

# **Enhancing Equality between Men and Women in the Euromed region**

## **Regional Expert-Group Meeting on Gender-based violence research: Concepts, data, methodology and tools**

**20-23 April 2009, Tunis, Tunisia**

### **Workshop Report**



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### List of Acronyms and Abbreviations

| ACRONYM | Meaning   |
|---------|---|
| CAWTAR  | Centre of Arab Women for Training and Research (Tunisia)                    |
| ComE    | Communication Expert  |
| CEDAW   | Convention for the Elimination of all forms of Discrimination against Women |
| COPEAM  | Permanent Conference of the Mediterranean Audiovisual                       |
| CSO     | Civil Society Organisations   |
| CRASC   | National Centre for Research in social and cultural anthropology, Algeria   |
| CTB     | Belgian Technical Development Cooperation                                   |
| EC      | European Commission   |
| ECE     | Economic Commission for Europe (United Nations Organisation)                |
| EGEP    | Enhancing Equality between men and women in the Euromed region programme    |
| EGM     | Expert Group Meeting  |
| EPSM    | Equal Proportionality Size Method   |
| Enveff  | National Survey on Violence against Women in France                         |
| Euromed | Euro-Mediterranean  |
| EWL     | European Women's Lobby  |
| FGM     | Female Genital Mutilation   |
| GBV     | Gender-Based Violence   |
| GE      | Gender Expert   |
| GPE     | Gender Policy Expert  |
| IC      | Inter-Ministerial Committee or Commission                                   |
| ISTAT   | Statistics Institute, Italy   |
| MEDA    | Mediterranean   |
| MD      | Millennium Declaration  |
| MDG     | Millennium Development Goals  |
| NGO     | Non-Governmental Organisation   |
| NWM     | National Women's Machinery  |
| ONPF    | National Office for the Population and Family, Tunisia                      |
| PA      | Palestinian Authority   |
| PA A    | Programme Administrative Assistant  |
| POA     | Plan of Action  |
| PPS     | Probability Proportionate to Size   |
| RWEL    | Role of Women in Economic Life programme                                    |
| SCR     | Security Council Resolution   |
| SIDA    | Swedish International Development Agency                                    |
| ST      | Short-term expert   |
| TL      | Team Leader   |
| TORs    | Terms of Reference  |
| UN      | United Nations Organisation   |
| UNDP    | United Nations Development Program  |
| UNFPA   | United Nations Population Fund  |
| UNIFEM  | United Nations Development Fund for Women                                   |
| UNICEF  | United Nations Children Fund  |
| VAW     | Violence against Women  |
| WB      | World Bank  |
| WHO     | World Health Organisation   |

## **1. Executive summary**

### **1.1 Context and objectives**

In Euromed partner countries and in Europe, Gender-Based Violence (GBV) is increasingly recognised as a major problem. Nonetheless, the definition of GBV and its unacceptability are still in discussion given that these violations of women's human rights, as expressed through the CEDAW and other instruments, are in certain cases socially sanctioned. GBV remains a taboo and silenced issue and cases are under-reported and difficult to detect. To adapt and implement strategies to prevent and combat GBV, information, data and recording systems on GBV need to be set up and improved.

The GBV Expert Group Meeting was organised to contribute to the achievement of Purpose 2 of the programme to "Enhance Equality between Men and Women in the Euromed region (EGEP)", namely to improve understanding of and knowledge about the various forms of violence against women (VAW). The Expert Group Meeting (EGM) addressed the question of methodologies and tools for research and data collection on GBV by bringing together experts, practitioners, policy-makers, users and producers of data, NGO's active in this field and media professionals in order to build a consensus around a methodological approach for GBV surveys in the region.

The specific objectives of the meeting were: (1) to assess good practices and methodologies and tools used in the context of GBV surveys and research; (2) to provide technical support in order to develop a harmonised conceptual and methodological framework to be used in 3 pilot countries; (3) to provide recommendations on how to strategically plan to address the occurrence of GBV and its root causes.

### **1.2 Method of work**

The main approach for the preparation of the EGM was based on the assessment and evaluation of previous experiences, researches and surveys (quantitative and qualitative). Already at the beginning of EGEP and later during the country introductory visits of the EGEP programme, the team identified official statistics institutions and research centres and experts to ensure the coherence between the EGEP approach and the reality e.g. knowledge and needs of the partner countries. This process also resulted in the identification of the two pilot candidate countries (Jordan and Lebanon). Tunisia as partner country in the EGEP programme is willing to use the EGEP harmonised methodology in its own GBV survey planned in the context of a partnership with the Spanish Cooperation, MAFFEPA and that is embedded in the framework of national priorities (national strategy, plan of action). The background justification and criteria for the selection were the national commitments of the country, particularly countries that did not conduct national surveys on GBV incidence or prevalence.

The team leader, the gender expert and the gender policy expert technically backstopped and attended the meeting. The gender expert ensured the main facilitation in addition to the preparation of the concept papers and contribution to the methodological and technical aspects of the research. A short-term expert was hired to assist with the technical aspects of the work to be done for the harmonisation of the methodology and tools for the GBV research and survey during the workshop and follow up.

The meeting gathered 58 participants from European and MEDA countries (see annexe 3). The group included GBV planners/ programmers, service providers and advocates including from NGOs in addition to producers and users of data as a whole and GBV data. Represented countries were: Algeria, Egypt, Jordan, Lebanon, Palestinian Authority, Syria, Tunisia and Denmark. The country delegations were made up of one representative from the National Women Machinery, one representative from the Statistics Institution, a representative from another governmental institution dealing with GBV data and programmes, a representative from an NGO working in the area, and a representative from the media. Representatives from bi-lateral and international organisations also attended the meeting in full or in part.

The meeting took place in Tunis, Tunisia, for a period of 4 days, 20-23 April 2009. It was held in three languages, Arabic, English and French, with simultaneous translation to ensure the richness of the exchanges between the country delegations. The format of the meeting alternated panels, plenary sessions and group sessions. The plenary sessions included an opening session, panel presentations by countries on experiences and best practices and by international experts on conceptual and analytical frameworks and tools (see annexe 2). Working group sessions were organised to build a consensus around a common conceptual framework and methodological tools for GBV surveys in the pilot countries as well for a latter design of a regional survey method and also to reflect on the role of the media as a strategic actor in this process. The Meeting was divided into 3 panels and 12 sessions. **Panel 1** was entitled “GBV throughout the borders” and intended to look at differences and commonalities through country presentations. **Panel. 2** intended to build consensus on defining GBV/VAW and **Panel 3** was dedicated to the design of a conceptual and methodological framework for GBV surveys in the region and in the pilot countries in particular. The pilot countries, as mentioned above, are Lebanon and Jordan and a special attention will be dedicated to Tunisia that will also carry out a survey independently from the EGEP programme.

### **1.3 Proceedings of the Meeting**

#### **1.3.1 Opening session**

The EGM started with an opening session and welcoming remarks from Dr Soukeina Bouraoui, Director, CAWTAR, Ms Judith Naisse, Team Leader, EGEP programme, Ambassador Adrianus Koetsenruijter, Head of EC Delegation in Tunisia, Excellency Sarra Kanoun Jarraya, Minister of Women Affairs, Government of Tunisia, and Dr Faiza Benhadid, Gender Expert, EGEP programme.

#### **1.3.2 Panel 1**

The first panel started with the introduction of the workshop participants and was followed by the presentation of country experiences in combating and preventing GBV and VAW (Algeria, Egypt, Jordan, Lebanon, Palestinian Authority, Syria, and Tunisia.). After debating and commenting on the presentations, a series of recommendations were made, drawing on lessons learned from these country experiences (see point 4.2.2).

Euromed country presentations and the debate session were followed up by a presentation on good practices and experiences in combating GBV in EU countries. These included:

- Review of national strategies, legal frameworks and reforms,
- Institutional mechanisms, policy interventions and measures,

- Data collection and surveys, recording systems for GBV and measures to combat trafficking against human beings with a focus on women and girls' trafficking for sexual exploitation.

It provided participants with examples of good practices in combating GBV developed in EU member states, including in terms of recording systems, surveys and data collection methods.

The next session addressed the question of speaking out on GBV by looking at the role of the media in combating GBV. After outlining briefly the communication and media component of the EGEP programme, presentations and related discussions were made by journalists and country delegates from (Algeria, Tunisia, Palestinian Authority, Egypt, Jordan, Syria and Lebanon) to identify opportunities and constraints in media coverage of GBV and VAW. From the debates that followed, it resulted that the media is not only a partner but also a strategic ally that should be included in policy and advocacy strategies. This implies conducting training for media professionals by focusing on the entire line of media production, not only on journalists. It also entails supporting women to reach higher-ranked and decision-making positions, for instance in boards of editors.

### **1.3.3 Panel 2**

The second panel of the expert meeting was dedicated to work towards a common conceptual framework on defining and understanding GBV/VAW. Method of work was: Brainstorming exercise into "buzz groups" to reflect upon understanding of the gender-based violence concept, the forms of GBV-VAW and their relevance in the region, the reasons behind it and the social impacts of GBV-VAW.

Agreement that GBV-VAW can be conceived as the type of violence that is exercised on women because they are women and which is characterized by an imbalance in power relations and by social tolerance.

Presentation on conceptualising GBV-VAW within a human rights framework

Agreement that, the conceptual framework of the international agreements that the countries have ratified and in particular CEDAW will be the reference framework for the EGEP regional methodology.

### **1.3.4 Panel 3**

The afternoon of the second day was initiated with a presentation of an assessment of producing the GBV/VAW quantitative and qualitative data made by CAWTAR on GBV. Algeria, Egypt, Denmark, the Palestinian Authority, and Syria presented surveys and studies conducted focusing essentially on their objectives and methodologies and tools used by some countries. It was followed by country presentations of surveys with national coverage that have been conducted in most recent years (2006 to 2009) on GBV/VAW. These included a presentation of the methodology and tools that have been designed and used for this purpose as well as the findings and challenges encountered in the process.

Participants agreed that there is no single model or method for GBV surveys, and the short-term expert made a wrap up of the session and proposed recommendations based on the challenges and lessons learned from experiences. These included:

The objectives and use of the results should inform the design of the survey.

If the observation around VAW is that it is higher in excluded groups, the survey design needs to proportionate their weight in the sample.

The questionnaire design implies to pre-test expected answers and questions should be formulated in a non-judgmental way.

To be relevant for policy planning, variances between areas and groups should be reflected in the sampling method.

Drawing on the country presentations and recommendations, the panel then:  
Presented elements of the process for designing GBV surveys, both at a conceptual and at a methodological level.

Identified the general objectives of GBV surveys

Proposed recommendations that GBV surveys refer to the international, regional and national frameworks to combat VAW.

Suggested, before entering into the methodological aspects, to ensure that the decision to conduct a survey is official and that it allows undertaking the survey within the framework of a national statistical act that grants confidentiality. This relates to the safety of interviewees and to the adoption of ethical standards and codes of conduct.

During the next day, participants broke into groups to develop a conceptual and methodological framework for GBV surveys, define a Plan of Action in pilot countries and reflect upon the role of the media in GBV surveys.

Two groups worked on the development of a conceptual and methodological framework. It resulted in the following agreements:

The objectives of the work would be to empower partner countries in the Euromed region to conduct surveys and to develop an approach for it, as well as to provide inputs for policy makers.

Specific goals will be a better understanding of the types of VAW, recurrence, perpetrators and service delivery.

The consensus on the conceptual and methodological framework for GBV surveys that resulted from the working groups and plenary debates contained the following elements:

- The UN definition as a reference definition for EGEP GBV surveys
- The surveys shall be national surveys encompassed within a regional methodology.
- The survey will target GBV in the public and the private sphere.
- The survey nature will be quantitative with other qualitative approaches, to be defined and if need be.
- The primary sources of data: interviews of women and questionnaires.
- The eligible women are those aged 15 and plus regardless of their status and only one woman per household.
- Secondary sources of data: population census, national health surveys and other existing data from hospitals, police, civil society organisations and statistics offices.
- The sampling: household, done randomly, and representative of the country, including key geographical features.
- The questionnaire outline: (1) Socio-demographic data (size and conditions of life of families, data about the victim and her status on the women and household), (2) Types of Violence (physical, sexual and psychological), including the victim's perception of the causes/reasons, (3) Prevalence, (4) Perpetrators, (5) Place of Violence, (5) Women's attitude, (6) Family attitude, (7) Service and support (did or not -and if so, why and where- the women ask for help, and what was the outcome), and (8) Consequences (medical, psychological, etc.). The questionnaires shall be anonymous and confidentiality shall be respected

A third group worked on the Plan of Action for national GBV surveys. It gathered to debate the progress and context in Tunisia, the potential implementation of the GBV survey and situation in Jordan and Lebanon, and the template proposed by the team related to the different steps.

The outcomes and recommendations of this group were:

- Send of an official letter by the EC to the governments of Jordan and Lebanon to inform that the country is proposed for conducting a national survey.
- Finalisation of the methodology sharing it with the NWM and country delegation members to the EGM in Tunis for a final input.
- Definition and Validation of the implementation process of the EGEP survey at the country level as well as the framework of collaboration and implementation
- A step-by-step preparation of Jordan and Lebanon by the EGEP team in Tunisia, including budget estimations, to benefit from lessons learned.

The fourth working group that reflected on the role of the media proposed the following recommendations:

- Development of a comprehensive media strategy that involves official, party, private, national and local media (radio, television, written and electronic media as well as new communication tools such as mobile technology).
- Involving all media techniques: cartoons, pictures, drawing and others.
- Promoting a dialogue with media professionals, authorities (Ministries of Information) and trade unions.
- Use of the outcomes of the survey by the media in support of campaigns to combat VAW.

More general recommendations were made on the media and communication component of the EGEP programme. These included the development of training for media professionals of a training manual and of media products related to the programme, as well as the participation of media people in Euromed events especially in relation to the Istanbul Process

#### **1.4 Closure**

After asking participants to share their feedback on the meeting and to complete evaluation questionnaires, the team leader highlighted the success of the meeting and the achievement of its intended results. Participants were reminded that the workshop is part of a process and that the future steps will include opportunities for sharing experiences across countries.

#### **1.5 Conclusions and Next Steps**

Drawing on participants and EGEP team members' conclusions, the general assessment was that the objectives of the meeting had been successfully achieved. All represented countries gave presentations of their experiences and debated each other's approaches. Methodologies and tools used in the context of national surveys were shared and good practices were identified. A consensus was reached on the conceptual and methodological framework for EGEP GBV surveys that will inform the approach and tools for the surveys to be conducted in pilot countries. This consensus included a common definition of GBV and the acknowledgement that it should draw on the international framework and standards for the promotion of women's human rights, and achievement of tools, sources of data, sampling procedures and questionnaire design. There was an agreement as to the types and places where violence against women occurs. The categories for the research and the type of information that will be highlighted by the survey results were other points of consent.

Delegates from countries that already undertook surveys highlighted the importance of participatory and inter-disciplinary teamwork. At the regional level, participants expressed their interest to deepen the exchange of experiences and to learn from each other, as well as from EU Member States' experiences. If a recurrent observation was

that there is no single model for GBV surveys, the commonalities of the problematic and the challenges faced call for a regional methodological approach that can be adjusted according to national specificities.

The implementation of the workshop strengthened ownership of all countries on regional survey tools and methods. All countries demonstrated political commitment to conduct surveys in GBV. With the countries selected for piloting the methodology, an agreement has been reached on a Plan of Action and the next steps were clearly outlined, with respective roles and responsibilities. Other country delegates expressed their interest in undertaking surveys with the same method. All expressed interest to be involved in further refinement of the methodology and in its implementation and evaluation through the pilots. There were little controversial issues between the participants and, after four days of work, the consensus reached evidenced the experience and deep knowledge of the issue by participants but also the success of the planning of the workshop and of the method of work.

The evaluation covered a number of questions related to the level of achievement of the objectives, organisation, material, facilitation and the venue of the expert group meeting in addition to the own contribution of each participant. Thirty-eight participants have filled in the questionnaire but not all answered all the questions. In conclusion and due to the challenges of this kind of meeting, the overall trends could be considered as positive and constructive (see detail in Annex 4).

During the next steps, the team will develop a protocol for the implementation of the pilot surveys based on the conceptual framework, objectives, sampling concept and data sources. It will be sent to all concerned countries through the Women's Machinery for final inputs. The team will also outline the implementation process with the pilot countries and define the framework of collaboration for the EGEP GBV survey at the national level. A short-term technical expertise has been hired to support the team during the workshop and to finalise the first methodological framework.

Coordination meetings will be organised at the country level with all stakeholders and the team will provide technical backstopping during the entire process. Regional exchanges and transfer of expertise will be encouraged with all countries in the region and with EU experiences. This process will result in a regional meeting to assess and adjust the conceptual/methodological framework developed during the expert meeting in light of the results and lessons learned in pilot countries from one part and to finalise the status of GBV in the region (available data, programmes in the countries in addition to the GBV surveys in the pilot countries and findings of the situation analysis related to this topic).

## **1.6 Recommendations**

### **1.6.1 Participants' recommendations**

The main recommendations from participants that can be drawn from the expert meeting can be summarised as follows:

#### **1.6.1.1 Recommendations related to national and regional dimensions**

Reporting on countries situations regarding GBV in regional and international forums should:

- Refer to review of educational material and of the religious discourse aiming at restoring the humanist dimension of the Koran to support combating VAW;
- Point at the importance of harmonisation of concepts and the development of a regional platform based on cultural references;
- Focus on the importance of networking and bringing together stakeholders to improve knowledge through participatory processes, regional dialogue and learning;
- There is no modelling for surveys in the region but normalised protocols should be developed;

#### **1.6.1.2 Recommendations related to norms**

Participants pointed at the importance of following regional factors:

- Regional standards based on a unified and common understanding of concepts around GBV should be developed;
- Surveys should have as reference the UN, the international and regional agreed standards for the definition of VAW and GBV;

#### **1.6.1.3 Recommendations related to survey**

Participants made many recommendations for the design of a national survey and the method to carry it out:

- The purpose of the survey should inform the survey design;
- Survey teams should develop and respect a Code of Ethics should be interdisciplinary;
- Surveys and data collection methods on GBV should be multi-actor processes;
- Special sampling procedures should be developed for phenomena such as VAW/GBV since they may be more recurrent in marginal sectors of the population;
- Questionnaires should be pre-tested;
- Qualitative research is important to complement the quantitative survey;
- The survey should be linked up with existing efforts in GBV-VAW data collection in the region;
- Surveys should be conducted on a regular basis to assess trends and evolutions as well as policy outcomes;
- GBV surveys should be conducted in collaboration between different services and in collaboration with civil society organisations to sensitize all stakeholders about the importance of combating VAW;
- Surveys should be conducted on a regular basis to assess trends and evolutions as well as policy outcomes;

#### **1.6.1.4 Recommendations on Media and GBV**

The group of media professional has delivered special recommendations that link between GBV and media work:

- Need to strengthen the work with the media on GBV surveys;
- A national communication strategy to raise-awareness in society should be developed along with GBV surveys;
- Media should be involved from the beginning of the process to raise awareness and sensitise public opinion;
- The development of a comprehensive media strategy that deals with women's issues and VAW and which includes official, party, private, national and local media, radio, television, written and electronic media as well as new communication tools such as mobile technology;

- The strategy should take advantage of all media techniques and should dialogue with media professionals, authorities and trade unions.

## **1.6.2 Team recommendations**

Drawing on these and on conclusions and observations, the programme team recommendations are:

### **1.6.2.1 Recommendations related to the development of the methodology**

The regional expert workshop has confirmed that countries are encountering similar problems and barriers for combating GBV and for assessing incidence and prevalence of VAW. This should be an incentive to work together and to develop common tools. This kind of regional approach has the advantage of:

- Saving time for countries that are starting later
- Saving efforts and resources (human and financial) for the same countries
- Offering an opportunity for more advanced countries to test the transferability of their models and methods
- Building a scheme that retrieves Southern expertises to enhance Southern countries Building not only in terms of South-south cooperation but also as a positive role model.
- Demonstrating, because of a shared regional, cultural and religious context that initiatives and efforts of certain countries in the region in combating GBV deliver good arguments to encourage) more cautious countries to undertake actions and adopt policies to combat GBV"
- Building a frame to compare situations for the sake of enhancement

The regional experts workshop was a participative exercise where individual national delegations have contributed to a common tool that will not necessarily tested in their own countries. By doing so the have demonstrated generosity and their concern and support to any action aiming at combating GBV even if it is not happening in their country. The universality of this approach was one again confirmed. Because of these reasons the team strongly recommends to keep the regional methodological approach and its national testing.

### **1.6.2.2 Recommendations related to conducting pilot surveys**

The work done in Tunis during the regional expert meeting was a primary work that has to be further developed if it intends to attain the expected results. This primary work included the formulation of a common definition and references as well as a first outline for the regional methodology to be tested in pilot countries. The harmonised methodology for the pilot countries will have to develop a protocol for each step and component of the survey, including the questionnaire, so that studies may be replicated in other countries and conducted on a regular basis.

A short-term technical expertise has been hired to support the team during the workshop and to finalise the first methodological framework. It would be helpful to have such support during the implementation of the testing and conducting the survey in the pilot countries in this process.

Comments of national delegates from the pilot countries indicate that the EGEP will need to deploy efforts during the preliminary and preparatory stages of implementation

of the pilots in order to build a national consensus on the methodology and approach it proposes, as well as in setting up procedures and agreements for the implementation. The team will have to launch very soon a consultation process with the decision makers in the countries in order to reach a final agreement. In case this agreement can't be reached in the one or the other pilot country, the team should propose an alternative scenario. Once the agreement has been achieved the team could help the pilot country to look for additional funds in order to strengthen the scope and the sampling of the survey

### **1.6.2.3 Recommendations related to the media**

Participants have reiterated several times the opinion that media professionals and organs shouldn't only be addressed as a vehicle for dissemination but also as an ally to educate, raise awareness and advocate. The team should develop together with these stakeholders a comprehensive media plan on how to build this alliance.

### **1.6.2.4 Recommendations related to the organisation of regional events**

The regional expert meeting in Tunisia has shown to the organisers that the planning for such a complex gathering has to take into consideration many elements such as:

- The mixture of Euromed stakeholders has to count with different religious holidays and weekends that leave a more reduced time for preparation
- The political situation brought the team to avoid to involve Israeli participants in a workshop
- The organisation of a regional event should take into account strict visa regulations of Euromed countries in the time planning.
- The need to have in some countries a governmental authorisation for a regional event
- The choice to involve NWM as an intermediate between EGEP and participants has caused in some cases important delays and in some the absence of delegations.
- The different level of knowledge of the participants about the normative framework of GBV has caused during the presentations and facilitation some critics because of the length and detail of the presentations
- The importance of data and information presented and the number of participating countries has caused some complains about the short time allocated for each delegation to present its practices and needs and to discuss more in details its experiences.
- The balance between presentation and discussion was not maintained and too little time could be to discussion and exchanges.

All these issues should be improved for the next regional events of EGEP

## **2. Context and Objectives**

### **2.1 Regional context**

In Euromed partner countries, as in Europe, Gender-Based Violence is increasingly recognised as a major problem. GBV is based on the persistent imbalance of power between men and women. The very definition of gender-based violence and hence its unacceptability is still in dispute, given that many of the phenomena which are contrary to women's human rights, as expressed through the CEDAW and other instruments, can be socially sanctioned and indeed required for full conformity to societal values, at least in certain contexts.

In some countries covered by the programme, amongst these socially sanctioned practices can be mentioned the so-called Honour Crimes including Honour Killing and the practice of Female Genital Mutilation (FGM). Additionally, in the southern partner countries as in Europe, less extreme and less collective expressions of violence are also tolerated both in private and in public spaces. By their very so-called "private" nature incidents of gender-based violence are under-reported and difficult to detect.

### **2.2 Programme context**

The GBV Expert Group Meeting has been organised to contribute to the achievement of *Purpose 2* of the programme to "Enhance Equality between Men and Women in the Euromed region (EGEP)", namely to *improve understanding of and knowledge about the various forms of violence against women (VAW)*.

Under Purpose 2, the main activities are (1) the development of a methodological protocol to measure the incidence of gender-based violence and the conduct of three pilot surveys; (2) an analytical report on GBV and its treatment in the Euromed Region and dissemination of that report in addition to support to be provided upon request to the development of national strategic plans of action for addressing GBV; and (3) workshops for professionals working in the field and for media professionals to develop together communication approaches to addressing GBV and other aspects of the programme.

In order to adopt and implement adequate strategies and policies to prevent and combat GBV, stakeholders need better understanding and knowledge about the various forms of violence against women, about its causes and consequences. On the one hand, GBV phenomenon is difficult to unveil because they remain marked by taboo and social acceptance. On the other hand, information systems on VAW, when they exist, often draw on a plurality and diversity of sources and methods. In order to better understand such phenomena and to plan accordingly, the availability, validity and regularity of data and statistics on VAW are crucial elements. Better knowledge on VAW can rely on different data collection and research methodologies and tools, ranging from surveys to annual statistics reports. Several experiences and approaches exist but, overall, in MEDA like in EU countries, the issue of information systems and the availability of accurate, recurrent, representative and comparable data on VAW remain a challenge.

### **2.3 Objectives of the Expert Group Meeting**

The Expert Group Meeting (EGM) addressed the question of methodologies and tools for research and data collection on GBV by bringing together experts, practitioners, policy-makers, users and producers of data in order to deepen knowledge and build a consensus around a methodological approach for GBV surveys in the region.

The specific objectives of the EGM were set as follows:

- To assess good practices and methodologies and tools used in the context of GBV surveys and research;
- To provide technical support in order to develop a harmonised conceptual and methodological framework to be used in 3 pilot Meda countries;
- To provide recommendations on how to strategically plan to address the occurrence of GBV and its root causes.

To achieve these objectives, the EGM produced a series of collective outputs. These will be detailed in sections VI and VII. These are:

- A collection of good practices related to strategic and programmatic interventions on GBV;
- A consensus on a common conceptual framework on gender-based violence;
- A review of methodologies and tools related to quantitative and qualitative research on GBV;
- A harmonised methodological framework and tools to enable carrying out GBV surveys in 3 pilot countries of the Meda region.

### **3. Method of Work**

The preparation for the EGM started in March 2009 with the drafting of a concept paper and TORs for the meeting as well as of the TORs for short-term expertise, the identification of the organiser for the logistic organisation, the preparation of the invitations to be sent to the participating countries and organisations, the preparation of the TORs for the presentations to be made by the participating countries and organisations and the preparation of the sessions and expert presentations for the different panels.

The main approach for the preparation of the EGM was based on the assessment and evaluation of previous experiences, researches and surveys (quantitative and qualitative). The EGEP team collected a number of tools and methodologies used in various countries and by different actors (UNFPA, UNIFEM, WB, WHO, UN ECE, EU, ISTAT, etc.), including countries covered by the programme. A detailed list of sources and references is included in Annex 5 of the Report (Bibliography).

During the introductory visits of the EGEP programme to the Meda countries, the team discussed with concerned state actors the inclusion of official statistics institutions into the visit programme and identified research centers and experts. The proposed process and methodology benefited from their vision and experience as well as provided the team with knowledge on available data and material in the region. This process also enabled the identification of the three pilot countries already done by the beginning of EGEP. These are: Jordan and Lebanon and partly Tunisia. The background justification and criteria for the selection of the countries were based on the commitments of these countries to fight against gender-based-violence and that it is embedded in the framework of national priorities (national strategy, plan of action) and that no national survey has been conducted so far in the country.

The Team Leader (TL), the Gender Expert (GE) and the Gender Policy Expert (GPE) technically backstopped and attended the Expert Group Meeting. The GE ensured the main facilitation with support of the TL and the GPE and the short-term expert for the working group sessions. Participants, representatives of NWMs and other government bodies, as well as international organizations chaired panel sessions. A short-term expert was hired to assist with technical/specialised aspects (statistics and IT) of the workshop. The ComE ensured media coverage of the event and the GPE ensured note taking and reporting of the event. The two Programme Assistants (PAA) were in charge of the logistical arrangements for the venue and the participants. The programme manager at Transtec supported the team in the preparation stage and CAWTAR staff supported the preparation and implementation of the activity.

The Expert Group Meeting gathered 58 participants from European and MEDA countries. The group included producers and users of data and four to five participants per partner country. Represented countries were: Algeria, Egypt, Jordan, Lebanon, Palestinian Authority, Syria, Tunisia and Denmark. The country delegations were made up of one representative from the National Women Machinery (NWM), i.e. Government department in charge of or accountable for GBV policies and programmes, the Euromed Gender Focal Point or the concerned technical person, one representative from the Statistics Institution or a Research Centre having conducted a country GBV survey or planning to do it; a representative from another governmental institution dealing with GBV data or having a related information system (such as the Ministry of Health, Justice, Interior/Police or Social Affairs); a representative from an NGO working in the area of GBV and human rights of women with experience in collecting related data; and a representative from the media.

Representatives from bi-lateral and international organisations also attended the meeting in full or in part. This has been the case of the Belgian Technical Development Cooperation (CTB) in Algeria, of UNIFEM regional office for the Maghreb and of several institutions working in Tunisia (EC Delegation, Spanish and Italian Cooperation, UNFPA, etc.). The requirement for the international representatives was that the organisations should have experience in the field, including an experience in conducting GBV surveys or interest in doing so. A full list of participant is enclosed in Annex 3 of the Report.

The meeting took place at the Ramada Plaza Hotel in Tunis, Tunisia, from the 20th till the 23rd of April 2009. The duration of the expert group meeting was 4 days in addition to the required period for the technical and logistical preparation as well as for the finalisation of its results. A welcoming dinner was organized on the second day of the event.

The meeting was held in three languages, Arabic, English and French, with simultaneous translation from and into the three languages, including during the working group sessions. The objective was to ensure fluidity of communication and a maximum of exchanges between the different country delegations and other participants.

The format of the meeting alternated panels, plenary sessions and group sessions. The plenary sessions included panel presentations by countries on experiences and best practices and by international experts on conceptual and analytical frameworks and tools. Working group sessions were organized to build a consensus around a common conceptual framework and methodological tools for GBV surveys in the pilot countries as well as to reflect on the role of the media as a strategic actor in this process. An exhibition of posters and other publications and products brought by the different

delegates about actions to combat GBV was organised in and outside the conference room.

The meeting was divided into 3 panels and 12 sessions. Panel 1 was entitled GBV throughout the borders (Euro- Mediterranean Countries) and intended to look at differences and commonalities through country presentations. Panel. 2 intended to build consensus on defining GBV/VAW and Panel 3 was dedicated to the methods and tools as well as experiences in "Producing and using GBV data". Detailed outline of Panels and sessions are included in Annex 1 of the Report (Agenda).

The countries and organisations made plenary presentations at three occasions: (1) on experiences in combating and preventing GBV, (2) on the role and experience of the media in addressing GBV and (3) on quantitative and qualitative data collection methodologies and approaches. These were all followed by plenary debates and sessions for questions and answers.

In order to build consensus on the conceptual framework, the team chose the following format for Panel 2: a plenary presentation by the GE and a general brainstorming to initiate the discussion was followed up by group discussions (buzz groups), the presentation of the group results to the plenary and a plenary debate with all participants. This format had the advantage to ensure a more in-depth consensus building process, giving time to address the different sub-elements that compose the understanding of GBV and VAW. Nonetheless, it presented the disadvantage to be more time-consuming than what participants required considering that most of them was already knowledgeable in VAW and GBV concepts. Some participants referred to the length of this session in their evaluation but the team's evaluation is that this was not purely a technical but also a political process and that building consensus at this level requires ensuring that all stakeholders commit to a common conceptual understanding and in total transparency (eyes and ears). Further, this common conceptual framework set the basis for the following sessions and the work on GBV surveys. It was thus crucial not to assume that a consensus already pre-existed. This session and its outcomes are outlined with more detail in section VI of the Report (Workshop Report) and in Annex 2 (Minutes of the Meeting).

The third Panel was dedicated to the development of a harmonised methodological framework and tools. A conceptual and operational paper was prepared and presented by the GE and the short-term expert to be used as a referral framework and outlines for the to-be outlined (during the workshop) and finalised (after the workshop) into an harmonised methodology. One day and half were devoted to the working groups to review and propose a harmonised methodological framework and tools. The results of this panel are enclosed below in section VI Workshop Report and section VII Conclusion and Achievements.

Overall, alternating plenary sessions and working groups balanced the need to build consensus while ensuring that the meeting delivers the expected outputs and, in particular, methodological protocols and tools for the measurement of gender-based violence to be used in the pilot countries.

## **4. Proceedings of the meeting**

### **4.1 Opening Session and Welcoming**

The Expert Group Meeting started with an opening session with welcoming presentations made by authorities and institutional representatives.

Dr Soukeina Bouraoui, Executive Director of CAWTAR, introduced the problematic of GBV in the Arab region. She referred to the regional agreements on the human rights of women as important milestones to combat GBV by insisting on the role of the Arab League of States and the Euromed Istanbul Conference and Recommendations. These schemes led to the adoption of measures and interventions by several states in the region to combat all forms of VAW, including trafficking. Finally, Dr. Bouraoui referred to the commitment of CAWTAR and its role in spearheading the EGEP programme.

Ms Judith Neisse, Team Leader of EGEP, briefly presented the programme and its context. In November 2006, the Istanbul Conference of Ministers with the participation of 36 States tackled issues that could be considered taboo in some EU and MEDA countries such as combating VAW. As follow up, the EC set up the EGEP programme for enhancement of gender equality by choosing an intergovernmental cooperation but also in dialogue with civil society and the media. Ms Neisse mentioned that this is quite unique in the framework of EU Neighbourhood Policy.

Ambassador Adrianus Koetsenruijter, Head of the EC Delegation, introduced the Euromed partnership. He referred to equality as a central element of the Euromed partnership. The Barcelona Declaration has recognised the central role of women in the development and need to foster women's full participation to economic and social processes. Therefore, the EC has launched two programmes: the RWEL programme in 2005 to reinforce women role in economic life and the present EGEP programme in 2008 to enhance existing dynamics for equality at legal and policy levels.

Her Excellency Sarra Kanoun Jarraya, Minister of Women Affairs of the Government of Tunisia underlined the contribution of the meeting to already existing efforts for qualitative change to combat VAW. She provided an overview of Tunisian policies for the promotion of equal rights for men and women in the context of modernization. She also expressed her will to support such initiatives, welcomed all participants and institutions and wished the best and fruitful results to the meeting.

Finally, Dr Faiza Benhadid, Gender Expert of EGEP introduced the workshop, its objectives and its contribution to the EGEP programme. The meeting hoped to build a consensus around definitions, methodologies, tools for analysis and guidelines. The participation of the media was also acknowledged as an important element of the workshop.

### **4.2 Panel I: Sharing experiences on combating and preventing GBV**

The first panel started with the introduction of workshop participants and was followed by the presentation of country experiences. Country delegations made presentations on experiences and strategies implemented to prevent and combat gender-based violence, including reforms of legal framework such as Family Codes and Nationality Codes in certain countries and the creation of new institutional mechanisms in charge of policies and programme to combat VAW. These are: Algeria, Egypt, Lebanon, Tunisia, Syria, PA and Jordan (in order of presentation).

## **4.2.1 Country presentations**

### **4.2.1.1 Algeria**

In Algeria, the Ministry in charge of Family Affairs and Women Condition established a national multi-sectoral and multidimensional strategy to combat and prevent GBV/VAW. It was designed in cooperation with various Ministries, published in 2007 and has as objectives the development of tools and instruments, the provision of centres for victims, and the adoption of legal measures, among others. The next phase of the programme aims at implementing the strategy and reinforcing the technical and institutional capacity of actors in the field, including setting up an information system to collect data on VAW and joining efforts to set up a unique database to become later on a GBV observatory.

### **4.2.1.2 Egypt**

In Egypt, it was important to set objectives around a common understanding of VAW due to the multicultural nature of society. In tribal areas, violence takes many facets and this phenomenon needs to be studied and better understood. For instance, action was taken against FGM so that more than 100 villages managed to eradicate the practice (FGM free village). At the national level, currently, the Personal Code is under review and the national strategy will be published in 2010.

### **4.2.1.3 Lebanon**

Even though the country ratified all international conventions, VAW remains an important phenomenon, especially with the impact of the war on the family. It is difficult to estimate because of the absence of accurate data on the issue. Studies and researches exist but there are a series of impediments to deepen the work on VAW such as the taboo around VAW, the national crisis that overshadows issues of development, the lack of services and the existence of tribal laws. A national Plan of Action has been just validated and the Women machinery is implementing since three years the "WE Pass" Project related to the empowerment of women in peace and security process as an implementation of the UN Security Council Resolution 1325 supported by UNFPA with funds from Norway and Italian Cooperation.

### **4.2.1.4 Tunisia**

In Tunisia, in the context of the national policy on preventing practices of violence in the family and society, a national strategy to combat and prevent gender-based-violence has been developed and endorsed at the higher level of the State. It builds on political will and gender-sensitive legislation such as the code of personal status, the abolition of polygamy, legal divorce and will be implemented with development of sectoral Plan of Action. Still, studies and researches conducted by different lines Ministries (education, youth, sport, women) show that there is a lack of a standardized concept on GBV and data/tools and a national survey is planned to be conducted in collaboration with the minister and support of the Spanish Cooperation.

### **4.2.1.5 Syria**

In Syria, there was no data on GBV so a survey is being conducted at the first level but the lack of capacity still hampers more detailed collection of data. In legal terms, new bills have been submitted such as against crimes of honour, to prevent early marriages

and to grant child custody to women. A National Observatory to combat VAW is in process within the NWM and a gender unit was created in the statistical centre.

#### **4.2.1.6 Palestinian Authority**

The NWM Reform Plan intends to combat GBV, to provide data and information, to develop tools and set up policies, and to raise awareness of society. The civil society organisations are very active in this domain including as regard to the UN Security Council Resolution 1325 related interventions and programmes. The national institute for statistics is in charge of providing data and input for policies. Studies have been committed, including on violence within the family, and surveys have identified the various types of violence. Still, the financial issue is central to conduct further research and policy work in this area.

#### **4.2.1.7 Jordan**

The national Committee of Women's Affairs was created in 1992 to unite the efforts for empowering women in private and public sectors. It tries to reach women in all areas and to mainstream gender in all governmental policies. It works with non-governmental organisations and government organisations. Quotas have been created in the Parliament and municipal councils. In terms of domestic violence, legislation has been adopted and a service of hotlines has been set up to provide legal council. An important network called "Shamaa" (candle) has been created and has prioritised among others the GBV data collection; a good practice was also quoted as regard to the collaboration with the private sector in combating this phenomenon through a national campaign and financial contribution (concept of various pieces of jewellery with the name of the network and 25% of each sale transferred to the network).

### **4.2.2 Outcomes of the Debate and Speakers Recommendations**

A plenary debate followed the presentations with the view to clarify and comment on the country experiences. The paragraph below summarises the interventions by participants and the main points of the debate:

- There are commonalities between countries and similarities between national strategies. There is also a common will to address gender inequalities in the region. There is a political will and legal reforms are underway but the question remains as to the implementation and the interpretation of new instruments.
- The work on GBV should use educational schemes and the religious discourse to support combating VAW. Cultural barriers to the implementation of legal norms and to the advancement of women's rights include self-interpretation of the Koran.
- The harmonisation in the area of concepts is important to develop a regional platform, which should be also culturally sensitive. Similarly, the workshop needs to come up with a discourse that has some solid substance. This could be a glossary that looks at concepts used in countries.
- The importance of networking and bringing together stakeholders was emphasized to improve knowledge, participatory processes and regional dialogue.
- It is key that data collection methods on GBV are done in collaboration between different services (police, health, etc.) and in collaboration with civil society organisations so that all stakeholders are sensitized about the importance of combating VAW. This has been the approach of the national survey in Algeria but it implied a long-term process.

Following up on the plenary debate, speakers that gave presentations on country experiences were asked to comment back. The paragraph below is a wrap up of their main recommendations:

- Educational materials should be reviewed
- There is a need to review the religious discourse and to highlight the humanist dimension of the Koran
- The personal status code which is a barrier in the Middle-East should be reviewed
- Stakeholders should work towards a standardised conceptual understanding of VAW
- Exchanges between countries should be encouraged to learn from good practices
- Financial investment needs to tackle the absence of reliable data and information
- A multi-stakeholder approach to GBV surveys breaks away from minimising and accepting the phenomenon of VAW
- A national communication strategy should be designed to raise-awareness in society.

#### **4.2.3 Good practices in combating GBV in EU countries**

After the presentations made by the Euromed delegates, a plenary presentation was made by the GPE. It analysed the measures and strategies adapted in EU countries to prevent and combat GBV. The presentation referred to innovative approaches, comprehensive strategies and good practices developed by EU member states.

A state of the art of strategies and measures adapted in EU countries over the past decade showed a general trend towards the development of comprehensive, multi-sector and multi-stakeholder approaches that couple prevention, support and services to victims with criminal prosecution. The focus of GBV strategies targets domestic violence, sexual violence, workplace harassment and trafficking. All strategies work within the normative framework: of the CEDAW.

The presentation provided participants with a review and detailed examples of good practices in legal frameworks, institutional mechanisms such as National Observatories and Inter-Ministerial Committees, and policy measures such as awareness-raising and campaigns, training and service provision, work with the media and others. It also referred to the methodologies used for national surveys and to examples of sex-disaggregated systems of national statistics and gender-sensitive violence recording systems. The detailed presentation is enclosed in Annex 2 of the Report (Minutes).

#### **4.2.4 Speaking out on GBV: the role of the media, opportunities and constraints**

After the presentation of a short documentary on the adoption of legal and institutional reforms in Algeria and a brief outline of the communication and media component of the EGEP programme, a panel chaired by the UNIFEM representative and facilitated by the ComE debated the role of the media in support of strategies to combat GBV.

#### **4.2.4.1 Testimonies: barriers to deal with the role of women in the media**

Journalists and representatives from information and media institutions gave short presentations on the barriers and challenges they face in their professional experience when dealing with the role of women and/or GBV in the media.

##### **4.2.4.1.1 Algeria**

Algeria highlighted the importance of the role of the media, and particularly television to raise awareness on GBV but silence and taboo are still present, as women prefer not to talk to the media because of fear.

##### **4.2.4.1.2 Tunisia**

The Tunisian TV channels and radio stations exert efforts to improve the image of women, in collaboration with the Ministry of Women. A recommendation was made to find a comprehensive strategy at the State/Arab level in which the media will play a role.

##### **4.2.4.1.3 Palestinian Authority**

Women play a role and are present in the media in the PA as a result of the encouragement of independent press by authorities but still a lot remains to be done for women to reach higher levels in decision-making in this domain.

##### **4.2.4.1.4 Egypt**

Media professionals are aware of VAW but this is not reverberated in their work because the issue is not on their agenda. The issue of patriotism sometimes provides a cloud to disclose issues like VAW. When media is private, what role can the State play in the portrayal of women? There is a need for training in terms of advocacy, for instance of unions which bind journalists.

##### **4.2.4.1.5 Jordan**

There is a need to publicize GBV issues and media needs grassroots information to sensitize society. The understanding of the issues includes the training of journalists. There is a need to agree on the concept of GBV as some seize the opportunity of the lack of consensus to defend reactionary strategies.

##### **4.2.4.1.6 Syria**

In Syria, media is essentially governmental and therefore includes women's issues but there is a need for an ethical charter and better data. Exchanges of experiences between Arab journalists are equally important.

##### **4.2.4.1.7 Lebanon**

Women's issues are regarded as marginal issues of society in mass media and journalists often reject the gender language. Some special programs have been developed, such as a 3-episode radio programme on VAW, but these are still limited

and don't run very often. Women are present in the media but it has no direct incidence on the content and the media board of editors is male-dominated and gender-blind.

#### **4.2.4.2 Outcomes of the Debate and Participants Recommendations**

The testimonies of challenges on breaking the taboo around GBV through the media gave rise to a very interesting debate among participants. The key points of the debate and the recommendations that shall be drawn from them can be summarised as follows:

Media is a partner and a strategic ally that should be included in policy strategies;  
Overall, the use and portrayal of women by the media is a problem. One suggestion could be that the associations in charge of VAW are involved in related programmes;  
Low coverage of GBV and gender issues is linked to a low participation of women in media decision-making bodies and editorial boards. Interventions should encourage women to reach leadership positions in media institutions;  
Training programs for media professionals should target the production chain and not only journalists;  
Diversity of the media is important, not only in terms of content but also as a vehicle so the strategy should target different forms of media expression (TV, Radio, internet, pod casts, blogs, etc).

### **4.3 Panel II: Defining GBV/VAW (framework, concepts)**

#### **4.3.1 Building consensus on the conceptual framework of VAW/ GBV: definition and forms**

This panel intended to build consensus among participants on the definition and conceptual framework of GBV and VAW, in particular, in order to set a common ground for work on GBV survey methodologies. The approach to build consensus encompassed a plenary brainstorming, and buzz groups exercise in the plenary than a plenary introduction on the notions of GBV and VAW and followed by group discussions on the identification of the different elements of a GBV conceptual framework. The groups discussed the understanding of the GBV concept and its components and criteria, the forms of GBV and VAW and reasons behind it, the social impacts and the forms of GBV in the region and countries. Each group then presented the outcomes of the discussions to the plenary with the groups complementing each other's inputs and debating so as to reach a general consensus.

With the exception of some contextual specificities, all the groups and discussions gathered around similar elements which highlighted the assumption of a common understanding of GBV and the similarities between the different countries as well as the deep knowledge of participants on the issue.

A consensus was reached around the following elements:

The concept of GBV/VAW relates to violence done to women because they are women in a context of unequal power relations. This type of violence is often characterised by third criterion related to the social tolerance (private issue, cultural, making women guilty or required them to be patient or accept...).

Generally, acknowledged forms of GBV/VAW encompass physical, psychological, sexual and symbolical violence but participants also referred to the economic violence that rises from the absence of women's economic autonomy and to the absence of freedom of movement for women, among others. A longer list of the forms of VAW was

established during this session. It is included in the Annexes in the Minutes of the Report but is not exhaustive of all forms mentioned and debated.

The social and psychological impact of GBV/VAW ranges from isolation and suicide attempts of women to the costs of GBV/VAW, including economic/financial costs, born by society at large.

#### **4.3.2 GBV/VAW from a Human Rights perspective**

The brainstorming exercise was followed up by a plenary presentation on GBV from a gender and human rights' perspectives in order to confront the consensus reached with international standards and norms on GBV/VAW. The human rights approach was presented as the respect for rights and obligations with principles that are universality, indivisibility, interrelationship, equality and non-discrimination, accountability and the rule of law.

Gender was presented as a concept and tool for analysis which relates in time and place to a type of behaviour associated with men and women. It is thus a cultural construct. GBV thus includes men as perpetrators but also victims and refers to women as victims as well as perpetrators. It encompasses violence within the family, sexual relationships and gender relations in private and public life and refers to society's tolerance consecrated by cultural norms.

Participants were reminded of international agreements (Cairo, Beijing, Vienna, MD, Istanbul, etc.) and of the universal nature of VAW: Women are subjected to violations that go beyond nationality, culture and/or socio-economic context. Therefore CEDAW and its Facultative Protocol have a universal validity. Recommendations for a tentative definition should look at GBV/VAW as the most frequent type of violence.

#### **4.4 Panel III: Producing and using GBV data**

##### **4.4.1 GBV programme of CAWTAR**

To introduce the work on GBV survey methodologies, CAWTAR gave a presentation of its GBV programme in the region. It initiated data compiling around GBV to set up a methodology and guidelines for different countries. CAWTAR presented the methodology and results of the work that was initiated in Tunisia, among others, in collaboration with the Euromed programme. The results included a table of data that refers to surveys conducted in Algeria, PA and Egypt and methodological tools also drew on those developed in these country surveys. These are mentioned in section 6.4.2.

##### **4.4.2 Country presentations on GBV surveys**

To share experiences and promote consensus building around a common methodological framework for regional work on GBV surveys, country delegations gave presentations on the methodologies and tools use in national surveys. They also shared the results, findings and challenges encountered.

###### **4.4.2.1 Syria**

The research was prepared by a multi-disciplinary team made up of the Syrian Committee for Family Affairs, the M. of Health, M. of Justice, M. of Agriculture and others, as well as civil society organisations. There was no solid data on VAW and the current ongoing survey is the first national study based on representative samples in urban and rural areas. The focus was on domestic violence.

For survey purposes, violence was defined as any action that has a negative impact on women because of their position and sex. It included physical and psychological violence. Evaluation criteria were drawn from international ones and adjusted to the reality.

#### **4.4.2.2 Egypt**

The studies conducted in 1995 and 2005 used quantitative methods and questionnaires. The two studies were based on demographic and health surveys and targeted household violence. In 1995, it focused on physical violence and, in 2005; it included other forms of VAW. In 1995, the results highlighted that 35% of married women had been beaten since their wedding. This slightly decreased in 2005.

The 2008 field survey on VAW aimed at informing the policy process. Physical, sexual, psychological and economic violence in private and public places were taken into account. The results are as follows: 63% of wives were submitted to any type of VAW, among which 73% were victims of physical violence. It also showed that 99.6% of non-married women were submitted to street verbal harassment. Overall, most women in the survey related harassment and VAW to women's inappropriate behaviour: 76% mentioned that women should dress properly while only 36% referred to more police forces and 42% to strict law for punishment. As to what had been women's reaction, 76% said nothing and walked away. The most likely place of VAW was public transportation (76%).

#### **4.4.2.3 Palestinian Authority**

The 2005 survey was the first in its kind in the PA. The terminology was based on international standards and identified physical violence, psychological violence and sexual violence. Several committees were set up for defining the sampling and questionnaires as these processes required multi-stakeholder inputs. The questionnaire tried to measure the intensity of VAW through a quantitative approach. The survey was conducted in a month with around 2000 women in West Bank and over 1000 women in the Gaza Strip. Rural and refugee camps information was also collected. Most women welcomed the interviews.

The main conclusion of the survey was that married women were exposed at least once to an act of violence (psychological 61%, physical 68% and sexual 10.9%).

#### **4.4.2.4 Denmark**

The presentation of the Danish experience focused on the lessons learned and on recommendations for future work. Among these, in order to address the gaps in data on VAW and proposed that questions should be included in national health surveys to assess the consequences of VAW. The WHO's General Assembly acknowledges VAW as a public health issues and all governments should invest in collecting information and improving health care systems accordingly.

For the EU Observatory on VAW, the definition of VAW is based on the Beijing Platform. There is a need for more research on the causes, consequences and costs of VAW. EU-indicators on domestic violence were adopted under the Danish Presidency. They include the profile of female victims of violence, the profile of male perpetrators, the measures for victim support, the measures addressing the male perpetrators to end violence, training of professionals; state measures to eliminate VAW and evaluation

criteria. This relies on good data, valid and comparable, from national statistics but very few member states can claim so which makes it difficult to evaluate the progress. Sources are diverse: criminal statistics, patient registers, medical data, rape centres and shelters. And, most surveys are only collected once so one cannot follow the trend in VAW. It would thus be better to implement a limited number of VAW questions in national health surveys on a regular basis.

#### **4.4.2.5 Algeria**

The first survey on GBV in Algeria (2005) was a multi-stakeholder process. It took 10 years to be conducted and targeted the entire country. Since, different sources have provided data and inputs for policy improvements. The survey was based on questionnaires in hospitals, among others. It highlighted under-qualification of health professionals to register cases of VAW.

In 2007, the Ministry of Women Affairs in the context of a UN joint project initiated by UNFPA and in collaboration with UNIFEM and UNICEF conducted a national survey on the prevalence of VAW implemented by the CRASC. The methodology was based on general bibliographies, in depth-study with 10 victims, focus groups and household surveys. It looked at physical and psychological violence, sexual violence and impairment of free behaviour in public and private spheres. The questionnaire was based on the "Enveff" survey and expertise. It looked at 2 time spans, the last year and the married life. Frequency was also assessed. The socio-demographic data included 2043 interviewees. It highlighted that age (younger), unemployment, lower education; and a single or divorced status were aggravating factors. It also showed the taboo and silence surrounding VAW: only one out of two women spoke about it in the family and one out of three at work.

#### **4.4.3 Expert recommendations on GBV surveys and tools**

Drawing on the lessons learned for the country presentations but also from other surveys, this plenary session identified the challenges encountered when conducting a survey on GBV and suggested possible ways to reach them, either in the selection of the tools, the sampling process, the questionnaire design, or in setting up the survey team, collecting and processing the data. These are detailed in the minutes of the meeting (Annex 2 of the Report).

Some of the challenges identified were:

- A household sample survey is selected from a household frame that emanates from a population census. Because no single population census is 100% complete, samples are always missing some components. These are often the most disadvantaged ones: girls, marginalised populations, internally displaced, handicapped, homeless, prisoners, etc. If the observation around VAW is that it is higher in excluded groups, the work needs to proportionate their weight in the sample.
- The questionnaire design implies to pre-test about what type of answers will come out and whether the question is triggering some types of answers rather than others. This has an implication in terms of the allocation of resources. Furthermore, questions should be formulated in a non-judgmental way.
- The survey can calculate the estimate at local or national level and can disaggregate data at socio-economic levels. To be relevant for policy planning, desegregation should apply and data should be very specific. This has implications for the selection of tools and variances between areas and groups should inform the sample design.

- The objectives of the survey and use that will be done of the results should inform the design of the survey, whether it is for policy purposes, to influence attitudes or else. It should consider who the final users will be and whether or not the survey will be repeated. There is thus not a single model for a survey.

The presentation was followed by a debate among participants on the challenges and on the advantages and disadvantages of the different methods and tools. The questions and comments raised are outline in the minutes of the meeting (Annex 2 of the Report).

#### **4.4.4 The methodology and process for GBV surveys**

Drawing on the country presentations of GBV surveys, the challenges, lessons learned and recommendations, the GE and the short-term expert made a presentation related to the methodology and the process for designing GBV surveys, both at conceptual and at operational level.

Among other aspects, the general objectives of GBV surveys were presented as the production of reliable statistics related to incidence and prevalence of VAW, the identification of the different forms, causes, contexts and consequences of VAW, the measurement of the seriousness and scope of the phenomenon, and the necessity to care about ethics and security of the interviewees in addition to the development of indicators for policy planning.

At the conceptual level, the institutional context of the survey should refer to the international, regional and national frameworks to combat VAW. As for the methodology, decisions need to be made on what to measure, how to do it, how to determine what else to measure and on the frequency to be taken into account. The decision of the study also includes defining which area and data will be informing the preliminary work as well as sampling. After proceeding with designing the tabulation plan and questionnaire, the team needs to design sampling procedures and select the households. The team shall then conduct pre-testing and finalise the questionnaires. In the design of the questionnaire, it was recommended to have face-to-face interviews, closed and pre-coded questions and to include quality control measures in the questionnaire design.

Before entering into the methodological aspects, it was recommended to ensure that the decision to conduct a survey is an official decision that allows undertaking the survey within the framework of a national statistical act that grants confidentiality. As above stressed this relates to the safety of interviewees and to the adoption of ethical standards and codes of conduct. This also informs the choices on the profile, training and roles and responsibilities of the study team. It was recommended that the study team be multi-disciplinary.

#### **4.4.5 Developing a methodological framework for GBV surveys**

Based on the preliminary consensus around GBV concepts and survey processes, the acquired knowledge and skills and shared information during the first two days and the morning of the third day were very helpful for the two groups working around the following tasks: a) Review the conceptual and analytical framework and assumptions, b) Define main criteria of the survey's context, c) State clear objectives for the survey, d) Review and propose appropriate sampling and sources of data and e) Establish categories of research/assessment until the end of the third day.

The last day, the participants were divided into four groups, the first with a mission to consolidate the findings of the exercise (working groups on methodology) to be used as outlines for the harmonized methodology to be finalised and tested in the pilot countries; the second group was tasked with developing a Plan of Action for the testing of the methodology with representatives from Tunisia, Jordan and Lebanon. A third group with media representatives was in charge of making recommendations on the role of the media in combating GBV in general and supporting GBV surveys, in particular.

The synthesis of the two first groups (third day) agreed that objectives of the work would be to empower partner countries in the Euromed region to conduct surveys and to develop an approach for it, as well as to provide inputs for policy makers. Specific goals included a better understanding of the types of VAW, recurrence, perpetrators and service delivery.

The consensus on the conceptual and methodological framework for GBV surveys that resulted from the working groups and plenary debates contained the following elements:

- The definition of GBV on which the survey will draw shall be based on the UN Declaration definition.
- The surveys shall be national surveys encompassed within a regional methodology.
- The survey will target GBV in the public and the private sphere.
- The survey will be quantitative with other qualitative approaches, to be defined and if need be
- The eligible women are those aged 15 and plus regardless of their status and only one woman per household.
- The primary sources of data will be the interviews of women with structured questionnaire. Other secondary sources of data could be the population census, the national health surveys and other existing data from hospitals and police, civil society organisations and statistics offices.
- The sampling will be based on the household and done randomly. It shall be representative of the country and of the key geographical features.
- The questionnaire will comprise an informative part on the size and conditions of life of families. It will explore the victim and her status, the types of violence, the perpetrator, the extent of the violence, the frequency and the temporality, the reaction of the victim and the environment and the impacts of violence.
- In the public sphere, it will also include the place and time of the act of violence.
- The questionnaires shall be anonymous and confidentiality shall be respected in addition to other ethic rules.
- The outline for the questionnaire shall evolve around: (1) Socio-demographic data (on the women and household), (2) Types of Violence (physical, sexual and psychological), including the victim's perception of the causes/reasons, (3) Prevalence, (4) Perpetrators, (5) Place of Violence, (5) Women's attitude, (6) Family attitude, (7) Service and support (did or not -and if so, why and where- the women ask for help, and what was the outcome), and (8) Consequences (medical, psychological, etc.).

#### **4.4.6 Developing a Plan of Action in the pilot countries**

Similarly a third group gathered for over a day to define a plan of action for conducting the GBV survey in the countries selected for the pilot case studies. Participated to this working group, the delegation of Jordan, Lebanon and Tunisia in addition to representatives from Algeria, PA and Syria. The objective of the working group was to define the next steps of the POA and the priorities as regard to initiating the GBV

survey in Jordan and Lebanon and to debate the context and the progress made in Tunisia, the potential implementation of the GBV survey and situation in Jordan and Lebanon, and the template proposed by the team related to the different steps.

The outcomes and recommendations were:

- The EC should send an official letter to the governments of Jordan and Lebanon to officially inform that the country is proposed for conducting a national survey on the basis of the following background, justifications and criteria: national commitments including CEDAW, Istanbul and national strategies and priorities, the Euromed programme/EGEP, the situation in the region as regard to GBV surveys. The draft will have to be shared with concerned Women Machineries to ensure its appropriateness (political and diplomatic aspects) before being officially sent by the EC.
- Finalise the methodology, including a glossary, and send it to the Women Machineries and country delegation members that attended the GBV meeting in Tunis for a final input.
- Clarify the implementation process at the country level and define the framework of collaboration and implementation of the GBV survey at the national level for instance through a Memorandum of Understanding or any other framework with each Women Machinery.
- Organise coordinating meetings at the country level and provide technical backstopping
- Develop and send to Jordan and Lebanon the step-by-step preparation in Tunisia including the budget estimations to benefit from lessons learnt when initiating the process in Jordan and Lebanon. The Euromed programme will send a request with items based on the methodology (sampling, number) to the Women Machineries to prepare a budget estimate to be used to finalise the proposal and mobilise resources including as regard to the State contribution.

#### **4.4.7 The role of the media in GBV surveys and strategies**

The fourth working group reflected on the role of the media in supporting GBV strategies and surveys.

The main recommendations from these discussions were:

- The development of a comprehensive media strategy that deals with women's issues and VAW and which includes officials, party, private, national and local media, radio, television, written and electronic media as well as new communication tools such as mobile technology.
- The strategy should take advantage of all media techniques for instance caricature, pictures and drawing and others.
- The strategy should dialogue with media professionals, authorities (Ministry of Information) and trade unions.
- The media can use the results of the survey to achieve the objectives of the campaign to combat VAW.

More general recommendations were also made on the media and communication component of the EGEP programme.

These included:

The media component of the programme should focus on training of media professionals, a training manual and media products should be developed

A link should be created on the programme webpage where national products may be disseminated.

Media people should be supported to participate in Euromed events such as the follow up of Istanbul.

Detailed reporting on the groups' discussions are included in the minutes of the report (Annex 2).

#### **4.5 Closure**

The outcomes and results of the different working groups were presented to all participants in a plenary session on the last day of the meeting. These were debated and commented so as to ensure the group's ownership over the outcomes and consensus building. This process highlighted the existence of an intellectual consensus on the general basis for GBV surveys. There were no controversial issues between the groups, which complemented each other by enriching the externalities of one another.

Participants were invited to make general comments on the work and on the outcomes of the meeting. The main suggestions were:

Country experiences have highlighted that inter-disciplinary teamwork was a challenge so the programme should be aware of the tensions it may face but also of the richness of this process.

The question of the nomenclature is central to building consensus. Since it is different according to the country, it may be useful to have a lexical with the different nomenclatures in countries and what their legal underpinnings are.

To close the event, the EGEP team leader highlighted the strong points of the meeting and the achievement of its intended results. Participants were reminded that the EGEP programme is an inter-governmental mechanism but that it does not exclude civil society organisations, the private sector or the media, even if it is centrally working with Women's Machineries. This implies that while surveys will be conducted with national Women's Machineries and other government actors, other stakeholders will be involved in the validation and consultation processes.

The workshop is part of a collective process, which means that, in conducting the pilot surveys, experiences from other countries will be drawn upon, for instance through short-term expertise, to ensure the transfer of knowledge between countries. Delegations were also reminded that this is a Euromed programme so European partners will be involved during the next stages, either through seeking expertise, either through sharing and proposing the methodology to other countries.

## 5. Conclusions and Next Steps

This section focuses on the participants' and the team's conclusions on the workshop, including the results of the participant evaluation, the achievements of the expected outputs and the next steps.

### 5.1 Participants conclusions and evaluation

Drawing on the debates of the meeting, a majority of participants agreed that the objectives of the meeting had been successfully achieved. These were: building a consensus around a common conceptual and methodological framework for dealing with GBV in the region; and designing an harmonised and methodological tool for surveys on GBV and its testing in 3 Med partner countries.

Delegates from countries that already undertook surveys highlighted the importance of participatory and inter-disciplinary teamwork. This enriches the process and raises awareness of different actors to the importance of combating GBV. At the same time, it is a process that may trigger tensions and that requires time. At the regional level, participants expressed their interest to deepen the exchange of experiences and to learn from each other, as well as from EU Member States' experiences in conducting GBV surveys. If the common conclusion was that there is no model for GBV surveys, the commonalities of the problematic and the challenges faced call for a regional methodological approach that can be adjusted according to national specificities. This will also strengthen the potential for cross regional comparative assessments and multilateral strategies on GBV.

The success and effectiveness of the meeting has been measured in a participatory way. An evaluation questionnaire has been distributed on the last day of the meeting to assess the level of satisfaction of the participants, the quality of the respective components of the agenda, the distributed material, the final achieved results, the organisation and the venue and the facilitation.

38 participants out of 52 have filled in the questionnaire<sup>1</sup>. Not all responding persons answered all questions. They had to evaluate on a scale of 1 to 6 the different questions.

Some questions targeted the qualitative assessment of the event and the tool of regional expert meeting:

- The need for such a tool (37 individual responses);
- The changes to be made to the tool and why? (32 individual responses);
- The topics/areas to address and suggestion for new topics (29 responses);
- The potential of using the acquired approaches during the meeting in its own work (30 individual responses).

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<sup>1</sup> Are not counted in the number who filled the questionnaire the Euromed team members and do not participate to the evaluation likely the CAWTAR staff's members and some attendees to the opening session in addition to the Danish participant who left the last day but before the end of the meeting

The team classified the responses into the following categories:

- Approach/es of the regional meeting,
- Organisation/programme of the regional meeting,
- Knowledge/Skills,
- Sharing experience and good practices and Harmonization of views and methods.

Participants were asked in the last question to give their comments (25 individual responses). These answers could be considered as recommendations covering the following areas:

- Organisation/logistic;
- Conceptual, technical and methodological aspects
- Follow up.

In conclusion and given the fact that the meeting was the very first regional event of EGEP and in the light of short delay for organising it, the overall assessment could be regarded as positive and constructive (see detail in Annex 4).

For further evaluation, the finalised methodology will be sent to participants for input and follow up will be maintained with the countries where the GBV surveys are planned to be conducted, implementing what participants have learned and applied in this meeting. Participants and expertise from other countries will be included in this process to ensure collective construction and ownership over the tools developed. During the other activities of the EGEP programme, mainly, the regional GBV workshop to be held before the end of the programme, the evaluation will assess the whole process and achieved results as a way to assess the impact of what participants have learned or applied in this expert group meeting.

## **5.2 Team conclusions and evaluation**

The Expert Group Meeting was an important moment to check whether it is possible to build a consensus around a common conceptual understanding of prevalence and incidence of GBV in the Euromed region and to build a regional methodological approach for GBV surveys. Finally the invited experts: practitioners, policy-makers, users and producers of data could finally reach this consensus and agreed on basic outlines for a regional tool to survey about GBV. Consequently, it is the team's assessment that this objective has been successfully achieved. All represented countries gave presentations of their experience and debated each other's approaches both in plenary and group sessions. Methodologies and tools used in the context of national surveys were shared and good practices were identified both in Euromed and European countries. This exchange of views, methods and experiences conducted finally to the attainment of a basic model for a regional method.

The fact that there are commonalities between countries and similarities between national strategies and that there is also a common will to address gender inequalities in the region is an incentive towards building a regional consensus and a regional method on GBV.

The built consensus on the conceptual and methodological framework for GBV survey will inform the approach and tools for the surveys to be conducted in pilot countries. This consensus included a common definition of GBV and the acknowledgement that it should draw on the international framework for the promotion of women's human rights and notably on the CEDAW. Country delegates agreed on a series of common goals that should orient future surveys in the region. Among these, the empowerment of partners in countries to produce refined data on GBV in order to improve policy planning in combating GBV is a central concern. The meeting also set out the outlines

for a methodological approach and process to conduct GBV surveys in the region. It built consensus on tools, sources of data, sampling procedures and questionnaires design for surveys. There was an agreement as to the types and places where violence against women occurs. The categories for the research and the type of information that will be highlighted by the survey results were other points of consent.

All countries demonstrated political commitment to conduct surveys in GBV. There were little controversial issues between the participants and, after four days of work, the group reached a conceptual consensus on the general basis for GBV surveys. This evidenced the divers experience and deep knowledge of the issue by participants but also the success of the planning of the workshop and of the method of work.

The implementation of the workshop strengthened ownership of EGEP by all countries participating. In the countries selected for piloting the methodology, an agreement has been attained on the next steps including the respective roles and responsibilities of all parts involved. Other country delegates expressed their interest in undertaking similar surveys based on the methodology (Egypt, Palestinian Authority). All expressed interest to be involved in further refinement of the methodology and in its implementation and evaluation through the pilots. Once refined, the conceptual and methodological framework will be shared with all participants for further inputs. In the implementation process in pilot countries, expertise from other countries could be drawn from to ensure the cross-regional transfer of knowledge and learning. Furthermore, all countries will be invited to participate in the forthcoming regional GBV workshop where the preliminary results of the framework's implementation and testing in pilot countries will be shared, assessed and debated.

Last but not least, the divers type of participants (decision makers, ONG, media etc.) and the divers type of situations regarding the occurrence of GBV as well as the different state of advancement regarding the combat of GBV have contributed to the richness and attractiveness of the exchanges. It brought experts together that were looking forward to meeting their colleagues since a long time but didn't have the opportunity to do so. Beyond serving its own purposes EGEP played here a role of bringing professionals together and being a trigger for bilateral co-operations.

### 5.3 Next Steps

The follow up of the meeting has two aspects: the **pilot countries** and the other regional stakeholders.

Regarding the **pilot countries**, during the next steps, the team will develop a protocol for the implementation of the pilot surveys based on the conceptual framework, objectives, sampling and data sources proposed by the experts. The protocol will be sent to all participant countries of the workshop through the Women's Machinery for final inputs. The team will also outline the implementation process with pilot countries and define the framework of collaboration for the GBV survey at the national level (form of agreement, form of support from EGEP, scope of survey, duration etc.). A short-term technical expertise has been hired to support the team and pilot countries in this process.

Coordination and consultation meetings will be organised at the country level with all stakeholders and the team will provide technical backstopping during the entire process. A guide for step-by-step preparation of the work will be developed by the team, based on the process in Tunisia including the budget estimations, and will be shared with Jordan and Lebanon. The Euromed programme will send a request with items based on the methodology (sampling, number) to the Women Machineries to prepare a budget estimate to be used to finalise the proposal and mobilise resources including possible State contribution.

A special protocol will be developed for Tunisia. As already said this country will not benefit from the funds of EGEP but the programme will put at its disposal the regional methodology and the outcomes of the survey in Tunisia especially regarding the impact of the EGEP methodology will be discussed during the regional validation workshop.

The **other regional stakeholders** will receive the methodological protocol for input. Regional exchanges and transfer of expertise will be encouraged with all countries in the region and with EU experiences. This process will result in a regional meeting to assess and adjust the conceptual framework developed during the expert meeting and tested in the pilot countries in light of the results and lessons learned in pilot countries. These actors will be kept continuously informed about the progress of the pilot surveys and their outcomes. It is foreseen that the EU operators will be asked to contribute financially to the pilot survey as the budget of EGEP (+/- 40000€ per pilot country) will not be sufficient for a national survey. As this is a Euromed programme, European partners will be involved during the next stages, either through seeking expertise, or through sharing and proposing the methodology to other EU countries that haven't conducted yet a national survey.

## **6. Recommendations**

### **6.1 Participants recommendations**

The main recommendations that can be drawn from the four-day expert meeting regarding the design, the process and the implementation of GBV surveys in the region, in general, and in the three pilot countries, in particular, are:

#### **6.1.1 Recommendations related to national and regional dimensions**

Reporting on countries situations regarding GBV in regional and international forums should:

- Refer to review of educational material and of the religious discourse aiming at restoring the humanist dimension of the Koran to support combating VAW;
- Point at the importance of harmonisation of concepts and the development of a regional platform based on cultural references;
- Focus on the importance of networking and bringing together stakeholders to improve knowledge through participatory processes, regional dialogue and learning;
- There is no modelling for surveys in the region but normalised protocols should be developed;

#### **6.1.2 Recommendations related to norms**

Participants pointed at the importance of following regional factors:

- Regional standards based on a unified and common understanding of concepts around GBV should be developed;
- Surveys should have as reference the UN, the international and regional agreed standards for the definition of VAW and GBV;

### **6.1.3 Recommendations related to survey**

Participants made many recommendations for the design of a national survey and the method to carry it out:

- The purpose of the survey should inform the survey design;
- Survey teams should develop and respect a Code of Ethics should be interdisciplinary;
- Surveys and data collection methods on GBV should be multi-actor processes;
- Special sampling procedures should be developed for phenomena such as VAW/GBV since they may be more recurrent in marginal sectors of the population;
- Questionnaires should be pre-tested;
- Qualitative research is important to complement the quantitative survey;
- The survey should be linked up with existing efforts in GBV-VAW data collection in the region;
- Surveys should be conducted on a regular basis to assess trends and evolutions as well as policy outcomes;
- GBV surveys should be conducted in collaboration between different services and in collaboration with civil society organisations to sensitize all stakeholders about the importance of combating VAW;
- Surveys should be conducted on a regular basis to assess trends and evolutions as well as policy outcomes;

### **6.1.4 Recommendations on Media and GBV**

The group of media professional has delivered special recommendations that link between GBV and media work:

- Need to strengthen the work with the media on GBV surveys;
- A national communication strategy to raise-awareness in society should be developed along with GBV surveys;
- Media should be involved from the beginning of the process to raise awareness and sensitise public opinion;
- The development of a comprehensive media strategy that deals with women's issues and VAW and which includes official, party, private, national and local media, radio, television, written and electronic media as well as new communication tools such as mobile technology;
- The strategy should take advantage of all media techniques and should dialogue with media professionals, authorities and trade unions.

## **6.2 Team recommendations**

### **6.2.1 Recommendations related to the development of the methodology**

The regional expert workshop has confirmed that countries are encountering similar problems and barriers for combating GBV and for assessing incidence and prevalence of VAW. This should be an incentive to work together and to develop common tools. This kind of regional approach has the advantage of:

- Saving time for countries that are starting later
- Saving efforts and resources (human and financial) for the same countries
- Offering an opportunity for more advanced countries to test the transferability of their models and methods
- Building a scheme that retrieves Southern expertise to enhance Southern countries, not only in terms of South-South cooperation but also as positive role model.
- Demonstrating, because of a shared regional, cultural and religious context, that initiatives and efforts of certain countries in the region in combating GBV deliver

good arguments to encourage more cautious countries to undertake actions/policies to combat GBV"

- Building a frame to compare situations for the sake of enhancement

The regional experts workshop was a participative exercise where individual national delegations have contributed to a common tool that will not necessarily be tested in their own countries. By doing so they have demonstrated generosity and their concern and support to any action aiming at combating GBV even if it is not happening in their country. The universality of this approach was once again confirmed. Because of these reasons the team strongly recommends to keep the regional methodological approach and its national testing.

### **6.2.2 Recommendations related to conducting pilot surveys**

The work done in Tunis during the regional expert meeting was a primary work that has to be further developed if it intends to attain the expected results. This primary work included the formulation of a common definition and references as well as a first outline for the regional methodology to be tested in pilot countries. The harmonised methodology for the pilot countries will have to develop a protocol for each step and component of the survey, including the questionnaire, so that studies may be replicated in other countries and conducted on a regular basis.

A short-term technical expertise has been hired to support the team during the workshop and to finalise the first methodological framework. It would be helpful to have such support during the implementation of the testing and conducting the survey in the pilot countries in this process.

Comments of some national delegates from the pilot countries have shown that there isn't yet a national consensus in the pilot countries as regards the EGEP action. The team will have to launch very soon a consultation process with the decision makers in the countries in order to reach a final agreement. In case this agreement can't be reached in the one or the other pilot country, the team should propose an alternative scenario. Once the agreement has been achieved the team could help the pilot country to look for additional funds in order to strengthen the scope and the sampling of the survey.

### **6.2.3 Recommendations related to the media**

Participants have reiterated several times the opinion that media professionals and organs shouldn't only be addressed as a vehicle for dissemination but also as an ally to educate, raise awareness and advocate. The team should develop together with these stakeholders a comprehensive media plan on how to build this alliance.

### **6.2.4 Recommendations related to the organisation of regional events**

The regional expert meeting in Tunisia has shown to the organisers that the planning for such a complex gathering has to take into consideration many elements such as:

- The mixture of Euromed stakeholders has to count with different religious holidays and weekends that leave a more reduced time for preparation.
- The political situation that didn't allow to include Israeli participants in a workshop organised in the Arab country and with participants from Syria and Lebanon

- The organisation of a regional event in Tunisia that still imposes strict visa requirement event on participants from Arab countries
- The need to have a governmental authorisation for a regional event
- The choice to involve NWM as an intermediate between EGEP and participants has caused in some cases important delays and in some the absence of delegations (Morocco)
- The different level of knowledge of the participants about the normative framework of GBV has caused during the presentations and facilitation some critics because of the length and detail of the presentations
- The importance of data and information presented and the number of participating countries has caused some complains about the short time allocated for each delegation to present its practices and needs and to discuss more in details its experiences.
- The balance between presentation and discussion was not maintained an much more time was dedicated to presentation and global normative framework than to discussion and exchanges
- The fact that the facilitation was mainly done by one expert created a risk of relaying too much on one approach and on less participative and divers facilitation.

All these issues should be improved for the next regional events of EGEP

## **7. List of annexes**

- 7.1 Annex 1. Agenda of the Expert Group Meeting**
- 7.2 Annex 2. Minutes of the Expert Group Meeting**
- 7.3 Annex 3. List of participants of the Expert Group Meeting**
- 7.4 Annex 4. Evaluation Results of participants of the Expert Group Meeting**
- 7.5 Annex 5. Bibliography**
- 7.6 Annex 6. TORs Regional Expert Group Meeting**
- 7.7 Annex 7. TORs for Country Presentations**
- 7.8 Annex 8. TORs Short-term Expertise**
- 7.9 Annex 9. Media coverage of the Expert Group Meeting**
- 7.10 Annex 10. Selection of Photos**