists, and social workers. The Mashreq has the highest rates of psychologists within the region. When aggregated at the subregional level, the GCC and the Mashreq exceed the global median for mental health nurses and psychologists; the GCC exceeds the global median for psychiatrists; and all four subregions meet or exceed the global median for social workers focusing on mental health.

In addition to human resources dedicated to mental health, the region also exhibits great disparities regarding facilities focused on treating mental health issues. The number of mental hospitals (per 1000,000 population) is higher than the global median of .06[231] in only three of 16 countries in the region for which data are available.[232]

The number of beds dedicated to mental health per 100,000 population varies greatly by facility type and subregion, however, differences are more noticeable at the country level within each subregion (see Figure 1.5, below). Only the Mashreq (11.7) exceeds the global median rate for the number of beds in mental hospitals per 100,000 population (11.3).[233]

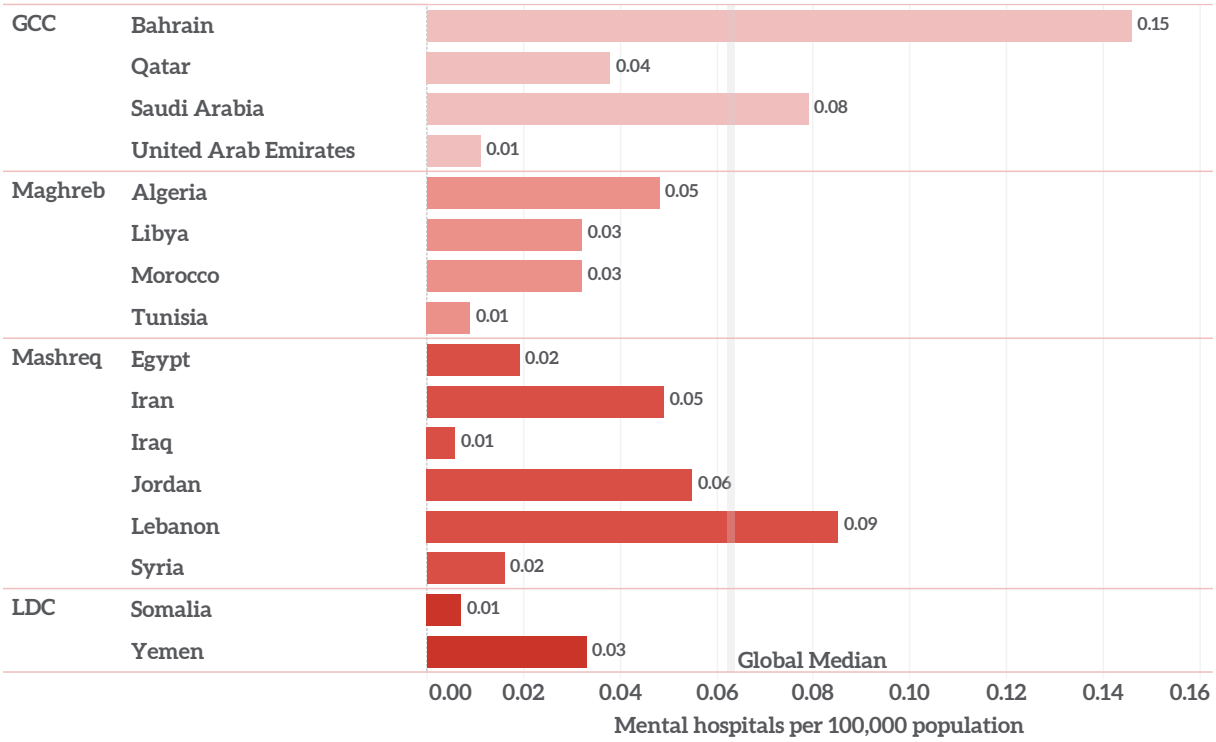
226 ESCWA, UNFPA, ABAAD, WAVE. Shelters for Women Survivors of Violence: Availability and Accessibility in the Arab Region, 2019.
227 Ibid.
228 Ibid.
229 WHO, Global Health Observatory. Data from 2015- 2017: Bahrain (2017), Egypt (2016), Lebanon (2015), Qatar (2016), Saudi Arabia (2016), and Syria (2016). Accessed at: https://www.who.int/data/gho/data/indicators/indicator-details/GHO/government-expenditures-on-mental-hospitals-as-a-percentage-of-total-government-expenditures-on-mental-health-(-)
230 Global data: mental health nurses, 3.49; psychiatrists, 1.27; psychologists, .88; social workers, .33 (per 100,000 population). See World Health Organization's Global Health Observatory.
231 World Health Organization, Mental Health Atlas 2017, 2018.
232 Data from multiple years: 2015: Lebanon; 2016: Algeria, Egypt, Jordan, Libya, Morocco, Qatar, Saudi Arabia, Syria, UAE, and Yemen; 2017: Bahrain, Iran, Iraq, Somalia, and Tunisia.
233 World Health Organization, Mental Health Atlas 2017, 2018.

Figure 1.4:
Mental Health Human Resources
This graph shows the rate of mental health nurses, psychiatrists, psychologists and social workers per 100,000 population.



Source: World Health Organization, Global Health Observatory

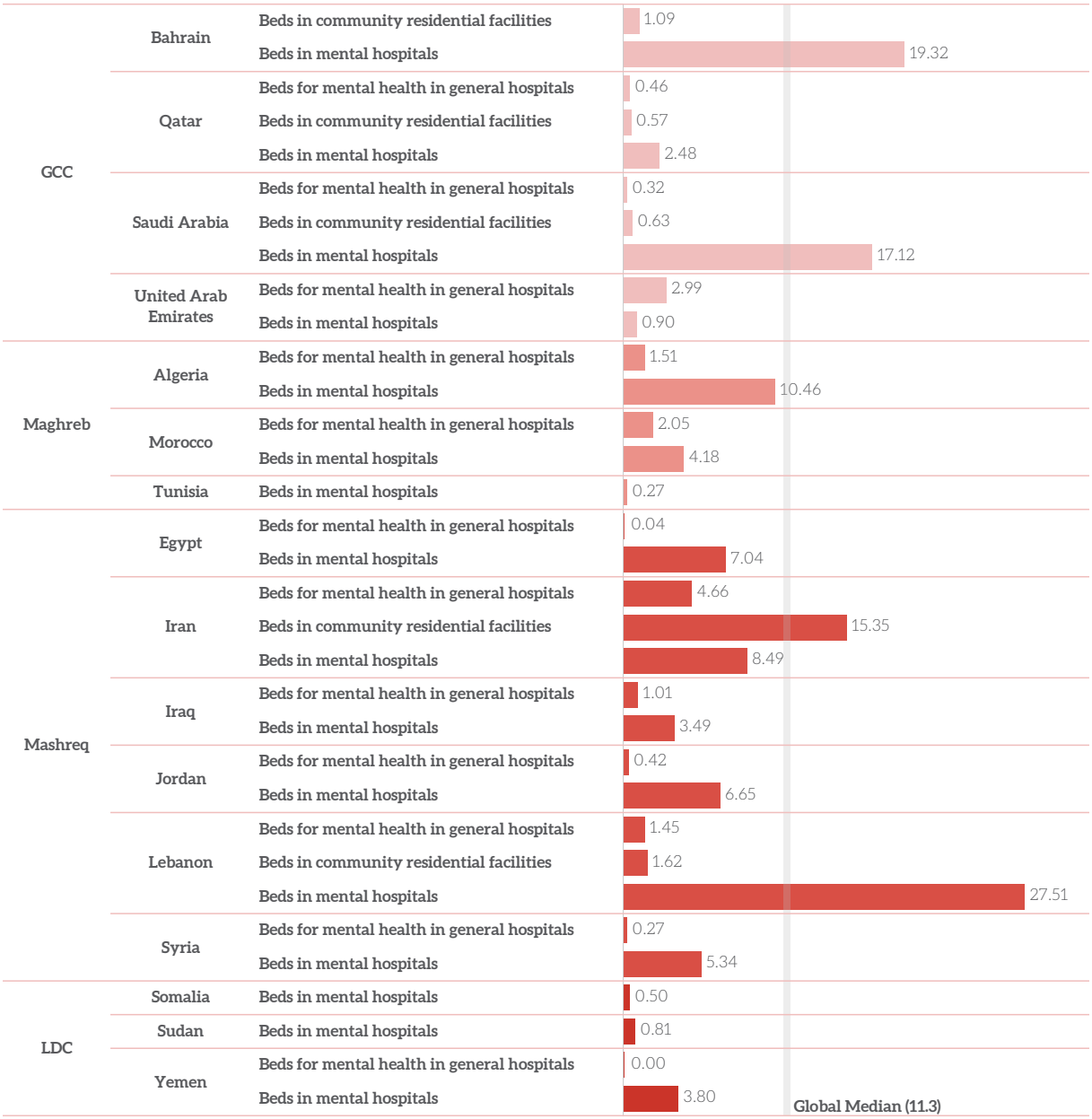
Figure 1.5:
Mental Hospitals (per 100,000 population)



Source: World Health Organization, Global Health Observatory

Figure 1.6:
Beds Dedicated to Mental Health

This graph shows the rate of beds per 100,000 population dedicated to mental health. Missing areas signifies no data from the country for that variable.



Source: World Health Organization, Global Health Observatory

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

OVERVIEW

Sexual and Reproductive Health and Rights (SRHR), sometimes referred to as Sexual and Reproductive Health and Reproductive Rights (SRHRR), is central to both health and development and impacts the health and well-being of women and girls throughout their lifecycle. While progress regarding SRHR has taken place over the past decade throughout the region, gains have been mixed both between and within countries. Further, progress is hindered by discrimination against women and girls, weak political commitments, and inadequate resources paired with a reluctance to address issues of sexuality openly and comprehensively.[234]

For all individuals to live healthy and satisfying lives and to achieve their full potential, their SRHR must be fulfilled and respected.[235]

Box 1.1: Working definitions of topics included under SRHR/SRHRR

- **Sexual health** is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, along with the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the reproductive rights of all persons must be respected, protected, and fulfilled.[236]

- **Sexuality** is a central aspect of being human throughout life; it encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual factors.[237]

- **Reproductive health** is a state of complete physical, mental, and social well-being and not merely the absence of disease of infirmity, in all matters relating to the reproductive system and to its functions and processes. It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.[238]

236 See working definition here: https://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/.
237 See working definition here: https://www.who.int/reproductivehealth/topics/gender_rights/sexual_health/en/.
238 Beijing Declaration and Platform for Action, The Fourth World Conference on Women, 1995.

234 Starrs, Ann M, et al, Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission, 2018.
235 Ibid.

- **Reproductive rights** include the right of all men and women to be informed about and have access to safe, effective, affordable, and acceptable methods of family planning of their choice along with other methods of their choice for regulation of fertility that are not against the law and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and that will provide couples with the best chance of having a healthy infant.

- **Reproductive health care** is the constellation of methods, techniques, and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and STIs.[239]

- **SRH services** include general SRH information, family planning, safe abortion (where abortion is legal) and post-abortion care (regardless of legality of abortion), antenatal care, safe delivery care, and postnatal care, STI prevention and treatment, and treatment and prevention of non-sexually transmitted reproductive tract infections and other diseases and disorders (e.g. cancer, endometriosis).

239 UNFPA, Report of the International Conference on Population and Development, Cairo, 5-13 September 1994, 1995, A/CONF.171/13/Rev.1, Available at: https://www.refworld.org/docid/4a54bc080.html.

Ensuring that SRHR are met for all women and girls in the region requires that norms and practices embedded in society are challenged and confronted. Barriers to SRHR are present in laws, policies, and the economy worldwide, and prevent women and girls from gaining access to knowledge and services that contribute to healthy and equitable lives for women and girls at all stages of their lifecycle. Securing adequate and appropriate sexual and reproductive health care for every woman and adolescent girl hinges on the realisation of reproductive rights, which are often overlooked.[240] These barriers are not unique to the region and are present throughout the globe, however, the MENA and Arab States region presents a particularly challenging operating environment as SRHR is a culturally sensitive topic for many societies in the region, especially within the context of the ongoing conflicts and fragilities. For example, a reluctance to teach sexuality has meant that young people often rely on the internet or peers for information, and this may be inaccurate. Furthermore, a prevalent tendency among socially conservative societies of the region to only consider SRHR in the context of marriage means that unmarried adolescents, men and women, face social barriers in raising issues concerning their SRH with health-care providers.[241]

The SDGs include a range of key indicators specific to the health aspect of SRHR. Such indicators are in the areas of:

- Contraception
- SRH service availability
- Knowledge about SRHR
- Adolescent fertility
- Quality of SRH care, including respect for rights
- Prevention of STIs
- Availability of abortion services

240 ibid.
241 ESCWA, Arab Sustainable Development Report 2020, 2020.

Individual national and regional data on these areas (where available) is presented below. Overall, however, there is a regional lack of a rights-based approach to SRHR, despite commitments to and efforts to comply with the range of global instruments noted above. Countries in the region still face challenges in granting access to sexual and reproductive health care for all, without discrimination based on sex, nationality, displacement status or marital status. Services related to maternal health, family planning, and the prevention and treatment of sexually transmitted infections and HIV/AIDS are not fully integrated within primary health care. Accessibility and quality vary across countries, among social classes and from urban to rural areas. Cultural barriers significantly prevent women and couples from deciding freely and responsibly on their sexual and reproductive health, including family planning.[242]

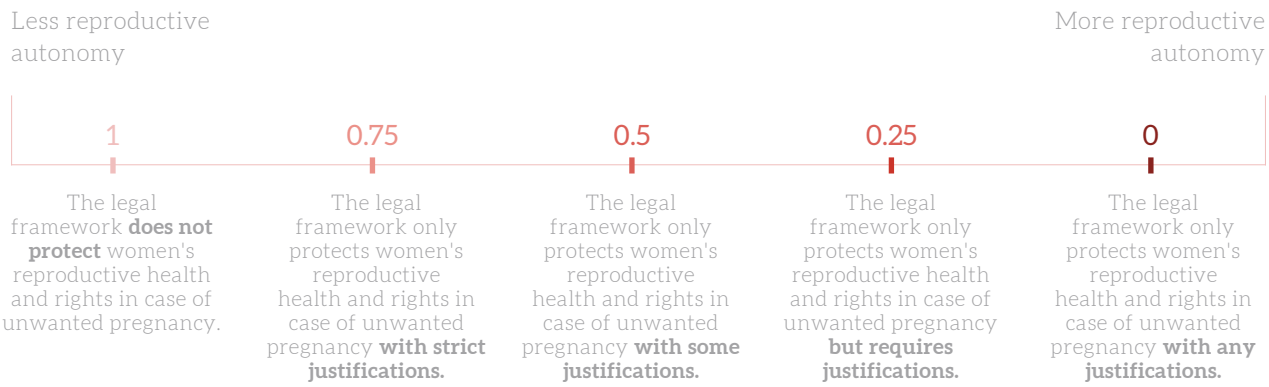
Similarly, legal frameworks do not reflect a rights-based approach that promotes well-informed individual choices, and often stipulate exemptions from the legal age to marry, forcing young girls into marriage and early pregnancy.

LAWS AND POLICIES

Supportive legal and regulatory environments are key determinants of the availability, accessibility, and quality of SRHR.

In 1994, the International Conference on Population and Development (ICPD) brought together 179 countries to declare that sexual and reproductive health and rights are human rights and are a precondition for women's empowerment and equality. The ICPD Programme of Action called for universal access to comprehensive reproductive health care (including voluntary family planning; safe pregnancy and childbirth services; prevention and treatment of sexually transmitted infections; information and counselling on sexuality; and the elimination of harmful practices against women and girls such as female genital mutilation and forced marriage) and recognized that both reproductive health and women's empowerment are interconnected. The ICPD Programme of Action is guided by 15 principles that reaffirm that 'the path to sustainable development is through the equitable achievement of dignity and human rights, good health, security

Figure 1.8:
SIGI Reproductive Autonomy Scale



242 Ibid.

of place and mobility and achievements secured through good governance and accountabilities'.[243]

As a whole, the ICPD Programme of Action[244] sets out to:

- Provide universal access to family planning and sexual and reproductive health services and reproductive rights;
- Deliver gender equality, empowerment of women and equal access to education for girls;
- Address the individual, social and economic impact of urbanization and migration;
- Support sustainable development and address environmental issues associated with population changes.

All of the countries included in this analysis adopted the ICPD Programme of Action in 1994, however, Djibouti, Egypt, Iran, Jordan, Kuwait, Libya, Syria, UAE, and Yemen made statements and reservations for the record regarding the ICPD Programme of Action.

Aside from Djibouti, Jordan, and Lebanon, all countries included in the situational analysis have constitutions that guarantee the right to health care; however, none of the countries specifically reference reproductive health care or family planning.[245]

A recent study regarding the status of and gaps in policies for sexual and reproductive health across 11 countries[246] in the MENA and Arab States region revealed that all countries except the UAE and Saudi Arabia have specific family planning strategies/policies/plans in their health plans.[247]

Some countries have eliminated restrictions on access to family planning and are committed to ensuring access to family planning methods (Egypt, Jordan, Morocco, Tunisia, and Syria) through national-level family planning strategies and other mechanisms. To illustrate, Tunisia has had a long history of family planning programmes and policies, dating back to its first family planning programme in 1964 and continuing with the establishment of the National Office of Family Planning (*Office National de Planification Familial*) in 1973. Over the decades, the implementation of family planning activities in Tunisia has transformed into a core element of a comprehensive sexual and reproductive health and rights strategy that prioritizes women's rights.[248]

Egypt, Jordan, Lebanon, Syria, and Tunisia have instituted national programmes and strategies specifically related to addressing HIV. However, legal barriers reportedly still exist which prevent optimization of HIV prevention and treatments in these countries.[249]

The OECD Development Centre's Social Institutions & Gender Index (SIGI)[250] scores reproductive autonomy from '0' to '1' based on whether the legal framework in a country protects women's reproductive health and rights.

Per the 2019 SIGI coding framework, 17 of the 21 countries received a score of .75 on the category 'legal framework on reproductive rights', meaning that the legal framework only protects women's reproductive health and rights in case of unwanted pregnancy with strict justifications. [251]

A majority of the countries in the region allow for abortion under certain circumstances, whether through the penal code, fatwa, ministerial regulation, or presidential decree. These circumstances include

243 UNFPA, The Five Themes of Population & Development, N.d.
244 UNFPA, The International Conference on Population and Development.
245 English language constitutions for each country were taken from Constitute at https://www.constituteproject.org.
246 These 11 countries were: Algeria, Egypt, Jordan, Lebanon, Morocco, State of Palestine, Saudi Arabia, Sudan, Syria, Tunisia, and UAE. All countries under the referenced study are also included in in the forthcoming situational analysis.
247 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.
248 Ibid.
249 Ibid.
250 See: https://www.genderindex.org/.
251 See SIGI datasheets for Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, UAE, West Bank and Gaza Strip (Palestine), and Yemen. Available at: https://www.genderindex.org/country-profiles/.

rape or incest, mental or physical health of the pregnant woman, foetal impairments, and, in the case of Djibouti, undefined 'therapeutic' reasons. In Bahrain and Tunisia, a broad range of reasons for acquiring a legal abortion exist. In Bahrain, Penal Code 20 March 1976 (Sections 321-323) allows for abortion to save the mother's life, to protect her physical and mental health, in the case of rape or incest, foetal malformations, and socio-economic problems. In Tunisia, under the Penal Code 2012 Article 214, women are freely permitted to seek an abortion, however, the procedure must be carried out during the first three months by legally licensed medical doctor in a hospital, health facility, or licensed clinic. After the first three months of pregnancy, an abortion may be performed if there is a risk to the mother's health (including if mental well-being would be impaired by continuing the pregnancy) or a risk that the unborn child will 'suffer' from a disability or serious illness. More restrictive environments are present in Iraq, Lebanon, Libya, Oman, Somalia, Syria, and Yemen where abortion is only legal if the life of the mother is at risk or to save the mother's life.[252]

Within the region, criminal codes in some countries can be an obstacle to accessing and using certain family planning methods. For example, Article 523 and Article 524 of Syria's Criminal Code prohibits the advertisement, promotion, sale, procurement, or facilitation of contraception or contraceptive use.[253]

In Egypt, a ministerial decree in 2012 stated that Syrian refugees in Egypt have access to public primary health care services which include maternal health. Under this decree, Syrian refugee women and girls are able to receive care.[254]

Laws and policies that affect SRHR but are related to harmful practices (e.g. child marriage, FGM/C) are discussed under Pillar 3: Freedom from Violence and Discrimination.

SOCIO-CULTURAL NORMS AND PRACTICES

Throughout the region, taboos around sexuality often prevent discussions and information sharing about SRHR.[255] This reticence translates into difficulties in obtaining information regarding SRHR and can reinforce misconceptions, stereotypes, and misinformation on SRHR-related topics.

Decision making regarding SRHR

While the 1995 Beijing Declaration and Platform for Action affirms that 'the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment', many women in the region do not control decision making regarding their health care, including sexual and reproductive health care. Women's access to and decision making regarding sexual and reproductive health in the region is sometimes at odds with socio-cultural norms (e.g., gender disparities, taboos, and SRHR services that are heavily weighted in favour of married individuals) and the state's pronatalist objectives.[256]

It is important to note that decision making abilities are likely to depend on many factors such as location, education, and income level, however, available data indicate limited levels of women's autonomy regarding sexual relations, contraceptive use and health care.

Data regarding the proportion of women aged 15-49 years[257] who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care[258] is limited in the region. Publicly available data on this indicator is only available for Jordan, which was reported by the United Nations Global SDG Database as having 84.2 per cent of women make their own decisions regarding sexual relations, 90 per cent reproductive

252 See also SIGI, Social Institutions & Gender Index Country Profiles 2019.
253 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.
254 UNHCR, In Search of Solutions: Addressing Statelessness in the Middle East and North Africa, 2016.
255 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
256 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
257 The generally accepted definition for women of reproductive age. See https://apps.who.int/iris/bitstream/handle/10665/43185/924156315X_eng.pdf.
258 Indicator definition: Proportion of women ages 15-49 years (married or in union) who make their own decision on all three selected areas i.e. can say no to sexual intercourse with their husband or partner if they do not want; decide on use of contraception; and decide on their own health care.

health care, 95.3 per cent regarding contraceptive use.[259] According to data published by the United Nations Population fund, based on Demographic and Health Surveys, 72.6 per cent of women in Jordan answer 'yes' to all three questions.[260]

While comprehensive data related to sexual and reproductive health indicators (e.g. related to the 14 SDG Global Targets under the categories noted at the start of this section) are unavailable for multiple countries, data regarding decision making of married women in three countries (Egypt, Jordan, and Yemen) for health care more generally reveal that married women do not usually make health decisions on their own (between 9.4 per cent and 40.0 per cent of decisions regarding a woman's own health are made by the woman herself). Health decisions, including those related to sexual and reproductive health, for between 11 per cent and 42.2 per cent of married women are made solely by the woman's husband.

Data on decision making regarding sexual relations is similarly lacking for the region. The percentage of women ages 15-49 who believe a man would be justified in beating his wife if she refused sex is at 19.9 per cent Egypt and 32.4 per cent in Yemen.[261]

SERVICES, PROGRAMMING AND INFORMATION

While many countries in the region have taken steps to improve SRHR coverage, significant inequities and disparities remain. In some cases, these inequities and disparities have increased in recent years, specifically for countries that have been impacted by crises.[262] Still, evidence shows that educated women more readily access SRH services than women with lower levels of education or no education.[263] Studies by Handicap International in Algeria, Morocco and Tunisia concerning persons with disabilities found that the type and quality of services is a major shortcoming and emphasized that health care systems often overlook the reproductive needs of women with disabilities.[264]

A recent regional study involving 11 countries[265] in the MENA and Arab States region revealed that several barriers to the achievement of SRHR relate to how the health system functions. The report cited issues of human resources and supplies, public-private divisions, the verticalization of health programmes, and the lack of universal health coverage as major barriers to SRHR. Furthermore, the study noted the need for better integration of SRHR-related services with other existing services, for example those related to mental health and non-communicable diseases. By increasing linkages, health systems would be able to take advantage of women's and adolescent girls' contacts within the health system to increase prevention and treatment opportunities. Moreover, ensuring continuity of care throughout the lifecycle of the woman would increase the inclusion of marginalised groups

Only women who provide a 'yes' answer to all three components are considered as women who 'make her own decisions regarding sexual relations, contraceptive use, and reproductive health care'.

259 United Nations SDG Global Database 5.6.1: Proportion of women (per cent of women aged 15-49) who: make their own informed decisions regarding sexual relations, who make their own informed decisions regarding reproductive health care, who make their own informed decisions regarding contraceptive use. Available at https://unstats.un.org/sdgs/indicators/database/.

260 A 'yes' answer to all three components is considered as women who 'make her own decisions regarding sexual relations, contraceptive use, and reproductive health care'.

261 Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and UNICEF. Accessed through the World Bank API.

262 UNFPA, Regional Interventions Action Plan for Arab States 2018-2021, no date.

263 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.

264 ESCWA, Strengthening Social Protection for Persons with Disabilities in Arab Countries, 2017.

265 These 11 countries were: Algeria, Egypt, Jordan, Lebanon, Morocco, State of Palestine, Saudi Arabia, Sudan, Syria, Tunisia, and UAE. All countries under the referenced study are also included in in the forthcoming situational analysis.

including adolescent and young women, unmarried women, and post-menopausal women.[266]

Comprehensive Sexuality Education

In order for individuals to make informed decisions and protect their health, access to accurate information regarding SRHR is essential. The ICPD specifically recommends that countries provide scientifically accurate and Comprehensive Sexuality Education (CSE) programmes both within and outside of schools.

However, the holistic approach addressing the cognitive, emotional, physical and social aspects of sexuality endorsed by the ICPD is perceived in the region as 'fostering promiscuous or immoral behaviour, and abstinence only sexuality education is therefore preferred'.[267]

While there is considerable work to be done to achieve the ICPD commitments, several countries in the region have undertaken efforts to scale up sexuality education. For example, the Ministry of Education and Higher Education and the Ministry of Public Health in Lebanon approved a decree in 2010 to introduce a school-based reproductive health education and gender curriculum, but it has yet to be widely implemented in schools. The Ministry of Health in the State of Palestine has also taken steps to carry out the ICPD recommendations by conducting comprehensive sexuality education programmes within and outside of schools that include information on contraceptive acquisition and use.[268] Jordan and Tunisia have also made good progress in recent years in institutionalising CSE.

However, other countries are not exhibiting significant progress in CSE. United Nations Educational, Scientific and Cultural Organization (UNESCO) data reveals that only 3.1 per cent of lower secondary schools in the State of Palestine offer life-skills-based sexuality education. UNESCO reports that while Bahrain, Oman, Qatar, and Saudi Arabia (have 100 per cent coverage of secondary schools providing life-skills-based sexuality education, it noted a negligible percentage of schools in Algeria and Egypt.[269]

Findings from a study that included 11 countries in the region[270] concluded that none of the countries reported implementing CSE—even where curricula regarding SRHR existed, teachers were not sufficiently trained and implementation was weak.[271]

Data published by UNFPA in 2020[272] indicate that only two countries: Qatar and Tunisia, have CSE in schools, with other countries (Djibouti, Egypt, Jordan and Syria) providing some form of sexuality education outside a school context. The following table, drawn from the UNFPA findings, summarises country progress towards CSE as of 2020:

266 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.
267 UNFPA Arab States Regional Office, between 3eib* and Marriage: Navigating Comprehensive Sexuality Education in the Arab Region, 2020.
268 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.
269 UNESCO Institute for Statistics, Sustainable Development Goal 4.7.2.
270 Algeria, Egypt, Jordan, Lebanon, Morocco, State of Palestine, Saudi Arabia, Sudan, Syria, Tunisia, and the United Arab Emirates.
271 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.
272 UNFPA Arab States Regional Office, between 3eib* and Marriage: Navigating Comprehensive Sexuality Education in the Arab Region, 2020.

Table 1.14:
Progress towards comprehensive sexuality education[273]

Country	In-school curriculum	School topics taught	Non-school topics taught
Bahrain	No	Human body & development	No info
Kuwait	No	No info	No info
Oman	No	Violence and Staying Safe	No info
Qatar	Yes	Values, Rights, Cultures & Sexuality; Human Body & Development; Sexual & Reproductive Health	Y-PEER Peer-education training
Saudi Arabia	No	No info	Human Body and Development
UAE	No	No info	No info
Algeria	No	Human body & development	No info
Libya	No	No info	No info
Morocco	Yes	Human body & development, Sexual Education	
Tunisia	Yes	To be agreed	Relationships; Values, Rights, Cultures & Sexuality; Understanding Gender; Violence and Staying Safe; Skills for Health and Wellbeing; Human Body and Development; Sexuality and Sexual Behaviour; Sexual and Reproductive Health
Egypt	No	No info	Violence and Staying Safe; Skills for Health and Wellbeing; Human Body and Development; Sexuality and Sexual Behaviour Sexual and Reproductive Health
Iran	No info	No info	No info
Iraq	No	No info	Human Body and Development
Jordan			Relationships; Values, Rights, Cultures & Sexuality; Understanding Gender; Violence and Staying Safe; Skills for Health and Wellbeing; Human Body and Development; Sexuality and Sexual Behaviour; Sexual and Reproductive Health
Lebanon	No	Human Body & Development	Understanding Gender; Violence and Staying Safe; Human Body and Development; Sexuality and Sexual Behaviour; Sexual and Reproductive Health
Syria	No	No info	Violence and Staying Safe; Human Body and Development; Sexual and Reproductive Health
State of Palestine	No	No info	No info
Djibouti	No	No info	Violence and Staying Safe; Human Body and Development; Reproduction; Sexual and Reproductive Health
Somalia	No	Relationships; Human Body & Development	Human Body & Development
Sudan	No	Human Body & Development	Violence and Staying Safe; Human Body & Development
Yemen	No	No info	No info

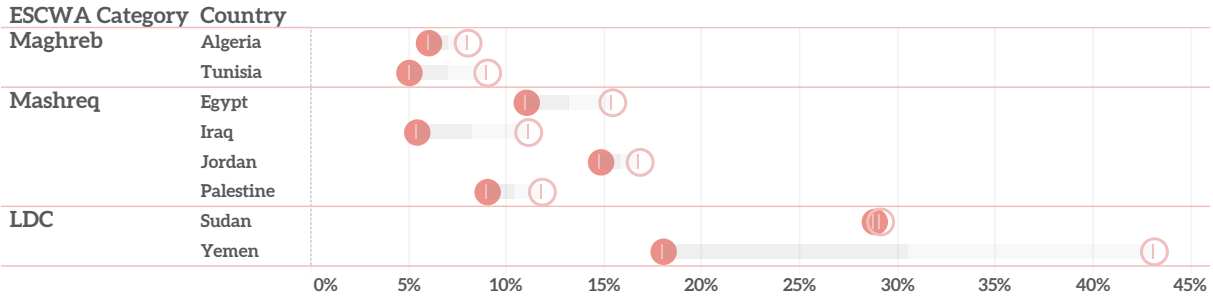
273 Ibid.

Family Planning

While family planning services have increased their coverage within the region, these often serve married women and contraceptive use amongst unmarried women and girls remain irregular or unknown.[274] There is also a disturbing trend in unmet family planning needs in conflict-affected countries. In these countries, younger women (ages 15 – 29) are less likely to have their family planning needs met than older cohorts. Given that protracted conflicts have caused the average age of first marriage to decrease, these younger women without access to contraceptives may be forced to have larger families than desired.[275] The prevention of unintended pregnancies and reduction of adolescent childbearing is crucial to the health and well-being of these young women. Prevention through universal access to sexual and reproductive health care is vitally important, especially in conflict-affected countries where socio-economic conditions deteriorate, for example in relation to the COVID-19 pandemic which has significantly impacted on the socio-economic status of many people (discussed above).[276]

Findings from a study that included 11 countries in the region[277] determined that married youth are typically non-users of family planning. Furthermore, the study showed that countries do not offer full access to family planning services for persons with disabilities or for minorities.[278]

Figure 1.9:
Unmet Need for Family Planning (%), by Household Wealth
This figure shows the percentage of currently married women who are in need of family planning for spacing, limiting, or both.



Source: MICS and DHS Surveys, as compiled by the World Bank. Accessed through API.

274 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
275 ESCWA, The Sustainable Development Goals in an Arab Region Affected by Conflict, Monitoring the Sustainable Development Goals with Household Survey Microdata, 2018.
276 ESCWA, The Sustainable Development Goals in an Arab Region Affected by Conflict, Monitoring the Sustainable Development Goals with Household Survey Microdata, 2018.
277 Algeria, Egypt, Jordan, Lebanon, Morocco, State of Palestine, the Kingdom of Saudi Arabia, Sudan, Syria, Tunisia, and the United Arab Emirates.
278 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.

Data suggest that unmet needs for family planning is inversely related to household wealth in all countries in the region, with Yemen exhibiting the strongest positive association between unmet need and household wealth. In Yemen, 43 per cent of married women in the poorest wealth quintile report having unmet needs for family planning, compared to 18 per cent of the wealthiest quintile.

Roughly 78 per cent of ever married women aged 15-49 who were married or in a union[279] in the region have reported having their reproductive needs for family planning satisfied with modern methods.[280] The highest among all women in the region is Egypt, where nearly 80 per cent of women report having their needs met by modern methods. The lowest is Libya, where only 24 per cent of women reported that their needs were met by modern methods.[281]

Furthermore, survey data collected by the Pan Arab Project for Family Health (PAPFAM) and Demographic Health Surveys (DHS) found that religion was not cited a major preventing factor for women seeking family planning services. Illustratively, in Syria, only 3 per cent of women who were not using or intending to use contraception cited religious prohibition as the main reason. In Yemen, less than 3 per cent of women with unmet need for family planning and who were not intending to use a contraceptive method cited religious prohibition as the main reason for not seeking contraception.[282]

Safe Abortion (where legal) and Post-abortion Care (regardless of legality)

Mentioned above, abortion is legal in at least some (albeit varying) circumstances in all but four countries of the region. Where legal, abortion should always be safe, and the ICPD Programme of Action stipulates that women should always have access to quality post-abortion care regardless of whether abortion is legal in the country.[283]

Thus, within the region, abortion —especially unsafe abortion[284]— is a neglected public health topic.[285] While the use of a range of family planning methods have increased in the region, unplanned pregnancies ending in abortions have remained nearly unchanged. Data suggest that two in five pregnancies in the region are unplanned with one-half of unplanned pregnancies ending in abortion.[286] Maternal mortality due to unsafe abortion is one of the most easily preventable causes of maternal mortality, however, women often do not seek post-abortion care in the region due to perceived risk (e.g. fear of abuse, ill treatment, legal reprisal) or a lack of awareness for the need or the availability of services.[287]

Research on abortion in the region is rare and when carried out, is often performed on a small scale. Examples of evidence from recent studies include:

- Estimates from Northern Africa suggest that nearly two million abortions were performed each year between 2010 and 2014. Of those, only 29 per cent were considered 'safe' and 44 per cent were considered 'least safe' meaning that they were performed by untrained individuals in a substandard medical setting.

279 Both formal (i.e. marriages) and informal unions are covered under this indicator. Informal unions are generally defined as those in which a couple lives together for some time, intends to have a lasting relationship, but for which there has been no formal civil or religious ceremony (i.e. cohabitation).
280 WHO Data Repository, Women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (per cent). 2010-2018. Notably missing data from Somalia, Djibouti, Bahrain, Saudi Arabia, Syria, State of Palestine, or the UAE.
281 WHO Data Repository, Women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (per cent) Year 2010-2018 only. See Egypt and Libya. For definition of 'married or in-union'. See: https://apps.who.int/gho/data/view.xgswcah.30-meta.
282 Roudi-Fahimi, Farzaneh, et al., Women's Need for Family Planning in Arab Countries, UNFPA, 2012.
283 Key Actions for Further Implementation of the Program of Action of the International Conference on Population and Development, U.N. GAOR, 21st Special Sess., June 30-July 3, 1999, para. 63, U.N. Doc. A/S-21/5/Add.1 (1999); ICPD Programme of Action, supra note 9, paras. 7.24 & 8.25.
284 Unsafe abortion is defined as a procedure for terminating a pregnancy carried out by individuals lacking the necessary training or performed in an environment not conforming to minimal medical standards, or both. Source: WHO.
285 UNFPA Arab States Regional Office, Prevention of unsafe abortion in the Arab states, 2018.
286 Guttmacher Institute, Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017—Estimation Methodology, Tables 6 and 7, 2017.
287 UNFPA Arab States Regional Office, Prevention of unsafe abortion in the Arab states, 2018.

This figure is more than three times higher than the global average for 'least safe' abortions at 14percent[288]

- A study conducted by the Palestinian Family Planning and Protection Association in four rural and urban areas of Hebron Governorate revealed that more than 70 per cent of women had at least one abortion (11 per cent induced and 66 per cent spontaneous). Of the induced abortions, 68 per cent of women did so secretly without anyone's knowledge. [289]

Examples of states taking action to address unsafe abortion are also rare. As previously discussed, Tunisia is the only country in the region that allows abortion on demand while all other countries criminalize abortion except under certain legal grounds including to preserve the mother's life or health or avoid foetal impairment. Evidence from Morocco suggests that abortion is common and a debate regarding legislative reform took place in 2015. The King of Morocco requested that the Department of Justice and Islamic Affairs and the National Council for Human Rights conduct a study regarding liberalizing abortion laws in the country. Their recommendations were ratified by the King of Morocco and broadened the conditions under which abortion is allowed to include health conditions of the woman (including mental health) and cases of rape, incest and congenital malformations. [290]

Post-abortion care throughout the region is inadequate due to the illegality of abortion in a majority of countries. While some countries report safe illegal abortions by private doctors, access to these safe but illegal abortions presents a situation of inequity as only those who can afford to pay a private doctor to perform the procedure are able to access safe abortion.

Antenatal Care, Safe Delivery Care, and Postnatal Care

Antenatal care

Antenatal care is lower in rural areas of some countries in the region, with rural women in Iraq and Sudan reporting statistically significant lower access to care. In some countries, it appears that efforts to increase antenatal care coverage have

Table 1.15:
Antenatal Care Coverage: (in two or three years preceding the survey)

			One Visit		Four Visits	
Country	**Year**	**Source**	**Urban**	**Rural**	**Urban**	**Rural**
Algeria	2012	MICS	93.6	91.3	72.3	59.5
Egypt	2014	DHS	93.1	90.5	88.1	81.9
Iraq	2011	MICS	83.3	66.1	54.0	40.5
Jordan	2012	DHS	99.1	99.1	94.5	93.1
Sudan	2014	MICS	90.8	74.9	71.8	43.2

Source: World Health Observatory Data Repository

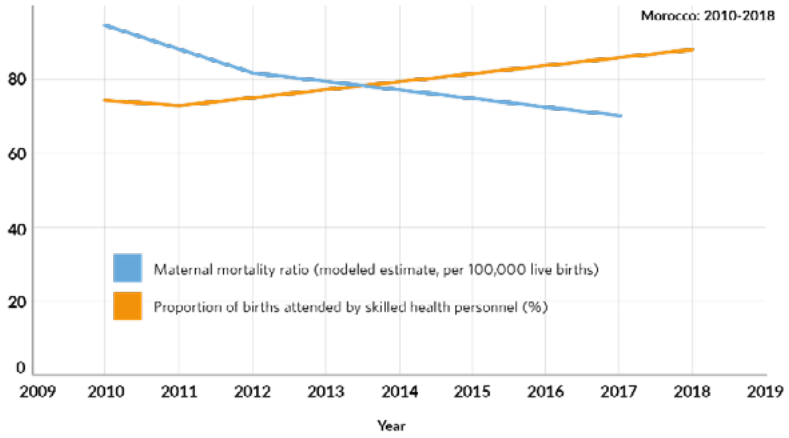
288 Guttmacher institute, Abortion Worldwide 2017: Uneven Progress and Unequal Access, 2017.
289 UNFPA and Middle East and North Africa Health Policy Forum, Addressing unintended pregnancy in the Arab region, 2018.
290 Miller, Bryn, Morocco Liberalizes Abortion Laws, Amends Penal Code, Morocco World News, 2016.

succeeded in bridging the gap between rural and urban areas. Jordan in particular reports excellent coverage in both rural and urban areas. Similarly, Egypt and Algeria report non-significant differences in access between rural and urban women. (See Table 1.15.)

Maternal Mortality Ratio (MMR)

Overall, the MMR[291] is trending downward in the region, likely as a result of efforts to improve antenatal health care and health care in general. According to data collected and modelled by the World Bank, 14 of the 21 countries have reached the Sustainable Development Goal of reducing maternal deaths to less than 70 per 100,000 live births. After weighting for population, the region as a whole is yet to reach the goal, with an estimated 123.5 deaths per 100,000 live births. However, the disparity between countries is highlighted heavily in this indicator, with Somalia reaching over 800 maternal deaths per 100,000 live births while the UAE was reported only three for the same figure. Egypt and Iran's large populations and relatively low MMR reduce the weighted regional average considerably. Good progress has been noted in individual countries, despite not yet reaching MDG/SDG targets (e.g. Algeria).[292]

The lifetime risk of maternal death is the probability that a 15-year-old female will die from complications of pregnancy or childbirth over her lifetime; it takes into account both the maternal mortality ratio and the total fertility rate (average number of births per woman during her reproductive years). The region contains substantial differences for this indicator, ranging from 1 in 20 in Somalia to only 1 in 17,900 in the UAE. After weighting for population, the region as a whole is yet to reach the goal, with an estimated 123.5 deaths per 100,000 live births. However, the disparity between countries is highlighted heavily in this indicator, with Somalia reaching over 800 maternal deaths per 100,000 live births while the UAE was reported only three for the same figure. Egypt and Iran's large populations and relatively low MMR reduce the weighted regional average considerably.



291 The MMR is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period. All data utilized in calculating the MMR was collected from the World Bank World Development Indicators database, which collects and models data from the WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 2000 to 2017. Geneva, World Health Organization, 2019. Weighting was performed using standard weighting techniques utilizing fertility totals on women and girls aged 15-49 as published by UN DESA/Population Division.
292 See World Bank modelled data on MMR, here: https://data.worldbank.org/indicator/SH.STA.MMRT.
293 World Bank World Development Indicators database: per cent births attended by skilled health personnel: Morocco.

Table 1.16:
Lifetime Risk of Maternal Death, 2017
The probability that a 15-year-old female will die eventually from a maternal cause assuming current levels of fertility and mortality, taking account competing causes of death.

GCC	United Arab Emirates	17,900
	Qatar	5,000
	Kuwait	4,200
	Bahrain	3,000
	Saudi Arabia	2,300
	Oman	1,600
Maghreb	Algeria	270
	Morocco	560
	Libya	590
	Tunisia	970
Mashreq	Iran	2,600
	Lebanon	1,600
	Syria	1,000
	State of Palestine	880
	Egypt	730
	Jordan	730
	Iraq	320
LDC	Yemen	150
	Djibouti	140
	Sudan	75
	Somalia	20

Source: WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division, 'Trends in Maternal Mortality, 2019'.

Proportion of Births Attended by Skilled Health Personnel [294]

Available data from 2010-2018 indicate that 13 of the 21 countries in the region have reached a rate of at least 90 per cent of all births being attended by a skilled health person, with all countries except Yemen and Somalia[295] having over 75 per cent of all births attended by a skilled health person. Regionally, around 76 per cent of all births are attended by skilled health personnel.[296] Countries with ongoing conflicts were found to have rapidly declining rates, for example in Syria where the crisis has caused birth attendance by skilled professionals to decline by as much as 24.25 per cent between 2011 and 2013., Similarly, access to skilled attendance during birth has been extremely curtailed due to the ongoing conflict.[297]

Notably, maternal mortality is clearly inversely related to the percentage of births attended by skilled personnel: as the percentage of births attended by skilled personnel rises, the MMR is reduced. For instance, Morocco has reduced their MMR from 153 in 2010 to 121 in 2015. This success can likely be partially attributed to the efforts of skilled attendants at birth – whose attendance increased from 74.1 per cent in 2010 to 86.6 per cent in 2018.[298] The latest National Population and Health Survey in 2018 indicates that MMR decreased from 112 deaths per 100,000 live births (2009-2010) to 72.6 (2015-2016), a 35 per cent reduction.

Place of delivery

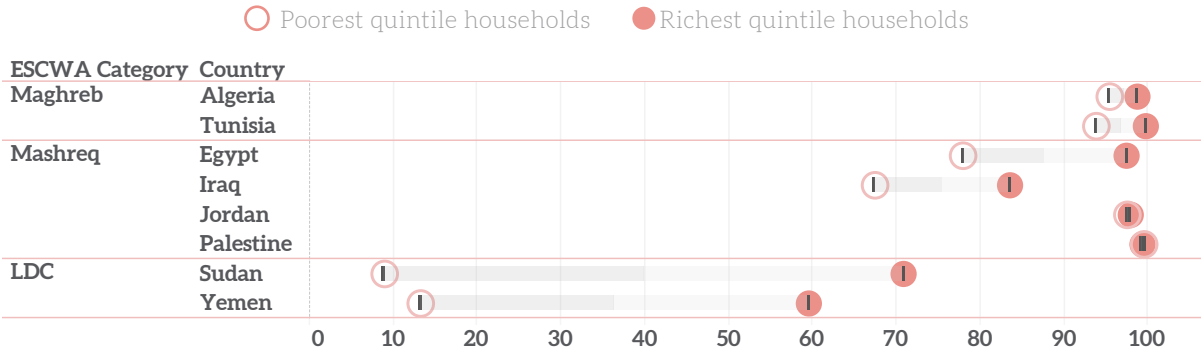
Data from DHS and MICS indicate that women in the region from the poorest wealth quintile have less access to health facilities across the region. This correlation between household wealth and access to health facilities for birth is exhibited most in the LDCs, with women from the wealthiest quintile between 46 per cent and 62 per cent more likely to deliver in a health facility than those from the poorest wealth quintile.

UNICEF data on the subject similarly exposes existing gaps between access to health facilities, which is pronounced in the LDC subregion (and lesser so in the Maghreb/Mashreq subregion). In the LDC subregion, data from Sudan and Yemen in 2014 indicate that women in urban areas are over twice as likely to give birth in a health facility than women in rural areas.[299]

294 Relevant SDG target: 3.1: Reduce maternal mortality.
295 World Bank World Development Indicators database: per cent births attended by skilled health personnel: Somalia, 9 per cent 2009.
296 UNFPA estimate, does not include Iran.
297 UNICEF, Yemen: Parenting in a War Zone: Children Dying in Their First Days, 2019.
298 World Bank World Development Indicators database: per cent births attended by skilled health personnel: Morocco. See also: UNFPA.صحة الأم 23 November 2015: Accessed at https://arabstates.unfpa.org/ar/node/22510.
299 Based on data published by UNICEF in Yemen and Sudan. In Yemen, only 22.6 per cent births in rural areas occur in health facility, compared to 49.1 per cent in urban areas. Similar trends are observed in Sudan.

Figure 1.12:
Place of Delivery

This figure shows the percentage of live births in the three years prior to the survey which took place at a health facility. Wealth Quintiles in this figure show the wealthiest 20% of households and the poorest 20% of households in each country with data displayed.



Source: MICS and DHS Surveys, as compiled by the World Bank. Accessed through API.

Caesarean Section Rates

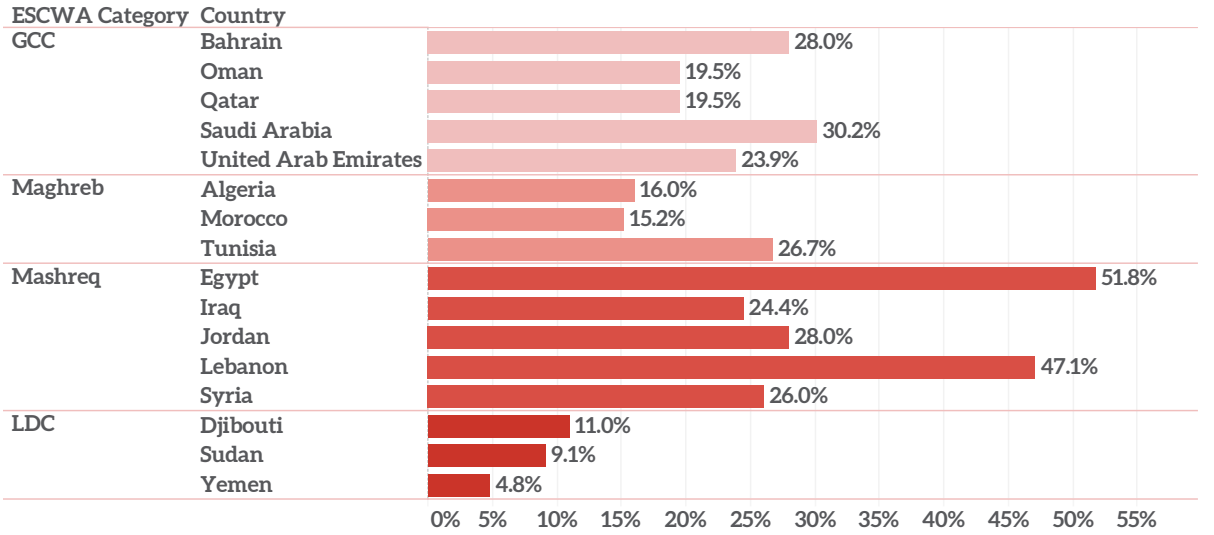
While there is no ideal rate for caesarean deliveries the international community generally agrees that 1) a rate of less than 1-2 per cent is likely to indicate a lack of emergency obstetric care and may be associated with excess maternal mortality and 2) a rate of 15 per cent for caesarean sections should be considered the threshold that should not be exceeded (according to a World Health Organization's statement).[300]

Caesarean section rates vary greatly within the region, ranging from 4.8 per cent in Yemen to 51.8 per cent in Egypt (all data from 2015). The exceptionally high rate in Egypt may be partly caused by FGM prevalence (87.2 per cent[301]) and obesity (36 per cent[302]) – two circumstances that are known to cause complications during childbirth and necessitate caesarean sections[303] as well as socio-economic aspects determining access to private or public health facilities – however, data does not allow for this analysis.

300 Cavallaro, Francesca L., et al., Trends in caesarean delivery by country and wealth quintile: cross-sectional surveys in southern Asia and sub-Saharan Africa, Bulletin of the World Health Organization, 2013.
301 WHO, Global Health Observatory, 2015.
302 ESCWA, Arab Society, a compendium of Social Statistics (Issue No. 12), 2016.
303 A large body of research is dedicated to investigating the effects of FGM and obesity on caesarean section rates. See, for example: Banks, Emily, et. al., Female genital mutilation and obstetric outcome: WHO collaborative prospective study in six African countries, Lancet, 2006. Australian National University. Female Genital Mutilation Affects Births: Study, ScienceDaily. 2006. Varol, N., et. al., Obstetric outcomes for women with female genital mutilation at an Australian hospital, 2006-2012: a descriptive study, BMC Pregnancy Childbirth, 2016. Machado, Lovina SM, Cesarean Section in Morbidly Obese Parturients: Practical Implications and Complications, North American Journal of Medical Sciences, 2012.

Figure 1.13:
Caesarean Births

This figure shows the percentage of births by caesarean section among all live births in a given time period. The percentage of births by caesarean section is an indicator of access to and use of emergency health care during childbirth.



Source: WHO Global Health Observatory

Postnatal Care

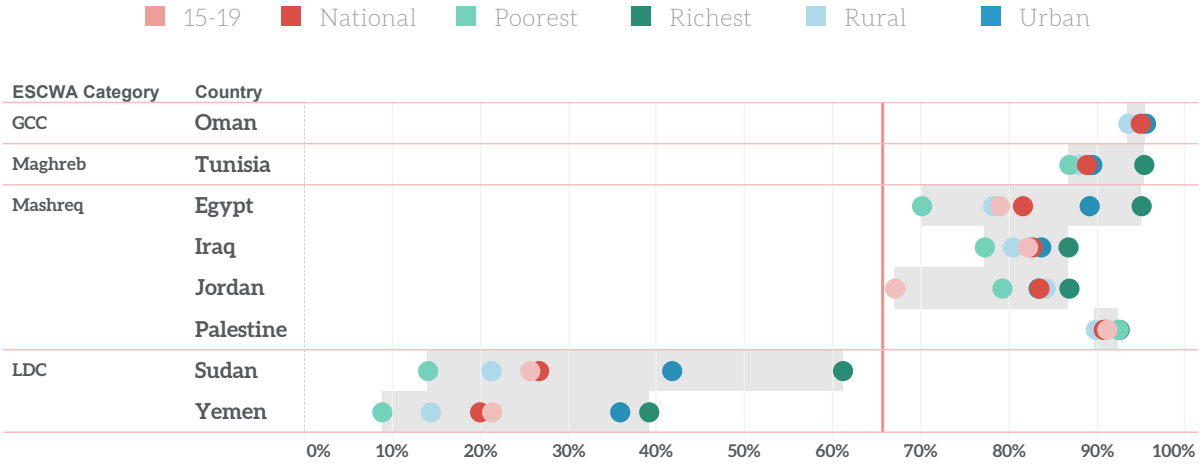
While advancements have been made regarding safe motherhood programmes in the region, lack of integration between maternal and neonatal health remains a major challenge. In turn, this challenge contributes to the neglect of the postnatal period and the low utilization of postnatal care.[304]

Household survey data published by UNICEF gives evidence that access to postnatal care is affected by household wealth and location. As illustrated by the graph below,[305] women from poor, rural households especially in the LDC subregion are most likely to receive no postnatal care at all, in contrast to other regions where at least 65 per cent of women even in the poor, rural areas of the country receive postnatal care.

304 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.
305 Egypt (2014), Iraq (2018), Jordan (2018), Oman (2014), Palestine (2014), Sudan (2014), Tunisia (2018), and Yemen (2013).

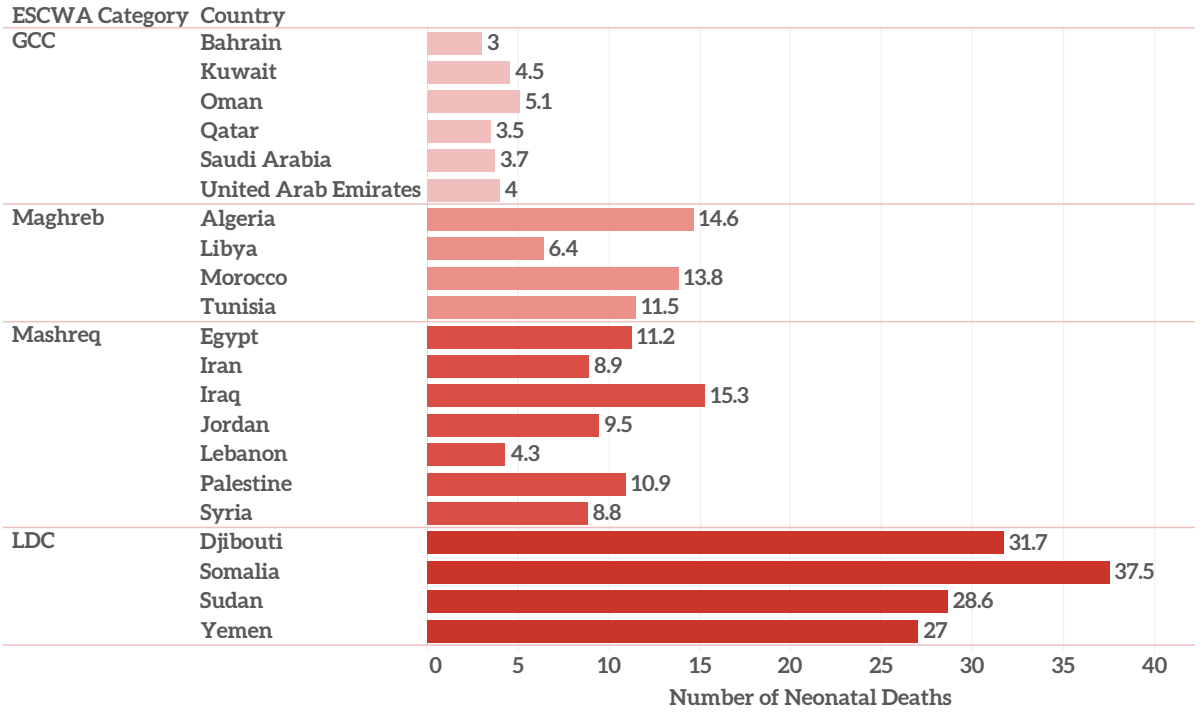
Figure 1.14:
Postnatal Care

This figure shows the percentage of women (age 15-49) who received postnatal care within 2 days of giving birth.



Source: Country-specific Demographic and Health (DHS), Multiple Indicator and Cluster (MICS), and other national surveys as published by UNICEF.

Figure 1.15:
Mortality rate, per 1000 live births



Source: United Nations Populations Division, World Population Prospects

Treatment and Prevention of STIs

HIV/AIDS

Table 1.17:
Estimated antiretroviral therapy coverage among people living with HIV

ESCWA Category	Country	per cent
GCC	Bahrain	..
	Kuwait	62
	Oman	41
	Qatar	..
	Saudi Arabia	..
	UAE	..
Maghreb	Algeria	81
	Libya	44
	Morocco	..
	Tunisia	..
Mashreq	Egypt	31
	Iran[306]	20
	Jordan	..
	Lebanon	..
	State of Palestine	..
	Syria	20
LDC	Djibouti	30
	Sudan	15
	Somalia	30
	Yemen	21

Source: WHO Global Health Observatory

As of 2019, the Joint United Nations Programme on HIV and AIDS (UNAIDS) estimated that 240,000 people in the region were living with HIV, representing less than 0.1 per cent adult prevalence.[307]

While the region exhibits the lowest HIV prevalence in the world, it is an area of increasing concern due to a 10 per cent increase in new infections and a 9 per cent increase in the number of annual AIDS-related deaths between 2010 and 2018.[308] Further, the region presents a high mortality (4.5 per cent) incidence among individuals living with HIV and a lack of knowledge concerning HIV spread. Around 8,000 people died of an AIDS-related illness in 2019. This is a result of very poor access to Antiretroviral Treatment (ART), with only 38 per cent of those needing ART having access – far below the global level of 59 per cent.[309]

Research also suggests that stigmas associated with the disease could be contributing to its rise in severalcountries.[310]

In 2018, members of key populations – sex workers, people who use drugs, gay men, other men who have sex with men, transgender individuals, and prisoners – comprised at least three quarters of new infections in the region. Stigma and discrimination related to HIV/AIDS can significantly interfere with the ability of individuals to access both testing and treatment services that, in turn, could prevent further transmission.[311] Furthermore, stigma and discrimination (both social and legal) marginalizes people living with HIV and can expose them to social or legal sanction. A multi-country survey revealed that more than 60 per cent of people aged 15-49 in Algeria and more than 70 per cent of people aged 15-49 in Egypt, Jordan, and Yemen stated that they would not buy vegetables from a shopkeeper who is living with HIV (a question used to assess discriminatory attitudes towards those with HIV).[312] More than 50 per cent of persons surveyed in Algeria reported being denied health services due to their HIV positive status.[313]

According to a report released by UNAIDS, 'Special efforts are needed to expand and improve the HIV testing and treatment programmes in the Islamic Republic of Iran and Sudan, which accounted for more than 60 per cent of the region's deaths from AIDS-related illness in 2017.'[314] Even though men living with HIV greatly outnumber women, new infections among women are on the rise. A study on HIV/AIDS trends in the region revealed that sex

306 UNAIDS 'AIDSinfo' estimates 25 per cent for Iran.
307 UNAIDS 'AIDSinfo' (accessed August 2020).
308 UNAIDS, Communities at the Centre: The response to HIV in the Middle East and North Africa, 2019.
309 Ibid.
310 UNAIDS, UNAIDS Data 2018, 2018. Pg 243.
311 UNAIDS, Power to the People, 2019.
312 UNAIDS, Miles to go: global AIDS update 2018, 2018.
313 Ibid.
314 UNAIDS, UNAIDS Data 2018, 2018. Pg 240.

within marriage was a major transmission pathway for women. For instance, three quarters of women living with HIV in Iran acquired the virus from their husbands, a majority of whom believe they had been infected through injecting drugs.[315]

According to the United Nations SDG Database, Djibouti has the highest rate of new infection cases in the region, with .64 new cases being reported per every 1000 in the uninfected population.[316] Research suggests that the populations most at risk in the region include people who inject drugs, sex workers, and clients of sex workers and other sexual partners.[317,318] Djibouti also exhibits the highest DALY for females due to HIV/AIDS in the region at 4,164.65 per 100,000. This figure is more than four times the amount of the second and third highest DALYs, Somalia and Sudan.[319]

Morocco, on the other hand, has reduced its new infection rate by 42 per cent between 2010 and 2018, partially attributed to the implementation of a human rights-based HIV prevention programme that targets individuals most affected by HIV.[320]

While not sex disaggregated, WHO data reveal large disparities in antiretroviral therapy coverage among people living with HIV. The three countries with the highest DALYs for females due to HIV/AIDS also exhibit very low antiretroviral therapy rates of between 15 per cent and 30 per cent.

A particularly underserved population of persons living with HIV is pregnant women. In 2017, around 5,200 women in the region living with HIV gave birth, yet only 1,100 received antiretroviral treatment, which prevents transmission to infants during pregnancy, childbirth and breastfeeding. As a result, around a quarter of pregnant women living with HIV transmitted HIV to their babies. Throughout the region, only 940 newborn children were tested for HIV before eight weeks of age.[321]

In Sudan, of the estimated 760 to 3,700 pregnant women who are living with HIV, only 5 per cent are estimated to have access to antiretroviral drugs which not only places the women at continued risk but also poses a risk to their children.[322]

Although recent data is limited Oman (using data from 2014), UAE, Iran and Morocco have relatively high testing rates for pregnant women, although none of these countries have coverage levels higher than 70 per cent. In contrast, Prevention of Mother-to-Child Transmission (PMTCT) programmes in Lebanon (2013 data) are undermined by a lack of testing services, expensive referral systems, lack of awareness about HIV and stigma.[323]

UNAIDS reports that between 2010 and 2017 the level of new infections among children 0-14 in the region remained stable. UNAIDS reported the highest reduction in new infections among children in Djibouti (44 per cent reduction from 2010-2017) due to the integration of PMTCT services into maternal and child health programmes.[324]

Knowledge of HIV prevention in the region remains extremely low with marked contrast between males and females in countries for which data are available. While knowledge for both sexes is low, females are less likely to correctly identify 1) two major ways of preventing the sexual transmission of HIV, 2) reject two most common local misconceptions about HIV transition, and 3) know that a healthy-looking person can have HIV.

Knowledge regarding HIV prevention in the region is dependent on many factors, however, the limited presence of comprehensive sexuality education contributes to this lack of knowledge.

315 Gökengina, D. et al., HIV/AIDS: trends in the Middle East and North Africa region', International Journal of Infectious Diseases, Vol 44, p.66-73, 2016.
316 United Nations SDG Global Database 3.3.1. Number of new HIV infections per 1,000 uninfected population, by sex and age (per 1,000 uninfected population).
317 UNAIDS, UNAIDS Data 2018, 2018. Pg 9.
318 Global SDG Indicators Database.
319 Institute for Health Metrics and Evaluation, University of Washington, GBD 2017, 2020.
320 UNAIDS, Update: A 30-year response to HIV in Morocco, 2018.
321 UNAIDS, Miles to go: global AIDS update 2018, 2018.
322 WHO Global Health Observatory.
323 UNAIDS 'AIDSinfo'.
324 UNAIDS, Ending AIDS: Progress towards 90-90-90 targets, 2017.

Table 1.18:
Knowledge about HIV
per cent of males and females aged 15-49 who can correctly identify at least two major ways of preventing the sexual transmission of HIV, and who can reject the two most common local misconceptions about HIV transmission and who know that a healthy-looking person can have HIV.

ESCWA Category	Country	Female (%)	Male (%)
GCC	Qatar	20.8	29.9
Maghreb	Tunisia	18.5	
	Algeria	9	
Mashreq	Egypt	6.1	9.7
	Jordan	12.9	
	State of Palestine	7.7	
	Iraq	3.5	
LDC	Sudan	8.9	

Source: Household surveys as compiled by UNICEF

Other STIs

While data for countries across the region on Sexually Transmitted Infections (STIs) such as syphilis, chlamydia, gonorrhoea and HPV are limited, some recent surveillance or meta-analysis data have been published.

Overall, a study by WHO of data between 2012 and 2016 (presented in Table 1.19, below) suggests that between 2012 to 2016, prevalence of these STIs was increasing in MENA, with a global decrease or no change being seen with respect to Chlamydia and Syphilis, respectively, in the same timeframe.[325]

Some specific data related to individual STIs is as follows:

Syphilis: Globally, in 2019, 1 per cent or more of antenatal care attendees in 38 of 78 reporting countries tested positive for syphilis. In these 78 reporting countries, an average of 3.2 per cent (range 1.1 per cent to 10.9 per cent) of antenatal care attendees tested positive for syphilis.[326] In comparison, the (limited) data available for countries in the region indicates that only three countries of six that provided data for 2018-2019 reported any incidence of syphilis among ANC attendees. Of these, Somalia, at 4.1 per cent, was the only above 1 per cent incidence.

Chlamydia: A 2019 meta-analysis of reports of chlamydia trachomatis prevalence in the region found that it is similar to other regions (at approximately 3 per cent of the general population, rising to approximately 13 per cent at high-risk populations), but was higher than expected given the sexually conservative norms of the region. High prevalence in infertility clinic attendees and in women with miscarriage suggests a potential role for Chlamydia in poor reproductive health outcomes in this region.[327]

Human papillomavirus (HPV): Countries in the region have given insufficient attention to the HPV vaccine. The vaccine is typically not subsidized nor is there a widespread effort to undertake public health campaigns to raise awareness and uptake.[328] The

325 Rowley, J., Vander Hoorn, S., Korenromp, E., Low, N., Unemo, M., Abu-Raddad, L. J., Chico, R. M., Smolak, A., Newman, L., Gottlieb, S., Thwin, S. S., Broutet, N., & Taylor, M. M. (2019). Chlamydia, gonorrhoea, trichomoniasis and syphilis: global prevalence and incidence estimates, 2016. Bulletin of the World Health Organization.
326 WHO Global Health Observatory.
327 Smolak, A, et al, Epidemiology of Chlamydia trachomatis in the Middle East and north Africa: a systematic review, meta-analysis, and meta-regression, The Lancet, Vol. 7, Issue 9, September 2019
328 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.

Table 1.19:
Comparison of 2012 and 2016 WHO regional prevalence estimates of chlamydia, gonorrhoea, and syphilis

	Chlamydia		Gonorrhoea		Syphilis	
Year	2012 (%)	2016 (%)	2012 (%)	2016 (%)	2012 (%)	2016 (%)
MENA Women	3.5	3.8	0.5	0.7	0.6	0.7
Global Women	4.2	3.8	0.8	0.9	0.5	0.5
MENA Men	2.7	3.0	0.4	0.6	0.6	0.7
Global Men	2.7	2.7	0.6	0.7	0.5	0.5

Source: Rowley, J., Vander Hoorn, S., Korenromp, E., Low, N., Unemo, M., Abu-Raddad, L. J., Chico, R. M., Smolak, A., Newman, L., Gottlieb, S., Thwin, S. S., Broutet, N., & Taylor, M. M., Chlamydia, gonorrhoea, trichomoniasis and syphilis: global prevalence and incidence estimates, 2016, Bulletin of the World Health Organization, 2019.

only countries in the region that have existing HPV vaccination programmes are Qatar and the UAE.[329] Data regarding the proportion of females who have received the recommended number of doses of HPV vaccine prior to age 15 is only available for the UAE which reports 28 per cent of girls in secondary schools are vaccinated against HPV.[330]

Prevention and Treatment of Non-sexually Transmitted Reproductive Tract Infections and Other Diseases and Disorders

Reproductive Cancers

Reproductive cancers are included in the reproductive health package of services in some countries (State of Palestine, Syria, and Morocco). In other countries, such as Lebanon, there have been public education campaigns to encourage mammography, however, screening for reproductive cancers is still a low priority and practiced at a limited scale in the public sector.[331] Bahrain, Djibouti, Iran, Lebanon, Qatar, Somalia, Syria, and the UAE have national cancer screening programmes for cervical cancer. Iran's national programme utilizes the HPV test and all others utilize the PAP smear test.[332] Lebanon's coverage of national cervical screening programme is estimated to be 'more than 50 per cent but less than 70 per cent'. Djibouti's national cervical screening programme estimates 10-50 per cent coverage. All other countries with national screening programmes (Bahrain, Iran, Qatar, Somalia, Syria, and the UAE) report less than 10 per centcoverage.[333]

Other Sexual and Reproductive Health Concerns

The sexual and reproductive health of women during and after menopause is important, however, findings from the region indicate that women's sexual and reproductive health during this time is minimally addressed through education, programmes, and services.[334] This research study found little data around non-sexually transmitted infections available specific to the region, and none more recent than the last 5-10 years, underscoring the level of neglect this area of women's health faces.

329 WHO Global Health Observatory; Management of NCDs Primary and secondary prevention of cancer.
330 Source: WHO estimates of Human papillomavirus immunization coverage 2010-2018.
331 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.
332 WHO Global Health Observatory; Management of NCDs Primary and secondary prevention of cancer.
333 WHO Global Health Observatory; Management of NCDs Primary and secondary prevention of cancer.
334 UNFPA and the Middle East and North Africa Health Policy Form, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.

FOOD SECURITY AND NUTRITION

Introduction

Food security and nutrition are interlinked but distinct concepts. Food security is defined as a 'situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life'. Food security is defined by four dimensions: food availability, economic and physical access to food, food utilization, and stability over time.[335]

Food security is a prerequisite for nutrition security but does not necessarily guarantee optimal nutritional status. Unhealthy diets – along with physical inactivity – are key contributors to the burden of non-communicable disease (NCD) in the region. The WHO reports that, as of 2019, 53 per cent of women, 45 per cent of men and 8 per cent of school-age children or adolescents in the Eastern Mediterranean region are obese.[336]

Access to clean water, adequate sanitation, and health care are crucial components of food security and nutrition; without these components, nutritional diseases and infections become more common even in communities where individuals have adequate food consumption levels.[337] For example, undernutrition may not only result from insufficient food intake but rather unsanitary conditions which expose individuals to infections that lead to poor absorption and utilization of consumed nutrients.[338] Even persons who consume a healthy diet will be unable to fully benefit from their diet if they suffer from certain types of illnesses or live in unsanitary conditions that foster illnesses.[339]

Food security, nutrition, and poverty are deeply interrelated: individuals living in poverty are more likely to have insufficient water and sanitation facilities and are at greater risk of experiencing food insecurity, hunger, and have a lower nutrition status as their economic access to food is compromised. Experiencing food insecurity, hunger, or having suboptimal nutrition often leads to lower productivity that then traps individuals in a cycle of poverty. Both food security and nutrition affect women and girls at each stage of their lifecycle as well as their offspring.

As with many other developing countries or emerging economies, countries in the region are experiencing the so-called 'double-burden' of malnutrition, with growing food insecurity and high prevalence of undernutrition at the same time as high, and increasing, rates of overweight, obesity and diet-related non-communicable diseases. This phenomenon exposes many populations in the region to a nutrition transition - a shift from food insecurity and deprivation towards unhealthy diets and sedentary lifestyles.340

There is a specific gender dimension to food security and nutrition that is widely confirmed by established research and data. Worldwide, vulnerable women and girls experience a greater

335 FAO, IFAD, UNICEF, WFP and WHO, The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets. Rome, FAO, 2020.
336 WHO, Strategy on nutrition for the Eastern Mediterranean Region 2020–2030, 2019
337 ESCWA, Arab Horizon 2030: Prospects for Enhancing Food Security in the Arab Region, 2017.
338 Ghattas, Hala, Food Security and Nutrition in the Context of the Global Nutrition Transition, FAO, 2014.
339 Ruel, Marie, Chapter Two, Food Security and Nutrition: Linkages and Complementarities, International Food Policy Research institute, n.d.
340 WHO, Strategy on nutrition for the Eastern Mediterranean Region 2020–2030, 2019

risk of malnutrition than men, and more girls die of malnutrition than boys.[341]

The cross-cutting issues of conflict and climate change also impact food security and nutrition status. Conflict directly impacts food production and access to markets as well as destroying livelihoods and decreasing government funding for social protection programmes. As food production and access is compromised, accessing necessary health care due to nutrition or other issues in conflict settings is increasingly difficult. Most individuals who experience hunger in the Middle East and North Africa region are located in the five countries currently in conflict – Iraq, Libya, Syria, Sudan, and Yemen.[342] Climate change makes planning for the future difficult as the presence of more intense droughts and warmer temperatures have begun to add stress to region's agricultural productivity and sustainability.[343]

Acknowledging the distinctions between these topics, but considering the interlinkages, this chapter presents laws and policies as they relate to food security and nutrition in one section.

Laws and Policies Related to Food Security and Nutrition

With respect to laws and policies governing food security and nutrition in the region, some progress has been noted in the available literature. However, analyses around laws and policies influencing food security specifically are lacking. A recent report by the Food and Agriculture Organization (FAO) and ESCWA states that reforming policies that produce food loss (e.g., non-targeted subsidies) may support food security, however, no data was available regarding existing laws and policies in the region and their impacts on food security.[344]

A range of policy statements and recommendations by relevant actors (e.g., WHO, FAO) made over the past decade have been aimed at addressing key issues around nutrition. For example, the WHO Regional strategy on nutrition 2010–2019 and plan of action was supplemented with four policy statements on key areas of nutritional concern [Type 2 diabetes/obesity (2016/2017), lowering fat intake/coronary heart disease incidence (2013), lowering salt intake/high blood pressure & stroke incidence (2013), implementation of the code of practice of marketing of breastmilk substitutes, Sharjah Declaration on Obesity Prevention (2018).[345]

This strategy has been succeeded by a 2019 strategy for 2020-2030 which notes that there is 'a growing body of evidence on the effectiveness, cost-effectiveness and feasibility of policy interventions to improve nutrition' but also notes 'an urgent need to translate this knowledge into action and to disseminate lessons from implementation on the ground'.[346]

While much of the policy changes needed remain at the level of regional-level commitments and/or recommendations by bodies such as the WHO, there have been some concrete achievements. For example, WHO reports that in 2016/17, 89 per cent of countries in the region have a comprehensive or topic-specific nutrition policy, with 79 per cent reporting having a comprehensive nutrition policy that aims to address all forms of malnutrition, and 53 per cent reporting policies relating to a specific aspect of nutrition, such as infant and young child nutrition.[347] Just over half (53 per cent) of these

341 FAO, Gender and Nutrition, No date.
342 FAO, Near East and North Africa, Regional Overview of Food Security and Hunger 2018.
343 ESCWA, Arab Horizon 2030: Prospects for Enhancing Food Security in the Arab Region, 2017.
344 ESCWA, Arab Horizon 2030: Prospects for Enhancing Food Security in the Arab Region, 2017.
345 See: http://www.emro.who.int/nutrition/strategy/.
346 WHO, Strategy on nutrition for the Eastern Mediterranean Region 2020–2030, 2019.
347 World Health Organization, Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition, 2018.

policies were developed between 2011 and 2014 and 18 per cent developed in 2015 or later; 17 per cent had costed operational plans and 86 per cent had a nutrition co-ordination mechanism.[348]

While governments within the region have established laws and policies to address food insecurity and nutrition, these laws and policies experience varying degrees of success. For instance, although undernourishment rates in the region are decreasing, children still suffer high rates of iron and vitamin A deficiency as well as adequate iodine status. Recent (2019) data from an interagency study indicates that salt iodization has been a more successful policy effort than fortification of food staples to reduce iron and Vitamin A deficiencies.[349]

Other examples of laws and policies aimed at addressing child and maternal malnutrition include fortifying staple foods with micronutrients, micronutrient supplements, promoting exclusive breastfeeding for the first six months of a child's life, and school feeding.[350] For example, the UAE is embracing recommendations of the WHO and UNICEF on infant and child feeding practices and is promoting breastfeeding as the ideal method of feeding infants and young children.

Table 1.20:
Legal status of the code of marketing of breastmilk substitutes 2020

ESCWA Category	Country	Year of Measure	Legal status of the Code
GCC	Bahrain	2018	Substantially aligned
	Kuwait	2014	Substantially aligned
	Oman[351]	1998	Some provisions included
	Qatar	-	No legal measures
	Saudi Arabia	2019	Substantially aligned
	UAE	2018	Substantially aligned
Maghreb	Algeria	2012	Some provisions included
	Libya	-	No legal measures
	Morocco	-	No legal measures
	Tunisia	1983	Moderately aligned
Mashreq	Egypt	2018	Some provisions included
	Iran	2010	Some provisions included
	Jordan	2015	Some provisions included
	Lebanon	2008	Substantially aligned
	State of Palestine	n/a	n/a
	Syria	2000	Moderately aligned
LDC	Djibouti	2010	Moderately aligned
	Sudan	2000	Some provisions included
	Somalia	-	No legal measures
	Yemen	2002	Moderately aligned

Source: World Health Organization

348 WHO, Strategy on nutrition for the Eastern Mediterranean Region 2020–2030, 2019.
349 FAO, IFAD, UNICEF, WFP and WHO, Regional Overview of Food Security and Nutrition in the Near East and North Africa 2019 – Rethinking food systems for healthy diets and improved nutrition, 2020.
350 FAO, IFAD, UNICEF, WFP and WHO, Regional Overview of Food Security and Nutrition in the Near East and North Africa 2019 – Rethinking food systems for healthy diets and improved nutrition, 2020.
351 See Ministerial Decree 74/2021 for updated codes on marketing of breastmilk substitutes in Oman.

The UAE infant feeding policy states that infants should be breastfed exclusively until six months of age. Furthermore, in 2014 the country's Federal National Council passed a draft clause in the child rights law to make breastfeeding mandatory for the first two years of an infant's life with the introduction of optimal complementary feeding at six months of age. However, a 2015 study found poor adherence to recommended or mandated infant feeding practices.[352]

Most countries in the region have taken some steps to regulate the marketing of breast-milk substitutes, with 17 countries having put some of the provisions of the International Code of Marketing of Breast-milk Substitutes into law. Of these, however, only six had fully implemented the provisions of the code with a further four implementing many of the code's provisions. Table 1.20 lists the status of individual countries regarding the code as of 2020.[353]

352 Gardner H. et al, Infant Feeding Practices of Emirati Women in the Rapidly Developing City of Abu Dhabi, United Arab Emirates. Int J Environ Res Public Health. 2015.
353 WHO, Marketing of Breast-milk Substitutes: National Implementation of the International Code- Status Report 2020, 2020.

FOOD SECURITY

Overview

Food insecurity is a complex problem and affected by many, often interconnected, issues including governance challenges, economic sanctions, a high dependency on food imports, conflict, civil unrest, and increasing vulnerability to climate change and natural disasters.[354] Due to gender roles and domestic expectations, women are often a critical determining factor on whether households are food secure. Studies show that men and women utilize resources differently and that women are more likely than men to protect the food security of their household when resources are under their control.[355]

Food insecurity is a serious concern in the region, and as of 2019, the main driver of food crises in the region[356] remained in conflict. Yemen remained the world's most acute food crisis in 2019 where the protracted conflict continues to disrupt economic activity, restrict access to services and markets, and damage infrastructure (including basic public services).[357] The number of acutely food-insecure people ranged from 15.9 million in Yemen to 0.3 million in Lebanon.

Data from 2016 reveals that, at the regional level, the prevalence of undernourishment and obesity stood at 12 per cent and 28 per cent, respectively. Additionally, 11 per cent of the population reported that they experience severe food insecurity. These figures are slightly higher than global averages, which are 11 per cent for undernourishment and 9 per cent for severe food insecurity.[358]

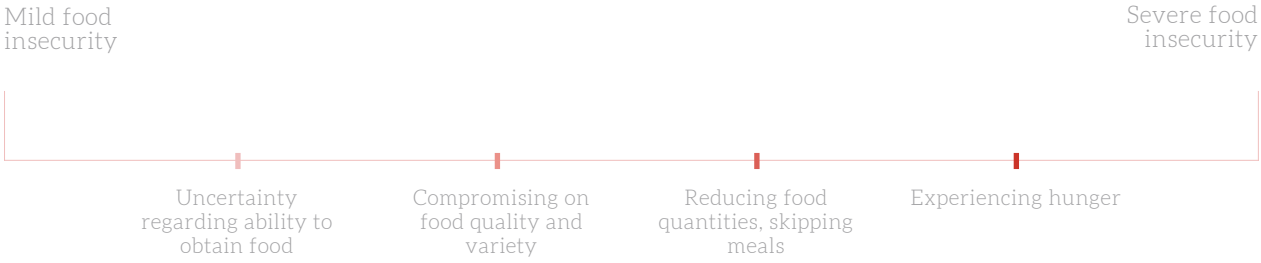
Table 1.21:
Number of acutely food-insecure people

Country	People (millions)
Yemen	15.9
Syria	6.6
Iraq	1.8
State of Palestine	1.7
Lebanon (Syrian Refugees)	0.3

Source: Global Report on Food Crises, 2020.

354 International Policy Centre for Inclusive Growth, Policy in Focus, Social Protection After the Arab Spring, The International Policy Centre for Inclusive Growth, Volume 14, Issue No. 3, 2017.
355 Ruel, Marie, Chapter Two, Food Security and Nutrition: Linkages and Complementarities, International Food Policy Research institute, n.d.
356 Note that the Global Report on Food Crises classifies the region as including Afghanistan, Bangladesh, Iraq, Lebanon, Myanmar, State of Palestine, Pakistan, Syria, Turkey, and Yemen. Therefore, regional figures from this study were not used as they are not representative of the region as defined by this situational analysis.
357 Global Network Against Food Crises and Food Security Information Network, 2020 Global Report on Food Crises, Joint Analysis for Better Decisions, 2020.
358 ESCWA, Tracking Food Security in the Arab Region, Executive Summary, 2019.

Figure 1.16:
Food insecurity severity along a continuous scale[359]



Food insecurity affects women and girls of all ages. While pregnant, food insecure women are more likely to experience iron-deficiency anemia, anxiety, depression, and excess weight gain; among children, food insecurity can negatively impact long-term physical, mental, and cognitive development; and food-insecure adults are more likely to have diabetes, high blood pressure, and experience hypertension.[360]

Table 1.22 presents a global picture of food insecurity as articulated in the 2019 Global Hunger Index (GHI).[361] The scores are a composite of four indicators – child wasting, stunting, mortality and undernourishment (insufficient calories). Any score under 10 is considered low in hunger severity; 10-20 moderate; and above 20 serious.

Five of the fourteen countries with available data are within the 'low' category of severity, with three in the serious category – although three of the seven countries without data (Libya, Somalia and Syria) are considered to be of significant concern. Yemen, at 45.9, has a level of hunger that is considered 'alarming' under this scale. The trend over time (between 2005 and 2019) is generally one of improvement among the majority of countries, with the exception of Yemen, although an increase has been seen in hunger since 2010 in Lebanon and Jordan.

The chart below presents a global picture of food security by country. Countries within the region are a mixture of 'good' and 'moderate' performers, with the exception of Syria and Yemen, with missing data from some key countries of concern (Somalia and Djibouti). This aligns well with the above data in Table 1.22

359 FAO, The Food Insecurity Experience Scale.
360 ESCWA, Arab Horizon 2030: Prospects for Enhancing Food Security in the Arab Region, 2017.
361 International Food Policy Research Institute (IFPRI), Concern Worldwide, and Welthungerhilfe (WHH), 2019 Global Hunger Index, 2019.

Table 1.22:
Global Hunger Index Scores of MENA Countries, 2010-19

ESCWA Category	Country	2005	2010	2019
GCC	Bahrain	n/a	n/a	n/a
	Kuwait	<5	<5	<5
	Qatar	n/a	n/a	n/a
	Saudi Arabia	13.7	9.2	8.5
	UAE	n/a	n/a	n/a
Maghreb	Algeria	12.9	10.6	10.3
	Libya	n/a	n/a	n/a
	Morocco	17.7	10/0	9.4
	Tunisia	8.6	7.9	6.2
Mashreq	Egypt	14.3	16.3	14.6
	Iran	9.4	8.2	7.9
	Iraq	24.8	23.8	18.7
	Jordan	8.7	8.3	10.5
	Lebanon	10.3	8.0	11.6
	Palestine	n/a	n/a	n/a
	Syria	n/a	n/a	n/a
LDC	Djibouti	43.9	36.6	30.9
	Sudan	-	-	32.8
	Somalia	n/a	n/a	n/a
	Yemen	41.7	34.5	45.9

Source: GHI Severity Scale, where 0 is the best score (no hunger) and 100 is the worst.

≤9.9: Low	10-19.9: Moderate	20-34.9: Serious	35+: Alarming

Socio-cultural Norms and Practices

Globally, on average, 43 per cent of the agricultural labour force in developing countries is women. Of these women, 79 per cent depend on agriculture as their primary source of livelihood.[362] Even though women make critical contributions to agriculture through production, processing, marketing, purchase and preparation of food, their land tenure rights are not secure in many countries within the region, nor do they exercise control over much of food production and management. Women's inadequate access to land and other productive resources and inputs remains a serious obstacle for improvement of both food security as well as agricultural productivity in the region.[363] For example, in Egypt, social norms frame women as 'helpers' to their families and husbands instead of as workers in their own right. Women are assumed not to contribute to agriculture or participate in irrigation, while recent research indicates that 43 per cent of women are employed in agriculture.[364] Between 2 per cent and 20 per cent of agricultural land (depending on the type) in Egypt is owned by women.[365]

Data on land ownership or control of agricultural land by gender in the region is sparse and unavailable for the timeframe under this situational analysis (2010-2019). However, latest data (between 1996 to 2005) from agricultural censuses compiled by the FAO on agricultural holders by gender indicate extremely low ownership and control of agricultural land by women (i.e. less than 10 per cent for the six countries for which data are available[366]).

It is important to note that laws based on some interpretations of shari'a provide a range of rights to property to Muslim women, for instance the right to acquire, hold, use, administer, inherit and sell property including land. These rights are not affected when a woman marries.[367] In many countries in the region, state laws enshrine property ownership rights for females. However, the interpretation and application of these rights on the ground is limited and precarious. Societal norms often condone dispossessing females of land and other property, leading to covert or overt violations of their rights. Males may coerce female relatives into relinquishing their land or other property or acquire and dispose of it without their knowledge.[368]

Thus, the lack of control of productive resources on the part of women in the region is likely to be an ongoing constraint to food security and have a range of negative consequences for women and girls.

NEGATIVE COPING STRATEGIES

Across the region, and particularly in countries affected by conflict, female-headed households are the most susceptible to food insecurity and the most likely to resort to negative coping mechanisms such as begging, unsustainable borrowing, distressed sale of assets, and demeaning and/or dangerous work. The available literature describes such issues across the region, particularly in the State of Palestine, Syria, Yemen and Libya. In the State of Palestine, female-headed households are 15 per cent more likely to be food-insecure than male-headed households.[369] Similarly, 17 per cent of Libyan female-headed households are considered food insecure, compared to 11 per cent of male-headed households.[370] In Libya, women are also generally the first to go without food so that their children and other relatives can eat, and are more likely to resort to emergency coping mechanisms. This includes work that can expose them to gender-

362 FAO, 'The future of food and agriculture – Trends and challenges', 2017.
363 ESCWA, Arab Horizon 2030: Prospects for Enhancing Food Security in the Arab Region, 2017.
364 Najjar, D. et al, Making Egyptian women's agricultural labor visible and improving their access to productive assets, 2019.
365 Ibid.
366 Algeria, Egypt, Iran, Jordan, Lebanon, Morocco, Saudi Arabia, and Tunisia.
367 UN-HABITAT, Islamic Principles and Land, 2011.
368 Kandeel, Amal, Let Justice be Done: Respect for Female Land Rights in the Middle East and North Africa, 2020.
369 United Nations Economic and Social Commission for Western Asia, Social and Economic Situation of Palestinian Women and Girls, Beirut, 2019, p. 15.
370 OCHA, Humanitarian Needs Overview 2019: Libya, 2019, p. 55

based violence and other serious risks to their safety and even their lives.[371]

In Yemen, food insecurity disproportionately affects Pregnant and Lactating Women (PLW) and their children, and women in general are more likely to be the first in a family to go hungry when food is scarce in order to uphold their traditional role as the food preparer for other family members.[372] To cope, some Yemeni women seek paid employment outside of the house while still performing their traditional domestic tasks, which can substantially increase their burden of work.[373] It is when these women are out searching for food and/or paid work in order to purchase food that they are greatest risk of abuse and other protection issues.[374] Most concerningly, there has been a rise in the child marriages in Yemen in 2017 and 2018 which the available literature has linked with food insecurity; parents may be more inclined to marry off their daughters at an earlier age in order to lessen the number of mouths they have to feed at home.[375]

Similarly, women- and child-headed households in Syria are more likely to resort to negative coping mechanisms when faced with food insecurity, such as purchasing food on credit.[376] Access issues are a primary reason for food insecurity for many Syrian women and girls; the conflict has made it difficult to access food supplies or aid.[377]

Services, Programming and Information

Data and analyses related to services and programming to foster food security in the region is sparse. There are, however, examples within the region of countries initiating social and welfare programmes specifically targeting women and girls to prevent food insecurity (as well as foster adequate nutrition). In Iran, for instance, the government sends food packages to pregnant and lactating women to avoid malnutrition during this critical period for both mothers and babies. This is one component of a special program housed under the Ministry of Health and Medical Education that focuses specifically on food security and nutrition of women and children.[378] In Algeria, the government is trying to promote women's increased economic activity in the agricultural sector as a means of promoting food security.[379]

371 Ibid, p. 37.
372 Peace Track, et al., Changes Ahead: Yemeni Women Map the Road to Peace, Women's International League for Peace and Freedom, 2019, p. 8 and 11.
373 Ibid. p. 6.
374 OCHA, Humanitarian Needs Overview 2019: Yemen, 2019, p. 24.
375 Ibid, p. 17 and 40.
376 OCHA, Humanitarian Needs Overview 2019: Syrian Arab Republic, 2019, p. 26, 65.
377 Ibid. p. 75.
378 The Vice Presidency for Women and Family Affairs, Iranian Women 25 Years after the Beijing Action Plan (Beijing+25), Office of International Affairs, Islamic Republic of Iran, 2019, p. 91 and 148.
379 People's Democratic Republic of Algeria, National Report on the Implementation the Beijing Platform for Action after 25 years (Beijing +25): Algeria, 2019, p. 9.

NUTRITION

Overview

The triple burden of malnutrition, consisting of undernutrition, being overweight or obesity, and micronutrient deficiencies, is clearly visible among women and girls in the region, with high rates of obesity existing alongside both acute and chronic undernutrition, particularly in countries affected by protracted crises such as Yemen and Syria. Undernourishment is especially high in conflict-affected countries (see Table 1.23, below).

Women, notably pregnant and lactating women and pregnant adolescents also have increased requirements for nutrients such as iron, calcium, folate, and vitamin A that are frequently not met. Knowledge of and adherence to Infant and Young Child Feeding (IYCF) practices, including breastfeeding, vary substantially both between and within countries in the region, with factors such as mother's education level, mother's age, mother's health, mother's employment status, place of delivery, and place of residence (i.e. urban versus rural) impacting children's nutritional status. Across the region, women and girls have the potential to benefit from national policies that focus on guaranteed maternity leave, behaviour change communication based on global nutrition standards, and incentives to improve women's access to, and utilization of key vitamins and minerals.

While improving access to, and consumption healthy, diversified diets is the best way to ensure adequate micronutrient intakes, where this is not being achieved there is a role for supplementation and food fortification. Research by the WHO found that supplementation and food fortification was implemented widely across the region.[380] Twenty-one countries are implementing vitamin and mineral supplementation for pregnant women (most commonly iron or iron and folic acid), while eight countries report provision of supplements to women of reproductive age (folic acid, iron) and 16 report in the provision of supplements to children (vitamin A, iron, micronutrient powder, zinc, iodine).[381] Sixteen countries report fortification of salt, while 12 report fortification of wheat flour and six report fortification of oil, and one country reports fortifications of sugar.[382] Iron and folic acid were the fortificants most commonly added to wheat flour. A specific regional assessment of wheat flour fortification in 2018 found that 17 countries had some coverage of wheat flour fortified with iron and folic acid, and that this was mandatory in 11 countries.[383] Despite this progress, a regional report on wheat flour fortification identified that further action was needed to expand coverage of wheat flour fortification and to ensure that it was effective.[384]

The region exhibits huge disparities related to undernourishment and food security. In non-conflict countries, undernourishment rates are approximately double that of the world average for developed countries. Conflict-affected countries, however, alarmingly report undernourishment at 27.7 per cent - more than five times that of non-conflict-affected countries in the region and an even higher prevalence than least developed countries at the global level.[385]

380 World Health Organization, Strategy on nutrition for the Eastern Mediterranean Region 2020–2030, 2019.
381 World Health Organization, Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition, 2018.
382 Ibid.
383 World Health Organization, Wheat flour fortification in the Eastern Mediterranean Region, 2019.
384 Ibid.
385 FAO, IFAD, UNICEF, WFP and WHO, Regional Overview of Food Security and Nutrition in the Near East and North Africa 2019 – Rethinking food systems for healthy diets and improved nutrition, 2020.

Table 1.23:
Hunger and Food Insecurity in Selected Sub-Regions of the Arab States, 3 Year Averages for 2016 - 2018

Category	Prevalence of undernourishment (%)	Prevalence of severe food security (%)	Prevalence of moderate or severe food insecurity (%)	Countries in category
ARAB STATES				
All Arab States	13.2	10.2	33.3	Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, State of Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, UAE, Tunisia, and Yemen.
BY CONFLICT/NON-CONFLICT				
Conflict countries	27.7	..	..	Iraq, Libya, Somalia, Syria, Sudan, and Yemen.
Non-conflict countries	5.4	8.9	32.1	Algeria, Bahrain, Comoros, Djibouti, Egypt, Jordan, Kuwait, Lebanon, Mauritania, Morocco, Oman, State of Palestine, Qatar, Saudi Arabia, Tunisia, and UAE.
GLOBAL COMPARISON FOR REGIONS OR CATEGORIES				
Least developed countries	23.6	22.4	52.5	
Developing regions	12.8	10.2	28.9	
Developed regions	<2.5	1.1	8.0	

Notes:
'.' signifies data unavailable. The FIES data are not available either because they were not collected, or governments did not make them available.
*Comoros and Mauritania were also included in the 'All Arab States' figure and Non-conflict Countries' figure but are not part of this situational analysis.
Source: FAO. FAOSTAT, 2019. As presented in FAO, IFAD, UNICEF, WFP and WHO, Regional Overview of Food Security and Nutrition in the Near East and North Africa 2019 – Rethinking food systems for healthy diets and improved nutrition, 2020.

Undernourishment in the region as a whole declined nearly continuously between 2000 and 2014, and a majority of the countries achieved the Millennium Development Goal (MDG) target of halving undernourishment between 1990 and 2015. However, the prevalence of undernourishment began increasing in conflict-affected countries and has erased much of the regional progress. Data related to undernourishment in conflict-affected countries are sparse and extensive data is only available for Iraq and Yemen. No data exists for Libya, Somalia, or Syria; however, experts assume that there are similar levels of undernourishment as the average of Iraq and Yemen. Estimates suggest that conflict-affected countries have had between four to five times higher prevalence of undernourishment than non-conflict-affected countries since 2004-2006.[386]

386 FAO, IFAD, UNICEF, WFP and WHO, Regional Overview of Food Security and Nutrition in the Near East and North Africa 2019 – Rethinking food systems for healthy diets and improved nutrition, 2020.

DIET

Table 1.24:
Percent of persons (18+ years) with obesity (BM1> 30) (Age-standardized estimate, 2016)

ESCWA Category	Country	Female (%)	Male (%)
GCC	Bahrain	36.8	25.5
	Kuwait	45.6	33.3
	Oman	33.7	22.9
	Qatar	43.1	32.5
	Saudi Arabia	42.3	30.8
	United Arab Emirates	41.0	27.5
Maghreb	Libya	34.9	19.9
	Morocco	39.6	25.0
	Tunisia	32.2	19.4
Mashreq	Egypt[387]	34.3	19.1
	Iraq	41.1	22.7
	Jordan	32.2	19.3
	Lebanon	37.0	23.4
	Syria	27.3	15.9
LDC	Sudan	9.6	3.6
	Yemen	19.4	9.1

Source: Global Health Observatory

Poor diet directly leads to a range of negative health outcomes, both in terms of under and overnutrition (see the Nutrition section for more detail). Overnutrition leading to obesity can contribute to a range of non-communicable diseases, such as cardiovascular diseases (mainly heart disease and stroke), diabetes, musculoskeletal disorders and some cancers.

The last few decades have seen increases in intake of energy-dense foods that are high in fat and sugars. Combined with a decrease in physical activity (see above), this has led to a global obesity epidemic. In 2016, worldwide more than 1.9 billion adults 18 years and older (39 per cent of men and 40 per cent of women) were overweight. Of these over 650 million (13 per cent of the world's adult population - 11 per cent of men and 15 per cent of women) were obese. The global prevalence of obesity nearly tripled between 1975 and 2016.[388]

The MENA and Arab States region is the second most obese region in the world. When analysed by per capita income, data suggest that there is a positive association between overweight and obesity prevalence and per capita income. The countries in the region with the lowest rates of overweight and obese populations are low or lower-middle-income countries (Djibouti, Somalia, Yemen).[389] Being overweigh or obese is of high prevalence in the GCC countries, with rates for women and girls consistently higher than men and boys across the region.

Overall, the rate of being overweight (BMI >25>30) for the region in 2016 was 46.5 per cent for adults (43.3 per cent male, 49.8 per cent women), and 20.5 per cent for children 5-19 years (20.2 per cent boys, 20.7 per cent girls). This is higher than the global average (39.1 per cent adults, 18.4 per cent children), but lower than Europe, the Americas and Western Pacific.[390]

The rate of obesity (BMI >30) for the region in 2016 was 19.5 per cent among adults (14.9 per cent men, 24.3 per cent women), and 8.2 per cent for children 5-19 years (8.3 per cent boys, 8.1 per cent girls). This is also higher than the global average (13.2 per cent for adults, 5.6 per cent for children), but lower than Europe and the Americas.

On a country basis, Qatar leads the region in obesity, with nearly half (47.8 per cent) of women qualifying as obese. Qatar is following closely by Kuwait, Bahrain and UAE, all with obesity rates among women above 40 per cent. Lesser-developed countries for which data is available (Sudan and

387 EHIS, 2012 indicated BMI>30 for age 15-59 is 50.3 per cent for women and 26.4 per cent for men in Egypt.
388 World Health Organization, Obesity Fact Sheet, April 2020, 2020.
389 FAO, IFAD, UNICEF, WFP and WHO, Regional Overview of Food Security and Nutrition in the Near East and North Africa 2019 – Rethinking food systems for healthy diets and improved nutrition, 2020.
390 WHO- Global Health Observatory.

Yemen) have much lower rates of overweight/obesity but face greater challenges related to under-nutrition.

A 2019 study of gender disparity in dietary intake noted that the MENA region features a marked gender gap detrimental to women. It also noted that the region has experienced a major increase in the prevalence of obesity and nutrition related non-communicable diseases with the prevalence of obesity and diabetes among the highest worldwide.[391]

Socio-cultural Norms and Practices

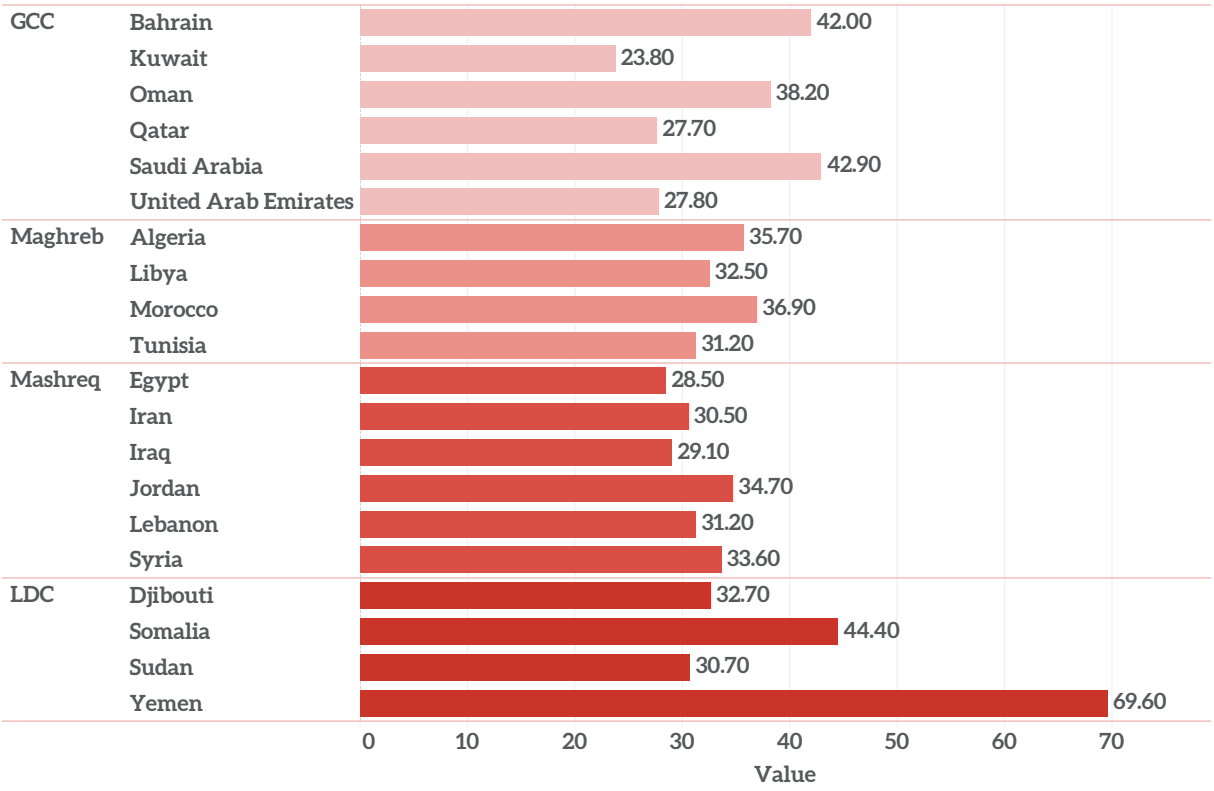
Socio-cultural norms and beliefs likely play some role in women's and girls' nutritional status in the region. A study in Tunisia, for example, found that women had an overall poorer quality diet than men in terms of the variety and adequacy of food.[392] Age, household size, and education levels were not significantly associated with nutrition levels, but the researchers did note cultural associations with sweets being considered as feminine and meat being masculine.[393] This association, even if subtle and subconscious, could partially explain women's insufficient levels of iron, which is an issue of concern for women of child-bearing age and children globally and particularly in the region. For example, in 2019, an estimated 28.4 per cent of non-pregnant women of reproductive age (aged 15-49) and 30.9 per cent among pregnant women in Iraq experience iron-deficiency anaemia; and in the State of Palestine, between 20 and 25 per cent of both boy and girl children have iron-deficiency anaemia.[394],[395] Yemen and Somalia have the region's highest prevalence of iron-deficiency anaemia, at 69.6 per cent and 44.4 per cent, respectively.[396] Iron-deficiency anaemia prevalence throughout the region is presented in Figure 1.17, below.

Since increased prevalence of anaemia among women of reproductive age indicates inadequate intake of micronutrients, anaemia is indicative of the food security situation.[397]

Cultural norms and practices also contribute to the high rates of obesity and overweight status in women in the region; throughout the region, women have nearly double the rates of obesity as men.398 In addition to diet, this can be attributed to women's lack of physical activity and mobility in public spaces due in part to cultural norms that constrain women's and girls' movement outside the house and de-emphasize the importance of physical education for girls in school.

391 Abassi, Mohamed Mehdi, et al., Gender inequalities in diet quality and their socio-economic patterning in a nutrition transition context in the Middle East and North Africa: a cross-sectional study in Tunisia, Nutrition Journal 18:18, 2019.
392 Ibid.
393 Ibid. p. 10.
394 Ministry of Health, National Health Policy for all Iraqi Citizens 2014-2023, Republic of Iraq, 2016, p. 10.
395 UNICEF, Landscape Analysis of Complementary Feeding in the Middle East and North Africa: Synthesis Report, 2019, p.31.
396 WHO Global Health Observatory.
397 ESCWA, Tracking Food Security in the Arab Region, 2019.
398 Plan International, Equal Measures 2030, Harnessing the Power of Data for Gender Equality, 2019.

Figure 1.17:
Prevalence of Anemia Among Women of Reproductive Age (15-49), %



Source: World Health Organization, Global Health Observatory

BREASTFEEDING AND INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES

There is a notable difference between countries in the MENA region regarding adherence to global recommendations for breastfeeding and IYCF. The WHO recommends that breastfeeding be initiated no later than one hour after birth and that babies are exclusively breastfed for their first six months. According to a 2017 regional study that looked at nine countries in the region (Saudi Arabia, Iran, Egypt, Turkey, Kuwait, the United Arab Emirates, Qatar, Lebanon, and Syria) with data from multiple years, the average prevalence for timely breastfeeding initiation was just 34 per cent, with the lowest rate of 11.4 per cent in Saudi Arabia[399] and the highest of 80.6 per cent in Iran.[400] Similarly for exclusive breastfeeding for six months, the rates ranged from 2 per cent in Kuwait to 56 per cent in Iran, with the average being 20.5 per cent.[401] For both key indicators, the region was ranked as 'fair' as per the WHO rating, but remains well below the global average, which is around 40 per cent prevalence for both initiating and exclusive breastfeeding. The main factors identified by the author as having a significant impact on both initiating and exclusive breastfeeding was mode of

399 For more information on attitudes of Saudi mothers towards breastfeeding see https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5025930/.
400 Alzaheb, Riyadh A., A Review of the Factors Associated with the Timely Initiation of Breastfeeding and Exclusive Breastfeeding in the Middle East, Sage Publications, 2017, p. 3. For Iran, see CANDS-IR, 2017. For Iran, see CANDS-IR, 2017.
401 Ibid, p. 12.

delivery (deliveries by Caesarean section correlated with reduced prevalence), rooming-in (mothers who roomed-in with their babies had increased prevalence), first-time motherhood (which reduced prevalence), previous breastfeeding history (mothers that had successfully breastfed before had increased prevalence), and national laws around advertisements for breastmilk substitutes, among others.[402] Interestingly, different studies have produced diverging results with regard to maternal education and maternal employment; while both are noted as factors that influence the prevalence initiating and exclusive breastfeeding, it is unclear whether that influence is positive or negative.[403] Additionally, women in the region have a high rate of Caesarean sections, likely above what is medically required, which is considered one of the biggest barriers to both initiating and exclusive breastfeeding.[404] In the region, children from the poorest quintile are 1.6 times more likely to be breastfed at two years of age than children from the wealthiest quintile.[405]

Other regional and national reports also indicate a low prevalence of breastfeeding. In Iraq, the rate of initial breastfeeding within one hour was just under 33 per cent, but exclusive breastfeeding for six months ranged from 14.4 per cent in urban areas and 17.2 per cent in rural areas.[406] Some of the region's lowest rates of breastfeeding can now be found in Syria, where lack of knowledge and skilled support for mothers as a result of the civil conflict has led to rates as low as 3 per cent in the most affected areas.[407] Similarly, in Yemen exclusive breastfeeding for six months is down to 10 to 12 per cent.[408] In the South Darfur region of Sudan, mothers regularly shared the mistaken belief that male infants needed to be fed solid foods starting at three months, as opposed to six months for female infants.[409] And in the UAE, rates of exclusive breastfeeding continue to be under 40 per cent, although campaigns by the national health authorities since 2011 to promote the benefits of breastfeeding have already led to notable improvements throughout the country.[410]

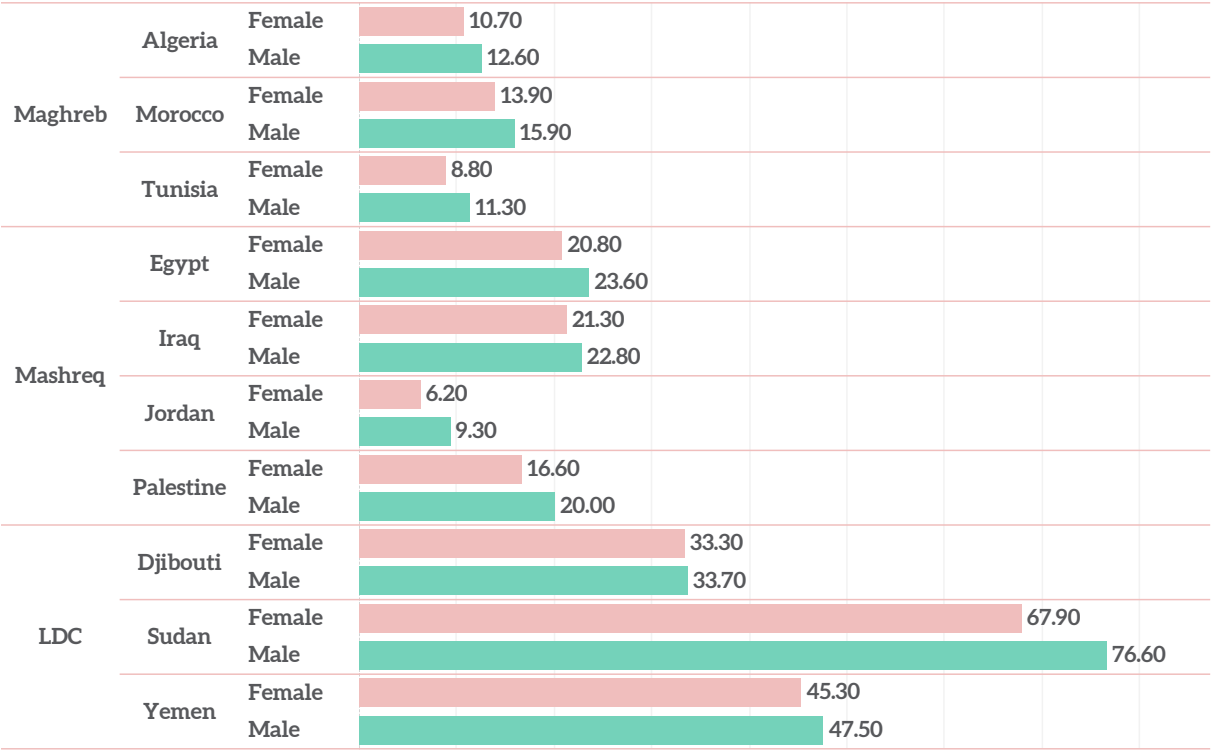
After six months of age, the WHO recommends complementary feeding along with continued breastfeeding until two years of age. A lack of knowledge about what constitutes appropriate complementary feeding, however, often results in poorer nutritional outcomes for women and their children. However, literature indicates that this can be rectified through better education and knowledge; for example, in Iraq, maternal education level is positively correlated to children's increased intake of vitamin A.[411]

402 Ibid., p. 3 and 12-13.
403 Ibid., p. 12.
404 Ibid., p. 13.
405 UNICEF, Breastfeeding: A Mother's Gift, for Every Child, New Year, 2018, p. 3.
406 UNICEF, et al., MNCH-HHS-Iraq (Maternal, Neonatal & Child Health Household Survey-Iraq) 2016 Final Report, Baghdad, 2017, p. 28.
407 OCHA, Humanitarian Needs Overview 2019: Syrian Arab Republic, 2019, p. 75.
408 Republic of Yemen (Ministry of Planning and International Cooperation) and United Nations Children's Fund, Situation Analysis of Children in Yemen, New York, 2014, p.40.
409 UNICEF, Landscape Analysis of Complementary Feeding in the Middle East and North Africa: Synthesis Report, 2019, p.34.
410 Taha, Zainab, Trends of Breastfeeding in the United Arab Emirates (UAE), Arab Journal of Nutrition and Exercise, vol. 2, issue no. 3, 2017, p. 154.
411 UNICEF, et al., MNCH-HHS-Iraq (Maternal, Neonatal & Child Health Household Survey-Iraq) 2016 Final Report, Baghdad, 2017, p. 28.

NUTRITION IN CONFLICT ZONES

Unsurprisingly, in the regions' two countries currently most affected by conflict, Syria and Yemen, women and girls face the direst nutrition needs. In Syria between 2017 and 2018, the prevalence of malnutrition among pregnant and lactating women more than doubled, and substantially more women than men have unmet acute and chronic nutritional needs (3.1 million versus 1.6 million).[412] Furthermore, girls in Yemen often have the least access to food at mealtimes due to cultural norms that determine who within a family eats first, with girl children ranking towards the bottom.[413]

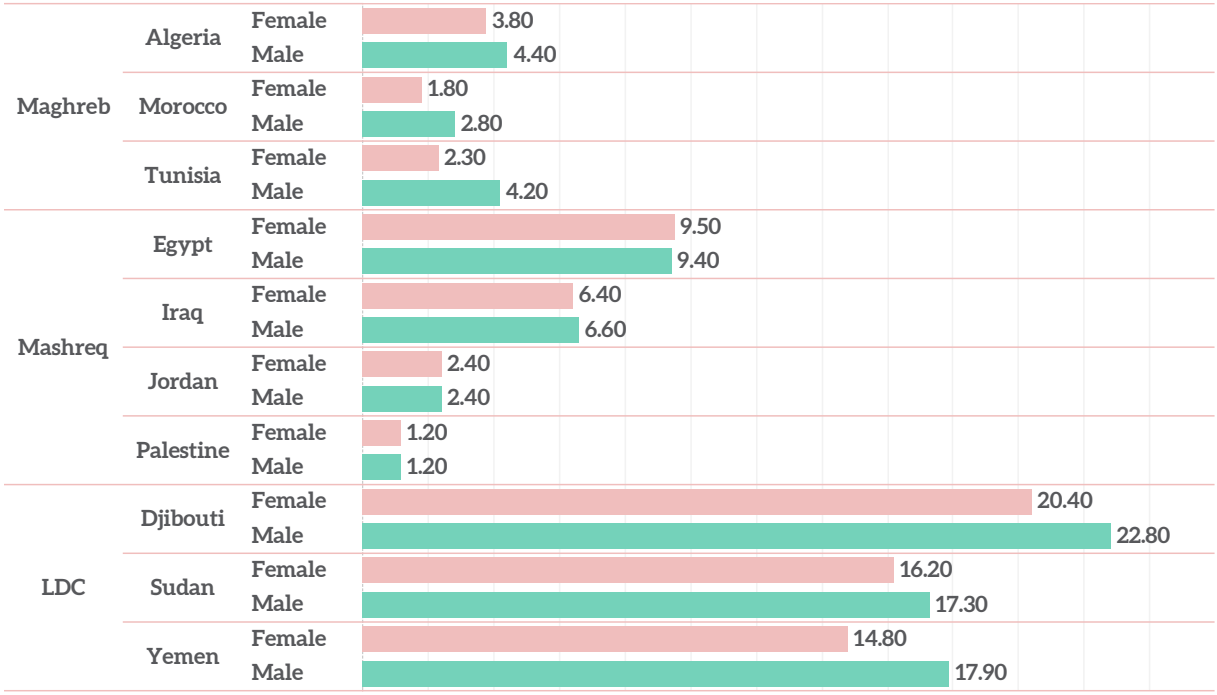
Figure 1.18:
Child Malnutrition Estimates, Height-for-Age <-2 SD (Stunting): % of children under 4



Source: UNICEF Data Warehouse

412 OCHA, Humanitarian Needs Overview 2019: Syrian Arab Republic, 2019, p. 75 and 30.
413 Republic of Yemen (Ministry of Planning and International Cooperation) and United Nations Children's Fund, Situation Analysis of Children in Yemen, New York, 2014, p. 40.

Figure 1.19:
Child Malnutrition Estimates, Weight-for-Height <-2 SD (Wasting): % of children under 4



Source: UNICEF Data Warehouse

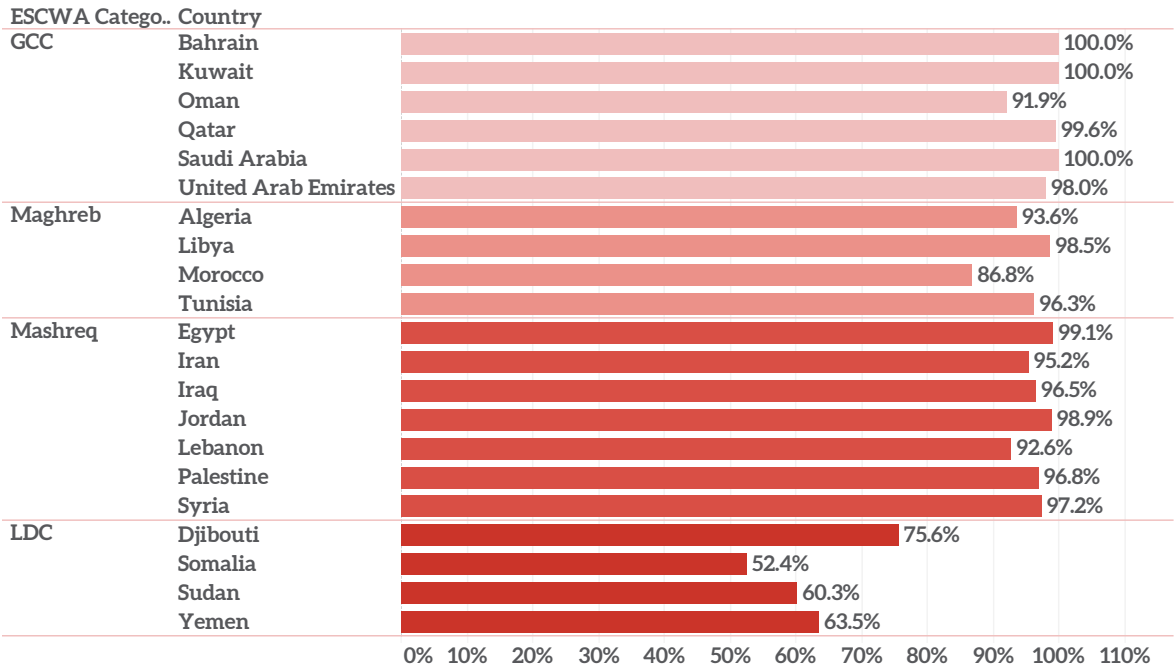
WATER, SANITATION AND HYGIENE

Overview

WASH is one thematic area where there is a great deal of disparity between the region's wealthier and poorer countries, as well disparities within countries themselves. For example, GCC countries report very high percentages of people with both safely managed and basic drinking water services (see Figure1.20, below). Comparatively, the LDCs have much lower rates of access to basic drinking water services. For women and girls, WASH challenges often revolve around issues related to access.

Figure 1.20:
Drinking Water

This figure shows the percentage of the population who have access to at least basic drinking water services



Source: WHO/UNICEF Joint Monitoring Program (JMP)

Households: Globally, women in poor households are less likely to have access to clean, safe places for menstrual health management (MHM) or other sanitation facilities that provide appropriate security and hygiene standards to maintain women's unique needs related to privacy and dignity. Furthermore, a lack of access to WASH services at schools for women and girls may lead to their missing school or dropping out altogether (discussed further below). The same holds true in the MENA and Arab States region even though, as a region, it scores slightly higher than the global average for gender equity within progress towards SDG 6 (water and sanitation for all).[414] These access issues are exacerbated in very impoverished and/or conflict-affected countries in the region, such as Yemen and Libya, and more generally there are gaps in access to services between rural and urban communities. Further, because suitable drinking water sources are also frequently missing at a family's home site, cultural norms throughout the region that designate women and girls as responsible for their household's water collection can involve long walks that expose them to protection and security risks. This risk is particularly heightened for refugees and internally displaced persons (IDPs) who lack access in their residential settings.[415]

Health Care Facilities: WASH in these settings is an additional challenge to the health and welfare of populations. Data from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene in 2019 indicates that WASH services in health care facilities are substandard in every global region. Worldwide, the WHO estimates that 896 million people use health care facilities with no water service and 1.5 billion use facilities with no sanitation service.[416] Moreover, the WHO highlights a comprehensive lack of usable data on the MENA region – no MENA countries had usable data to contribute to this 2019 report, suggesting that they do not systematically track the availability or quality of WASH services to WHO standards.[417] The lack of WASH in health facilities has a particular impact on women and girls, for example in Yemen disrupted WASH and sanitation infrastructure affects women's adequate access to reproductive health services.[418]

Education facilities: Lack of proper WASH services, rights and practices have multiple implications for girls and women's education, protection and socio-economic development. Ensuring that girls have access to safe and clean water, appropriate, private and safe toilets, soap and proper materials such as sanitary pads for taking care of their menstruation is crucial for their dignity, empowerment and ability to take part in society, education and work at equal footing to boys and men. Inadequate toilets and access to water in schools is one driver leading to girl drop out.

Climate Change: The MENA region is the most water scarce region in the world, including 15 of the most water-scarce countries worldwide.[419] The past year have seen an increased extreme heat and drought, making some regions unliveable and agricultural lands arid.[420] Climate change, recurrent droughts and scarceness of natural resources combined with recent years conflicts and humanitarian crisis is putting extreme pressure on water and sanitation service provision impacting the most vulnerable populations, especially women and girls. For example, water scarcity can amplify domestic work burden on women and girls at both household and community level. Moreover, employment in agriculture sector accounts for one third of total female employment in Arab world compared to 18 per cent of total male employment and is mainly through informal work sectors. As such, water scarcity jeopardizes women and adolescent girls income opportunity, amplifying economic vulnerability while also risking food insecurity.

414 Plan International, Equal Measures 2030, Harnessing the Power of Data for Gender Equality, 2019.
415 United Nations, Women, Water Security, and Peacebuilding in the Arab Region, Policy Brief, 2018.
416 WHO and the UNICEF, WASH in health care facilities: Global Baseline Report 2019, WHO and UNICEF, Geneva, 2019.
417 World Health Organization and the United Nations Children's Fund, WASH in health care facilities: Global Baseline Report 2019, WHO and UNICEF, Geneva, 2019.
418 OCHA, Humanitarian Needs Overview, Yemen 2021.
419 World Bank, 'Climate change in MENA : challenges and opportunities for the world's most water stressed region : Climate change in MENA : challenges and opportunities for the world's most water stressed region', 2018.
420 Ibid.

Conflict Settings: Access to water and sanitation are human rights that all children should enjoy, but essential services become targets during conflict and then the critical infrastructure required for children's access is disabled or destroyed. [421] As such, in conflict settings, inadequate WASH infrastructure poses major health risks for women and children. In fragile and conflict-affected areas, schools and hospitals have greater difficulties to function when access to safe water is compromised by damaged infrastructure; children fall ill, disease and malnutrition spread, and children miss out on their education. [422] This is particularly relevant in the water-scarce countries of the MENA region. A 2020 review of WASH interventions being delivered to women and children in conflict settings in low-income and middle-income countries revealed gaps in the current evidence on WASH intervention delivery in conflict settings, suggesting that the WASH needs of women and children have not or are not being sufficiently considered in the humanitarian response in many conflict settings. Little information is available on the delivery of water treatment or environmental hygiene interventions, or about the sites and personnel used to deliver WASH interventions.[423] Of the limited data available, a study of conflict-related cholera outbreaks in Yemen noted that organizational responses were more focused on case management than on outbreak prevention via appropriate and effective WASH investment.[424] In humanitarian settings such as refugee camps, poor lighting, non-gender sensitive WASH facilities as well as unfriendly designs can increase the risk of sexual harassment and abuse. Repeated cycles of infrastructure destruction mean that the livelihoods and security of generations of citizens suffer, hindering the rebuilding of state institutions that are necessary for peacebuilding. This may affect generation of children living with broken public institutions and inadequate provision of health, education and other critical services; making children and communities more vulnerable to disease, disaster, hunger and malnutrition.[425]

COVID-19 and WASH: The interlinkages between the pandemic, gender and WASH is one of the aspects highlighting COVID-19's disproportionate effect on women and girls.[426] Due to gendered household roles, women and girls, as both care-providers and water-bearers of the community, carry the burden of assuring household water needs.[427] As the pandemic has exacerbated the need for adequate sanitation and water distribution, women and girls responsibility has been further stressed. Moreover, for women and girls in the region living in humanitarian settings, such as conflict, refugee camps or IDPs, where access to safe water is already limited, the crisis has caused limitation to access to safe menstrual hygiene management due to disruptions in supply-chain and stigma.[428] Lack of adequate sanitation causes both physical and mental stress and has a negative effect on the well-being for women and girls as well as their mobility. [429]

421 UNICEF, Water Under Fire, VOLUME 3, Attacks on water and sanitation services in armed conflict and the impacts on children, United Nations Children's Fund, 2021.
422 Ibid.
423 Als D, Meteke et al., Delivering water, sanitation and hygiene interventions to women and children in conflict settings: a systematic review, BMJ Global Health, 2020.
424 Federspiel, F., Ali, M. The cholera outbreak in Yemen: lessons learned and way forward. BMC Public Health 18, 1338, 2018.
425 UNICEF, Water Under Fire, VOLUME 3, Attacks on water and sanitation services in armed conflict and the impacts on children, United Nations Children's Fund, 2021.
426 United Nations University, WOMEN, WASH & COVID-19: THE 'BURDENS OF' AND 'OPPORTUNITIES FOR' THE VULNERABLE, 2020.
427 Ibid.
428 Ibid.
429 Ibid.

Laws and Policies

The Arab Charter of Human Rights refers to the right to water and sanitation services under articles 38 and 39 (see text box).

The charter came into force in 2008 after ratification by the seventh member of the League of Arab States. Currently it is ratified by 13 States (Algeria, Bahrain, Jordan, Kuwait, Lebanon, Libya, the State of Palestine, Qatar, Saudi Arabia, Sudan, Syria, UAE and Yemen).[430]

At national level, several States have recognized the right to water in their constitutions, such as:

- **Egypt** (2014), article 79: *'Each citizen has the right to healthy, sufficient amounts of food and clean water'*.

- **Morocco** (2011), article 31: *'The State, the public establishments and the territorial collectives work for the mobilization of all the means available to facilitate the equal access of the citizens to conditions that permit their enjoyment of the right: to the access to water and to a healthy environment'*.

- **Tunisia** (2014), article 44: *'The right to water shall be guaranteed. The conservation and rational use of water is a duty of the state and of society'*.

As reported in the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) report in 2019, only one country in the region, Iran, has formally approved WASH policies related to drinking water, sanitation, and hygiene in both rural and urban areas of the country. Lebanon and Morocco are close behind but missing a national policy on hygiene.

Box 1.2: Arab Charter of Human Rights

Article 38: 'Every person has the right to an adequate standard of living for himself and his family, which ensures their well-being and a decent life, including food, clothing, housing, services and the right to a healthy environment. The State Parties shall take the necessary measures commensurate with their resources to guarantee these rights';

Article 39, parts 2e and 2f: '… the measures taken by States shall include the following, 'Provision of basic nutrition and safe drinking water for all' and 'Combating environmental pollution and providing proper sanitation systems''.

Country	Existence of National WASH Policies				
	Drinking Water		Sanitation		Hygiene
	Urban	Rural	Urban	Rural	National
Iran	●	●	●	●	●
Jordan	◕	◕	●	◕	●
Lebanon	●	●	●	●	○
Morocco	●	●	●	●	○
Oman	●	●	◕	◕	◗
Palestine	●	●	●	●	●
Sudan	◗	◗	◗	◗	◗
Syria	◗	◗	●	●	●
Tunisia	●	●	●	◗	●

Source: GLAAS 2018/2019 Country Survey

● Formally approved ◕ Undergoing revision
◗ Under development ○ None

430 ESCWA, Moving towards Water Security in the Arab Region, 2019.

While Iran has formally approved plans, Morocco and Oman lead the region in the existence of approved and executed WASH implementation plans. Further, Morocco and Oman have also already completed costing estimations and human resource assessments related to their drinking water and sanitation policies. GLAAS findings from 2018/2019 country surveys revealed that Morocco is the only country that has sufficient financial and human resources to implement all WASH-related plans.[431]

Socio-cultural Norms and Practices

The current situation is due to pre-existing vulnerabilities of water services throughout the region. These pre-existing issues are complex, but centre around the fact that the region is one of the most water scarce regions in the world. This is deepened by unsustainable management practices and political, infrastructural and governance challenges.[432] Socio-cultural norms and practices further compound these vulnerabilities as additional pressures on national systems are experienced with the influx of refugee and IDP populations, or water conflicts, for example the inability of Palestinians to access their water resources.

During crisis situations, gender-based water insecurity is amplified, especially for refugee or internally displaced women and girls who face major barriers in access to basic services that are essential to their and their families' health and well-being. In addition to accessing basic services, women-headed households experience financial burdens that further limit their abilities to purchase water. In some countries water rights are tied to land rights which in certain instances restrict women's access to these rights (discussed under Food Security above).[433]

In some situations within the region, women's and girls' health and personal hygiene is compromised due to the potential exposure to sexual violence or threats when accessing WASH facilities outside the home.[434] Further, women living in informal settlements and other vulnerable settings in the region are at risk of being exposed to unsafe conditions while when collecting water and washing in communal water spaces, which may be contaminated by untreated sewage or chemicals.[435] Conflict and continued unrest in Iraq, Somalia, Sudan, Syria and Yemen has led to the severe contamination of water sources, depletion of the government's financial and human resources, and has resulted in the spread of water-related diseases.[436]

Socio-cultural traditions within the region have, in most cases, excluded women from meaningfully participating in water-related management – both in private and public spaces and especially in rural areas.[437] In recent years, there has been an increasing amount of support for initiatives that focus on water-related training and education for women and girls. As an example, the Water Wise Women programme in Jordan trains women as plumbers and also increases their awareness of water issues through education including water conservation and technical skills. The project has been successful in knocking down barriers and discrimination due to traditional gender roles and has increased women's voices in decision-making. Understanding and overcoming stigmas to women's participation in water diplomacy is critically important.[438] Co-operation within communities regarding shared

431 UN-Water Global Analysis and Assessment of Sanitation and Drinking-water (GLAAS), 2018/2019 Country Survey, 2019.
432 Diep, Loan, et al., Water, Crises and Conflict in MENA: How Can Water Service Providers Improve Their Resilience? Working Paper, International Institute for Environment and Development, 2017.
433 United Nations, Women, Water Security, and Peacebuilding in the Arab Region, Policy Brief, 2018.
434 United Nations, Women, Water Security, and Peacebuilding in the Arab Region, Policy Brief, 2018.
435 Ibid.
436 Ibid.
437 United Nations, Women, Water Security, and Peacebuilding in the Arab Region, Policy Brief, 2018.
438 United Nations, Women, Water Security, and Peacebuilding in the Arab Region, Policy Brief, 2018.

water resources is essential for efficient and peaceful water management, especially in times of conflict or crisis. The inclusion of women into water management processes strengthens a community's capacity to respond to and mitigate challenges. For example, in Yemen, with support from the FAO, women worked to resolve a 15-year-old water-related dispute between two villages. By establishing a water users association and continued dialogue, the villages ultimately agreed to share the well-water resources which was able to serve 7,000 people.[439]

Services, Programming and Information

Ensuring access to water and sanitation infrastructure requires adequate funding and effective financial management, as well as proper governance and management tools. Several countries reported an increase in prioritization and financial allocations for WASH in recent years, however, countries in the region also reported that national funding continues to not meet programmatic needs and, as such, remains a major obstacle to progress.[440]

In countries most affected by conflict within the region, WASH needs for women and girls primarily relate to access to products and services. Throughout the region, but particularly in conflict-affected countries and LDCs, the burden of collecting water for household use is often a gendered task assigned to women and girls. As represented in the graph below, Somalia and Yemen have the greatest gender imbalance with regard to water collection.

In Yemen, access to drinking water is a primary concern. A situational analysis from 2014 revealed that nearly 30 per cent of households face a minimum 30-minute walk to collect water.[441] This equates to at least one million Yemeni women and girls facing this task daily, which can expose them to protection violations and other dangerous situations that result in girls being kept home from school.[442]

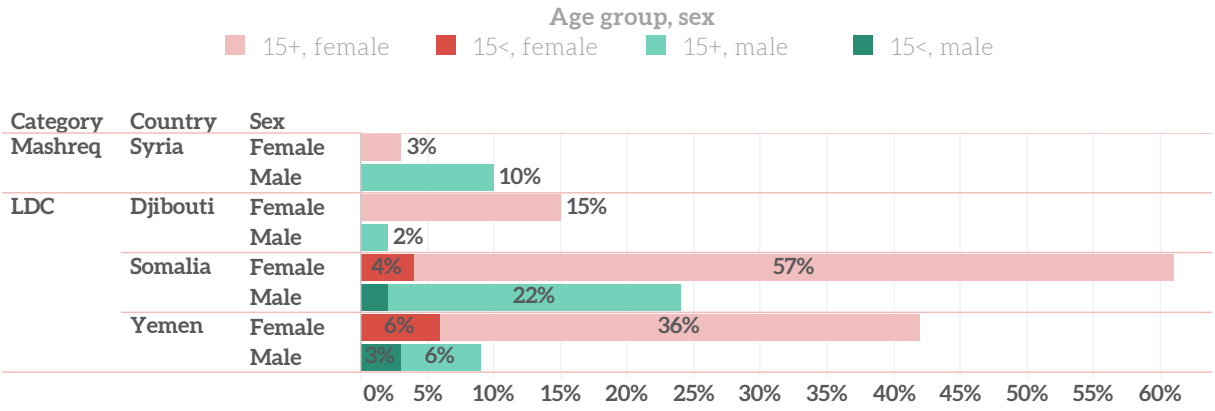
The countries with high rates of women and girls as primary water collectors are also among those most affected by insufficient WASH resources in schools, which can be a key factor in girls' school attendance. Few schools in Somalia, Sudan and Yemen have clean water or safe sanitation spaces, which makes attendance particularly difficult for adolescent girls when trying to manage their menstrual hygiene.[443]

In protracted humanitarian crises, like in Sudan, an increase in WASH necessities is often exacerbated by deteriorating economies, conflict, civil unrest, natural disasters, large refugee and IDP populations, food insecurity, and disease outbreaks. As of 2019, only 23 per cent of the population in Sudan had access to basic hygiene services, 74 per cent had access to basic drinking water services, and 39 per cent had access to limited sanitation services. Nearly 50 per cent of schools did not have improved sanitation facilities nor did they have access to clean water. This lack of services is further compounded by the lack of gender-segregated sanitation facilities and accessibility of existing facilities among children with physical disabilities.[444] Open defecation is also

439 Ibid.
440 UN-Water and WHO, Investing in Water and Sanitation: Increasing Access, Reducing Inequalities, GLAAS 2014 findings – Highlights for the Eastern Mediterranean Region, 2015.
441 Republic of Yemen (Ministry of Planning and International Cooperation) and United Nations Children's Fund, Situation Analysis of Children in Yemen, New York, 2014, p. 46.
442 OCHA, Humanitarian Needs Overview 2019: Yemen, 2019, p. 24.
443 Republic of Yemen (Ministry of Planning and International Cooperation) and United Nations Children's Fund, Situation Analysis of Children in Yemen, New York, 2014, p. 47.
444 WASH Cluster, WASH Sector Sudan Annual Report 2019, 2019.

Figure 1.21:
Water Collection Responsibility

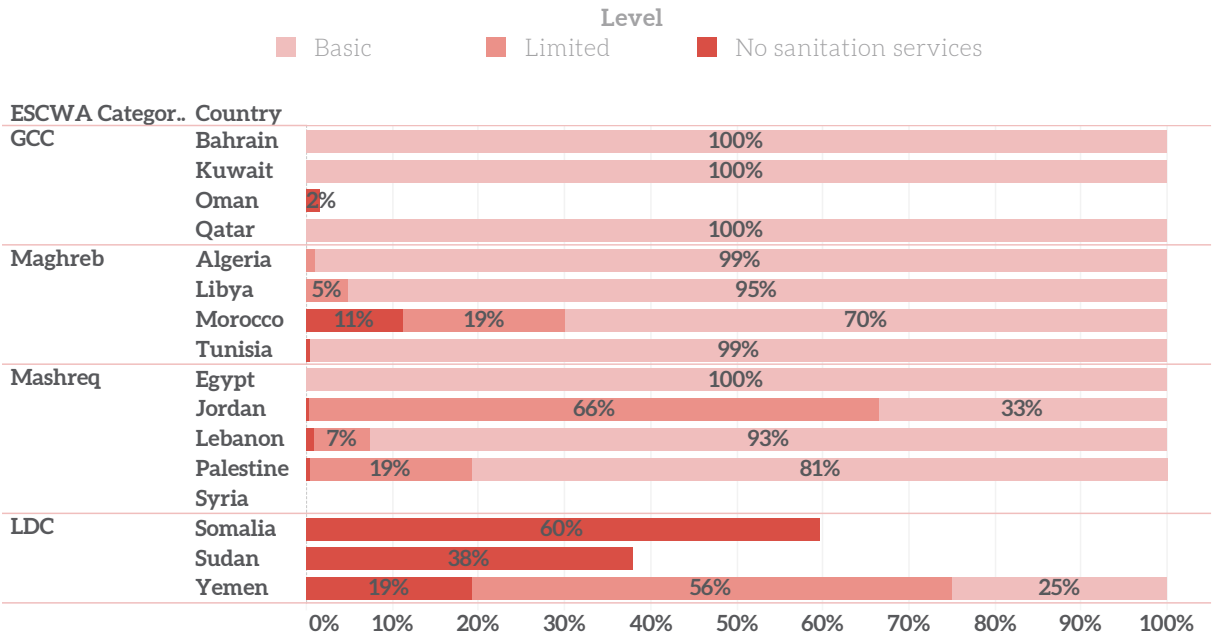
This figure reflects the % of the population where water collection is primarily the specified actor.



Source: WHO, Safely Managed Drinking Water- thematic report on drinking water, Geneva, Switzerland, 2017.

Figure 1.22:
Sanitation Services in Schools

The figure shows the proportion of schools in each country that have basic, limited, or no sanitation services.



Source: WHO/UNICEF JOint Monitoring Program (2018)

a major concern in Sudan with many related health andenvironmentalconcerns.[445]

In Libya, almost 40 per cent of people in need of WASH humanitarian assistance are women and girls. While this proportion may not seem initially alarming, after considering that over half of the people in Libya who require assistance are refugees who are overwhelming male, the actual number of Libyan women who require WASH assistance becomes substantially more than the number of Libyan men.[446] The few female refugees in Libya have even less options for accessing appropriate WASH facilities, and government initiatives to invest in infrastructure related to WASH that would reduce women's domestic work remains 'barely tangible'.[447],[448]

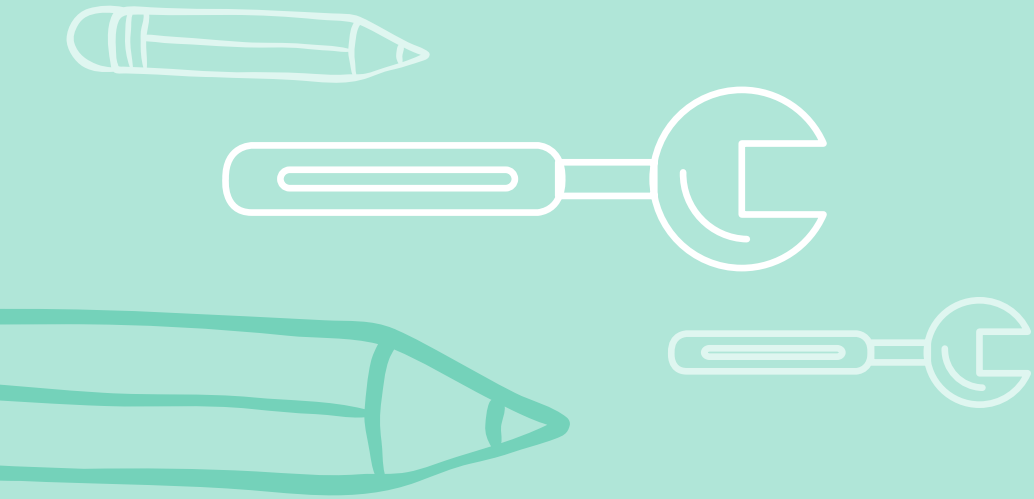
In Syria, WASH and protection issues are often interlinked, as women and girls often have issues accessing WASH services due to safety concerns. Female-headed households within internally displaced and returnee populations face the most difficulty in both accessing and affording hygiene and sanitation products.[449] Furthermore, as a result of the ongoing humanitarian crisis which has caused several national systems to be overstretched, Syrian refugees are among the most deprived when it comes to accessing and using improved drinking water and sanitation facilities.[450]

Iraq's government has focused on infrastructure investments to reduce women's water collection burden and taken steps to be more inclusive of women in water management and decision-making activities at the national level.[451] In Morocco, the government has expanded the drinking water network, from individual connections to collective water points) to the benefit of more than 33,000, primarily rural, women.[452] Lastly, the Jordanian Ministry of Health developed a hygiene lecture programme in 2017 that specifically targets pubescent girls in order to encourage awareness and share important hygiene information.[453]

445 UNICEF, Water, sanitation & hygiene, ensuring that all Sudanese children have access to clean water and basic sanitation, n.d. Accessed at: https://www.unicef.org/sudan/water-sanitation-hygiene.
446 OCHA, Humanitarian Needs Overview 2019: Libya, 2019, p. 23.
447 Ibid. 57.
448 Comprehensive National Review of the Progress Made Towards the Implementation of the Beijing Declaration and Platform for Action +25, Libya National Report, 2019, p. 27.
449 OCHA, Humanitarian Needs Overview 2019: Syrian Arab Republic, 2019, p. 83.
450 UNICEF, Progress for Children with Equity in the Middle East and North Africa, 2017.
451 Alwash, Thikra Mohammed Jabir, et al., National Review of the Implementation of Beijing +25 Declaration and Platform for Action, Republic of Iraq, 2019, page 21 and 55.
452 Ministry of Family, Solidarity, Equality, and Social Development, National review of the implementation of the Beijing Declaration and Platform for Action, after 25 years, Kingdom of Morocco, 2019, p. 30.
453 The Jordanian National Commission for Women, Comprehensive National Review of the Progress in the Implementation of the Beijing Declaration and Platform for Action 25 Years On, The Hashemite Kingdom of Jordan, 2019, p. 36.

PILLAR 2:

LEARNING AND LIVELIHOODS



LEARNING: OVERVIEW AND KEY CONSIDERATIONS

Formal and non-formal education plays a large role in children's and young persons' lives. Women and girls within the region are diverse in terms of their abilities, availabilities, and access to educational opportunities. For this reason, it is important to explore multiple pathways for education including those that help female children and youth transition into dignified adulthoods as well as lifelong learning opportunities for women of all ages. Access to education and learning opportunities – in both formal and non-formal settings – is crucial for advancing the rights of all women and girls in the region.

In formal education specifically, on average, according to international comparative studies on education achievements, girls outperform boys in learning outcomes throughout the region. Despite recent gains as a region, educational inequalities between males and females persist. These inequalities are based on a number of factors (e.g. migration, conflict, language of instruction, ethnicity or social group, disability status, privatization of educational access, uneven educational opportunities) and are manifest in myriad forms, most often affecting the most marginalized girls and women (e.g. rural, impoverished, displaced or nomadic communities, and those with disabilities).[454] For example, rural females at both the primary and lower secondary levels exhibit higher out-of-school rates than other populations in the region, with some exceptions (see Figure 2.8). Another group that is often marginalised when it comes to accessing education are females with disabilities – between 63 per cent and 92 per cent of females with disabilities report having no schooling at all.[455] As a whole, female youth are more than twice as likely to be Not in Education, Employment, or Training (NEET) than male youth.[456]

Unfortunately, the increase in girls' and women's literacy and educational attainment has not translated into participation in the labour force.[457] Even with higher education, men and women with advanced education experience starkly different unemployment rates in all countries for which data exist. Women with advanced education are at least twice as likely to be unemployed than their male counterparts in 90 per cent of the countries in the region.[458] Educational attainment is often not the only factor contributing to unemployment and this is especially true in this region. Socio-cultural norms including what is considered appropriate work for women, laws and policies that restrict a woman's ability to perform certain tasks (e.g. hours or sector), and traditional gender norms all contribute to higher levels of unemployment.[459]

Within the region, Technical and Vocational Education and Training (TVET) accounts for only 20 per cent of post-secondary enrolment and suffers from a negative perception even though evidence shows that TVET graduates have higher prospects

454 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
455 ESCWA, Disability in the Arab Region, Disability-Dashboard-2020.
456 ILOSTAT, Share of youth not in employment, education or training (NEET) by sex– ILO modelled estimates, Nov. 2020 (per cent) | Annual, 2020]
457 Dalacoura, Katerina, Middle East and North Africa Regional Architecture: Mapping Geopolitical Shifts, Regional order and Domestic Transformations, Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the post-2011 Juncture, 2019.
458 Unemployment with Advanced Education, International Labour Organization, ILOSTAT Database.
459 World Bank Group, Women, Business and the Law, 2018, p. 14.

for employment compared to university graduates.[460] Concerningly, research in the region determined that vocational training programmes themselves reinforce gender-based discrimination, often dividing programmes into topics that are socially acceptable to men and those that are socially acceptable to women.[461] Additionally, research has found that TVET programmes in the region offer limited support to vulnerable groups, including persons with disabilities, former detainees, and illiteratepopulations.[462]

Research in the region concluded that life skills and citizenship education programmes in non-formal settings play an important role in targeting marginalized and vulnerable groups, however, these programmes are sporadic and are sustained by support from implementing non-governmental organizations. As such, these activities often lack national or local co-ordination mechanisms and are delivered on a project-by-project basis which calls into question the long-term sustainability of suchactivities.[463]

Regional data suggests that education reduces the prevalence of child marriage[464] and educational attainment is also a key determinant of sexual and reproductive health – women with education tend to access sexual and reproductive health services more than women with lower or no education. (See Pillar 1.)

Within both formal and non-formal education settings, Information and Communications Technologies (ICTs) have the potential to promote inclusive and equitable quality education as well as promote lifelong learning opportunities for all women and girls. However, access to ICTs and low levels digital literacy are factors that contribute to an unequal landscape within the region, both between countries and between the sexes. This digital divide[465] is exacerbating inequalities – particularly gender inequalities – and hinders women's and girls' participation in education. Women's and girls' access to ICTs vary greatly within the region. As an example, the percentage of the female population using the internet in the region ranges from 11 per cent in Sudan to 99.8 per cent in Kuwait. (See Table 2.7.)

Socio-cultural norms and practices are critical impediments to women's and girls' access to ICTs including computers and mobile phones. Throughout the region, these traditional gender roles and harmful social norms undermine girls' and women's access to and use of ICT tools. This precludes the ability of women and girls to adapt to the heightened demand for digital skills and access to digital technologies to foster learning during the COVID-19 pandemic and to participate in recovery efforts. This is especially true in lower socio-economic environments or rural localities, where ICTs are often accessed outside of the home where safety concerns and norms regarding socializing act as barriers for women's and girls' access to these technologies. Additionally, a lack of control over when and how to use these technologies can present another barrier for women and girls. Lastly, it is important to note that while there has been a focus on improving school ICT infrastructure throughout the region in recent years, the same priority has not been given to reforming education

460 Internal UNICEF Document titled Gender dynamics and barriers for girl child employability in MENA (shared with the research study team by UNICEF), no date.
461 Oxfam, Counting on Women's Work Without Counting Women's Work, 2019.
462 UNICEF MENA Regional Office, Analytical Mapping of Life Skills and Citizenship Education in the Middle East and North Africa, 2017.
463 Ibid.
464 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
465 The digital divide refers to the uneven possession of skills and experience that are required to use ICT tools and it entails access to hardware and software as well as the aspects of access and use which all impact the digital divide.

methods to improve the quality of teaching. In fact, limited statistical evidence from the region reveals that use of ICTs in education does not have a significant impact on education methods.[466]

Moving forward, key considerations include:

- Ensure that education opportunities, including digital learning, are available, accessible, and acceptable to all girls and women, independent of wealth, location, ethnicity, ableness or displacement status.
- Review and revise education curricula, including e-learning content, to ensure that they are gender-responsive, do not perpetuate gender stereotypes and equally prepare girls and boys for a dignified transition into adulthood, including decent and productive employment/livelihood and lifelong learning.
- Integrate and operationalize gender responsive foundational and transferable life skills curricula through formal and non-formal education platforms and improved teaching practices.
- Promote and monitor equal access to and acceptance of digital learning to address and mitigate gender-inequalities reinforced by the digital divide and expand affordable access to the most disadvantaged population with focus on girls in rural areas.
- Review and amend education policies to promote girls' and young women's access to both learning and livelihood, specifically addressing harmful practices and social norms barriers.
- Ensure education services and policies are gender-responsive in emergency and humanitarian settings, with specific attention to girls and young women needs and risk of dropping out of school.
- Ensure available, accessible and gender-responsive WASH facilities including menstrual health and hygiene support, in education settings for girls and adolescent females, including in humanitarian settings.
- Implement policies and accountability frameworks to ensure a safe and protective school environment to address wellbeing, including mental health and psychosocial support, and to mitigate against the increased risk of GBV.
- Ensure a safe learning environment, including that all schools and tertiary education must provide accessible and reliable means of reporting cases of sexual harassment and assault (be it physical, psychological, emotional and/or verbal) as enshrined within school governing documents/policies, which must be inclusive.

LIVELIHOODS: OVERVIEW AND KEY CONSIDERATIONS

The period covered in this report, 2010–2019, has been a time of massive change in the region. In particular, there has been an increase in recognition of the need to further integrate women into the economy, with many countries introducing new incentives, programmes and changing labour

466 ESCWA, Arab Horizon 2030 Digital Technologies for Development, 2019.

Box 2.1 Female employment and COVID-19

Due to the COVID-19 pandemic, an estimated 700,000 women will lose their jobs in the region, exacerbating gaps in workforce participation. This is hitting the informal sector particularly hard, where 61.8 per cent of the workforce is women.

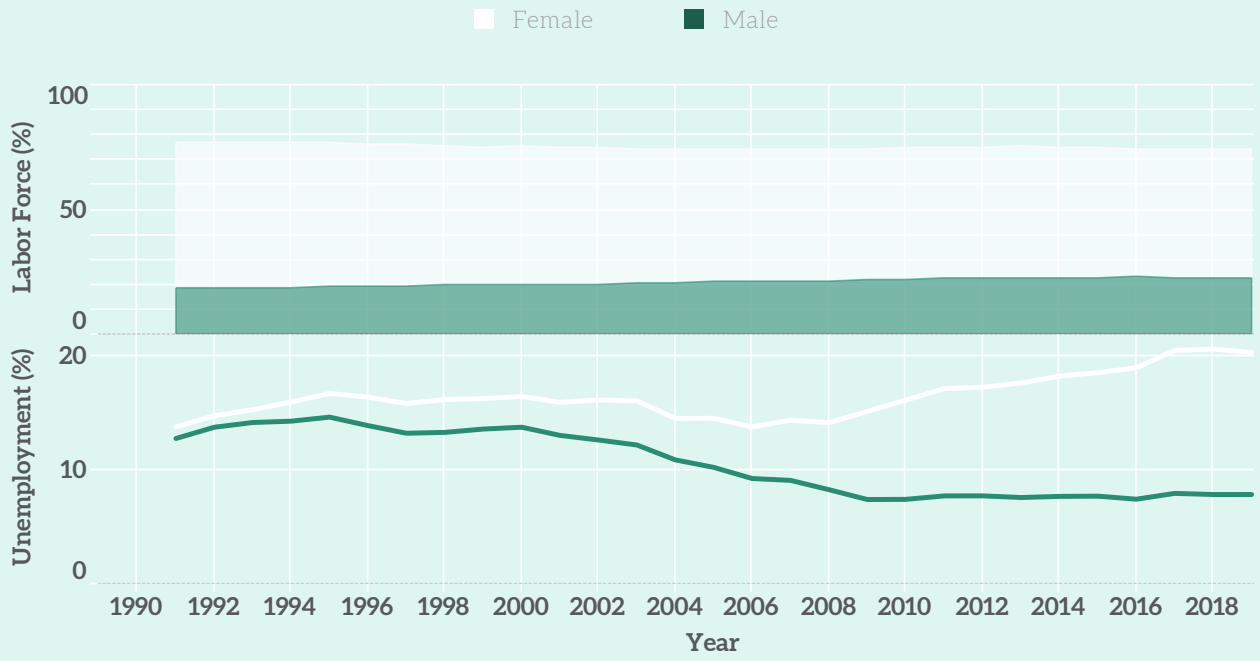
laws to allow this to be achieved. While much progress has been made, there is still much that can be improved. Women and girls still face disproportionate barriers to inheritance, property ownership, and access to capital, as well as one of the world's highest ratios of unpaid care and domestic work responsibilities compared to men.

The MENA and Arab States region has seen an increasing recognition of the importance of women in the economy. Private organizations and global donors have begun to develop monitoring and evaluation mechanisms,[467] reports and research, and data[468] regarding women's impact in the business and financial sectors. However, much of the information gathered during this time period has shown mixed results. While the enabling environment for women entering the workplace has arguably improved, women's unemployment rates have increased, while men's unemployment rates have decreased overall (see Figure 2.10, below). As of 2018, women's labour force participation[469] rates in the region remain the lowest in the world, with an average rate of around 19 per cent across the region, compared to 49 per cent globally.[470] With the emergence of COVID-19, women's unemployment rate in the region (see chart 2.1) was expected to increase (see Box 2.1).[471]

Chart 2.1:

Economic Participation and Unemployment: MENA/Arab Region States, 1991 to 2018

Labor force participation rate is the proportion of the population ages 15 and older that is economically active: all people who supply labor for the production of goods and services during a specified period. Unemployment refers to the share of the labor force that is without work but available for and seeking employment.



Source: International Labour Organization, ILOSTAT database

467 See: Buvinic et al., 'Measuring Women's Economic Empowerment: A Compendium of Selected Tools.'
468 For instance, see resources available at Data2x: https://data2x.org/resource-center/
469 Labor force participation is defined by the International Labour Organization as being the proportion of the working age population currently employed. It is usually calculated using ages 15 and above. For more information, see https://ilostat.ilo.org/resources/concepts-and-definitions/description-labour-force-participation-rate/
470 International Labour Office, 'World Employment and Social Outlook Trends for Women 2018: Global Snapshot.'
471 UN Women, 'The Impact of COVID-19 on Gender Equality in the Arab Region.'

While overall economies in the region have grown, disparities between urban, rural, and poorer communities have grown. With an overall regional multidimensional poverty rate of 13.4 per cent (as of 2017),[472] this number hides great disparities. LDCs in particular face greater and more widespread poverty, with poverty rates approaching 50 per cent in Sudan and 30 per cent in Yemen.[473] Conflicts in Iraq, Yemen, Libya, and Syria exacerbate poverty, and continue to slow economic growth. Projections for 2019 for the region also predict slow economic growth, estimated by the World Bank at 0.6 per cent due in part to decreasing oil prices.[474] This follows a downward trend during the entirety of the reporting period, with overall regional growth rates slowing year over year.[475] Decreasing oil prices and conflict in the region seem to be the main drivers of this slow-down. On the other side there has not been widespread retraction, meaning that the regional average growth rate has not gone negative. The World Bank predicted stronger growth in the coming years, however the recession caused by the emergence of COVID-19 have made the growth rates for 2020 and beyond uncertain. Growth rates in the region are expected to be impacted by a loss in real GDP, loss in jobs as well as a high increase in people living in poverty.[476] The projection of job losses are expected to be highest in 'most at risk' sectors as well as in the informal economy, where women in the region make up 62 per cent of the labour force.[477]

Moving forward, key considerations are:

- Formally codify or enhance anti-discriminatory and gender-responsive laws governing livelihoods, such as the labour code, and include implementable repercussions or sanctions against those who violate them, in addition to enforcement mechanisms and robust monitoring.

- Enact or strengthen legislation that addresses discriminatory social norms that dissuade women from inheriting wealth and accessing collateral.

- Support women entrepreneurs through increased access to credit and capital, business and technical training, strengthening networks and associations, and gender-responsive procurement and inclusion of women-led businesses in value chains.

- Work with community groups, businesses, and the government to challenge norms in vertical and horizontal occupational segregation that prevent women from taking on leadership and senior roles in the world of work, as well as from entering occupations in non-traditional sectors of the economy.

- Enact gender-responsive laws and policies, including those on finance and enforcement, and support the private sector to improve working conditions, safety and security at work, to encourage more women to enter the private sector as an employer of choice.

- Ensure adherence to global standards in the world of work (including equal pay for work of equal value), implementation of gender-responsive policies in the workplace, and promoting gender-responsive tripartite dialogue.

- Address the high burden of women's unpaid care work and disproportionate domestic responsibilities such as childcare, education, and caring for the elderly and the infirmed, especially during the COVID-19 pandemic, including responding to any need of support for women to re-enter the workforce or shift demands as businesses reopen

472 League of Arab States et al., 'Arab Multidimensional Poverty Report.'
473 Ibid.
474 Arezki et al., 'Reaching New Heights.'
475 Ibid.
476 United Nations Sustainable Development Group, Policy Brief: The Impact of COVID-19 on the Arab Region An Opportunity to Build Back Better, 2020.
477 Ibid p.915.

- Invest in the care economy, inspired by the 5R framework for decent care work: recognize, reduce, and redistribute unpaid care work, including in collaboration with the private sector; reward paid care work, by promoting more and decent work for care enforcement workers; and guarantee care workers' representation, social dialogue, and collective bargaining;

- Strengthen the ability of refugee communities to obtain work permits by providing opportunities and develop local economies that will allow women to join the formal economy.

- Ensure that governmental macroeconomic policies, response programmes and fiscal stimulus packages to mitigate the socio-economic impact of COVID-19 are gender-responsive and include the varying needs of women and men, including through supporting employers and women-led businesses to protect women's employment, where possible.

Situational Analysis of Women and Girls in the MENA and Arab States Region: Pillar 2 Learning and Livelihoods Key Messages and Recommendations

OVERVIEW

Despite recent gains, educational inequalities between males and females persist throughout the region. In terms of livelihood, there has been an increase in recognition of the need to further integrate women more fully into the economy, with many countries introducing new incentives programmes and changing labour laws to allow this to be achieved. Yet, women's labour force participation rates are still among the lowest in the world, and women and girls face disproportionate barriers to inheritance, property ownership, and access to capital.

Formally codify or enhance anti-discriminatory and gender-responsive laws governing livelihoods, such as the labour code, and include implementable repercussions or sanctions against those who violate them, in addition to enforcement mechanisms and robust monitoring.

POLICY GAPS

Right to education is constitutionalized in most countries including provisions around compulsory and free education (15 countries), around half of the countries prohibit corporal punishment in schools, and gaps remain in polices to remove barriers for girls and young women living with disabilities (with exceptions in Jordan, Kuwait, Qatar, Saudi Arabia, and the United Arab Emirates). Only two countries in the region, Egypt and Morocco, include training and vocational training as a right in their constitutions, while other countries address training generally within separate laws, or explicitly reference men (e.g. Iraq, Libya, Sudan, and the State of Palestine).

Review and amend education policies to promote girls' and young women's access to both learning and livelihood, specifically addressing harmful practices and social norms barriers.

SYSTEM BARRIERS

GBV, corporal punishment as well as experience of bullying (46% of girls aged 13-15) remains prevalent in school. Within the region, around one in five schools lack access to WASH services, which often lead to girls missing school or dropping out altogether. Only two countries, Qatar and Tunisia, have Comprehensive Sexuality Education in schools, with other countries (Djibouti, Egypt, Jordan, and Syria) providing some form of sexuality education outside a school context. Female educators are one way to combat gender discrimination and provide positive role models of women in leadership roles to younger girls and women. In the region, female teachers are most prominent at the primary level, apart from LDCs. Countries with a greater proportion of secondary schools with internet access report more digital literacy. Within countries with available data, GCC, Tunisia, and Palestine report more than 95% secondary schools with access to the internet, Jordan 74% and Egypt 49% of schools.

Implement policies and accountability frameworks to ensure a safe and protective school and workspace environment to address wellbeing, including mental health and psychosocial support, and to mitigate against the increased risk of GBV.

NORMS

Girl's school attendance is constrained due to long distances/restricted mobility as it is unacceptable for a girl to walk to school alone. Following marriage, it is difficult for girls to continue their education or return to school due to a combination of stigma and gender norms related to household responsibilities. High unemployment rates lead caregivers to prescribe less value to their girls' education. Traditional gender roles and harmful social norms undermine girls' and women's access to and use of ICT tools especially in lower socio-economic environments or rural localities, where ICTs are often accessed outside of the home were safety concerns and norms regarding socializing act as barriers. Parents' preferences around the gender of teachers influence the decision to send girls to school where there are only male teachers available. Young people expressed that manual occupations are inferior, and TEVT is not alternative to university. Negative perceptions to TEVT more so for girls. Women shoulder the majority of the burden of unpaid work in the region, on average 4.7 times more unpaid care work than men. This gender gap highlights the undervaluation of women's economic contributions in the region. Often, leadership is seen as a strictly male and patriarchal, and women are largely seen in supporting roles.

Invest in the care economy, inspired by the 5R framework for decent care work: recognize, reduce, and redistribute unpaid care work, including in collaboration with the private sector; reward paid care work, by promoting more and decent work for care enforcement workers; and guarantee care workers' representation, social dialogue, and collective bargaining;

EMERGENCY SETTINGS

Conflict is amplifying the quality of learning crisis and reinforcing already-existing inequalities within the formal education system. In crisis-affected areas, marginalized groups of children, including girls and young women, are disproportionally disadvantaged. Access to education in emergency remains a challenge; including damaged or destroyed schools. In many refugee communities, where women-headed households make up significant portions of the population, women often engage in informal work, many of these women create microbusinesses, selling hand-crafted goods, food, or other small items. There is a heightened risk for refugee women to rely on black markets to support their families. The challenge of addressing unpaid labour has only grown during the COVID-19 pandemic. Women have largely taken on the burden of caring for ill family members, as well as increased childcare and education responsibilities due to closures.

Ensure education services and policies are gender-responsive in emergency and humanitarian settings, with specific attention to girls and young women needs and risk of dropping out of school and strengthen the ability of refugee communities to obtain work permits by providing opportunities and develop local economies that will allow women to join the formal economy.

EDUCATIONAL GAINS

Girls outnumber boys in terms of enrolment in the region, for primary education, nine countries have achieved gender parity in primary school and three exhibit an advantage for girls. For secondary education, six countries exhibit an advantage for girls and two more countries have achieved gender parity. In formal education specifically, girls outperform boys in learning outcomes throughout the region. Nonetheless, pre-primary enrollment, enrolment rates remain low in many countries with intra-country disparities in favor of wealth and mother educational levels.

EDUCATIONAL INEQUALITIES

Throughout the region, the most common out of school children at both primary and secondary levels are rural females, with out of school secondary education levels for young girls in rural areas ranging from around 30% in Sudan to 40% in Yemen to as high as around 60% in Iraq. Between 63% and 92% of females with disabilities report having no schooling at all.

Ensure that education opportunities, including digital learning, are available, accessible, and acceptable to all girls and women, independent of wealth, location, ethnicity, ableness or displacement status.

EDUCATION CURRICULA

Reform that develops quality education systems, from early childhood to university education, is essential, and engender critical and independent thinking and capacity for lifelong learning. Within the region, traditional teaching, learning, and examination practices are a major constraint. These practices mean that young people largely do not receive an education that is aligned with current labour market requirements nor one that cultivates the requisite skills to become positive and active members of society. Even with several years of schooling, millions of students in the region lack basic numeracy and literacy skills. Textbooks in the region sometimes display stereotypical images of women as mothers and domestic workers while men are shown as professionals and providers. Vocational training programmes themselves reinforce gender-based discrimination, often dividing programmes into topics that are socially acceptable to men and socially acceptable to women. To battle these notions, some countries have developed plans for gender-sensitive education systems (Jordan and Morocco) while Egypt has piloted projects to establish 'girl-friendly' schools.

Review and revise education curricula, including e-learning content, to ensure that they are gender-responsive, do not perpetuate gender stereotypes and equally prepare girls and boys for a dignified transition into adulthood, including decent and productive employment/livelihood and lifelong learning.

SKILL BASED EDUCATION

Life skills programming empower women and girls with tools and skills needed to increase their economic and social power. Within the region, textbooks and teaching methods do not foster independent and critical thinking at all levels of education. Only few countries in the region have integrated life skills and citizenship education into their national education system and curriculum. Within the region, TVET accounts for only 20% of post-secondary enrolment and suffers from a negative perception, even though evidence shows that TVET graduates have higher prospects for employment compared to university graduates. Research in the region concluded that life skills and citizenship education programmes in non-formal settings play an important role in targeting marginalized and vulnerable groups, however, life skills and citizenship education programmes in non-formal settings are sporadic and sustained by support from implementing non-governmental organizations.

Integrate and operationalize gender responsive foundational and transferable life skills curricula through formal and non-formal education platforms and improved teaching practices.

DIGITAL DIVIDE

Within the region, access to ICTs and low levels digital literacy are factors that contribute to an unequal landscape within the region, both between countries and between the sexes. The percentage of the female population using the internet in the region ranges from 11% in Sudan to 99.8% in Kuwait, average 53.9% for females and 65,5% males. The greatest disparity between males and females is in Iraq where 98.3% of males use the internet versus 51.2% of females. Computer literacy data reveal gaps between females and males in the region. Apart from Qatar (where females are 3.8% more email literate than males in the country), females are reported to have technological skills at lesser rates than their male counterparts. The gender gap in mobile ownership and mobile internet use in the region is pronounced and has remained stagnant or increased within the last few years (women in the region were 9% less likely to own a mobile phone in 2019).

Promote and monitor equal access to and acceptance of digital learning to address and mitigate gender-inequalities reinforced by the digital divide and expand affordable access to the most disadvantaged population with focus on girls in rural areas.

LEARNING TO EARNING

The increase in girls' and women's literacy and educational attainment has not translated into participation in the labour force. Socio-cultural norms including what is considered appropriate work and roles for women, laws and policies that restrict a woman's ability to perform certain tasks (e.g., hours or sector), and traditional gender norms all contribute to higher levels of unemployment. Unemployment is highest among female youth in the Mashreq region, where 42.7% of women seeking work are not successful at finding a job. The unemployment rates among women is much higher rates than among men, in both youth and adult categories. The least educated and the most educated women see the highest levels of unemployment.

Enact gender-responsive laws and policies, including those on finance and enforcement, and support the private sector to improve working conditions, safety and security at work, to encourage more women to enter the private sector as an employer of choice.

ECONOMIC PARTICIPATION

On average, the rates of women and girls who are NEET were 26 percentage points higher than their male counterparts. The female labour force participation rate in the region is lowest in the world slightly over 20% compared to a world rate of 48%. The reason behind gender gaps in employment are largely socio-cultural; including patriarchal state structures, dominant public sector employment, weak private sector employment, and an inhospitable business environment for women because of the conservative nature of gender roles and the lack of support for reproductive and family costs. For those women who do participate in the formal economy, they most often participate in agriculture (27%), education (21%), and manufacturing (11%) .

Support women entrepreneurs through increased access to credit and capital, business and technical training, strengthening networks and associations, and gender-responsive procurement and inclusion of women-led businesses in value chains.

UNPAID LABOUR

Women shoulder the majority of the burden of unpaid work in the region, on average 4.7 times more unpaid care work than men – the highest ratio anywhere in the world. This gender gap between women and men's contribution to unpaid care work highlights the undervaluation of women's economic contributions in the region, and suggest the need to recognise the social and economic function of women's unpaid care work as well as the opportunity cost of the time that women spend towards unpaid labour.

Address the high burden of women's unpaid care work and disproportionate domestic responsibilities such as childcare, education, and caring for the elderly and the infirmed, especially during the COVID-19 pandemic, including responding to any need of support for women to re-enter the workforce or shift demands as businesses reopen.

WORK POLICIES

Most countries in the region have equal remuneration laws, as well as paid maternity leave policies (20 countries). However, a limited number of women are benefitting from these policies, because of the low female labour-force participation and, in particular, because women working in the informal sector are not covered. Women largely hold the ability to own assets and sign contracts, however, lack of wealth and collateral, often driven by the inability to inherit from parents or a spouse, leaves women unable to access credit in the same way as men. 14 countries prohibit women night work, and nearly all ban women from specific labour-heavy positions.

Enact or strengthen legislation that addresses discriminatory social norms that dissuade women from inheriting wealth and accessing collateral.

Situation of Learning – Key Highlights

POLICIES/ LEGISLATIVE

Majority of countries constitutionalized the right to education

65% of countries guarantee 12 years of free and compulsory primary and secondar education

5 countries developed policies to remove barriers towards students with disabilities. Major challenges realizing these policies exists.

Gaps in policies related to corporal punishment (at home, schools, and institutions)

SYSTEMS/ INSTITUTIONS

Quality of education within the region is a major concern and does not align with labour market requirements

Few countries have integrated life skills education into the curriculum, however implementation is sporadic

Vocational training programmes reinforce gender-based discrimination

High connectivity costs and poor connections makes ICT access especially challenging for women and girls

High prevalence of GBV in schools and inadequate MHPSS

3 countries developed plans for gender-sensitive education systems

1 in 5 schools does not provide access to hygiene services, limiting female participation

Only 6 countries provide some sort of sexual education

NORMS

High unemployment rates lead caregivers to prescribe less value to girls' education

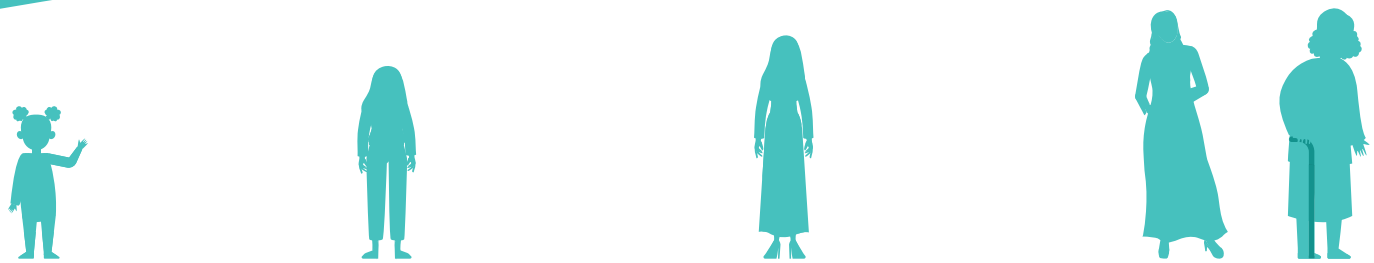
Belief that education may not necessarily lead to or ensure employment

Traditional gender roles undermine girls' and women's access to and use of ICT tools.

Constrained attitudes towards TVET

Girls school attendance is constrained due to restricted mobility and the gender of teachers

Societal norms problematize returning to school after marriage



EMERGENCY SETTINGS

Conflict is amplifying the quality of learning crisis and reinforcing already-existing inequalities within the formal education system. Marginalized groups of children, including girls and young women, are disproportionally disadvantaged. Access to education in emergency remains a challenge; including damaged or destroyed schools.

ISSUES

Pre-primary school has improved across the region, yet rates remain low in many countries and intra-country disparities are stark

9 countries achieved gender parity in primary school

Most common out-of school children at both primary and secondary levels are rural females

In formal education specifically, girls outperform boys in learning outcomes

Prevalence of girls drop-out due to child marriage

Female youth are more than twice as likely to be not in education, employment, or training than male youth.

The digital divide is exacerbating gender inequalities hindering women's and girls' participation in education

Use of internet in the region ranges from 11% in Sudan to 99.8% in Kuwait

Between 63% and 92% of females with disabilities report having no schooling.

Women with disabilities in urban areas are at least 35% more likely to be literate than females in rural communities

No country exceeded 14% of its older population having achieved a secondary education

Women in rural areas suffer from low education attainment.

Situation of Livelihoods – Key Highlights

POLICIES/ LEGISLATIVE

20 countries have remuneratiaon laws and paid maternity leave

Existence of laws and policies that restrict a woman's ability to perform certain work

14 countries prohibit women from doing night work

Barriers to inheritance, property ownership, and access to capital

Largely women hold the ability to own assets and sign contracts within the region.

Only 2 countries include training and vocational training as a right in their constitutions.

SYSTEMS/ INSTITUTIONS

INGO/NGO's have launched programmes to support women entrepreneurs and business owners

Availability of programmes on workforce preparedness for women are sparse

LSCE programmes in nonformal settings is important to target marginalized groups, however, these programmes are sporadic

Dominant public sector employment and weak private sector

Vocational training programmes themselves reinforce gender-based discrimination

Utilizing ICTs as lifelong learning tools is a challenge due to expensive and unstable connectivity

NORMS

Gendered gaps in employment rate are largely socio-cultural and due to traditional gender norms

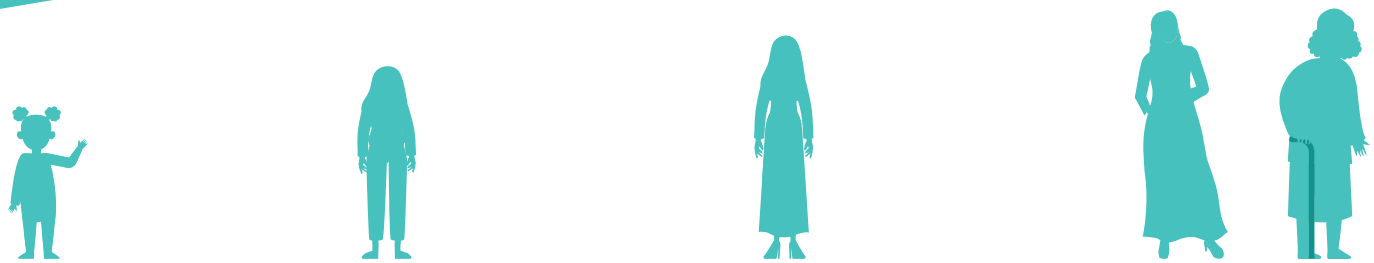
Women experience a need to prove themselves and need to perform better than their male counterparts

Women face obstacles within their families to pursuing an outside career due to pressures to adopt a traditional family structure

Gender expectations are further exacerbated in rural communities that rely on women's unpaid labour such as childcare and food preparation

Socio-cultural norms have been slower to change despite legal and policy adjustments

Pervasive belief that men should be the primary holders of family wealth



EMERGENCY SETTINGS

In many refugee communities, where women-headed households make up significant portions of the population, women often engage in informal work and there is a heightened risk for refugee women to rely on black markets to support their families. Women have largely taken on the burden of caring for ill family members, as well as increased childcare.

ISSUES

Young females do not transition from learning to earning

Women in the region 9% less likely to own a mobile phone and 21% less likely to have used the internet on a mobile phone

One of the highest proportions of women who perform unpaid labour

Women's entrepreneurship has grown substantially over the past decade

However, due to policy and system constrains, not equally able to finance and run business

Informal employment tends to be higher amongst women and girls (especially agriculture)

20% participate in the labour force

The least educated and the most educated women see the highest levels of unemployment.

Women with advanced education are at least twice as likely to be unemployed than their male counterparts in 90% of the countries in the region

LEARNING

Introduction

Formal and non-formal education plays a large role in children's and young persons' lives throughout the region. Women and girls within the region are diverse in terms of their abilities, availabilities, and access to educational opportunities. For this reason, it is important to explore multiple pathways for education including those that help female children and youth transition into dignified adulthoods as well as lifelong learning opportunities for women of all ages. Access to education and learning opportunities – in both formal and non-formal settings – is crucial for advancing the interests of all women and girls in the region.

In formal education specifically, on average girls outperform boys in learning outcomes in the MENA and Arab States region (see Figure 2.4). Despite these achievements, the increase in girls' and women's literacy and educational attainment has not translated into participation in the labour force.[478] Women in the region who possess post-secondary educations are less likely to be employed than women who do not have a post-secondary education (See Figure 2.7). Weak links between the education and research centres in the region and its production system leads to a mismatch of education and skills vis-à-vis labour market requirements.[479]

In non-formal education, a regional study of select countries[480] found that vocational training programmes reinforce gender-based discrimination, often dividing programmes into topics that are socially acceptable to men and socially acceptable to women.[481] Further, technical and vocational education and training (TVET) suffers from a negative perception in the region with many students stating that they would not consider TVET as an alternative to university. These attitudes are deeply rooted in cultural norms as revealed by prior research carried out by ESCWA in the region – young people expressed that manual occupations are inferior and will not 'qualify them for marriage and social integration'.[482] Female participation in short-cycle tertiary education (ISCED Level 5) – which focus on specific occupations or practices and prepare students for entry into the labour market – exceeds 50 per cent in only half of the 16 countries for which data are available (with the lowest participation rates in Saudi Arabia at 30 per cent and Iran at 31 per cent).[483]

In terms of access to education, the Gender Parity Index (GPI) for education at primary and secondary education is available for 16 countries in the region. Of these, nine countries achieved gender parity in primary school with three exhibiting GPIs that were disadvantageous to boys (i.e., girls outnumbered boys). In secondary schools, two countries achieved gender parity while six exhibited GPIs that were disadvantageous to boys (i.e., girls outnumbered boys) (See Figure 2.3).

478 Dalacoura, Katerina, Middle East and North Africa Regional Architecture: Mapping Geopolitical Shifts, Regional order and Domestic Transformations, Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the post-2011 Juncture, 2019.
479 ESCWA, Innovation and Entrepreneurship: Opportunities and Challenges for Arab Youth and Women, 2019.
480 Egypt, Jordan, Lebanon, and Tunisia.
481 Oxfam, Counting on Women's Work Without Counting Women's Work, 2019.
482 ESCWA, Impact of ICT on Arab Youth, Employment, Education and Social Change, 2013.
483 Source: UNESCO Institute for Statistics.

Lower secondary completion rates for boys and girls vary widely in the region and the rural urban dimension plays a large role in these figures. Girls in urban areas graduate at higher rates than their male counterparts in the eight countries for which data are available. Conversely, amongst girls in rural areas who attend school they graduate at higher rates than their male counterparts in four of seven countries for which data are available, despite presumable lower attendance rate (See Figure 2.4).

Out-of-school rates for primary and secondary school vary greatly within the region. However, throughout the region, rural females at both the primary and lower secondary levels exhibit higher out-of-school rates than other populations in the region, with some exceptions (See Figure 2.8). Another group that is often marginalised when it comes to accessing education are females with disabilities – between 63 per cent and 92 per cent of females with disabilities report having no schooling at all.[484] As a whole, female youth are more than twice as likely to be not in education, employment, or training (NEET) than male youth.[485]

Despite recent gains, educational inequalities between males and females persist throughout the region. These inequalities are based on a number of factors (e.g., migration, conflict, language of instruction, ethnicity or social group, disability status, privatization of educational access, uneven educational opportunities) and manifest in myriad forms, most often affecting the most marginalized girls and women (e.g., rural, impoverished, displaced or nomadic communities, and those with disabilities).[486] Furthermore, high unemployment rates in many countries within the region lead caregivers to prescribe less value to their girls' education and more value on their contributions at home or supporting a family.[487] Once married, it is difficult for girls to continue their education or return to school due to a combination of stigma (e.g., due to pregnancy or having engaged in sexual activity with her husband) and gender norms related to household responsibilities.[488] Furthermore, limited alternative or non-formal educational opportunities negatively affect married girls' abilities to make household decisions.[489]

Regarding ageing populations, a significant majority of older persons in the region suffer from low education attainment, particularly women and women in rural areas. In all countries for which there are data,[490] no country exceeded 14 per cent of its older population having achieved a secondary education.[491] Although projections reveal that future generations of older people will possess higher educational attainments, a significant number of individuals will enter old age with no or limited formal education, thus increasing their financial vulnerability and limiting access to health services and social support. Generally, higher educational attainment is associated with reduced vulnerability and better health status among older individuals. Older persons with higher levels of education are likely to hold higher paying jobs opportunities during their working-age years (allowing them to save more and plan for retirement) and are better equipped to find employment options with better pay and safer conditions should they choose to continue to work in their old age.[492]

Equal rights regarding both formal and non-formal education are enshrined in Article 10 and Article 11 of CEDAW. Article 10 states that 'States Parties shall take all appropriate measures to eliminate discrimination against women in order to ensure them equal rights with men in the field of education and in particular to ensure, on a basis of equality of men and women: (a) The same conditions for career

484 ESCWA, Disability in the Arab Region, Disability-Dashboard-2020. See: https://datastudio.google.com/reporting/0479429c-b7f6-4f67-a3ee-27b89a131ef9/page/cF5q.
485 ILOSTAT, Share of youth not in employment, education or training (NEET) by sex – ILO modelled estimates, Nov. 2020 (per cent) | Annual, 2020. Available at: https://ilostat.ilo.org/data/.
486 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
487 Ibid.
488 Ibid.
489 Ibid.
490 Data available for Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Libya, Morocco, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, and the United Arab Emirates.
491 ESCWA, Population and Development Report Issue No. 8, Prospects of Ageing with Dignity in the Arab Region, 2018.
492 Ibid.

and vocational guidance, for access to studies and for the achievement of diplomas in educational establishments of all categories in rural as well as in urban areas; this equality shall be ensured in pre-school, general, technical, professional and higher technical education, as well as in all types of vocational training.'[493]

Article 11 declares that 'States Parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular: … (c)The right of free choice of profession and employment, the right to promotion, job security and all benefits and conditions of service and the right to receive vocational training and retraining, including apprenticeships, advanced vocational training and recurrent training.'[494]

A majority of countries in the region have constitutionalized the right to education including provisions around compulsory and free education. (See Figure 2.8). Many countries in the region (65%) have 12 years of free and compulsory primary and secondary education guaranteed in legal frameworks.[495]

Very few countries in the region, however, guarantee the right to education regardless of sex or age (Algeria, Egypt, Tunisia, and Yemen). In some cases, laws hold parents responsible for their children's education (Syria) or husbands responsible for their wives' education (Qatar).[496] Further, contradictions are observed in constitutions and laws which allow for discrimination against women. For example, in Kuwait and Yemen, references to Islamic Sharia, social patterns, and traditions are made to justify restricting the rights of women. In Sudan, law stipulates that a guardian may terminate a training contract (i.e., non-formal education) for 'legitimate reasons' and allows for different financial treatment of male and female scholars in training regulations.[497]

Tunisia and the State of Palestine are two examples of countries whose laws and strategies regarding education specifically respond to the principle of gender equality. The law in Tunisia requests that ministries involved in culture, health, higher education, religious affairs, sports, teaching vocational training, and youth carry out educational programmes that aim to renounce and combat violence against women and strengthen the principle of gender equality.[498] The Palestinian Ministry of Education and Higher Education's Education Sector Strategic Plan for 2017-2022 calls attention to the importance of ensuring that teacher training and supervision activities are void of gender-based stereotypes and highlights the need to ensure that curricula and textbooks are gender-sensitive.[499]

A recent study carried out by the Center of Arab Women for Training and Research (CAWTAR) revealed that only two countries in the region, Egypt and Morocco, include training and vocational training as a right in their constitutions. Some countries address training generally within separate laws like in the case of Tunisia, or explicitly reference men (e.g. Iraq, Libya, Sudan, and the State of Palestine).[500] While the law explicitly references men in the State of Palestine, it is important to note that the Ministry of Education's Strategic Plan for 2017–2022 recognizes the importance of education in the lives of women and girls and seeks inclusion and equality; and explicitly cites empowering women in vocational training and education as well as adult education and training.[501]

493 UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979,
494 Ibid.
495 UNESCO Institute for Statistics, 2018. Data unavailable for Somalia.
496 Center of Arab Women for Training and Research (CAWTAR), Empowering Women towards Gender Equality in the MENA Region through Gender Mainstreaming in Economic Policies and Trade Agreements, Gender & Trade, 2019. Note that this report encompasses the 22 countries in the League of Arab States and therefore lacks data on Iran which is included in this situational analysis.
497 Ibid.
498 UNFPA, UNDP, UN Women, ESCWA, Tunisia, Gender Justice & The Law, 2018, p. 12.
499 ESCWA, Social and Economic Situation of Palestinian Women and Girls (July 2016 – June 2018), 2019, p. 18.
500 Center of Arab Women for Training and Research (CAWTAR), Empowering Women towards Gender Equality in the MENA Region through Gender Mainstreaming in Economic Policies and Trade Agreements, Gender & Trade, 2019, p. 114. Note that this report encompasses the 22 countries in the League of Arab States and therefore lacks data on Iran which is included in this situational analysis.
501 UNFPA, UNDP, UN Women, ESCWA, Palestine Gender Justice & the Law, 2018, p. 13.

Several countries in the region refer to training and vocational training in their laws labour, labour force, human development, education, and combating illiteracy (e.g. United Arab Emirates, Yemen, Algeria, Djibouti, Iraq, Syria, Oman, Libya and Qatar), but without specifically referring to women or girls. Furthermore, discrimination, including sex-based discrimination in vocational training, is prohibited by law in Algeria and Djibouti.[502]

The Law on the Status of Refugees in Republic of Djibouti of 2017 grants refugees fundamental rights comparable to the rights of nationals including access to education. Furthermore, the Ministry of Education and Vocational Training signed a memorandum of understanding with the United Nations High Commissioner for Refugees (UNHCR) in 2017 to allow refugee children the same quality education as Djiboutian children.[503]

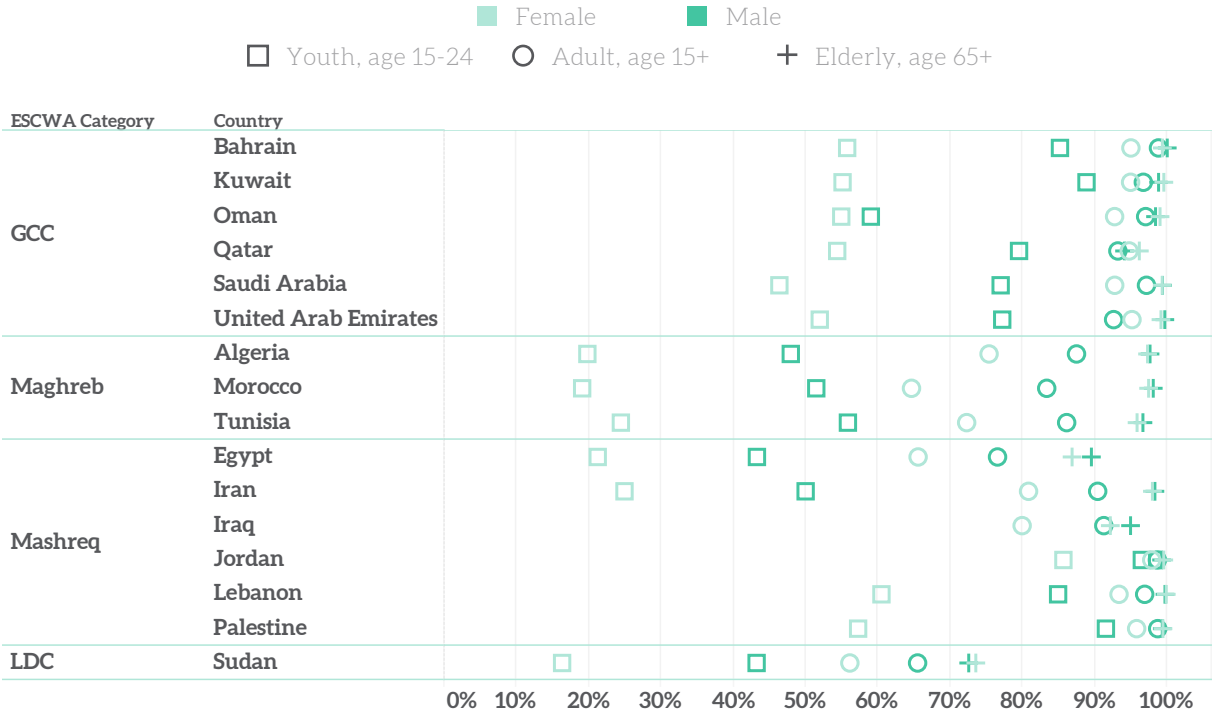
Policies addressing the inclusion of students with disabilities has led to higher enrolment rates, however, there is a limited supply of accessible and appropriate services for students with disabilities throughout the region. Jordan, Kuwait, Qatar, Saudi Arabia, and the United Arab Emirates have all developed policies and regulations to remove barriers and to ensure accessible environments for students with disabilities. That said, in practice, inadequate facilities and a shortage of support personnel (e.g., school psychologists, speech pathologists, interpreters, and physical and occupational therapists) present major challenges to realizing these policies.[504] Illustratively, and noting that other factors outside of the policies' and regulations' control impact attendance and attainment, Jordan, Kuwait, Qatar, Saudi Arabia, and the United Arab Emirates still exhibit large disparities in enrolment and attainment.[505]

Laws, policies, and strategies regarding nondiscrimination in both formal and non-formal education are important steps in achieving gender equality in the region, however, the extent to which these laws, policies, and strategies are funded, implemented, and enforced vary within the region.

502 Center of Arab Women for Training and Research (CAWTAR), Empowering Women towards Gender Equality in the MENA Region through Gender Mainstreaming in Economic Policies and Trade Agreements, Gender & Trade, 2019, p. 114. Note that this report encompasses the 22 countries in the League of Arab States and therefore lacks data on Iran which is included in this situational analysis.
503 UNFPA, UNDP, UN Women, ESCWA, Djibouti Gender Justice & The Law, 2018.
504 World Bank, Expectations and Aspirations: A New Framework for Education in the Middle East and North Africa, Overview Booklet, 2019.
505 UNESCO Institute for Statistics.

Figure 2.1:
Literacy

This graph shows literacy rates among subpopulations based on age and sex. Literacy is the percentage of the relevant population who can read and write with understanding a short simple statement about their everyday life.



Source: UNESCO Institute for Statistics

Formal Education

LITERACY RATES

Weighted for population, available data published by UNESCO suggest that the adult literacy rate in the region stand at around 76.5 per cent.[506] Youth in the region are much more literate than their parents and grandparents, suggesting an overall improvement in education. This is especially evident in the Maghreb region, where 97.1 per cent of female youth are literate compared to 70.6 per cent of the overall female adult population. Programming in the region must acknowledge the potential barriers for older women in the region due to illiteracy, especially in the Maghreb, Iran, Iraq, and Sudan.

Literacy rates for persons with disabilities (disaggregated by sex and rural versus urban) are available for seven countries in the region and reveal major gaps both within and between the sexes.

506 Calculated using the most recent data published by UNESCO, weighted for population. Note that updated literacy rates on Somalia and Djibouti are not currently available and could not be factored into the regional totals. It is important to note that Somalia and Djibouti are likely to have a high percentage of the population who cannot read or write. Education access, language differences (Somali and Afari instead of Arabic, which is widely used across the rest of the region), and pastoralist populations are likely contributing factors.

Males with disabilities are between 1.5 times (Egypt) and 2.1 times (Morocco) more likely to be literate than women with disabilities in urban settings. In rural settings, males with disabilities are between 1.7 times (Jordan) and 5.6 times (Yemen) more likely to be literate than women with disabilities.

Table 2.1:
Literacy rates males and females, with and without disabilities, rural and urban[507]

ESCWA Category	Country	With disabilities				Without disabilities			
		Female (urban)	Male (urban)	Female (rural)	Male (rural)	Female (urban)	Male (urban)	Female (rural)	Male (rural)
GCC	Bahrain	..	..	..	..	..	..	..	..
	Kuwait	..	..	..	..	..	..	..	..
	Oman	21.6	44.3	15.9	34.7	84.3	93.8	75.6	88
	Qatar	..	..	..	..	..	..	..	..
	Saudi Arabia	..	..	..	..	..	..	..	..
	UAE	..	..	..	..	..	..	..	..
Maghreb	Algeria	..	..	..	..	..	..	..	..
	Libya	..	..	..	..	..	..	..	..
	Morocco	27.3	56.9	7.1	31.6	68.4	86.3	34.3	63
	Tunisia	..	..	..	..	..	..	..	..
Mashreq	Egypt	40.9	62.9	18.8	42.2	81.8	89.7	63.5	81
	Iran	..	..	..	..	..	..	..	..
	Iraq	35.8	61.7	18.5	45.5	79.1	90.3	59.5	82.3
	Jordan	48	72.6	28.5	47.3	74.6	79.4	66.8	76.6
	Lebanon	..	..	..	..	..	..	..	..
	State of Palestine	39.3	72	28.3	68.8	92	97.5	87.5	96.7
	Syria	..	..	..	..	..	..	..	..
LDC	Djibouti	..	..	..	..	..	..	..	..
	Somalia	..	..	..	..	..	..	..	..
	Sudan	..	..	..	..	..	..	..	..
	Yemen	29.3	58.4	6.7	37.7	69.2	89.9	36.5	79.4

In addition, large disparities between males and females with disabilities in both rural and urban settings, the same pattern exists between females with disabilities in rural areas and females with disabilities in urban areas. Location has a major effect on whether a female with a disability is literate: women with disabilities in urban areas are at least 35 per cent more likely to be literate than females in rural communities in all countries for which data are available. Yemen displays the largest gap between females with disabilities in urban areas (29.3 per cent literacy rate) and females with disabilities in rural areas (6.7 per cent literacy rate). Oman exhibits the smallest difference in literacy rates between females with disabilities in rural areas (15.9 per cent) and urban areas (21.6 per cent). Data for older persons reveals an even more unequal situation, with illiteracy rates for older women in Egypt, Jordan, and Tunisia reaching nearly 100 per cent for women in rural areas.[508]

507 ESCWA, Disability in the Arab Region, Disability-Dashboard-2020.
508 Ibid.

Table 2.2:
Percent of Teachers Who are Female (per cent)
This table shows the level of gender representation in the teaching force. The figures represent female teachers as a percentage of total teachers in each level, including full and part-time teachers.

ESCWA Category	Location	Primary Education (%)	Secondary Education (%)	Tertiary Education (%)
GCC	Bahrain	74.1	58.5	40.7
	Kuwait	89.5	56.6	..
	Oman	70.9	69.1	34.7
	Qatar	79.8	53.8	33.8
	Saudi Arabia	52.5	50.8	40.8
	UAE	90.2	67.9	36.0
Maghreb	Algeria	80.5		43.9
	Morocco	57.2	37.0	26.6
	Tunisia	64.0	53.7	..
Mashreq	Egypt	61.4	47.7	44.4
	Iran	67.4	53.5	31.1
	Jordan	79.1	57.0	27.3
	Lebanon	88.2	67.8	48.2
	State of Palestine	74.7	56.7	27.6
LDC	Djibouti	28.7	26.5	..
	Sudan	..	..	33.5
	Somalia	..	..	..
	Yemen	33.3		..

Source: UNESCO Institute for Statistics

Socio-cultural Norms/Practices

In several countries in the region, girls expressed that long distances to schools are a major obstacle to attendance as it is unacceptable for a girl to walk to school alone.[509] Further, missing economic drivers and parents' preferences around the gender of teachers influence the decision to send girls to school where there are only male teachers available.[510] Restricting girls' access to school leads to less time in school, fewer opportunities to learn to express their voices and agency, and impedes their ability to build social capital. These factors, in turn, make girls more vulnerable to both early marriage and dropping out of school.[511]

Gender stereotypes are also present in educational curricula in the region. In Sudan, the is a risk that the curricula reinforces gender stereotypes as it is not gender sensitive and sometimes feed into the concepts of early marriage and display marriage as the ultimate goal for girls.[512] Textbooks in the region sometimes display stereotypical images of women as mothers and domestic workers while men are shown as professionals and providers. In

509 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
510 World Bank, Progress Towards Gender Equality in the Middle East and North Africa Region A descriptive note on progress and gaps towards gender equality and women's empowerment in the MNA region, produced to provide the situational context to the World Bank Group's Regional Gender Action Plan (RGAP) FY18 – 23, 2017.
511 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
512 Ibid.

order to battle these notions, some countries have developed plans for gender-sensitive education systems (e.g., Jordan and Morocco) while Egypt has piloted projects to establish 'girl-friendly schools'.[513]

Female educators are one way to combat gender discrimination and provide positive role models of women in leadership roles to younger girls and women. In the region, female teachers are most prominent at the primary level, with the exception of LDCs. The percentage of female educators at the tertiary level are similar across the four subregions, however, female teachers are under-represented at this level.

In terms of socio-cultural norms and practices that impact the prevalence of school-related gender-based violence, a desk review of available studies in 18 countries revealed that documentation and data in the region are not gender-sensitive and therefore do not allow for sufficient analysis on the effects of violence against women and girls specifically in schoolsettings.[514]

Data show that education benefits girls by reducing the prevalence of child marriage.[515] A study in Sudan noted that never-married adolescents are 10 times more likely to reach higher levels of education and more than 2.5 times more likely to have a secondary level of education than ever-married adolescents.[516] A study regarding Syrian refugees suggests that limited education among at-risk girls both increases their own risk of child marriage as well as increases the risk that their children will also be subjected to child marriage.[517] Following marriage, it is difficult for girls to continue their education or return to school due to a combination of stigma (e.g., due to pregnancy or having engaged in sexual activity with her husband) and gender norms related to household responsibilities.[518] Once married, the responsibilities and priorities of women and girls shift dramatically. In many countries, the woman or girl is expected to take on household care responsibilities which are often incompatible with traditionaleducation.[519]

Educational attainment is also interlinked with of sexual and reproductive health – women with educations tend to access sexual and reproductive health services more than women with lower or no education. (See Pillar 1.)

EDUCATIONAL ATTENDANCE AND ATTAINMENT

PRE-PRIMARY

Pre-primary education programmes contributes to building the foundation for a child's education and aid in shaping balanced gender perceptions.[520] Evidence suggests that pre-primary education contributes to readiness for primary school and can help improve learning outcomes in future grades.[521] While in the last decade, enrolment in pre-primary school has improved across the region, rates remain low in many countries and intra-country disparities are stark. Data from Algeria, Iraq, Sudan, and Tunisia, while not disaggregated by sex, do reveal that children in wealthier, urban households are more likely to attend pre-primary education than the poorest rural households. In Algeria and Tunisia, data show that pre-primary attendance increases substantially if the mother has a secondary or universityeducation.[522]

513 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
514 This review included studies from 18 countries included in this situational analysis: Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, State of Palestine Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen.
515 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
516 Thiam, Macoumba. Female Genital Mutilation/Cutting (FGM/C) and Child Marriage in Sudan – Are There Any Changes Taking Place? An In-depth Analysis Using Multiple Indicators Cluster Surveys (MICS) Sudan Household Health Surveyes [sic] (SHHS), UNICEF, June 2016.
517 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
518 Ibid.
519 Ibid.
520 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
521 UNICEF, Equity, Educational Access and Learning Outcomes in the Middle East and North Africa, 2015.
522 UNICEF, Progress for Children with Equity in the Middle East and North Africa, 2017.

At the national level, there appears to be no major disparities between boys and girls who enter primary grade 1 having attended some form of organized early childhood care and education programme, however, the overall quality of early childhood education programmes in the region is difficult to determine due to lack of available data.[523]

Figure 2.2:
Pre-Primary Education

This figure shows the number of new entrants to primary grade 1 who have attended some form of organized early childhood care and education (ECCE) program, expressed as a percentage of total number of new entrants to primary grade 1.

Source: UNESCO Institute for Statistics

523 World Bank, Expectations and Aspirations: A New Framework for Education in the Middle East and North Africa, Overview Booklet, 2019.

PRIMARY THROUGH SECONDARY EDUCATION

Girls outnumber boys in terms of enrolment in the region, especially in Tunisian and Palestinian secondary schools, as well as primary schools in Kuwait, Oman, and Iran.[524] However, Yemen and Morocco remain behind with the gender parity index (GPI) ratio showing many more boys enrolled at secondary school than girls.[525]

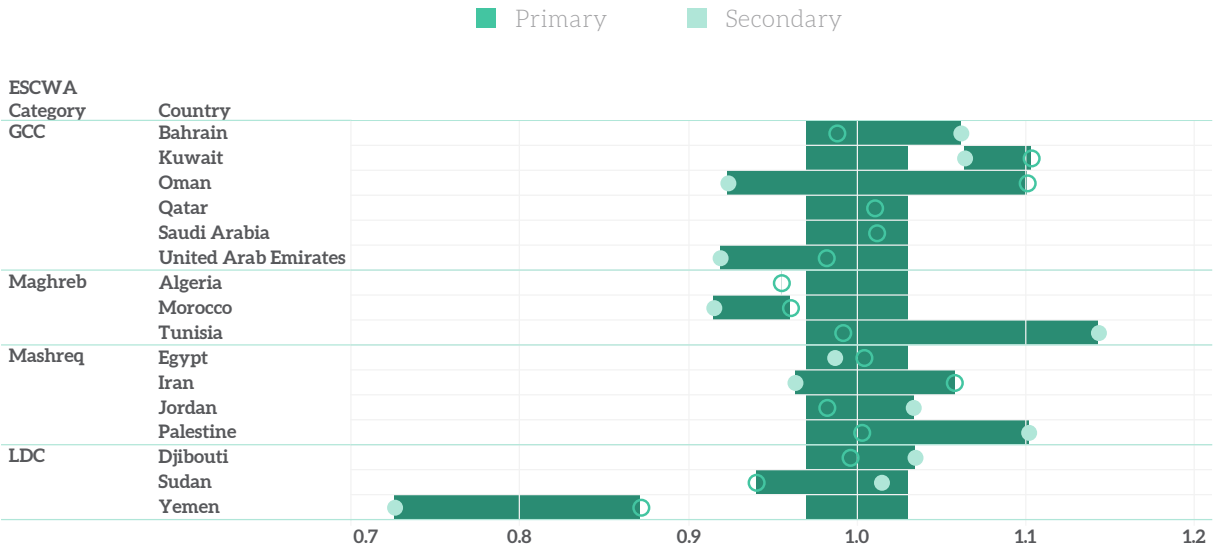
Of the 16 countries for which data are available in the region: (See Figure 2.3).[526]

- Nine have achieved gender parity in primary school for the most recent year available.
- Three exhibit an advantage for girls in enrollment primary school for the most recent year available.
- Two have shown gender parity in secondary school for the most recent year available
- Six exhibit an advantage for girls in secondary school for the most recent year available.

In countries where the GPI ratio in primary school shows clear disadvantage for girls, secondary school GPI ratio present an even wider gap. The implication here is that the inability to access education increases as girls age, and factors such as teenage pregnancy, traditional societal roles, and child marriage impact their educational attendance and attainment.

Figure 2.3:
Gender Parity Index

The Gender Parity Index is defined as the ratio of the female gross enrolment ratio to male gross enrolment for each level of education. The accepted measure of gender parity is between .97 and 1.03.



Source: UNESCO Institute for Statistics

524 ESCWA, Arab Gender Lens 2019 Pocketbook- A Statistical Portrait of the Western Asia Region, 2019.
525 UNESCO Institute for Statistics.
526 Figure 2.3 represents the latest data available for the 16 countries. All data from 2019 except for Iran (2017), Sudan (2017) Tunisia (2018), and UAE (2017) and Yemen (2016).

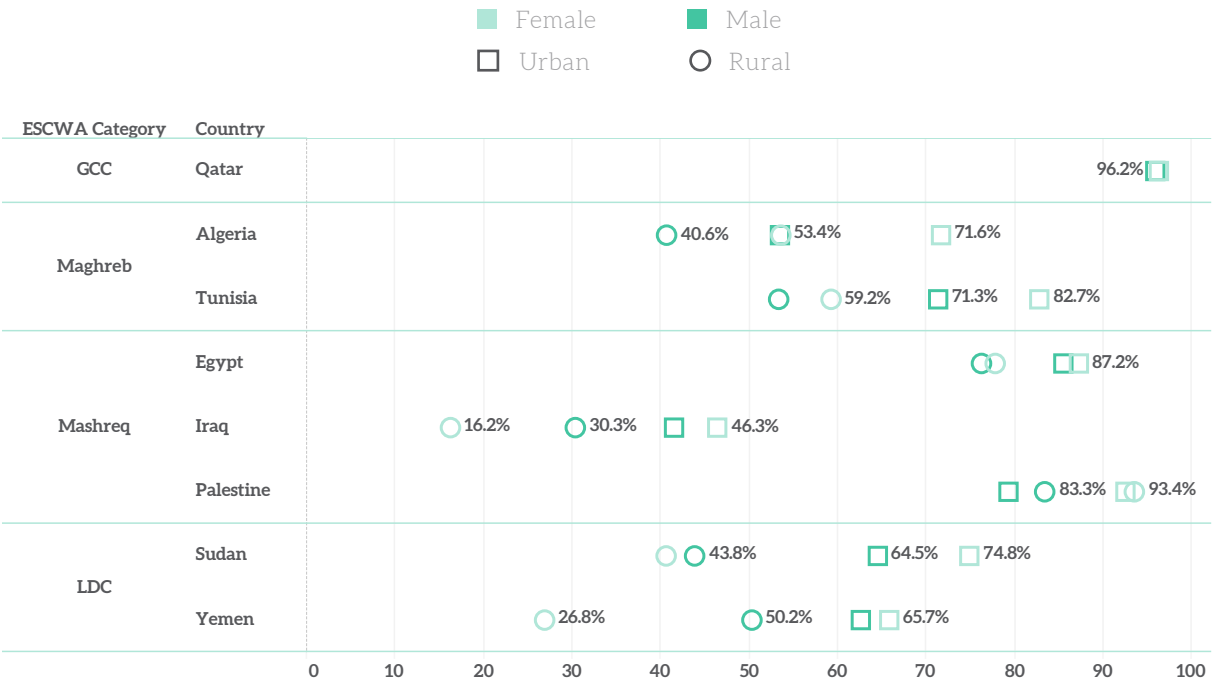
Females complete lower secondary education at higher or similar rates to their male classmates in every subregion except LDCs. This is unsurprising, as females often out-compete boys in education and graduation rates around the world.

Focus on access to education for female students in LDCs should be emphasized, as girls in these countries are at least 7 per cent less likely[527] to be able to complete their lower secondary education than their male classmates (See Figure 2.4).

When disaggregated further into rural and urban populations, differences are emphasized between the sexes. Household survey data collected in Yemen indicates that 50.2 per cent of rural boys graduate from lower secondary education while only 26.8 per cent of rural girls complete their lower secondary education. This stark difference highlights the urgent need for an increased focus on girls' education in rural areas of countries in the LDC subregion. Countries with better infrastructure, such as the State of Palestine, have managed to provide education for nearly all rural and urban girls, with completion rates of rural girls (93.4 per cent) slightly higher than their urban counterparts (92.4 per cent) (See Figure 2.4.).

Figure 2.4:
Lower Secondary Completion Rates by Location

This indicator is defined as the number of new entrants (enrolments minus repeaters) to the last grade of primary education, reguardless of age, divided by the population at the entrance age for the last grade of primary education.



Source: UNESCO Institute for Statistics, Global SDG Database (Goal 4.1.2).

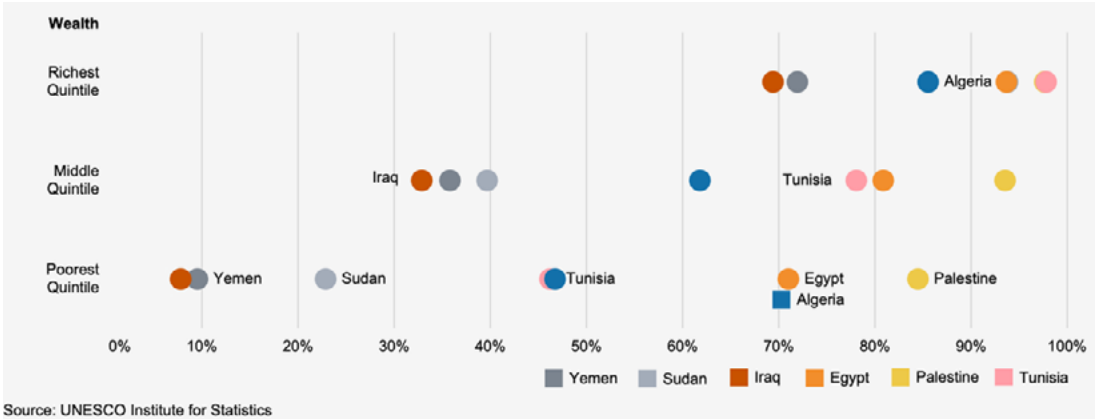
527 Note that no data is available for Somalia, which would likely lower the LDC percentages even further.

Household wealth levels and access to education appear to be heavily correlated. Children from the poorest households complete lower secondary school at lower rates than any of their peers in all countries in the region for which data are available. Girls in the poorest quintile of Yemen complete secondary schools at rates lower than their male counterparts, however, the opposite is true in Algeria, Egypt, State of Palestine, and Sudan, where girls from the poorest quintile families complete lower secondary school at much higher rates than their male counterparts (see Figure 2.5.). Further research on this phenomenon is necessary to confirm the contributing factors, however, entry into the labour market is most likely contributing to this trend.

Economic factors play a critical role in the region's educational programmes as a large proportion are financed individually through private schools or tutors. These private educational programmes appeal to wealthy urban populations that desire superior educational standards than what are available through public programmes. In some countries like Egypt, the use of private tutors is common and leaves those without the financial resources at a disadvantage. UNESCO estimates that 60 per cent of secondary school students in Egypt depended on private tutoring in order to pass their exams, an activity that comprised more than 40 per cent of household spending on education countrywide.[528]

Figure 2.5:
Lower Secondary Completion Rates, Female (By household Wealth Quintile)

This graph shows the eprcentage of a cohort of female children aged 3-5 years aboe the intended age for the last grade of lower secondary school who have completed that grade.



528 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.

TERTIARY EDUCATION

Perceptions of women's social rights including equal access to tertiary education are measured in the Arab Barometer. Regionally, data from 2018-2019 show that men are 8 per cent to 11 per cent more likely than women to agree that men's university education is more important than women's university education. Yemen exhibits the largest percentage of men agreeing that men's university education is more important (at 39 per cent), compared to 6 per cent of men from Lebanon. Libya reports the largest difference in opinion with 23 per cent of mean agreeing that men's university education is more important, compared to only 6 per cent of women stating the same.[529]

According to the latest figures published for each country by UNESCO, females in the region[530] make up 37.1 per cent of graduates at the ISCED[531] 5 level, 54.1 per cent at the ISCED 6 level, 46.8 per cent at the ISCED 7 level, and 42.8 per cent at the ISCED 8 level.[532] It is important to note that the effects of foreign study are not reflected here as the figure is showing graduation rates in the region. Foreign study rates have the potential to substantially change what the tertiary landscape looks like in terms of percentage of men and women with tertiary education.

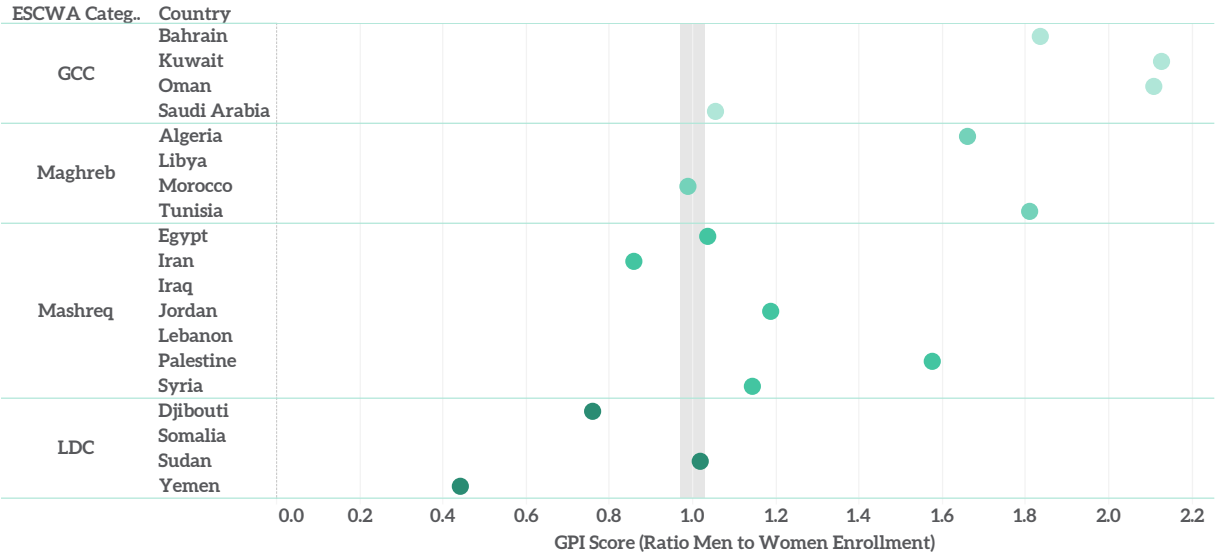
While male graduates outnumber female graduates in all ISCED education Levels, enrolment in tertiary education does not follow these trends. Females are enrolled in public and private tertiary education at the same rate or at higher rates than their male counterparts in 12 of the 16 countries for which there are data. In Kuwait, for every seven females, there is one male enrolled in tertiary education (See Figure 2.6.).

Even with higher education, men and women with advanced education experience starkly different unemployment rates in all countries for which data exist. Women with advanced education are at least twice as likely to be unemployed than their male counterparts in 90 per cent of the countries in the region (See Figure 2.7).[533] Educational attainment is often not the only factor contributing to unemployment and this is especially true in this region. Socio-cultural norms including what is considered appropriate work for women, laws and policies that restrict a woman's ability to perform certain tasks (e.g., hours or sector), and traditional gender norms all contribute to higher levels of unemployment.[534] The following section, *Livelihoods,* explores employment issues.

529 Thomas, K., Women's Rights in the Middle East and North Africa, Arab Barometer, 2019.
530 Note that data was available for Algeria, Bahrain, Egypt, Iran, Jordan, Kuwait, Lebanon, Morocco, Oman, State of Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, and UAE.
531 ISCED Education Levels are as follows: 5 = Short-cycle tertiary education; 6 = Bachelor's or equivalent; 7 = Master's or equivalent; 8 = Doctorate or equivalent.
532 UNESCO Institute for Statistics.
533 Unemployment with Advanced Education, International Labour Organization, ILOSTAT Database.
534 World Bank Group, Women, Business and the Law, 2018, p. 14.

Figure 2.6:
Gross Enrolment Ratio for Tertiary Education, Gender Parity Index (GPI)

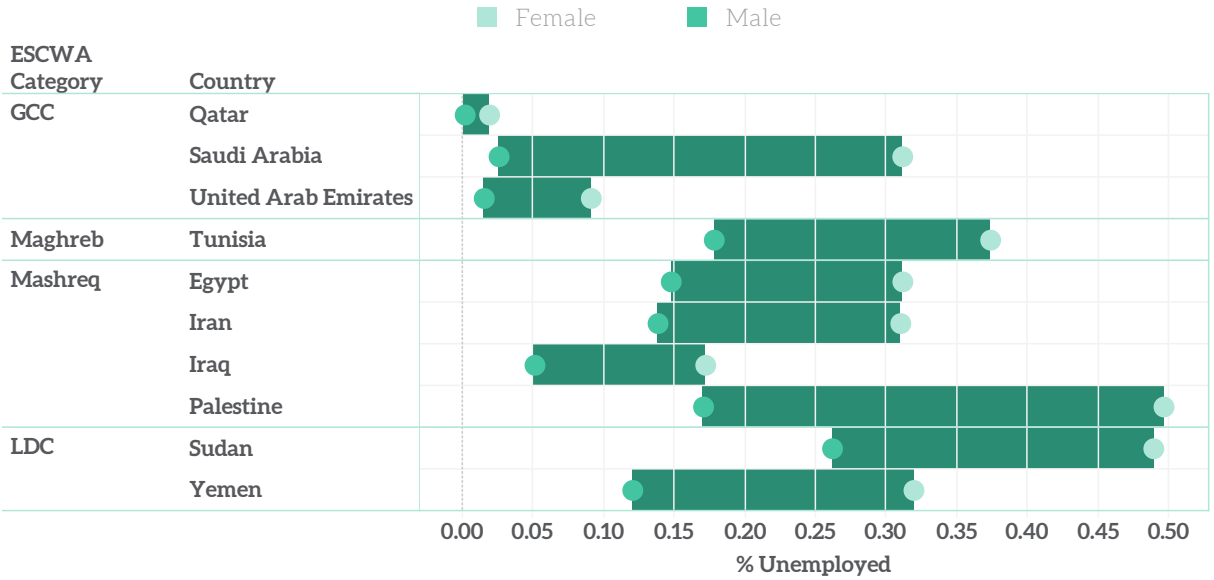
The Gender Parity Index is defined as the ratio of the female gross enrolment ratio to the male gross enrolment ratio for each level of education. The accepted measure of gender parity is between .97 and 1.03.



Source: UNESCO Institute for Statistics, Global SDG Database

Figure 2.7:
Unemployment with Advanced Education

The percentage of the labor force with an advanced level of education who are unemployed. Advanced education under this indicator comprises of short-cycle tertiary education, a bachelor, master, or doctorate degree or equivalent education level.



Source: International Labour Organization, ILOSTAT database

OUT-OF-SCHOOL CHILDREN

Often, families must weigh the direct costs of schooling (e.g., uniforms, supplies, school fees) and associated benefits against the cost of sending girls to school (i.e., when girls are in school, they are unable to perform child labour or participate in household work). Other factors such as safety, distance to school, and the perceived quality of the materials and conditions in the classroom impact dropout rates. Furthermore, belief that education may not necessarily lead to or ensure employment greatly influences dropout rates.[535]

Throughout the region, the most common out-of-school children at both primary and secondary levels are rural females. Among countries for which data exists, Iraqi females of secondary age living in rural areas are out of school at the highest rates, with 59 per cent out of school. Another group that is often marginalised when it comes to accessing education are females with disabilities – between 63 per cent and 92 per cent of females with disabilities report having no schooling at all.[536]

Figure 2.8:
Out-Of-School Rate (% children not attending school)

This graph depicts the number of children of official primary and lower secondary school age who are not attending primary or lower secondary school, expressed as a percentage of the population of the offical school level age. Finding are based on household survey data.

Source: Household survey data, as published by UNESCO Institute for Statistics

535 UNICEF MENA Regional Office in collaboration with the International Center for Research on Women (ICRW), Child Marriage in the Middle East and North Africa, 2017.
536 ESCWA, Disability in the Arab Region, Disability-Dashboard-2020.

Out-of-school rates for primary and secondary school vary greatly within the region, with the Maghreb and GCC faring better than the Mashreq and LDCs. Regardless of the country, urban children are more likely to be in school by 9 per cent.[537] At the primary school level, female students in LDC are 5.2 per cent more likely to be out of school than their male classmates.

Table 2.3:
Primary Out-of-School Rate, by ESCWA Category

ESCWA Category	Female (%)	Male (%)
GCC	3.1	4.0
Maghreb	2.6	2.3
Mashreq	4.5	4.2
LDC	31.8	26.6

Source: UNESCO Institute for Statistics.[538]

Sudan reports the highest out-of-school rates for primary school children in the region (females at 39 per cent and males at 37.6 per cent, a non-significant difference). In Yemen, primary school females are 10.8 per cent more likely to be out of school than their male counterparts. This trend is reversed in many GCC countries – in the UAE, Qatar, and Kuwait boys are between 1.6 per cent and 3 per cent more likely to be out of primary school than girls.

Conflict is a known factor in keeping children and young people out of school due to lack of accessibility (both physical and financial), protection concerns (including discrimination and bullying in schools), and the additional economic stressors that arise from crisis situations that necessitate children and young people to leave school to assist their families in meeting basic needs.[539]

While there is not a significant disparity between male and female enrolment in host countries, female Syrian refugees face many gendered barriers to education including child marriage, sexual harassment, and private and clean sanitation facilities.[540] Research shows that Syrian refugee girls are more likely to marry younger, an action that is driven by poverty and contributes to the high out-of-school rates.[541]

The household wealth quintiles are correlated with the risk of being out-of-school in LDCs and Mashreq, and has a small effect on out-of-school rates in Maghreb countries. Household wealth appears to affect out-of-school rates at different intensities across the region. Given the evidence, household wealth appears to have an exacerbating effect on gender inequality and female school attendance rates, especially in LDCs (See Figure 2.9.).

The poorest families in LDCs appear to send their boys to school at much higher rates than their girls. As household wealth increases, gender inequality lessens, and more girls attend school. For example, in Sudan, female primary students in the poorest households are out of school at a reported 52.6 per cent. Females in the richest households in Sudan are out of school at a rate of 12.4 per cent. In Algeria, the gap is much smaller – 3.9 per cent of female primary students from the poorest families are out of school while female primary students from the richest families are out of school at a reported 1.8 per cent. This could suggest a highly developed education system available to most students, as opposed to barriers faced by female children from Sudan.

537 UNESCO Institute for Statistics. Weighted averages were calculated utilizing population data and out-of-school administrative data as published by UNESCO.
538 Weighted averages were calculated utilizing population data and out-of-school administrative data as published by UNESCO.
539 World Bank, Progress Towards Gender Equality in the Middle East and North Africa Region A descriptive note on progress and gaps towards gender equality and women's empowerment in the MNA region, produced to provide the situational context to the World Bank Group's Regional Gender Action Plan (RGAP) FY18 – 23, 2017.
540 Leitner Center for International Law and Justice at Fordham Law School, New York City, Gendered-Approach Inputs to UNHCR for the Global Compact on Refugees (2018): Lessons from Abuses faced by Syrian Female Refuges in Lebanon, Turkey, and Jordan, no date.
541 Ibid.

Figure 2.9:
Out-Of-School Rate, by Wealth Quintile

This illustration shows the number of children of official primary school age who are not attending primary school, expressed as a percentage of the population of the official primary school level age.

Source: UNESCO Institute for Statistics

CHILDREN WITH DISABILITIES

Data regarding attendance and attainment among persons with disabilities are scant. One resource that offers these data for select countries in the region is ESCWA's Disability in the Arab Region Dashboard, which[542] displays the percentage of males and females with and without disabilities who receive no schooling for six countries in the region.[543] Education for persons with disabilities reflect the same patterns as those without disabilities: individuals are less likely to report no schooling if they live in urban areas. However, the rate of women and girls with disabilities who report no schooling, even those in urban areas, is distressing.

Between 63 per cent and 85 per cent of females with disabilities in urban areas report no schooling. Even more dire is the situation of females in rural areas, of which between 78 per cent and 92 per cent report having no schooling. Furthermore, there is a profound difference between the rates of no schooling for females with disabilities and males with disabilities in both rural and urban settings. In urban settings, females with disabilities are between 20 per cent and 63 per cent more likely than males with disabilities to have no schooling. In rural communities, the difference is less, however, females with disabilities are still between 10 per cent and 53 per cent more likely than their male counterparts to report no schooling.

As stated previously, there are many factors that prevent persons with disabilities from attending school, including inadequate infrastructure, lack of appropriate staff at schools, stereotypes, and other socio-cultural norms and practices.

542 ESCWA, Disability in the Arab Region, Disability-Dashboard-2020.
543 Note that these six countries reported sex-disaggregated data based on location (i.e. rural or urban) and had complete datasets (i.e. no large percentage of 'level not stated').

Table 2.4:
Educational Attainment: No Schooling

ESCWA Category	Country	With disabilities				Without disabilities			
		Female (urban)	Male (urban)	Female (rural)	Male (rural)	Female (urban)	Male (urban)	Female (rural)	Male (rural)
GCC	Bahrain	..	..	..	..	..	..	..	..
	Kuwait	..	..	..	..	..	..	..	..
	Oman	85.2	71.2	88.4	80.1	20.2	12	29.5	19
	Qatar	..	..	..	..	..	..	..	..
	Saudi Arabia	..	..	..	..	..	..	..	..
	UAE	..	..	..	..	..	..	..	..
Maghreb	Algeria	..	..	..	..	..	..	..	..
	Libya	..	..	..	..	..	..	..	..
	Morocco	72.8	49.7	91.2	74.6	30.6	17.3	55.9	37.8
	Tunisia	..	..	..	..	..	..	..	..
Mashreq	Egypt	..	..	..	..	..	..	..	..
	Iran	..	..	..	..	..	..	..	..
	Iraq	80.8	59.3	92	75	47.6	38.5	68.8	51.9
	Jordan	62.7	38.8	78	53.7	23.2	18.8	30.3	22.7
	Lebanon	..	..	..	..	..	..	..	..
	State of Palestine	71.5	47.6	80.5	52.5	18.7	14.9	24.5	16.1
	Syria	..	..	..	..	..	..	..	..
LDC	Djibouti	..	..	..	..	..	..	..	..
	Somalia	..	..	..	..	..	..	..	..
	Sudan	..	..	..	..	..	..	..	..
	Yemen	74.7	45.7	89.9	70.9	29.1	14.8	53.7	24.9

Source: ESCWA, Disability in the Arab Region, Disability-Dashboard-2020.

SERVICES, PROGRAMMING AND INFORMATION

ACCESSIBILITY AND QUALITY OF EDUCATION

Information regarding inclusive education for persons with disabilities in the region is lacking. Recent statistics on adapted infrastructure[544] and adapted materials[545] are available for six countries in the region and reveal stark contrasts between subregions. In the GCC, Bahrain, Qatar, and Saudi Arabia report that 100 per cent of primary, lower secondary, and upper secondary schools have access to adapted infrastructure and materials for students with disabilities. At the other end of the spectrum, are Morocco (Maghreb), with between 17 per cent and 34 per cent of schools have access to adapted infrastructure and materials for students with disabilities, and Syria (Mashreq) where less than 1 per cent of schools have access to adapted infrastructure and materials for students with disabilities.[546]

544 Adapted infrastructure is defined as any built environment related to education facilities that are accessible to all users, including those with different types of disability, to be able to gain access to use and exit from them. Accessibility includes ease of independent approach, entry, evacuation and/or use of a building and its services and facilities (such as water and sanitation), by all of the building's potential users with an assurance of individual health, safety and welfare during the course of those activities. Source: https://unstats.un.org/sdgs/metadata/

545 Adapted materials include learning materials and assistive products that enable students and teachers with disabilities/functioning limitations to access learning and to participate fully in the school environment. Source: https://unstats.un.org/sdgs/metadata/

546 UNESCO Institute for Statistics Database.

Table 2.5:
Proportion of schools with access to adapted infrastructure and materials for students with disabilities

ESCWA Category	Country	Year	Primary (%)	Lower Secondary (%)	Upper Secondary (%)
GCC	Bahrain	2018	100	100	100
	Kuwait	--	--	--	--
	Oman	--	--	--	--
	Qatar	2018	100	100	100
	Saudi Arabia	2017	100	100	100
	UAE	--	--	--	--
Maghreb	Algeria	--	--	--	--
	Libya	--	--	--	--
	Morocco	2018	17	30	35
	Tunisia	--	--	--	--
Mashreq	Egypt	--	--	--	--
	Iran	--	--	--	--
	Iraq	--	--	--	--
	Jordan	--	--	--	--
	Lebanon	--	--	--	--
	State of Palestine	2018	46	61	69
	Syria	2018	0.44	0.38	0.00
LDC	Djibouti	--	--	--	--
	Somalia	--	--	--	--
	Sudan	--	--	--	--
	Yemen	--	--	--	--

Source: UNESCO Institute for Statistics.

Accessibility to and availability of formal education for persons with disabilities is paramount. The absence of an education lessens the likelihood of finding formal employment and may affect the abilities of persons with disabilities to benefit from various social protections. For instance, in Egypt, children with disabilities are excluded from social health insurance if they are not enrolled in school. Furthermore, several countries in the region make cash transfers conditional on a child's school attendance. These conditions raise major questions regarding whether household with children with disabilities will be precluded from receiving cash transfers if adequate, appropriate, and accessible education is unavailable. Morocco has previously exempt children with disabilities from conditions related to education. While this may be helpful to some households, it risks further reinforcing the perception that children with disabilities should not attend school and, in turn, continue to perpetuate

their exclusion in formal education.[547] However, in 2019 the MoE launched an inclusive education policy focusing on children with disabilities.[548] Since then the number of enrolled disabled children been multiplied by four times.[549]

The quality of education within the region is also a major concern. Across the region, poor quality education that relies on 'highly didactic, teacher-directed learning' at all levels of education often fails to promote critical thinking.[550] Traditional teaching, learning, and examination practices are a major constraint in the region; these practices mean that young people largely do not receive an education that is aligned with current labour market requirements nor one that cultivates the requisite skills to become positive and active members of society.[551]

While remarkable achievements have been made in terms of attendance and attainment rates over the last decade, these strides have not been accompanied by improvements in the quality of education. Even with several years of schooling, millions of students in the region lack basic numeracy and literacy skills.[552]

ACCESSIBILITY AND QUALITY OF EDUCATION IN CONFLICT SETTINGS

Box 2.2: COVID-19 and Education in Conflict Settings

The need for distance learning due to COVID-19 has caused additional strain to the already complex and challenging education systems in conflict settings. In particular, marginalized populations including refugee, IDP, returnee, and stateless school-age individuals, persons with disabilities, and school-aged children from families affected by extreme poverty are at great risk of exclusion as they are likely unable to engage in distance or home-based education.

The disruption in education due to COVID-19 has also led many people to worry that school-age children – especially the most vulnerable and marginalized – may never return to school following the pandemic.[553]

Conflict is amplifying the quality of learning crisis and reinforcing already-existing inequalities within the formal education system. Further, crises are reversing much of the achievements in terms of girls' and women's enrolment and attainment in formal education systems.[554] In crisis-affected areas, marginalized groups of children, including girls and young women, are disproportionally disadvantaged.[555] Even though the region is home to only 6 per cent of the global population, the

547 ESCWA, Strengthening Social Protection for Persons with Disabilities in Arab Countries, 2017.
548 For more information, see: Ministry of Education https://www.men.gov.ma/Ar/Pages/EBS.aspx
549 Ibid.
550 ESCWA, Arab Horizon 2030 Digital Technologies for Development, 2019.
551 UNICEF MENA Regional Office, Analytical Mapping of Life Skills and Citizenship Education in the Middle East and North Africa, 2017.
552 ESCWA, The Sustainable Development Goals in an Arab Region Affected by Conflict, Monitoring the Sustainable Development Goals with Household Survey Microdata, 2018.
553 No Lost Generation, The Syria Crisis, No Lost Generation Advocacy Brief, June 2020, 2020.
554 ESCWA, The Sustainable Development Goals in an Arab Region Affected by Conflict, Monitoring the Sustainable Development Goals with Household Survey Microdata, 2018.
555 Ibid.

region hosts one-quarter of the world's conflict-related internally displaced persons and more than a third of the world's refugees. These conflicts place extreme pressures on the education systems of both conflict-affected countries and host countries.

Recent research determined that in Iraq, only 38 per cent of school infrastructure remains intact among the 16 cities that suffered heavy fighting during the war; in Syria, approximately one-third of schools have either been damaged or destroyed, occupied by parties to the conflict, or have been turned into shelters; and two-thirds of the schools in Yemen requirerepairs.[556]

For those who flee to other countries to avoid the conflict, access to education remains a challenge. Although reliable data regarding school enrolment of internally displaced persons is scarce, this group often face major obstacles in accessing education. Rough estimates reveal that enrolment of internally displaced persons is just 25 per cent in Yemen and 52 per cent in Iraq.[557]

Among Syrian refugee children, recent research estimates that 46 per cent are out of school in Lebanon (both formal and non-formal) and 36 per cent are out of school in Jordan.[558]

Data regarding tertiary education in conflict settings is similarly scarce. It is estimated that only 5 per cent of Syrian refugees (aged 18-24) in host countries within the region are enrolled in higher education. Since tertiary education is not prioritized in emergency response and assistance programmes, funding remains a major constraint.[559]

Non-formal Education[560]

OVERVIEW

Data are available for 11 of the countries in the region on the proportion of individuals enrolled in vocational education (15 to 24 years old). In all but four of these countries (Oman, Qatar, Saudi Arabia, and United Arab Emirates), males are enrolled at a higher rate than females. The highest rate of female enrolment in vocational education is in Egypt at 9.72 per cent.

Female participation in short-cycle tertiary education (ISCED Level 5) which focuses on specific occupations or practices and prepare students for entry into the labour market varies greatly within the region. Highlighting the need to include and encourage girls' and women's participation in these programmes, female participation in Level 5 programmes exceeds 50 per cent in only half of the 16 countries for which data are available. Countries with the lowest female participation rate in Level 5 programmes are Saudi Arabia (27.99 per cent), Iran (30.08 per cent), and Kuwait (37.17 per cent). Female participation in Level 5 programmes are the highest in United Arab Emirates (59.64 per cent), Bahrain (58.71 per cent), and Lebanon (56.27 per cent).

556 World Bank, Expectations and Aspirations: A New Framework for Education in the Middle East and North Africa, Overview booklet, World Bank, Washington, D.C., 2019.
557 Ibid.
558 Ibid.
559 Ibid.
560 Defined as: 'Education that is institutionalized, intentional and planned by an education provider. The defining characteristic of non-formal education is that it is an addition, alternative and/or a complement to formal education within the process of the lifelong learning of individuals. It is often provided to guarantee the right of access to education for all. It caters for people of all ages, but does not necessarily apply a continuous pathway-structure; it may be short in duration and/or low intensity, and it is typically provided in the form of short courses, workshops or seminars. Non-formal education mostly leads to qualifications that are not recognized as formal qualifications by the relevant national educational authorities or to no qualifications at all. Non-formal education can cover programmes contributing to adult and youth literacy and education for out-of-school children, as well as programmes on life skills, work skills, and social or cultural development.' Source: ISCED, 2011.

Table 2.6:
Proportion of 15-24-year-olds enrolled in vocational education

ESCWA	Country	Male (%)	Female (%)	Both sexes (%)
GCC	Bahrain	5.5	0.9	3.6
	Oman	0.5	0.5	0.5
	Qatar	0.6	0.9	0.6
	Saudi Arabia	0.5	0.4	0.3
	UAE	0.5	0.5	0.5
Maghreb	Morocco	7.1	4.4	5.8
Mashreq	Egypt	13.0	9.7	11.4
	Iran	7.7	4.0	5.9
	Jordan	1.5	1.0	1.2
	State of Palestine	3.3	2.5	2.9

Source: UNESCO Institute for Statistics, 2017.

An analytical mapping of life skills and citizen education in the region[561] concluded that non-formal life skills and citizen education activities are largely run by non-governmental organizations and play an important role in targeting marginalized and vulnerable groups.[562] Offering these skills to marginalized and vulnerable groups outside of formal education is crucial as low attendance and completion rates at secondary level in several countries within the region mean that many youth are not always exposed to life skills learning opportunities. Even so, TVET programmes in the region offer limited support to vulnerable groups, including persons with disabilities, former detainees, and illiterate populations.[563]

Several challenges related to non-formal education were highlighted in an analytical mapping within the region, including the fact that many of these programmes are not coordinated with relevant government actors or the private sector; limited regulatory frameworks that link formal and non-formal education; and limited or lack of accreditation or recognition of alternative learning opportunities.[564] Despite these challenges, the International Labour Organization's School-to-Work Transition Surveys – which included data from Egypt, Jordan, Lebanon, State of Palestine, and Tunisia – indicate that TVET graduates have higher prospects for employment compared to university graduates (15 per cent unemployment rate for TVET graduates and 30 per cent for university graduates). However, TVET is still perceived as a 'residual' option for students who are unable to move on to the general secondary path following basic education.[565]

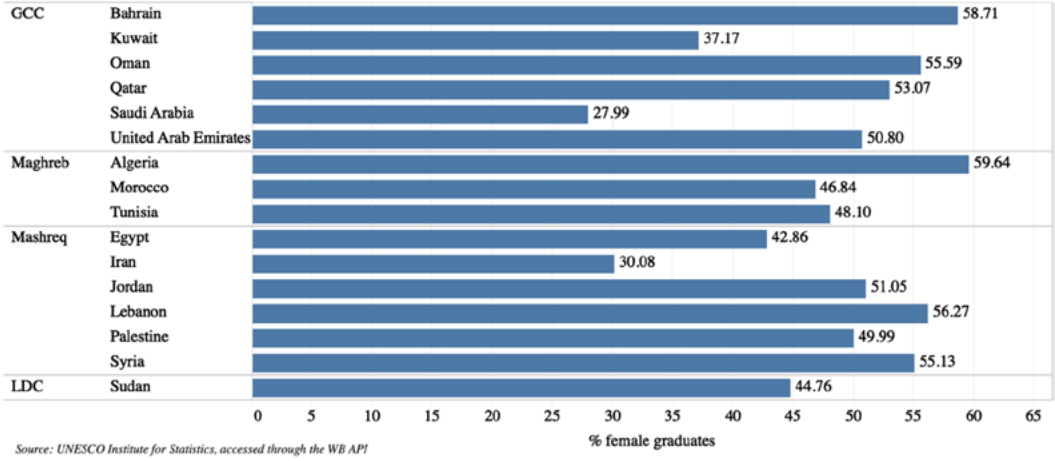
The analytical mapping concluded that life skills and citizenship education programmes in non-formal settings are sporadic and sustained by support from implementing non-governmental organizations. As such, these activities often lack national or local co-ordination mechanisms and are delivered on a project-by-project basis which calls into question the long-term sustainability of such activities.[566]

SOCIO-CULTURAL NORMS AND PRACTICES

Among post-secondary education options, TVET accounts for only 20 per cent of enrolment. Thus, the region has experienced a shortage of qualified professionals in various trades. In the region, TVET suffers from a negative perception and leads individuals to undervalue trade professions. Of students surveyed as part of a study by the International Finance Corporation and Islamic Development Bank, most stated that 'they would not consider TVET as a viable alternative to university education'. These attitudes are deeply rooted in cultural norms as revealed by prior research carried out by ESCWA in the region – young people expressed that manual occupations

561 Note that the analytical mapping comprised 15 countries: Algeria, Djibouti, Egypt, Iran, Iraq, Jordan, Lebanon, Libya, Morocco, Oman, the State of Palestine, Sudan, Syria, Tunisia and Yemen. Therefore, it does not include information from all countries in this situational analysis (i.e. missing information for Bahrain, Kuwait, Qatar, Saudi Arabia, Somalia, and United Arab Emirates).
562 UNICEF MENA Regional Office, Analytical Mapping of Life Skills and Citizenship Education in the Middle East and North Africa, 2017.
563 Ibid.
564 Ibid.
565 Internal UNICEF Document titled Gender dynamics and barriers for girl child employability in MENA (shared with the research study team by UNICEF), no date.
566 UNICEF MENA Regional Office, Analytical Mapping of Life Skills and Citizenship Education in the Middle East and North Africa, 2017, p. 43.

Figure 2.10:
Percentage of graduates from ISCED 5 programmes who are female (%)



are inferior and will not 'qualify them for marriage and social integration'.[567]

A study of select countries in the region[568] concluded that vocational employment is not preferred for women. Further, the study found that vocational training programmes themselves reinforce gender-based discrimination, often dividing programmes into topics that are socially acceptable to men and socially acceptable to women.[569]

567 ESCWA, Impact of ICT on Arab Youth, Employment, Education and Social Change, 2013.
568 Egypt, Jordan, Lebanon, and Tunisia.
569 Oxfam, Counting on Women's Work Without Counting Women's Work, 2019.

Access to ICTs as Lifelong Learning Tools

Table 2.7:
Percentage of population using the internet
Regional Average: Female 53.9 per cent, Male 65.5 per cent

Category	Country	Male (%)	Female (%)
GCC	Bahrain	98.7	98.5
	Kuwait	99.5	99.8
	Oman	90.6	96.8
	Qatar	100.0	99.3
	Saudi Arabia	94.6	91.4
	UAE	98.3	98.8
Maghreb	Algeria	55.1	42.9
	Morocco	68.5	61.1
	Tunisia	...	...
Mashreq	Egypt	52.4	41.3
	Iran	73.8	66.2
	Iraq	98.3	51.2
	State of Palestine	68.5	60.2
LDC	Djibouti	59.9	51.6
	Sudan	16.9	11.0

Source: ITU World Telecommunication/ICT Indicators database. Latest data available between 2016 and 2019.

Information and communications technologies (ICTs) have the potential to promote inclusive and equitable quality education as well as promote lifelong learning opportunities for all women and girls. However, access to ICTs and low levels digital literacy are factors that contribute to an unequal landscape within the region, both between countries and between the sexes. Additionally, high connectivity costs and poor connections across the region mean utilizing ICTs as lifelong learning tools is a challenge for much of the population, but especially among women and girls.

The gender gap[570] in mobile ownership[571] and mobile internet use[572] in the region is pronounced and has remained stagnant or increased within the last few years. In 2019, women in the region were 9 per cent less likely to own a mobile phone and were 21 per cent less likely to have used the internet on a mobile phone at least once in the last three months.[573] Women surveyed in the region cited security concerns, harassment, and costs as barriers preventing ownership of mobile phones.[574]

Participation in social media, including sites and applications that foster lifelong learning (e.g., LinkedIn) is much lower among women than men in the region. Further, recent research concluded that women in the region have not yet gained a representative online presence or managed to 'increase their share of the digital space in the region'.[575]

The digital divide[576] is also exacerbating inequalities, particularly gender inequalities hindering women's and girls' participation in education and their access to skills development (e.g., e-learning). Women's and girls' access to ICT vary greatly within the region. As an example, the percentage of the female population using the internet in the region ranges from 11 per cent in Sudan to 99.8 per cent in Kuwait. The greatest disparity between males and females is in Iraq where 98.3 per cent of males use the internet versus 51.2 per cent of females. Only in the United Arab Emirates do females use the internet slightly more than males. (See Table 2.7.)

570 The gender gap in mobile ownership and mobile internet use refers to how much less likely a woman is to own a mobile (or to use mobile internet) than a man. Based on survey results and modelled data for adults aged 18+.
571 Mobile ownership is defined as having sole or main use of a SIM card (or a mobile phone that does not require a SIM) and using it at least once a month.
572 Mobile internet use is defined as having used the internet on a mobile phone at least once in the last three months. Mobile internet users do not have to personally own a mobile phone.
573 GSMA, Connected Women, The Mobile Gender Gap Report 2020, 2020.
574 World Bank, Progress Towards Gender Equality in the Middle East and North Africa Region, 2017.
575 ESCWA, Arab Horizon 2030 Digital Technologies for Development, 2019.
576 The digital divide refers to the uneven possession of skills and experience that are required to use ICT tools and it entails access to hardware and software as well as the aspects of access and use which all impact the digital divide.

Socio-cultural norms and practices are critical impediments to women's and girls' access to ICTs including computers and mobile phones. Throughout the region, these traditional gender roles and harmful social norms undermine girls' and women's access to and use of ICT tools. This precludes the ability of women and girls to adapt to the heightened demand for digital skills and access to digital technologies to foster learning during the COVID-19 pandemic and to participate in recovery efforts. This is especially true in lower socio-economic environments or rural localities, where ICTs are often accessed outside of the home where safety concerns and norms regarding socializing act as barriers for women's and girls' access to these technologies. Additionally, lack of control over when and how to use these technologies can present another barrier for women and girls. For example, in Egypt, 12 per cent of women stated that they 'did not access the internet more often because they did not think it was appropriate or because family or friends would disapprove'.[577]

Table 2.8:
Computer/Internet Literacy and Internet Connection in Secondary Schools

The proportion of youth and adults who have (ever) sent emails with an attached file					Secondary Schools connected to the Internet (%)
ESCWA Category	Country	Both Sexes (%)	Female (%)	Male (%)	
GCC	Bahrain	79.4	72.3	83.0	100
	Kuwait	53.0	--	--	..
	Qatar	57.7	59.6	55.8	100
	Saudi Arabia	70	63.9	74.3	100
	UAE	70.7	--	--	100
Maghreb	Morocco	31.8	28.0	35.7	89.46
	Tunisia	8.7			97.42
Mashreq	Egypt	22.4	18.6	26.0	49.06
	Iran	11.2	9.6	12.8	..
	Iraq	37.6	--	--	..
	Jordan	96.4	--	--	73.6
	State of Palestine	30.9	--	--	94.67
LDC	Djibouti	15.3	--	--	..
	Sudan	2.4	--	--	..

Source: UNESCO Institute for Statistics, published 2019

577 Badran, Mona F., Achieving Gender Equality in the Arab Region amidst the Changing World of Work, International Labour Organization, Regional Office for the Arab States, Beirut, Lebanon, 2017.

Similar to general access to ICTs, indicators related to computer literacy published by UNESCO reveal gaps between females and males in the region. As an example, an individual able to send an email with an attachment (hereafter called 'email literate') demonstrates key basic technological skills that serve as barriers to upward mobility. These skills can translate directly into the ability to function in an office or entrepreneurial setting, submit credentials to an employer, submit reports or classwork virtually, or apply to a higher learning centre. A person who cannot send an email with an attachment (hereafter called 'email illiterate') will likely struggle to complete other basic internet literacy tasks.

Apart from Qatar (where females are 3.8 per cent more email literate than males in the country), females in countries that compile sex-disaggregated data are reported to have technological skills at lesser rates than their male counterparts. Iranian females are 3.2 per cent less likely to be email literate than males in the country, Egypt 7.4 per cent less likely, Morocco 7.7 per cent less likely, Saudi Arabia 10.4 per cent less likely and Bahrain 10.7 per cent less likely to have sent an email with attached files. (See Table 2.8.)

E-learning and distance education through ICTs make education more accessible to vulnerable and marginalized individuals including persons with disabilities, adult learners, and those without easy access to schools. As stated in the World Summit on the Information Society (WSIS) Forum's Outcome Document, 'enhanced use of e-learning for education will be an important means to support the achievement of this goal [to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all], by offering affordable and flexible means to access education, and supporting more effective pedagogical innovations to improve the quality of education offered'.[578]

While data coverage regarding technology is low in the region, there appears to be a link between schools with access to technology and the number of youth and adults who possess critical technological skills. Existing statistics suggest that countries with a greater proportion of secondary schools with internet access have populations who are more email literate than those with secondary schools without internet access. For example, 49 per cent of secondary schools in Egypt have internet access for pedagogical purpose and 18.6 per cent of females in the country are email literate. In comparison, 89.5 per cent of secondary schools in Morocco have internet access, with 28 per cent of females being email literate. Countries in the GCC including Qatar, Saudi Arabia, and Bahrain report that 100 per cent of secondary schools have access to the internet and also report the highest rates of email literacy (e.g. in Bahrain, where 72.3 per cent of women report having sent an email with an attachment). (See Table 2.8.)

Given the evidence, it can be deduced that efforts made by each country in connecting more secondary students to the internet for pedagogical purposes could increase computer literacy among the population and allow better access to learning opportunities or employment in office settings or technological fields. However, countries in the region face the challenge of both addressing quality and inclusivity aspects of their education systems while also focusing on enhancing the use of ICTs. A study of student performance per the Program for International Student Assessment (PISA) concluded that 'technology can amplify great teaching, but great technology cannot replace poor teaching.'[579]

Even the best ICT can do nothing to cure a failed education system. Reform that develops quality education systems, from early childhood to university education, is essential, as well as efforts to update curriculum, develop research and engender critical and independent thinking and capacity for lifelong learning. These are the skills needed for a twenty-first century knowledge economy.[580]

578 ESCWA, Arab Horizon 2030 Digital Technologies for Development, 2019.
579 Ibid.
580 Ibid.

Often, textbooks and teaching methods in the region do not foster independent and critical thinking at all levels of education. While there has been a focus on improving school ICT infrastructure in recent years, the same priority has not been given to reforming education methods to improve the quality of teaching. Limited statistical evidence from the region reveals that use of ICT in education does not have a significant impact on education methods.[581]

In an attempt to increase the impact of ICT in education and improve the quality of education, Egypt's Ministry of Education and Technical Education and Imagine Education (UK) Ltd. have been implementing the Teachers First Initiative across 27 governorates. Now in its fourth year of operation, Teachers First is continuing to train digitally literate teachers who will utilize a behaviour framework developed by the Open University and based on the UNESCO Competency Framework for Teachers as well as an online behavioural change platform called Lengo. By offering training and a professional network for teachers, Teachers First aims to bring a learner-centred, inquiry-based, technology-rich, interdisciplinary, collaborative, and personalized education to the children of Egypt.[582]

It is important to note that statistics presented in this section are observed at a national rate, and do not contain the necessary variance that could be achieved from school or student-level data over a longer period of time. Further research regarding digital literacy is required to better understand its effects on women's and girls' education in the region. This would be especially important among the youth populations in countries with infrastructure that can support ICT industries as well as in light of the current environment due to COVID-19.

Box 2.3 Girls in IT and STEAM subjects: Girls got IT in Lebanon[558]

Girls Got IT is an initiative led by the Lebanese League for Women in Business (LLWB) in partnership with the Arab Women in Computing (ArabWIC), Women in Technology (WIT), Women in Engineering (WIE) and Digital Opportunity trust (DOT).

Launched in 2016, the initiative focuses on grade 10-12 girls in public and private schools and aims to break cultural stereotypes of women in STEAM and bridge the gap between males and females in IT and engineering. Girls Got IT holds full-day STEAM events for students that include training sessions in topics ranging from web development to robotics as well as networking opportunities.

Box 2.4 Education for all through online social enterprise: The case of Nafham[559]

Nafham is a free online educational platform that allows users to access videos and discussion forums linked to the public curriculum in available countries (at present, countries include Algeria, Egypt, Kuwait, Saudi Arabia, Syria, and United Arab Emirates). These videos and discussion forums are available via the website or mobile application, and are organized by grade, semester, and subject.

In addition to national curricula, Nafham also offers various general education courses that cover basic principles of many topics including life skills.

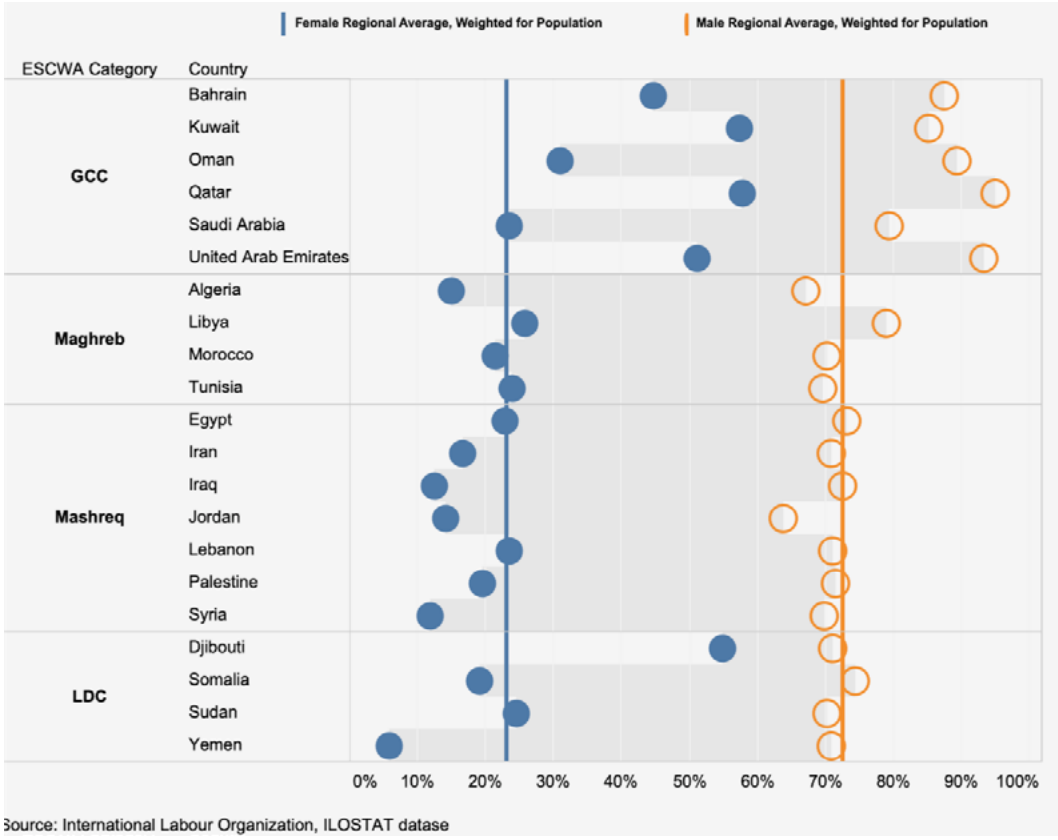
581 Ibid.
582 World Bank, Expectations and Aspirations: A New Framework for Education in the Middle East and North Africa, Overview Booklet, 2019.
583 ESCWA, Innovation and Entrepreneurship: Opportunities and Challenges for Arab Youth and Women, 2019.
584 Ibid.

LIVELIHOODS

Labour Force Opportunities and Participation

Workforce participation varies widely amongst the four subregions. While these statistics are indicative of overall trends, it is important to note that these labour force participation rates include foreign women. This is particularly of note in the GCC region, where many lower level positions held by women (such as maids, nannies, nursing) are held by foreigners. This is most notable in Qatar, which is widely shown to have the highest female workforce participation rate in the region at 59 per cent. However, when controlled for nationality, the participation rate of Qatari women drops to 37

Table 2.11:
Labour Force Participation Rate (Modeled ILO Estimate)
The labor force participation rate is the proportion of the population age 15 and older that is economically active, all people who supply labor for the production of goods and services during a specifici period.



per cent.[585] Similar rate shifts would likely be seen throughout the region, with the most pronounced participation rate drops in the GCC. The lowest rate of women's participation in the formal workforce is in Yemen, with a female labour force participation rate of 5.8 per cent.

Additionally, rates of youth who are neither in employment, education nor training (NEET) are higher in lower- and middle-income countries (average of 30 per cent), while more than half that rate in higher-income countries (14 per cent). On average, the rates of women and girls who are NEET were 26 percentage points higher than their male counterparts (without qualifying for a bias in figures that will underestimate the numbers of young married women who would work if they could but will not be registered as seeking work).[586] A recent national survey in Iraq shows delay in young women's engagement in the labour market.[587]

The overall female labour force participation rate in the region is the lowest in the world, as noted above. Weighted for population, the female labour force participation rate in the region is slightly over 20 per cent, compared to a world rate of 48 per cent. In contrast, male labour force participation rates in the region (approximately 73 per cent) are comparable to other regions in the world. This is most apparent in the LDCs, where women participate in the workplace at a rate of 17.7 per cent and men 71.2 per cent.

According to content published through World Bank Blogs, the reasons behind these gaps are largely socio-cultural. As Maha El-Swais summarizes, the reasons include 'i) the patriarchal structure of states in the region, ii) dominant public sector employment and weak private sector employment, and iii) an inhospitable business environment for women because of the conservative nature of gender roles and the lack of support for reproductive and family costs.'[588]

Women also face challenges in pursuing certain careers. In Lebanon, for instance, women are equally able to pursue careers in the law and judiciary, however when doing so they often face large barriers of discrimination. According to female judges, they are often not taken seriously in their position, and often have to 'prove themselves' in order to be seen as a competent member of the judiciary. As a result, women have historically not chosen professions in the law in order to avoid the hurdles placed in their path further down the road.[589] Likewise in the GCC, women have long been informally restricted from pursuing certain career paths. Some, like the first woman Saudi pilot, pursued their career interests overseas, only to return after being able to prove their skills abroad.[590]

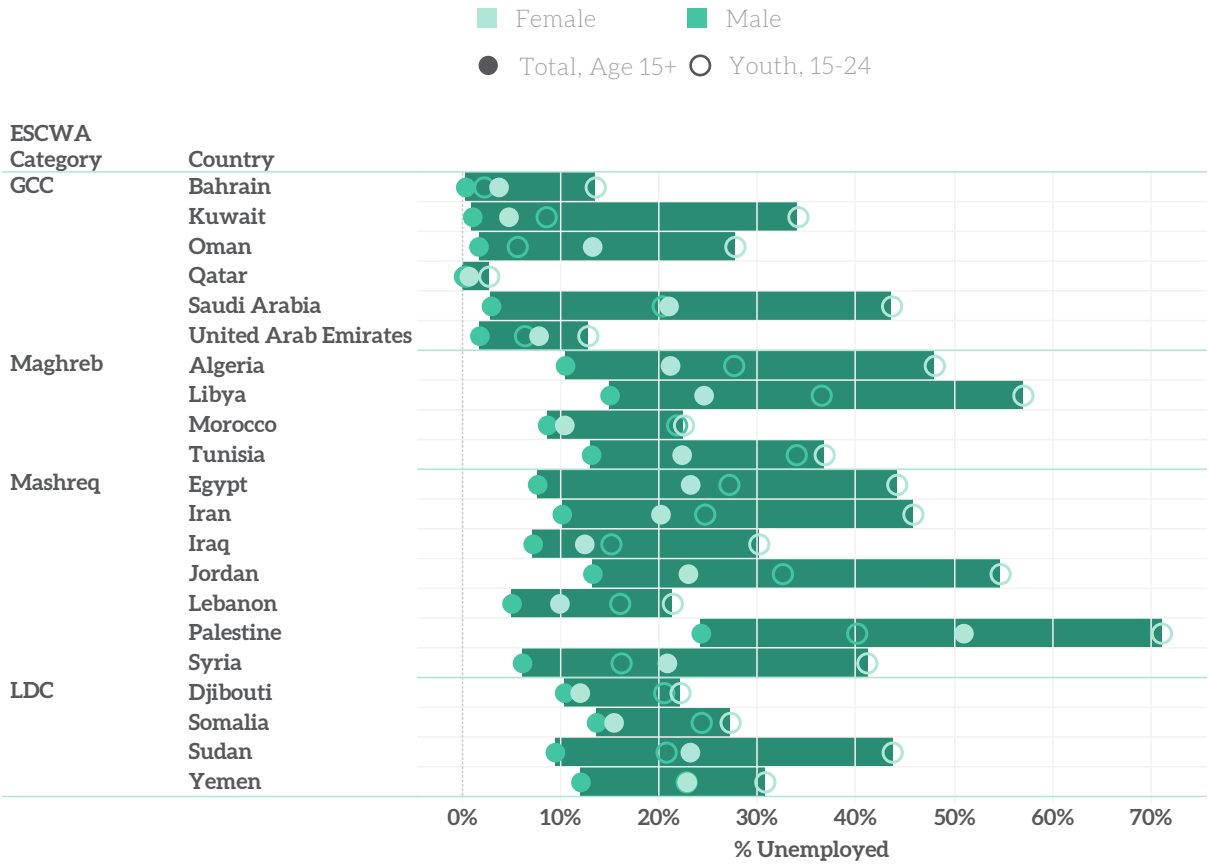
For women seeking employment outside the home, unemployment is highest among female youth[591] in the Mashreq region, where 42.7 per cent of women seeking work are not successful at finding a job. The unemployment rates among women is much higher rates than among men, in both youth and adult categories. The gap between males and females is significant, and notable at high levels. The gap between males and females is highest among youth in the GCC countries, where 33.5 per cent of female youth in the labour force are available and seeking employment but they do not find it, compared to 14.3 per cent of their male counterparts. This gap persists into adulthood, where 15.4 per cent of females are unemployed in the GCC countries compared to only 2.2 per cent of males. Adult female unemployment is highest among females in the LDCs, where 21.5 per cent of females in the labour force are actively seeking work but unable to find a position.

Informal employment is a more complicated picture in the region, varying greatly amongst the subregions. In countries where agriculture production is a significant part of the economy the numbers of women and girls employed in informal

585 Planning and Statistics Authority, State of Qatar, 'Labor Force Sample Survey 2017.'
586 Dimova, Ralitza, Sara Elder, and Karim Stephan, Labour Market Transitions of Young Women and Men in the Middle East and North Africa, ILO, November 2016.
587 Iraq National Adolescent and Youth Survey, 2019 – 2020.
588 El-Swais, Maha, Despite high education levels, Arab women still don't have jobs, World Bank Blogs, 2016.
589 Assi, Rola, Women in the Judiciary in Lebanon, ESCWA, 2018. Accessed at: www.unescwa.org/publications/women-judiciary-lebanon.
590 Al-Jaber, Maryam, "First Saudi Woman to Get Pilot License: Soon, I Will Captain a National Airliner." Al Arabiya English, August 29, 2018, sec. Features. https://english.alarabiya.net/en/features/2018/08/29/First-Saudi-woman-pilot-Soon-I-will-be-your-captain-in-kingdom.
591 Defined as: the share of the labour force ages 15-24 without work but available for and seeking employment.

Figure 2.12:
Unemployment by Age and Gender (Modeled ILO Estimates)

Unemployment is defined as the share of the labor force for the specified age group without work but available and seeking employment. Persons who want to work but are prevented from doing so by structural, social, or cultural barriers are not counted as unemployed. Similarly, persons working part time or temporary jobs are counted as employed. These are important clarifications, as women in the region are more likely to face employment barriers and to work part time or less stable jobs in households where they are considered responsible for the care of dependant household members.



work tends to be higher than elsewhere. Smaller businesses, including agriculture, also tend to be more dependent on informal workers, including women and children.[592]

In conflict-affected countries these challenges become even more acute. In many refugee communities, women often engage in informal work but spend most of their time in unpaid care work, caring for children and sick or injured family members.[593] Women-headed households make up significant portions of the population and they are often the sole breadwinners supporting a family unit. Many of these women create micro-businesses, selling hand-crafted goods, food, or other small items.[594] Investigative journalism efforts spanning decades have uncovered some evidence that refugee women have turned to prostitution. (For more discussion regarding sex work and sexual violence, including in conflict, see Pillar 3). Given the barriers to procuring work permits for refugee communities, especially in Turkey and Lebanon, many refugee women rely on black markets to support their families, leaving them vulnerable to predatory behaviour, including violence and theft.[595] (See Pillar 3 for additional information regarding violence against women.) In conflict-affected countries, such as Syria and Yemen, women's participation in the formal economy drops to 10 per cent or less (see Figure 2.12, above). This is a multi-factorial issue, including the collapse of the formal economy, violence and conflict, and overall instability.

For those women who do participate in the formal economy, they most often participate in agriculture, education, and manufacturing. Egypt, Morocco, Sudan, and Yemen have significant proportions (more than 30 per cent) of their populations who engage in farming and agriculture, contributing toward a significant proportion of the employed women in the region who qualify as participants in the formal economy.[596] Due to advances in farming techniques and agriculture, this number will likely fall and women's participation in the economy may fall even lower than it currently sits unless women in these countries achieve employment in other occupations.[597]

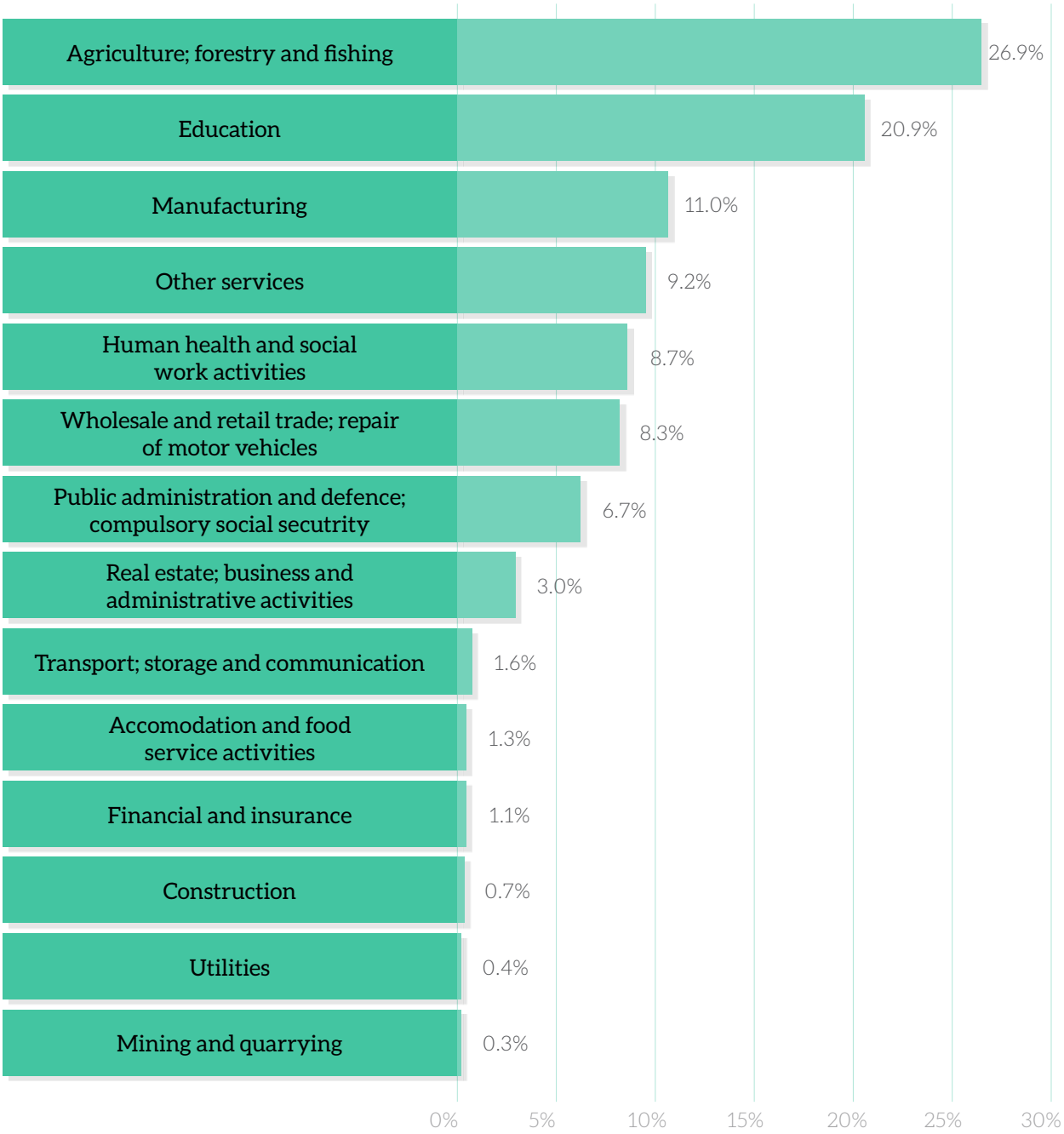
Using Jordan as a case study reveals trends present throughout the region. The vast majority of unemployed women hold at least a bachelor's degree (76 per cent) and are seeking work in one of five main fields: education, human health and social work activities, public administration and defence, manufacturing, and wholesale and retail trade.[598] Nearly half of women seeking work believe that there is no opportunity for them. According to the employment and unemployment survey 2016, 45.1 per cent of inactive women assumed that there is no work opportunity for them while 15.4 per cent believe that there is no appropriate job for them.[599] Given these realities, some women have turned to entrepreneurship as way to bridge the unemployment gap, which is discussed in more detail in the following section.

Access to a valuable and relevant education is central to the ability to seek and obtain gainful employment but does not guarantee work or the ability to find a job.[600] As noted in the Jordan case study, women with higher education, especially in higher income countries, are more likely to be unemployed.[601] For women, especially in rural areas, where they are

592 Gatti, Roberto, Diego F. Angel-Urdinola, Joana Silva, and András Bodor, Striving for Better Jobs: The Challenge of Informality in the Middle East and North Africa, World Bank, 2014. Accessed at: https://openknowledge.worldbank.org/bitstream/handle/10986/19905/902710PUB0Box30see0also066110067590.pdf.
593 Ugur, 'Women's Economic Empowerment in Protracted Crisis: Syrian Refugee Women in Southwestern Turkey.'
594 Kabir and Klugman, 'Unlocking Refugee Women's Potential: Closing Economic Gaps to Benefit All.'
595 See, for example: Gallagher, Ashley, "Syrian Refugees Are Turning to Prostitution at 'Super Nightclubs,'" Vice News, 2014. Accessed at: https://www.vice.com/en/article/pa8vmv/syrian-refugees-are-turning-to-prostitution-at-super-nightclubs. Halaby, Jamal, "In Jordan, desperate Syrian refugees turn to prostitution," The Times of Israel, 2013. Accessed at: https://www.timesofisrael.com/in-jordan-desperate-syrian-refugees-turn-to-prostitution/. Stockholm Center for Freedom, "Report: Syrian women in Turkey's refugee camps forced into prostitution," 2017. Accessed at: https://stockholmcf.org/report-syrian-women-in-turkeys-refugee-camps-forced-into-prostitution/.
596 International Labour Office, 'ILO Data Explorer.'
597 Ibid.
598 Dudokh, Dana, and Adli Aqel, Women Entrepreneurship in Jordan, Jordan Enterprise Development Corporation, 2017.
599 Dudokh, Dana, and Adli Aqel, Women Entrepreneurship in Jordan, Jordan Enterprise Development Corporation, 2017.
600 United Nations Children's Fund, "Analytical Mapping of Life Skills and Citizenship Education in the Middle East and North Africa."
601 Gatti, Roberto, Diego F. Angel-Urdinola, Joana Silva, and András Bodor, Striving for Better Jobs: The Challenge of Informality in the Middle East and North Africa, World Bank, 2014. Accessed at: https://openknowledge.worldbank.org/bitstream/handle/10986/19905/902710PUB0Box30see0also066110067590.pdf.

Figure 2.13:
Female Employment Disribution by Occupation, MENA/Arab States Region

Figures reflect the proportion of female workers in each occupation as a ratio of the total employed females within the region. Statistivs are based on ILO estimates as published in November of 2019 and are weighted using the latest available population data from the World Bank.



not afforded formal education, are also less likely to be able to obtain jobs.[602] In other words, the least educated and the most educated women see the highest levels of unemployment.

Availability of programmes on workforce preparedness for women are sparse, and often provided by international or local non-governmental organizations. Formal education is often criticized for not providing the practical skills that graduates need when entering the workforce.[603] This is especially acute in technological and innovation sectors, which have actually seen a reversal in progress in recent years.[604]

OPPORTUNITIES AND BARRIERS TO WOMEN'S PARTICIPATION IN THE FORMAL ECONOMY

SHIFTING SOCIO-CULTURAL NORMS AND EDUCATIONS

Restrictions that women face are not always formal or legal in nature but are also based on socio-cultural norms and standards. Women from many professions often say that they feel a need to prove themselves, that they must perform better than their male counterparts, and that they must prove that they are not overly emotional or can be equally competent as their male colleagues. While this barrier is likely to lessen over time as more women enter the workforce, it is often part of the reason that women do not pursue certain careers. These barriers contribute to higher unemployment rates and lower labour force participation, with women facing higher barriers to entering the workforce, along with few, if any, legal barriers against discrimination in hiring.

In addition to norm-based barriers when entering the workforce, many women face obstacles within their families to pursuing an outside career. Pressures to adopt a traditional family structure are real and are often more acute in rural communities that rely on women's unpaid labour such as childcare and food preparation to maintain functioning households and businesses. Gaps in education (see Pillar 2, *Learning*) and employment levels for women vary greatly between urban and rural communities, with the former tending to maintain a more traditional and conservative approach while urban centres tend to be slightly more accepting of women working outside the home.

LEADERSHIP, MANAGEMENT, AND ADVANCEMENT

The power of these norms is also evident when looking at the rates of women in managerial positions. Often, leadership is seen as a strictly male and patriarchal, and women are largely seen in supporting roles.

Female share of managerial positions is highest in Jordan, where 62.0 per cent of all managers are female. According to available data, female share of managerial positions is lowest in Yemen, where only 4.1 per cent of managers are female.

The relatively low share of women in managerial positions demonstrates norms that often place women into lower level and administrative positions. For example, within the region, women may be perceived as not being 'tough enough', as demonstrated in the Lebanon example given in the previous section, or that men must have higher earning positions in order to support families, as noted above. Regardless of the reason, these norms have served to keep women out of management positions and maintain relatively low levels of employment overall.

602 The World Bank, 'Measuring the Gap Between Female and Male Entrepreneurs.'
603 UNICEF MENA Regional Office, Analytical Mapping of Life Skills and Citizenship Education in the Middle East and North Africa, 2017.
604 ESCWA, Innovation and Entrepreneurship: Opportunities and Challenges for Arab Youth and Women, 2019.

Table 2.9:
Female Share of Managerial Positions (per cent)

ESCWA Category	Country	Country	per cent Female Managers (%)
GCC	Bahrain	2015	21.6 per cent
	Kuwait	2016	13.6 per cent
	Oman	2020	25.9 per cent
	Qatar	2019	13.9 per cent
	Saudi Arabia	2020	12.7 per cent
	UAE	2019	21.5 per cent
Maghreb	Algeria	2017	8.4 per cent
	Tunisia	2012	14.8 per cent
Mashreq	Egypt	2019	7.1 per cent
	Iran	2019	18.9 per cent
	Iraq	2012	21.8 per cent
	Jordan	2019	62.0 per cent
	Lebanon	2019	21.2 per cent
	Syria	2010	8.9 per cent
LDC	Djibouti	2017	12.3 per cent
	Yemen	2014	4.1 per cent

Source: ILOSTAT; Country-specific Labour force sample surveys. Accessed 2019.

HARASSMENT, DISCRIMINATION, AND LEGAL STRUCTURES

The legal frameworks that support workforce policies differ greatly across the region. Some countries – including Tunisia, Morocco, Djibouti, and Lebanon – have state-level proscriptions against discrimination based on sex in the workplace. In many other countries within the region, no such basic legal framework exists. For example, in Saudi Arabia there are no formal laws in place that restrict women from entering into the workforce, or that require segregation in the workplace. These practices are instead based on socio-cultural norms. In the GCC, where the local workforce is often outnumbered by the foreign workforce, often different practices exist in workplaces that have a mostly foreign workforce versus a mostly local workforce.

The table below illustrates restrictions with regard to women in the workforce, including limits on the positions they may hold, whether they are allowed to pursue night work, any protections against dismissal due to pregnancy, and equal remuneration clauses.

Table 2.10:
Women in the Workforce Protections and Restrictions

ESCWA Category	Country	Law or Constitution prohibits gender discrimination?	Legal Limitations of Positions?	Night Work Restrictions?	Protection Against Dismissal due to Pregnancy?	Legally protected equal pay?
GCC	Bahrain	□	□		□	□
	Kuwait			no data		
	Oman	□	□	□	□	□
	Qatar	□	□	□	□	□
	Saudi Arabia		□	□	□	
	UAE			no data		
	per cent answering 'Yes'	*75 per cent*	*100 per cent*	*100 per cent*	*100 per cent*	*75 per cent*
Maghreb	Algeria	□		□		□
	Libya	□	□	N/A	□	□
	Morocco	□	□	N/A	□	□
	Tunisia	□	□	□	□	□
	per cent answering 'Yes'	*100 per cent*	*75 per cent*	*100 per cent*	*75 per cent*	*100 per cent*
Mashreq	Egypt	□	□	□	□	□
	Iran			no data		
	Iraq	□	□	□		□
	Jordan		□	□	□	
	Lebanon		□	N/A	□	□
	State of Palestine	□	□	N/A	□	□
	Syria	□	□	□	□	□
	per cent answering 'Yes'	*67 per cent*	*100 per cent*	*100 per cent*	*83 per cent*	*83 per cent*
LDC	Djibouti	□	□	N/A	□	□
	Somalia	□	□	□	□	□
	Sudan	□	□	N/A		□
	Yemen		□	□	□	□
	per cent answering 'Yes'	*75 per cent*	*100 per cent*	*100 per cent*	*75 per cent*	*100 per cent*
Overall Average		79 per cent	94 per cent	100 per cent	83 per cent	90 per cent

Source: Source: World Bank; 'Women, Business, and the Law'

As indicated in the table above, many states have enacted prohibitions limiting women's ability to work in certain timeframes and in certain types of jobs. In the region, 14 countries prohibit women from doing night work, and nearly all ban women from specific labour-heavy positions such as mining. In many cases, reporting has noted that even if legal barriers to discrimination and harassment are in place, mechanisms to enforce these laws are not well-funded and sanctions are lax. While progress towards legally codifying prohibitions against discrimination and harassment have made some progress, efforts to enforce these laws must be increased. For an in-depth discussion of the issue of sexual harassment, see Pillar 3.

Fortunately, most countries in the region do have equal remuneration laws, as well as paid maternity leave policies.[605] It is noted however, that a limited number of women are benefitting from these policies, because of the low female labour-force participation and, in particular, because women working in the informal sector are not covered. The region ranges in maternity leave policies from 30 days in Tunisia to 270 days in Iran, as outlined in the table below.

Table 2.11:
Maternity Leave - Days Paid

ESCWA Category	Country	No. of days (2017)
GCC	Bahrain	60
	Kuwait	70
	Oman	50
	Qatar	50
	Saudi Arabia	70
	UAE	45
Maghreb	Algeria	98
	Libya	98
	Morocco	98
	Tunisia	30
Mashreq	Egypt	90
	Iran	270
	Iraq	98
	Jordan	70
	Lebanon	70
	State of Palestine	84
	Syria	120
LDC	Djibouti	98
	Somalia	..
	Sudan	56
	Yemen	70

Source: World Bank Gender Statistics

Of the 21 countries being studied, 20 report having legally protected maternity leave policies. The average length of maternity leave legal provision is 84.75 days, or approximately 12 weeks. In relation to legal provisions, when compared to the Organisation for Economic Co-operation and Development (OECD) countries, the region is not significantly behind. According to the OECD, 97 per cent of the 41 countries covered by the OECD have paid maternity leave, with an average leave amount of approximately 18 weeks.[606]

Overall, the legal environment in the region is mixed. Middle-income countries from the Maghreb tend to have better legal protections for women

605 UNFPA, UNDP, UN Women, ESCWA, 'Gender Justice and Equality Before the Law: Analysis of Progress and Challenges in the Arab States Region.'
606 OECD, OECD Family Database: Parental Leave Systems, 2019. Accessed at: http://www.oecd.org/els/soc/PF2_1_Parental_leave_systems.pdf.

when compared to both lower income and higher income countries in the region. For instance, all of the countries in the Maghreb region have a legal or constitutional provision barring discrimination based on gender, while in the LDC and GCC subregions only 75 per cent of countries reporting provide the same legal protections.

WOMEN'S UNPAID LABOUR AND HOUSEHOLD WORK

Data on time use published by the United Nations Statistics Office shows large disparities in the amount of time spent by females and males on unpaid chores and care work. Females in Algeria, Egypt, Morocco, and the State of Palestine all spend around six-to-nine times more time on unpaid work than men. (See Figure 2.14.) This gap is less pronounced in Qatar – however, still very prominent – as females spend about four times more time on unpaid work than their male counterparts. Regardless, it is clear that women shoulder the majority of the burden of unpaid work in the region, on average 4.7 times more unpaid care work than men – the highest ratio anywhere in the world.[607] This gender gap between women and men's contribution to unpaid care work highlights the undervaluation of women's economic contributions in the region, and suggest the need to recognise the social and economic function of women's unpaid care work as well as the opportunity cost of the time that women spend towards unpaid labour. [608]

As compared to other regions, the MENA and Arab States region has one of the highest proportions of women who perform unpaid labour, nearly doubling the rates of every other region, except for sub-Saharan Africa.[609] The challenge of unpaid labour, especially in the region, is one that brings together socio-cultural norms, legal and structural challenges, and economic opportunity. Women face challenges at each level, from working with her family on expectations to finding a job within her skillset that is within the bounds set by labour laws in her country. Not all countries have equal remuneration laws as well, so after overcoming these hurdles and gaining employment, women in the region are then at risk of being paid less than their male counterparts. For many women, these complicated paths are not worth the effort. For other women, working is necessary to support their families, and any barriers in their paths must be overcome to obtain necessary income.

Box 2.5 Unpaid Labour and COVID-19

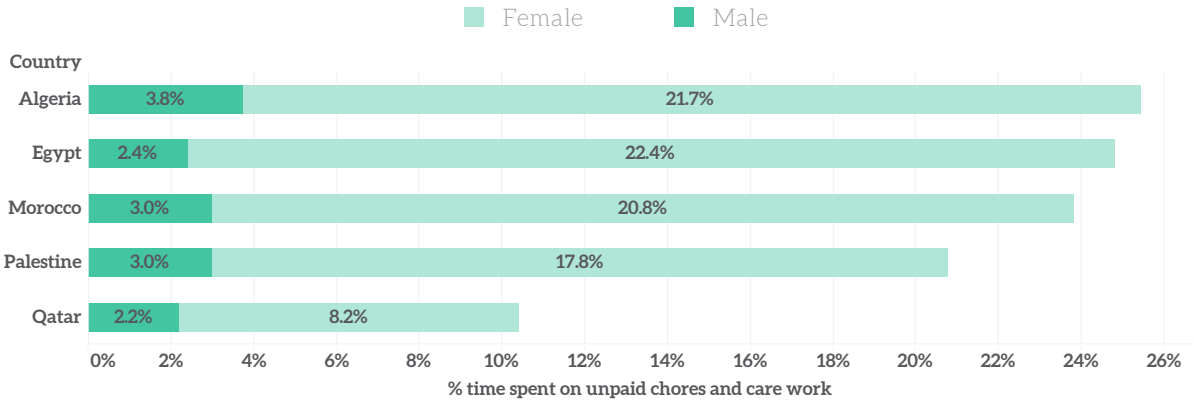
The challenge of addressing unpaid labour has only grown during the COVID-19 pandemic. Anecdotal evidence has shown that women have largely taken on the burden of caring for ill family members, as well as increased childcare and education responsibilities due to closures. This has reduced women's incomes and has had potentially long-term effects on women's earnings as well as the economy write large.

Source: UN Women, Covid-19 and Women's Economic Empowerment: Policy Recommendations for Strengthening Jordan's Recovery, 2020.

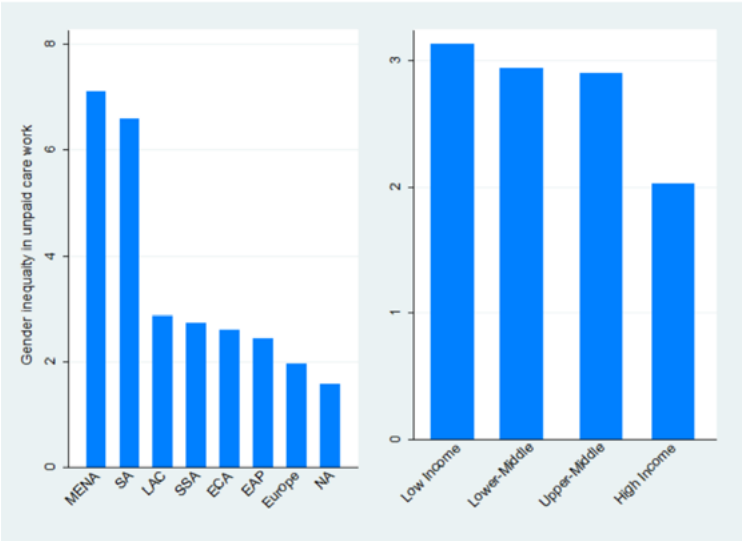
607 UN Women, 'The Role of The Care Economy in Promoting Gender Equality', 2020.
608 Ibid, p. 66.
609 World Bank, World Development Indicators and OECD (2014), Gender, Institutions and Development Database, 2014.

Figure 2.14:
Proportion of time spent on unpaid chores and care work

This graph shows the proportion of time males and females aged spend on unpaid chores and care work. Data from Palestine shows data for ages 10 and above. Algeria shows ages 12 and above, Egypt, Morocco, and Qatar show data from ages 15 and above.



Source: National Statistical offices or national database and publications compiled by the United Nations Statistics Division



Note: These charts present the female-to-male ratio of time devoted to unpaid care activities by region and income group. Income groups are divided according to GNI per capita: low income, USD 1,035 or less; lower middle income, USD 1,036 – USD 4,085; upper middle income, USD 4,086 – USD 12,615; and high income, USD 12,616 or more.
Source: World Bank (2014), World Development Indicators and OECD (2014), Gender, Institutions and Development Database.

Income, Finance, Capital, and Wealth

INTRODUCTION

In the region, women's access to economic resources, including wealth and income, varies substantially. While inheritance laws are in most of the cases discriminatory, women largely hold the ability to own assets and sign contracts within the region. However, lack of wealth and collateral, often driven by the inability to inherit from parents or a spouse, leaves women unable to access credit in the same way as men. The reality of female entrepreneurs and business owners is that while they are equally able to own and operate a business, they are not equally able to finance and run that business in the same way as a man is able to. In addition, norms regarding financially supporting a family and leadership leave women often out of leadership positions in business. As a result, women find themselves in a precarious position: being able to work and own a business, but unable to facilitate its growth.

INHERITANCE

When considering women's abilities to earn, manage, and access capital, one of the most crucial components is the ability to inherit wealth. Existing laws in the region do not allow equal rights for inheritance for daughters and surviving spouses. For many people, male and female, inherited wealth is a large factor in the ability to maintain and increase wealth, alongside owning assets. When assessing the ability to open or expand a business, apply for a loan, or buy property of any kind, these forms of wealth are often considered in the application for funding or are used as collateral. As a result, access to inheritance and/or property is central to the development of overall wealth.[610]

In this regard, women are extremely disadvantaged (see table below). Daughters do not have equal rights to inherit assets from their parents in *any country in the region*. Surviving spouses have equal rights of inheritance only in the State of Palestine and the United Arab Emirates. From the standpoint of generational wealth, therefore, women are unable to receive wealth from either a spouse or a parent upon their death. This is a significant impediment to women accumulating wealth of any kind.

Despite these discrimination on inheritance, women do have equal rights to assets' ownership such as immovable property (e.g. houses, land) and are granted equal administrative authority over assets accumulated during marriage. Once that marriage is dissolved, through either divorce or death, however, inheritance laws do limit a woman's ability to maintain that control.

610 Saleh, 'Arab Women Left in Inheritance Trap by Delayed Reforms.'

Table 2.12:
Women's Rights to Assets

ESCWA Category	Country	Do female and male surviving spouses have equal rights to inherit assets?	Do women and men have equal ownership rights to immovable property?	Does the law grant spouses equal administrative authority over assets during marriage?	Do sons and daughters have equal rights to Inherit assets from parents?
GCC	Bahrain	No	Yes	Yes	No
	Kuwait	No	Yes	Yes	No
	Oman	No	Yes	Yes	No
	Qatar	No [611]	Yes	Yes	No
	Saudi Arabia	No	Yes	Yes	No
	UAE	No	Yes	Yes	No
Maghreb	Algeria	No	Yes	Yes	No
	Libya	No	Yes	Yes	No
	Morocco	No	Yes	Yes	No
	Tunisia	No	Yes	Yes	No
Mashreq	Egypt	No	Yes	Yes	No
	Iran	No	Yes	Yes	No
	Iraq	No	Yes	Yes	No
	Jordan	No	Yes	Yes	No
	Lebanon	No	Yes	Yes	No
	State of Palestine	No	Yes	Yes	No
	Syria	No	Yes	Yes	No
LDC	Djibouti	No	Yes	Yes	No
	Sudan	No	Yes	Yes	No

Source: The World Bank: Women, Business, and the Law, 2021.

While the legal and policy changes occurring in the region have had positive impacts on women in business, socio-cultural norms have been slower to change. According to data collected for the 5th wave of the Arab Barometer in 2018-19, a majority of the respondents (both males and females) in the region does not believe that a female's share of inheritance should be equal to a male's share of inheritance.[612] The only exception to this is Lebanon, where 65 per cent of survey respondents believe that men and women should inherit equal shares of inheritance.

The lowest rate of acceptance of equal rights in inheritance is in the State of Palestine, where only 8 per cent of survey respondents believe that men and women should inherit equal shares of inheritance. These figures illustrate the pervasive belief that men should be the primary holders of family wealth. These cultural expectations and norms place undue burden on men to deliver high-paying salaries, while expecting women to not work outside of the home.[613]

611 The personal status law (Royal Decree 32/97) outlines the Types of Heirs under Chapter 5 on Inheritance (page 41) – Articles 242 throughout 249 all mention women as heirs, whether as spouses, daughters, mothers and even grandmothers.
612 Arab Barometer, 'Arab Barometer Wave V.'
613 UN Women and Promundo, 'Understanding Masculinities.'

BANKING, ACCESS TO CREDIT, AND FINANCE

When women are unable to inherit wealth, one of the few avenues to gain the kind of capital they require to open or expand a business is to apply for credit. In doing so, there are several administrative steps that must be taken, all of which women are able to do throughout the region: open a bank account, register a business, and sign a contract. (See table below.)

As of 2021, only six countries in the region have laws that prohibits discrimination in access to credit based on gender. Credit is crucial for starting and growing businesses, but it requires a lender to approve a loan or line of credit. One of the main reasons that financial institutions reject women's applications to access credit is due to the lack of available wealth and/or collateral, which are often inextricably linked to women's equal right to inherit assets.[614] In the case of Jordan, women are largely unable to sustain their businesses due to four main reasons: access to finance, business not being profitable, family obligations, and government policies. Further, women struggle to provide collateral to access loans and are often financing their businesses through personal sources such as savings, friends and family, and the reinvestment of earnings. This further contributes to the diminution of personal wealth, leaving women dependent upon family members for income.[615]

Table 2.13:
Women's Access to Capital

ESCWA Category	Country	Can a woman sign a contract in the same way as a man?	Does the law prohibit discrimination in access to credit based on gender?	Can a woman open a bank account in the same way as a man?	Can a woman register a business in the same way as a man?
GCC	Bahrain	Yes	Yes	Yes	Yes
	Kuwait	Yes	No	Yes	Yes
	Oman	Yes	No	Yes	Yes
	Qatar	Yes	□[616]	Yes	Yes
	Saudi Arabia	Yes	Yes	Yes	Yes
	UAE	Yes	Yes	Yes	Yes
Maghreb	Algeria	Yes	No	Yes	Yes
	Libya	Yes	No	Yes	Yes
	Morocco	Yes	Yes	Yes	Yes
	Tunisia	Yes	No	Yes	Yes
Mashreq	Egypt	Yes	No	Yes	Yes
	Iran	Yes	No	Yes	Yes
	Iraq	Yes	No	Yes	Yes
	Jordan	Yes	Yes	Yes	Yes
	Lebanon	Yes	No	Yes	Yes
	State of Palestine	Yes	No	Yes	Yes
	Syria	Yes	No	Yes	Yes
LDC	Djibouti	Yes	Yes	Yes	Yes
	Sudan	Yes	No	Yes	Yes

Source: The World Bank: Women, Business, and the Law

614 OECD, Women's Access to Finance in the Middle East and North Africa (MENA) Region, 2011. Accessed at: https://www.oecd.org/mena/competitiveness/47246008.pdf.
615 Dudokh, Dana, and Adli Aqel, Women Entrepreneurship in Jordan, Jordan Enterprise Development Corporation, 2017.
616 Banking Law RC 114/2000, article 5.

ENTREPRENEURSHIP

Despite these challenges, women's entrepreneurship has grown substantially over the past decade.[617] With increasing access to technology, women have been able to create home-based businesses that allow them to create income without pushing too far against socio-cultural norms; women have also increasingly become leading figures in government and for-profit ventures, providing role models for future generations.[618]

As discussed above, entrepreneurship in the region takes many forms: from women forming million-dollar businesses in the upper-income countries of the region to refugee women selling handicrafts in refugee camps. Many international and national 33organizations have launched programmes to support women entrepreneurs and business owners in the region. These programmes often offer training programmes, support for applying for funding, business services and mentorship, and support with legal and business training and technical assistance. Additionally, women-focused non-profit groups, private businesses, and government agencies have become increasingly common, seeking to serve the female market while maintaining separation between the genders.[619]

However, women often lack the tangible skills and networks beyond their circle of family and friends. As noted earlier in Pillar 2, education systems in the region have not emphasized practical skills building, and additional efforts should be made to improve technical skills training. Furthermore, additional attention is required to build accessible networking arrangements, as networking remains a challenge for many women in the region since socio-cultural norms may limit movement and ability to travel.

617 The World Bank, 'Gender and Entrepreneurship.'
618 Zakarneh, 'A New Generation of Women Leaders Is Making Waves in the Arab World.'
619 See: Economic and Social Commission for Western Asia (ESCWA), 'Innovation and Entrepreneurship: Opportunities and Challenges for Arab Youth and Women'; International Finance Corporation and Center of Arab Women for Training and Research (CAWTAR), 'Women Entrepreneurs in the Middle East and North Africa: Characteristics, Contributions and Challenges.'

PILLAR 3:

FREEDOM FROM VIOLENCE AND ACCESS TO JUSTICE

OVERVIEW AND KEY CONSIDERATIONS

Everywhere in the world, gender discriminatory norms and practices are at the root of multiple forms of Violence Against Women and Girls (VAWG). This is no exception in the MENA and Arab States region, where patriarchal beliefs that support male privilege and power exist in virtually every area of life. Many forms of VAWG persist across the region, and throughout the female lifecycle. In humanitarian and conflict situations, and among women and girls who are particularly marginalized, the risk of exposure to violence is compounded.

Some MENA and Arab countries report rates of child marriage, domestic labour and FGM which are among the highest in the world. Collective violence against children is also higher in the MENA and Arab States than in any region of the world, and while boys are primarily affected, girls are severely affected, particularly in settings affected by armed conflict. Another growing problem is online violence. This issue is especially salient in the age of COVID-19, where in many communities across the region the internet has become integrated into everyday life.

As girls grow older, additional risks present themselves. In the MENA and Arab States region, existing data suggests that slightly more than a third of females are likely to be exposed to intimate partner violence (IPV), and in some settings the rate is likely to be much higher due to underreporting.[620] Other VAWG risks include abusive temporary marriages, trafficking, and non-partner sexual violence.

It is critical to note, however, that the prevalence of different forms of VAWG varies considerably throughout the MENA and Arab States region. For example, while an estimated third of all girls are married as children in Somalia, Yemen, and Iraq, the rates are very low to non-existent in Algeria, Tunisia and Qatar. Likewise, the rates of FGM are very high in Somalia, Egypt and Sudan, while the practice is not found in Morocco, Algeria, and Tunisia. Aside from cultural norms, demographic factors such as wealth, education and state stability affect rates of various forms of VAWG. For example, urban areas– and particularly settings with higher levels of wealth and education– typically have fewer cases of child marriage and FGM. On the other hand, VAWG can be exacerbated by conflict. For example, sexual violence has been used as a tactic of war by armed forces in Sudan and has been weaponized against female political activists in Libya and Somalia. Displacement also creates particular risk factors for VAWG, including sexual violence and exploitation and child marriage.

In recent years, countries in the MENA and Arab States region have made significant legislative progress in addressing VAWG. The constitutions of Egypt, Tunisia, Somalia, Yemen, and Iraq include provisions seeking to eliminate VAWG. Stand-alone legislation regarding VAWG also exists in eight countries in MENA and the Arab States, and a majority of countries in the region criminalize non-partner sexual violence. FGM has also been outlawed in many of the countries in which it is most prevalent (Egypt, Somalia, and Sudan). However, in spite of these measures, protection gaps persist in laws and policies. In many states, marital rape is not considered a crime, and laws prohibiting child marriage vary widely in terms of both their implementation and their enforcement. Laws also often fail to specifically protect those at greatest risk, including refugees, women and girls with disabilities, migrant domestic workers, etc.

Specialized services and programming to protect and support women and girls affected by VAWG are growing in the MENA and Arab States region. For example,

620 ESCWA, 2017. Status of Arab Women Report 2017– Violence Against Women: What Is at Stake? https://www.unescwa.org/publications/arab-women-report-violence-against-women

all Arab countries have established formal channels to report VAWG to the police, and several countries, such as Jordan and Tunisia, have dedicated units to investigate cases, offer legal support, and provide women and girls who report VAWG with access to safe shelters and psychosocial services. Several governments offer free medical and psychosocial services to survivors, although the accessibility of these can be limited, particularly for marginalized women and girls such as refugees, women and girls with disabilities, adolescent girls, and others. Where government services have been insufficient, international and local NGOs fill some gaps, offering shelters, providing capacity building and awareness raising, and promoting improved VAWG data collection. However, their capacity is also proscribed by limitations in funding – an increasing concern in the COVID-19 pandemic.

Access to justice for survivors of VAWG has shown some improvement through statutory systems in some countries in MENA and the Arab States region over the last ten years, supported by near gender parity in the judiciary in countries such as Lebanon, Tunisia, and Algeria, as well as the proliferation of dedicated police desks for women and children, and the increasing participation of women in the legal sector. However, many women and girls in the region continue to face very challenging barriers to accessing justice in both formal and informal institutions—and not only in relation to VAWG, but for gender justice more generally. Discriminatory gender norms enforced by family or personal status laws are in force in many countries, essentially codifying inequality. Justice is not yet gender-responsive in the region, neither for women nor for girls. Despite progress with female representation, the legal system remains male-dominated. In addition, many deep-rooted socio-cultural practices do not incentivize but stigmatize and even endanger women and girls who seek justice, particularly gender justice, and services to challenge these norms and help women and girls overcome such barriers are largely insufficient.

Not only are many laws and policies in the region discriminatory towards women and girls, particularly in terms of family or personal status laws, but discriminatory norms prohibit women and girls from accessing justice for other reasons, including the legal/justice sector being male dominated; socio-cultural norms and practices do not incentivize but stigmatize and even endanger women and girls who seek justice, particularly gender justice; and there being a lack of services that challenge these norms and sufficiently assist women and girls to overcome the myriad obstacles to accessing justice.[621] Despite these challenges, there is evidence of some shifts towards greater gender equity in the legal/justice sector across a number of countries in the region. These shifts may, over time, improve policies, standards, norms, and law enforcement processes related to access to justice for women and girls.

Even with significant progress in some countries in the region regarding VAWG and access to justice, much remains to be done.

Moving forward, key considerations include:

- Collect information on the prevalence of gender-based violence using systematic methods aligned with international standards for collecting sex, age and disability disaggregated data on VAWG as well as periodical collection of data aligned with the SDG indicator on prevalence of different forms of VAWG. This includes emerging forms of violence, such as online harassment and exploitation.

621 OECD, 2014. Women in Public Life–Gender, Law and Policy in the Middle East and North Africa.

- Adopt stand-alone legislation on VAWG, including violence related to the legal age of marriage, trafficking, marital rape, and online harassment and amend existing legislation in line with a survivor-centred approach. Ensure such legislation is enforceable and that perpetrators are held accountable.

- Address stereotypical gender norms by developing social norms programming targeting men and women on drivers of VAWG, such as patriarchal beliefs and gender discriminatory norms, including related to growing forms of VAWG such as online harassment.

- Ensure VAWG programmes assess risk, including recognizing the overlapping risks girls and women experience at different stages, and protective factors across the lifecycle of women and girls in order to promote prevention and age-appropriate responses at all stages.

- Adopt an intersectional approach to VAWG programming, including addressing drivers of marginalization, that is available and accessible to women and girls with various demographic profiles, especially those facing significant challenges accessing support and protection, such as women and girls who are economically disadvantaged, stigmatised, less educated, living in rural areas, or with disabilities.

- Address the stigma related to support-seeking and ensure integrated, age-appropriate and specialized services for survivors of VAWG are affordable, acceptable, accessible and of good quality. This includes improving prevention, accountability and response interventions and promoting survivor-centred approaches.

- Establish and maintain comprehensive referral systems that are survivor-centred and are aligned with human rights standards.

- Implement, customize and finance different survivor-centred approaches to improve women and girls' safe and age-appropriate access to justice, including improving female representation in the judiciary, providing virtual legal and judicial services, and developing legal literacy curricula for women and girls.

- Ensure appropriate mechanisms and non-discriminatory procedures for women and girls who lack identification documents or are non-citizens, such as internally displaced women, migrant women workers, refugees and asylum seekers, so that they are able to access justice mechanisms, including police protection, legal aid services, and a confidential process for lodging complaints to enable prosecution and protection.

- Eliminate the practice of criminalizing women and girls for being survivors/victims of gender-based violence as well as end administrative detention for this reason.

- Engage in rights-based interventions with traditional/tribal leaders administering customary/informal justice in gender-based violence cases involving women and girls

- Prevent child violence, exploitation and abuse by enforcing child rights legislation on labour, and adopt initiatives that address unpaid domestic work by the girl child and adolescent.

- Ensure gender-sensitive respond to increased levels of GBV during the COVID-19 pandemic by strengthening capacity for preventing sexual exploitation and assault (PSEA), hotlines, safe spaces and case management as well as engage existing women's and youth rights networks to support connectivity and vital information flow and ensure gender data are available, analysed and actionable.

Situational Analysis of Women and Girls in the MENA and Arab States Region: Pillar 3 Freedom from Violence and Access to Justice Key message and Recommendations

OVERVIEW

Gender discriminatory norms and practices are at the root of multiple forms of Violence Against Women and Girls (VAWG). Patriarchal beliefs that support male privilege and power exist in virtually every area of life. Many forms of VAWG persist across the region, and throughout the female lifecycle. Data and documentation on VAWG is limited due to the stigma and fear of retaliation.

Collect information on the prevalence of gender-based violence using systematic methods aligned with international standards for collecting sex, age and disability disaggregated data on VAWG as well as periodical collection of data aligned with the SDG indicator on prevalence of different forms of VAWG.

POLICY GAPS

Witnessed progress in countries measures to implement policies and laws which protects and mitigate risks of VAWG, and for example FGM has been outlawed in many the countries. Stand-alone legislation regarding VAWG also exists in eight countries in region. Most countries in the region criminalize non-partner sexual violence. Gaps remains in minimum age of marriage; six countries have minimum age for marriage below 18 and only one in three countries in the region addresses IPV or other forms of domestic violence in statutory laws. Most countries do not prohibit corporal punishment at home and ten countries do not prohibit at schools.

Adopt stand-alone legislation on VAWG, including violence related to the legal age of marriage, trafficking, marital rape, and online harassment and amend existing legislation in line with a survivor-centred approach. Ensure such legislation is enforceable and that perpetrators are held accountable.

SYSTEMS, SAFE SHELTERS AND PSHYCOLOGICAL SERVICES

Progress has been slow in terms of ensuring comprehensive multi-sectoral care for survivors that is accessible and affordable. Across the region, the legal and justice system is characterized by a patriarchal structure. Women's organizations have been central to advocating for the needs of survivors, and for the provision of services, particularly case management and counselling, legal aid, livelihood and other social and economic support. Barriers to reporting violence includes fees for services, illiteracy, access to information about services, absence of protection against retaliation and stigmatization. Evidence suggests that elderly women, women with disabilities and women with mental health issues face particular challenges accessing shelters.

Address the stigma related to support-seeking and ensure integrated, age-appropriate and specialized services for survivors of VAWG are affordable, acceptable, accessible and of good quality.

NORMS

Widespread acceptance of various forms of VAWG, from the individual to community and societal levels, reflects and reinforces entrenched gender biases. Norms that discourage reporting are pervasive. A lack of guarantees for confidentiality may result in lasting stigma for the survivor and her family. With regard to sexual assault, challenges with reporting are further compounded by social taboos related to perceived sexual misconduct on the part of the survivor. Social norms (and some laws and policies) constrain freedom of movement for women and girls, making it impossible to reach support services without a male chaperone.

Address stereotypical gender norms by developing social norms programming targeting men and women on drivers of VAWG, such as patriarchal beliefs and gender discriminatory norms.

EMERGENCY SETTINGS

Increased vulnerability for women and girls during conflict and its aftermath because of the breakdown in the rule of law as well as community-based protection measures. Refugees, migrants and and IDP's are more at risk of trafficking. In emergency settings, there is a higher level of GBV, child marriage and girls being taken out of school. In multiple countries there is evidencee of sexual violence being used as a tactic of war. During COVID-19, there has been an increased GBV and need of MHPSS, with limited access to service.

Ensure gender-sensitive respond to increased levels of GBV during emergency, including COVID-19 pandemic by strengthening capacity for PSEA, hotlines, safe spaces and case management as well as engage existing women's and youth rights networks to support connectivity and vital information flow and ensure gender data are available, analysed and actionable.

HARMFUL PRACTICES

An estimated one in five girls are married before the age of 18 in the MENA and Arab States region, and one in 25 before the age of 15. Data from Word Bank study highlighted that if child marriage will continue unabated, it will cost developing countries trillions of dollars by 2030. The MENA and Arab States region contains countries with some of the highest female genital mutilation prevalence rates in the world.

Adopt stand-alone legislation on VAWG, including violence related to the legal age of marriage, trafficking, marital rape, and online harassment and amend existing legislation in line with a survivor-centred approach

GENDER-BASED VIOLENCE

Gender-based violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. Different forms of violence include; intimate partner violence, violent discipline and corporal punishment, violence in school, online violence, household chores and unpaid child labour, sexual harassment in private and public sphere including work as well as violence targeting female politicians.

Ensure VAWG programmes assess risk, including recognizing the overlapping risks girls and women experience at different stages, and protective factors across the lifecycle of women and girls in order to promote prevention and age-appropriate responses at all stages.

ACCESS TO JUSTICE FOR SURVIVORS

Women and girls in the region continue to face very challenging barriers to accessing justice in both formal and informal institutions. Discriminatory gender norms enforced by family or personal status laws remain in many countries, essentially codifying inequality. Many deep-rooted socio-cultural practices do not incentivize but stigmatize and even endanger women and girls who seek justice and services to challenge these norms and help women and girls overcome such barriers are largely insufficient.

Establish and maintain comprehensive referral systems that are survivor-centred and are aligned with human rights standards.

SOCIAL SERVICE GENDER BIAS

Widespread gender bias and the promotion of family over the protection of individuals can present specific challenges for providers and for survivors alike through the region, particularly with government supported services that may reinforce harmful gender norms, which includes discourage divorce, despite instances of domestic violence, shelter providers arranging new marriages for single women as a strategy to help them manage the challenges and stigma of being without a partner and shelter workers mediate conflicts between abusers and survivors. Lack of training for medical and police forces can also leave women and girls vulnerable for reprisal or stigmatization for reporting their case, influencing women and girls to choose to have issues addressed through informal or customary justice systems rather than through formal courts.

Implement, customize and finance different survivor-centred approaches to improve women and girls' safe and age-appropriate access to justice, including improving female representation in the judiciary, providing virtual legal and judicial services, and developing legal literacy curricula for women and girls

Situation of Freedom of Violence and Access to Justice – Key Highlights

POLICIES/ LEGISLATIVE

Witnessed progress in countries measures to implement policies and laws which protects and mitigate risks of VAWG

Stand-alone legislation regarding VAWG exists in 8 countries

FGM has been outlawed in many countries

Most countries in the region criminalize non-partner sexual violence

Gaps in minimum age of marriage, six countries have minimum age for marriage below 18

Over 50% of countries have some protection for sexual harassment in the workplace

Non-ratification of the 1951 Refugee Convention. Refugees, and migrant domestic workers are not well protected by law.

Only 1 in 3 of countries in the region addresses IPV or other forms of domestic violence in statutory laws

Most countries do not prohibit corporal punishment at home and 10 countries do not prohibit at schools

SYSTEMS/ INSTITUTIONS

Barriers to accessing justice in both formal and informal institutions

Patriarchal legal/justice system

Barriers to reporting violence includes fees for services, illiteracy & access to information about services, absence of protection against retaliation, and stigmatization

Elderly, women with disabilities and women with mental health issues face particular challenges accessing shelters

NGOs are often the access point for survivors; important in facilitating access for specific subgroups of women, such as migrants and refugees

Existence of community support service (awareness-raising, hotlines, shelters, PSS counselling)

Barriers due to gender bias within the social service

NORMS

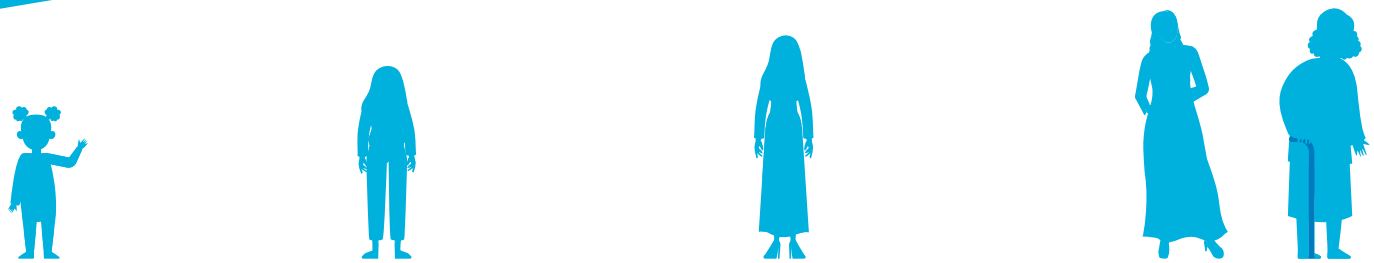
Stereotyped gender norms and discriminatory practices is at the root of multiple forms of VAWG.

Widespread VAWG acceptance (as high as 63% among adolescents boys and girls in Jordan)

Norms discourage reporting violence are pervasive

Challenges with reporting are further compounded by social taboos related to perceived sexual misconduct of the survivors

In several parts of the region, most people, rely on male dominated customary law mechanisms to resolve disputes



EMERGENCY SETTINGS

Conflict is amplifying the quality of learning crisis and reinforcing already-existing inequalities within the formal education system. Marginalized groups of children, including girls and young women, are disproportionally disadvantaged. Access to education in emergency remains a challenge; including damaged or destroyed schools.

ISSUES

About 100 million children aged 2-14 are regularly subject to violent discipline at home

Collective violence against children is highest in the world (23% per 100,000 girls)

Some countries with highest FGM prevalence rates in the world

High level of household chores

46% of girls aged 13-15 from select countries have been bullied in school

1 in 5 girls are married before the age of 18

Honor killings tied to cultural and social practices, mainly occurs in the Middle East and South Asia , 61 per cent of female homicides are a result of 'honor killings'

Sexual harassment and exploitation via internet platforms (highest among 17-28 year)

1 in 3 females likely to be exposed to intimate partner violence which is higher than global level. Linkage VAW/VAC

Women and girls with disabilities are at greater disadvantage

Region has one of the highest proportions of women unpaid labour (on average 4.7 times more than men), nearly doubling the rates of every other region

Legal literacy is an issue for many females in the region, particularly in rural areas with higher percentages of illiteracy

79.6% women parliamentarians in the Arab region are exposed to one or more forms of violence

FREEDOM FROM VIOLENCE

Introduction

This chapter provides a regional overview of issues related to violence against women and girls (VAWG) in the MENA and Arab States region. The chapter begins with an introduction to the scope of the problem across the female lifecycle as well as in countries in the region affected by conflict. While data is missing from many countries, the overall picture is one of great risk for women and girls, especially those who are particularly marginalized.

More positively, the chapter goes on to describe how laws and policies to address VAWG are on the rise in countries across the region, as are political structures and programmes supporting prevention of and response to VAWG.

Box 3.1: Working definitions of violence

Gender-based violence refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms.[622]

Violence against women and girls is any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.[623]

Domestic violence or domestic abuse is a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner or a child or other relative, or any other household member. Abuse can be physical, sexual, emotional, economic or psychological actions or threats of actions. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone.[624]

Intimate partner violence refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors. [625]

Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.[626]

Sexual exploitation is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, threatening or profiting monetarily, socially or politically from the sexual exploitation ofanother.[627]

Sexual abuse is any actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coerciveconditions.[628]

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature in the workplace or learning environment.[629]

622 UNHCR, Gender Based Violence Definitions. See https://www.unhcr.org/gender-based-violence.html#:~:text=Gender%20per%20cent2Dbased%20per%20cent20violence%20per%20cent20(GBV),physical%20per%20cent20violence%20per%20cent20in%20per%20cent20their%20per%20cent20lifetime.
623 WHO, Violence Against Women Definitions. See https://www.who.int/health-topics/violence-against-women#tab=tab_1.
624 United Nations, What is Domestic Abuse? See https://www.un.org/en/coronavirus/what-is-domestic-abuse
625 WHO, Violence Against Women Definitions
626 Ibid.
627 Ibid.
628 Ibid.
629 RAINN, Sexual Harassment. See https://www.rainn.org/articles/sexual-harassment

Online violence against women are acts committed, abetted or aggravated in part or fully by the use of information andcommunicationtechnologies.[630]

Child marriage is any formal marriage or informal union between a child under the age of 18 and an adult or another child.[631]

Female genital mutilation is a traditional harmful practice that involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons.[632]

So-called 'honor' crimes involve violence committed by those who aim to protect the reputation of their family or community; more often than not, the victim is female.[633]

Trafficking is the recruitment, transportation, transfer, harboring or receipt of people through force, fraud or deception, with the aim of exploiting them for profit.[634]

Nature and Scope of Violence Against Women and Girls in the Region

Capturing data on the problem of VAWG[635] is challenging in most contexts. In the MENA and Arab States region, where cultural norms strongly discourage public disclosure of incidents, and where government investments in addressing VAWG are relatively new for many countries, the amount of data on the nature and scope of different forms of violence against women and girls is limited and inconsistent. Nevertheless, selected data outlined below indicates that many forms of VAWG persist across the region, and throughout the female lifecycle. In situations of armed conflict and occupation, and among women and girls who are particularly marginalized, the risk of exposure to violence can be compounded, as discussed further in table 3.1.

630 Association for Progressive Communications (APC) (2 March 2015). From Impunity to Justice: Domestic legal remedies for cases of technology-related violence against women.
631 UNICEF, Child Marriage. See https://www.unicef.org/protection/child-marriage
632 WHO, Female Genital Mutilation- Key Facts, 2020.
633 BBC, Honor Crimes. See http://www.bbc.co.uk/ethics/honorcrimes/
634 United Nations Office on Drugs and Crime, Human Trafficking. See https://www.unodc.org/unodc/en/human-Trafficking/Human-Trafficking.html
635 The terms VAWG and GBV are often used interchangeably: GBV was introduced by women's rights actors as way to underscore the fact that multiple forms of violence that women and girls experience across the life cycle are a reflection and reinforcement of gender discrimination. This framing is articulated in the United Nations Declaration on the Elimination of Violence Against Women. However, there is some confusion about this focus. Particularly in recent years, some actors have used 'GBV' to articulate not only VAWG, but also violence based on sexual orientation and/or gender identity, as well as sexual violence against men in conflict. In order to avoid the confusion that sometimes can accompany the language of GBV, and given that this report focuses specifically on violence against women and girls, this report uses the terminology of VAWG unless quoting a source which uses the term GBV.

Table 3.1:
Children aged 0-14 who had experienced some form of violent discipline from caregivers in the 30 days preceding the survey

ESCWA Category	Country	Sex		Source
		Male	Female	
GCC	Qatar	53	46	MICS 2012
Maghreb[636]	Algeria	88	85	MICS 2012-2013
	Tunisia	94	92	MICS 2011-2012
Mashreq	Egypt	93	93	DHS 2014
	Iraq	82	80	MICS 2018
	Jordan[637]	91	89	DHS 2012 reanalysed
	Lebanon	82	82	MICS 2009
	State of [638]Palestine	93	92	MICS 2014
LDC	Sudan	65	63	MICS 2014
	Yemen	81	77	DHS 2013

Source: UNICEF global databases, 2019, based on DHS, MICS and other national surveys.

VIOLENCE IN CHILDHOOD

Children and adolescents of both sexes in the MENA region are more likely to die from collective violence (primarily from armed conflict) than children in any other region in the world. While only 6 per cent of the world's adolescent population live in the MENA region, over 70 per cent of adolescent violent deaths occur in the region.[639] Even though the majority of these deaths are boys, girls also face extremely high rates of collective violence. In 2015, 22,000 children in the MENA region died from collective violence, with the rate for girls being 23.9 deaths per 100,000 adolescents (aged 10-19).[640] These risks are reflected in the most recent report of the UN Security Council's Reporting Mechanism on the six grave violations against children in times of war.641 In 2019, the UN verified the following:

- 186 grave violations affecting 184 children in Iraq, 42 of whom were girls;
- 3,908 violations against 1,565 children in occupied Palestine, 85 of whom were girls;
- 3,709 violations against 2,959 children in Somalia, 523 of whom were girls;
- 208 violations against 199 children in Sudan, 76 of whom were girls;
- 2,638 violations against 2,292 children in Syria, at least 401 of whom were girls;
- 4,042 violations against 2,159 children in Yemen, 451 of whom were girls;

636 See also new MICS Data for Algeria (2019) and Tunisia (2018).
637 See also new DHS data for Jordan (2017-18).
638 See also new MICS Data for Jordan (2019-20).
639 UNICEF and Save the Children, 'Violence Against Adolescents and Youth: New Evidence and Key Policy Issues for MENA', 2017.
640 UNICEF, 'Violent Deaths', 2017 https://data.unicef.org/topic/child-protection/violence/violent-deaths/#status
641 The six grave violations against children in times of war include the recruitment and use of children, the killing and maiming of children, rape and other forms of sexual violence against children, attacks on schools, hospitals, and protected personnel, and the abduction of children.

- the recruitment of 43 children in Lebanon, 1 who was a girl;
- and the killing or maiming of 77 children in Libya, 17 of whom were girls.[642]

VIOLENCE IN SCHOOL

Girls also face other forms of violence during childhood. According to data collected by UNICEF from various national surveys administered between 2010 and 2018, an average of 46 per cent of girls aged 13-15 from select countries in the MENA and Arab States region reported having been bullied in school.[643] (Also see Pillar 2, Learning.)

ONLINE VIOLENCE

With the growing presence of ICTs in young people's lives, some of this bullying can happen online, alongside other forms of harassment and exploitation online, although the scope of this problem is not well known in the MENA and Arab States region.[644] Data from 2017 and 2018 of child helplines in the region (with a particularly strong presence in Yemen, and thus skewed towards that country), illustrated that girls called in at higher rates than boys, and calls about violence and abuse included physical and emotional abuse, as well as neglect.[645] Earlier data from the State of Palestine illustrates that risks to children of harm can be significant in conflict-affected settings; during a four-year period, 46 per cent of calls made to a child helpline there were related to abuse and violence.[646]

VIOLENT DISCIPLINE

Violent discipline is also an issue that children face. While boys overall experience more violent discipline, high percentages of girls aged 1-14 years old in a number of countries in the region have reported experiencing violent discipline from caregivers (Iraq 79.8 per cent, Jordan 79.6 per cent, Egypt 94.3 per cent, Algeria 84.9 per cent, Yemen 81.2 per cent).[647] For countries with available data, violent discipline is relatively less common in Qatar (53 per cent female children and 46 per cent male children) and generally very common (>63 per cent) among all other states in the region.

CHILD MARRIAGE

An estimated one in five girls are married before the age of 18 in the MENA and Arab States region, and one in 25 before the age of 15.[648,649,650] The rate of child marriage before the age of 18 has decreased from 25 years ago, when the number was one in three.[651] And yet, there are concerns that progress has stalled in the last decade, with evidence from some countries that girl-child marriage remains relatively widespread, for example in Iraq (27.9 per cent, 2018), Sudan (34.2 per cent, 2014), and Yemen (31.9 per cent, 2013).[652] In Morocco, the Minister of Justice reported in 2014 that child marriages had doubled since the previous decade.[653] Somalia, parts of Egypt and Gaza, in the State of Palestine are also identified as settings where the risk of child marriage is relatively high.[654] Data from Word Bank study highlighted that if child marriage will continue

642 UNSC, Children and Armed Conflict: Report of the Secretary-General, 2020, p. 11.
643 UNICEF, 'Peer Violence', 2019. https://data.unicef.org/topic/child-protection/violence/peer-violence/
644 Burton et al., Child Online Protection in the MENA Region: Regional Report, 2016.
645 Child Helpline International, 2019. Voices of Children and Young People: Child Helpline Data for 2017 & 2018. https://www.childhelplineinternational.org/wp-content/uploads/2019/11/Voices-of-Children-2017-2018-FINAL.pdf
646 Child Helpline International, 2012. Global Rewind and Global Forward. https://www.unicef.org/media/files/14422_CHI_Global_Printer.pdf
647 UNICEF, 2019. 'Violent Discipline. 'https://data.unicef.org/topic/child-protection/violence/violent-discipline/ Note that violent discipline under this indicator is 'any physical punishment defined as shaking the child, hitting or slapping him/her on the hand/arm/leg, hitting him/her on the bottom or elsewhere on the body with a hard object, spanking or hitting him/her on the bottom with a bare hand, hitting or slapping him/her on the face, head or ears, and beating him/her over and over as hard as possible', and also includes psychological aggression, defined as 'the action of shouting, yelling or screaming at a child, as well as calling a child offensive names, such as 'dumb' or 'lazy'. Physical (or corporal) punishment is an action intended to cause physical pain or discomfort, but not injuries.'
648 Child marriage by age 18: United Nations SDG Database. Regional aggregates calculated by UNFPA based on data from SDG global database. *Does not include Iran.
649 CARE MENA, A Future She Deserves: Impact Growth Strategy to Address Gender Based Violence FY17 Impact Report, 2017
650 UNICEF. 'A Profile of Child Marriage in the Middle East and North Africa'. 2018
651 Ibid.
652 United Nations SDG Database: Proportion of women aged 20-24 years who were married or in a union before age 18. Iraq, Iran.
653 The Advocates for Human Rights, MRA Mobilising for Rights Associates, 2016. Morocco: Submission to the Human Rights Committee, Relating to the Rights of Women, 2016.
654 Elghossain, T., Bott, S., Akik, C. *et al.,* Prevalence of intimate partner violence against women in the Arab world: a systematic review. *BMC Int Health Hum Rights* 19. 2019.

unabated, it will cost developing countries trillions of dollars by 2030.[655]

Only three countries in the region—Algeria, Tunisia and Qatar–report that virtually no women are married prior to the age of 15.[656] Lebanon also has low rate of child marriage, at a reported 1 per cent before the age of 15.[657] However, in 2017 a UNFPA report indicated an alarming rise in child marriages among the most vulnerable Syrian refugee population in Lebanon. [658] Wealth also correlates to lower risk at the household level. Data from Egypt, Jordan and Yemen indicate that girls from wealthier families are much less likely to be married than those from poorer families.

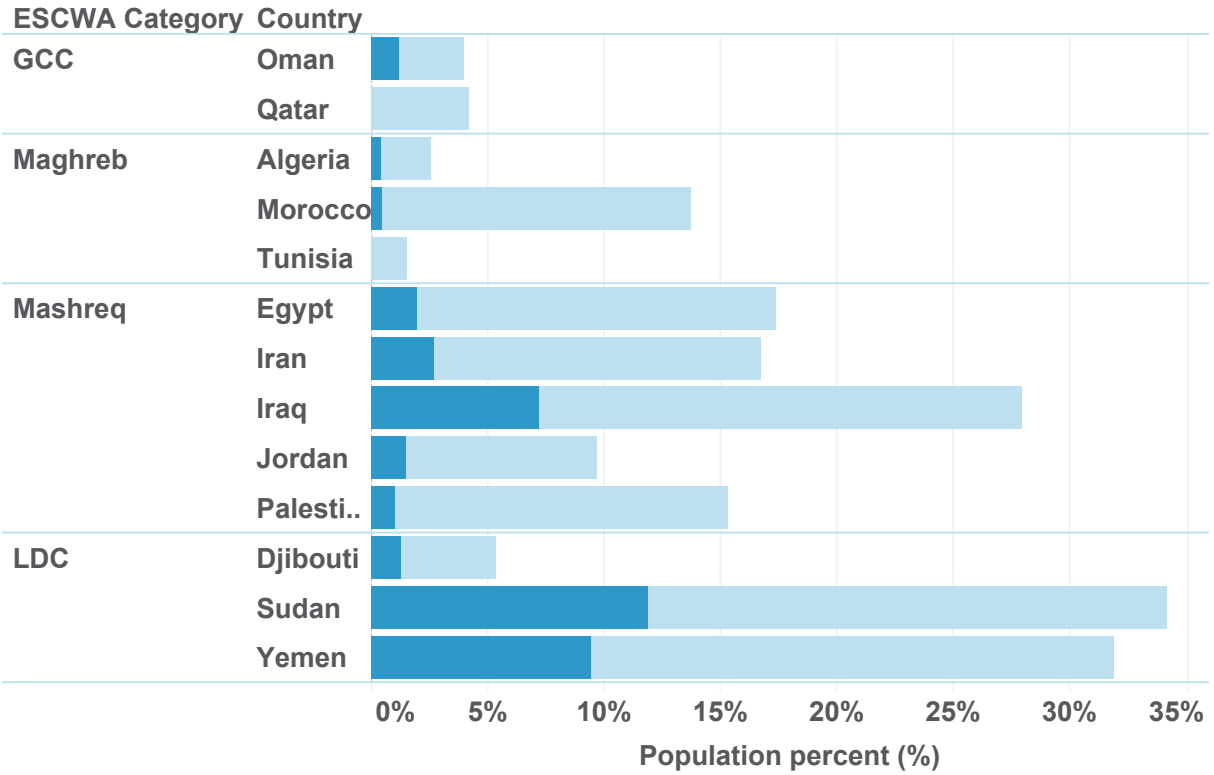
Other factors that contribute to girls' risk of being married before the age of 18 include lower levels of education and living in rural areas, as these factors not only limit girls' options, but also tend to reflect and reinforce more traditional practices. Data from Libya, Yemen, and Iraq,[659] as well as among displaced Syrians[660] suggests that armed conflict also contributes to increases in child marriage, not only because of poverty, but also as a means of protection and/or a strategy for ensuring family honor is not smirched as a result of girls become sexually active outside of marriage.[661,662] The results of a joint UNICEF, UNHCR, and WFP survey conducted in 2016 and covering 1,513 displaced Syrian families in three areas in Bekaa, Lebanon indicated an increase in the rate of child marriages (15-17 years) among displaced Syrians–nearly four times the rate of child marriage for girls under 18 years of age, from 6.7 per cent in 2009 to 24 per cent in 2016. Available statistics for 2018 indicate an increase in the rate of marriage of displaced Syrian girls in Lebanon between the ages of 15 and 19 to be approximately 7 per cent over the previous year (from 22 per cent to 30 per cent).[663] Data from research conducted by UNICEF in 2014 suggest that the percentage of all registered Syrian marriages involving refugee girls aged 15–17 in Jordan rose as the Syria crisis continued–from 12 per cent in 2011 to 25 per cent in 2013 and 31.7 per cent in early 2014.[664] Subsequent data from Jordan suggest that the increase in child marriages among Syrian refugees has had an impact on increased rates of child marriage in some rural hosting communities inJordan.[665]

In many cases of child marriage, a girl will be married to someone significantly older than she is, increasing her risk for power imbalances that can contribute to IPV. However, this has variation according to culture and setting. The UNICEF research in Jordan from 2014 found that of all Syrian girls in Jordan who married between the ages of 15 and 17, 16.2 per cent married men who were 15 or more years older than them, compared with 6.3 per cent for Palestinian girls and 7.0 per cent of Jordanian girls who married early.[666] Data from the State of Palestine indicate that there can be intra-country disparities in child marriage rates, with the Gaza Strip having significantly higher rates than the West Bank,[667] potentially exacerbated by the deteriorating economic situation in Gaza resulting from the ongoing blockade.[668]

655 UNICEF, Regional Office for the Middle East and North Africa and UNFPA, Arab States Regional Office, 2018.
656 WHO Global Health Observatory, 2020.
657 UNICEF Child Marriage Data Set, 2020.
658 UNFPA, New study finds child marriage rising among most vulnerable Syrian refugees, 2017.
659 ESCWA, 2019. Challenges for Development in Current Conflict Settings: The Impact of Conflict on Child Marriage and Adolescent Fertility, p. 56.
660 NRC,. What You Need to Know About Syrian Child Marriage, 2019.
661 Girls Not Brides. Why Does Child Marriage Happen? See: https://www.girlsnotbrides.org/why-does-it-happen/
662 Girls Not Brides. Conflict and Humanitarian Crises. See: https://www.girlsnotbrides.org/themes/conflict-humanitarian-crises/
663 UNHCR, UNICEF, WFP, Vulnerability assessment of Syrian Refugees in Lebanon 2018, Executive Brief, 2019.
664 In 2014, UNICEF published an *Assessment of Early Marriage in Jordan*, looking at Jordanian, Palestinian and Syrian populations living in Jordan. The survey shows trends pre- and post- the activation of the L3 emergency. This assessment found that, in 2012, 13 per cent of all registered marriages for Jordanians and 18 per cent for Syrians in Jordan were marriages involving a girl under 18; however, numbers rose sharply among Syrian refugees in 2013 and the first quarter of 2014, with child marriage as a percentage of all registered marriages for Syrians increasing from 25 per cent in 2013 to 31.7 per cent in the first quarter of 2014. Reasons for child marriage included economic hardship for the girl's family, 'protection' for the girl (provided by the husband, and because unmarried girls who are sexually attacked may be considered unmarriageable), and maintenance of cultural tradition. Decisions are made, most commonly, by the male head of the household. (Nearly all the data used was from shari'a courts; therefore, figures do not include unregistered marriages or those of couples not married in shari'a courts.)
665 UNICEF, 2019. A Qualitative Study on the Underlying Social Norms and Economic Causes that Lead to Child Marriage in Jordan. https://www.unicef.org/jordan/media/1796/file/Jordan-Reports.pdf
666 UNICEF, Assessment of Early Marriage in Jordan, 2014.
667 UNICEF, Progress for Children with Equity in the Middle East and North Africa, 2017.
668 UNFPA. Child Marriage in the Occupied Palestinian Territory, 2016.

Figure 3.1:
Child Marriage

This graph shows the proportion of females aged 20-24 years who were first married or in union before age 15 (darker bar) or before age 18 (lighter bar) for countries in the region.



Source: DHS, ENPSF, MICS, MIDHS, PAPFAM, as published by UNICEF

Problems associated with access to civil registration documents can also play a role in child marriage among refugee populations. In Jordan, for example, the marriage of any girl under the age of 15 results in an illegal marriage; while this reinforces the illegality of child marriage, it also creates a cycle of documentation issues for the girl bride, as well as her children, who cannot obtain birth registration documents without parents' proof of marriage.[669] Some organizations have called for greater flexibility in the registration processes for children born to women without marriage certificates.

FEMALE GENITAL MUTILATION

The MENA and Arab States region contains countries with some of the highest female genital mutilation (FGM) prevalence rates in the world.[670] For a variety of reasons, however, it is difficult to obtain accurate data: many countries and communities do not officially acknowledge the practice, which involves altering, injuring or partial removal of the female genitalia. According to UNFPA, Somalia has the highest prevalence of FGM in the region, with an estimated 98 per cent of females between 15 and 49 years having undergone the practice.[671]

669 ICMC, Undocumented, Unseen and at Risk: The Situation of Syrian Refugees Lacking Civil and Legal Documentation in Jordan. 2017, p. 12
670 UNFPA Arab States Regional Office, 2018. Female Genital Mutilation and Population Movements within and from the Arab Region
671 UNFPA Female Genital Mutilation, See: https://www.unfpa.org/female-genital-mutilation

This is followed by Djibouti, where estimates suggest 94-96 per cent prevalence,[672] and Egypt and Sudan, where approximately 87 per cent of girls and women age 15-49 have undergone FGM.[673,674] Other countries in the region that show evidence of the practice are Yemen, Iraq, Southern Jordan, and the UAE.[675] In recent years, FGM has become increasingly medicalized, performed by health care providers in a clinical setting; this can lend legitimacy to the practice, despite it being a violation of medical ethics.[676] This trend is most common in Egypt and Sudan, where nearly 80 per cent of women and girls who have undergone FGM had it performed by a health care provider. [677]

There has been some overall reduction of the practice in some settings and within certain sub-groups. For example, migrants within and from the region appear less likely to support the most severe types of FGM on their daughters, such as excision and infibulation, perhaps attributable to greater access to education about the health risks associated with FGM.[678] The Kurdistan Region of Iraq banned FGM in 2011, and has seen dramatic decreases in the practice since. A study by the Heartland Alliance showed a drastic decrease in FGM rates in Northern Iraq between generations, with a rate of 44.8 per cent among mothers dropping to 10.7 per cent with their daughters.[679] Evidence from the 2005, 2008, and 2014 Demographic and Health Surveys in Egypt also suggest that the practice of and support for FGM is steadily declining there, particularly in urban areas.[680]

In fact, data from several countries in the region suggests that women and girls from more urban families are less likely than their rural counterparts to have undergone FGM, attributed to higher education levels and better access to information about the negative impact of FGM.[681] According to the 2014 Demographic and Health Survey, in Egypt, 93 per cent of women in rural areas are thought to have undergone some form of FGM compared to 77 per cent of their urban counterparts.[682] This gap is especially apparent in girls younger than 14 years, where young girls living in rural areas experience FGM at much higher rates than those living in urban areas. In general, however, the prevalence of FGM overall among girls under the age of 14 is much lower than their older counterparts in countries within the region where data is available (see Figure 3.4, above).[683] Differing rates of FGM are also clear when data is separated into wealth quintiles, with the poorest 20 per cent of households reporting much higher rates of FGM than the wealthiest 20 per cent of households.[684]

672 GHDX, Deuxieme Enquete Djiboutienne sur la Sante de la Famille EDSF PAPFAM, 2012.
673 Dockery. Wesley, Where does the Arab world stand on Female Genital Mutilation? 2018
674 UNICEF, Female Genital Mutilation, See: https://data.unicef.org/topic/child-protection/female-genital-mutilation/
675 Dara. Nigeen, At least 200 million girls and women alive today living in 31 countries have undergone FGM. 2015.
676 UNFPA, Brief on the Medicalization of Female Genital Mutilation, 2018
677 Ibid.
678 UNFPA Arab States Regional Office, 2018. Female Genital Mutilation and Population Movements within and from the Arab Region
679 IAGCI and Home Office, Country Policy and Information Note: Iraq: Female Genital Mutilation (FGM), 2020.
680 Ronan Van Rossem and Dominique Meekers, 2020. The Decline of FGM in Egypt Since 1987: A Cohort Analysis of the Egypt Demographic and Health Surveys.https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-020-00954-2
681 Demographic and Health Surveys (DHS), Standard DHS, Egypt, Yemen.
682 Ibid
683 Demographic and Health Surveys (DHS), Standard DHS, Egypt, Yemen. Note that this data trend should be interpreted with optimistic caution as FGM could be occurring later than the age of 14.
684 See also UNICEF, Understanding the Relationship Between Child Marriage and Female Genital Mutilation, 2021

Figure 3.2:
FPM Prevalence by Location and Household Wealth (girls age 0-14)

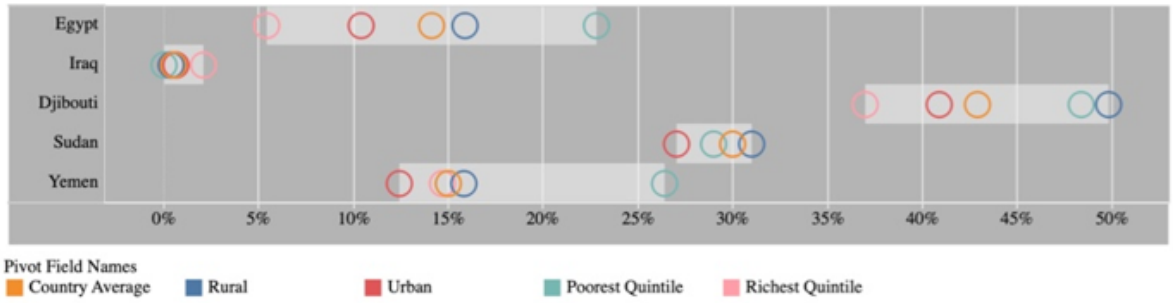


Figure 3.3:
Feale Genital Mutilation (FGM) Prevalence in the MENA/Arab States Region

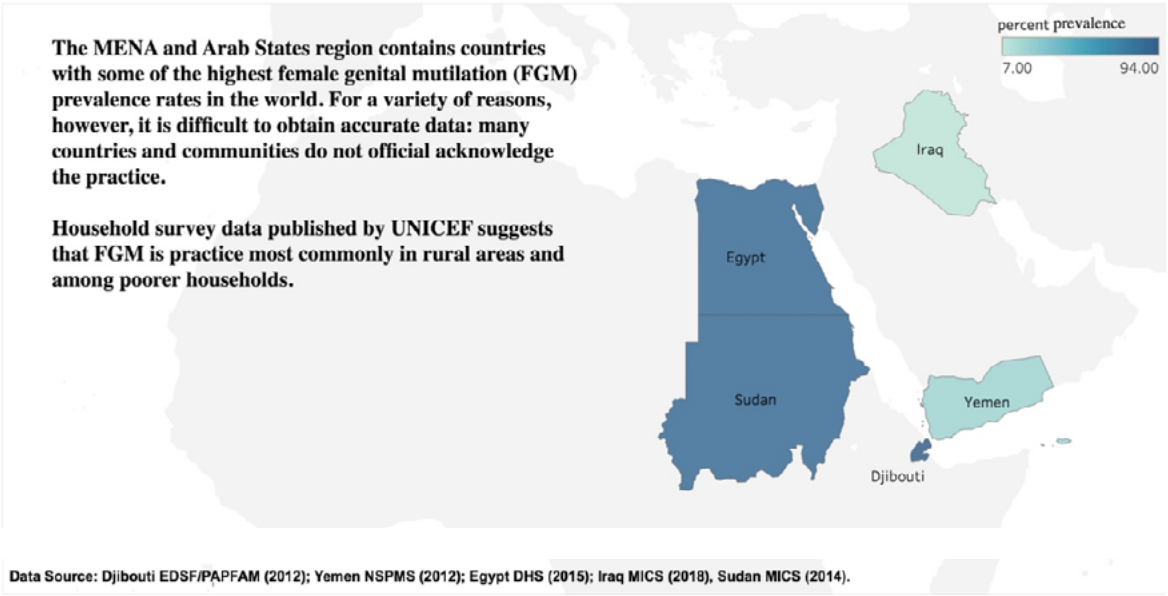
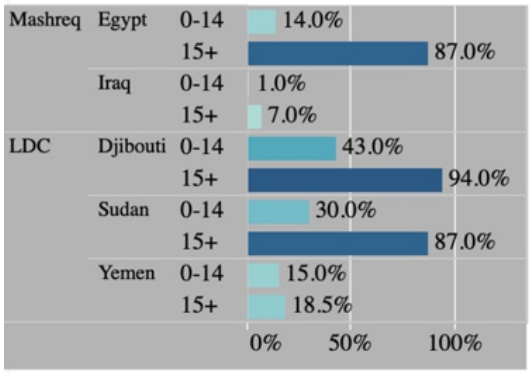
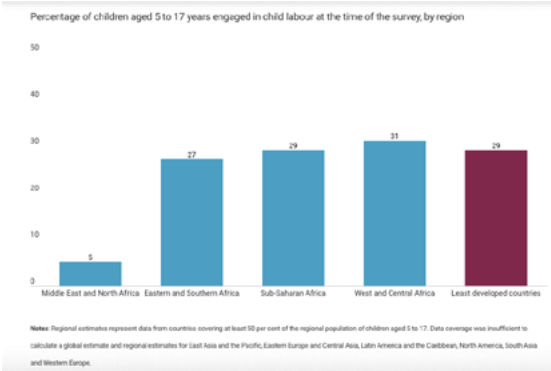


Figure 3.4:
FGM Prevalence by Age





Notes: Regional estimates represent data from countries covering at least 50 per cent of the regional population of children aged 5 to 17. Data coverage was insufficient to calculate global estimate and regional estimates for East Asia and the Pacific, Eastern Europe and Central Asia, Latin America and the Caribbean, North America, South Asia and Western Europe.
From UNICEF, 'Child Labour', 2019. Accessible at: https://data.unicef.org/topic/child-protection/child-labour/

GIRL-CHILD LABOUR

Compared to other regions in the world, child labour is relatively low in the MENA and Arab States region (see Figure 3.5). Available data for the region indicate that child labour is an issue affecting boys (at 5 per cent) somewhat more than girls (at 4 per cent).[685] However, when unpaid household labour is factored in the data, the numbers shift. In Jordan, for example, with the inclusion of unpaid household labour for more than 20 hours per week in the statistics, the prevalence of child labour for girls from 0.3 per cent to 2.4 per cent, putting them on par with boys.[686] Evidence from Tunisia illustrates the burden of this work on girls from poor families. Data indicate that girls may be sent out to work in third-party households; most of them are between the ages of 11-16 and work 10 hours per day, six daysperweek.[687]

685 UNICEF, 'Child Labour', 2019. https://data.unicef.org/topic/child-protection/child-labour/
686 ILO, FAO, League of Arab States, Child Labor in the Arab Region: A Quantitative and Qualitative Analysis. 2019, p. 33.
687 Ibid

INTIMATE PARTNER VIOLENCE AGAINST WOMEN AND GIRLS

Slightly higher than the global average, 2013 regional estimates of prevalence of violence against women shows that in the MENA region, 35.4 per cent of ever-married women have experienced violence from their partners.[688] However, there is still a significant data gap related to VAWG committed by intimate partners throughout the MENA and Arab States region. In the United Nations Global SDG database, only two country-level data points exist (focusing on the percentage of ever-partnered women and girls age 16 or over exposed to physical, sexual or psychological violence by an intimate partner in the 12 months prior to data collection): 14.1 per cent for Jordan in 2012, and 19 per cent for Egypt in 2014. Of these, women aged 20-29 were most affected. A 2019 Palestinian Central Bureau of Statistics study found that 29 per cent of ever-married females in the State of Palestine had experienced some form of violence by their husbands in the previous 12 months.[689,690] In Morocco, a GBV survey conducted by the High Commissioner to Plan in 2019 found that GBV prevalence was at 57 per cent, intimate partner violence 46 per cent (psychological 47 per cent, 14 per cent economic, 13 per cent physical, and 13 per cent sexual). 70 per cent of girls (15-19) experienced a form of violence in the year prior to the survey.

Global evidence indicates that pregnant women are at higher risk of being victim of violence; this is also likely to be the case of MENA. For example, a study conducted in a large hospital in Egypt found that one-third of pregnant women receiving prenatal services had experienced marital violence.[691] It is important to note that marital rape is often not considered in the society as a crime, and therefore is not often categorized as violence. Beyond the widespread social norms that condone VAWG (as discussed further below), additional contributing factors are child and forced marriages, high levels of surrounding violence, overcrowding, and stresses of poverty and war in the region, placing refugee and IDP women at particular risk.

An International Men and Gender Equality Survey (IMAGES) study carried out in 2017 in the region on attitudes and practices of men and boys linked to GBV (for the State of Palestine, Lebanon, Morocco and Egypt), illustrates the challenges that men and boy refugees face, and how frustrations can result in higher levels of violence against women and girls.[692] A 2012 United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) household survey among Palestinian families in a refugee camp in Jordan found that 44.7 per cent of women in the camp had been beaten by their husbands.[693] Data from the services' information management systems compiled by organizations working regionally on VAWG in the Syria crisis also indicates IPV as a significant problem among refugee communities.[694] For example, according to the 2019 Gender-based Violence Information Management Services (GBVIMS) for Jordan, the main types of VAWG reported by Syrian, Iraq or Sudanese refugees were psychological abuse (48.4 per cent) and physical assault (24.3 per cent).[695] Although data in the region are quite limited for women and girls with disabilities, analysis conducted on the State of Palestine found that violence is often perpetrated against them within thehome.[696]

688 ESCWA, Status of Arab Women Report 2017– Violence Against Women: What Is at Stake?, 2017.
689 Palestinian Central Bureau of Statistics, Preliminary Results of the Violence Survey in the Palestinian Society, 2019.
690 OCHA, 'Almost One in Three Palestinian Women Reported Violence by their Husbands in 2018-2019.', 2019
691 Hanan Mosleh and others, 2015. 'Advancing Egyptian society by ending violence against women', policy brief (Washington, D.C., Population Reference Bureau), p. 4. Cited in ESCWA, LAU and UN Women, Status of Arab Women Report: Violence Against Women, What Is at Stake?, 2017.
692 UN Women and Promundo, Understanding Masculinities: Results for the International Men and Gender Equality Suvey (IMAGES): Egypt, Lebanon, Morocco, and Palestine, 2017.
693 IRC, 2012, p. 6; and UNRWA, 2012, p. 1. Cited in United Nations ESCWA, 2016. Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region(Beijing +20).
694 GBVIMS data is shared among partners and included in country and regional reports. See https://www.humanitarianresponse.info/en/operations/whole-of-syria/gender-based-violence-gbv
695 Jordan GBV IMS Task Force, Annual Report, 2019.
696 Caritas, Qadar, Children's Relief Bethlehem, Violence based on Gender and Disability, 2019.

Globally there have been strong links identified between violence against women by their intimate partners and violence against children in the home, as well as long-term impacts on children who are exposed to violence between their parents.[697] Although there is very limited data on this issue in the region, research from UNICEF indicates that 25 per cent of children under the age of four in Jordan and 22 per cent of children under the age of four in Egypt currently live with a mother who experienced some form of physical, sexual or emotional violence committed by a husband or partner during the past 12months.[698]

NON-PARTNER SEXUAL ASSAULT, EXPLOITATION AND HARASSMENT

Data on sexual assault are among the most difficult to obtain in the region, not least because in some countries reporting sexual assault can result in severe punishment of the victim, including so-called 'honor killings' (see below). This problem is exacerbated in settings where there is mandatory reporting of sexual violence to the authorities. Nonetheless, there are anecdotal reports of the particularly high risk of sexual violence and exploitation of female migrant domestic workers in the Arab region. The region's *kafala* system–of visa sponsorship by migrant workers' employers–can leave female domestic laborers vulnerable to situations of exploitation since the legitimacy of their presence in the country is controlled by their employer.[699],[700] Additional reports indicate sexual assault and exploitation of refugees, migrants and asylum seekers in detention centres, notably in Libya.[701] Qualitative research undertaken in Jordan and Lebanon suggests that Syrian refugee girls are at risk of sexual harassment to and from schools, especially when school shifts require them to walk home in the dark.[702] Single Syrian refugee women and female headed households are at particular risk of exploitation by landlords, as well as by employers.[703] Assessments from Syria conducted each year as a part of the humanitarian needs overview process have consistently highlighted concerns, by adolescent girls, of sexual abuse and exploitation.[704]Research conducted in Lebanon and the State of Palestine with females with disabilities found that many perceive that they are subject to significantly higher levels of sexual exploitation and abuse than females without disabilities.[705]

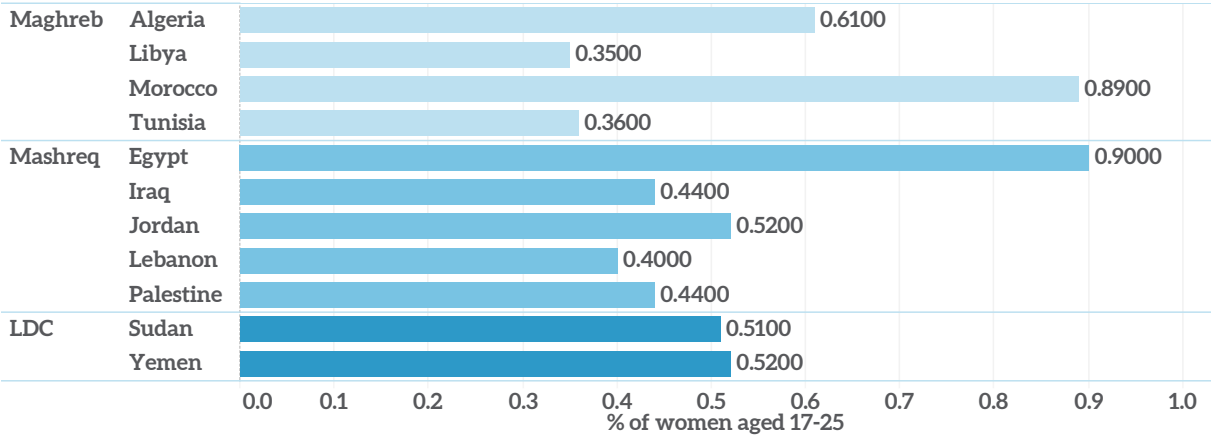
There is also evidence available describing the relatively widespread nature of sexual harassment across the MENA and Arab States region. According to the evidence collected under Arab Barometer Wave V in 2018-19, females aged 17-28 experience harassment at the highest levels. Ninety percent of females aged 17-28 interviewed in Egypt reported having been sexually harassed in the year preceding the survey (Figure 3.6). In additional, research conducted by Stop Street Harassment, shows that 90 per cent of women interviewed in the capital of Yemen reported being sexually harassed in public; in Tunisia, a study of 3,000 women aged 18-64 found that more than half experienced psychological or physical violence at least once in public spaces; and in Saudi Arabia, nearly 80 per cent of women respondents aged 18-48 reported experiencing sexual harassment, including in the street.[706]

697 Guedes, Alessandra et al., Bridging the gaps: a global review of intersections of violence against women and violence against children, Global health action, vol. 9 31516. 20 Jun. 2016, doi:10.3402/gha.v9.31516.
698 UNICEF global databases, 2017, based on DHS, 2005–2016.
699 United Nations ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20)., 2016.
700 Department of State USA, 2019, Trafficking in Persons Report. Available at https://www.state.gov/trafficking-in-persons-report-2019/
701 Akiki. Anne-Marie, 2019. Adolescent Girls Assessment Report Tripoli, Libya, Norwegian Refugee Council.
702 Ward, J., Summary Report: Regional Assessment on Gender-based Violence in the Middle East, Swiss Development Cooperation, 2017.
703 Ibid.
704 For the most recent report, see UNFPA and GBV AoR, 2020. Voices from Syria 2020: Assessment Findings of the Humanitarian Needs Overview.
705 Sayrafi, Iman, 2013. Invisible People: Women and Girls with Disabilities and Access to Rights Organizations to in the West Bank, Gaza Strip, and Palestinian Refugee Camps in Lebanon. https://fada.birzeit.edu/bitstream/20.500.11889/217/1/Invisible per cent20people per cent20women per cent20and per cent20girls per cent20with per cent20disabilities.pdf
706 Stop Street Harassment, 2017. 'Statistics: the prevalence of street harassment'. Available from http://www.stopstreetharassment.org/resources/statistics/statistics-academic-studies/ , cited in
ESCWA, LAU and UN Women, Status of Arab Women Report: Violence Against Women, What Is at Stake?, 2017. See also https://ogletree.com/international-employment-update/articles/july-2020/saudi-arabia/2020-06-08/saudi-arabia-sets-out-procedures-for-employers-to-prevent-sexual-harassment-in-the-workplac for more information on Saudi Arabia procedures for employers to prevent sexual harassment in the workplace, which was passed in 2020.

Recent years are witnessing a rapid increase of sexual harassment taking place through the internet and via ICTs. Although data is limited in region, research from the State of Palestine indicates that 8 per cent of currently or ever married women (18-64) experienced a type of cyber violence by others through their use of social media networks; 10 per cent of youth (18-29) who have never been married experienced a type of cyber violence by others through their use of social media networks; 7 per cent of currently or ever married men (18-64) experienced a type of cyber violence by others through their use of social media networks; 9 per cent of children (12-17) experienced a type of cyber violence by others through their use of social media networks.[707] Most efforts to prevent and respond to online violence are focused on extreme types, rather than issues of grooming, cyberbullying, and others. Nevertheless, preliminary research undertaken in Algeria, Egypt, Jordan and Morocco has indicated these lesser forms of violence may be a significant issue for ICT users, particularly children.[708]

Figure 3.6:
Frequency of Sexual Harassment

This graph shows the proportion of women aged 17-28 who reported experiencing sexual harassment at least once in the past 12 months. .



Source: Arab Barometer Wave V

707 Palestinian Central Bureau of Statistics, Preliminary Results of the Violence Survey in the Palestinian Society, 2019.
708 Julia Davidson and Patrick Burton, Child Protection in the MENA Region, 2016.

FEMICIDE, INCLUDING SO-CALLED 'HONOR CRIMES'

Femicide refers to the killing of women and girls based on gender norms.[709] Collecting data on this issue is challenging because it is often not captured in homicide statistics.[710] However, there is some information from the MENA and Arab States region on the phenomenon of so-called honor crimes or honor killings tied to cultural and social practices, where a male family member commits violence—even murder—against a female member who is seen to have brought shame to the family. Research suggests that this form of violence mainly occurs in the Middle East and South Asia.[711] Studies of violence against women in the MENA and Arab States region have revealed that as much as 61 per cent of female homicides are a result of 'honor killings'.[712] In Jordan, the Sisterhood is Global Institute, which tracks women's rights issues in the country, noted a 53 per cent rise in such killings in 2016, with 26 'honor' killings by October 2016, compared to 17 for all of 2015.[713] Similarly, a report on Palestinian women released in 2019 found that femicides, many in the form of honor crimes, were on the increase.[714]

TRAFFICKING

While the extent of human trafficking in the MENA and Arab States region is not as significant as some other regions of the world, countries throughout the MENA region are variously sources of origin, transit and/or destination for trafficking victims. Evidence suggests that Bahrain, Iran, Israel, Jordan, Kuwait, Lebanon, Qatar, Saudi Arabia, Syria, United Arab Emirates and Iraq are destination countries for trafficked children arriving from outside the region for the purposes of forced labour, sexual exploitation, and organ harvesting. Within the region, there are reports of children being trafficked from Iran to Qatar, Kuwait, and the UAE, as well as from Yemen.[715] Human trafficking has also been a feature of the Syria conflict, as discussed below.

The lack of protection for migrant workers, noted above, makes them vulnerable to situations of trafficking. According to Amnesty International and the UN Special Rapporteur on trafficking in persons, especially women and children, migrant women employed as domestic workers who leave abusive employers are at risk of trafficking for sexual exploitation.[716] A lack of civil documentation for displaced women and girls can put them at greater risk of trafficking.[717] In some countries in the Middle East, the phenomenon of temporary marriages has facilitated sex trafficking. In Yemen, for example, men from Gulf countries are legally allowed to marry girls for a short period of time, and in some cases 'grooms' may take girls back to their countries and exploit them as domestic workers or for sexual purposes.[718]

CONFLICT-RELATED VIOLENCE

While present in everyday settings, various forms of VAWG are exacerbated by conflict and complex emergencies. Women and girls are more vulnerable to violence during conflict and its aftermath because of the breakdown in the rule of law as well as community-based protection measures.[719] Sexual violence is often used as a tactic of conflict to humiliate, dominate or disrupt the social ties of women and girls. In MENA and the Arab States region, attention has focused on the sexual violence committed predominantly against

709 See UNODC, 2019. Global Study on Homicide: Gender-related killings of women and girls
710 WHO, Understanding and Addressing Violence Against Women: Femicide, 2012.
711 Ibid.
712 Kulczycki and Windle 2011: 1449 cited in Dalacoura, Katerina. (2019). 'Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the Post-2011 Juncture', MENARA Final Reports, n. 3, 2019.
713 Coogle, A., Recorded 'honor' killings on the rise in Jordan. Human Rights Watch, 2016.
714 ESCWA, 2019. Social and Economic Situation of Palestinian Women and Girls (July 2016- June 2018)
715 ECPAT, Stop Sex Trafficking of Children and Young People, 2012.
716 See Amnesty International, State of the World's Human Rights, 2016/17.
717 Bell, Emma, 2020. Gender-Based Violence Risks and Civil Registration in Humanitarian Contexts. GBV AoR Helpdesk. Availabe at: https://www.sddirect.org.uk/media/1938/20200213-gbv-aor-research-query-civil-registration-vital-statistics-and-gbvie-2020-final.pdf. Also see ICMC, Undocumented, Unseen and at Risk: The Situation of Syrian Refugees Lacking Civil and Legal Documentation in Jordan, 2017.
718 UNFPA, UNDP, UN Women, ESCWA, Gender Justice and the Law: Yemen, 2018.
719 UNFPA, Gender-based Violence in Humanitarian Settings, 2014.

Yezidi and Christian women captured and enslaved by the 'Islamic State in Iraq and the Levant' (ISIL) in Iraq and Syria.[720] Unfortunately, however, this violence is not exceptional; widespread rape and other sexual violence committed by parties to the conflict has been documented in many of the region's conflicts. In Sudan, for example, Human Rights Watch findings shows that rape of women and girls was reportedly widespread in the Darfur conflict.[721] Sexual violence has also been recorded in the Yemen conflict, including against female political activists, as well as in Libya and Somalia.[722]

It is important to note that women and girls are exposed to many other types of sexual violence in the context of conflicts and escaping conflict does not necessarily improve safety. Girls forcibly recruited into ISIL were highly likely to report sexual violence: a 2018 report by the Office of the High Commissioner for Human Rights (OHCHR) stated that from 2014 onwards forced marriage of Sunni women and girls to ISIL fighters was increasingly visible, and that 'the vast majority' of documented cases were those of girls aged between 12 and 16 years.[723] In Syria, fear of rape was identified as a main reason for families fleeing.

However, once displaced, IDP and refugee women and girls face further risk for sexual violence due to gender inequalities: 45 per cent of Syrian refugees surveyed in Lebanon and 47 per cent of those in the Kurdistan region of Iraq reported that violence against women was a problem within the refugee community.[724]As noted above, sexual violence in the form of early marriage has also escalated for some Syrian refugee girls—which research suggests is due in part to parents' fears about exposure of girls to sexual assault in the communities to which they are displaced.[725],[726] Sexual harassment, exploitation and forced prostitution are also features of violence for women and girls impoverished by conflict.

Palestinian women and girls face violence resulting from the Israeli occupation (such as home demolitions, displacement, settler violence, military raids and bombardments). Occupation-related violence, in turn, exacerbates pre-existing gender inequalities and increases VAWG in Palestinian society. Such pre-existing gender inequalities include low rates of women's employment, women's limited formal political participation, the persistence of GBV and child marriage, persistent negative gender stereotypes and a legal framework that cannot respond to the needs of women and girls in an agile manner.[727]

Impact of Violence Against Women and Girls

VAWG seriously impacts survivors' immediate sexual, physical, economic and psychological well-being, and contributes to greater risk of future health problems. The impact of violence is often more profound when it intersects with other forms of marginalization and oppression that women and girls experience based on issues such as disability, sexual orientation and gender identity, race, religion, etc., and among single and widowed women, female-headed households, and other women and girls who may be particularly isolated.

The physical health effects of IPV include injuries that can cause both acute and chronic illness, impacting neurological, gastrointestinal, muscular, urinary, and reproductive systems; IPV can also

720 UNODC. Module 16: Linkages between Organized Crime and Terrorism.
721 Human Rights Watch, Mass Rape in North Darfur: Sudanese Army Attacks against Civilians in Tabit, 2015.
722 See for example United Nations https://www.un.org/sexualviolenceinconflict/countries/yemen/
723 Human Rights Council, "I lost my dignity": Sexual and gender-based violence in the Syrian Arab Republic, 2018.
724 Development Initiatives, 'Gender-Based Violence and the Nexus: Global Lessons from the Syria Crisis Response for Financing, Policy and Practice,' 2020.
725 UNICEF, Multi-Country Real Time Evaluation of UNICEF Gender-Based Violence in Emergencies Programme: Lebanon, 2016.
726 UNFPA, A Report on the GBV Assessment in Conflict Affected Governates in Iraq, 2016.
727 For a detailed explanation of the socio-economic status of Palestinian women and girls over the past decade, please see:https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/e_escwa_ecw_12_tp-2_e.pdf ; https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/e_escwa_ecw_15-tp-2_e.pdf ; https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/situation-of-palestinian-women-2014-2016-english.pdf ; https://www.unescwa.org/sites/www.unescwa.org/files/publications/files/social-economic-situation-palestinian-women-2016-2018-english.pdf

lead to death. A study of Kurdish women in Iraq found that 43.1 per cent of women who reported violence from their partner suffered severe injuries, including eye injuries, dislocations, sprains or burns, stab wounds and broken bones or teeth.[728] In a nationally representative study from Jordan, one third of women who experience IPV reported injuries, and while most of these were minor, 9.4 per cent reported injuries to the eye, sprain, dislocations or burns, and 4.3 per cent reported serious injuries including deep wounds and broken bones or teeth.[729] Possible sexual health effects from exposure to sexual violence include unwanted pregnancies, complications from unsafe abortions, female sexual arousal disorder, and sexually transmitted infections. Girls married early often face dangerous complications from early childbirth and an increased risk of IPV.[730]

Possible mental health problems include depression, anxiety, harmful alcohol and drug use, post-traumatic stress disorder and suicidality. Survivors may suffer further because of the stigma associated with VAWG. In Syria, there have been reports of the shame and stigma surrounding sexual violence leading women to suicide or suicidal thoughts.[731] Evidence from Tunisia and the State of Palestine suggest that many women are less likely to report VAWG or use VAWG services due to shame and fear of reprisal from family members and the community.[732,733]

The physical and psychological consequences of VAWG not only inhibit a survivor's functioning, but also impact relationships with family members. VAWG can affect child survival and development by raising infant mortality rates, lowering birth weights, contributing to malnutrition and affecting school participation. It can further result in specific disabilities when children bear witness to such violence: injuries can cause physical impairments; deprivation of proper nutrition or stimulus can cause developmental delay; and consequences of abuse can lead to long-term mental health problems. Research conducted in Egypt in 2015 estimates that more than 300,000 mothers have experienced spousal violence in the last year. Of these, an estimated 197,900 of these mothers witness psychological effects in their children due to the violence (e.g. no desire to play or becoming violent themselves).[734] This can create a cyclical effect and cause generational violence. Many of these effects are hard to link directly to VAWG because they are not always easily recognizable by health and other providers as evidence of VAWG, which in turn can contribute to mistaken assumptions that VAWG is not a problem.

The perpetrators of VAWG create an economic burden on society through their actions. At the same time that VAWG increases costs to public health and social welfare systems, it decreases women and children's abilities to participate in social and economic development. In the case of child marriage, for example, girls married early to relieve their families of financial burden often find themselves trapped in a cycle of poverty and isolation.[735] Specific costs resulting from VAWG include prevention, protection, prosecution and compensation for violence and the reintegration of women and children in society.[736] Although research in the region is limited,[737] a study from Egypt found that in just one year, the total cost from violence (including direct and indirect costs) borne by women and their families was estimated to be at least 2.17 billion LE.[738] Violence in Egypt

728 ESCWA, 'Status of Arab Women Report 2017 Violence Against Women: What Is at Stake?' 2017.
729 ESCWA, 'Status of Arab Women Report 2017 Violence Against Women: What Is at Stake?' 2017.
730 Girls Not Brides. What Is the Impact of Child Marriage. See https://www.girlsnotbrides.org/what-is-the-impact/
731 UNFPA and GBV Area of Responsibility, 'Voices from Syria 2020: Assessment Findings of the Humanitarian Needs Overview,' p. 14, 2020.
732 Birzeit University, Disabled women's access to formal justice: A study on the situation of women with disabilities in the occupied Palestinian territories, and in Palestinian refugee camps in Lebanon, as to the renewal of intervention strategies (Arabic), 2013.
733 UNFPA, Wadi, Asmahan, Review of Health, Justice and Police, and Social Essential Services for Women and Girls Victims/Survivors of Violence in the Arab States: Tunisia, 2018.
734 United Nations Population Fund, 'The Economic Cost of Gender Based Violence Survey Egypt 2015,' UNFPA, p. 147, 2016. https://egypt.unfpa.org/en/publications/economic-cost-gender-based-violence-survey-egypt-2015.
735 Girls Not Brides. Poverty. See https://www.girlsnotbrides.org/themes/poverty/
736 ESCWA, Lebanese American University and UN Women, 'Status of Arab Women Report: Violence Against Women, What Is at Stake?' 2017.
737 For cost of specific services in select countries, see https://banyanglobal.com/wp-content/uploads/2018/02/MENA-Context-Analysis.pdf
738 UNFPA 'The Economic Cost of Gender Based Violence Survey Egypt 2015,' p. 128, 2016.

has also led to women's inability to participate in the labour force, and these lost wages and work have negative effects on individuals, families, employers and the general community.[739]

VAWG IN THE CONTEXT OF COVID-19

The ongoing COVID-19 pandemic has exacerbated multiple forms of VAWG in the region, with women and girls with disabilities, migrant workers, and female refugees and IPDs among the most affected due to their inability to access sufficient support and care.

Perhaps most notably, IPV appears to have increased significantly in many countries. According to an analysis by the Co-operative for Assistance and Relief Everywhere (CARE International), the economic impact of the virus and restrictions on movement to halt its spread have increased domestic tensions, leading to higher rates of partner violence, while the loss of income has increased women's and girls' risk of exploitation and early or forced marriages to ease their families' financial burden.[740] The Tunisian Minister of Women's Affairs reported a five-fold increase in cases of domestic violence reported to their 24-hour hotline since lockdown restrictions were implemented in the country.[741] Moroccan domestic abuse hotlines were receiving nearly three times the previous call volume since lockdown.[742] Calls to a domestic violence hotline also increased during the lockdown in the State of Palestine, but hotline calls dropped in Jordan, reportedly due to a lack of privacy for callers.[743]

Additional forms of VAWG that appear to be increasing in the region as a result of the pandemic are child marriage and FGM. In Jordan, rates of child marriage were reportedly increasing in Azraq and Zaatari camps due to a loss of informal labor opportunities and increased food insecurity.[744] In Somalia, survey findings indicated an upsurge of FGM with 31 per cent of community members noting that there had been an increase in FGM incidents compared to the pre-COVID-19 period.[745] Still another concern, especially in the light of the increased reliance on the internet, is online violence. Online sexual harassment and blackmailing has reportedly increased 184 per cent in Lebanon during lockdown.[746]

Laws and Policies Related to VAWG

National discussions, commitments, and accountability mechanisms related to VAWG have accelerated significantly in many countries in the MENA and Arab States region, particularly in the last decade. However, significant gaps still remain. Even at the level of national constitutions, for example, recognition of the problem of VAWG is limited. Prohibiting and eliminating violence more broadly (e.g., torture, cruel treatment, abuse, physical or moral violence, etc.) is addressed in every constitution, except those of Lebanon, Libya, and Saudi Arabia. The constitution of Somalia gives all workers, particularly women, the right of protection from sexual abuse in the workplace. But Egypt, Tunisia, Somalia, Yemen and Iraq are the only countries that include language regarding the eradication of violence against women in their constitutions generally.[747, 748] Article 11 of Egypt's

739 UNFPA, 'The Economic Cost of Gender Based Violence Survey Egypt 2015,' p. 128, 2016.
740 CARE International, Rapid Gender Analysis – COVID-19: Middle East and North Africa 2020 p. 19.
741 Alessandra Bajec, 'Violence is a virus': Tunisia opens new women's shelter as domestic abuse surges during lockdown, 2020.
742 Sayaka Ojima, Domestic violence in Morocco: the fight to protect women, 2020.
743 CARE International, Rapid Gender Analysis – COVID-19: Middle East and North Africa 2020 p. 19.
744 WFP Jordan, Food Security Situation of Refugees in Camps and Communities, 2020.
745 UNFPA, GBV Sub-cluster Somalia, and Northern Frontier Youth League, GBV/FGM Rapid Assessment Report in the Context of COVID-19 Pandemic in Somalia. 2020.
746 UN Women, Gender Alert on COVID-19 Lebanon, Issue No. 3, 2020.
747 English language constitutions for each country were taken from Constitute at https://www.constituteproject.org.
748 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region(Beijing +20), 2016.

constitution calls upon the State to protect women from all forms of violence, while Tunisia notes that the State will take necessary steps to eliminate VAW under article 46 of their constitution.[749] Article 15 of Somalia's provision constitution prohibits any form of violence against women and article 128 of Yemen's constitution notes that the State will protect women from violence. Iraq's constitution also includes protections for women, with article 29 broadly condemning all forms of violence and abuse in the family, school, and society,[750]

Similarly, attention to VAWG in legislation is inconsistent, particularly in terms of violence that occurs in the context of the family, including IPV, marital rape, and so-called honor crimes, as described further below. (Although not covered directly here, it is also important to recognize that the absence of protective legislation for particularly marginalized groups—such as people with disabilities, refugees, ethnic minorities, etc.—that is a common limitation in legislative frameworks throughout countries in the MENA and Arab States region, can exacerbate the risks of exposure to violence and discrimination for women and girls from within these groups.)

VAWG LEGISLATION

Stand-alone legislation related to VAWG exists in eight countries in the Arab region: Bahrain, UAE,[751] Kuwait,[752] Jordan, Lebanon, Morocco, Saudi Arabia and Tunisia. This legislation typically specifies government and civil society actors' responsibilities for the prevention of and response to VAWG.[753] Many countries have also advanced or improved legislation to deal with specific categories or types of violence, further described below.

As noted previously, violent discipline significantly affects girls in many countries in the region. Although typically understood more in the framework of violence against children legislation, protections against violent discipline are important to reducing violence against the girl child. However, Tunisia is the only country in the MENA and Arab States region to prohibit the corporal punishment of children in any setting, including the home, alternative care settings, day cares and schools. Bahrain and the UAE are both states legally committed to the prohibition of corporal punishment, and actively prohibit corporal punishment in schools but not in the home, alternative care settings, or day care settings. Algeria, Djibouti, Kuwait, Libya, Yemen and Oman[754] all prohibit corporal punishment in schools, but not in the home or alternative care settings. Meanwhile, the State of Palestine and Saudi Arabia, do not fully prohibit corporal punishment in any setting.

749 ESCWA, Beyond Boundaries: Utilizing Protection Orders to Cultivate a Holistic Response to Domestic Violence and the Arab Region. 2019. p. 42-43.
750 ESCWA, Beyond Boundaries: Utilizing Protection Orders to Cultivate a Holistic Response to Domestic Violence and the Arab Region.2019, p. 42-43
751 See Khaleej Times, New family protection policy in UAE will curb abuse: Experts, 2019.
752 See Human Rights Watch, Domestic Violence Law Signals Hope for Kuwait's Women, 2020.
753 ESCWA, The Due Diligence Standard, Violence against Women and Protection Orders in the Arab Region, 2018. p 7
754 Article 56.H. of Oman's Child Law states [unofficial translation], 'It is not permitted for any person to commit any of the following actions: […] (H) Performing any form of violence against a child…' which confirms prohibition of corporal punishment. Meanwhile, the National Childhood Strategy 2016-2025 developed by the Ministry of Social Development (MOSD) in cooperation with UNICEF, reiterates that while corporal punishment still occurs in households, it is prohibited, alongside other forms of child abuse, by the Child Law, the Penal Code, and the Law of Combatting Human Trafficking.

Table 3.2:
Legal Status of the Corporal Punishment of Children

ESCWA Category	Country	Prohibited in the Home	Prohibited in Alternative Care Settings	Prohibited in Day Care	Prohibited in Schools	Prohibited in penal institutions	Prohibited as a sentence for Crime
GCC	Bahrain				●		●
	Kuwait						
	Oman						●
	Qatar					●	
	Saudi Arabia						
	UAE				●	●	
Maghreb	Algeria				●		●
	Libya			Some	●		
	Morocco					●	●
	Tunisia	●	●	●	●	●	
Mashreq	Egypt					●	
	Jordan		Some		●	●	●
	Iran			Some		●	
	Iraq					Some	●
	Lebanon					●	
	State of Palestine				Some	Some	Some
	Syria				●		
LDC	Djibouti				●		●
	Somalia						
	Sudan				Some		●
	Yemen			Some	●	●	

Source: End all Corporal Punishment of Children, *Progress toward prohibiting all corporal punishment in the Middle East and North Africa*, January 2020, Accessed at: http://endcorporalpunishment.org/wp-content/uploads/legality-tables/Middle-East-and-North-Africa-progress-table-commitment.pdf

Regarding legislation on child marriage, there are significant variations across countries regarding protection from this, as well as on its implementation. On the positive side, the legally approved age for marriage - the age an individual must be to get married without receiving the consent of their parents - for girls in Egypt, Iraq, Oman, Qatar and the UAE is 18 years; in Tunisia that age is 20 for females. Notably, however, the minimum age of marriage – the age at which an individual can be married if they receive the consent of their parents - for women/girls and men/boys varies widely in the region. Only 11 of the 21 countries have the same minimum legal age of marriage for women/girls and men/boys; six countries have a younger legal minimum age for marriage for women/girls than for men/boys; and four countries have no legal minimum age for marriage for women/girls or men/boys.[755]

Of those countries that have a legal minimum age of marriage, all but Egypt allow exceptions to these minimums by guardian consent and judicial authorization.[756] In Iran, for example, the legal age for marriage is 13, as long as there is a guardian's permission; in the case of marriage for girls below 13 years of age, the court's permission is also needed.[757] In Lebanon, the minimum age for marriage is not set out in civil law but rather governed by personal status codes of religious sects. In this context, marriage may be granted for girls at age nine within the Sunni and Shiite confessions, and age 12.5 within the Jewish faith.[758] Although Jordanian law prohibits children aged below 15 to be legally married, the marriage of a child aged 15-17 is possible with special approval from a Shari'a court judge.[759] These exceptions to child marriage in refugee-hosting contexts have been a contributing factor to the rise in child marriage among displaced Syrians.

As noted in the table below, LDCs have a significantly younger average age of legal marriage, at 14 for girls, as compared to the rest of the region. In three of the 18 countries included in the table, no legal age minimums exist. In Yemen, Somalia, and Saudi Arabia, marriage is largely governed by traditional and religious practices, making it difficult for legal and governmental authorities to regulate marriage.

755 Social Institutions & Gender Index 2019 Country Profiles for Algeria, Bahrain, Djibouti, Egypt, Iraq, Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, State of Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, UAE, and Yemen. Available at genderindex.org/countries.

756 Wodon et al., Ending Child Marriage: Legal Age for Marriage, Illegal Child Marriages, and the Need for Interventions. London and Washington D.C.: Save the Children and the World Bank. 2017, p. 4.

757 Seikaly et al. 2014 25, cited in Dalacoura, Katerina. (2019). 'Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the Post-2011 Juncture', MENARA Final Reports, n. 3, 2019.

758 Social Institutions & Gender Index 2019 Country Profiles for Algeria, Bahrain, Djibouti, Egypt, Iraq, Iran, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, State of Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, UAE, and Yemen.

759 UNICEF, A Study on Early Marriage in Jordan, 2014.

Table 3.3:
Child Marriage Legislation in MENA and Arab States Region[760]

ESCWA Category	Country	Girls	Boys	Girls with Parental Consent	Boys with Parental Consent	Additional Information
GCC	Bahrain	15	18			According to law the minimum age of marriage is 15 years for girls and 18 for boys, but special circumstances allow marriages below these ages with approval from a sharia court. The government made concerted efforts to draw attention to the dangers of early marriage for girls and the adverse effect on children's health.
	Kuwait	15	17			The legal marriage age is 17 for men and 15 for women, but girls continued to marry at a younger age in some tribal groups. The Ministry of Justice estimated underage marriages constituted 2 to 3 percent of all marriages in 2013.
	Oman	18	18			The age of legal marriage for men and women is 18 years, although a judge may permit a person to marry younger when the judge or family deemed the marriage was in the minor's interest.
	Qatar	16	18			By law the minimum age for marriage is 18 years for boys and 16 years for girls. The law does not permit marriage of persons below these ages except in conformity with religious and cultural norms. These norms include the need to obtain consent from the legal guardian to ensure that both prospective partners consent to the union and apply for permission from a competent court; underage marriage is rare.
	Saudi Arabia					There were reports during the year of child marriage; it was almost entirely limited to rural areas. Senior government officials, including officials from the governmental HRC and the quasi-governmental NSHR, spoke out against the practice and advocated the adoption of a minimum marriage age. The law does not specify a minimum age for marriage, but sharia suggests girls may marry after reaching puberty. According to some senior religious leaders, girls as young as 10 may marry. Families sometimes arranged such marriages to settle family debts, without the consent of the child. The HRC and NSHR monitored cases of child marriages, which they reported were rare or at least rarely reported, and took steps to prevent them from being consummated. Media reports quoted judges as saying the majority of child marriage cases in the country involved Syrian girls, followed by smaller numbers of Egyptians and Yemenis. There were media reports that some men travelled abroad to find brides, some of whom were legally minors. The application for a marriage license must record the bride's age, and registration of the marriage is a legal prerequisite for consummation. The government reportedly instructed marriage registrars not to register marriages involving children. [761]
Average Legal Age of Marriage		**16**	**17.75**			

760 Department of State Country Reports on Human Rights Practices for 2015
761 UNICEF GAO, in December 2019, Saudi Arabia issued a ban on marriages for people under the age of 18 for both genders.

Maghreb	Algeria	19	19		The legal minimum age of marriage is 19 for both men and women, but minors may marry parental consent, regardless of gender. The law forbids legal guardians from forcing minors under their care to marry against the minor's will. The Ministry of Religious Affairs required that couples present a government issued marriage certificate before permitting imams to conduct religious marriage ceremonies. UN statistics from 2013 showed that 6 percent of women ages 20 to 49 were married by or before age 18.
	Libya	18	18		The minimum age for marriage is 18 years old for both men and women, although judges can provide permission for those under 18 to marry. There were no available statistics on the rate of early and forced marriage during the year.
	Tunisia	18	18		The minimum age for marriage for both sexes is 18, but the courts may, in certain situations, authorize the marriage of persons younger than 18 upon the express request and approval of both parents.
Average Legal Age of Marriage		18.33	18.33		
Mashreq	Egypt	18	18		The legal age of marriage is 18. According to a panel hosted by the Office of the High Commissioner for Human Rights in Geneva in 2014, 23 percent of girls married before age 18; as many as 21 percent married before age 15. As many as 15 percent of all marriages in the country were child marriages, according to remarks made by the minister of population to the media in August. In February the government lifted its previous reservation on an article of the African Charter on the Rights and Welfare of the Child that prohibits marriage under age 18. The media reported some child marriages were temporary marriages intended to mask child prostitution. Families sometimes forced adolescent girls to marry wealthy foreign men in what were known locally as 'tourism' or 'summer' marriages for the purpose of sexual exploitation, prostitution, or forced labour. On December 8, the Ministry of Justice introduced measures intended to close legal loopholes and make tourism marriages more difficult to obtain. It changed an existing and long-standing system whereby a foreign man who wanted to marry an Egyptian woman more than 25 years younger than he is must pay a fine. The measure increased the fine from LE 40,000 ($5,200) to LE 50,000 ($6,500). Women's rights organizations argued that allowing foreign men to pay a fine in order to marry much younger women represented a form of trafficking and encouraged child marriage. They called on the government to eliminate the system altogether. The Anti-trafficking Unit at the National Council for Childhood and Motherhood, a governmental body, is responsible for raising awareness of the problem.
	Iran	13	15	9	The legal minimum age of marriage for girls is 13, but girls as young as nine may be married with permission from the court and their father. The law requires court approval for the marriage of boys younger than 15. According to the newspaper Shahrvand, there were more than 40,000 registered marriages for girls under the age of 15 in 2014. The number may be higher because NGOs reported that many families did not register underage marriages. On October 13, authorities executed juvenile offender Fatemeh Salbehi for the killing of her husband, whom she was forced to marry at 16.

Mashreq	Iraq	18	18	15	15	By law the minimum age of marriage is 15 with parental permission and 18 without. The government made few efforts to enforce the law. Traditional forced marriages of girls as young as age 11 continued, particularly in rural areas. According to UNICEF, 6 percent of girls were married by 15, and 24 percent were married by 18. Girls between the ages of 11 and 18 told UNICEF that early marriage was the primary obstacle to completing their education. Early and forced marriages, as well as abusive temporary marriages, were more prevalent in Da'esh controlled areas. In February HRW interviewed 20 Yezidi women and girls who escaped from Da'esh captivity; nearly all said that they had been forced into marriage, sold (in some cases a number of times), or given as gifts. Local and international NGOs reported that forced divorce--the practice of husbands or their families threatening to divorce wives they married when the girls were very young (ages 12 to 16) to pressure the girl's family to provide additional money to the girl's husband and his family--also occurred, particularly in the south. Victims of forced divorce were compelled to leave their husbands and their husbands' families, and social customs regarding family honor often prevented victims from returning to their families, leaving some adolescent girls abandoned.
	Jordan	18	18	15	15	The minimum age for marriage is 18. With the consent of both a judge and a guardian, a child as young as 15 years old, in most cases a girl, may be married. The sharia court reported that early marriages comprised 13 percent of all marriages registered in 2014, with the early marriage rate among registered Syrian refugee's marriages at 31.4 percent in the first quarter of 2014. There was no data available on the number of unregistered marriages, but due to the differences between the Jordanian and Syrian legal and social frameworks, it was likely that many Syrian refugee marriages were not registered.
	State of Palestine	18	18	15	15	Palestinian law defines the minimum age for marriage as 18; however, religious law allows persons as young as 15 years old to marry. Child marriage did not appear to be widespread, according to NGOs, including the Women's Center for Legal Aid and Counselling. According to UNICEF data for the year, 2 percent of girls were married by the age of 15.
	Syria	17	18	15	15	The Personal Status Law 4/2019 mandates the minimum age of marriage for both men and women at 18 years. A boy or girl who is 15 or older may marry if a judge deems both parties willing, 'physically mature,' and if the fathers or grandfathers of both parties' consent. Although underage marriage declined considerably in past decades, it was common and occurred in all communities, albeit in greater numbers in rural and less developed regions. The media and NGOs reported that early marriage, particularly among girls, was increasing among Syrian refugee populations. Da'esh systematically abducted and sexually exploited Yezidi girls in Iraq and transported them to Syria for forced marriage.
Average Legal Age of Marriage		**17**	**17.5**			

LDC	Djibouti	18	18	<18	<18	Although the law fixes the minimum legal age of marriage at 18 years, it provides that 'marriage of minors who have not reached the legal age of majority is subject to the consent of their guardians.' Child marriage occasionally occurred in rural areas, where it was considered a traditional practice rather than a problem. The Ministry for the Promotion of Women and Family Planning worked with women's groups throughout the country to protect the rights of girls, including the right to decide when and whom to marry.
	Somalia					The provisional federal constitution does not specify a minimum legal age for marriage. It notes marriage requires the free consent of both the man and woman to be legal. Early marriages frequently occurred; 45 percent of women between the ages of 20 and 24 were married by age 18, and 8 percent were married by age 15. In rural areas parents often compelled daughters as young as 12 to marry. In areas under its control, al-Shabaab arranged compulsory marriages between its soldiers and young girls and used the lure of marriage as a recruitment tool. There were no known efforts by the government or regional authorities to prevent early and forced marriage.
	Sudan	10	15			The law establishes the legal age of marriage at 10 for girls and 15 or puberty for boys. There were no reliable statistics on the extent of child marriage, but child advocates reported it remained a problem, especially in rural areas. According to UNICEF estimates, 12 percent of women ages 20 to 24 were first married or in a union before they were 15, and 34 percent were married before reaching 18. In October the first lady issued a statement during International Day of the Girl expressing concern about early and forced marriages and announcing a government initiative that would be launched to tackle the issue.
	Yemen					Early and forced marriage was a significant, widespread problem. There was no minimum age for marriage, and girls married as young as eight years of age, which traditionalists claimed served to assure they were virgins at the time of marriage. National legislation does not stipulate any minimum age of marriage, except for stating that girls should not marry unless they have reached sexual maturity. The current conflict in the country and the deteriorating economic situation is negatively affecting basic services including health, education and justice, which is putting girls and boys at further risk of child marriage. The last Demographic Health Survey (DHS) report in 2013 showed that 31.9 per cent of women aged 20-24 were married before 18 years while 9.4 per cent were married before age 15. A UNICEF KAP survey conducted in 2016 targeting six governorates, showed that 72,5 per cent of female respondents in the targeted communities got married before they reached 18 years. The percentage of female respondents who got married at the age of fifteen or less accounted for 44,5 per cent. This indicates that child marriage is on the increase as a negative coping mechanism in the context of the conflict.
Average Legal Age of Marriage		**14**	**16.5**			

A review of criminal laws addressing other forms of VAWG further emphasizes wide variation in protective legislation across the region, as illustrated in Table 3.4 (below). A majority of countries (12 out of 18[762]) specifically criminalize rape when committed by someone other than a spouse. The remaining six countries do not specifically criminalize rape.[763] Furthermore, in some jurisdictions, a rapist may avoid punishment by marrying his victim, although a number of States have recently abolished their rape marriage laws: namely, Lebanon (Article 522 of penal code), Jordan (Article 308 of penal code), Morocco (Article 475 of penal code), Tunisia (Article 227 of penal code), and the State of Palestine (Law No. 5 of 2018 repealed article 308 of the penal code).[764,765] The Bahraini government is also examining a law to abolish this practice.[766]

Over half the countries in the region have some protections for sexual harassment in the workplace and/or public sphere.[767] In Jordan and Lebanon, the law allows an employee who is subjected to sexual harassment (or beating or degradation) in the workplace to resign from his/her position without giving notice.[768,769] An amendment to the penal code has been proposed in Yemen, but not yet approved.[770] In Saudi Arabia, first-time perpetrators of sexual harassment can be imprisoned for up to two years and fined up to 100,000 Saudi riyals, while repeat offenders can receive up to five years in prison and a fine of 300,000 Saudi riyals.[771] In Morocco, perpetrators of sexual harassment in public spaces can be sentenced to one to six months in prison and be fined 2,000 to 10,000 Moroccan dirhams.[772]

Within the MENA and Arab States region, female genital mutilation is outlawed in Djibouti, Egypt, Iraq (Kurdistan), Somalia, Sudan and Yemen (in medical facilities, not in the home). Even where legislation exists, it often is not comprehensive, and in many settings, it is not aggressively enforced. For example, although the practice was criminalized in Egypt in 2008, the law can be circumvented through article 61 of the penal code which allows for harmful actions to protect oneself or another. Therefore, FGM has been medicalized instead of banned in Egypt.773 However, there has been enforcement in the country. Notably, in 2015, an Egyptian court issued for the first time a verdict against a doctor who had been involved in FGM.774 Important to note, several states in the region do not have legislation outlawing the practice, as FGM may be rare or not practiced there.

Several countries in the MENA and Arab States region have recently adopted legislation regarding intimate partner violence (e.g., Algeria, Bahrain, Jordan, Lebanon, Morocco, Tunisia, and Saudi Arabia, as well as the Kurdistan region of Iraq), and others have laws under review. When examined in the aggregate, only one in three countries in the MENA region[775] addresses IPV or other forms of domestic violence in statutory laws. According to one regional estimate, as of 2017, three in four women remained unprotected from domestic violence under the law.[776] Notably, all but one country where data was found lack legal frameworks that criminalize marital rape. The exception is Djibouti, where rape is defined by article 343 of the Penal Code Law No.

762 The Gender Justice & The Law, Assessment of laws affecting gender equality in the Arab States region (UNFPA, UNDP, UN Women, ESCWA) published in late 2018 provides findings related to laws and policies affecting gender equality and protection against gender-based violence in 18 of the 21 countries covered under this situational analysis.
763 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
764 ESCWA, State of Gender Justice in the Arab Region, 2017.
765 Human Rights Watch, 'Palestine: 'Marry-Your-Rapist' Law Repealed– Revoke Other Discriminatory Laws Against Women', 2018.
766 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
767 Also see World Bank Group, Women, Business and the Law, 2020.
768 ESCWA, State of Gender Justice in the Arab Region, 2017.
769 Sexual Harassment and VAW at the Workplace in Nine Arab countries ,2018.
770 UNFPA, UNDP, UN Women, ESCWA, Gender Justice and the Law: Yemen, 2018.
771 See Library of Congress, Saudi Arabia: Shura Council Approves Anti-harassment Bill, 2018. https://www.loc.gov/law/foreign-news/article/saudi-arabia-shura-council-approves-anti-harassment-bill/
772 See Morocco World News, Historic Law on Violence Against Women Goes into Effect September 12, 2018. https://www.moroccoworldnews.com/2018/09/253413/law-against-violence-women-morocco/
773 EuroMed Rights, Egypt: Report on Violence Against Women in Egypt, 2016.
774 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2018, p 53.
775 Per World Bank regional classification.
776 Tavares, P., and Wodon, Q. 2017. Global and Regional Trends in Women's Legal Protection against Domestic Violence and Sexual Harassment. Ending Violence against Women Notes Series. Washington, DC: The World Bank.
777 Ibid.

Table 3.4:
Select national criminal laws related to VAWG[777]

ESCWA Category	Country	Domestic violence	Honor crimes	Marital rape	Rape (other than a spouse)	Abortion for rape survivors	Exoneration by marriage	Sexual harassment	Human trafficking	FGM/C
GCC	Bahrain	🔵	🔴	🔴	🟢	🔴	🔴	🟢	🔵	🟢
	Qatar	🔴	🔴	🔴	🟢	🔴	🔵	🔵	🔵	⚫
	Saudi Arabia	🔵	🟢	🔴	🟢	🔴	⚫	🔵	🟢	⚫
Maghreb	Algeria	🟢	🔴	🔴	🔵	🟢	🟢	🔵	🟢	⚫
	Libya	🔴	🔴	🔴	🔵	🔴	🔴	🔵	🟢	⚫
	Morocco	🔵	🔴	🔴	🔵	🔴	🔵	🔵	🔵	⚫
	Tunisia	🔵	🔵	🟢	🔵	🔵	🔵	🔵	🔵	🔵
Mashreq	Egypt	🔴	🔴	🔴	🔵	🟢	🔵	🔵	🔵	🔵
	Iraq	🔴	🔴	🔴	🟢	🔴	🔴	🔵	🔵	🔴
	Jordan	🔵	🟢	🔴	🔵	🔴	🔵	🟢	🔵	⚫
	Lebanon	🔵	🔵	🔴	🔵	🔴	🟢	🟢	⚫	⚫
	State of Palestine	🔴	🟢	🔴	🔵	🔴	🔵	🟢	⚫	⚫
	Syria	🔴	🔴	🔴	🟢	🔴	🟢	🟢	🔵	⚫
LDC	Djibouti	🔴	🔵	🟢	🔵	🔴	🔵	🟢	🔵	🔵
	Somalia	🔴	🔴	🔴	🔵	🔴	🟢	🔵	🟢	🟢
	Sudan	🔴	🔵	🔴	🟢	🔵	🔵	🔵	🔵	🟢
	Yemen	🔴	🔴	🔴	🔵	🔴	🔵	🟢	🔴	🟢

Notes:
General explanation of colour codes below. For more details regarding categorization per topic, see full report.
A **green code** indicates that laws on this topic provide for gender equality and/or protection from gender-based violence and are substantially compliant with international standards. A green category does not indicate that the law is perfect or that gender justice in the relevant topic area has been fully achieved.
An **amber code** indicates that some gender aspects of the law on this topic have been addressed, but important gender inequalities remain.
A **red code** indicates that the law on a particular topic does not provide for gender equality and/or there is no or minimal protection from gender-based violence.
A **grey code** indicates that there is no available data or inadequate information.
Data for Iran, Kuwait, and UAE were not included in the source study.

59 of 1995 and courts may consider marital rape as constituting an offence; however, marital rape is rarely prosecuted.[778] Discriminatory marriage, custody, and guardianship laws (described in greater detail in Pillar 4) may serve to keep women and girls in abusive unions.

When family violence extends to include so-called honor crimes, many countries in the region fail to sufficiently protect the victim, rationalizing protections for the assailant. Sentencing may be lenient or mitigated for male perpetrators—a benefit that does not extend equally to females who commit violence against their husbands.[779] Nonetheless, Lebanon, the State of Palestine and the Syrian Arab Republic, in particular, have abrogated laws that grant extenuating circumstances to murderers in cases of so-called honor crimes.[780]

Notably, however, several countries in the region have legislated protection orders—understood globally to be among one of the most useful interventions in preventing IPV and other violence in the home. According to research undertaken by ESCWA, common elements of the provision of protective orders across these countries include[781]:

- Bar perpetrators from contacting or harming survivors, their children and other family members either directly or indirectly (through a third party);
- Require perpetrators to stay a specified distance from survivors and their children, wherever they may be;
- Bar perpetrators from damaging survivors' personal property or property held in common (car, house, furniture);
- Bar perpetrators from accessing assets held jointly with survivors;
- Allow survivors to access the family dwelling or to seek refuge elsewhere, if needed;
- Compel perpetrators to leave the family home for a fixed period;
- Compel perpetrators to provide financial assistance for support and costs incurred from violence, including medical treatment and shelter.

While ESCWA concluded that these provisions align with global good practice in protection order legislation, their report also points out that no country [in the Arab region] has enacted comprehensive protection order legislation that encompasses all the necessary protocols as outlined in the United Nations Handbook for Legislation on Violence against Women (2012). In other instances, some components fall short and should be removed. This includes the provision of mediation mechanisms that, while perceived as beneficial to preserving the integrity of the family, are not survivor-centred.[782]

Human trafficking is criminalized in a number of Arab countries. These countries tend to target sexual acts, including prostitution, sexual exploitation, violence and coercion of women, girls and boys to commit sexual acts. However, these laws are reportedly not sufficiently deterrent, nor are they broad enough to cover various forms of sexual exploitation.[783] In one important example relevant to many countries in the region, female foreign workers are rarely afforded protection by labour laws, which often explicitly exclude migrant workers from their scope of application, putting them at significant risk of traffickers, and of sexual abuse and exploitation.[784] Imposing fines only, or

778 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
779 ESCWA, 2017. State of Gender Justice in the Arab Region.
780 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
781 ESCWA, The Due Diligence Standard, Violence against Women and Protection Orders in the Arab Region, 2018, p 7.
782 Ibid, p 8.
783 SIDA, Center of Arab Women for Training and Research, Empowering Women towards Gender Equality in the MENA Region through Gender Mainstreaming in Economic Policies and Trade Agreements: Gender and Trade, 2019.
784 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.

deportation of illegal immigrants, may enable the perpetrators who were penalized for these crimes to repeat them and resume their activities, since they pay small fines.[785]

Despite the scope of armed conflict in the region, legislation does not exist in most countries specifically targeting conflict-related sexual violence. Sudan is an exception, with national legislation that explicitly criminalizes incidents of sexual violence in conflict as a war crime. The Libyan Minister of Justice adopted a Ministerial Decree (119) in 2014 recognizing victims of sexual violence during the Libya uprising as victims of war and provides them with a right to reparations, but the decree appears to not have been implemented.[786] However, some states are developing action plans on Women, Peace and Security that include attention to sexual violence against women and girls in conflict (see Pillar 4).

VAWG POLICIES

Outside of the legislative arena, political commitments have significantly increased in the MENA and Arab States region in recent years, illustrating positive change, even at the regional level. For example, in 2014 the ESCWA Member States adopted the Kuwait Declaration, in which they collectively condemned all forms of violence against women and committed to addressing it through the development of 'clear rules and procedures that determine liabilities […] and limit cases of impunity.'[787] Additionally, a Coalition of Women Members of Parliament from the Arab Region to Combat VAW was founded in 2014, and includes MPs from thirteen countries: Libya, Jordan, Sudan, Lebanon, Egypt, Bahrain, Tunisia, Morocco, State of Palestine, Iraq, Djibouti, Kuwait and Saudi Arabia. The Coalition drafted an Arab Convention to Combat Violence Against Women and Children, which is currently under final review.[788]

Many countries in the region have initiatives, strategies, and policies to reduce VAWG. Examples include (but are not limited to)[789,790]:

- Sudan developed a draft national strategy for reducing child marriage in 2015.
- Sudan's National Strategy for the Abandonment of All Types of Female Genital Mutilation/Cutting (2008–2018) aimed to eliminate all types of female genital mutilation through a comprehensive approach that addressed the religious, social, health, and cultural dimensions of female genital mutilation included actors from academic institutions, line ministries, and legal experts.
- Yemen, through its Women's National Committee, participated in the preparation of an Arab Strategy for the Protection of Women against Violence for 2011-2020.
- The National Strategy for Combating Violence Against Women 2011–2019 in the State of Palestine established strategic goals to strengthen mechanisms of protection and empowerment for Palestinian women including strengthening the legal framework and institutional mechanisms for the protection of women from violence, improving social protection and social support provided to survivors of violence, and improving addressing cases of VAWG through health services.
- The National Strategy on Violence Against Women in Tunisia was developed in 2008 and the first national survey on VAWG was conducted in 2009–2010.
- From 2008 – 2010, Syria carried out national studies on violence against women and drafted a strategy against violence. Further, the

785 SIDA, Center of Arab Women for Training and Research, Empowering Women towards Gender Equality in the MENA Region through Gender Mainstreaming in Economic Policies and Trade Agreements: Gender and Trade, 2019.
786 UN Women, Accountability for Sexual Violence in Conflict: Identifying Gaps in Theory and Practice of National Jurisdictions in the Arab Region, 2018.
787 Kuwait Declaration on Combating Violence against Women, in particular operative paragraphs 2 and 4. The text of this Declaration is included in ESCWA, 2014. Cited in United Nations ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
788 See https://cvaw-arabcoalition.org/en/ and https://www.wfd.org/programmes/mena-women/
789 UNFPA, Regional Report, Sexual and Reproductive Health Laws and Policies in Selected Arab Countries, 2016.
790 UNHCR, Sexual and Gender Based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa, 2015.

National Strategy for Advancement of women has VAWG as one of its focus areas.

- The National Strategy for the Empowerment of Egyptian Women 2030 focuses on ending discrimination against and supporting empowerment of women.[791]

- The Ministry of Social Affairs in Lebanon developed the MoSA National Plan to Safeguard Children and Women ('the National Plan'), signed in October 2014.[792] The National Plan provided the first framework under which GBV programming and protocols were established, prioritizing services for all vulnerable groups, including refugees. In 2019, the Minister of State for the Economic Empowerment of Women and Youth launched the National Strategy for Combatting Violence against Women and Girls (2019-2029).[793]

Table 3.5:
Policy Reform on VAWG[794]

ESCWA Category	Country	Policy Reform	
		Stand-alone strategy on violence against women	Part of an overall strategy on women
GCC	Bahrain	National Strategy for the Protection of Women from Domestic Violence	National Plan for the Advancement of Bahraini Women (2013-2022)
	Kuwait	No	No
	Oman	No	No
	Qatar	No	No
	Saudi Arabia	No	No[795]
	UAE	No[796]	No
Maghreb	Libya	No	No
	Morocco	National Strategy to Combat Violence against Women (2002)	Government plan for equality (ICRAM) (2012-2016, second phase 2017-2021 is ongoing)
Mashreq	Egypt	National Strategy to Combat Violence Against Women (2015-2020)	National Strategy for the Empowerment of Egyptian Women 2030
	Iraq	National Strategy to Combat Violence against Women (2013-2017)	No
	Jordan	National Strategy to Combat Violence against Women (2014-2017)	National Strategy for Jordanian Women (2013-2017)
	Lebanon	National Strategy for Combatting Violence Against Women and Girls (2019-2029)	
	State of Palestine	National Strategy to Combat Violence Against Women (2011-2019)	National Cross-Sectoral Strategy on Gender Equality and Justice and the Empowerment of Women (2017-2022)
	Syria	No	No
LDC	Sudan	Five-year national plan to combat violence against women and children (2012-2016)	No
	Yemen	No	National Strategy for Women Development (2006-2015)

Source: Updated from ESCWA, LAU and UN Women, 2017. Status of Arab Women Report, 2016. *Violence Against Women, What Is at Stake?*

791 National Council for Women, National Strategy for the Empowerment of Egyptian Women 2030: Vision and Pillars, 2017.
792 Action document for the EU Regional Trust Fund in Response to the Syrian Crisis to be used for the decisions of the Operational Board, 2019.
793 Republic of Lebanon, Official Report on Progress Made and the Implementation and Identification of Challenges to Implement the Beijing Platform for Action, 2019.
794 Updated from ESCWA, LAU and UN Women, Status of Arab Women Report, 2016. Violence Against Women, What Is at Stake?, 2017, p. 15.
795 UNICEF GAO, National Family Strategy in Saudi Arabia covers women, children, and elderly and was approved in 2021.
796 UNICEF GAO, a strategy on ending violence against children is under development.

Socio-cultural Norms and Practices Related to VAWG

Stereotyped gender norms and discriminatory practices is at the root of multiple forms of VAWG. This is no exception in the MENA and Arab States region, where patriarchal beliefs that support male privilege and power exist in virtually every area of life. While progress is being made in advancing gender equality and the empowerment of women in many countries in the region, widespread acceptance of various forms of VAWG, from the individual to community and societal levels, reflects and reinforces entrenched gender biases. For example, norms of family 'honor' linked to female chastity may inform families' decisions to marry their girl children. These norms may be reinforced by social sanctions from the community that stigmatize families, and girls themselves, who are not married at an 'acceptable' age (typically immediately puberty). [797]

In many Arab countries, efforts to protect women from IPV and other forms of violence in the home tend to be seen as undermining of traditional patriarchal values, such as men's authority as heads of the family. Proposed or new laws emphasizing women's individual human rights, separate from the control of male family members, are often considered controversial due to these harmful gender norms. This may be one of the reasons why draft laws on violence against women or domestic violence remain pending in many countries.[798] Even in cases whe women are granted some protection by the law, they and their families may come under strong social pressure to waive their rights. A study of the Jordanian National Council for Family Affairs, for example, revealed that perpetrators of female homicide in that country benefitted from reduced sentences in 78 per cent of cases due to families giving up charges.[799] In the case of FGM, evidence suggests that social norms are so strong in some communities, that they create what one researcher coined as a 'belief trap 'whereby even if individuals may not condone the practice, their expectation that the community supports it remains quite strong, as does their concern about stigma for not aligning with perceived community norms.[800] There is also evidence of religious figures further propagating the practice of FGM. For example, a study in the Iraqi Kurdistan region revealed that many local religious leaders support FGM to reduce pre- and extra-marital relations. Although leaders did not state that they openly promoted FGM, they did oppose banning the practice. [801] However, in other countries of the region, religious figures have advocated to prevent FGM. In Egypt, the Al Azhar Al Sharif and its university together with the Coptic Orthodox Church came together under the initiative 'Peace. Love. Tolerance'; an effort to combat harmful practices and prevent children from the violence; including FGM.[802]

Although there is a significant amount of anecdotal evidence of widespread attitudes and beliefs that support various forms of VAWG, there is limited prevalent data and analysis that attempt to capture individual attitudes and beliefs regarding the perceived legitimacy of different forms of violence. Exceptions to this are Multiple Indicator Cluster Surveys (MICS) and DHS data collected related to FGM and IPV .

In a 2010 MICS undertaken in Sudan, 64 per cent of male respondents who were aware of FGM indicated that they thought the practice should stop, compared to 53 per cent of females.[803] On the other hand, the Health Issues Survey conducted in 2015 in Egypt, as part of the DHS programme, found that only 28 per cent of men and boys who were aware of FGM thought it should stop, compared

797 UNICEF, 'A Profile of Child Marriage in the Middle East and North Africa', 2018.
798 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
799 Ibid.
800 Mackie (1996), cited in UNFPA Arab States Regional Office, Female Genital Mutilation and Population Movements within and from the Arab Region, 2018.
801 Ahmed et al., Knowledge and Perspectives of Female Genital Cutting among the Local Religious Leaders in Erbil Governorate, Iraqi Kurdistan Region. Reproductive Health, 2018.
802 https://www.unicef.org/egypt/press-releases/towards-faster-progress-end-female-genital-mutilation-2030
803 Multiple Indicator Cluster Survey (MICS), Sudan, 2010. Caution should be used when interpreting these numbers. Because the survey selected only males who were aware of FGM, we should not automatically assume that more males in Sudan want FGM stopped than their female counterparts. In fact, those male respondents may have just been less aware of the practice and those who were aware more likely want it to stop.

to 38 per cent Egyptian women who participated in the DHS study conducted in 2015.[804] Another MICS conducted in Iraq in 2018 found that 94 per cent of females surveyed thought the practice should stop (with no data from males), although the practice is considerably lower in Iraq than in Sudan and Egypt.[805] According to a DHS from 2013, 75 per cent of women in Yemen think that FGM should be discontinued.[806]

MICS and DHS data from a number of countries further illustrate how deeply entrenched attitudes are relating to intimate partner violence, even among young people. Boys (and in some countries, girls as well) were surveyed about whether husbands were justified in hitting or beating their wives for at least one of the specified reasons, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects a child, etc. (see Figure 3.7). Of male adolescents surveyed, those in Jordan justified wife-beating at the highest rate in the region (64 per cent).[807] Interestingly, 63 per cent of Jordanian girls aged 15-19 agreed with wife-beating under certain circumstances.[808] In Qatar, however, adolescent boys justify wife-beating at significantly higher rates than their female counterparts. Yemen, Algeria, and Egypt indicate a relatively high level of acceptance for wife-beating among female adolescents. Research from the DHS indicates that women, too, may agree that wife-beating is acceptable in certain circumstances (there is no comparable data for adult men).

Not surprisingly given the tendency to prioritize the rights of the perpetrator over the rights of the victim in relation to many forms of VAWG, norms that discourage reporting are pervasive. A lack of guarantees for confidentiality may result in lasting stigma for the survivor and her family. The absence of protection against retaliation can also contribute to fears related to reporting. In a 2017 survey of ESCWA countries, several respondents noted that fears about the perpetrator limited reporting.[809] In some settings, such as Bahrain, Egypt, and the UAE, there have been reports that police will refuse to intervene in instances of IPV or not take women seriously.[810,811] Fees for services, illiteracy and associated challenges with getting information about services, and fears about the risk of losing children were also reasons cited for non-reporting of IPV and other forms of GBV. In the case of Yemen, the survey found that girls were prevented from reporting violence in some schools.[812]

With regard to sexual assault, challenges with reporting are further compounded by social taboos related to perceived sexual misconduct on the part of the survivor. In research on IPV undertaken in Egypt, the vast majority (93.5 per cent) of survey respondents who reported experiencing sexual violence at the hands of a partner indicated that they did not seek help or disclose the violence to anyone.[813] As noted previously, in some countries women reporting sexual assault may be charged for indecency or adultery, with little protection available to them through statutory systems that privilege testimony of males. In the most conservative environments and communities in the region, social norms (and some laws and policies) constrain freedom of movement for women and girls, making it impossible to reach support services without a male chaperone.[814]

The issue of under-reporting is also linked to the extent to which citizens have trust in State institutions and the integrity of police and justice systems. In the case of Palestinians in East Jerusalem, for example, evidence indicated that women are reluctant to report for fear they might endanger their entire family due to their mistrust of

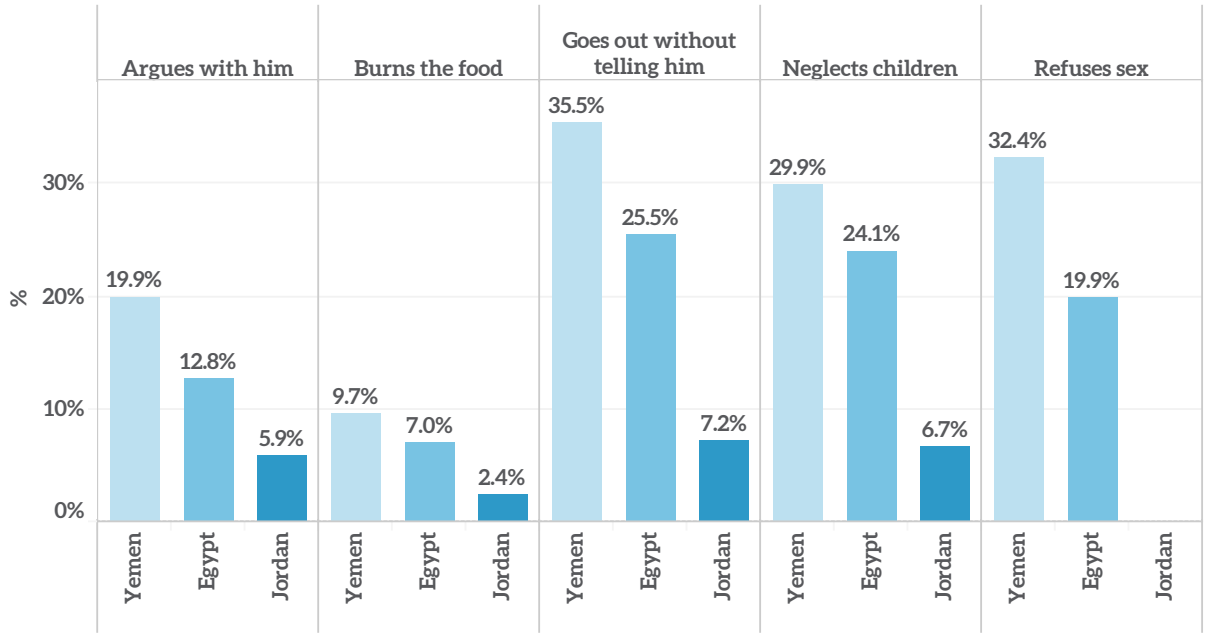
804 Demographic and Health Survey (DHS), Egypt, 2015.
805 Multiple Indicator Cluster Survey (MICS), Iraq, 2018.
806 Demographic and Health Survey, Yemen, 2013.
807 Jordan DHS 2017-18
808 Jordan DHS 2017-18
809 ESCWA, LAU and UN Women, Status of Arab Women Report: Violence Against Women, What Is at Stake?, 2017.
810 International Center for Justice and Human Rights, End All Injustice against Women in the United Arab Emirates Submission to the CEDAW Committee in its review to the United Arab Emirates 'Periodic Report- 62nd Session, 2015.
811 ESCWA, LAU and UN Women, Status of Arab Women Report: Violence Against Women, What Is at Stake?, 2017.
812 Ibid.
813 UNFPA, The Egypt Economic Cost of Gender-Based Violence Survey, 2015.
814 United Nations ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016. Available at: https://archive.unescwa.org/publications/Women-Gender-Equality-Arab-Region.

Israeli police and fear that male family members will be targeted.[815] Women's hesitancy to report crimes is heightened by their awareness of instances in which women, including underage girls, have been assaulted by policemen or other State agents. Where these abuses take place with impunity, women may expect that they will be doubly or triply victimized if they attempt to report exposure to violence.[816]

In humanitarian situations, traditional social norms and practices related to gender can intensify. As has been discussed, conflicts increase the prevalence of VAWG, such as intimate partner violence, sexual exploitation, and child marriage. In the MENA and Arab States region, girls are typically the first to be pulled out of school during conflict, limiting their education and increasing the sense that they may become a financial burden, thus further driving child marriages.[817] Conflict can also lead to economic setbacks for women and girls, as jobs become scarce and women lose access to land and property; women and girls may also be disproportionately affected by food shortages and health issues like malnourishment, as they give up food so that men can eat.[818]

Despite these challenges, and as described further below, several Arab countries are making progress in the provision of safe, ethical and supportive services for survivors.

Figure 3.7:
Women who believe a husband is justified in beating his wife, by reason
This image illustrates the proportion of women aged 15-49 who believe that a husband is justified in beating his wife. .



Source: Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and other surveys, as published by the World Bank. Accessed through API

815 ESCWA, Social and Economic Situation of Palestinian Women and Girls, 2019.
816 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016. Available at: https://archive.unescwa.org/publications/Women-Gender-Equality-Arab-Region.
817 UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage. Child Marriage in Humanitarian Settings: Spotlight on the Situation in the Arab Region.
818 Amat Al Alim Alsoswa and Talajeh Livani, The Central Role of Women in the Middle East and North Africa Transition, 2019.

Services and Programming for VAWG

When providing services for survivors, a number of sectors and institutions play important roles. A 'multi-sectoral 'approach to caring for survivors includes, as a minimum, health, psychosocial support (PSS), legal/justice and security sectors working in co-ordination and according to shared safe, ethical and survivor-centred principles to meet the diverse needs of survivors. While considerable progress has been made by governments across the region in adopting national action plans and designating machinery to address VAWG, progress has been slower in terms of ensuring comprehensive multi-sectoral care for survivors that is accessible and affordable.

In 2016, ESCWA undertook a survey of member States about channels for reporting cases of VAWG, to which 12 countries responded, indicating that national entry points for reporting were available through police, courts, the ministry of interior as well as other ministries, and government hospitals (see Table 3.6).

A relatively extensive review of programming addressing VAWG undertaken subsequently (2018) provides more specific details about services available for women and girls in many countries in the MENA and Arab States region. This series of country-level reports details health, police and justice, and psychosocial services in the region.[819] Key highlights of good practices in the region are development of standard procedures for designating referral pathways and services; one stop medico-legal models; development of specialized police units and departments and efforts to recruit more female police; safe spaces for women and girls, including shelters that provide comprehensive care; and institutionalization of coordinated, unified databases on incidents of VAWG.[820]

More specifically, in terms of the health sector, some good practices identified for specific countries at the national level include:

- The government in Egypt provides health services free of charge for survivors of sexual violence, including medical and psychological services, and ensures access to other medical services from private clinics and hospitals through subsidies. These services are available to vulnerable women and girls including women with disabilities, those living with HIV, and refugees. [821]

- The Ministry of Health in Morocco has implemented a national programme to provide services through establishment of specialised units in hospitals and the development of standard operating procedures and referral pathways to guide the work of service providers with police gendarmerie and social sectors.

- The Iraqi Ministry of Health endorsed a clinical management of rape protocol in 2017 and has set up specialized units to deal with cases.

- The Ministry of Health and the National Office for Family and Population in Tunisia provides a wide range of GBV health services to women and girls victims/survivors through specialized centres that include physical, psychological and forensic examination, urgent medical treatment (STI/HIV testing, PEP and emergency contraception and pregnancy care/ termination) and referral to other services.

However, an issue evident in a number of countries across the region is concern about the fees for services. Even in countries where it is explicitly mandated that health services for survivors are free of charge (e.g., Jordan, Qatar and Sudan,

819 The information is drawn from country reports from Egypt, Morocco, Iraq, Jordan, Lebanon, Tunisia, Syria, Yemen, Oman, Djibouti, Libya, State of Palestine and Somalia supported by UNFPA, and written by Asmahan Wadi, in 2018.
820 Wadi, Asmahan, Review of Health, Justice and Police, and Social Essential Services for Women and Girls Victims/Survivors of Violence in the Arab States: Tunisia. Cairo: UNFPA, 2018.
821 Wadi, Asmahan, Review of Health, Justice and Police, and Social Essential Services for Women and Girls Victims/Survivors of Violence in the Arab States: Tunisia. Cairo: UNFPA, 2018.

among others), in some of these settings survivors nonetheless are required to pay for medicine or specialized care, and the services may not be available to non-nationals (i.e., refugees or migrants). In Morocco, a study by the International Center for Research on Women estimated the average out-of-pocket expenditure for health services from a violent incident amounted to an equivalent of USD$211.[822] Issues of fees (alongside other challenges linked to service access, such as few services in rural areas) particularly limit help-seeking of marginalized women, including for example ethnic minorities, refugees and IDPs.

Moreover, in some settings, health care providers offering clinical management of rape services may prioritize virginity testing and pregnancy testing, mirroring wider social norms that stigmatize survivors.[823] Women also face procedural obstacles, such as being required to report within a designated time period (e.g., three months from the incident for Palestinian women), and must show proof of significant injury to proceed to prosecution.[824]

In terms of justice and police, the multi-country reports found these good practices by government:

- The Family Protection Department (FPD) and law enforcement actors in the police and justice sector in Jordan provide the means to investigate and follow-up of cases, legal and judicial support, access to safe shelters and psychosocial services, forensic services and referrals to other sectors. FPD services are free, and they have national geographical coverage and a toll-free help line for reporting incidents.

- Internal Security Forces and Judicial Police in Lebanon, in collaboration with NGOs, provide investigation, security and protection, legal counselling and representation, plus an emergency hotline for domestic violence.

Table 3.6:
Formal channels of reporting systems by country

ESCWA Category	Country	Police	Courts	Other departments within Ministry of Interior	Government Hospitals	Other Channels
GCC	Bahrain	•				•
	Kuwait	•	•	•	•	
	Saudi Arabia	•	•	•	•	•
	Oman	•	•		•	•
Maghreb	Morocco	•	•		•	
	Tunisia	•	•	•		•
Mashreq	Egypt	•	•	•		•
	Jordan	•	•	•	•	
	Lebanon	•	•			
	State of Palestine	•	•	•	•	•
	Syria	•	•	•	•	
LDC	Yemen	•	•	•	•	

Source: ESCWA Survey, 2016. in ESCWA, LAU and UN Women, Status of Arab Women Report 2017: Violence Against Women: What Is at Stake?, 2017.

822 ESCWA, LAU and UN Women, Status of Arab Women Report: Violence Against Women: What Is at Stake?, 2017.
823 Martin., S. and Anderson., K, Listen, Engage, and Empower: A Strategy to Expand Upon and Strengthen the Response to Adolescent Girls in Syria, 2017.
824 UNFPA, UNDP, UN Women, ESCWA, Gender Justice and the Law: Palestine, 2018.

- In Oman the Prosecutor General's Office handles investigation, evidence collection, indictment of perpetrators and referral for survivors. Legal aid is provided free of charge.

- Police and justice law enforcement actors in Tunisia, including the Judicial Police for VAW and in the National Guard units, provide free services at the national level, including investigation and case follow-up, safety and security for survivors and their children, legal aid and judicial counselling, access to shelters, psychological support, forensic services and safe referral to other sectors including child protection services. Access to justice is enhanced through mandatory legal aid, a help line and access to psychological treatment in the health sector.

- Many settings have prioritized training for police, with some taking further concrete steps to ensure police manage cases responsibly. Qatar has issued new instructions to police and prosecution services, while Lebanon has declared that failure by law enforcement officers to address VAWG cases appropriately would result in disciplinary action and suspension from service.[825]

In terms of psychosocial services for victims of VAWG, the multi-country reports found these national-level good practices:

- The Ministry of Social Solidarity in Egypt provides shelter services and also deploys emergency teams to help survivors.

- The Ministry of Labour and Social Affairs in Iraq operating in federal and KRI regions provide a range of specialized social services at national level to women and girls at risk and or survivors of VAW, such as counselling, psychosocial support, case management and referrals to other services.

- The Ministry of Social Affairs in Jordan works with the Jordanian National Commission for Women, the Jordanian Women's Union and the UN and NGOs to provide a wide range of social services for women and girls survivors of GBV, such as protection, psychosocial and legal counselling services, shelters, 24/7 toll-free child protection and GBV helplines, and economic empowerment and referrals to other sectors.

- The Ministry of Social Affairs in Lebanon provides a range of specialized social services for women and girls at risk or survivors of GBV including a 24/7 toll-free helpline, case management and referral services, psychosocial and legal counselling, safe houses and shelter services. Services also include emergency cash programming.

Despite these successes, widespread gender bias and the promotion of family over the protection of individuals can present specific challenges for providers and for survivors alike through the MENA and Arab States region, particularly with government-supported services that may reinforce harmful gender norms. For example, a stated outcome of counselling interventions in Bahrain is to discourage divorce, despite instances of domestic violence.[826] In another example, shelter providers in Algeria were reportedly arranging new marriages for single women as a strategy to help them manage the challenges and stigma of being without a partner.[827] In Jordan, shelter workers may try to mediate conflicts between abusers and survivors.[828]

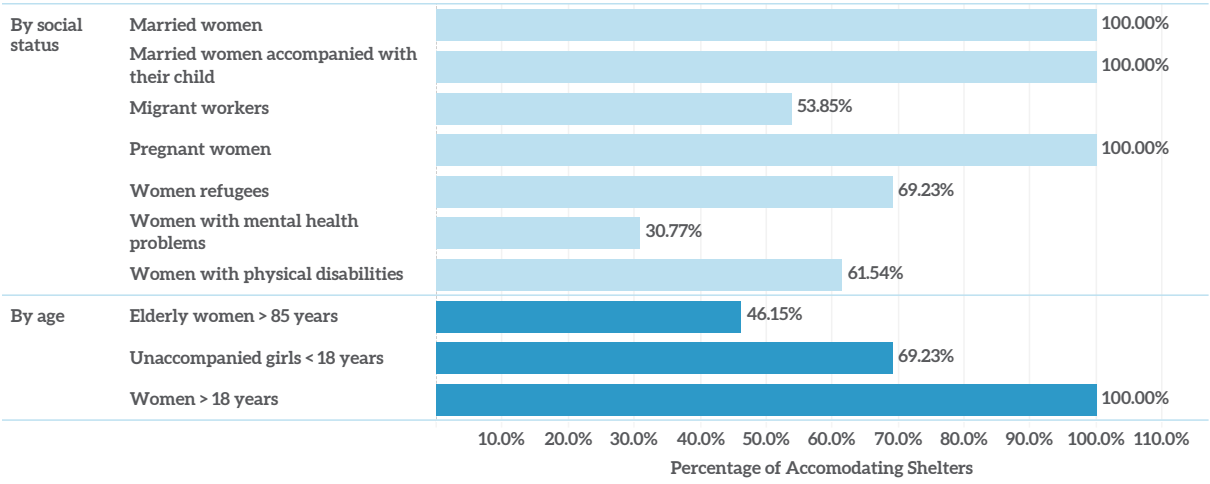
Non-governmental organizations (NGOs) often fill the gaps where government services are insufficient. Although they frequently operate without financial support from governments, making it difficult for some to sustain funding, they typically provide no-cost or low-cost care. The presence of women's organizations in the MENA region is not a new phenomenon, though their

825 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
826 Ibid.
827 United Nations Special Rapporteur, cited in Ibid.
828 UNDP, UNFPA, UN Women, ESCWA, Gender Justice and the Law: Jordan, 2018.

numbers have reportedly increased rapidly since the 1980s. Research from ESCWA in 2016 indicates that NGOs are often the preferred access point for survivors, and can be especially important in facilitating access for specific subgroups of women, such as migrants, refugees, etc.[829]

Women's organizations have been central to advocating for the needs of survivors, and for the provision of services, particularly case management and counselling, legal aid, livelihood and other social and economic support. One particularly important advancement in the NGO community is shelter services, which according to recent research have been established in Algeria, Bahrain, Jordan, Lebanon, State of Palestine, Tunisia and Yemen.[830] Services provided by these shelters include awareness-raising, hotlines, shelters, psychological counselling services for abusive husbands/fathers, legal aid for abused women, economic empowerment services and advocacy for legislation amendments. These NGO-run shelters are generally better able to address the needs of survivors, including those who are particularly marginalized, than government-run shelters. Even so, evidence suggests that women with disabilities, refugees and migrant women, women with health problems, refugee women and lesbian, bisexual and trans women still may face particular challenges accessing these shelters (see Chart 3.1, below).

Figure 3.8:
Access to NGO-run shelters[831]



829 ESCWA, LAU and UN Women, Status of Arab Women Report: Violence Against Women, What Is at Stake?, 2017.
830 ESCWA, UNFPA, ABAAD, and WAVE. Shelters for Women Survivors of Violence: Availability and Accessibility in the Arab Region, 2020, p. 46.
831 Ibid.

In addition to the important work of local women's organizations, the influx of international support in countries affected by conflict has in some settings resulted in a scale-up of training, data systems and programmes. Some approaches are innovative and show promise in improving the safety and welfare of survivors. For example, efforts have been made in a variety of settings to target government officials, in order to improve understanding of the importance of VAWG prevention and response as a part of sustainable recovery and development. In Jordan and Syria, international partners worked together with national governments to develop, respectively, a national action plan and a strategic framework for health sector response. In Lebanon UN agencies piloted a programme for health providers that involved whole-of-facility training on the clinical management of rape, with the goal of improving rape survivors' access to appropriate care; the building capacity of health care providers; and enhancing co-ordination with the Ministry of Public Health and the Ministry of Social Affairs.[832] Static and mobile 'safe spaces' are another intervention that supports access to women and girls, including hard-to-reach women and girls, with health and PSS services that have grown significantly in the whole of Syria region.[833]

Across the region, international actors are working with local partners to improve safe and ethical data collection. In one notable example, the international community has standardized research on VAWG in the Syrian crisis that supplements the annual humanitarian needs overview to ensure that voices of women and girls are integrated in humanitarian planning and funding.[834] International and national actors have also worked together in countries affected by the Syria crisis to improve the welfare of adolescent refugee girls and reduce their risk of child marriage through a variety of interventions that seek to foster change in social norms and communities' as well as attitudes to child marriage, to promote girls' education, and to advance the rights of the girl child.[835,836] In one example, UNICEF and UNFPA partnered to create the Regional Accountability Framework of Action to End Child Marriage in the Arab States/Middle East and North Africa (RAF) in 2018. The RAF supports girls through efforts in promoting participation, protection, empowerment and well-being as well as mitigating the impact of humanitarian crises on issues such as childmarriage.[837]

In terms of prevention of VAWG, there are reportedly efforts across the region that include community awareness, although no evidence of how these have generated change. Some work with religious leaders in Jordan related to including issues of VAWG in Friday sermons showed some effect on attitudes of those who listened to the sermons. An education and awareness project on FGM in the village of Tutakhal in the Kurdistan region of Iraq resulted in a 100 per cent reduction in FGM in the village.[838] However, more widescale work on social norms efforts to prevent VAWG have been relatively limited in the region.[839]

One notable area of innovation by local groups is harnessing technologies to safely and ethically enhance protections for survivors; this approach has proven particularly useful in addressing street sexual harassment. Efforts have been undertaken in multiple countries to use technology as a way to map incidents of sexual harassment, increase awareness of survivor services, and connect survivors with relevant providers, such as HarassMap and StreetPal in Egypt, Finemchi in Morocco, and SafeNes in Tunisia.[840] In Egypt, units have been established at government and

832 UNICEF, Case Study Lebanon, Whole-of-Facility CMR Training, 2017.
833 UNFPA, UNHCR, IRC, UNICEF, International Medical Corp, 2015. Evaluation of implementation of 2005 IASC Guidelines for Gender based Violence Interventions in Humanitarian Settings in the Syria Crises Response.
834 UNFPA and GBV AoR, Voices from Syria 2020: Assessment Findings of the Humanitarian Needs Overview, 2020.
835 UNHCR, Sexual and Gender Based Violence Prevention and Response in Refugee Situations in the Middle East and North Africa, 2015.
836 UNICEF, A Profile of Child Marriage in the Middle East and North Africa', 2018.
837 Ibid.
838 Stop FGM Kurdistan, 2012 See http://www.stopfgmkurdistan.org/html/english/updates/update017e.htm and http://www.wadinet.de/blog/?p=11248
839 ESCWA, LAU and UN Women, Status of Arab Women Report: Violence Against Women, What Is at Stake?, 2017.
840 ESCWA, Policy Brief: Technology as a tool to make cities safe and combat violence against women, 2019.

universities in order to deal with issues of sexual harassment.[841]

The COVID-19 Pandemic's Impact on VAWG Services. According to a recent report published by the UN, in most countries of the region, VAWG services were not considered as 'essential' during the pandemic, preventing an adequate response by service providers to the surge in VAWG. Mental Health and Psychosocial Support Services (MHPSS), shelters and other safe spaces, reproductive health services, and policing and justice services were temporarily suspended or severely curbed. However, good practices have emerged from some countries in the region in adapting their GBV programming to facilitate remote service delivery. In some instances, these remote services are being implemented for the first time, such as in Sudan and Egypt.[842]

For example, in an effort to provide access to victims of domestic abuse, Kaayan, a Palestinian women's rights organization based in Haifa created a WhatsApp hotline that victims can reach out to remotely for resources and services.[843] In Iraq a help desk was introduced in order to support frontline workers to provide VAWG referrals for cases that came forward.[844] A hotline and app were developed to provide counselling, case management, and legal support to those in need of VAWG services and resources in Jordan.[845] In another initiative in Jordan, UNFPA and UNHCR provided online learning sessions to guide frontline workers on how to adapt their services during periods of crisis, focusing on topics such as IPV and safety planning.[846] While shifting to remote services has been critically important, the transition has created many new challenges. Girls and women who need the services the most may not be able to access them because they do not have phones or the internet. It may also be especially difficult for girls and women who are quarantined inside the home to make calls. Other issues with remote servicing besides safety concerns include, poor telecommunications infrastructure, disrupted calls, lack of coverage, and electricitycuts.[847]

841 UNDP, UNFPA, UN Women, ESCWA, Gender Justice and the Law: Egypt, 2018.
842 UN Regional Issue-Based Coalition for Gender Justice and Equality, Violence Against Women and Girls and COVID-19 in the Arab Region, 2020, p.9.
843 Diana Alghoul, Trapped with domestic abusers: How Covid-19 lockdowns are endangering vulnerable women across the Middle East, 2020.
844 UNFPA, Gender-based violence donor advocacy brief on critical services during COVID-19, 2020.
845 Ibid.
846 Ibid.
847 UNFPA, COVID-19: UNFPA Best Practices and Lessons Learned in Humanitarian Operations in Arab Region, 2020.

ACCESS TO JUSTICE

Introduction

Access to justice is not only about being able to have a case tried in a court of law. Access to justice is defined as 'the ability of people to seek and obtain a remedy through formal or informal institutions of justice for grievances.'[848] According to the United States Institute for Peace, there is no access to justice where citizens (especially marginalized groups) fear the system, see it as alien, and do not access it; where the justice system is financially inaccessible; where individuals have no lawyers; where they do not have information or knowledge of rights; or where there is a weak justice system.[849] When marginalized groups, or those with lesser power, cannot expect legal protection or cannot access legal awareness, aid, law enforcement, and court adjudication, there is no justice. For women and girls, access to justice is fundamental to achieving gender equality in all areas of life. While access to justice for women and girls often focuses on justice related to crimes of overt violence, in reality access to justice is much broader. As articulated in the Muscat Declaration (2016),[850] gender justice goes beyond gender discrimination and violence 'to include mechanisms for accountability and redress for the disparate gaps between the sexes.'[851]

As this chapter will detail, women and girls generally have less control over or access to justice as compared to men and boys throughout the region; this is particularly pronounced under systems based on or influenced by religious law.

JURISPRUDENCE AND GENDER JUSTICE IN THE REGION

In the MENA and Arab States region, there is a variation of jurisprudence systems, with some countries using systems almost entirely based on religious texts and values (Saudi Arabia); the majority applying a pluralistic approach; and some stating legal processes are independent of religion (Tunisia). Conservative interpretations of religious law have been used as a justification for male dominance, although there have been some instances where more modernist interpretations of Islamic law have supported codification of women's rights, such as in Tunisia's 1957 Family Code and subsequent reforms, and in the 2004 Moroccan Moudawana.[852]

In systems influenced by more conservative interpretations of religious law, for example in legislation in Yemen, Egypt and Morocco, it is often the case that the value of two women's testimony is equal to the value of one man's testimony.[853] Moreover, a woman or girl's testimony alone may be insufficient to try a case. In Jordan, for example, although violence is grounds for divorce, it may be difficult for women or girls to be granted a divorce through the courts because two male witnesses must provide testimony verifying the violence.[854] In Libya, in the case of *zina* (defined in Islamic law as unlawful sexual intercourse), testimony from women and girls cannot be used to establish a

848 UNDP, 2004, cited by US Institute of Peace, https://www.usip.org/guiding-principles-stabilization-and-reconstruction-the-web-version/rule-law/access-justice; also see https://www.un.org/ruleoflaw/thematic-areas/access-to-justice-and-rule-of-law-institutions/access-to-justice/
849 See https://www.usip.org/guiding-principles-stabilization-and-reconstruction-the-web-version/rule-law/access-justice
850 See: https://www.unescwa.org/about-escwa/governing-and-advisory-bodies/ministerial-sessions/resolution/muscat-declaration-towards
851 UNFPA, UNDP, UN Women, ESCWA, Gender Justice and the Law: Assessment of Laws Affecting Gender Equality in the Arab States Region, 2018. p vii.
852 Dalacoura, Katerina, 'Women and Gender in the Middle East and North Africa: Mapping the Field and Addressing Policy Dilemmas at the Post-2011 Juncture', MENARA Final Reports, n. 3, 2019.
853 UNFPA, UNDP, UN Women, ESCWA, Gender Justice and the Law: Yemen, 2018.; UNFPA, UNDP, UN Women, ESCWA, 'Gender Justice and the Law: Morocco,' UNDP, 2018, p. 12; UNFPA, UNDP, UN Women, ESCWA, 'Gender Justice and the Law: Egypt,' UNDP, 2018, p. 20; *Women Living Under Muslim Laws*, 2006 as cited/quoted in UN Women, UNICEF, UNDP, Informal Justice Systems: Charting a Course for Human Rights Based Engagement. 2012, p. 107.
854 UNFPA, UNDP, UN Women, ESCWA, 'Gender Justice and the Law: Jordan,' UNDP, 2018, p. 18.

case for a *zina* crime.[855] These systems are typically male dominated. However, as the following section details, there is promising progress in women's representation in the legal field.

PRESENCE OF WOMEN IN THE LEGAL FIELD

Women as lawyers. Women's participation as lawyers in the legal/justice sector ranges from 55 per cent (of all lawyers) in Bahrain to 13 per cent in Morocco. Other countries in the region do not have data on this topic. A persistent challenge for female lawyers is that they tend to start their careers later in life (after childbearing), so may be less established than their male counterparts. They may also be discouraged from becoming prosecutors or defense attorneys because of norms and attitudes about women in engaging in 'hazardous' occupations.[856]

Women as police. In terms of women's participation in the legal/justice sector through the police, reports suggest that a number of countries—such as Lebanon, Oman and Yemen– have recently taken steps to start including women in their forces.[857] In some instances, as noted in the previous section on VAWG, police departments have set up desks specifically serving women and children, particularly related to cases of VAWG and violence against children. These specialized desks are an important step in supporting access to justice for women and girls.

SOCIO-CULTURAL NORMS AND PRACTICES UNDERMINING ACCESS TO JUSTICE FOR WOMEN AND GIRLS

While there is wide variation in justice systems in the region, evidence suggests that pathways to formal justice are often not conducive for women and girls. Social norms strongly discourage reporting, particularly in cases that involve family members. As noted previously, reporting can result in further harm to the female complainant, up to and including death through so-called 'crimes of honor.'

Even in cases where these physical risks to reporting are not overarching, there are other significant obstacles related to socio-cultural norms and practices in the MENA and Arab States region. For example, legal literacy is an issue for many females in the region, particularly in rural areas where there may be higher percentages of illiteracy among females generally. Norms that limit women's and girls' access to public information also contribute to their lack of understanding about their rights and about due process. Moreover, there is often a lack of information tailored to women and girls about their legal options.[858] Women and girls with disabilities are at an even greater disadvantage. A survey focused on women and girls with disabilities in the State of Palestine found that most women were either not aware of their rights or were unsure of how to actually access justice systems and programmes. These women reported feeling excluded from systems already in place, such as human rights institutions.[859]

Fees associated with accessing the formal justice system—including high costs of legal fees and litigation – may also be prohibitive for many women and girls in settings where norms and practices dictate that women and girls do not control their own finances. Fees are not only linked to the services themselves, but also to transport required to reach courts. This has been particularly noted as an issue for refugees and internally displaced persons living in camps and settlements, typically far away from state courts.[860] Other vulnerable groups are also affected by accessibility issues: data from Syria suggests that physical barriers can be exacerbated

855 UNFPA, UNDP, UN Women, ESCWA, 'Gender Justice and the Law: Libya,' UNDP, 2018, p. 14
856 OECD, Women in Public Life–Gender, Law and Policy in the Middle East and North Africa, 2014, p. 16.
857 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
858 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
859 Birzeit University, Disabled women's access to formal justice: A study on the situation of women with disabilities in the occupied Palestinian territories, and in Palestinian refugee camps in Lebanon, as to the renewal of intervention strategies. (Arabic), 2013.
860 UN Women, Accountability for Sexual Violence in Conflict: Identifying Gaps in Theory and Practice of National Jurisdictions in the Arab Region, 2018.

for older persons or persons with disabilities due to barriers of either getting to or entering a facility.[861]

Perhaps most importantly, socio-cultural norms mean that males dominate the legal/justice system, and the majority of these sector actors—from police, to lawyers, to court officials and judges – tend to reinforce social stigma associated with women and girls appealing to the courts for their rights.[862] A 2018 Oxfam study of access to justice in Egypt, Jordan, Lebanon, and Yemen found that going to court is considered a last resort for women, and if they do go to court it is more often for resolving disputes related to personal status matters.[863] The study also found that judges presiding over personal status circuits are often male. Despite some efforts in the region to train the judiciary on women's and girls' rights and protections under the law, these judges do not often understand the differential needs and social realities of female defendants and have a limited understanding of gendered aspects to justice.

Judges may also lack knowledge about changes in the law related to women's and girls' rights and protection, including reforms to personal status codes, penal codes and increased protections for women and girls against violence.[864] This includes knowledge about international commitments such as CRC and CEDAW. In some instances, the physical layout of the court requires survivors to encounter their perpetrator in the waiting room.[865] In Egypt, in order to be witnesses, a woman or a girl must identify her aggressor, forcing her to confront him.[866]

In other instances, courts will refuse cases that are linked to domestic issues. In the Palestinian system, for example, prosecutors, police, and the judiciary may refuse to classify IPV or other forms of domestic violence as crimes because of concerns about family unity; or they may refuse to grant women and girls rights and protections that are explicit in the law by arguing that they are in conflict with tradition.[867] A lack of training for medical and police forces can also leave women and girls vulnerable for reprisal or stigmatization for reporting their case.[868] These conditions further undermine women's and girls' confidence in the legal/justice system.

As such, it is not uncommon for women and girls to choose to have issues addressed through informal or customary justice systems rather than through formal courts. In Libya, a survey found that women were twice as likely as men to resolve violent crimes through their family network.[869] Tribal and/or traditional laws and processes are also used to adjudicate complaints and resolve conflict. In parts of Somalia, Yemen, Sudan, and Djibouti most people rely on customary law mechanisms.[870]

A common form of these traditional dispute-settling informal justice systems in the MENA and Arab States region is through the rituals of settlement (*sulh*), reconciliation (*musalaha*) and mediation (*wasata*).[871] These rituals are linked to traditional practices of conflict resolution. The use of laws based on interpretations of shari'a often leaves legal matters–especially family law–in the hands of religious figures.[872] Due to socio-cultural norms generally associated with religious practices in the region, this can lead to discriminatory rulings against women and girls. *Sulh* is not accepted in

861 UNFPA and GBV AoR, 2020. Voices from Syria 2020: Assessment Findings of the Humanitarian Needs Overview, 2020. p. 55.
862 UNDP, UNFPA, UN Women, ESCWA, Gender Justice and the Law: Yemen, 2018.
863 Oxfam, The Cost of Justice: Exploratory Assessment on Women's Access to Justice in Lebanon, Jordan, Egypt and Yemen, 2018. Available at: https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620488/rr-womens-access-to-justice-mena-040618-en.pdf?sequence=4.
864 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
865 UN Women, Accountability for Sexual Violence in Conflict: Identifying Gaps in Theory and Practice of National Jurisdictions in the Arab Region, 2018, p. 8.
866 EuroMed Rights, Egypt: Report on Violence Against Women in Egypt, 2016, p. 4.
867 UNDP, UNFPA, UN Women, ESCWA, Gender Justice and the Law: Palestine, 2018.
868 IAU Iraq, 2010. Violence Against Women in Iraq Factsheet, p. 2 https://www.refworld.org/pdfid/4cf4a67d2.pdf
869 UN Women Libya and UN Women Regional Office for the Arab States, 'The Economic and Social Impact of Conflict on Libyan Women Recommendations for Economic Recovery, Legal Reform and Governance for Gender-Responsive Peacebuilding.' 2020.
870 UNDP, UNFPA, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
871 ESCWA, The State of Gender Justice in the Arab Region, 2017, p. 30.
872 UN Women, UNICEF, UNDP, 'Informal Justice Systems: Charting a Course for Human Rights Based Engagement,' 2012.

all countries, such as in Morocco, where it is not recognized by the formal judicial system as a legal practice in family dispute resolution. However, in Jordan *sulh* is accepted by formal judicial institutions, with some judges being trained in tribal reconciliation.[873]

While the goal of these traditional mechanisms is to arrive at an amicable settlement to a dispute, it is often the case that traditional or customary justice is administered by elderly men. In emphasizing consensus, compromise, and reconciliation, these processes do not tend to support or favor the individual rights of women and girls, but rather the traditional patriarchal systems that undermine these rights. Customary systems are even less suited to addressing the needs of female refugees or internally displaced persons, or others who belong to marginalized groups.[874] In addition, these systems typically lack monitoring and oversight mechanisms.[875]

A number of countries in the region have introduced constitutional courts as a strategy for supporting the rule of law at the national level. These courts have the potential to support women's and girls' rights and gender equality enshrined in countries' constitutions by ensuring constitutional provisions are enforced in interpretations of domestic law—including personal status laws. However, these courts restrict access to individuals; for example, in countries such as Jordan and Lebanon, citizens do not have the right to directly apply to the court to clarify their constitutional rights to equality.[876]

Services and Programmes that Support Access to Justice

Considerations of women's particular rights and needs remain limited in terms of access to justice, and progress tends to be in terms of success in individual cases rather than systemic change.[877] Moreover, information about access to justice for women and girls tends to be skewed towards issues of violence, so that it is difficult to understand some of the broader areas of progress for women and girls related to gender justice.

With these caveats in mind, there nevertheless appears to be gradual advancements in programming to support access to justice for women in the MENA and the Arab States region (see Table 3.9). Civil society organizations and women's rights networks have made considerable gains in many countries in the region in ensuring greater government responsibility and oversight related to the issue of women's access to justice, particularly through attention to access to justice in policies and action plans related to gender mainstreaming, VAWG, and peace and security—even if, as noted previously, implementation remains weak and is rarely survivor centered.

In several countries, legal aid services for women are provided by a combination of government services, bar associations and/or CSOs that can include advice, representation, and legal literacy (e.g. Bahrain, Egypt, Iraq, Jordan, Lebanon, State of Palestine, Syria, and Tunisia). In some settings, such as Lebanon, these services are often free of charge, but their availability may be hampered by the lack of continuity in funding.[878] In Oman, the Ministry of Social Development provides female social workers to women utilizing the personal status courts, and booklets have been developed to help women understand their legal rights.[879]

873 ESCWA, The State of Gender Justice in the Arab Region. 2017, p. 30.
874 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region 2019.
875 UNFPA, UNDP, UN Women, ESCWA, Gender Justice and the Law: Palestine, 2018.
876 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
877 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019, p. 17.
878 Lebanese Republic, 'The Official Report on Progress made in the Implementation and Identification of Challenges to Implement the Beijing Platform for Action,' Beirut, 2019, p. 40.
879 UNFPA, UNDP, UN Women, ESCWA, Gender Justice and the Law: Oman, 2018.

In general, public legal aid services are not well funded in the MENA and Arab States region, and the quality is reportedly variable.[880] Where government-funded legal aid is available, it is usually provided under strict eligibility criteria. In some countries, government-funded legal aid is only provided for defendants in criminal cases.[881] In other countries,governments services may reinforce traditional values and processes, for example, some countries have established mechanisms that are meant to provide an alternative to formal or customary courts. In Oman, Mediation and

Reconciliation Committees have been designated to resolve of family disputes.[882] The services are free of charge and require consent of both parties to participate. In Jordan, police forces offer reconciliation and rehabilitation programmes, many of which commonly order perpetrators to pledge to no longer abuse the survivor.[883] These approaches

Table 3.9:
Actions to Ensure Equal Access to Justice For Women

	Yemen	Egypt	Lebanon	Jordan	Morocco	Bahrain	State of Palestine	Kuwait
Provision of free legal aid services in areas related to family and civil law	•	•	•	•		•	•	
Establishment of non-judicial mechanisms to protect women's and human rights, such as Human Rights and Commissioner or Ombudsman offices	•	•		•		•	•	
Encouraging independent women's advocates, shelter workers, sexual assault and rape crisis advocates, employees in women's centers, to help women understand their rights		•		•		•	•	
Mandatory annual reporting to Parliament on women's access to the judiciary						•		
Implementation of a free phone service that provides legal advice and information in several languages		•		•		•	•	
Provision of safe and quality childcare services during legal advisory sessions		•						•
Total:	2	5	1	4	2	0	4	1

Source: OECD-MENA Survey on National Gender Frameworks, Gender Public Policies and Leadership (updated in 2014).

880 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
881 Ibid.
882 UNFPA, UNDP, UN Women, ESCWA, Gender Justice and the Law: Oman, 2018.
883 ESCWA, The State of Gender Justice in the Arab Region, 2017.

still manifest values of social and familial cohesion over the welfare of individual women and girls, and as such may reinforce norms that undermine women's and girls' rights and put them at further risk.

In settings where women and girls are at high risk of violence, or where they have been seen to transgress norms, there is the possibility of being put into 'administrative detention.' Sometimes also referred to as protective custody, administrative detention describes situations where a person is held and deprived of liberty without trial or access to legal support. For women and girls in the MENA and Arab States region, this can be a way to enforce patriarchal systems. In 2019, Amnesty International reported that in Jordan, administrative detention is still being applied to women and girls who have relationships outside of marriage, leave home without the permission of male guardians, or other perceived violations that deprive women and girls of their basic rights.[884]

Mandatory reporting to police of sexual violence can further the risk for administrative detention.[885] Detention has also been a way to quell women's and human rights defenders who advocate for justice, alongside other human rights issues.[886] In contrast to this, and particularly in order to facilitate care and support to women and girls who suffer crimes of violence, survivor-centered shelter programming is on the rise in some countries in the region. Legal services are an integral part of shelter care. However, as noted previously, some of these shelters also support traditional mediation and reconciliation rather than access to formal justice.[887]

Services to promote access to justice for particularly marginalized women and girls, including IDP and refugee groups, appear to be quite limited. Female migrant domestic workers are one group at particular risk in the MENA and Arab States region as a result of the *kafala* system, and for whom access to justice is virtually non-existent. As referenced previously, those who attempt to flee situations of exploitation and abuse risk have their visas voided. Those caught by the police may be held in detention before being deported, which in turn may put them at risk of exposure to violence by police and other security forces.[888] Female migrant domestic workers who manage to escape detection by the authorities become undocumented workers—further exacerbating risks.

Adolescent girls in particular face multiple barriers to access to justice in the region. In some countries, girls do not have access to justice systems due to age barriers. For example, in Libya, one must be 18 years of age in order to institute criminal proceedings, forcing survivors to rely on legal guardians to proceed.[889] Services that provide legal assistance directly to adolescents can help mitigate these factors. Sudan established the Family and Child Protection Units within the police in 2007 as a multi-sectoral protection service for children, with services including investigation and follow-up of cases, counselling, forensic services and referral to health, social and/or legal services. However, evidence suggests that in response to VAWG reports, Sudanese police may reinforce societal norms of encouraging reconciliation and family resolution practices, and stigmatization still occurs.[890]

Several national and international NGOs and international organizations have scaled up efforts to provide legal aid services in conflict-affected areas, particularly in relation to child marriage, nationality laws and personal legal documentation for refugees, as well as IPV and other forms of domestic violence. In Jordan, UNICEF provides legal services and assistance to help mitigate the impact of child marriage for girls.[891] UNHCR,

884 Amnesty International, Imprisoned Women, Stolen Children, 2019.
885 Wadi, Asmahan, Review of Health, Justice and Police, and Social Essential Services for Women and Girls Victims/Survivors of Violence in the Arab States: Jordan, 2018.
886 Amnesty International, Human Rights in the Middle East and North Africa: Review of 2018, 2019.
887 ESCWA, UNFPA, ABAAD, and WAVE, Shelters for Women Survivors of Violence: Availability and Accessibility in the Arab Region, 2020.
888 Global Detention Project and Migrant-Rights.org, 2018, cited in Auon, R.
889 Akiki, Anne-Marie, Adolescent Girls Assessment Report Tripoli, Libya, March- April 2019. Norwegian Refugee Council, 2019.
890 UNFPA, 'Sudan: Review of Health, Justice and Police, and Social Essential Services for Women and Girls Survivors of Violence in the Arab States,' 2020, p. 12-13.
891 UNICEF Jordan, 'Plan of Action: Early Marriage,' 2015.

UNICEF and others also support services related to civil documentation for refugees; these can have far-reaching impacts in facilitating access to justice, by reducing statelessness and ensuring the right to legal aid and ability to access courts. Civil documentation is important for all refugees, but can have particular value for women and girls in reducing their exposure to violence and exploitation and accessing justice.[892]

In the West Bank, NGOs provide Palestinian women and girls legal advice, court representation, social support, and emergency and long-term shelter. In Somalia, NGO legal aid providers provide court representation for female survivors of violence, assisting with prosecutions and alternative dispute resolution through the customary system.[893] However, legal support in conflict settings can be complex—particularly for survivors of conflict-related sexual violence—due to protection issues, especially if the government is complicit in the crimes. Experts have noted that the implementation of transitional justice programming may allow survivors to anonymously report conflict-related sexual violence crimes, such as the case in Tunisia.[894]

Women and girls in conflict settings may be subject to arbitrary detention, where they are denied access to judicial services. In a detention center in Libya, migrant, refugee and asylum-seeking women and girls were reportedly held (frequently for unknown reasons) for prolonged periods of time without any legal access or the ability to challenge their detainment. Many were also held without the presence of female guards, exposing them to sexual harassment and violence.[895]

Many countries have human rights institutions that can serve as mechanisms to advance the rule of law in relation to women and girls' rights and protection. As of November 2019, the Global Alliance of National Human Rights Institutions, in compliance with Paris Principles,[896] has accredited five countries in the region with 'A Status' meaning they are fully compliant with the Paris Principles (Egypt, Jordan, Morocco, State of Palestine and Qatar) and six other nations with 'B Status' meaning they are partially compliant with the Paris Principles (Algeria, Bahrain, Iraq, Libya, Oman and Tunisia).[897] Djibouti and Sudan have yet to request their accreditation.[898] Reports from Iran[899] and Saudi Arabia[900] suggest they also have or are establishing national human rights institutions. While not all institutions have the same responsibilities or capabilities, the activities of Bahrain's National Human Rights Institution provide an example of their scope: monitoring cases of human rights violations, conducting the necessary investigation, drawing the attention of the competent authorities to them, submitting proposals related to the initiatives aimed at putting an end to these cases, and receiving complaints concerning human rights, research and study them.[901] Most of these institutions mention gender equality as a goal; however, it is not clear the extent to which these mechanisms are utilized by and for women and girls. Nevertheless, these institutions may be an important entry point to build access to justice for women and girls.

892 Bell, Emma, Gender-Based Violence Risks and Civil Registration in Humanitarian Contexts. GBV AoR Helpdesk, 2020.
893 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
894 UN Women, 2018. Accountability for Sexual Violence in Conflict: Identifying Gaps in Theory and Practice of National Jurisdictions in the Arab Region, p. 13. https://www.arabstates.undp.org/content/rbas/en/home/library/Sustainable_development/-sexual-violence-in-conflict--identifying-gaps-in-theory-and-pra.html
895 United Nations Human Rights Office of the High Commissioner, 'Abuse Behind Bars: Arbitrary and unlawful detention in Libya,' UNHCR, 2018.
896 See: https://www.ohchr.org/en/professionalinterest/pages/statusofnationalinstitutions.aspx.
897 Global Alliance of National Human Rights Institutions, Chart of the Status of National Institutions Accredited by the Global Alliance of National Human Rights Institutions, 2019.
898 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019.
899 Iran Office of International Affairs, Iranian Women 25 Years after the Beijing Action Plan (Beijing +25), 2019.
900 Family Affairs Council Kingdom of Saudi Arabia, 2019. Report on Progress and Existing Challenges on the Implementation of the Beijing Platform for Action (BPfA), 2019.
901 Supreme Council for Women, the Kingdom of Bahrain, The National Report of the Kingdom of Bahrain Regarding the Progress of Implementing the Beijing Declaration and Platform for Action 2020, 2019, p. 92.

PILLAR 4:

PARTICIPATION AND LEADERSHIP

OVERVIEW AND KEY CONSIDERATIONS

Women's participation and leadership in the MENA and Arab States region have historically been obfuscated, despite decades of community involvement, activism at the national and international levels, and formal and informal political engagement. During the past decade, however, women's formal engagement has gained greater focus and traction, often transgressing the invisible barrier between the public and private spheres. Despite this momentum, challenges remain, none the least of which is the COVID-19 pandemic that has widened gaps between men and women in terms of employment, care work, perceived family obligations and, in some cases, actively curbed women's access to the public sphere.

This chapter focuses on women's agency at the household level as well as in public life, including engagement in civic society, activism, government, politics, and peace and security. From a legal perspective, inequality at the household level is codified through personal status laws. Additionally, household decision-making is often beholden to conservative socio-cultural norms and expectations resulting in women exerting less autonomy and power within the family, though this is not an absolute.

Community and national level civil society participation remains an important avenue for women to engage in leadership, however entry points, such as female youth's ability to participate in civic engagement, is limited by both conservative social norms and lack of opportunities to participate. Since the uprisings over a decade ago, women and girls' prominence in protests movements is now better documented, as is their formal political engagement (despite globally low rates of participation in the region). However, this has not translated into substantial and sustainable engagement. Notably, this increasing visibility has also resulted in increasing violence and harassment.

In a region overwhelmed by conflict and occupation, women continue to lead efforts related to peace and security. While the acceptance of the Women, Peace and Security agenda has been gaining prominence at the grassroots and institutional levels in the MENA and Arab States region, women's main venue for influencing policy, peace processes and transitional justice processes continues to be through civil society and work at either the community level or at the international level, with serious omissions at the national level.

KEY CONSIDERATIONS

Moving forward, key recommendations include:

- Adopt legislation and policies that facilitate women's political participation, including gender-based quota systems for seats in national parliament and local government level or gender-based quota systems for candidate lists for national parliament that meet the international standard of 50 per cent.
- Adopt and enforce legislation explicitly outlawing violence against women in politics and/or elections.
- Remove legal and financial restrictions on the work of civil society organizations and enforce protection of all women's human rights defenders.
- Enhance partnerships with civil society organizations and other non-governmental actors and ensure adequate funding for services provided by civil society organizations.
- Develop and implement policies and programmes, including in schools, to engage youth and provide safe physical and online spaces for young women to participate in volunteerism and local communities.
- Review school curricula and textbook contents to eliminate socio-cultural gender stereotypes and to stimulate a culture of equality between women and men by presenting progressive and affirmative images of women to reflect their dynamic positions, multiple roles and identities in the household and in public life.
- Ensure transparent and complete reporting of women's participation in all areas of public life, including in the public service, in line with international standards and methodologies developed by Sustainable Development Goal indicators (women in local governance).
- Ensure regular data collection of national statistics on women's participation in decision making at the household level and in the public sphere.
- Initiate qualitative research to understand household decision-making dynamics, as well as research into women's participation in activism and politics at the local and national levels, in order to better understand and address barriers to leadership.
- Introduce policies and programmes and allocate adequate resources that address the unequal division of labour and gender stereotypes within households.
- Increase resource allocation to the Women, Peace, and Security agenda and the development of National Action Plans.
- Fund local civil society organizations to implement identified activities within Women, Peace, and Security National Action Plans in order to increase the oversight capacity of relevant ministries (often the Ministry of Women's Affairs).
- Create a safe environment for women to participate and actively engage in peace processes.
- Mainstream gender into all transitional justice processes at all levels.

Situational Analysis of Women and Girls in the MENA and Arab States Region: Pillar 4 Participation and Leadership Key messages and Recommendations

OVERVIEW

Women's participation and leadership in the MENA and Arab States region have historically been obfuscated, despite decades of community involvement, activism at the national and international levels, and formal and informal political engagement. Despite improvement in women's formal engagement during the past decade, challenges remain, none the least of which is the COVID-19 pandemic that has widened gaps between men and women in terms of employment, care work, perceived family obligations and, in some cases, actively curbed women's access to the public sphere.

POLICY GAPS

Whilst many countries in the region have lifted reservations made to paragraph 4 of article 15 of CEDAW related to equal rights to choosing one's residence, as well as lifted any legal restrictions on women's mobility, some countries of the region still have legal provisions within the personal status law which may limit women's ability to travel as compared to a man. Space for participation is limited by laws that have restricted the freedoms of assembly, association and expression in some countries. As such, women's rights activists and organizations have experienced backlashes resulting in increased insecurity and a narrowing of human rights.

Adopt legislation and policies that facilitate women's political participation, including gender-based quota systems for seats in national parliament and local government level or gender-based quota systems for candidate lists for national parliament that meet the international standard of 50 per cent

SYSTEM BARRIERS

Across the region, women have yet to reach parity with men at any level of government. Besides gender bias and stereotypes which informs such decisions, evidence shows an overall poor levels of transparency and lack of fairness in appointments. In many countries, women are appointed into ministries dedicated to issues of women and children. Although there are some occasional outliers, often women are assigned as ministers in NWMs, social development or what is termed as "soft ministries", which is further disempowering. The lower proportion of ministerial-level positions held by women may be interpreted as women holding less political power. In many countries in the region, disproportionate power is held in the executive (including the ministries) and, as such, fewer women ministers means less voice for women where decisions are being made.

Ensure transparent and complete reporting of women's participation in all areas of public life, including in the public service, in line with international standards and methodologies developed by Sustainable Development Goal indicators (women in local governance

NORMS

Gender bias is significantly more prevalent in the region among males and females than the worldwide average; 75% women and 90% of men in the region versus global level of 53% of women and 64% of men. This exacerbates traditional gender roles, with homemaking and caretaking being held in high regard. Perceptions of women as leaders, and especially political leaders, are significantly more negative in the region as compared to global statistics. Low civic engagement is caused by traditional age-based hierarchies, disillusionment in engagement with civic action, a lack of safe spaces, and/or a wariness of foreign sponsored programming.

Introduce policies and programmes and allocate adequate resources that address the unequal division of labour and gender stereotypes within households.

EMERGENCY SETTINGS

Female-headed households are more prevalent in conflict zones or displacement settings, where families have been forced to flee, often without a male figure who may or not be involved in the conflict. Since COVID-19, NWMs have been positively engaged in pandemic responses concerning economic relief. For women's NGO, the pandemic led to worsen working conditions, mobility restrictions, decrease in resources and increased surveillance

Create a safe environment for women to participate and actively engage in peace processes.

HOUSEHOLD DECISION-MAKING

Issues at the household level often influence the most basic and most important decisions that families make, such as decisions to start a family, health care, child and elder care, employment, spending habits, residency, and migration. There are still many barriers preventing women from exercising full autonomy. More than half of the married respondents in the region believes that a husband should always have the final say on family decisions. Young people feel left out from public life, for many girls, this sense of disempowerment begins at home, where decision-making power is often severely restricted.

Initiate qualitative research to understand household decision-making dynamics, as well as research into women's participation in activism and politics at the local and national levels, in order to better understand and address barriers to leadership.

LIMITED OPPORTUNITIES FOR ADOLESCENT ENGAGEMENT

There is limited data on children engagement in extracurricular activities within schools, however country based anecdotal reports indicate limited opportunities. Data from National Scout Organization for the Arab countries refer to around 150,000 scouts with girl participation ranging from zero percentages in several countries to more around 30% in Qatar, Palestine to around 40% in Algeria, Lebanon, Oman and 50% in Iraq and Libya. Based on data collected through NGO and UN partners data systems, approximately 1 million adolescents and youth in in the MENA region, lead and/or involved in civic and economic engagement programmes.

Develop and implement policies and programmes, including in schools, to engage youth and provide safe physical and online spaces for young women to participate in volunteerism and local communities.

CIVIC ENGAGEMENT

Civic engagement among young people – both men and women – in the region is the lowest in the world. Only 15% of girls and 22% of boys volunteered in their communities. A larger percentage of youth are a member of a civic organization, however the gap between women and men is relatively large: an average of 13% of women and 22% of men are members of civic organizations. Female youth's ability to participate in any type of civic engagement is limited by both traditional norms around gender, age and lack of opportunities to participate. The shrinking civic space is hampering women's effective participation in civil society.

Enhance partnerships with civil society organizations and other non-governmental actors and ensure adequate funding for services provided by civil society organizations.

CIVIL SOCIETY

Women play an influential role in public life outside formal public institutions through their involvement in women's organizations and feminist movements, as well as in other civic engagement, including the media, labour unions and academia. Through these channels, women and gender equality advocates successfully promote legislation and mechanisms to advance gender equality and to eliminate laws that are discriminatory against women. They play a critical role in requiring decision makers to be accountable for upholding the human rights of women and girls. The Arab uprisings provided an environment in which women challenged stereotypes and broke cultural norms by participating in public, data records over 370 women-led protests in the MENA and Arab States region since 2015.

Remove legal and financial restrictions on the work of civil society organizations and enforce protection of all women's human rights defenders

PEACE AND SECURITY

Through peace processes around the world, it has been shown that the inclusion of women is central to creating meaningful and lasting peace. As of 2019, only seven country-level action plans for Women, Peace and Security have been passed: Iraq, the State of Palestine, Jordan, Tunisia, Lebanon, Sudan and Yemen. Women's civil society in the region also has a significant role in WPS agenda. Additional efforts need to be made in the implementation of the WPS agenda, primarily through the empowerment of responsible institutions, such as NWMs, including through funding. More efforts are also needed to engage younger women groups in the process.

Fund local civil society organizations to implement identified activities within Women, Peace, and Security National Action Plans in order to increase the oversight capacity of relevant ministries (often the Ministry of Women's Affairs).

TRANSITIONAL JUSTICE

Only a handful of impacted States have managed to use transitional justice processes to increase stability and reform legislation and institutions. Several states reformed their constitutions as part of transitional processes, often with input from women's organizations and activists; this was seen in Egypt, Morocco, Tunisia and Yemen.

Mainstream gender into all transitional justice processes at all levels.

WOMEN IN MINISTRIES

No country has enacted a quota for women ministers, and the percent of women ministers varies from zero to 50%. At the executive level, in cabinet or ministerial level positions, women have been making gains. However, women have yet to reach parity with men at any level of government. Most countries in the region have less than 15% of ministerial level positions filled by women; fewer women ministers mean less voice for women where decisions are being made. Often women are assigned as ministers in NWMs, social development or what is termed as 'soft ministries', further disempowering them. The overall rate for the region of women in judiciary is the lowest in the world. While there are no laws in the region that prohibit women from becoming judges or lawyers, social norms in many countries discourage women from working and/or pursuing a career in the legal field. In some settings, however, significant gains have been made in women's representation in the legal/justice sector due to targeted efforts to support legal education and establish quotas for females in the legal/justice sector. At the same time, several initiatives at the regional level helped to develop networks of women judges, led by organizations such as Arab Women's Legal Network, Centre of Arab Women for Training and Research, the International Commission of Jurists, and the International Development Law Organization.

POLITICAL PARTICIPATION AND REPRESENTATION

In all countries, women have been granted the right to vote. However, women are between 6-18% less likely than men to vote. In some countries, the process of registration and identification can cause issues for women. The social and cultural norms surrounding women in politics are largely similar throughout the region and play a crucial role in impacting decisions women make with regards to participating in the political process. Perceptions of women as leaders, and especially political leaders, are significantly more negative in the region as compared to global statistics. More than 90% of men in the region believe that men make better leaders and do not agree that women's rights are essential, as compared to a global average of 64%. Violence against women in politics is another reason for limited participation, around 80% of women parliamentarians in the Arab region were exposed to one or more forms of violence, and 32% reported experiencing harassment on the internet or social media. The implementation of quotas has been a significant way that Arab States have been able to ensure women's participation in the electoral process. 33% of countries in the region have legally mandated candidate quotas and 58% have reserved seats in the legislative body.

Adopt legislation and policies that facilitate women's political participation, including gender-based quota systems for seats in national parliament and local government level or gender-based quota systems for candidate lists for national parliament that meet the international standard of 50 per cent.

Situation of Leadership and Participation – Key Highlights

POLICIES/ LEGISLATIVE

Space for participation is limited by laws that have restricted the freedoms of assembly, association and expression in some countries

Only 7 countries comply with NAP for WPS

Implementation of quotas to ensure women's participation in the electoral process.

Women need permission from a guardian to marry

In 14 countries, married women are restricted from freely traveling within their country

SYSTEMS/ INSTITUTIONS

Poor levels of transparency and lack of fairness in appointments

National Women's Machineries experience inadequate funding

No gender parity at any level of government

Women's civil society in the region has actively engaged with the WPS agenda

Limited funding for NAP for WPS specially in emergency

NORMS

Gender bias in the region is at 75% of women and 90% of men, in comparison to global level of 53% of women and 64% of men

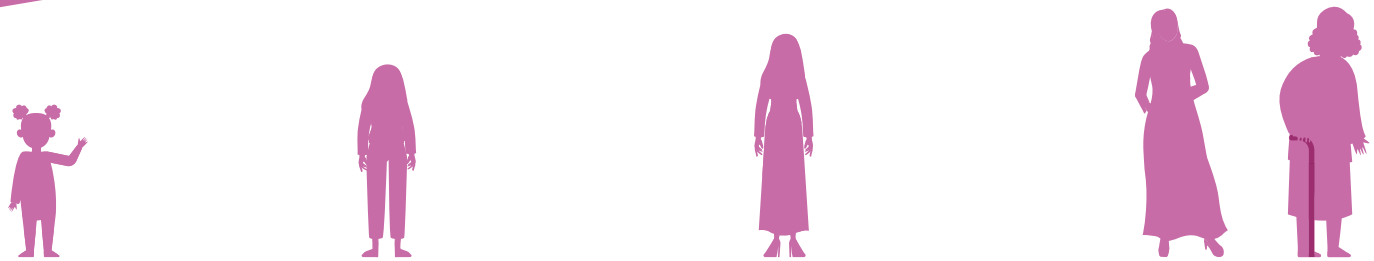
Female youth's ability to participate in civic engagement is limited by traditional gender norms and lack of opportunities

50% of married population believes a husband should always have the final say on family decisions (10% more likely in rural areas)

Marriage brings sociocultural norms, leading women more often than men to choose not to work outside the home

Male perceptions of women as leaders are significantly more negative in MENA as compared to global statistics (90% versus 64%)

Gaps between men and women in terms of employment and perceived family obligations curb women's access to the public sphere



EMERGENCY SETTINGS

Conflict is amplifying the quality of learning crisis and reinforcing already-existing inequalities within the formal education system. Marginalized groups of children, including girls and young women, are disproportionally disadvantaged. Access to education in emergency remains a challenge; including damaged or destroyed schools.

ISSUES

Around 60% engaged In ECD activities at household level

Limited evidence on opportunities and utilization of extra curricula activities

Girls disempowerment and feeling of being outside of public life begins at home, where decision-making power is often severely restricted

Civic engagement among youth is the lowest in the world with volunteerism at 9% and member of civil society 13%

Education level increases opportunity for equitable partnerships that share domestic duties

Limited opportunity to get transferable skills

Limited autonomy and decision-making power at household level

Women in the region are between 6-18% less likely than men to vote

On average, women feel less safe in their cities than men (increased in emergency)

Women in judiciary is the lowest in the world (range from 55% in Bahrain to 13 % in Morocco

Marriage can reinforce stereotyped gender roles which impacts women's decisions regarding work and public life

Increased income correlates with freedom to make decisions in life

The burden on women of unpaid care work and domestic work is a barrier to participation in the labour force

3 in 5 satisfied with freedom of choice

Introduction

This pillar addresses women's and girls' participation and leadership in home life and in public life, covering a wide-range of topics, from household dynamics to community engagement to public office to conflict negotiations and peace making. While this chapter aimed to provide a far-ranging analysis of women's participation, several limitations emerged. Little data has been gathered on women at the local level, including participation in municipal bodies, tribal or community boards and governing councils, at the mayoral level, or other local boards. Additionally, literature has not explored the resources, or lack thereof, available to women seeking to participate in political processes. The role of women in peace and security is also explored in this pillar; however, there are few resources that address the explicit ways that women have participated in such efforts in the region (especially as military or law enforcement personnel). Several specific negotiations and reconciliation processes are on-going in the region, and as such, the role of women in resolving those conflicts is yet to be seen.

This pillar, in particular, also struggles with the varied systems of governance in the region, with varying levels of public participation. This wide spectrum of governing styles and available opportunities for women in public life make regional analyses difficult. Despite these challenges, this chapter provides a regional snapshot of the role of women and girls in public life. According to the World Economic Forum's Global Gender Gap Report, the region has on average closed the gap between men and women by nearly 6 per cent, measured by four categories: economic participation and opportunity, educational attainment, health and survival, and political empowerment.[902]

Table 4.1 outlines the ranks and scores of countries in the region according to gaps between men and women in the four categories listed above. The region saw some progress towards closing the gender gap, however no country in the region ranked higher than 120 out of the 153 countries included in the report. Poor scoring in all four categories, in addition to ongoing conflict and lower health outcomes contribute to its low ranking. For a more detailed exploration of women and girls in the workforce, see Pillar 2.

902 World Economic Forum, 'Global Gender Gap Report 2020.'

Table 4.1:
World Economic Forum – Global Gender Gap Report

ESCWA Category	Country	2006 Rank	2006 score	2020 Rank	2020 score	per cent increase
GCC	Bahrain	102	0.589	133	0.629	6.79 per cent
	Kuwait	86	0.634	122	0.65	2.52 per cent
	Oman			144	0.602	
	Qatar			135	0.629	
	Saudi Arabia	114	0.524	146	0.599	14.31 per cent
	UAE	101	0.592	120	0.655	10.64 per cent
Sub-Regional Average			*0.585*		*0.627*	*8.57 per cent*
LDC	Djibouti			no data		
	Somalia			no data		
	Sudan			no data		
	Yemen	115	0.459	153	0.494	7.63 per cent
Sub-Regional Average			*0.459*		*0.494*	*7.63 per cent*
Maghreb	Algeria	97	0.602	120	0.634	5.32 per cent
	Libya			no data		
	Morocco	107	0.583	143	0.605	3.77 per cent
	Tunisia	90	0.629	124	0.644	2.38 per cent
Sub-Regional Average			*0.605*		*0.628*	*3.82 per cent*
Mashreq	Egypt	109	0.579	134	0.629	8.64 per cent
	Iran	108	0.58	148	0.584	0.69 per cent
	Iraq			152	0.53	
	Jordan	93	0.611	138	0.623	1.96 per cent
	Lebanon			145	0.599	
	State of Palestine			no data		
	Syria			150	0.567	
Sub-Regional Average			*0.59*		*0.589*	*0.001 per cent*

Household-level Participation, Leadership, and Autonomy

In discussing household-level participation and leadership, it is first important to define the parameters of what is meant by household-level. In general use, this means that a household includes the people who live in a single residence, co-mingle resources and food, and generally accept a common head-of-household.[903] Given the varying dynamics of family structure impacted by the legality of plural marriage in many countries as well as migration and refugee movements throughout the region, definitions of households may vary greatly, making statistics and study at the household level quite difficult. The information presented at the household level, therefore, is based on best estimates for the region and as reliable statistics as are possible, and on qualitative data gathered throughout the region that represents the varied experiences of women and girls.

It is also important to highlight the presence of female-headed households, which may include rates of widow-headed households, divorced households, or other households in which there is no existing male head of family (such as due to migration). It is often thought that females heading households have more decision-making powers or are more empowered. However, this may not be true as it should be contextualised and read with other trends such as migration or conflict.

Female-headed households tend to be more prevalent in conflict zones or displacement settings, where families have been forced to flee, often without a male figure who may or not be involved in the conflict. While data is still sparse on this, indications from Lebanon show that areas with large numbers of Syrian refugees do have a larger percentage of female headed households: the Baalbek-Hermel region (near the Syrian border) has a rate of 32 per cent female-headed households, as compared to Beirut at 7.3 per cent.[904] In the case of Egypt and Jordan, while the high number maybe due to the inclusion of Syrian women refugees but it may also be related to the high number of husbands migrating for work opportunities. The structure of

Table 4.3:
Percentage of female-headed households

Country	per cent female-headed households (%)
Egypt	13
Jordan	13
Yemen	8

Source: Yemen DHS (2013), Egypt DHS (2014), Jordan DHS (2018)

903 Beaman and Dillon, 'Do Household Definitions Matter in Survey Design?'
904 IPSOS Group SA, 'Unpacking Gendered Realities in Displacement: The Status of Syrian Refugee Women in Lebanon.'

the household and its relationship with the wider extended family may influence women's ability to take decisions relating to welfare of her immediate family.

The following explores the laws, policies, and norms around women's participation and leadership at the household level. This includes marriage and family more generally, as well as decision-making about household duties and spending, employment, and nationality. All of these issues are crucial to understanding the role of women at the household level and have an impact on women's ability to fully contribute to her community and country.

Marriage and Family

In many respects, marriage is one of the most consequential decisions that women face. Marital status can change the dynamics of choice in a woman's life, and will often change how she is seen before the law. Marriage also brings socio-cultural norms and expectations, leading women more often than men to choose not to work outside the home. In addition, the dynamics of starting a family and expectations regarding childcare will further impact her decisions regarding work and public life.

From a legal perspective, global norms have coalesced around 18 as the age of legal consent for marriage. While in the region this is largely the case, many countries provide judicial consent options that allow females, and in some cases males, the ability to marry at a younger age with parental and/or judicial approval. For more information on the important issue of child marriage, please refer to Pillar 3. For a discussion of how marriage impacts women and girls in the workforce, please refer to Pillar 2.

Polygyny, the practice of a man marrying more than one woman, is legal in the region, except for Tunisia. Statistics on plural marriage are limited, however surveys indicate that the practice is rare, occurring in 2 per cent of households in Iraq and Yemen and less than 1 per cent in Algeria, Tunisia, and Djibouti.[905] When deciding to marry, in most countries, women need permission from a guardian in order to marry (usually their father, sometimes a brother or other living male relative).[906] Once a woman has married, divorce may be an option if she chooses to leave her marriage, however, this is often limited by legislation, particularly personal status laws. In some cases, men are able to obtain divorce by simply repudiating their wife and requesting the divorce. Women, on the other hand, must take their case to court and must be granted the divorce by legal authorities based on the case presented to the court; the request may not be approved.[907]

Survey data published by the Arab Barometer indicates that a majority of the respondent supports women having equal rights in making the decision for divorce. The exception to this rule is Sudan, where only 45 per cent of the population believes that women should have equal rights to divorce. Urban residents in the MENA and Arab States region support equal rights to divorce at a rate roughly 10 per cent higher than rural residents.

In the region, guardianship, including legal representation and overseeing child assets, remains largely the responsibility of the father during marriage and after divorce, regardless of who has custody rights, except for Libya, where both parents have guardianship over their children. Custody, on the other hand, which relates to child upbringing and providing care, is either shared during marriage or granted to the mother. Custody of any children in the event of divorce, or even death, is often not outright granted to the mother. While in recent

905 Kramer, 'Polygamy Is Rare around the World and Mostly Confined to a Few Regions.'
906 The Organisation for Economic Co-operation and Development, 'Women in Public Life: Gender, Law, and Policy in the Middle East and North Africa.'
907 The Organisation for Economic Co-operation and Development, 'Women in Public Life: Gender, Law, and Policy in the Middle East and North Africa.'

years, many countries in the region have amended laws relating to women's custody in relation to the prescribed age of children, women often lose their right to custody if they remarry. In addition, some laws grant women custody rights until a certain age of the child, which differs according to their sex. For example, in Somalia, women are granted custody of their children until the age of 10 for boys and 15 for girls. In Egypt, women maintain custody over children until the age of 15 for both boys and girls at which time the custody of the children shifts to their father. In many instances, laws were amended to ensure that after the children reach the prescribed age, they could either decide where they want to live (e.g., Bahrain) or the judge could extend the custody to the age of 18 or until the girl marries based on the best interest of the child (e.g., Iraq). However, even when women are granted custody, often guardianship of the children will remain with the father, or the father's family in case of death.[908] Such rights may be related to school enrolment and other official documentation of children.

Household Decision-making

Often, women's decision-making at the household level is seen as a basic indicator of women's empowerment. Issues at the household level often influence the most basic and most important decisions that families make, such as decisions to start a family, health care, child and elder care, employment, spending habits, residency, and migration. Women's ability to equally participate in, or lead, these decision processes indicates an ability to contribute to the decisions that most intimately impact an individual and a family and serves as the core of an individual's ability to contribute to their overall development.[909]

This section will address general decision-making within the household. In Pillar 1, decisions related to health and well-being are explored in great length. In Pillar 2, reasons influencing the rate at which women and girls participate in education and employment are addressed.

Data from household surveys, while not comprehensive across the region, provide insights into women's roles in household decision-making. According to results published from the Arab Barometer Wave V, in all countries except Morocco more than half of the married respondents believes that a husband should always have the final say on family decisions. Interestingly, a majority of respondent women in Sudan, Iraq, Algeria, Egypt, and Yemen agree with the statement that husbands should have the final say in household decisions. As a region, respondents from rural areas were around 10 percentage points more likely than their urban counterparts to believe that husbands should make final decisions.[910]

Additional data from the DHS in Jordan and Egypt provide further insight into a woman's ability to make autonomous decisions about her own health care, large purchases, and visiting family and friends. According to this data, 58 per cent of currently married women aged 15-49 in Egypt (2014) and 77.8 per cent in Jordan (2018) report 'that they alone or jointly have the final say in all of the three decisions (own health care, large purchases and visits to family, relatives, and friends).'[911]

908 Ibid.
909 Demographic and Health Survey Indicators, as accessed through the WB API
910 Arab Barometer, 'Arab Barometer Wave V.'
911 USAID, 'DHS Model Questionnaire- Phase 8.'

Table 4.2:
Percent of the married population who believe that husbands should have the final say in all family decisions

ESCWA Category	Country	Men who agree (%)	Women who agree (%)
GCC	Kuwait	83	43
Maghreb	Algeria	78	63
	Libya	76	50
	Morocco	59	34
Mashreq	Egypt	83	55
	Iraq	75	65
	Jordan	61	41
	Lebanon	58	42
	State of Palestine	60	46
LDC	Yemen	66	51
	Sudan	80	67

Source: Arab Barometer, Wave V

	Person who decides how the wife's cash earnings are used			Person who decides how the husband's cash earnings are used		
	Mainly wife (%)	Wife and husband jointly (%)	Mainly husband (%)	Mainly wife (%)	Wife and husband jointly (%)	Mainly husband (%)
Egypt Urban	33.7	60.9	4.2	6.9	73.8	18.6
Egypt Rural	25.8	64.7	7.5	6.4	65.9	24.9
Jordan Urban	14.9	78.1	7	2.3	50.4	47.2
Jordan Rural	12.2	81	6.7	1.3	68.7	29.9

Egypt DHS 2014 (p. 217-218) and Jordan DHS 2017 (p. 241-242). Data titled 'other' or 'missing' was not included in the table

Women's Autonomy

Women's ability to financially contribute at the household level is driven by many different factors. While the statistics show a narrowing gap in women's financial contributions (see Pillar 2, Livelihoods section for an analysis of women in the economy), other gaps in the region are still persistent and often driven by social and cultural norms. Traditional gender roles are still common, with homemaking and caretaking being held in high regard. However, these expectations can often create pressures on women to abandon graduate study or careers in favour of marriage and child-rearing. Studies have shown that unpaid domestic work falls squarely on women at every stage of life, however these gaps become more apparent after marriage and again after childbirth.[912] These gaps also widen in rural communities versus urban ones, as well as in poorer communities. However, the gap narrows as both parties' level of education increases, showing that as women (and men)

912 Rubiano-Matulevich and Viollaz, 'Gender Differences in Time Use.'

receive more education, they tend to engage in more equitable (though not equal) partnerships that share domestic duties.[913] For additional discussion regarding women's employment and unpaid labour, please see Pillar 2.

In addition to decisions on household responsibilities, results from the DHS in Jordan shows that even when women are engaged in income generating activities, their ability to control their cash earnings is somewhat different than men.

Part of women's ability to engage in their home and community in the way that they choose is also about having the freedom to make those decisions. According to UNDP Human Development Indicators, women and men show similar levels of satisfaction with freedom of choice in the Arab region (women's regional average is 57 per cent, men's regional average is 61 per cent).

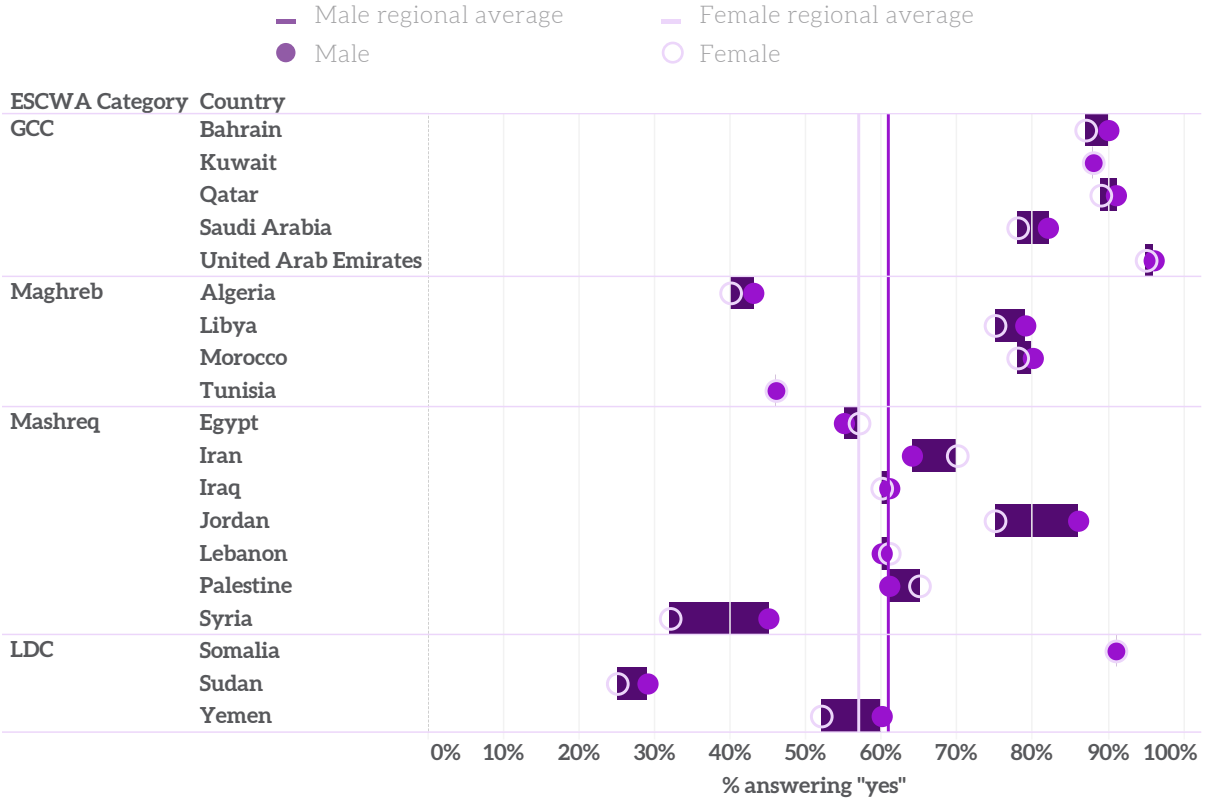
Overall satisfaction with the freedom to choose also seems to be largely correlated with income levels, as both men and women in the GCC (and wealthier) countries show higher levels of satisfaction than lower income countries. This may indicate that access to additional resources, from income to infrastructure, plays a role in how women (and men) make decisions about their future.

While women have increasingly seen growing opportunities outside the home, such as joining the workforce in greater numbers and increasing educational attainment (see Pillar 2), there are still many barriers preventing women from exercising full autonomy. Although many countries in the region have lifted reservations made to paragraph 4 of article 15 of CEDAW related to equal rights to choosing one's residence, as well as lifting any legal restrictions on women's mobility, in some countries of the region some legal provisions within the personal status law may limit their ability to travel as compared to a man. In 14 countries in the region, married women are restricted from freely traveling within their country, while only two countries limit unmarried women's ability to travel.[914] Issues of harassment and safety are also important for women to feel safe in their communities. Women feel, on average, less safe in their cities than men, with the largest gaps occurring in Syria and Yemen. In Yemen in particular, the vast majority of men, roughly 70 per cent, feel safe walking by themselves at night, while only 38 per cent of women feel safe. In Syria, a majority of both men and women feel unsafe, however the gap is similarly large, with 48 per cent of men and 17 per cent of women feeling safe walking alone at night. In Tunisia, 54 per cent of women feel safe compared to 70 per cent of men, a gap of only 17 percentage points, compared to 31 in Syria and 32 in Yemen. On average, 59 per cent of women and 74 per cent of men feel safe walking alone at night. This again emphasizes the disparate experiences of women in conflict zones versus the rest of the region, in addition to already existent gender gaps (see Figure 4.2, below).[915] For an in-depth discussion of VAWG, see Pillar 3.

913 Ibid.
914 The World Bank, 'Women, Business, and the Law 2020.' The report notes specifically that restrictions may include: '…if permission, additional documentation, or the presence of her husband or guardian is required for a woman to travel domestically... [or] if a woman must justify her reasons for leaving the home, or leaving the home without a valid reason is considered disobedience with legal consequences—for example, loss of her right to maintenance.'
915 United Nations Development Program, 'Human Development Indices and Indicators: 2018 Statistical Update.'

Figure 4.1:
Satisfaction with Freedom of Choices

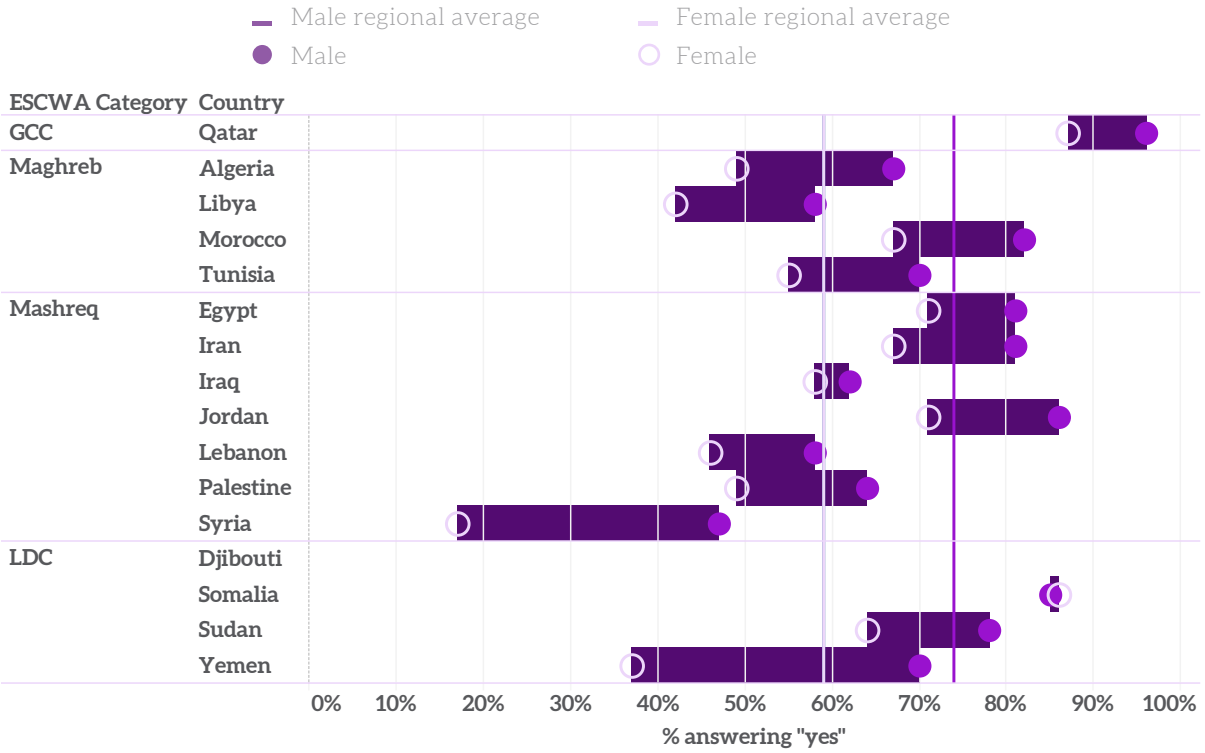
Percentage of respondents who answered "satisfied" to the Gallup World Poll question, "In this country are you satisfied or dissatisfied with your freedom to choose what you do with your life?"



Source: UNDP Human Development Indices and Indicators, 2018 Statistical Update

Figure 4.2:
Perceptions of Safety

Percentage of respondents who answered "yes" to the Gallup World Poll question, "Do you feel safe walking alone at night in the city or area where you live?"



Source: UNDP Human Development Indices and Indicators, 2018 Statistical Update

Community and National Level Civil Society Participation and Leadership

The ability of women to participate in the political process is not only a function of gender roles but is also dependent on the structure of the country in which they live. These considerations are central to women's ability to participate in politics at all levels. The region faces vast differences in the current political circumstances facing each country. Several countries (Syria, Yemen, Libya, Iraq) are engaged in protracted violent conflicts, Tunisia has transitioned to full democracy, Lebanon is a confessional democracy facing significant challenges, the State of Palestine faces military occupation, and the rest of the region is largely governed by non-democratic governments with varying degrees of public participation.[916] Each of these cases offer significantly different mechanisms for public participation.

Engagement in civil society and volunteerism provides participants with an opportunity to be

916 Freedom House, 'Freedom in the World 2020: A Leaderless Struggle for Democracy.'

closer to their communities, learn how to voice their demands and appreciate collective work. For young girls in particular, the ability to engage in local organizations through volunteer work is key to expanding their horizons and helping them to develop skills and networks. For adult women, engagement in civil society has been a key part of activism in the region for many years. The Arab uprisings and their aftermath saw increases in participation by both men and women, and women played crucial roles in organizing and mobilizing efforts.

In the sections that follow, we consider the ability of women to participate in civil society, politics, and government at the local and national levels and explore the opportunities and barriers to women's participation and leadership.

SOCIO-CULTURAL NORMS, VOLUNTEERISM, AND CIVIC ENGAGEMENT

Civil society groups have long been important in the region, and participation in local and regional groups has expanded in the past decade.

Civic engagement among young people – both men and women – in the region is the lowest in the world, with a median of only 9 per cent of youth across the region volunteering with a civic organization in a given month compared with 14 per cent in the next lowest region, sub-Saharan Africa.[917] A larger percentage of youth are a member of a civic organization, however the gap between women and men is relatively large: an average of 13 per cent of women and 22 per cent of men are members of civic organizations. (See Figure 4.3, below.)

However recent studies have shown that female youth's ability to participate in any type of civic engagement is limited by both traditional norms around gender, age and lack of opportunities to participate; only 12 per cent of the population indicated volunteering in their community and, amongst youth, only 15 per cent of girls and 22 per cent of boys volunteered in their communities.[918] There is some disagreement as to why youth engagement numbers are so low, ranging from traditional age-based hierarchies, disillusionment in engagement with civic action, a lack of safe spaces, and/or a wariness of foreign-sponsored programming.[919]

WOMEN ACTIVISM AND THE SHRINKING CIVIC SPACE

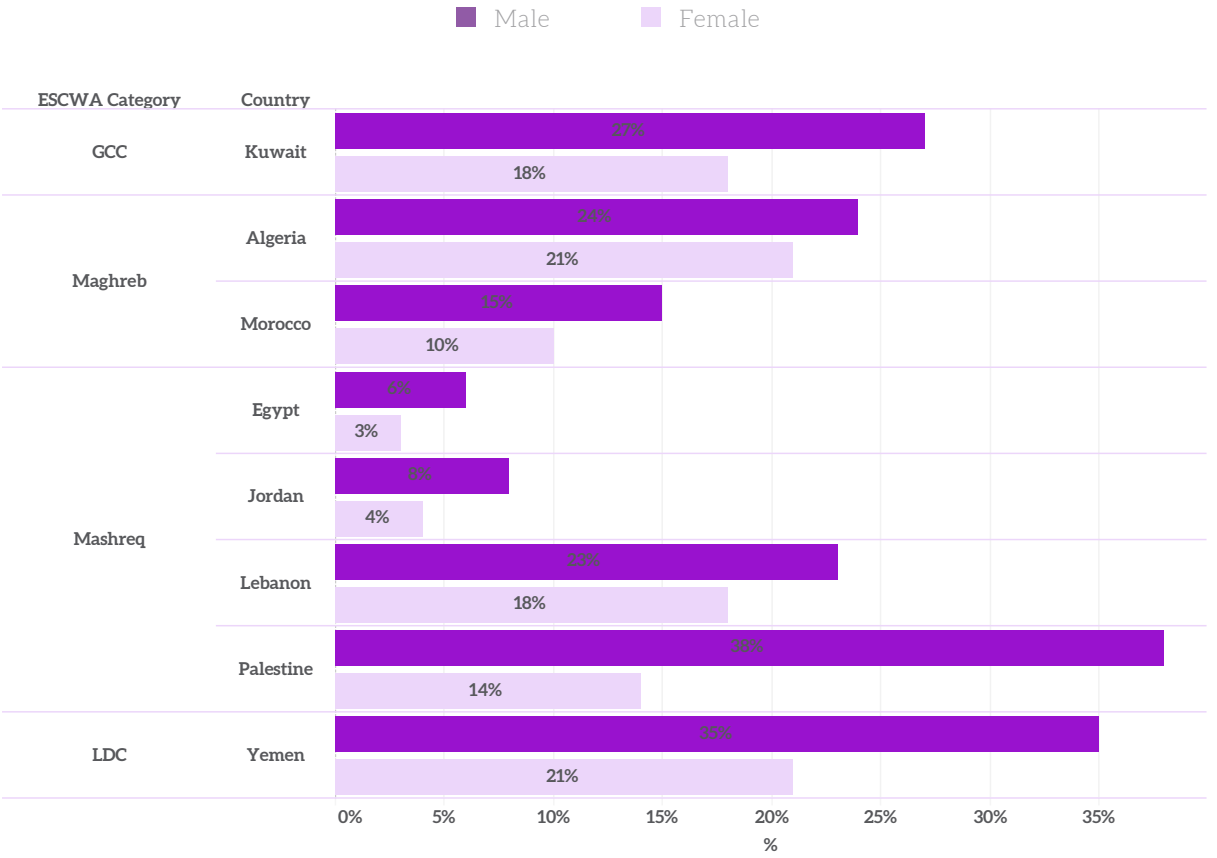
Women play an influential role in public life outside formal public institutions through their involvement in women's organizations and feminist movements, as well as in other civic engagement, including the media, labour unions and academia. Through these channels, women and gender equality advocates successfully promote legislation and mechanisms to advance gender equality and to eliminate laws that are discriminatory against women. They play a critical role in requiring decision makers to be accountable for upholding the human rights of women and girls.[920]

In some contexts, the shrinking civic space is hampering women's effective participation in civil society.[921] Space for participation is limited by laws that have restricted the freedoms of assembly, association and expression in some countries. Legal and administrative measures are creating obstacles for women's organizations to register, engage in advocacy, receive external funding and report on rights issues in some contexts. Since 2008, civil society repression has deepened in 26 countries, while conditions have improved in only 17.[922]

Women's organizations are active in COVID-19 responses, supporting those most affected

917 Evidence Symposium on Adolescents and Youth in MENA, 'Adolescents and Youth Participation and Civic Engagement in the MENA Region.'
918 MENA RMT, 'Adolescents Empowerment, Engagement, and Employability with Specific Attention to the Adolescent Girl.'
919 Evidence Symposium on Adolescents and Youth in MENA, 'Adolescents and Youth Participation and Civic Engagement in the MENA Region.'
920 United Nations Economic and Social Commission, Women's full and effective participation and decision-making in public life, as well as the elimination of violence, for achieving gender equality and the empowerment of all women and girls, Report of the Secretary-General, E/CN.6/2021/3, February 2021, available at: https://undocs.org/E/CN.6/2021/3 (CSW65 SG Report), para. 30
921 CSW65 SG Report, citing Weldon and others, 'Women's informal participation'.
922 E/CN.6/2020/3, para. 194

Figure 4.3:
Percentage of Youth Who are Members of Civic Groups, By Sex



Source: Arab Barometer, Wave V

economically, ensuring that shelters remain open for domestic violence survivors and disseminating public health messages to communities.[923] At the same time, consultations and rapid assessments conducted by the United Nations show that the pandemic has created new challenges for women's rights organizations and exacerbated pre-existing ones. For many women's organizations, COVID-19 has led to mobility restrictions, while increased surveillance has further reduced organizing space, exacerbated poor working conditions and led to a decrease in resources at a time when demands haveincreased.[924]

923 CSW65 SG Report, citing United Nations, 'Shared responsibility, global solidarity: responding to the socio-economic aspects of COVID-19', March 2020.
924 CSW65 SG Report, citing UN-Women, 'COVID-19 and women's rights organizations', policy brief (forthcoming)

Despite obstacles placed against civil society groups and relative gender gaps, women have led the way in social movements. The mobilization of civil society in the region during Arab uprisings that began in 2010 involved unprecedented levels of political participation by women-led groups, organizations, and individuals.

The Arab uprisings provided an environment in which women challenged stereotypes and broke cultural norms by participating in public demonstrations. Movements in Egypt, the State of Palestine, Tunisia, and Sudan led by women called for an expansion of human rights and democracy, building on decades of activism that continues to this day.

The Armed Conflict Location and Events Data Project (ACLED) data records over 370 women-led protests in the MENA and Arab States region since 2015, examples of which include:[925]

- **Yemen:** The Abductees' Mothers Association is comprised of wives and mothers who hold regular protests outside of prisons and army barracks, demanding information about forcibly disappeared and arbitrarily arrested persons. Over 100 protest events have been organized by the association since 2015.
- **State of Palestine:** In September 2019, Palestinian women led a three-day demonstration denouncing the killing of 29 women due to domestic violence since the beginning of 2019. The demonstrations were organized by the Talat movement, a group of independent Palestinian women.
- **Sudan:** On 2 January 2020, hundreds of female demonstrators marched in Khartoum in an event organized by around 60 women's CSOs and political movements, calling for the government to accede to CEDAW.
- **Tunisia:** On 30 November 2019, in Tunis, the Tunisian Association of Democratic Women (AFDT) organized a protest to denounce violence against women as part of a nationwide campaign on the subject.

Given the complicated picture in the region with regards to activism and civil liberties, the impact on women is often particularly acute. While sometimes bearing the brunt of regime and social upheaval, women have also emerged as symbols of revolution, as has recently been the case in Sudan.[926] For women, the risk of speaking out is often a complicated one. It means speaking out against and in defiance of the norms that traditionally restrict women to private activities. In some cases, activism may challenge long-held identities of both individual women and groups. In addition, activism requires pushing against long-standing institutions, regardless of gender. For many women, these layers of complications make participation in any sort of political process difficult.

925 ACLED, 'The Armed Conflict Location and Event Data Project.'

926 Reilly, 'After Fueling Sudan's Revolution, Women Are Being Sidelined.'

Political Representation, Participation, and Leadership

There is a long history of civil society advocacy for the inclusion of women in politics and for the integration of women's rights and empowerment in legal and political frameworks. Yet, with a range of types of governments, the experience of women in politics is highly dependent on the type of government in place. However, commonalities exist even between democracies and non-democracies. The social and cultural norms surrounding women in politics are largely similar throughout the region and play a crucial role in impacting decisions women make with regards to participating in the political process. This section will explore the issues faced by women in politics in terms of both the normative barriers to their participation as well as the legal and policy challenges that women in politics face.

WOMEN VOTERS

Since the broader introductions of elections to the region following the Arab uprisings, women as a voting constituency have been studied more seriously. Initial reports regarding voter turnout, however, paint a somewhat disappointing picture. In a study done following the first post-transition elections in Egypt, Libya, and Tunisia, women were shown to be participating between 10 and 25 percentage points less than men.[927]

According to survey data published by the Arab Barometer, women in the MENA and Arab States region are between 6-18 per cent less likely than men to vote. In 2018 elections in Egypt, for example, approximately 30 per cent of women reported voting compared to 47 per cent of males.[928] Political participation varies across the region and voting turnout practices are difficult to measure given the different types of political systems and constraints to participation. In some countries, the process of registration and identification can cause issues for women. For instance, in Lebanon, all voters are required to register in their ancestral village/town and married women are required to register in their husband's village, reducing their voice in their own communities.[929] In Kuwait, women have been allowed to participate in elections (as voters and candidates) only since 2005, and in some cases, their votes are perceived as being simply an extension of their husband's, or family's, preferences.[930] In Saudi Arabia, women voted and stood for election for the first time in 2015.[931] However, as in the example of Kuwait, a more through discussion is needed to understand women's autonomy in voting without the influence of male family members.

WOMEN IN NATIONAL/ LEGISLATIVE BRANCHES

Regardless of the political system employed in each of the countries studied, each country has regulated voting, participation in the legislative branch of government, and the appointment of ministerial-level positions in the government. In all countries surveyed, women have been granted the right to vote. However, participation in legislative bodies and ministerial-level positions is highly dependent on both the structure of the government and the laws and policies in place.

One way that many countries in the region have sought to ensure women's participation in the legislature is through the use of quotas. The implementation of quotas has been a significant way that Arab States have been able to ensure women's participation in the electoral process (where it exists). Thirty-three percent of countries in the region have legally mandated candidate quotas and 58 per cent have reserved seats in the legislative body. Quotas have been enacted in several ways, with 36.4 per cent of countries having

927 Benstead and Lust, 'The Gender Gap in Political Participation in North Africa.'
928 Arab Barometer, 'Arab Barometer Wave V.'
929 Wang, 'Voter Registration in the Middle East and North Africa: Select Case Studies.'
930 Ibid.
931 Sadek, 'FALQs.'

quotas included in the constitution, and 81.1 per cent using electoral law to mandate quotas.[932]

At the State level, nearly 25 per cent of the Parliament in Tunisia is women, based on a candidate quota required for party lists.[933] In Algeria, Law 12-03 of 2012 required political parties to include female candidates on their party lists. As of 2017, women comprise 27 per cent of the National People's Assembly.[934] In Morocco, Law 59-11 of 2011 resulted in 21 per cent of seats (81 of 395 in the House of Representatives) held by women in 2016.[935] Interestingly, most of LDCs seem, on average, to perform better in women's political participation. This may partially be because the three well-performing LDCs – Sudan (31 per cent women in parliament),[936] Djibouti (26 per cent),[937] and Somalia (24 per cent)[938] – have all implemented women's quotas. Iraq (26 per cent), also performing relatively well, has implemented quotas in their electoral processes.[939]

Table 4.4:
Gender Quotas in Political Systems in the Middle East/North Africa Region, by Parliament Type

ESCWA Category	Country	Parliament type	Voluntary political party quotas	Quota type	Constitutional quota details	Electoral law quota details
GCC	Saudi Arabia	Unicameral	-	Reserved seats		
Maghreb	Algeria	Bicameral	No	Legislated Candidate Quotas		
	Libya	Unicameral	No	Legislated Candidate Quotas		
	Morocco	Bicameral	No	Reserved seats		
	Tunisia	Unicameral	No	Legislated Candidate Quotas		
Mashreq	Egypt	Unicameral	No	No legislated		
	Iraq	Unicameral	No	Reserved seats		
	Jordan	Bicameral	No	Reserved seats		
	State of Palestine	Unicameral	No	Legislated Candidate Quotas		
LDC	Djibouti	Unicameral	No	Reserved seats		
	Somalia	Bicameral	No	Reserved seats		
	Sudan	Bicameral	No	Reserved seats		

Source: Institute for Democracy Electoral Assistance (IDEA)

932 International IDEA, 'Gender Quotas Database.'
933 Ibid. See https://www.idea.int/data-tools/data/gender-quotas/country-view/284/35
934 Ibid. See https://www.idea.int/data-tools/data/gender-quotas/country-view/97/35
935 Ibid. See https://www.idea.int/data-tools/data/gender-quotas/country-view/200/35
936 Ibid. See https://www.idea.int/data-tools/data/gender-quotas/country-view/260/35
937 Ibid. See https://www.idea.int/data-tools/data/gender-quotas/country-view/93/35
938 Ibid. See https://www.idea.int/data-tools/data/gender-quotas/country-view/270/35
939 Ibid. See https://www.idea.int/data-tools/data/gender-quotas/country-view/148/35

These policies require a certain number of seats to be set aside for women candidates and can be structured in a number of ways. The next section will explore these policies in detail. While quotas have been shown to be effective in increasing the numbers of women in legislative bodies, there is little evidence that this results in outcomes that are beneficial to women in a practical sense. Little research has been done to study the effects of increases in women's political representation on developmental outcomes for women. However, given the mixed results seen in previous chapters of this report, it does seem that increasing numbers of women legislators do not necessarily correspond to better developmental outcomes for women. Social and cultural biases, legal and political barriers, and financial and employment issues continue to prove to be challenges that women must continue to address.

In its report, the Secretary General, stresses that quotas have significantly contributed to the progress of women's participation. In MENA, countries with quotas have more women in government and increased representation.[940] There is some evidence that the type of quota, as well as the type of government, has an impact on women's participation: countries with reserved seats tend to not perform as well as those with candidate or optional quotas.[941] Scholars seem to agree that quotas are effective for increasing representation, but more research needs to be done about the long-term impact of that representation.

WOMEN IN GOVERNMENT

Participation for women at the ministerial and judicial levels is a bit more varied. In some cases, countries have enacted quotas for women in the judiciary. At the time of writing, no country studied has enacted a quota for women ministers, and the percent of women ministers varies from zero to 50 per cent.

At the executive level, in cabinet or ministerial level positions, women have also been making gains. However, women have yet to reach parity with men at any level of government. The exception to this is the UAE, where 50 per cent of the national parliament, the Federal National Council, is comprised of women. This level of representation is an outlier in the region and does not translate to ministerial-level positions. As of January 2020, Lebanon had the highest proportion of women at the ministerial level with 32 per cent, followed by Egypt at 24 per cent. The majority of countries in the region have less than 15 per cent of ministerial-level positions filled by women (see infographic below).

Interestingly, Tunisia, one of the highest-achieving countries in terms of women in the national parliament, has only 7 per cent of their ministerial level positions held by women. Here one can see the effect of the legislative quota: when mandated by law, women have been able to make drastic gains in representation. However, when such quotas do not exist, levels of participation have been seen to decrease.

The lower proportion of ministerial-level positions held by women may be interpreted as women holding less political power. In many countries in the region, disproportionate power is held in the executive (including the ministries) and, as such, fewer women ministers means less voice for women where decisions are being made. In many countries, women are appointed into ministries dedicated to issues of women and children. Although there are some occasional outliers, often women are assigned as ministers in NWMs, social development or what is termed as 'soft ministries', further disempowering them. The Lebanese cabinet that was formed in January 2020 had women as ministers of defence, justice, and labour, which were historically assigned to men. Previously, the Lebanese cabinet also included a women minister of interior.

940 United Nations Digital Library, Women's full and effective participation and decision-making in public life, as well as the elimination of violence, for achieving gender equality and the empowerment of all women and girls : report of the Secretary-General , 2020.
941 Schramm, 'Do Quotas Actually Help Women in Politics?'

Notably, since the COVID-19 pandemic, NWMs have been engaged in COVID-19 pandemic responses concerning economic relief. In Algeria, a national crisis committee was set up that included representatives from the Ministry of National Solidarity, the Family and Women's Affairs. The Tunisian Ministry of Women, the Family, Children and Seniors partnered with the Ministry of Finance in the crisis response targeting women and other groups. The National Council for Women (NCW) in Egypt was actively involved in designing measures to mitigate the impact of the crisis on informal sector workers. The NCW was further involved in mainstreaming gender into other policy measures, and the head of the Council is also part of the government's emergency committee. Lastly, in Jordan, the Jordanian National Committee for Women, in partnership with UN Women, has issued a policy brief with recommendations on how to provide a gender-sensitive response to the pandemic.[942]

WOMEN IN THE JUSTICE SECTOR

While there are no laws in the region that prohibit women from becoming judges or lawyers, social norms in many countries discourage women from working and/or pursuing a career in the legal field. In some settings, however, significant gains have been made in women's representation in the legal/justice sector due to targeted efforts to support legal education and establish quotas for females in the legal/justice sector.

The success of some countries in scaling up representation of women in the justice sector is attributable, in part, to governmental efforts. For example, Jordan's National Strategy for Women 2013-2017 defined a target of 20 per cent of women in the judiciary, which was achieved in 2015, such that the Judicial Council set a new target to raise representation to 25 per cent.[943] Jordan has also seen a steady increase in women's representation, from 48 female judges in 2009 to 211 in 2018.[944] Kuwait opened up positions for women in its Ministry of Justice.[945] Lebanon has effectively achieved gender parity with 49 per cent of judges being women, some of whom have recently been appointed to top judicial positions. Tunisia (at 43 per cent) and Algeria (at 42 per cent) are close behind. Djibouti (at 38 per cent), Morocco (at 23 per cent) and Jordan (at 22 per cent) have also made considerable progress in recent years.[946] In 2019, in Sudan, a woman was appointed to head of the judiciary, and in Djibouti, a woman is the head of the Supreme Court.[947] These drastic movements in a relatively short period of time demonstrate the progress made in the region, as well as the success of advocacy for women's inclusion.

Furthermore, there have been several initiatives at the regional level to develop networks of women judges, led by organizations such as Arab Women's Legal Network, Centre of Arab Women for Training and Research, the International Commission of Jurists, and the International Development Law Organization.[948]

In many countries, however, there are still no female judges. The overall rate for the region of women in judiciary is the lowest in the world.[949] Examples of factors that contribute to women's low level of participation include[950]:

- weak commitments to gender equality in national legislation and policy frameworks;
- conservative religious doctrines;

942 OECD, COVID-19 crisis in the MENA region: impact on gender equality and policy responses, 2020.
943 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
944 ESCWA, Women in the Judiciary in the Arab States: Removing Barriers, Increasing Numbers, 2019, p. 28. s
945 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
946 ESCWA, Women in the Judiciary in the Arab States: Removing Barriers, Increasing Numbers, 2019.
947 UNFPA, UNDP, UN Women, ESCWA, Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region, 2019
948 Ibid.
949 ESCWA, Against Wind and Tides: A Review of the Status of Women and Gender Equality in the Arab Region (Beijing +20), 2016.
950 Excerpted from OECD, 2014. Women in Public Life–Gender, Law and Policy in the Middle East and North Africa; UNFPA, UNDP, UN Women, ESCWA, 2019. Gender Justice & Equality Before the Law, Analysis of Progress and Challenges in the Arab States region.

Women in Politics 2020: Middle East & North Africa[951]

Women in Ministerial Positions The countries are ranked according to the percentage of women in ministerial positions, reflecting appointments up to 1 January 2020			
	% Women	Women	Total Ministers
			30 to 35%
Lebanon	32%	6	19
			20 to 25%
Egypt	24%	8	33
Kuwait	21%	3	14
Sudan	20%	4	20
			15 to 19%
Somalia	19%	5	27
U.A.E.	17%	4	24
Morocco	16%	3	19
Algeria	15%	5	33
			10 to 14%
Jordan	14%	4	29
Syria	13%	4	30
Palestine	13%	3	23
Djibouti	13%	3	23
Oman	11%	3	27
			5 to 9%
Qatar	7%	1	14
Tunisia	7%	2	29
Iran	7%	2	31
Yemen	6%	2	32
Iraq	5%	1	22
			0 to 4%
Bahrain	4%	1	23
Saudi Arabia	0%	0	22
Libya	-	-	-

Source: The Inter-Parliamentary Union (IPU)

Women in Parliament The countries are ranked and colour-coded according to the percentage of women in unicameral parliaments or the lower house of parliament, reflecting elections/appointments up to 1 January 2020				
	Lower or Single House		Upper House or Senate	
	% Women	Women/ Seat	% Women	Women/ Seat
				50%
U.A.E.	50.0%	20/40	-	-
				25 to 49%
Iraq	26.4%	87/329	-	-
Djibouti	26.2%	17/65	-	-
Algeria	25.8%	119/460	6.8%	9/32
				20 to 24%
Tunisia	24.9%	54/217	-	-
Somalia	24.4%	67/275	24.1%	13/54
Morocco	20.5%	81/395	11.7%	14/120
				15 to 19%
Saudi Arabia	19.9%	30/151	-	-
Libya	16.0%	30/188	-	-
Jordan	15.4%	20/130	15.4%	10/065
Egypt	15.1%	90/596	-	-
Bahrain	15.0%	6/40	23	9/40
				10 to 14%
Syria	12.4%	31/250	-	-
				5 to 9%
Qatar	9.8%	4/41	-	-
Kuwait	6.3%	4/63	-	-
Iran	5.9%	17/289	-	-
				0 to 4%
Lebanon	4.7%	6/128	-	-
Oman	2.3%	2/86	27	15/86
Yemen	0.3%	1/301	32	3/111
Palestine	-	-	-	-
Sudan	-	-	-	-

Source: The Inter-Parliamentary Union (IPU)

World and Regional Averages of Women in Parliament			
	Lower or Single House	Upper House or Senate	Both houses combined
World average	24.9%	24.7%	24.9%
Middle east & North Africa	17.5%	10.8%	16.6%

Source: The Inter-Parliamentary Union (IPU)

- poor levels of transparency and lack of fairness inappointments;
- the burden on women of unpaid care work and domestic work;
- persistent gender stereotypes, including that judicial work is not appropriate for women;
- fragmented support from national women's machineries and civil society.

Moreover, while quotas have been effective in increasing the numbers of women in legislative bodies, there is little evidence that this results in outcomes that are beneficial to women in a practical sense. Due to patriarchal socio-cultural norms, women still face discrimination in the judiciary; for example, women in Lebanon who seek to be judges are often met with discriminatory assignments and face the challenge of having to 'overachieve' in order to prove their capabilities.[952]

BIASES AND PERCEPTIONS OF WOMEN IN POLITICS

Entry into politics is mostly secured through two mechanisms: appointments and elections. Most of the countries in the region have some form of legislative body that is either fully or partially elected through public vote, and in all countries studied, women legally have the right to vote.[953] However, perception bias does tend to limit women's participation in politics.

Perceptions of women as leaders, and especially political leaders, are significantly more negative in the region as compared to global statistics. More than 90 per cent of men in the region believe that men make better leaders and do not agree that women's rights are essential, as compared to a global average of 64 per cent (see Figure 4.5). These statistics underline an important social and/or cultural norm in the region – that women are not seen as public leaders.

While biases are difficult to measure using survey instruments and can be impacted by the type and style of questions asked, as well as the respondents' reaction to the surveyor, data consistently show persistent biases against women as leaders. Available data published by UNDP evidence that gender bias is significantly more prevalent in the region among males and females than the worldwide average: 53 per cent of women globally versus 75 per cent in the MENA and Arab States region and 64 per cent of men globally versus 90 per cent of men in the region.[954] UNDP's measurement of political bias is based on two indicators - men make better political leaders than women (agree/disagree) and women have the same rights as men (Likert scale),[955] political bias against women in the region is significant. As demonstrated in the table below, the majority of men and women have bias against women in politics.[956] These biases are also manifested through direct perceptions of men being better at politics than women, as demonstrated in Table 4.6.[957] Women consistently receive poorer marks in terms of their readiness or ability to be political leaders.

951 Source: The Inter-Parliamentary Union (IPU).
952 ESCWA, Women in the Judiciary in Lebanon. 2018. p. 22-23.
953 Women's Suffrage and Beyond, 'Middle East.'
954 United Nations Development Program, 'Tackling Social Norms: A Game Changer for Gender Inequalities.'
955 Ibid
956 United Nations Development Program, 'Tackling Social Norms: A Game Changer for Gender Inequalities.'
957 Arab Barometer, 'Arab Barometer Wave V.'

Table 4.5:
Women in the Judiciary (2019)

ESCWA Category	Country	Percentage of Female Judges	Data Year	Notes
GCC	Bahrain	9	2016	7 out of 49 (14.2 per cent of public prosecutors are female)
	Kuwait	-	2017	No female judges but there are 22 female deputy prosecutors. Women are also serving in the commercial arbitration structure, but it is not considered within the judiciary
	Oman	-	2017	No female judges, but women account for 20 per cent of public prosecutors.
	Qatar	1	2011	
	Saudi Arabia	<1	2018	There is one female arbitrator in commercial court, considered as a quasi-judicial position.
	UAE	<1	2015	Only four female judges, but there are also female public prosecutors.
Maghreb	Algeria	42	2017	
	Libya	14	Unknown	The figure excludes the Litigation Authority and Public Defence department, which fall under the umbrella of the judiciary but do not comprise judgeship positions. Women are well represented in both institutions, amounting to 61 per cent and 68 per cent of staff, respectively.
	Morocco	23.5	2018	Women account for 16 per cent of public prosecutors.
	Tunisia		2018	
Mashreq	Egypt	<1	2018	
	Iraq	7	2018	
	Jordan	22	2018	Women account for 2.7 per cent of public prosecutors.
	Lebanon	49.3	2018	Women represent 30 per cent of public prosecutors
	State of Palestine	17.8	2018	
	Syria	17.5	2018	
LDC	Djibouti	38.6	2009	
	Somalia	-	2018	
	Sudan	12.6	2018	
	Yemen	1.8	2006	
	Arab States	14		

Source: ESCWA, 2019. Women in the Judiciary in the Arab States: Removing Barriers, Increasing Numbers.

Notes: The public availability of data on the presence of women in the judiciary in Arab States is generally inconsistent. Only a handful of Arab States (such as Morocco, State of Palestine, and Tunisia) monitor the presence of women in the judiciary and regularly make available the relevant data to stakeholders, constituting a positive practice to be emulated. The figure provided in the table is the total percentage of female judges at all court levels within the state's judicial system (therefore excluding religious courts in states where such courts are separate entities not under the authority of the state). For states where separate data were not available, or where the two types' roles are not clearly separated, the figure also includes public prosecutors (or their equivalent). The average for Arab States is provided for indicative purposes only, owing to the limitations highlighted above.

Figure 4.5:
Perceptions of Women Political Leaders

Based on survey data from Arab Barometer Wave V, this figure shows the percent of respondents by sex who agree with the statement " In general, men are better at political leadership than women"

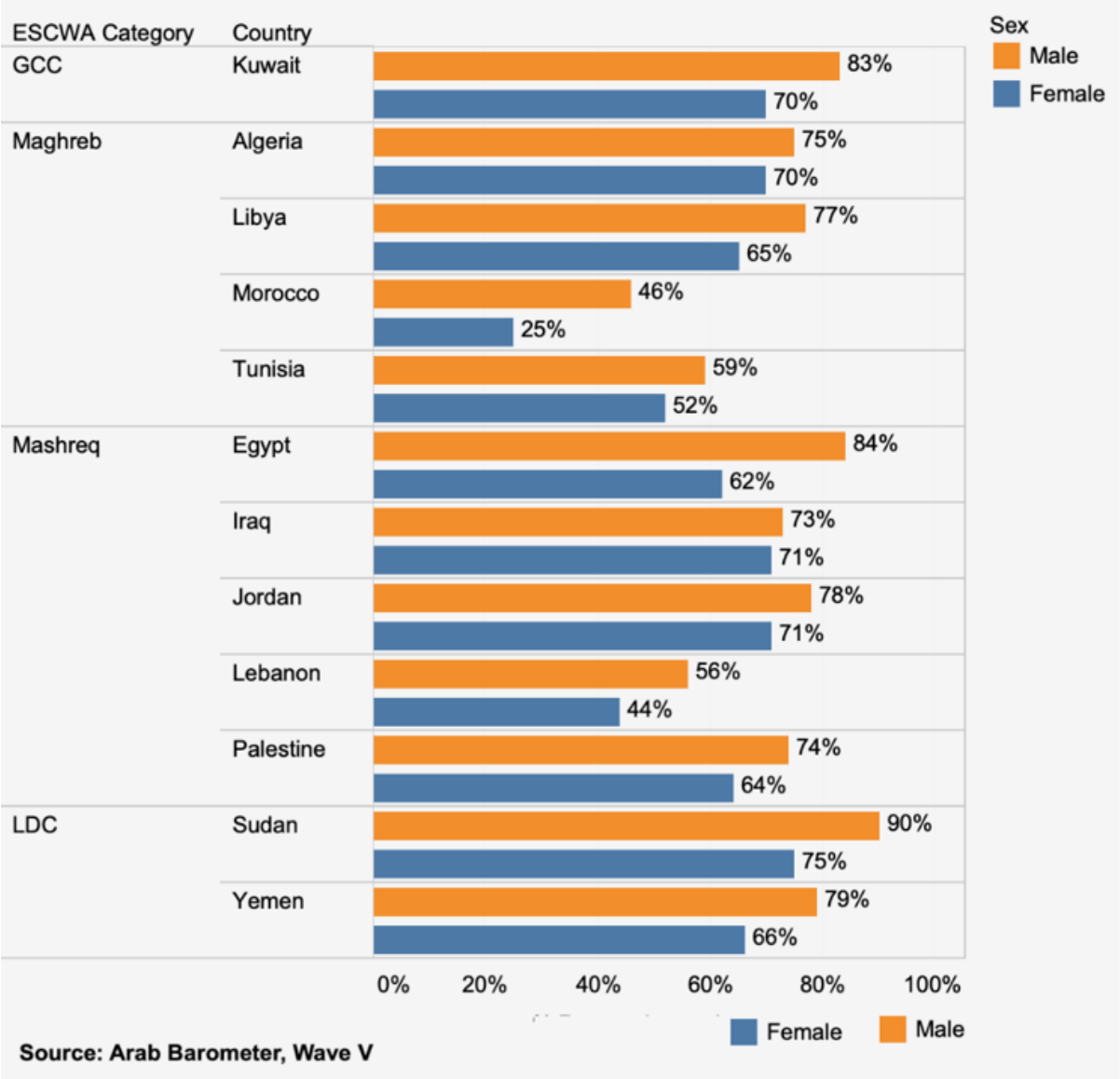


Table 4.6:
Measuring Political Bias

Country	per cent of women	per cent of men
Algeria	70.44	89.47
Iran	79.48	89.71
Iraq	80.21	95.71
Jordan	90.83	91.5
Kuwait	78.34	93.88
Lebanon	69.61	81.46
Libya	72.25	93.07
Morocco	55.63	82.55
State of Palestine	85.35	93.44
Qatar	89.95	93.46
Tunisia	67.25	88.49
Yemen	79.88	94.98
MENA and Arab States	*74.75*	*90.17*
World Average	*53.03*	*64.01*

Source: United Nations Development Program, 'Tackling Social Norms: A Game Changer for Gender Inequalities.'

Violence against Women in Politics

Violence against Women in Politics (VAWP) is a global phenomenon that falls between the gap of GBV and political violence.[958] Types of VAWP range from psychological, semiotic, economic, sexual, and physical, and, more recently, cyber acts of violence.[959] Assassinations, physical violence, including rape and sexual harassment, sexist remarks, verbal abuse, and threats of reprisal are used as tools to intimidate, humiliate and put an end to a woman's political career. A study by the Network of Arab Women Parliamentarians for Equality (Ra'edat) on the scale of violence against women parliamentarians in the Arab region found that 79.6 per cent were exposed to one or more forms of violence, and that 32 per cent reported experiencing harassment on the internet or social media.[960] After the Arab uprisings, several female leaders and women's human rights defenders were targeted and, in some cases, killed as was seen in Libya[961] and Iraq.[962]

958 According to UNDP and UN Women, 'Violence against women in political life is any act of, or threat of, gender-based violence, resulting in physical, sexual, psychological harm or suffering to women, that prevents them from exercising and realizing their political rights, whether in public or private spaces, including the right to vote and hold public office, to vote in secret and to freely campaign, to associate and assemble, and to enjoy freedom of opinion and expression. Such violence can be perpetrated by a family member, community member and or by the State...' Preventing Violence Against Women in Elections, A Programming Guide, UN Women/UNDP, 2017.
959 Inter-Parliamentary Union, Sexism, harassment and violence against women parliamentarians, 2016.
960 The Study on Violence against Women in Politics: Parliamentarians in the Arab World; A Model, issued by the Arab Female parliamentarians for Equality Network ('Ra'edat'), 2019
961 Amnesty International, Libya: Women human rights defenders still under attack, four years after activist's assassination, 2018.
962 Minority Rights Group International, Civilian Activist under Threat, in Iraq, 2018.

Table 4.7:
Proportion of negotiator roles held by women during peace talks

ESCWA Category	Country	per cent women	Year
Mashreq	State of Palestine	25 per cent	2013
	Syria	16 per cent	2017
LDC	Yemen	4 per cent	2018
	Sudan	15 per cent	2018

Source: Council on Foreign Relations

Participation and Leadership in Peace and Security

Through peace processes around the world, it has been shown that the inclusion of women is central to creating meaningful and lasting peace, though women's participation in peace and security has only recently become a priority of the international community. Efforts to include women in peace negotiations and security efforts have increased since the passage of United Nations Security Council resolutions (UNSCR) 1325 in 2000 and 2242 in 2015, which established the importance of developing Women, Peace and Security (WPS) National Action Plan (NAP).

The NAPs adopted by individual countries to implement Security Council resolution 1325 and ensuing resolutions, constitute the WPS agenda. They are central to engaging women, civil society, and government in ensuring that States are active in their commitment towards the prevention of violence, protection of women, and the participation of women and relief and reconstruction, which may include negotiating peace settlements and solving protracted problems. In the 20 years since the initial adoption of UNSCR 1325, developing and adopting NAPs at a national level still faces substantive challenges. This section will explore national and regional efforts in place, and the challenges facing the implementation of NAPs in the region.

UNSCR 1325 AND THE NATIONAL ACTION PLAN PROCESS

In October 2000, the United Nations Security Council adopted UNSCR 1325 on Women, Peace, and Security (WPS). The first of its kind, the resolution affirmed the importance of including women in peace processes and negotiations and set forth an agenda to increase the inclusion of women in peace and security efforts around the globe.[963] In 2005, the United Nations Security Council asked member countries to develop NAPs on WPS – as of 2019, only seven country-level action plans have been passed: Iraq, the State of Palestine, Jordan, Tunisia, Lebanon, the Sudan and Yemen.[964]

In addition to these country-level plans, the League of Arab States adopted a regional strategy for WPS in 2012, aimed at supporting efforts to advance the WPS agenda at a regional level.[965] The NAP process has also been undertaken at various levels throughout the region, with Libya's country-level planning being stalled since the conflict in 2014.[966]

These efforts have shown a great commitment to inclusion and the consideration of women's roles in peace and security. The initial three NAPs – Iraq, the State of Palestine, and Jordan – included important advancements in providing a level of accountability

963 UN Security Council, Security Council resolution 1325 (2000) [on women and peace and security], 31 October 2000
964 Parke, Farr, and Alodaat, 'Eighteen Years On: Assessing the Implementation of the UNSCR 1325 Women, Peace and Security Agenda in the Arab States Region.'
965 General Secretariat of the League of Arab States, Arab Women Organization, and UN Women, 'Regional Strategy Protection of Arab Women Peace and Security.'
966 Parke, Farr, and Alodaat, 'Eighteen Years On: Assessing the Implementation of the UNSCR 1325 Women, Peace and Security Agenda in the Arab States Region.'

for leadership in addressing challenges facing women in times of peace and conflict. Based on these achievements, efforts are still underway to ensure that current and future NAPs take into consideration women as more than victims of violence and to address the practical needs of women and girls in conflict areas.[967]

Although the region is witnessing more engagement of Ministries of Foreign Affairs in the WPS agenda, particularly in Egypt, Morocco and Syria,[968] additional efforts need to be made in the implementation of the WPS agenda, primarily through the empowerment of responsible institutions, such as NWMs. A recent analysis of the WPS response in the region showed that NWMs often lack the resources to fully undertake their NAP agenda, that there often is insufficient communication with NAP entities and law enforcement and military personnel, and that often these institutions (such as NWMs) suffer during conflict, the very time which they are often needed most.[969] A national study in Iraq showed limited engagement of young women in the national peace and security agenda, highlighting the need of greater youth participation in terms of the WPS.

Women's civil society in the region has actively engaged with the WPS agenda at the international level. For example, the annual United Nations Security Council Open Debate on 'Women and Peace and Security' and Open Debate on Sexual Violence in Conflict have provided venues for activists to educate the international community on the status of women and girls in occupied and conflict-affected contexts. Notably, activists from the State of Palestine,[970] Sudan,[971] Libya,[972] and Iraq[973] have all testified in front of the Security Council to highlight the gender impact of conflict and occupation on the lives of women and girls in the region, and the need to simultaneously protect women and girls from conflict-related gender-based violence, the threats to women human rights defenders, the increasing militarization and insecurity in the region, and the need to better engage women in peace making and peacebuilding processes. These interventions, while providing a gendered perspective to conflict, occupation and transition in the region, continue to indicate that women and girls bear a unique burden in these contexts and that more needs to be done nationally and internationally to support protection and engagement.

WOMEN IN PEACE NEGOTIATIONS IN THE REGION

While the WPS agenda has made progress, globally women only constitute 4 per cent of signatories on peace negotiations and less than 10 per cent of peace negotiators.[974] On the 15th anniversary of UNSCR 1325, the Security Council passed a follow-on resolution (UNSCR 2242) that re-affirmed the United Nations' commitment to women's inclusion in peace processes, as well as establishing an Informal Expert Group whose responsibility it would be to gather information on peace strategies of member countries, provide information, and advise on the inclusion of women in peace and security strategies and talks.[975]

As demonstrated in Table 4.7, there is still much that can be done to ensure women participate in peace processes at a higher level.

In a review of the last 20 years of efforts by women as part of official NAP processes as well as civil society activism, three key challenges have been identified: militarization of efforts, politicization of peace processes, and lack of accountability for the

967 Swaine, 'Balancing Priorities: Lessons and Good Practices from Iraq, Jordan and Palestine for NAP-1325 Drafting Teams.'
968 For more information please see the High-Level Meeting available on https://www.unescwa.org/events/high-level-virtual-meeting-occasion-20th-anniversary-unscr-1325
969 Economic and Social Commission for Western Asia (ESCWA), 'Women, Peace and Security: The Role of Institutions in Times of Peace and War in the Arab Region.'
970 Siniora, 2018.
971 Salah, 2019.
972 Megheirbi, 2012; Miloud, 2019.
973 Allami, 2014; Mohammed 2015.
974 OXFAM, 'Factsheet: Women, Peace and Security in the Middle East and North Africa Region.'
975 Oyarzun and Rycroft, 'Guidelines for the Informal Expert Group on Women and Peace and Security.'

NAP/WPS process.[976] Both militarization – in terms of actual combat and fighting as well as military management of negotiations – and politicization are exclusionary to women in large part. As explored earlier in this chapter, women still remain the minority in governments in the region, and do not often serve in ministries central to conflict, such as Foreign Affairs or Defence. Additionally, NAP processes are often under-funded and not provided the resources needed to ensure the process is fully executed.[977] As a result, despite massive efforts by women on the ground, the mobilization of resources and implementation often fall short.

WOMEN AND TRANSITIONAL JUSTICE PROCESSES

Over the past ten years, the MENA and Arab States region has seen devastating conflict and political upheaval. Only a handful of impacted States have managed to use transitional justice processes to increase stability and reform legislation and institutions. Despite the critiques of the effectiveness of transitional justice as a process and outcome, particularly for women and other marginalized populations,[978] several human rights organizations and women's civil society in the region managed to engage in such processes with varying degrees of success. In some parts of the region, women's rights activists and organizations contended with severe backlashes resulting in increased insecurity and a narrowing of human rights.[979]

The most prominent example of women's involvement in transitional justice processes after the uprisings occurred in Tunisia where the Truth and Dignity Commission (Instance Vérité et Dignité or IVD) was established in 2014 to investigate human rights violations committed by the Government and other States actors between 1955-2013. During the four-year mandate, the IVD was led by a female president, with three out of eight female commissioners and involved women in the technical committees and national consultations, as well as women's civil society.[980] A Women's Committee was responsible for mainstreaming gender across the Commission's work and responding to female victims.[981] Yemen also initiated a transitional justice process in 2011; from March 2013 to January 2014, the National Dialogue Conference was comprised of over a quarter of women and continued with reconciliation efforts, with women comprising about 30 per cent of its 565 members.[982] However, the process was eventually halted as the country endured greater insecurity and instability.

Several States reformed their constitutions as part of transitional processes, often with input from women's organizations and activists; this was seen in Egypt, Morocco, Tunisia and Yemen.[983] In addition, many States, urged on by women's organizations and activists, also engaged in legal reform targeting VAWG with varying degrees of success and sustainability, particularly given that very few states succeeded in their transitional justice endeavors and that conflict continues to impact the region.

976 Kaptan, 'UNSCR 1325 at 20 Years: Perspectives from Feminist Peace Activists and Civil Society.'
977 Ibid.
978 Bell and O'Rourke, 2007.
979 Chaban, 2018; Cooke, 2016.
980 ESCWA, Policy Brief: Employing a gendered approach to transitional justice in the Arab region potential role of national women's machineries, This was the second truth commission in the region; Morocco held the first in 2004.
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CONCEPTUAL FRAMEWORK

This conceptual framework was developed in coordination with the Core Group and Reference Group. Appendix X details the study's research questions and indicators and is organized in terms of the four pillars and related themes identified in the conceptual framework (Figure x, below).

Within each pillar and for every theme, specific research questions have been articulated to define key targets of the research. Linked to each research question are a number of associated sub-themes that elaborate potential areas for investigation under each research question (the sub-themes are suggestive and may have changed based on availability of data). Where existing indicators for quantitative analysis have been identified, they have been included in the tables. The review of quantitative indicators was supplemented by a review of qualitative data available in regional reports and other documents. Data was collected across the life cycle as well on different subgroups of women and girls. All the components of the research study were developed and finalized in consultation with the Core Group members through multiple rounds of review.

Research Matrix: Pillar 1

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
General Health	Overview: What is the health status of girls and women	Girl-child mortality	Probability of dying, per 1,000 children	Age 5-14	WHO
			Under-five mortality rate, fatalities by sex/country (disaggregated)	Under 5	United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), 2018.
		Female life expectancy	Life expectancy at birth (years), disaggregated by sex	All Ages	World Bank
		Types and prevalence of health issues particularly affecting girls and women generally (e.g. non-communicable diseases such as cancer, diabetes, blood pressure, cholesterol, heart attack, stroke; and for communicable/outbreaks such as cholera, measles, polio, tuberculosis, typhoid, hepatitis, leishmaniasis	Country-level estimates of cause-specific disability-adjusted life year (DALYs), years of life lost (YLL) and years lost due to disability (YLD) for the year 2000, 2010, 2015 and 2016		WHO Global Health Estimates 2016: Disease burden by Cause, Age, Sex, by Country and by Region, 2000-2016. Geneva, World Health Organization; 2018.
			Cause of death, by non-communicable diseases (% of total)	All ages	
			Percentage* of person (18+ years) having obesity problem (BMI >= 30)	18+	Arab Society: A Compendium of Social Statistics: Issue No. 12
		Gender-specific health risks and health protective factors (e.g. rates of smoking, level of exercise, diet, care-taking responsibilities) affecting girls and women	Percentage of smoking by country, sex and available years Diphtheria, Pertussis and Tetanus (DPT), measles, BCG, polio and hepatitis percentage immunization status for children aged 12-23 months, by country, sex and year		Arab Society: A Compendium of Social Statistics: Issue No. 12
		Gender-specific health risks and health protective factors affecting different sub-groups of women, including girls and women with disabilities, refugees/ IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.		All Ages	
	What are the legal and policy provisions related to girls' and women's general health rights and access to health care?	Laws and policies that promote or impede access to general health care for girls and women, e.g. health insurance, identification cards/proof of citizenship for access to health care, impact of privatization of health care, etc.	Laws concerning differential access to health care for men and women (disabled or not)	All Ages	WomanStats: DACH-LAW-1

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
	What are the socio-cultural norms and practices related to girls' and women's general health rights and access to services and information?	Female access to general health care in comparison to male access and associated norms	Are women/girls restricted from full access to health care because of their gender?	All Ages	Womanstats: DACH-PRACTICE-1 (Qualitative)
		Access to general information (including for PWDs, unmarried girls/women, married girls and women, ethnic and religious minorities, etc.)		All Ages	
	What is the availability, accessibility, uptake and quality of general health services and information and what barriers do women and girls face?	Safety and ease of access (lighting, distance/routes/ transportation means to access, security staff, confidential, consultation rooms, waiting areas, WASH facilities, etc.)		All Ages	
		Gender responsive (non-stigmatizing, female staff, confidential)		All Ages	SDG Global Indicator Framework
		Youth-friendly	Percentage of health centers that are youth-friendly	10-24	SDG Global Indicator Framework
		Quality of care/feedback mechanisms/satisfaction with services		All Ages	
		Affordability of services	Out of Pocket Expenditure on healthcare		World Bank, WDI (Global Health Expenditure Database)
		Access and quality for specific sub-groups of women, including girls and women with disabilities, refugees/ IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.		All Ages	
Mental health	**Overview: What is the mental health status of girls and women?**	**Key MHPSS concerns for women and girls (including gendered differences on well-being, suicide, impact of social isolation on adolescent girls in particular, etc.)**	**Incidence of mental illness disaggregated by gender**	**All Ages**	**WomanStats MISA-DATA-1**
			Suicide mortality rate among 10-19-year-olds (deaths due to intentional self-harm per 100,000 population per year), by sex	10 – 19	
			Q855a In the past six months, how often did you feel so stressed that everything seemed to be a hassle?		Arab Barometer, Survey V Disaggregated by gender, location
			Q855b. Life is overwhelming at times. In the past six months, how often did you feel so depressed that nothing could cheer you up?		Arab Barometer, Survey V Disaggregated by gender, location

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
		Issues affecting specific sub-groups of women, including girls and women with disabilities, refugees/ IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.		All Ages	
	What are the legal and policy provisions related to girls' and women's mental health and psychosocial rights and access to care?	Laws and policies that promote or impede access to mental and psychosocial care	Level of support/funding for mental health care by the government, especially as concerns women		WomanStats MISA-PRACTICE-1
	What are the soci0-cultural norms and practices related to girls' and women's mental health and psychosocial rights and access to care and information?	Female access to mental health and psychosocial care in comparison to male access and associated norms (e.g. stigmatizing/restricting girls and women with MHPSS issues or those not acting within local/ national gender norms)		All Ages	
	What is the availability, uptake and quality of mental health and psychosocial services and information and what barriers do women and girls face?	Access to MHPSS information (including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.)		All Ages	
		Range of services MH and PSS			
		Safety and ease of access (lighting, distance/routes/ transportation means to access, security staff, confidential, consultation rooms, waiting areas, WASH facilities, etc.)			
		Gender responsive (non-stigmatizing, female staff, confidential)		All Ages	
		Youth-friendly	Percentage of MHPSS services centers that are youth-friendly	10-24	
		Quality of care/feedback mechanisms/satisfaction with services		All Ages	
		Affordability of services			

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
		Access and quality for specific sub-groups of women, including girls and women with disabilities, refugees/ IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.		All Ages	
SRHR/ SRHRR	Overview: What is the SRHR/SRHRR status of girls and women?	Key trends regarding reproduction (unwanted pregnancy, adolescent pregnancy, number of children/birth, age of woman at the birth of first child, timing/spacing of births, use of contraception, unsafe abortion, etc.)	Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, new-borns, work-injury victims and the poor and the vulnerable	RH-age females	SDG Global Indicator Framework
			Adolescent pregnancy	10 – 19	
			Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	10 - 19	UNICEF SDG global indicators relating to children Human Development Reports
			Mean age of women at the birth of the first child (years)	RH-age females	World Economic Forum
			Average number of children per woman	RH-age females	World Economic Forum
			Modern Contraceptive Prevalence Rate (mCPR)	RH-age females	
			Percentage of reproductive age women (15-49) using modern contraception	15 - 49	

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
		Key trends regarding maternal health (morbidity/ mortality, ante and post-natal care, etc.)	Maternal mortality ratio	15-49	Trends in maternal mortality: 1990 to 2015, estimates by World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Bank Group and the United Nations Population Division.
			Percentage of women aged 15–49 with a live birth in a given time period that received antenatal care provided by skilled health personnel at least once during their pregnancy	15-49	UNESCWA Publication
			Percentage of women aged 15–49 with a live birth in a given time period that received antenatal care by any provider four or more times during their pregnancy	15-49	UNESCWA Publication
			Percentage of births attended by skilled health personnel (doctors, nurses or midwives)		UNESCWA Publication
			Neonatal deaths	<1M	United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME), 2018.
			Percentage of women aged 15-49 with a live birth in a given time period that received postnatal care by any provider	15 -49	
		Types of SRHR/SRHRR issues affecting different sub-groups of women including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.	Midwife Needs met	All Ages	UNFPA
	What are the legal and policy provisions related to girls' and women's SRHR/ SRHRR?	National SRHR/SRHRR laws and policies (including on consent, SRHR/SRHRR for unmarried girls, etc.), that promote or impede women's and girls' rights to access SRH services	Age of consent cut-off for statutory rape	NA	WomanStats LRW-LAW-1
			Legal exemption for rapist if marriage is offered		WomanStats LRW-SCALE-9
			Access to emergency contraception and abortion	All Ages	

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
			Need for parental and/or spousal consent to access SRH services	All Ages	
	What are the socio-cultural norms and practices related to girls' and women's SRHR/SRHRR and access to services and information?	Norms related to SRHR/SRHRR, bodily autonomy, decision-making on SRH in general, contraception, marriage, childbearing, STI treatment, etc. and who influences this (from different nationality groups, married/unmarried, etc.			
			Survey data: Approval attitudes toward Divorce		Arab Barometer, Q860a (wave V)
			Survey data: Approval attitudes toward underage marriage		Arab Barometer, Q860a (wave V)
			Survey data: Approval attitudes toward abortion		Arab Barometer, Q860a (wave V)
			Attitudes towards contraception		
			Attitudes towards fertility and childbearing		
		Norms related to different types of SRH services, split out by service Access to SRHR/SRHRR information, including for different subgroups of women and girls such as girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.		All Ages	
	What is the availability, uptake and quality of sexual and reproductive health services and information and what barriers do women and girls face?	Availability of SRH services (contraception and family planning, safe abortion and post-abortion care, pre and post-natal maternal and child health, STIs and HIV prevention and treatment, comprehensive sexuality education and promotion of autonomous decision making and bodily autonomy, etc.)	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (% of women aged 15-49 years)	15-49	Country Indicator Cluster Surveys
			Women making their own informed decisions regarding sexual relations, contraceptive use and reproductive health care, percent of women ages 15-49	15-49	Arab Barometer
			Contraceptive prevalence rate (proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at a given point in time.)	All ages	UNESCWA

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
			Proportion of pregnant adolescents with access to emergency contraception or safe abortion.	10-19	Girls Not Brides List of Recommended Indicators
			Percentage of girls (15-24) with an unmet need for family planning	15-24	UNFPA
			Proportion of births attended by skilled health personnel	15-49	UN Minimum Set of Gender Indicators
			Antenatal care coverage	15-49	UN Minimum Set of Gender Indicators World Economic Forum UNDP
			Unmet need for family planning (general)	15-49	UNDP World Economic Forum
			Unmet need for family planning, women currently married or in union, aged 15-49	15-49 (married)	UNFPA
		HIV	Estimated number of pregnant women/ adolescents/newborns/living with HIV	numerical	UNICEF Data
			Percentage of girls (15-25) with knowledge of HIV	15-25	UNFPA
		Supply chain management and availability of medicine			
		Safety and ease of access (lighting, distance/routes/ transportation means to access, security staff, confidential, consultation rooms, waiting areas, WASH facilities, etc.)		All Ages	
		Gender responsive (non-stigmatizing, female staff, confidential)		All Ages	
		Youth friendly		10 – 24	
		Quality of care/feedback mechanisms/satisfaction with services		All Ages	
		Affordability of services			
		SRH services access and quality of care for specific sub-groups of girls and women, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.		All Ages	

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
Nutrition	Overview: What is the nutritional status of girls and women?	Gender-specific nutritional issues and risks (stunting, malnutrition, anaemia) and protective factors affecting girls and women generally and different sub-groups of women, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.	Child malnutrition estimates	All Ages	UNICEF Data
	What are the legal and policy provisions related to girls' and women's nutrition and access to nutrition services and information?	Laws and policies that promote or impede nutrition and access to nutrition services and information			
	What are the socio-cultural norms and practices related to girls' and women's nutrition and access to nutrition services and information?	Socio-cultural practices, taboos, cultural beliefs or caring practices that may affect women and girls' nutrition status differently from men and boys			
		Perceptions (including myths) about infant and young child feeding			
		Perceptions on weight and obesity	Q853b. How important do you think it is for a woman to live up to an ideal of the female body as presented by the media?		Arab Barometer: q853b
		Perceptions of what constitutes a healthy diet			
		Understanding of importance of nutrition at all stages of the lifecycle			
		Community-related Household KAPs and barriers			
	What is the availability, uptake and quality of nutrition services and information and what barriers do women and girls face?	Breastfeeding practices and nutrition counselling, and maternal, infant and young child feeding programmes			
		Access to school nutrition			
		Affordability of services			

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
		Access to nutrition services and information by different subgroups of girls and women, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.	Percent of population with disability, by age and sex	Age specified (exact)	UNESCWA Publication
Food Security	Overview: How food-secured are girls and women?	**Access to food and food security-related information for women and girls generally and for specific subgroups, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.**	**Prevalence of moderate or severe food insecurity**	**All Ages**	**FAO's food insecurity experience scale**
		What factors (social, economic, political or security) limit access to and control over food by women and girls of the household/community/population?	Share of land owned by women		FAO gender and land rights database
			1: Number of meals eaten yesterday (or on a typical day) by men, women, boys and girls (<15 years) in the family; 2: Sequence of family members eating food using codes 1=men, 2=women, 3=both men and women; 4=boys, 5=girls, 6=both boys and girls	All Ages	WFP, household survey
			Access to food markets: Distance to and time required for Men/ Women to reach the nearest permanent market		Household surveys (FAO and WFP colleagues)
	What are the legal and policy provisions related to food security and information for girls and women?	Laws and policies that promote or impede food security for girls and women and their access to food security-related information			
	What are the socio-cultural norms and practices related to food security and information for girls and women?	Who within the household has control over resources and does this impact food security for women and girls at the household level?			
		Food-insecurity coping mechanisms for girls and women	Types of food coping mechanisms when you did not have enough food or money to buy food, did you have to use Rely on less preferred, less expensive food?		Household surveys (FAO and WFP colleagues)

Pillar 1: Health and Well-being					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
	What is the availability, uptake and quality of programmes to support food security and information for women and girls and what barriers do women and girls face?	Girls and women's inclusion in food security strategies and programmes			
		Agricultural access for women			
		Access to food security-related programmes and information by different subgroups of girls and women, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.		All Ages	
WASH	**Overview: What are the water and sanitation needs of girls and women and related issues?**	**Gender-specific WASH issues and risks and protective factors affecting girls and women generally and different sub-groups of women, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.**	**Proportion of population using safely managed drinking water services**	**All Ages**	Global Indicator Framework for the SDGs
	What are the legal and policy provisions related to girls' and women's access to WASH services and information?	Laws and policies that promote or impede access to WASH services and information	Primary responsibility for water collection, by gender and age (%)	All Ages	UNICEF Data
	What are the soci-cultural norms and practices related to girls' and women's access to WASH services and information?	Socio-cultural practices, taboos, cultural beliefs or caring practices that affect girls' and women's WASH needs and access differently from men and boys			
		Water usage/access and safety issues			
		Norms and practices supporting or impeding menstrual hygiene management, including age of menses onset, access to appropriate materials and facilities, norms related to management, e.g. not attending school			
		Community-related Household KAPs and barriers related to WASH			
Pillar 1: Health and Well-being					

Theme	Research Question	Sub-theme	Quantitative Indicator	Age	Source
	What is the availability, uptake and quality of WASH services and information and what barriers do women and girls face?	Appropriate supplies and WASH facilities, at home, in schools, etc.	Proportion of adolescent girls who report having what they need to manage their menstruation	10-19	MICS
			Access to sanitation services (basic, limited, none) in schools		UNICEF Data
			Access to hygiene services (basic, limited, none) in schools		UNICEF Data
			% of health facilities with access to WASH		
			DALYs due to unsafe water, sanitation and hygiene (DALYs per 100,000), by sex and age	All Ages	Global Burden of Disease Study 2016
		Safety and ease of access (lighting, distance/routes/ transportation means to access, security staff, etc.)		All Ages	
		Gender responsive access and information related to WASH (non-stigmatizing, other?)		All Ages	
		Youth-friendly		10 -24	
		Quality of care/feedback mechanisms/satisfaction with WASH services/facilities		All Ages	
		Affordability of WASH services			
		Access to WASH services and information by different subgroups of girls and women, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.		All Ages	

*Note: In addition to the quantitative indicators listed, the research team will be reviewing data from reports provided by the Core Group members for qualitative data that relate to the sub-themes and help answer the research questions.

Research Matrix: Pillar 2

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LEARNING					
Formal Education: Female Students	Overview	Enrolment, retention, completion for girls across all levels of formal education (pre-primary through tertiary) generally, and for different subgroups of girls, including girls with disabilities, refugees/IDPs, migrants, rural vs urban, etc.	Number of years of a) free and b) compulsory primary and secondary education guaranteed in legal frameworks		UNESCO
			Gender Parity Index: (education)		UNESCWA Publication Arab Development Portal (disaggregated across country)
			Completion rate (primary, lower secondary, upper secondary)		UNESCO
			Youth Population (total)	15-64	World Bank
			Literacy, by sex and age group	15-24 15+ also available	World Bank World Bank
			Ordinal Ranking of Discrepancy in Educational Attainment Between Males and Females (Secondary Level)		WomanStats AFE-SCALE-1
	What are the legal and policy provisions for formal education that are responsive to the rights and needs of female students?	National education sector plan for girls and female youth in place, budgeted and enforced	Binomial indicator: Does x country have a national plan for girls/female youth in place, budgeted, and enforced?		Country-specific research
		Other national gender-responsive standards, policies, frameworks on early childhood, primary, secondary, and tertiary education in place, budgeted and enforced			
		Laws, policies and standards to address inclusion of female students with specific/special needs, e.g. refugees/IDPs, female students with disabilities, Pregnant and Lactating Women (PLW), young mothers, school returnees, etc.			

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LEARNING					
	What are the socio-cultural norms and practices related to access to and benefits of education for female students?	Norms that influence girls' attendance/access to school (e.g. parents, PTAs and frontline workers investment in girls' learning, from pre-primary through tertiary, including willingness to pay school fees where applicable; domestic responsibilities for girls; child marriage; stigma for girls with disabilities, refugee girls, religious doctrine/guidance etc.)	Proportion of children engaged in economic activity; age group 5-14 (disaggregated by gender)	5 - 14	Arab Development Portal
		Norms that influence education outcomes for girls (at community and individual level)			
		Link between child marriage and school dropout, and additional years of schooling and reduction in risk of child marriage and other forms of GBV			
	What measures are in place to ensure that the delivery of formal education is responsive to the rights and needs of female students? (availability, accessibility, and quality)	Availability: Presence of schools that girls can attend			
		Accessibility: Physical safety within and around schools, including an environment free from harassment, corporal punishment, and other forms of violence, and response services available for students who encounter harassment or violence Travel times/distances to/from schools, availability of safe/affordable school transportation services Presence of school monitors and PSS counsellors/case managers in schools			
		School cost/fees and availability of subsidies			
		Non-discrimination (e.g. equal access to education and inclusive education for all, including marginalized groups)			

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LEARNING					
		Availability of gender-sensitive sanitation (including WASH facilities and sanitary supplies)			
		Quality: Gender-responsive and inclusive teacher standards and associated training programme for pre-primary through tertiary-level teachers			
		Culturally responsive and gender-responsive pre-primary (children's books, toys, etc.) through tertiary materials/textbooks			
		Information accessibility (e.g. assistive materials for PWDs)			
		Schools have adequate supplies, connectivity, etc.			
		Support for female students' active participation in the classroom (equal to male students)			
		Support for female students' participation in physical education, girls' empowerment groups, other extracurricular activities			
		Comprehensive sexuality education curricula and teaching			
		Particular challenges related to accessing and benefitting from formal education for different sub-groups of female students, including girls disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls, ethnic and religious minorities, etc.			
Formal Education: Female Educators	Overview	Number of female educators, additional demographic information	Teachers, primary, percentage of female	N/A	Arab Development Portal
			Teachers, tertiary, percentage of female	N/A	Arab Development Portal
	What are the legal and policy provisions that are responsive to the rights and needs of female educators in the formal education system?	National education sector policy for gender-sensitive teacher recruitment, placement and training in place, budgeted and enforced			

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LEARNING					
		National education policies to support females in education management/administration			
		Policies and plans for protection of female educators from sexual harassment, violence in the schools in place, budgeted and enforced			
	What measures are in place to ensure that the delivery of formal education promotes the capacity, safety and well-being of female educators?	Physical safety/protection from sexual harassment			
		Transport			
		Equal pay			
		Maternity leave	Length of Maternity leave (days)		ILO and ILO
Non-formal and other education (e.g. TVET); Female Students	What are the legal and policy provisions supporting non-formal education that is responsive to the rights and needs of non-traditional female students?	Policies promoting TVET opportunities for girls and women equal to men and boys			
		Policies promoting non-formal education for refugee/ displaced girls and women			
		Policies promoting non-formal education for female students with specific/special needs, e.g. female students with disabilities, PLW, young mothers, refugees/IDPs, migrants, rural vs urban, ethnic and religious minorities, etc.			
	What are the socio-cultural norms and practices related to access to non-formal and other education for non-traditional female students?	Norms that affect female participation in non-traditional education (e.g. stigma for mothers to access non-traditional education; stigma for females to access certain forms of technical training; etc.)	Participation rate in technical and vocational programmes (15- to 24-year-olds), by sex	15 - 24	UNESCO

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LEARNING					
	What measures are in place to ensure that non-formal education systems are responsive to the rights and needs of non-traditional female students? (availability, accessibility, and quality)	Availability: Presence of non-formal learning centers that girls and women can attend			
		Accessibility: Physical safety within and around learning centres, including an environment free from harassment, corporal punishment, and other forms of violence, and response services available for students who encounter harassment or violence Travel times/distances to/from schools, availability of safe/affordable school transportation services Presence of school monitors and PSS counsellors/case managers in schools			
		Learning centres cost/fees and availability of subsidies			
		Non-discrimination (e.g. equal access to education and inclusive education for all, including marginalized groups)			
		Availability of gender-sensitive sanitation (including WASH facilities and sanitary supplies)			
		Quality: Gender-responsive and inclusive teacher standards and associated training programme for educators			
		Culturally responsive and gender-responsive learning materials			
		Information accessibility (e.g. assistive materials for PWDs)			
		Learning centres have adequate supplies, connectivity, etc.			

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LEARNING					
		Support for female students' active participation in the classroom (equal to male students)			
		Support for female students' participation in empowerment activities as part of non-formal education opportunities			
		Comprehensive sexuality education curricula and teaching			
		Particular challenges related to accessing and benefitting from non-formal education for different sub-groups of female students, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, etc.			
ICTs and other learning tools	Overview	General information about state of ICTs in region			
	Can girls and women access and benefit from information technology?	Access to ICTs, including access to and usage of phones, laptops/computers, internet, etc.			
		ICT literacy			
		Opportunities related to ICTs for girls and women, including ICT courses (compared to men and boys)			
LIVELIHOODS					
Labour force opportunities and participation	Overview	Overall representation of women in formal, informal and unpaid labour and areas in which they lack representation	Labour force (total)		World Bank
			Informal employment (% of total non-agricultural employment), by sex		World Bank
			Labor force participation rate, male/female (% of male/female population ages 15-64)	15 - 64	World Bank
			Wage and salaried workers, female, percent of female employment, modeled ILO estimate		ILO (Arab Development Portal)
			Female share of employment in managerial positions, senior and middle management		ILO (Arab Development Portal)
			Firms with female participation in ownership, percent of firms		ILO (Arab Development Portal)

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LIVELIHOODS					
			Proportion of females among tertiary education teachers or professors		UN Gender Stats
			Gender wage gap by occupation (%)		ILO
		Attitudes toward country's economic situation	Economic outlook, by gender and rural/ urban		Arab Barometer, Wave 5, Question 101 & 101.a
	What are the legal and policy provisions and protections that support women's participation in the formal labour force?	Laws mandating non-discrimination in employment based on gender	Does law mandate non-discrimination in employment based on gender?		World Bank
			Proportion of countries where a woman obtains full legal capacity upon reaching the age of majority and there are no restrictions on a woman registering a business.		World Bank
		Opportunities for women to legally get a job or pursue a trade or profession in the same way as a man, including registering a business	Can women legally open a bank account the same as a man?		World Bank
			Are women able to work in the same industries as men?		World Bank
			Can a woman legally sign a contract the same way as a man?		World Bank
		Legal provisions on sexual harassment	Is there legislation on sexual harassment in employment?		World Bank
			Are there criminal penalties or civil remedies for sexual harassment in employment?		World Bank
		Legal provisions for equal pay	Does the law mandate equal remuneration for work of equal value?		World Bank
		Legal provisions for paid leave of at least 14 weeks available to women for the birth of a child	Law mandates paid or unpaid maternity leave (1=yes; 0=no)		World Bank Gender Statistics
			Maternity leave benefits (% of wages paid)		World Bank Gender Statistics
			Maternity leave (days paid)		World Bank Gender Statistics
		Legal provisions for childcare in the workplace			
		Legal provisions for the prevention of child labour (including informal labour most relevant to the girl child, such as domestic work)			

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LIVELIHOODS					
		Legal provisions for non-exploitative work (e.g. minimum wage, maximum work hours, healthcare, holidays etc.)			
	What are the socio-cultural norms and practices related to access to formal vs informal employment for women?	Evidence of gender pay gaps in all/specific industries/ across management levels			
		Norms that contribute to women's ability to work in formal vs non-formal sector (e.g. domestic responsibilities/reproductive labor/unpaid work)			
		Links between education attainment and employment			
		Links between access to employment and reduction in harmful coping mechanisms (e.g. coerced or forced prostitution)			
	What opportunities exist for women in the formal and informal labour force and what barriers do women and female youth face?	Gender-responsive workplaces, including protections from harassment and violence, organizational opportunities for skills-development, mentorship, promotion, pay equity, etc.			
		Public and private support to female entrepreneurship			
		Scope and opportunities for women to hold high-level management positions in the formal labour force			
		Scope and opportunities for women to engage in small businesses and other alternative livelihoods that are safe and that promote wealth attainment (rather than subsistence)			
		Scope and opportunities for female employment in urban vs rural areas			
		Equality of opportunities for specific work for women vs. men, i.e. no higher risk of exploitative labour			

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
LIVELIHOODS					
		Income-generating opportunities for specific subgroups of women, including women with and female youth disabilities, refugees/IDPs, migrants, ethnic and religious minorities, etc. women and female youth migrants, refugees and IDPs			
		Physical, sexual and social risks faced by women in formal and informal work environments			
	What are the programmes that support women's participation in the workforce?	Micro-loans, technical training, etc.	FINCA Borrower profiles (by country)		Financial Inclusion
Earned income management/ access to capital	Overview	Overall access to capital of women generally, and different subgroups of women, including women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT women, illiterate women, ethnic and religious minorities, etc.			
	What are the legal and policy provisions related to income management/ access to capital?	Legal provisions for women to have their own bank account	Proportion of countries that where 1) there are no restrictions on a woman opening a bank account or 2) the law explicitly states that a married woman may open a bank account, or that both spouses may open bank accounts in their own names		World Bank
			% of Female population with an account at financial institution or money-service provider	>15	Human Development Data
		Legal provisions for women to establish their own will			
		Equal inheritance rights			
		Equal property and land rights			
		Legal provisions for women to sign a contract in the same way as a man	Can a woman legally sign a contract the same way as a man? (binomial)		World Bank
		Legal provisions granting spouses equal administrative authority over assets during marriage	Proportion of countries where the husband has administrative rights over all property, including any separate property of the wife.		World Bank
		Legal provisions governing divorce/separation of spouses with respect to individually or jointly held assets			

PILLAR TWO: LEARNING AND LIVELIHOODS					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator**	**Age**	**Source**
LIVELIHOODS					
		Legal provisions that establish explicit pension credits for periods of childcare	Proportion of countries that 1) do not have explicit pension credits provided for periods of childcare in mandatory contributory pension scheme(s) or 2) do not have mandatory contributory pension scheme(s) for private sector workers		World Bank
		Legal provision that support female entrepreneurship			
	What are the socio-cultural norms and practices related to income management/access to capital?	Management of income (e.g. expectation of sharing wages with spouse)			
		Female entrepreneurs' access to venture capital			FINCA
		Specific practices for population sub-groups, including women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT women, illiterate women, ethnic and religious minorities, etc.			
	What are the programmes that support women's and female youth's capacity for income management and/or access to capital and what barriers do they face?	Training programmes, loan programmes, etc.			

*Note: In addition to the quantitative indicators listed, the research team will be reviewing data from reports provided by the Core Group members for qualitative data that relate to the sub-themes and help answer the research questions.

Research Matrix: Pillar 3

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
VAWG	Overview: What are the primary types of VAWG, their prevalence, and the evidence of health, social, economic and other negative outcomes for survivors of VAWG, their families, and communities in the region?	Son preference	Sex ratio at birth for all countries and estimation of national imbalances and regional reference levels	<1 Month	PNAS
		FGM	% Women/Girls who have undergone some form of FGM	15-49	UNFPA; UNICEF
			FGM prevalence among girls aged 0 to 14 years, by residence and wealth quintile (%) *includes disaggregation by rural/urban	0-14	UNICEF
			Percentage of girls and women aged 15-49 who have heard of FGM and think the practice should continue?		UNICEF
		Child and Forced Marriage	Early marriage before 18 (%)	<18	UNESCWA Publication
			Age of First Marriage		Girls Not Brides List of Recommended Indicators
			Proportion of child marriages that were investigated by the police / prosecuted by law /resulted in a conviction		Girls Not Brides List of Recommended Indicators
			Percentage of women 20-24 years old who were married or in union before age 15 and/or 18	0-18	Global Indicator Framework for the SDGs
			Forced marriage for adult females		
		Girl-child labor	Proportion of children engaged in economic activity and household chores, age group 5-17, female/male	5-17	Arab Development Portal
		Dowry	Percentage of marriage transactions that involve exchange of money or other goods.		Girls Not Brides List of Recommended Indicators

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
VAWG		IPV	Are there laws against domestic violence		WomanStats DV-LAW-1
			Percentage of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner for any of the following five reasons: argues with him; refuses to have sex; burns the food; goes out without telling him; or when she neglects the children.	15 - 49	Girls Not Brides List of Recommended Indicators
			Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	15+	Global Indicator Framework for the SDGs
			Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	15-49	Global Indicator Framework for the SDGs
			Proportion of females, aged 20-24 years, who experienced forced sex by 18 years of age (%)	15-19	DHS
			Proportion of ever partnered females, aged 15-19 years, who have experienced intimate partner violence in the last 12 months–sexual (%)	15-19	DHS
			Proportion of ever partnered females aged 15-19 years who have experienced intimate partner violence in the last 12 months – physical (%)	15-19	DHS
			Adequacy of domestic violence law (scale)		WomanStats DV-SCALE-5
		Domestic violence other than IPV			
		Sexual violence, including sex trafficking			
		Cyberviolence (e.g. online harassment; cyberbullying; digital stalking; monitoring and tracking; identity theft (including deleting, changing and faking personal information); sexual (verbal) assault, threats and abusive comments; and uploading of photos and videos without consent.)			
		Honour crimes			

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
VAWG		Elder Female Abuse			
		VAWG issues affecting different sub-groups of girls and women, including girls and women with disabilities, refugee/IDPs and statelessness, rural vs urban, migrants, LBT, girls in detention, girls associated with armed forces/armed groups, UASC, ethnic and religious minorities, etc.			
	What are the legal and policy provisions related to VAWG?	Laws and policies that promote or impede rights and protection from specific forms of VAWG: son preference, FGM, child marriage, dowry, IPV, sexual violence, cyberviolence, honor crimes, elder female abuse, other	Existence of a protocol to care for and refer VAWG at all levels of the health system	All Ranges	Girls Not Brides List of Recommended Indicators
		VAWG Action Plan			
		Relationship between and differences in statutory law, religious law and traditional/ customary laws/provisions related to VAWG			
	What are the cultural practices related to VAWG, specifically in terms of risk and protective factors for girls and women?	Attitudes/perceptions of both males and female about acceptability of VAWG?	Q105: To what extent do you feel that your own personal as well as your family's safety and security are currently ensured?		Arab Barometer: Wave V (Data disaggregated by sex/ rural/country)
			Percentage of girls and boys aged 15-19 years who consider a husband to be justified in hitting or beating his wife for at least one of the specified reasons, i.e., if his wife burns the food, argues with him, goes out without telling him, neglects the child	15-19	UNICEF- Attitudes and social norms on violence dataset
		Prevalent attitudes/perceptions about: girl children in comparison to boy children; FGM practices; child marriage; importance of dowry; acceptance of IPV; sexual violence stigmatization; pressure related to "crimes of honor"; cybercrimes, position of elderly women; etc.	Percentage of girls and women and percentage of boys and men aged 15 to 49 years who have heard about FGM and think the practice should end	15-49	UNICEF
			Percentage of unmarried men (or boys) who say they prefer to marry a woman who is 18 years or older.		Girls Not Brides List of Recommended Indicators
			Number of influential leaders and communicators (traditional, religious, cultural, political) who have made public declarations to end child marriage.		Girls Not Brides List of Recommended Indicators

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
VAWG			Percentage of key stakeholders (parents, community leaders, young people) who know about the harms of child marriage, discrimination, and violence.		Girls Not Brides List of Recommended Indicators
			Percentage of marriage transactions that involve exchange of money or other goods.		Girls Not Brides List of Recommended Indicators
			Perceptions of the prevalence of dowry		Girls Not Brides List of Recommended Indicators
	What is the availability, accessibility, uptake and quality of VAWG multi-sectoral response services and information and what barriers do women and girls face?	Health services and information, including CMR, PEP, EC: availability (including mobile outreach), accessibility (including safe access and no fees), uptake and quality (including client satisfaction)			UNFPA ASRO ESP MAPPING
		Police services and information: availability, accessibility (including safe access and no fees), uptake and quality (including client satisfaction)	Trust perceptions of local and country Police/Security forces (Scaled Interview) (Data disaggregated by sex/rural/country)		UNFPA ASRO ESP MAPPING; Arab Barometer: Wave V
		Legal/judicial services and information: availability, accessibility (including safe access and no fees), uptake and quality (including client satisfaction)	Trust perceptions of local and country Judiciary systems (Scaled Interview) (Data disaggregated by sex/rural/country)		UNFPA ASRO ESP MAPPING; Arab Barometer: Wave V
		Community-based dispute resolution for VAWG: availability, accessibility (including safe access and no fees), uptake and quality, including safety issues related to dispute resolution			UNFPA ASRO ESP MAPPING
		MHPSS services and information: availability, accessibility (including safe spaces, case management, counseling, mobile outreach, safe access and no fees), uptake and quality (including client satisfaction)			UNFPA ASRO ESP MAPPING
		Shelter services and information: availability, accessibility (including safe access and no fees), uptake and quality (including client satisfaction)	Number of available places in shelters and refuges per 1000 population (urban and rural)		UNFPA ASRO ESP MAPPING; Global Indicator Framework for the SDGs
		Existence of national/localized SOP for referrals; other safe and ethical processes for referral			UNFPA ASRO ESP MAPPING

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
VAWG		Access and quality regarding the above issues for specific sub-groups of women, including girls and women with disabilities, refugees/ IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, girls associated with armed forces/armed groups, UASC, etc.			
	What is the availability, accessibility and quality of VAWG risk mitigation and prevention programming and information?	I/NGO and government-led specialized and evidence-based prevention programming, including attention to social norms change, livelihoods for women and girls			
		Community-led prevention efforts, e.g. religious and community leaders speaking out about child marriage, IPV, community-based child protection committees (CBCPCs) etc.			
		Risk mitigation measures across core sectors (e.g. in humanitarian response specifically, related to IASC GBV Guidelines)	Evidence of GBV safety audits		
			Evidence of CP risk mapping		
			Evidence of IASC GBV Guidelines mainstreaming		
			Evidence of PSEA mainstreaming		
Empowerment and rights for women and girls	Overview: Review of various indicators of dis/ empowerment for women and girls	Decision-making at the household, community, and national level (e.g. decisions around healthcare, voting rights, etc.)			
			Percentage of girls who feel they can advocate for themselves	15-25	Girls Not Brides List of Recommended Indicators
			Percentage of girls/women (married and unmarried) who report having a say in important decisions.	15-49	Girls Not Brides List of Recommended Indicators
			Proportion of girls/women who say that they wanted to get married at the time that they were married.	All Ranges	Girls Not Brides List of Recommended Indicators
			Proportion of girls who say they would be willing to report any experience of unwanted sexual activity.	All Ranges	Girls Not Brides List of Recommended Indicators

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
Empowerment and rights for women and girls		Bodily autonomy and physical rights and freedoms	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	15 - 49	Global Indicator Framework for the SDGs
			Rate of condom use at last high-risk sex, males and females ages 15-24	15-24	Girls Not Brides List of Recommended Indicators
			Proportion of girls who feel able to say no to sexual activity.	All Ranges	Girls Not Brides List of Recommended Indicators
			Percentage of adolescent boys, girls, and women who know their rights and entitlements	10-14 15-19	Girls Not Brides List of Recommended Indicators
			Number of peer groups and clubs for girls that provide peer support, life skills lessons, financial literacy training, savings and credit literacy, etc.	10-14 15-19	Girls Not Brides List of Recommended Indicators
		Mobility and social rights and freedoms			
		Financial rights and freedoms, including land ownership and inheritance, and ownership of other assets	Inheritance rights for daughters (yes, no, part)	All Ranges	World Economic Forum
			Female and male surviving spouses have equal inheritance rights to property	All Ranges	Girls Not Brides List of Recommended Indicators
			Women's secure access to land use, control and ownership and women's secure access to nonland assets use, control and ownership (yes, no, part)	All Ranges	World Economic Forum
		Indicators of dis/empowerment for different subgroups of women, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, widows, female-headed households, etc.			
	What are the legal and policy provisions related to women and girls' empowerment and rights, that promote or impede gender equality?	Laws or policies that promote or impede equal rights of males and females (also link to participation and leadership for household-level laws and policies)			
		Gender Action Plan and other legal and policy provisions for mainstreaming gender			

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
Empowerment and rights for women and girls		Bodily autonomy			
		Mobility and social rights, including Safe access to public spaces and services			
		Financial rights and freedoms, including land and inheritance laws and policies, and ownership of other assets	% Woman-owned land		FAO Land Rights Database
		Relationship between statutory law, religious law and traditional laws/provisions related to empowerment and rights of women and girls			
		Laws targeting the empowerment of different sub-groups of women and girls, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, widows, female-headed households, etc.			
	What are the socio—cultural norms and practices related to women's and girls' empowerment and rights?	Attitudes about male vs female power generally and the acceptability of gender inequality			
		Cultural practices in the household (link to pillar 4)			
		Bodily autonomy			
		Mobility and social rights, and safe access to public spaces and services including attitudes of both males and females, and self-restriction by females on movement			
		Financial rights and freedoms, including land and inheritance rights, and ownership of other assets, access to credit	Does law prohibit discrimination based on sex or gender in access to credit? (binomial)		World Bank
		Cultural practices regarding the empowerment of different subgroups of women, including girls and women with disabilities, refugees/ IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, widows, female-headed households, etc.			

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
	What is the availability, accessibility, uptake and quality of women's and girls' empowerment programmes and information and what barriers do women and girls face?	Skills-building programmes for girls and women			
		Safe spaces for girls and women			
		SRHR/SRHRR education, including on bodily autonomy			
		Adolescent and youth-led initiatives			
		Financial literacy programmes			
		Programmes for the empowerment of different sub-groups of women and girls, e.g. widows, female-headed households, refugee/IDPs, migrants, PWD, LBT, etc.			
Access to Justice	Overview: Review of justice mechanisms women and girls' access	Types of justice systems in the region			
	What are the legal and policy provisions that support or impede women and girls' access to justice?	Legal identity			
		Civil documentation, including birth certificates, marriage and divorce certificates (Including for unregistered and informal marriages), death certificates, etc.	Completeness of birth registration, female/ male	All ages	Arab Development Portal
			Have you personally or any of your relatives or anyone you know been demanded to provide a permit or a certificate of good behavior from the security services (police for example) in order to obtain a passport or an identity card or any other document or paper from the government institutions in the region you live in?		Arab Barometer: Q214 (wave V, latest survey data). Other years avaliable)

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	**Research Question**	**Sub-theme**	**Quantitative Indicator***	**Age**	**Source**
Access to Justice			Whether women and men have the same rights to apply for national identity cards (if applicable) and passports and travel outside the country: 0: Without legal exceptions regarding some groups of women. Customary, religious and traditional laws or practices do not discriminate against these rights; 0.25: However, some customary, traditional or religious practices or laws discriminate against these rights; 0.5: However, this does not apply to all groups of women; 1: Women do not have the same rights as men to apply for national identity cards (if applicable) or passports and to travel outside the country.	All ages	SIGI Country Profiles
			Whether women and men have the same legal rights to open a bank account and obtain credit in a formal financial institution, without legal exceptions regarding some groups of women: 0: Customary, religious and traditional laws or practices do not discriminate against women's above legal rights; 0.25: However, some customary, religious or traditional practices or laws discriminate against women's legal rights; 0.5: However, this does not apply to all groups of women; 0.75: Women and men have the same rights to open a bank account at a formal financial institution. However, women do not have the same rights as men to obtain credit; 1: Women do not have the same rights as men to open a bank account at a formal financial institution.		SIGI Country Profiles
			Can a woman apply for a passport the same way as a man? (binomial)		World Bank
		Rights to access justice for males and females			
		Women in law (e.g. lawyers, paralegals, prosecutors, judges, legal scholars, law professors, etc.)	Percentage of women who are lawyers		UNESCWA Publication
	What are the cultural practices that support or impede women's and girls' access to justice?	Attitudes and norms regarding women's and girls' access to justice			

PILLAR 3: FREEDOM FROM VIOLENCE AND DISCRIMINATION					
Theme	Research Question	Sub-theme	Quantitative Indicator	Age	Source
		Attitudes and norms regarding access to justice for different sub-groups of women and girls, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, widows, female-headed households, etc.			
	What is the availability, accessibility, uptake and quality of legal and justice services and information for women and girls and what barriers do women and girls face?	Availability, accessibility uptake and quality of gender-responsive legal aid (including formal courts, religious courts, other traditional courts, dispute resolution/mediation)	Trust in courts and legal system (by gender/ country) Trust in religious leaders (q201.b.13)		Arab Barometer: Question 201 of Wave V
		Access for different sub-groups of women and girls, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, widows, female-headed households, etc.			

*Note: In addition to the quantitative indicators listed, the research team will be reviewing data from reports provided by the Core Group members for qualitative data that relate to the sub-themes and help answer the research questions.

Research Matrix: Pillar 4

PILLAR 4: PARTICIPATION AND LEADERSHIP					
Theme	**Research Question**	**Sub-theme**	**Indicator(s)**	**Age Range**	**Source**
Household-level participation and leadership	Overview	Situation of women generally in the household in terms of family rights (this will have to be linked carefully with VAWG to prevent overlap), and situation of specific subgroups of women, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, ethnic and religious minorities, widows, female-headed households, etc.	Situation of women in the household in terms of family rights (this will have to be linked carefully with VAWG to prevent overlap)		World Bank
			Decision maker about major household purchase: mainly husband (% of women age 15-49)	15-49	World Bank
			Decision maker about major household purchase: mainly wife (% of women age 15-49)	15-49	World Bank
			Decision maker about major household purchase: wife and husband jointly (% of women age 15-49)	15-49	World Bank
			Decision maker about a woman's own health care: mainly husband (% of women aged 15-49)	15-49	World Bank
			Decision maker about a woman's own health care: mainly wife (% of women aged 15-49)	15-49	World Bank
			Decision maker about a woman's own health care: wife and husband jointly (% of women aged 15-49)	15-49	World Bank
			Women participating in decision of visits to family, relatives, friends (% of women age 15-49)	15-49	World Bank
			Female headed households (% of households with a female head)	15-49	World Bank
	What are the legal and policy provisions for equal rights and decision-making for women and girls at the household level?	Decision-making rights			
		Marriage rights	Average age at first marriage, female		Arab Development Portal
			The degree to which the nation's laws prohibit underage marriage (marriage at age 16 or younger)		WomanStats AOM-SCALE-2: AOM-SCALE-3 9o0
			Can a woman legally be forced to marry against her will? [This could include arranged marriages, capture marriage, etc.]		WomanStats MARR-LAW-1

PILLAR 4: PARTICIPATION AND LEADERSHIP					
Theme	**Research Question**	**Sub-theme**	**Indicator(s)**	**Age Range**	**Source**
Household-level participation and leadership		Divorce rights			
		Custody rights			
		Nationality rights for mothers and their children			
		Rights at the household level of particular sub-groups of women/girls, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, ethnic and religious minorities, widows, female-headed households, etc.			
	What are the socio-cultural norms and practices related to participation and decision-making shared (or not) in the home, between males and females, about the household?	Household expenditures	Decision maker about major household purchase: mainly husband (% of women age 15-49) Decision maker about major household purchase: mainly wife (% of women age 15-49) Decision maker about major household purchase: wife and husband jointly (% of women age 15-49)	15 - 49	World Bank
		Gender role attitudes in family dynamics			
		Childcare decisions (e.g. admitting children to hospital without consent of husband/male household member)			
		Cultural practices in shared decision-making for different sub-groups of women/girls, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, ethnic and religious minorities, widows, female-headed households, etc.			

PILLAR 4: PARTICIPATION AND LEADERSHIP					
Theme	**Research Question**	**Sub-theme**	**Indicator(s)**	**Age Range**	**Source**
Community and national level civil society participation and leadership	Overview	Women's participation in the community and particularly extent of women's civil society organizations and CBOs			
	What are the legal and policy provisions for equal rights and decision-making for women and girls at the community and national level?	Rights to register women's NGOs and CBOs			
		Rights for women to participate in local leadership mechanisms as both formal and informal leaders, e.g. local councils			
	What are the socio-cultural norms and practices related to girls' and women's participation at the community and national level (both in-person and online/anonymous participation)?	Community perception and support of girls' and women's participation in community activities			
		Female volunteerism and other community-level involvement	Have you volunteered for any local group/ organization regardless of your status of membership? (disaggregated)		Arab Barometer, q501.a (wave 5)
		Number of and level of participation of women in women's organizations/associations, unions, and other civil society fora	Women members of organizations, groups, or clubs		Arab Barometer, q501 (wave 5)
		Challenges facing women's rights organizations/associations and other civil society fora			
		Consent laws around public participation (e.g. travel, marriage etc.)	Can a woman travel outside of her home the same way as a man? (binomial indicator)		World Bank
		Cultural practices on participation and leadership at the community level of different subgroups of women and girls, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, widows, female-headed households, etc.			

PILLAR 4: PARTICIPATION AND LEADERSHIP					
Theme	**Research Question**	**Sub-theme**	**Indicator(s)**	**Age Range**	**Source**
Political, representation, participation and leadership	Overview	Women's participation in parliaments, cabinets, local governance structures such as municipal councils and girls' participation in school parliaments	Percentage of women in parliament (lower or upper house)		UNESCWA Publication
			Percentage of women in the judiciary		UNESCWA Publication
			Percentage of women in ministerial positions		UNESCWA Publication
			Percentage of women in local government/ municipalities		UNESCWA Publication and International Parliamentary Union
			Female politicians' perceptions of the impact that they have on decision-making, by level of gov		https://static1.squarespace.com/static/536c4ee8e4b0b60bc6ca7c74/t/55b22173e4b04e6c4c5445a0/1437737331868/GADN+WPL+SDG+Indicators+Paper+July+2015.pdf
	What are the legal and policy provisions for women's political representation, participation and leadership?	Women allowed and supported to vote and run in elections	Proportion of countries that allow women to vote		http://womensuffrage.org/?page_id=103
			Proportion of women who vote compared to national male/female ratio		
			% of the population participating in [presidential, parliamentary, etc.] elections (voter turnout)		https://www.idea.int/data-tools/data/voter-turnout
			% of the population registered to vote (disaggregated by sex and age, if possible)		National Democratic Institute
			Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group		https://unstats.un.org/sdgs/metadata/files/Metadata-16-07-02.pdf
			Proportion of seats held by women in (a) national parliaments and (b) local governments		International Parliamentary Union
		National quotas for women in governance	Presence and type of quota system and numbers of women who reach parliament / municipality on the quota system		https://www.idea.int/data-tools/data/gender-quotas/database

PILLAR 4: PARTICIPATION AND LEADERSHIP					
Theme	**Research Question**	**Sub-theme**	**Indicator(s)**	**Age Range**	**Source**
Political, representation, participation and leadership		Rights related to political participation for different sub-groups of women, including women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT women, adolescent girls, illiterate women, ethnic and religious minorities, widows, etc.			
	What are the socio-cultural norms and practices related to girls' and women's political representation, participation and leadership?	Women's voting practices	Proportion of women who vote compared to national male/female ratio		
			% of the population participating in [presidential, parliamentary, etc.] elections (voter turnout)		https://www.idea.int/data-tools/data/voter-turnout
			% of the population registered to vote (disaggregated by sex and age, if possible)		https://www.ndi.org/sites/default/files/MENA%20Voter%20Registration_EN.pdf
			Proportion of countries that allow women to vote		http://womensuffrage.org/?page_id=103
			Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group		https://unstats.un.org/sdgs/metadata/files/Metadata-16-07-02.pdf
		Presence of women's organizations and activists that support/promote women candidates/politicians			
		Presence of civics/related courses/trainings/workshops			
		Political participation and leadership of different subgroups of women and girls, including girls and women with disabilities, refugees/IDPs, migrants, rural vs urban, LBT girls and women, adolescent girls, illiterate girls and women, ethnic and religious minorities, widows, etc.			
	Do governance structures integrate attention to women's and girls' rights and needs?		Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group (qualitative)		https://static1.squarespace.com/static/536c4ee8e4b0b60bc6ca7c74/t/55b22173e4b04e6c4c5445a0/1437737331868/GADN+WPL+SDG+Indicators+Paper+July+2015.pdf
		Gender focal points within the ministries			
		Separate Ministry for Gender/Women/Women's Rights with budget			

PILLAR 4: PARTICIPATION AND LEADERSHIP					
Theme	**Research Question**	**Sub-theme**	**Indicator(s)**	**Age Range**	**Source**
Participation and leadership in peace and security		Separate parliamentary committees and sub-committees on women's/girls' issues, rights that support legislative and policy reforms			
	Are women active and equal participants in peace processes?	Presence of state NAPs on WPS			https://www.cfr.org/interactive/interactive/womens-participation-in-peace-processes/explore-the-data
		Women's participation in WPS and YPS coalitions			
		Presence in peace negotiations and accords	Proportion of negotiator roles held by women during peace talks		https://www.cfr.org/interactive/interactive/womens-participation-in-peace-processes/explore-the-data
			Proportion of mediator roles held by women during peace talks		https://www.cfr.org/interactive/interactive/womens-participation-in-peace-processes/explore-the-data
			Women's representation as signatories to peace accords		https://www.cfr.org/interactive/interactive/womens-participation-in-peace-processes/explore-the-data
		Presence in peacekeeping missions	#of women serving in peacekeeping missions: junior and senior roles		
	Are women discriminated against/ targeted by national security forces (police, military) and/or non-state actors?	Prevalence of violence by security forces	# Fatalities/Year		ACLED DATA
		Prevalence of violence by non-state actors (militias, terrorist groups, etc.)	# Fatalities/Year		ACLED DATA
		Suppression of women's participation as a result of targeted violence by security forces			
		Protections/lack of protections for WHRDs			

PILLAR 4: PARTICIPATION AND LEADERSHIP					
Theme	**Research Question**	**Sub-theme**	**Indicator(s)**	**Age Range**	**Source**
	Are women and girls active and equal participants in humanitarian response structures?	Women and girls of all ages from the crisis-affected populations receive information on assistance/relief programs and are given the opportunity to comment on programming during all stages of the project			
		Women's representation in National Government's Disaster Management Office (NDMO) and relevant line ministries			
		Women's representation in the cluster system and Humanitarian Country Team (HCT)			
		Representation of gender mainstreaming in HRP/RRP/HNOs	IASC Gender with Age Marker		