

**Comprehensive Analysis for Gender Based
Violence and the Status of the National
Referral System in the West Bank**

August 2016

Dedicated

to all women victims/survivors of violence,

And to the spirit of the women whose work had a significant impact on the development and approval of the National Referral System: Rabiha Diab and Maha Abu Dayyeh

This publication was produced for review by the Ministry of Women's Affairs and the National Referral System of governmental and non-governmental institutions. It was prepared by Chemonics International in partnership with Women Media and Development (TAM) based upon an assessment conducted by the Arab World for Research & Development (AWRAD).



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1 Annexes with information on the sample, questionnaires, statistical results and list of references are available with the team and will be provided on request.

This study has been prepared by Chemonics International in partnership with Women Media and Development (TAM), under the supervision of Ms. Sireen Hosso- Family Court and Gender team leader.

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Foreword: Enhanced Palestinian Justice Program

This publication was produced for review by the Ministry of Women's Affairs and the National Referral System governmental and non-governmental institutions. It was prepared by Chemonics International in partnership with Women Media and Development (TAM) based upon an assessment conducted by the Arab World for Research & Development (AWRAD).

A National Committee to Combat Violence against Women (VAW) was established in 2008 by the Palestinian Council of Ministries and is led by the Ministry of Women Affairs (MoWA). The Committee is responsible for following up and monitoring a diverse set of governmental and non-governmental institutions implementing the Strategy. The subject of this report addresses national efforts to address the Strategy's Strategic Objective Three: "Improve social protection and social support offered to women victims of violence" and, more specifically, Policy Two within that objective: "A national referral system defining and regulating working relations between institutions offering protection to women victims of violence is in place".

Strategic Objective Three and Policy Two define the need to establish a unified, institutional approach to combat VAW by establishing a National Referral System (NRS) to provide services to women victims of violence. The key governmental sectors with mandates to provide protection and services to women victims of violence are the Ministry of Interior (MoI), Ministry of Health (MoH) and the Ministry of Social Development. The MoWA is the coordinating entity for establishing the NRS. The NRS will function as a national level framework to identify, refer and support victims of VAW and to define and regulate the working relations between the numerous governmental and NGO institutions offering protection and services to women victims of violence. The priority activities to establish the NRS are to define the roles of the key stakeholders in the referral system; train VAW service providers on how to use the NRS; integrate this national referral system into the procedures of institutions offering protection to women victims of violence and provide training on its use; develop a reference guide with the names and addresses of institutions offering health, social, legal and psychological services to women victims of violence; and raise public awareness of the NRS.

As an initial activity to accomplish these objectives, the EPJP secured the services of Arab World for Research and Development (AWRAD) to conduct a comprehensive analysis of issues related to VAW, gender-based violence (GBV) and the status of the NRS. The findings will be used to define targeted initiatives that strengthen efforts to institutionalize the NRS and provide sustainable support for VAW

and GBV victims through the implementation of effective measures to protect, prevent, prosecute and combat violence against Palestinian women and girls. The findings of this assessment measure the current effectiveness of the NRS in the social, health and protection sectors, measure the current capacity of the NRS to provide a comprehensive package of quality, effective and accessible services to victims of GBV, and identify the gaps and interventions required to strengthen the capacities of the NRS coalition of institutions.

Wally Kuencer
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Enhanced Palestinian Justice Program (EPJP)



Executive Summary

The Palestinian Council of Ministers issued Decision No. 18 of 2013 on the national referral system (NRS) for women victims of violence and published it in the Palestinian Official Gazette on 5 January 2014. The System became effective and binding for all relevant institutions as of that date. As the NRS is still in its initial stages (about two and a half years), an assessment is needed to evaluate the experience to date and to learn lessons about the achievements, opportunities, challenges, and risks surrounding its implementation. For that purpose, the Enhanced Palestinian Justice Program (EPJP), and in cooperation with Women Media and Development (TAM), conducted this study of the NRS to ensure more effective implementation of the System and relevant initiatives aimed at combating gender-based violence (GBV).

This study presents a holistic assessment of the NRS in the West Bank that will assist implementation and provide information necessary to combat violence against women, including protection for women, preventive measures, and the prosecution of perpetrators of crimes. The study, which complements an additional study conducted by TAM, summarizes GBV in Palestinian society and maps the roles played by the relevant stakeholders involved in implementing legal, justice, health and social aspects of the NRS, whether governmental or non-governmental, local or international organizations. This assessment of the NRS to date identifies achievements, gaps, challenges and opportunities for improvement. The study provides general recommendations and specific interventions to enhance the capacity of the NRS to protect and ensure justice for women victims of violence.

This study takes into account literature, research, reports, and intense debates that have been ongoing in recent years. It is also based on the experiences of the service provider institutions, whether effective or ineffective, in implementing the NRS. The study investigates the experiences of women victims of violence and workers in the field to gain a thorough background of all aspects of the NRS implementation; it assesses outcomes in terms of achievements, opportunities, constraints and gaps that still surround effective implementation. The study conducted two surveys: one on institutions working in the field of GBV and the other on women victims of violence who had received services from relevant institutions, in addition to in-depth interviews and specialized workshops.

The study findings indicate that while the NRS identifies the relevant sectors for implementation, it merely alludes to the nature of partners in a manner that offers a high degree of flexibility. The NRS calls for the cooperation of all service providers to form a professional team responsible for the development, evaluation, and follow-up of women victims of violence. It also calls for work to

be institutionalized by creating memoranda of understanding between sectors, and clarifying responsibilities, roles, methods of communication and contact persons within each sector (Chapter 7, Article 26). The NRS requires a designated party to be responsible for monitoring and coordination between institutions. Recently, the Ministry of Women Affairs started to assume this role. Although the NRS provides some details on the nature of institutions presented with forms of violence such as pregnant women, rape, attempted suicide, and endangering a woman's life, it puts all other forms of violence within a general framework (exposure to violence or assault). Insufficient details are provided (depending on the case and type of assault) on referral mechanisms and relevant institutions for other cases. It is unclear whether policy is consistent in all cases. Although the process always starts with one institution, there is not always a focal point retaining responsibility for the case until it is resolved or to ensure follow up.

A total of 201 institutions in the West Bank could join the NRS according to the WCLAC manual, or 306 according to the MIFTAH manual. Recently, the Attorney General's office initiated the process to join the NRS; this is a major stakeholder, especially in inter-institutional relationships, and particularly for cases dealt with through the formal system. Currently, the Attorney General's office is holding workshops with relevant institutions to clarify and develop its role. The accession of relevant key parties such as the family courts and the Ministry of Education is still under discussion. The MIFTAH manual classifies institutions into 80 governmental and 227 non-governmental, with 102 adopting the NRS and 204 not working with it, according to statements made by these institutions.

Although several institutions that appear in the lists actually fall within the NRS, many are mentioned in the hope that they can be added in the future due to their importance to the System. Consequently, the lists of institutions involved in the NRS are still preliminary and not definitive: new institutions may yet be added.

Prior to the NRS, all the sectors (health, social, legal) played a role in referrals of victims of violence at the discretion of the individual institution. Due to the absence of standard methods of implementing specific procedures, each institution has interpreted and understood its role and relationships with others in different and conflicting ways.

Despite the numerous capacity building efforts for the NRS and support from international actors, several challenges remain. The majority of training and capacity building efforts are supply-driven by donors, and most are sporadic, fragmented and lack complementarity, leading to weak accumulation of experience. The NRS still depends primarily on governmental parties (police, Ministries of Social Development and Health) in coordination with a small number



of civil society organizations active in the field. As a result, a national holistic system cannot be said to exist on the ground.

The majority of respondents in the survey of institutions had limited awareness, or none at all, about the NRS. The degree of awareness and information reduced the more we asked specialized and detailed questions on the NRS and the availability of the required forms. Awareness of the NRS by senior employees in institutions may reflect information on their own methods of transfer, which have been in use for a long time. According to the survey findings, less than 20% of institutions stated that they complied with NRS procedures compared with 80% that followed their own systems, which were not clarified to the research team. Thus, the majority of institutions do not adopt a written or official system but depend on diligence and informal communications. Moreover, they lack documentation or official and institutionalized exchange of data.

Analysis of data from the Ministry of Social Development reveals that services provided to women victims of violence concentrated on providing protection (39% of cases), counseling (33%), health care (18%), psychological counseling and cash support (6% for each) and reintegration with the family (4%). Other services (empowerment, legal services, jobs, follow-up, health insurance and arranging marriages) comprised about 3% of cases, while training and education made up a maximum of 2% each. To determine the prevailing informal and personal pattern of communication in providing services to women victims of violence, beneficiaries were asked about how they had communicated with institutions. This question revealed that communication with the institution took place via a personal connection in 58% of cases, via a phone call (25%), while 12% reported that the institution knew of their case and communicated with them to offer help. A minority communicated with the institution via the internet or social media.

Existing efforts to complete the elements of the NRS include the setting up of bylaws, criteria, memoranda of understanding, identification of roles, training and capacity building plans, introducing the NRS and raising awareness about it, and developing procedures for networking and monitoring.

The study presents both general and specific recommendations, in addition to an action plan to complete the preparedness of the NRS for effective implementation. The joint recommendations are as follows:

- Continue work to amend all laws that discriminate against Palestinian women in joint efforts between governmental and non-governmental organizations; expand the base of institutions engaged in the framework of defense of women's rights and advocacy of gender equality to end violence in society.

- Establish working procedures and regulations in relevant institutions to ensure the application of the Penal Code, in which provisions for mitigated penalties were abolished in cases of honor killings of women.
- Disseminate information on the NRS via an internal circular in each ministry involved and draft a code of conduct to be observed by all providers of services for women in each sector. The General-Secretary of the Council of Ministers may need to address decision makers in the health, social and police sectors and issue a binding circular on use of the NRS. Any circular requires agreement between the stakeholders on a common understanding and interpretation of the NRS items and provisions.
- Review policies and legislation in each sector by establishing clear protocols and procedures for dealing with women victims of violence who request services and protection from service providers; review any existing memoranda of understanding and establish new ones compatible with the System where necessary.
- Create an action plan for bringing the NRS provisions into use and their institutionalization within the executive plans of each relevant official party or ministry. This will assist in allocating the resources required to implement related activities and interventions, and to monitor their implementation and impact.
- Engage all service providers in each sector in activities to build capacities and raise awareness of the NRS provisions.
- Monitor budgets and the human and material resources needed for the implementation of the NRS. This requires commitment at the highest policy levels.



Chapter One:

Study Background, Objectives and Methodology

1. Introduction
2. Study Background
3. Study Objectives
4. Research Methodology

Introduction

Gender based violence (GBV) is one of the key challenges faced by Palestinian society on legal, social, political, and institutional levels. This type of violence is based on forms of power relations between men and women, both young and old, in which society invests men with the power to repress women and young people by any available and traditional means in the communal environment. Many forms of violence exist: psychological, verbal, physical, and sexual violence in social, cultural, economic, and political forms. Violence may also take the form of killing in circumstances that are still accepted in certain circles of society. Sources of violence are numerous and are manifested in the violence practiced against women, children and other family members as a result of the political and security instability in the Palestinian territories

Domestic violence is a direct and common form of violence against women in particular, but also against the entire family within a cultural and patriarchal system based on a hierarchy of familial authority. Dealing with GBV is a sensitive issue because a woman and her body are often seen as subordinate to the family head of household. Excessive sensitivity and hesitation by institutions to intervene remain one of the main constraints to addressing this issue seriously and to finding solutions. Moreover, an absence of clarity and the limited opportunities available in public institutions for women to access solutions to the violence they face, creates a favorable culture for violence, making it acceptable and an issue confined to the secrecy of the private domain. Legal and social institutions responsible for ensuring justice through formal and informal systems are unable to deter violent practices or to impose a just solution in cases where violence occurs. Despite the concerns generated by this issue and legal, social and institutional developments, the combating of GBV, and the availability of data and analyses on this topic, remain limited.²

Within this context, it is crucial to carry out an assessment of all aspects of this issue and to accumulate data and analyses. Several local and international initiatives and projects have been undertaken to confront GBV. One benchmark of progress in dealing with the problem of GBV is the Takamol project, launched in 2009 in cooperation with the Women's Center for Legal Aid and Counseling (WCLAC) and Juzoor for Health and Social Development.³

The Council of Ministers' Decision No. 18 of 2013 on the National Referral System

² The last survey on domestic violence was conducted in 2011; the PCBS is currently preparing to conduct an updated survey.

³ For more information on the Takamol project, please visit the Women's Center for Legal Aid and Counseling website <http://www.wclac.org/atemplate.php?id=106>. For a holistic evaluation of the Takamol project, see the Final Evaluation of the Takamol Project, prepared by the EU.



for Women Victims of Violence was published in the Palestinian Official Gazette on 5 January 2014,⁴ thereby bringing the System into effect and making it binding on all relevant institutions as of that date. The System took into account a number of legal sources based on the provisions of the amended Basic Law of 2003, in particular Article 70 thereof, and provisions of the Social Affairs Law No. 16 of 1954, in particular Article 4. These were in addition to legislation on Centers for the Protection of Women Victims of Violence No. 9 of 2011, and the Council of Ministers' Decision (No. 01/79/m.w/s.f) of 2001 endorsing the Strategic Plan for Combating Violence against Women.⁵

As the System is still in its initial stages (running for about two and a half years), the experiences to date required evaluation to learn lessons on the achievements, opportunities, challenges and risks surrounding its implementation. The Enhanced Palestinian Justice Program (EPJP), in cooperation with Women Media and Development (TAM), conducted this study to assess and evaluate the NRS for women victims of violence, and to improve the implementation of the NRS and relevant initiatives in order to combat GBV.

4 The full Decision is available in the Palestinian Gazette No. 104, Diwan Al-Fatwa and Legislation, 5/1/2014, p. 56.

5 The Strategic Plan is available on the website of the Ministry of Women Affairs:
<http://mowa.pna.ps/Arabic%20Part.pdf>

Enhanced Palestinian Justice Program (EPJP)

The objectives described above fall within the scope of the general objectives of the EPJP. The program adopts a comprehensive approach to improve access to justice and provide services for victims of GBV in the West Bank. The EPJP seeks to enhance Palestinian justice and improve the accountability of the Palestinian National Authority and non-governmental institutions in protecting and promoting access to justice by victims of GBV. These efforts are conducted in conjunction with improvements to the overall environment of preventive, protective and prosecution work to combat GBV in the West Bank. In the partnership between the EPJP and the Ministry of Women Affairs to achieve the Ministry's objectives in this area, the EPJP engages in several interventions to institutionalize the NRS for the protection of women and girls from GBV. This comprehensive national assessment and evaluation of GBV and the NRS is of interest to all government institutions and relevant civil society organizations engaged in providing protection and safety for Palestinian women. The study will provide information on the constraints and challenges faced in the implementation of the NRS, and which have a negative impact on the degree of violence faced by Palestinian women. Based on the findings of this study, the EPJP, in partnership with the Ministry of Women Affairs, will propose interventions to promote and institutionalize the NRS to fulfill the goals for which it was established.

Women media and Development (TAM)

TAM seeks to achieve a free and democratic society of justice, equality and respect for human rights where women enjoy their rights and equality without discrimination. TAM is working to change the prevailing negative cultural stereotype portrayal of women by helping establish a society in which women are able to communicate and advocate for their rights to achieve their goals and aspirations. TAM seeks to raise the level of knowledge and awareness within Palestinian communities regarding gender issues and women's rights, with an emphasis on encouraging women and marginalized groups to fully exercise their rights.

TAM is the voice of the voiceless. On Sept. 2015, TAM launched the Women's Courts Project based on the national plan to combat violence against women and the Ministry of Women's Affairs' plan to activate the national referral system for women victims of violence. The project aims to reduce gender-based violence, by activating the work of the national referral system and advocate for non-discriminatory laws. TAM supports a range of interventions to strengthen the capacity of governmental and non-governmental institutions within the national referral system and to build the capacity of youth groups and media to mobilize the community to become advocates for women's issues. Decision-makers continue to be reluctant to repeal laws that discriminate against women. TAM has been working for more than three years in cooperation with the Ministry of Women Affairs, Ministry of Social and other institutions implementing the national referral system. Additionally, TAM recently performed a study on gender-based violence and the murder of women.



Study Background

The legal environment is a fundamental factor in maintaining the culture and practice of GBV because it is made up of an inconsistent combination of different penal codes, legal systems, local legislation, and executive decrees emanating from successive periods of rule in Palestine. In the West Bank, the Jordanian Penal Code of 1960 is still in effect, while the Gaza Strip is governed by a combination of Egyptian and British laws, and East Jerusalem by Israeli and Jordanian systems. The different laws in effect that regulate relations between the sexes are often characterized by flagrant inequality and discrimination, often with legal and procedural loopholes that alleviate punishments imposed on men. One example is the exemption from prosecution if a rapist marries the survivor of the rape⁶ and acceptance of rape within marriage. The existing West Bank Penal Code fails to codify punishments, or even acknowledge in a rudimentary fashion forms of GBV beyond physical harm such as psychological abuse or social and economic deprivation.

Despite amendments to the Penal Code and a presidential decree (2012) annulling provisions that provide mitigating circumstances for those who murder women, it cannot be argued that an integrated legal system exists that protects women. Many legal references and provisions bolster the discriminatory environment and lead to the normalization of discrimination and violence against women, including the Personal Status Law and the Labor Law. The presidential decree referred to above was signed by the PA President and was not passed formally by the Palestinian Legislative Council (PLC). More importantly, enforcement of the annulled provisions remains ambiguous and random. The legal apparatus (police and judiciary) are unable to implement legal amendments in a robust fashion in the absence of the necessary regulations, and the motivation to enforce the law by those in charge of the legal system varies. In general, the strategies available to protect women lack radical solutions to the root causes of women's problems in the prevailing social, cultural, economic, and political system.

The social and cultural environment is not conducive to women benefitting from the justice system in the public sphere, especially as the sanctity of the family is seen as a private sphere in which problems should be addressed through tribal mediation. Attempts by women to seek alternative mechanisms for protection outside the realm of family are viewed as violations of tradition and customs that must be rejected and denounced. Furthermore, women usually pay a heavy price when they seek alternative sources of justice and are cut off by all or some family members. Nevertheless, numbers have risen in recent years due to increasing awareness of violence and the legitimacy of seeking official protection.

⁶ Article 308 of the Jordanian Penal Code.

The prevailing social norms, traditions and expectations act as an incubator for GBV in Palestine. Household and communal structures are patriarchal, with males exercising dominance, while women are expected to be compliant and subservient. In typical gender relations, men participate in the public sphere, such as working and earning wages, while women are confined to the private sphere and are responsible for child-rearing and domestic affairs. The ongoing political conflict in the Palestinian territories strengthens these social structures and traditional behaviors.

The existing practices and unstable security conditions that limit the productive capacities of males and females have severe consequences. First, restricted economic opportunities leave many men, particularly youth, unemployed and contribute to a sense of disempowerment and frustration that is often expressed in violence on women. Second, the restricted economic space impoverishes many families and forces them to resort to financial triage. Families devote their sparse resources to their male children or family members, depriving or neglecting females entirely, which is a form of GBV. Women can be forced into early marriage as families are eager to shift the burden of an unemployed family member. Closures and obstacles to accessing land or using it for housing creates overcrowding and vertical building, which further bolsters the patriarchal relations in extended families.

As there are no periodic national data on GBV, we cannot compare recent years with previous ones. It is also difficult to assess the long-term impact of the amended legislation and the NRS on the prevalence of violence against women. According to data from the Domestic Violence Survey of 2011, 49% of women in the West Bank stated that they had been exposed to psychological abuse, 11% to sexual violence, and 17% to physical violence.⁷ Overall, data from institutions (police, Ministry of Social Development, specialized centers) point to a relative increase in violence and complaints submitted during recent years. A total of 740 women submitted complaints in 2011 versus 2,810 in 2015. (This figure does not include cases classified as cases of violence by institutions.) Ministry of Health data reveal that it registered 962 cases of GBV in 2015. A recent poll conducted by AWRAD showed that 53% of Palestinian women had been exposed to or witnessed domestic violence to one degree or another, and most of them had been subjected to discrimination at work.⁸

The findings of the 2011 Domestic Violence Survey revealed that women not employed outside the home were subjected to more violence from their husbands than women who worked outside the home.⁹ The survey also revealed that women who had previously been married and whose families were poor

7 The Palestinian Central Bureau of Statistics, Domestic Violence Survey, 2011.

8 AWRAD poll with Palestinian working women, June 2016.

9 PCBS, Domestic Violence Survey in Palestine, 2011.



or very poor reported that they were subjected to psychological, physical and sexual assault, in addition to social and economic abuse, to a greater extent than their counterparts who described their family's economic situation as medium to excellent.¹⁰

The PCBS is preparing to conduct a survey on domestic violence that will allow for a comparison with previous surveys.¹¹ There are no indicators of a reduction in violence against women in the years that followed the 2011 survey. On the contrary, rates of the killing of women and complaints submitted to the relevant parties are increasing, as shown in the data below.

The most shocking manifestation of GBV is honor killing. Since 2010, over 50 women have been murdered in honor killings throughout the Palestinian territories. In reality, these murders have little to do with honor; rather they are committed for many other reasons such as inheritance, control of resources, revenge, or to settle a dispute. The perpetrators claim that their actions were carried out to preserve the family honor as they know they will receive a lighter sentence than admitting to cold-blooded murder.

After many campaigns and demands, the PA President Mahmoud Abbas issued an executive decree in 2014 amending Article 98 and suspending Article 340 of the Penal Code of 1960. However, in the absence of the PLC, these articles cannot be formally repealed. Many of those interviewed and experts (males and females) consider the presidential decree (amending the Penal Code) to be inadequate because it signifies a change in trend rather than actual enactment, and focuses on some articles in the law without addressing others. The presidential decree is deemed to be insufficient to protect women and sectors in Palestinian society from community crimes, which have increased recently, especially the family's power to waive a private right. It is often the family that enables the murderer to commit his crime.¹² Honor killings have continued in 2014 and 2015 and demand a fresh and more effective response. It was a bloody year in 2013 when 26 women were killed (a record number since 2004 when five women were killed). The number fell to three in 2005 and remained almost constant until 2012, when the number grew to 13 crimes. According to data from the Attorney General's office, 12 women were killed in the West Bank in 2013, 14 women in 2014, and six women in 2015.¹³

10 Yehya, Dr. Mohammad Al-Haj. 2011. Violence against Women in Palestinian Society. Presentation and analysis of the findings of the survey on violence in Palestinian society.

11 This study does not focus on GBV in itself. Several studies are currently being conducted on this subject, including a study by TAM and another by UNFPA. Other studies, recently conducted on this topic, are included in the list of references.

12 See, for example, the statement of Palestinian NGOs on the decision to amend the Penal Code. <http://www.miftah.org/display.cfm?DocId=14895>

13 Published on the website of the Attorney General of the State of Palestine on 6/12/2015.

Table 1: Killing of Women in the West Bank and Gaza Strip¹⁴

Year	Number of cases
2004	5
2005	3
2006	8
2007	8
2008	5
2009	9
2010	6
2011	4
2012	13
2013	26
2014	(up to 18/5/2014) 15

Amidst ongoing concerns about the prevalence of violence against women, Palestinian institutions have exerted efforts to halt this phenomenon through policies, legislation, programs and projects to provide victims and survivors of violence with protection, rehabilitation and empowerment. Among these initiatives, the NRS has established coordination procedures, the exchange of information, and effective monitoring of issues in an institutionalized manner.

Study Objectives

This study provides a holistic analysis of the NRS in the West Bank to complete work on the preparation and implementation of this System.¹⁵ The study provides key information on the operation of the NRS to combat violence, provide protection and preventive measures for women, and for the prosecution of perpetrators :of crimes in line with the following research objectives

1. Provide a summary of GBV in Palestinian society in conjunction with a study by TAM.¹⁶
2. Provide comprehensive mapping of stakeholders engaged in the implementation of the NRS, their roles and capabilities in the System

14 The Palestinian National Information Center, published on WAFA News Agency website. <http://www.wafainfo.ps/atemplate.aspx?id=9144>

15 The political and institutional conditions are not conducive to the creation of a unified system in both regions; work is underway in the West Bank, but has not yet started in Gaza, despite the existence of active organizations dedicated to providing protection and services for women victims of violence.

16 The full copy of the study is available with TAM.



with the various legal, justice, health and social aspects, whether these stakeholders are governmental or non-governmental, local or international parties.

3. Provide analysis of the implementation of the NRS to date in terms of achievements, gaps, challenges and opportunities for improved implementation.
4. Propose general recommendations and specific interventions for the NRS to uphold the protection and justice of the greatest number possible of women victims of violence.

Research Methodology

This study builds on research documents, reports, and the intensive debates ongoing during recent years. It also builds on the experience of service provider institutions, both active and inactive, in the implementation of the NRS. The study takes into account the experiences of women victims of violence and workers (male and female) in this field to understand all aspects of the NRS implementation and to analyze the achievements, opportunities, constraints and gaps that still hinder effective operational capacity. As such, it is not a study of GBV or an evaluation of every intervention or aspect of violence in society because many such studies have already been conducted and another, to complement this study, is underway.

The study adopted a holistic and objective participatory research approach, using qualitative and quantitative research tools over the course of the following phases:

First: Preparatory Phase

Four preparatory meetings were held with the Enhanced Palestinian Justice Program (EPJP) team and TAM team (Women Courts) to determine the study objectives, methodology, and research tools. An inception report defined the time frame, methodology, and research tools. The report was approved by the EPJP and TAM teams.

Second: Review of the Context

The research team reviewed all available literature on the NRS relevant to women victims of violence and the GBV context. Additionally, the team reviewed available data from governmental and non-governmental institutions within the three main relevant sectors: health, police and social sectors.

Third: Mapping of Partners

This step marked the beginning of the research as it identified all relevant NRS

stakeholders, plus those missing or not referred to, and highlighted the main challenges and gaps in the implementation of the System. Tools for the collection of qualitative and quantitative data were designed specifically to focus on three relevant governmental and non-governmental stakeholders: the health sector (hospitals/clinics and health directorates); the police sector (family protection units, Attorney General, courts); and the social sector (Social Development Directorates, shelters, civil society organizations and unions, NGOs and UNRWA centers).

Fourth: Evaluation and Baseline Study

Following mapping, the team embarked on the main research phase of conducting qualitative and quantitative research for data collection on the NRS. Initially, the relevant national institutions from the three main sectors were surveyed using a quantitative questionnaire to assess the extent of their awareness and implementation of the NRS. This survey was intended to create a baseline study that would act as an important resource for subsequent evaluation of the System and to verify the indicators of the EPJP and the TAM project. In addition, women victims of violence were interviewed to evaluate the services provided to them.

Design of Research Tools

The AWRAD team designed a comprehensive sample of all the key stakeholders based on a review of the secondary resources and evidence collected, including from relevant stakeholders/institutions and experts within the team.

1. **Survey of Institutions:** Data collection took place using a quantitative approach of requesting specialized personnel in the targeted institutions to fill out questionnaires. The AWRAD team designed the questionnaire following a review of the literature related to the TAM project, the EPJP, and the indicators to be assessed. The team also held consultative meetings with the EPJP and TAM teams to discuss key research indicators, and reviewed the NRS to ascertain the core elements, requirements, and criteria for inclusion in the questionnaire. The questionnaire included baseline indicators for subsequent comparisons of progress achieved in the implementation of the NRS. The sample selection was based on lists prepared by the Palestinian Initiative for Global Dialogue and Democracy (MIFTAH) and the Women's Center for Legal Aid and Counseling (WCLAC) of organizations dealing with issues of violence and the empowerment of women and families. Lists of potential organizations were also obtained from institutions working within the framework of the EPJP, the TAM project, and from relevant ministries (Women Affairs, Health, Social Development). The questionnaire was presented to 166 male and female officials in 113 targeted institutions throughout the West Bank governorates. The list comprises institutions working in this field, whether



providing direct services in relevant rights or simply engaged in some way in the field. This made it difficult to reach a larger sample of institutions that actually work with women victims and survivors of violence. Interviews were conducted during the period 2-16 April by 10 researchers (male and female) with extensive experience who had attended a one-day intensive training workshop on the questionnaire, sampling issues, and interviewing skills. Overall, the field work proceeded smoothly, although the postponement of interviews by some institutions led to delays.

2. **Survey of Women Victims of Violence:** A total of 145 face-to-face interviews were conducted with women subjected to violence throughout West Bank governorates. These women were accessed via centers that provide services for them such as safe houses, women organizations, and courts. Prior coordination took place with these service providers to complete the questionnaires with the women in interviews that guaranteed the confidentiality of data by not indicating names or case details.
3. **In-depth Interviews:** In addition to these surveys, AWRAD conducted 12 in-depth interviews with experts (male and female) from key institutions/organizations in the three main sectors in the NRS. These interviewees were selected from governmental and non-governmental sectors and donors. The interviews posed a number of guiding questions designed to focus on the key issues related to the NRS. (A list of the questions is attached.) These questions were formulated to include issues of stakeholder mapping, evaluation of the NRS, and the degree of implementation of the NRS.
4. **Focus Groups:** Finally, the research team organized two types of focus group. The first comprised two extensive and specialized focus groups: One was held with the police sector with the participation of representatives of the family protection units across the West Bank, while the second comprised counselors from the Social Development Directorates and representatives of health clinics. Four regional workshops were held in the governorates of Jenin, Bethlehem, Salfet, and Ramallah. These workshops were held with representatives of the three key sectors and of the specialized units in the governorates and the Attorney General's office, which recently joined the NRS and established a family protection unit. The AWRAD team, in coordination with the Attorney General's office, collected qualitative data during three workshops attended by all stakeholders in the governorates. In-depth interviews included guiding questions to facilitate the debate, ensure the relevance of the key research questions, and to enhance the evaluation and mapping phases.
5. **Verification Workshops:** Two workshops were held to verify the findings, conclusions, and recommendations: one with governmental and non-

governmental institutions in Bethlehem, and the other in Ramallah with representatives of the key sectors, including police bodies, Ministry of Health, Ministry of Social Development, the Attorney General's office, civil society organizations such as WCLAC, MIFTAH, and TAM, and the Women Affairs Technical Committees (WATC). During the second workshop, a form was distributed to verify the study data and conclusions on the extent to which preparations and forms for the operation of the NRS were used and the extent to which the System had been implemented on the ground. Every participant completed the form and gave a score ranging from zero to 10 to each element of the NRS as approved by the Council of Ministers.

Fifth: Reporting, Recommendations and Review

In this phase, the AWRAD team produced an analytical report evaluating the implementation of the NRS, highlighting the most important lessons from past experience, and proposing recommendations to stakeholders on the NRS procedures to combat violence against women by providing better protection, preventive and prosecution services. This report brings together the qualitative and quantitative data collected from all relevant stakeholders during the research phases. The report also presents an action plan based on the main recommendations and practices deduced from the analysis for adoption by the relevant stakeholders.

The team requested that the provisional report be reviewed by representatives of the key institutions that work and have expertise¹⁷ in the NRS. Their remarks were taken into consideration in the drafting of the final version of the report.

¹⁷ The reviewers of the study are named at the beginning of the report.



Chapter Two:

Mapping of Institutions Working within the Framework of the National Referral System and Relevant Organizations/Institutions

1. Introduction
2. Institutional Structure from the Legal Perspective
3. Current Landscape of Organizations/Institutions in the NRS
4. Field Survey Findings from the NRS Institutional Mapping
5. Main Conclusions on the Institutional Landscape

Introduction

The wide-ranging and overlapping nature of approaches to dealing with issues of violence, especially domestic violence, make it difficult to create a definitive list of service provider institutions. A list may evolve and change over time, and women survivors of violence may turn to institutions other than those listed in the NRS. The Council of Ministers' Decision 18 of 2013 defining the NRS describes stakeholders in a variety of terms:

- Service providers, social services providers, service provider organizations: Any legal body dealing with the public and providing health, legal, social or police services for women victims or survivors of violence (Chapter 1, Article 1).
- According to the services provided: Protection, care and rehabilitation within psychological, health and legal services, and self-empowerment and economic services in cooperation with related partners in ministries and civil society organizations (Chapter 1, Article 1).
- The NRS refers to the national partners by defining the key sectors or national institutions closely related to the NRS (the health, social, and legal sectors – Chapter 1, Article 2).
- The detailed Articles include a chapter on women victims of violence in the health sector (Chapter 3, Articles 10-18); in the social sector (Chapter 4, Articles 19-21); and in the police sector (Chapter 5, Articles 22-23).

Institutional Structure from the Legal Perspective

More detailed analysis of the NRS decision reveals duplication and a lack of clarity regarding the parties responsible and relevant partners, in addition to confusion in terminology. Mapping within the NRS, albeit not detailed, can be concluded from analysis of the articles in the NRS set forth as follows:



Table 2: Institutional Structure of the NRS as per the Official Decision

Health Sector	Social Sector	Police Sector
<p>- Two types of service provider are identified in the health sector: 1) Health workers, administrative staff, and technicians; 2) Doctors, nurses, midwives, and health workers (Article 11, clauses 1 & 2).</p> <p>- Health facilities identified: 1) Emergency departments; 2) Primary health care centers (health and reproductive clinics, and pregnancy and family planning centers); 3) Gynecology and maternity departments; 4) External clinics; 5) Clinics and centers for psychological and community health and mental illness (Article 12).</p> <p>- Referral to other sectors that provide psychological, social and legal services (Article 10, clause 7). Other clauses state specifically the police, safe houses, the police family protection unit, and the Social Development Directorate in the governorate (Article 16). The importance of legality and forensic science is highlighted in Article 18, according to the individual case.</p>	<p>Stakeholders referred to once or more:</p> <ul style="list-style-type: none"> - Center for the Protection of Women Victims of Violence. - Case conference or coordination between the following parties according to the nature and needs of the case: Women counselor from the Social Development Directorate, the police, the referral party, or partner organizations that assist the woman to safety. Also, psychologists and specialists, and a childhood protection counselor if children are exposed to danger (Article 21). 	<ul style="list-style-type: none"> - Family protection units at the Palestinian civil police and effective partnership as a referral agent to safe houses (Article 12). - Referral to one of the partner governmental or civil organizations (Article 23). - Work with the judicial police (Article 23). - Coordination with the office of the Attorney General, forensic medicine and other specialists (Article 24). - Coordination with the Ministry of Social Development, shelters, and the governorate (Articles 24 & 25).

The NRS clearly outlines the related sectors, but refers to the role of partners indirectly and with a high degree of latitude. It calls for cooperation between all sectors providing services in the formation of a professional team responsible for the development, evaluation and monitoring of work related to women victims of violence. The NRS also calls for the institutionalization of work between sectors in memoranda of understanding that define responsibilities, roles, forms of communication, and a contact person for each sector (Chapter 7, Article 26). The NRS also proposes that one party should be responsible for monitoring and coordination between organizations.

The following section presents a holistic analysis of the extent to which the NRS is implemented, the provisions adhered to, and the arrangements in force for optimal implementation. This section covers the mapping of organizations and relationships outlined in the NRS, as shown above, with special focus on the following remarks:

1. The NRS does not state the party responsible for the running of the System and monitoring its implementation. A letter addressed to the Minister of Women Affairs, dated 17 December 2013 and approved by the NRS, gives this responsibility to the Minister: (We hope your Excellency will kindly undertake the measures required to implement the System).¹⁸ Yet in reality, there is nothing to show that the Ministry of Women Affairs is clearly engaging in this task, and the other actors do not consider the Ministry to be responsible for the implementation of the NRS. Moreover, no mechanism has been agreed upon in the Ministry or between organizations/institutions to enable the Ministry to undertake this role.
2. The NRS is not expected to provide full details of organizations and referral procedures because this task falls within the scope of memoranda of understanding between relevant organizations. Nevertheless, the degree of detail varies from chapter to chapter in the NRS. While the NRS outlines the various stakeholders within health institutions, it does not provide the same details for social and police institutions.
3. The NRS provides some detail on how relevant institutions should deal with forms of violence such as cases of pregnancy, rape, attempted suicide, and endangering a woman's life, but puts all other forms of violence within a general framework (exposure to violence or abuse). Only general details (depending on the circumstances and nature of the abuse) are given on referral procedures and relevant institutions. No consistent policy is applied

¹⁸ A letter signed by the Secretary-General of the Council of Ministers, Dr. Fawaz Aqel, dated 17 December 2013, and entitled: The National Referral System for Women Victims of Violence.



to all cases. Despite an initial institution being approached, there is no focal point or party responsible for the case up to its resolution or to pursue it into the future.

4. Although the NRS requires that a party should be responsible for monitoring and follow up, it is unclear that such party exists on the ground to assume this leadership role. Relationships between institutions are temporary and often sporadic in response to an individual case. Responsibility for each case depends on the party that introduces the case to the System.
5. Although the NRS does not refer specifically to the legal sector, it mentions the police and emphasizes the importance of coordination with the Attorney General's office, forensic medicine bodies, and governorates.
6. Partners and civil society organizations are referred to here and there but in an inconsistent manner. For example, they are never mentioned in relation to the health sector, but partners are mentioned in the social sector, and civil society organizations are mentioned in the police sector.
7. Although the NRS states the ethical values that the relevant institutions must adhere to, it does not specify the qualifications and capacities that these institutions are presumed to hold to be eligible to assume legal responsibilities as government institutions. No criteria are defined for civil society organizations that provide services for women victims of violence.
8. The police are backed by the judicial police and can provide protection and legal support for employees, but workers in health and social sectors have no protection despite the risks inherent in the tasks they undertake.¹⁹

Current Landscape of Organizations/Institutions in the NRS

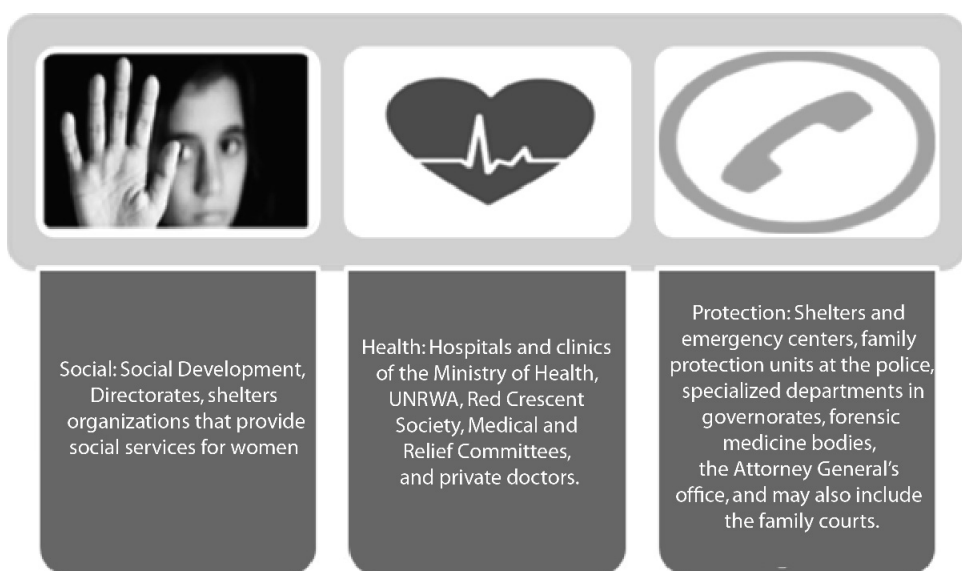
In accordance with the ministerial decision and professional protocols of the NRS, the main component of the System is a network of effective, multi-sector and holistic institutions that ensure an integrated service and greater support for victims of GBV. These organizations fall within three sectors: health, social and police (security). Each organization works in accordance with its own protocols (whether written or not as per the custom in the institution) as described in the NRS and the strategy identified by the institutions that drafted the NRS. The three sectors form a group of care and protection service providers, some governmental and others non-governmental. The NRS defines the service provider as a legal personality that deals with the public and provides health, legal, social or police services for women victims or survivors of violence

¹⁹ For several years, there has been a debate about providing risk allowances to women's counselors and workers in shelters.

The Takamol project produced a manual of institutions that provide health, social, legal or police services for women victims of violence in West Bank governorates. This manual lists the institutions, their addresses, and the services provided. Policy makers are represented by the Council of Ministers and Ministry of Women Affairs. MIFTAH has produced an updated manual of institutions that provide emergency services for women victims of violence. This manual was updated in 2015 and covers all the West Bank and Gaza organizations working in the field; it classifies organizations into governmental and non-governmental bodies and whether they are involved in the NRS or not.

In addition to legislative (PLC) and policy making bodies (Ministry of Women Affairs and the National Committee for Combating Violence against Women), institutions/organizations providing services for victims of violence are classified into three types as shown below:

Figure 1: Matrix of Service Institutions Involved in the NRS



Based on the lists published in the WCLAC manual, institutions can be classified geographically and by field of work as shown in the following table:

Table 3: Distribution of Institutions Providing Services Related to Violence by Governorate and Field of Work



Governorate	Hospitals/ health centers and directorates	Courts	Governorate	UNRWA centers	Family Protection Units	CSO and Unions	Social development centers and shelters	Total
Nablus	7	1	1	1	1	30	2	43
Hebron	11	7	1	1	1	16	2	39
Bethlehem	9	1	1	1	1	23	2	38
Ramallah – Al Bireh	9	3	1	1	1	23	1	39
Jerusalem	6	2	1	1	1	24	1	36
Jenin	7	1	1	1	1	18	1	30
Tulkarem	3	1	1	1	1	10	1	18
Qalqilia	2	1	1	1	1	12	1	18
Salfeet	2	1	1	1	1	13	1	19
Jericho	2	1	1	1	1	5	1	10
Tubas	1		1	1	1	4	1	9

A total of 201 West Bank institutions could join the NRS according to the WCLAC manual or 306 according to the MIFTAH manual. Recently, the Attorney General’s office initiated the process to join the NRS; this office is one of the most important actors, especially in the context of inter-institutional relationships operating under specific conditions in the formal system. The Attorney General’s office is currently holding workshops with relevant institutions to clarify and develop its role. The accession of key parties such as the family courts and the Ministry of Education is still under discussion. The MIFTAH manual classifies institutions into 80 governmental and 227 non-governmental,²⁰ and cites 102 as working with the NRS and 204 not working with it, according to statements given by these institutions.²¹

20 No list or figures are definitive or fully accurate. The inclusion or exclusion of institutions is based on the discretion of those producing the manual. Some institutions not working in the field were included due to their importance. Classification plays a role in identifying the number of institutions (for example the Ministry of Health and Directorate of Health in a given governorate). Nevertheless, the lists are useful resources for planning for the NRS and raising awareness.

21 Once again, it is important to state that based on the survey findings, institutions do not differentiate between the transfer system they adopt and follow and the NRS. Consequently, a statement that they use a system does not necessarily mean it is part of the NRS.

Field Survey Findings on NRS Institutional Mapping

As described in the methodology, a field survey was conducted of the institutions affiliated, or supposed to be affiliated, to the NRS and which work in the field of domestic violence and empowerment of women in social, health and psychological aspects. In light of the lists available at WCLAC and those updated by MIFTAH, and other lists obtained by the research team from the Ministry of Social Development, Ministry of Women Affairs and TAM, the following conclusions can be made about these institutions

1. It was a difficult process to contact the institutions included in the lists or the branches of many national institutions, whether governmental or non-governmental. The team contacted 113 organizations, centers and branches, but many branches of institutions were not aware that they were part of a broad national referral system, and had not been informed by their central administration of the ongoing survey, or that they would shortly be targeted for projects by national and international organizations.
2. The findings below reflect the organizations accessed and interviewed (166 organizations). The findings are general and indicative rather than reflecting each individual organization, but they express, to a large extent, the situation faced by organizations working in protection against violence. Together they form, or could form if activated, the infrastructure of the NRS. The data from the current survey form a database that can be used in the future to detail and analyze these organizations and improve performance.
3. The survey findings offer additional information on the existing institutional infrastructure in support of the NRS. They also provide an explanation of capacities, gaps, opportunities and challenges that surround the relevant organizations. In general, the survey revealed the following results:
 - Women constitute around 72% of the staff in the organizations surveyed versus 28% of male employees. This demonstrates that work on GBV issues is primarily a woman's specialization.
 - The 31-50 year age group constitutes the majority (80%) of the staff in these organizations: 12% are aged over 50 years while young workers (18-30 years) constitute around 7% of employees.
 - The majority of the organizations surveyed and seen as prominent in the NRS are governmental (54%); the remaining organizations are non-



governmental working on a national level (20%), on a local level (23%) or international organizations (3%).

- The survey included a majority of organizations and centers working in the field of health (37%), women’s development (15%), law and counseling (10%), family and childhood (8%), policing work (8%), and charitable work (1%). A further 21% of the organizations work in any relevant field (women, children, family). Although the draft NRS and the approved law refer to economic empowerment, it was discovered that none of the organizations surveyed actually tackle this aspect with women victims of violence. Programs working with women survivors of violence, especially after they leave the official system and return to their families and society, were also weak. The following table shows the characteristics of the organizations surveyed and the personnel responsible for them.

Table 4: Key Characteristics of Organizations and their Responsible Staff Working in the Field of Violence

Gender	%
Female	71.5
Male	28.5
Age	
18-30	7.4
31-50	80.4
and over 50	12.3
Classification of organization	
Governmental	53.6
Non-governmental working nationally with branches	20.5
Local non-governmental	22.9
International	3.0
Organization’s field of work	
Health	36.8
Women’s development	14.8
Family/child	7.7
Charitable	1.3
Legal/counseling	9.7
Police	7.7
Others	21.9

Main Conclusions on the Institutional Landscape

In light of the data collected, the following conclusions can be drawn regarding the institutional environment:

1. Although several institutions that appear in the lists actually fall within the NRS and are dealt with on this basis, many are mentioned in the hope that they can be added in the future due to their importance to the NRS. These lists and the organizations included in them are preliminary rather than final. New organizations may be added, while others may become irrelevant over time. However, there is a difference between a list that reflects failures to put the System into effect and a list that comprises only those organizations that actually work within the System. These organizations are limited in number and quality, and many of them do not know whether they are a part of the NRS or not.
2. Prior to the publication of the NRS, all sectors played a role in the transfer system, albeit at varying levels as deemed appropriate in dealing with issues and women victims of violence. Due to the absence of a regulatory mechanism for institutions and a means to translate the NRS into specific procedures, each institution interpreted and understood its role and relationships with others in different and conflicting ways.
3. A memorandum of understanding with varying levels of detail and clarity exists between the Ministry of Interior, the police and Ministry of Social Development to identify means of cooperation for the protection of women and children. This memorandum was signed on 9 June 2011, prior to the NRS, which was therefore not referred to in the memorandum. Memoranda of understanding between the police and governorates were not available to the team. There was no evidence of other recent memoranda of understanding between the three sectors by governmental and non-governmental organizations following the publication of the decision on the NRS.
4. Institutions, especially the police and the Ministry of Social Development, had developed strategies to deal with cases they received prior to the decision on NRS, but did not establish new systems following the introduction of the NRS. These institutions argued that it is a matter of discretion and the institution's professional, administrative and legal requirements may conflict with existing systems for registering, documenting, and following up cases. Referral processes, documentation, and the exchange and unification of information have become more complicated; some institutions believe that systems are time-consuming and include items that are irrelevant for the referral process.
5. Health institutions do not use any transfer/referral forms for cases of violence



but complete a form to document cases.

6. Many of the workers in ministry units and related apparatuses feel that they do not have a mandate to approve and use forms related to the law and this makes it difficult for them to communicate with other parties.
7. Despite the multiple international parties offering support, challenges still exist to capacity building efforts in the field of the NRS. The majority of training and capacity building efforts are supply-driven by international parties. This pattern is exacerbated by the absence of a national, clear, comprehensive and long-term program for training and development in this field. Most training and initiatives are sporadic, fragmented and lack complementarity, resulting in weak accumulated experience. The research team recorded complaints by many field workers about competition between training organizations and the accrual of theoretical information on the System without any real possibility of implementation on the ground. Many of the training courses cannot be implemented in a context where workers are unable to access services to protect and rehabilitate women victims of violence.
8. The formation of professional teams in each sector holding responsibility for development, evaluation and follow up with women victims of violence is still incomplete across the sectors.
9. NRS protocols within individual sectors need to be disseminated. As the survey findings show, dissemination has not even taken place inside institutions, including governmental institutions responsible for the NRS. At the same time, internal work procedures consistent with protocols have not been outlined.
10. The NRS identifies relevant sectors and institutions, but ignores other actors such as the ministries of education and labor, governorates, the Sharia judiciary and some civil society organizations. The entry of the Attorney General's office and the family counseling units in the Sharia courts are strong links in the NRS, albeit at an initial stage.
11. Forms of coordination and networking exist between sectors but are partial, incomplete, and depend on the individual case despite the existence of memoranda of understanding between institutions in the social and police sectors. The system is inadequate, untested and, in many cases, not implemented.
12. There is a lack of clarity and awareness of roles within the same sector and between sectors. In particular, there is little complementary work within sectors and institutions due to lack of understanding about the NRS by a majority of institutions, as described below.

13. The NRS still relies primarily on governmental parties (police and Ministry of Social Development) in coordination with a small number of civil society organizations active in this field. Therefore, a holistic national system cannot be said to exist on the ground.
14. UNRWA runs its own program based on a community-based approach. This is still at an early stage and is not implemented effectively and in a holistic manner (further details below).
15. The National Committee for Combating Violence against Women represents a reference for policy and visionary work to eliminate GBV in all its forms, especially domestic violence. This Committee meets periodically to discuss the major national trends in this field.



Chapter Three:

The National Referral System: Theory and Practice

1. Introduction
2. Findings of the Survey of Institutions Involved in the NRS
3. Status of Services Provided by Institutions

Introduction

The Council of Ministers' Decision No. 30 of 2013 on the NRS emphasizes the importance of partnership between service providers in dealing with women victims of violence. This Decision states the need for cooperation between sectors to provide services for women victims of violence through several means, including the formation of a professional team in each sector responsible for development, assessment, and follow-up of work; the institutionalization of work via memoranda of understanding between sectors; the clarification of responsibilities and forms of communication; identifying contact persons in each sector; disseminating protocols within sectors; and developing internal work procedures consistent with these protocols.

The NRS requires that a referral form be completed to refer a victim of violence from one sector to another; professional reports should be produced as needed to avoid duplication and enhance integration. Criteria for holding case conferences should be determined, including the partners, time, location, and the preliminary intervention plan. The establishment of criteria for institutions working in the relevant sectors will enhance professional credibility. The NRS stipulates that an archive system for documents should be established. Authorized individuals would be allowed access to these documents within and between sectors, and would authorize the exchange of documents during the referral of victims, including the medical report, the forensic report, the social and psychological report, a risk-assessment questionnaire, the referral form, and the beneficiary's statement of approval. These would be in conjunction with any other measures agreed upon to provide protection and safety for staff working with the victim of violence.

These legal and other requirements are still under preparation by the relevant stakeholders. The remainder of this section analyzes these requirements to examine the progress achieved in the implementation of the NRS. This section is based on qualitative research through interviews, workshops and research work, in addition to the findings of the AWRAD survey conducted on institutions, women and related data, and other documents.

In the majority of cases, women adopt individual methods to protect themselves from violence as a gradual strategy based on their circumstances and the degree of violence. Women start with silence; then they try to find solutions within the family by changing their behavior, resigning themselves to their fate or performing domestic chores in the belief that this may reduce the intensity of the violence. Sometimes, they appeal to males within the family and find religious or social justifications for violence that excuse the husband. In some cases, women blame themselves for the violence inflicted on them. Women may attempt to leave the relationship through separation or divorce, but this places them in a difficult social situation. Other women look to community-based strategies (family or



tribal). All data, especially from Arab societies, confirm that very few women resort to the official system or external official intervention as this increases the social pressures on them, especially if the official system fails to protect them and they are left in a more vulnerable situation. This is illustrated in the findings of the 2011 Domestic Violence Survey which revealed that only 0.7% of women ask for help from women's institutions or the police.²² Therefore, the current debate about the NRS among governmental and non-governmental organizations is of limited value as long as the NRS is not used by the majority of women.

Social perceptions about the NRS, especially by women victims of violence, will depend on the implementation and preparedness of the NRS in legal and practical aspects. All elements must be in place and the referral process should be credible, clear and defined to promote a positive sense of benefit resulting from it. For this reason, we present the findings of the institutional survey (described in detail in the methodology) to identify the extent to which institutions implement the requirements of the NRS, whether to the letter or using their own criteria, and the preparedness of the NRS. We will also employ the findings of a survey on women victims of violence to ascertain the outcome of these services and whether women benefitted from the referral process – whether within the NRS or using procedures that existed prior to the NRS.

Findings of the Survey of Institutions Involved in the NRS

This section of the report examines the findings of a survey on the extent to which the conditions for implementation of the NRS have been met and the readiness of institutions to play an effective role in this field, with special focus on awareness and information about the NRS in the targeted institutions and their practices. The analysis comprises the full results from participating institutions and details of differences by sector, where necessary. The majority of data relate to an understanding of the referral system that, in most cases, reflects the institution's experience of transfer within their own unwritten systems in operation prior to the current referral system. Thus, any interpretation of the results regarding access to the NRS and its adoption by institutions should not be exaggerated. The bulk of the positive results indicate the institution's interest in describing its individual procedures (written or unwritten), making it difficult to reach decisive conclusions on use of the NRS. Differentiation must be made between a referral system and an existing transfer process unlinked to the existence of the NRS

These results rely heavily on the survey approach and on the reports by institutions about themselves and their performance. Therefore, the survey may provide a rosier picture than the reality to one degree or another. The survey findings must be examined for particular patterns and implications that can form

²² PCBS, Domestic Violence Survey, 2011.

the foundations for analysis from the perspective of women and in light of the qualitative research conducted within this study framework. The results provide a baseline whose value will become apparent in subsequent years of assessment of the implementation of the NRS.

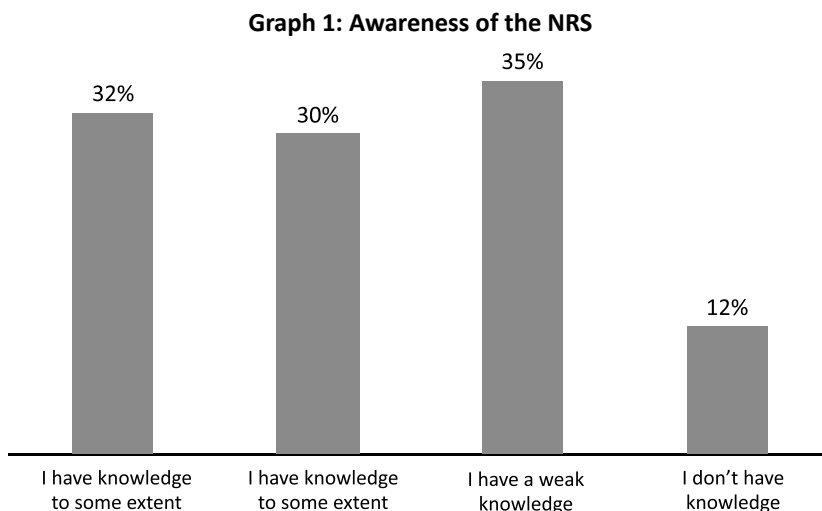
Section One: Awareness and Information about the NRS

Most participating institutions had limited or no awareness about the NRS. Awareness and information reduced as we posed more specialized and detailed questions on the NRS and the availability of the forms required. Individuals in institutions may convey information they possess on their own transfer mechanisms, which have been in use for a long time.

General Awareness of the NRS

Respondents were asked about their awareness of the NRS (Takamol) from reading about it or through research and training. The following findings were revealed:

- Around 12% stated that they had information.
- 25% stated that they had a little information.
- 30% had some information.
- 32% reported that they had a lot of information about it.



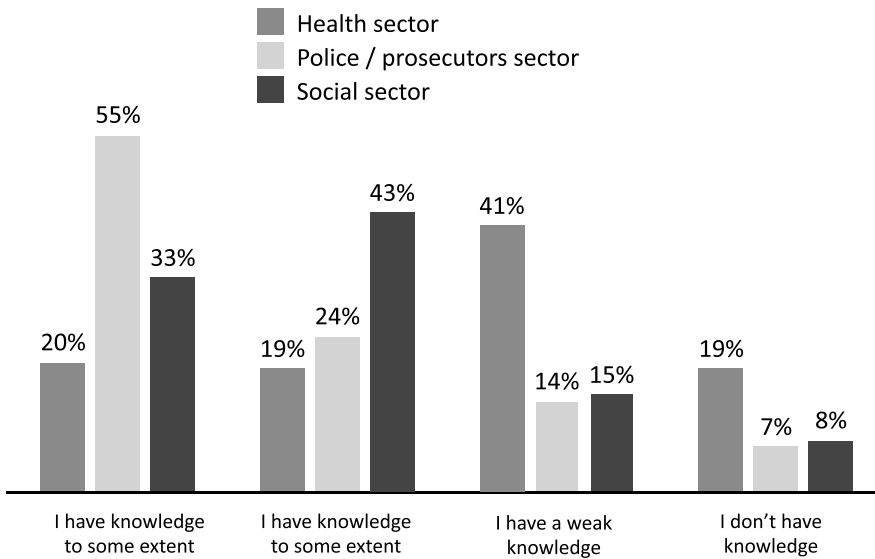
Awareness of the NRS was highest in the police sector and lowest in the health sector.²³ The findings revealed that 61% of participating clinics, Ministry of Health, and health institutions had little or no information about the NRS, while 39% had

²³ Police sector personnel in the survey comprised workers (male and female) from the family and juvenile protection units only. The health and social sectors included many civil and charitable organizations, plus the Ministries of Health and Social Development. As a result, the findings reflect the situation in the sector as a whole and not necessarily in the two ministries.



considerable or some information. The same findings showed that 79% of the police sector were aware of the NRS to some degree and 21% had little or no information about the system.

Graph 2: Awareness of the NRS Disaggregated by Sector



Asked about the fields covered by the NRS, 46% of senior staff in institutions gave incorrect responses as to whether the NRS included all the items listed below or excluded any of them. This result matches those in the graph above.

Table 5: Based on your experience, which of the following items are not covered by the NRS (Takamol)?

Attempted Suicide	10.1%
Fleeing the Home	1.9%
Severing of the Marital Bond	8.8%
Seduction and Promise of Marriage	25.2%
All of the above	54.1%

Availability of NRS Documents

Asked about the availability of NRS documents in their organizations, respondents answered as follows:

- 61% said they did not have any documents.
- 39% said they had these documents.

Correspondence Received from Official Parties

- 58% stated that their institution had not received any official correspondence about the NRS from the Ministry of Social Development, Ministry of Health, or the police.
- 42% stated that they had received correspondence from these parties.

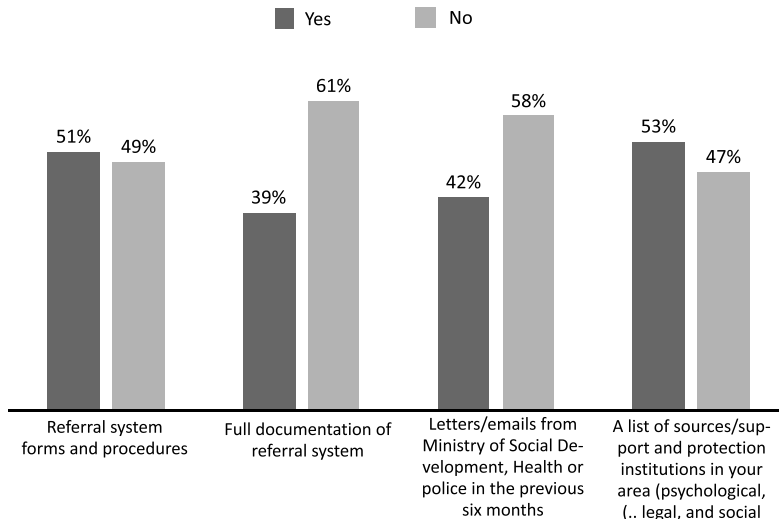
List of Institutions for Support and Protection

- 53% stated that their institution had a list of sources/institutions for support and protection for women victims of violence.
- 47% stated that their institution did not have such a list.

Availability of Referral Forms

Asked about the availability of referral forms and procedures, just over half of the institutions (51%) reported that they held these forms, although it should be kept in mind that 49% of institutions did not actually have these forms. These forms were most commonly available in the police sector: 62% of police institutions reported that they had referral forms and procedures, followed by the health sector (53%), and the social sector (44%).

Graph 3: Individuals Stating that Documents were Available in their Institutions





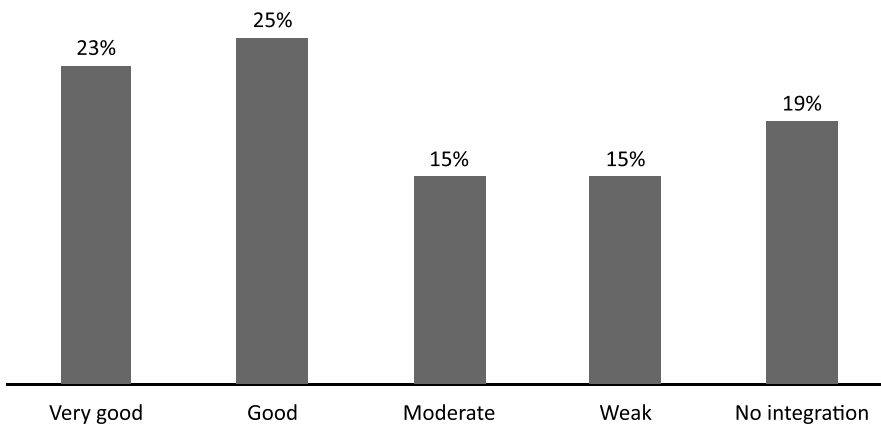
To verify that these forms were actually available, we asked the institutions interviewed to show us copies of them. The results were as follows:

- 59% of the institutions that stated that they had referral forms told the research team that they could produce a copy of them; less than 30% of the institutions surveyed actually held referral forms. These forms may be those for the NRS or for another system.
- Furthermore, 57% of the institutions that stated that they had the complete NRS documents said they could obtain a copy of it, signifying that about 22% of the institutions surveyed actually had this document available.
- In addition, 57% of the institutions that declared they had received correspondence from the Ministry of Social Development, Ministry of Health or the police during the previous six months said they could obtain copies. This means that 23% of the institutions surveyed actually have this correspondence available.
- Around 64% of the institutions that declared that they had a list of the sources/institutions for support, protection and psychological, social, and legal aid said they could obtain a copy of it. This means that 34% of the institutions surveyed had a list of these sources/institutions available. The research team was unable to check which list were they referring to or how comprehensive it was.

Section Two: Overall Evaluation of the NRS

Overall evaluation of the NRS varied from one institution to another: 48% of participants described the involvement²⁴ of their institution in the NRS as very good or good; 34% described it as weak or non-existent; 15% described it as moderate; and 2% did not know.

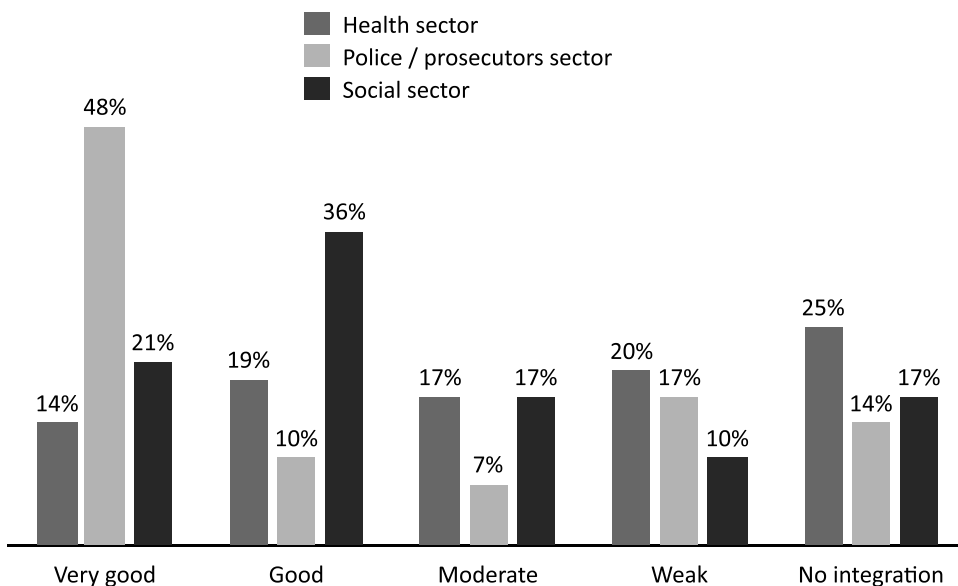
Graph 4: Evaluation by Institutions of their Involvement/Integration in the NRS



²⁴ Involvement/integration is defined as the institution having all NRS documents available, individuals and specialists available regarding referral criteria and procedures, and the institution actually carrying out referrals.

The majority of positive evaluations were made by government institutions representing the three sectors (social, police and health), and especially the police. The evaluation by non-governmental organizations was negative to some extent.

Graph 5: Evaluation by Institutions of Involvement/Integration in the NRS by Sector

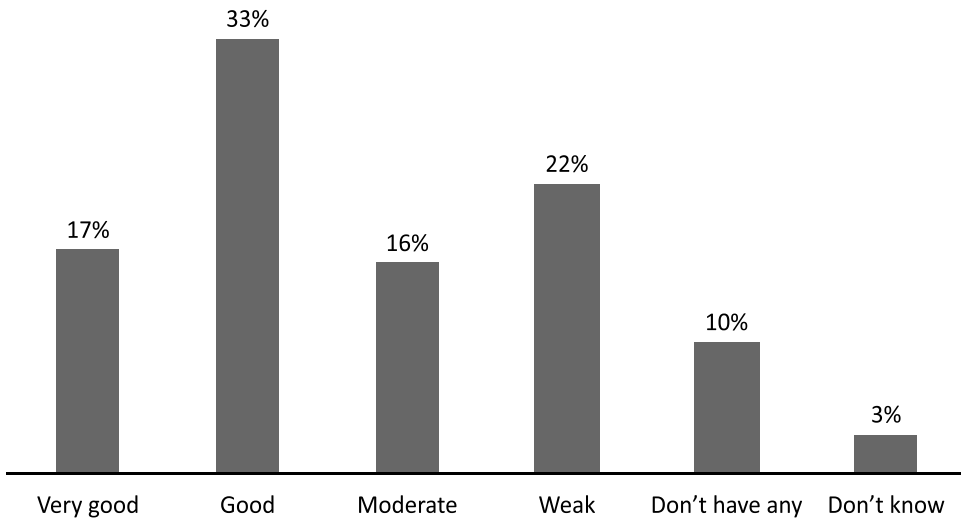


These findings show a greater degree of compliance with the NRS model, and its introduction and implementation, in certain institutions such as the police sector. This is not yet the case in governmental and non-governmental organizations.

The institutions themselves assessed the extent to which their employees were aware of NRS procedures. The findings revealed that 49% of employees in these institutions reported a good or very good understanding of procedures, 16% had moderate understanding, 31% had weak or minimal understanding, and 3% had no understanding at all. During attempts to ascertain the meaning of 'referral' in institutions, it became apparent that the majority of employees were referring to special procedures used by their institutions, most of them unwritten and in use prior to the NRS. Consequently, it was difficult to assess how compatible these practices were with those approved in the NRS.

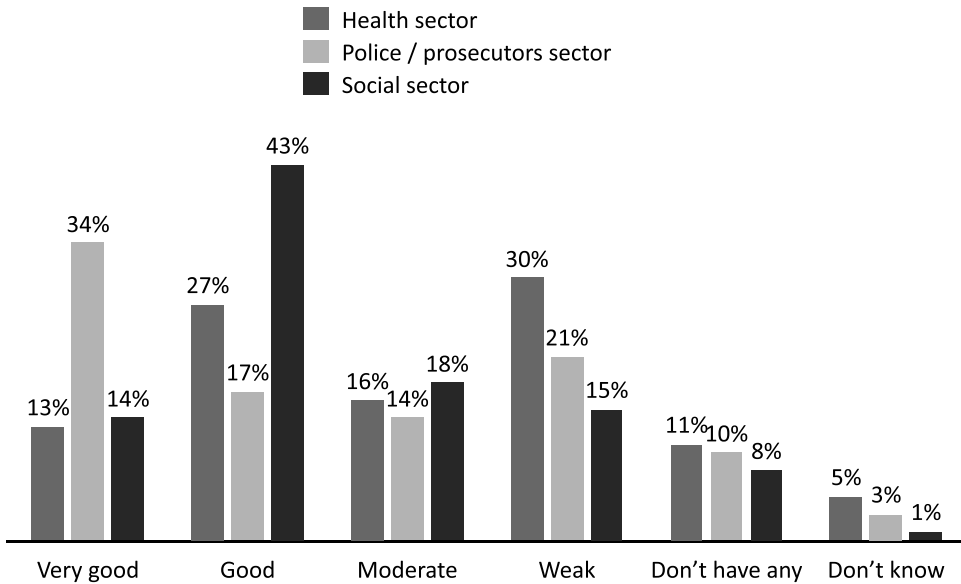


Graph 6: Awareness of Referral Procedures by Employees



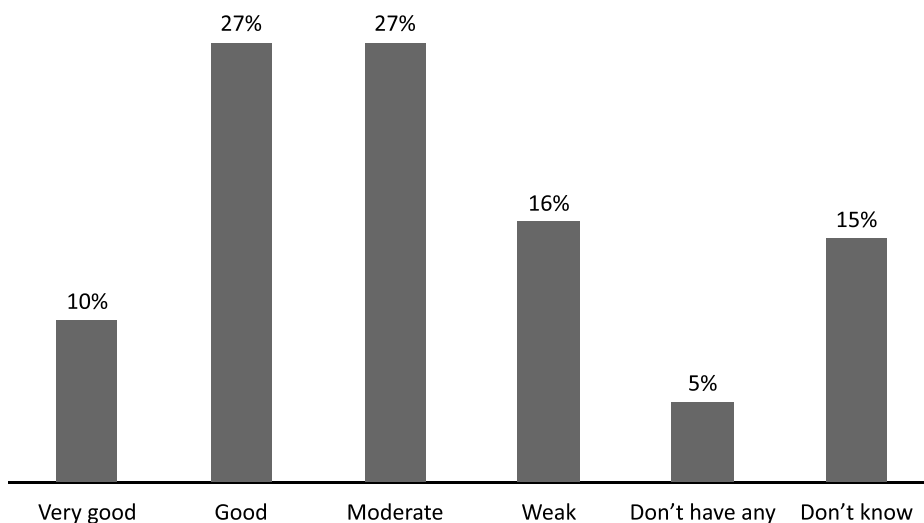
Once again, understanding of referral procedures was shown to be better in the police and social sectors than in other sectors, based on statements made by the representatives of institutions.

Graph 7: Awareness of Referral Procedures by Employees Disaggregated by Sector



Half of interviewees believed that their institutions did implement the NRS procedures, 39% believed that their institutions did not implement them or implemented them poorly, 8% reported that their institutions implemented them sometimes, and under 2% said they did not know. As mentioned earlier, there may be confusion between the NRS itself and the procedures used by institutions for referring cases (transfer) because the majority of institutions mean the second concept (transfer) rather than the first (referral).

Graph 8: Institutions Stating that they Implemented Referral Procedures



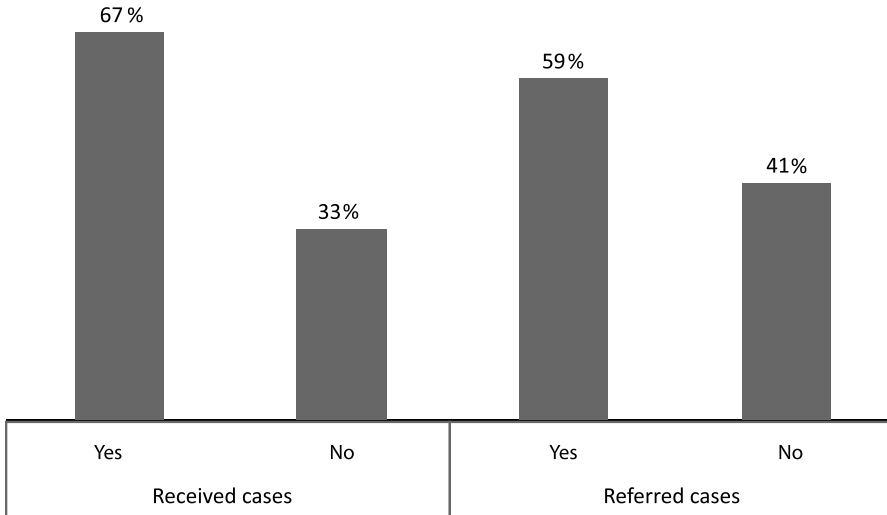
The findings indicate that implementation of the NRS was highest in the police sector: 52% of representatives of police institutions described the implementation of referral procedures as very good versus 22% in the social sector; only 13% of those in the health sector described the implementation of referral procedures by their institutions as very good. Once again, the police refer to procedures and criteria in their institutions that pre-date the NRS.

Reception of Cases

Asked about the cases of women victims of any type of violence received during the previous six months, 67% of representatives said that their institutions had received such cases and 33% said that they had not received any cases. More than half the institutions (59%) referred the cases they received while 42% had not referred any cases during the previous 12 months. This means that 39% of all institutions had referred one case or more during the previous six months, although it was not possible to ascertain the exact total number of cases that they received during that period.

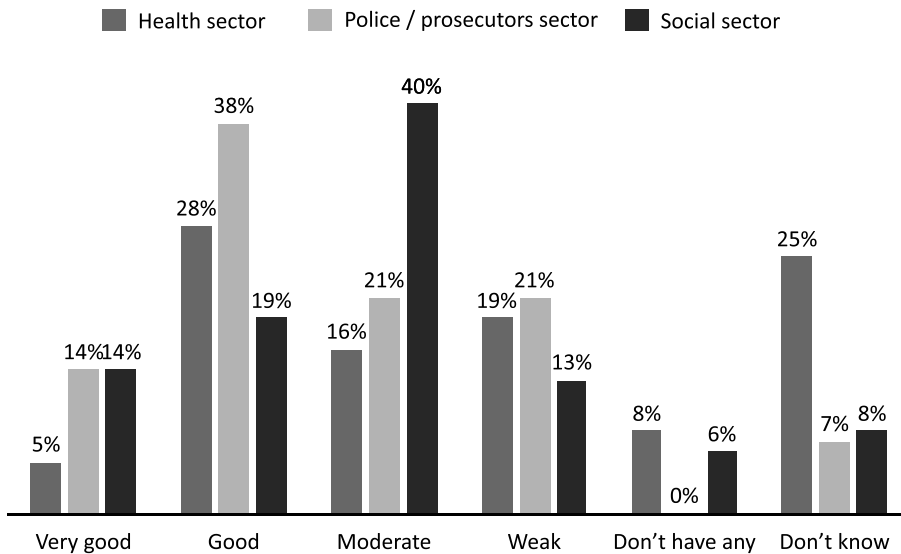


Graph 9: Institutions Receiving and Referring Cases



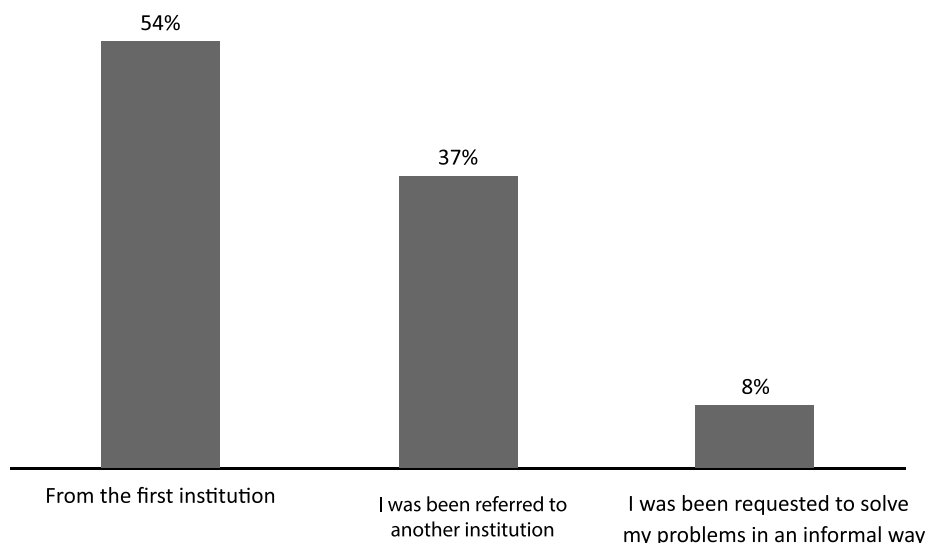
The police and social institutions referred the largest number of women in comparison with the health sector, according to their representatives.

Graph 10: Referral Procedures by Sector



However, data obtained from women using these services gave a different picture. According to their statements, 37% were referred to other institutions, 54% were treated by the first institution they approached, and 8% were asked to solve their problems by themselves or through other non-official parties, as shown in the following graph:

Graph 11: Did you obtain services from the first institution you contacted or were you referred to another institution?



Following the NRS Procedures

Representatives of institutions that referred cases revealed that 51% of them follow the NRS procedures in referring cases. Nevertheless, 48% of these institutions rely on their experience in this field and follow their own procedures rather than those of the NRS.

Box 2: A Small Percentage of Institutions Use the NRS

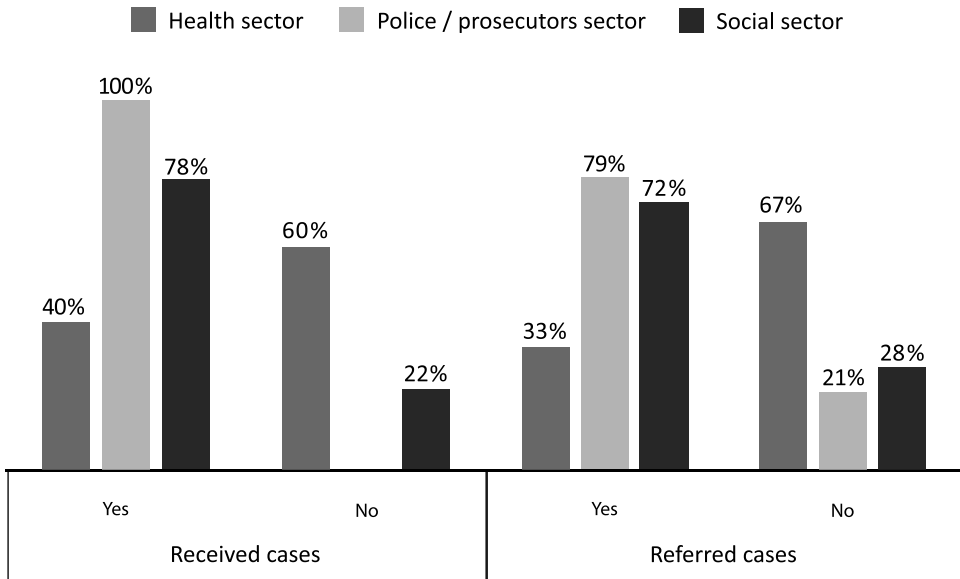
The findings of the survey revealed that less than 20% of the institutions surveyed followed the NRS²⁵ versus 80% that reported following what they termed as their own system, which was not clarified to the research team. In effect, these institutions do not adopt a specific written or official system but rely on their diligence and informal communications. Any official and institutionalized documentation of cases and exchange of information is absent.

The findings also reveal that the NRS steps and procedures were followed more by the police sector (68%) than by the social sector (48%) and the health sector (40%).

²⁵ Calculated as follows: 67% of institutions declared that they received cases related to violence. 59% of them referred the cases to other parties (this percentage constitutes 39% of all the institutions in the sample). In addition, 51% of this 39% stated that they followed the NRS procedures (meaning that 20% of all the institutions stated that they use the NRS).



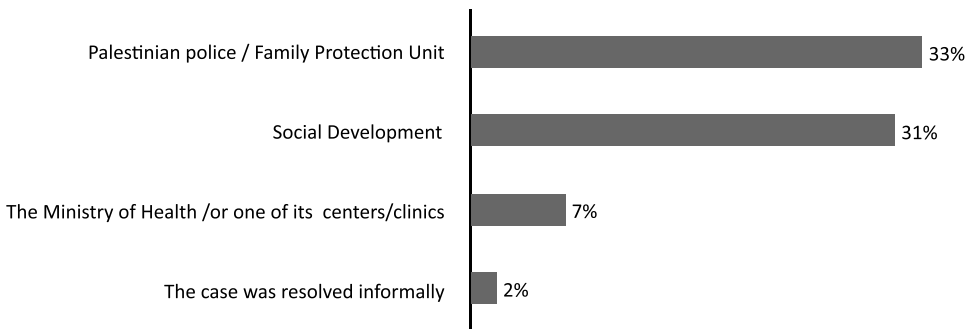
Graph 12: Institutions Receiving and Referring Cases by Sector



Where are Cases Referred to?

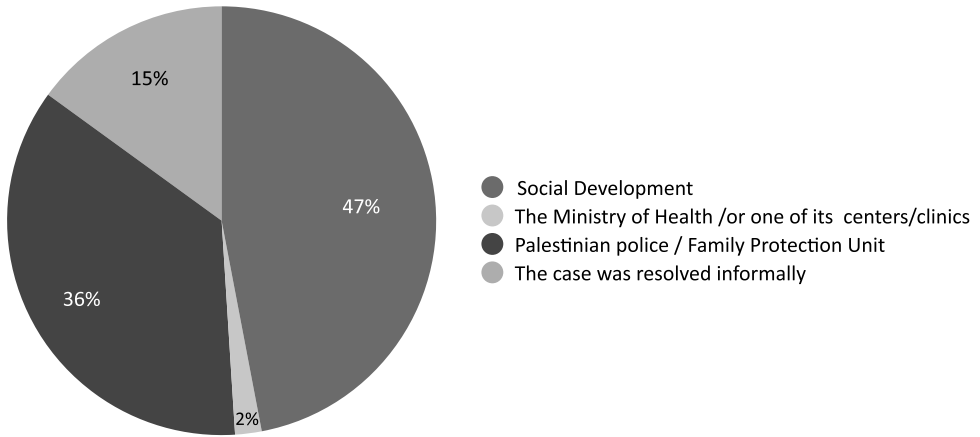
Some 31% of the institutions that referred cases stated that they referred them to the Ministry of Social Development or one of its centers, while 33% declared that they transferred the cases to the Palestinian police or family protection unit, and 7% transferred the cases they received to the Ministry of Health or one of its clinics.

Graph 13: Where are Cases Referred to?



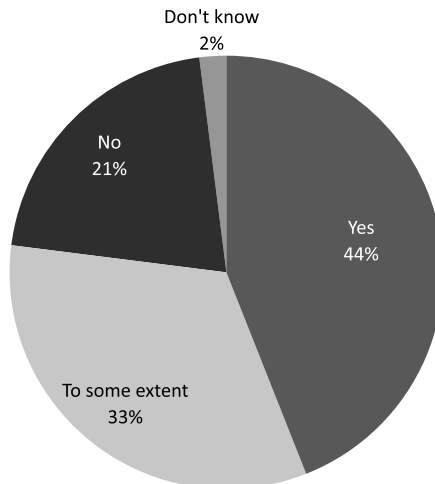
The majority (47%) of women using services from institutions reported that they were referred to Ministry of Social Development centers, 38% to the police, 15% to civil society organizations working in the field, and only 2% were referred to Ministry of Health bodies. These findings are predictable because the majority of cases surveyed about their experiences were in a center run by the Ministry of Social Development after referral from other institutions.

Graph 14: Institutions women were referred to



Asked about the of clarity of referral system procedures, the majority of women stated that the procedures were not clear to them or clear to some extent, while 44 percent considered them to be clear.

Graph 15: Clarity of referral system procedures to women

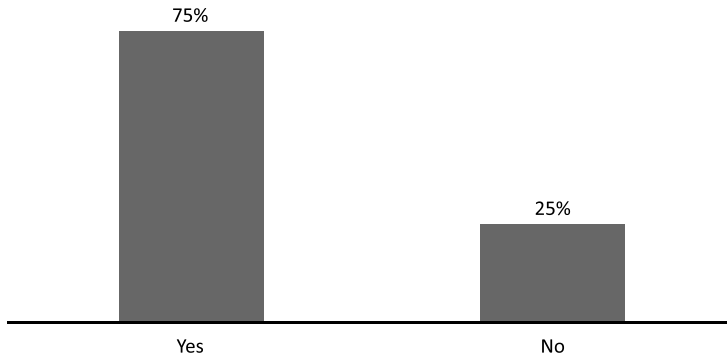




Documentation and Electronic Records of Cases

Of the institutions that refer cases, 75% stated that they have records of the cases, while 25% stated that they did not have any records of referred cases.

Graph 16: Availability of Official Records for Referred Cases



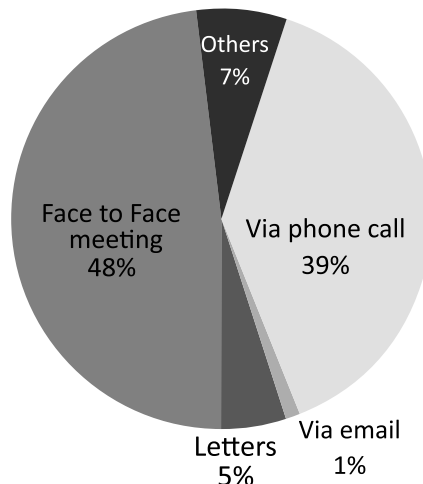
When the research team asked to view the records to verify that they exist (confirming full privacy), the majority of institutions refused on the grounds of privacy and case confidentiality.

Case conferences and follow-up

While 43% of institutions indicated that a case conference was held to discuss a referred case, the remaining institutions that refer cases (57%) stated that they did not hold a conference or that there was no need to do so. The findings also revealed that 85% of institutions followed up cases after referral, while 15% stated that they

did not. Follow-up methods included direct meetings (48% of institutions), phone calls (39%), and letters or e-mails (6%). The very low percentage of written or documented correspondence is a serious indicator of the need to strengthen referral mechanisms and their implementation. This would also assist to monitor performance because the impact of an intervention cannot be evaluated in the absence of records or documentation. Documentation issues are even more problematic without a common database for all institutions involved in the process.

Graph 17: Methods of Follow up of Referrals



The three sectors acknowledge the importance of direct meetings in following up cases, but civil society organizations rely heavily on phone calls (45%) whereas the health sector used calls in 31% of cases and the police in 30% of cases.

Status of Services Provided by Institutions

The lack of a unified register makes it difficult to obtain accurate and comprehensive data of women receiving protection, care and empowerment services. Ongoing efforts to establish a unified database are encountering many obstacles, as explained in detail later in this report. The research team therefore utilized the data available as examples to reflect reality (albeit not the total picture). These indicators supply sufficient evidence for analysis and to determine accomplishments, challenges, and the lessons to be learned from the initial implementation of the NRS. The analysis presented here is purely a guide because the overall operation of the NRS remains incomplete and has not reached a stage that allows for a holistic and conclusive assessment of its efficacy, or lack of it, to be conducted

This section is based on data provided by the Palestinian police and the Ministry of Social Development as part of a comprehensive preliminary report²⁶. The data covers cases dealt with by women's counselors from the Ministry of Social Development during 2015: 307 women in addition to 61 cases where women were moved to the Nablus shelter. The data also include cases dealt with by WCLAC during 2011-2015 as an additional source of verification.

Services provided to women victims of violence

Analysis of data from the Ministry of Social Development show that services for women victims of violence concentrated on providing protection (39% of cases), advice and counseling (33% of cases), health care (18% of cases), psychological counseling and cash support (6% each), and integration with the family (4%). Other services (empowerment, legal services, employment opportunities, follow-up, medical insurance, and marriage) accounted for 3%, while training and education each accounted for 2%.

Data from WCLAC indicate a different pattern because the Center serves as both a civil society institution and as a center for counseling. It has handled 1,990 cases between 2011 and 2015: 54% of cases received a combination of legal and social counseling, 28% of women received legal services only, 16% received social services only, and less than 2% of cases were classified as emergencies.

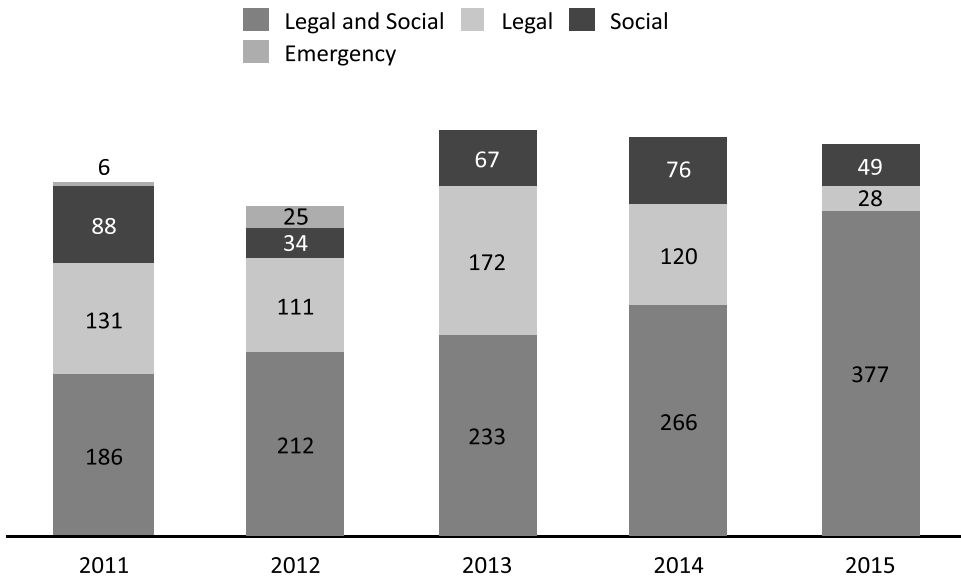
Over the years, there has been a rise in the percentage of cases receiving both

²⁶ First statistical report on women victims of gender based violence for 2015, Gender Unit at the Ministry of Social Development, unpublished report, authored by Salma Hantuli, May 2016.



legal and social counseling, and simple legal services. Emergency cases were classified differently between 2013 and 2015, possibly due to these cases being directed to the police; with the initiation of the family protection units, the police assumed more responsibilities in this area. The number of emergency cases dealt with by the Ministry of Social Development has increased because the Ministry is in charge of women’s shelters.

Graph 18: Type of services provided by WCLAC during 2011-2015



Data from the safe house in Nablus show that, in addition to the women’s shelter (61 cases in 2015), the following services were provided:

- Social services (87% of cases)
- Legal services and health services (72%)
- Psychological services (44%)
- Virginity tests (25%)
- Training courses (20%)
- Integration back into family (18%)
- Marriage (13%)
- Education (3%)

It is obvious that counseling services on legal and social issues are largely available

from all the parties mentioned above, while health services are more accessible to women entering shelters. In general, there are serious weaknesses in the areas of psychiatric, rehabilitative, educational, and empowerment services.

This picture does not fully reflect the situation in institutions that address issues of violence. A study conducted by the United Nations Population Fund (UNFPA)²⁷ highlighted that all institutions surveyed (43 governmental and non-governmental institutions) implemented awareness activities, 90% implemented capacity building and training activities, 69% advocacy and policy activities, 56% were dedicated to establishing referral systems, and 54% addressed research and data collection. Urgent and vital services scored lower percentages: 47% of institutions provided legal help, 44% provided protection for children and the family, 37% engaged in economic empowerment, 36% engaged in security and protection for women, and 34% provided health care. These data confirm the conclusions of the study: that the majority of institutions do not provide real specialized and costly services and sustainable resources are required by women victims of violence. The conclusions of the UNFPA study highlighted the fact that these institutions engage in soft activities such as awareness and advocacy, which are not essential in the long term but allow the agendas of institutions to change to meet funding priorities.

Sources of Case Referral

The data show that networking and coordination between institutions is vital in dealing with cases. Data from the Palestinian Police indicated that there were 1,972 cases related to women in the West Bank in 2015, of which 895 cases were referred to the public prosecutor. The number of cases relative to population size is very high in Jenin governorate (423 cases of which 205 were sent to the prosecution). In Hebron there were 442 cases, of which only 121 were referred to the prosecution. In Ramallah, there were 353 cases, of which 155 were referred to the prosecution. The Police family protection units received 6,009 cases (related to women, children or other family members), of which about 49% were referred to the prosecution, and 27% of cases were closed following mediation. In addition, about 10% of cases were referred to institutions (without further information on them), while the governorates and shelters received 3% of the cases each. The outcome of the remaining 9% was pending.

Data from the Ministry of Social Development indicate that cases are referred from a variety of sources. The bulk of cases referred to the Ministry of Social Development came from the family protection units in the Palestinian police (60%), 16% were referred by ministry departments, and 9% of women approached

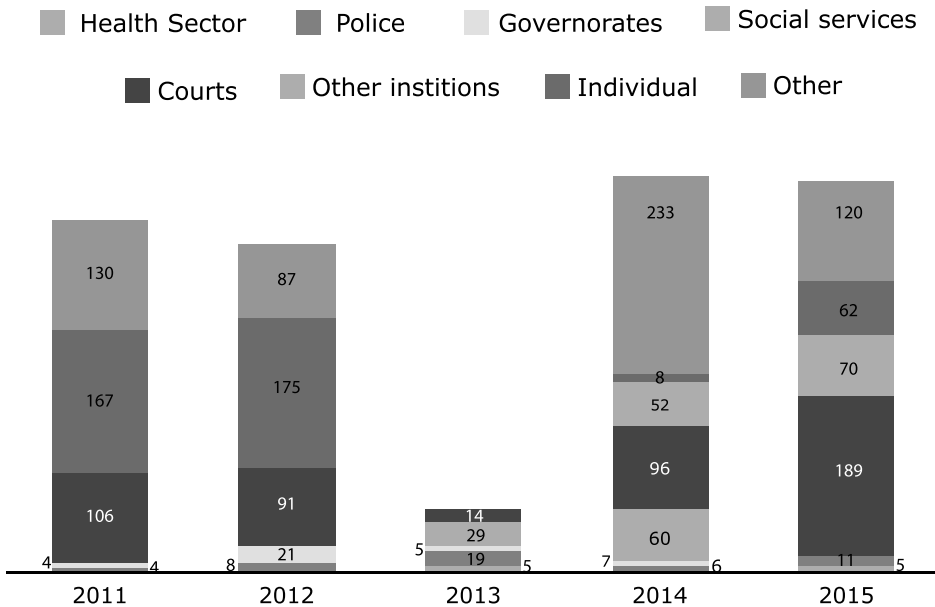
27 UNFPA, The 2014 mapping of GBV interventions in Palestine, 2015.



the ministry headquarters directly. In addition, about 7% of women were referred by civil society organizations, including WCLAC, and around 3% were referred by each of the shelters, the governorate, and the public prosecutor.

WCLAC data indicated that cases were mainly referred by the Ministry of Health and its centers in 2011 and 2012, but the police became the main source of referrals in subsequent years. This is a further example of how the role of the police has expanded in this area. The Ministry of Health statistics indicate a lack of information on cases of violence²⁸ despite health centers being the main destination for battered women seeking medical treatment.

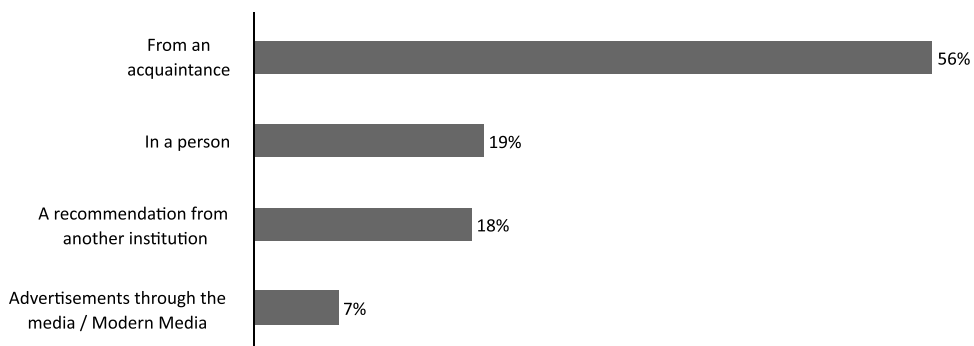
Graph 19: Sources of Referrals to WCLAC during 2011-2015



The survey showed that the majority of victims of violence accessed institutions via informal channels: 56% by recommendation from a friend, 19% in person, 18% by recommendation from another institution not working in the field of violence, and a very small percentage (less than 7%) through the media and forms of social media. This raises fundamental questions about the awareness of civil society organizations of the availability of institutional assistance to women victims of violence and their competence in providing women with information about the resources available to them.

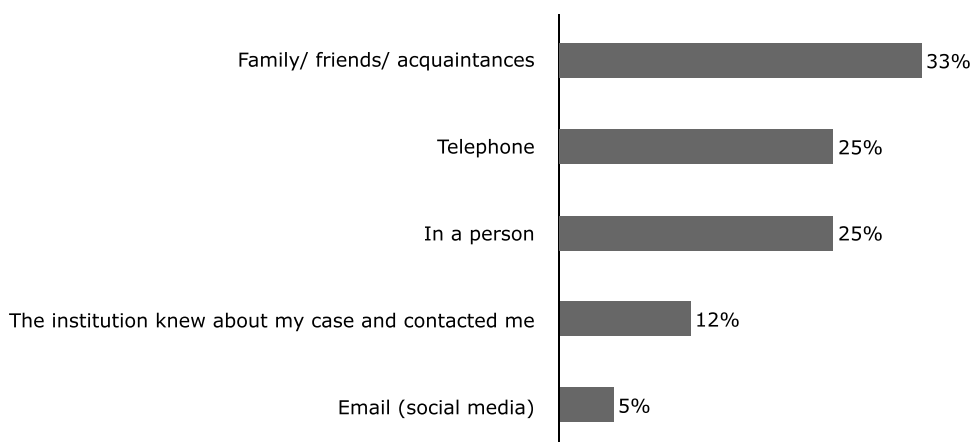
²⁸ There is currently no provision of the available data in the Ministry of Health at the point of this report, despite an official request for it.

Graph 20: How did you know of the first organization providing assistance for your case?



The influence of personal connections was apparent when women were asked about how they contacted the institution from which they received services. The data showed that the majority of cases (58%) were recommended by a friend or by meeting someone in person, 25% of women contacted the institution by phone, 12% of stated that the organization knew of their case and contacted them to offer help, and a few cases made contact via the internet and social media.

Graph 21: How did you contact the first organization you requested help from?



Referrals by Institutions

Data from the Ministry of Social Development for 2015 showed that 51% of the two hundred cases of violence against women were referred to safe houses, distributed as follows: 27% (53 cases) to the Jericho Emergency Center; 19% (38 cases) to the Nablus safe house; 3% (6 cases) to the Mehwar Center (a sharp decrease in comparison with previous years); three cases to Beit Al-Ajdad (an elderly center in Jericho); and two cases to Al-Krish Center in Bethlehem.



About 26% of cases were referred to a center not affiliated to the ministry, which raises questions about these centers and the importance of clarifying their role. At the same time, 9% of cases (18) were referred to the Mental Health Unit at the Ministry of Health, although data from the Ministry of Social Development indicated that 76 cases required psychological assistance; 4% of cases were referred to the police and less than 2% of cases were referred to the public prosecutor and the Sharia court.

Case conferences

The referral system stresses the importance of holding case conferences with partners. The Ministry of Social Development report indicated that conferences were held for only 197 cases; there was no mention of the other cases dealt with by the Ministry. This calls into question how the remaining cases (110 of 307) were dealt with, the assumption being that no case conference took place and that those cases may not have required this procedure.

Improvements in data are essential. The ministry's data on case conferences (197 cases) showed that 42% of cases had only one case conference, 26% had two conferences, 13% of had three conferences, and 9% had four conferences. Cases that required five conferences or more (10%) were the most complex and urgent cases.

Discharge of women victims of violence from shelters

Data are available on 61 cases of battered women who resided in the Nablus safe house. Only two of these cases were referred to shelters: one to an unspecified shelter in consultation with the family and the other to the Dr. Kamal psychiatric hospital in Bethlehem. The majority of the cases (64% or 39 cases) were discharged following a case conference and in consultation with the family, 11 cases (18%) were discharged after discussions with the family, and in eight cases (13%) the woman married, either following a case conference or without it. One woman was discharged on her own responsibility. Specialists of both sexes stated that the admission of women into shelters was relatively easier than their discharge because information on the referral process in the early stages was easier to obtain, but there was no clear mechanism for discharging women.





Chapter Four:

Key Achievements, Gaps and Recommendations

1. Introduction
2. Key Achievements to Date
3. The Main Challenges and Gaps Facing Development of the NRS Main Challenges and Gaps Facing the NRS
 - 3.1 The Main Challenges and Gaps Facing the NRS
 - 3.2 Related Recommendations and Gaps
 - 3.3 General Recommendations and Required Interventions by Sector
4. Conclusions

Introduction

This chapter presents an overview of the key achievements in establishing the inputs and requirements of the NRS in accordance with its guidelines. It identifies the main challenges posed to accessing an integrated national system and issues that still require attention from stakeholders. General recommendations are made to eliminate violence and ensure overall protection and justice, while specific recommendations and program proposals address the work needed to establish an effective operational system.

Key Achievements to Date

Two and half years since the NRS was published in the Official Gazette, the main achievements are as follows:

First: Law and Documents

- A gender-based referral system comprising consultation, partnership and collective effort, adopted by the highest executive body (Council of Ministers) in an official decree, is a major achievement. The provision and legalization of such a system prioritizes the issue of violence against women and is testimony of both an official and unofficial commitment to end violence against women. The NRS hands responsibility to relevant bodies to fulfill their duties in this field and calls for efforts to be initiated on every level to establish coordinated institutional procedures, criteria and regulations. A wide-ranging debate should take place on intellectual, political and policy preparedness, and to assess capacity and the infrastructure required to tackle the widespread problem of violence. This debate would serve to identify resources that are available but not currently invested to bridge the gaps that exist in all sectors and institutions in this field.
- Several essential documents were produced by Takamol to establish and implement the NRS.
- The legal aspects of the ministerial decision were not laid out in detail and the NRS was mainly confined to the police. However, the public prosecution has actively engaged in joining forces with other institutions dealing with violence against women and the implementation of a referral system. Together, they have established family courts and conducted several workshops to link the NRS with the work of the public prosecutor. The Ministry of Justice is also seen as a key party in drafting policies, legal frameworks, and special budgets.



Second: Policies and Institution Building

- The Ministry of Women Affairs has embarked on its role in NRS operations by creating policies, establishing partnerships, and clarifying responsibilities. Several meetings, training sessions and workshops have been held to create a framework for the NRS. The ministry leads steps to combat violence against women and is currently preparing to work with official institutions (courts and prosecution) to improve skills, awareness, and networking. The ministry is also producing a guide of standard procedures for all sectors in cooperation with UNFPA and the other institutions in the NRS. A decision has been signed by bodies on the National Committee to form a council to oversee procedures.
- In 2013, prior to the adoption of the NRS, the Ministry of Social Development signed several memoranda of understanding (MoUs) with the police. Recently the Palestinian Working Women Society for Development signed an MoU to launch a project for legal units for battered women. The shelters use a manual of specified procedures. The ministry arranged training workshops, including training of trainers, on violence, the referral system for women, and for workers in shelters. The ministry also designed a curriculum on gender-based violence in cooperation with the Institute of Women Studies in Birzeit University for workers from all relevant sectors. For the first time, the ministry provided documented data in an initial report about the beneficiaries of its services and about beneficiaries in shelters. The ministry is working on expanding its role working alongside NGOs such as WCLAC and the Family Defense Society and purchases services from many of them. A database is under construction.
- Work started in the health sector at the end of 2014 when the women's empowerment program was initiated in all health departments. The Ministry of Health assigned dedicated employees to this service (focal points) and has provided training for them on the NRS. Two other courses were held on the NRS and gender-based violence in cooperation with WCLAC and the general directorate for primary health care in the Ministry of Health. Training was given to service providers in all health departments such as surgeons, midwives, social workers, gynecologists, and health centers. Data show that hundreds of health workers were trained on the referral system and focal points were established for NRS activities in the governorates, in addition to records of women's empowerment. There is a relatively advanced relationship between health and police departments, although it remains limited in the case of health and social services departments. Although ministry departments do not complete the documentation forms for the referral system, they document critical cases and refer them to safe houses or to the police.

- The Palestinian police – family protection and youth department – participated in many training courses on the NRS and the relationship between forensics and the referral system. This included training to 13 police officers from the family protection and youth departments²⁹. The police produced a guide on standard working procedures for the family protection department in 2013³⁰ and this is currently under review in light of the introduction of the NRS.
- Follow-up centers for battered women can be found in all governorates: the Guidance Center for Battered Women (TAWASUL), gender units and legal units that provide legal services.
- Departments in the Sharia courts are seen as an important component and an opportunity to develop the referral system because they have been in operation for several years and their services could enhance the proposed NRS if everything runs smoothly.
- The UNRWA has designed a community referral system that embraces coordination between all sectors and adopts a variety of strategies. It attempts to reach areas inaccessible to the Palestinian police such as Area C. It would be a major achievement if this system proves consistent and can be integrated with the NRS.
- During the drafting of this study, the National Committee for Combating Violence announced the establishment of a national observatory on violence against women under the supervision of the Ministry of Women Affairs and in cooperation with the Ministry of Social Development, the Ministry of Health, the Police, and NGOs. The observatory is planned to become operational one year following this announcement.
- The Ministry of Justice deems the protection of women and girls as a priority and has adopted the NRS in its strategic and operational plans. The ministry is also reviewing and improving procedures and application forms for the referral system and for the protection of women victims of violence.

Third: Criteria and Working Procedures

- The NRS uses several forms for the referral system; these forms should be considered as: “part of the system and should be adhered to, with those in charge adopting the forms and making them available to the public and to

²⁹ The research team could not restrict all of the offered training and the number of trainees (from both sexes) in all sectors because of information shortages and different documentation systems. However, institutions have provided assurances that hundreds have benefited from those trainings.

³⁰ The state of Palestine, the civil Palestinian police united work procedures for family protection unit, 2013 (with the support from UN women and the EU-Coordinating Office for Palestinian Police Support which is funded from the British government through the UK-Department For International Development).



beneficiaries". We did not find any evidence of use of these forms by the relevant institutions; some forms used by institutions such as the police served specific requirements and circumstances existing prior to the NRS.

- Various efforts are focused on developing the components of the NRS: its internal systems, criteria, MoUs, defining roles, planning, training and capacity building, raising awareness, and networking mechanisms. Senior staff of the three sectors were asked (officially and non-officially) to assess achievements in developing the components of the system. The results confirmed the findings of the research, interviews and observations conducted by the research team: the achievement and preparedness of the NRS received a score ranging from 2-3 out of ten³¹. This indicates that the actual preparations to operate the NRS are still at an initial stage and need much more time to be accomplished.
- Lists of the institutions that work on gender-based violence³² are available in both hard and soft copies. Many copies were provided to the relevant institutions on many occasions. Those lists serve as a reference to develop a system that connects all the active institutions that offer services through many MoUs.
- Many institutions conducted assessments of referral systems to check preparedness and the requirements for implementation, including the Palestinian Initiative for the Promotion of Global Dialogue and Democracy-MIFTAH³³, WCLAC³⁴, and Juzoor for Health and Social Development.

Fourth: Women's Satisfaction with Existing Referral Procedures

- Women who contacted institutions providing services stated that they had benefitted from those services. This is evidence against the argument that an unofficial system would help women more because 42% of women stated that a satisfactory solution had been reached in their case, while 34% stated that the solution was satisfactory to some extent and 22% of women perceived their experience as negative.

31 Representatives from several governmental and non-governmental institutions contributed in the aforementioned assessment; Ministry of Women Affairs, Ministry of Social Development, Ministry of Health, Palestinian Police, Public Prosecutor, Palestinian Non-Governmental Organizations Against Domestic Violence Against Women "Al Muntada" and Human rights institutions as well as civil society organizations such as Women's Technical Affairs Committee (WATC), MIFTAH, Juzoor and Health Work Committees.

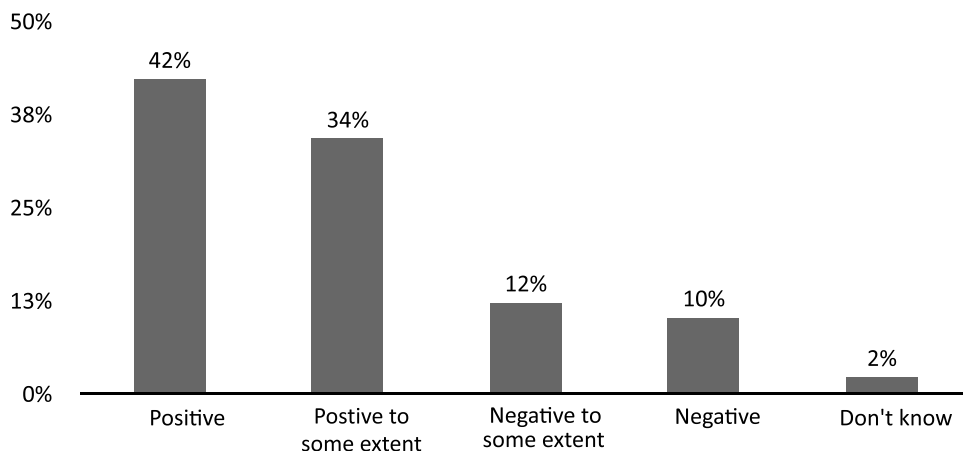
32 As mentioned above: Guide of institutions working in violence against woman in partnership with United Nation Population Fund "UNFPA" with financial support from Danish Ministry of Foreign Affairs, 2015. Also guide of institutions providing services in the West Bank, Women's Center for Legal Aid and Counseling (WCLAC), 2011.

33 For more on MIFTAH workshops, please visit the website of MIFTAH:

<http://www.miftah.org/Arabic/DisplayPolicyPapers.cfm?fs=2015>

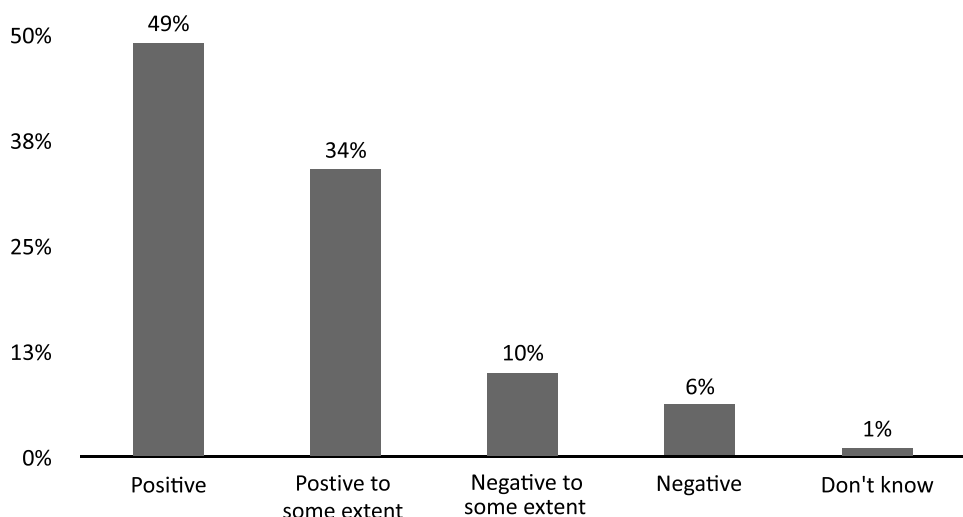
34 Conference that took place in 15 July, 2016

Graph 22: How satisfied are you with the way your case was resolved?



Most women stated that their experiences with the institutions were positive and they were able to avoid violence in their lives, while 18% stated that their experiences did not help them to avoid violence.

Graph 23: To what extent did the assistance you received alleviate violence in your life?



The Main Challenges and Gaps Facing Development of the NRS

Many of the challenges facing the completion of the NRS are duplicated: some are related to the social, cultural and legal environment, while others are related to the working dynamics of the institutions involved. A brief summary of the main challenges, divided into general challenges related to the surrounding environ-



ment and specific challenges related to individual institutions is followed by a detailed description of the key gaps and recommendations.

Note: The rest of this chapter is based primarily on the results of the workshops conducted by the research team, other related institutions, and in-depth interviews with experienced senior individuals (male and female). These data enable analysis of the current reality to identify gaps and construct recommendations.

3.1 The Main Challenges and Gaps Facing the NRS

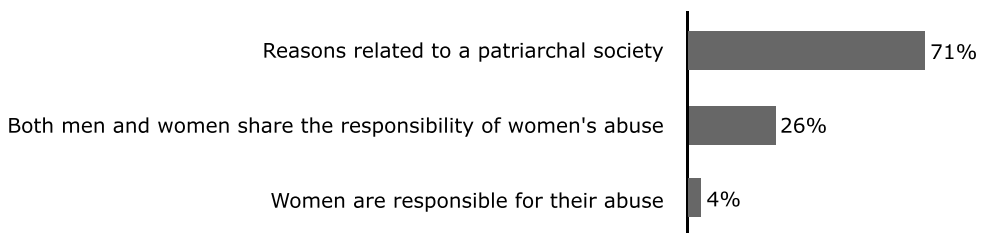
The main challenges in a general context are the implementation of effective strategies to combat gender-based violence and operate an effective NRS (described in chapter one of this report). Other general factors are directly linked to the implementation of the NRS and include the following:

Failure to consider violence against women and the referral system seriously:

The enforcement of justice in cases of gender-based violence is inseparable from the social context. The heads of government institutions, including those institutions dealing with legal violence against women, operate within a culture where violence against women is excused³⁵. Although the vast majority (98%) of employees in institutions engaged in the field of care and protection for battered women believe that a man has no right to beat a woman, there are still 2% who state publicly that a man has the right to beat a woman if she deserves it!

The most worrying indicator is how these employees perceive the causes of violence and perpetuate the phenomenon of “blaming the victim”. The majority (71%) believe that the causes are linked to the culture of a patriarchal society, 26% believe that both men and women are responsible for violence, and 4% believe that the woman is the cause of being exposed to violence.

Graph 24: Perceptions of heads of institutions on the causes of violence against women



³⁵ The AWRAD survey of February 2008, demonstrated that more than 22% of Palestinians believe that a man has the right to beat a woman when it is appropriate or necessary from his own point of view, <http://awrad.org/page.php?id=QjdGNz434ha77982AH4Yg1N7uwi>

Conviction rates in the justice system: Women turn to alternatives outside the framework of the family without a real understanding of the official justice system. Palestinian society is still divided in its trust of official and non-official justice systems and the effectiveness of the legal system. A new study by the Arab World for Research and Development (AWRAD)³⁶ reveals that the majority of Palestinians feel insecure: just 10% declared that they felt a high degree of safety for themselves and their family, 42% stated that they felt fairly safe and 48% stated that they did not feel safe. The same study showed that there is a preference to solve problems using traditional tribal methods rather than turning to official and legal institutions: 47% stated that they turned to their family when they faced problems, 6% used traditional means (mediators), 16% solved problems by themselves, and 30% used official institutions that represent the security services or legal parties, whether governmental or municipal.

The survey highlighted the absence of leadership by religious institutions (both Islamic and Christian). Although the study results did not indicate any differences in a sense of security between women and men, the results indicated that the sexes use different methods to solve their problems: 43% of men used their immediate family to solve their problems versus 50% of women. Men tend to solve their problems by themselves more than women (18% to 14%). Women tend to resort less to the traditional-tribal system (4% to 7%). There was no difference between men and women in use of the formal legal system.

Funding: Governmental and non-governmental institutions rely heavily on external financial support in their programs on violence against women. Existing activities to develop the NRS rely totally on international funding for both governmental and civil society organizations. This dependency may reflect on the budgets dedicated to the NRS as a recent initiative, alongside low government interest and commitment. Despite the importance of initiatives by international organizations in combating violence against women, short-term priorities and planning have a negative impact on the sustainability and anticipated results of the project.

Infrastructure: There is a lack of resources to provide services and protection for battered women. Most civil society organizations working in this area provide temporary programs and soft services such as awareness, education and training, but do not provide concrete services. Practical services such as counseling, monitoring and coordination are limited to a small number of institutions. The infrastructure for protection by government institutions, including safe houses,

36 A study conducted by AWRAD for the Palestinian Initiative for the Promotion of Global Dialogue and Democracy. "MIFTAH" and the Culture and Free Thought Association "CFTA" under the title of: "Palestinian public opinion poll on the women political participation in the efforts going to the Civil Peace", December 2015.



has limited resources, including for women under the care of the police or health institutions³⁷. The results of the survey indicate a shortage in skilled human resources committed to combating violence, especially at the highest decision-making echelons in relevant institutions. The results also pointed to a shortage in technical and specialized skills, including treatment and psychological counseling, follow-up, rehabilitation and empowerment.

Data storage and records: One of the main difficulties facing any research of this type is the availability, consistency and quality of the data required for analysis. This issue reflects two overlapping phenomena: First, the availability or lack of availability of data often reflects the commitment of the government, specifically the commitment of the relevant institutions. Issues given a high priority by the state and its institutions are subject to specific indicators to provide data, while less important issues do not enjoy the same level of attention in documentation and the provision of databases. Second, the lack of consistent, reliable or comprehensive data demonstrates the status of the topic, the fragmentation of the institutions working to combat violence against women, and the focus on it as a private enterprise. This leads to a scarcity of data and weak accountability, which affects the quality of services provided to women victims of violence.

In addition to the general contextual challenges that include completion of the implementation of the referral system, this chapter will identify the main gaps and challenges related to the NRS components and its implementation in reality. The gaps will be classified as listed below.

First: Laws and Policies

The legal and policy environment is not conducive to reducing violence in general or to introducing a new national comprehensive referral system. Alongside inadequate legislation or policies to protect women, certain aspects of the NRS itself hamper effective implementation because a number of issues still need to be addressed within the context of the system adopted by the Council of Ministers:

1. The system adopted by the Cabinet is not legally binding and does not include a system for implementation as it was left open to the discretion of institutions (collectively or individually).
2. The system adopted has insufficient detail on how to amend procedures in the police and social sectors, although it outlines several provisions for the health sector.

³⁷ The Ministry of Health is planning to provide special hosting homes for women violence victims in three locations across the West Bank.

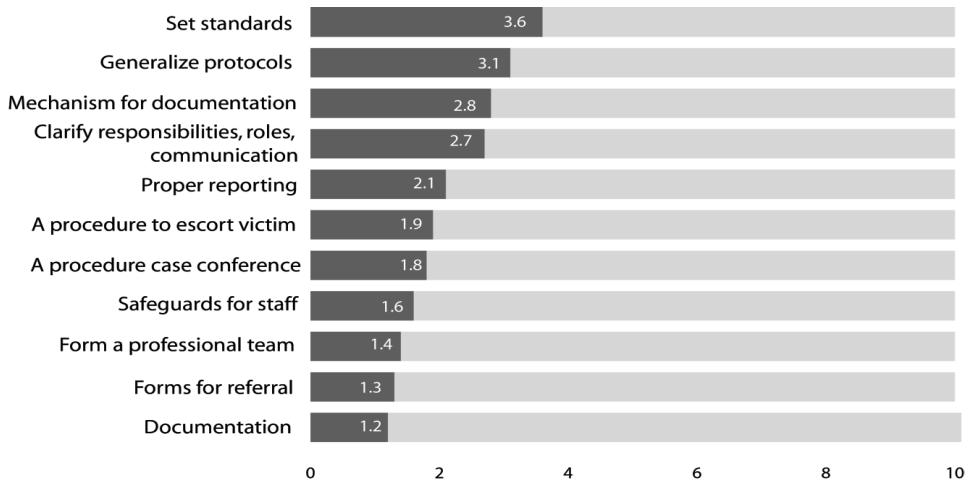
3. The system adopted is inconsistent in the level of detail for crimes against women, spelling some out in detail and describing others in general terms.
4. The system adopted treats gender-based violence simply as domestic violence against women while GBV has a wider concept that includes the nature of gender relations within the household and in working and study environments. It also includes age relations in which violence is inflicted by adults against the young (and sometimes vice versa).
5. The system adopted does not name the institutions responsible for ensuring the success of the system such as the judiciary, Ministry of Education, Ministry of Labor, and other bodies like governorates. It refers to the public prosecution in terms of coordination.
6. The system adopted simply refers to partner institutions and NGOs in a few cases and does not require those institutions to abide by or implement the regulations in the different sectors.
7. It is difficult for the relevant institutions to implement the items identified in the system without substantial modification of the Penal Code and abolition of the private right of relatives to kill women. The Family Law also requires modification to be consistent with the NRS.

Second: Completion of Work on Components of the NRS (Procedures, Standards, Protocols, Forms and Reports)

Work to establish the components and details of the NRS remains at a preliminary stage. Current efforts and how they are administered will lead to these components being achieved in the years to come. The distribution of work or it being confined to one institution separate from the others could result in the failure of the NRS, while changes in circumstances and narrow perceptions might make it impossible for the system to be realized. The following chart shows that not one component of those required has been realized by more than one third, and the majority scored only two out of ten marks. Most importantly, any positive experience reflects the particular achievement of one institution rather than that of the NRS as a whole.



Graph 25: Evaluation of completion of NRS components to date (Score of zero means not implemented and 10 means fully implemented)



The following table describes the components of the NRS and the gaps that still hinder institutionalization because these components remain at a preliminary stage.

Table 6: Clarifications on the Components of the NRS Completed to Date

#	Standard	Note
1	Form a professional team responsible for developing, monitoring and evaluating methods of dealing with women victims of violence.	There is no sustainable and specific team with clear authorities and responsibilities for each sector. A team was reportedly being formed based on a decision by senior officials in the three sectors upon a recommendation by the National Committee for Combating Violence, under the supervision of the Ministry of Women Affairs ³⁸ .
2	Institutionalization of work through signing MoUs between the different sectors that clarify the responsibilities, roles, means of communication, and focal points in each sector.	There is no inclusive national memorandum signed jointly by the institutions that represent the three sectors (governmental and non-governmental ones). Bilateral memoranda of understanding exist like those signed by the police and the Ministry of Social Development, and between individual civil institutions prior to the NRS. The Ministry of Social Development, in cooperation with partners, intends to develop a manual of standard procedures that might serve as a basis for a unified MoU for all sectors.

³⁸ In May 2015, the National Committee for Combating Violence issued a formal decision signed by heads to formulate the national team.

3	Mainstreaming protocols within one sector and developing internal work procedures consistent with the protocols.	It is clear that the system protocols for each sector are not standard between institutions in a systematic and documented form. Even in the same major institution, there was no proof that protocols had been delivered to those responsible. As the survey shows, the majority of institutions were unaware of a standard system or had not received any correspondence in this regard from the relevant authorities.
4	Obligation to complete a referral when moving from one sector to another.	The majority of institutions did not maintain a clear joint record for stakeholders. The police, Ministry of Social Development and Ministry of Health registered cases, although in most cases the outcome of the case was not known due to the lack of a form or a standard procedure to follow up the case. Many institutions that work in the field do not use documented forms but rely on unofficial methods and phone calls for referral purposes.
5	Providing professional reports by sector to avoid duplication and promote integration.	Apart from a basic unpublished report by the Ministry of Social Development and very few reports by NGOs, we could not locate any published or unpublished reports by other sectors. It is difficult to measure the extent of duplication in cases between institutions due to the impossibility of documenting each case from start to finish.
6	Definition of standards for holding case conferences, partners, time periods, locations and the preliminary intervention plan.	The majority of cases were handled directly by the first institution approached and there are no data on the success or failure of the intervention. In referred cases, data from the survey and the Ministry of Social Development showed that the majority of the cases were referred without holding a case conference, and the rest following one or a few case conferences. The Ministry of Social Development intends to institutionalize these conferences.
7	Establish standards for working institutions in relevant sectors to ensure professional credibility.	There are no national standards developed based on the NRS, and any standards are introduced by the individual institution. Although the protocol proposes an integrated approach by each of the three sectors and a code of ethics, there are no nationally agreed-upon standards for all institutions or for each category of institutions.



8	Establish a process to follow the victim of violence when she is referred from sector to another to ensure her safety and protection. This would also be applicable to protection strategies within sectors.	The rules that exist in the main governmental authorities (the police, Ministry of Social Development, and Ministry of Health) for transporting and accompanying victims of violence do not appear to be applied consistently and there are no flexible and supervised safeguards. Shelters have their own individual procedures that were established when these centers were established, prior to the NRS.
9	Establish a database with employees responsible for accessing the records within and between sectors.	Some institutions, especially governmental bodies, document cases but no single location holding all records in the same place like a database. Even in the few institutions that do document cases, there is no standard accessible database maintained by employees in charge of following up the progress of a case.
10	Agreement on the documents exchanged for referrals, including: the medical report, forensic report, social and psychiatric report, transfer form, and a statement of consent by the victim.	The documents available in case records are often incomplete and some files provide one or two documents, but not all the documents required. There is no agreement on which documents are required in most cases, except for cases handled by the police, Ministry of Social Development, and some NGOs with which memoranda of understanding were signed and referral practices were established prior to the launch of the NRS.
11	Establish safeguards to protect staff working with victims of violence.	There are no strategies or guidelines to ensure the safety of staff in the social and health sectors despite stark reports of attacks and explicit threats against them. There are calls for a risk allowance to be allocated to workers in this field.

3.2 Related Gaps and Recommendations

There are numerous gaps and challenges that hinder completion of the NRS and lead to delays in its implementation. These are highlighted with specific recommendations proposed for each one and suggestions for immediate action by the relevant institutions:

First: Distribution of roles and responsibilities

Gap	Development Recommendation	Work Proposal
<p>The lack of clarity by the authorities responsible for the completion, standardization, and implementation of the NRS.</p>	<p>It is not easy to make a specific recommendation, but several bodies could act as a responsible figurehead: the National Committee for the Combating of Violence against Women, the Ministry of Social Development, or the Ministry of Women Affairs.</p> <p>A party responsible for the NRS as a whole should be appointed with legal and executive jurisdictions and human or material resources. Jordan has placed supervisory responsibility in the hands of the Jordanian National Committee for Women Affairs, which represents the highest level of policy making related to women in Jordan.</p>	<p>A senior-level meeting should be held to finally agree on a body responsible to act as a reference for completion of the NRS and ensure its proper implementation.</p>
<p>As noted above, the current system does not directly, or even indirectly, address many major institutions. Some have begun to develop their role in the NRS, like the public prosecution and the UNRWA (despite the latter running its own programs in this field). Others have not started to introduce the NRS into their work, such as the judicial courts (despite their work in the field) and forensic medicine.</p>	<p>Investigate strategies for the inclusion of vital actors not specified in the NRS to bring them in line with institutions that have already started work.</p>	<ul style="list-style-type: none"> - A national workshop should determine the details and establishment of the NRS with the integration of bodies with a direct interest (the prosecution, the Sharia courts – family counseling units). - Complete work with the public prosecution and women’s units by clarifying their roles and working procedures and merging them with the other institutions. - Start work in Sharia courts to raise awareness about the NRS and its importance at different functional levels, including the need to train staff in counseling units.



Gap	Development Recommendation	Work Proposal
<p>During research, negative competition was observed between some institutions, especially government ones. There were also indications of a lack of clarity about roles and responsibilities. Several major institutions were absent and there appeared to be competition to lead the NRS. We believe that if work continues in the current environment, it will lead to fragmentation, negative competition, and dependency on temporary, limited funding of projects. These factors will hamper the establishment and operation of a national system with a comprehensive long-term vision.</p>	<p>Obtaining a national consensus at the highest levels will lead to clarification of roles and responsibilities, and will build a culture of team work and joint coordination between institutions.</p>	<p>- A senior-level meeting should be held to agree on a model for designating responsibilities (as stated above), with procedures agreed on joint work and coordination, especially in the initial process of collecting the documents needed to finalize the NRS.</p>
<p>The focus in building the NRS remains on government institutions, especially the key ones. To date insufficient consideration has been given to designing strategies to combat violence and encouraging the referral system through a community-based approach that strengthens local institutions and resources for the prevention and treatment of violence.</p>	<p>Review the UNRWA experience and its work model in addressing violence via a community-based approach to implement or merge it with the current system.</p>	<p>Design a protection program that is community based, even in a limited number of selected areas (as an experimental model) to learn lessons about the best ways to merge the official institutional program with a community-based one. The Ministry of Social Development is experimenting with similar programs in Yatta, Hebron, and Jenin.</p>

Gap	Development Recommendation	Work Proposal
<p>Women are still confused about the official bodies to contact if they decide to use an official body to resolve their cases and achieve justice. Some countries have unified police complaints units and procedures, making the referral system transparent and cases easy to track from start to finish.</p>	<p>Establish a standard format to enter a woman's case into the system, and conduct a case conference for each fresh stage. It is important to disseminate information about the availability of procedures when receiving complaints and to document all cases in one location.</p> <p>These standard procedures could be followed by social services such as family, psychological, and legal guidance, conflict resolution services, care provision, legal representation in courts, and in follow-up of the case and its referral to the relevant authorities.</p> <p>Official follow-up could be in the form of financial aid and loans, establishing a project, providing education, jobs and training, or health services.</p>	<p>Design and construct complaints units in pilot districts in family units or in social clinics and institutions, but only if they provide comprehensive services in one location (one-stop shop). This would require a different form of work that provides resources, encourages their use, and combines all efforts to improve the service offered to women victims of violence.</p>

Second: Required Documents

<p>The majority of the required documents, MoUs, criteria, and forms for the NRS are not complete. Several of the core forms proposed for the NRS exist but were not discussed by each sector separately, except for specific forms belonging to institutions that set up models for the NRS recently. There is no agreement between institutions on all criteria and shared forms.</p>	<p>There can be no NRS if its components are not completed. Work must be carried out individually and jointly between relevant governmental and civil institutions. This is a difficult task that may take a relatively long time, but it is a crucial step to ensure the implementation of the NRS in the future. Institutions might agree on individual or shared forms depending on the topic.</p>	<p>Hold a national high-level workshop of technical experts and senior employees of all relevant institutions, and consult with civil sector representatives to clearly define all the forms required.</p>
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Third: Developing a supervisory process of control and databases

<p>The lack of procedures to monitor and control the NRS, combined with failure to use data and information related to the NRS, are linked to the absence or lack of uniformity in documentation and forms used in the referral system. Institutions either use their own forms because these are thought to be superior or the formal NRS forms are not used. Several institutions offer services without adequate information, or any at all, about the referral system.</p> <p>All the study findings highlighted the lack of data (quantitative and qualitative) on violence against women and other forms of gender-based violence in the family, against children,³⁹ at work, in schools, and in public places. Weaknesses include lack of commitment to eliminating violence, limited resources available to workers in the field, and the lack of an established process for the collection, entry, and exchange of data. Sometimes cases of violence are dealt with in an unofficial context to avoid additional complications that the woman or workers may encounter if the case is unresolved through official initiatives.</p>	<p>It is premature to talk about a comprehensive national database due to weaknesses in the existing referral system and its lack of completion, but the creation of a database is essential, even one comprising the main partner institutions (the police, Ministry of Social Development, and the prosecution) at the present time. Civil institutions could be incorporated into the NRS for referrals to safe houses and the SAWA organization. Any serious attempts to exchange information and data require the use of standard indicators and forms. Data on violence against women in general and referrals could be linked to the establishment of the National Observatory on Violence Against Women where appropriate. The conceptual and technical relationship between the two requires clarification as an initial step.</p>	<ul style="list-style-type: none"> - Design a shared database for the major government institutions and the few civil organizations active in this field. The initial phase of shared indicators and data could be built upon to facilitate coordination with the signing of a memorandum of understanding. It is vital to implement the decision of the National Committee to Combat Violence to create an observatory. - The performance of employees dealing with women victims of violence should be monitored because women could be exploited due to their vulnerability in the relationship. Supervision will ensure that women victims of violence suffer no further violations.
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39 Data on offenses and crimes against children are available at the Ministry of Social Development - General Directorate of Family and Childhood.

Fourth: Inclusiveness and Commitment

<p>The NRS is not comprehensive, is not applied to the whole country, and is not obligatory. Even in the institutions party to the NRS, not all of their branches and departments are included within it and some are not fully aware of its existence or details. Its working procedures are not clear and are not part of a national binding memorandum of understanding.</p>	<p>Raising awareness of the NRS and its importance is essential, but is insufficient in itself without implementing the key elements in a binding memorandum of understanding for approval and signing by the relevant institutions for implementation in a national and inclusive manner.</p>	<p>List the key institutions offering services for women victims of violence and committed to playing a part in a proper national system.</p> <p>These institutions may feature on the lists already available (which are very limited in number) but work must be conducted with these institutions on a variety of levels and on a continuous basis to:</p> <ul style="list-style-type: none"> - Define the modules and criteria of the NRS. - Invite these institutions by providing details of the memorandum of understanding for them to join. - Sign the memorandum of understanding with government and non-governmental organizations.
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Fifth: Development of capabilities and available resources

<p>The capabilities of institutions developing and implementing the NRS are limited. Even if government institutions had greater and wider resources, plus legal and executive powers, they still operate from within a very fragile context in perceptions of violence against women. Also, they cannot implement the referral system. Any systematic or researchable effort will be incomplete without a study of the actual implementation of the NRS nationally.</p> <p>The nature and quality of the NRS can never be fully realized unless it is implemented and practiced in reality. Efforts will remain dispersed and any conclusions will remain peripheral and superficial in the absence of actual implementation.</p>	<p>All government institutions have similar needs, albeit at different levels, if they are to improve their capacities. They face many limitations:</p> <ul style="list-style-type: none"> - Instill a meaningful commitment among leaders to deal properly with violence against women as an issue, and also about the importance of the concept of a national referral system. - Build awareness and understanding between people in centers and departments on the importance and workings of the NRS. - Ensure that qualified workers are available in all locations with a variety of referral procedures and methods of dealing with cases of violence. - Provide specific locations in institutions to deal with cases of violence, especially in directorates of the Ministry of Social Development, and in clinics and hospitals operated by the Ministry of Health. - Review existing training to make it more comprehensive and linked to real needs on the ground. 	<ul style="list-style-type: none"> - Evaluate the training and capacity building programs provided by international institutions in the past two years and their relevance to work on the ground. - Hold a senior-level policy workshop in the ministries with the coordination of the Council of Ministers to guarantee common concepts and to engage the interest of decision makers. - Workshops on leadership, administration and finance in ministries charged with guaranteeing administrative and technical support for workers in the referral system. Coordinated efforts by every institution to promote commitment to larger budgets for issues of violence. - Design shared training in specialized programs on the reality (not theoretical or general issues) with specialists from each sector. Other training programs specialized in forensic, legal, medical, and psychological fields.
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<p>Despite increasing awareness about providing security in three shelters in Nablus, Jericho and Bethlehem, these shelters still lack financial and human resources. The main task of these bodies is to provide shelter and other limited services, but these fail to assist women out of their social context and return to normal life. It was reiterated on several occasions that it was easier to put a woman into a shelter than to get them out of it. In the long term, this leads to shelters being unable to offer help to new cases. This also raises questions about the procedures used by shelters to resolve cases, and whether specific institutions are responsible for empowering women to rejoin society.</p>	<p>Existing gaps require the creation of specialized places in shelters. This does not necessarily mean new sites but an increased absorptive capacity. Psychological help and empowerment must be offered to encourage women to rejoin their society based on a principle of protection. The referral system must focus on rehabilitation and follow up of case developments once the woman returns to her family or society.</p>	<ul style="list-style-type: none"> -Increase the absorptive ability of existing shelters. -Provide human and financial resources to train women and enable them to rejoin the family and society in a positive manner. High-quality counseling and psychological therapy should be provided for many cases. - Coordination with community institutions that provide financial and social assistance. - Protection allowance for workers in this field (of both sexes).
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Sixth: Enhanced awareness of resources and the NRS

<p>Fundamental questions exist about the awareness of civil society organizations of the institutional resources available to help women victims of violence. The main questions are about the availability of information to women about sources of assistance.</p>	<p>Provide information about NGO sources of assistance to protect and assist women. Support an awareness campaign for women about these sources through grassroots organizations.</p>	<ul style="list-style-type: none"> -Support an induction program for institutions through an interactive website and/or workshops to identify specialized organizations providing assistance to women. -Support a national campaign to reach women, especially housewives and in remote and marginal areas, to highlight existing sources⁴⁰ of help using modern forms of technology and communication.
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40 For example, see the Guide for the Protection of Women in Local Communities, Women's Center for Legal Aid and Counseling (WCLAC), 2015.

Weak and inconsistent awareness of the NRS; some institutions have detailed information, many have limited and general information, and others have no information.

Raise awareness of the entire NRS and of the institutions operating in each sector separately, taking into account their individual and complementary roles. Develop procedures for the continuous transfer of information within institutions and between employees engaged in this type of work.

- Design awareness and training programs for workers from different sectors, both general and specialized staff, with focus on the institutions mandated with actual referrals.

- A clear and detailed reference package should be put in place for each sector for circulation to institutions, and disseminated clearly on relevant websites.

3.3 General Recommendations and Required Interventions by Sector

This program of work cannot be implemented without the enactment of reforms in the justice and legal sector, and in all relevant institutions. Therefore, we are listing general recommendations to create the environment required to develop the NRS and drive its implementation. We have also proposed customized recommendations for each sector.

First: General recommendations

General recommendations deal with the issue of violence and creating a favorable environment for work within the framework of a national referral system as follows:

- Continue work to amend all laws that discriminate against Palestinian women, with joint efforts between governmental and non-governmental institutions to expand the base, grouped under the framework of the defense of women's rights, and demands for equality and an end to violence in the community.
- Develop procedures and working systems in the relevant institutions to ensure the enforcement of the revised penalties law.
- The dissemination of information on the provisions of the NRS for women victims of violence by ministers. Each ministry would be responsible for all components of the sector and the establishment of a code of conduct applicable by Il service providers to women in that sector. The Secretary-General of the Council of Ministers may need to discuss this with decision makers in the health, police, and social sectors, and issue a decree that makes it obligatory to adhere to the NRS. Dissemination in this manner requires agreement between the parties on a common understanding and interpretation of the terms of the NRS.



- Review policies and laws in each sector and develop specific, clear protocols and procedures to deal with women who request assistance, and for the protection of service providers. Also the development of MoUs between the stakeholders.
- Develop a work plan to establish the NRS rules, regulations in the plans of each official related party, and the implementation of the System. Ensure that these feature in the executive plan of the ministry with the resources to execute activities and interventions, and also to monitor the implementation and impact of the plan.
- Involve all service providers in each sector in capacity building activities and raise awareness of the System's regulations.
- Monitor the budgets and human and material resources required to implement the NRS, which requires a commitment at the highest political levels.

The following recommendations are applicable to each sector, in addition to the recommendations on the national public prosecution and policies.⁴¹

Second: The health sector

- Capacity development, improving the efficiency of services and improving the care of service providers in primary care centers and emergency departments. Continuous training to be given to service providers by providing doctors and nurses in these centers with courses specializing in gender-based violence and implementation of the national system for women victims of violence.
- Require male and female workers in the sector to submit reports to the authorities about cases of violence against women who required services.
- Improve coordination and follow-up between the health sector, social and police sectors in a policy embodied in a senior-level technical committee that coordinates decision makers in Ministry of Health departments. It would include all health sectors components to implement the NRS, draft policies to develop health services for women who are victims of gender-based violence, and establish policies for psychological services for victims of violence in Ministry of Health departments.
- Provide free primary medical services for gender-based victims of violence.
- Develop an action plan for the team appointed to work on the NRS within the Ministry.
- A thorough review of all regulatory legislation for the work of service providers

⁴¹ These recommendations resulted from meetings organized by Miftah and confirmed during the workshops and in-depth interviews with experts, organized especially for this study by the research team.

in the health sector to limit loopholes that might allow others to impact on the safety of services provided to battered women, especially when reporting and acting as a witnesses. Penal and procedural regulations should be reviewed and amended to comply with the System's regulations.

- Exempt battered women from fees for medical reports required for the purposes of making a direct complaint or prosecution.

Third: Social sector

- Continue to improve services by developing and building the capacity of service providers in the Ministry of Social Development and shelters.
- Review protocols, internal procedures and regulations for shelters, and the list of measures for family protection and coordination with the police sector.
- Concentrate efforts to influence decision makers on the need to enact a draft project on family violence.
- Promote the adoption of policies and decision making as resources to meet the needs of service providers on the ground and the implementation of the aforementioned recommendations.
- Allocate specialized human and material resources to develop re-integration and empowerment activities, protection, and social services for women, all to be included in the strategic plan of the ministry.
- Improve the number and quality of specialist counselors providing a permanent, around-the-clock system, and incentives for counselors in high-risk fields.
- Redevelop the database available at the Ministry of Social Development and create a strategy between the ministry and partner sectors regarding its use.
- Document the relationship between the Ministry of Women Affairs and the National Commission to Combat Violence against Women.

Fourth: Police/ legal sector

- Complete work on organizing and clarifying the relationship in the legal sector between the police and the Ministry of Justice, the prosecution, and the courts.
- Develop standard procedures for work between legal sector institutions, including common protocols and activities to build staff capacity.
- Complete work on developing a family protection guide to ensure its suitability with the requirements and criteria of the NRS.
- Reduce the turnover of employees in the police department where training of workers in the field is expensive and time-consuming, and should be invested in an optimal manner.



Fifth: Ministry of Women Affairs

- Continue coordination between institutions in the three sectors (including governmental and non-governmental organizations) to ensure clarity and awareness of all requirements to establish the system and improve its preparedness. This would include agreement on roles and responsibilities, and on the official role of the ministry in implementing the NRS.
- Government leaders and civil organizations should exert coordinated efforts to urge policymakers to adopt and integrate the NRS to a greater degree in all national and sectoral plans, with the allocation of necessary budgets.
- Work with the National Commission and all relevant institutions to push for amendments to existing legislation that create an enabling environment for the continuation of violence against women in family law.
- Continue to develop a manual on agreed unified action between all relevant parties.
- Continue to establish a supervisory system.
- Clarify the role of the technical committee set up by the ministry and support its efforts.

Conclusions

The examples and data presented above confirm that the required components for the NRS to become a comprehensive system are not yet available. Most efforts are focused on working on the input to the NRS. Therefore, to date it is not possible to talk about a “system” since all of its components are mostly incomplete, at an early stage, or not yet initiated. Also, we cannot pretend that there is a “national” system; referrals are still unstructured or inconsistent for the majority of the relevant institutions. Existing efforts are by individual institutions or jointly between two or a limited number of institutions within the framework of a practitioner (transfer) rather than a national system (NRS).

A national referral system that serves women victims of violence does not yet exist; the reality is that the majority of work is conducted by institutions and ongoing efforts are to approve the System. There is no actual proof that something new has resulted (quantitatively or qualitatively) as a direct result of the NRS. The absence of a primary body responsible for the NRS contributes to efforts being dispersed and incomplete. It prevents the existence of a party with the responsibility to complete the system, and that has access to the resources, legal authority and human and material capacity to do so, and has the authority to enter into collective agreements nationally that bind all parties in implementing the terms, protocols, and models of the NRS, and the exchange of information and data requirements.

In this sense, there is no clear scientific evidence for the research team to say that, even today, there is an additional value to building an actual “system” that clarifies all roles, responsibilities, relationships, coordination and follow-up mechanisms, exchanging data, and writing and publishing reports, despite the limited awareness and advocacy to combat violence and the vital importance of completing work on the NRS. The research team believes that once the components of the NRS are completed in terms of the tools, roles, responsibilities, and human and material capacity, there will be a system that can be implemented in reality. Ending discrimination against women, ending violence and achieving equality will require significant changes in the prevailing patriarchal and masculine culture and institutions.