A Study on Violence against Women

Part of the Project

"Promoting women's rights and combating violence against women: Building a sustainable legal-health-social service referral system in the Palestinian Occupied Territory"

By

Juzoor and the Women's Center for Legal and Social Counseling (WCLAC)

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Executive Summary

A descriptive impressionistic study design was conducted starting with the needs assessment and mapping of services as the first step to inform the creation of a referral system as a part of a comprehensive vision for combating violence against women (VAW). The 4 components of this study aimed at:

- Assessing the existing legal, health and social services and procedures for women victims of violence and women at risk at seven governorates of the West Bank (WB): Qalqeelya, Nablus, Jericho, Ramallah, Jerusalem, Bethlehem and Hebron. In specific to assess the extent to which gender based violence (GBV) issues are addressed in selected service provider settings in order to assess gaps of services .A total of 308 governmental and non-governmental social, legal and health institutions were targeted for interviewing while 280 institutions accepted to participate.
- Assessing the extent to which GBV issues are addressed in selected related curricula in order to assess theoretical and practical training gaps of potential professionals who would encounter women victims of violence in the prospective work fields and sites. Forty academic programs were targeted in fields assumed to provide support to women victims of violence including: Medicine, Nursing, Midwifery, Police Studies, Social Work, Law, CHW, Psychology, Gender and Development ,Public Health and Management at 18 Palestinian colleges and universities on the WB. Thirty four programs out of a total of 40 targeted programs accepted to participate and thus were interviewed with an 88% response rate
- Assessing the extent to which GBV issues are addressed in Police Departments (PDs) in order to assess service gaps and needed but lacking components at PDs which would encounter women victims of violence. Sixteen centers were approached and all (100%) accepted to participate
- Assessing the extent to which women victims of violence perceive their care provision needs are satisfied by service providers to highlight gaps of services and help in devising a comprehensive and holistic service. 44 women were targeted through a purposive sample for interviewing as part of this survey.

Conclusion and Recommendations related to the 4 study components included:
1-Service providers:

- The distribution of available services by governorates size and population must be carefully considered for future planning purposes for service provision
- Focus must be given to needs of related Jerusalem based institutions and their continued steadfastness and empowerment given the intensifying harassment measures these institutions are subjected to aiming at their Israelization.
- The elderly , the handicapped and the ex women detainees are amongst the least advantaged in being targeted by services offered and available at service provider institutions. These groups deserve further attention
- Awareness raising sessions and brochures are believed to be the most effective means directing women to seek help on VAW issues. Focus should be on content and design of sessions and brochures to encompass most important and beneficial information for behavioral change or actions to be taken.CHW are also a good source of information in the field and their training on VAW issues to be strengthened.

- Criteria used for accepting women victims of violence should not be a deterrent for woman seeking help.
- Surveyed institutions indicated receiving approximately a total of 4500 cases of different types of VAW in the last three months. This is an impression of what exists as many cases remain unreported especially with those related to physical and sexual abuse.
- Married women aged 30 or above were perceived to have more contact seeking help from service providers on VAW issues.
- Minimal support received by victims of VAW from different sources highlights the necessity for awareness raising on the issue as well as on traditional taboos surrounding VAW.
- Time spent with women victims of violence is of great importance for women's healing and developing trust in the system to be carefully reviewed by service providers.
- Lack of a holistic approach for dealing with VAW inclusive of the medical, psychological, legal, social and spiritual component and weak institutionalization of clear and written procedures for consistent professional behavior and service provision
- The presence of a comprehensive care giving team is to be promoted by future endeavors to improve services and their impact.
- The creation of needed facilities is to be promoted and developed within the context of comprehensive care to women subject to violence.
- Lack of protocols at service settings is indicative of non consistent care giving.
- Obstacles with which service providers are faced with when dealing with VAW must be seen in the broader context of social behavior and stereotyping and the interrelated roles of a variety of health, educational, youth and other sectors and institutions.
- Planning of and employing of human resources based on health care needs within a holistic framework and attention to the continuous training of service providing professionals and their interaction and understanding of their distinct roles as team members and means with which they complement each other is imperative for dealing with VAW

2: Curricula

- Nursing, Midwifery and Law programs constitute the majority of related programs with highest number of potential graduates dealing with VAW issues and thus deserve special attention for ensuring inclusion and depth of coverage of related issues.
- Topics most covered in programs relate to actual services provided to women in the realm of immediate interventions and treatment(reproductive health, risk assessment, psychological assessment etc)whilst the least covered topics relate to structural practices .advocacy and prevention(documentation, advocacy issues, awareness raising on women's rights and entitlements ,referrals and international accords).Although it is imperative to continue focusing on treatment related issues, yet other topics which are part of a system wide frame for tackling VAW are also as important and promoted for inclusion in curricula with depth of coverage dependant on type of program.
- Most programs lack teaching and or training material in Arabic, an area that deserves further attention
- Political VAW and violence against the handicapped women need further attention in curricula.

- The clinical experience received by students is a cornerstone for future service provision. Case identification is of great importance as it constitutes the initial step for subsequent work with victims of violence .This area has been perceived as relatively insufficient in terms of clinical practice by programs surveyed. VHW as well as social workers are front liners in the community whereby it is necessary to focus in their training on case identification, means for promoting women to seek assistance as well us sufficient information on available resources for assistance.
- Upgrading of clinical training and the training infrastructure :physical and human resources, is essential whilst focusing on :community health, counseling, legal and social centers, schools and hospitals most utilized by programs for clinical training on VAW.
- Counseling on VAW as an institutional service to students in the different academic setups is lacking and may deserve attention. The majority of programs and their host institutions do not provide such service.

3: Police Departments

- PDs lack special units to serve women victims' of violence. Such units need to be promoted and developed
- The establishment of family protection units in governorates is to be commended and its establishment in all governorates must be supported
- PDs lack necessary equipment for provision of best service and need support in that regard.
- Data bases are relatively available but need to be instituted in departments which lack them and further analyzed for content and developed were they exist.
- The relative presence of trained police and legal specialists at departments to deal with violence is indicative of the strong orientation in viewing VAW as a criminal act requiring police intervention and legal follow up. The absence of a physician or a mental health specialist raises questions on the lack of a holistic approach to viewing needs of victims of violence and consequently required areas of support.
- All PDs must have trained police for dealing with VAW. The lack of such qualification at 50% of surveyed PDs alerts to the need to initiate such training immediately.
- The follow up of women victims of violence by police women is to be commended and maintained.
- Utilization of special forms with women victims' of violence is to be promoted
- Socially, tribal assistance especially in rape cases may be resorted to as a means of reducing tension. This endorses and strengthens the presence of two systems and authorities which may hamper and minimize the effect of the state's legal authorities and procedures.
- The perceived increasing number of women victims of violence running of to Israel and returned back by Israeli police deserves much attention and raises questions on women's perception of the effectiveness of the present Palestinian social, legal and police system in dealing with cases of violence.
- A large percentage of surveyed PDs seek support of other institutions when dealing with VAW.It is recommended that protocols on such coordination are reviewed and further developed as part of a national referral system.
- Procedures for dealing with victims of violence must written for a clear reference and responsibility and accountability purposes as well as consistent service provision. The development of procedures manual is warranted with training on its utilization.

- A national training program on VAW for police workforce is recommended .In depth review of the Police Academy curricula is recommended to ensure comprehensive coverage of related VAW material and the needed hands on experience
- Mode of referral to PDs to be further assessed and more systematic mode of work needs to be developed and instituted especially with sources which refer victims to the police departments.
- It is recommended that under all circumstances PD is mobilized when alerted of any act of violence

4: Beneficiaries

- Friends, awareness sessions, CHW and ministries are prime sources of information on resources for assistance to women victims of violence .This is an area to be capitalized on for information dissemination in a most informative and accessible manner
- Mental, emotional and verbal violence and humiliation top the list on causes prompting women to seek assistance. These types of violence mostly require mental health specialists and counselors to deal with. Despite this necessity, there is limited availability of these specialists
- It is necessary to provide un-conditional services to combat VAW
- Physical and sexual violence are reported less than other types of violence for which women sought help. These two types of violence may be the most sensitive for women to reveal and thus the unreported cases in the community may be much higher.
- The recurrent seeking of assistance by women raises the question on the cycle and recurrence of violence and confounds the overall national percentage of women subject to different types of violence if the number of visits is taken as a frame of reference.
- Victim's family is the biggest support .It is worthwhile to note that brothers are taking part in such support. This supports the importance of awareness raising of women and men alike on VAW and means of protection and treatment
- Focus should be on preparation and continuous training of social workers, mental health specialists ,legal staff and community health workers since they seem to be the most in contact with women victims of violence
- MoSA, MoH and police departments are sites were largest percentage of referrals are directed to. This is despite the fact that interviewees indicated that hospitals, police and the tribal judiciary are amongst the least preferred for referral. In depth elaboration on reasons for this non preference need to be studies and mitigation measures followed. They all have to be groomed to receive and follow up on cases and meet needs accordingly. Their staff and systems and procedures for dealing with women victims of violence may need to be revisited, improved and based on best practices under the circumstances. Tribal judiciary on the other hand is part of the social fabric and a fact on the ground. A strategy for a more informed and gender sensitive intervention by tribal leaders is necessary.
- Training and awareness raising are important and deserve attention by employers and training programs
- The general satisfaction of beneficiaries with rendered services is to be capitalized on with further focus on emphasis on strengthening measures which contribute to beneficiary satisfaction.
- Community perception of women victims of violence continues as a major hindrance in combating VAW and promoting seeking assistance. This requires intensive awareness

raising for different age groups starting from schools, different set ups and a focus on community leaders and decision makers

Overall Conclusions and Recommendations include focusing on:

- Infrastructure: Specifically designated facilities-space imperative for receiving women and promoting confidentiality
- Human resources: Basic training, on the job and lifelong education, specialty training and the right mix and numbers of professionals amongst the team
- Systems and procedures and the establishing of a national surveillance system, developing the family protection law and protection initiatives as well as compliance with the law supported by a well established referral system with complementation of services and networking and coalition amongst service providers
- Community awareness raising and advocacy: Information dissemination, work with decision makers, starting at school level, targeting men and women in awareness raising campaigns training and coalitions, utilizing the media, focusing on the training and the work of VHW and social workers
- Research: Quantitative and Qualitative studies on VAW and assessing experiences of other regional countries in developing national strategies and systems for combating VAW with lessons learned and adaptation to the Palestinian context
- Networking and coalition building :Towards adoption of international accords, legislation and law enforcement ,better utilization of scarce resources and strengthened complementation and comprehensiveness of services and a more informed tribal Judiciary
- Rehabilitation of women victims of violence: Personal training, work with the family and work on awareness raising and rehabilitation of perpetrators of violence

List of Abbreviations

CHW	Community Health Work
EC	European Commission
GBV	Gender Based Violence
MoH	Ministry of Health
MoEHE	Ministry of Education and Higher Education
MoSA	Ministry of Social Affaires
MoWA	Ministry of Women's Affaires
NGO	Non Governmental Organization
PD	Police Departments
VAW	Violence Against Women
WB	West Bank
oPt	Palestinian Occupied Territory
WCLAC	Women's Center for Legal and Social Counseling

List of tables

Assessment of service providers

Table 2.1 Perceived means directing women to seek institutional service support for VAW issues (%)
Table 2.2 Services provided by surveyed institutions (%)
Table 2.3 Criteria utilized by institutions for accepting to deal with women victims of violence
Table 2.4 Perceived percentage of type of support available for cases received at the surveyed institutions in the last three months
Table 2.5 Percentage of Perception of sufficiency of time and effort spent with women victims of violence
Table 2.6 Percentage of institutions by related procedures followed when dealing with VAW cases and sufficiency of procedures
Table 2.7 Percentage of Availability of potential professionals-staff categories to deal with women victims of violence
Table 2.8 Percentage of available support facilities at surveyed institutions
Table 2.9 Percentage of institutions using different procedures once receiving women victims of violence
Table 2.10 Percentage of institutions with available protocols used whilst dealing with women victims of violence
Table 2.11 Percentage of responding organization by agreement with strategy for curbing VAW

Assessment of programs-curricula

Table 3.1 Targeted Programs
Table 3.2 Types of surveyed programs
Table 3.3 Types of surveyed programs by level of program offered
Table 3.4 Percentage of programs by VAW related topic coverage in curricula and perceived sufficiency
Table 3.5 Percentage of programs by specific VAW related topics covered in curricula
Table 3.6 Percentage of programs by offering of clinical experience to students in program and perceived sufficiency of experience
Table 3.7 Percentage of programs by sites for clinical-practical training and perceived adequacy of training

Assessment of police Departments

Table 4.1 Available Components
Table 4.2 Available Components: Human Resources
Table 4.3 Sources of referral to Police Departments (%)
Table 4.4 Percentage of PDs which follow procedures once case is received and dealt with at PDs
Table 4.5 Percentage of PDs by availability of protocols and procedures

Assessment of Women Beneficiaries

Table 5.1 Sources enabling women to seek help
T**able 5.2:** Type of violence for which women sought assistance
Table 5.3 Types of assistance received by women

Table 5.4 Sources of support to women
Table 5.5 Procedures used with women whilst seeking assistance
Table 5.6 Perception of Services received
Table 5.7 Women's recommended strategies and means for combating violence against women

Table of Content

1: Introduction: Project Background
2: Service providers Gap Assessment
- 2.1 Objectives
- 2.2 Target Population and Sample
- 2.3 Assessment Questionnaire
- 2.4 Data Collection
- 2.5 Obstacles and limitations
- 2.6 Data presentation and Analysis
- 2.7 Conclusions and recommendations

3: Assessment of Programs- Curricula
- 3.1 Objectives
- 3.2 Target Population and Sample
- 3.3 Assessment questionnaire
- 3.4 Data Collection
- 3.5 Obstacles and limitations
- 3.6 Data Presentation and Analysis
- 3.7 Conclusions and Recommendations

4: Assessment of Services at Police Departments
- 4.1 Objectives
- 4.2 Target population and Sample
- 4.3 Assessment Questionnaire
- 4.4 Data Collection
- 4.5 Obstacles and limitations
- 4.6 Data presentation and Analysis
- 4.7 Conclusions and Recommendations

5: Beneficiaries Perception
- 5.1 Objectives
- 5.2 Target Population and Sample
- 5.3 Assessment Questionnaire
- 5.4 Data Collection
- 5.5 Obstacles and limitations
- 5.6 Data Presentation and Analysis
- 5.7 Conclusions and Recommendations

6: Conclusions and recommendations

Annexes
One: Interview questionnaire –Service providers
Two: Service questionnaire clarification for data collectors
Three: Interview questionnaire-Curricula
Four: Interview questionnaire-Police departments
Five: Interview questionnaire-beneficiaries

1: Introduction: **Project Background**

Since January 2009 WCLAC and Juzoor have been implementing a project titled "Promoting women's rights and combating VAW: Building a sustainable legal-health-social service referral system in the Palestinian Occupied Territory" (oPt) funded by the EU .The project aims to contribute to improving overall delivery of legal, health and social services to women victims of GBV and those at risk of violence. This will be accomplished through: networking and sharing models of best practices with other women's organizations in the Arab world and Euro-Mediterranean region to learn from their experiences; adapting referral protocols and job aids in the legal, health and social sectors, and formulating successful curriculum models and training programs targeting health providers and law enforcement professionals; and promoting the application of tools and strategies by relevant stakeholders including government ministries, the police, and health and social service providers at the national and local levels. The project also aims to contribute to changing social habits, culture and tradition particularly among health providers, law enforcement individuals and decision makers in the government concerning VAW.

Additionally, the project will develop a model of integrated referral system for women victims of GBV and those at risk, by engaging decision-makers and direct-service professionals in the legal, health and social services systems (including government ministries) and establishing strong linkages. The new system will be implemented on a pilot basis in Ramallah district. Project will also develop accompanying tools to the system; protocols and curriculum modules for medical, midwifery and nursing schools and the police academy that sensitize them to VAW issues. Efforts will be crowned by an advocacy campaign at the level of the national government to promote the new referral system.

Activities on the grassroots level will involve mobilizing civil society organizations, groups and coalitions to help design the model referral system. By getting their input and participation in the process from the beginning, the project follows a "bottom up" approach.

The project is being implemented in three main phases, with distinct activities under each phase. The expected results of the project as a whole are:

- Recommendations on best practices relevant to the referral system, based on exchange of lessons learned on the regional and national levels.
- An appropriate model for a comprehensive legal-health-social service referral system and accompanying tools have been formulated and piloted.
- Referral model and tools disseminated and promoted among relevant stakeholders.

The needs assessment and mapping of services :providers, academic institutions and PDs is the first step in the project which will inform the creation of the referral system. It is the foundation upon which all further work will be based. Its purpose is to:

- Set the methodology and tools for the needs assessment of curricula (in health, social, legal and police academy);
- Assess the existing legal, health and social services and procedures for women victims of violence and women at risk at seven governorates of the West Bank (WB): Qalqeelya, Nablus, Jericho, Ramallah, Jerusalem, Bethlehem and Hebron.

- Assess women beneficiaries' perception and satisfaction with services: through interviewing women victims of violence who have utilized existing services in one way or another to get personal accounts of their experiences, their input on what services they lacked and suggestions on how the system could have worked better from a user-perspective, etc. This lends an important perspective and qualitative data to the needs assessment.

The consultant – investigator in coordination with the Project Manager and related staff at WCLC and Juzoor defined the objectives and aims of each of the above components. A descriptive impressionistic study design was selected for further studies: quantitative and qualitative to be built on. The preparation of the study tools, implementation of data collection and report writing of the study's components were guided through:

- Workshops organized by WCLAC and Juzoor for relevant local coalitions, civil society organizations and key individuals from ministries and Nongovernmental Organizations (NGOs) to identify their institutions' roles, give them opportunity to lend their perspective on the gaps in the existing system, benefitting from their expertise as service providers on the ground.. During these workshops gaps and challenges the participants face with the existing system and elements of the needed referral system in order to meet the needs and a consensus over a referral system have been brainstormed. They have also provided feedback on drafts of the study questionnaires
- Written materials: manuals, protocols, guidelines (where existing), including reviewing existing data from previous and on-going WCLAC studies in order to assist in preparation of the tools and or writing the final report.
- Training and overseeing a cadre of field workers to collect data using the approved questionnaires as well guidelines explaining and elaborating questions on the different questionnaires and data collectors' responsibilities and documentation
- Data entry by a computer specialist
- Preparation of statistical analyses compiled by a statistical consultant.
- Following the completion of the needs assessment, the investigator conducted an analytical review of data collected in order to specify the gaps and weaknesses of the existing system (or lack of system) in a final report.

The study results were presented in a national workshop on December 28th 2009 with participation of stakeholders, and relevant partners to present and disseminate the results of the assessment and discuss the recommendations. The aim of the workshop was to obtain feedback from relevant partners to enrich the analysis and to receive recommendations for preparation from the second phase of the project.

It is worthy to note that this study did not include governorates in Gaza and it is hoped that as the situation permits, the survey is replicated in the Gaza Strip to enable national planning and strategizing for Palestine

2: Service providers Gap-Needs Assessment

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2.1 Objectives: Assess the extent to which GBV issues are addressed in selected service provider settings in order to assess gaps of services

2.2 Target population and sample A total of 308 governmental and nongovernmental institutions were targeted for interviewing as part of this survey in the 7 governorates with the following distribution per governorate : Qalqelia (5.2%),Nablus (16.5%),Jericho (4.5%) , Ramallah (22%),Jerusalem (12.3%),Bethlehem (15,5%) and Hebron (24%).These include institutions believed to provide health ,social, legal and or counseling services on VAW. The majority (74.4%) of institutions were located in cities, 20.4% in villages and 5.2 % in camps. 28 institutions with the majority in the Jerusalem governorate refused to be interviewed (11.4% non response rate)

2.3 Assessment questionnaire: To design the survey questionnaire, brainstorming sessions with relevant professionals and service providers on existing services have taken place in order to:

- Define the framework of legal- health- social existing services.
- Define the needed information from the targeted organizations on existing services for women victims of GBV.

Draft questionnaire prior to finalization was discussed with a group of relevant professionals and service providers and modified accordingly .Additionally, draft of the analysis was also presented to related institutions, feedback obtained and modifications made.

2.4 Data Collection: Twelve data collectors were trained to collect the data during face to face interviews utilizing the designed questionnaire. Data collectors were supervised by two WCLAC senior staff

2.5 Obstacles and limitations

- Difficulties in obtaining the target population's frame of reference even from PCBS to randomly choose from the interview sample. Several sources had to be compiled and used to develop a comprehensive service provider frame of reference including related institutional data bases at the MoH, MoSA, MoWA, Ministry of Interior, UNRWA and others as well as the word of mouth
- Despite all efforts towards reaching a most inclusive frame of reference for related targeted institutions, it is expected that few institutions were overlooked
- Delays in receiving requested data bases
- A number of institutions were either non-existant,closed or with no addresses or contact details
- Data collection coincided with the month of *Ramadan* with early closure of institutions and minimized work efforts
- Difficulties faced by data collectors reaching Jerusalem without a permit
- 28 institutions refused to cooperate with majority located in Jerusalem
- Withdrawal of some of the data collectors after being trained and distribution of their work to others

2.6 Data presentation and analysis

2.6.1 Provided services

- The majority of the surveyed institutions (75.4) claimed offering health services to victims of VAW followed by (60.1) offering social services,45.9% psychological services and 19.9% offer legal services to women. The distribution of institutions and available services in the order of highest to lowest availability of all types of services by service institutions and governorate is as follows: Bethlehem governorate, followed by Hebron, Nablus, Ramallah, Jerusalem, Qalqeelia and Jericho.
- Most targeted groups by surveyed institutions are women in general targeted by 89.7% of responding institutions followed by girl teens and youth (78.6%) of institutions and children targeted by (71.5%) of institutions. Those groups targeted by less than 2/3 of the responding institutions include in the order from higher to lower extent: the family in general, the elderly, the handicapped and the ex-women detainees.
- Surveyed institutions believe that the means most directing beneficiaries to seek assistance on VAW related issues from provider institutions include: people and friends in general,(87.2%),awareness raising sessions (75.4%),brochures (64.7%) and health workers in the community (65.8%).To a lesser extent beneficiaries are believed to be directed by other NGOs (34.1%),service directories (37.7%) and referral through specialists (34.5).The least perceived means include :the media, referral from ministries, websites, newspapers, referral from Police departments ,hotlines and court houses (table 2.1).
- Only two VAW related services are provided by a little over half of the surveyed institutions: awareness raising by 60.1 % and medical services by 50.6%.Services provided by more than a third of the institutions include: advocacy in general(48.8%),referral (47.7%),counseling (47%) and emergency services. The least provided services by less than a third of the surveyed institutions include: crisis intervention, legal counseling, hotline, training of experts, and training of victims, shelters and capacity building of the victim's family (table 2.2).
- 12.8 % of surveyed institutions claimed having set criteria for accepting cases of VAW, whilst only 27.8% have these criteria in a written format. Criteria used by over 50% of institutions include: type of case, the victims mental status, drug or alcohol addiction, age and social stereotyping, ability to deal with the case, social reputation and availability of family support. Handicaps resulting from violence, sexual orientation, physical space issues, financial status and the presence of a criminal case are criteria used to a much lesser extent (table 2.3).

2.6.2 Cases received in the last three months and the perceived support they received

- 114 to 117 of the surveyed institutions claimed receiving different types of cases of VAW in the last three months with on the average of 9 cases related to each of verbal violence and humiliation as well as emotional and mental violence, followed by deprivation of rights and neglect (7 cases each), followed by social and physical violence (6 cases each) and lastly sexual violence with an average of 2 cases in the last three months. This translates to around 4500 cases received at all institutions for all types of violence against women in the 7 governorates.
- The age breakdown of women victims of violence who sought assistance from the surveyed institutions were mostly 30 years old or more followed by 19-29,16-18,13-15

and lastly, less than 12.Most were married followed by single, divorced, separated and widowed respectively .

- Perceived support received by women victims of violence dealt with at surveyed institutions which acknowledged receiving such cases in the last three months was generally the highest support from the victims family followed by NGOs, social support, support from ministries, shelter, police and the governorate. Overall however support is perceived as minimal since only less than a third of the surveyed institutions indicated availability of support by any of the support categories in relation to any one of the types of violence. Furthermore surveyed institutions indicated that most support by all sources was geared towards victims subjected to physical violence, followed by sexual violence, verbal and humiliation violence, social violence, emotional and psychological violence, neglect and deprivation of rights (Table 2.4).
- Around a third of surveyed institutions claimed spending enough time and effort with cases of VAW .Most mentioned reasons for this deficiency include: lack of specialized human resources, fear and lack of awareness by women victims of violence and traditions (table 2.5)

2.6.3 Structural support

- Related procedures never used by 50% or above of the surveyed institutions include from highest to lowest order of non utilization: Press release (88.3%),self evaluation of the professional team dealing with VAW cases (73.3%),providing legal support (70.9%),group therapy and follow up with protection units(62.3%) each, mental status assessment (57%) and family counseling (53.6%).Procedures utilized whether always or sometimes by 50% or above of the surveyed institutions include: case history taking, individual therapy, and referral. For most listed procedures, 50% or more of the institutions claimed they need to develop these procedures (table 2.6).
- Only physicians and nurses were mentioned as always or sometimes available to deal with VAW cases by 50% or more of the surveyed institutions. Most other listed categories on the questionnaire are nonexistent in 2/3 of the surveyed institutions with the most least available human resources being: police, psychiatrists, legal experts, a religious person, education specialist, researcher, trainer and mental health specialist. However 2/3 of the surveyed institutions believe that what is available is sufficient except for the police and trainers (table 2.7).
- Only two facilities: special diagnosis areas (58.3%) and waiting area for supporters (56.7%) were mentioned as available by over 50% of the surveyed institutions. All other listed areas were unavailable by 2/3 or more of the surveyed institutions including: from least available: special facilities for the victims children, victims information room, bathing and changing area and a counseling room. However, surveyed institutions believe most facilities are sufficient except for needed development for making available areas for the victim's children and a counseling room (table 2.8).
- Almost all listed measures which one hopes are followed by service providers once a case of VAW is received are rarely used by 2/3 of the surveyed institutions. When sometimes used, they are rarely written or documented in a report (for example social and mental status assessment) (table 2.9).
- Almost all listed protocols related to VAW are unavailable in over 2/3 of the surveyed institutions .When available, the majority of the surveyed institutions do not have them in

a written format except for admission and discharge protocols available in written format in over 50% of surveyed institutions (table 2.10).

2.6.4 Referrals and obstacles

- Referrals by surveyed institutions of women of victims of violence occur mostly with verbal violence and humiliation, followed by emotional and mental violence, neglect and social violence. This is followed by physical violence, cases at high risk, deprivation of rights and economic violence respectively.
- Obstacles most cited by responding organizations which they face when dealing with women victims of violence include from highest to lowest order: Social pressure and traditions, fear by women, lack of women's knowledge of her rights, lack of specialized staff, lack of proper facilities, confidentiality issues and women refraining from providing information, lack of family support.

2.6.4 Recommendations made by respondents for improving services to women victims of violence

- Most cited recommendations for improving organization's work with women victims of violence include: Training and counseling of available human resources, ensuring availability of the right staff mix with the needed qualifications. Additional resources mostly recommended by surveyed organizations include: counseling rooms, governmental and community support.
- Over 80% of responding institutions strongly agreed and agreed with proposed strategies for working on issues and with women victims of violence including: Protection laws, procedures for implementing and following up on compliance with the law, protection initiatives, coalitions and fori, counseling and awareness raising, family protection against violence, using the media, modification of curricula, working with decision makers and adopting of international accords (table 2.11).
- When questioned about recommendations for improving services to Women victims of violence in general, the most cited recommendations from higher to lower order include: Counseling and awareness raising through different courses and workshops for men and women, qualifying a specialized cadre of professionals and upgrading existing ones, establishing specialized centers and networking and cooperation and coalition building amongst related institutions.

2.7 Conclusion and Recommendations

- The distribution of available services by governorates size and population must be carefully considered for future planning purposes for service provision. Focus should be on areas lacking needed services .The north of the WB is a priority area for VAW services in general.
- Refusal of a large number of Jerusalem based targeted institutions may be explained within the political context and its implications on such participation .However ,focus must be given to needs assessment of these institutions and their continued steadfastness and empowerment needs given the intensifying harassment measures Jerusalem based institutions are subjected to aiming at their Israelization.
- The elderly and the handicapped are amongst the least advantaged in being targeted by services offered and available at service provider institutions. These groups deserve further attention in terms of their general and more specific needs.Additionally,services

to women detainees and ex-detainees need to be promoted given the sensitivities of tackling the issues related to VAW in general and most specifically ex-detainees.

- Awareness raising sessions and brochures are believed to be the most effective means directing women to seek help on VAW issues. These should be capitalized on in future programming. Content and design of sessions and brochures to encompass most important and beneficial information for behavioral change or actions to be taken.CHW are also a good source of information in the field and their training on VAW issues to be strengthened.
- Although a minority of surveyed institutions claimed guidance by certain criteria for accepting to deal with cases of victims of VAW, it is highly recommended that criteria should not be a deterrent for woman seeking help and that seeking such help must be encouraged. The mere idea that even a minority are guided by criteria when offering their services reflects the sense of overall societal stereotyping in itself a deterrent to women seeking assistance and service providers failing to provide needed unconditional care.
- Surveyed institutions indicated receiving approximately a total of 4500 cases of different types of VAW in the last three months. This of course is only an impression of what exists since many cases remain hidden and unreported especially with those related to physical and sexual abuse.
- Married women aged 30 or above were perceived to have more contact seeking help from service providers on VAW issues. Married women may be subject to several sources of perpetrators including: husband, in-laws and other members of the extended family. This may highlight needs for providing family and marriage counseling as well as importance of awareness raising on VAW issues for both men and women.
- Minimal support received by victims of VAW from different sources highlights the necessity for awareness raising on the issue as well as on traditional taboos surrounding dealing with VAW. There is a need to further study type of support received by family members as most available perceived support reflected in this study. This type of support needs to be explored in relation to genuinity versus support to ensure wrap up of the case before it gets out of the family's hands.
- Time spent with women victims of violence is of great importance for women's healing and developing trust in the system thus encouraging the seeking of assistance. This area to be carefully reviewed by service providers. More in-depth study and analysis should be followed to explore whether limited time with beneficiaries is related to the unavailability of a cadre to deal with VAW or a limited understanding of the concept of required holistic care
- The lack of utilization of most procedures related to VAW by the majority of surveyed institutions regardless of whether all procedures are or are not relevant to the work of all institutions may be indicative of a) lack of a holistic approach to dealing with VAW inclusive of the medical, psychological, legal, social and spiritual component and b) overall weak institutionalization of the necessity of clear and written procedures for consistent professional behavior and service provision. The acknowledgement by over 2/3 of the surveyed institutions that such procedures should be developed is an area to be capitalized on for further work with institutions and awareness on the holistic approach for dealing with women victims of violence.
- The presence of physicians and nurses most available to deal with women victims of violence is in line with the predominant medical model for dealing with victims of

violence rather than the holistic approach as well as a somehow limited understanding of the more inclusive concept of caring to women subject to violence. The presence of a comprehensive care giving team is to be promoted by future endeavors to improve services and impact of such services. In the meantime a focus on the training of nurses and physicians on tackling issues of VAW is imperative since they are the prime caregivers.

- The limited availability of needed facilities for dealing with women victims of violence may deter women from seeking help and may compromise issues of privacy and confidentiality. The creation of the needed facilities is to be promoted and developed within the context of comprehensive care to women subject to violence.
- Similar to the limited availability of procedures related to VAW in general as well as procedures followed once women are admitted to a facility, the lack of protocols is also problematic and indicative of non consistent care giving.
- Obstacles sited with which service providers are faced with when dealing with violence against women must be seen in the broader context of social behavior and stereotyping and the interrelated roles of a variety of health, educational, youth and other sectors and institutions. Also ,the planning of and employing of human resources based on health care needs in its inclusive and holistic framework with attention to the continuous training of service providing professionals and their interaction and understanding of their distinct roles as team members and means with which they complement each other.

3: Curriculum Assessment

3.1 Objective: Assess the extent to which GBV issues are addressed in selected related curricula in order to assess theoretical and practical training gaps of potential professionals who would encounter women victims of violence in the prospective work fields and sites:

3.2 Target population and sample: Forty academic programs were targeted in fields assumed to provide support to women victims of violence including: Medicine, Nursing, Midwifery, Police Studies, Social Work, Law, CHW, Psychology, Gender and Development ,Public Health and Management at 18 Palestinian colleges and universities on the WB. Thirty four programs out of a total of 40 targeted programs accepted to participate and thus were interviewed with an 88% response rate (table 3.1)

3.3 Assessment questionnaire (Refer to Annex):A survey Questionnaire was utilized through face to face interviews with heads of programs and whoever the head thought important to participate during the interview. The questionnaire focused on:

- General information on responding programs:
- Coverage of VAW theoretical issues in the curricula
- Practical experience received by students

The target programs were called for a meeting to discuss results post analysis and feedback incorporated

3.4 Data Collection: Three staff from WCLAC and Juzoor collected the data. The decision to utilize staff for data collection was because of the relatively small number of interviewed programs and the importance of interaction with them at a staff level for future cooperation purposes. Data was collected through a face to face interview during the period between September and October 2009. .

3.5 Obstacles and limitations: Data was decided to be collected during the summer months. During this period, most programs were either on vacation or operating with minimal capacity. This caused delays in data collection until the academic year resumed.

3.6 Data presentation and analysis

3.6.1 General information on responding programs (tables 3.2 and 3.3)

- 44.1% (15) of the responding programs were in the field of Nursing followed by 14.8 %(5) in midwifery with both fields constituting the majority of the surveyed programs (58.9%), followed by 11.8% law programs.
- The majority offered curriculum at a BSc level (52.9%) or above (11.8%) at the MSc level.35.3% offered their curriculum at a diploma level or below level, mainly: the police studies program, some social work programs and nursing and midwifery. Public health, gender and development and management curricula were all at the Masters level

3.6.2 Coverage of VAW theoretical issues in the curricula (tables 3.4 and 3.5).

- 50% of interviewed programs indicated coverage of VAW issues in their program while 50% indicated no such coverage.

- All midwifery, CHW and gender and development studies programs indicated coverage of VAW issues in their curriculum.50% of surveyed social work, law, psychology and public health programs indicate coverage whilst only a third of nursing programs indicated coverage and none of police studies or management programs indicated coverage of VAW issues.
- Topics were 80% or above of the surveyed programs covered include :values and principles and confidentiality and privacy ,reproductive health and gender (82.4% each)
- Topics covered by 60-79% of programs include: women's health and different VAW topics (home, work, street) 76.5% each, psychological assessment and risk assessment (70.6% each), followed by physical assessment, case identification and women's rights (64.7% each).
- Topics covered by less than 60% of surveyed programs include: Documentation and socioeconomic assessment (58.8% each). Available services and legal and economic resources (52.9% each),case profiling, referral mechanisms, related laws and regulations, intervention mechanisms with traumatized victims and awareness of and treatment of VAW (47.1% each).
- Least covered topics include: Advocacy policies (41%), international accords and resolutions and intervention in emergencies (35.3% each), and police investigation procedures (17.6%).
- Topics were around a third or less of the surveyed programs indicated adequate coverage included: case identification, sources of assistance, police investigation measures, women's rights and VAW in streets and the workplace. Topics were most adequate coverage was indicated include: Women's health, reproductive health, referral and privacy and confidentiality.
- The majority of surveyed programs indicated lack of written material in Arabic for most of the topics except for international accords were 83.3% of programs indicated availability of written material in Arabic followed by case registering and profiling (62.5%) and investigation measures (57.1%).
- 38.2% of programs intend to add VAW related topics to their curriculum, specifically: police studies, midwifery, social work law, psychology and nursing. Added topics include: family violence, physical, psychological, sexual and economic violence, penal law and labor laws (4.2 % each).Additionally, women's rights and personal law to be added by 8.2% of programs, community and mothers and children by 12.5% and general VAW by 16.7% or programs.
- The least covered violence area by all programs is violence against the handicapped and political VAW covered only by 37.5% of programs .The most covered topics include: social, physical, psychological and sexual VAW covered by all programs .VAW in the workplace is covered by (75%) and economic violence by (62.5).

3.6.3 Practical experience received by students (tables 3.6 and 3.7)

- Only 32.4% of responding programs offer practical training to their students related to VAW. All surveyed social work programs offer such experience, followed by 50% of each of the law, and psychology programs, 40% of midwifery and 26.7% of nursing programs. No practical training whatsoever is provided for students in police studies, gender and development, CHW, public health and management.

- For programs which provide students with practical experience on VAW, experience by 70% of programs focuses on: documentation, case profiling, values and principles, privacy and confidentiality and psychological assessment followed by risk assessment, counseling, women's rights and legal and economic resources.
- Programs believe that the experience offered to students is sufficient except for experience in related laws and systems, police investigation techniques, advocacy policies, case identification all perceived sufficient by less than 50% of surveyed programs that provide clinical experience.
- Over 2/3 of programs which offer practical training to students utilize mostly community health centers, counseling centers, legal and social centers, schools and hospitals for training. To a lesser extent (less than a 1/3 of surveyed programs), the following are used: rehabilitation centers, ministries, police departments, private physician's clinics, shelters, medical and diagnostic centers, law offices and courts.
- Only 38.2% of programs intend to add or expand clinical training provided to students. These include police studies and gender development program (100% each), followed by 75% of law programs, 50% of social work and psychology programs, 40% of midwifery programs and 26.7% of nursing programs. No addition is intended by CHW, public health and management programs.
- Only surveyed programs in CHW and public health indicated that their mother institution services in their institutions.
- When institutional counseling services on VAW are available, such services are provided mainly by social workers and or mental health workers.

3.7 Conclusions and Recommendations

- Nursing, Midwifery and Law programs constitute the majority of related programs with highest number of potential graduates dealing with VAW issues and thus deserve special attention for ensuring inclusion and depth of coverage of related issues.
- When comparing perception of coverage of VAW issues-topics with programs which indicated coverage or no coverage of issues, one notices that programs which indicated coverage or no coverage of VAW issues probably do cover various areas without considering them as part of VAW issues.
- Topics most covered in programs relate to actual services provided to women in the realm of immediate interventions and treatment(reproductive health, risk assessment, psychological assessment etc)whilst the least covered topics relate to structural practices .advocacy and prevention(documentation, advocacy issues, awareness raising on women's rights and entitlements ,referrals and international accords).Although it is imperative to continue focusing on treatment related issues, yet other topics which are part of a system wide frame for tackling VAW are also as important and promoted for inclusion in curricula with depth of coverage dependant on type of program.
- Most programs lack teaching training material in Arabic, an area that deserves further attention and exploring means for obtaining such material given that around 40% of programs are below BSc level and mastery of a foreign language is questionable. Furthermore, material in Arabic presented in a contextual spirit is important for a more practical application of concepts and tackling of issues.
- Political VAW and violence against the handicapped women need further attention in curricula. Their limited coverage may be attributed to Political violence being overlooked

as a fact of life the Palestinian society is challenged with as a whole and has in one way or another accommodated. The lack of attention to the handicapped is a system wide issue.

- The clinical experience received by students is a cornerstone for future service provision. Case identification is of great importance as it constitutes the initial step for subsequent work with victims of violence .This area has been perceived as relatively insufficient in terms of clinical practice by programs surveyed. Detection and case identification of unreported VAW in the community is of prime importance .VHW as well as social workers are front liners in the community whereby it is necessary to focus in their training on case identification, means for promoting women to seek assistance as well us sufficient information on available resources for assistance.
- Upgrading of clinical training and the infrastructure for such training :physical and human resources, is essential whilst focusing on :community health, counseling and legal and social centers, schools and hospitals since these sites were indicated as most utilized by programs for clinical training on VAW.
- Counseling on VAW as an institutional service to students in the different academic setups is lacking and may deserve attention. The majority of programs and their host institutions do not provide such service.

4: Assessment of Services at Police Departments

4.1 Objectives: Assess the extent to which GBV issues are addressed in PDs in order to assess service gaps and needed but lacking components at PDs who would encounter women victims of violence

4.2 Target population and sample: The target was PDs at 7 governorates. The total number of existing PD was 47 of which a 30% sample was randomly selected (16 centers).Sixteen centers were approached and all (100%) accepted to participate.

4.3 Assessment questionnaire (Refer to Annex): A survey Questionnaire was utilized through face to face interviews with heads of the police department and whoever the head thought important to participate during the interview. The questionnaire focused on:

- Available facilities and infrastructure components:
- Human Resources:
- Referral sources for victims received at police departments:
- Procedures followed with victims of Violence:
- Available protocols
- Police intervention mode
- Commitment to training
- Awareness raising

4.4 Data Collection: Data was collected through a face to face interview during the period between September and October 2009 by two WCLAC staff. Once data was collected and analyzed a feedback session was held with 10 police men and women to present and discuss results where some results were confirmed while others questioned as referred to below

4.5 Obstacles and limitations: There were no obstacles while PDs were very welcoming and cooperative, easily approachable by data collectors and punctual and ready to be interviewed

4.6 Data presentation and analysis:

4.6.1 Available facilities and infrastructure components (table 4.1)

- Only 12.5% of the surveyed PDs have a special unit for women and family protection while all the police departments that house such a unit believe it to be insufficient
- Only 18.7% of the surveyed PDs reported having necessary equipment for interviewing and documentation (Camera, video etc).Focus group participants did not foresee importance of having such equipment as means for improving their tackling of VAW issues
- None of the surveyed PDs reported having any medical, social or mental diagnostic facilities or a hotline for use by victims of violence.
- 50% reported having an electronic data base on cases while about 2/3 of those who have the base believe it is sufficient.
- 2/3 of the surveyed PDs reported having a special waiting area for supporters or family members as well as a specially designated area for communicating with women seeking help. Over 75% of those departments believe that these designated areas are appropriate.

4.6.2 Human Resources (table 4.2)

- None of the surveyed PDs reported having a physician or a professional to follow up on the police intervention with the victim of violence. Only 6.3% of the departments reported having a mental health professional on its team.
- 50% reported having specially trained police on VAW while 75% reported having a legal specialist on the team. The majority believe the availability of trained police is insufficient the availability of the legal staff for providing the necessary intervention and support required by women victims of violence is sufficient.

4.6.3 Referral sources for victims received at police departments (table 4.3)

- Other police departments are the main source of referral of victims as indicated by (75%) of surveyed departments, followed by hospitals (50%) and the governorate (40%).Focus group participants confirmed this finding.
- About a third of departments indicated receiving cases referred by NGOs, MoEHE or MoSA.
- A quarter of departments indicated receiving cases from either courts or private doctors
- Very few departments (6.2%) indicated receiving cases through the hotline, while 10% indicated receiving cases from each of the family protection unit, Israeli police, workshops, the tribe, or individual walk ins by the victims of violence. Focus group participants strongly voiced the increase in number of Women victims of Violence running of to Israel and returned back by Israeli police.

4.6.4 Procedures followed with victims of Violence (table 4.4)

- All surveyed departments indicated initial data collection and documentation of every case of VAW they receive as well informing women victims of violence of their available options for following up on their case.87% of surveyed departments follow up of women's cases by police women, maintaining files in a specially designated place and providing women with information of their rights to silence, to a lawyer etc.
- The majority (93%) claimed following procedures to ensure provision of protection and security to victims seeking help from the police department. This was strongly rejected by focus group participants except for in cases of rape as fear for the life of the woman.
- Around ¾ of the departments claimed seeking support of other related support providing institutions when working with women victims of violence.
- 65.3% claimed using special forms when dealing with women victims of violence (admission, referral, legal vows, file closure and confidentiality) and around 2/3 following systematic data collection and data analyses processes as well as follow up of legal procedures.
- 62.5% of departments claimed expending efforts to support marriage of women victim of rape to the rapist.
- Only 50% of the surveyed departments refer cases to medical personnel for a medical-mental health opinion.
- A minority (26.7%) of PDs reported encouraging tribal intervention in solving VAW cases.
- Around half of the PD surveyed claimed follow up of legal measures of cases
- Over 75% of surveyed departments perceive procedures they follow with women victims of violence as sufficient.

- The majority of surveyed PDs claim sufficiency of measures they follow with victims of violence.

4.6.5 Available protocols (Table 4.5)

- 81.3%of surveyed departments claimed having available protocols for dealing with MoSA and the MoH and 75% on coordination with other related institutions.
- 93.8% have confidentiality and privacy guidelines.
- 73.3% have clear guidelines for protecting family witnesses,81.3% have investigation protocols and 80% have guidelines for for providing security and protection for victims seeking help and 73.3% have guidelines for referral to shelters.
- 86.7% have clear procedures for dealing with perpetrators of violence
- Over 2/3 of surveyed departments claim procedures are sufficient especially related to guidelines for dealing with perpetrators. However over 1/3 of surveyed PDs claim that protocols available are insufficient related to coordination with MoSA , MoH , shelters and other organizations.
- Less than a third of surveyed departments reported having written procedures or guidelines except for dealing with the perpetrator(58.3%) have a written guideline.

4.6.6 Police intervention mode:

- The majority of departments (93.8%) intervene directly once they are alerted of the existence of a violent act.
- A minority (12.5%) of surveyed departments claimed that police do not intervene so as to preserve family unity and family relations.

4.6.7 Commitment to training on VAW:

- All surveyed departments claimed commitment to seek and provide their staff with training on VAW. Most wish to pursue this through generic traditional training (61.5%) followed by different types of specialized workshops, secondment of staff to specialized units and receiving training by the main head PD.

4.6.8 Awareness raising:

- The majority of surveyed departments (92.9%) claimed having a media plan or brochures or material related to the police department's services .
- 53% of surveyed PDs recommended the establishment of the family protection unit .Other recommendations include: training, making available written protocols, Mental health experts on team, and tackling of VAW in the school curricula.

4.7 Conclusions and Recommendations

- PDs lack special units to serve women victims' of violence. Such units need to be promoted and developed. This was also recommended for establishment during the feedback session with the small group of policewomen and men. One policeman argued strongly however that the unit must not be housed in the police center as women generally avoid contact with police departments as such contact is culturally unacceptable. The establishment of family protection units in governorates is to be commended and reflects an advanced vision of dealing with families and potential issues of violence. Its establishment in all governorates must be supported

- PDs lack necessary equipment for provision of best service and need support in that regard.
- Data bases are relatively available but need to be instituted in departments which lack them and further analyzed for content and developed were they exist.
- The relative presence of trained police and legal specialists at departments to deal with violence is indicative of the strong orientation in viewing VAW as a criminal act requiring police intervention and legal follow up. The absence of a physician or a mental health specialist raises questions on the lack of a holistic approach to viewing needs of victims of violence and consequently required areas of support. The focus group participants also added that the general social perception of women as a lesser person and someone that invites VAW invariably influences the policemen's perception and subsequent dealing with women victims of violence. Additionally, when dealt with, the police deal with women and their violence issues far from a comprehensive cycle manner. Further the police work is strictly procedural not legal and thus no follow up once case is referred for legal intervention.
- All PDs must have trained police for dealing with VAW. The lack of such qualification at 50% of surveyed PDs alerts to the need to initiate such training immediately. This was confirmed by the focus group who strongly voiced need for qualifications to deal with VAW issues and a commitment to server women victims of violence.
- The follow up of women victims of violence by police women is to be commended and maintained.
- Utilization of special forms with women victims' of violence is to be promoted
- Socially, tribal assistance especially in rape cases may be resorted to as a means of reducing tension. Focus group participants added that in majority of cases the issue is solved tribally and not legally .However it is recommended that PDs minimally resort to such assistance since it endorses and strengthens the presence of two systems and authorities which may hamper and minimize the effect of the state and legal authorities and procedures. Furthermore ,tribal intervention is primarily shouldered by influential men in the community and much influenced by how men perceive women .
- Attempts by 62.5% of surveyed PDs to marrying perpetrator (rapist) to raped woman falls under social perception and the perceived implications of rape on the women. It is also perceived as a measure for protecting women in the absence of other alternatives. Additionally, if the rapist marries the victim then the legal case against him is lifted. Although socially accepted, this leaves a lot to be said on its implications on the women's mental health and subsequent quality of life as well as her dignity. Focus group participants generally endorsed this intervention in cases of illegal relationships as in their opinion, it protects the woman from femicide by family members .It also- in their opinion - helps close the case given that rape cases are an issue that becomes highly publicized even before reaching the police department and afterwards not from policemen and women but society at large .
- The perceived increasing number of women victims of violence running of to Israel and returned back by Israeli police deserves much attention and raises questions of women's perception of the effectiveness of the present Palestinian social, legal and police system in dealing with cases of violence.

- Since a large percentage of the surveyed PDs seek support of other institutions when dealing with VAW, it is recommended that protocols on such coordination are reviewed and further developed as part of a national referral system.
- Although the majority of PDs claim having protocols and procedures on various areas related to dealing with VAW, yet only a 1/3 claimed having written procedures. All such procedures must be available in a written form for a clear reference and responsibility and accountability purposes as well as consistent service provision. The development of the procedures manual is warranted with subsequent training on its utilization. The focus group participants believed protocols were unavailable and insufficient and recommended their development.
- The acknowledgement and commitment of all of all surveyed PDs to need for training on VAW issues is to be capitalized on .A national training program on VAW for police workforce is highly recommended .In depth review of the Police Academy curricula is recommended to ensure comprehensive coverage of related VAW material and the needed hands on experience
- Mode of referral to PDs to be further assessed and more systematic mode of work needs to be developed and instituted especially with sources which refer victims to the police departments. This is to be further worked on as part of the comprehensive referral system
- Although a minority (12.5) claimed no intervention so as to preserve family unity ,yet it is recommended that under all circumstances that the PD is mobilized when it is alerted of any act of violence

5. Beneficiaries' perception

5.1 Objectives: Assess the extent to which women victims of violence perceive their care provision needs are satisfied by service providers in order to assess gaps of services and help in devising a comprehensive and holistic service meeting needs

5.2 Target population and sample : A total of 44 women were targeted through a purposive sample for interviewing as part of this survey in the 7 governorates. They were all interviewed through face to face interviews .22.7% from Tulkarem, 43.2% from Salfit and 34.1% from Bethlehem governorate.

5.3 Assessment questionnaire: Draft questionnaire was discussed with a group of relevant professionals and service providers and modified accordingly .The questionnaire focused on:

- Services received by women
- Sources of information about services
- Procedures followed
- Satisfaction with services
- Recommendations for improving services

5.4 Data Collection: Two data collectors were trained to collect the data during face to face interviews utilizing the designed questionnaire with a purposive sample of selected women beneficiaries of several service providing institutions.

5.5 Obstacles and limitations: Difficulties in obtaining consent of beneficiaries to participate and difficulties faced by data collectors reaching women beneficiaries from the 7 targeted governorates of this study

5.6 Data presentation and analysis

5.6.1 General information

- 43.2% of the interviewees were in age range 16-25 followed by 34.1%between 26-35 and the rest 35 to 55.The majority were divorced (40.9%) followed by 36.4% married and 22.7% single with the majority educated at Tawjihi level or below (81.8%) with 70.4% unemployed
- Sources most informing women victims of violence of places of assistance include from highest to lowest: Friends and acquaintances (36.4%),awareness raising sessions (27.3%),Community health workers (22.7%),brochures and referral from Ministries (18.22%)each and police 15.9% (table).To a much lesser extent, women are informed through NGOs, specialists, newspapers ,newsletters, the media websites and community leaders

5.6.2 Assistance sought and received by women

- Women mostly sought help for social assistance (72.7%), legal assistance (65.9%), mental health assistance (54.5%) followed by health care assistance (13.6%) (table)

- The types of violence prompting women to seek assistance from highest to lowest include: mental and emotional violence (86.4%),verbal violence and humiliation (81.8%),physical violence (68.2%),neglect (73.3%),social violence (72.7%),legal issues-divorce,almony and custody (50%) and economic violence 47.7% (table)
- Related VAW services received by beneficiaries include from highest to lowest: Awareness raising sessions (72.7%), mental and social counseling (70.5%), legal counseling (68.2%), crises intervention (47.7%) and family intervention (29.5%) (table)
- 29.5% claim being subjected to certain criteria by service provider for receiving assistance including from highest to lowest: type of case (38.5%),social status (30.8%) mental status and ability to pay (23.1%),social stereotyping and availability of space to accommodate the case 15% (table)
- The majority of interviewees (54.5%)sought assistance over 5 times,15.5% 4-5 times while 13.7% sought assistance only once
- Most support received by women when seeking help includes from highest to lowest :the mother (59.1%), friends (54.5%),brother (45.5%),sister 40.9% and to a lesser extent by courts,fathers,police,NGO staff, cousins, son, daughter, a religious leader and a community health worker
- The majority perceive that time spent with them by the service providers as adequate
- Steps and procedures followed always or sometimes by 60% or more of interviewees whilst seeking assistance include from highest to lowest :Acceptance –admission to service provider (68.2%),legal support (61.4%),follow up of case (61.4%) and social intervention (54.5%).To a lesser extent: mental assessment, medical assessment, group therapy and follow up with ministries. Least procedures followed include: mental therapy, family therapy, follow up with police, referral to another service provider and the governorate (table).
- Steps and procedures perceived as requiring development by service providers and as indicated by over 40% of interviewees include from highest to lowest: follow up with police, follow up with ministries and governorates, referral to another provider and mental assessment.

5.6.3 Human resources and referrals

- Human resources who have provided assistance to women include from highest to lowest: social worker (84.1%), legal staff (50%), volunteer (38.6%),mental health specialist and community health worker (36.4%),trainer (31.8%) and a psychiatrist (27.3%).To a lesser extent, women received assistance from researchers, physicians, nurses, education counselors, lab technicians, police and religious leaders (table 23)
- Beneficiaries indicated referral to other sources of assistance including from highest to lowest referral site: to MoSA (43.2%),MoH (27.3%),and police and NGOs (20.1%) each
- When questioned about places were women wished to be referred to ,responses include from highest to lowest preferred site: courts (40.9%),followed by MoSA 38.6%),shelter (34.1%),and NGOs 31.8%
- Places were women wished mostly not to be referred to include from highest to lowest: Police, tribal judiciary, hospitals and the governorate

5.6.4 Satisfaction with services

- The majority (90.9%) are generally satisfied with the services and assistance they have received. Reasons for satisfaction include: follow up of their case, being protected from the violent environment, quality of service and counseling received. All claimed that their case was followed, the majority (95.4%) agreed or strongly agreed that service provides quickly met their needs,(95.5% claimed their privacy was respected,(97.7%) confidentiality respected and afforded with adequate time while (88.7%) claimed that their appointments were respected

5.6.5 Obstacles and recommendations

- Obstacles in receiving services stated by the interviewees include: poor economic situation, community perception of women victims of violence, no confidence by family members, transportation and often distrust of staff
- Women's recommendations for improving services include: more counseling and awareness raising of victims, training of victims, availability of more specialists, training of staff
- Interviewees agreed with listed strategies-mechanisms to be adopted for combating VAW including from highest to lowest agreement: Adoption of international accords, working with decision makers, protection initiatives, coalitions and fori, protection laws, utilizing the media, compliance with the law and modification of the penal and family law. Other recommendations by interviewees include: strict laws against perpetrators, general awareness for women especially of their rights, rehabilitation centers for women victims of violence, combating early marriage, awareness raising for men, and a personal budget for women in shelters.

5.7 Conclusions and recommendations

- Friends-word of mouth ,awareness sessions, CHW and ministries are prime sources of information on resources for assistance to women victims of violence .This is an area to be capitalized o for information dissemination in a most informative and accessible manner
- Mental emotional and verbal violence and humiliation top the list on causes prompting women to seek assistance (also verified by surveyed providers as well as the Palestine Central Bureau of Statistics national survey on Family Violence , 2005). These types of violence mostly require mental health specialists and counselors to deal with. Despite this necessity, we find limited availability of these specialists as also acknowledged by service providers
- The acknowledgement of utilization of certain criteria for offering services to victims' of violence validates claims by service providers. Despite the relatively limited utilization of criteria by providers ,yet several questions are raised in regards to the necessity for un-conditional services to combat further violence
- Physical and sexual abused were perceived as reported less than other types of violence for which women interviewees sought help. This requires further in depth investigation given that these two types of violence may be the most sensitive for women to reveal and thus the unreported cases in the community may be much higher.
- The recurrent seeking of assistance by women interviewees (also supports results of the Palestine Central Bureau of Statistics national survey on Family Violence, 2005) raises the question on the cycle and recurrence of violence the woman is subjected to and

confounds the overall national percentage of women subject to different types of violence if the number of visits is taken as a frame of reference. This issue should be taken care in data bases when available. The recurrent visits may also indicate the necessity for concerted efforts on work with the perpetrators of violence.

- Response regarding family support validates service providers claim that the victim's family is the biggest support .It is worthwhile to note that brothers are taking part in such support even more than sisters in this study. This further supports the importance of awareness raising of women and men alike on VAW and means of protection and treatment
- A focus should be on preparation and continuous training of social workers, mental health specialists ,legal staff and community health workers since they seem to be the most in contact with women victims of violence
- MoSA, MoH and police departments are sites were largest percentage of referrals are directed to. This is despite the fact that interviewees indicated that hospitals, police and the tribal judiciary are amongst the least preferred for referral. In depth elaboration on reasons for this non preference need to be studies and mitigation measures followed. They all have to be groomed to receive and follow up on cases and meet needs accordingly. Their staff and systems and procedures for dealing with women victims of violence may need to be revisited, improved and based on best practices under the circumstances. Tribal judiciary on the other hand is part of the social fabric and a fact on the ground. A strategy for a more informed and gender sensitive intervention by tribal leaders (all men)is necessary.
- Training and awareness raising are important recommendations by beneficiaries and deserve attention by employers and training programs
- The general satisfaction of beneficiaries with rendered services is to be capitalized on with further focus on emphasis on strengthening measures which contribute to beneficiary satisfaction. This satisfaction may be promoted to encourage other women to seek help
- Community perception of women victims of violence continues as a major hindrance in combating VAW and promoting seeking assistance. This requires intensive awareness raising for different age groups starting from schools, different set ups and a focus on community leaders and decision makers
- Beneficiaries similar to service providers are in agreement with following a variety of strategies aiming at combating VAW

6: Overall Conclusions and Recommendations

VAW needs to be tackled in a comprehensive manner focusing on all components from community perceptions, women's status, laws and legislation, law enforcement available services, case identification, information dissemination, women's protection procedures and protocols, programs enabling human resource categories to deal with victims etc .The tackling of all components of the inputs, processes and outputs of the cycle are imperative for a structured and a positive outcome. Results of this survey raise the following recommendations:

6.1 Infrastructure
Specifically designated facilities-space imperative for receiving women and promoting confidentiality

6.2 Human resources

1. Basic training
2. On the job and lifelong education
3. Specialty training: the training and availability of mental health specialists for dealing with women victims of violence was stresses by beneficiaries ,service providers in general and police departments
4. Right mix and numbers of professionals amongst the team

6.3 Systems and procedures

1. Unconditional service provision for women victims of violence must be promoted and supported. Criteria currently utilized although on a relatively small scale poses major hindrances' to women who wish to seek help and penetrate their cycle of violence
2. Establishing a national surveillance system
3. Family protection Law and protection initiatives as well as compliance with the law
4. A well established referral system with complementation of services and networking and coalition amongst service providers

6.4 Community awareness raising and advocacy

1. Information dissemination: Well presented, contextually friendly and well disseminated information promotes an informed public and thus informed decision making by individuals. Women require information on what constitutes violence against women and where assistance can be obtained. Furthermore, women need to be informed that there are procedures complied with to ensure their privacy and confidentiality of information as well as information on the law and women's rights under the law.
2. Work with decision makers
3. Start at school level: attitudes towards VAW as an important social issue and consequently its tackling are shaped by perceptions and traditions. Introducing the issue and highlighting its importance as early as possible is a way forward towards attitudinal changes. Schools are opportune sites housing a large population of both genders for receiving such information .Information on VAW in general and sexual violence in Particular may be introduced in the school curricula as part of lifecycle education
4. Target men and women in awareness raising campaigns training and coalitions

5. Utilize the media: responses in this survey reflect underutilization of the media in terms of awareness dissemination and information dissemination on VAW
6. Focus on the training and the work of VHW and social workers as front liners with women in the community. Service providers and women beneficiaries indicated that most of their information and assistance comes through those two categories when tackling issues of VAW

6.5 Research

1. Quantitative: Continue with studies similar to this survey with all its components, essential for developing baselines and highlighting issues of importance and those which require further in depth analysis
2. Qualitative: conduct in depth qualitative studies on the life of victims of violence and an in depth qualitative assessment of Women's experiences with assistance from service providers
3. VAW in the workplace
4. Assess experience of other regional countries in developing national strategies and systems for combating VAW with lessons learned and adaptation to the Palestinian context

6.6 Networking and coalition building

1. Towards adoption of international accords
2. Towards legislation and law enforcement
3. Towards better utilization of scarce resources and strengthened complementation and comprehensiveness of services
4. Towards a more informed tribal Judiciary

6.7 Rehabilitation of women victims of violence

1. Personal training
2. Work with the family. The implications of VAW on the family in general and the children in particular are enormous and scarring. A comprehensive treatment plan should include the family.
3. Work on awareness raising and rehabilitation of perpetrators of violence

TABLES

Table 2.1 Perceived means directing women to seek institutional service support for VAW issues (%)

Means	Yes %	No %	Total
Newspapers	23.8		100
Newsletters	64.7		100
Media-Audio-visual	32.4		100
Websites	28.1		100
Service directories	37.7		100
Hotline	18.8		100
Awareness raising and guidance sessions	75.4		100
People and friends	87.2		100
Health workers in the community	65.8		100
Referral from ministries	28.8		100
Referral from police departments	19.9		100
Referral from NGOs	39.1		100
Referral from experts and specialists	34.5		100
Referral from non formal judicial branches	14.6		100

Table 2.2 Services provided by surveyed institutions (%)

Service	Yes %	No %	Total
Crises intervention	32.7	67.3	100
Emergency services	42.7	57.3	100
Preventive services-Hotline	17.1	82.9	100
General Advocacy	48.8	51.2	100
Campaigns for equal opportunity and civil rights	26.7	73.3	100
Awareness raising	60.1	39.9	100
Legal Counseling	26.7	73.3	100
Medical services	56.1	48.4	100
Psychological Counseling	47	53	100
Referrals	47.7	52.3	100
Shelters	12.5	87.5	100
Capacity building of experts	23.5	76.5	100
Capacity building of victims	14.6	85.4	100
Capacity building of the victims family	10	90	100
Research	14.6	85.4	100

Table 2.3 Criteria utilized by institutions for accepting to deal with women victims of violence

Criteria	Yes %	No %	Total
Age	58.3	41.7	100
Victims physical and mental status	63.9	36.1	100
Level of handicap due to violence	50	50	100

Other handicaps	41.7	58.3	100
Alcohol or drug addiction	58.3	41.7	100
Reputation	47.2	52.8	100
Sexual orientation	50	50	100
Availability of family support	52.8	47.2	100
No referral to another institution	25	75	100
Presence of a legal case against victim	36.1	63.9	100

Table 2.4 Perceived percentage of type of support available for cases received at the surveyed institutions in the last three months

Type of violence	Family support	Social support	Police support	Governorates support	Support through shelter	Support through ministries	Support through NGOs
Sexual	21.5 (38)	16.5	14.8	15.9	15.5	20	32.7
Physical	39.6 (45)	31.3	24.6	11.4	14.2	20.11	38.6
Verbal and humiliation	30.3 (38)	28.8	8.3	8.3	8.4	8.6	29
Emotional and psychological	26.3 (38)	27.7	4.2	4.9	11	10.2	28.4
Deprivation of rights	25	26.2	9.4	9.2	10%	9.8	20
Neglect	24	21.8	8.9	7.5	15.9	13.3	22.5
Social	32.5	27.8	10.3	9.6	16.2	14.5	22.8

*** Number of organizations in brackets**

Table 2.5 Percentage of Perception of sufficiency of time and effort spent with women victims of violence

Type of violence	% Sufficient	% Insufficient	Total	# of organizations
Sexual	23.5	76.5	100	136
Physical	35	65	100	143
Verbal and humiliation	41	59	100	139
Emotional and psychological	34.4	65.6	100	131
Deprivation of rights	35.9	64.1	100	128
Neglect	39.1	60.9	100	128
Social	36.8	63.2	100	125

Table 2.6 Percentage of institutions by related procedures followed when dealing with VAW cases and sufficiency of procedures

Procedure followed	Always %	Some times %	Never %	Number of responding institutions	Sufficient %	Needs development %	Total
Admission	33.7	12.8	53.5	196	66.7	33.3	100
Case identification and	49.7	9.2	41.1	197	75.5	24.5	100

history							
Legal support	14.3	14.8	70.9	196	50	50	100
Individual counseling	45.9	9.7	44.4	196	57.1	42.9	100
Family counseling	28	18.4	53.6	196	49.3	50.7	100
Group counseling	21.9	15.8	62.3	196	44.3	55.7	100
Physical assessment	37.2	11.5	51.3	196	69.6	30.4	100
Mental assessment	29.2	13.8	57	195	58.9	41.1	100
Case registration	43.8	6.2	50	193	74.7	25.3	100
Referral	34.9	26.6	38.5	192	65.9	34.1	100
Follow up of case	24.6	13.1	62.3	205	50.9	49.1	100
Self professional assessment of group dealing with case	17.3	9.4	73.3	191	43.2	56.8	100
Press release	6.4	5.3	88.3	187	40	60	100

Table 2.7 Percentage of Availability of potential professionals-staff categories to deal with women victims of violence

Professional	**Always %**	**Some times %**	**Never %**	**Sufficient %**	**Insufficient %**
Physician	46	33.5	20.5	68.3	31.7
Nurse	65.1	7.1	27.8	69.4	30.6
Midwife	26.7	5.2	68.1	70	30
Social worker	30.3	13.8	55.9	79.3	20.7
CHW	24.8	9.5	65.7	81.6	18.4
Psychiatrist	11.6	6.6	81.8	66.7	33.3
Mental health specialist	23.3	8.5	68.2	77.1	22.9
Volunteer	21.8	19	59.2	70.9	29.1
Police man-woman	4.7	2.8	92.5	36.4	63.6
Religious personality	7	5.2	87.8	54.5	45.5
Legal staff	11.3	70	81.7	75	25
Researcher	12	8.5	79.5	65	35
Trainer	14	10.7	73.3	48.1	51.9
Sociologist	27.7	11.7	60.6	68	32
Education counselor	8	8.9	83.1	61.1	38.9

Table 2.8 Percentage of available support facilities at surveyed institutions

Facility	# of responding organizations	Yes %	No %	Sufficient %	Needs development

					%
Special diagnostic room	240	53.8	46.2	65.1	34.9
Counseling room	240	38.2	61.8	51.6	48.4
Waiting area for supporters	240	56/7	43.3	60.3	39.7
Bathing and clothes changing area	239	17.2	82.8	63.4	36.6
Information room	240	17.5	82.5	61.9	38.1
Pathology and forensic medicine	240	26.3	73.7	65/1	34.9
Special facility for children's of the victim	240	10	90	41.7	58.3

Table 2.9 Percentage of institutions using different related measures once receiving women victims of violence

Procedure followed	**# of responding organizations**	**Always %**	**Sometimes %**	**Never %**
Head to toe physical assessment	191	27.5	15.7	56.6
Written medical report	191	31.4	9.4	59.2
File referral to the police department	191	15.7	12.6	71.7
File referral to the MoSA	191	10.5	16.2	73.3
File referral to the informal Judiciary-Tribal	191	3.1	6.8	90.1
File referral to MoH	191	12.6	18.8	70.6
Mental status assessment	191	27.1	13.5	59.4
Social Assessment	191	28.3	9.9	61.8
Witten mental status assessment	191	18.3	9.4	72.3
Written social Assessment	191	17.8	9.4	72.8
Documentation with photos	191	6.8	6.3	86.9
Follow up report	191	22	9.9	68.5
Laboratory tests	191	17.8	18/3	63.9

Table 2.10 Percentage of institutions with available protocols used whilst dealing with women victims of violence

Protocol-Procedure	**# of organizations**	**Available %**	**Un Available %**	**Written %**	**Not written %**	**Followed %**	**Not Followed %**
Admission	155	27.7	70.3	65.2	34.8	66.7	33.3
Physical check up for women victims of violence	157	17.8	82.2	50	50	71.4	28.6
Mental Assessment for	158	20.9	79.1	48.5	51.5	75	25

women victims of violence							
Risk assessment	153	17.6	82.4	44.4	55.6	91.7	8.3
Documentation	156	28.2	71.8	54.5	45.5	78.3	21.7
Counseling	151	23.8	76.2	47.2	52.8	94.1	5.9
Discharge and file closure	157	22.3	77.7	57.1	42.9	68.4	31.6
Dealing with the family	157	23.6	76.4	32.4	67.6	91.7	8.3
Orientation of new staff on dealing with victims of VAW	158	17.1	82.9	48.1	51.9	78.6	21.4
Group counseling	158	18.4	81.6	44.8	55.2	81.8	18.2
Continuing education of service team	157	17.8	82.2	39.3	60.7	54.5	45.5
Beneficiaries data base	157	15.3	84.7	62.5	37.5	83.3	16/7
Confidentiality and privacy	157	33.1	66.9	49	51	84.6	15.4
Referral	155	27.1	72.9	61	39	88	12
Case Follow up	157	28	72	51.2	48.8	85.7	14.3
Awareness raising on rights	156	19.9	80.1	74.2	25.8	43.5	56.5
Dealing with rape	152	15.1	84.9	43.5	56.5	72.7	27.3

Table 2.11Percentage of responding organization by agreement with strategy for curbing VAW

Strategy	**Strongly Agree %**	**Agree %**	**No opinion %**	**Disagree %**	**Strongly Disagree %**	**Total %**
Protection laws	79.3	17.3	1.9	1.5	0	100
Modification of penal law and family law	66.1	19.9	11.8	1.5	0.7	100
Procedures for implementing and following up on compliance with the law	76.8	15.9	4.4	2.2	0.7	100
Protection initiatives	63.8	26.9	8.5	0.4	o.4	100
Coalitions and fori	49.1	36.5	9.2	4.1	1.1	100
Counseling and awareness raising	85.6	12.9	0.7	0.4	0.4	100
Family protection law against violence	77.9	18.8	1.1	1.8	0.4	100
Using the media to be more	62.4	25.8	4.8	6.3	0.7	100

gender sensitive						
Modification of curricula,	74.8	21.8	2.6	0.4	0.4	100
Working with decision makers	66.1	24.7	7	1.5	0.7	100
Adopting of international accords	55	27.7	9.5	5.2	2.6	100

Table 3.1 Targeted Programs-Curricula

Number	College-university	Program name	Program level
1	**Bir Zeit university**	Law	BSc
		Nursing	BSc
		Psychology	BSc
		Development and gender studies	MSc
		Community and public health	MSc
2	**Al Quds University**	Nursing	BSc
		Maternal Child Health	MSc
		Nursing Administration	MSc
		Public Health	MSc
		Medicine	BSc +
		Counseling	BSc
		Social work	BSc
		Law	BSc
3	**An Najah university**	Law	BSc
		Psychology	BSc
		Medicine	BSc +
		Nursing	BSc
		Midwifery	BSc
		Community Health	MSc
4	**Arab American University**	Law	BSc
		Nursing	BSc
5	**Bethlehem University**	Nursing	BSc
		Social Work	BSc
		Midwifery	BSc
6	**Hebron University**	Nursing	BSc
7	**Ibn Sina**	Nursing	BSc
		Midwifery	BSc
8	**Al Tireh-UNRWA**	Social work	Diploma
		Nursing	Diploma
9	**Hajjah Andaleeb College**	Nursing	Diploma
		Midwifery	Diploma
10	**Caritas-Bethlehem**	Nursing	Diploma
11	**Al Makassed**	Nursing	Diploma
12	**Al Rawdah College**	Nursing	Diploma
13	**Inash El Usrah**	Nursing	Diploma
14	**Al Mujtamaa Al Asriyyeh**	Nursing	Diploma
15	**Open University**	Family and community Development	Diploma
16	**Hebron Nursing College**	Nursing	Diploma
17	**Community health workers**	Community Health Work	Diploma
18	**Police Academy**	Police studies	Diploma

Table 3.2 Types of surveyed programs

Program	Number	Percentage
Medical	0	0
Nursing	15	44.1
Midwifery	5	14.8

Police studies	1	2.9
Social work	2	5.9
law	4	11.8
CHW-VHW	1	2.9
Psychology	2	5.9
Gender and development	1	2.9
Public health	2	5.9
Management-health	1	2.9
Total	34	100

Table 3.3 Types of surveyed programs by level of program offered

Program	**Below 2 years-%**	**% Mid diploma**	**BSc %**	**Above BSc %**	**Total %**
Medical	0	0	0	0	100
Nursing	0	53.3	46.7	0	100
Midwifery	0	20	80	0	100
Police studies	100	0	0	0	100
Social work	0	50	50	0	100
law	0	0	100	0	100
CHW-VHW	0	100	0	0	100
Psychology	0	0	100	0	100
Gender and development	0	0	0	100	100
Public health	0	0	0	100	100
Management-health	0	0	0	100	100
Total	35.3%		64.7%		100

Table 3.4 Percentage of programs by VAW related topic coverage in curricula and perceived sufficiency

Topic	**Yes %**	**No %**	**Not applicable %**	**Sufficient %**	**Material available in Arabic %**
1. Physical assessment of victims	64.7	29.4	5.9	54.5	36.4
2. Psychological assessment of victims	70.6	23.5	5.9	66.7	33.3
3. Risk assessment	70.6	23.5	5.9	66.7	33.3
4. Case profiling	47.1	41.2	11.7	75	62.5
5. Documentation	58.8	29.4	11.8	80	50
6. Ethic and values	82.4	11.8	5.8	78.6	35.7
7. Privacy and confidentiality	82.4	11.8	5.8	85.7	35.7
8. Available Services	52.9	35.3	11.8	77.8	22.2
9. Referral processes	47.1	41.2	11.7	87.5	25
10. Related Laws and the justice system	47.1	52.9	0	62.5	50

11. Police investigation procedures	17.6	70.6	11.8	33.3	33.3
12. Coping mechanisms and decreasing victims trauma	41.2	52.9	0	100	57.1
13. Dealing with the victims family	47.1	47.1	5.8	62.5	37.5
14. Women's Health	76.5	23.5	0	92.3	23.1
15. Reproductive health	82.4	17.6	0	85.5	21.4
16. Policy advocacy	41.2	52.9	5.9	42.9	42.9
17. Identifying cases of abuse	64.7	35.3	0	36.4	27.3
18. Sources of social and economic assistance	52.9	41.2	5.9	33.3	33.3
19. Abuse counseling and treatment	47.1	47.1	5.8	62.5	25
20. Women's rights	64.7	35.3	0	36.4	45.5
21. Socioeconomic assessment	58.8	41.2	0	70	30
22. Emergency treatment	35.3	58.8	5.9	66.4	50
23. VAW issues(home,street etc)	76.5	23.5	0	30.8	16.7
24. International accords	35.5	64.7	0	66.7	83.3
25. Gender	82.4	17.6	0	57.1	28.6

Table 3.5 Percentage of programs by specific VAW related topics covered in curricula

Topic	% Yes-Covered	% Not covered	Total
Physical Abuse	100	0	100
Psychological Abuse	100	0	100
Sexual Abuse	100	0	100
Violence against women in the workplace	75	25	100
Political Violence against women	37.5	62.5	100
Social Violence against women	100	0	100
Violence against disabled women	37.5	62.5	100
Economic violence	62.5	37.5	100

Table 3.6 Percentage of programs by offering of clinical experience to students in program and perceived sufficiency of experience

Topic	Yes	No	Don't know	Sufficient
1. Physical assessment of cases	54.5	45.5		83.3
2. Psychological assessment of cases	72.7	27.3		75
3. Risk assessment	63.6	36.4		85.7
4. Case profiling	72.7	27.3		87.5
5. Documentation	81.8	18.2		77.8

6. Ethic and values	72.7	27.3		87.5
7. Privacy and confidentiality	72.7	27.3		87.5
8. Available Services	63.6	36.4		71.4
9. Referral processes	54.5	45.5		83.3
10. Related Laws and the justice system	54.5	45.5		42.9
11. Police investigation procedures	45.5	54.5		50
12. Coping mechanisms and decreasing victims trauma	45.5	54.5		80
13. Dealing with the victims family	45.5	54.5		80
14. Women's Health	54.5	45.5		83.3
15. Reproductive health	45.5	54.5		66.7
16. Policy advocacy	54.5	45.5		42.9
17. Identifying cases of abuse	45.5	45.5	9.1	50
18. Sources of social and economic assistance	63.6	27.3	9.1	57.1
19. Abuse counseling and treatment	63.6	27.3	9.1	85.7
20. Women's rights	63.6	36.4		37.5
21. Socioeconomic assessment	45.5	54.5		60
22. Emergency treatment	45.5	54.5		100
23. Others VAW issues	54.5	45.5		66.7

Table 3.7 Percentage of programs by sites for clinical-practical training and perceived adequacy of training

Site	Yes	No	Adequate	Inadequate
Hospitals	63.6	36.4	85.5	15.5
Community health centers	81.8	18.1	66.7	33.3
Safe home-Shelter	27.3	72.7	66.7	33.3
Drs office	27.3	72.7	100	0
Police departments	36.4	63.6	66.7	33.3
Counseling centers	72.7	27.3	75	25
Lawyers Offices	18.2	81.8	100	0
Courts	18.2	81.8	100	0
Medical, forensic and diagnostic facilities	27.3	72.7	100	0
Ministries	54.5	45.5	83.3	16.7
Legal and social centers	72.7	27.3	62.5	37.5
Schools	72.7	27.3	87.5	12.5
Rehabilitation centers	54.5	45.5	83.3	16.7
Others	50	50		

Table 4.1 Available Components

Structural Components	Yes	No	Adequate	Inadequate
Special unit for women and family protection	12.5	87.5		100
Medical facilities	0	100		
Social facilities	0	100		
Mental health diagnostic facilities	0	100		
Equipment and tools	18.7	81.3	50	50

Data bank on cases	50	50	66.7	33.3
Waiting area for family or supporters	66.7	33.3	75	25
Special room for interviewing women	62.5	37.5	87.5	12.5
Hotline	0	100		
Others	31.3	68.7		

Table 4.2 Available Components

Human Resources	**Yes**	**No**	**Adequate**	**Inadequate**
1. Specially trained police on VAW	50	50	44.4	55.6
2. A physician on the team	0	100		
3. A mental health professional on the team	6.3	93.8	0	100
4. A legal specialist on the team	75	25	87.5	12.5
5. Supervisor to follow up on the case	0	100		
6. Others -specify	0	100		

Table 4.3 Sources of referral to Police Departments (%)

Source	**Yes**	**No**
Other PDs	75	25
Hot line	6.2	93.8
courthouses	25	75
NGOs	31.3	68.7
MoEHE	31.3	68.7
MoSA	31.3	68.7
MoWA	6.2	93.8
Hospitals	50	50
Private physicians	25	75
PD workshops	43.8	56.2
Others	62.5	37.5

Table 4.4 Percentage of PDs which follow procedures once case is received and dealt with at PDs

Procedure	**Yes**	**No**	**Adequate**	**Inadequate**
Admission-registration and initial info collection	100	0	92.2	7.1
Follow up of case by policewomen	87.5	12.5	76.9	23.1
Utilization of special forms	56.3	43.7	88.9	11.1
Organized collection and analyses of information	62.5	37.5	90	10
Seeking assistance from related organizations	75	25	90	10
Seeking assistance from women's support organizations	81.3	18.7	81.8	18.2
Clarifying available options to women for case follow up	100	0	84.6	15.4
PD encourages tribal engagement for solving problems of VAW	26.7	73.3	75	25
Keeping file cases in a specially designated area	87.5	12.5	100	0

Explaining women's rights such as right for a lawyer, right to silence etc	87.5	12.5	100	0
Referral to a physician	50	50	71.4	28.6
Encouraging marriage of perpetrator and victim –rape cases	62.5	37.5	88.9	11.1
Providing protection and security to victims seeking help	93.8	6.2	100	0
Follow up on judicial procedures	56.3	43.7	85.7	14.3

Table 4.5 Percentage of PDs by availability of protocols and procedures

Guideline-Protocol	Yes	No	Adequate	Inadequate	Written	Verbal
Clear guidelines for coordinating with the Ministry of Social Affairs	81.3	18.7	61.5	38.5	18.2	81.8
Clear guidelines for coordinating with he Ministry of health	81.3	18.7	61.5	38.5	41.7	58.3
Clear guidelines for referral to shelters	73.3	26.7	63.6	36.4	36.4	63.6
Clear guidelines to ensure privacy and confidentiality	93.8	6/2	78.6	21.4	38.5	61.5
Clear guidelines for coordination with other organizations	75	25	66.7	33.3	18.2	81.8
Protocol on investigation procedures	81.3	18.7	76.9	23.1	25	75
Clear guidelines for providing safety and security for victims seeking help	80	20	75	25	27.3	72.7
Clear guidelines for safeguarding family members and witnesses	73.3	26.7	72.7	27.3	18.2	81.8
Clear guidelines for dealing with the perpetrator	86.7	13.3	92.3	7.7	58.3	41.7

Women Beneficiaries

Table 5.1 Sources enabling women to seek help (%)

Source	Yes	No	Total
Newspapers	6.8	93.2	100%
Organizational newsletter	4.5	95.5	100%
Media (Radio and TV)	4.5	95.5	100%
Websites	2.3	97.7	100%
Brochure	15.9	84.1	100%
Hotline	0	100	100%

Awareness raising sessions	27.3	72.7	100%
Friends and acquaintances	36.4	63.6	100%
Community workers	22.7	77.3	100%
Referral from ministries	18.2	81.8	100%
Referral from Police	15.9	84.1	100%
Referral from NGOs	13.6	86.4	100%
Referral from experts	13.6	86.4	100%
Referral from Community leaders	2.3	97.7	100%

T**able 5.2: Type of violence for which women sought assistance**

Type	**Yes**	**No**	**Total**
Sexual	25	75	100%
Physical	68.2	31.8	100%
Verbal and humiliation	81.8	18.2	100%
Emotional and Mental	86.1	13.6	100%
Deprivation of rights	75	25	100%
Neglect	72.7	27.3	100%
Legal issues	50	50	100%
Running from home	34.1	65.9	100%
Political	11.4	88.6	100%
Economic	47.7	52.3	100%

Table 5.3 Types of assistance received by women

Type	**Yes**	**No**	**Total**
Crisis intervention	47.7	52.3	100%
Protection services-hotline	13.6	86.4	100%
Awareness raising	72.7	27.3	100%
Legal counseling	68.2	31.8	100%
Medical care	47.7	52.3	100%
Mental Counseling	70.5	29.5	100%
Social Counseling	70.5	29.5	100%
Referral	15.9	84.1	100%
Shelter	36.4	63.6	100%
Training-Capacity building	43.2	56.8	100%
Family intervention	29.5	70.5	100%
Companion in the court	45.5	54.4	100%

Table 5.4 Sources of support to women %

Source	**Yes**	**No**	**Total**
Father	31.8	68.2	100%
Mother	59.1	40.9	100%
Sister	40.9	59.1	100%
Brother	45.5	54.5	100%
Son	18.2	81.8	100%

Daughter	13.6	86.4	100%
Cousin	25	75	100%
Distant Relative	18.5	81.5	100%
Friend	54.5	45.5	100%
Community worker	29.5	70.5	100%
Police	27.3	72.7	100%
Religious personality	18.2	81.8	100%
Ministry Staff	13.6	86.4	100%
NGO Staff	18.2	81.8	100%
Governorate	4.5	95.5	100%
Health Staff	18.2	81.8	100%
Courts	34.1	65.9	100%

Table 5.5 Procedures used with women whilst seeking assistance %

Procedure	**Always**	**Sometimes**	**Never**	**Adequate**	**Requires development**
Admission and Acceptance to serve	**63.6**	**4.6**	**31.8**	**83.3**	**16.7**
Legal Support	**54.5**	**9.1**	**36.4**	**75**	**25**
Individual Therapy	**45.5**	**15.9**	**38.6**	**70.4**	**29.6**
Family Therapy	**9.1**	**13.6**	**77.3**	**70**	**30**
Group therapy	**27.3**	**13.6**	**59.1**	**66.7**	**33.3**
Medical check up	**31.8**	**11.4**	**56.8**	**73.7**	**26.3**
Mental Assessment	**43.2**	**15.9**	**40.9**	**57.7**	**42.3**
Psychological therapy	**31.8**	**2.3**	**65.9**	**66.7**	**33.3**
Referral	**2.3**	**13.6**	**84.1**	**42.9**	**57.1**
Supervision and case follow up	**56.8**	**4.6**	**38.6**	**59.3**	**40.7**
Social intervention	**38.6**	**15.9**	**45.5**	**66.7**	**33.3**
Follow up with Police	**13.6**	**11.4**	**75**	**27.3**	**72.7**
Follow up with Governorate	**6.8**	**4.5**	**88.6**	**60**	**40**
Follow up with ministries	**25**	**13.6**	**61.4**	**58.8**	**41.2**

Table 5.6 Perception of Services received

Service	**Strongly disagree**	**Disagree**	**Indifferent**	**Agree**	**Strongly Agree**	**Don't know**	**Total**
Providers quickly responded to my needs	23	2.3	0	65.9	29.5	0	100%
My privacy was respected	0	4.5	0	52.3	43.2	0	100%
Confidentiality of information respected	0	2.3	0	40.9	56.8	0	100%
I was made	11.4	2.3	11.4	56.8	15.8	2.3	100%

aware of alternatives for decision making							
I was respected as a beneficiary	23	0	0	54.5	43.2	0	100%
I was given sufficient information	0	4.5	6.8	63.7	25	0	100%
My appointments were respected	0	0	0	52.3	47.7	0	100%
Provider followed up my case	4.5	4.5	0	52.4	38.6	0	100%

Table 5.7 Women's recommended strategies and means for combating violence against women

Strategy	**Strongly disagree**	**Disagree**	**Indifferent**	**Agree**	**Strongly Agree**	**Don't know**	**Total**
Protective laws	0	0	0	45.5	43.2	11.3	100%
Modifying penal and family law	0	2.3	2.3	34.1	52.3	9	100%
Procedure for compliance with law	0	2.3	0	34.1	54.5	9.1	100%
Protection Initiatives	0	0	2.3	45.5	43.2	9.1	100%
Coalitions and Fori	0	2.3	2.3	45.5	36.4	13.5	100%
Counseling and Awareness raising	0	0	0	38.6	61.4	0	100%
Family protection law	0	0	0	40.9	59.1	0	100%
Media	0	6.8	0	50	40.9	2.3	100%
Education curricula	0	0	0	45.5	50	4.5	100%
Work with Decision Makers	0	0	2.3	45.5	47.7	4.5	100%
Adoption of international accords	0	0	11.4	40.9	40.9	6.8	100%

Annex One Service Questionnaire

جذور للإنماء الصحي والاجتماعي Foundation for Health and Social Development JUZOOR	مركز المرأة للإرشاد القانوني والاجتماعي Women's Centre for Legal Aid and Counselling	

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H50		H42		H34		H26		H18		H10		H2								
H51		H43		H35		H27		H19		H11		H3								
H52		H44		H36		H28		H20		H12		H4								
H53		H45		H37		H29		H21		H13		H5								
H54		H46		H38		H30		H22		H14		H6								
H55		H47		H39		H31		H23		H15		H7								
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Annex Two: Service questionnaire- Question definition-clarification

The following are meant to help data collectors in understanding and clarifying questions aiming at more valid answers

1-Type of service

1- Any related health service including; medical, women's health, reproductive and inpatient-hospital or daycare or clinic
2- Social services :Including institutions which may provide rehabilitation, educational, recreational and other kinds of related services
3- Mental services: services related to psychological assessment and care as well as behavior modification activities as well as dealing with psychological disorders.
4- Legal service including advocacy, legal protection and safety

2-Target population: the group which the service seeks or accepts to provide service to

3-Means include any manner including: tools, procedures or persons through which women could be made aware of the service or enable women to actually obtain help

4-Services include: any preventive, curative or rehabilitative service directly impacting the beneficiary or the service provider or the advocacy and legal issues surrounding VAW

5, 6-C.riteria include conditions related to beneficiary or service provider set by the service provider and reflect conditions for service provision to beneficiary

7-
2 means gender
#3 means marital status
#4 means ability of victim to pay service fees
#5 means ability of the center to deal with the case and offer the needed help
#7 means stereotyping by society
#12 means victims or the victim's family's reputation. For example political collaborators are denied service
#15 means that the victim is exclusively seeking help at this center and no other center or centers

- Ensure you obtain a copy of written criteria

8-The question asks for an approximate number without the need to go back to the files

1- Sexual violence includes any sexual act or the attempt towards such an act against the woman's wish including: rape, sexual harassment, the forcing to watch pornography or to engage in untraditional sex acts or unwanted pregnancy as a result of violence.
2- Physical violence includes any physical abuse except the sexual violence covered in the previous alternative. It reflects the violence based on physical power or the threat to use such power leading to physical harm and includes:slapping,pinching and biting, burning ,kicking, pulling and dragging and any other related violent physical acts

3- Verbal and humiliative violence includes words and actual humiliative behavior behind closed doors or in public directed towards the woman from husband or relatives
4- Emotional and mental violence include emotional neglect and behavior negatively impacting the mental health of the woman. It reflects any act or the refraining to act leading to weakening of the woman's ability to deal with her environment including: rejection, neglect, sarcasm, terrorizing and impossible requests. Additionally, bullying, harassment and seclusion from friends and the family, all leading to mental and emotional pain.
5- Deprivation of rights includes for example the right to health care, economic protection ,the right to recreation etc.It reflects authority to force the victim to depend on the abuser
6- Negligence includes lack of responsibility, refusal or failure towards women and satisfaction of basic needs. It includes not providing health care,food,clothes shelter,etc.It
7- Social violence is the violence against women through her community as a consequence of family violence against women

9-Number of beneficiaries by age is an approximate

- The numbers pertaining to the social status should be the same as the total number in the first column on beneficiaries by age group

10-Percentage of beneficiaries is an approximate.

- No need to check the files
- Definitions of alternatives-responses are as in question 8 above

11-A perceptive question on sufficiency or insufficiency of time and effort in general spent on the process and procedures whilst dealing with cases of different types of violence against women.

- Ensure the interviewee answers in a general aggregate manner rather than focusing on a specific incident.
- If the interviewee states that time and effort are insufficient, ensure you openly ask why they think so. This may include responses pertaining to obstacles or challenges of different sorts pertaining to the victim, the community, the service set up etc. The more you probe the better.
- Definitions of alternatives-responses are as in question 8 above

12-Question relates to components or procedures of a treatment process. Alternatives are defined as follows;

1. Admission: Collections of important and preliminary information on the case once inside the center and seeking help
2. A more in -depth assessment of the case with further questions on the cases physical and socioeconomic status etc as well as preliminary violence related questions
3. Legal support as in having a lawyer to follow up on the case
4. Individual treatment or counseling pertaining to the case under treatment only
5. Family treatment or counseling pertains to the victim and any other family member or members
6. Group therapy pertains to case treatment alongside other cases of similar nature

7. Physical assessment relates to a medical body assessment including the hymen in cases of rape or suspected rape
8. Mental assessment pertains to a psychological assessment of the case
9. Case registry relates to registering and documenting the case in the centers registry of cases
10. Referral relates to any referral by the center to any other source of help including governmental and nongovernmental setups
11. Supervision and follow up relates to follow up through the center with victim protection sources
12. Evaluation pertains to case by case or periodic overall self assessment by the centers staff involved with dealing with VAW cases in assessing their professional input for self development purposes
13. Press release relates to engagement with the press-media on the case under treatment

13-Alternatives are self explanatory

14-Pertains to parts of the physical structure and services

1. Pertains to a special assessment room designated for victims of VAW
2. Pertains to the special counseling room for victims of VAW
3. Pertains to a waiting area for supporters of the victim including family members, friends, legal counselors and others
4. Pertains to area designated for changing clothes or showering especially with cases of rape
5. A room or special area in which the victim may obtain written or visual information on VAW; brochures, pamphlets, handouts guidelines, even a film where other cases present their case and treatment etc
6. Pertains to physical areas where the medical treatment is provided as well as necessary diagnostic exams and forensic medicine
7. Special area for hosting children of the victim accompanying her or brought in later

15-Pertains to procedures followed when dealing with victims of VAW defined as follows;

1. Physical exam as in head to toe assessment including an internal exam of the hymen when rape is suspected or actual
2. Relates to a written and documented medical exam by a medical officer
3. Actual file referral to the police
4. Actual file referral to the ministry of social affaires
5. Actual file referral to tribal law
6. Assessment of psychological and mental condition of victim
7. Assessment of social condition of victim
8. Self explanatory
9. Self explanatory
10. Taking photos of the victim as part of documentation of the violence inflicted upon the woman
11. Self explanatory

12. Self explanatory
13. Diagnostic tests requiring laboratory services and equipment

16-Pertains to protocols which are guidelines for specific procedures or a set of procedures endorsed by the center for follow up when dealing with cases of VAW

1. Pertains to the admission protocol which states steps for admitting the victim to the service and collection of preliminary and basic information which enables staff to start working with the case
2. Protocol for carrying out the physical head to assessment of the victim specifying exam components relating to type and severity of violence
3. Protocol for carrying out the psychological assessment of the victim specifying exam components relating to type and severity of violence
4. Risk assessment protocol specifies steps to be followed when risk is suspected. Risk could include the security of the victim, her children and or family. Risk may also include physical deterioration through violence or risk of suicide for example due to the mental status of the victim
5. Documentation protocol covers all the steps for documenting the case from admission to discharge or referral to another service or closure of file
6. Victim counseling protocol covers steps of counseling from admission to discharge
7. Discharge protocol deals with steps to be followed for closing the victims file
8. Covers ways of dealing with victims family members including children and any other support sources
9. Covers orientation components and program for introducing new staff for diagnosing and dealing with VAW based on the staffs background and professional orientation
10. Covers procedures and steps for dealing with group counseling through the specialized staff
11. Covers continuing education guidelines for all staff specialties available for dealing with VAW
12. A data base on beneficiaries with basic minimum information on Age, socioeconomic status, family members ,type of violence and follow up status
13. Guidelines on ensuring privacy and confidentiality for staff of all specialties who deal with VAW. It is a basic principle to be respected since its absence deters women from seeking help or to retract any complaint against the aggressor
14. Guidelines for referral to the different entities including governmental and nongovernmental institutions
15. Steps to be taken for follow up on cases whether inside premises of the provider and or after referral
16. Information on providers-centers services specifically related to VAW as well as victims rights
17. Special guidelines for dealing with rape victims

17-Question refers to percentage of referrals by case

- This is perceptive and there is no need to go back to check files
- Each alternatives percentage should relate to the total number of cases of that type of violence only

- Alternatives are defined as in question 8 above(1-7)
- Important to probe into where the victims are referred to

18-Give the interviewee the freedom to respond in any way he she wishes.
Do not focus on obtaining specific responses on difficulties and obstacles. This will be taken care of during content analysis

19-This refers to human resource skills currently not available or skills that must be developed for human resources to better provide care. Skills may include medical or psychological assessment, counseling, dealing with the family, performing diagnostic tests etc

20- This refers to additional sources including equipment, protocols and guidelines, more staff, staff with specific specialties, additional space etc

21-Self explanatory

22-May include any idea, recommendation or questions the interviewee wishes to pause. Write all of what the interviewee mentions without any judgment, omissions or additions.

Annex two: Curricula Questionnaire

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C56			C30			C4			-
C57			C31			C5			-
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Annex Four:

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Annex Five: Beneficiaries questionnaire

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