

Feminist Opportunities Now (FON):

Analytical mapping of feminist civil society organisations working in gender-based violence in Burkina Faso, Bangladesh, Colombia, Côte d'Ivoire, Ethiopia, Guinea, Kenya, México, Niger and Sri Lanka



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Edition

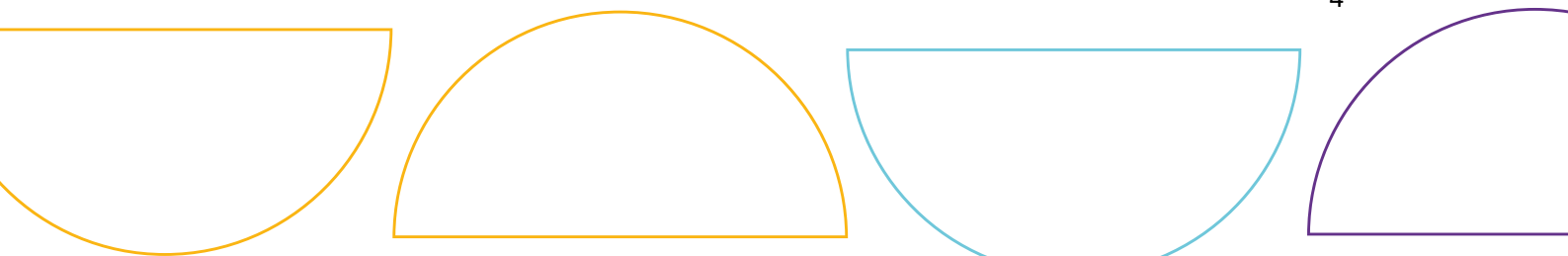
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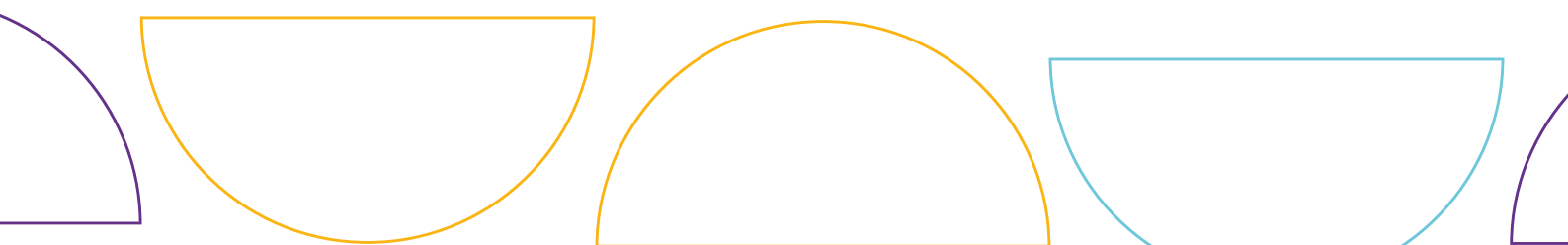
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| ACRWC | African Charter on the Rights and Welfare of the Child |
| AVGM | Alert of Gender Violence against Women |
| CBO | Community Based Organisations |
| CD-BE | Consulting and Development – Bureau d'Études |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| CONAVIM | National Commission for the Prevention and Eradication of Violence Against Women |
| CRC | Convention on the Rights of the Child |
| CREA | Creating Resources for Empowerment and Action Inc |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSO | Civil society organizations |
| FAD | French Agency for Development |
| FDRE | Federal Democratic Republic of Ethiopia |
| FON | Feminist Opportunities Now |
| GBV | Gender Based Violence |
| GDI | Gender Gap Index |
| HDI | Human Development Index |
| HTP | Harmful Traditional Practices |
| IDP | International Displaced Persons |
| IPPF-ARO | International Planned Parenthood Federation-Africa Regional Office |
| IT | Information technology |
| LGBTQI+ | Lesbian, gay, bisexual, transgender and sexual and other gender diverse individuals |
| MdM-F | Doctors of the world France (Médecins du Monde France) |
| MR | Menstrual Regulation |
| MRM | Medication-induced Menstrual Regulation |
| SCO | Civil Society Organizations |
| SOP | Standard Operating Procedures |
| UNDP | United Nations Development Program |
| UNFPA | United Nations Population Funds |
| UNICEF | United Nations International Children's Emergency Fund |
| UNWOMEN | The UN entity for gender equality & the empowerment of women & girls |

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1. INTRODUCTION

The Feminist Opportunities Now (FON) project has been funded by the French Agency for Development¹ (FAD) and is being implemented by a consortium of five associations: the International Planned Parenthood Federation-Africa Regional Office (IPPF-ARO) —as lead partner— Creating Resources for Empowerment and Action Inc (CREA), Empow'Her, the International Federation for Human Rights and Médecins du Monde France (MdM-F).

The project aims to build the capacity of women's movements by facilitating their access to funding and training, and by targeting small women's organisations in particular, which are often not legally structured, to address and respond to gender-based violence (GBV). The project is implemented in ten countries on three continents: Mexico and Colombia (MdM coordination), Bangladesh and Sri Lanka (CREA coordination) and Burkina Faso, Ethiopia, Guinea Conakry, Côte d'Ivoire, Kenya and Niger (IPPFAR coordination).

In the framework of this project, MdM-F was responsible for the initial diagnosis and mapping of feminist civil society organisations (CSOs) and networks in the ten FON project countries. The main results of this research are presented in this report which is structured in two sections: the global and regional analysis and the country analysis. The global and regional analysis is divided into three main pieces: a) overview of the context in each country regarding gender inequality, prevalence of GBV and legal and political frameworks on GBV, b) analytical mapping of feminist CSOs and networks' capacities, and c) set of recommendations regarding the reinforcement of CSOs capacities and strategies for their financial support. In the second part, the same analysis is presented separated by country (overview of the context and capacities of feminist CSOs working on GBV).

2. METHODOLOGY

The research methodology employed a mixed approach, combining quantitative and qualitative research tools. Information was firstly gathered at the country level and individually analysed by country, as well as regionally and globally. The research team, consisting of 13 members, facilitated this comprehensive analysis. The two main coordinators ensured methodological coherence and were in charge of the analysis of information. A coordination assistant undertook the statistical analysis, and a research expert based in each country conducted data collection. During the research process, three meetings were conducted with the steering committee to ensure coherence between research objectives and the gathered information, as well as to discuss of the final structure of the report.

The full research was divided into three phases: a) conception of the methodology and research tools, including adaptation to each country by the national experts; b) data collection and c) quantitative and qualitative data analysis.

Data collection used four main research tools. Firstly, a documentary review of available documents on GBV in each target country to support the contextual analysis. This included the

¹ Agence Française de Développement

analysis of reports, official statistics, legal documents and policies related to GBV. Furthermore, global analyses on gender inequality per country were also consulted, as presented in the country-specific bibliography. Secondly, primary data collection involved an online survey to gather qualitative data from feminist CSOs working in GBV. Semi-structured interviews and focus groups were also part of the data collection.

A total of 126 **semi-structured interviews** were carried out in the ten countries. Targeted key informants were national feminist CSOs (80), international CSOs (9), national institutions (25), bilateral cooperation organisations and UN agencies (10). Additionally, in two countries, two independent experts were targeted. Targeted national CSOs were selected based on their expertise area, focusing on organisations employing intersectional approaches, such as those working with migrants, people living with disabilities, sex workers, LGBTI+ populations, or those working with indigenous populations.

Interviews were organised face-to-face or online (depending on the security context of each country) and contributed to collecting information for the contextual analysis and the conditions in which feminist CSOs specialised in GBV work in the country.

Table 1. Number of interviews per country by type of actor.

| Country | National feminist CSOs | International CSOs | Institutions | UN agencies and bilateral cooperation institutions | Total |
|---------------|------------------------|--------------------|--------------|--|-----------------|
| Bangladesh | 9 | 3 | 2 | 0 | 14 |
| Burkina Faso | 4 | 3 | 1 | 1 | 9 |
| Colombia | 7 | 0 | 4 | 1 | 12 |
| Côte d'Ivoire | 17 | 0 | 9 | 0 | 26 |
| Ethiopia | 11 | 0 | 5 | 3 | 19 |
| Guinea | 5 | 0 | 3 | 1 | 10 ² |
| Kenya | 9 | 0 | 0 | 1 | 10 |
| Mexico | 7 | 1 | 1 | 1 | 10 |
| Niger | 5 | 0 | 0 | 1 | 6 |
| Sri Lanka | 6 | 2 | 0 | 1 | 10 ³ |
| Total | 80 | 9 | 25 | 10 | 126 |

Additionally, one **focus group** targeting CSOs was organised in each country, except for Bangladesh, where focus groups could not be organised, and Burkina Faso and Guinea, where two focus groups were conducted. Each focus group mobilised an average of ten people, which represents 97 consulted CSOs. Focus groups were conducted online to ensure the participation of different organisations from around the country. Due to security conditions, in two countries focus groups were conducted face-to-face. The information collected contributed to completing the contextual situation and formulating recommendations.

² One interview was carried out with a journalist.

³ One interview was carried out with an independent expert.

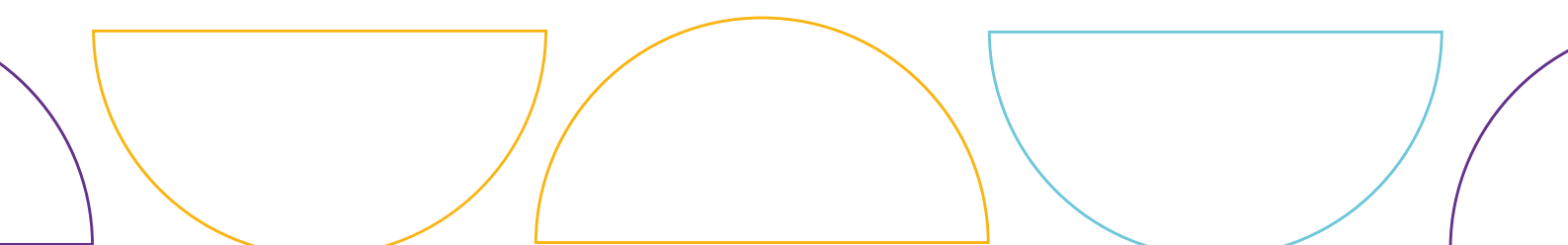


Table 2. Total participants in focus groups in each country.

| Country | Number of participants | | | Number of CSOs represented |
|---------------|------------------------|-----------|-------------|----------------------------|
| | Women | Men | Transgender | |
| Burkina Faso | 8 | 1 | 0 | 8 (online) |
| | 9 | 0 | 0 | 7 (face-to-face) |
| Colombia | 8 | 0 | 0 | 8 |
| Côte d'Ivoire | 9 | 3 | 2 | 11 |
| Ethiopia | 5 | 8 | 0 | 13 |
| Guinea | 7 | 0 | 0 | 7 (online) |
| | 15 | 2 | 0 | 17 (face-to-face) |
| Kenya | 4 | 0 | 0 | 3 |
| Mexico | 5 | 1 | 0 | 6 |
| Niger | 5 | 0 | 0 | 4 |
| Sri Lanka | 13 | 0 | 0 | 13 |
| Total | 88 | 15 | 2 | 97 |

Quantitative information on the structure and capacities of CSOs was collected through an **online survey**. The survey was sent to 1,275 pre-identified CSOs in ten targeted countries. Pre-identification was undertaken by the research team based on documentary review, previous knowledge of the context in each country and additional information from databases managed by FON, strictly adhering to confidentiality and data protection protocols.

Given that the survey could be distributed and shared with many organisations, including non-targeted ones, three eliminatory questions were included. These questions verified that the respondent: a) was a feminist organisation, with gender quality as a main or significant objective, b) operated as a CSO or a network of CSOs or held non-profit status (excluding institutions, consultancy firms, research centres or individuals), and c) was specialised in GBV including the promotion and protection of sexual and reproductive rights, rather than other areas such as economic development, education, or health.

The survey was created in three languages (English, French and Spanish) and the invitation to participate in the survey was sent by the members of the consortium in each country, and FON project members and the research team made several reminders. The survey remained open for two months, and CSOs were encouraged to forward it to two other organisations. It included 44 questions and took approximately 12 minutes to complete.

Initially, 395 organisations began the questionnaire, but after the eliminatory questions, only 321 completed the process and 310 answered all questions. Among respondents, 53% were unfamiliar with the FON project, while 3% had received funding from it. It is important to mention that in some cases the questionnaire was filled by different persons in the same CSOs, in cases in which different questionnaires from the same organisations were received the research team chose the responses of the more graduated person in the organisation.

Before the eliminatory questions, most respondents identified as CSOs or networks focusing on equality between women and men (31%) or on transforming power relations (32%) —still, 37% identified as CSOs or networks targeting women. When asked about the importance of gender equality in their organisations —which refers to ensuring equal rights for women, men, and individuals who do not identify with these two genders— 7% stated that their organisation does not have it as an objective but contributes to it indirectly (6%) and 1% reported no link between their mission and vision with gender equality. Of the total (395), 3% answered that their organisation does not intervene in the area of GBV, including sexual and reproductive rights. In the end, 5% were not CSOs, or networks or held non-profit status.

Table 3. Number of CSOs participating in the online survey by country.

| Country | Number of targeted CSOs | Number of organisations that started the interview | Number of CSOs and networks that passed the eliminatory questions | Number of CSOs or networks that completely filled the survey |
|---------------|-------------------------|--|---|--|
| Bangladesh | 57 | 22 | 19 | 18 |
| Burkina Faso | 36 | 32 | 29 | 28 |
| Colombia | 145 | 49 | 34 | 31 |
| Côte d'Ivoire | 52 | 43 | 41 | 38 |
| Ethiopia | 60 | 44 | 38 | 38 |
| Guinea | 118 | 43 | 37 | 36 |
| Kenya | 97 | 23 | 14 | 1 |
| Mexico | 600 | 85 | 67 | 67 |
| Niger | 62 | 27 | 22 | 21 |
| Sri Lanka | 48 | 27 | 20 | 20 |
| Total | 1275 | 395 | 321 | 310 |

Once all the information was gathered, it was analysed based on the triangulation of data. This means that quantitative data was triangulated with qualitative data gathered through the different research tools. All information presented in this report is anonymous and confidential. Efforts were made to maintain the confidentiality of key informants in each country, especially in those where feminist organisations are suffering from repressive political movements.

Research Limitations

The CD-BE team took measures to mitigate risks and ensure the necessary conditions for the appropriate conduct of data collection and analysis.

One of the main challenges was the lack of standardised official data on GBV per country, which avoided developing in-depth comparative analyses. This was crucial in the case of data including intersectional discriminatory factors that increase the risk of GBV for some groups. Obtaining information on GBV related to LGBTI+ populations, sex workers and migrants, specific targets of this research, was especially challenging. Although the lack of statistical information was addressed by increasing qualitative data collection and developing the online survey, tackling issues related to sexual diverse individuals and sex workers in some countries (particularly Burkina Faso and Niger) was problematic. The contexts of insecurity and the risks faced by these

groups in participating in the research prevented a comprehensive focus on these topics in these countries.

There were also limitations in accessing public institutions and UN agencies, especially in Niger, Burkina Faso, Kenya and Sri Lanka. Additionally, some CSOs approached by the research team that had applied to the FON fund but had been unsuccessful, refused to participate in the research. Mobilising CSOs to participate in an online survey was challenging, with low response rates in some countries. Efforts were made by the research team to contact many of the targeted CSOs by phone, reducing scepticism and increasing CSOs' trust in the origin of the survey. The survey was comprehensive and included an important number of questions, which also explains the difference between the number of CSOs that started the questionnaire and those that completed it. Furthermore, the interviews could not be developed in local languages and only three main languages were used (English, Spanish and French), limiting the access of local CSOs.

Finally, it is important to mention that the questionnaire had to be adapted to different countries to avoid security risks for CSOs in which some of the topics included in the questionnaire are highly sensitive (mainly related to LGBTQI+ community rights). This situation limited the analysis of this topic in those specific countries.

PART 1. GLOBAL AND REGIONAL ANALYSIS

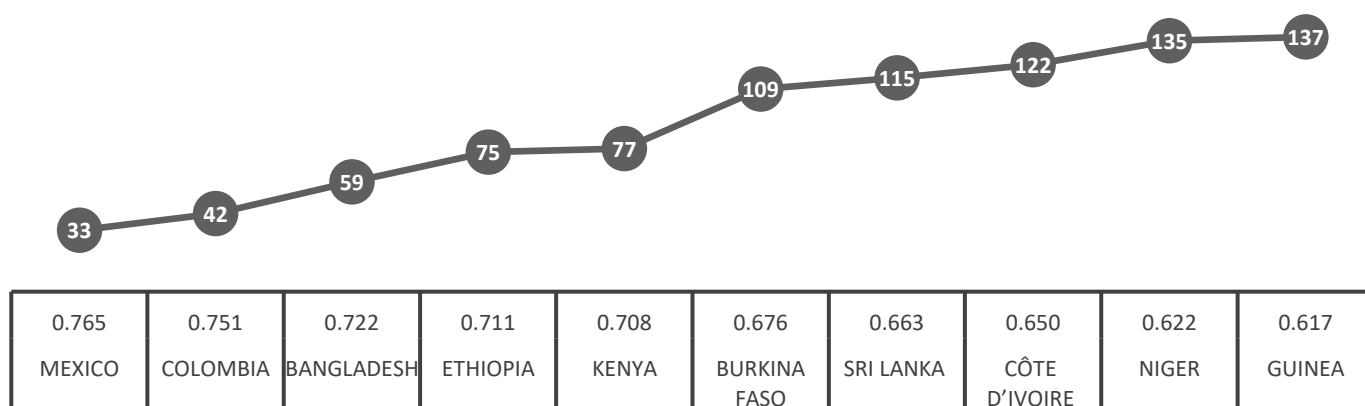
SECTION A. CONTEXTUAL ANALYSIS

1. Gender inequalities overview

Differences in the Global Gender Gap Index (GGI) between targeted countries are important.

Significant differences can be found in the 2023 Global Gender Gap Index (GGI)⁴ between targeted countries and regions. Regarding the FON countries, Mexico is the best-ranked country (position 33) and Guinea is the last one (position 137). The top-ranked countries are from Latin America, Mexico (position 33) and Colombia (position 42). Bangladesh and the East African countries (Ethiopia and Kenya) could be considered as intermediate countries (positions 59, 75 and 77 respectively). And finally, countries from West Africa (Burkina Faso, Côte d'Ivoire, Niger and Guinea) are ranked in the worst positions (from position 109 to 135).⁵

Graphic 1. Gender gap index in 2023.



Source: World Economic Forum 2018 and 2023.

In the last five years, only three countries reduced gender differences, while the rest regressed in the ranking.

Concerning changes from the 2018 Gender Gap Index, six countries have regressed in the ranking position. Guinea experienced the most significant regression, dropping from position 116 to 137, followed by Sri Lanka (from position 100 to 115) and Bangladesh (from position 48 to 59). Three

⁴ The Global Gender Gap Index annually benchmarks the current state and evolution of gender parity across four key dimensions: Economic Participation and Opportunity, Educational Attainment, Health and Survival, and Political Empowerment. The index is based on a total of 14 indicators from these categories. More information at: [Global Gender Gap Report 2023 | World Economic Forum \(weforum.org\)](https://www.weforum.org/publications/global-gender-gap-report-2023/)

⁵ World Economic Forum, 2023. Global Gender Gap report. [Global Gender Gap Report 2023 | World Economic Forum \(weforum.org\)](https://www.weforum.org/publications/global-gender-gap-report-2023/)

other countries with a lower regression include Burkina Faso, from position 104 to 109, Colombia, from position 40 to 42, and Kenya, from position 76 to 77. Only three countries have improved in the ranking: Ethiopia from position 117 to 75, Mexico from position 50 to 33 and Côte d'Ivoire from position 131 to 122. No data for Niger is available in 2018.⁶

Political empowerment and economic participation and opportunity are the dimensions in which more differences exist between women and men.

In all targeted countries, values regarding economic participation and opportunity and political empowerment are lower than those related to educational attainment and health and survival, which means that in these areas differences between women and men are lower.

Regarding economic participation and opportunity, women typically have lower participation rates than men, coupled with discrimination hindering their access to high-level positions (legislators, senior officials, or managers). Similarly, political participation is also lower, since women hold fewer seats in parliaments and few countries have had women heads of state.

Table 1. Value of Gender Gap Index dimensions per country in 2023.

| Country | Economic participation and opportunity | Educational attainment | Health and survival | Political empowerment |
|---------------|--|------------------------|---------------------|-----------------------|
| Bangladesh | 0.438 | 0.936 | 0.962 | 0.552 |
| Burkina Faso | 0.708 | 0.893 | 0.978 | 0.125 |
| Colombia | 0.657 | 1.000 | 0.975 | 0.373 |
| Côte d'Ivoire | 0.601 | 0.902 | 0.978 | 0.118 |
| Ethiopia | 0.587 | 0.854 | 0.971 | 0.431 |
| Guinea | 0.576 | 0.710 | 0.966 | 0.217 |
| Kenya | 0.791 | 0.858 | 0.975 | 0.209 |
| Mexico | 0.601 | 0.994 | 0.975 | 0.490 |
| Niger | 0.570 | 0.769 | 0.964 | 0.185 |
| Sri Lanka | 0.555 | 0.988 | 0.980 | 0.130 |

Source: Source: World Economic Forum 2023.⁷

Similarly to the GGI, important differences exist between the HDI of women and men in all countries, but these are more pronounced in countries with lower HDI, except for Bangladesh.

Differences are also reflected in the Human Development Index (HDI)⁸ of women and men in all countries and regions. Following the last HD Report (2021/2022), the country with the highest

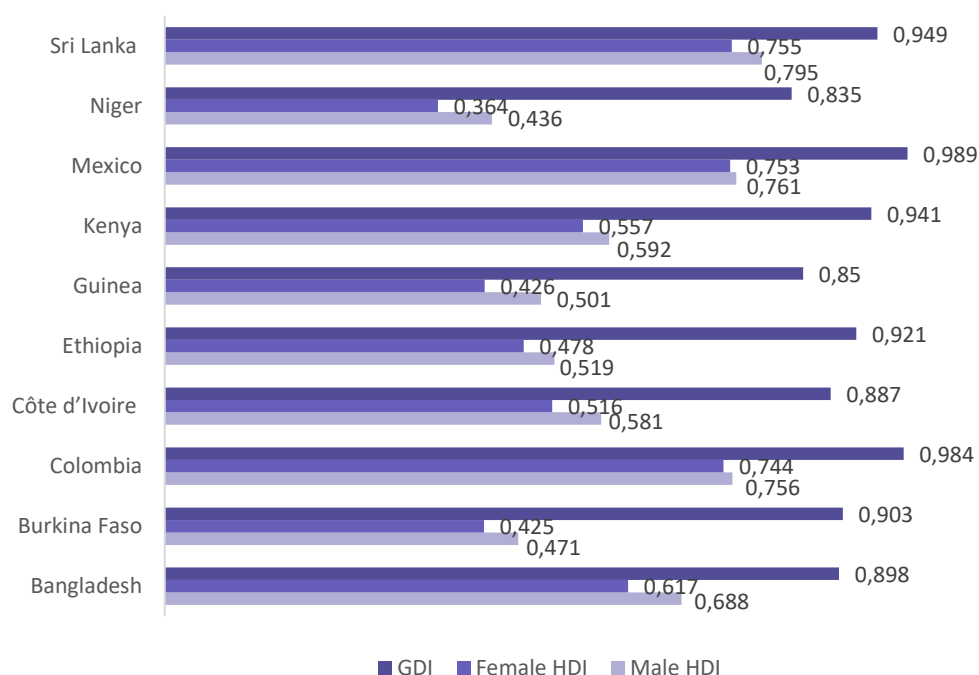
⁶ World Economic Forum, 2018. Global Gender Gap report. [WEF GGGR 2018.pdf \(weforum.org\)](https://www.weforum.org/reports/global-gender-gap-report-2018)

⁷ World Economic Forum, 2023. Global Gender Gap report. [Global Gender Gap Report 2023 | World Economic Forum \(weforum.org\)](https://www.weforum.org/reports/global-gender-gap-report-2023)

⁸ The Human Development Index (HDI) is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and having a decent standard of living. The HDI is the geometric mean of normalised indices for each of the three dimensions. The health dimension is assessed by life expectancy at birth, the education dimension is measured by mean of years of schooling for adults aged 25 years and more and expected years of schooling for children of school entering age. The standard of living dimension is

HDI score is Sri Lanka, followed by Mexico, Colombia, and Bangladesh. This last country is among those that present the largest differences in the HDI of women and men. In contrast, Colombia and Mexico are the countries with a lower difference and therefore are classed in the first group of countries in the Gender Development Index (GDI).⁹ African countries present a lower HDI score and are also more unequal, especially Western African countries, which are classed in the fifth group of GDI countries, as is the case of Bangladesh. Burkina Faso is the only exception, classed in the fourth group with Ethiopia. Kenya and Sri Lanka are classed in the third group.¹⁰

Graphic 2. HDI per sex in each targeted country and country GDI.



Source: UNDP, 2022.¹¹

measured by gross national income per capita. The HDI uses the logarithm of income, to reflect the diminishing importance of income with increasing GNI. The scores for the three HDI dimension indices are then aggregated into a composite index using geometric mean. More information at [Human Development Index | Human Development Reports \(undp.org\)](https://www.undp.org/human-development-index)

⁹ The GDI measures differences in male and female achievements in three basic dimensions of human development: health, education and command over economic resources. Gender disaggregated data is used in each dimension. The health dimension is captured by life expectancy at birth, female and male. Education is measured using two indicators— female and male expected years of schooling for children and female and male mean years of schooling for adults ages 25 and older. Command over economic resources is measured by female and male estimated earned income. More information at [UNDP-TR-EN-HDR-2019-FAQS-GDI.pdf](https://www.undp.org/publications/undp-tr-en-hdr-2019-faqs-gdi)

¹⁰ Countries are groups into five GDI groups by absolute deviation from gender parity in HDI values. Group 1 countries have high equality in HDI achievements between women and men; group 2 has medium-high equality in HDI achievements between women and men; group 3 has medium equality in HDI achievements between women and men; group 4 has medium-low equality in HDI achievements between women and men; and group 5 has low equality in HDI achievements between women and men. More information at [UNDP-TR-EN-HDR-2019-FAQS-GDI.pdf](https://www.undp.org/publications/undp-tr-en-hdr-2019-faqs-gdi)

¹¹United Nations Development Programme, 2022. The 2021/2022 Human Development Report.

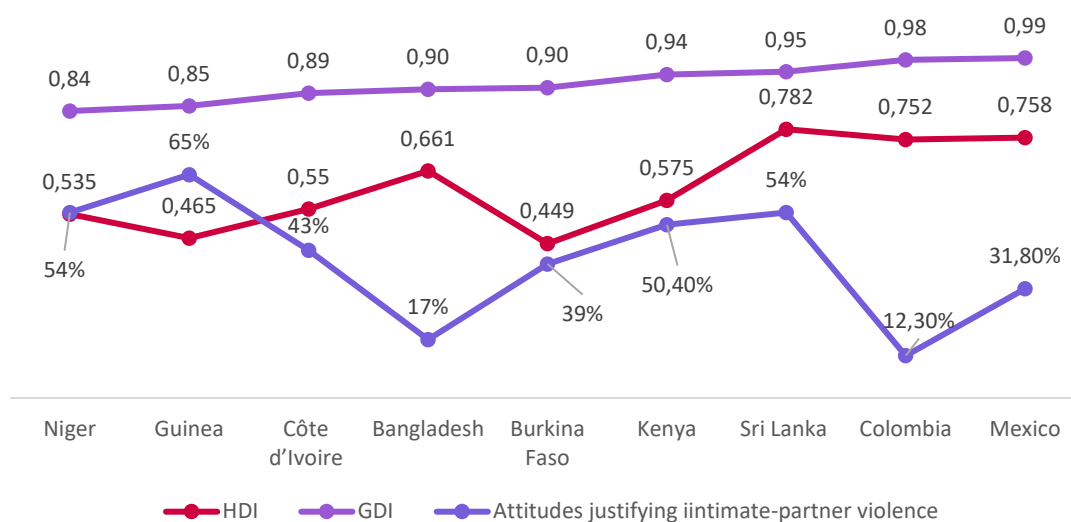
hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

Differences in the GDI could impact attitudes towards GBV.

The research analysed the relation between the HDI, GDI and the percentage of women aged between 15 and 49 in each country who consider it justified for a husband to hit or beat his wife.¹² As illustrated in the graphic below, Colombia, Bangladesh and Mexico are among the countries with lower acceptance of intimate-partner violence. While Latin American countries are also the most developed in terms of HDI and GDI, Bangladesh would be the exception. This can be attributed to significant differences in per capita income between women and men and mean years of schooling, which contribute to gender inequality within the country.

GBV justification is notably high in African countries (more than 50% of women justify it), being also the countries with a lower level of development. The only exception is Sri Lanka, where the justification of GBV among women is very high despite the country having higher levels of HDI and GDI.

Graphic 3. GDI, HDI and attitudes regarding intimate-partner violence per country.¹³



Source: UNDP, 2022 and OECD, 2023.¹⁴

¹²OECD, 2023. Social institutions and gender index (SIGI). <https://www.oecd.org/stories/gender/social-norms-and-gender-discrimination/sigi/>

¹³ Ethiopia is not included in the analysis because SIGI information is not available for this country.

¹⁴ United Nations Development Programme, 2022. The 2021/2022 Human Development Report. hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf and OECD, 2023. Social institutions and gender index (SIGI). <https://www.oecd.org/stories/gender/social-norms-and-gender-discrimination/sigi/>

2. GBV prevalence according to main sustainable development indicators in GBV.¹⁵

Bangladesh and Kenya are the countries with a higher rate of physical and/or sexual intimate partner violence in the last 12 months.

In these two countries, one in four women experienced physical and/or sexual intimate partner violence in the 12 months previous to the survey. They are followed by Côte d'Ivoire, Guinea, Colombia and Ethiopia, where around one in five women experienced this kind of violence in the year preceding the survey. Sri Lanka, Mexico, Burkina Faso and Niger are the countries in which this kind of violence is less reported, 6%, 7.5%, 9.30% and 13.9% respectively. As observed, it is challenging to establish geographic trends, suggesting that intimate partner violence might be influenced by various national factors.

Table 2. Prevalence of physical and/or sexual intimate partner violence in the last 12 months.¹⁶

| Country | Percentage ¹⁷ |
|---------------|--------------------------|
| Bangladesh | 26.90 |
| Burkina Faso | 9.30 |
| Colombia | 18.30 |
| Côte d'Ivoire | 22.00 |
| Ethiopia | 19.80 |
| Guinea | 20.80 |
| Kenya | 25.50 |
| Mexico | 7.50 |
| Niger | 13.9 |
| Sri Lanka | 6.00 |

Source: UNWOMEN, 2023.

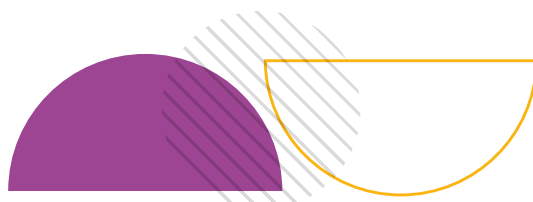
Child marriage is very common in most countries, but in Niger, Burkina Faso and Bangladesh it represents most marriages since the prevalence is over 50%.

The highest prevalence of this type of violence is mainly found in Niger (76.3%), Burkina Faso (51.6%) and Bangladesh (51.4%). Guinea and Ethiopia are also countries with a high rate of child marriage (46.5% and 40.3% respectively). Although in many countries the legal marriage age is 18, child marriage based on girls' discrimination is a cultural and religious practice that was

¹⁵ This analysis is based on statistics published in the *Global Database on Violence against Women* elaborated by UNWOMEN to measure advance in Sustainable Development indicators on GBV. The database was created in 2016, in accordance with the adoption of the 2030 Agenda for Sustainable Development, and allows to have comparable data on some kinds of GBV based on national statistics. Thus, in this section, the focus is done in key indicators that allow country comparison while country sheets present national available data on different kinds of violence.

¹⁶ UNWOMEN based on national data. [Global Database on Violence Against Women \(unwomen.org\)](https://unwomen.org)

¹⁷ SDG 5.2.1 Proportion of ever-partnered women and girls subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months, by age (%) Age: 15-49.



pointed out as a main type of GBV in these countries. In other countries such as Mexico and Colombia, it was not highlighted as an important kind of GBV during interviews, even if its prevalence is also relevant (23.4% and 20.7% respectively).

Table 3. Prevalence of child marriage.¹⁸

| Country | Percentage ¹⁹ |
|---------------|--------------------------|
| Bangladesh | 51.40 |
| Burkina Faso | 51.60 |
| Colombia | 23.40 |
| Côte d'Ivoire | 27.00 |
| Ethiopia | 40.30 |
| Guinea | 46.50 |
| Kenya | 22.90 |
| Mexico | 20.70 |
| Niger | 76.30 |
| Sri Lanka | 9.80 |

Source: UNWOMEN. 2023.

Female genital mutilation/cutting is the type of violence which especially affects women in Guinea, Burkina Faso and Ethiopia.

Guinea, Burkina Faso and Ethiopia are the countries where more women are victims of FGM. In Guinea, almost all women are mutilated (94.20%) and in the case of Burkina Faso, the rate is 75.8%. In East Africa, Ethiopia also faces a high FGM rate (65.20%). This practice is strongly influenced by traditional rules that also vary from one ethnic group to the other and that are not always linked with religion. In Colombia, cases of FGM were also reported, but they are not captured by statistics.

¹⁸ UNWOMEN based on national data. [Global Database on Violence Against Women \(unwomen.org\)](https://unwomen.org)

¹⁹ SDG 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 18 (%).

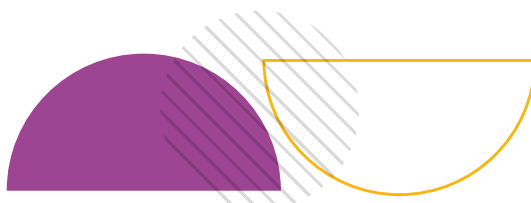


Table 4. Prevalence of female genital mutilation/cutting.²⁰

| Country | Percentage ²¹ |
|---------------|--------------------------|
| Bangladesh | Not available |
| Burkina Faso | 75.80 |
| Colombia | Not available |
| Côte d'Ivoire | 36.70 |
| Ethiopia | 65.20 |
| Guinea | 94.50 |
| Kenya | 21.00 |
| Mexico | Not available |
| Niger | 2.00 |
| Sri Lanka | Not available |

Source: UNWOMEN, 2023.

3. Factors of influence on GBV in targeted countries according to stakeholders' perceptions.

Feminist CSOs adhere to international definitions of GBV but differences are expressed regarding the kind of violence that is more prevalent in each country.

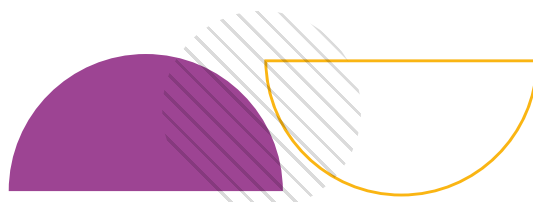
During focus groups, participants were asked about the definition of GBV in each country. Feminist CSOs showed alignment with international definitions and generally expressed it as a kind of violence based on sex and gender discrimination. Nevertheless, most participants indicated that GBV is defined in their context as any harm inflicted against women and girls. Only some participants focused on gender, pointing out that men or gender and sexual diverse individuals can also be victims of GBV. In a minority of cases, GBV was mistaken for specific violence against any vulnerable group, such as children or people living with disabilities and was not linked to sex and/or gender, which shows that a minority of CSOs' representatives do not fully understand this concept.

More prevalent kinds of violence according to the perception of CSOs vary from one country to another.

Regarding types of GBV, CSOs define general kinds of violence including physical, sexual, psychological, and also economic violence. In some cases, symbolic violence against women was also identified, as in Mexico. Violence against women in politics or during intense political moments such as elections were also pointed out, specifically in Mexico, Colombia and Kenya. Harmful traditional practices (HTPs) were reported in African countries, notably female genital

²⁰ UNWOMEN based on national data. [Global Database on Violence Against Women \(unwomen.org\)](https://unwomen.org)

²¹ SDG 5.3.2 Proportion of girls and women aged 15-49 who have undergone female genital mutilation/cutting, by age (%) Age: 15-49.



mutilation (FGM) which is more prevalent in sub-Saharan countries and some specific ethnic groups. Furthermore, child marriage including forced marriage was also highlighted as a specific kind of GBV in these countries. Femicide was noted as a kind of GBV in Latin American countries but was not mentioned in African countries. Acid attacks were specifically mentioned in Asian countries and Latin America. CSOs in Asian countries also highlighted honour crimes and dowry-related violence. In all countries, domestic violence was noted as prevalent but more tolerated and associated with “intime disputes”.

Psychological violence and online sexual violence are difficult to capture and would need more attention according to feminist CSOs on the field.

Psychological and verbal violence was identified as one of the most widespread types of violence but also one of the most difficult to recognise and report. Additionally, sexual online violence was noted as an increasing type of violence, particularly after the COVID-19 pandemic, which impacted younger girls. Nevertheless, scarce data is available to understand its prevalence.

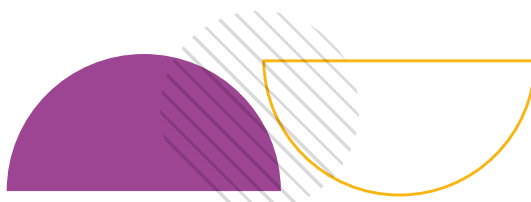
CSOs identified people living with disabilities, national origin and ethnic origin as the main intersectional factors increasing vulnerability towards GBV.

During interviews and focus groups, discussions revolved around identifying the more vulnerable groups to GBV. In all cases, women and girls were generally identified as the population most affected by GBV. Nevertheless, it was also noted that specific groups of women are more likely to be victims of GBV. **Women and girls living with disabilities** were also identified as a specific vulnerable group since they have fewer resources to protect themselves and might be more vulnerable to domestic GBV.

Migrant and refugee women, girls and sexual and gender diverse individuals were also identified as groups that face higher risks of being GBV victims, due to their situation of transit in foreign countries. Knowing that their number is especially high in countries such as Burkina Faso, Ethiopia, Colombia, Mexico or Sri Lanka; sexual violence, harassment, physical violence, and risk of human trafficking were identified as the kinds of violence affecting these women the most during the research. The same situation was also highlighted for IDPs in countries such as Burkina Faso, Niger and Kenya.

Moreover, women and gender and sexual diverse individuals from specific **ethnic or religious groups** in Bangladesh, Colombia, Ethiopia, Guinea, Kenya or Sri Lanka were also noted as victims of more harmful traditional practices, exposing them to violence. It was observed that they are more susceptible to economic violence and stigma due to their disadvantaged social position. These groups might also face language barriers and stereotypes that limit their access to services from state and non-state stakeholders.

In Colombia, for example, actors working with indigenous communities and participating in the qualitative data collection reported that child and forced marriage is a common practice in some communities. In Bangladesh and Sri Lanka, the caste and class system impact women and girls from some communities that are socially relegated and more exposed to GBV as they are economically dependent on their abusers. This is the case of Sinhalese and Tamils in northern



Sri Lanka some Muslim communities (Moors, Memons and Malays) and the Sindhis and Parsis communities. In Bangladesh, this situation specifically affects Dalit women.

Gender and sexual diverse individuals were also identified as more vulnerable, but not all CSOs protect them.

Gender and sexual diverse individuals face physical and sexual violence, primarily perpetrated by family members and close relatives (partners, ex-partners, employers, supervisors, co-workers, and neighbours). They are especially vulnerable to psychological violence due to the enforcement of gender norms, restrictions on socialisation, physical and emotional neglect, family ostracism, and constant pressure to enter into (heterosexual) marriage. This was pointed out by many feminist CSOs in all countries. Nevertheless, some of them, mainly in African countries, hold positions against these groups and admitted that, even if they work against GBV, their organisations stand against LGBTQI+ communities' "behaviour", which finally contribute to their stigmatisation and vulnerability.

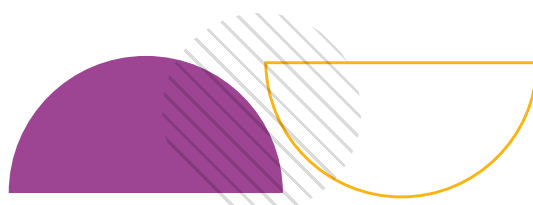
Sex workers are an invisible group but highly exposed to GBV.

Sex workers were not always mentioned by feminist CSOs as a primary vulnerable group. Nevertheless, when the research team asked about their specific conditions, all interviewed actors agreed to consider them a particularly vulnerable group. In fact, sex workers, especially women and transgender individuals, are exposed to GBV because of their activity which involves using public spaces by people who are socially stigmatised and therefore unprotected. Although few countries gather data on GBV against sexual workers, qualitative information reveals they have experienced psychological, physical and sexual violence from clients, as well as from other men, partners, or family. Furthermore, institutional violence that limits their access to resources and justice was also noted as a main kind of violence against this group.

Gender inequality is identified as the main cause of GBV in all countries, but other factors are also highlighted.

Disparities and power imbalances between men and women, which are exacerbated by patriarchal stereotypes regarding gender roles and responsibilities, were pointed out by all stakeholders as the main GBV causes. Economic vulnerability and inequality that make women depend on men, mainly within intimate relationships, were also noted as key factors in all countries. Other cultural and religious factors were highlighted, such as the rigidity of religious interpretations that avoid transforming gender roles. Legal polygamy in some of the Muslim-targeted countries and extra-marital relationships were also cited as contributors to GBV. Furthermore, factors such as the consumption of alcohol, drugs, and other substances by perpetrators were identified as aggravating elements for GBV.

Additionally, the lack of awareness of gender equality and women's and human rights, and the ineffective implementation of laws and policies are contributing factors to the unprotection of women and gender diverse individuals against GBV. Alongside this, other reasons like shyness, fear of judgement and stigma or cultural importance to the family status are reasons that also contribute to the maintenance of GBV situations. Child marriage was also pointed out as a factor



encouraging the lack of awareness and unprotection for young girls. This lack of awareness was also related to girls dropping out of school and limited educational opportunities. Finally, the limited political participation of women was recognised as a barrier to giving GBV the attention it deserves and therefore, contributes to its persistence.

Multifactorial complex crises in the last five years have had an impact on the increase of GBV in all countries.

Contextual factors have contributed to the increased prevalence of GBV in all the targeted countries. The global impact of COVID-19 has exacerbated existing crises, creating multifactorial challenges. As pointed out during interviews and focus groups, the pandemic provoked an increase in domestic violence, intimate partner violence and cyber violence, especially in restricted small spaces and rural settings. Economic crises triggered by the pandemic, followed by a rise in prices, coupled with natural disasters in most countries; insecurity caused by the growth of terrorist groups in Burkina Faso, Ethiopia and Niger or organised crime in Mexico; and the increase of migratory movements in Bangladesh, Mexico, Niger, Kenya or Ethiopia have augmented the exposure to GBV of more vulnerable women and sexual and gender diverse individuals. It has also provoked the destruction of protection services, including the cases in which repressive governments have reduced initiatives to develop actions to eliminate GBV (Burkina Faso, Guinea, Niger or Mexico).

Conservative ideologies were pointed out in all countries as main opponents to gender quality and actions against GBV.

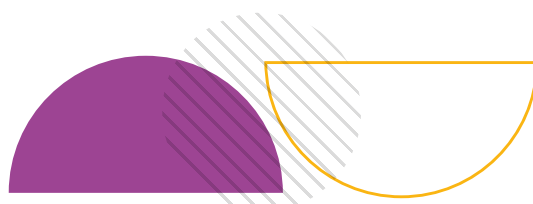
CSOs identified conservative religious and cultural groups as the main opponents of intersectional feminism. Nevertheless, their typology varies from one context to another. In Western and Eastern African countries, traditional community and religious leaders were pointed out as leaders trying to maintain gender norms and differences and that placed women in an inferior position to men.

This was also mentioned in Bangladesh and Sri Lanka, where religious leaders were considered opponents. In Asian countries, political leaders from ethnic-national political parties also play a role against feminist principles.

In the case of Latin American countries, conservative social movements with religious roots were identified as opponents of feminism. They base their strategy on denouncing the “gender ideology” that tries to change nature and modify the natural differences between men and women. According to these movements, GBV does not exist and can be categorised as another type of violence. These movements also hold strong anti-abortion beliefs.

4. Legal and political frameworks on GBV

Legal frameworks on GBV address violence against women and girls in all the targeted countries, but without comprehensively covering all kinds of violence and considering all sexual and gender diverse individuals.



GBV is prevalent in all the countries targeted by the research, but the term “GBV” does not appear in any legal framework. In practice, and as will be presented below, the legal frameworks often refer specifically to violence against women and girls, limiting an intersectional and inclusive perspective. In many countries, specific instances of violence against women and girls are not recognised or only acknowledged in some specific cases.

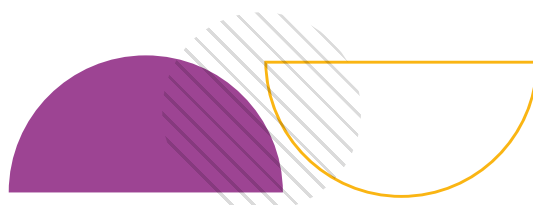
This applies to all countries. However, as analysed below, Mexico and Colombia started to implement more inclusive policies addressing gender and sexual diverse individuals which opened the door to work on cross-cutting factors in the fight against GBV. Despite this progress, the current legal frameworks on GBV in both countries do not address gender comprehensively but they refer mostly to women and girls.

All the targeted countries have ratified the CEDAW but three of them have included reservations.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has been ratified by all the countries although two of them (Niger and Bangladesh) have included some reservations. These reservations were justified on the grounds of preserving the country's cultural, traditional and religious values. In the case of Ethiopia, the reservation refers to the process of arbitration.

Table 5. CEDAW ratification status by country.

| Country | Year of ratification | Reservations |
|---------------|----------------------|--|
| Bangladesh | 1984 | "The Government of the People's Republic of Bangladesh does not consider as binding upon itself the provisions of Article 2, [and] 16 (1) (c) as they conflict with Sharia law based on Holy Quran and Sunna." |
| Burkina Faso | 1987 | No |
| Colombia | 1982 | No |
| Côte d'Ivoire | 1995 | No |
| Ethiopia | 1981 | Socialist Ethiopia does not consider itself bound by paragraph 1 of Article 29 of the Convention. |
| Guinea | 1982 | No |
| Kenya | 1984 | No |
| Mexico | 1981 | No |
| Niger | 1999 | Article 2, concerning succession. Article 5, concerning social and cultural patterns of conduct of men and women. Article 15, concerning the right of women to choose their residence and domicile (only for unmarried women). |



| | | |
|-----------|------|--|
| | | Article 16, concerning rights and responsibilities during marriage and at its dissolution (including number of children, and family name). Article 29 concerning the interpretation or application of the present convention. |
| Sri Lanka | 1981 | No |

Source: United Nations, 2023.

The Constitution of all the targeted countries prohibits discrimination based on sex or promotes equality between women and men and some of them also include specific dispositions on GBV.

The Constitutions of all countries either address gender discrimination or promote gender equality, as can be seen in the table below.

Thus, the Constitutions of four countries (Bangladesh, Colombia, Côte d’Ivoire, Kenya) introduce dispositions concerning the prohibition of discrimination based on sex as well as promoting equality between women and men. In five countries (Bangladesh, Burkina Faso, Guinea, Mexico and Sri Lanka) the Constitution introduces dispositions prohibiting discrimination based on sex. Mexico and Ethiopia introduce dispositions to ensure equality between women and men.

Moreover, the Constitution of three countries (Colombia, Côte d’Ivoire and Ethiopia) has included dispositions concerning the prohibition of violence against women.

²² United Nations. Treaty’s collection. https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtmsg_no=IV-8&chapter=4&clang=en#EndDec

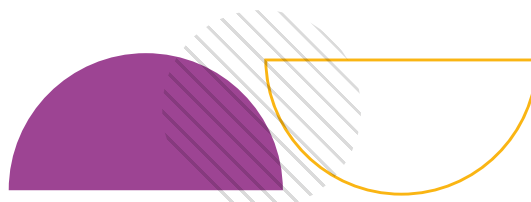


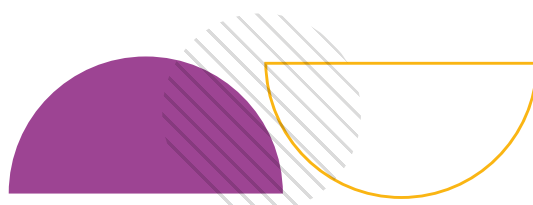
Table 6. Main dispositions on promoting gender equality and GBV in the Constitution by country.²³

| Country | Main dispositions of the Constitution which prohibit discrimination based on sex or recognise equality between women and men | Main dispositions of the Constitution which prohibit violence against women |
|---------------|--|--|
| Bangladesh | Art. 27 prohibits discrimination based on sex Art. 28 guarantees the right to equality and non-discrimination for every citizen | No |
| Burkina Faso | Art. 1 prohibits discrimination based on sex | No |
| Colombia | Art. 13 prohibits discrimination based on sex Art. 43 promotes equal rights for men and women | Art. 42 prohibits intra-familial violence |
| Côte d'Ivoire | Art. 4 prohibits discrimination based on sex Art. 32 encourages the government to take women's needs into account | Art. 5 prohibits physical violence and female genital mutilation Art. 35 encourages local authorities to combat GBV |
| Ethiopia | Art. 35 recognises the equal rights of women | Art. 35.4 prohibits laws, customs and practices that oppress or cause bodily or mental harm to women |
| Guinea | Art.8 prohibits discrimination based on sex | No |
| Kenya | Art. 27 prohibits discrimination based on sex and promotes equality between men and women | No |
| Mexico | Art. 4 establishes equality between women and men | No |
| Niger | Art. 8 prohibits discrimination based on sex Art. 22 pledges to eliminate all forms of discrimination against women | No |
| Sri Lanka | Art. 12 prohibits discrimination based on sex | No |

Only seven countries have implemented laws for directly combatting GBV but all the countries introduce dispositions to combat some forms of violence against women.

How the targeted countries define and address GBV varies from one country to the other, but in general, all the countries focus on domestic and sexual violence against women.

²³ The provisions that have been collected concern only those that address sex discrimination and other issues or promote equality between women and men in a general manner. Provisions concerning equality between men and women on issues such as political participation or equal working conditions were not the subject of this table.



Some countries have implemented a legal framework which includes specific laws to eradicate GBV and dispositions to combat some forms of violence. That is the case in Bangladesh, Burkina Faso, Colombia, Côte d’Ivoire, Kenya, Mexico and Sri Lanka.

Among these countries, Mexico and Colombia have developed the most comprehensive frameworks. In 2007, Mexico approved the General Law on Women's Access to a Life Free of Violence.²⁴ This law encompasses a wide range of GBV typologies, and since 2012 also covers femicide. In the case of Colombia, the country developed a regulatory framework, which includes different laws penalising domestic violence, femicide and acid use and a law to ensure access to housing subsidies for women victims of extreme violence. Burkina Faso also has a specific law on GBV prevention, repression and reparation of violence against women.

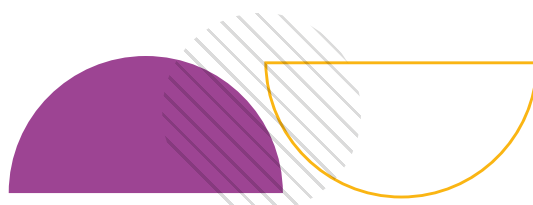
Bangladesh, Côte d’Ivoire, Kenya and Sri Lanka have enacted laws that do not specifically include violence against women in their titles but cover specific forms of GBV affecting women and girls, notably sexual violence and domestic violence.

On the contrary, Ethiopia, Guinea and Niger have not implemented specific laws to comprehensively address GBV. Guinea and Niger, the two studied countries most affected by FGM, have implemented provisions in the penal code and reproductive health laws to combat the practice. In Ethiopia, the penal code and the family code criminalise domestic violence, extra-marital rape and female genital mutilation.

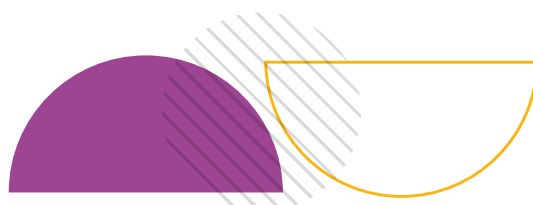
Rape is criminalised in all countries but in many cases just in the case of women (nor for men) and when it is extra-marital rape.

| Countries | Main legal framework for GBV | Dispositions concerning GBV in the legal framework |
|--------------|---|---|
| Bangladesh | <ul style="list-style-type: none"> - Women and Children Repression Prevention Act. - Domestic violence (Prevention and Protection Act). | <ul style="list-style-type: none"> - The Acid Offence Prevention Act - The Acid Control Act - The Medical, Legal Aid and Rehabilitation of the Persons Affected by Acid Rules - The penal code penalises rape but is related to “peno-vaginal penetration”. |
| Burkina Faso | <ul style="list-style-type: none"> - Law n°061-2015 on GBV prevention, repression and reparation of violence against women. | <ul style="list-style-type: none"> - The penal code penalises rape against any person, not only women; and FGM. |

²⁴ Ley General de Acceso de las Mujeres a una Vida Libre de Violencia.



| | | |
|---------------|--|--|
| Colombia | <ul style="list-style-type: none"> - Law 248 (1995) which approves the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, - Law 1257 (2008), which establishes norms for awareness, prevention and punishment of different forms of violence and discrimination against women, Law 294 (1996), which establishes norms to prevent, repair and punish domestic violence. - Law 1761 (Rosa Elvira Cely Law), which defines and penalises femicides, - Law 2172 (2021), which aims to establish measures to guarantee priority access to housing subsidies for women victims of extreme GBV, especially for vulnerable individuals. | <ul style="list-style-type: none"> - Law 1773 (2016) (Natalia Ponce Law), which establishes penalties for acid burns, - Law 1146 (2007), which lays down rules for the prevention of sexual violence and comprehensive care for sexually abused children and adolescents, - Law 1719 (2015) which ensures access to justice for victims of sexual violence, especially in the context of the armed conflict, Law 2081 (2021), which penalises incest, - The Penal Code (Law 599 of 2000) penalise sexual crimes, including rape. |
| Côte d'Ivoire | <ul style="list-style-type: none"> - Law n° 2021-894 (2021) which promotes protection measures for victims of domestic violence, rape and sexual violence other than domestic violence. | <ul style="list-style-type: none"> - The penal code penalises rape against any person, not only women or men. - Law n° 98-757 (1998) which defines and criminalises genital mutilation, - Law n° 2018-5 70 (2018) protects witnesses, victims, whistleblowers, experts and other people concerned, and provides the right of access to justice. |
| Ethiopia | <ul style="list-style-type: none"> - No specific law on GBV. | <ul style="list-style-type: none"> - The penal code criminalises domestic violence, extra-marital rape against women and female genital mutilation. |
| Guinea | <ul style="list-style-type: none"> - No specific law on GBV. | <ul style="list-style-type: none"> - The law on reproductive health (L010/AN-2000) prohibits all forms of violence against women, including FGM, - The Penal Code criminalises FGM and rape. |
| Kenya | <ul style="list-style-type: none"> - The 2015 Domestic Violence Act - The Sexual Offences Act (2006). | <ul style="list-style-type: none"> - Employment Act. Penalises harassment. - Sexual offence act penalises sexual violence, including rape against any person. |
| Mexico | <ul style="list-style-type: none"> - Law on Women's Access to a Life Free of Violence (2007), - 28 states also have a Law to Prevent, Attend and Eradicate Domestic Violence. | <ul style="list-style-type: none"> - General Law for Equality between Women and Men (2021). - General Victims Law. - Rape is penalised in all cases, not only against women and girls. |



| | | |
|-----------|--|---|
| Niger | - No specific law on GBV. | <ul style="list-style-type: none"> - The Law No. 2006-16 of 21 June 2006 on reproductive health in Niger (criminalises FGM), - The penal code penalises FGM and rape (against men and inside marriage). |
| Sri Lanka | - The Prevention of Domestic Violence Act No. 34 (2005). | <ul style="list-style-type: none"> - Anti-Corruption Act of 19 July 2023, which recognises sexual bribery, - The Prohibition of Ragging and Other Forms of Violence in Educational Institutions Act No. 20 (1998) to prevent and punish sexual harassment in universities, - The penal code criminalises rape (against women and men). |

In terms of sexual and reproductive rights, abortion is prohibited in eight of the ten targeted countries, and Mexico is the only country which recognises obstetrical violence.

Regarding sexual and reproductive rights, 21 of the 32 states in Mexico recognise obstetrical violence.²⁵ Thus, it is the only country which recognises this kind of violence against women.

Regarding abortion, it is banned by the penal codes of eight of the ten targeted countries, more specifically in African and Asian countries: Burkina Faso, Ethiopia, Niger, Côte d'Ivoire, Guinea, Kenya, Bangladesh and Sri Lanka. However, special conditions permit abortion in these countries, especially in cases of incest, foetus malformation, rape or when the woman's life is in danger, except Niger.

²⁵ States that do not recognise obstetrical violence are: Baja California Sur, Guerrero, Jalisco, Michoacán, Nuevo León, Oaxaca, Sinaloa, Sonora, Tabasco, Yucatán, Zacatecas and la Federal.

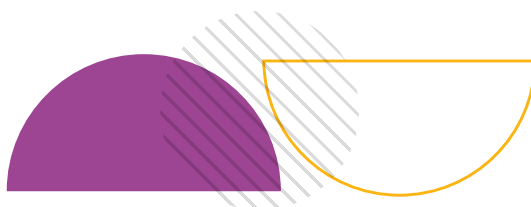


Table 8. Legal abortion conditions per targeted countries.

| Countries | The right to abortion | Conditions in which abortion is allowed |
|---------------|--|---|
| Bangladesh | Prohibited and punished by the penal code. | Abortion is permitted in cases where it is necessary to save a woman's life. |
| Burkina Faso | Prohibited and punished by the penal code. | Abortion is only permitted in cases of rape, incest (within the first ten weeks) or foetal malformation, and when the woman's life or health is in danger. |
| Colombia | Permitted by the Constitutional Court C-055 (2022) ruling. | The voluntary interruption of pregnancy without fulfilling any type of requirement is allowed until week 24. Afterwards, abortion is allowed under ruling C-355 (2006) when the woman's life or health is in danger, foetal malformation, and when the pregnancy is the result of sexual violence, incest, artificial insemination or non-consensual transfer of a fertilised ovum. |
| Côte d'Ivoire | Prohibited and punished by the penal code. | Abortion is permitted if the woman's life is in danger and cases of rape |
| Ethiopia | Prohibited and punished by the penal code. | Abortion is permitted in case of rape or incest, when the life of the mother or foetus is at risk, in case of severe or incurable diseases or birth defects, and when the mother is mentally or physically incapable of raising a child, or in "grave and imminent danger". |
| Guinea | Prohibited and punished by the penal code and the Reproductive Health Act. | Abortion is allowed when the termination of pregnancy is necessary to safeguard the life of the mother, as well as in cases of early pregnancy, rape, incest and serious ailments of the unborn child. |
| Kenya | Prohibited and punished by the Constitution. | Abortion is permitted for emergency treatment, if the life or health of the mother is in danger, or if permitted by any other written law (penal code). In this last case, the Ministry of Health's National Guidelines on Management of Sexual Violence 2014 states that rape survivors have the right to safe abortion. |
| Mexico | In September 2023 the supreme court declared unconstitutional the crime of abortion in the federal penal code. | Only 12 of the 32 states recognise abortion as a woman's right up to week 12 of gestation (CDMX, Oaxaca, Hidalgo, Veracruz, Coahuila, Baja California, Colima, Sinaloa, Guerrero, Baja California Sur, Quintana Roo, Aguascalientes). In the rest of the states, there are still laws in force with different grounds under which abortion is permitted. |

| | | |
|-----------|--|--|
| Niger | Prohibited and punished by the penal code. | In any case. |
| Sri Lanka | Prohibited and punished by the penal code. | Abortion is only allowed when the life of the mother is at risk. |

LGBTQI+ people's rights are not recognised and are even persecuted in eight of the ten targeted countries.

The legal framework addressing the rights of sexual and gender diverse individuals varies considerably among targeted countries.

Six of the ten targeted countries contain specific provisions criminalising same-sex sexual relations in their criminal codes, namely: Niger, Guinea, Kenya, Ethiopia, Bangladesh and Sri Lanka. Not all these provisions refer to homosexual relationships, but they mostly refer to “unnatural or indecent acts”. However, some gaps or specific dispositions open the door to recognising some gender and sexual diverse individuals. In Kenya, the penal code provisions only condemn homosexuality between men, and the 2022 Children Act allows citizens to identify as intersex in the deaths and births register. In Bangladesh, the law recognises the "hijra" or "the third gender", and in Ethiopia, an opportunity to fight discrimination against transgender people appears in Article 25 of the Constitution, which guarantees equal and effective protection of all people without specifying "other status", which allows for the inclusion of these groups.

On the other hand, two targeted countries, Côte d'Ivoire and Burkina Faso do not have laws criminalising same-sex relationships. However, in practice, the interpretation of the penal code can persecute and criminalise sexual diverse individuals.

Furthermore, Burkina Faso and Niger are currently experiencing political and security instability, with the imposition of military governments, leading to increased police and military repression against sexual and gender diverse individuals considered as a “colonial and external occidental influence”. In parallel, Kenya and Ethiopia are also suffering from a rise in repression against the LGBTQI+ population, as a consequence of the approval of Uganda’s law for the repression and criminalisation of LGBTQI+ people.

Table 9. LGBTQI+ people's rights per country.

| Countries | Criminalisation of same-sex relationship |
|---------------|---|
| Bangladesh | The penal code criminalises “carnal intercourse against the order of nature”, which serves to punish homosexual women and men. |
| Burkina Faso | The country has no laws penalising homosexuality or granting specific rights to homosexuals. However, in practice, same-sex relationships are persecuted. |
| Colombia | The country has no laws penalising or protecting same-sex marriage. Moreover, the 2016 SU-214 ruling allowed the right to execute a marital contract between same-sex people. |
| Côte d'Ivoire | Same-sex relationships are not penalised, but the interpretation of the Penal Code can send people to prison due to “indecent” situations. |
| Ethiopia | The penal code punishes homosexual relationships as “an attempt to commit an unnatural offence”. |
| Guinea | The penal code punishes with imprisonment and a fine any indecent or unnatural act committed with an individual of the same sex. |
| Kenya | The penal code includes articles that criminalise unnatural, and offence acts between people of the same sex, which in the practice come to the criminalisation of homosexuality. |
| Mexico | The Constitution, the Federal Law to Prevent and Eliminate Discrimination, the Federal Work Law and the penal code forbid discrimination based on sexual orientation. In 2008, the Federal District approved same-sex marriage and in 2021, the Federal District was also the first state to approve the law for the recognition and care of LGBTQI+ people in Mexico City. |
| Niger | Same-sex sexual activity is criminalised by the penal code through the criminalisation of “an indecent or unnatural act”. |
| Sri Lanka | Same-sex sexual activity is criminalised by the penal code through the criminalisation of “gross indecency” situations. |

Sex work is not explicitly forbidden in targeted countries. However, the lack of regulation and the persecution of certain aspects related to sex work leaves sex workers unprotected by most GBV laws and measures in national legislation.

Niger is the only country that penalises sex work directly under Article 7 of the law No. 2006-16 of 21 June 2006 on reproductive health. Nevertheless, no country has completely decriminalised sexual work, as explained below.

Sex work is not prohibited in seven of the ten targeted countries, and more specifically in the African and Asian countries: Burkina Faso, Ethiopia, Côte d'Ivoire, Guinea, Kenya, Bangladesh and Sri Lanka. However, other dispositions against brothel management, mediation or asking for sex work in the street, indirectly penalise sex workers.

In Bangladesh, for example, the Dhaka Metropolitan Police Act (DMPA) outlaws the solicitation of another person in public for the purpose of prostitution, and similar provisions are found in the Metropolitan Police Acts of five other divisional towns.²⁶ Furthermore, the Suppression of Immoral Traffic Act (SITA) deems it illegal to own or manage a brothel, as well as to engage in the purchase, sale, or living off the earnings of a prostitute. In Burkina Faso, anyone promoting sex work is also punishable under the penal code. This means that sex work is formally prohibited in Burkina Faso, even though there is no law punishing the sale of sexual services.

Kenya presents a contradiction between country by-laws and the penal code, which does not criminalise sex workers. In contrast, nationwide municipal by-laws explicitly criminalise sex work by prohibiting activities such as "loitering for the purpose of prostitution," "importuning for the purpose of prostitution," and "indecent exposure".

In Colombia and Mexico, some legal dispositions regulate sexual work. In Colombia, prostitution is not an infraction as the sentence T594 (2016) prohibits discrimination against sexual workers.²⁷ Moreover, resolution 2646 (2008) from the Ministry of Health related to work health includes the health requirements for establishments where prostitution is practised. In Mexico, some states have regulated sex work in health law.²⁸ Currently, 13 states have a regulatory approach to sex work. These states have adopted legal frameworks that permit sex work with strict requirements and regulations, which, for sex workers, are more of a restriction of their rights than a promotion of them. Only in Mexico City sex work has been recognized as informal work.

Table 10. Sex worker's rights by country.

| Countries | Legal dispositions on sex work |
|---------------|---|
| Bangladesh | Prostitution by an adult woman (over 18) is not currently prohibited by any existing law but dispositions concerning the management of brothels affect indirectly sex work. |
| Burkina Faso | The penal code does not strictly prohibit sex work. However, articles 533-20 punish anyone who publicly solicits prostitution. |
| Colombia | The Colombian Penal Code establishes that prostitution is not a crime, but that the promotion, facilitation, or exploitation of prostitution is (Art. 213). The sentence T594 (2016) prohibits discrimination against sexual workers. |
| Côte d'Ivoire | Article 335 of the criminal code does not criminalise prostitution but it does criminalise procurement pepping. Article 336 includes violence as an aggravating factor. |
| Ethiopia | The penal code does not forbid sex work. However, articles 846, 847 and 634 punish states that "engage in prostitution or debauchery", the "advertisement for debauchery" and "whoever, for gain, makes a profession of or lives by procuring the prostitution or immorality of another". |

²⁶ Rajshahi, Sylhet, Chittagong, Khulna, and Barisal.

²⁷ Sentence 594 (2016) <https://www.corteconstitucional.gov.co/relatoria/2016/t-594-16.htm>

²⁸ <https://www.diputados.gob.mx/sedia/sia/spe/SPE-ISS-14-07.pdf>

| | |
|-----------|---|
| Guinea | The Law on Reproductive Health (L010/AN-2000) makes the exploitation of prostitution of women and children a criminal offence (Article 13). Furthermore, the penal code does not deal specifically with sex work, but with procuring (articles 346-354). Thus, the law punishes soliciting for "prostitution" as well as assisting the prostitution of others, living with or off the earnings of a sex worker, acting as an intermediary and hiring, training or maintaining a sex worker. |
| Kenya | The penal code does not criminalise sex workers but third parties that profit from prostitution, including brothel managers as well as "soliciting or importuning for immoral purposes," which can be employed to prosecute sex workers. |
| Mexico | A national legislation on the issue does not exist, and each state or city regulates or prohibits sex work independently using health, safety and public order standards. |
| Niger | Article 7 of Law No. 2006-16 of 21 June 2006 on reproductive health prohibits all forms of violence and sexual abuse of the human person and makes them punishable by law. |
| Sri Lanka | Sexual work is not a criminal offence in Sri Lanka. However, many women are criminalised under the Brothels Ordinance (1889) and the archaic Vagrants Ordinance (1841), which do not criminalise sex workers but the operation of a brothel. |

Girls experience forced and child marriage, which is one of the most widespread forms of GBV, especially in five of the ten targeted countries and is not always punished by law.

Child marriage is one of the most widespread forms of GBV, especially in Niger, Bangladesh, Burkina Faso, Guinea and Ethiopia. These countries have taken steps to ban child marriage regulating it by different legal frameworks (children's codes, family codes or civil codes). Nevertheless, some of them continue to allow marriage of girls before turning 18, such as Niger and some states of Ethiopia. Others forbid child marriage, but it continues to be a cultural and traditional practice in those countries.

Polygamy is an invisible form of violence in seven countries.

In Guinea, Burkina Faso, Niger, Sri Lanka, Bangladesh, Kenya, and Ethiopia, polygamy is allowed under the civil code or family regulations. Quantitative and qualitative data have demonstrated that Muslim women living in polygamous contexts are more vulnerable to being victims of GBV. However, this structural violence is still very common in most Muslim countries.

Women, girls and gender diverse communities in a migratory situation are more likely to be victims of GBV, but legislation does not protect them in most cases.

Most of the targeted countries are influenced by migration movements, which have a significant impact on GBV. However, these countries lack specific provisions on GBV in their migration laws and regulations. The legal framework on GBV fails to incorporate provisions on the aggravation of violence against women, gender and sexual diverse individuals in vulnerable situations due to migration. This situation particularly affects internally displaced women, girls and gender diverse individuals.

Women from minority ethnic groups are the most vulnerable to face GBV due to the prevalence of cultural norms. In some cases, specific legal provisions exist to address these issues.

In countries such as Bangladesh, Colombia, Mexico and Sri Lanka, ethnicity has also been identified as a cross-cutting factor of vulnerability regarding GBV.

Colombia and Mexico have developed a legal framework and mechanisms to protect women in indigenous communities. In the case of Bangladesh, some specific dispositions exist to avoid practices affecting specific ethnic groups that are more vulnerable, such as the Dowry Prohibition Act of 2018 that affects Dalit women. In all cases, interviewed stakeholders indicated that cultural practices prevail.

The implementation of the legal framework on GBV is a major challenge in all the targeted countries.

CSOs and other actors participating in interviews insisted that the implementation of the legal framework is the main challenge in all the targeted countries. CSOs involved in data collection have affirmed that the laws are not implemented especially in remote areas and that customs and practices prevail over laws. Despite this, actors also agreed that the existence of the legal framework on GBV, allows them to be able to work on this kind of violence against women and girls.

4.1. Public policies, institutional mechanisms, and main stakeholders on GBV

All the targeted countries have implemented plans, strategies or policies fighting GBV which vary from country to country conforming to their legal framework.

To implement the normative frameworks on GBV, all targeted countries have developed strategies, policies and/or programmes on GBV, which are directly related to how each country approaches the issue. Additionally, many of these countries have also deployed strategies and policies related to the area(s) of violence that are most prevalent in each country. These include child marriage (Bangladesh and Burkina Faso) or genital mutilation (Burkina Faso, Guinea and Kenya).

In most cases, these strategies are national but also intend to develop regional and local alert systems. Nevertheless, their implementation is often hindered by the lack of funding and political prioritisation, as was highlighted by key informants participating in interviews and focus groups. Moreover, they were not always updated after the end of the implementation period.

Table 11. Strategies, plans, policies, and programmes on GBV per country (information based on the countries' assessment).

| Countries | Plans, strategies, or policies fighting GBV |
|---------------|--|
| Bangladesh | <ul style="list-style-type: none"> - National Action Plan to Prevent Violence against Women and Children 2018-2030. - National Action Plan to Prevent Child Marriage 2018-2030. |
| Burkina Faso | <ul style="list-style-type: none"> - National action plan to combat GBV (2022-2024). - National Strategy for the Prevention and Elimination of Child Marriage 2016-2025, National Strategy for the Elimination of Female Genital Mutilation (SN/MGF 2022-2026). |
| Colombia | <ul style="list-style-type: none"> - The National System for Monitoring Gender-Based Violence. - The National Strategy against Violence. - The National Plan of Action against Violence against Children and Adolescents in Colombia, 2021-2024. |
| Côte d'Ivoire | <ul style="list-style-type: none"> - The National Strategy to Combat Gender-Based Violence (SNLVBG). |
| Ethiopia | <ul style="list-style-type: none"> - The National Costed Roadmap to End Child Marriage and Female Genital Mutilation/Cutting 2020–2024. |
| Guinea | <ul style="list-style-type: none"> - The National Strategy to Combat Gender-Based Violence. - The National Strategy to Promote the Abandonment of Female Genital Mutilation (2012-2016). |
| Kenya | <ul style="list-style-type: none"> - National Policy for Preventing and Responding to GBV. - The Policy for the Eradication of FMG. - Joint Programme to Combat Gender-Based Violence, Including Female Genital Mutilation and Early Marriage. - Global Programme to Accelerate Action to End Child Marriage. - The UNFPA-UNICEF Joint Programme to Eliminate FGM. |
| Mexico | <ul style="list-style-type: none"> - The federal policies and institutions are in charge of ensuring coordination among the different institutional levels. The General Law on Women's Access to a Life Free of Violence of 2007 promulgated the need to elaborate a Comprehensive Programme to Prevent, Address, Punish and Eradicate Violence against Women. Today, all 32 states have installed their System of Prevention, Attention, Sanction and Eradication of Violence against Women. |
| Niger | <ul style="list-style-type: none"> - National Strategy to Prevent and Respond to Gender-Based Violence (2017 – 2021). |
| Sri Lanka | <ul style="list-style-type: none"> - The Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (2016-2020). |

In most countries, the Ministry of Women's Affairs is the institution responsible for implementing GBV plans, strategies and policies. It is usually supported by other institutional coordination mechanisms that vary from country to country.

In seven of the targeted countries, Bangladesh, Burkina Faso, Côte d'Ivoire, Ethiopia, Guinea, Niger, and Sri Lanka, the implementation of policies, programmes, and strategies on GBV falls

under the purview of ministries responsible for the promotion and protection of women. These ministries also handle family, children or social affairs. In Colombia, the Ministry of reference is in charge of equality and equity issues, and in Kenya, it is the State Department of Gender.

In addition, all countries have established other types of mechanisms to fight against GBV that varies from country to country. Bangladesh, Colombia, Côte d'Ivoire, Guinea, Kenya and Mexico have set up commissions, departments or programmes that are exclusively dedicated to GBV (in addition some of them also have commissions, departments, agencies or programmes dealing with gender-related issues). In other cases, the issue of GBV is addressed by clusters or forums involving institutions, UN agencies and national and international NGOs, as in the case of Burkina Faso, Bangladesh, and Sri Lanka. In Ethiopia, these forums focus on the eradication of child marriage and the fight against FGM.

Table 12. National mechanisms of reference on GBV by country.

| Countries | Ministries, departments, commissions, offices, and other national mechanisms on GBV |
|---------------|--|
| Bangladesh | <ul style="list-style-type: none"> - The Ministry of Women and Children’s Affairs, in collaboration with UNFPA, serves as a co-chair for the national Gender-Based Violence Cluster. - Multi-sectoral programme on Violence Against Women. |
| Burkina Faso | <ul style="list-style-type: none"> - The Ministry for the Advancement of Women (MPF). - The gender cluster (including national institutions and UN agencies). - A national commission to combat discrimination against women (CONALDIS) has been set up within the Ministry. |
| Colombia | <ul style="list-style-type: none"> - Ministry of Equality and Equity. - The Presidential Advisory Office for Women's Equity. - The Committee for Gender Equity, Sexual Diversity and Prevention of Situations of Violence and/or Discrimination in the Administrative Department of the Presidency of the Republic. |
| Côte d’Ivoire | <ul style="list-style-type: none"> - The Ministry for Women, the Family and Children. - The National Programme to Combat GBV (formerly the Committee to Combat Violence against Women and Children). |
| Ethiopia | <ul style="list-style-type: none"> - The Ministry of Women and Social Affairs. - Coordination of the GBV Area of Responsibility, as a part of the protection cluster, is co-led at the federal level by the Ministry of Women and Social Affairs, and UNFPA. - Other coordination forums include the National Alliance on Child Marriage and Female Genital Mutilation/Cutting, the National Committee on the Eradication of Harmful Traditional Practices (2009), the National Task Force on Trafficking (2004) and the Women’s and Children’s Trafficking Monitoring Directorate at the Ministry of Foreign Affairs (2004). |

| | |
|-----------|---|
| Guinea | <ul style="list-style-type: none"> - The Ministry for the Advancement of Women, Children and Vulnerable Persons. - The National Observatory for the Fight against Gender-Based Violence. - The Office for the Protection of Gender, Children and Morals (at the police level). - The Central Service for the Protection of Vulnerable Persons (created in 2020 at the gendarmerie level) has a "Child and Gender Protection Division". |
| Kenya | <ul style="list-style-type: none"> - The State Department for Gender (SDG) including the Gender-Based Violence and Family Protection Directorate. - Gender Officers in all the Counties to ensure coordination and communication between different administration levels. This department is also responsible for Semi-Autonomous Government Agencies, including the Anti-Female Genital Mutilation Board, as well as the Gender Violence Protection Centres and the National Gender and Equality Commission. - The functions of the State Department for Gender include coordination of programmes and activities for the prevention and elimination of GBV and FGM. - The National Gender and Equality Commission (NGEC). |
| Mexico | <ul style="list-style-type: none"> - The National Commission for the Prevention and Eradication of Violence Against Women (CONAVIM). - The Women Institute. - The National Council of Human Rights. - The National Centre for Gender Equity and Reproductive Health. |
| Niger | <ul style="list-style-type: none"> - The Ministry for the Promotion of Women and the Protection of Children (now it is a general direction). |
| Sri Lanka | <ul style="list-style-type: none"> - The Ministry of Women, Child Affairs and Social Empowerment (including a centre for gender-based complaints). - The National Forum against Gender-Based Violence (including national institutions, UN agencies and national and international CSOs). |

The protection system for GBV survivors in all the targeted countries faces several challenges related to management, skills and financial resources.

All the targeted countries (except for Niger and Sri Lanka) have implemented specific systems to protect GBV survivors at the local level, aiming for a holistic approach that promotes coordination between security, justice, and health services. In this general context, the protection services offered vary from country to country, depending on the legal and regulatory frameworks. In many of the targeted countries (Burkina Faso, Ethiopia, Kenya, Côte d'Ivoire, and Bangladesh) it was observed that these services are developed with crucial support from UN agencies (notably UNWOMEN and FNUAP) and/or international CSOs. In all cases, protection services rely on national CSOs which play a key role in the support and protection of GBV survivors.

Table 13. Survivors' protection system per country.

| Countries | Decentralised mechanisms for fighting GBV and protecting survivors |
|---------------|--|
| Bangladesh | <ul style="list-style-type: none"> - A One-Stop Crisis Cell has been implemented in each of the 67 districts across Bangladesh, linking victims with necessary services, and overseeing the monitoring and follow-up of cases. - The National Trauma Counselling Centre situated in Dhaka, operates a 24-hour national helpline dedicated to addressing issues of violence against women and children and maintaining a database. |
| Burkina Faso | <ul style="list-style-type: none"> - Burkina Faso has been gradually setting up care centres since 2017, both by the government and by CSOs. |
| Colombia | <ul style="list-style-type: none"> - At the regional level, departments and municipalities have the autonomy to create their own agencies on GBV. - The protection system for victims of GBV includes mechanisms to care for and protect women survivors of violence (including coordination between the health system, the Prosecutor's Office, the police and other entities) at the national and local levels. |
| Côte d'Ivoire | <ul style="list-style-type: none"> - Eighty-four regional platforms (in 2022) are available to combat GBV, working in collaboration with the police and gendarmerie brigades (with the support of the United Nations agencies), as well as with social centres, socio-educational complexes, and health centres. |
| Ethiopia | <ul style="list-style-type: none"> - At the regional level, nine regions have Regional Bureaus of Women and Children's Affairs. - GBV services are provided by Child and Women's Protection Units in Police Stations, special women and children benches in courts, rehabilitation centres and legal aid and protection services. - Around 60 One-Stop-Centres have also been developed (October 2023) to give access to holistic services (health, psychosocial support, legal and police services) to survivors under one roof and free of charge across the country. |
| Guinea | <ul style="list-style-type: none"> - The local units of the Office for the Protection of Gender, Children and Morals (at the police level). - The local units of the Central Service for the Protection of Vulnerable Persons (created in 2020 at the gendarmerie level) have a Child and Gender Protection Division - Unit at hospitals are also concerned with providing emergency first aid to victims, drawing up a medico-legal certificate and carrying out examinations. |
| Kenya | <ul style="list-style-type: none"> - Units of police - Hospitals - Helplines for GBV survivors and Gender-Based Violence Recovery Centres supported namely by CSOs. |
| Mexico | <ul style="list-style-type: none"> - Model for the comprehensive care and protection of women who experience violence. - Specific resources such as CAIs and Justice Centres for Women. - Shelters for women experiencing extreme violence. |
| Niger | <ul style="list-style-type: none"> - There are no specific mechanisms outside the police and justice units and shelters managed by CSOs with the support of international stakeholders. |
| Sri Lanka | <ul style="list-style-type: none"> - 13 safe houses managed by the Women's Bureau (Ministry). |

Consulted stakeholders in all the targeted countries agree that survivors' protection services are not well operated and that they face several challenges related to management, skills and financial resources. They also agree that the services often do not cover the entire territory and that survivors do not know how to access them.

They pointed out that access to justice is especially challenging due to the cost of legal proceedings, the lack of free legal services, the fear of reprisals and the lack of adequate protection for survivors (which discourages them from reporting incidents of GBV or seeking help). Finally, they insisted that many GBV cases are not reported because they are silenced or arranged privately (because it is considered a family issue, such as in Mexico, Colombia or Sri Lanka) or at the community level in most African countries.

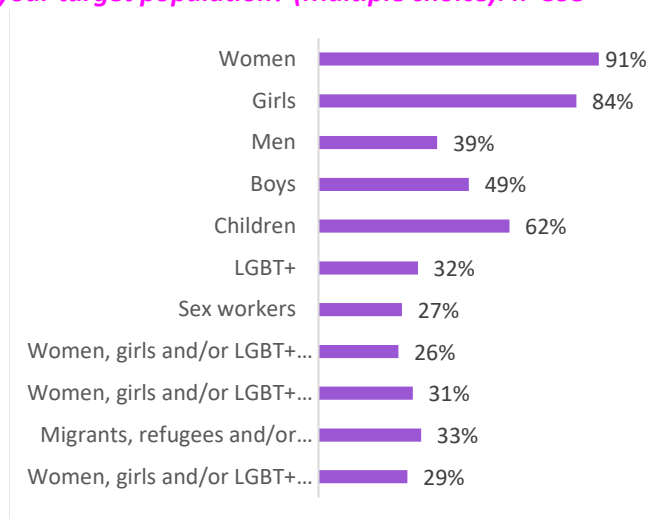
SECTION B. ANALYTICAL MAP OF FEMINIST CSOs

5. CSO targets and fields of intervention

The main target of feminist CSOs are women and girls, and more than half targets children.

The primary focus for most CSOs is women (89%) and girls (84%), as also highlighted in interviews and focus groups across all countries. Moreover, 62% of CSOs mentioned working with children. This percentage varies between countries, ranging from Ethiopia with 35% of CSOs addressing this issue to Colombia and Mexico, where 67% of CSOs reported working with children. Notably, in Guinea, 81% of CSOs reported working with this targeted population.

Graphic 4. What is your target population? (Multiple choice). n=395²⁹



Roughly one third of CSOs target people in a situation of intersectional discrimination.

²⁹ This question includes the analysis of CSOs that were later expelled from the questionnaire because they did not fit to the target.

Approximately one third of CSOs work with people affected by intersectional discrimination. The primary concerns among these CSOs are migrants, refugees and/or internally displaced women, girls and/or LGBTQI+ individuals (33%), followed by LGBTQI+ (32%) and women, girls and/or LGBTQI+ living with a disability (30%).

Countries in which over 50% of CSOs affirmed to work with refugees or IDP are Colombia (59%), Burkina Faso (50%), and Niger (56%), then comes Bangladesh with 41%. These countries were also influenced by political instability that provoked internal displacement. Furthermore, in the case of Colombia, the number of foreign refugees, mainly from Venezuela, has increased in the last five years, as well as in the case of Bangladesh, which was affected by the Rohingya refugee crisis.

Colombia and Mexico are the countries in which more CSOs target LGTBI+ people (55% and 51%), and also those with more inclusive legislation. Sri Lanka (48%), Kenya (39%) and Bangladesh (32%) also show a significant commitment to this group, as also identified during qualitative data collection. CSOs in these countries present a better understanding of their specific and face fewer risks when working with them. In Guinea and Côte d'Ivoire, only 26% and 25% of CSOs work with LGTBI+ people. However, qualitative data reveals that civil society in these countries is deeply concerned about this population even though it is less frequently addressed due to perceived risks. Contrastingly, only 4%, 5% and 6% of CSOs in Niger, Ethiopia and Burkina Faso, respectively, indicated working with LGBTQI+ people. Furthermore, interviews and focus groups suggest that CSOs are more reluctant to include this population in their work because of the lack of capacity to identify them. Some CSOs also mentioned their reluctance to work with these groups because they might encounter risks if they are perceived as involved in activities with the LGBTQI+ community, which are highly persecuted in these countries. However, qualitative data shows that LGBTQI+ issues are generally included in community-level interventions, particularly in sexual and reproductive health programs, more than in awareness, capacity-building, or advocacy initiatives.

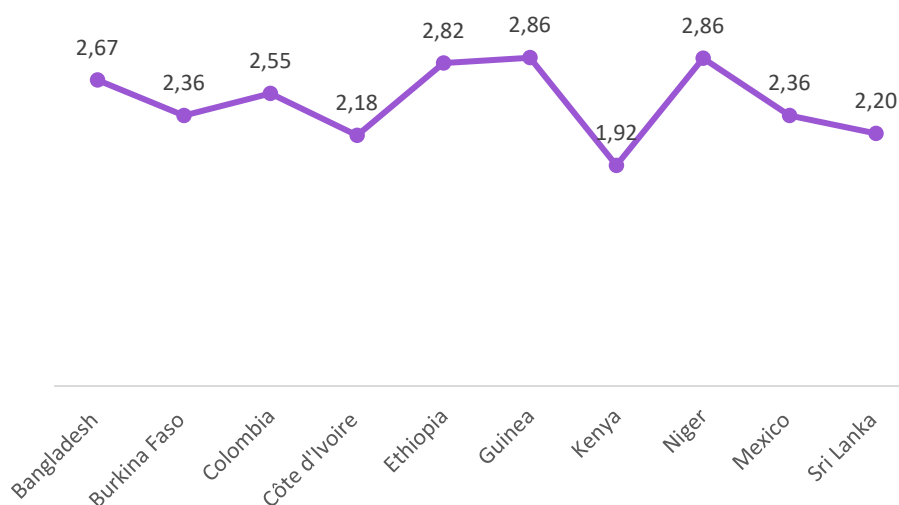
Similarly, 25% of CSOs, most of whom work at the community level, target sex workers through programs to address sexual and reproductive health risks. There were no significant differences across countries except for Niger, where only 15% of CSOs admitted to working with this group. CSOs working exclusively with sex workers did not answer the online survey, but they participated in interviews and focus groups. In these cases, although they tackle GBV, their field of work is broader, and they are involved in the promotion of sex workers' rights more generally.

Men and boys, another important target according to interviews.

According to the survey, 48% of CSOs work with boys and 38% also with men (the countries with the lowest percentages are Mexico and Colombia). Although some organisations are experienced in assisting male victims of GBV, most of their work with men and boys focuses on raising awareness and involving them in the prevention of GBV, as was noted during qualitative data collection. The main reason for CSOs' increasing interest in involving men and boys in their activities is that they are the main perpetrators of GBV, a consensus shared across all countries. Nonetheless, women and girls continue to be a main target. Interviews in all countries indicate a growing but insufficient involvement of men and boys in reducing GBV.

In the same sense, CSOs timidly agree with the statement “My organisation only works with women and girls since this is the target of feminist organisations”. Kenya's surveyed CSOs display the least agreement, while Ethiopia, Guinea, and Mexico's organisations express more agreement. This means that CSOs operate under inclusive approaches, involving men and boys in their activities, as well as the LGBTBI+ community in some cases.

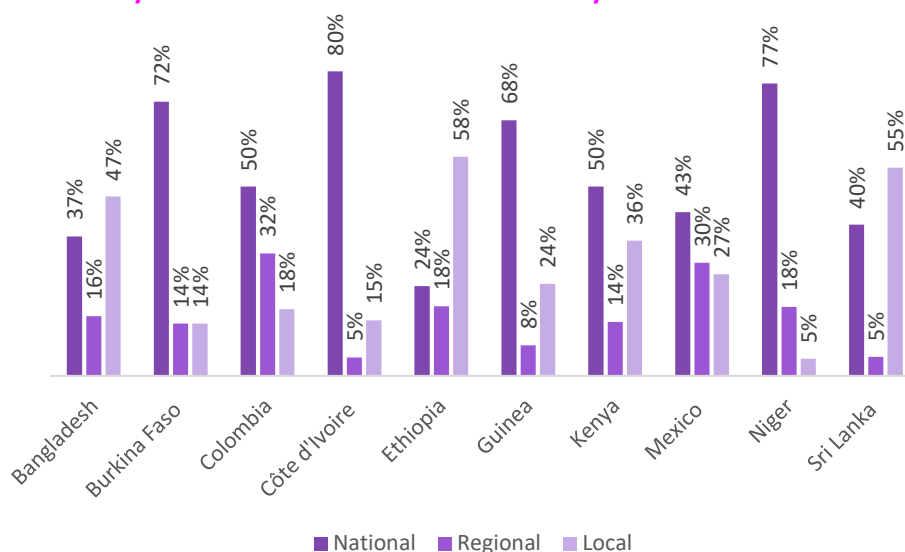
Graphic 5. Average (1=totally disagree, 5=totally agree) of the level of agreement of CSOs with the statement “My organisation only works with women and girls since this is the target of feminist organisations”. Per country. Average score. 1=totally disagree, 5= totally agree. n=310



Most organisations work at the national level and CSO action is concentrated at the local level in countries with humanitarian crises.

Around 54% of CSOs operate at the national level, while 29% work locally, and only 18% regionally. In Western African countries, CSOs tend to be more concentrated in capital cities, sometimes establishing regional antennas that can be an office or just a focal point which is also a member of the organisation. In Latin America, organisations work more from regional and national perspectives, while the bigger humanitarian settings in Eastern Africa and Asia mean that activity is more concentrated at the local level, as happens in Ethiopia and Bangladesh.

Graphic 6. What is your level of intervention? Per country. n=321



CSOs work on different forms of violence simultaneously.

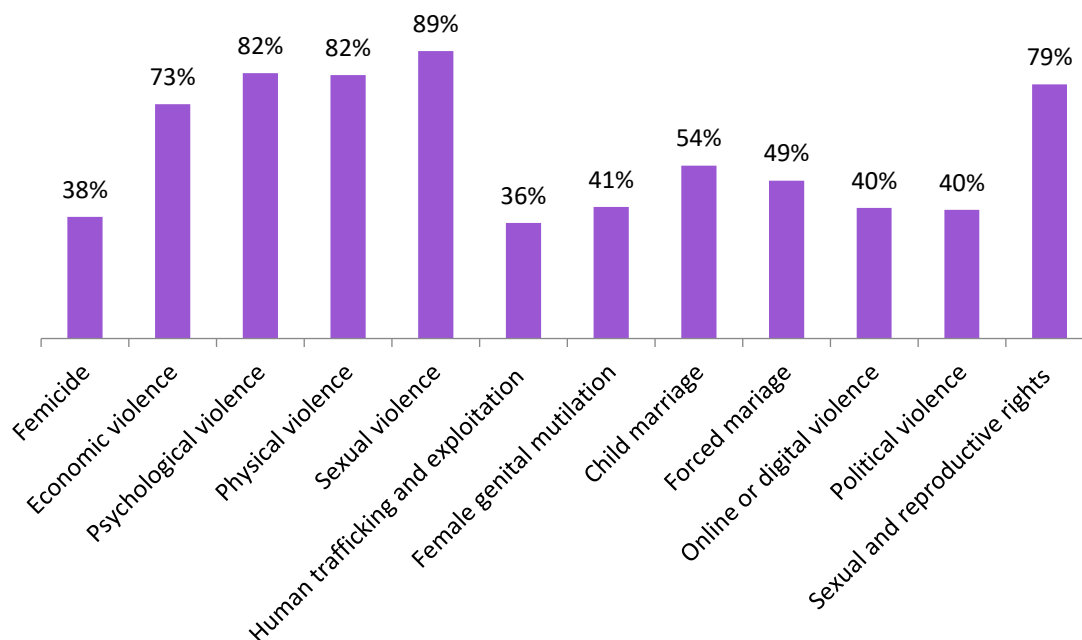
CSOs adopt a comprehensive approach to address violence, primarily targeting economic (73%), psychological (82%), physical (82%) and sexual (89%) violence. Additionally, 79% of CSOs prioritise interventions concerning sexual and reproductive rights.

Human trafficking for labour or sexual exploitation purposes is the area in which CSOs are less specialised (36%). Notably, Côte d'Ivoire and Ethiopia stand out as countries where CSOs are most actively engaged in addressing this issue with rates of 51% and 50% respectively.

Other areas in which CSOs are less specialised are femicide (38%), female genital mutilation (41%) and forced marriage (49%). However, significant variations exist between countries as 74% of CSOs in Colombia and 52% in Mexico work in the field of femicide, while 89% of CSOs in Guinea and 72% in Burkina Faso work on FGM, and 86% in Guinea, 82% in Niger and 76% in Burkina in forced marriage. This reflects how the field of expertise of CSOs is closely linked to the kind of violence more prevalent in each country.

Digital violence is addressed by 40% of CSOs. During interviews, stakeholders pointed out that this is an increasing type of violence, especially after the COVID-19 pandemic. Political GBV is another field of intervention of CSOs, Colombia (56%), Niger (50%), Ethiopia (47%) and Mexico (47%) are the countries more focused on this area.

Graphic 7. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=321

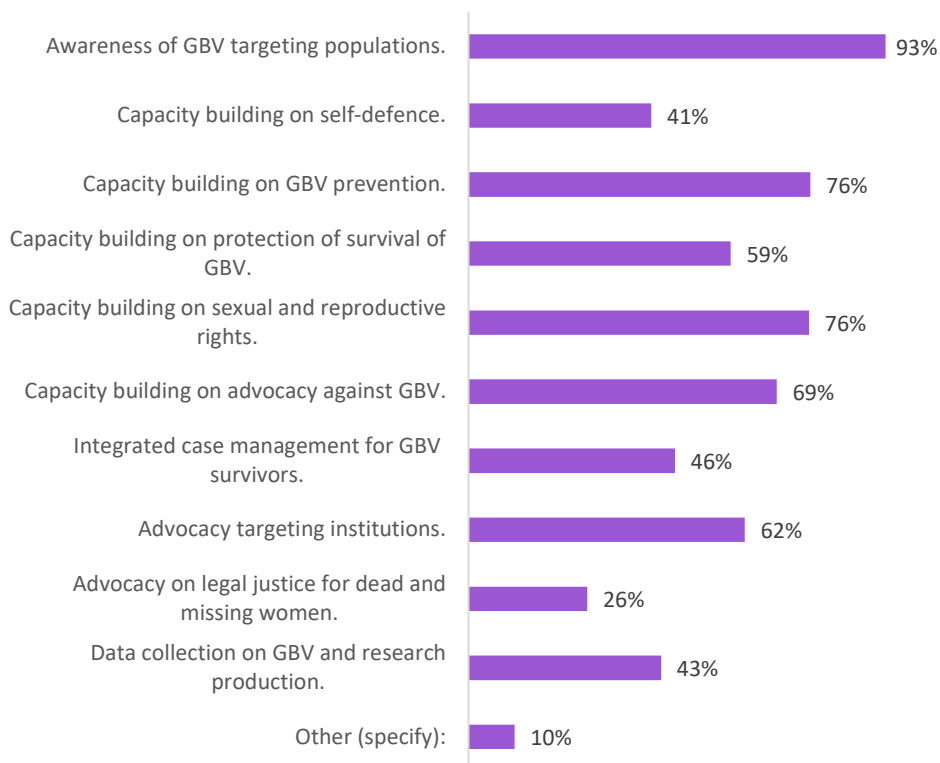


CSOs focus their intervention on the prevention of GBV.

Regarding intervention strategies, most organisations prioritise raising awareness from a community participatory approach to prevent GBV (93%). Capacity building to prevent GBV is also a common strategy (76% of surveyed CSOs). Notably, while this activity involves 100% of CSOs in Bangladesh, it is undertaken by only 36% of CSOs in Niger.

Most organisations participating in semi-structured interviews explained that community awareness and capacity building on GBV are essential to transform the comprehension around GBV, making them key areas of intervention. Community meetings are one of the main tools they use. Raising the awareness of women and girls is a priority, particularly young girls, at the same time, CSOs are increasingly interested in including men and boys in their activities. The importance of adapting messages to community languages and using cultural codes was also underlined to enhance understanding and promote gender equality while combating GBV.

Graphic 8. What are your services and activities in the field of protecting survivors of gender-based violence? *n*=321

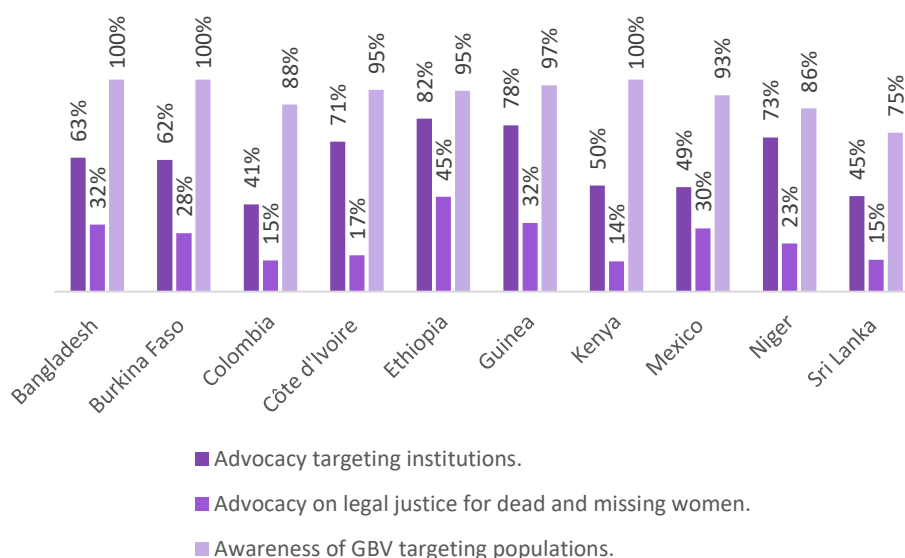


The advocacy actions of CSOs target more the community than the institution.

CSOs primarily view advocacy as community-level awareness activities to prevent GBV, rather than a strategy to prompt action from public authorities. As shown in the graphic below, in all countries, the percentage of CSOs working on awareness of GBV is higher and exceeds those working on advocacy targeting public institutions. In Guinea, Burkina Faso, and Bangladesh, over 50% of CSOs focus on advocacy directed towards duty bearers. Even in countries where numerous CSOs engage in specific advocacy for legal justice concerning dead and missing women, the targets are not public institutions.



Graphic 9. Type of advocacy developed by CSO. Per country. n=321

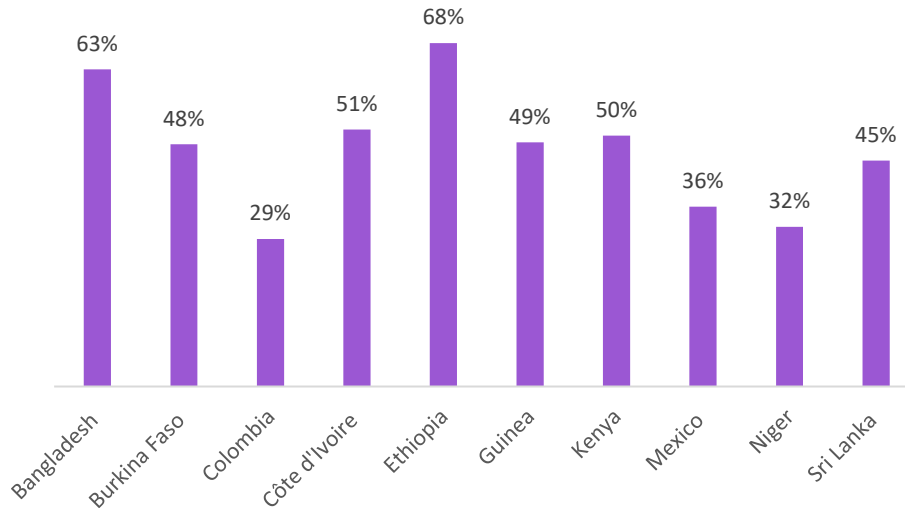


Few organisations have the resources to work on GBV survivor case management.

Less than half of CSOs (46%) are directly involved in case management, including reception, counselling, orientation, accommodation, health, legal and economic assistance. As explained later, this area is also perceived by CSOs as one where they have limited capacities. The high cost associated with these activities and the prioritization of prevention over response may contribute to this trend. Only 46% of CSOs working in case management handle over 200 cases per year.

Bangladesh and Ethiopia are the countries where CSOs work the most in GBV case management (63% and 68% respectively). The CSOs of these countries show strong indicators in terms of number of employees, volunteers and years of experience (see more information in section 3.2. Experience and human resources capacity). These are also the countries in which more CSOs work at the local level.

Graphic 10. CSOs working in integrated case management for GBV survivors. Per country. n=321



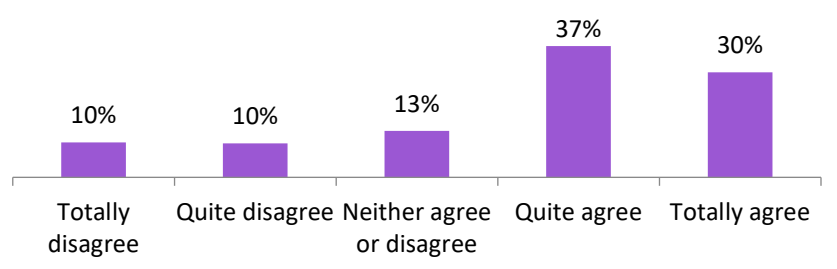
6. Capacities of feminist CSOs working on GBV

6.1. General structural capacities

Feminist CSOs working on GBV have structural problems affecting their capacity for action.

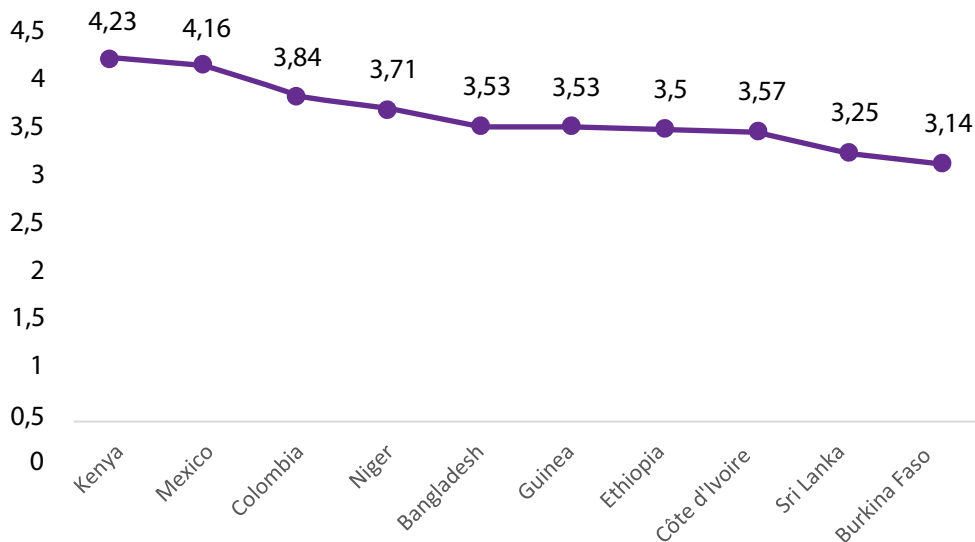
Sixty-seven per cent of CSOs agree (37%) or totally agree (30%) with the statement: “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. Only 20% did not agree.

Graphic 11. Level of agreement with the statement: “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. n=311



Kenya, Mexico and Colombia are the countries where CSOs self-evaluate their capacities more negatively, since their level of agreement with the statement is higher. This is the opposite for Ethiopia, Côte d'Ivoire, Sri Lanka and Burkina Faso.³⁰

Graphic 12. Average level of agreement with the statement: “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. Per country. Average score. 1=totally disagree, 5= totally agree. n=311



The main structural problems of CSOs are more related to fund availability than to their technical capacities.

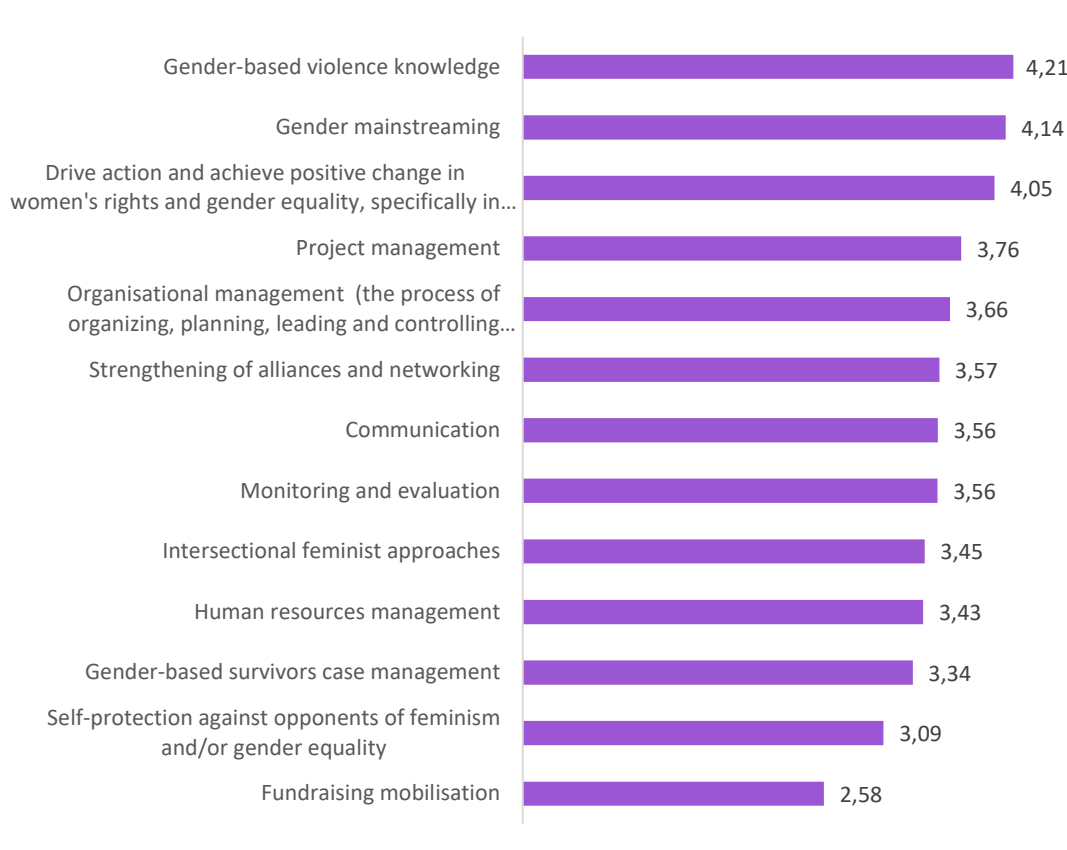
The fundraising capacity is the item worst evaluated (2.58), followed by the self-protection mechanisms against opponents of feminism and/or gender equality (3.09) and case management of GBV survivors. These results are aligned with information gathered during interviews, since the main challenge identified by CSOs was funding availability and capacity for funding mobilisation, especially for smaller CSOs. In some countries, mainly those with recent political and social instability such as Mexico, Burkina Faso or Niger, feminist CSOs and activists stated concerns with their self-protection capacity. Fieldwork findings across all countries show that challenges regarding the capacity to assist GBV survivors are linked to the lack of institutional resources, while also emphasising the necessity for improved confidentiality measures.

Gender mainstreaming and knowledge of GBV were the items better evaluated (4.14 and 4.21 respectively). However, CSOs expressed a greater need for improvements in intersectional feminist approaches, which received a more negative evaluation (3.45). This aspect was also pointed out during interviews.

³⁰ The score is calculated from the average of the minimum punctuation (1=totally disagree and 5=totally agree).

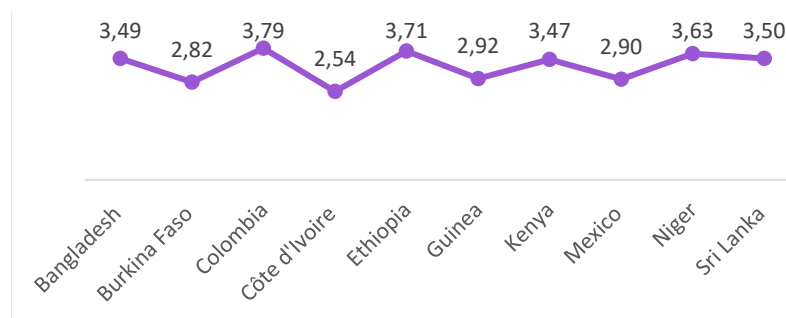
Overall, CSOs evaluate their capacities very positively, with an average rating higher than 2.5 for all assessed items.

Graphic 13. Average score for items on CSOs' capacities. Average score. 1=lower, 5= higher. n=311



In general, when considering the average evaluation of all these capacities, CSOs in African countries, except for Kenya and Niger, tend to assess their capacities lower (under 3). In contrast, Niger, Colombia and Ethiopia are the countries where CSOs rate their capacities higher, with evaluations over 3.5.

Graphic 14. Average score for all items on CSOs' capacities. Average score. 1=lower, 5= higher. n=311



Interviews revealed certain gaps that were not mentioned by CSOs but identified by the research team, such as the capacity to analyse shortcomings in national legislations aimed at eliminating GBV; a crucial skill since many national legislations strongly hinder the rights of women and gender and sexual diverse communities. In countries like Niger, Burkina Faso or Ethiopia, only a few CSOs were able to identify gaps in the law and share the main areas of advocacy regarding legislation.

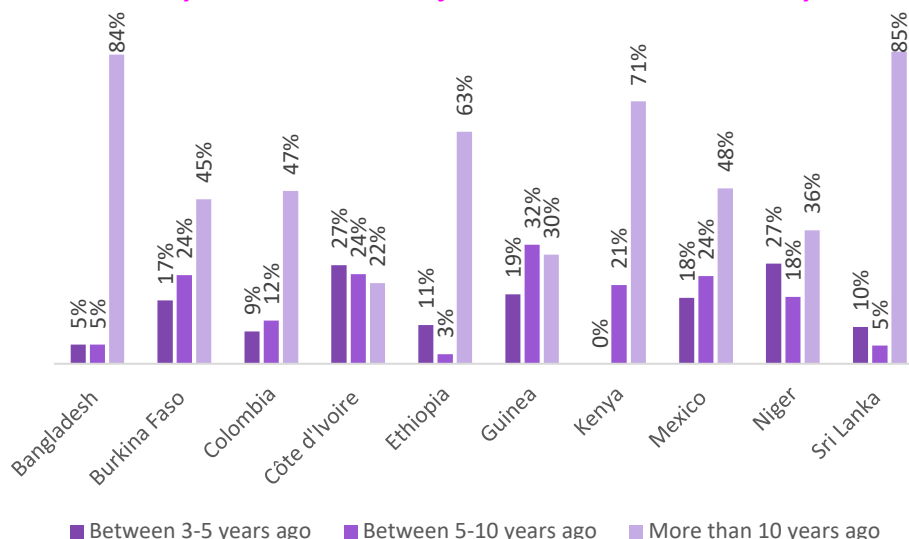
Furthermore, CSOs also had problems identifying more vulnerable groups of women to GBV, mostly when CSOs were not working with specific vulnerable groups such as people living with HIV, with a disability or IDP. This aligns with their lower score in capacities related to intersectional feminism.

6.2. Experience and human resources capacities.

GBV, a sector with a majority of long-established and registered organisations in which new organisations emerge.

Most CSOs were registered (84%) and had more than 10 years of experience (49%). However, there was also a significant percentage of new organisations with less than five years of existence (33%). Western Africa is the region in which more organisations appeared in the last five years, except for Burkina where the feminist movement is more consolidated, mirroring the trend that happened in Asia, Eastern Africa and Latin America.

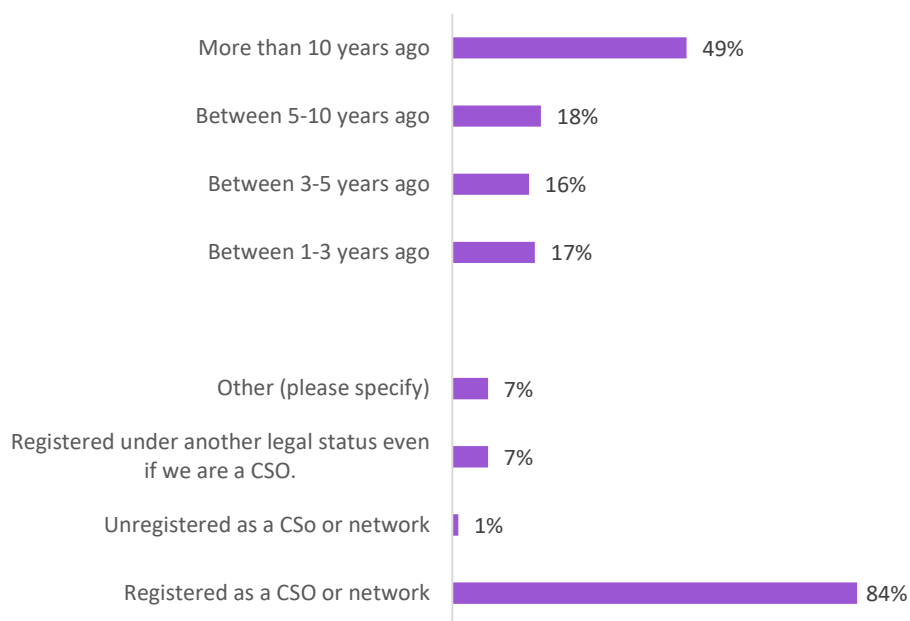
Graphic 15. When was your CSO or network funded or created? Per country n=321



Feminist CSOs working on GBV generally face no difficulties in registering in their countries, except for Colombia and Sri Lanka, where more than 20% of CSOs reported being registered under other statuses, even if they function as CSOs. These CSOs, are smaller, newly created and

non-structured organisations, as well as feminist movements that rely on other structures for fundraising and technical capacity building. Of the total, only 1% mentioned that they are not registered due to engaging in politically and socially sensitive activities in their country, while 7% reported not completing the legal process. Additionally, CSOs that specifically work with LGBTQI+ populations in African countries, admitted to facing difficulties in registering and the need to operate clandestinely. This was particularly notable in Burkina Faso, Niger and Ethiopia.

Graphic 16. When was your CSO or network funded or created? And what is your legal status? n=321

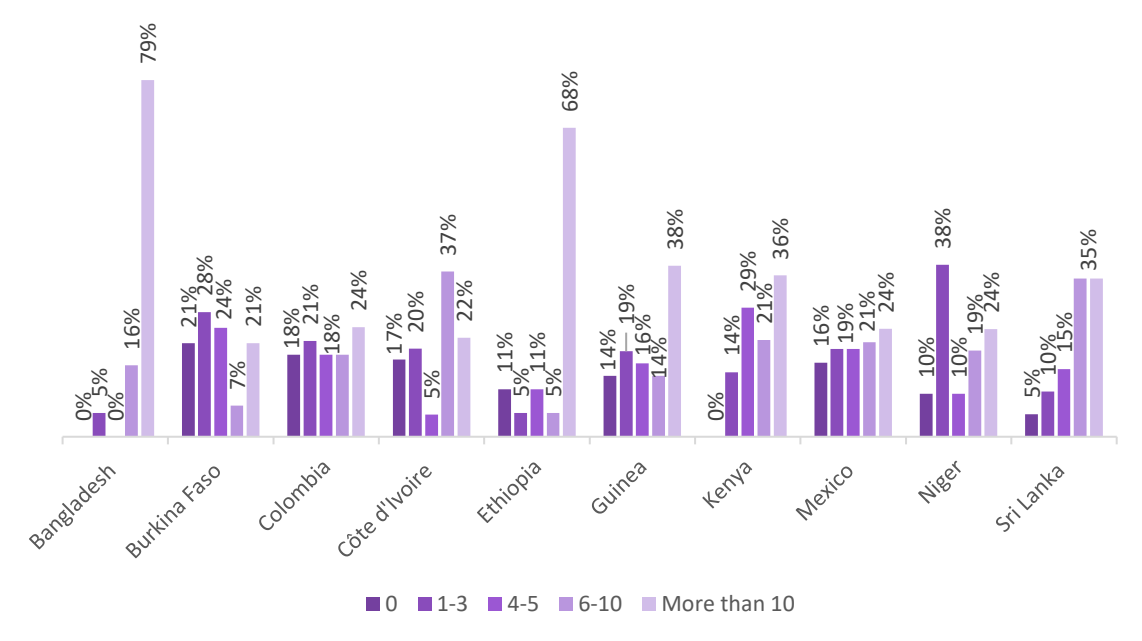


Organisations with different capacities to hire people...

Almost half of CSOs have more than six employees, but there is also a notable presence of smaller organisations, with 33% of CSOs having less than four employees. Hiring capacity varies between countries: in Bangladesh and Ethiopia over 60% of CSOs have more than 10 employees, while in the rest of countries, only around 30% have such capacity. Niger and Burkina Faso are the countries with the fewest employees in their organisations.



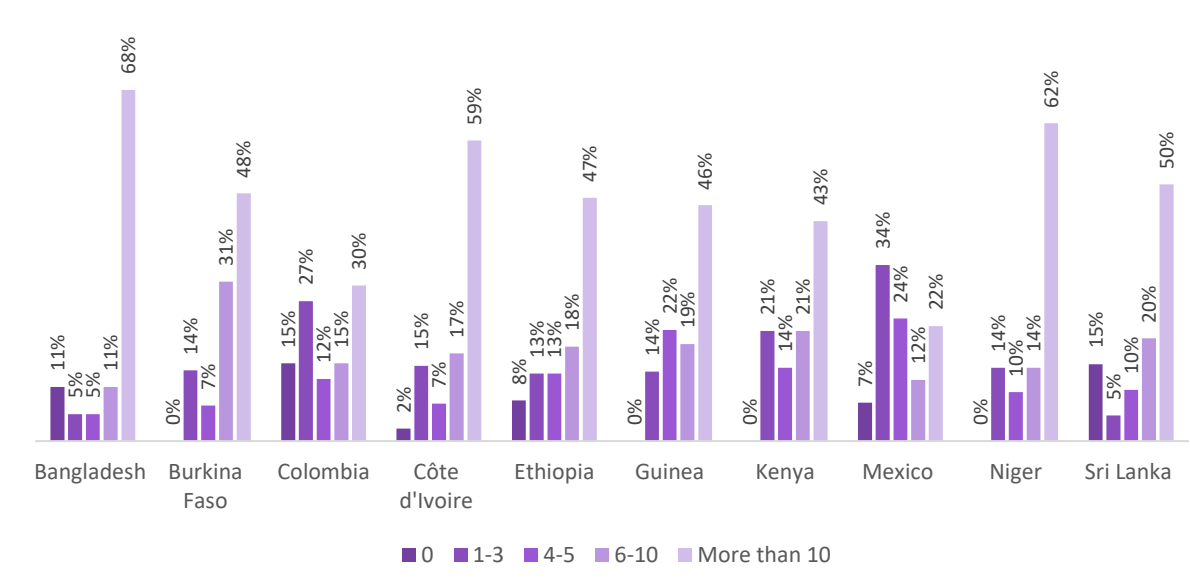
Graphic 17. How many people does your association employ? Per country n=319



...and that rely on volunteer work

The work of CSOs is significantly reliant on voluntary work, with more than 60% having more than six volunteers. CSOs in Niger and Burkina are the ones with the highest percentage of volunteers and the lowest of employees. However, countries where organisations are more consolidated tend to have more employees, and the percentage of CSOs with more than six volunteers is also notable.

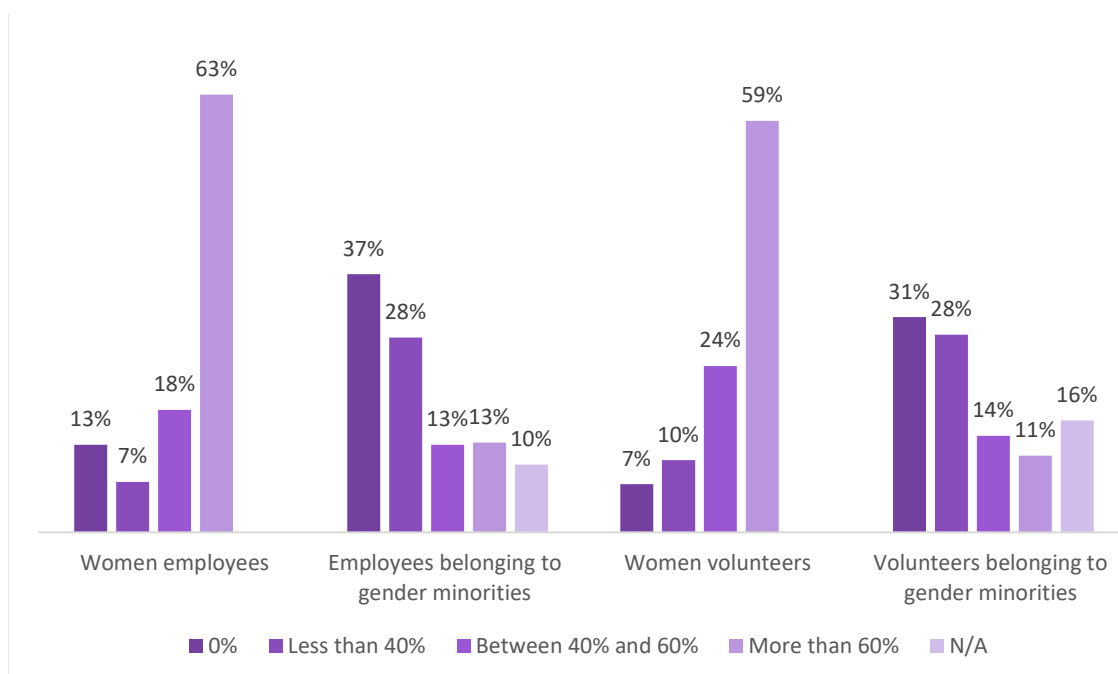
Graphic 18. How many people work as volunteers in your organisation? n = 319



A female-dominated sector where diverse gender identity and sexual orientation communities are also represented.

Women are highly represented as employees and volunteers, with most organisations having more than 60% female employees and volunteers. In only 13% of organisations women represented 0% of employees, and in 7% of cases 0% of volunteers. Representation of diverse gender identity and sexual orientation individuals as employees is lower, with 37% of CSOs not having any employee belonging to one of these groups, while this is the case for 27% of the organisations in the case of volunteers.

Table 16. Presence of women and of individuals of diverse gender identity and sexual orientation in CSOs as workers and volunteers. n=319³¹

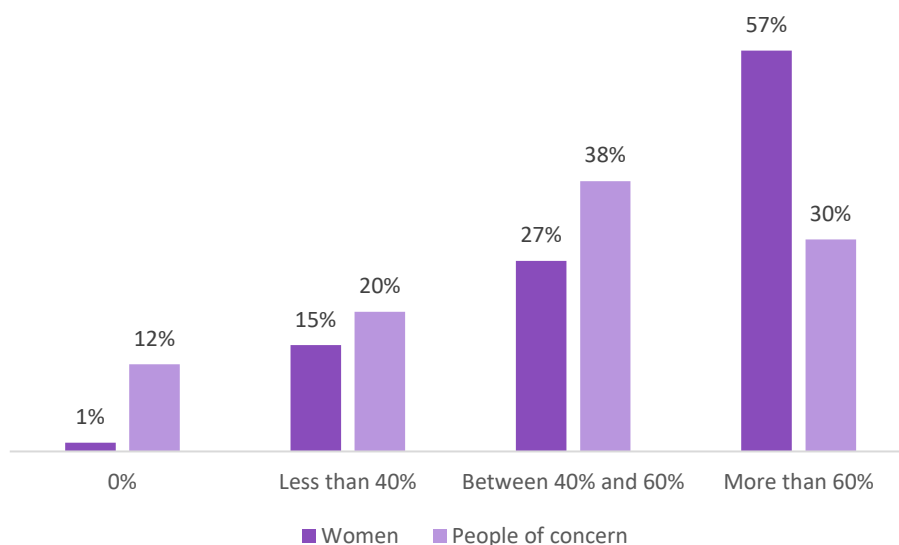


People of concern, relatively involved in CSO governing bodies.

The level of involvement of people of concern in the governing bodies of CSOs is distributed proportionally (32% have less than 40% of people of concern in governing bodies, 30% have more than 60%, and around 38% fall between both categories) but only 12% of governing bodies are entirely composed of people of concern. As most organisations target women, survey results show that women are involved in decision-making positions with more than 57% of organisations having more than 60% of women in these positions.

³¹ The question relative to individuals of diverse gender identity and sexual orientation was not included in the survey for Niger and Burkina Faso because of security concerns.

Graphic 19. How many women in your association are in a decision-making position? And how many people of concern of your organisation participate in the governing bodies? N=319

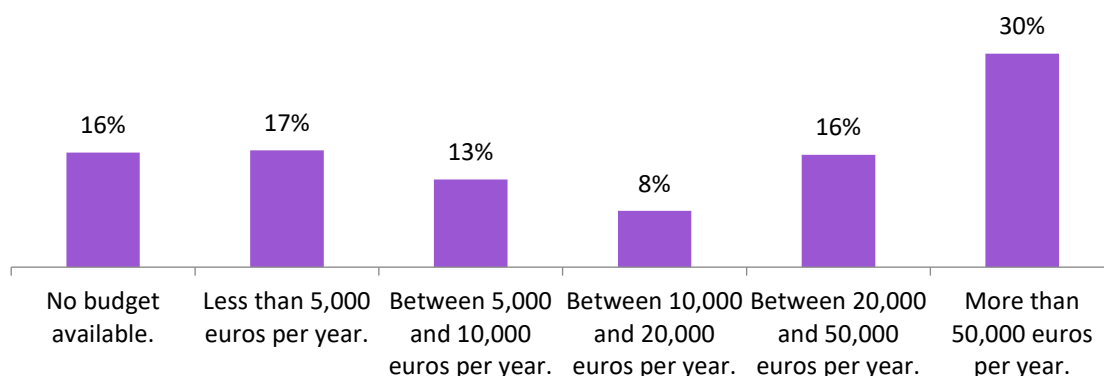


6.3. Financial capacities

The funding capacities of CSOs are very different but in general terms, they struggle to be funded.

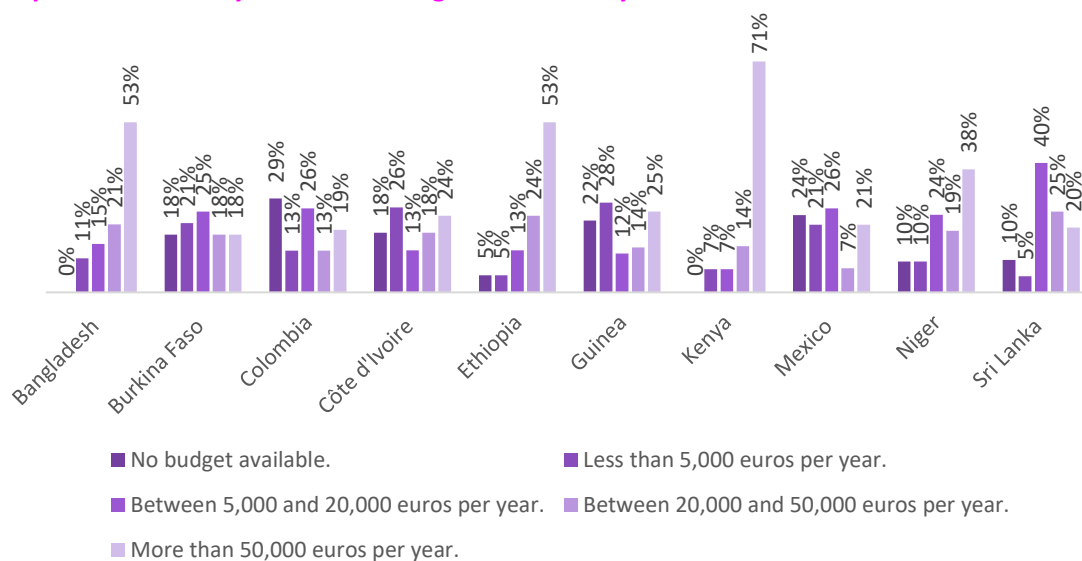
The financial capacities of CSOs are highly limited, with 70% having a budget under 50,000 euros per year, while only 30% have budgets exceeding 50,000 euros. Furthermore, 33% of CSOs have less than 5,000 euros per year, including 16% that do not have any budget. Despite the financial challenges, 88% of CSOs have offices and places to meet, with only 12% indicating a lack of such facilities.

Graphic 20. What is your annual budget? n=312



Funding and the mobilisation of financial resources, crucial for integrated interventions, emerged as the primary challenges faced by CSOs across countries. Notably, Kenya, Bangladesh and Ethiopia stand out as the countries where over 50% of CSOs stated having a budget exceeding 50,000 euros per year. These countries also demonstrate higher human resources capacities. Conversely, Guinea and Côte d'Ivoire are the countries where more CSOs work with less than 5,000 euros per year, followed by Mexico and Burkina Faso.

Graphic 21. What is your annual budget? Per country n=312

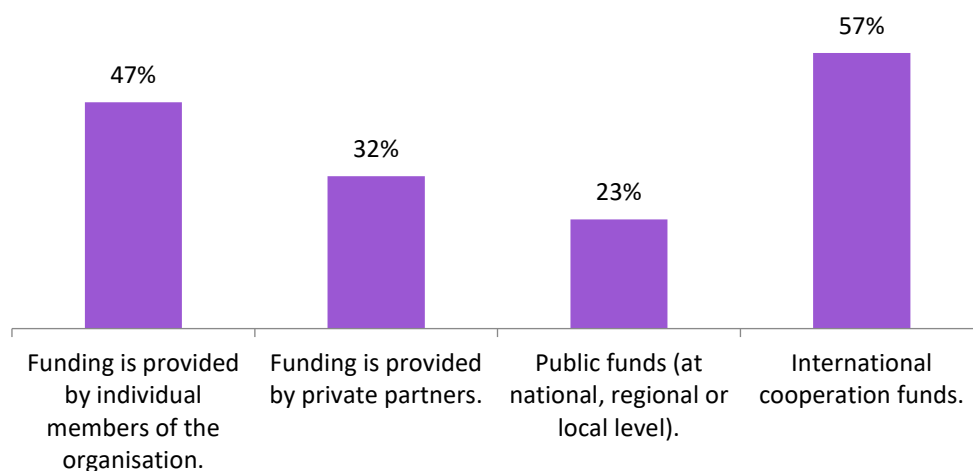


International cooperation is the main source of funds for CSOs followed by own funding.

International cooperation funds are a key source of funding for feminist CSOs in targeted countries followed by internal funding. Survey results indicate that 57% of CSOs rely on international cooperation as a funding source, with 47% having internal funding. Only 23% receive public funds from their governments and 32% receive funding provided by private partners.

CSOs acknowledged the role of international cooperation in the distribution of funds. However, they also added that funding mechanisms are complicated, especially for small CSOs. Furthermore, they added that the distribution of funds is often based on the funder's priorities and does not always consider the needs and context of each country. Lastly, they recognised that the distribution of funds is often concentrated in capital cities, with the most isolated areas having more difficulties in accessing funds.

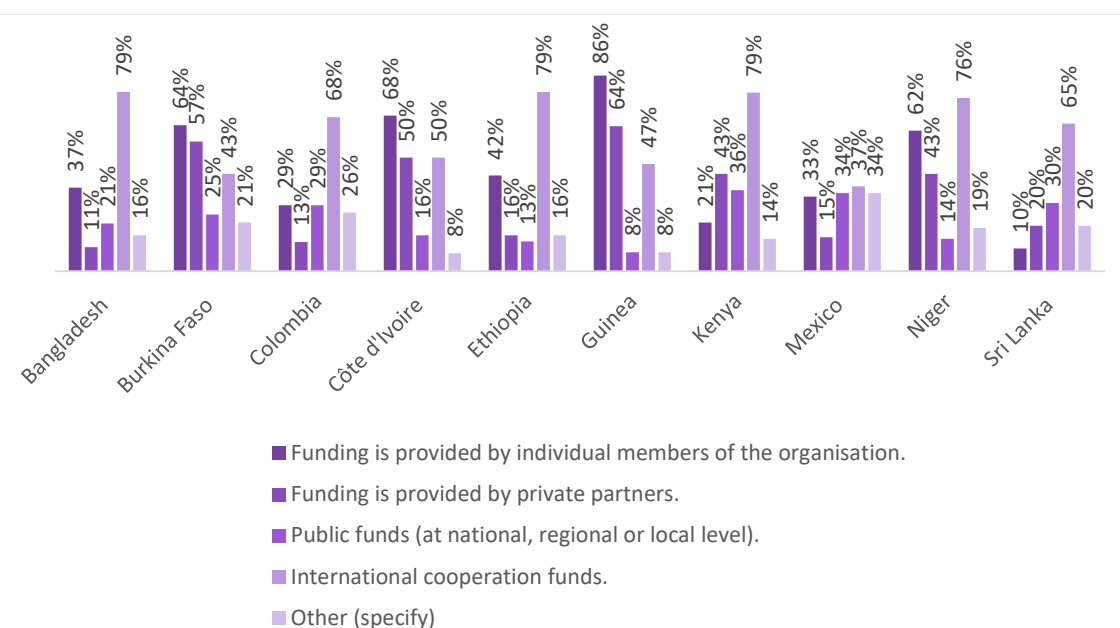
Graphic 22. What is the origin of your financial funds? n=312



CSOs in Western Africa and Latin America depend more on their own resources while in Eastern Africa and Asia, they are more dependent on international cooperation stakeholders.

Mexican and Western Africa organisations principally depend on internal funding, since they receive less funding from international cooperation than other countries. Niger is an exception because numerous CSOs depend on international cooperation. Countries with a higher percentage of CSOs with budgets exceeding 50,000 euros per year are also those where international cooperation plays a more significant role as a funding source, particularly in Eastern African and Asian countries.

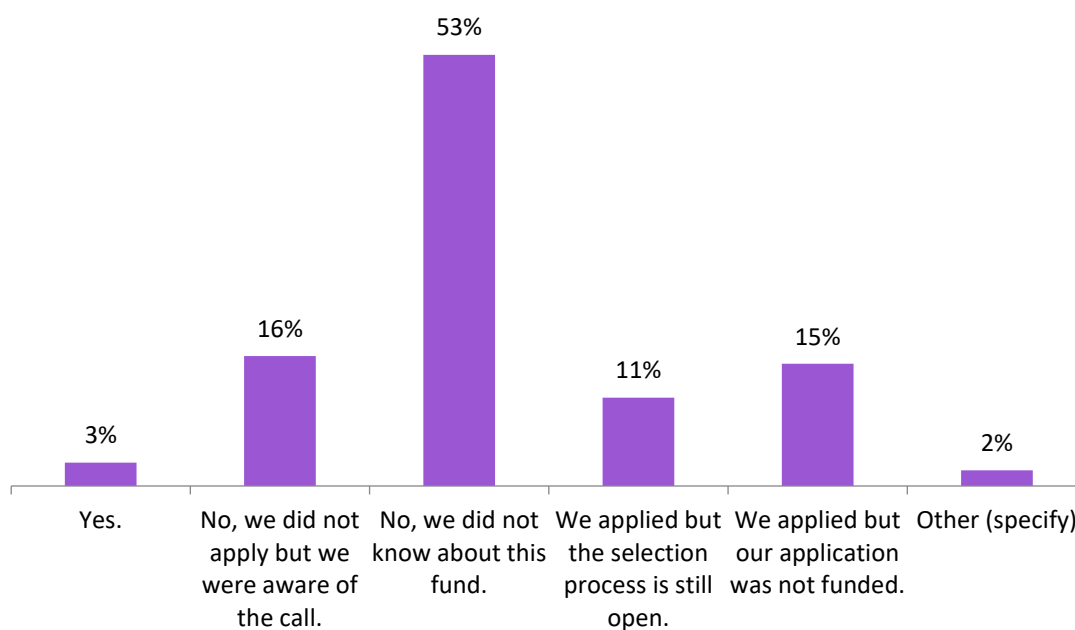
Graphic 23. What is the origin of your financial funds? Per country n=312



Most of the organisations participating in the survey did not know about the FON project.

Fifty-three per cent of CSOs were unaware of the funding windows launched by the FON project, 3% had been sub-granted by FON (in Colombia, Côte d'Ivoire, Ethiopia, Guinea, Kenya and Mexico), 15% were unsuccessful in their application, and 11% are awaiting an answer. During focus groups, when project recommendations were discussed, CSOs showed a high interest in this funding opportunity and, generally, demanded more information.

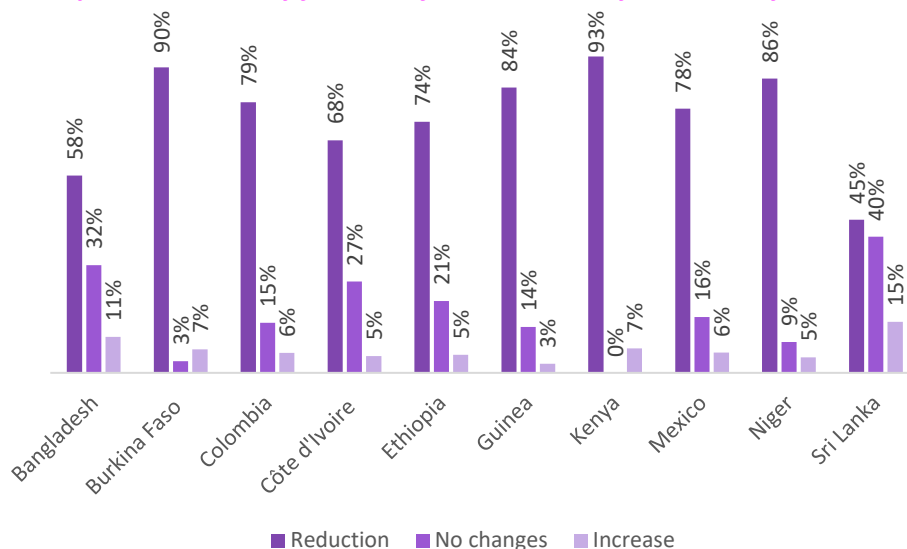
Graphic 24. Has your organisation received a fund from the FON project? n=312



The instability factors in the last 5 years caused the reduction of available funding.

Over the past five years, crises have had a general impact on the reduction of available funding for CSOs. All countries have felt this impact as 76% of CSOs confirmed that these crises had reduced their funding. During this period only a limited percentage of CSOs increased their funds (6%) and only 18% stated that the crises did not impact them.

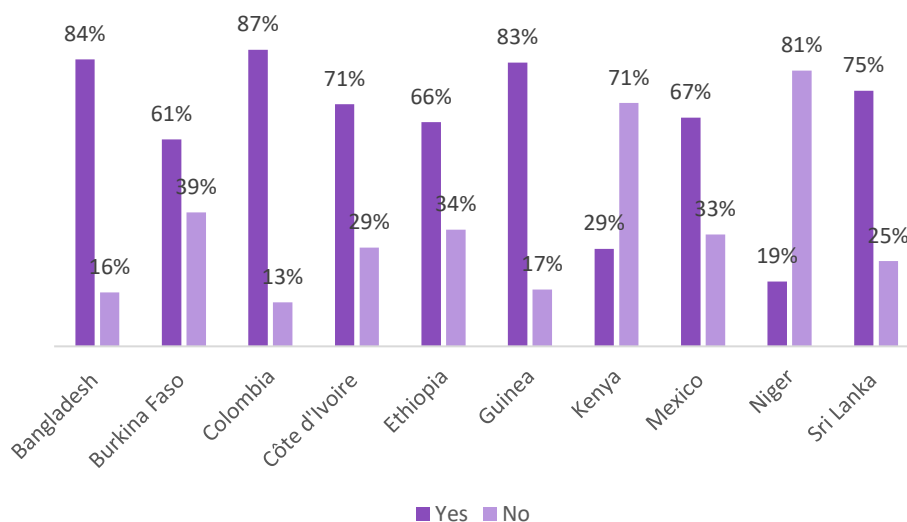
Graphic 25. Impact on instability factors in funds availability. Per country. N=312



Websites and Facebook are the main communication tools of CSOs

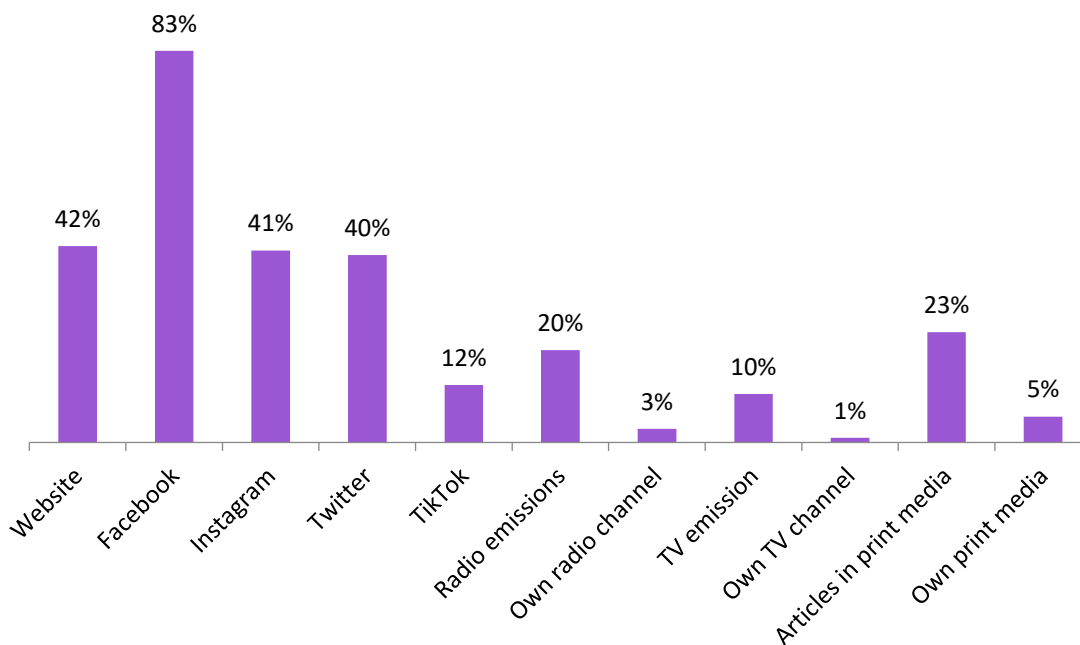
The main field of action of CSOs is raising awareness and advocacy, making managing communication tools essential. Capacities of CSOs in this aspect seem to be quite advanced since 67% affirm having a communication strategy on GBV, except for Kenya and Niger where the majority of organisations do not have one.

Graphic 26. Do you have a communication strategy for gender-based violence? n=312



Facebook is the tool most largely used (83%), while less than half of organisations use Instagram or Twitter. Less than half of organisations have a website and only 12% use TikTok, while 20% have radio emissions and 23% publish articles in print media. Radio emissions are quite common in Guinea and Ethiopia compared to other countries.

Graphic 27. Does your organisation or network have any of the following communication tools? n=312



The capacity of CSOs to communicate is crucial since it can help change social norms and traditions, which were identified as one of the main factors sustaining GBV. Furthermore, focus groups highlighted the media’s important role in raising awareness and advocacy. At the same time, media were pointed as often contributing to the dissemination of ideas that are contrary to gender equality, reinforcing patriarchy and discrimination against women. The use of social media to disseminate hate speech against the LGBTQI+ community was highlighted in countries such as Ethiopia, Burkina Faso and Niger. Feminist activists also reported cyber-harassment, used as a pressure measure to silence them.

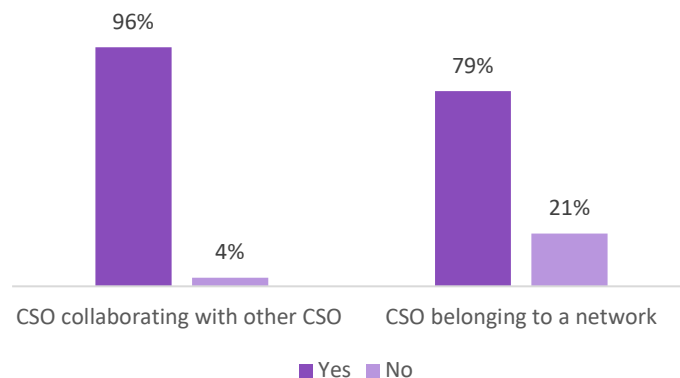
The reinforcement of communication capacities and the support to develop and manage social networks by feminist CSOs is necessary to face discourses and ideas against gender equality that are disseminated by opponents of feminism. CSOs evaluated their capacities on this issue quite positively (3.56 over 5).

6.4. Partnerships

CSOs actively cooperate between them, and this coordination resists the shock of crises.

More than 96% of CSOs collaborate with other CSOs, and more than 70% belong to a network. This is something that happens in all targeted countries.

Graphic 28. Do you collaborate or work with other gender equality CSOs in the field of gender-based violence? And do you belong to any CSO network on GBV? n=312

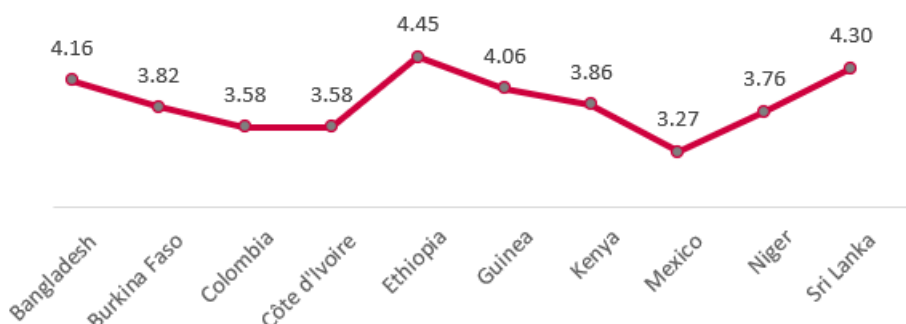


During the crises of the last five years, cooperation between CSOs did not change or increase according to 59% of respondents, while 41% affirmed that it decreased, especially during the COVID-19 pandemic. CSOs indicated that smaller and/or newly established CSOs are those facing the most problems in meeting or becoming a part of a network and that support in this regard should be given.

CSOs evaluate the relationship with national institutions positively.

Perception of the relationship with public institutions is quite good since 75% of CSOs considered that it is good or very good with an average score of 3.8 out of 5. Only 3% of CSOs do not have any relationship with them and 4% believe that this relationship is bad or very bad. CSOs in Ethiopia and Sri Lanka, followed by Bangladesh, were the countries where the score was higher (4.45, 4.30 and 4.16 respectively). Nevertheless, in Western Africa and Latin America, it was lower.

Graphic 29. How do you perceive your relationship with public institutions in your country? Per country. Average score. 1=very bad, 5= very good. n=312

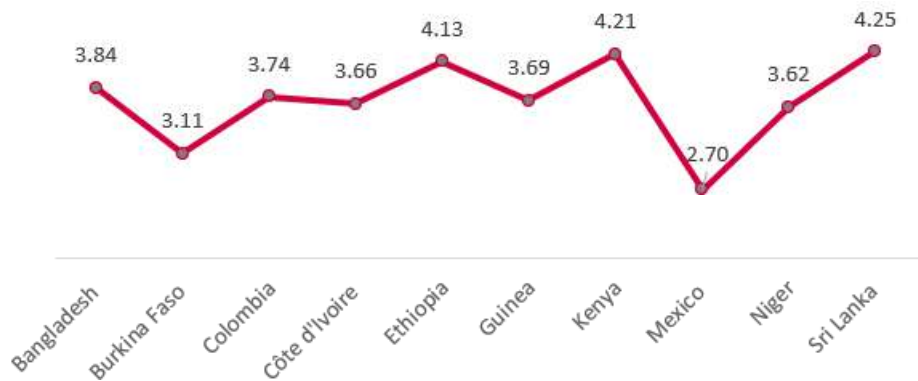


International cooperation is an essential partner for feminist CSOs.

As mentioned before, international stakeholders are a relevant source of funding for CSOs. In the same line, CSOs evaluated the relationship with international partners as good (51%) or very good (22%). CSOs from targeted countries in Eastern Africa and Asia assess the relationship with stakeholders more positively than those in Western Africa and Latin America. Mexico (2.70) and Burkina Faso (3.11) are the countries in which this item is evaluated more negatively.

Regarding intersectional feminism, the role of international cooperation is essential, especially regarding LGBTQI+ populations. CSOs working with diverse gender and sexual orientation individuals stated that all their work is carried out thanks to the support of international cooperation stakeholders, who work from an intersectional approach.

Graphic 30. How do you consider your relationship with international cooperation stakeholders in your country? Per country. Average score. 1=very bad, 5= very good. n=312



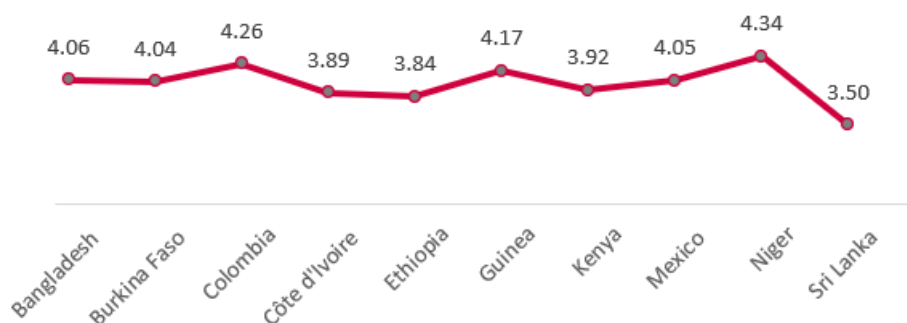
7. Positions regarding key debates on women’s and sexual and gender diverse individuals’ rights

A majority of CSOs defined themselves as feminist.

Most CSOs participating in the survey, 78%, defined themselves as feminist, agreeing (30%) or totally agreeing (48%) with the statement: “My organisation defines itself as a feminist organisation”. Around 22% do not agree or only slightly agree with the statement, which means that even if they defined themselves as organisations working on gender equality, they are still reluctant to define themselves as feminist. Among CSOs in Latin America, the acceptance of this term is higher than in other regions, Sri Lanka is the country where more CSOs (40%) only slightly agree with this statement.



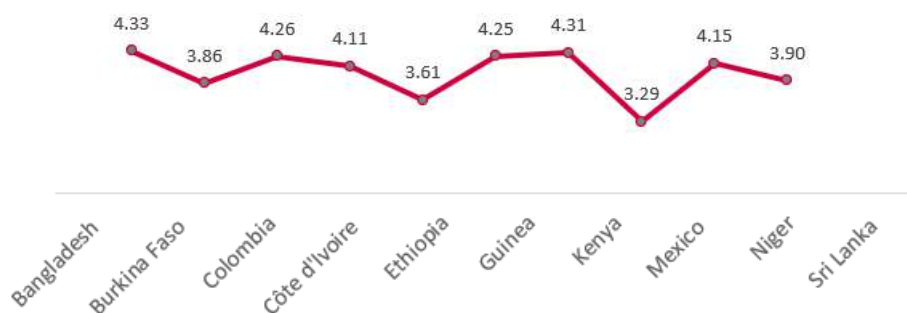
Graphic 31. Level of agreement with the statement: “My organisation defines itself as a feminist organisation”. Per country. Average score. 1=totally disagree, 5= totally agree. N=310.



A majority of CSOs agree on working with transgender people.

The CSO’s capacity to work from an intersectional and inclusive approach was measured through their level of agreement with the statement “My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders”. Although 79% of organisations agreed with this statement, only 10% disagreed and 21% slightly agreed, important differences are identified by country. The analysis of the average score shows that Bangladesh is the country where a higher number of CSOs agree with including transgender individuals in their activities, followed by Colombia and Mexico. These are also the countries in which the legislation is more inclusive, recognising transgender persons. Nevertheless, CSOs in African countries, except for Ethiopia, are more reluctant to work with transgender persons. This also happens in Sri Lanka. These are also the countries with more repressive legislation and in which social taboos regarding gender and sexual and gender diverse individuals are higher, as was identified during interviews. Currently, Niger, Ethiopia and Burkina Faso are the countries in which this population is more persecuted, as was pointed out during fieldwork.

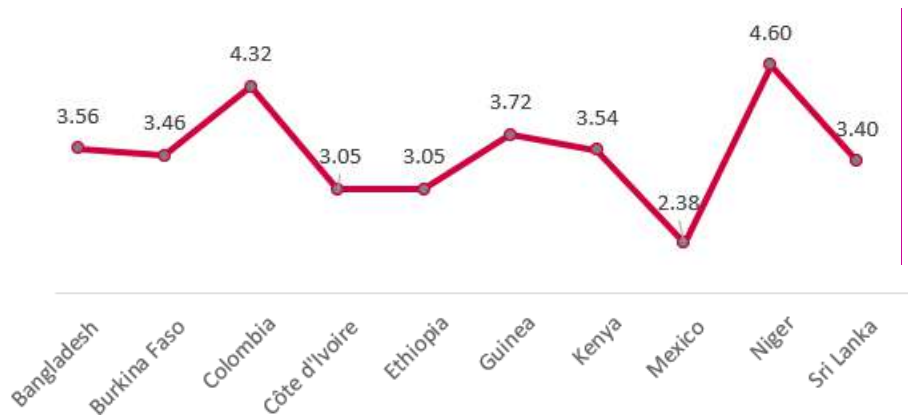
Graphic 32. Level of agreement with the statement: “My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders”. Per country. Average score. 1=totally disagree, 5= totally agree. n=310.



The women’s right to abortion polarised CSOs working on the promotion of gender equality and against GBV.

A majority of CSOs (62%) agree with the statement “My organisation defends women’s right to abortion”, which is an essential sexual and reproductive right for women. Nevertheless, 19% only slightly agree, 13% disagree and 6% totally disagree. Kenya is the country where positions regarding abortion are more polarised: while 54% totally agree with the statement, 23% totally disagree. This happens even if the number of CSOs participating in the survey is relatively small (13). Countries in Latin America agree the most on this right, while it is less recognised by CSOs in African and Asian countries.

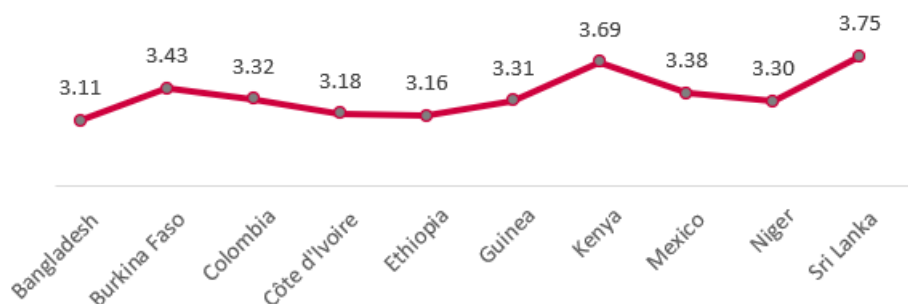
Graphic 33. Level of agreement with the statement: “My organisation defends women’s right to abortion”. Per country. Average score. 1=totally disagree, 5= totally agree. n=310.



Decriminalisation of sex work, including punishments for clients and intermediaries, is not a priority for CSO.

The statement relative to sex work (“My organisation fights against the criminalisation of sexual work, including penalisation of clients and intermediaries”) is the one with the lowest levels of adhesion, with an average of 3.32 out of 5. As in the case of abortion, this issue is strongly debated among feminist CSOs. While 56% of CSOs agree (quite 29% or totally 27%) with this statement, 26% disagree (quite 15% or totally 11%). No specific distinction per region is observed, but countries where this statement presents more detractors are Bangladesh, Côte d’Ivoire, Ethiopia and Mexico (scores of 3.11, 3.18, 3.16 and 3.30 respectively).

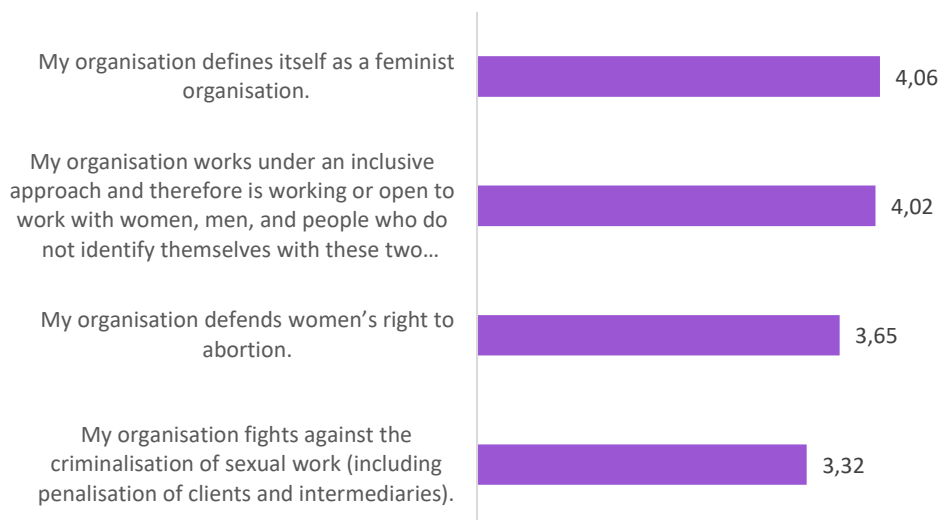
Graphic 34. Level of agreement with the statement: “My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)”. Per country. Average score. 1=totally disagree, 5= totally agree. n=310.



Right to abortion and sex work are the topics with less consensus among CSOs.

Among all the analysed statements, CSOs agreed more strongly with statements related to defining themselves as feminist or working under inclusive approaches that include women, men, and people who do not identify with these two genders. However, on topics such as abortion and sex work, more differences appear, and the level of agreement is lower.

Graphic 35. Average score regarding the position of CSOs in some key debates on women and sexual and gender diverse communities’ rights. Average score. 1=totally disagree, 5= totally agree. n=310.



8. Environment for CSOs' work

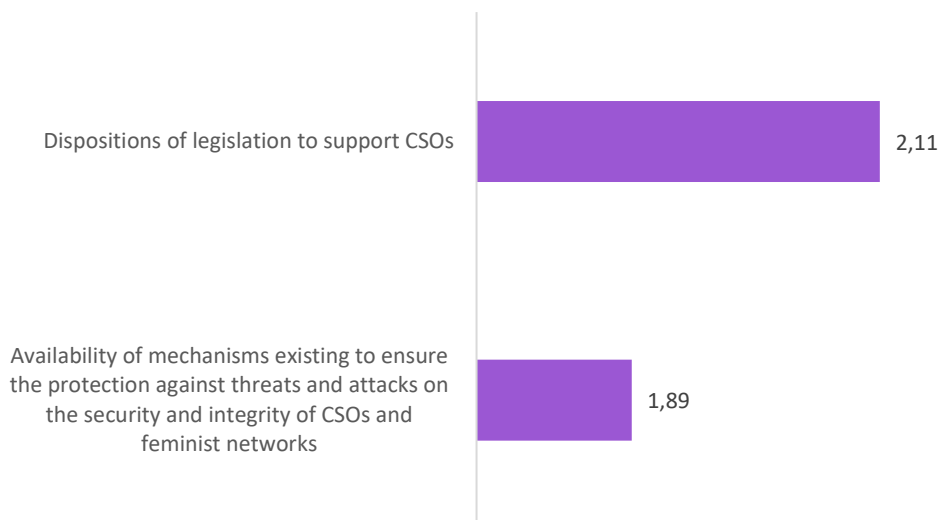
Generally, CSOs evaluate the environment for their activities as challenging. During interviews and focus groups, CSOs listed several contextual factors that affect the development of their activities, reducing their capacity for action and even putting the organisation and their members at risk. Nevertheless, risk factors vary importantly from one context to another, as will be further explored in the country analysis.

CSOs are concerned about risks to their security and integrity.

In general terms, CSOs are unsatisfied with all the analysed items related to the working environment; the most unsatisfying item is related to the “existing mechanisms in the country to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (e.g. cyber-harassment, threats, violence, obstruction of their activities, etc.)”. Interviews and focus groups allowed to identify a higher concern among CSOs and feminist activists regarding their security, especially in countries with social and political instability. This issue is also identified as an area where CSOs perceive themselves to have fewer capacities, as previously discussed. Security is also a main problem identified by CSOs working with diverse gender identities and sexual orientations communities in countries where these populations are persecuted as Niger, Burkina Faso or Ethiopia.

In the same sense, the second item with a lower score is related to the dispositions of the legal national framework to support the development of feminist organisations. Over half of CSOs (55%) are unsatisfied with these mechanisms, while 31% are somewhat satisfied and the rest (13%) are satisfied.

Graphic 36. Average score regarding items analysing the environment for feminist CSOs in targeted countries. Average score. 1=totally disagree, 5= totally agree. n=310.

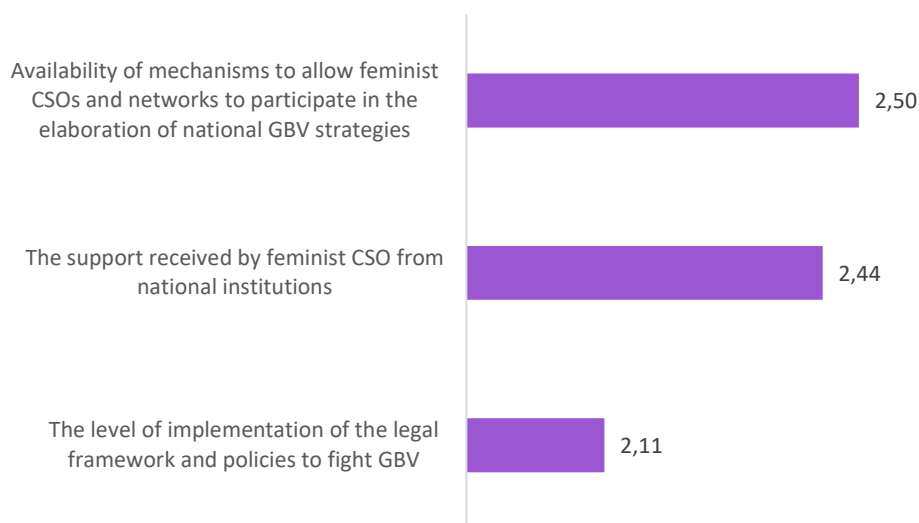


CSOs would like to improve the level of implementation of legal measures to fight GBV and to feel more supported by national institutions.

As mentioned above, more than half of CSOs (55%) are unsatisfied or totally unsatisfied with the level of implementation of the legal framework and policies to fight GBV in their country, and 63% are also unsatisfied or totally unsatisfied with the support received from national institutions to exist and develop their activities. These results are aligned with the information gathered through interviews and focus groups where CSOs pointed out several challenges regarding the implementation of laws as a main barrier in their national contexts. This was mentioned in all countries and will be further detailed in the country analysis.

Although the average score given by CSOs to the question assessing the existing mechanisms to allow feminist CSOs and networks to participate in drafting national strategies against GBV is higher, 48% of CSOs are also unsatisfied or totally unsatisfied with these measures.

Graphic 37. Average score regarding items analysing the environment for feminist CSOs in targeted countries. Average score. 1=totally disagree, 5= totally agree. n=310.



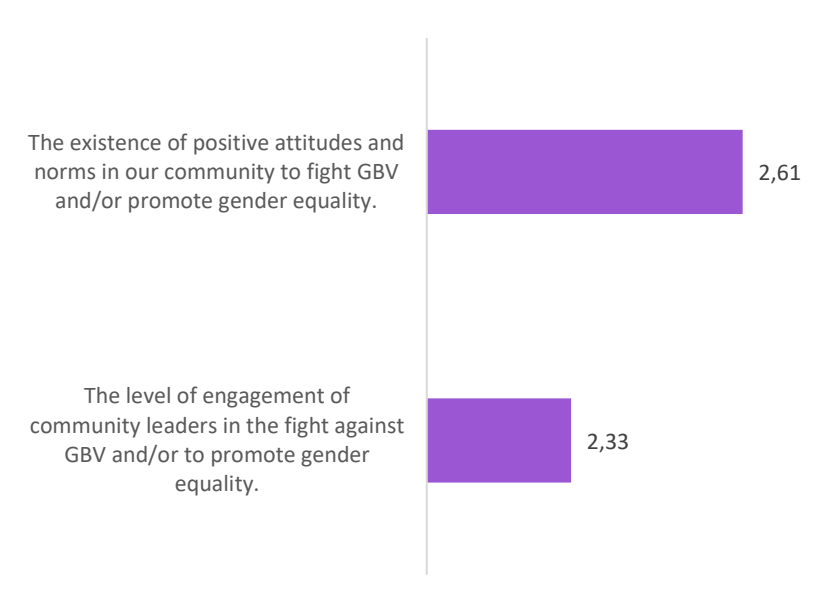
Community barriers are also identified by CSOs for the eradication of GBV.

Regarding the existence of positive attitudes and norms within the community to fight GBV and/or promote gender equality, as well as the level of engagement of community leaders in the fight against GBV, around 40% of CSOs are somewhat satisfied with these aspects. A similar proportion, around 40%, are unsatisfied or totally unsatisfied. Nevertheless, the average score shows that the level of satisfaction regarding the existence of positive attitudes and norms is higher (2.61) than the level of engagement of community leaders.

Community leaders have been identified by CSOs as one of the opponents to intersectional feminism since they are usually described as men with traditional and conservative values that

reinforce patriarchal norms and gender role inequalities in the name of tradition and social stability and cohesion. Nevertheless, some CSOs that target these persons to raise awareness at the community level view them as allies. Their involvement has been especially highlighted in Western African countries because their influence in the community is very strong, mainly in rural areas.

Graphic 38. Average score regarding items analysing the environment for feminist CSOs in targeted countries. Average score. 1=totally disagree, 5= totally agree. n=310.



SECTION C. CONCLUSIONS

CSOs face a high prevalence of different forms of GVB that vary from one country to the other, being influenced by various national factors. Although the quality of official statistics on GBV is limited, available figures allowing country comparisons show that physical and/or sexual intimate partner violence, child marriage and female genital mutilation/cutting are among the type of violence higher represented in targeted countries. Psychological violence and online sexual violence are difficult to capture on statistics, but qualitative data suggest that their prevalence is also very high.

Women and girls are the main target of GBV, but vulnerability increases with the presence of some intersectional factors, notably the existence of disabilities, the national origin and ethnic origin. In targeted countries, CSOs attention to sexual and gender diverse individuals and sex workers is still quite weak, even if these factors also increase exposure to GBV.

CSOs face several barriers to work on the elimination of GBV, most of them related to the lack of capacity of national institutions to implement comprehensive policies to eradicate GBV, which also includes little capacity to develop comprehensive legislation and to ensure its implementation. Furthermore, CSOs receive little support from institutions, being their main source of funding international cooperation and private contributions. This affects their funding capacity. Nevertheless, CSOs still concentrate important efforts in improving the relationship with national institutions and in establishing continuous communication channels.

Environments for CSOs in last five years worsened since funds availability was reduced while GBV prevalence increased due to the existence of multifactorial crises, including COVID-19, increase of irregular and/or forced population displacement, economic crises and natural disasters. This also included increasing rejection to the work of feminist CSOs, mainly from conservative ideologies that were identified as the main feminism opposants.

However, CSOs showed crucial technical expertise; proficiency in understanding intervention contexts; and capacity to reach more vulnerable populations and implement cost-effective strategies tailored to diverse GBV cases in each country. By providing flexible resources and adapted support, CSOs can continue their vital contribution to combatting GBV, making tangible improvements in communities globally. Emphasis should be placed on grassroots organizations, which possess significant impact potential but often lack adequate support to fully develop their strategies.

SECTION D. RECOMMENDATIONS

CSOs involved in the data collection phase generally considered the funding mechanisms of the FON project highly relevant. Research findings, including discussions on the FON project and funding modalities with participants, led to the formulation of some recommendations that are outlined in this section.

Recommendations on CSO's capacity building

- 1) Offer capacity building that addresses areas where CSOs identify weaknesses and align with the specific needs within each context of intervention. Some common needs identified were capacity building in fundraising, self-protection, intersectional approaches, GBV survivors' case management, and communication and project management (especially in the case of grassroots organisations).
- 2) Enhance the potential of the fundraising opportunity provided by the FON project as a process of capacity building for feminist organisations in fundraising but also in project management. In this regard, providing technical support to organisations interested in applying to prepare the full proposal, ensuring equal treatment, and including objectives in terms of capacity building in fundraising is recommended. After the selection project, it is also recommended to assist CSOs with support in project management.

Recommendations for the financial support of organisations

Strategic recommendations

- 3) Adapt the modalities of the fund to contextual factors, including window categories, types of organisations targeted and areas of interest regarding types of violence, final targeted population, targeted regions or amount provided.
- 4) Ensure equal opportunities to access the call while also giving enough chances to receive the funds after submitting a proposal. This can be achieved through different strategies depending on the country:
 - a) Restricted calls.
 - b) Open calls with specific targets.
 - c) Open calls are divided into different phases, with a pre-selection phase that is not high resource-costing.
- 5) Simplify the application process to make it accessible to grassroots organisations. In this sense, it is essential to ensure translation to local languages.

Regarding targets

- 6) Continue targeting both registered and unregistered CSOs. They should also have a clear vision mission, and experience in gender equality including (SGBV, HTPs, sexual and reproductive health rights (SRHRs), and internally displaced or refugee people.
- 7) Ensure that targeted CSOs include people of concern in their governing bodies as a main criterion.
- 8) Ensure that when networks are funded, they also include grassroots and small organisations and that they also can take profit from the funds allocated to the network.
- 9) Include among target CSOs those working locally and in more rural and remote areas.

Regarding areas of interest

- 10) Address funding to areas of interest in which grassroots organisations are more experienced and face more challenges to intervene. Identified areas during fieldwork include GBV survivors' case management, survivors' protection and security and legal assistance, raising awareness campaigns for behavioural change, and advocacy for law amendment.

Regarding budget and eligible costs

- 11) Include the possibility to cover core expenses in all funding opportunities since many CSOs have difficulty paying staff and running costs.
- 12) Distinguish between actions to respond to an emergency regarding the structure of the organisation and those to respond to contextual emergencies, with the latter requiring a higher funding amount.

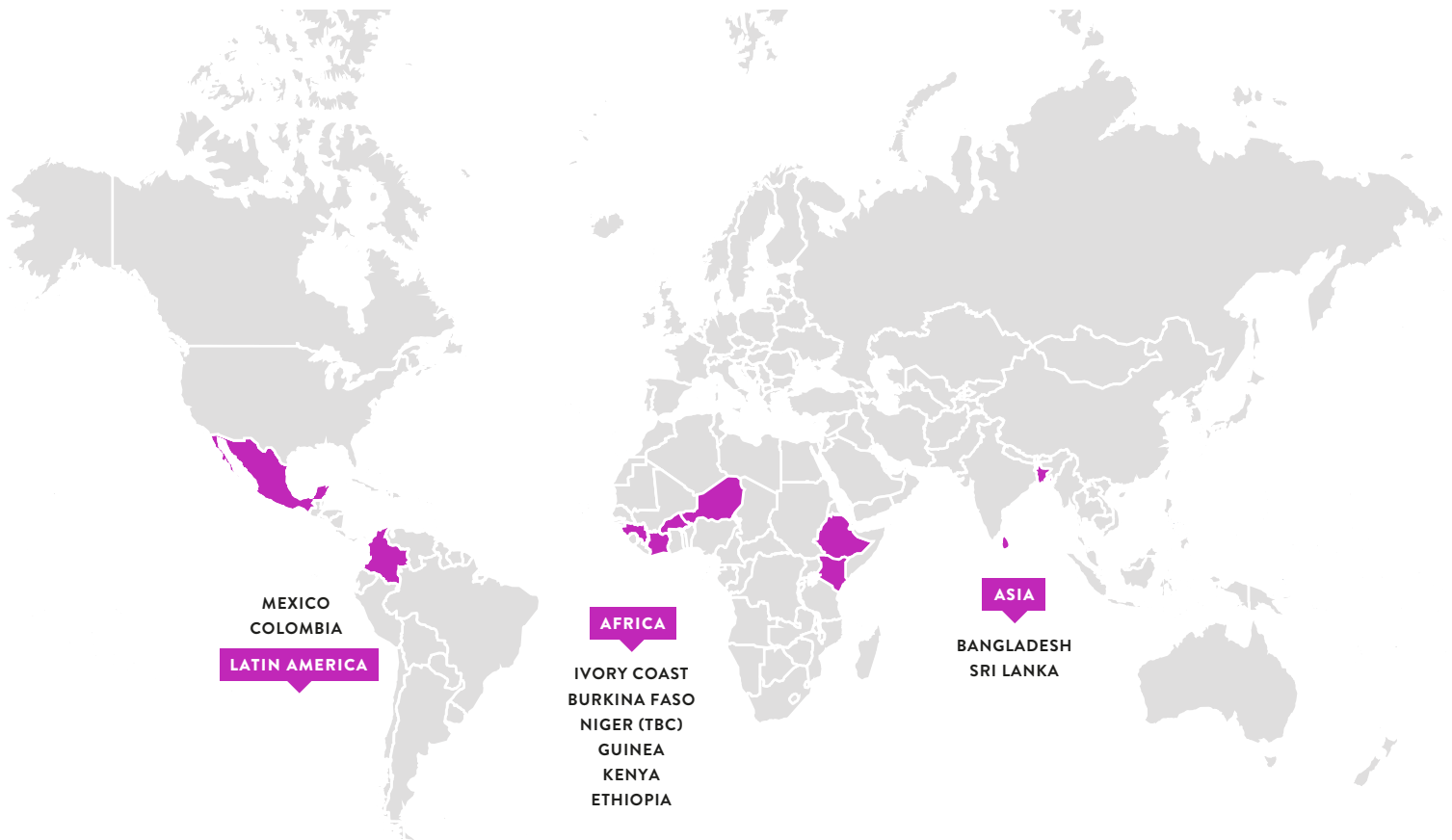
Regarding the time of implementation

- 13) Continue supporting interventions to be implemented in a timeframe of three to five years, while also offering the opportunity to develop short-term actions, especially in the case of smaller CSOs.

PART 2. GLOBAL AND REGIONAL ANALYSIS

FEMINIST OPPORTUNITIES NOW

PROJECT COUNTRIES



BANGLADESH

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

Bangladesh ranks 59th in the GGI, a better position than in 2022 when the country was the 71st in the ranking, but worse than in 2018 when it was 49th³². Economic participation and opportunity and political empowerment are the areas where more gaps exist between men and women (the participation rate of women in the labour force is 36.35 against 80.67 for men, and women only represent 21 % of members of parliament). Additionally, important differences exist in secondary education enrolment, which is 20 % higher for men³³. Differences are also reflected in the HDI with Bangladesh classed in the groups five of countries. As the score proves, there is a significant gap in the estimated gross national income per capita which is 2,811 PPP\$ for women and 8,176 PPP\$ per men³⁴.

Table 1. Main gender inequality indicators in Bangladesh.

| Indicator | Ranking | Value | |
|-------------------------------|---------|--------|-------|
| Gender Gap Index 2023 | 59 | 0.722 | |
| Human Development Index 2022 | 129 | Female | 0.617 |
| | | Male | 0.688 |
| Gender Development Index 2022 | Group 5 | 0.895 | |

Sources: PNUD, 2022 and World Economic Forum 2018 and 2023.

Inequalities are in coherence with those that appear in the Gender Social Norms Index values, which show a higher percentage of people with economic (86.58%) and political (66.83%) biases. Regarding violence, 87.83 % of people presented this bias, without important differences between women (85%) and men (90%)³⁵. This explains why GBV is a pressing issue in Bangladesh, impacting women and girls in various distressing ways.

Table 2. Gender Social Norms Index. Percentage of people biased by dimension.

| Political | | Educational | | Economic | | Physical Integrity | |
|-----------|-------|-------------|-------|----------|-------|--------------------|-------|
| Women | Men | Women | Men | Women | Men | Women | Men |
| 66.38 | 71.33 | 42.42 | 46.57 | 86.94 | 89.22 | 85.53 | 90.20 |

Source: UNDP, 2023.

³² World Economic Forum, 2018. Global Gender Gap report. https://www3.weforum.org/docs/WEF_GGGR_2018.pdf

³³ World Economic Forum, 2023. Global Gender Gap report. <https://www.weforum.org/publications/global-gender-gap-report-2023>

³⁴ United Nations Development Programme, 2022. The 2021/2022 Human Development Report. https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

³⁵ UNDP, 2023. 2023 Gender Social Norms Index. Breaking Down Gender Biases Shifting social norms towards gender equality.

2. GBV prevalence, including intersectional GBV

The prevalence of GBV in the country is remarkable. It materializes in several common forms, and the most mentioned during fieldwork are sexual harassment including online harassment and dowry-related violence, domestic violence and child marriage which are closely linked. Rape, mental torture, deprivation of basic needs, superstitions and taboos were also mentioned as important kinds of violence, as well as the increase of online GBV³⁶.

The Bangladesh Violence Against Women Survey carried out in 2015 revealed that approximately 72.6 % of married women in Bangladesh have faced partner violence at some point in their lives, with 54.7 % experiencing it within the past 12 months. The most prevalent form of violence is controlling behaviour, affecting 55.4 % of married women, followed by physical violence, impacting nearly half (49.6 %). The percentage of women who have suffered emotional and sexual violence is also significant, standing at 28.7 % and 27.3 %, respectively. Economic violence has been encountered by 11.4 % of women. Among survivors, only 2.6 % took legal action after being subjected to physical violence³⁷.

Bangladesh has the highest prevalence of child marriage in South Asia and is among the 10 countries worldwide with the highest levels, according to UNICEF³⁸. The same report shows that among the country's entire female population, 38 million marry before turning 18; of those, 13 million before the age of 15.

Dowry is a specific kind of violence related to marriage in Bangladesh. According to Odhikar, between January 2001 and December 2019, there were over 5,800 incidents of dowry-related violence. In over half of those incidents, the woman was killed³⁹.

Regarding non-partner violence, 25.8 % of unmarried women in Bangladesh have been victims of physical violence and 6.4 % of sexual violence. This percentage is much higher in the case of sex workers, according to the Gender-Based Violence against Female Sex Workers and Transgender study carried out by the Bandhu Social Welfare Society (Bandhu), 80 % of street-based and transgender sex workers have been subjected to physical and sexual abuse by their clients and others⁴⁰.

During the last few years, participants in the research highlighted the impact of COVID-19, the complex Rohingya refugee crisis and the severity of weather events related to climate change (cyclone Amphan and Bulbul) on the increase of GBV, especially in the rise of child marriages of

³⁶ Qualitative information gathered during field work.

³⁷ Bangladesh Bureau of Statistics, 2016. 2015 Report on Bangladesh Violence Against Women Survey. <https://asiapacific.unfpa.org/en/publications/2015-report-bangladesh-violence-against-women-survey>.

³⁸ UNICEF, 2019. Ending Child Marriage: A profile of progress in Bangladesh.

³⁹ Human Rights Watch, 2020. "I Sleep in My Own Deathbed". Violence against Women and Girls in Bangladesh: Barriers to Legal Recourse and Support. [https://www.hrw.org/report/2020/10/29/i-sleep-my-own-deathbed/violence-against-women-and-girls-bangladesh-barriers#:~:text=\(New%20York%2C%20October%2029%2C,in%20a%20report%20released%20today.](https://www.hrw.org/report/2020/10/29/i-sleep-my-own-deathbed/violence-against-women-and-girls-bangladesh-barriers#:~:text=(New%20York%2C%20October%2029%2C,in%20a%20report%20released%20today.)

⁴⁰ Information found in the survey: <https://www.dhakatribune.com/bangladesh/323985/survey-80%25-of-sex-workers-face-physical-violence>.

refugee Rohingya girls in Cox's Bazar⁴¹. Climate severity has also heightened physical and sexual violence for Dalit women in the Shyamnagar region of Satkhira, including impacts on their sexual and reproductive health⁴². In general, according to information gathered during interviews, GBV is particularly prevalent among Dalit women belonging to the Hindu minority religious group for which gender discrimination intersects with religious and caste discrimination predominantly founded on occupational, social strata, and descent-based identities, as well as the stigma of 'untouchability' through discrimination based on colourism.⁴³ Besides this, recently, GBV against gender diverse gender and sexual orientations communities and especially against homosexual men has also grown, with important cases of violence featuring murders against LGBTQI+ activists⁴⁴.

Other mentioned elements impacting GBV in Bangladesh were related to the change of social, economic, and environmental conditions, such as widening economic gaps, unregulated private and organised employment, increased labour market competition, a growing middle class, unchecked urbanisation, inter- and intra-migration, ocean and land grabbing, and an ageing population, which have hindered the social inclusion agenda and therefore have increased gender inequalities and gender discrimination.

At the same time, interviewed stakeholders also recognised that economic development is slowly promoting the access of women to the labour market (women's labour force participation rate increased by two points between 2018 and 2023)⁴⁵ and women's rights are more respected⁴⁶.

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

Bangladesh promotes equality and non-discrimination through its Constitution. Article 28 guarantees the right to equality and non-discrimination for every citizen of the country and Article 27 prohibits discrimination on the grounds of religion, race, caste, sex, or place of birth. These constitutional provisions lay the foundation for addressing various forms of discrimination, including GBV, since Bangladesh also ratified the CEDAW in 1984 and its optional protocol in 2000. However, the lack of specific provisions on transgender people and anti-

⁴¹ UNHCR, 2020, COVID-19's impact on Rohingya and Bangladeshi adolescents in Cox's Bazar.

⁴² Islam, Didar et al, Journal of Climate Change Research, 2015, Climate Change Impacts and Vulnerability Assessment in Coastal Region of Bangladesh: A Case Study on Shyamnagar Upazila of Satkhira District.

⁴³ Farid, Cynthia, 2023. Dalit Rights in Bangladesh: Discrimination, Representation, and Access to Justice in Christian Aid and Bangladesh Legal Aid and Services Trust (BLAST). *Towards quality and inclusion, a review and policies in Bangladesh*, 19–34. <https://www.blast.org.bd/content/publications/Towards-Equality-and-Inclusion.pdf#page=47>.

⁴⁴ Hossain, A, 2019. Section 377, Same-Sex Sexualities and the Struggle for Sexual Rights in Bangladesh. 20 Australian Journal of Asian Law 115 (2019–2020). <https://heinonline.org/HOL/LandingPage?handle=hein.journals/ajal20&div=11&id=&page=>

⁴⁵ World Economic Forum, 2023. Global Gender Gap report. <https://www.weforum.org/publications/global-gender-gap-report-2023> and World Economic Forum, 2018. Global Gender Gap report. https://www3.weforum.org/docs/WEF_GGGR_2018.pdf.

⁴⁶ It is not possible to analyse the evolution of the Gender Social Norms Index because this trends data is not available in the case of Bangladesh.

discrimination laws prevents the protection of transgender individuals from being treated less well than others based on their gender identity.

In 2000, Bangladesh promulgated the Women and Children Repression Prevention Act⁴⁷ which was later amended and passed in 2020. This act represents a significant milestone in legislation aimed at addressing a wide spectrum of violence, including trafficking, abduction, burnings, rape, dowry-related violence, and other crimes that disproportionately affect women and children. This law also established special Nari-o-Shishu tribunals dedicated to prosecuting cases related to such offenses, with 95 such tribunals spread across the country⁴⁸.

In the same period, measures were also taken to regulate the sale, distribution, and use of acid, a common weapon of GBV through the Acid Offense Prevention Act and Acid Control Act enacted in 2002 and the Medical, Legal Aid and Rehabilitation of the Persons Affected by Acid Rules in 2008. In 2010 a specific Act on domestic violence was promulgated: the Domestic Violence (Prevention and Protection) Act, knowing that most of the cases of GBV with acid were perpetrated by a family member⁴⁹.

Interviews and research prove that, although a comprehensive legal framework to fight gender-based violence against women and girls exists, the implementation of laws is still challenging, and provisions included in these specific laws are not executed. As an example, despite the existence of the Domestic Violence (Prevention and Protection) Act, of 2010, domestic violence cases are often resolved through informal mediation or outdated laws such as the Penal Code and the Women and Children Repression Prevention Act, 2000.⁵⁰ Moreover, the persistence of dowries, although being prohibited four decades ago by the 1980 Dowry Prohibition Act and reinforced by subsequent provisions within the Women and Children Repression Prevention Act, 2000 and the Dowry Prohibition Act of 2018, remains a concern.

There are other obstacles beyond the difficulties of implementing laws. Legal reforms are still needed, according to interviewed actors who considered that it is crucial to initiate a reform of the entire legal system, still mainly founded on outdated family laws, shaped by diverse religious and cultural influences and resulting in numerous legal provisions that create differences between women according to their religion. Often, these laws prevail over the new acts approved since 2000 to fight violence against women and girls.

Related to this, to address child marriage —common in all religions— a significant violation of girls' rights, the Child Marriage Restraint Act (CMRA) was enacted in 2016. This act made it a criminal offence to marry or facilitate the marriage of women under 18 and men under 21. Nevertheless, one year later the country took a major step backward in the fight to end child marriage when the government repealed and replaced the CMRA to allow child marriages

⁴⁷ Nari-o-Shishu Nirjatan Daman Ain.

⁴⁸ Human Rights Watch, 2020. "I Sleep in My Own Deathbed". Violence against Women and Girls in Bangladesh: Barriers to Legal Recourse and Support. [https://www.hrw.org/report/2020/10/29/i-sleep-my-own-deathbed/violence-against-women-and-girls-bangladesh-barriers#:~:text=\(New%20York%2C%20October%2029%2C,in%20a%20report%20released%20today.](https://www.hrw.org/report/2020/10/29/i-sleep-my-own-deathbed/violence-against-women-and-girls-bangladesh-barriers#:~:text=(New%20York%2C%20October%2029%2C,in%20a%20report%20released%20today.)

⁴⁹ *Ibid.*

⁵⁰ Plan International and BNWLA, 2018. Five Years After Bangladesh's Domestic Violence (Prevention & Protection) Act 2010: Is it Helping Survivors?" November 2016, <https://www.planusa.org/docs/phr-domestic-violence-2016.pdf>

without a minimum age under undefined “special circumstances”. This happened even after Bangladesh had ratified the International Convention on the Rights of the Child and promulgated the Children Act in 2013.

Furthermore, it is important to note that "sexual harassment" is not a defined or referenced term in contemporary statutes, including criminal laws and the Bangladesh Labour Act. Furthermore, the Penal Code's definition of rape is flawed, as it does not offer a specific explanation for the term "penetration". As a result, rape is often characterised as "peno-vaginal penetration", which is essentially a standard definition of "sexual intercourse". Such a broad interpretation of the term excludes various other forms of sexual penetration that are considered rape. The definition also lacks guidance on establishing volition or consent in a case. Consequently, courts frequently require proof of "force" to demonstrate a lack of consent, leading to interpretations of rape that perpetuate gender-based biases. Similarly, the Women and Child Repression Act 2000 (WCRPA) explicitly states that the definition of rape is the same as that found in the Penal Code⁵¹.

In general, sexual violence has yet to be acknowledged comprehensively. Policies often focus on women, children, and, to some extent, men, leaving a gap in addressing the vulnerability of LGBTQI+, sex workers, and persons living with disabilities. Although the law recognised the “hijra” or “third gender” changing genders is not allowed. The wording of the legislation makes it improbable for a transgender woman, whose birth certificate identifies her as “male”, to be recognised as a woman and to pursue justice in cases of rape committed against her⁵². In addition to this, section 377 of the Penal Code criminalises “carnal intercourse against the order of nature” which serves to punish homosexual women and men.

Regarding sex work, no current law prohibits prostitution by an adult woman (above 18). Brothel-based sex workers, at the very least, have the opportunity to operate within the boundaries of the law. They have the option to register for licenses through a first-class magistrate court, provided they declare their willingness to work in a brothel and confirm that they are over 18. However, it should be noted that the Dhaka Metropolitan Police Act (DMPA) outlaws the solicitation of individuals in public for prostitution, thereby rendering certain forms of street-based sex work illegal. Similar provisions are found in the Metropolitan Police Acts of five other divisional towns: Rajshahi, Sylhet, Chittagong, Khulna, and Barisal. Furthermore, the Suppression of Immoral Traffic Act (SITA) makes it illegal to own or manage a brothel, as well as to engage in the purchase, sale, or living off the earnings of a prostitute. However, it's important to note that SITA does not criminalise the sex workers directly.⁵³

Regarding sexual and reproductive rights, induced abortion is prohibited except in cases where it is necessary to save a woman's life under Bangladesh's 1860 Penal Code. However, since 1979,

⁵¹ Asia Law Portal, 2023. Bangladesh: Key gaps in responding to gender-based violence against women in the workplace. <https://asialawportal.com/bangladesh-key-gaps-in-responding-to-gender-based-violence-against-women-in-the-workplace/>

⁵² Bandhu, 2021. Gaps in Legal Protections Against Gender-based Violence for Transgender Persons in Bangladesh. Policy Brief. Bandhu_RFSU_Policy Brief_Design_Edited.qxd (share-netinternational.org)

⁵³ Human Rights Watch, 2003. Ravaging the vulnerable: Abuses Against Persons at High Risk of HIV Infection in Bangladesh. <https://www.hrw.org/report/2003/08/19/ravaging-vulnerable/abuses-against-persons-high-risk-hiv-infection-bangladesh# ftn117>

Bangladesh has included Menstrual Regulation (MR) as part of its national family planning program. MR is a procedure that involves either manual vacuum aspiration or the use of a combination of mifepristone and misoprostol to "regulate the menstrual cycle when menstruation is absent for a short duration". If medication is used in this process, it is known as Medication-induced Menstrual Regulation (MRM). Government regulations permit MR procedures to be performed up to 10–12 weeks after a woman's last menstrual period, depending on the type of provider, and MRM is allowed up to nine weeks after a woman's last menstrual period. Despite the availability of MR services, many women still resort to clandestine abortions, some of which can be unsafe.⁵⁴

3.2. Public policies on GBV and institutional mechanisms

Legal reforms were also accompanied by the launch of various initiatives and programmes aimed at preventing GBV, such as the National Child Policy 2011, the National-Women-Development-Policy-2011, the National Action Plan to Prevent Violence against Women and Children 2018–2030 and the National Action Plan to Prevent Child Marriage 2018–2030.

The most comprehensive effort is the Multi-Sectoral Programme on Violence Against Women, a collaborative effort between the Government of Bangladesh and the Government of Denmark, operating under the Ministry of Women and Children Affairs. This initiative not only supports the Bangladesh Poverty Reduction Strategy but also aligns with the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and Danida's gender equality strategy. The project operates in partnership with several key ministries, including the Ministry of Law, Justice, and Parliamentary Affairs, the Ministry of Information, the Ministry of Social Welfare, the Ministry of Home Affairs, the Ministry of Health and Family Welfare, the Ministry of Education, the Ministry of Religious Affairs, the Ministry of Youth and Sports, the Ministry of Labour and Employment, the Ministry of Posts, Telecommunications, and Information Technology, and the Ministry of Local Government, Rural Development, and Cooperative⁵⁵.

The programme encompasses several crucial actions and interventions. This includes the establishment of nine One-Stop Crisis Centres within major hospitals; a One-Stop Crisis Cell in each of the 67 districts across Bangladesh, tasked with coordinating access to the Crisis Centres, linking victims with necessary services, and overseeing the monitoring and follow-up of cases; the presence of a National Trauma Counselling Centre situated in Dhaka; the operation of a 24-hour national helpline dedicated to addressing issues of violence against women and children; or the maintenance of a comprehensive database that consolidates data from all the aforementioned institutions. Developed actions are centred on women, while no suggestions are made for assisting sexual and gender diverse individuals.

The Ministry of Women and Children Affairs, in collaboration with UNFPA, serves as a co-chair for the national Gender-Based Violence Cluster within the framework of the Bangladesh

⁵⁴ Guttmacher Institute, 2017. Menstrual Regulation and Unsafe Abortion in Bangladesh. <https://www.guttmacher.org/sites/default/files/factsheet/menstrual-regulation-unsafe-abortion-bangladesh.pdf>

⁵⁵ Ministry of Women and Children Affairs. Background. Multi-Sectoral Programme on Violence Against Women. <http://mspavaw.gov.bd/contain/3>

Humanitarian Cluster Coordination System. In March 2016, the Ministry of Disaster Management and Relief in Bangladesh established the GBV Cluster. Its purpose is to foster a shared understanding among humanitarian and development stakeholders regarding the addressing of GBV. This involves upholding GBV minimum standards, adhering to and monitoring GBV guiding principles, facilitating the exchange of information and best practices, and promoting collective inter-agency efforts to prevent and respond to GBV in emergencies. The GBV Cluster's primary objective is to establish an efficient and inclusive GBV response mechanism in Bangladesh, promoting a coherent, comprehensive, and coordinated approach to GBV within humanitarian settings. This approach encompasses prevention, care, support, and recovery.⁵⁶

Regarding LGBTQI+ individuals, although national policies do not specifically address the situation of these groups, several civil society organisations (CSOs) advocate for sex workers and LGBTQI+ rights. The sex workers' network of Bangladesh gathers 29 organisations, comprising sex workers of all genders and diverse localities in Bangladesh, dedicated to enhancing the leadership capabilities of its member organisations. Known as SWNOB, this group collaborates with community leaders and the media to promote awareness of sex workers' human rights. Additionally, SWNOB actively addresses issues such as brothel evictions and violence perpetrated by law enforcement agencies. At the national level, SWNOB engages in advocacy efforts to ensure the inclusion of sex workers in the country's social security strategy⁵⁷. Regarding LGBTQI+, these organisations have been more invisible in the last years since they have confronted high repression as stated above⁵⁸.

SECTION B. ANALYTICAL MAP OF FEMINIST CSOs.

1. General description of CSOs

1.1. **General profile of feminist CSOs specialised in GBV and participating in the survey in Bangladesh.**

In Bangladesh, 57 organisations were pre-identified. The number of answers received was 22 but only 19 (18 CSOs and 1 network) were from non-profit organisations or networks intervening in GBV with gender equality featuring in their objectives, including sexual and reproductive rights. Most CSOs (68 %) were unaware of the FON project and three of them had applied to the fund but were unsuccessful and one is still awaiting an answer.

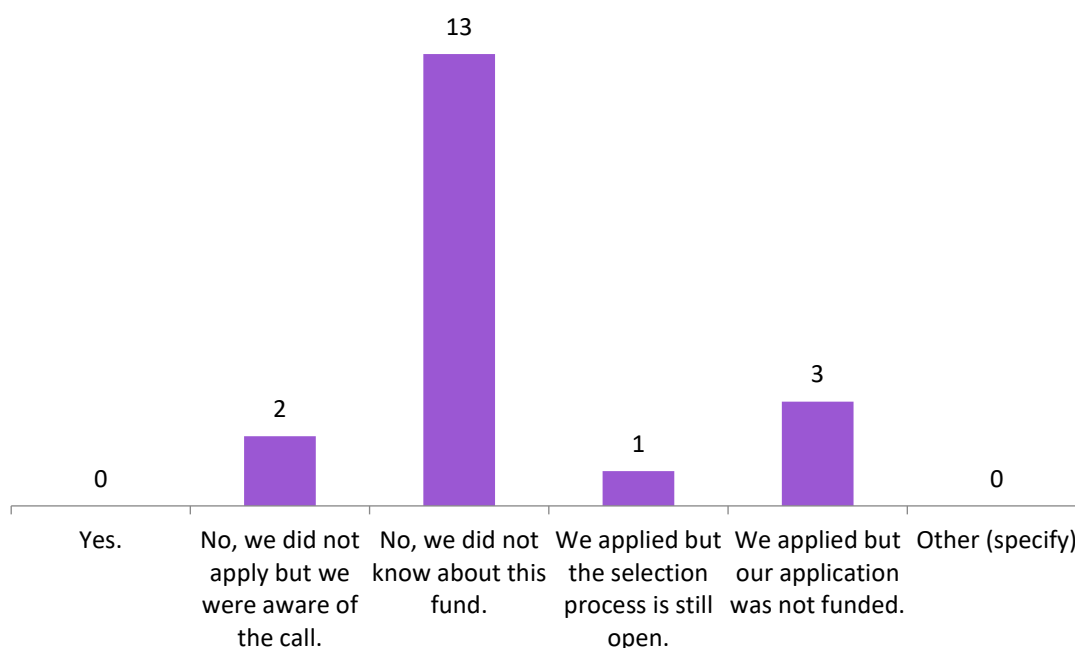
⁵⁶ Reliefweb, 2023. National Gender Based Violence Cluster. <https://response.reliefweb.int/bangladesh/national-gender-based-violence>.

⁵⁷ More information in <https://www.redumbrellafund.org/grantees/sex-workers-network-bangladesh-swnob-2/>.

⁵⁸ Australian Journal of Asian Law 115 (2019–2020).

<https://heinonline.org/HOL/LandingPage?handle=hein.journals/ajal20&div=11&id=&page=>

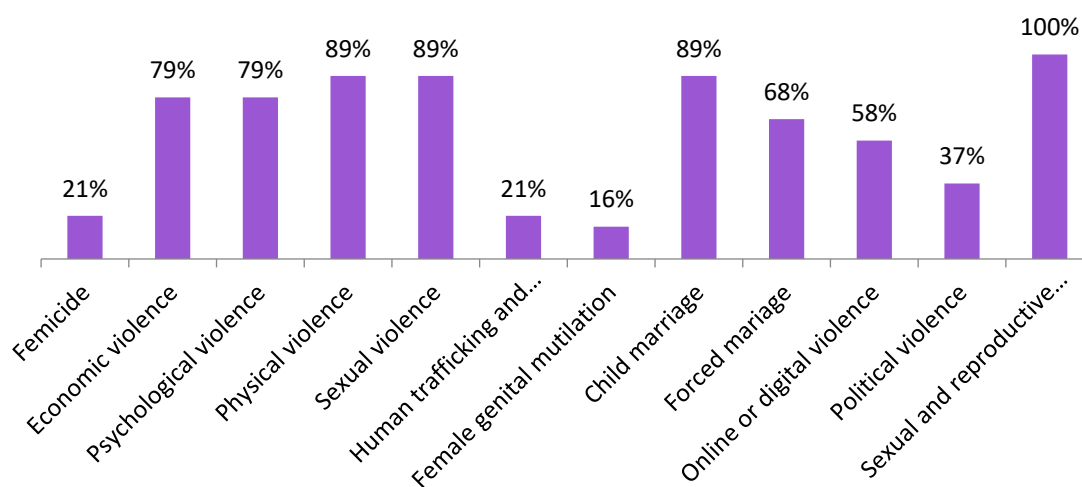
Graphic 1. Has your organisation received a fund from the FON project? n=19



1.2. Targets and specific intervention areas of feminist CSOs specialising in GBV in Bangladesh

The main intervention areas of feminist CSOs are related to the primary type of violence identified in interviews: sexual and physical violence, including domestic violence, as well as child marriage and economic violence. All of them are concerned by violence regarding sexual and reproductive rights.

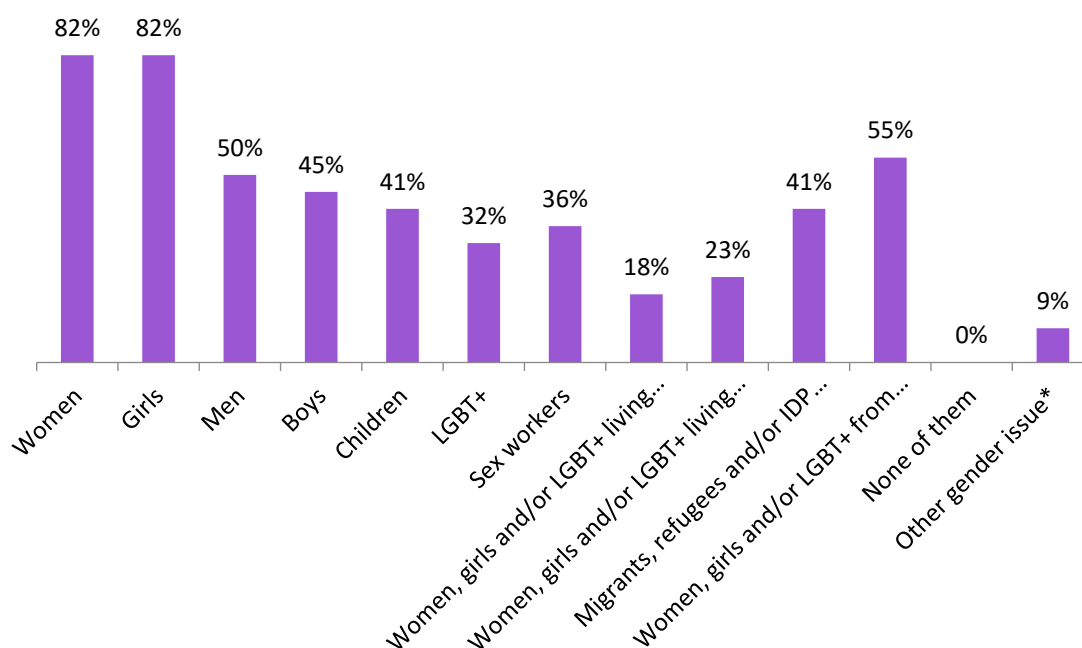
Graphic 2. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=19



All of them work on raising awareness, capacity building and advocacy on GBV and 95 % also include capacity building on sexual and reproductive rights. Case management for survivors is an activity area of 63 % of them. Their level of intervention is mostly local, with 47 % intervening at the local level and 37 % at the national level.

The main target of these organisations are women, girls and/or LGBTQI+, including those from ethnic minorities.

Graphic 3. What is your target population? (Multiple choice). n=22⁵⁹



Half of the organisation have more than 200 beneficiaries per year, and 42 % less than 100, because they develop activities not related to direct assistance.

1.3. Capacities of feminist CSOs specialised in GBV in Bangladesh

Registration and years of experience

Most of these organisations are registered as CSOs (79 %) and those that are not registered is because they develop a politically and socially sensitive activity, notably working with LGBTQI+ or because of other non-relevant reasons.

The majority of feminist CSOs tackling GBV in Bangladesh that answered the questionnaire are organisations with a strong track record and have more than 10 years of experience (85 %). One

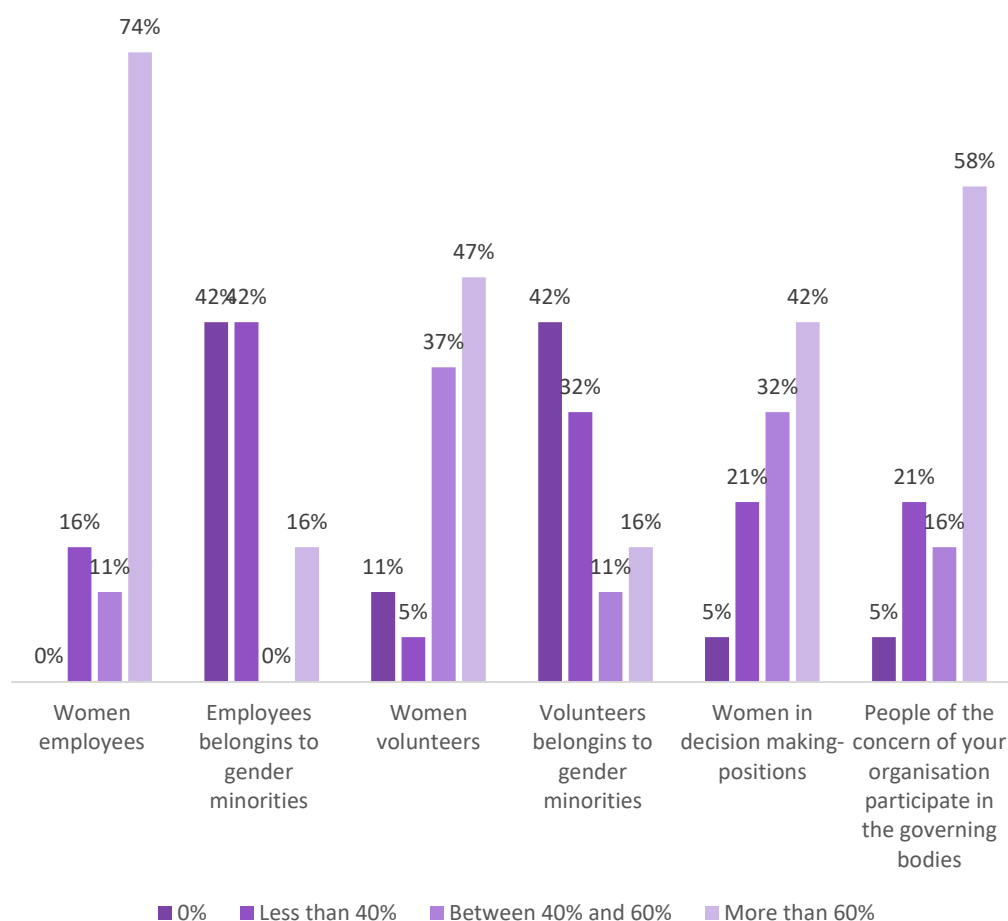
⁵⁹ This question also includes answers of organisations that were finally expelled of the questionnaire because they were not in the target.

of the respondents was recently created and has less than three years of experience, and two have between three and 10 years.

Human Resources

They also have a high number of employees (95 % more than 5 and 79 % have more than 10 employees). Most employees are women, only in five cases women represented less than 60 % of employees. In three cases, more than 60 % of the staff belong to sexual and gender diverse orientations. The number of volunteers is also notable, with 79 % of CSOs having more than five volunteers and 68 % more than 10, most of them women. Three of the organisations also have a majority of volunteers belonging to sexual and gender diverse orientations. Women represent the majority in decision-making positions, meaning that people involved with CSOs participate in governing bodies.

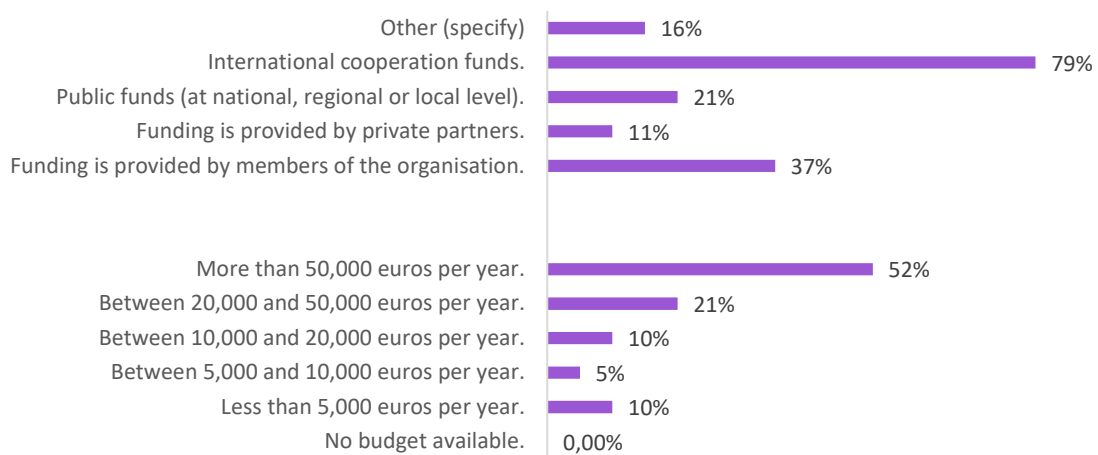
Graphic 4. Presence of women and sexual and gender diverse individuals in CSOs as workers, volunteers or in decision-making positions. n=19



Financial Capacities

Over half of the surveyed CSOs have an annual budget above 50,000 euros, and only two manage less than 5,000 euros per year and do not have an office. The other 17 have headquarters and meeting rooms. Nevertheless, interviewees highlighted that funding has been the main challenge faced by CSOs, hindering the ability of grassroots organisations to carry out comprehensive GBV interventions and services. This was especially critical during the COVID-19 pandemic⁶⁰. The survey shows that funding is somehow diversified, with a significant contribution from members and public institutions. However, international cooperation funds play a crucial role in sustaining these organisations according to the survey.

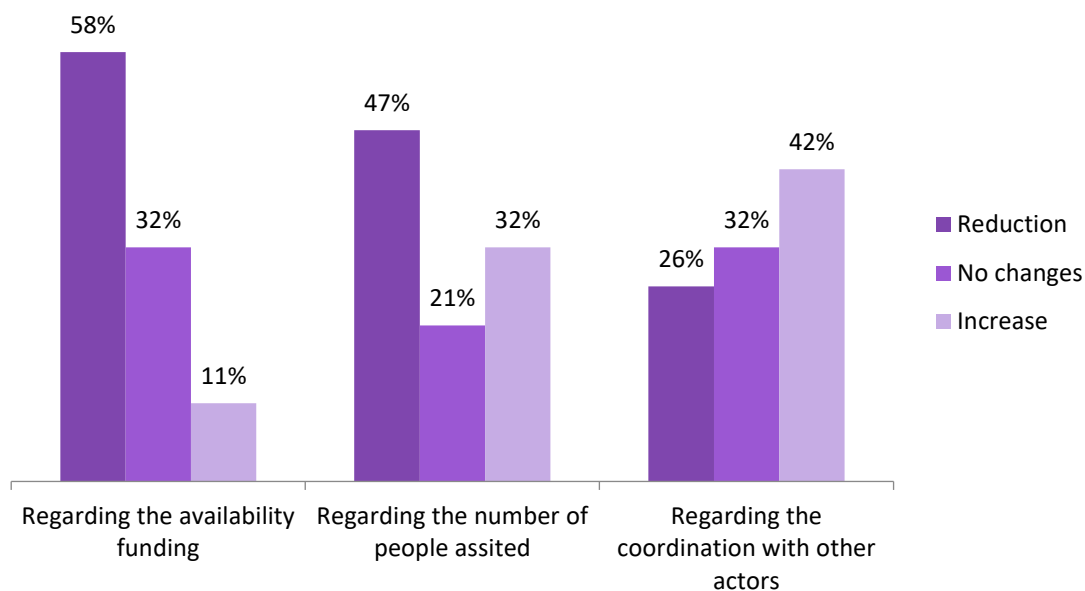
Graphic 5. What is your annual budget? And what is the origin of your financial funds? n=19



In the last five years, the COVID-19 pandemic and the Rohingya refugee crisis have reduced the available funding, while these crises increased coordination with other stakeholders. COVID-19 diminished the number of people who received aid, while the refugee crisis boosted the activity of CSOs working on the humanitarian response.

⁶⁰ Information gathered during fieldwork.

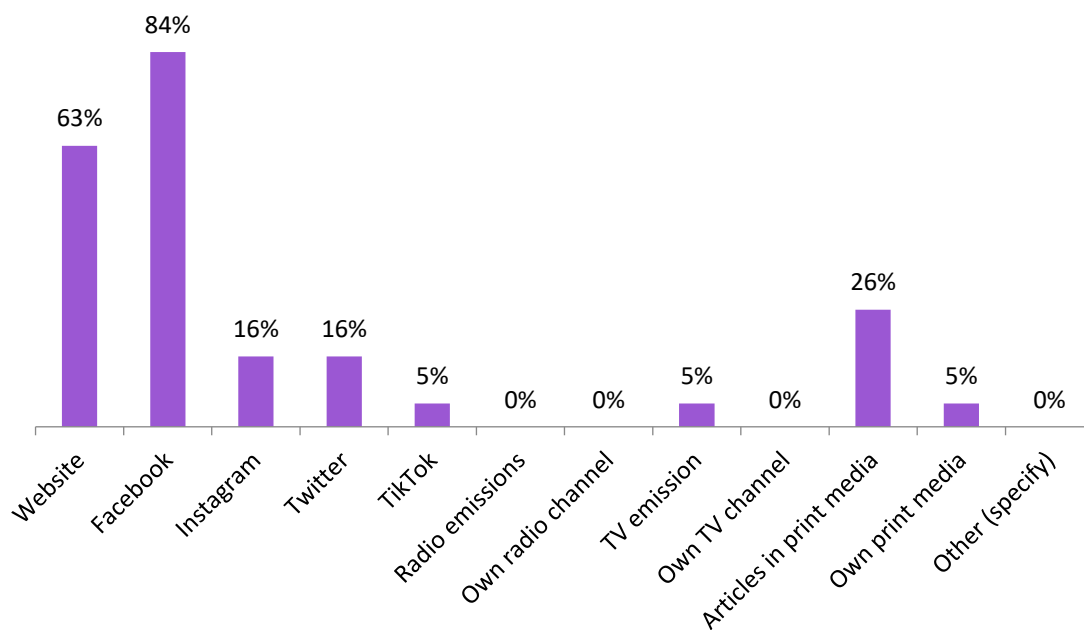
Graphic 6. How did the instability factors impact your activities? N=19



Communication capacities

Regarding communication capacities, 84 % of respondents affirmed having a communication strategy, being Facebook and website the main communication tools that they used.

Graphic 7. Does your organisation or network have any of the following communication tools? n=19



Partnerships

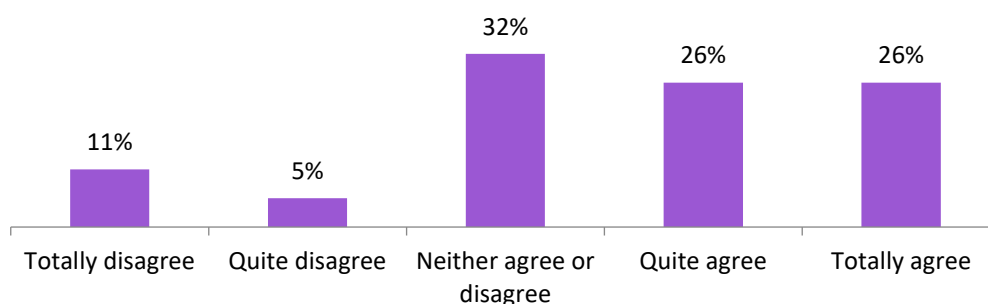
Concerning the capacity of CSOs to coordinate and collaborate with other stakeholders, most respondents deem it to be positive. In the specific case of how respondents perceived the relationship with public institutions, 85% rated it as either “good” (53 %) or “very good” (32 %). Three of the organisations considered it “neither good nor bad”, as they do not collaborate with them. Relationships with international cooperation stakeholders are also appreciated as “good” (58 %) or “very good” (16 %) by CSOs, excluding one organisation that considers it bad and four that neither appreciates it as good or bad.

CSOs networking between them since to be very strong since 100% of the respondent affirm to collaborate with other CSOs and 84% belong to a CSOs network. National, regional, and international networks were mentioned. Some of them were: Naripokkho, We Can Alliance, Girls Not Brides, Huairou Commission, HomeNet South Asia, Women’s Major Group, Sangat South Asian Network, Bangladesh Mohila Samity, Social Action Committee, Women, Peace and Security, MenEngage Alliance, Human Rights Forum, CEDAW Platform, Citizens Initiatives to end VAW, Social Protection Committee, Association of Development Agencies in Bangladesh (ADAB), Gender Monitoring Network (GMN), Gender and Water Alliance (GWA), Bangladesh Women’s Humanitarian Platform (BWHP), National Forum of Organizations Working with Disabled (NFOWD), Disadvantaged Adolescents working NGOs Forum (DAWN), SAJAGG Network, the Global Alliance Against Traffick in Women (GAATW); Women in Migration Network (WIMN); Migrant Women Forum (MWF), Women’s Land Rights Network. And at the local level, the Pathok Forum and the Sanjog Network. Other networks specialised in land or water at a very local level were also mentioned.

Organisational Capacities

The self-assessment done by CSOs respondents to the questionnaire shows several challenges regarding organisational capacities. Over half of CSOs agree with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. Nevertheless, 32 % neither agree nor disagree and 16 % do not agree.

Graphic 8. Level of agreement with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. n=19



In terms of specific capacities, most organisations believe they have acceptable competencies in the different analysed areas, rating them as “good” or “very good”. The most challenging criteria are related to fundraising capacities, with 21 % of respondents considering their abilities as “very poor” and none rating them as “very good”. Similarly, capacities in case management of GBV survivors are also evaluated as “poor or “very poor” by 21 % of respondents, although 68 % believe they have “good” or “very good” capacities in this area. On the contrary, 80 % feel confident in their “very good” capacities for gender mainstreaming and GBV knowledge.

Regarding risks, 63 % of the CSOs participating in the questionnaire believe they have “good” or “very good” capacities in self-protection against opponents of feminism and/or gender equality.

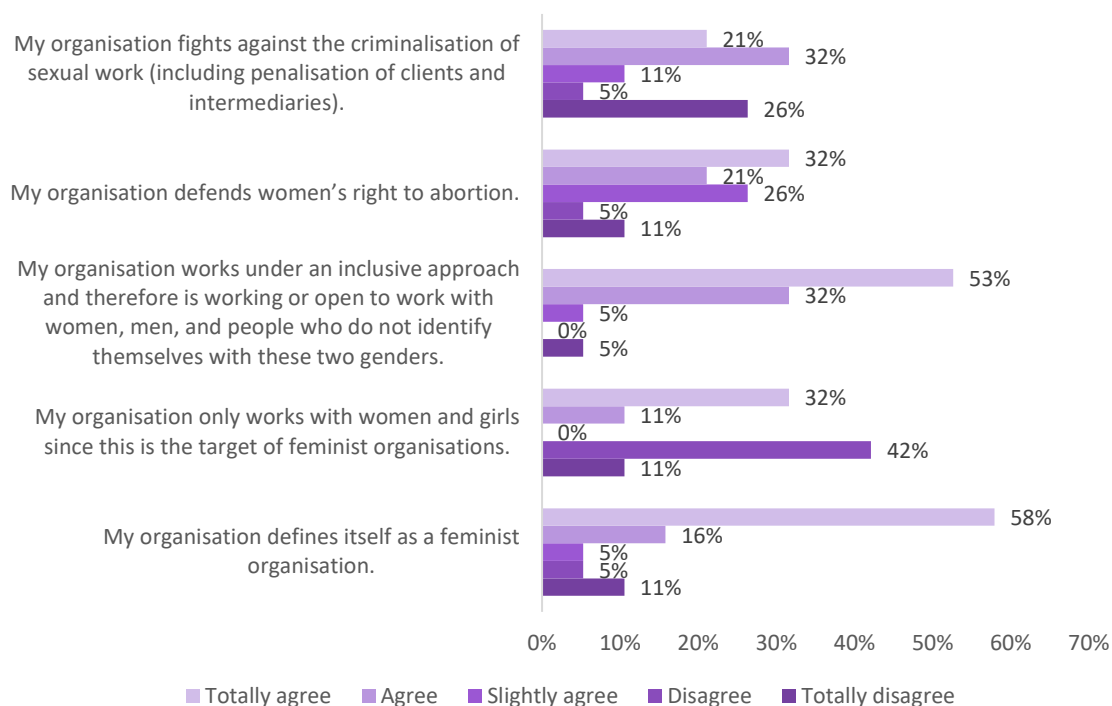
1.4. Positions regarding key debates on women and sexual and gender diverse orientations’ rights

Positions regarding key debates in women’s rights organisations show a general acceptance of the feminist principles since 78 % of the respondents affirmed being a feminist organisation against 22 % that do not agree or slightly agree with this affirmation even if they work in GBV and promote gender equality.

Acceptance of the importance of intersectionality and the inclusion of sexual and gender diverse individuals in their activities is higher. According to the answers, 53 % do not agree with the statement “My organisation only works with women and girls since this is the target of feminist organisations”. And 89 % agree or totally agree with the statement “My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders”.

However, positions on abortion and sex work show less consensus. While 53 % of CSOs affirmed to agree or totally agree with the statement “My organisation defends women’s right to abortion”, 42 % were against or only slightly agree (26 %). In the case of sex work, 32 % totally disagree (26 %) or disagree (5%) with the statement “My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)”, while 53 % agrees (32 %) or totally agrees (21 %).

Graphic 9. CSOs level of agreement with key debates regarding women and sexual and gender diverse individuals' rights. n=19



1.5. Environment for CSOs work

The results of the interviews, focus groups and the survey show a difficult environment for CSOs work, mainly because GBV and community resistance to gender equality is deeply rooted in societal and cultural norms in Bangladesh. Besides, the idea of intersectional feminism is not widespread. This means that CSOs face resistance from conservative societal elements, often undertaking a moral burden, hindering their work. It is noteworthy to mention that the first victims of this resistance are women survivors of violence, who become outcasts within society when they dare to speak up against their abusers. Within this context, the foremost security and confidentiality risk encountered by both victims and CSOs in their work within the GBV field, as reported by interviewees, is the disclosure of identity⁶¹.

Despite their valuable work, small organisations face public scepticism that wrongly portrays them as dismantling families and luring external funding for their gain. These notions, in turn, deter the participation of women seeking assistance. The lack of awareness among local government representatives about legal avenues to address violence against women exacerbates these challenges, given their traditional approaches to dispute resolution.

This information is coherent with the results of the survey since the majority of organisations were not satisfied with the level of engagement of community leaders and positive attitudes

⁶¹ Information gathered during interviews.

and norms in the community to fight GBV and/or promote gender equality. As interviewees highlighted, CSOs identified conservative religious and cultural groups, including political leaders or parties, as resisting changes to traditional power dynamics and as opponents to intersectional feminism. Deeply rooted traditional and religious beliefs can sometimes be seen as opposing gender equality, particularly when these beliefs are interpreted in ways that limit women's roles and rights. In this sense, the involvement of these actors and notably men is paramount in the work against GBV. Media also play a relevant role in making GBV visible, yet they often refrain from reporting on general violence against women, except in extreme cases of GBV. Media should focus on the real causes behind GBV and avoid blaming victims.

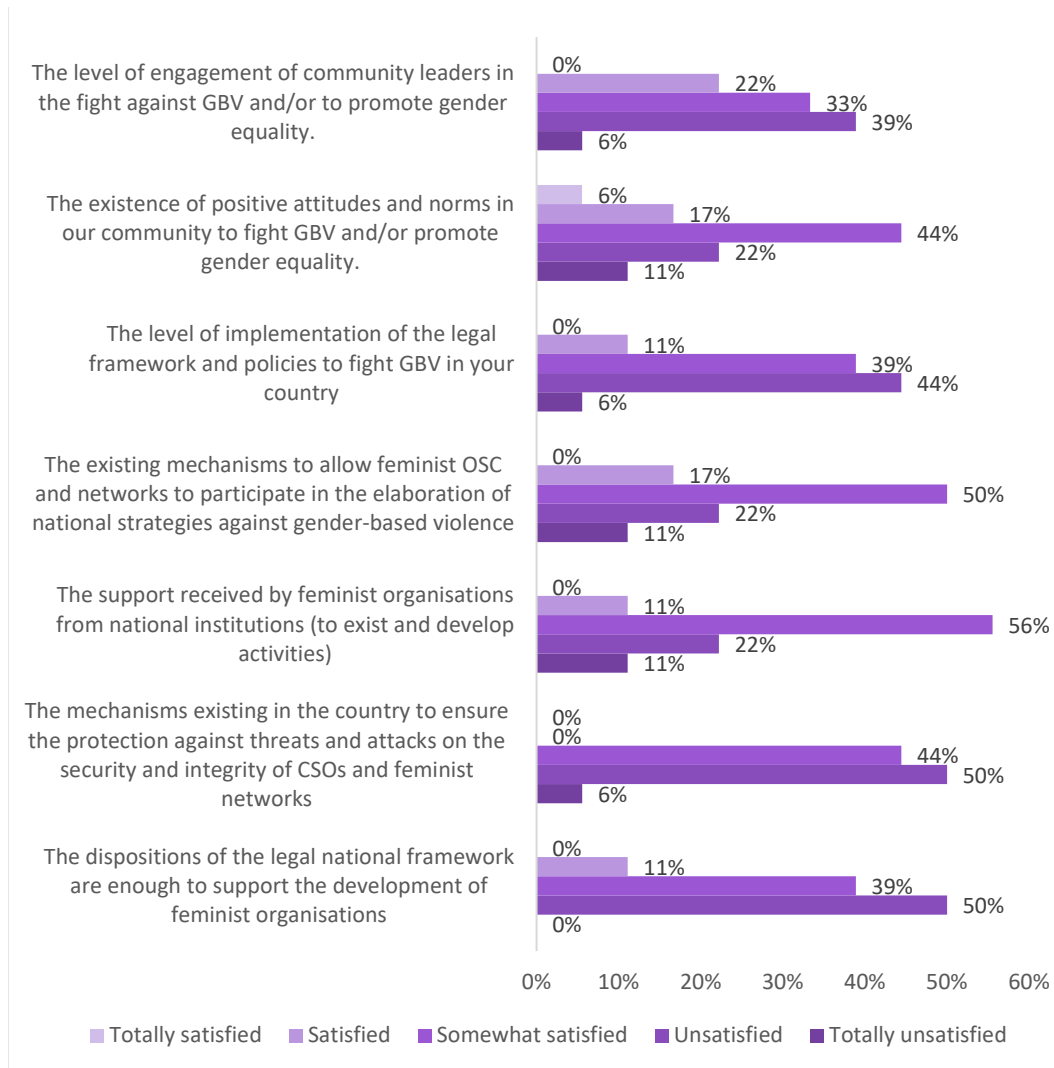
“These women often take the words of their priests more seriously than the law. So, even if they talk about seeking prevention from their husband’s violence as per the law, they eventually return to their husband as per the priest’s advice. This cycle of violence continues due to the lack of male engagement. Hence, the primary task is to start male engagement here”⁶².

In general, the CSOs assessment of the items related to the work environment is unsatisfying. Regarding the dispositions of the legal national framework to support the development of feminist organisations half of the respondents affirmed to not be satisfied and 39% are somewhat satisfied. Responses are similar when analysing the satisfaction level with the legal framework implementation, which is also in line with gaps identified in the legislation implementation and highlighted during interviews. Similarly, half of CSOs are unsatisfied with mechanisms designed in the country to ensure they are protected against threats and attacks to their security and integrity (e.g. cyber-harassment, threats, violence, obstruction of their activities, etc.).

The relationship with public institutions is slightly better, as more organisations are somewhat satisfied with the existing mechanisms to allow feminist CSOs and networks to participate in drawing up national strategies against gender-based violence.

⁶² Interview BN-CSO-8.

Graphic 10. CSOs level of agreement with statements related to CSO environment. n=18



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BURKINA FASO

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

In 2023, Burkina Faso improved its position on the GGI, moving from 115th in 2022 to 109th. Education and political participation are where more gaps exist between men and women (enrolment in tertiary education is 7,10% for women and 11.90% for men, and women only represent 16.90% of members of parliament). Concerning economic participation and opportunity, women's labour-force participation rate is 37.95% against 52.98% for men⁶³.

Differences are also reflected in the HDI, with Burkina Faso classed in group four countries. As reflected in the score, noticeable disparities exist in the estimated gross national income per capita which is 1,659 PPP\$ for women and 2,580 PPP\$ for men, as well in the mean years of schooling which is 1.6 for women and 2.7 for men⁶⁴.

Table 1. Main gender inequality indicators in Burkina Faso

| Indicator | Ranking | Value | |
|-------------------------------|---------|--------|-------|
| Gender Gap Index 2023 | 109 | 0.676 | |
| Human Development Index 2022 | 184 | Female | 0.425 |
| | | Male | 0.471 |
| Gender Development Index 2022 | Group 4 | 0.903 | |

Sources: PNUD, 2022 and World Economic Forum, 2023.

These differences align with the inequalities observed in the Gender Social Norms Index values, where a higher percentage of people exhibit biases in economy (80.18%) and violence (90.91%) dimensions. Regarding biases in violence, physical integrity concerns more men (97.32%) than women (89.34%)⁶⁵.

Table 2. Gender Social Norms Index. Percentage of people biased by dimension.

| Political (%) | | Educational (%) | | Economic (%) | | Physical Integrity (%) | |
|---------------|-------|-----------------|-------|--------------|-------|------------------------|-------|
| Women | Men | Women | Men | Women | Men | Women | Men |
| 63.85 | 73.31 | 29.43 | 39.92 | 75.78 | 84.23 | 89.34 | 97.32 |

Source: UNDP, 2023.

⁶³ World Economic Forum, 2022. Global Gender Gap report. https://www3.weforum.org/docs/WEF_GGGR_2022.pdf. World Economic Forum, 2023. Global Gender Gap report 2023: <https://www.weforum.org/publications/global-gender-gap-report-2023/>.

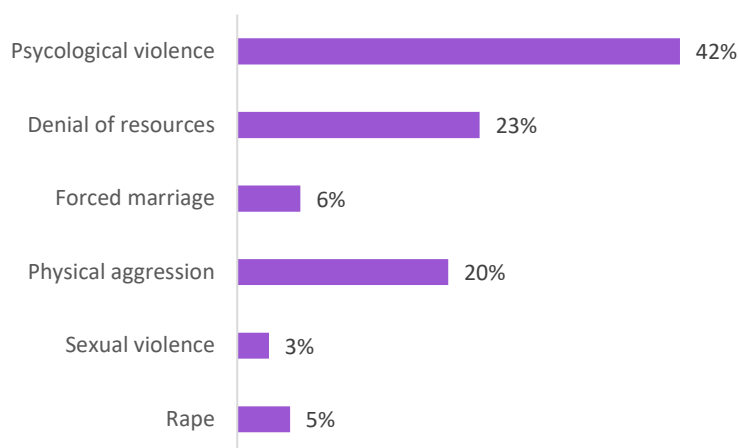
⁶⁴ Mean years of schooling: Average number of years of education received by people ages 25 and older, converted from educational attainment levels using official durations of each level. More information about this index in: United Nations Development Programme, 2022. The 2021/2022 Human Development Report. https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

⁶⁵ UNDP, 2023 Gender Social Norms Index. Breaking Down Gender Biases Shifting social norms towards gender equality. <https://hdr.undp.org/content/2023-gender-social-norms-index-gsni#/indicies/GSNI>

2. GBV prevalence, including intersectional GBV

The prevalence of gender violence in a lifetime is 11.50% according to the GGI in 2023.

Graphic 1. Survivors according to type of GBV



Source: Protection cluster Burkina Faso, 2023. Dashboard of the gender-based violence area of responsibility

According to the Burkina Faso Protection cluster⁶⁶, the most common types of GBV in 2023 were psychological violence (42%), the withdrawal of economic support (23%), and physical violence (20%). The same source states that the prevalence of rape, forced marriage, and sexual assault is 6%, 5% and 3% respectively⁶⁷.

Interviewed actors during fieldwork also stated that these are the most troubling acts of violence, in addition to female genital mutilation (FGM) and forced marriage. They believe the regions most badly hit are those with an unstable security situation (Sahel, Nord, Est and Boucle du Mouhoun). Economic and property violence were not mentioned as much by actors although the stats in the table below show how frequent they are. Furthermore, they pointed out how hard it is to identify psychological violence.

Interviewed actors consider that official numbers are only the tip of the iceberg. This is due to under-representation, the persistence of laws and sociocultural practices and the social stigma within families that lead to cases not being reported. Interviewed actors also mentioned that under-representation can be explained because victims ignore the reporting system, once cases

⁶⁶ Of the 37 members of the Burkina Faso cluster, three are UN agencies, 16 regional NGOs and 17 national NGOs. It is coordinated by the government and UNFPA.

⁶⁷ Cluster protection Burkina Faso, 2023. Dashboard du domaine de responsabilité violence basée sur le genre coordination nationale. <https://reliefweb.int/report/burkina-faso/dashboard-du-domaine-de-responsabilite-violence-basee-sur-le-genre-coordination-nationale-janvier-2023>

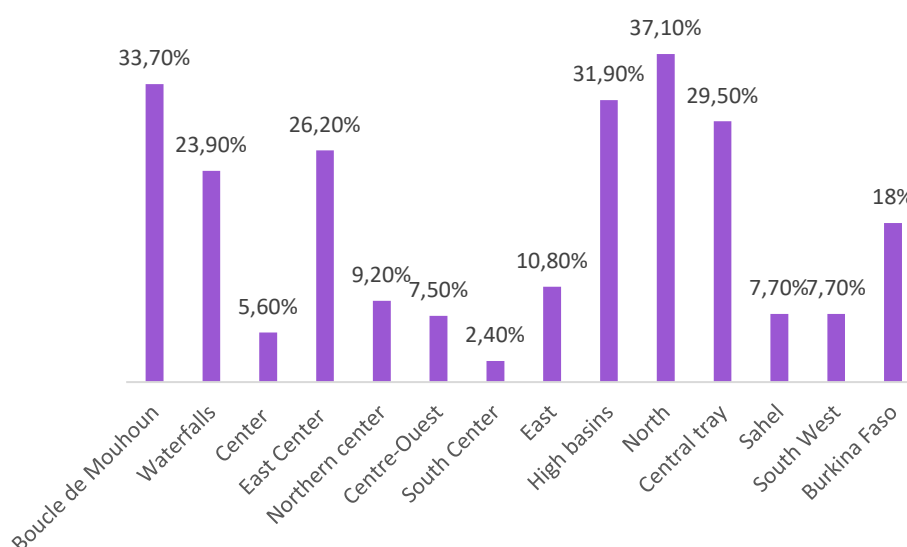
are reported victims have stated suffering assaults at police stations or hospitals, as well as the lack of abilities of protection workers⁶⁸.

Additionally, interviewed actors claim that although there is a variety of sources and reports elaborated by public institutions in partnership with the UN system and international CSOs, sources are not enough because they do not cover all types of violence or all regions. Moreover, CSOs working with the target population, notably sexual diverse individuals and sex workers, confirm that there is no data on the violence suffered by them.

FMG is a common procedure in the country, particularly among young girls.

According to the 2018 national study on child violence in Burkina Faso, 18% of girls between 12 and 17 have undergone FGM, this data varies significantly depending on place of residence, ethnic group and religion.

Graphic 2. FGM prevalence among girls aged 12-17 according to region



Source : Institut Supérieur des Sciences de la Population (ISSP), 2018, p. 24. National study on child violence in Burkina Faso

The Boucle du Mouhoun (33.7%), Hauts-Bassins (31.9%), Nord (31.7%) and Plateau Central (29.5%) are those with the most cases of FGM. The regions with fewer cases are Centre (5.6%) and Centre-Sud (2.4%)⁶⁹. According to the same source, the number of cases depends on the ethnic group. Dafing girls (42.5%) are the most impacted, followed by Bobo (35.6%), Gouin

⁶⁸ Read more on GBV in Cluster protection, 2020, Evaluation rapide de la situation des violences basées sur le genre et la COVID 19 dans la région Centre-Nord Burkina Faso, p.11. <https://www.humanitarianresponse.info/ru/op%C3%A9rations/burkina-faso/assessment/burkina-faso-evaluation-rapide-de-la-situation-des-vbg-et-covid>

⁶⁹ Institut Supérieur des Sciences de la Population (ISSP), 2018. Etude Nationale sur les violences faites aux enfants au Burkina Faso. p. 24. <https://www.unicef.org/burkinafaso/media/1776/file/Etude%20VAC.pdf>

(27.3%), Senoufo (26.6%), Dioula (25.1%) and Bwaba (25%). Those groups with less percentage of cases are Birifor (6%), Lobi (6.1%), Dagara (6.7%) and Gourounsi (1.3%). Religion is another factor to consider. Muslim girls (21%) are the ones who have undergone FGM the most, followed by catholic (14%), traditional (12%) and protestant (9.3%) girls.

According to the Superior Institute of Science Population (2018), the rate of child marriage among girls, meaning marriage before turning 18, reached 52% in 2021⁷⁰. Additionally, 51.3 % of women aged 20-24 and 8.9 % of girls have their first sexual encounter before turning 18. Another study conducted the same year by the Society of Burkina Faso revealed that of 23,764 registered pregnancies, 797 (3.4%), belonged to women aged between 14 and 17. The study also showed that 27.7% of these pregnancies ended in obstructed labour and 12.9% in miscarriage⁷¹.

In general, interviewed actors confirm that women and girls are the groups most affected by GBV, and emphasise the impact of intersectional factors on their vulnerability. These factors include, poverty, disability, education, ethnic group and religion (particularly in FGM cases), sexual orientation, sexual work and migration; factors aggravated in regions where security at stake.

Persons displaced by the security crisis represent a serious problem, and women are on the losing end because they are more exposed to being the target of physical violence and rape. Following the 31 March 2023 terrorist attacks in the Sahel region, 2.06 million internally displaced persons (IDP) were registered, in contrast to the 1.99 million on 28 February 2023, representing a 3% increase. The Sud-Ouest, Centre-Ouest, Hauts Bassins and Plateau-Central regions saw a significant rise in IDP during the same month⁷². IDP is distributed in all 13 provinces of the country; the Centre-Nord region hosts the most IPD (42%)⁷³. The 2022 bi-annual report of the subgroup on GBV revealed that 91% of GBV cases involve IPD, and 97% of cases affect women and girls⁷⁴.

Interviewed actors also highlighted that GBV faced by widows are mostly economic, and those in polygamous households are foremost physical and psychological and to a lesser extent economic.

Cultural, religious and traditional conceptions and practices, as well as political instability, are the main causes of GBV identified by actors interviewed, which also have an impact on the

⁷⁰ UNICEF and other UN agencies, 2021. Profil pays. <https://www.unicef.org/media/130921/file/Burkina-Faso-child-marriage-2022-French.pdf>

⁷¹ Ndèye Amy Ndiaye, 2021. Friedrich-Ebert-Stiftung Peace and Security, p. 15. Gender-Based Violence in West Africa: The Cases of Senegal, Mali, Burkina Faso and Niger. <https://library.fes.de/pdf-files/bueros/fes-pscc/18242.pdf>

⁷² OCHA, 2023. Burkina Faso: Aperçu des personnes déplacées internes. <https://reliefweb.int/report/burkina-faso/burkina-faso-apercu-des-personnes-deplacees-internes-31-mars-2023>

⁷³ Protection Cluster Burkina Faso, 2021, Evaluation rapide de la situation des violences basées sur le genre et la COVID 19 dans la région Centre-Nord Burkina Faso, p. 4. <https://www.humanitarianresponse.info/fr/operations/burkina-faso/assessment/burkina-faso-evaluation-rapide-de-la-situation-des-vbg-et-covid>

⁷⁴ Protection cluster, 2022. Revue des Données Secondaires Violence Basée sur le Genre au Burkina Faso, Novembre 2022. <https://reliefweb.int/report/burkina-faso/revue-des-donnees-secondaires-violence-basee-sur-le-genre-au-burkina-faso-novembre-2022>

gender disparities identified in the various socio-economic and political spheres. Among the factors contributing to the high prevalence of violence, they cited economic insecurity, the lack of awareness of legislation, the inadequacy of GBV services in terms of infrastructure, the lack of coordination between stakeholders involved in the fight against GBV and the lack of community involvement.

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

Burkina Faso ratified the CEDAW in 1984, signing the optional protocol in 2008, although it is still awaiting ratification⁷⁵.

The Burkina Faso constitution subscribes to the international treaties and promotes equality among the sexes but does not include any specific provisions on GBV.

Law 061/CNT (September 6, 2015) deals specifically with the prevention, punishment and reparation of violence against women and girls and the care of victims. It includes the definition of physical, moral, psychological, sexual, economic, property and cultural violence.

The country has other acts condemning GBV. This is the case of Law 025-2018/AN (2018) on the Penal Code, which establishes penalties for certain types of violence that were not previously included or were subject to insufficient penalties (genital mutilation, child marriage, sexual relations between a teacher and a child). This law also criminalises sexual harassment in the workplace. Interviewed actors underline that this law does not recognise domestic violence.

Article 533-10 of the Penal Code defines and criminalises rape as “any act of sexual penetration of any kind committed against another person by violence, coercion, threat or surprise”. Thus, regardless of marital status, any person can invoke this article in court. Rape is not only considered to be violence against women but also includes violence against men or sexual diverse individuals attacked because of their sexual orientation or gender identity. Article 533-12 criminalises rape committed against an intimate and habitual partner and considers physical incapacity to be an aggravating circumstance⁷⁶. Furthermore, raping a partner is punished with a fine rather than with appropriate sentences.

Additionally, premature marriages are forbidden by the Penal Code which fixes the legal marriage age at 17 years old for women and 20 for men.⁷⁷ However, interviewees point out that the law is not applied, and that child marriage is an ongoing issue.

⁷⁵ United Nations Human Rights Treaty bodies. Burkina Faso https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=42&Lang=FR

⁷⁶ OHCHR, 2017. Septième rapport périodique relatif à la mise en œuvre de la Convention sur l'Élimination de toutes les Formes de Discrimination à l'Égard des Femmes (CEDEF) pour la période de 2007 à 2013. <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICAqhKb7yhsmPYo5NfAsNvhO7uZb6iXOQtARLmy6cF1KjTo%2FgctL6ngXzcU0xxJry8A%2Bkq3AKz2y2cC7EyWamoTAzJfLevbst82goEbCqMRMeY3YWsf7vL>

⁷⁷ Amnesty International, 2019. Non aux mariages forcés au Burkina Faso. <https://www.amnesty.be/veux-agir/agir-ligne/petitions/mariages-forces-burkina>

The provisions of Law 28-2008/AN (2008) on the Labour Code punish all discrimination in employment and occupation, particularly on the grounds of sex (Articles 4 and 38) and prohibit sexual harassment in the workplace (Article 37).

As far as same-sex relationships are concerned, the country has no laws penalising homosexuality or granting specific rights to homosexuals. However, the actors interviewed confirmed that people belonging to this population are heavily persecuted. Moreover, the political discourse towards this population has recently become more radical, and the driving forces⁷⁸ of the 13 regions have asked the members of the Transitional Legislative Assembly (ALT) to draw up and adopt a law banning and penalising homosexuality in the country⁷⁹. On 25 August 2023, the Superior Council of Communication (CSC) announced in a press release that it had adopted a decision on 24 August banning television channels that promote homosexuality.

Concerning sexual and reproductive rights, articles 383-386 and 388-390 of the Criminal Code punish voluntarily induced abortion. Abortion is only permitted in cases of rape, incest (within the first 10 weeks) or foetal malformation, and when the woman's life or health is in danger. The associated penalties—for both the women and the accused providers—are a fine and/or a prison sentence. The penal code prosecutes both the women who have resorted to it and their assistants, as well as the health workers and others who perform it. The CSOs interviewed were critical of this law, and in particular, denounced the slowness of the legal procedures required for abortions on the grounds of rape.

The penal code does not strictly prohibit sex work. However, articles 533-20 punish anyone who publicly solicits prostitution. Anyone promoting sex work is also punishable under the Burkina Faso Penal Code. This means that sex work is *de facto* prohibited in Burkina Faso, even though there is no law punishing the sale of sexual services⁸⁰. The actors interviewed pointed out that the ambiguity of the law gives rise to interpretations in terms of penalising the activity, particularly on the part of the police.

The actors interviewed stated that despite the existence of a legal framework that allows CSOs to work to combat GBV, there are significant gaps in the application of the law. They insisted on the weight of tradition, which often prevails over the law, and the slowness in setting up care centres for victims. They also cited the lack of a legal and normative framework for combating GBV in the context of the security crisis and the massive displacement of people currently affecting the country, the failure to disseminate legal texts, exacerbated by the failure to translate texts into local languages, the low demand for legal assistance from GBV survivors, and the lack of infrastructure to support GBV survivors.

⁷⁸ Military forces.

⁷⁹ Lefaso.net, 2023 (news). Burkina : Les forces-vives pour l'interdiction de l'homosexualité, une loi sur la laïcité, et l'audit de la gestion des Forces armées (rapport de l'ALT). (article consulted on 21 December 2023). <https://lefaso.net/spip.php?article124855>

⁸⁰ Global network of sex workers project, 2022. Comment sont mises en œuvre les Lois sur le Travail Sexuel sur le Terrain et leur Impact sur les Travailleuses du Sexe. Case study: Burkina Faso. https://www.nswp.org/sites/default/files/2022-10/Burkina_Faso_legal_case_study_-_FR.pdf

3.2. Public policies on GBV and institutional mechanisms

The country currently has national strategies that consider the fight against GBV, in particular the National Gender Strategy (2020-2024) and its operational action plan 2020-2022. Burkina Faso also has a protocol for caring for victims of gender-based violence in the services of the Ministry for Women, National Solidarity and the Family (drawn up in 2021) and a national action plan to combat GBV (2022-2024). It also has a National Strategy for the Prevention and Elimination of Child Marriage 2016-2025, with an operational action plan for 2019-2021, and a National Strategy for the Elimination of Female Genital Mutilation (SN/MGF 2022-2026) and its action plan (2022-2024), which aim to strengthen the chain of prevention, repression and care for FGM and its after-effects.

Since 1997, the government of Burkina Faso has had a Ministry for the Advancement of Women (MPF), which has defined and implemented action plans for the advancement of women, including GBV. A national commission to combat discrimination against women (CONALDIS) has been set up within the Ministry, replacing the national commission to monitor the implementation of Burkina Faso's commitments to women (CNSEF).

As part of its efforts to provide care for GBV victims, Burkina Faso has been gradually setting up care centres since 2017, both by the government and by CSOs⁸¹. However, as mentioned above, the actors interviewed reported delays and a lack of funding to set up these centres.

SECTION B. ANALYTICAL MAP OF FEMINIST CSO.

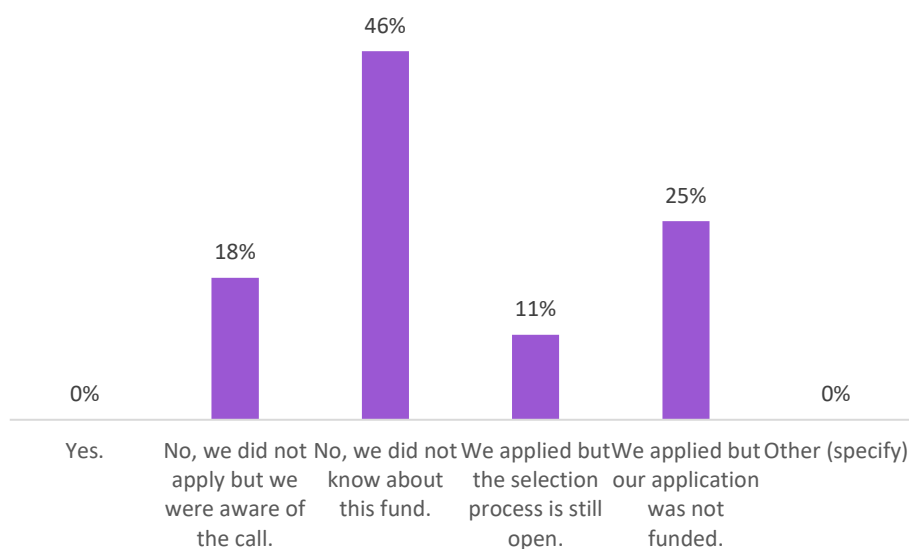
1. General description of CSO

1.1. **General profile of feminist CSO specialised in GBV and participating in the survey in Burkina Faso.**

In Burkina Faso, initially, 36 CSOs were identified, but the responses received exceeded this, totalling 39. These organisations were non-profits or networks addressing GBV with gender equality featuring in their objectives, including sexual and reproductive rights. Among them, 64% were networks, while 94% considered gender equality as the main objective or an important and deliberate objective of their mission. All confirmed their involvement in the area of GBV, including sexual and reproductive rights. Concerning the knowledge about the Feminist Opportunities Now funds, 46% of CSOs were unaware of its existence, 25% had applied without success, and 11% are awaiting an answer.

⁸¹OHCHR, Septième rapport périodique relatif à la mise en œuvre de la Convention sur l'Élimination de toutes les Formes de Discrimination à l'Égard des Femmes (CEDEF) pour la période de 2007 à 2013. <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsmPYo5NfAsNvhO7uZb6iXOQtARLmy6cF1KjTo%2FgctL6nqXzcU0xxJry8A%2Bkq3AKz2y2cC7EyWamoTAzJfLevbst82goEbCqMRMeY3YWsf7vL>

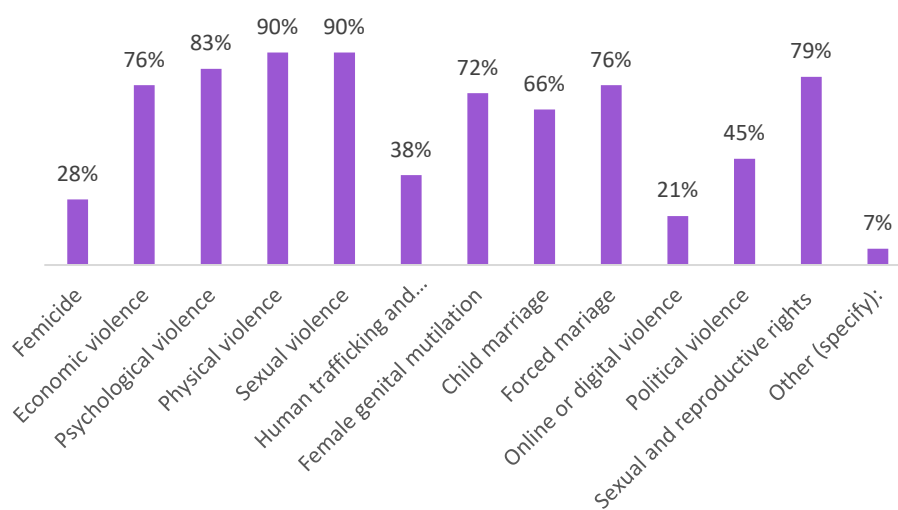
Graphic 3. Has your organisation received a fund from the FON project? n=28



1.2. Targets and specific areas of intervention of feminist CSO specialised in GBV in Burkina Faso

The main areas of intervention of the feminist CSOs that responded to the survey are sexual and physical violence (90% both), psychological violence (83%), and sexual and reproductive rights (79%). Forced marriage, economic violence and female genital mutilation are also the main areas of intervention for 76%, 76% and 72% of them respectively.

Graphic 4. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=29



Concerning the services and activities offered by surveyed CSOs, all of them work on GBV awareness. The most important services provided by over 60% of respondents are capacity building on GBV prevention (83%), capacity building on sexual and reproductive rights (83%), capacity building on the protection of GBV survivors (79%) and capacity building on advocacy against GBV (79%). The services in which CSOs work less are advocacy on legal justice for dead and missing women (28%) and data collection on GBV and research (31%). This reflects the same patterns as in most countries.

Graphic 5. What are your services and activities in the field of gender-based violence survival protection? n=29

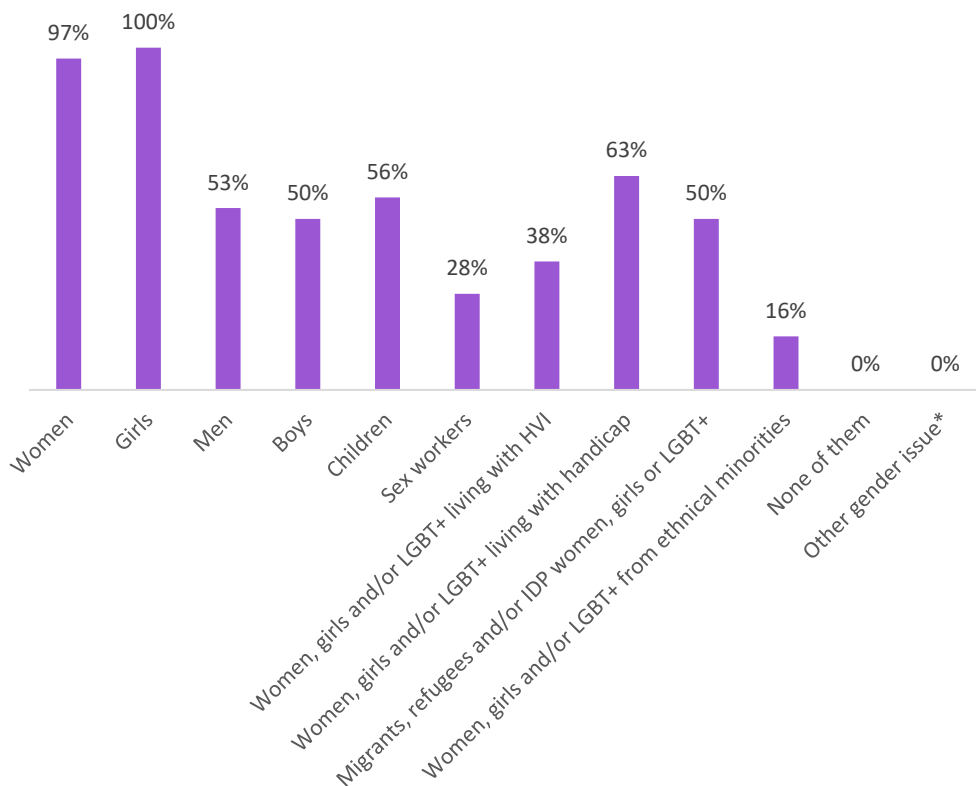


Concerning the number of beneficiaries, 24% of CSOs reach over 200 annually, while 58% less than 100 and 17% between 100 and 200. This distribution, as highlighted by interviewed actors, may be attributed to focused efforts in regions facing security risk.

Regarding the level of intervention, 72% of CSOs affirmed to work at the national level, and 14% at the local level and 14% at the regional level (mainly in the Centre-Nord Region).

The main target of these organisations are girls (100%) and women (97%). Some of these CSOs (28%) work with sexual workers. Half of them target migrants, refugees and displaced persons and 63% women and girls living with a disability.

Graphic 6. What is your target population? (Multiple choice). n=32⁸²



1.3. Capacities of feminist CSOs specialised in GBV in Burkina Faso

Registration and years of experience

In terms of legal status, 90% of feminist CSOs working on GBV in Burkina Faso who answered the questionnaire are registered, 3% are unregistered, and 7% indicated other statuses without specifying which one. Those that are not registered is because they have not completed the legal process.

Regarding the years of experience, 45% of CSOs have a strong track record with more than 10 years of experience, 4 were recently created and have been in operation for less than 3 years, and 21% have between 3 and 10 years of experience.

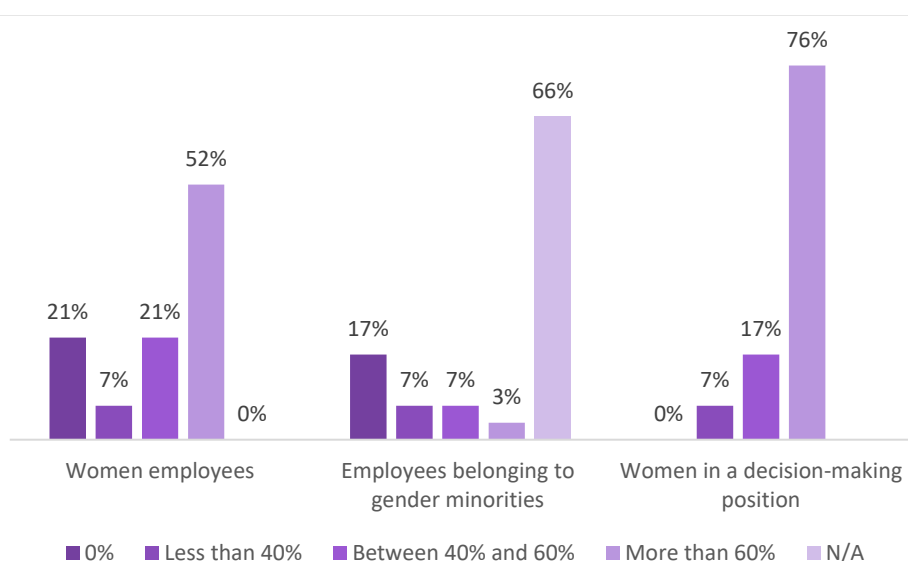
⁸² This question includes the analysis of CSOs that were later expelled from the questionnaire because they did not fit the target.

Human resources

Concerning human resources, only 21% of CSOs have more than 10 employees, 59% of them have between 1 and 10 employees and 21% have no employees.

Women are the primary demographic among employees, as 52% of CSOs reported that over 60% of their employees are women. CSOs in Burkina Faso do not mention having volunteers. In terms of governance, 76% stated that over 60% of their decision-making positions are held by women, while 40% of CSOs affirmed that between 60% and 100% are people targeted by their activities.

Graphic 7. Presence of women and sexual and gender diverse individuals in CSOs as workers and in decision-making positions. n=29

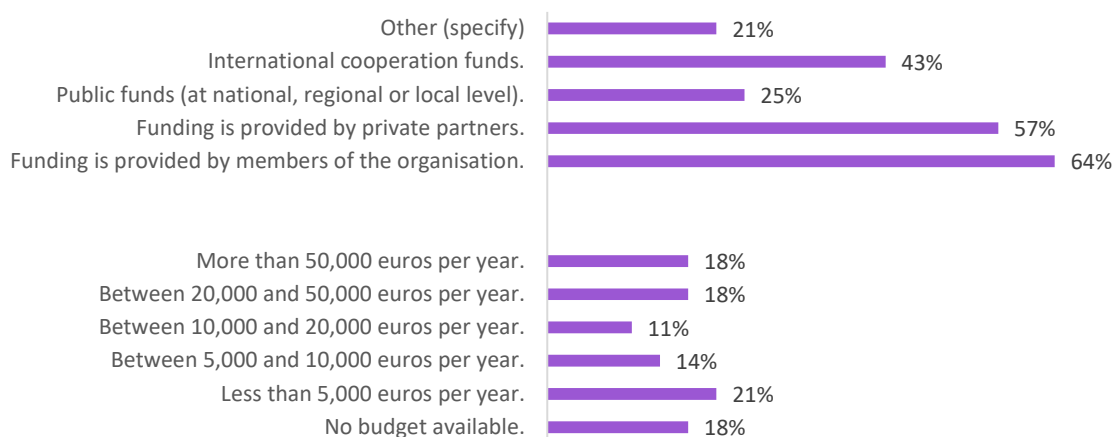


Financial capacities

Financial capacities are an issue for surveyed CSOs, as only 18% have an annual budget of over 50,000 euros and 18% do not manage any annual budget. Funding has been the main challenge faced by CSOs highlighted in interviews, especially during the COVID-19 pandemic. Despite these financial hurdles, 93% of CSOs have an office including a place to meet.

According to the survey, member contributions are the main source of funding (64% of the answers), then private contributions (57%), followed by international cooperation (43%). Public funds only represent 25% of funding.

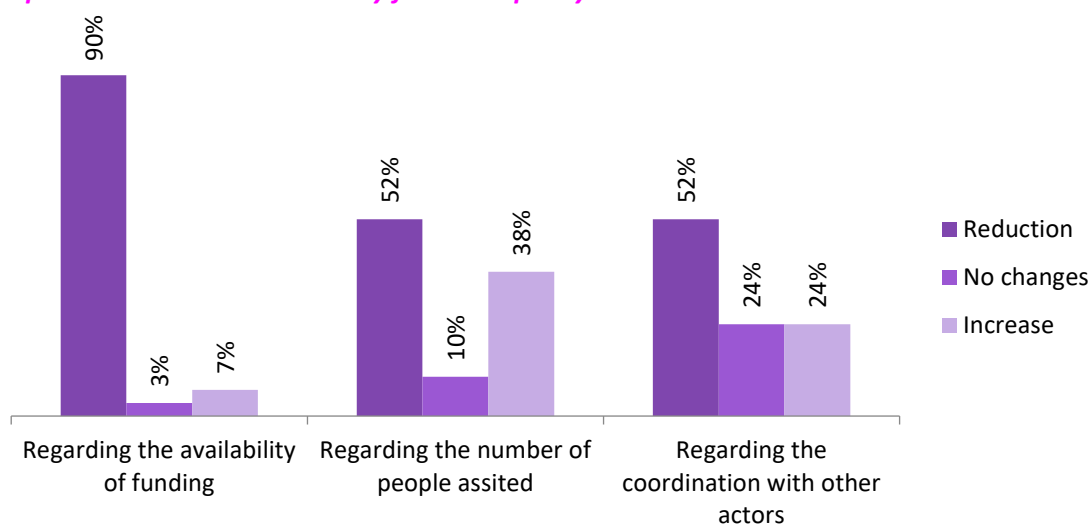
Graphic 8. What is your annual budget? And what is the origin of your financial funds? n=28



According to surveyed CSOs, political instability, armed conflict and COVID-19 are the main factors which have impacted CSOs' operations. They especially pointed out the security and instability situation caused by the attacks of unidentified armed groups since the end of 2015, particularly in the Sahel, Centre Nord, Nord, Est and Boucle du Mouhoun regions.

Ninety per cent of CSOs confirmed that these factors significantly decreased financial funds, with 52% observing a reduction in coordination with stakeholders and beneficiary numbers. This decline, coupled with the revelation that international cooperation is not the primary funding source, could be attributed to strained relations between the new government in Burkina Faso (post-military coup) and European nations, notably France. This strained relationship led to the withdrawal of foreign cooperation actors from the region.

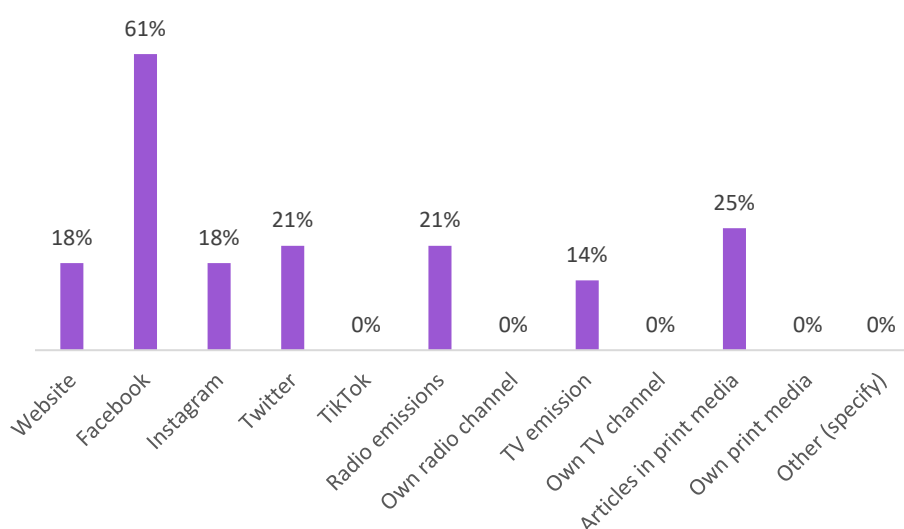
Graphic 9. How did the instability factors impact your activities? N=29



Communication

Regarding communication capacities, 61% of respondents affirmed having a communication strategy; Facebook is the most used tool (61%). In contrast to other countries, most CSOs in Burkina do not have a website.

Graphic 10. Does your organisation or network have any of the following communication tools? n=29



Print and online media, as well as influencers, were also cited as strategic partners in the fight against GBV by some interviewed stakeholders. They also indicated that the media plays a crucial role at national and regional levels in popularising, improving and promoting the implementation of legislative and regulatory frameworks for the prevention and fight against GBV as well as in raising awareness and changing attitudes and behaviours towards GBV survivors.

Partnerships

Concerning the capacity of CSOs to coordinate and collaborate with public institutions, 82% considered this relation as good (61%) or very good (21%). Relationships with international cooperation stakeholders are also deemed by 68% of the respondents as good (50%) or very good (18%), although 25% affirmed having no relationship.

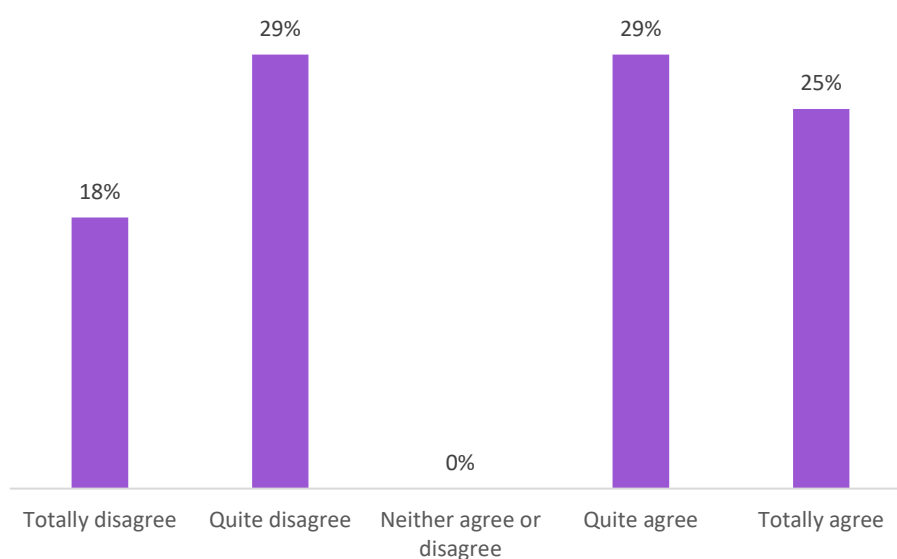
CSOs networking is very strong since all respondents collaborate with other CSOs and 64% belong to a CSOs network. Mentioned networks include national, regional and international organisations: CEDAW Coalition, World March of Women, Burkinabe Coalition for Women's Rights, Consultation Framework for Organizations and Stakeholders Involved in the Civic Participation of Women in Burkina, Women in Law and Development in Africa WILDAF, Pananetugri Initiative for the Well-being of Women IPBF, Voices of Women, National Coalition against Child Marriage (CONAMEB), Essential Voice Network, National Coordination Against

Violence Against Women, African Women and Development Network (RAFED), Peace and Security Network for Women in the ECOWAS region, Women's Voice and Leadership, Collective of Feminists of Burkina Faso, West African Network to Combat GBV Women Peace Coalition and Security/Burkina.⁸³

Organisational capacities

The self-assessment done by CSOs respondents shows a series of challenges regarding organisational capacities although without a consensus. While 54% of CSOs quite agree or totally agree (25% of them totally agree and 29% quite agree) with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)” 46% do not agree (28% of them quite disagree and 18% totally disagree).

Graphic 11. Level of agreement with the statement: My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)? n=29

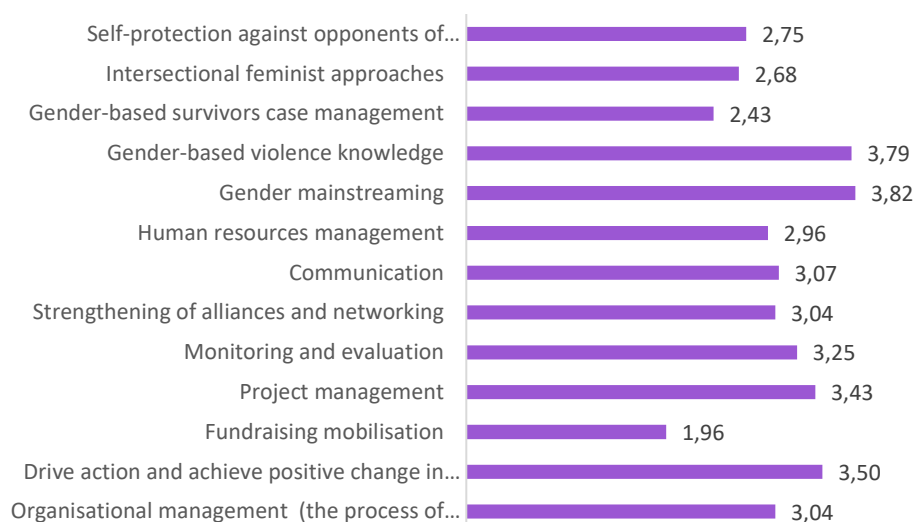


Regarding specific capacities related to technical, financial and administrative management, fundraising mobilisation, networking, communication, gender mainstreaming, intersectional feminist approaches, and self-protection against opponents of feminism and/or gender equality,

⁸³Names in French: Coalition CEDEF, Marche Mondiale des Femmes, Coalition Burkinabè pour les droits des Femmes, le Cadre de Concertation des organisations et acteurs intervenants sur la participation citoyenne des femmes au Burkina, Women in Law and Development in Africa WILDAF, Association des Femmes Juristes du Burkina Faso AFJ/BF, Initiative Pananetugri pour le bien-être de la femme IPBF, Voix de Femmes, Coalition Nationale contre le Mariage d'Enfants CONAMEB, Réseau de voix essentielle, Coordination Nationale contre les violences faites aux femmes, Réseau Africain Femmes et Développement RAFED, Réseau Paix et Sécurité pour les Femmes de l'espace CEDEAO, Voix et Leadership des femmes, Collectif des féministes du Burkina Faso, Réseau Ouest Africain de Lutte Contre les VBG Coalition Femmes Paix et Sécurité /Burkina.

the most challenging criteria are related to fundraising capacities (1.96 out of 5), gender based survivors case management (2.43 out of 5), intersectional feminist approaches (2.68 out of 5), self-protection against opponents of intersectional feminism (2.75 out of 5) and human resources management (2.96 out of 5). Conversely, CSOs expressed stronger confidence in their capacities for gender mainstreaming (3.82 out of 5) and gender-based violence knowledge (3.79 out of 5).

Graphic 12. Average score for items on CSO's capacities. n=29



1.4. Positions regarding key debates on women and sexual and gender diverse individuals' rights

Positions regarding key debates in women's rights organisations show a general acceptance of the feminist principles since 78% of the respondents stated being a feminist organisation (39% totally agree and agree) against 8% that do not agree or totally disagree with this affirmation.

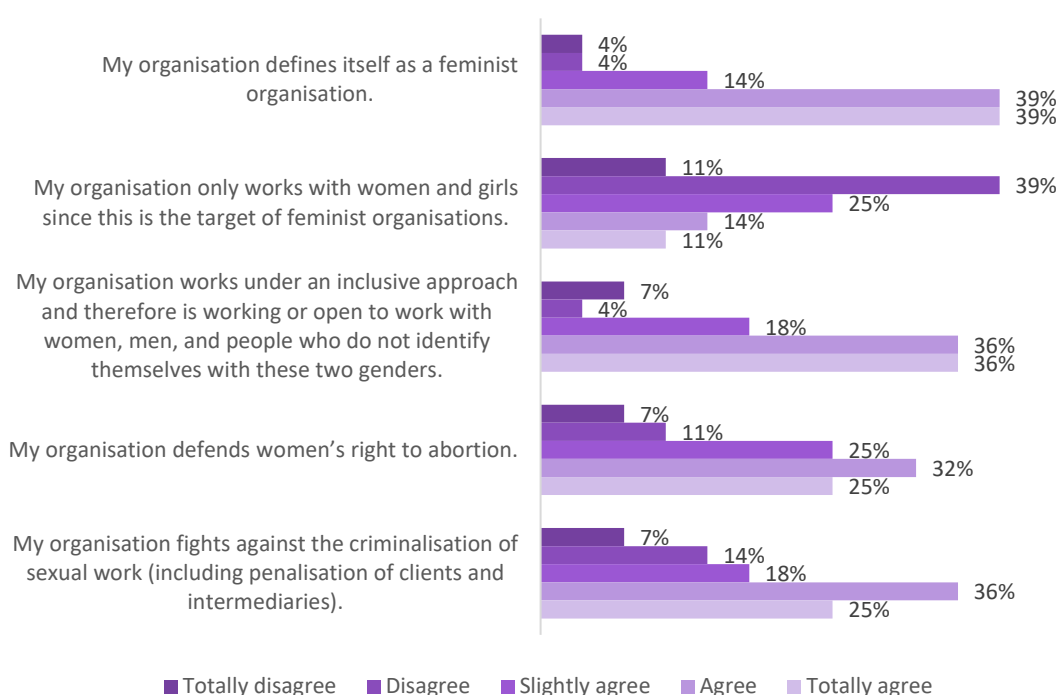
Acceptance of the importance of intersectionality and the inclusion of sexual and gender diverse individuals in their activities is high, as 72% of CSOs agree or totally agree with the statement "My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders".

According to the answers, 25% agree or totally agree, and 25% slightly agree with the statement "My organisation only works with women and girls since this is the target of feminist organisations".

Concerning the right to abortion, 57% of CSOs agree or totally agree, and 15% disagree or totally disagree with the statement "My organisation defends women's right to abortion". Regarding positions on sex work, 61% of CSOs agree or totally agree, and 18% slightly agree with the statement "My organisation fights against the criminalisation of sexual work (including

penalisation of clients and intermediaries)”. Nevertheless, 11% of CSOs totally disagree or do not agree with the statement while 18% slightly agree.

Graphic 13. CSO level of agreement with key debates regarding women and sexual and gender diverse individuals ' rights, n= 28



1.5. Environment for CSO's work

Findings from interviews, focus groups and the survey highlight the challenging landscape for CSOs' operations. The hurdles faced by CSOs (especially smaller ones) include difficulties in accessing financial resources due to weak organisational and technical capacities, problems in obtaining information related to funding calls, and security instability in the areas where they work.

Concerning the working environment, almost half of surveyed CSOs are somewhat satisfied with the various questions related to the legal framework, national mechanisms, support provided to CSOs and the involvement of the population in the fight against GBV. The survey also shows variations in satisfaction levels across different areas.

Concerning the legal framework, 29% of CSOs are unsatisfied or completely unsatisfied, 32% are satisfied or completely satisfied, and 39% are somewhat satisfied with the statement “The dispositions of the legal national framework are enough to support the development of feminist organisations”. Regarding “The level of implementation of the legal framework and policies to fight GBV in your country”, 43% of CSOs are unsatisfied or totally unsatisfied, 43% somewhat satisfied with the statement and only 15% satisfied or completely satisfied. These answers are

coherent with the actors interviewed, as indicated before, they have highlighted that the implementation of the legal framework related to GBV is an issue in the country.

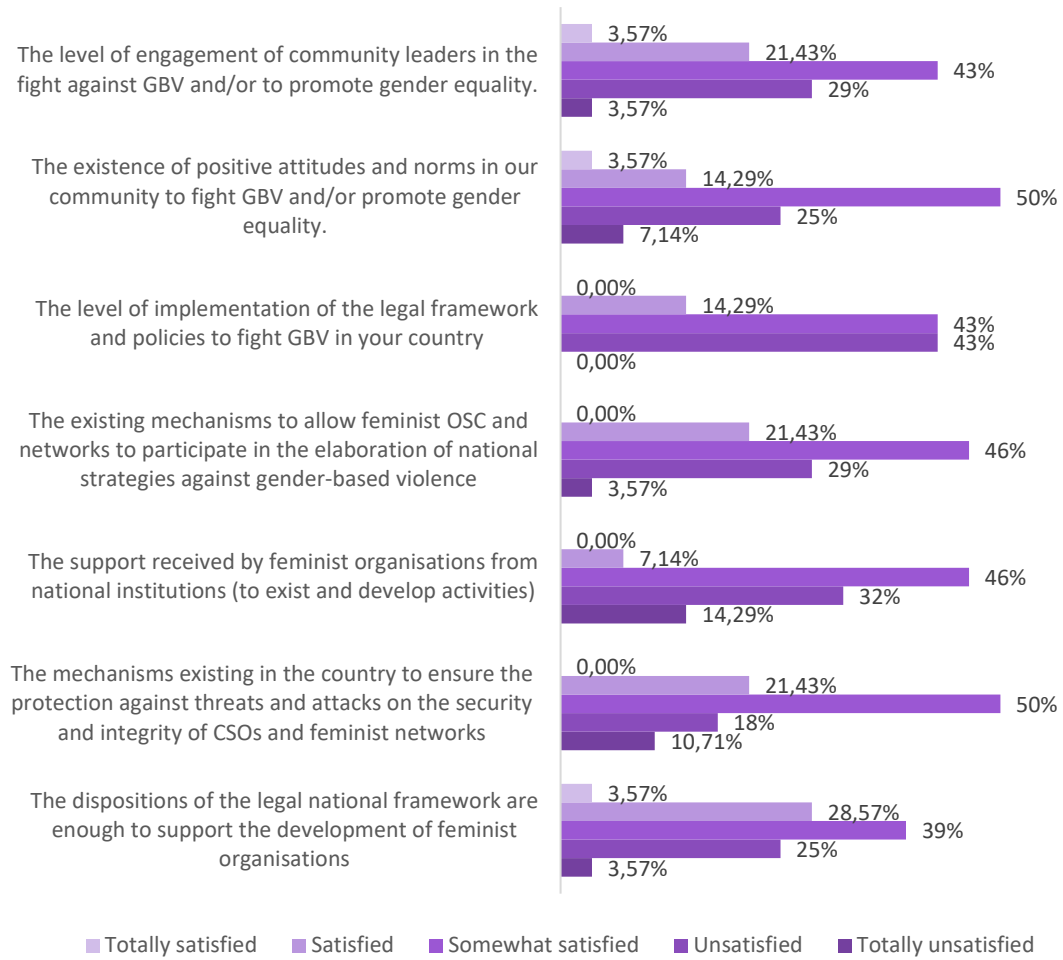
Concerning national mechanisms, 29% of CSOs are unsatisfied or completely unsatisfied, 50% are somewhat satisfied, and 22% are satisfied or completely satisfied with the “mechanisms existing in the country to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (e.g. cyber-harassment, threats, violence, obstruction of their activities, etc.)”. In terms of security, interviewed CSOs indicated that they are often subjected to threats from the perpetrators of GBV and that they must be cautious in any intervention, especially in regions with high insecurity. Working with security services was identified as a priority in this sense.

Regarding support for CSOs and their involvement in drafting strategies, 44% of respondents are unsatisfied or completely unsatisfied, 54% are somewhat satisfied, and only 8% are satisfied or completely satisfied with the “support received by feminist organisations from national institutions (to exist and develop activities)”. Concerning “The existing mechanisms to allow feminist CSO and networks to participate in the elaboration of national strategies against gender-based violence”, 33% are unsatisfied or completely unsatisfied, 46% are somewhat satisfied with the statement, and only 8% are satisfied or completely satisfied and 21% satisfied or completely satisfied.

Concerning population engagement, 32% of CSOs are unsatisfied or completely unsatisfied, 50% are somewhat satisfied, and 19% are satisfied or completely satisfied with the “existence of positive attitudes and norms in our community to fight GBV and/or promote gender equality”. Regarding the “level of engagement of community leaders in the fight against GBV and/or to promote gender equality”, 33% of CSOs are unsatisfied or totally unsatisfied, 43% are somewhat satisfied, and 25% are satisfied or completely satisfied.

Interviewed actors mentioned that the general population, particularly men and boys, are gradually becoming involved in the fight against GBV through various activities such as awareness-raising actions, creating husband schools, organising workshops on positive masculinity, etc. However, they also indicated that there is still room for improvement in terms of their involvement and that more awareness-raising campaigns are needed. Actors also highlighted that the involvement of community leaders is an example of good practices for engaging the general population, particularly in the fight against excision and child marriage.

Graphic 14. CSO level of agreement with statements related to the CSO environment. n=28



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COLOMBIA

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

In 2023, Colombia climbed to position 42nd in the GGI, up from 75th in 2022, a significant improvement. Economic participation is the area in which more gaps exist between men and women (women's labour-force participation rate is 51.78% against 77.68% for men). Additionally, the country is classed 51st in health and survival (Colombia occupies the first position in sex ratio at birth but is ranked 62nd in terms of life expectancy) and 34th in political empowerment (28.90% of women in parliament). In the field of education, Colombia is classed in the first position which means important equality between women and men⁸⁴.

Differences are also reflected in the HDI although the country is classed in the first group. As reflected in the score, important differences exist in the estimated gross national income per capita which is 10.281 PPP\$ for women and 18.599 PPP\$ for men, almost double.⁸⁵

Table 1. Main gender inequality indicators in Colombia.

| Indicator | Ranking | Value | |
|-------------------------------|---------|--------|-------|
| Gender Gap Index 2023 | 42 | 0.751 | |
| Human Development Index 2022 | 88 | Female | 0.744 |
| | | Male | 0.756 |
| Gender Development Index 2022 | Group 1 | 0.984 | |

Sources: PNUD, 2022 and World Economic Forum, 2023.

These differences align with the inequalities observed in the Gender Social Norms Index values, with a higher percentage of people biased in the political (54.14%) and violence (81.58%) dimensions. Regarding biases on the justification of violence against women, the score is not too different between women (85%) and men (90%)⁸⁶. This explains why GBV is a pressing issue in Colombia, impacting women and girls in various distressing ways.

Table 2. Gender Social Norms Index. Percentage of people biased by dimension.

| Political (%) | | Educational (%) | | Economic (%) | | Physical Integrity (%) | |
|---------------|-------|-----------------|-------|--------------|-------|------------------------|-------|
| Women | Men | Women | Men | Women | Men | Women | Men |
| 56.05 | 52.24 | 15.79 | 20.53 | 22.80 | 33.42 | 82.11 | 81.05 |

Source: UNDP, 2023.

⁸⁴ World Economic Forum, 2022. Global Gender Gap report www3.weforum.org/docs/WEF_GGGR_2022.pdf and World Economic Forum, 2023. Global Gender Gap report 2023: [Global Gender Gap Report 2023 | World Economic Forum \(weforum.org\)/](https://www.weforum.org/reports/global-gender-gap-report-2023).

⁸⁵ UNDP, 2022. The 2021/2022 Human Development Report. hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

⁸⁶ UNDP, 2023. Gender Social Norms Index. Breaking Down Gender Biases Shifting social norms towards gender equality. <https://hdr.undp.org/content/2023-gender-social-norms-index-gsni#/indicies/GSNI>

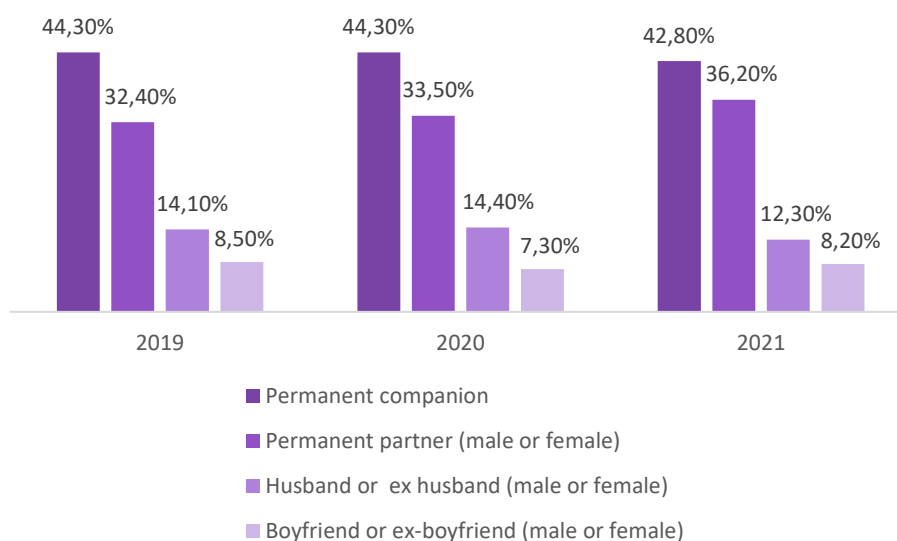
2. GBV prevalence, including intersectional GBV

In Colombia, an integrated system of information on violence against women does not exist, although different sources record the acts or crimes from different angles of the chain of events.

According to a UN Women study, before the COVID-19 pandemic, 33.3% of Colombian women aged 15-49 had experienced physical and/or sexual violence by an intimate partner at least once in their lifetime. During COVID, 63% of women who participated in the survey said that they or other women they know had experienced some form of violence against women, including 42% verbal abuse, 40% basic needs denied and 33% sexual abuse⁸⁷.

Intimate partner violence has an important magnitude in Colombia as data shows. Permanent companions (male or female) are the first perpetrators in 44.30% of cases in 2019 and 2020. This percentage has slightly decreased to 42.80% in 2022.

Graphic 1. Percentage of non-lethal intimate partner violence against women, by type of relationship with the perpetrator 2019-2021



Source: UNWOMEN. *Mujeres y hombres: brechas de género en Colombia, 2022*

According to the same source, 96% of survivors were women between 18 and 59 years old and 51.2% of the assaults committed by partners were concentrated in four departments (Bogota D.C., Antioquia, Cundinamarca, and Valle del Cauca)⁸⁸. Actors interviewed during qualitative

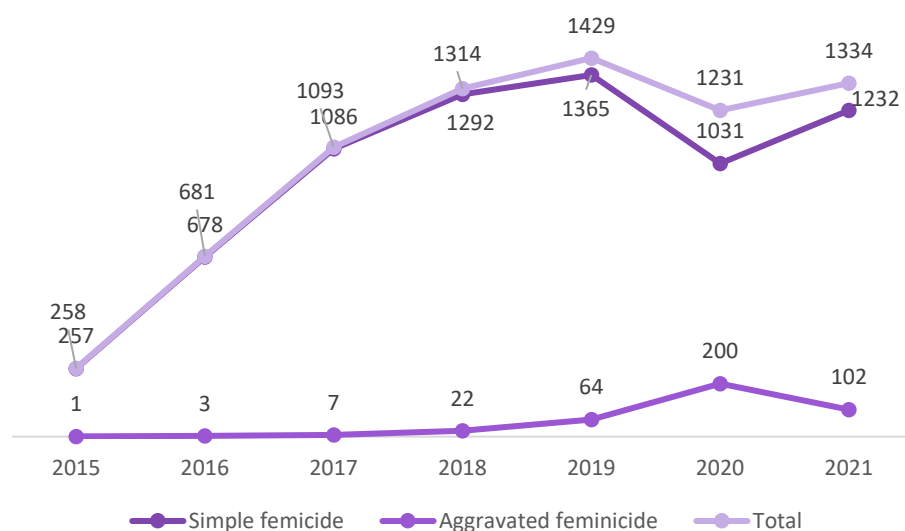
⁸⁷ UNWOMEN, 2021. Las violencias contra las mujeres durante el COVID 2019: Informe país Colombia, 2021. <https://colombia.unwomen.org/sites/default/files/2022-01/Midiendo%20la%20pandemia%20en%20la%20sombra.pdf>

⁸⁸ UNWOMEN, 2022. *Mujeres y hombres: brechas de género en Colombia, 2022*. <https://www.dane.gov.co/files/investigaciones/genero/publicaciones/mujeres-y-hombre-brechas-de-genero-colombia-informe-2daEdicion.pdf>

data collection have confirmed that this type of GBV is widespread, impacts young women and girls in particular, and is frequently accompanied by psychological violence (which is generally unreported when there are no signs of physical violence).

The number of femicides in 2015 amounted to 258, while 2019 saw the highest number of cases, with 1,429 femicides representing a 450% increase. In 2020, the number of femicides was 13.9% lower than in 2019, with 1,231, probably due to the COVID-19 crisis. In 2021, the figure rebounded with an 8.4% increase with 1,334 cases reported. Aggravating factors in femicides include victims being under 18, the existence of sexual, physical or psychological aggression, or the aggressor being a public servant, among others⁸⁹. Interviewees added that all femicides have similar characteristics and are perpetrated by acquaintances in a society in which violence is normalised and tolerated .

Graphic 2. Criminal news recorded as femicides, 2015-2021.



Source: UNWOMEN. *Mujeres y hombres: brechas de género en Colombia, 2022.*

Concerning sexual violence, and according to the data from the National Institute of Forensic Medicine and Forensic Sciences, between 2019 and 2020, 56,719 medico-legal examinations were carried out on women and girls for alleged sexual offences, of which 8% involved girls under 18 years of age (30% of the cases from 10 to 13 years old and 32% under 13 years)⁹⁰. Interviewed actors pointed out that sexual violence is one of the most widespread types of GBV in Colombia, especially used as a “weapon of war” in the armed conflict. However, they also identified other contexts where women are vulnerable, especially migrant women (returnees or in transit) as well as women in indigenous communities (the dowry or walking for carrying water

⁸⁹ Ibid.

⁹⁰ Ibid.

have been identified as factors leading to rape). The Simple Registry of Victims (RUV)⁹¹ has registered 37,820 victims since 1985; until April 30, 2023, 91% are women and 2% are LGBTQI population. Of the total, 34,291 are women victims of sexual violence in the context of the armed conflict, 21.5% (7,384) are black, Afro-descendant, Raizal and Palenquero women and 6.4% (2,178) are indigenous women⁹².

Child marriage is also a serious problem. According to a UNICEF study, Colombia ranks 20th in the world in terms of the number of girls married or in union before the age of 15. The highest prevalence for girls aged between 10 and 14 is in the departments of Vichada (5.3%), Amazonas (4.3%), Choco (4.2%) and La Guajira (3.9%)⁹³. Actors working with indigenous communities and participating in the qualitative data collection informed that child and forced marriage is a common practice in some communities affecting girls the most.

Interviewed actors have also pointed out other frequent but not reported types of GBV as sexual harassment in the street (offensive comments, obscene gestures, unwanted touching, stalking, indecent exposure and other invasive and humiliating behaviours), economic and patrimonial violence. Actors also highlighted other actions that are not usually identified as GBV, the disappearance of women, mainly young girls, influenced by trafficking in tourist areas of the Caribbean region (Cartagena and Barranquilla among others) and obstetric violence, the discriminatory practices during childbirth and postpartum in ordinary consultancy for sexual minorities —some clinics or doctors do not accept name changes and trans girls have reported problems for prostate exams. In addition, reproductive violence (stigmatising remarks or methods not adapted to the gestational age) is one of the main barriers denounced by CSOs defending the right to abortion.

Concerning the prevalence of the different forms of GBV, interviewed actors explain that this is due to the recent geopolitical and social context, marked by the armed conflict, the migration crisis (mainly from Venezuela), the repression of social protests, the COVID-19 pandemic, and the political challenges. They also identified patriarchy and misogynist culture as relevant factors in the prevalence of GBV.

In terms of survivors and victims, interviewees agreed that women and girls are most affected by GBV, but they emphasised that intersectional variables can considerably increase the risk. They indicated that migrant and refugee women, black women, women from indigenous

⁹¹ The Single Register of Victims is a technical-administrative tool for the recognition and characterization of the victims of the armed conflict that allows for the organization of the State's response. It is also a mechanism of dignity and historical memory for the recognition of the armed conflict. More information is available at Unidad de víctimas. <https://www.unidadvictimas.gov.co/es>

⁹² UNFPA, 2023. Día Nacional por la Dignidad de las Mujeres Víctimas de Violencia Sexual en el Marco del Conflicto Armado. colombia.unfpa.org/es/news/dia-nacional-por-la-dignidad-de-las-mujeres-victimas-de-violencia-sexual-en-el-marco-del#:~:text=Del%20total%2C%2034.291%20son%20mujeres,mujeres%20con%20pertenencia%20C3%A9tnica%20ind%20C3%ADgena.

⁹³ UNICEF, 2022. Análisis de la situación de los matrimonios de los matrimonios infantiles y de las uniones en edades tempranas. <https://www.unicef.org/colombia/media/9221/file/Informe%20Matrimonio%20infantil%20y%20uniones%20tempranas%20en%20Colombia.pdf>

communities, sex workers and sexual and gender diverse individuals are the groups most vulnerable in the face of GBV.

They pointed out that the non-reporting of cases of GBV is due to a lack of knowledge of the reporting system, the quality of the care (sometimes the victim ends up revictimised), the exclusion in access to services and institutions for some women (especially for trans and migrant women) and the fear of reporting in small towns because of the high risk that the aggressor finds out. CSOs highlighted that civil society is very active in producing research and reports, but that they are focused in some regions and population groups.

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

Colombia ratified the CEDAW in 1982 and its optional protocol in 2007. The country has a fairly developed legal framework on GBV, although most of the laws focus on violence against women and not on gender-based violence⁹⁴.

Law 248 (1995) which approves the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women, defines violence as "any act or conduct based on gender that causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere". A broader definition of violence against women is given by Law 1257 (2008), which establishes norms for awareness, prevention and punishment of different forms of violence and discrimination against women, and defines violence against women as "any action or omission that causes death, harm or physical, sexual, psychological, economic or patrimonial suffering because of her condition as a woman, as well as threats of such acts, coercion or arbitrary deprivation of liberty, whether in the public or private sphere"⁹⁵.

Other laws reinforcing the penalisation of different types of GBV are a) Law 294 (1996), which establishes norms to prevent, repair and punish domestic violence, b) Law 1146 (2007), which lays down rules for the prevention of sexual violence and comprehensive care for sexually abused children and adolescents, c) Law 1719 (2015) which ensures access to justice for victims of sexual violence, especially in the context of the armed conflict, e) Law 1761 (Rosa Elvira Cely Law), which defines and penalises femicides, f) Law 1773 (2016) (Natalia Ponce Law) which establishes penalties for acid burns and g) Law 2081 (2021), which penalises incest (committed in minors under 18)⁹⁶. Colombia also approved Law 2172 (2021), which aims to establish measures to guarantee priority access to housing subsidies for women victims of extreme GBV, especially for vulnerable individuals.

⁹⁴ United Nations, Human Rights. Body of Treaties. Colombia. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=42&Lang=FR

⁹⁵ Ley 1257 por la cual se dictan normas de sensibilización, prevención y sanción de formas de violencia y discriminación contra las mujeres, se reforman el código penal, de procedimiento penal y la ley 294 de 1996 y se dictan otras disposiciones. y https://oig.cepal.org/sites/default/files/2008_col_ley1257.pdf

⁹⁶CEPAL, 2021. Observatorio de la igualdad de género de América Latina y el Caribe. <https://oig.cepal.org/es/laws/1/country/colombia-9?page=2>

Concerning sexual violence against children, Law 2137 (2021) aims to create the National Early Warning System for the Prevention of Sexual Violence against Children and Adolescents and modifies Law 1146 (2007) to articulate the identification, attention, prevention and reduction of the main sexual violence risks against children.

Sexual crimes are typified in Title IV of the Penal Code (Law 599 of 2000) named, "Crimes against sexual freedom, integrity and formation". Articles 205 and 219 define sexual crimes as violent carnal access, violent sexual acts, carnal access or sexual acts on a person who is incapable of resisting, abusive sexual acts, abusive sexual acts with a minor under 14 years of age, sexual harassment, enticement to prostitution, pornography with minors and sexual tourism.

In the area of sex work, the Colombian Penal Code establishes that prostitution is not a crime, but that the promotion, facilitation, or exploitation of prostitution is (Art. 213)⁹⁷. The sentence T594 (2016) prohibits discrimination against sex workers⁹⁸. In addition, resolution 2646 (2008) related to work health from the Ministry of Health provides the health requirements for establishments where prostitution is practised. Despite this, interviewed CSOs that work with this targeted population insist that different challenges exist to regulate sexual work, especially concerning labour rights (social security, holidays, savings or pensions to enable them to have a dignified old age).⁹⁹

In Colombia, there is no legislation on same-sex marriage. Still, the 2016 SU-214 ruling studied several claims of same-sex couples which were allegedly being denied their right to execute a marital contract to perfect its de facto marital union by public notaries and judges throughout the country, opening the door to civil marriage¹⁰⁰.

Concerning the right to abortion, the Constitutional Court C-055 (2022) ruling, allows abortion decriminalisation up to week 24 of gestation and access to the voluntary interruption of pregnancy without fulfilling any type of requirement. After this period, the grounds established in ruling C-355 (2006) continue to be applied: a) When the continuation of the pregnancy endangers the life or the women's health, b) When the foetus presents a malformation that makes its extrauterine life unviable, and c) When the pregnancy is the result of sexual violence, incest, non-consensual artificial insemination or non-consensual transfer of a fertilised ovum. Before this, ruling C-355 of 2006 established guidelines to ensure due and adequate access to voluntary termination of pregnancy¹⁰¹. Interviewed CSOs stated that access to this right is often denied or delayed by health services, representing a serious risk to women's health and lives. Interviewed CSOs pointed out that implementing laws is challenging. They identified gaps in terms of the criminalisation of aggressors as well as in the capacity for victims to receive

⁹⁷ Global network of sex work projects. Colombia. <https://www.nswp.org/country/colombia>

⁹⁸ Sentence 594 (2016) <https://www.corteconstitucional.gov.co/relatoria/2016/t-594-16.htm>

⁹⁹ Juan Sebastian Mahecha Rivera, Universidad de Colombia, 2023. Jurisprudencia constitucional y trabajo sexual en Colombia: un análisis crítico de su impacto en la regulación. <https://repository.udca.edu.co/bitstream/handle/11158/5273/Trabajo%20de%20final.pdf?sequence=1&isAllowed=y>

¹⁰⁰ Corte Constitucional. República de Colombia, 2019, p. 23. Colombian Constitutional court on: HIV criminalization, sex work, abortion, same sex marriage and drugs. <https://www.corteconstitucional.gov.co/english/Cartilla%20minor%C3%ADas%202019.pdf>

¹⁰¹ Corte Constitucional. Ruling C-355 of 2006 <https://www.corteconstitucional.gov.co/relatoria/2006/c-355-06.htm>

protection and access the justice system. They also pointed out that the normative framework applies to all Colombian women without distinguishing by race, sexual orientation or other status. Furthermore, there is no differential approach in the attention given to victims or survivors of GBV that considers the intersectionality of different factors (migrant women, sexual minorities, sex workers and indigenous women).

3.2. Public policies on GBV and institutional mechanisms

Colombia has several public policies on GBV, including the proposition in the National Development Plan 2023-2026 of the creation of the National System for Monitoring Gender-Based Violence to prevent the re-victimisation of women and promote their access to justice. Colombia also launched the National Strategy against Violence and a National Plan of Action against Violence against Children and Adolescents in Colombia, 2021-2024¹⁰².

Concerning the armed conflict, interviewed CSOs mentioned that the peace agreements with the FARC-EP guerrilla group have been an opportunity to propose peacebuilding with a gender perspective, including the construction of the Action Plan for the Resolution 1325 of the United Nations, Women, Peace and Security, which suggests that the investigations by the Special Tribunal for Peace (JEP) include sexual violence cases that occurred during the armed conflict affecting women and girls in particular.

Interviewed CSOs pointed out that the policies and strategies have not been elaborated including an intersectional approach and that they are difficult to implement. Moreover, they also identified some health policies such as the National Policy on Sexuality, Sexual Rights and Reproductive Rights (PNSDSDR), and the Ten-Year Public Health Plan 2012-2021 which recognise sexual diversity in their approaches but do not address GBV.

Concerning institutions, the Presidential Advisory Office for Women's Equity seeks to develop and implement policies, programs and plans guaranteeing sexual and reproductive rights as well as the rights of the LGBTQI+ population, peasant women, women living with disabilities, girls, adolescents and older women¹⁰³. The Committee for Gender Equity, Sexual Diversity and Prevention of Situations of Violence and/or Discrimination in the Administrative Department of the Presidency of the Republic implements the protocol for the prevention, attention, and protection of all forms of violence against women, based on gender and/or discrimination in the work and contractual environment¹⁰⁴.

At the regional level, departments and municipalities have the autonomy to create their own agencies. In this context, most of them have created women's offices in charge of promoting the implementation of public policies on fighting GBV. However, the budget is limited.

¹⁰² Gobierno de Colombia. Departamento nacional de planeación. <https://2022.dnp.gov.co/Paginas/mujeres-centro-del-cambio-en-el-plan-nacional-de-desarrollo.aspx> (updated on 8th March) and Gobierno de Colombia 2021-2024. Plan Nacional de acción contra la violencia hacia la niñez y la adolescencia en Colombia. <https://www.end-violence.org/sites/default/files/paragraphs/download/Plan%20Nacional%20de%20Accion%20-Colombia.pdf>

¹⁰³ Consejería presidencial para la equidad de la mujer. Colombia. <http://www.equidadmujer.gov.co/Paginas/equidad-mujer.aspx>

¹⁰⁴ Normativa. Consejería presidencial para la equidad de la mujer. Colombia. <http://www.equidadmujer.gov.co/normativa/Paginas/default.aspx>

The protection system for victims of GBV includes mechanisms for caring for and protecting women survivors of violence. This service coordinates actions between the health system, the Prosecutor's Office, the police and other entities to guarantee the protection of victims of GBV, their recovery and the restitution of their rights.

The Unit for Victims of the Armed Conflict coordinates assistance and reparation for individuals who have been victims of GBV within the armed conflict. Interviewed CSOs highlighted the unit's efforts to include women and the diverse population, acknowledging their disproportionate impact in terms of GBV during the conflict. In addition, the Special Justice for Peace is a transitional justice mechanism created to investigate crimes committed during the armed conflict by the parties of the peace agreement. It recently opened a case on GBV in the framework of the armed conflict, the macro-case 11¹⁰⁵.

SECTION B. ANALYTICAL MAP OF FEMINIST CSO.

1. General description of CSO

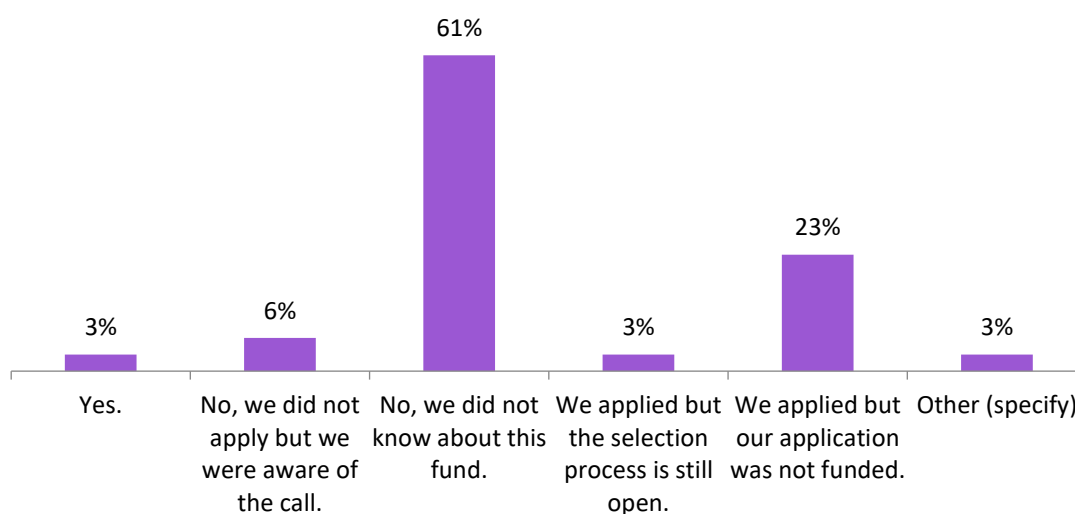
1.1. General profile of feminist CSO specialised in GBV and participating in the survey in Colombia

In Colombia, 145 CSOs were pre-identified. However, the total responses received for the survey amounted to 49. Among these, two were a network intervening in GBV with gender equality featuring in their objectives, including sexual and reproductive rights.

Of the surveyed CSOs, 34 confirmed being non-profit organisations or networks with gender equality as their main objective or an important and deliberate objective of the mission, and all of them intervene in the area of GBV including sexual and reproductive rights. Only 31 completed answered all questions in the survey. Most of the CSOs answering the questionnaire (61%) were not aware of the existence of the FON project, seven of them had applied to the fund without success, and one is still awaiting an answer.

¹⁰⁵ Since it was set up, the Special Tribunal for Peace has opened 11 cases or investigations into serious crimes committed in the context of the armed conflict by the actors who were the object of the last Peace Agreement (the FARC-EP guerrillas and the Colombian Army). They are called macro-cases because they involve not a single act, but multiple cases. Macro-case 11 was opened on 27 September 2023 to investigate acts of sexual violence in the context of the armed conflict, which until then had been considered a common crime. This is considered a triumph for the feminist, women, and LGBT movement, which had long called for the opening of this investigation.

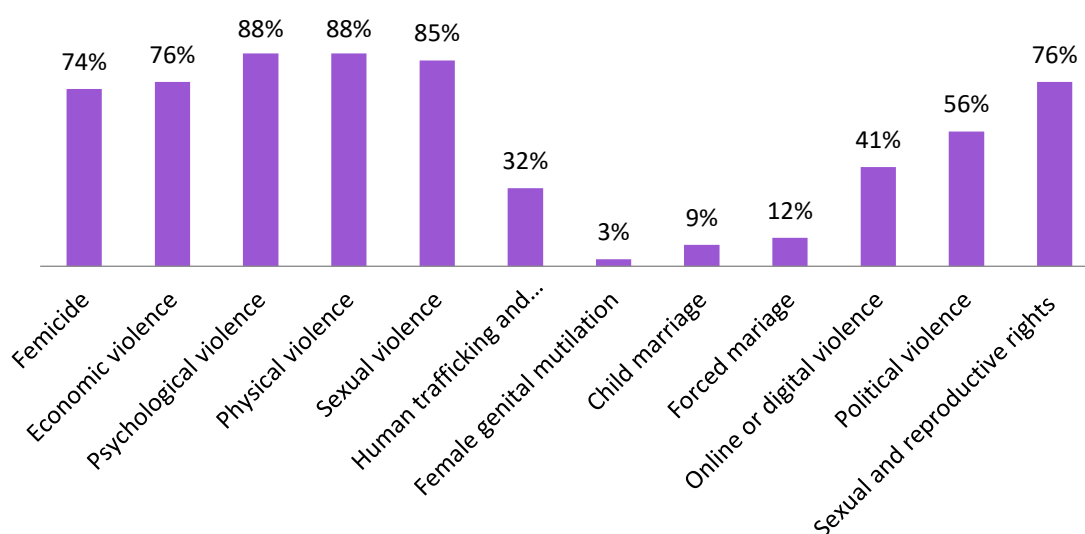
Graphic 3. Has your organisation received a fund from the FON project? n=31



1.2. Targets and specific areas of intervention of feminist CSOs specialised in GBV in Colombia

The main areas of intervention of the feminist CSOs that responded to the survey are related to the primary types of violence highlighted during interviews, such as psychological, physical, and sexual violence, reproductive rights, economic violence and femicide. Political violence marked by the armed conflict and online or digital violence, which increased during COVID-19, are also key areas of intervention. Human trafficking and forced and child marriage are the areas in which CSOs are least involved.

Graphic 4. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=34



Interviewed CSOs stated that thanks to the work developed by feminist organisations in the country, there has been a significant change in the framing of these types of violence, from "gender violence" to "gender-based violence". This recognises the patriarchy and male domination as the main cause of GBV.

The services and activities most offered by CSOs include raising awareness of GBV targeting populations (88%), capacity building on GBV prevention (85%) and capacity building on sexual and reproductive rights (76%). Activities focused on survivors, namely capacity building on protection is implemented by 47% of CSOs. However, only 15% work on advocacy on legal justice for dead and missing women. Data collection on GBV and research production and advocacy targeting institutions are also the main activities for 44% and 41% of CSOs.

Graphic 5. What are your services and activities in the field of gender-based violence survival protection? n=34

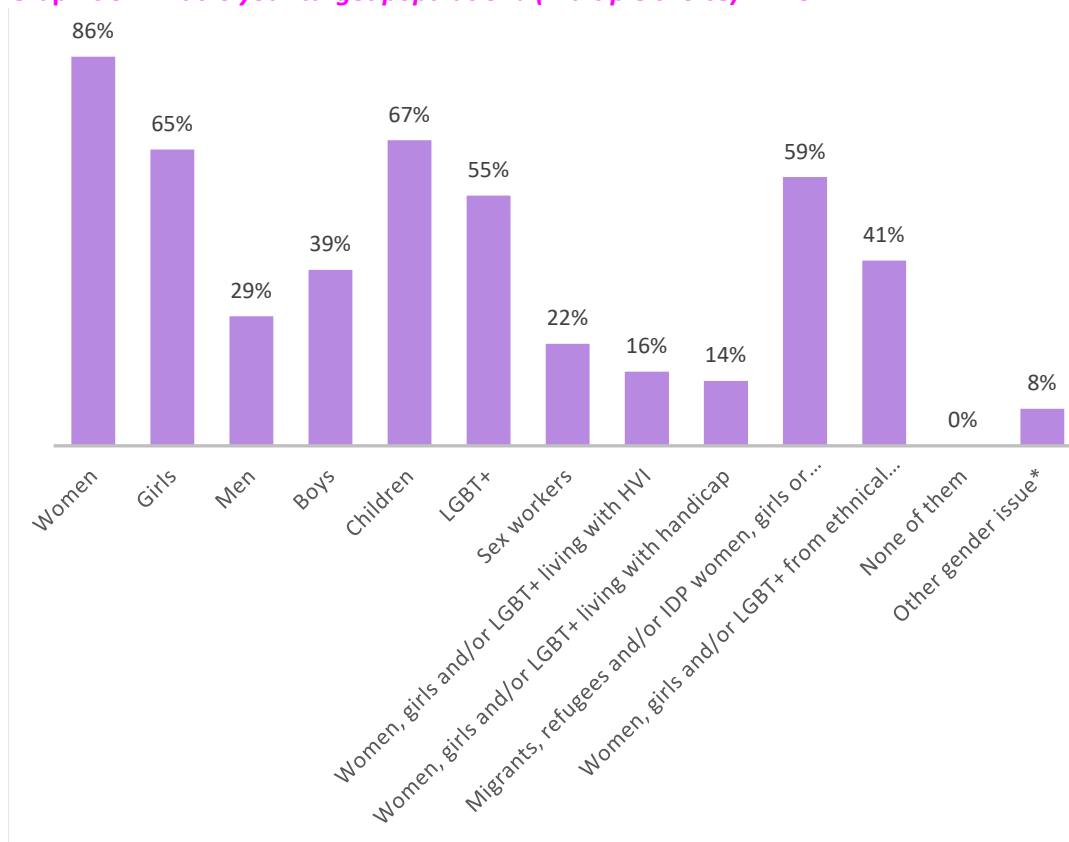


Concerning beneficiaries, 38% of organisations claim to have more than 200 per year, and 62% less than 100.

Concerning the level of intervention, 50% of CSOs work at the national level, 18% at the local level and 32% at the regional level, especially in the regions of Antioquia, Nariño, Cauca, Caribe, Magdalena Medio, and Aburrá Valley.

The main target of these organisations are women, children, migrants, refugees and/or IDP women. Sex workers are the targeted population for only 22% of CSOs and LGBTQI+ for 55%.

Graphic 6. What is your target population? (Multiple choice). n=49¹⁰⁶



Interviewed CSOs pointed out that despite there has been progress, women continue to be exposed to diverse forms of violence, which are increased by the intersection of variables such as race, ethnicity, age, sexual orientation or identity, migration, or sex work. They also stated that there has been an improvement in the visibility of certain population groups that were usually excluded, such as Afro-descendant women and girls, indigenous women and girls, and diverse people in the context of the armed conflict.

CSOs working with black women pointed out the difficulty in the coordination of their work with the feminist social movement and the black social movement, because for feminists they are hardline black separatists, and for the black social movement too soft.

1.3. Capacities of feminist CSOs specialised in GBV in Colombia

Registration and years of experience

Concerning the legal status, 50% of feminist CSOs working on GBV in Colombia who answered the questionnaire are registered, 15% are unregistered and 24% are registered under another legal status. Those that are not registered is because they have not completed the legal process.

¹⁰⁶ This question includes the analysis of CSOs that were later expelled from the questionnaire because they did not fit the target.

Smaller CSOs that started as movements, and that have participated in the interviews, have denounced that the legalisation process is complex and does not consider their characteristics, as they often start activities with economic dependence from more structured CSOs, and don't have human resources capable of ensuring administrative and financial management.

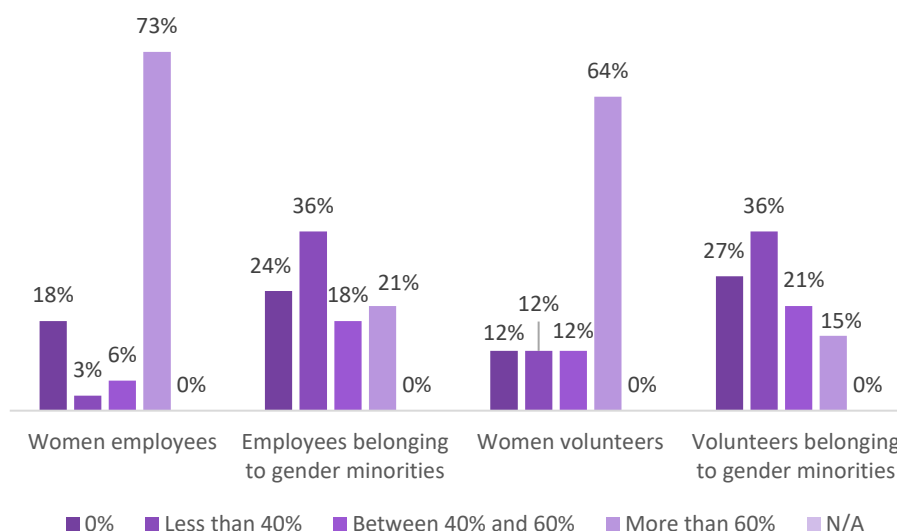
Concerning experience, 47% of the CSOs are organisations with a strong track record and have more than 10 years of experience, 32% were recently created and have been in operation for less than 3 years, and 21% have between 3 and 10 years of experience.

Human resources

Although most CSOs are registered structures with over three years of experience, surveyed CSOs have significant problems in terms of human resources. Only 25% have over 100 employees and 18% have no employees.

Women are the primary demographic in all positions, as 73% of CSOs stated that over 60% of their employees are women, while only 21% correspond to sexual and gender diverse orientations. Concerning volunteers, 64% of CSOs have over 60% women volunteers, while only 15% belong to sexual minorities. In terms of governance, 61% stated that over 60% of their decision-making positions are held by women, while only 9% belong to sexual minorities.

Graphic 7. Presence of women and sexual and gender diverse individuals in CSO as workers, and volunteers. n=33



Financial capacities

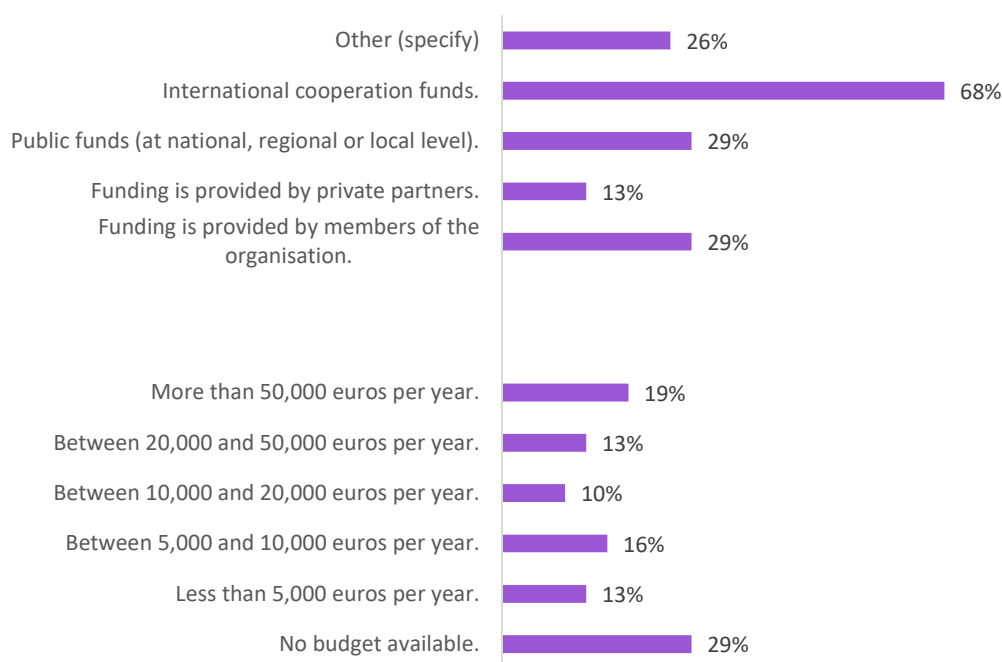
Financial capacities are an issue for surveyed CSOs, as only 19% have an annual budget of over 50,000 euros and 29% do not manage any annual budget. Moreover, funding has been the main challenge faced by CSOs highlighted in interviews, hindering the ability of grassroots

organisations to carry out comprehensive GBV interventions and services. This was especially critical during the COVID-19 pandemic.

According to the survey, international cooperation funds play a crucial role in sustaining these organisations (68% of the answers). CSOs also mentioned the relevance of international cooperation funds to develop their activities; however, they reported that the distribution of the funds is highly centralised and often based on the priorities of the cooperation actors and not on local needs (the capital receives more funds than other territories, as well as CSOs closer to the funders). CSOs have also expressed that smaller and newly created CSOs have higher difficulties in accessing the funds.

Public funds and funding provided by members are also important for 29% of CSOs. The contribution of private partners concerns only 13% of respondents.

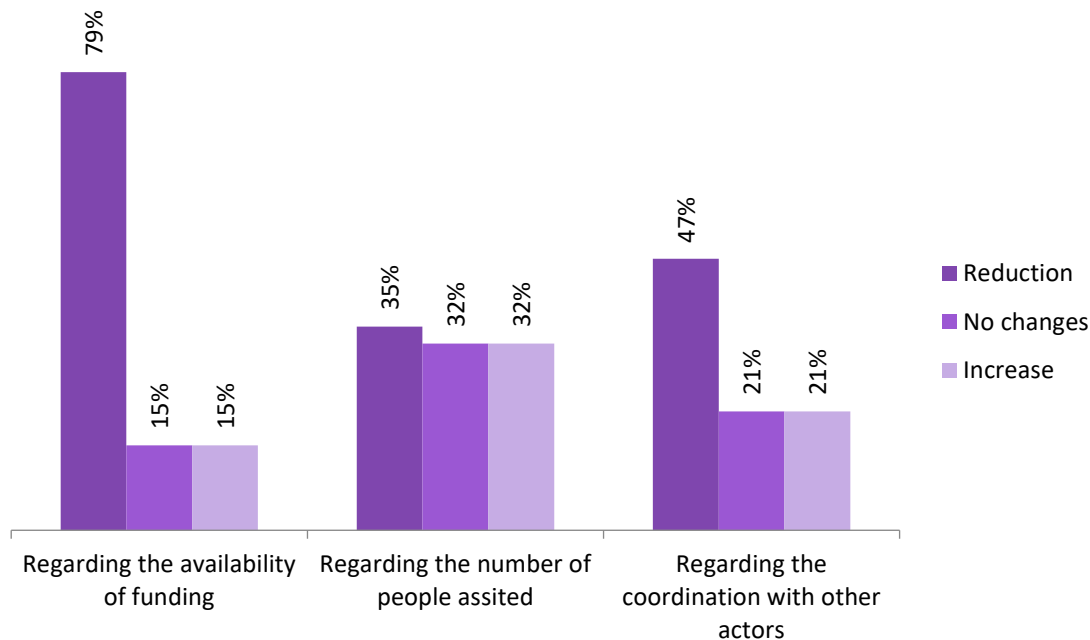
Graphic 8. What is your annual budget? And what is the origin of your financial funds? n=31



Despite the financial problems identified by CSOs, 79% of them have an office including a place to meet.

The COVID-19 pandemic, the political and social crises and the armed conflict are the main factors which have affected the activities of CSOs. According to interviewed actors, these factors decreased financial funds, and to a lesser extent also reduced the coordination with other stakeholders. Despite this, the number of beneficiaries has not declined significantly. To address this situation, feminist organisations worked together to fight against domestic violence and protect sexual workers.

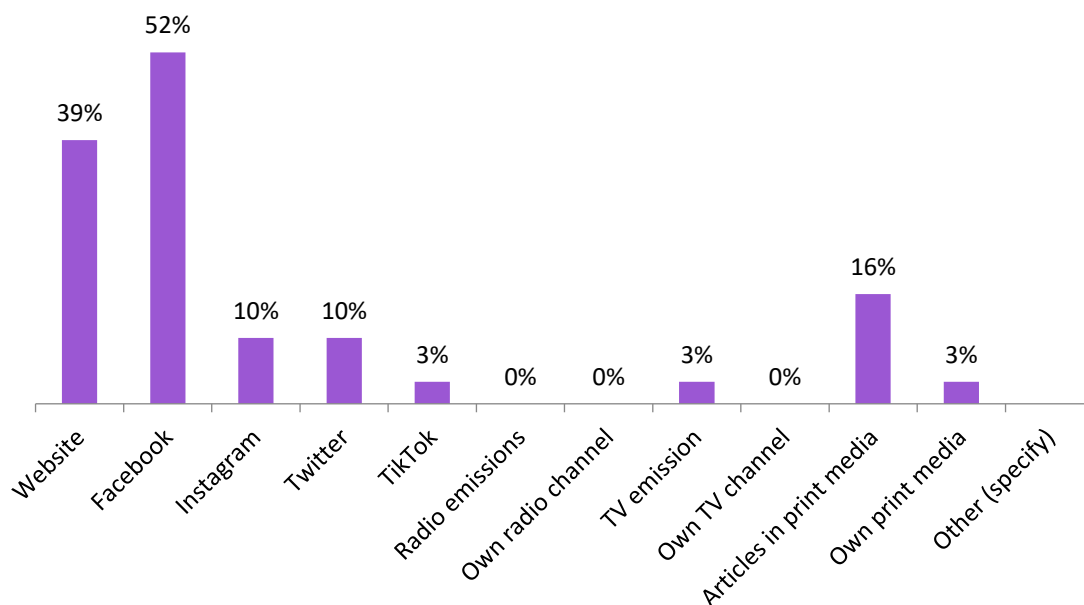
Graphic 9. How did the instability factors impact your activities? N=34



Communication

Regarding communication capacities, 87% of respondents affirmed having a communication strategy, Facebook and Instagram are the main communication tools used.

Graphic 10. Does your organisation or network have any of the following communication tools? n=31



CSOs participating in the interviews affirmed that multiple communication channels help visualise the different types of GBV and bring to light those that are invisible. Interviewed actors also confirmed that the media plays a significant role in the defence speech concerning institutional violence, characterised by the barriers that still are in place despite all the existing regulations. They have also highlighted the influence of the media in reporting economic and vicarious violence cases.

Partnerships

For most respondents, the capacity of CSOs to coordinate and collaborate with other stakeholders is good or very good. In the specific case of assessing the relationship with public institutions, 64% considered this relation as good (48%) or very good (16%). Ten of the organisations considered it neither good nor bad because they do not collaborate with them. The relationship with international cooperation stakeholders is also appreciated as good (39%) or very good (39%), except for one organisation that considers it bad and four that do not have any collaboration.

CSOs' networking is very strong since all respondents collaborate with other CSOs and 90% belong to a CSO network. Many networks were mentioned by respondents to the survey, including Peaceful Route, Just Cause for the Right to Abortion, National Network of Women, Feminist Block, Boards for the Eradication of Violence, Nariño Sexual and Reproductive Rights Network, Platform of Social Organizations, Victims and Defence of Human Rights of Nariño, Fluyes, Artemisas, Community Radio, Women's Board, Observatory of Violence and Femicides, Broad Social Women's Movement, Law 1257 network, Alliance 1325, Comity 1325, Petra People on Transit, Network of Allies for a Life Free of Violence for Women, Caribbean Women's Network, Gender Alliance Face to the JEP, Confluence of Women¹⁰⁷.

Interviewed CSOs underlined the importance of supporting networking between CSOs in the fight against GBV, mainly with those engaged with populations that encounter more difficulties such as sexual minorities, migrant populations, or CSOs that work for the right to abortion. CSOs also affirmed the importance of supporting networking with women who lead feminist and inclusive processes of change in their communities or in certain organisations (such as schools and universities, even if the space itself does not have a feminist vision), survivors of GBV and male leaders. Networking with actors involved in the care system has also been highlighted by CSOs.

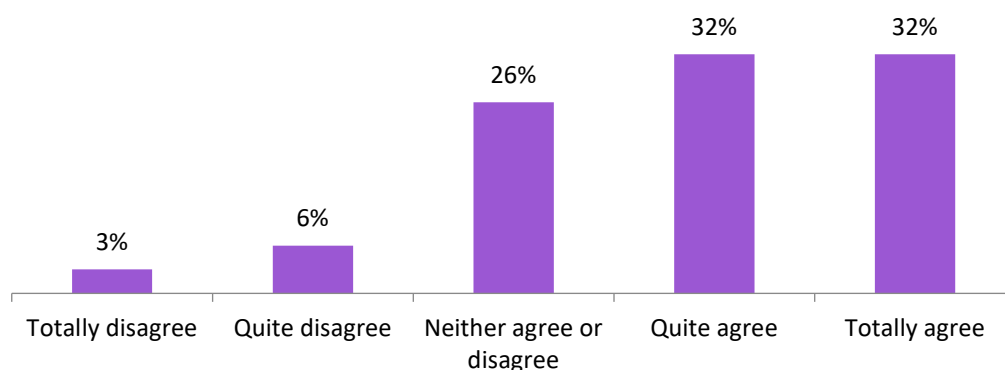
Organisational capacities

The self-assessment done by CSO respondents shows a series of challenges regarding organisational capacities. While 64% of CSOs quite agree or totally agree with the statement "My

¹⁰⁷ Names in Spanish: Ruta Pacífica, Causa Justa por el Derecho al aborto, red nacional de mujeres, Bloque feminista, Mesas de Erradicación de Violencias, Red de Derechos Sexuales y Reproductivos de Nariño, Plataforma de Organizaciones Sociales, Víctimas y de Defensa de Derechos Humanos de Nariño, Fluyes, Artemisas, Emisora comunitaria, Junta de mujeres, Observatorio de violencias y feminicidios, Movimiento amplio social de mujeres, Red Ley 1257, Alianza 1325, Comité 1325, Petra personas en tránsito, Red de Aliadas por una vida libre de violencias para las mujeres, Red de mujeres de caribe, Alianza de litigio de género ante la JEP, Confluencia de mujeres.

organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)", only 9% do not agree.

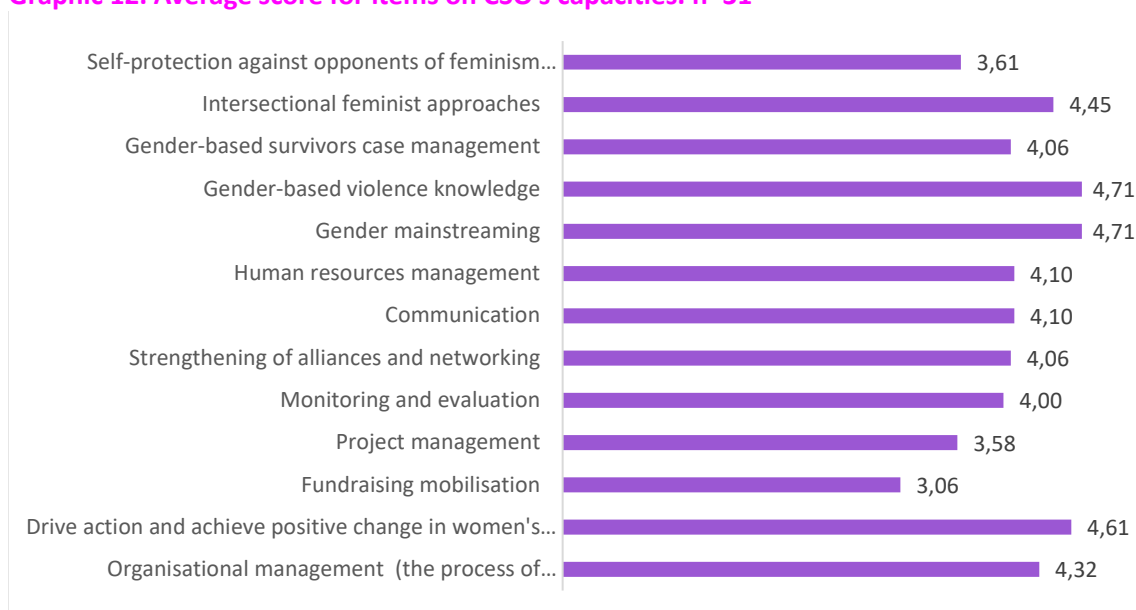
Graphic 11. To what extent does your organisation agree with the following statement: My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)? n=31



Regarding specific capacities related in general to technical, financial and administrative management, fundraising mobilisation, networking, communication, gender mainstreaming, intersectional feminist approaches, and self-protection against opponents of feminism and/or gender equality, the main areas are GBV knowledge (4.71 out of 5) and gender mainstreaming (4.71 out of 5).

The most challenging criteria are related to fundraising capacities (3.06 out of 5), project management (3.58 out of 5) and self-protection against opponents of feminism (3.61 out of 5).

Graphic 12. Average score for items on CSO's capacities. n=31



Interviewed CSOs cited as the main opponents of intersectional feminism religion and the influence of the church as an institution whose conservative mentality is entrenched in the elites but also invisible or undervalued. They also cited “Wayuu academics” (men who contribute to reinforce patriarchal discourse) and exclusionary feminists (who in most cases are white women, with extensive access to knowledge and power, who are protectionist and non-inclusive towards sexual minorities, sex workers...) as other important detractors concerning intersectional feminism.

1.4. Positions regarding key debates on women and sexual and gender diverse individuals' rights

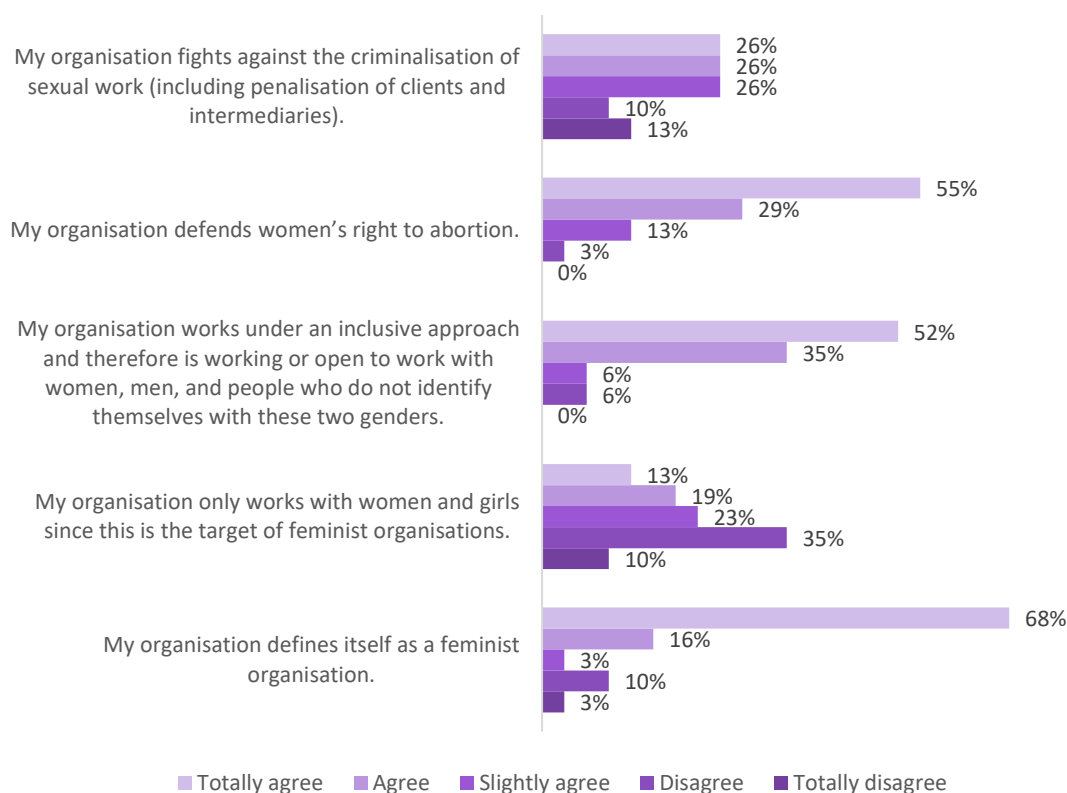
Positions regarding key debates in women’s rights organisations show a general acceptance of the feminist principles since 84% of the respondents stated being a feminist organisation (68% totally agree and 16% agree) against 13% that do not agree or totally disagree with this affirmation even if they work in GBV and promote gender equality.

Acceptance of the importance of intersectionality and the inclusion of sexual and gender diverse individuals in their activities is higher, as 87% of CSOs agree or totally agree with the statement “My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders”.

According to the answers, 32% agree or totally agree and 23% slightly agree with the statement “My organisation only works with women and girls since this is the target of feminist organisations”.

Concerning the right to abortion, 84% of CSOs agree or totally agree with the statement “My organisation defends women’s right to abortion”. Regarding positions on sex work, 52% of CSOs agree or totally agree, and 23% slightly agree with the statement “My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)”.

Graphic 13. CSO level of agreement with key debates regarding women and sexual and gender diverse individuals' rights, n= 31



1.5. Environment for CSOs' work

Findings from interviews, focus groups and the survey highlight the challenging landscape for CSO operations. The hurdles faced by CSOs include the advance of the far-right, which spreads dogmatism and patriarchal mandates that are asserting themselves and putting advances at risk. The far-right's discourse stigmatises and places women at risk of receiving attacks and violence. Another challenge is the fact that GBV is not a priority for institutional actors and that the sector suffers from a lack of official funding.

Concerning the legal framework, 36% of surveyed CSOs are unsatisfied or completely unsatisfied, and 45% somewhat satisfied with the statement "the dispositions of the legal national framework are enough to support the development of feminist organisations". Similarly, 67% are unsatisfied or totally unsatisfied with the "level of implementation of the legal framework and policies to fight GBV in your country". CSO pointed to the challenges in implementing laws as described before.

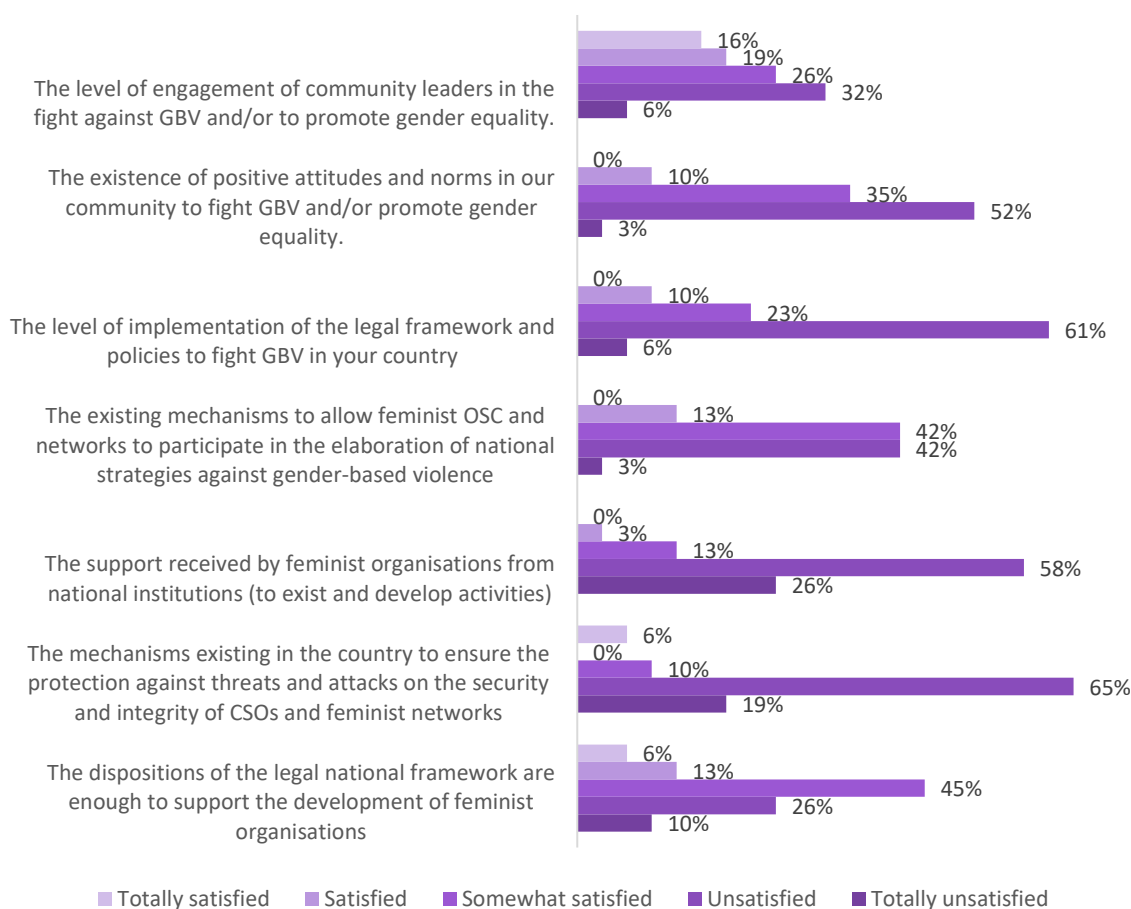
Concerning national mechanisms, 84% of CSOs are unsatisfied or completely unsatisfied with the "mechanisms existing in the country to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (e.g. cyber-harassment, threats,

violence, obstruction of their activities, etc.)”. CSO interviewed indicated that they also face death threats and persecution.

Regarding support for CSOs, 84% are unsatisfied or completely unsatisfied with the “support received by feminist organisations from national institutions (to exist and develop activities)”, and 45% are unsatisfied or completely unsatisfied with the “existing mechanisms to allow feminist CSO and networks to participate in the elaboration of national strategies against gender-based violence”.

Concerning population engagement, 55% of CSOs are unsatisfied or completely unsatisfied with the “existence of positive attitudes and norms in our community to fight GBV and/or promote gender equality”, and only 35% are satisfied or totally satisfied with the “level of engagement of community leaders in the fight against GBV and/or to promote gender equality”. Interviewed CSOs stated that men are hardly involved in the fight against GBV. However, to address this gap, some CSOs work on positive masculinities, mainly with young men. CSOs also indicated that experiences focused on changing roles have not been well received by men.

Graphic 14. CSO level of agreement with statements related to the CSO environment. n=31



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CÔTE D'IVOIRE

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

Côte d'Ivoire is in position 122nd of the 2023 GGI, improving the results of 2022 when it ranked 133rd and in 2018 when it was 131st. Economic participation and opportunity and political empowerment are the areas where more gaps exist between men and women (women's labour-force participation rate is 56.24% against 72.84% for men and women's participation in the parliament is just 13.70%). Besides, significant differences exist between enrolment in secondary education with 56.02% of enrolment for women and 65.20% for men¹⁰⁸.

The HDI classes Côte d'Ivoire in the fifth group of countries. As reflected in the score, important differences exist in the estimated gross national income per capita which is 3.763 PPP\$ for women and 6.643 PPP\$ per men¹⁰⁹.

Table 1. Main gender inequality indicators in Côte d'Ivoire

| Indicator | Ranking | Value | |
|-------------------------------|---------|--------|-------|
| Gender Gap Index 2023 | 122 | 0.650 | |
| Human Development Index 2022 | 159 | Female | 0.516 |
| | | Male | 0.581 |
| Gender Development Index 2022 | Group 5 | 0.887 | |

Sources: PNUD, 2022 and World Economic Forum, 2023.

The Gender Social Norms Index is not available for the country.

2. GBV prevalence, including intersectional GBV.

The 2023 GGI indicates a prevalence of gender violence affecting 25.90% of women.

In addition, Social Institutions and Gender Index (SIGI) data shows that in the 12 months preceding the survey, 17% of Ivorian women had been victims of at least one type of domestic violence —physical, psychological, economic and/or sexual— 19% of them in rural areas. By type of violence, Ivorian women declared that they mainly suffered from psychological violence (13%), followed by physical violence (8%), sexual violence (6%) and economic violence (3%). In terms of genital mutilation, 21% of Ivorian women aged over 15 said that they had been exposed to excision. Concerning the right to abortion, a further 21% of women believe that abortion should not be permitted (face to 6% of men) and half of the population is in favour of legal

¹⁰⁸ World Economic Forum, 2022. https://www3.weforum.org/docs/WEF_GGGR_2022.pdf and World Economic Forum, 2023. Global Gender Gap report. <https://www.weforum.org/publications/global-gender-gap-report-2023/>

¹⁰⁹ UNDP, 2022. The 2021/2022 Human Development Report. hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

abortion if the pregnancy is the result of rape or if it is necessary to preserve the mother's physical or mental health¹¹⁰.

Official data on the prevention and management of GBV victims is collected by the statistical yearbook developed by the Ministry of Women, Family and Children with the support of United Nations agencies (UNFPA, UNICEF, UNWOMEN and UNDP). This document collects data according to the priority axes of the national GBV strategy and serves to guide the actions of governments as well as those of the international cooperation actors in the fight against GBV in the country¹¹¹. According to the latest yearbook of 2023, 7,919 cases of GBV were reported and treated in 2022, including 1,198 cases of rape, 260 of sexual violence, 1,826 of physical violence, 182 of forced marriage, 3,073 of denial of resources, opportunities, and services, and 1,380 of psychological and emotional violence. 176 of these cases concerned people living with disabilities (76.70% of whom were women). In addition, 72.40% of GBV occurs in urban areas. The five regions reporting the most cases of GBV were the Autonomous District of Abidjan (716 cases), Gbêkê (687 cases), Sud-Comoé (681 cases), Tonkpi (552 cases) and Haut-Sassandra (529 cases)¹¹².

Data proves that most perpetrators of GBV are within the family environment. In 2022, 44.59% of cases were perpetrated by intimate partners or former intimate partners, 15.33% by the survivor's primary caregiver and 13.39% by other family members¹¹³. Concerning survivor care, the official statistics state that "the time limit for treatment (within the first 72 hours) is not generally respected. In the case of rape, only 55.01% of cases were treated within the first 72 hours". Regarding access to legal services, "only 62.02% of rape victims filed a complaint with the relevant bodies"¹¹⁴. According to interviewed actors, acceptance of certain forms of violence, victims' lack of knowledge about services and illiteracy, are the main reasons impacting survivors' access to basic services. In terms of access to justice, they also mentioned the challenges of legal proceedings, the impunity of perpetrators and the unavailability of support services.

Table 2. Evolution of the GBV cases reported between 2010 and 2022 in Côte d'Ivoire

| YEAR | Total | Rape | Sexual assault | Physique assault | Forced marriages | Denial of resources, opportunities, and services | Psychological and emotional violence |
|-------------|--------------|-------|----------------|------------------|------------------|--|--------------------------------------|
| 2022 | 7,919 | 1,198 | 260 | 1,826 | 182 | 3,073 | 1,380 |
| 2021 | 6,040 | 954 | 312 | 1,391 | 142 | 2,189 | 1,052 |
| 2020 | 5,405 | 822 | 165 | 1,286 | 96 | 2,119 | 917 |
| 2019 | 3,193 | 693 | 133 | 825 | 84 | 970 | 488 |
| 2018 | 2,744 | 693 | 131 | 732 | 82 | 727 | 379 |

¹¹⁰ OECD, Rapport d'enquête du SIGI Côte d'Ivoire, 2022.

¹¹¹ The revision of the national GBV strategy (2014-2016) has been launch in November 2023.

¹¹² Ministère de la femme, de la famille et de l'enfant, 2023. Côte d'Ivoire. Annuaire statistique 2022. https://famille.gouv.ci/Tmffe/ANNUAIRE_STATITIQUE_2023.pdf

¹¹³ Ibid. Pg 28

¹¹⁴ Ibid. Pg 29 and 30

| | | | | | | | |
|-------------|--------------|-----|-----|-----|-----|-------|-----|
| 2017 | 3,415 | 696 | 206 | 774 | 125 | 1,111 | 503 |
| 2016 | 3,061 | 599 | 117 | 728 | 102 | 914 | 601 |
| 2015 | 1,225 | 310 | 86 | 321 | 38 | 285 | 185 |
| 2014 | 582 | 292 | 34 | 136 | 6 | 86 | 28 |
| 2013 | 1,780 | 497 | 52 | 465 | 49 | 558 | 159 |
| 2012 | 2,646 | 578 | 151 | 662 | 0 | 833 | 422 |
| 2011 | 918 | 217 | 36 | 281 | 0 | 253 | 131 |
| 2010 | 711 | 159 | 22 | 82 | 0 | 366 | 82 |

Source: Ministère de la femme, de la famille et de l'enfant. *Annuaire statistique, 2022*

The number of GBV reported cases has considerably increased since 2012, especially for denial of resources, physical and psychological violence, and rape. Actors interviewed have pointed out that rape, sexual and physical violence were used as "weapons of war" during the country's political crisis (2010-2011). Actors believe that these figures reflect the beginnings of a culture of reporting GBV cases thanks to the efforts made by the government in partnership with donors and CSOs in raising awareness and training activities within a context of silence. They also stressed that the consequences of this period of instability on GBV have influenced the strengthening of the legal and normative framework and the protection mechanisms for survivors, particularly women who faced rape and sexual violence. Despite this, the actors interviewed also pointed out that the official figures under-represent the reality due to non-reporting cases because of the role of cultural traditions and values especially in the persistence of genital mutilation, forced marriages and intimate partner violence¹¹⁵. Finally, they claimed that GBV has also increased because of the influence of the socio-economic situation and alcohol and drugs.

According to official statistics and people interviewed, women and girls are the population most affected by GBV. Sexual diverse individuals, women living with disabilities, women living with HIV and sex workers were also identified as vulnerable targets of GBV. However, no official quantitative data (neither non-official) on GBV and intersectionality has been shared or identified during data collection.

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

The law n° 2016-886 (2016) of the Constitution of the Republic of Côte d'Ivoire includes several dispositions concerning equality between women and men, the prohibition of specific forms of violence, in particular FGM (Articles 5 and 35) and the supremacy of international agreements over national law. The country also ratified the CEDAW in 1995 and its optional protocol in 2012¹¹⁶.

¹¹⁵For more information on the influence of cultural and traditional values on rape and sexual violence, see the following document: FIDH and other. On va régler ça en famille. Les obstacles à une prise en charge effective des violences sexuelles en Côte d'Ivoire, 2021. https://www.fidh.org/IMG/pdf/vsbg_cote_divoire-2.pdf

¹¹⁶ Nations Unies. Droits de l'homme. Organes des traités. Côte d'Ivoire. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=42&Lang=FR

In terms of the specific legal framework on GBV, Côte d'Ivoire approved law n° 98-757 (1998) which defines and criminalises genital mutilation, the law n° 2021-894 (2021) which promotes protection measures for victims of domestic violence, rape and sexual violence other than domestic violence, and the law n° 2018-5 70 (2018) which protects witnesses, victims, whistleblowers, experts and other persons concerned, and provides the right of access to justice (Article 7)¹¹⁷.

The 2019 reform of the Penal Code (law 2019-574) introduced crucial advances in the definition and criminalisation of rape, a feature that was absent previously. Rape was thus defined in Article 403 as "any act of vaginal, anal or oral penetration, or any other act, for sexual purposes, imposed on another person without their consent, using a part of the human body or an object, by violence, threat, coercion or surprise". This article sets the minimum age of sexual consent at 15 for both boys and girls. Thus, any sexual intercourse with a person under that age (with or without consent) is considered to be rape¹¹⁸.

In addition, the circular n°15/MJ/CAB of 13 July 2016 on the repression of rape, reminds the Judicial Police Officer of the obligation to receive a complaint from a victim with or without a medical certificate.¹¹⁹ Despite these advancements, the people interviewed mentioned gaps in the application of these laws, particularly in the protection of victims and whistleblowers. They noted that some police stations still demand the medical certificate and that survivors face several challenges in proving rape and accessing care and protection services. They also affirmed that procedures are slow and that the different actors involved are not well coordinated. Finally, they pointed out that "out-of-court settlements" prevail over the legal framework.

In terms of sexual and reproductive rights, the Penal Code under Articles 425 and 426, prohibits abortion and penalises women who consent to it and those who carry it out. However, abortion is permitted if the woman's life is in danger, and in cases of rape if the woman requests it¹²⁰. People interviewed affirmed that several gaps exist in the harmonization of national laws with international agreements in the field of sexual and reproductive rights. They especially pointed out that although the State ratified the Maputo Protocol it has not harmonised laws on abortion or the health of pregnant women resulting from rape.

Concerning same-sex relationships, Côte d'Ivoire is one of the few countries in the West African region that does not penalise them, but the interpretation of the Penal Code can send people

¹¹⁷ More information about these three laws available on: UNWOMEN. <https://evaw-global-database.unwomen.org/en/countries/africa/cote-d-ivoire/1998/loi-repression-certaines-violences-fgm>.

¹¹⁸ Penal code.

https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=fr&p_isn=111710&p_count=2&p_classification=01.04

¹¹⁹ Ministère de la Femme, de la Famille et de l'Enfant, 2022. Rapport de la Côte d'Ivoire sur la mise en œuvre de la résolution de l'AG des Nations Unies sur la question des Femmes dans le Développement. <https://www.unwomen.org/sites/default/files/2022-12/a-77-243-submission-cote-d-ivoire-fr.pdf>

¹²⁰FIDH and others. On va régler ça en famille. Les obstacles à une prise en charge effective des violences sexuelles en Côte d'Ivoire, 2021. https://www.fidh.org/IMG/pdf/vsbg_cote_divoire-2.pdf p. 62 and Center for reproductive rights. <https://reproductiverights.org/maps/provision/cote-divoires-abortion-provisions>

to prison due to “indecent” situations, especially among youngsters¹²¹. Actors interviewed pointed out that in the absence of a legal framework for the defence of the rights relating to sexual orientation and gender identity, the CSOs working with this population base their work on the constitutional principle of non-discrimination. However, LGBTQI+ CSOs are very active in the country, especially in advocacy. In this context, a modification of Article 226 of the Penal Code was proposed in 2022 to introduce sexual orientation as a ground for discrimination but it was not approved.¹²²

Regarding sex work, Article 335 of the criminal code does not criminalise it, but it does criminalise procuring. Article 336 includes violence as an aggravating factor.¹²³ Interviewed stakeholders during the data collection phase indicated that sex work is highly tolerated in the country, but that sex workers face increased discrimination and stigma in accessing basic services (health, justice, etc.) and are deprived of social security and care rights (fixed and paid wages, holidays, pensions, etc.).

Actors interviewed working with diverse sexual and gender communities and sex workers have complained that these populations are discriminated because the legal framework does not recognize them as GBV survivors.

Law n°98-594 (1998, decree of 2018) concerning people living with disabilities does not integrate dispositions related to GBV, although national data on GBV collects cases of women and men living with disabilities who are GBV survivors.

Polygamy has been prohibited under the French Civil Code since the 1960s. Offenders are even liable to a prison sentence.

The actors interviewed highlighted significant issues concerning the implementation of the laws, especially in remote areas. They mentioned two critical factors: the lack of participation of local populations in the process and the absence of text translation into local languages. This gap has resulted in the coexistence of two parallel systems, formal (laws) and informal (traditions and cultural values).

3.2. Public policies on GBV and institutional mechanisms

The Ivorian government adopted in 2014 a National Strategy to Combat Gender-Based Violence (SNLVBG), with a particular focus on the prevention and protection of survivors. The revision of this strategy has been launched in November 2023.

¹²¹ Organisation suisse d’aide aux réfugiés, 2021. Côte d’Ivoire : situation des personnes LGBTQI et protection de l’Etat.

https://www.fluechtlingshilfe.ch/fileadmin/user_upload/Publikationen/Herkunftslanderberichte/Afrika/Elfenbeinkueste/210716_CIV_LGBT.pdf

¹²² RFI (news). Côte d’Ivoire: polémique sur les droits des personnes homosexuelles. <https://www.rfi.fr/fr/afrique/20211110-c%C3%B4te-d-ivoire-pol%C3%A9mique-sur-l-homosexualit%C3%A9>

¹²³ UNODC. Database of legislation. https://sherloc.unodc.org/cld/en/legislation/civ/code_penal/livre_ii_-_titre_premier/article_335-337/article_335-337.html?

The Ministry for Women, the Family and Children is the institution responsible for promoting gender equality, implementing the strategy, and coordinating actions with stakeholders (United Nations, international, national and local CSOs, gender focal points at the ministries...). The National Program to Combat GBV (formerly the Committee to Combat Violence against Women and Children) is the reference body for the Ministry's efforts to combat GBV and namely to implement the SNLVBG. CSOs working with sexual minorities strongly advocated to incorporate their needs in the strategy.

Côte d'Ivoire has an organised system for the reception and protection of women and girls who are survivors of GBV at the local, regional, and national levels. In 2022, this system was composed of 84 regional platforms to combat GBV, work in collaboration with the police and gendarmerie brigades (with the support of the United Nations agencies), as well as with social centres, socio-educational complexes, and health centres. These platforms can receive all cases of people facing different forms of GBV. They report cases to the national system which collects data and produces the annual yearbook.¹²⁴ However, according to interviewees, the platform does not cover the entire country and survivors do not use it due to a lack of knowledge and because of stereotypes. In addition, they also noted that the data collection system does not consider all types of GBV (including numeric violence), particularly those that specifically affect sexual minorities and sex workers.

SECTION B. ANALYTICAL MAP OF FEMINIST CSOs.

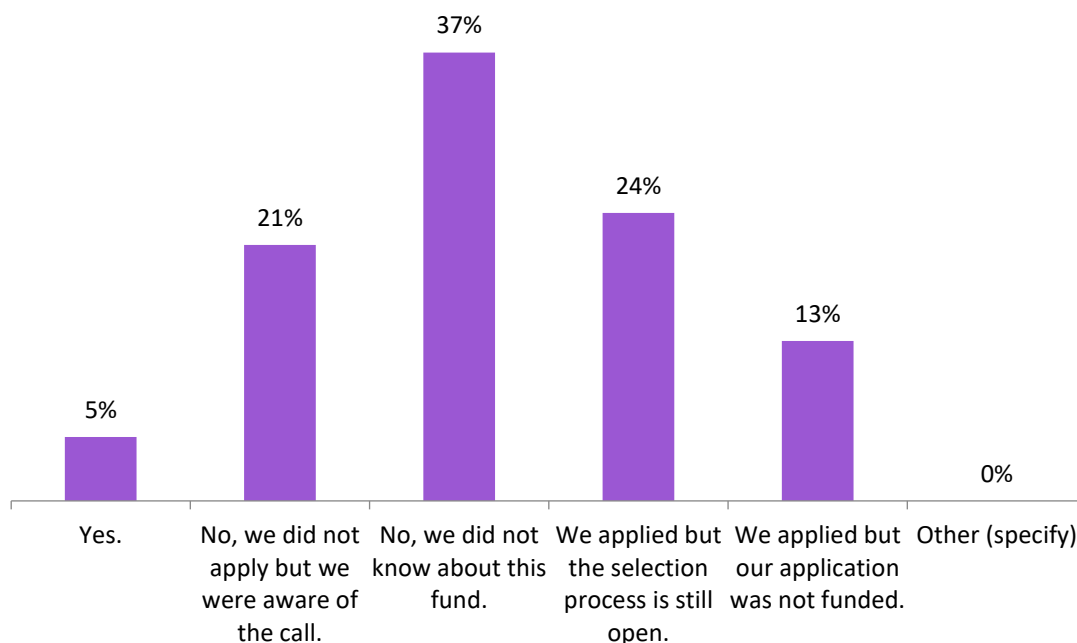
1. General description of CSOs

1.1. General profile of feminist CSOs specialised in GBV and participating in the survey in Côte d'Ivoire.

In Côte d'Ivoire, 52 CSOs were pre-identified. However, only 44 responses were received, and among them, 38 completed the survey. Among these, 95.45% (39 CSOs and 4 networks) confirmed being non-profit organisations or networks with gender equality as a primary or significant objective in their mission. Concerning the existence and reception of funds from the FON project, 5.26% received a fund, 36.84% were unaware of the project's existence, 13.16% applied for funding but were unsuccessful and 23.68% are awaiting an answer.

¹²⁴ Ministère de la femme, de la famille et de l'enfant. Annuaire statistique 2022. https://famille.gouv.ci/Tmffe/ANNUAIRE_STATITIQUE_2023.pdf

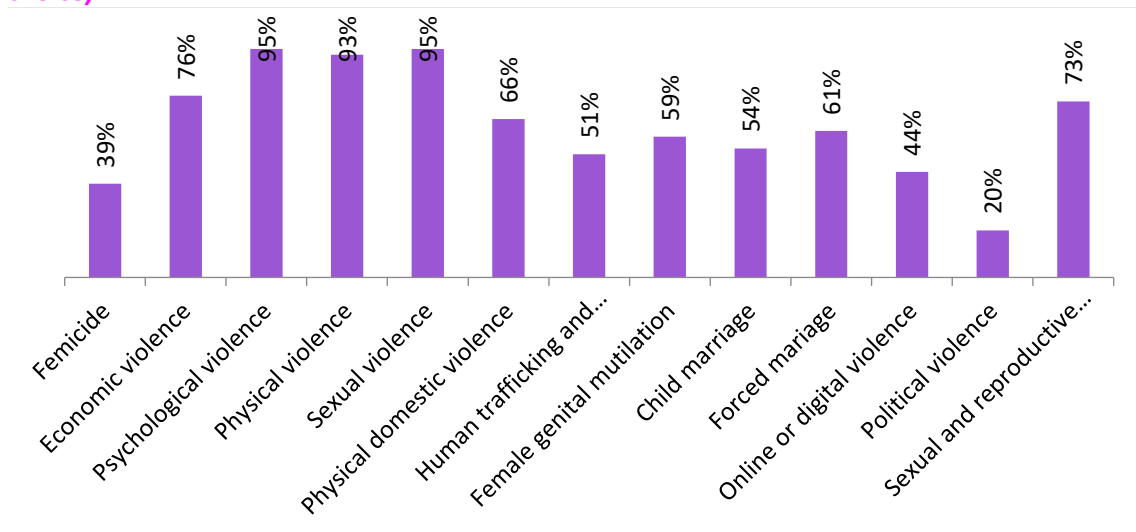
Graphic 1. Has your organisation received a fund from the FON project? n=38



1.2. Targets and specific areas of intervention of feminist CSOs specialised in GBV in Côte d'Ivoire.

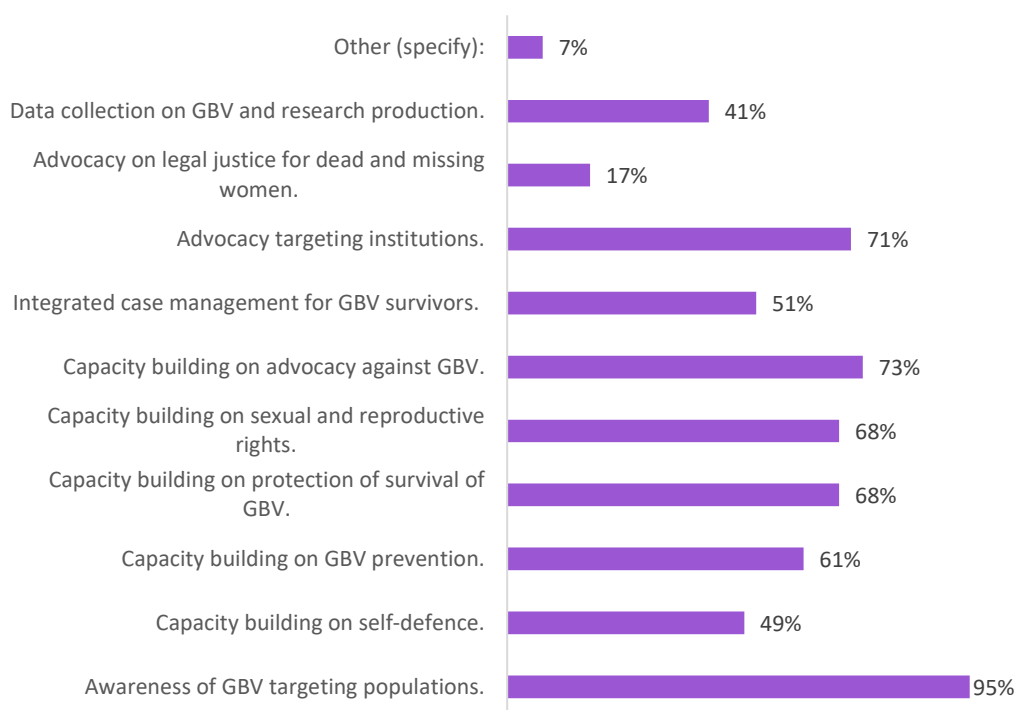
The main areas of intervention of feminist CSOs align with the main type of violences identified by the statistic annuary and highlighted by interview participants. Sexual, psychological, and physical violence are the first areas of intervention of CSOs, followed by economic violence and sexual and reproductive rights violations. Physical domestic violence, female genital mutilation and forced marriage are also important areas.

Graphic 2. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=41



Concerning the areas of intervention, almost all CSOs (95%) work on awareness of GBV targeting populations. Between 60% and 80% of CSOs engage in various sectors: capacity building for advocacy against GBV (73%), advocacy targeting institutions to fight GBV cases (71%), capacity building to protect GBV survivors (68%), sexual and reproductive rights (68%) and GBV prevention (61%). Sectors engaging between 40% and 50% of CSOs are: integrated case management (51%), capacity building on self-defence (49%), data collection on GBV and research production (41%). Advocacy on legal justice for dead and missing women (17%) is the sector which receive less attention.

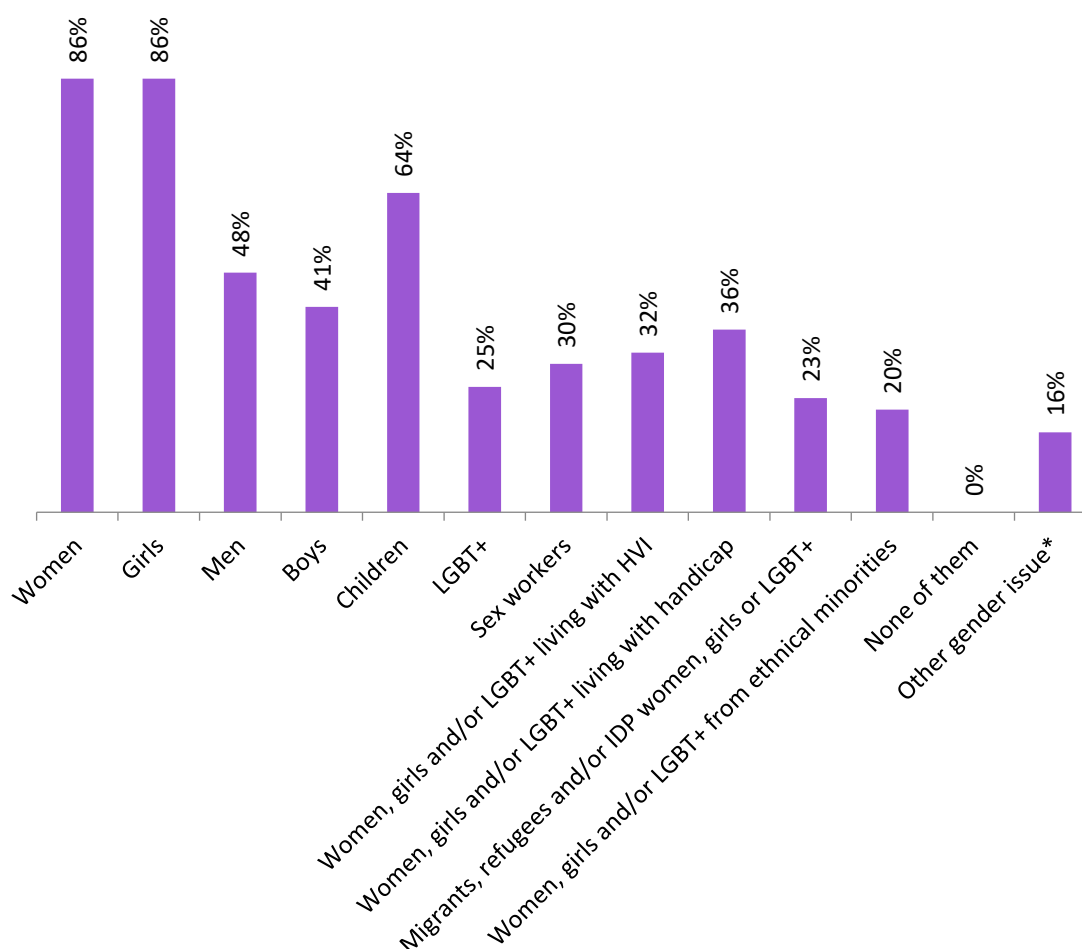
Graphic 3. What are your services and activities in the field of gender-based violence survival protection? n=41



Regarding the area of intervention, 80% intervene nationally, 15% locally and 5% regionally.

The main target of these organisations is women (86%), and girls (86%) followed by children (64%). Concerning CSOs working with LGBTIQ+, they represent 25% and those working with sexual workers 30%.

Graphic 4. What is your target population? (Multiple choice). n=44



From the total, only 22% of CSOs have more than 200 beneficiaries per year, and 66% have less than 100.

1.3. Capacities of feminist CSOs specialised in GBV in Côte d'Ivoire,

Registration and years of experience

Most of these organisations are registered as CSOs (80%) and those which are not is because either they develop an activity that is politically and socially sensitive in the country, they do not have concluded the legal process or other reasons that were not specified. CSOs interviewed have expressed that especially those working with sexual minorities have more difficulties registering and consequently more difficulties to mobilise funds and to exercise their activities with freedom (more of their activities are organised in confidentiality).

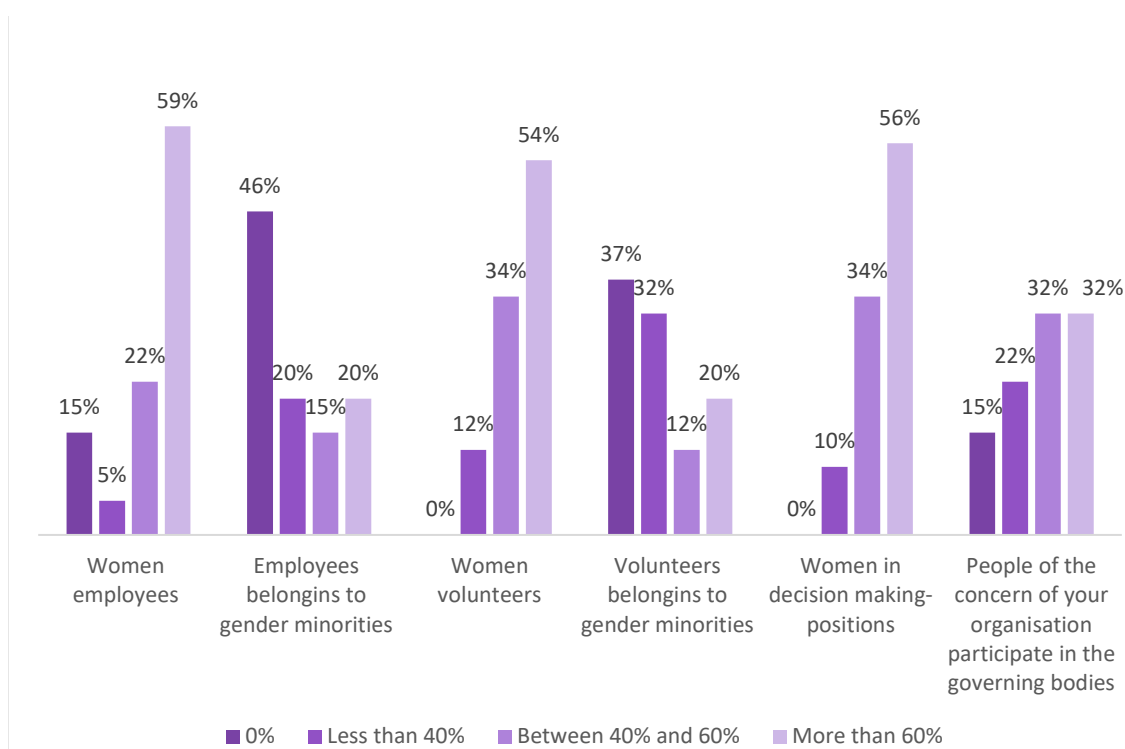
Most surveyed CSOs working on GBV in Côte d'Ivoire are young organisations: 27% have between one and three years of experience, 27% between three and five, 24% between five and

ten and 22% more than 10 years. Interviews have confirmed that recently created CSOs are active but face different challenges at financial, technical and management levels, as they lack experience.

Human resources

In terms of the number of employees: seven surveyed CSOs do not have employees, eight have between one and three, two between four and five, 15 between six and ten and nine have more than ten. Most employees are women and in only eight cases women represent less than 40% of employees. In eight cases, over 60% of the staff belong to sexual and gender diverse orientations. The number of volunteers is also important, with 59% of CSOs having more than 10 volunteers with a women majority. Only 20% of organisations have over 60% of volunteers belonging to sexual and gender diverse orientations. Women are also in the majority in decision-making positions which means that people targeted by CSOs have a voice in governing bodies.

Graphic 5. Presence of women and sexual and gender diverse individuals in CSOs as workers, volunteers or in decision-making positions. n=41

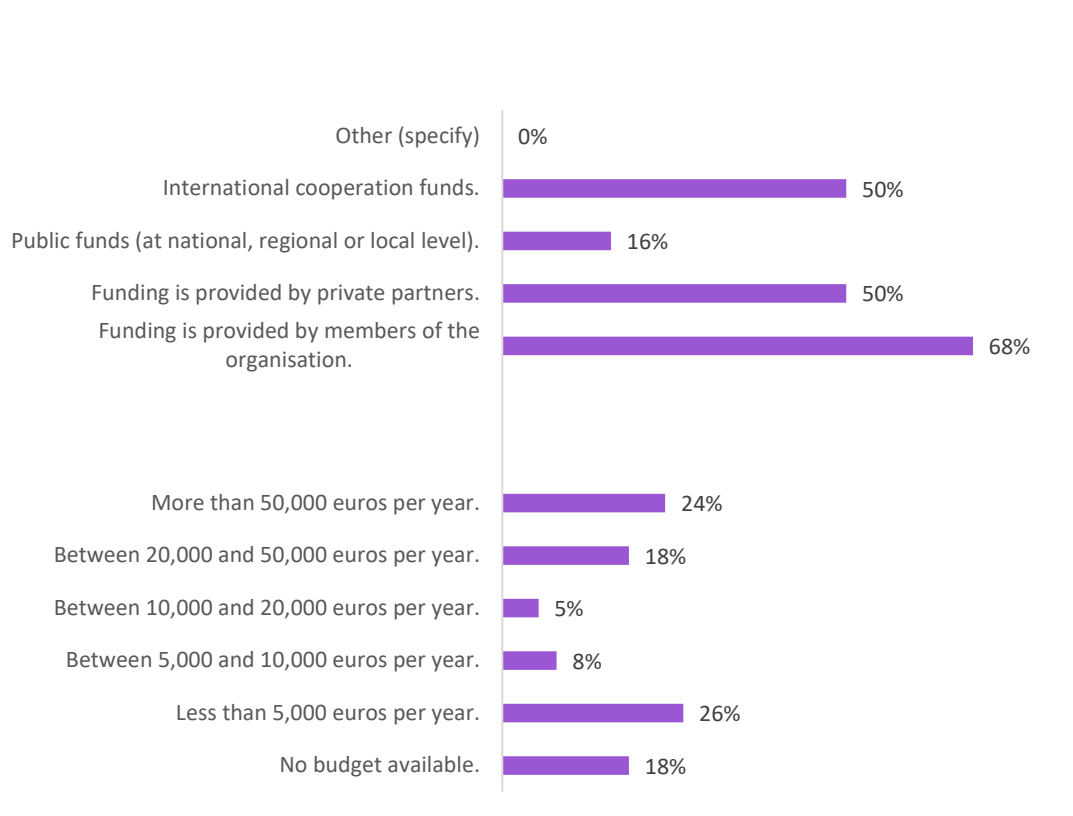


Financial capacities

Regarding financial capacities, 24% of surveyed CSOs have an annual budget exceeding 50,000 euros and 18% do not have a budget. Nevertheless, 93% have an office, including a place to meet. Interviewees highlighted that funding has been the main challenge, hindering the ability of grassroots organisations to carry out comprehensive GBV interventions and services, especially for young CSOs as well as for CSOs working with sexual minorities and sexual workers.

This was particularly critical during the COVID-19 pandemic¹²⁵. The survey shows that funding sources are somehow diversified, with a significant contribution from members as well as from private partners. International cooperation funds play a crucial role in sustaining half of these organisations, according to the survey.

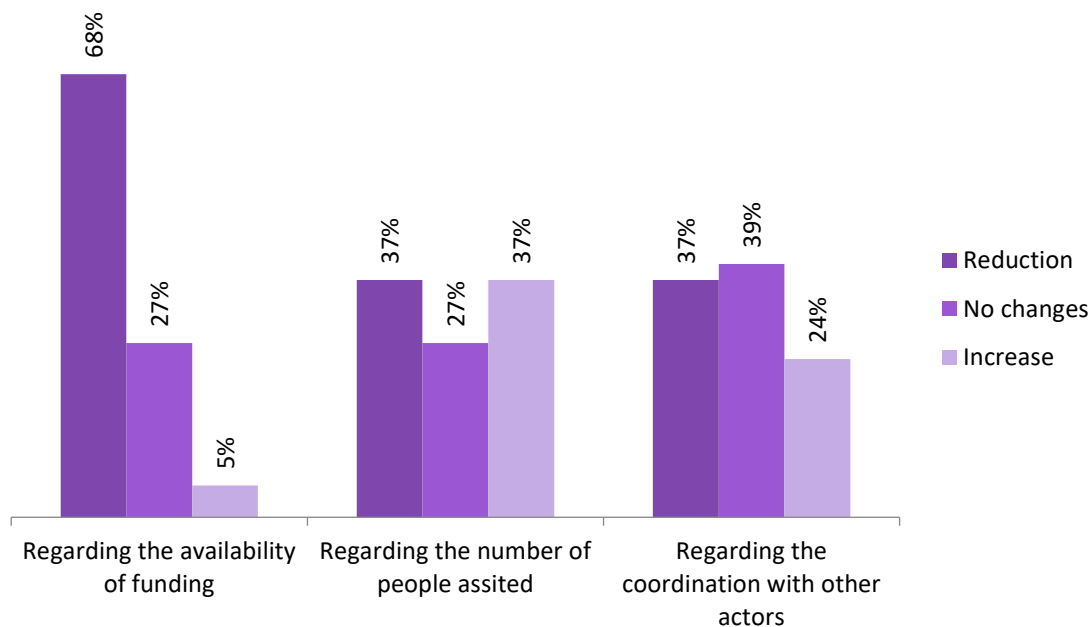
Graphic 6. What is your annual budget? And what is the origin of your financial funds? n=38



The COVID-19 pandemic is the instability factor that most impacted the activities of CSOs in the last five years (73% of CSOs mentioned it) followed by political and social instability (37% of answers). For most of these CSOs, instability has not changed or increased the number of beneficiaries or coordination with other actors. However, these issues have impacted the reduction of the available funding.

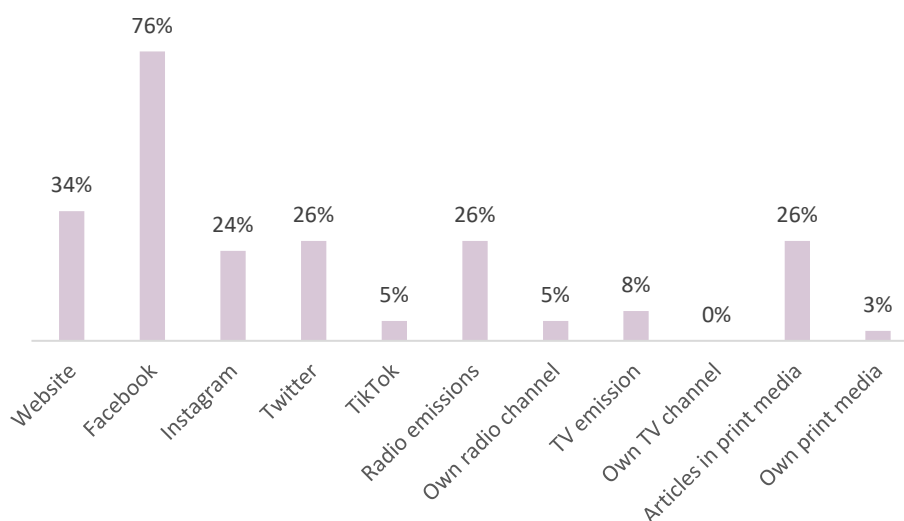
¹²⁵ Information gathered during field work.

Graphic 7. How did the instability factors impact your activities? N=41



Regarding communication capacities, 71% of respondents have a communication strategy, being Facebook the main communication tool that they used, followed by website, Twitter, radio emissions and articles in print media.

Graphic 8. Does your organisation or network have any of the following communication tools? n=38



Interviewed actors have contrary views on media influence in the fight against GBV. For some, the media has played a critical role in raising awareness in recent years, breaking the taboo surrounding GBV, making the voices of women survivors of violence visible, and pushing the

government to take an interest in the issue. Nowadays, people can speak out on social networks and anonymous alerts have been developed to denounce GBV cases. However, for other actors, how information is shared can encourage GBV, particularly because of language deficiencies and the lack of protection for survivors in publications (especially for sexual minority survivors). To face these challenges, some CSOs have begun training media professionals on how to use media to fight GBV.

Partnerships

Concerning the capacity of CSOs to coordinate and collaborate with other stakeholders as well as with public institutions, 23 CSOs considered these relationships as good. Only two affirmed to not have a relationship with these institutions. Stakeholders involved in interviews stated that public institutions are the main partners in the fight against GBV. They also mentioned as strategic partners the United Nations system, national and international CSOs, the private sector, traditional and religious chiefs, community leaders, researchers, social trainers and teachers in the education system and the media.

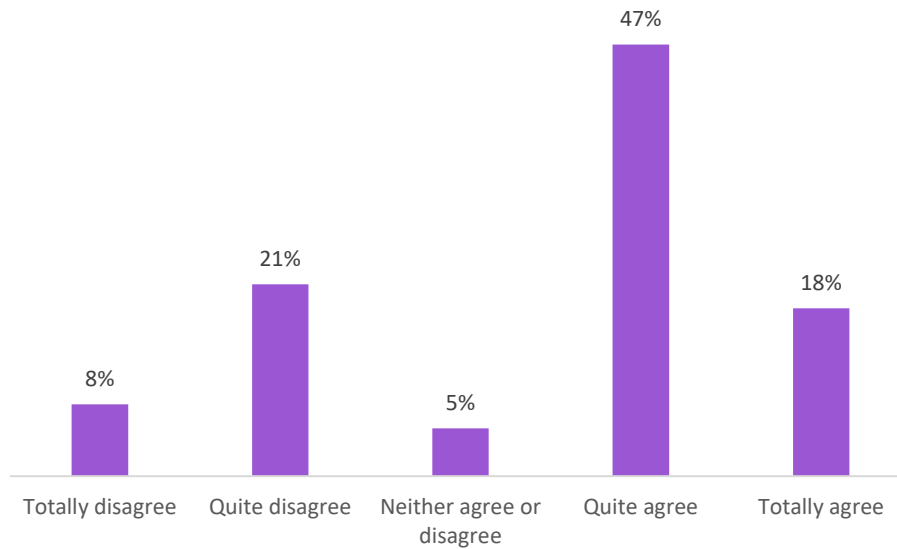
CSOs networking seems strong since 97% of the respondents affirm to collaborate with other CSOs and 84% belong to a network. However, the networks are not specifically focused on GBV issues or even on gender equality in general. For example, the most mentioned network is the Collective of Activists in Côte d'Ivoire (CACI), which works to improve the health and rights of women. Other networks work on health planification, gender equality, sexual minorities or people with HIV, including Action against Unwanted and Risky Pregnancies (AGnDR), NGO Forum, Network of Key Population Organizations in Côte d'Ivoire, Coalition of CSOs for Family Planning in West Africa, West Africa Network for Peacebuilding, Group of Women's Organizations for Gender Equality, Consortium of Women's CSOs, Every Woman Treaty, Coupole Akwaba, West Africa Trans Forum (WATF), Platform to Combat GBV, Network of Organizations of People Living with HIV (RIP+)¹²⁶.

Organisational capacities

The self-assessment of surveyed CSOs shows a series of challenges regarding organisational capacities. In fact, 47% of CSOs agree and 18% totally agree with the statement *“My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”*. Nevertheless, 21 % quite disagree and 8% totally disagree.

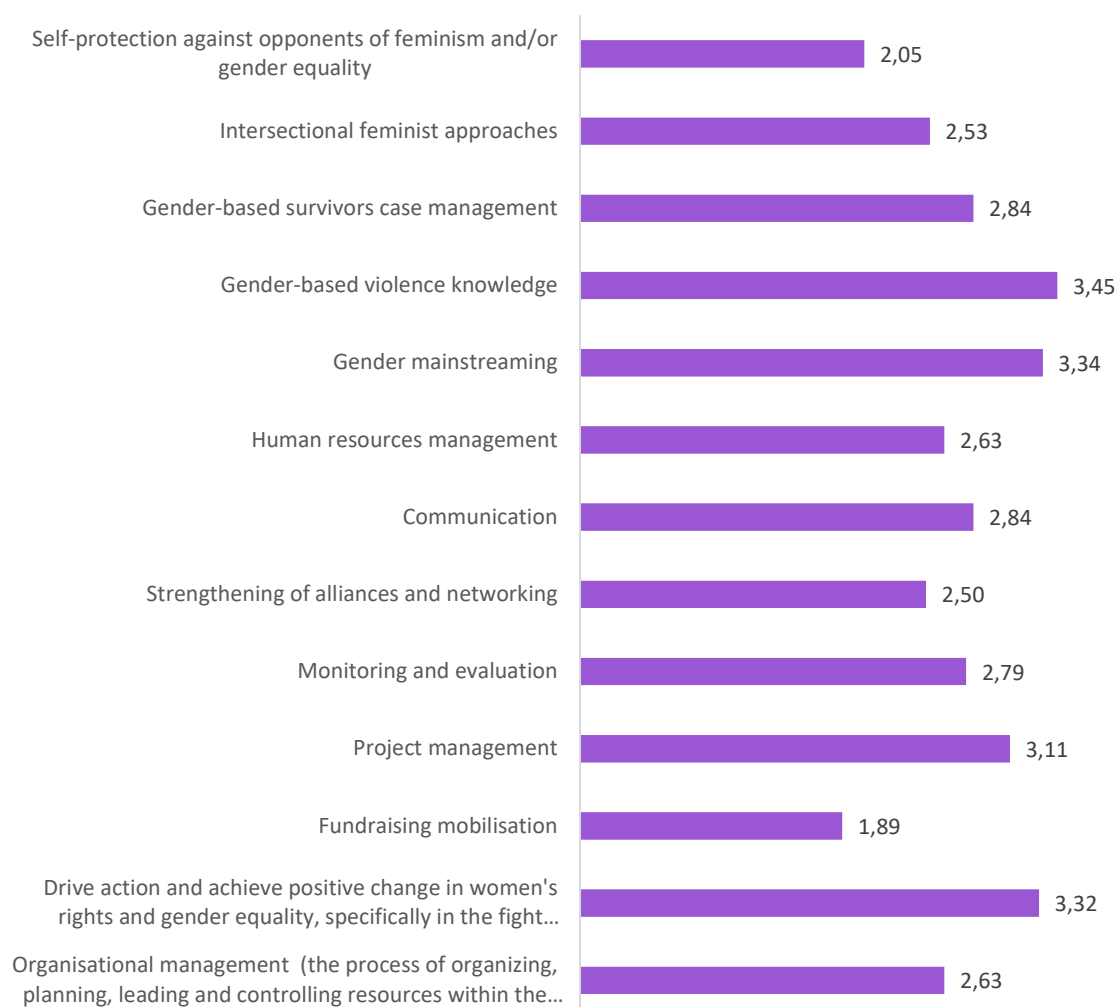
¹²⁶ In French: Action contre les Grossesses non Désirées et à Risque (AGnDR), Forum des ONG, Réseau des Organisations des populations clés de Côte d'Ivoire, Coalition des OSC pour la planification familiale en Afrique de l'Ouest, West Africa network for pace building, Groupe des organisations féminines pour l'égalité homme-femme, Consortium des OSC Féminines, Every Woman Treaty, Coupole Akwaba, West Africa Trans Forum (WATF), Plateforme de lutte contre les VBG réseau des organisations de personnes vivant avec le VIH (RIP+)

Graphic 9. To what extent does your organisation agree with the following statement: My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)? n=38



Regarding specific capacities related to technical, financial and administrative management, fundraising mobilisation, networking, communication, gender mainstreaming, intersectional feminist approaches, and self-protection against opponents of feminism and/or gender equality, the most challenging criteria are related to fundraising capacities (1.89 out of 5) and self-protection against opponents of intersectional feminism (2.05 out of 5). Conversely, CSOs expressed stronger confidence in their capacities for gender mainstreaming (3.82 out of 5) and gender-based violence knowledge (3.45 out of 5) and gender mainstreaming (3.34 out of 5).

Graphic 10. Average score for items on CSO's capacities. n=38



Interviewed actors have pointed out that traditional and religious leaders are the main opponents of intersectional feminism in the country. They also cited some young people and intellectual women. In addition, CSOs working with sexual diverse communities have identified some groups of feminists as opponents because they do not recognize them in the fight against GBV.

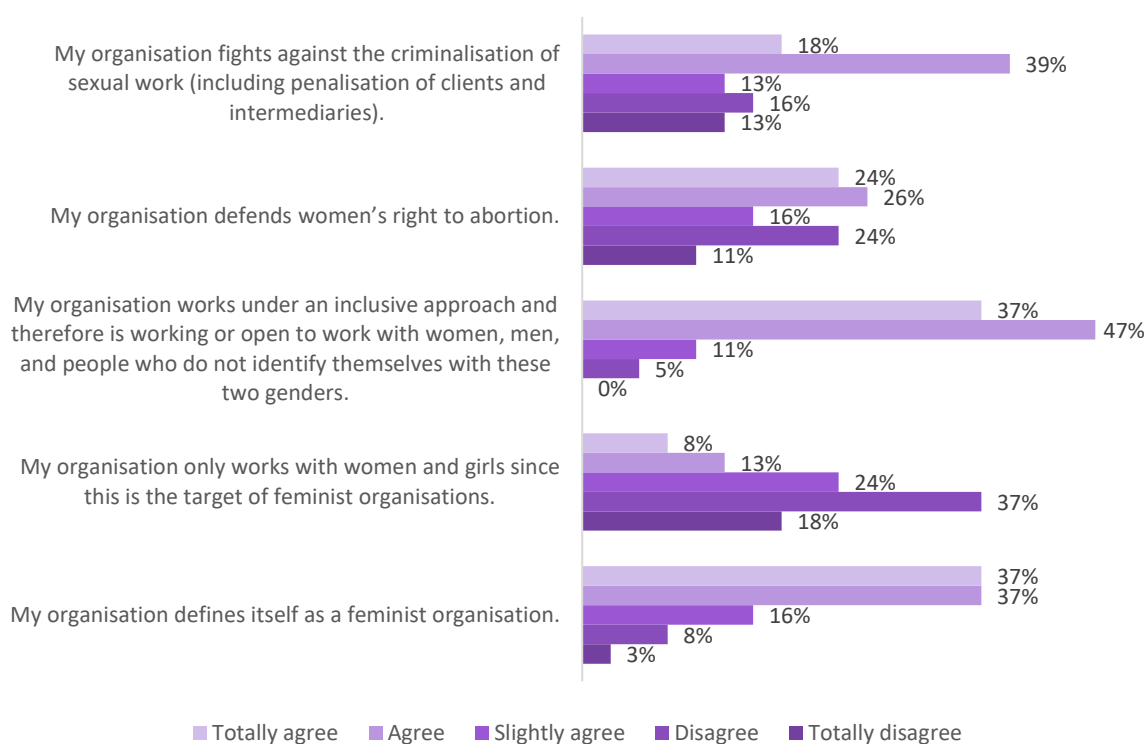
1.4. Positions regarding key debates on women and sexual and gender diverse individuals' rights

Positions regarding key debates in women's rights organisations show a general acceptance of the feminist principles since 74% of the respondents affirmed being a feminist organisation against 24% that do not agree or slightly agree with this affirmation even if they work in GBV and promote gender equality.

Acceptance of the importance of intersectionality and the inclusion of sexual and gender diverse individuals in their activities is higher. According to the answers, 84% agree or totally agree with the statement “My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders”.

Concerning abortion, 50% of CSOs claimed to agree or totally agree with the statement “My organisation defends women’s right to abortion”. In the case of sex work, 58% agree or totally agree with the statement “My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)”.

Graphic 11. CSOs level of agreement with key debates regarding women and sexual and gender diverse individuals’ rights.



1.5. Environment for CSOs’ work

The answers to the interviews, focus groups and the survey show a difficult environment for CSOs.

Concerning the legal framework on GBV and CSO support, 44% of the organisations expressed being totally unsatisfied or unsatisfied and 39% somewhat satisfied with the legal national framework related to the support and development of feminist organizations. Furthermore, 43% are unsatisfied or very unsatisfied and 50% are somewhat satisfied with the level of

implementation of the legal framework and policies to fight GBV. This information coincides with that shared by the actors interviewed as already mentioned in the policy framework section.

Concerning national mechanisms for protecting and supporting CSOs, 42% are very unsatisfied or unsatisfied and 47% are somewhat unsatisfied with the mechanisms to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (cyber-harassment, threats, violence, obstruction of their activities, etc.). Security has been underlined as a crucial issue by CSOs as they believe that people working with GBV survivors are stigmatised and exposed to violence on behalf of the perpetrators and that they must work in confidentiality, especially the CSOs working with sexual minorities and sex workers. These CSOs have reported being harassed also by the police because of the populations they work with and because they are not registered.

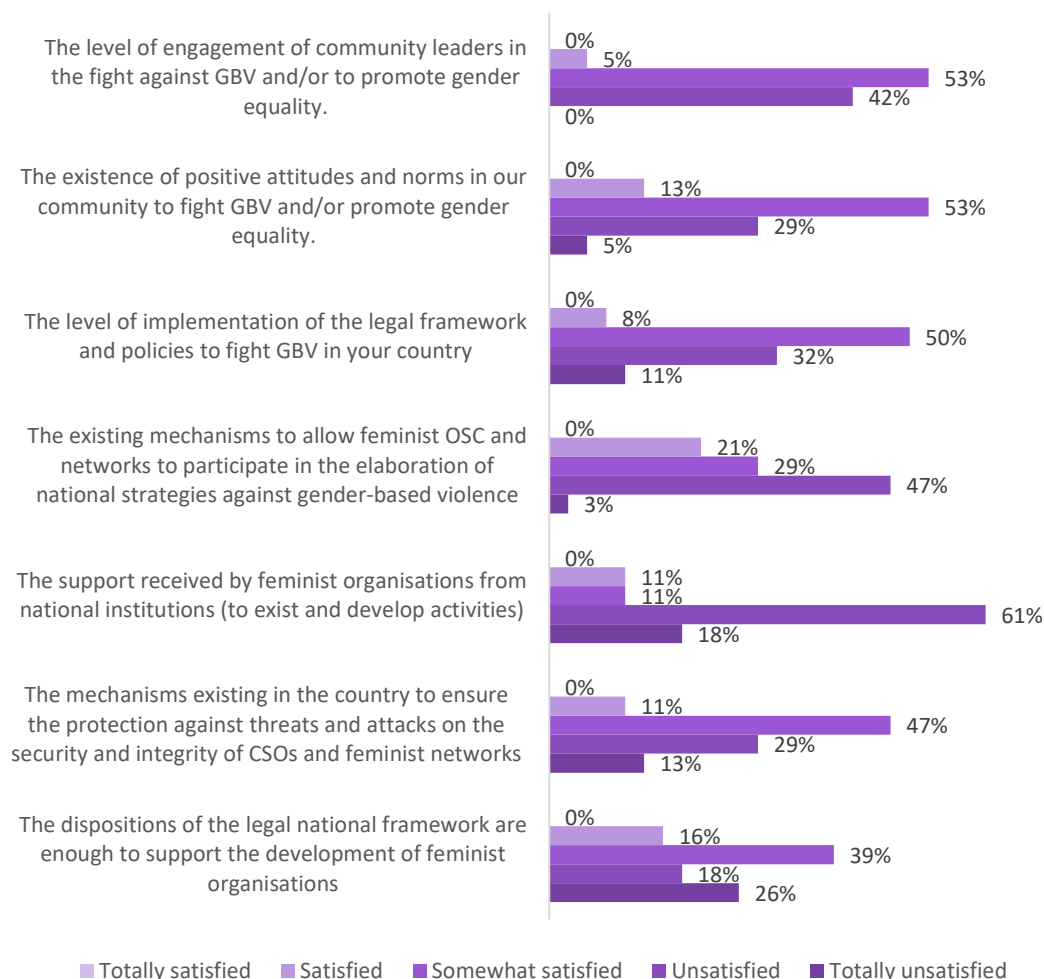
Regarding institutional support, 79% of CSOs have expressed being very unsatisfied or unsatisfied 11% somewhat satisfied with the support received by feminist organizations from national institutions (to exist and develop activities) 50% of them are unsatisfied or very unsatisfied and 29% somewhat unsatisfied with the existing mechanisms to allow feminist CSOs and networks to participate in the elaboration of national strategies against gender-based violence. The actors interviewed pointed out the lack of coordination between other actors (in particular CSOs and public institutions) as well as the difficulty of accessing networks (in particular for CSOs working with sexual minorities).

Concerning the involvement of the population in the fight against GBV, 34% of the responders expressed being unsatisfied or very unsatisfied and 53% somewhat satisfied with the existence of positive attitudes and norms in their community to fight GBV and/or promote gender equality. Furthermore, 42% were unsatisfied or very unsatisfied and 53% were somewhat satisfied with the level of engagement of community leaders in the fight against GBV and/or to promote gender equality.

Interviewed actors stated that CSOs face difficulties working in a context where traditional values are still predominant, although some of them work closely with community and religious leaders supporting training and capacity-building sessions to involve them in combating GBV. The interviewed CSOs also believe that the involvement of men in the fight against GBV is beginning to be visible. To engage young men, CSOs are working on awareness-raising campaigns in secondary schools and mobilizing young bloggers in partnership with United Nations agencies. CSOs working with sexual minorities have identified the existence of "friendly men" who accompany actions in secret. In addition, a Network of Men Committed to Gender Equality in Côte d'Ivoire was created in 2019.¹²⁷

¹²⁷ Originally in French "Réseau des Hommes Engagés pour l'Égalité de Genre en Côte d'Ivoire (RHEEG-CI)"

Graphic 12. CSO level of agreement with statements related to the CSO environment. n=38



Despite these constraints, interviewed actors also noted that several factors positively contribute to their work, especially their knowledge of the field and that of the population they work with. They also mentioned the availability of professional workers and the political participation of women advocating for GBV.

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ETHIOPIA

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

Ethiopia scored 0.711 ranking 75th from 146 countries in the 2023 Global Gender Gap Index, climbing from 117th in 2018 when it scored 0.656.¹²⁸ Economic participation and opportunity and political empowerment are the areas where more gaps exist between men and women. Although Ethiopia had a women head of state, currently there are 18% fewer women in parliament than men. Regarding labour-force participation women's labour-force rate is 21 points lower than men's, 58% and 79% respectively and the percentage of men in positions as legislators, senior officials and managers doubles that of women¹²⁹.

The HDI between women and men also differs, Ethiopia is classed in group 4. Although expected years of schooling are similar for women and men, the mean years of schooling for men double that of women. This is also reflected in a disparity in the estimated gross national income per capita even if they are reduced compared to other countries (830 PPP\$ difference)¹³⁰.

Table 1. Main gender inequality indicators in Ethiopia.

| Indicator | Ranking | Value | | |
|-------------------------------|---------|-------|--------|-------|
| Gender Gap Index 2023 | 75 | 0.711 | | |
| Human Development Index 2022 | 175 | 0.498 | Female | 0.478 |
| | | | Male | 0.519 |
| Gender Development Index 2022 | Group 4 | 0.921 | | |

Sources: PNUD, 2022 and World Economic Forum, 2018 and 2023.

GBV encompasses various forms, including intimate partner violence, sexual violence, child marriage, feminine genital mutilation (FGM) and harmful traditional practices. Obtaining accurate prevalence data on GBV can be challenging due to underreporting, cultural barriers, and limited resources for data collection. These forms of violence are deeply rooted in social norms, cultural practices, and unequal power dynamics.¹³¹ GSNI values show a general acceptance of physical violence since 95% of the population is biased in this issue without notable differences between women and men.¹³²

¹²⁸ World Economic Forum, 2018. Global Gender Gap report. [WEF_GGGR_2018.pdf \(weforum.org\)](#)

¹²⁹ World Economic Forum, 2023. Global Gender Gap report. <https://www.weforum.org/publications/global-gender-gap-report-2023/>

¹³⁰ United Nations Development Program, 2022. The 2021/2022 Human Development Report. hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

¹³¹ Qualitative information gathered during fieldwork in Ethiopia during September - October 2023.

¹³² UNDP, 2023. 2023 Gender Social Norms Index. Breaking Down Gender Biases Shifting social norms towards gender equality.

Table 2. Gender Social Norms Index. Percentage of people biased by dimension.

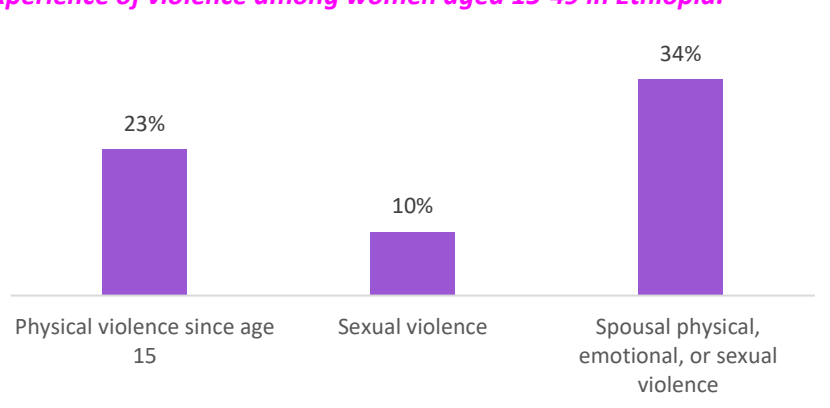
| Political | | Educational | | Economic | | Physical Integrity | |
|-----------|-------|-------------|-------|----------|-------|--------------------|-------|
| Women | Men | Women | Men | Women | Men | Women | Men |
| 43.24 | 46.71 | 14.74 | 17.42 | 58.87 | 64.52 | 94.54 | 95.81 |

Source: UNDP, 2023.

2. GBV prevalence, including intersectional GBV

According to the 2016 Ethiopia Demographic and Health Survey (EDHS), 23% of women aged 15-49 experienced physical violence and 10% experienced sexual violence, while 35% of ever-married women aged 15-49 experienced physical, emotional, or sexual violence from their husbands or partners¹³³.

Graphic 1. Experience of violence among women aged 15-49 in Ethiopia.



Source: Central Statistical Agency and Rockville M, USA. CSA and ICF, 2016. Ethiopia Demographic and Health Survey: Key Indicators Report. Addis Ababa, Ethiopia.

Spouse violence was found to be highest in Oromia (38%) followed by Harari (37%) and lowest in Somali (9%)¹³⁴. A lower percentage (25.8%) of intimate partner violence was reported by another study¹³⁵. The study's findings indicated that younger age, lack of education among men, rural residence, women's work, women having higher than primary education, husband's drinking and substance abuse, low household wealth, and childhood experience of violence were factors that increased the risk of partner violence.

EDHS 2016 reported that 47% of girls aged 15-19 experienced FGM and 65% of women aged 15-49 were cut, with 99% in Somali, 91% in Afar, 62% in Amhara and 24% in Tigray. Concerning child marriage, 58% of women and only 9% of men aged 25-49 were married before turning 18. The median age at first marriage was 17.1 among women aged 25-49, with 15.7 in Amhara, 16.6 in

¹³³ Central Statistical Agency and Rockville M, USA. CSA and ICF, 2016. Ethiopia Demographic and Health Survey: Key Indicators Report. Addis Ababa, Ethiopia.

¹³⁴ Central Statistical Agency and Rockville M, USA. CSA and ICF, 2016. Ethiopia Demographic and Health Survey: Key Indicators Report. Addis Ababa, Ethiopia.

¹³⁵ UN Women, 2022. Economic Costs of Intimate Partner Violence against Women in Ethiopia.

Afar and Tigray, 16.7 in rural areas, 19.3 in urban areas and 23.9 in Addis Ababa.¹³⁶ The prevalence of GBV was found to be 73.1 among women living with disabilities in Jimma Town.¹³⁷ In 2022, a 37.9% prevalence of GBV was reported among Internally Displaced Women (IDW) in Northwest Ethiopia, which was affected by conflict.¹³⁸ The study indicated a higher prevalence among younger women (18–24 and 25–29 years old had higher odds of receiving GBV than women aged ≥ 40), single women, and women without social protection.

The multiple shocks suffered by the country in the last years including the civil war in the northern regions (Tigray, Amhara and Afar) as well as the COVID-19 pandemic and climate change that resulted in drought and floods, have exacerbated GBV, with women being the most affected. A crisis analysis overview which focused on northern Ethiopia indicated that complex humanitarian crises have exacerbated GBV in the country in 2021¹³⁹ and Ethiopia ranked as the 13th most fragile country out of 179 countries in the 2022 Fragile State Index. This index measures fragility based on cohesion, economic, political and social, indicators including cross-cutting indexes.¹⁴⁰

The United Nations has sounded the alarm about the use of sexual violence, including rape and sexual slavery, as a tool of war in the region.¹⁴¹ Additionally, UNFPA also reported the increased risk of Sexual Exploitation and Abuse (SEA), as a result of women and girls being forced into negative coping mechanisms including survival sex, and early and child marriages. The suspension of food aid in Tigray in April and countrywide in June 2023 heightened these risks.¹⁴² Along the same line, crises following natural disasters also increased child marriage as a coping mechanism as interviewees highlighted.

UNFPA also reported that armed conflict, natural disasters, and humanitarian emergencies including COVID significantly weakened society's ability to protect women and girls from gender-based violence.¹⁴³ Programme reports indicate, that women and girls are currently experiencing severe physical injuries; unwanted pregnancies and exposure to STDs including HIV; depression, anxiety and post-traumatic stress disorder (PTSD).¹⁴⁴ Climate-induced migration or displacement raised the exposure of women, children, and vulnerable groups to GBV, including human trafficking and disrupting lives and livelihoods.¹⁴⁵

Intimate partner violence, sexual harassment, assault, rape and FGM which were already prevalent might have grown after the conflict and COVID-19 pandemic. No clear figures exist because the issue is so sensible in the current context that the last official data was published in

¹³⁶ Central Statistical Agency and Rockville M, USA. CSA and ICF, 2016. Ethiopia Demographic and Health Survey: Key Indicators Report. Addis Ababa, Ethiopia.

¹³⁷ Selamawit Getachew et al., 2022. 'Gender-Based Violence and Associated Factors Among Women with Disabilities in Jimma Town, Ethiopia', *International Journal of Women's Health*, 2022:14 1531–1545.

¹³⁸ Keralem Workie et al., 2023. 'Gender-based violence and its associated factors among internally displaced women.

¹³⁹ iMMAP, 2022. Gender-Based Violence in Ethiopia Crisis Overview Report, Based on Review of Secondary Data from January 2021 to February 2022, Information Management and Mine Action Programs (iMMAP).

¹⁴⁰ FFP, 2022. Fragile States Index Annual Report 2022, The Fund for Peace.

¹⁴¹ UN, 2023. Conflict-Related Sexual Violence, Report of the United Nations Secretary-General.

¹⁴² UNFPA, 2023. UNFPA Ethiopia Humanitarian Response, Situation Report.

¹⁴³ UNFPA, 2020. Humanitarian Action 2021 Overview.

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¹⁴⁵ UN, 2023. Conflict-Related Sexual Violence, Report of the United Nations Secretary-General.

2016. According to interviews, criminality including GBV in urban areas might have also increased. The effects of the crisis and the conflict have also disrupted services for GBV survivors, including the destruction of health facilities and the interruption of government social protection mechanisms and law enforcement.¹⁴⁶

In parallel and following the approval of the Uganda law for the repression of homosexuality, discrimination and persecution against the LGBTQ+ communities in Ethiopia has grown, as highlighted during interviews and through the media.¹⁴⁷

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

Ethiopia ratified the CEDAW in 1981, the Convention on the Rights of the Child in 1991, the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography in 2014, and the Convention on the Rights of Persons with Disabilities (CRPD) in 2010. Ethiopia also adopted the African Charter on the Rights and Welfare of the Child (ACRWC) in 2002 and the Beijing Declaration and Platform for Action in 1995 as well as ratifying the Maputo Protocol in 2018.

The 1995 Constitution of the Federal Democratic Republic of Ethiopia (FDRE) makes these international and regional treaties an integral part of the law of the land. Similarly, Article 13.2 provides that fundamental rights and freedoms shall be interpreted in a manner conforming to the Universal Declaration of Human Rights, International Covenants on Human Rights and International instruments adopted by Ethiopia. Ethiopia has ratified many of these treaties including ICCPR and ICESCR.

The Article 35 of the FDRE Constitution recognises the equal rights of women. The article provides for equal rights under the constitution, equal rights with men in marriage, entitlement to affirmative measures, protection from harmful traditional practices (HRP), the right to maternity pay, the right to consultation, property rights (including acquiring, controlling and transferring property), employment rights, and access to family planning education. It is worth noting that this article explicitly imposes an obligation and accountability on the state to protect women from violence in Article 35.4: “The State shall enforce the right of women to eliminate the influences of harmful customs. Laws, customs and practices that oppress or cause bodily or mental harm to women are prohibited.”

The major gender and GBV-related national laws are the Revised Family Law in 2000 and the Revised Criminal Code of 2005. The adoption of the new Criminal Code criminalised various forms of violence against women, including domestic violence, extra-marital rape described as an act that “compels a woman to submit to sexual intercourse outside wedlock” and female genital mutilation. Special units in Addis Ababa and Dire Dawa have been set up to investigate and prosecute those responsible for crimes against women.

¹⁴⁶ UNFPA, protection cluster, 2022. GBV AOR Ethiopia: Situation of GBV in Ethiopia. <https://reliefweb.int/report/ethiopia/gbv-aor-ethiopia-situation-gbv-ethiopia-september-2022>

¹⁴⁷ <https://apnews.com/article/ethiopia-tiktok-lgbtq-threats-attacks-f4ace0e1968d6bad46bb05710feac5cf>

The revised Family Code provides that there must be, inter alia, consent by both spouses to constitute a valid marriage (Article 6); respect and support between spouses (Article 49); equal rights in the management of the family (Article 50); and fidelity owed by both husband and wife (Article 56). This is a substantial step forward in Ethiopian law because Family Law safeguards the rights of women and protects them from GBV, including FGM. Yet, the Afar and Somali Regions have not passed family laws like the other regions because they consider it contradicts Sharia law. In these regions, a considerable number of girls marry before the statutory age (18), and polygamy is still practised; however, advocacy facilitates the regulation of FGM based on its health consequences. As highlighted in interviews in the Afar Region, the Ministry of Women and Social Affairs, UN agencies and women-led networks have advocated for revision to meet the national standards but religious and cultural influences challenge and slow progress.

While some progress has been made in enhancing women's rights and addressing GBV in national legislation, there is room for improvement. Although some research¹⁴⁸ suggests the necessity of a consolidated law on GBV to address the gaps in clear legal provisions on domestic violence and victim protection, interviews show that this is still far and not possible in the current Ethiopian context.

Meanwhile, other reforms are demanded, such as better provisions on intimate partner violence, including the criminalisation of marital rape and addressing gaps about sexual violence, where justice relies on evidence, knowing that the country does not have a separate law on this issue. Nowadays, women survivors of rape are required to present evidence from the hospital. Furthermore, Criminal Law does not address sexual harassment, particularly workplace sexual harassment or economic violence.

Another barrier to ensuring a comprehensive legal response to GBV is the general population's—particularly women—lack of knowledge of the legal system. In rural areas, such as certain regions of Afar and Amhara, the community justice system remains predominant, supplanting the formal court system and resulting in GBV cases not reaching even the formal Sharia court. The community justice system often undermines women's rights, especially concerning property management, equitable decision-making within households, and divorce proceedings. Serious crimes like murder are frequently resolved through compensatory arrangements for the victim's family. While there have been efforts to categorize conflicts into two groups, with crimes directed to the formal legal system as per the law, and minor disputes resolved through the community justice system, these measures have yet to be enforced consistently.

Although sex work is not forbidden, Article 846 states that “engaging in prostitution or debauchery, is a nuisance to the occupiers of the dwelling or the inhabitants of the neighbourhood, is punishable with fine or arrest not exceeding one month”. These measures can directly affect sex workers, putting them at risk. The same happens with measures to punish the “advertisement for debauchery” with a fine of arrest to whoever advertises debauchery

¹⁴⁸ Marew Abebe Salemot and Alemtseyahe Birhanu, 2021. ‘The Ethiopian Legal Frameworks for the Protection of Women and Girls from Gender-Based Violence’, PanAfrican Journal of Governance and Development, Vol. 2, No. 1. <https://www.ajol.info/index.php/pajgd/article/view/247390>

(article 847). Article 634 also punishes “whoever, for gain, makes a profession of or lives by procuring the prostitution or immorality of another, or maintains, as a landlord or keeper, a brothel, is punishable with simple imprisonment and fine”.

Regarding sexual and reproductive rights, the Criminal Code outlaws abortion, except in cases of rape, incest, when the life of the mother or foetus is at risk, severe or incurable diseases or birth defects when the mother is mentally or physically incapable of raising a child, or “grave and imminent danger” that can only be addressed by terminating the pregnancy (Article 534).

Related to sexual orientation, Article 629 of the Penal Code also punishes homosexual relations. In some cases, penalties can extend up to 15 years in prison.

Nevertheless, an opportunity to fight discrimination against transgender persons appears in the FDRE Constitution. Article 25 guarantees equal and effective protection of all persons without discrimination on grounds of race, nation, nationality, or other social origin, colour, sex, language, religion, political or other opinion, property, birth or other status. Although gender identity or sexual orientation is not mentioned, the wording “other status” allows for the inclusion of these groups. Besides, the Hate Speech and Disinformation Prevention and Suppression Proclamation, 2020 defines “hate speech” as deliberately promoting hatred, discrimination or attacks against a person or a discernible identity group based on ethnicity, religion, race, gender or disability.¹⁴⁹ Therefore these are two legal tools to fight discrimination towards sexual and gender diverse individuals.

3.2. Public policies on GBV and institutional mechanisms

During the last decades, Ethiopia has also implemented and approved several policies, strategies and programmes that place gender equality and empowerment of women among other national priorities aiming to fight some of the existing GBV in the country. Some of the plans have been the National Strategy and Action Plan on HTPs against Women and Children in Ethiopia (2013), the National Costed Roadmap to End Child Marriage and Female Genital Mutilation/Cutting 2020–2024 or programmes supported by UN agencies such as the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage or the UNFPA-UNICEF Joint Programme to Eliminate FGM. It is also worthy to mention that the National Population Policy recognises the importance of gender equality and reproductive health.

The National Coordinating Body, which is a multi-sectoral and multistakeholder forum comprised of members from government ministries, UN agencies and relevant civil society organisations led by the Ministry of Justice (MoJ), has now drafted the National Policy and Strategy on GBV Prevention and Response in Ethiopia.

According to information gathered during interviews, the draft of the national GBV prevention and response policy details problems faced by different groups of women, including those in conflict situations, women living with disabilities, refugee and IDP women. The policy aims to

¹⁴⁹ Proclamation No. 1185 /2020 Hate Speech and Disinformation Prevention and Suppression Proclamation. <https://www.article19.org/wp-content/uploads/2021/01/Hate-Speech-and-Disinformation-Prevention-and-Suppression-Proclamation.pdf>

address their diverse needs without discrimination. The National Standard Operating Procedures (SOPs) for GBV prevention and response in Ethiopia —and target regions— are also being developed with the support of UNFPA.

The Ministry of Women and Social Affairs is also reviewing the National Women’s Policy formulated in 1993 to obtain the endorsement of the Council of Ministers. The revision is necessary because the policy does not fully address GBV and is not in line with the Beijing Declaration and Platform for Action.

This Ministry serves as the governmental body responsible for coordinating the efforts against GBV, including prevention, survivor support services and access to justice. The Ministry is represented in the national cabinet and there are bureaus of women and social affairs at regional, zonal and woreda (district) levels. It oversees gender mainstreaming across all sectors (ministries and government development agencies) through gender directories and gender units/focal persons at the regional level.¹⁵⁰

At the international level, Coordination of the GBV Area of Responsibility, as a part of the protection cluster, is co-led at the federal level by the Ministry of Women and Social Affairs, and UNFPA, and at the regional level, through the respective Regional Bureaus of Women and Children Affairs in nine regions. These play an active role regarding GBV in humanitarian settings as well as the Administration for Refugees and Returnee Affairs. Other coordination forums include the National Alliance on Child Marriage and Female Genital Mutilation/Cutting, the National Committee on the Eradication of Harmful Traditional Practices (2009), the National Task Force on Trafficking (2004) and the Women and Children’s Trafficking Monitoring Directorate at the Ministry of Foreign Affairs (2004).

The main feminist networks and movements include Setaweeet (a feminist movement), Timran (the Coalition for Women’s Voice in the National Dialogue), Network of Ethiopian Women’s Association (NEWA), Ethiopian Women Human Rights Defenders Network and Ethiopian Women Lawyers Association (EWLA).

GBV services are provided by Child and Women Protection Units in Police Stations, special women and children benches in courts, rehabilitation centres and legal aid and protection services. One-Stop-Centres have also been developed to give access to holistic services (health, psychosocial support, legal and police services) to survivors under one roof and free of charge across the country.¹⁵¹ According to interviews, there are around 60 One-Stop-Centres as of October 2023.

Despite these policies and measures, significant gaps affecting their implementation on the ground were highlighted during fieldwork. Some of the challenges identified include high turnover within government sectors, different priorities and commitments, delayed implementations and lack of capacity and/or resources within public institutions (such as law

¹⁵⁰ UN Women, 2014. Preliminary Gender Profile of Ethiopia, Addis Ababa, Ethiopia. <https://africa.unwomen.org/en/digital-library/publications/2015/12/preliminary-gender-profile-of-ethiopia>

¹⁵¹ UNFPA, protection cluster, 2022. GBV AOR Ethiopia: Situation of GBV in Ethiopia. <https://reliefweb.int/report/ethiopia/gbv-aor-ethiopia-situation-gbv-ethiopia-september-2022>

enforcement bodies and the health system). These issues contribute to difficulties in ensuring a consistent chain of protection services and comprehensive assistance, as stressed during interviews. Additionally, obstacles in accessing “hard-to-reach areas” for humanitarian actors and providing transportation in remote rural areas expose women to additional violence.

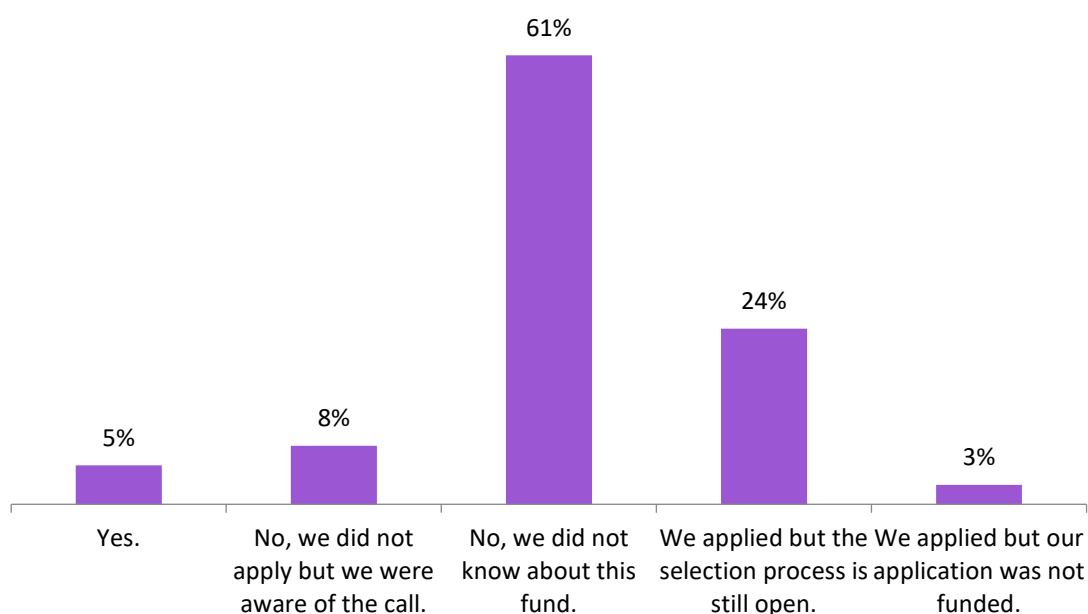
SECTION B. ANALYTICAL MAP OF FEMINIST CSO.

1. General description of CSO

1.1. General profile of feminist CSO specialised in GBV and participating in the survey in Ethiopia

In Ethiopia, 60 CSOs were pre-identified. However, only 44 CSOs responded, out of which 41 (39 CSOs and 2 networks) affirmed being non-profit organisations or networks with gender equality as their main objective and intervening in the area of GBV, including sexual and reproductive rights. Notably, many CSOs in Ethiopia identify themselves as Faith-based Organisations (FBOs). Ultimately, only 38 fully completed the questionnaire. Among these, (23 out of 38, or 61%) were unaware of the FON project and 10 (27%) had applied for funding but were not successful, while one is still awaiting an answer.

Graphic 2. Has your organization received a fund from the FON project? n=38

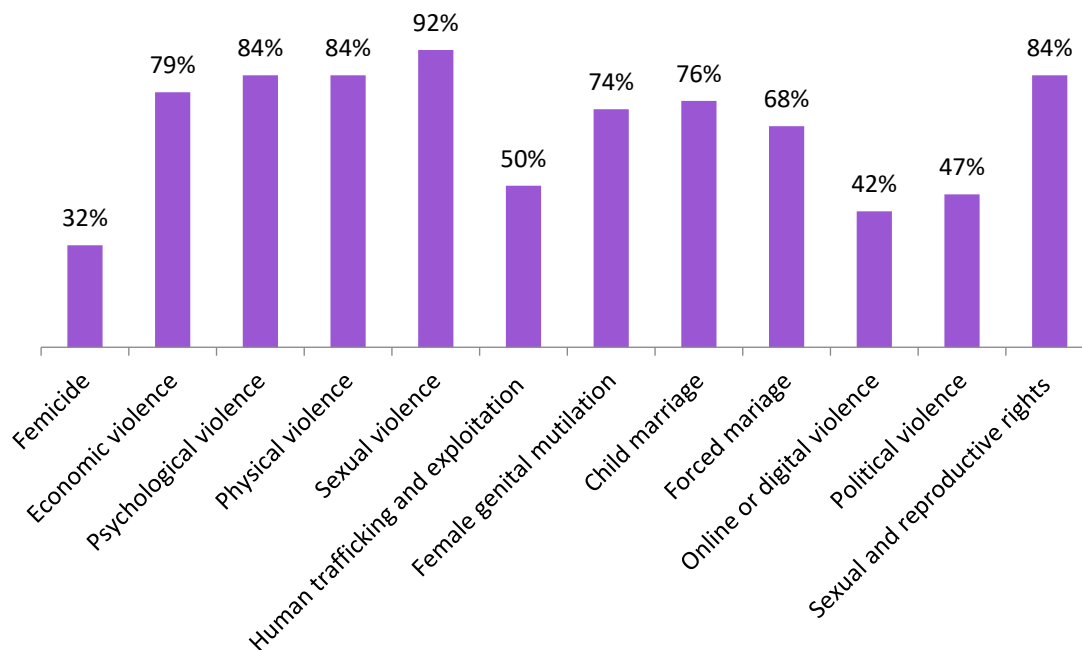


1.2. Targets and specific areas of intervention of feminist CSOs specialised in GBV in Ethiopia

Most CSOs work on sexual violence (92%) as well as sexual and reproductive rights (84%). In addition to this, a significant percentage also work on physical and psychological violence (84%)

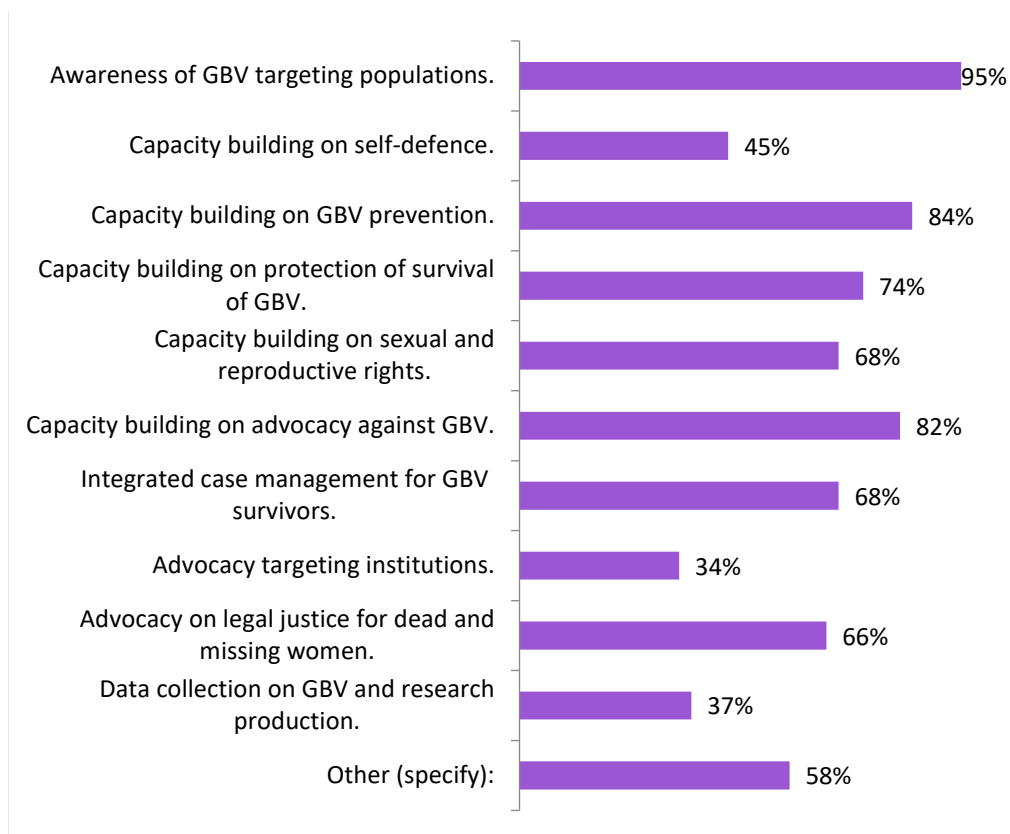
and economic violence (79%). However, fewer CSOs are involved in addressing femicide (32%), online violence (42%) and political violence (47%).

Graphic 3. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=38



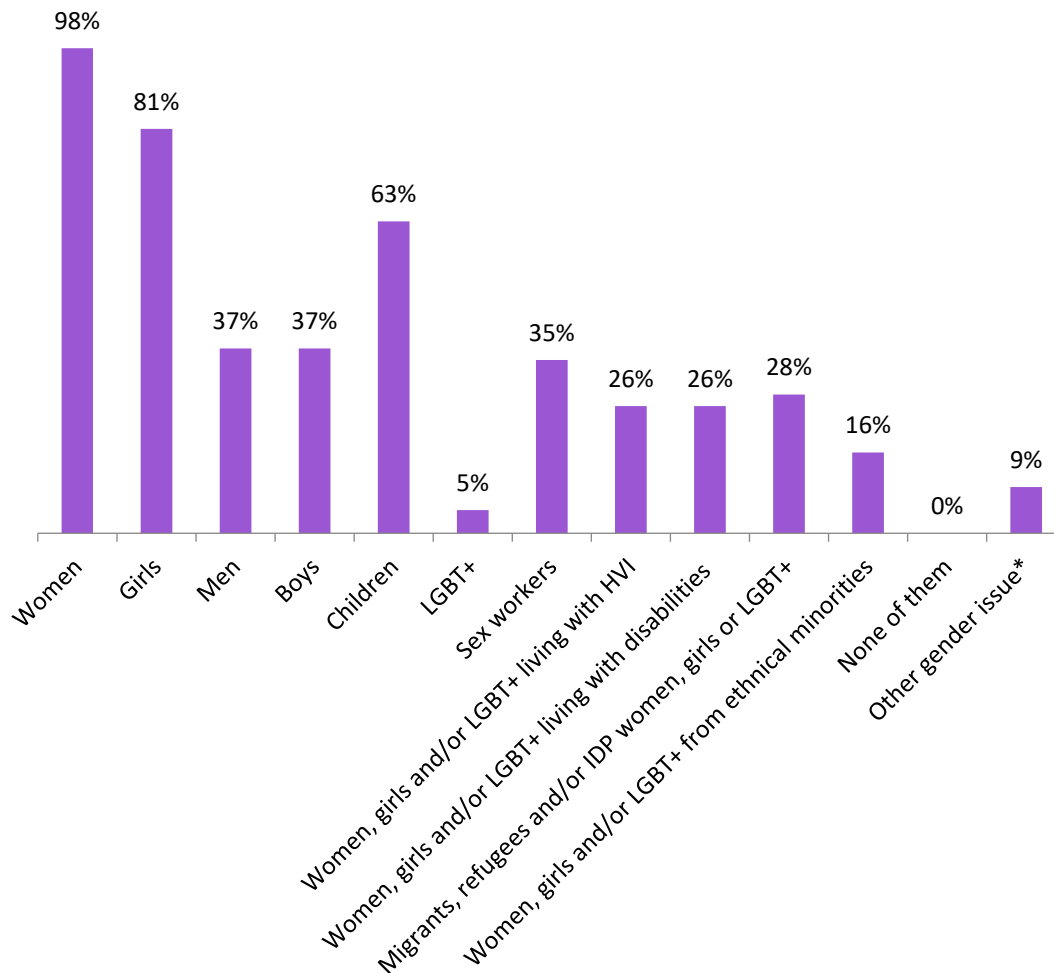
Regarding the kind of activities they develop, most focus on raising awareness (95%), capacity building (84%) and advocacy (85%). As in other countries, fewer CSOs provide services to protect and assist survivors of violence. For instance, 66% claim to offer integrated case management, but only 37% provide shelter for survivors, only 39% offer health assistance, only 58% can ensure economic support and only 42% can ensure legal assistance.

Graphic 4. What are your services and activities in the field of gender-based violence survival protection? (Multiple choice). n=38



Their level of intervention is mostly local, with 60% intervening at the local level, 18% at the regional level and 24% at the national level. The main target of these organisations are women, girls and children, and 35% also work with sex workers. Almost 30% also include people living with disabilities, with IHV or migrants, refugees or IDPs. Most CSOs (63%) can assist more than 200 beneficiaries per year, and only 13% (5 out of 38) assist less than 50 per year.

Graphic 5. What is your target population? (Multiple choice). n=43¹⁵²



1.3. Capacities of feminist CSOs specialised in GBV in Ethiopia

Registration and years of experience

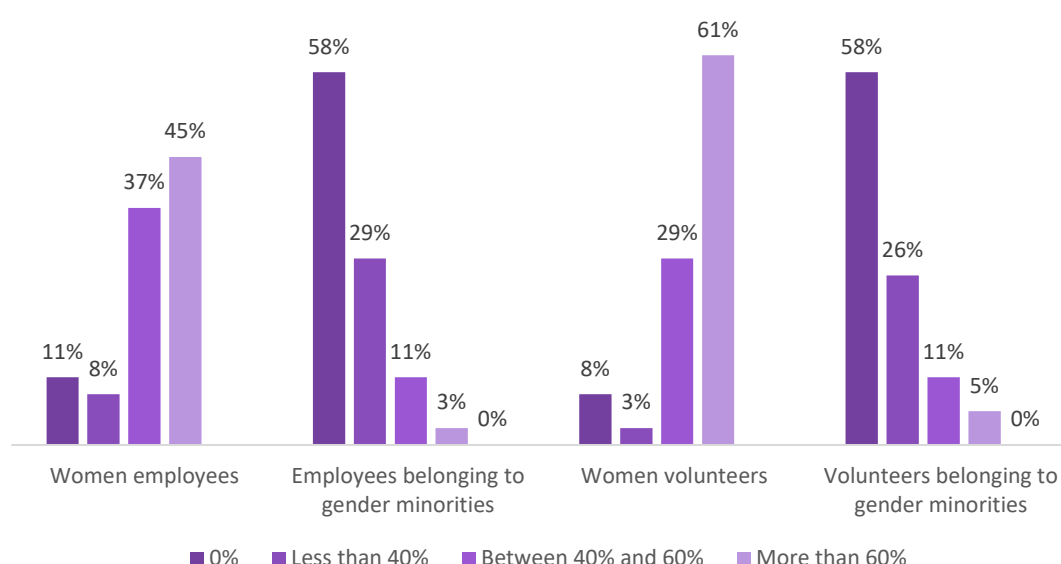
Most of these organisations are registered as CSOs (95%) with one network's registration still in progress. The majority of feminist CSOs engaged in GBV work in Ethiopia that answered the survey have a strong track record, with 63% having more than 10 years of experience, while 24% have been established during the last three years.

¹⁵² This question also includes answers from organizations that were finally expelled of the questionnaire because they were not targeted.

Human resources

In terms of human resources, 68% of surveyed CSOs have over 10 employees, while 26% have fewer than five. Less than half (45%) have over 60% of women employees, with 18% having less than 40%. In five cases, sexual and gender diverse individuals are more than 40% of the staff and in only one case more than 60%. The number of volunteers varies from one organisation to the other: less than half of the CSOs (47%) have more than 10 volunteers and 34% have less than five. Most volunteers are women; 61% of organisations have over 60% women volunteers, and in 29%, they represent between 40% and 60%. Representativity of sexual and gender diverse individuals among volunteers is limited (zero in 58% of cases and less than 40% in 27% of cases). In decision-making positions, women are better represented; 42% of the CSOs have over 60% of women in these roles and 45% have between 40% and 60%. Only 34% of governing bodies include individuals directly affected by the organization's concerns.

Graphic 6. Presence of women and sexual and gender diverse individuals in CSOs as workers, volunteers or in decision-making positions. n=38



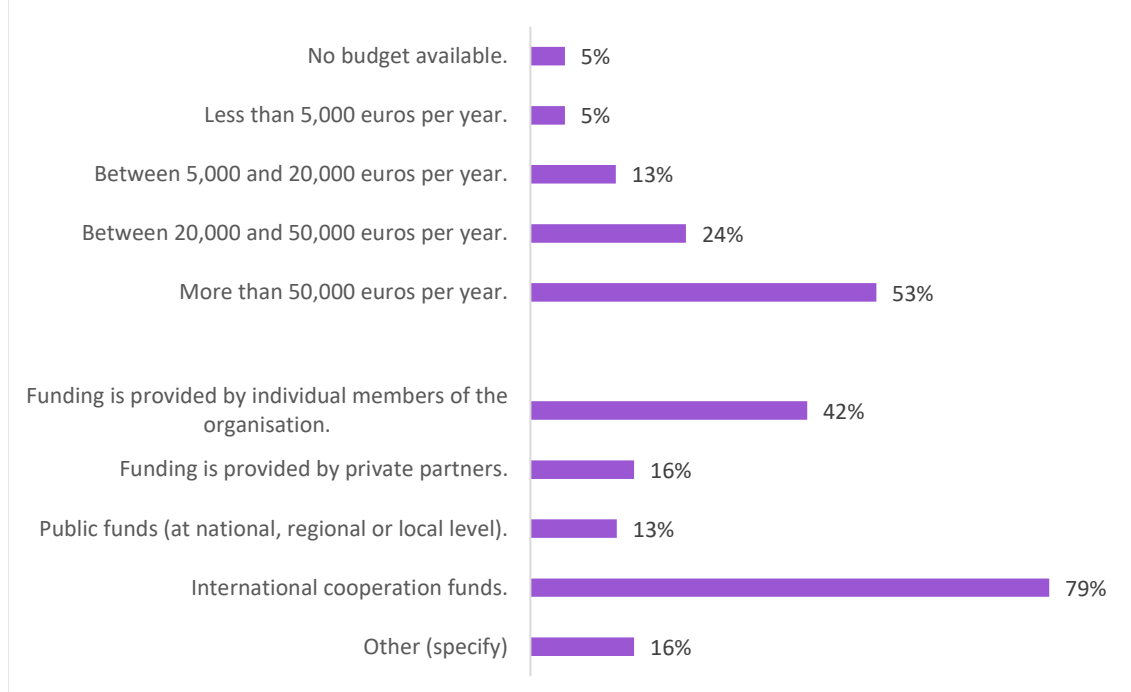
Financial capacities

Over half of surveyed CSOs (53%) have an annual budget exceeding 50,000 euros and only 10% (4 out of 38) have a budget lower than 5,000 euros per year. All CSOs, with one exception, have an office to meet. CSOs in Ethiopia are highly dependent on international cooperation funds and more specifically funds for the humanitarian response, which fund 79% of CSOs. Member contributions constitute an important income source for 42% of the surveyed CSOs, while only 13% receive contributions from the local government.

Similar to other countries, accessing funds remains a significant challenge for CSOs in Ethiopia. Notably, until 2019, the Charities and Societies Proclamation of 2009 restricted CSOs from receiving over 10% of foreign funds. Additionally, stakeholders in the field admitted that women

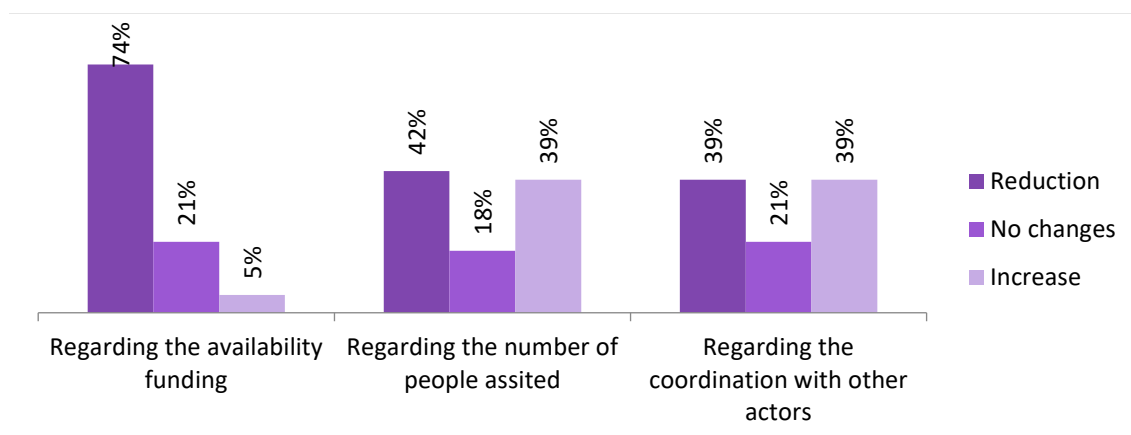
and social affairs are not always prioritised in humanitarian responses, because most of the funding is allocated to aspects such as water and sanitation (WASH).¹⁵³

Graphic 7. What is your annual budget? And What is the origin of your financial funds? n=38



Over the past five years, Ethiopia has grappled with conflicts, particularly in the Tigray, Amhara, Afar and Oromia regions, resulting in political and social instability. The country faced the effects of the COVID-19 pandemic and natural disasters. For CSOs, accessing funding became the primary challenge, with 74% experiencing reduced access due to these events. Nevertheless, the number of people assisted and the coordination with other stakeholders were not affected according to responses in the survey.

Graphic 8. How did the instability factors impact your activities? N=38

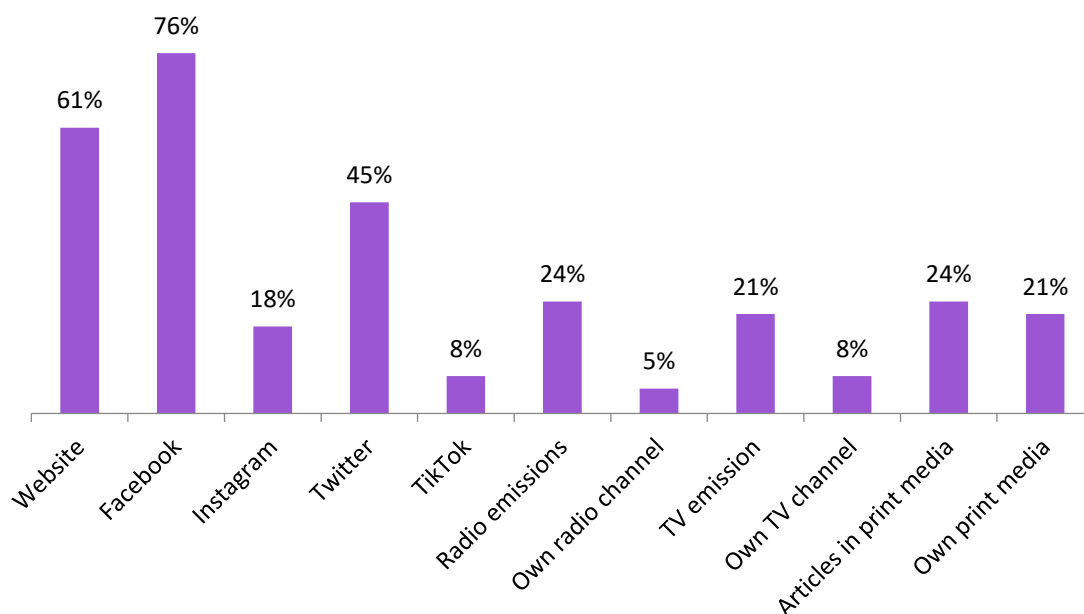


¹⁵³ Information gathered during field work.

Communication capacities

Regarding CSO's communication capacities, 66% of respondents stated having a communication strategy, with Facebook and website being the main communication tools used. Twitter is also used by almost half of the organisations.

Graphic 9. Does your organisation or network have any of the following communication tools? n=38



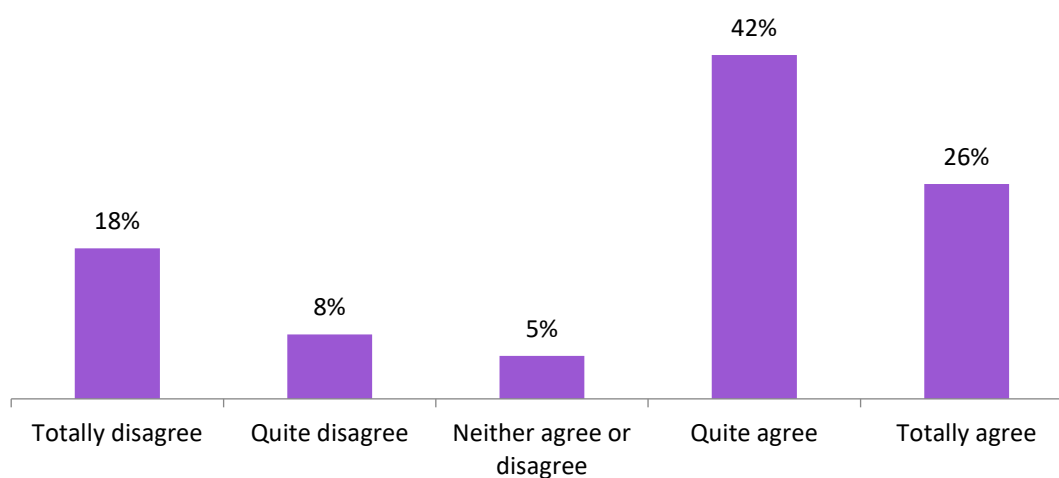
Partnerships

Ethiopia is one of the countries in which CSOs have a better relationship with national institutions, 53% of surveyed CSOs perceive their ties with public institutions as very good and 39% as good. Similarly, the relationship with international stakeholders is positively appreciated, 89% of CSOs rate it as good (47%) or very good (42%). Almost all organizations collaborate with other CSOs (except one), and 74% are part of a network. Many networks exist and some CSOs belong to more than one. Some of the networks mentioned in the survey were: Network of Ethiopian Women Associations (NEWA), Strategic Initiative for Women in the Horn of Africa (SIHA), Ethiopian Women Human Rights Defenders Network, Union of Ethiopian Women and Children Associations (UEWCA), Consortium of Ethiopian Human Rights Organization, Ethiopian CSOs Council, Gender in focus, Consortium of Christian Relief and Development Association, Girls Not Brides, Coalition of Ethiopian CSOs for Elections (CECOE) and the Amhara Women Federation established at regional level.

Organisational capacities

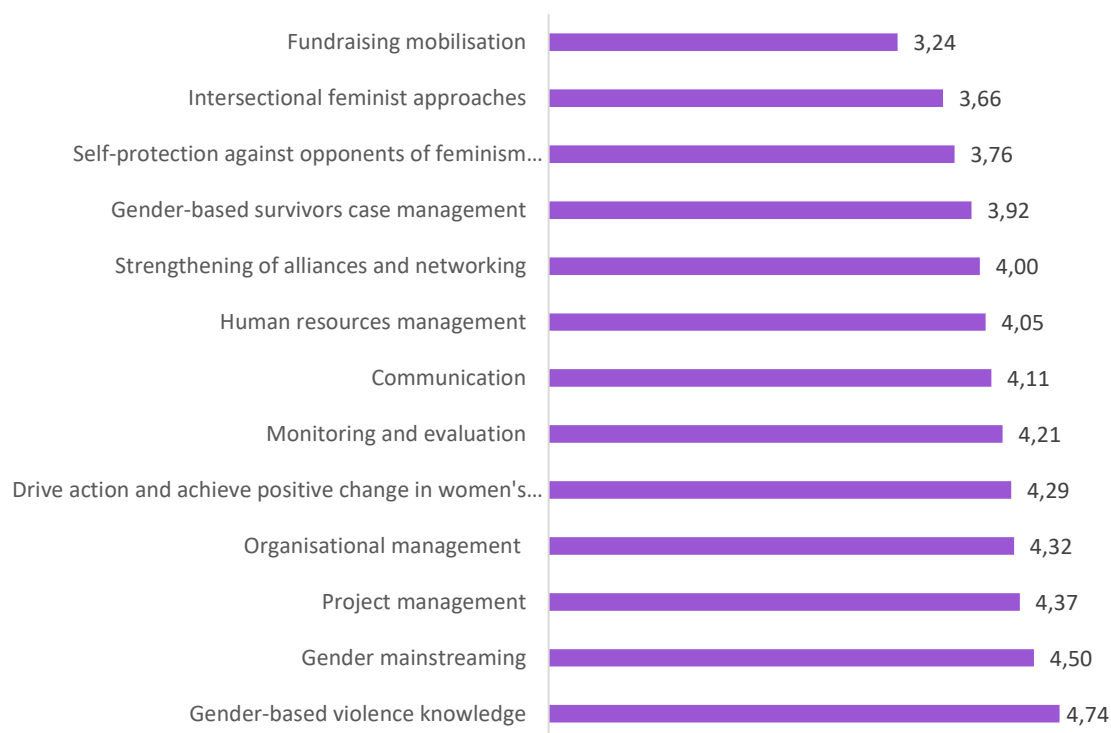
In Ethiopia, 68% of surveyed CSOs agree with the statement “*My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)*”, and 26% do not agree, however, the average level of agreement is 2.5 out of five.

Graphic 10. Level of agreement with the statement “*My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)*”. n=38



In terms of specific capacities, lower scores were given to capacities related to fundraising (3.34 out of 5), intersectional feminist approaches (3.66 out of 5), and self-protection against opponents of feminism and/or gender equality (3.76 out of 5). Conversely, CSOs expressed stronger confidence in their capacities for gender-based violence knowledge (76% with very good capacities) and gender mainstreaming (63% with very good capacities).

Graphic 11. Average score for items on CSO's capacities. n=38



Fieldwork highlighted a significant issue: the low capacity in financial management of CSOs, which limited the capacity of smaller organisations to access funding. International stakeholders coordinated by OCHA have assessed the capacities of local CSOs and a plan to reinforce capacities is under discussion among UN agencies. In the country, some partners like USAID are implementing mentoring programmes in which bigger national and international NGOs support local organisations to reinforce their organisational capacities.

1.4. Positions regarding key debates on women and sexual and gender diverse individuals' rights

Within women's rights organisations, there still is some reluctance to accept feminist principles, since only 52% of organisations define themselves as feminist while 34% do not. A considerable majority (71%) of organisations in Ethiopia are also more reluctant than in other countries to work with different populations including men and boys in their activities since over one-third of these organisations agree (37%) or totally agree (34%) with the statement, "My organisation only works with women and girls since this is the target of feminist organisations".

Generally, CSOs in Ethiopia agree with women's rights to abortion (34% agree and 34% totally agree with the statement "My organisation defends women's right to abortion").

Regarding sex work, 34% of CSOs do not have a specific position since they slightly agree with the statement "My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)". Nevertheless, 32% disagree.

The statement regarding sexual and gender diverse individuals is the one with less consensus among Ethiopian CSOs, only 37% agreed or totally agreed with the statement “My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders” while 39% slightly agree and 34% disagree. In Ethiopia, sex between men is criminalised and Pew Research Centre’s 2007 Global Attitude Survey found that 97% of Ethiopians harboured some homophobic beliefs. Interviews with LGBTQI+ persons in Ethiopia provide evidence of the invisibility of LGBTQI+ persons, the impossibility of opening up to their families, and the existence of violence against LGBTQI+ persons in society, which is not the case at least in prisons¹⁵⁴.

Graphic 12. CSOs’ level of agreement with key debates regarding women and sexual and gender diverse individuals’ rights. n=38



¹⁵⁴ Sida, 2014. The rights of LGBTI people in Ethiopia. <https://cdn.sida.se/app/uploads/2021/05/07083358/rights-of-lgbt-persons-ethiopia.pdf>

1.5. Environment faced by CSOs

The institutional context for the development of CSOs in Ethiopia has improved in recent years but it is still not satisfactory for 57% of CSOs participating in the survey. As previously mentioned, few CSOs received funding from public institutions, depending on private contributions and international cooperation. Nevertheless, until 2019, Ethiopian CSOs were not allowed to receive more than 10% of their funding from external stakeholders. The law also required CSOs to allocate 70% of their budget to operational costs and 30% to administrative activities.

Nevertheless, administrative activities were defined so broadly resulting in the inability of CSOs to train staff, carry out studies, reinforce networking, or participate in workshops¹⁵⁵. Nowadays, the new law established the maximum of administrative costs at 20%, but they are defined less broadly which is a significant improvement for the development of CSOs¹⁵⁶. These changes might explain why the item “the dispositions of the legal national framework are enough to support the development of feminist organisations” is the one having a higher score among all the analysed items (2.84 out of 5). CSOs are also more satisfied on average with “the existing mechanisms to allow feminist CSOs and networks to participate in the elaboration of national strategies against gender-based violence” than with other contextual elements. Nevertheless, only 39% were somewhat satisfied, while 32% were unsatisfied and 11% were totally unsatisfied.

It is important to note that during fieldwork reluctance of some public institutions with the work of CSOs on GBV was observed, especially those which define themselves as feminist organisations. At the institutional level, it is easy to fund discourses which identify feminism as an external movement which is not coherent with the local culture.

“We have to find ways on how to go about this as a country instead of following what is being done in the West. Feminism, in the West, has created a lot of problems like being too liberal. For example, the role of the family is being diminished, the promiscuity between homogeneous and heterogeneous and the increasing number of same-sex marriages. This is against nature and against the world. We have to find our own way and the direction to follow. At the moment the strategies we are employing are blurred and not clear (interview ET-Institution-02)”.

“Feminist intersectional approach does not have opponents in the country, since work on gender equality is carried out in a manner that respects our religion and culture” (interview ET-Institution-01).

CSOs are also quite unsatisfied with the level of implementation of the legal framework and policies to fight GBV in the country (53% of the organisations are totally unsatisfied or unsatisfied, 32% are somewhat satisfied and only 16% are satisfied). The main identified gaps during interviews and focus groups refer to the lack of resources to assist GBV survivors, the few available one-stop centres and difficulties in accessing them, the weaknesses of the justice system, the lack of knowledge of laws by the population, and social and cultural barriers.

¹⁵⁵ Townsend, Tina. 2018. Ethiopia’s new civil society law. <https://includeplatform.net/blog/ethiopias-new-civil-society-law/>

¹⁵⁶ Idem.

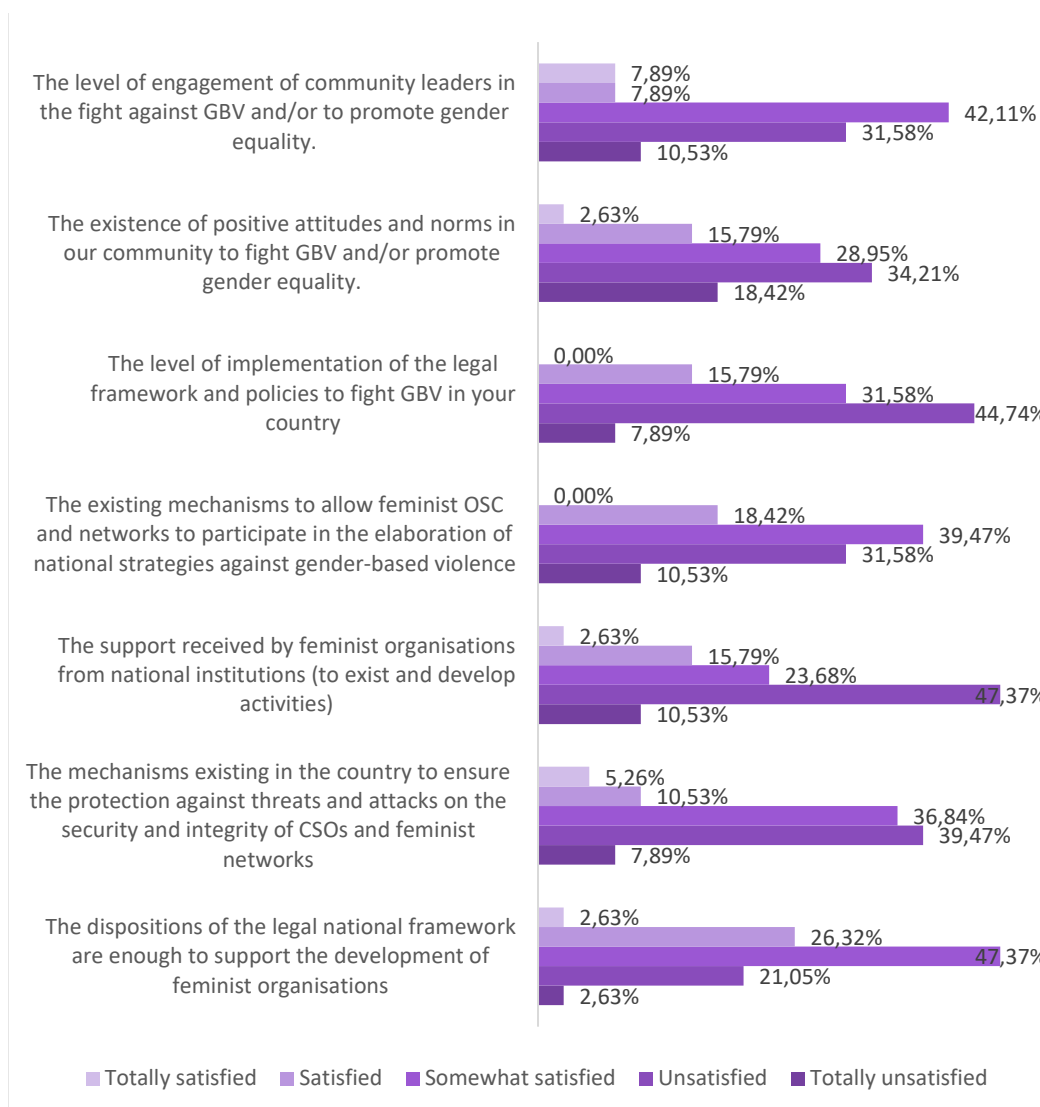
Related to this, 53% of surveyed CSOs are also totally unsatisfied (18%) or totally unsatisfied (34%) with the existence of positive attitudes and norms in their communities to fight GBV and/or promote gender equality. This situation also results in risks for CSOs working on GBV as pointed out during fieldwork. CSO staff can be confronted by communities when fighting, for example, against traditional harmful practices such as FGM, since they are accused of wanting to end Ethiopian culture, or when supporting women to go to law enforcement. Security risks include threats, intimidation, harassment, and even violence from individuals or groups who oppose their work. Interviewed CSOs also pointed to the increase in attacks on social media.

Existing mechanisms in the country to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks are slightly appreciated by CSOs, 47% of CSOs are not satisfied with them and 36% are somewhat satisfied while only 16% are satisfied or very satisfied.

CSOs engaged tribal, clan and religious leaders in their activities as one of the major approaches since they are identified as the main opponents to CSOs' work in gender equality and intersectional feminism. Engagement of boys and men was very limited a few years ago, but it has been increasing thanks to the work of some organisations. In this sense, UNFPA highly advocates and promotes positive masculinity in the fight against GBV through the engagement of men and boys at all levels and CSOs are following the same strategy. According to the survey, only 16% of CSOs are satisfied with the level of engagement of community leaders in the fight against GBV and/or to promote gender equality while 42% are somewhat satisfied. This is the item with a better average (2.84) among all of the analysed elements.

In the end, it is also important to mention the regulation of the Broadcast Authority which provides licenses, controls the media and states that journalists should work with freedom. These new regulations allowed for the increase of media organizations as well as radio and TV programs. Nevertheless, the media's voices continue to be under scrutiny. Thus, they feel limited when voicing problems like GBV independently, since they become selective and present reports only if they feel safe. This hampers the capacity of media to be inclusive and freely present GBV as a social problem rather than with a sensational approach as was highlighted during fieldwork.

Graphic 13. CSO level of agreement with statements related to the CSO environment. n=38



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GUINEA

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

Guinea dropped to the 137th position in the 2023 GGI, down from 118th in 2022. Education, economic participation and opportunity and health are the areas where more gaps exist between men and women (enrolment in primary education is 77.66% for girls and 92.32% for boys, women’s labour-force participation rate is 42.85% against 65.19% for men and 80% of women face gender violence in their lifetime). Concerning political empowerment, the country ranks 70th (women only represent 29.60% of members of parliament)¹⁵⁷.

Differences are also reflected in the HDI where Guinea is in the fifth group of countries. As reflected in the score, significant differences exist especially in the field of education as the mean years of schooling is 1.3 for women and 3.2 for men¹⁵⁸.

Table 1. Main gender inequality indicators in Guinea

| Indicator | Ranking | Value | |
|-------------------------------|---------|--------|-------|
| Gender Gap Index 2023 | 137 | 0.617 | |
| Human Development Index 2022 | 182 | Female | 0.426 |
| | | Male | 0.501 |
| Gender Development Index 2022 | Group 5 | 0.850 | |

Sources: PNUD, 2022 and World Economic Forum, 2023.

The Gender Social Norms Index is not available for the country.

2. GBV prevalence, including intersectional GBV

Guinea remains one of the countries most affected by feminine genital mutilation (FGM) in the world. According to the 2018 Demographic and Health Survey, 95% of women aged between 15 and 49 have undergone FGM, including 39% of girls aged between 0 and 14. There are significant variations by ethnic group (49% of Fula and 16% of Kissi are excised). According to the same survey, 56% of women aged 15-49 who had heard of excision thought it was required by religion, and 65% said the practice should continue, compared with only 60% of men. However, 64% of men aged 15-49 believe that excision is a religious necessity. These opinions are more

¹⁵⁷ World Economic Forum, 2022. Global Gender Gap report 2022. www3.weforum.org/docs/WEF_GGGR_2022.pdf/
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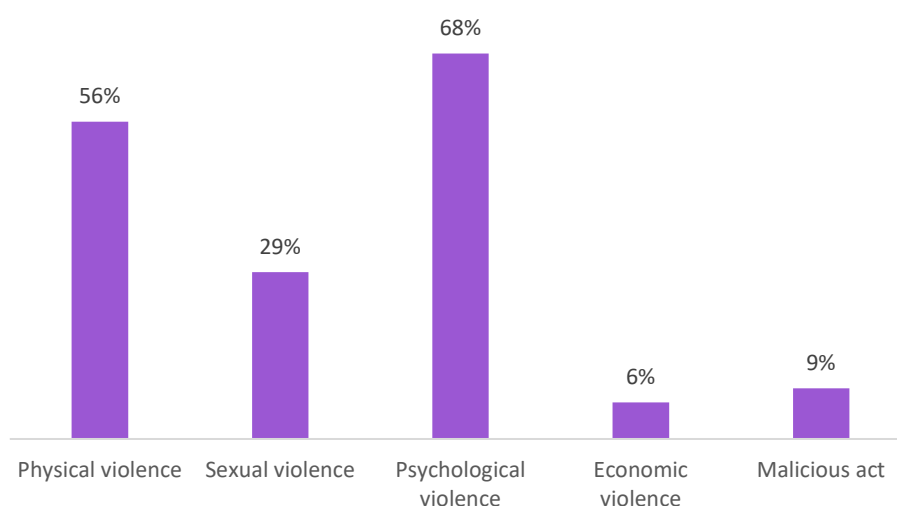
¹⁵⁸Mean years of schooling: Average number of years of education received by people ages 25 and older, converted from educational attainment levels using official durations of each level. For more information about the HDI, see: United Nations Development Programme, 2022. The 2021/2022 Human Development Report. hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

widespread among circumcised women, women of Muslim faith and from the Susu, Fula and Mandinka ethnic groups.

The actors interviewed also emphasised that FGM is the most widespread form of GBV due to the persistence of traditional practices. They also stated that, despite a still high prevalence rate, progress is being made thanks to the implementation of public policies and programmes on this issue, as well as the work of CSOs, particularly in the area of prevention. This information is supported by official statistics, which show a slight drop in the prevalence of excision between 2012 and 2018, from 97% to 95% among women aged 15-49 and from 45.5% to 39% among girls under 15, although the figures are still alarming.

Furthermore, according to data from the 2016 national GBV survey on the prevalence of violence against women (and men), the most significant would-be psychological violence (67.70%), followed by physical violence (55.70%) and sexual violence (29.30%).

Graphic 1. Types and prevalence of violence faced by women in Guinea



Source: Ministère de l'Action Sociale, de la Promotion Féminine et de l'Enfance and UNFPA. Enquête Nationale sur les violences basées sur le genre en Guinée, 2017

According to the same survey, 67.7% of women are subjected to verbal and psychological violence from the age of 15. The rate is higher in urban than in rural areas (76.8% and 62.5% respectively). Except for the town of Mamou, where the prevalence rate is lowest (40.7%), more than half of women have been subjected to these forms of violence since the age of 15, regardless of the country's administrative region.¹⁵⁹ Despite the significance of the data, the actors interviewed indicated that this type of violence remains one of the most difficult to identify because the people who experience it do not identify it as violence.

¹⁵⁹ Ministère de l'Action Sociale, de la Promotion Féminine et de l'Enfance, 2017. Enquête nationale sur les violences basées sur le genre en Guinée. <https://www.docdroid.net/JFeXfll/rapport-enquete-nationale-vbg-2016-pdf#page=6>

Concerning physical violence, 55.7% of women have experienced at least one form of physical violence since the age of 15. This proportion is slightly lower in urban than in rural areas (54.8% and 56.2% respectively). The highest proportions of women who have suffered at least one form of physical violence are in Kindia (72.7%) and Faranah (68.2%), and the lowest proportions are in Boké (44.8%) and Conakry (49.7%). It varies from 50% to 62.2% according to ethnic group. In religious terms, prevalence is equivalent among Muslims (55.7%) and non-Muslims (55.8%).¹⁶⁰ The interviewees expressed concern about the extent of physical violence and harassment in public spaces and on public transport.

As regards sexual violence, according to the same source, almost 29.3% of women nationwide have suffered at least one form of sexual violence since the age of 15, particularly in the administrative regions of Faranah (45%), Conakry (39.6%), Kankan (37.9%), Nzérékoré (35.7%) and Kindia (35.6%). In the other regions, the proportion of women who have suffered some form of sexual violence varies between 7.2% and 14.4%. This type of violence affects more Mandinka women (39.1%), women of the Forested Guinea region (31.4%), Susu women (27.7%) and Fula women (20.4%). In addition, the rate of female victims of sexual violence is relatively higher among non-Muslim women (33.2%) than Muslim women (28.6%).

Concerning rape, OPROGEN¹⁶¹ recorded 249 cases between 1 January and 30 September 2022 in 30 localities across the country, including 167 girls aged under 18 and 82 girls aged over 18.¹⁶² The actors interviewed emphasised that sexual violence and rape are a great burden for women in the country, not least because they are the least reported type of violence, particularly among sexual minorities and sex workers.

According to the 2016 national survey on GBV, domestic violence experienced at least once during a marriage affects 63% of women (compared with 44.3% of men). What's more, according to the 2018 Demographic and Health Survey, 67% of women (compared with 55% of men) believe that it is justified for a man to beat his wife for at least one of the following reasons: if she refuses to have sex with him or stands up to him, when the woman goes out without telling her partner and/or when she neglects the children. The actors interviewed also emphasised the importance of this violence, which specifically affects women, and which is not often reported for fear of social stigma.

Child marriage was cited by the actors interviewed as a major GBV problem in Guinea. According to the 2018 Demographic and Health Survey, 46% of girls and women aged between 15 and 49 were married before the age of 18. In addition, among women aged 25-49, 23% had their first sexual intercourse before the age of 15 (the Mamou region is the one with the earliest age) and 13% of adolescent girls aged 15-19 had their first sexual intercourse before the age of 15. In addition, 10.1% of women aged 15-19 have had a live birth.¹⁶³

¹⁶⁰ Ibid

¹⁶¹ Office de la protection du genre, de l'enfance et des mœurs (OPROGEM), created in December 2009 within the Ministry of Security and Civil Protection, by Order no. 3476 of 1st December 2009 and confirmed by Decree no. 120/PRG/SGG/11 of 14/04/1111.

¹⁶² Website of the OSC « Génération qui ose », 2022. Guinée : état de lieu sur les violences sexuelles en 2022 <https://generationquiouse.org/guinee-etat-de-lieu-sur-les-violences-sexuelles-en-2022/>

¹⁶³ Institut National de la Statistique, Ministère du Plan et du Développement Economique, 2018. Enquête démographique et de santé. <https://www.unicef.org/guinea/media/2106/file/EDS%202018.pdf>

All the actors interviewed identified women and girls as the populations most affected by GBV. Other variables can increase the risk of such violence, including ethnic origin, sexual orientation, sex work or disability. In this respect, the figures indicate the importance of ethnicity: women from the Fula and Mandinka ethnic groups are the most exposed to GBV, particularly FGM, due to the influence of socio-cultural traditions in these two communities. Interviewees mentioned a common practice in these ethnic groups, which consists of remarrying a widowed woman to her husband's brother to keep her in the family as property, but also to keep control of the inheritance left by the husband.

The role of traditions and customs and the entrenchment of the patriarchal system were reported by the stakeholders interviewed as the main causes of GBV in the country, followed by the socio-economic situation and gender inequalities in the economic, political and social spheres. Tradition and culture were also identified by the stakeholders interviewed as the main reasons why cases are not reported, as well as a lack of confidence in the system for protecting and caring for survivors of GBV.

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

Guinea ratified the CEDAW in 1982 but not its optional protocol.¹⁶⁴ Moreover, there is no national law dealing specifically with violence against women. However, several laws include provisions condemning violence against girls and women, including FGM, rape and early and forced marriage. The ban on FGM is enshrined in the Constitution of 22 May 2020.¹⁶⁵ However, the Transition Charter of 27 September 2021 did not make any statement on the subject.¹⁶⁶

The law on reproductive health (L010/ AN-2000) establishes the universal nature of the right to reproductive health. In articles 2 and 3, the law recognises that couples and individuals can freely decide the number of children and births and have access to the information they need to do so. The law prohibits all forms of violence against women, including FGM, which is punishable by prison sentences or fines under the Penal Code.

As far as abortion is concerned, the law provides for criminal penalties in the event of "unlawful termination of pregnancy", which is punishable under the Reproductive Health Act. According to the 2016 Penal Code (Article 265), there is no offence when the termination of pregnancy is necessary to safeguard the life of the mother in danger, as well as in cases of early pregnancy, rape, incest and serious ailments of the unborn child. In such cases, the abortion must be authorised by a panel of medical specialists. It may only be performed by a doctor in a public or private establishment with facilities for the voluntary termination of pregnancy.

¹⁶⁴ United Nations Human Rights Treaty bodies. Guinea. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=42&Lang=FR

¹⁶⁵ Avocat sans frontière, 2022. Les droits des femmes en Guinée à l'aune de la transition politique, <https://www.avocatssansfrontieres-france.org/media/data/actualites/documents/document1-393.pdf>

¹⁶⁶ Ibid

Concerning forced marriages and marriages of minors, the 2019 Guinean Civil Code prohibits forced marriage (articles 281, 282 and 283). It stipulates that all marriages must be contracted civilly before possibly giving rise to religious and/or customary celebrations.¹⁶⁷ However, the stakeholders interviewed indicated that the primacy of civil marriage in law is rarely respected and most marriages are celebrated without an official certificate being issued. Furthermore, the Children's Code (2019) also protects minors against all forms of violence and establishes (Article 719) that approved organisations may complain, in certain circumstances, in the event of sexual violence, sexual or moral harassment, gender-based violence or any other form of violence, in particular rape (Article 352) and FGM (articles 403-410).

The 2016 Guinean Penal Code defines rape as "any act of sexual penetration of any kind committed against another person by violence, coercion or surprise" (Article 268). It punishes rape with five to ten years' imprisonment, or 10 to 20 years depending on the aggravating circumstances listed, and up to life imprisonment when it results in the victim's death or was "preceded, accompanied or followed by torture or barbaric acts".

Concerning sexual minorities, the new 2016 Guinean Penal Code punishes with imprisonment and a fine any indecent or unnatural acts committed with an individual of the same sex (articles 171 and 172).¹⁶⁸

Regarding sex work, the legislation is not precise. The law on reproductive health (L010/ AN-2000) makes the exploitation of prostitution of women and children a criminal offence (Article 13). Furthermore, the Penal Code does not deal specifically with sex work, but with procuring (articles 346-354). Thus, the law punishes soliciting for "prostitution" as well as assisting the prostitution of others, living with or off the earnings of a sex worker, acting as an intermediary and hiring, training or maintaining a sex worker.¹⁶⁹

Polygamy is authorised by the Civil Code (Article 280) provided that it is requested by the husband and accepted by the wife's free consent at the signing ceremony.

The stakeholders interviewed agreed that the legal framework for combating GBV and penalising FGM, which remains the main problem, should be improved. However, they note that the implementation of these laws is hampered by the persistence of social norms and traditional values. The stakeholders also state that the normative framework has made progress in recognising and penalising other forms of GBV, including rape, sexual harassment and mobbing, among others after the reform of the penal code in 2016. The non-application of laws or the slowness of procedures remain major challenges, linked to corruption, the lack of training for law enforcement officers, the lack of resources, and the problems of disseminating laws.

3.2. Public policies on GBV and institutional mechanisms

¹⁶⁷ Ibid

¹⁶⁸ Commissariat Général aux réfugiés et apatrides, 2017. L'homosexualité en Guinée. <https://www.cgra.be/fr/infos-pays/lhomosexualite>

¹⁶⁹ Global network of sex workers. Guinea. <https://www.nswp.org/country/guinea>

In 2017, Guinea revised its National Gender Policy, drawn up in 2011, to include the fight against gender-based violence in its strategic axis II.¹⁷⁰

In 2010, the government drew up its first national strategy to combat gender-based violence, together with an action plan, in application of the national gender policy. This strategy, which aims to "respect human rights and eliminate violence", was instrumental in setting up a toll-free number (116) to provide information and assistance to women and towns that are victims of violence. The current strategy, drafted in 2017, covers the period 2018-2021 and comprises five pillars: prevention, care, research, coordination and combating specific forms of violence.

In 2019, Guinea adopted a national strategy to promote the abandonment of female genital mutilation, considering that the previous text (2012-2016) was "too ambitious and lacking in realism" because it aimed to reduce the prevalence rate of FGM in the 0-15 age group by 40% by the end of 2016 in each of the country's regions.¹⁷¹

The actors interviewed also highlighted the problems of implementing policies and strategies, mainly due to the failure to enforce the laws at all regional levels (and particularly in the most remote communities), and the lack of skills among the people in charge.

As far as institutional mechanisms are concerned, the lead ministry is currently the Ministry for the Advancement of Women, Children and Vulnerable Persons. The National Observatory for the Fight against Gender-Based Violence, attached to this Ministry was created in 2011 to centralise data on GBV as part of the national strategy for the fight against gender-based violence. However, despite establishing its decision-making body and developing its action plan, this body has still not started its activities effectively. The data available on this issue, gathered by those working on it, is fragmented or imprecise. They are not sufficient to analyse this phenomenon and combat it.

There is also a unit within the police force to combat violations of women's and children's rights, the Office for the Protection of Gender, Children and Morals.¹⁷² This service has data on the complaints it receives, but according to interviews, it lacks staff and training, particularly in the most remote areas. At the gendarmerie level, the Central Service for the Protection of Vulnerable Persons (created in 2020) has a "Child and Gender Protection Division" and collects complaints. These two units, which show a clear increase in reported rapes, are the gateway to justice for complainants, and the first stage in a long judicial process.¹⁷³

¹⁷⁰Ministère de l'Action Sociale, de la Promotion Féminine et de l'Enfance, 2017. Politique Nationale genre révisée. https://portail.sante.gov.gn/wp-content/uploads/2023/03/Politique-Nationale-du-Genre_finale-revi-07-aout-2017-.pdf

¹⁷¹ IPPF and Amnesty International, 2022, p. 29. La honte doit changer de camp: Garantir les Droits et la Justice pour les victimes de violences sexuelles en Guinée. <https://www.amnesty.org/fr/documents/afr29/5410/2022/fr/#:~:text=Guin%C3%A9e%3A%20%E2%80%9CLa%20honte%20must%20change,plus%20the%20mutilation%20g%C3%A9nit%20f%C3%A9minin.>

¹⁷² OPROGEM, created in December 2009 within the Ministry of Security and Civil Protection, by Order no. 3476 of 1st December 2009 and confirmed by Decree no. 120/PRG/SGG/11 of 14/04/1111.

¹⁷³ IPPF and Amnesty International, 2022, p. 50. La honte doit changer de camp: Garantir les Droits et la Justice pour les victimes de violences sexuelles en Guinée. <https://www.amnesty.org/fr/documents/afr29/5410/2022/fr/#:~:text=Guin%C3%A9e%3A%20%E2%80%9CLa%20honte%20must%20change,no%20more%20mutilation%20g%C3%A9nit%20f%C3%A9minors>

The actors consulted highlighted the fact that access to justice in cases of GBV remains a challenge, due to the cost of legal proceedings, the lack of free legal services, the fear of reprisals and the lack of adequate protection for victims (which discourages them from reporting incidents of GBV or seeking help).

According to the national strategy to combat GBV, victims of violence can also obtain medical and psychosocial assistance, in addition to legal and judicial aid. As far as hospitals are concerned, they must provide emergency first aid to victims, draw up a medico-legal certificate and carry out examinations. However, the stakeholders interviewed mentioned that in practice, victims encounter numerous problems during medical examinations, not to mention the cost of medicines and the absence of forensic medicine services in the administrative regions, Conakry being the exception. The actors interviewed also mentioned that legal services are rarely used, as survivors must pay for their care, and it is generally the CSOs that collect the funds. They also said that those working in public structures are rarely familiar with the legal framework.

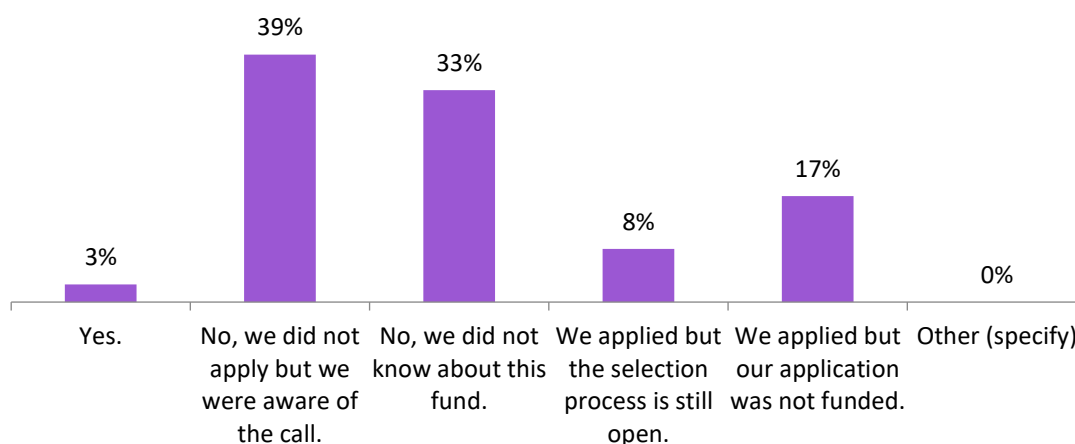
SECTION B. ANALYTICAL MAP OF FEMINIST CSO.

1. General description of CSO

1.1. General profile of feminist CSO specialised in GBV and participating in the survey in Guinea

In Guinea, 118 CSOs were pre-identified. However, only 43 responses were received, and among them, 37 were among targeted CSOs, but only 36 completed the full survey. In addition, 35% of CSOs affirmed that gender equality is the main objective of their mission and 56% that gender equality is an important and deliberate objective but not the main mission. Concerning the Feminist Opportunities Now funds, 33% of CSOs were not aware of the existence of the FON project, 17% had applied for funding but were unsuccessful, and 8% are still awaiting an answer. In the case of Guinea, only one CSO has been funded through FON.

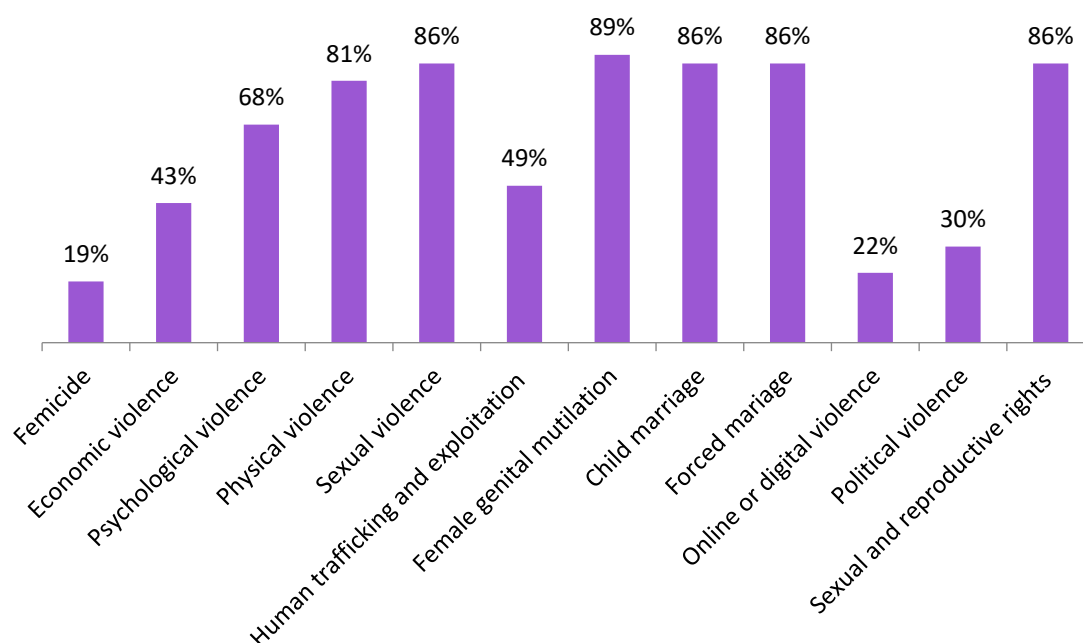
Graphic 2. Has your organisation received a fund from the FON project? n=36



1.2. Targets and specific areas of intervention of feminist CSO specialised in GBV in Guinea

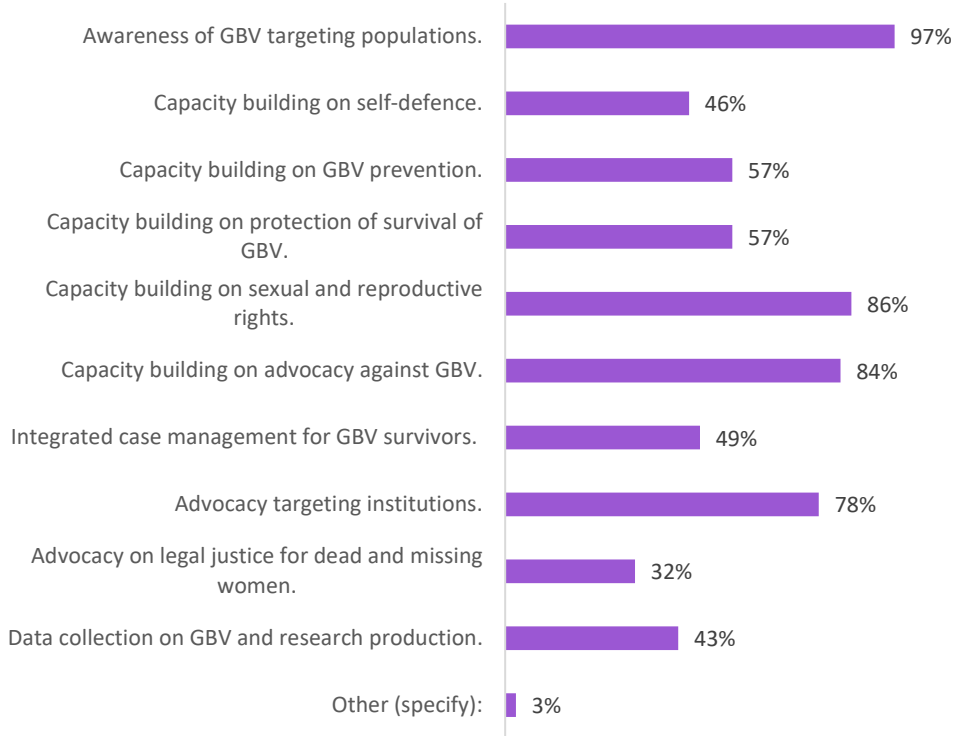
The main areas of intervention of the feminist CSOs that responded to the survey are FGM, sexual violence, child marriage, forced marriage and sexual and reproductive rights. These areas correspond with those identified by actors interviewed during qualitative data collection.

Graphic 3. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=37



Concerning the services and activities offered by surveyed CSOs, 97% of them affirmed working on GBV awareness. The most important services provided by over 70% of respondents are capacity building on sexual and reproductive rights (86%), capacity building on advocacy against GBV (84%) and advocacy targeting institutions (78%). The services implemented by 40% to 60% of respondents are capacity building on GBV prevention (57%), capacity building on protection of GBV survivors (57%), integrated case management for GBV survivors (49%), reception and orientation for GBV survivors, (57%) and data collection on GBV and research (43%). The service in which CSOs work less is advocacy on legal justice for dead and missing women (32%).

Graphic 4. What are your services and activities in the field of gender-based violence survival protection? (Multiple choice). n=37

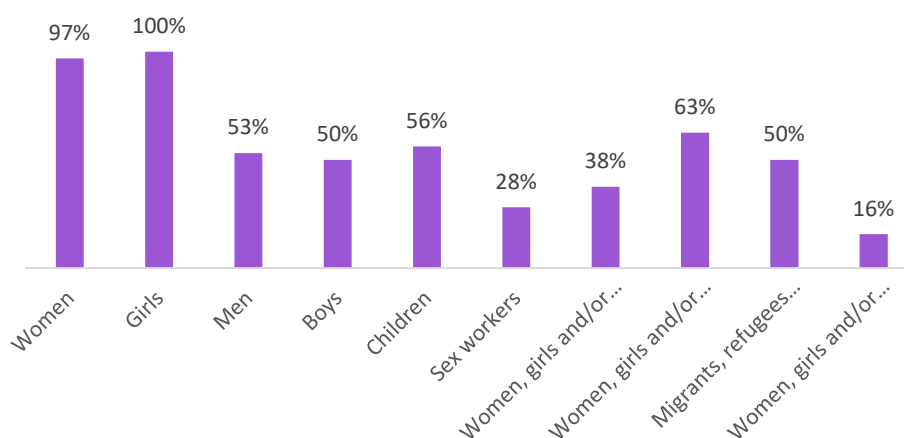


Concerning beneficiaries, 32% of the organisations have more than 200 per year, 58% less than 100 and 11% between 100 and 200.

Regarding the level of intervention, 68% of CSOs affirmed to work at the national level, 24% at the local level and 3% at the regional level (from Kindia and Kankan regions).

The main target of these organisations are girls (95%), women (84%) and children (81%). Concerning other targeted populations, 42% of CSOs work with sex workers and 26% with sexual minorities.

Graphic 5. What is your target population? (Multiple choice). n=43¹⁷⁴



1.3. Capacities of feminist CSOs specialised in GBV in Guinea

Registration and years of experience

Concerning the legal status, 89% of feminist CSOs working on GBV in Guinea who answered the questionnaire are registered. One is unregistered, two are registered but under another legal status and one indicated the option “other” without specifying its status. Among these, two of them stated they have not completed the legal process, while one mentioned engaging in politically and socially sensitive activities.

CSOs working with sexual minorities and sex workers highlighted significant challenges in registering their activities due to the non-existence of a regulatory framework protecting them. This obstacle often leads them to operate underground, which has a crucial impact on obtaining funding.

In terms of experience, 30% of CSOs are organisations with a strong track record and have more than 10 years of experience, 19% are newly established with less than 3 years of operation and 51% have between 3 and 10 years of experience. Thus, in Guinea, this sector is much more renewed and younger than in other countries.

Human resources

Human resources capacities are relatively limited since only 38% of CSOs have more than 10 employees, and 49% of them have fewer than 5 employees, including 5 CSOs (14%) with no employees.

¹⁷⁴ This question includes the analysis of CSO that were later expelled from the questionnaire because they did not fit the target.

Women represent the primary demographic among employees and volunteers, with 38% of CSOs reporting that over 60% of their employees are women. Conversely, only 5% have more than 60% of sexual and gender diverse individuals among their employees. Concerning volunteers, 41% of CSOs have more than 60% female volunteers and almost 70% admit having volunteers belonging to sexual and gender diverse individuals. In terms of governance, 38% have stated that over 60% of their decision-making positions are held by women, while 22% of CSOs have more than 60% of people belonging to sexual and gender diverse individuals in governing bodies.

Graphic 6. Presence of women and sexual and gender diverse individuals' in CSO as workers, volunteers or in decision-making positions. n=36

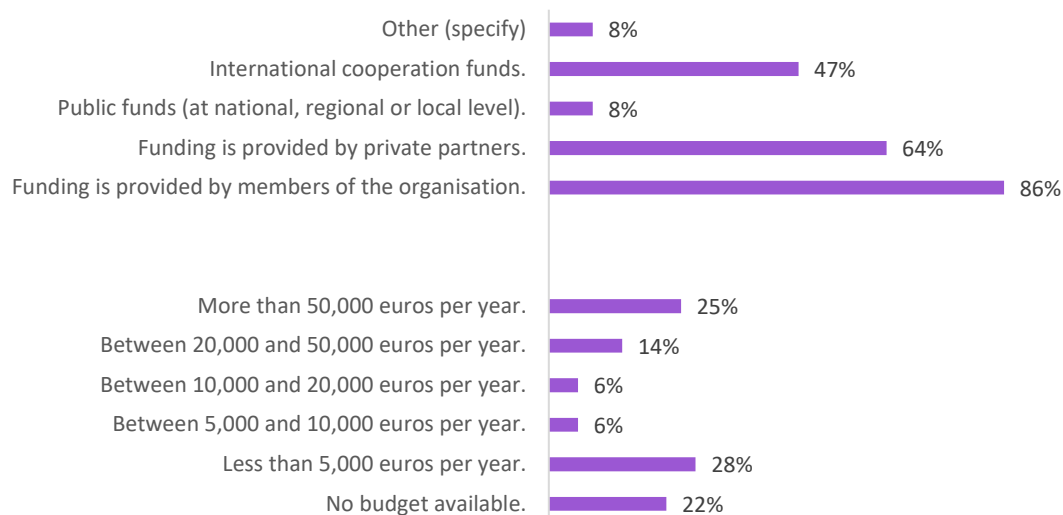


Financial capacities

Financial capacities are also a challenge for most of the CSOs participating in the research as only 25% have an annual budget of over 50,000 euros per year and 22% do not manage any annual budget. Funding has been the main challenge faced by CSOs highlighted in interviews, hindering the ability of grassroots organisations to carry out comprehensive GBV interventions and services. This was especially critical during the COVID-19 pandemic. Despite the financial issues, 92% of CSOs have an office including a place to meet.

According to the survey, the contribution of the members is the main source of funding (86% of the answers), private contribution is the second main source of funding (64%) and international cooperation (47%) is in the third position. Only 8% receive public funds.

Graphic 7. What is your annual budget? And what is the origin of your financial funds? n=36

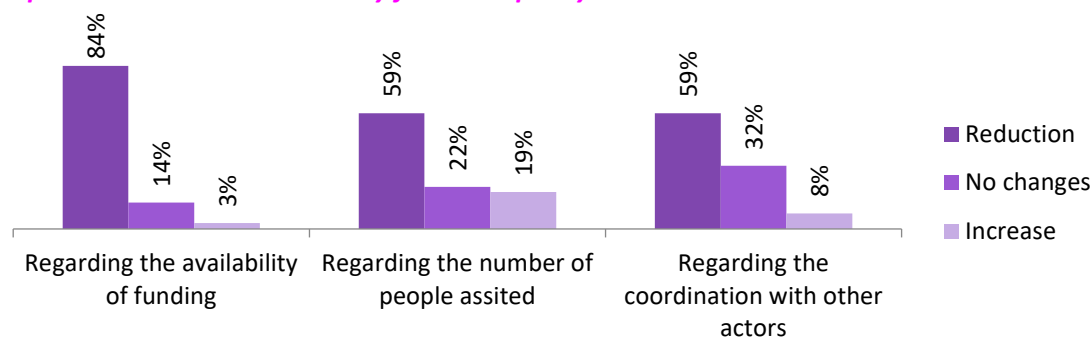


According to surveyed CSOs, the two main factors impacting their activity were political and social instability following the ascension of the army to power after a *coup d'état* in 2021 (89% of answers) and the COVID-19 pandemic (84%). Actors interviewed also pointed out that the political situation in the aftermath of the *coup d'état* and the establishment of a transitional government led to tension and violence and that this political instability reduced CSOs' access to funding (even though GBV had increased).

They also indicated that COVID halted economic activity and had a major impact on CSOs' access to funding (as well as on the increase in GBV) and that the lockdown led to an increase in sexual and domestic violence.

The survey findings revealed that 84% of CSOs believe that these factors have a direct impact on the reduction of financial funds. Additionally, 59% reported a decrease in both the coordination with other stakeholders and the number of beneficiaries.

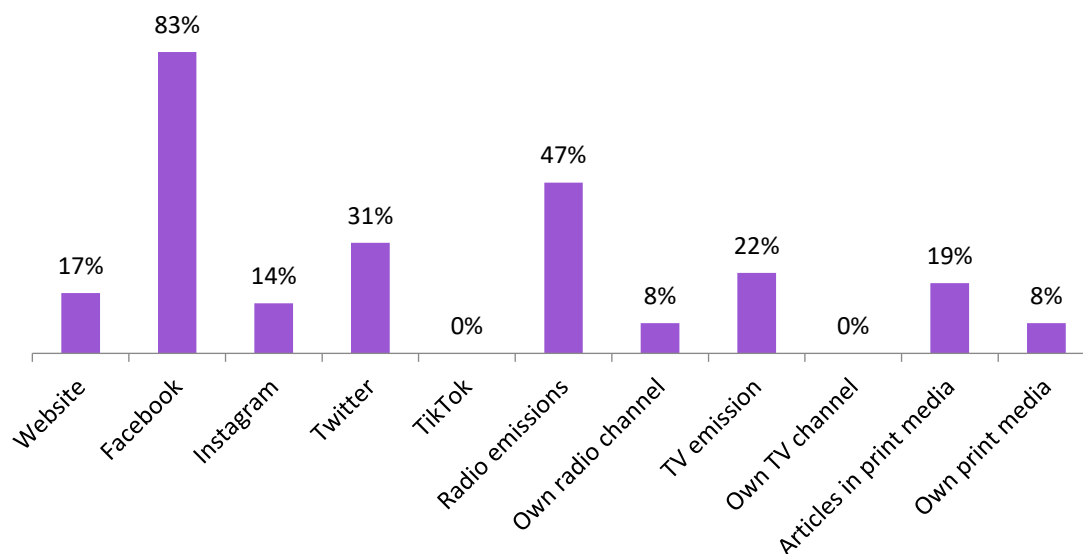
Graphic 8. How did the instability factors impact your activities? N=37



Communication

Regarding communication capacities, 83% of respondents affirmed having a communication strategy; Facebook is the most used tool. Almost half of CSOs use radio emissions as a communication tool, representing a higher percentage than in other countries.

Graphic 9. Does your organisation or network have any of the following communication tools? n=36



Interviewed actors agreed that media should play a key role in raising awareness of GBV cases but that, in practice, it is not effective. Besides, they complained that using social media to broadcast information and awareness-raising advertisements are too expensive for CSOs. Stakeholders emphasised that leveraging digital platforms and social networks holds more efficiency in supporting the fight against GBV. Nevertheless, their capacities on the issue are limited, as only 38% of the organisations consider that their communication capacities are good or very good.

Partnerships

In terms of the capacity of CSOs to coordinate and collaborate with public institutions, 78% considered this relation as good and 17% very good. Relationships with international cooperation stakeholders are also appreciated by 61% of the respondents as good and 14% very good and only 6% of the respondents affirmed having no relationship with international cooperation.

The interviewed actors reiterated the crucial role of international cooperation in the implementation of their actions, in particular international CSOs and embassies (USA, EU, Canada). CSOs working with sexual minorities stated that all their work is carried out thanks to the support of international cooperation actors who work from an intersectional approach.

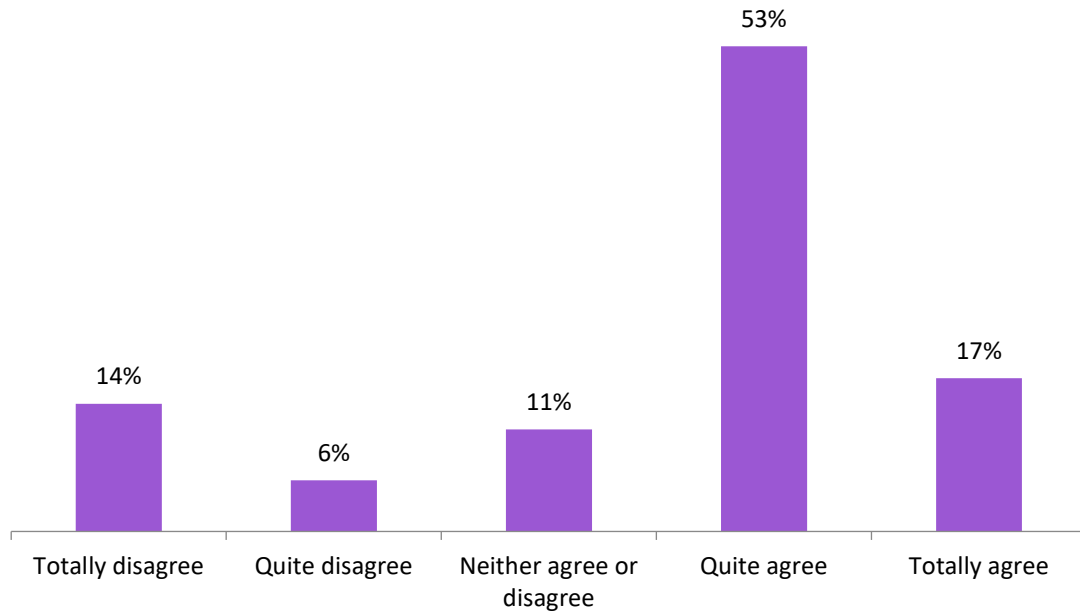
Concerning networking, all respondents affirm collaborating with other CSOs, and 86% belong to a CSO network. Many networks were mentioned, some national and regional and other international: Community of Practice-Building Bridges to End FGM, National Network of Organisations for the Promotion of Sexual and Reproductive Health Rights, Gender-based violence in mining areas in Upper Guinea, Afriyan Guinea, Network of Young Ambassadors for Family Planning (FP) and Reproductive Health (RH), Coalition of Organisations for the Fight Against FGM in Guinea, Civil Society Organizations for FP Guinea, Coalition of Women's Organizations for the Promotion and Protection of the Rights of Girls and Women, Regional Council of Civil Society Organizations, National Network of Organizations for the Fight against Trafficking and Similar Practices, Coalition of Actors for Community Well-being -CABEC, Network of Young Feminists in West Africa, Alliance for Feminist Movement, National Network of CSOs Defenders of Sexual and Reproductive Health Rights (RENOP-D3S), National Council of Guinean Civil Society Organizations, Center for Advice and Guidance for Young People (CECOJE), MAMA network, Collective CSOs for the Rights of Women and Children of Kankan (CODFEK), Feminist Consortium for Women's Rights, Women's Market Gardening Groups, Coalition of NGOs for the Promotion of Human Rights and Sustainable Development (COPRODHD) of Nzérékoré, Consortium Club of Friends of the World CAM, Association of Victims and Parents of Victims of September 28 AVIPA, Mounafanyi Federation of Kindia FMK and the National Network for the Fight against Child Marriage-RENALME¹⁷⁵.

Organisational capacities

The self-assessment done by CSO respondents shows a series of challenges regarding organisational capacities. Fifty-three percent quite agree or totally agree with the statement: *“My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”*, and only 20 % do not agree.

¹⁷⁵ Names in French: Community of Practice-Building Bridges, Réseau National des organisations pour la promotion des droits à la santé sexuelle et reproductive, Violences basées sur le genre dans les zones d'exploitation minières en haute Guinée, Consortium Féministe, Afriyan Guinée, Réseau des Jeunes Ambassadeurs pour la PF/SR, Coalition des organisations pour la lutte contre les MGF en Guinée, Réseau des Organisations de la Société Civile de PF Guinée, Coalition des organisations féminines pour la promotion et la protection des droits des filles et femmes, Conseil régional des organisations de la société civile, Réseau National des Organisations de la Lutte contre la Traite, des Pratiques Assimilées, Coalition des Acteurs pour le Bien-être Communautaire -CABEC, Réseau des jeunes féministes d'Afrique de l'Ouest, Alliance For Feminist Mouvement, Réseau national des OSC défenseurs des droits à la santé sexuelle et de reproduction (RENOP-D3S), Conseil national des organisations de la société civile guinéenne, Centre d'écoute de conseils et d'orientation pour jeunes (CECOJE), réseau MAMA, Collectif des OSC pour les Droits des Femmes et Enfants de Kankan (CODFEK), Consortium Féministe pour les droits de Femmes, groupements maraîchers féminin, Coalition des ONG pour la Promotion des Droits Humains et le Développement Durable (COPRODHD) de Nzérékoré, Consortium Club des amis du monde CAM, Association des victimes et parents des victimes du 28 septembre AVIPA, Fédération Mounafanyi de Kindia FMK, Réseau National de Lutte contre les Mariages d'Enfants-RENALME.

Graphic 10. Level of agreement with the statement: “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)?” n=36



Regarding specific capacities related to technical, financial and administrative management, fundraising mobilisation, networking, communication, gender mainstreaming, intersectional feminist approaches, and self-protection against opponents of feminism and/or gender equality, the most challenging criteria are related to fundraising capacities (2.36 out of 5), intersectional feminist approaches (2.50 out of 5), self-protection against opponents of intersectional feminism (2.75 out of 5). Conversely, CSOs expressed stronger confidence in their capacities gender-based violence knowledge (3.75 out of 5) and gender mainstreaming (3.58 out of 5).

Graphic 11. Average score for items on CSO's capacities. n=36



1.4. Positions regarding key debates on women and sexual and gender diverse individuals' rights

Positions regarding key debates in women's rights organisations show a general acceptance of the feminist principles since 83% of the respondents stated being a feminist organisation (44% totally agree and 39% agree) against 6% that do not agree or totally disagree with this affirmation even if they work in GBV and promote gender equality.

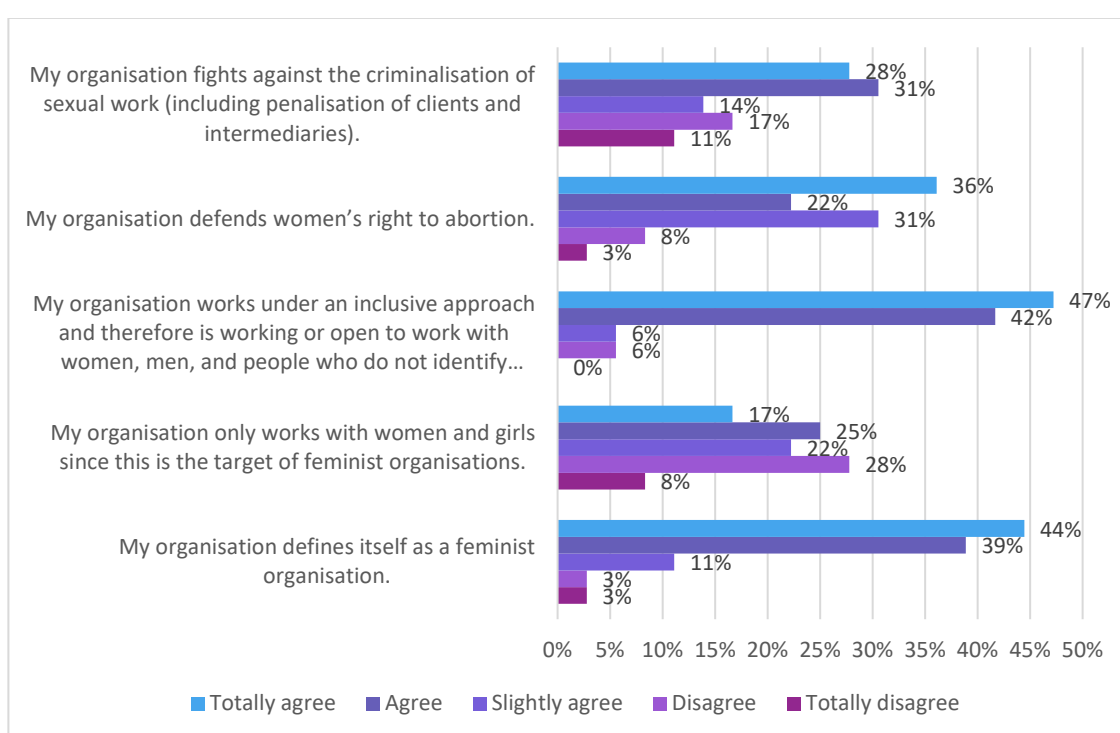
Acceptance of the importance of intersectionality and the inclusion of sexual and gender diverse individuals in their activities is higher, as 89% of CSOs agree (42%) or totally agree (47%) with the statement "My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders". This is in coherence with information gathered in other questions in which CSO admitted having among their employees and volunteers people belonging to sexual and gender diverse orientations.

According to the answers, 25% agree, 17% totally agree and 22% slightly agree with the statement "My organisation only works with women and girls since this is the target of feminist

organisations". In general, it means that organisations think that working with men and boys is also important.

Concerning the right to abortion, 58% of CSOs agree or totally agree with the statement: "My organisation defends women's right to abortion" with an 11% of CSO that do not share this position. Regarding positions on sex work, 59% of CSOs agree or totally agreeing with the statement "My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)".

Graphic 12. CSO level of agreement with key debates regarding women and sexual and gender diverse individuals ' rights, n= 36



1.5. Environment for CSOs' work

Findings from interviews, focus groups and the survey highlight the challenging landscape for CSO operations, primarily attributed to insufficient funding and organisational capacities. Interviewed actors identified economic constraints —such as limited access to funding, particularly for smaller or unregistered CSOs, complex financial institution procedures, and inadequate fund management— and technical constraints —lack of skilled personnel, poor organisational abilities and capacity building problems in administrative management— as the most significant hurdles they faced.

In general, CSOs participating in the survey and qualitative data collection are not very satisfied with the working environment, especially concerning support from the legal framework and institutions, as well as the engagement of the population and community.

Concerning the legal framework, 30% of surveyed CSOs are satisfied or completely satisfied and 44% somewhat satisfied with the statement “The dispositions of the legal national framework are enough to support the development of feminist organisations”. However, 33% are unsatisfied or totally unsatisfied, and 50% somewhat satisfied with the statement “The level of implementation of the legal framework and policies to fight GBV in your country”. Despite CSOs’ overall dissatisfaction with the legal framework and the identified gaps, interviewed CSOs highlighted that it still enables their work. The lack of trust in law implementation might influence this situation, leading CSOs to focus on promoting changes at the community level. Furthermore, interviewed CSOs working with sexual minorities and sex workers pointed out that the fact that they are not recognised by society is the main difficulty in promoting advocacy on integrating intersectional factors of GBV in the legal framework.

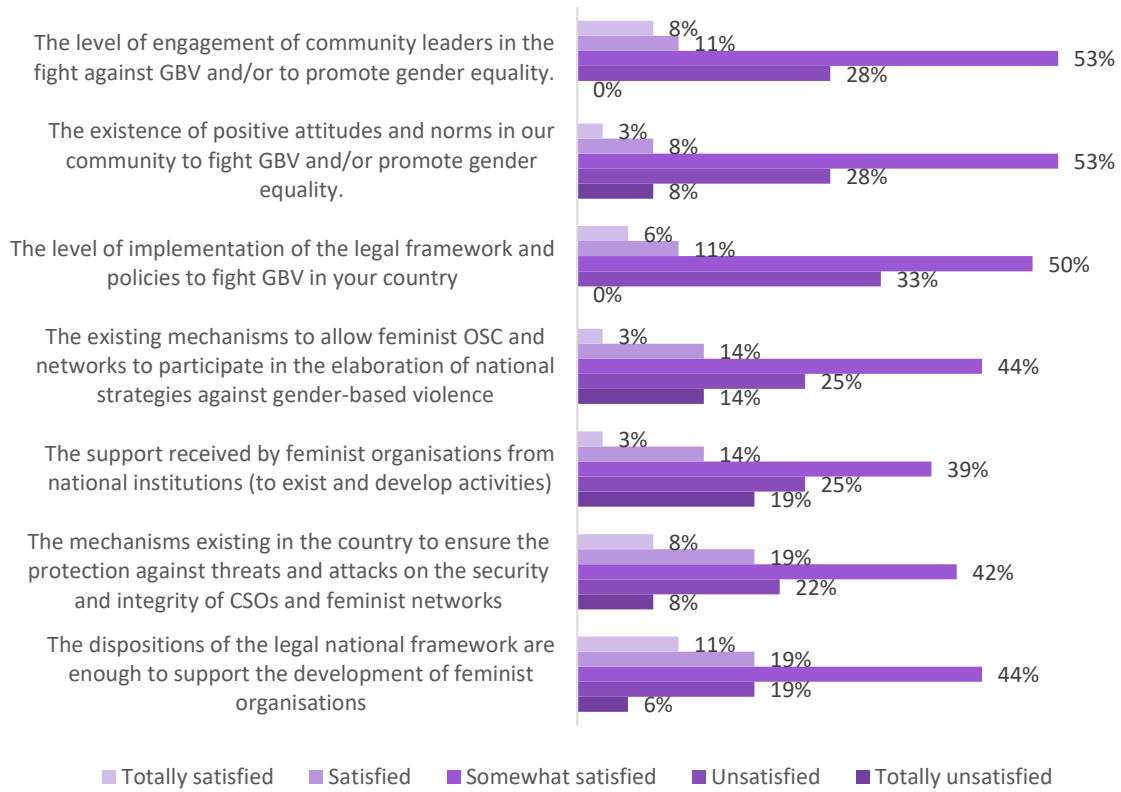
Concerning national mechanisms, 30% of CSOs are unsatisfied or completely unsatisfied, and 42% somewhat satisfied with the “mechanisms existing in the country to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (e.g. cyber-harassment, threats, violence, obstruction of their activities, etc.)”. Interviewed CSOs indicated that they often face risks such as cyber-harassment, public insults and social exclusion. They also reported being victims of physical violence during certain activities, as well as facing threats, harassment, physical violence and intimidation from the authorities (particularly CSOs working with sexual and gender diverse communities and sexual workers).

Regarding support to CSOs, 44% of respondents are unsatisfied or completely unsatisfied, and 39% somewhat satisfied with the “support received from national institutions (to exist and develop activities)”. Similarly, 39% are unsatisfied or completely unsatisfied, and 44% somewhat satisfied with the “existing mechanisms to allow feminist CSO and networks to participate in the elaboration of national strategies against gender-based violence”. Interviewed actors acknowledge the significance of collaborating with national mechanisms, yet they feel these mechanisms inadequately protect them.

Concerning the support of the community, 34% of CSOs are unsatisfied or completely unsatisfied, and 53% somewhat satisfied with the “existence of positive attitudes and norms in our community to fight GBV and/or promote gender equality”. Similarly, 28% are unsatisfied or totally unsatisfied, and 53% somewhat satisfied with the “level of engagement of community leaders in the fight against GBV and/or to promote gender equality”. However, interviewed actors indicated that, despite the strong influence of traditional values, the general public is becoming increasingly involved in the fight against GBV and in reporting cases of violence against women and girls (this does not apply to sexual minorities and sex workers). These actors also said that men's involvement is beginning to be visible, even if it is minimal (they are especially involved in positive masculinity programs and husbands' school).

Interviewed actors also consider that religious leaders and community leaders are key players, particularly in the fight against FGM (CSOs help them build their capacity on GBV issues and produce religious guides with a GBV approach). Girls and women community leaders are also strategic partners.

Graphic 13. CSO level of agreement with statements related to the CSO environment. n=36



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KENYA

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

In the 2023 Global GGI, Kenya scored 0.708, ranking 77th out of 146 countries, a one-position decrease from 2018, when it ranked 76th with a score of 0.700.¹⁷⁶ Similar to other middle-income countries, economic participation and opportunity and political empowerment are the areas where more gaps exist between men and women. Differences in labour-force participation are lower than in other countries, but still the women's rate is 10 points lower than that of men's, 62.9% and 73% respectively. The percentage of women working as professional and technical workers is almost 20 points lower than that of men (40.37% and 59.63%, respectively).¹⁷⁷ Regarding political participation, the representation of women in Parliament is minimal compared to that of men (23.30% against 76.70%).

Kenya is ranked in the third group of countries on the GDI since the HDI of women and men differs. Life expectancy is higher for women than men but expected years of schooling and mean years of schooling are almost one point higher for men than women. Significant differences are observed regarding estimated gross national income per capita (a 1,211 PPP\$ difference).¹⁷⁸

Table 1. Main gender inequality indicators in Kenya.

| Indicator | Ranking | Value | |
|-------------------------------|---------|--------|-------|
| Gender Gap Index 2023 | 77 | 0.708 | |
| Human Development Index 2022 | 152 | Female | 0.557 |
| | | Male | 0.592 |
| Gender Development Index 2022 | Group 3 | 0.941 | |

Sources: PNUD, 2022 and World Economic Forum 2018 and 2023.

Regarding how social norms and cultural practices impact GBV in the country, it is important to compare GSNi values with other countries. In the case of Kenya, 95.49% of the population holds biases on this issue, with a two-point difference between women and men. Physical violence is the item with a higher bias without important differences between women and men.¹⁷⁹

¹⁷⁶ World Economic Forum, 2018. Global Gender Gap report. https://www3.weforum.org/docs/WEF_GGGR_2018.pdf

¹⁷⁷ World Economic Forum, 2023. Global Gender Gap report. <https://www.weforum.org/publications/global-gender-gap-report-2023/>

¹⁷⁸ United Nations Development Program, 2022. The 2021/2022 Human Development Report. hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

¹⁷⁹ UNDP, 2023. 2023 Gender Social Norms Index. Breaking Down Gender Biases Shifting social norms towards gender equality.

Table 2. Gender Social Norms Index. Percentage of people biased by dimension.

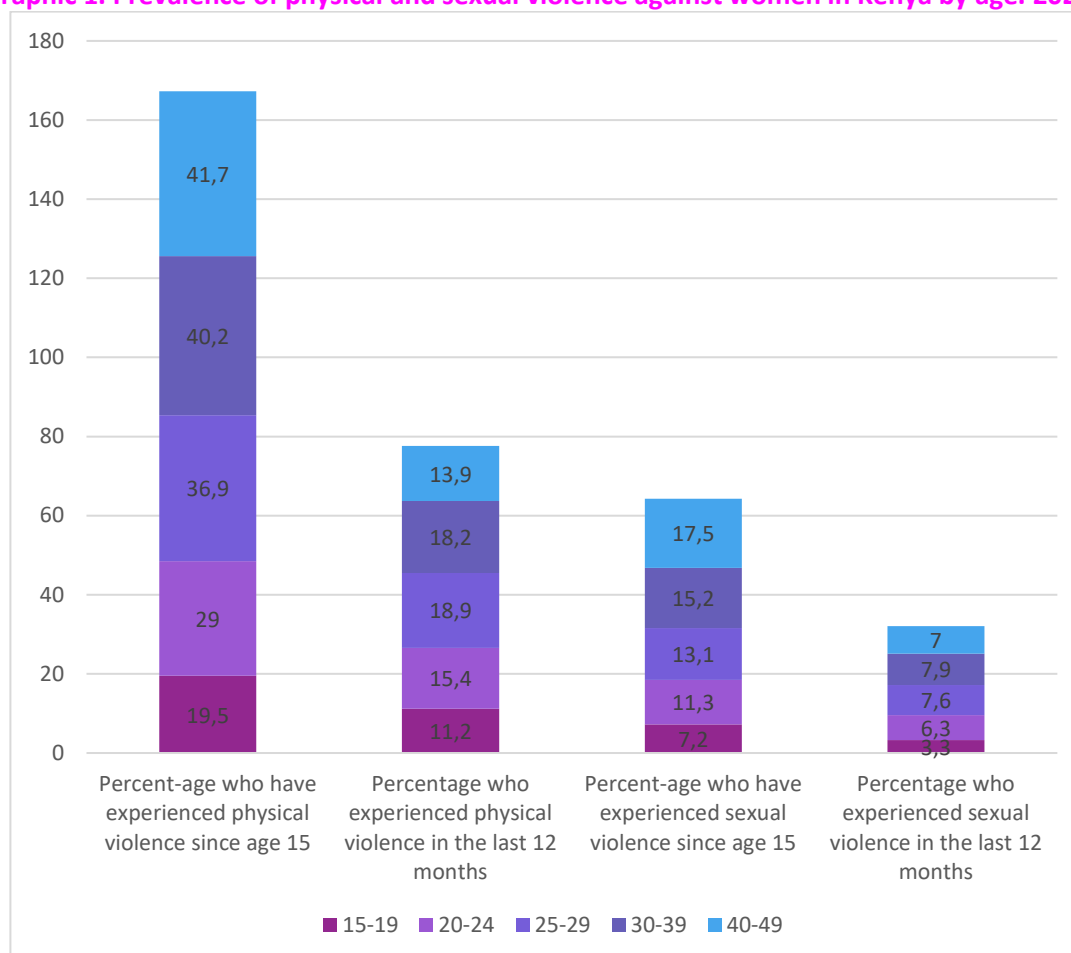
| Political | | Educational | | Economic | | Physical Integrity | |
|-----------|-------|-------------|-------|----------|-------|--------------------|-------|
| Women | Men | Women | Men | Women | Men | Women | Men |
| 71.04 | 74.88 | 16.61 | 19.87 | 43.32 | 58.03 | 85.62 | 85.25 |

Source: UNDP, 2023.

2. GBV prevalence, including intersectional GBV

According to the 2022 Kenya Demographic and Health Survey, 34% of women aged 15 to 49 have been victims of physical violence, including 16% in the last 12 months. Similarly, 7% have experienced sexual violence, including 4% in the 12 months preceding the survey. Experience of violence among women increases with age; 20% of women aged 15–19 have experienced physical violence and 7.2% sexual violence, compared to 42% of women aged 45–49 that experience physical violence and 17.5% sexual violence.¹⁸⁰

Graphic 1. Prevalence of physical and sexual violence against women in Kenya by age. 2022.



¹⁸⁰ Kenya National Bureau of Statistics. Demographic and health survey. Key indicators report 2022. <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>

Source: Demographic and health survey. Key indicators report 2022.

Differences between rural and urban areas are not significant for sexual violence (12.8% of women experience sexual violence in urban areas and 13.1% in rural areas), but in the case of physical violence, differences are higher (31.6% experience this kind of violence in urban areas and 35.5% in rural areas). Disparities in the prevalence of violence between counties are crucial. In the case of physical violence, its prevalence is over 45% in 5 regions (Isiolo —45.6%—, Samburu —48.6%—, Migori —51.1%—, Homa Bay —53.5%— and Murang’a —53.7%—), with the highest rate in Bungoma (62.2%). Bungoma is also the region with a higher prevalence of sexual violence (30.3%), followed by Murang’a (24.3%), Homa Bay (23.1%) and Embu (21.5%).¹⁸¹

The prevalence of physical violence is higher in the case of women with lower education and worse economic situations, while in the case of sexual violence, these two factors do not have an important influence on the violence prevalence.¹⁸² The most commonly reported perpetrator of physical violence among women who have been married or had intimate partners was their current husband or intimate partner (54%), followed by a former husband/intimate partner (34%). The same happens in the case of sexual violence, the current husband or intimate partner is the perpetrator in 68.6% of cases and the former husband/intimate partner in 18.6% of cases. In this sense, women who have an intimate relationship have higher probabilities of being victims of violence.¹⁸³

According to the same survey, the prevalence of FGM in women aged between 15 and 49 years old is 15%, with a significant difference between urban areas (9.7%) and rural areas (18.4%). The victim’s level of education and the wealth quintile are also factors that influence this prevalence. For instance, in the case of uneducated women, this prevalence is 56.3%, while for women with secondary studies it is 5.9%. In the case of poorer women (those in the lowest wealth quintile) the prevalence is 32%, while for the highest wealth quintile, it is 6.6%.¹⁸⁴ The prevalence of FGM in younger women (15-19) is lower (9.1%) than in the case of the oldest (45-49), which is 23.1%. This element shows a reduction of the practice in coherence with the reduction of FGM from 38% in 1998 to 15% in 2022.¹⁸⁵

The survey did not include the prevalence of violence in general or other kinds of violence, such as psychological violence or economic violence, as well as information on child marriage. Nevertheless, all these indicators were included in previous surveys until 2014. The lack of information on psychological violence is especially problematic since CSOs highlighted it is women have a hard time expressing this kind of violence, especially in the framework of intimate relationships. Additionally, although the 2022 Kenya Demographic and Health Survey shows how the level of education, the marital situation, and the wealth quintile impact violence, it does not report specific information concerning how different kinds of discrimination can overlap, for example in the case of poor women without education and living in rural areas.

¹⁸¹ Kenya National Bureau of Statistics. Demographic and health survey. Key indicators report 2022. <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>

¹⁸² Ibid.

¹⁸³ Ibid.

¹⁸⁴ Ibid.

¹⁸⁵ Ibid.

Regarding child marriage, the survey informed that 23% of Kenyan girls are married before their 18th birthday and 4% are married before the age of 15.¹⁸⁶ Rates of child marriage vary across regions and among ethnic groups. It is most common in Northern Kenya (56%), followed by the Coast Province (41%) and Nyanza (32%),¹⁸⁷ and for girls of Pokot origin (64% marry before turning 18), followed by Rendille girls (54%), Somali girls (38%) and Maasai girls (28%).¹⁸⁸

Somali girls are one of the most discriminated against since they are also refugees and women in displacement. GVB is a major problem among refugees and asylum seekers that are mostly concentrated in two refugee camps: Dadaab in Garissa County and Kakuma in Turkana County. Girls and women as well as the LGBTQI+ population are especially at risk of GBV, including domestic violence, rape, sexual assault, physical assault, psychological abuse, FGM and early and forced marriage, particularly Sudanese, South Sudanese, and Somali girls¹⁸⁹.

Sex work is also a factor of vulnerability that increases the risk of being a victim of GBV. The research “Sex work and violence in Kenya”, undertaken in 2020, spotlights that 97% of sex workers experienced GBV in the 12 months before the survey (90% of them experienced emotional violence, 75% physical violence, 86% economic violence and 33% sexual violence).¹⁹⁰ The most common perpetrators of humiliation violence were intimate partners, followed by members of the community and friends. At work, clients are the main perpetrators, with 86% of sex workers having experienced violence from them (77% of sex workers experienced economic violence, 54% sexual violence and 52% physical violence).¹⁹¹ This information coincides with qualitative data collected during interviews and focus groups in which organisations working with sex workers also pointed out economic violence as impacting sex workers during their work. CSOs in the field also raised the alarm on femicide against sex workers as a violence that is never persecuted. They also identified how sex workers are discriminated against and limited when accessing the legal system. In general, CSOs noted that femicide is not persecuted in the country and homicides are not persecuted based on gender discrimination.¹⁹²

Information sources regarding GBV against the LGBTQI+ population are scarce. Nevertheless, some research spotlights protection issues against violence and discrimination based on gender identity targeted at transgender and intersex people in Kenya, such as the National Transgender Discrimination Survey carried out by the National Transgender Advocacy Network of Kenya. According to this research, transgender and intersex people have faced discrimination and violence from a young age, starting at school. For instance, 79% of students in primary education, 61% of high school students and 65% of university students report harassment by fellow students. Similarly, 9% in primary, 14% in high school and 19% in university experienced

¹⁸⁶ Kenya National Bureau of Statistics. Demographic and health survey. Key indicators report 2014. <https://www.dhsprogram.com/pubs/pdf/FR308/FR308.pdf>

¹⁸⁷ UNICEF, 2017. Situation analysis of children and women in Kenya – SITAN. <https://www.unicef.org/kenya/media/136/file/SITAN-report-2017-pdf.pdf>

¹⁸⁸ UNICEF, 2017. Female Genital Mutilation/ Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya. <https://unicef.org/kenya/media/531/file/Kenya-0000074.pdf.pdf>

¹⁸⁹ US Department of State, 2022. 2022 Country Reports on Human Rights Practices: Kenya. <https://www.state.gov/reports/2022-country-reports-on-human-rights-practices/kenya>

¹⁹⁰ Aidsfunds, 2020. Sex work and violence in Kenya. https://aidsfonds.org/wp-content/uploads/2024/02/0469%20Rapport%20Kenya_WEB.pdf

¹⁹¹ Ibid.

¹⁹² Qualitative information gathered during fieldwork in Kenya during September - October 2023.

harassment from teachers/lecturers. At the workplace, 46% reported harassment on grounds of gender identity status, 31% reported physical violence and 26% reported sexual assaults. GBV against this group is relevant in the public sector, and notably in public transportation, with 63% reporting verbal harassment or disrespect. Other reported cases included 26% of GBV rape cases, 20% of GBV cases in domestic relationships, 11% of GBV cases in mental health clinics, 6% of GBV cases in the criminal justice system, and 5% of GBV cases by government agencies.¹⁹³ In the specific case of sexual violence, “corrective rape” was noted by CSOs as a “constant kind of violence”.¹⁹⁴

Discriminatory laws and socio-cultural norms are mentioned as the causes of this situation, which also affects other persons in the LGBTQI+ community. For example, studies examining attitudes towards LGBTQI+ issues in Kenya have revealed significant resistance to LGBTQI+ rights, indicating an entrenched presence of homophobic sentiments. According to Equaldex,¹⁹⁵ 90% of the population is against same-sex marriage and 73.06% would not accept homosexual neighbours. Although attitudes supporting homosexuals’ rights improved between 2016 and 2022, the Equaldex report also shows an increase in conservative ideas against human rights in 2023.¹⁹⁶ As it happened in the case of Ethiopia, the region is living a reaction against LGBTQI+ rights, which was led by Uganda.

Young girls in rural areas and informal settlements, sex workers and LGBTQI+ communities continue to be at risk of violence. This risk has increased in the last five years, notably during the COVID-19 pandemic, which also produced a stagnant economic crisis. This period was pointed out by interviewed CSOs as critical for GBV cases, with a growth in violence and more difficulties in accessing services due to curfew. However, CSOs also coincide to mention that during the last year, more services to support GBV survivors and sexual violence survivors have appeared.

In Kenya, GBV was also associated with the electioneering period and tribal clashes during field work. As spotlighted by UN agencies, electoral campaigns frequently witness a spike in violence, including GBV.¹⁹⁷ The International Federation for Human Rights, in collaboration with the Kenyan Human Rights Commission, published a report that concluded that gang rape was the most common form of violence and that the main targets were poor women aged between 20 and 70.¹⁹⁸ GBV against women politicians was also reported. Interviews carried out during fieldwork agreed with this analysis.

“During the election, more women, mostly young women, were affected. Women politicians also face a lot of GBV, and they don’t talk about it. Teenage girls and young women face GBV,

¹⁹³ National Transgender Advocacy Network of Kenya, 2020. A Report of the National Transgender Discrimination Survey in Kenya (NTDS). <https://static1.squarespace.com/static/5a1d2df4f6576eb8bfad8b0e/t/62827974b2c7e70d4d848962/1652718075824/NTDS+Report+Policy+Brief.pdf>

¹⁹⁴ Qualitative information gathered during fieldwork in Kenya during September - October 2023.

¹⁹⁵ Organization that produces the LGBT Equality Index. <https://www.equaldex.com/equality-index>

¹⁹⁶ Equaldex, 2023. LGBT rights in Kenya. <https://www.equaldex.com/region/kenya>

¹⁹⁷ Godia, J. Violence against women spikes during heated electioneering. Africa Renewal. <https://www.un.org/africarenewal/news/violence-against-women-spikes-during-heated-electioneering>

¹⁹⁸ FIDH and KHRC, 2022. Sexual Violence as a Political Tool During Elections in Kenya. State Actions Needed Ahead of the 2022 Polls. <https://www.khrc.or.ke/index.php/publications/232-sexual-violence-as-a-political-tool-during-elections-in-kenya-state-actions-needed-ahead-of-the-2022-polls/file>

especially the slum dwellers, because whenever there is post-election violence, police will run to the slums, and other people go to the slums to harass them sexually and physically, and no action is taken. People who also identify themselves differently are also affected. This time is also when most adolescent girls face FGM because they are not moving out of the house, and no one is coming to their rescue". (Interview KN – CSO-05)".

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

The 2010 Kenyan Constitution provides for the security of the person and the protection against all forms of violence and also stipulates that the fundamental principles of international law are integral to Kenya's legal framework. Consequently, as Kenya formalised the CEDAW in 1984 and the Maputo Protocol¹⁹⁹ in 2003, the Constitution safeguards women's rights against sexual violence. Nevertheless, the country does not yet have a comprehensive law to fight GBV and although the Penal Code prohibits all acts of violence in its provisions, there is no special clause on GBV.

In 2006, Kenya adopted the Sexual Offences Act, which is the key legislation that provides a national framework for the criminalisation and deterrence of sexual violence. The Act is a comprehensive law that criminalises a wide range of behaviours including rape, sexual assault, defilement, compelled or induced indecent acts with children, individuals living with disabilities or adults, gang rape, child pornography, child trafficking, child sex tourism, child prostitution, exploitation of prostitution, incest by male and female persons, sexual harassment, the deliberate transmission of HIV or other life-threatening sexually transmitted diseases, stupefying with sexual intent and forced sexual acts for cultural or religious reasons among others. It was the first law in Kenya to recognise sexual harassment as a crime which was also reproduced by the 2007 Employment Act.

The main gap of the act is that it exempts lawfully married persons from the commission of intentional and unlawful acts, which means that sexual violence is not recognised inside marriage. On the contrary, regarding physical violence, the 2015 Domestic Violence Act is a piece of legislation that provides for the protection and relief of victims of domestic violence, but it does not recognise gender differences or physical violence outside domestic relationships.

The legal marriage age is 18 for both girls and boys and under any circumstances, according to the 2014 Marriage Act which also bans FGM.

The Kenyan Penal Code includes articles that criminalise unnatural, and offensive acts between persons of the same sex, which practice means the criminalisation of homosexuality. Furthermore, the 2010 reform of the Constitution explicitly mentioned that marriage can only happen between persons of different sex. Nevertheless, at the same time, the constitution also includes the principle of non-discrimination (Article 29). This said it is also true that among the forms of discrimination mentioned in the constitution, sexual orientation or gender identity are not included and, thus, LGBTQI+ communities are unprotected. As a step forward, it is important

¹⁹⁹ Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa.

to mention that, since the proclamation of the 2022 Children Act, it is allowed to be identified as an intersex person in the deaths and births register. Furthermore, in 2023, LGBTQI+ organisations have the right to register after the resolution of the Supreme Court²⁰⁰. Another positive aspect that could protect LGBTQI+ from sexual violence is that rape and sexual assault are assimilated to penetration, including both women and men.

The legal treatment of sex work differs from one county to the other, as well among municipalities. The umbrella that these laws must respect is the Penal Code, which criminalises third parties that profit from prostitution, including brothel managers. Additionally, the Penal Code includes an offence of "soliciting or importuning for immoral purposes," which can be employed to prosecute sex workers. Municipal by-laws nationwide explicitly criminalise sex work by prohibiting activities such as "loitering for the purpose of prostitution", "importuning for the purpose of prostitution", and "indecent exposure".²⁰¹ Advocacy on sex workers' rights focuses on the contradictions between county by-laws and the Penal Code, as well as between the Penal Code, the county by-laws and the Constitution, which promotes fundamental rights and freedoms for all citizens. They also focus on the fact that these discriminatory laws limit access to health services by health workers which is against the 2012 Health Care Bill.²⁰²

Concerning sexual and reproductive rights, the 2010 constitution brought a more open scenario for abortion in the country, which until then was completely criminalised. Since 2010, abortion has been permitted if, in the opinion of a trained health professional, there is a need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law. In this last case, the 2014 Ministry of Health's National Guidelines on Management of Sexual Violence states that rape survivors are allowed to undergo safe abortion.²⁰³

Gaps in Kenyan law regarding GBV are important as is the gap between laws and their implementation. Even if during interviews and focus groups CSOs recognised legal advances, they also pointed out the lack of implementation and the lack of awareness of these measures at the community level, mainly among vulnerable groups, which represents a barrier to their implementation.

3.2. Public policies on GBV and institutional mechanisms

A national policy for prevention and response to GBV has existed since 2014, with the purpose of "putting in place a framework to accelerate the implementation of laws, policies and programmes for prevention and response to GBV by state and non-state actors for the

²⁰⁰ See news: <https://nation.africa/kenya/news/supreme-court-reaffirms-lgbtq-right-to-associate-4366506>

²⁰¹ NSWP, Global Network of Sex Work Projects. How Sex Work Laws are Implemented on the Ground and Their Impact on Sex Workers. Kenya Case Study.

²⁰² Van Stapele, N. and Nemcel, L., Decriminalisation of sex work in Kenya. <https://includeplatform.net/wp-content/uploads/2019/08/.pdf>

²⁰³ Tabitha Griffith, Saoyo. Legal Framework on provision of safe abortion in Kenya. For Kelin. <https://www.kelinkkenya.org/wp-content/uploads/2018/11/UPDATED-LEGAL-FRAMEWORK-ON-ABORTION.pdf>

realisation of a society where men, women, boys and girls are free from all forms of violence".²⁰⁴ In 2017, a Policy for the Eradication of FMG was also launched²⁰⁵. Furthermore, a joint programme by the government and the United Nations to combat GBV, including FGM and child marriage, was drawn up in 2017.²⁰⁶

In 2015, following the reorganisation of department ministries, the State Department for Gender (SDG) was established. The mandate of the State Department for Gender Affairs as provided in Executive Order No. 1/2018 includes developing policies and programmes to prevent GBV and monitoring the National policy implementation. The State Department for Gender Affairs has deployed Gender Officers in all the counties to ensure coordination and communication between different administration levels. This department is also responsible for the Semi-Autonomous Government Agencies, including the Anti-Female Genital Mutilation Board, as well as the Gender Violence Protection Centres and the National Gender and Equality Commission.²⁰⁷

The National Gender and Equality Commission (NGEC) is a Constitutional Commission established in 2011 to promote gender equality and freedom from discrimination, with a special focus on special interest groups including women, youth, children, people living with disabilities, the elderly and minority or marginalised communities. An important milestone of the Commission is the publication of a model legislation on SGBV, designed to help county governments effectively protect women and girls from violence.

The State Department for Gender includes the Gender-Based Violence and Family Protection Directorate²⁰⁸. Specific functions of the directorate include coordinating programmes and activities for the prevention and elimination of GBV and FGM, sensitising communities and other stakeholders, collecting, collating and analysing data on FGM and GBV; overseeing implementation and reporting on the Kenya National Action Plan (KNAP) on UN Security Resolution 1325 and Referral, guiding and counselling of GBV survivors to relevant service providers and follow-up with gender violence victims for the expediency of justice for conclusive resolution. The Directorate also supervises the establishment of Gender Based Violence Recovery Centres (GBVRCs) in collaboration with other stakeholders and relevant county governments.

Other departments with important competencies in the management of GBV are the Ministry of Health, responsible for delivering quality services for GBV survivors/victims and the criminal justice system. Besides this, gender units and/or gender focal points exist in all Government

²⁰⁴ Republic of Kenya, 2014. National policy for prevention and response to gender-based violence. <https://psyg.go.ke/docs/National%20Policy%20on%20prevention%20and%20Response%20to%20Gender%20Based%20Violence.pdf>

²⁰⁵ Republic of Kenya. Sessional Paper No. 3 of 2019 on National Policy for the Erradication of Female Genital Mutilation, towards a society free from harmful cultural practices. <https://gender.go.ke/wp-content/uploads/2019/10/NATIONAL-POLICY-FOR-THE-ERADICATION-OF-FEMALE-GENITAL-MUTILATION-.pdf>

²⁰⁶ More information in:

<https://gender.go.ke/gok-un-joint-program/#:~:text=The%20Government%20of%20Kenya%20through,11.5%20Million.>

²⁰⁷ State Department for Gender. More information in : <https://gender.go.ke/background/>

²⁰⁸ <https://gender.go.ke/gender-based-violence-family-protection/>

Ministries and agencies, including Police Gender Desks in police stations and a Task Force for the Implementation of the Sexual Offences Act, which was created under the Attorney General's Office.

Besides the existent institutional services and mechanisms, CSOs are one of the main actors to respond to GBV in Kenya, having a key role in the implementation of activities. For instance, CSOs run helplines for GBV survivors and Gender Based Violence Recovery Centres (GBVRCs) and shelters. International stakeholders also support the initiatives through funding. The creation of One Stop Centres to assist GBV survivors is a key action in the country. The sustainability of these resources depends on external support.²⁰⁹

CSOs recognised that progress has been made and that it has been possible to break the taboo on GBV, which can now be addressed publicly, in education centres and advocacy actions, when a few years ago it was impossible. They also recognise the legislative and political advances, including the increase of resources to assist GBV survivors. Nevertheless, at the same time, they also complain about the lack of implementation of policies and their monitoring and evaluation, as well as the insufficient allocation of resources to develop activities. For instance, insufficiency of resources, including shelters, pushes members of CSOs to host survivors at their homes, which increases the risk for both of them and limits the assistance quality.

As in the rest of countries, access to justice was noted as a main barrier. Recurrence to mediation, as promoted by the Penal Code and to traditional conflict arrangement (*maslaha*), were highlighted during fieldwork. Cultural and religious norms continue to recommend women and girl survivors of GBV to resist and persevere in marriage. Furthermore, difficulties in obtaining forensic evidence and in reporting sexual GBV and the quick release of perpetrators were also mentioned. In coincidence with other research,²¹⁰ CSOs also identified a lack of coordination among services, and a lack of technical capacities as challenges, especially in terms of psychological support.

SECTION B. ANALYTICAL MAP OF FEMINIST CSOs.

1. General description of CSOs

1.1. General profile of feminist CSOs specialised in GBV and participating in the survey in Kenya

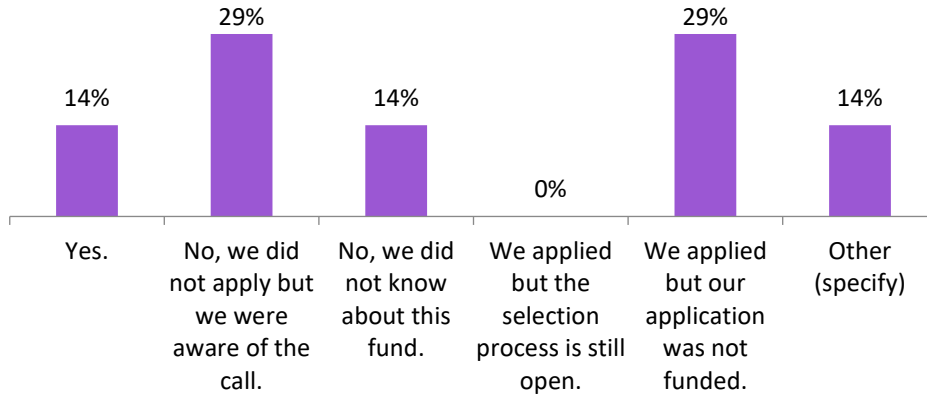
In Kenya, 97 CSOs were pre-identified and invited to participate in the online survey. However, it was one of the countries with the lowest level of answers (initially, only 23 accepted to participate and started to answer, including 2 networks). For most of them (21), gender equality is an important and deliberate objective (9) or their main objective (12). Nevertheless, only 14 were a CSO or network specialising in GBV. All of them completed all the survey questions, with

²⁰⁹ World Bank. Kenya Gender-based violence service gap analysis at the country level. <https://documents1.worldbank.org/curated/en/486011588224486592/pdf/Kenya-Gender-Based-Violence-Service-Gap-Analysis-at-the-County-Level.pdf>

²¹⁰ Ibid.

just one exception. Among these (6 out of 14, or 43%) were aware of the FON project and among applicants, 2 were funded and 4 rejected.

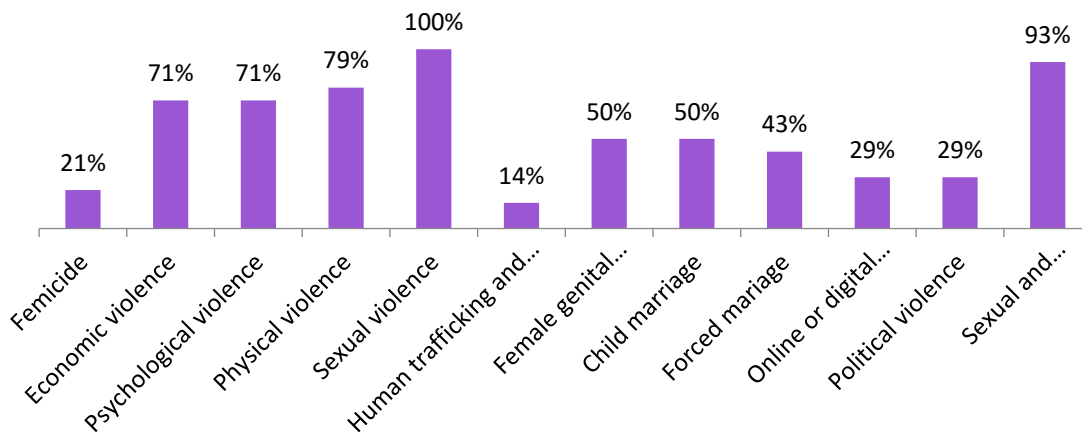
Graphic 2. Has your organisation received a fund from the FON project? n=14



1.2. Targets and specific areas of intervention of feminist CSOs specialised in GBV in Kenya

All of the CSOs in Kenya work on sexual violence, which was also the main type of violence that concerned interviewed CSOs and stakeholders. Sexual and reproductive rights is the second field of intervention of most surveyed CSOs (93%, all except for 1 of them). As already mentioned in the first section, while Kenya does not have a comprehensive law on GBV, the Sexual Offence Act has existed since 2006, which is in line with the main objectives of CSOs. Nonetheless, more than 70% of organisations also work on physical (79%), psychological (71%) and economic violence (71%). Half of them specialise in violence against children and more notably FGM and child marriage. Although GBV in Kenya is associated with electoral processes, only 29% of CSOs (4 out of 14) work on political violence. As in the rest of African countries, few organisations are specialised in femicide (21%, 3 out of 14).

Graphic 3. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=14



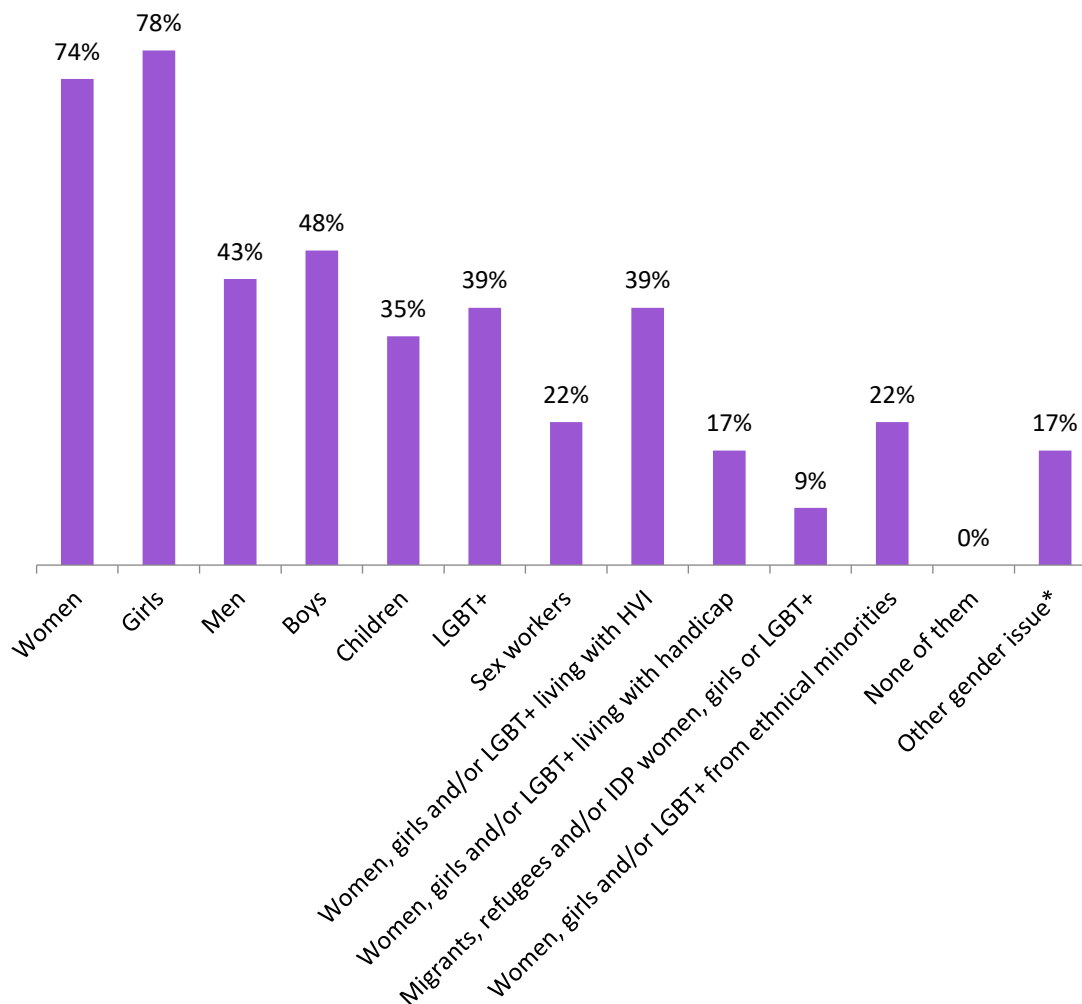
All surveyed CSOs focus on raising awareness and capacity building on GBV. Advocacy is another important area of intervention for 9 organisations (64%), including 50% that target public institutions. Half of CSOs also have capacities to ensure integrated case management of GBV survivors. Among them, 6 (43%) also work in capacity building on self-defence.

Graphic 4. What are your services and activities in the field of gender-based violence survival protection? (Multiple choice). n=14



Their level of intervention is mostly national (50%) and local (5 out of 14). The main targets of these organisations are women and girls, and 45% of them also work with men and boys. Among them, 9 specifically target LGBTQI+ people, the same number target people living with HIV and 5 target migrants, displaced or refugee persons are only targeted by 2 CSOs.

Graphic 5. What is your target population? (Multiple choice). n=23²¹¹



1.3. Capacities of feminist CSOs specialised in GBV in Kenya

Registration and years of experience

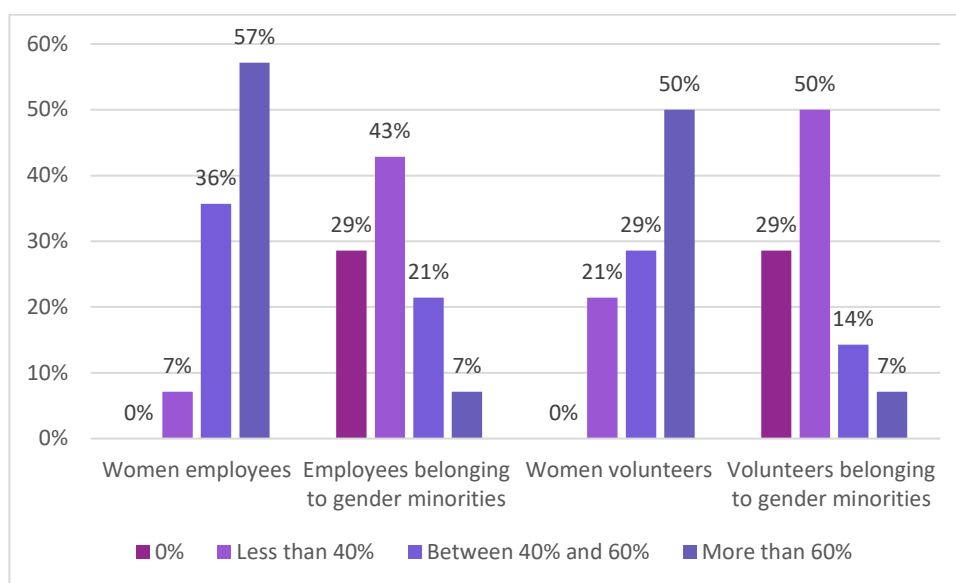
Most of these organisations are registered as CSOs (13 out of 14) with one registered under another status. Most of them have more than 10 years of experience (71%), 21% between 5 and 10 years and only one was recently created (less than three years ago).

²¹¹ This question also includes answers from organizations that were finally expelled of the questionnaire because they were not targeted.

Human resources

All surveyed CSOs in Kenya have at least one employee, and 86% (12 out of 14) have four or more. Among them, five have over 10 employees, while 43% have fewer than five. More than half (57%) have over 60% of women employees, with only one organisation having less than 40%. In four cases, sexual and gender diverse individuals represent more than 40% of the staff and in only one case more than 60%. All CSOs have volunteers and 6 of them (43%) have more than 6. For 50% of surveyed CSOs, more than 60% of volunteers are women, and for 29% of them (4 out of 14) women account for between 40% and 60% of volunteers. In three cases they are less than 40%, and in three cases, the number of volunteers belonging to sexual and gender diverse orientations is also more than 60%. Nevertheless, in 11 cases (79%), sexual and gender diverse orientations represent less than 40% of volunteers. In decision-making positions, women are relatively represented, with 50% of CSOs having over 60% of women in these roles. In 71% of cases (10 out of 14), governing bodies include individuals directly affected by the organisation's concerns.

Graphic 6. Presence of women and sexual and gender diverse individuals in CSOs as workers, volunteers or in decision-making positions. n=14

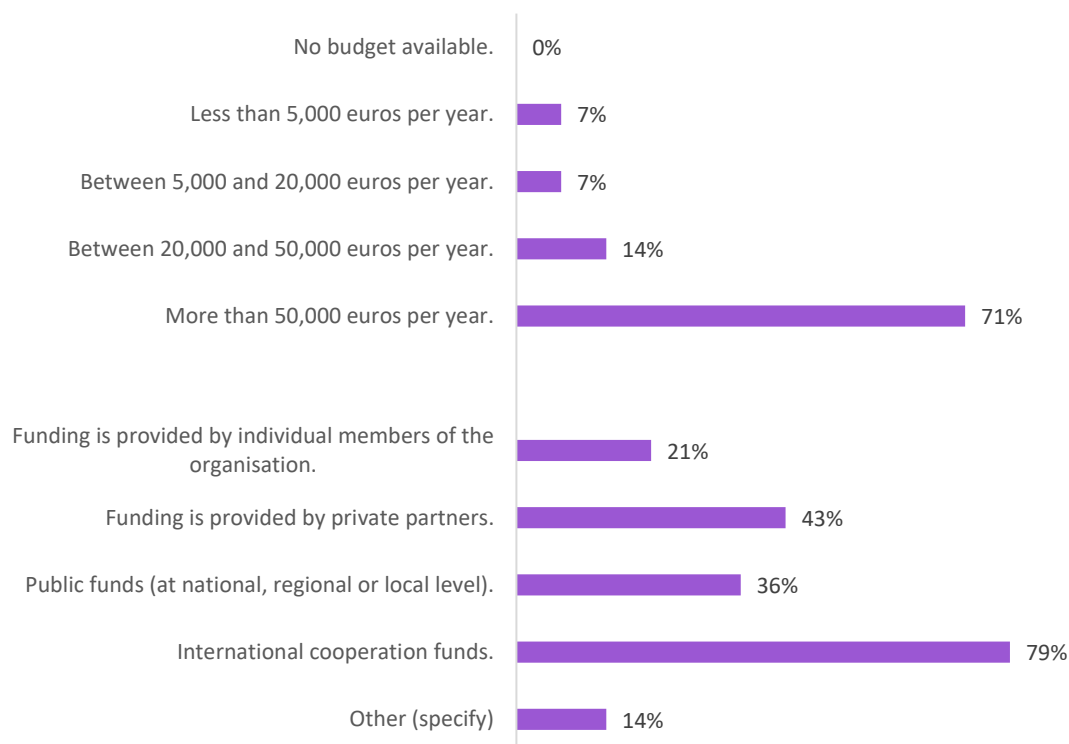


Financial capacities

Over 70% of surveyed CSOs (10 out of 14) have an annual budget exceeding 50,000 euros and only 14% (2 out of 14) have a budget lower than 20,000 euros per year. All CSOs, with one exception, have an office to meet. CSOs in Kenya are highly funded by international cooperation (1 out of 14, which means 7%), but most of them have different sources of funding, including the private sector (43% of CSOs) and public institutions (36%). In three cases funds are also provided by the organisation members.

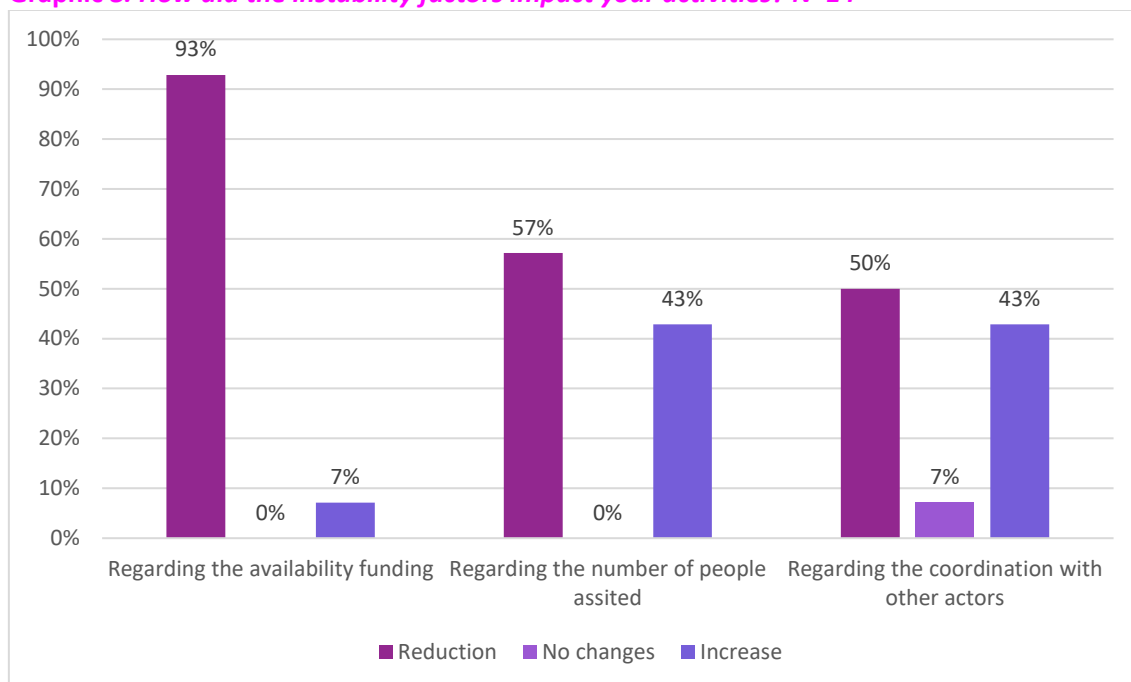
During interviews, as in other countries, interviewed CSOs noted that their capacities and actions go beyond the available funds and that more support from public institutions would be needed to truly establish efficient collaboration and facilitate the implementation of policies.

Graphic 7. What is your annual budget? And what is the origin of your financial funds? n=14



Over the past five years, the COVID-19 pandemic was the most important external shock affecting the GBV context and the work of CSOs in the field. Nevertheless, political instability, particularly violence during electoral periods, conflicts in the regions at the northern Kenya caused by land disputes, access to pasture, conflicts between herders and farmers, and competition for scarce resources, such as pasture and water, have worsened these disputes. Also, natural disasters such as floods and landslides, were also factors of instability according to CSOs. As a consequence, accessing funding became the primary challenge for CSOs, with 93% experiencing reduced access due to these events. The effects on the number of people assisted and coordination with other stakeholders varied among organisations. While 57% of surveyed CSOs reported an increase in the number of people assisted and half of them experienced an improvement in coordination with other stakeholders, 43% reported a decrease in these two factors.

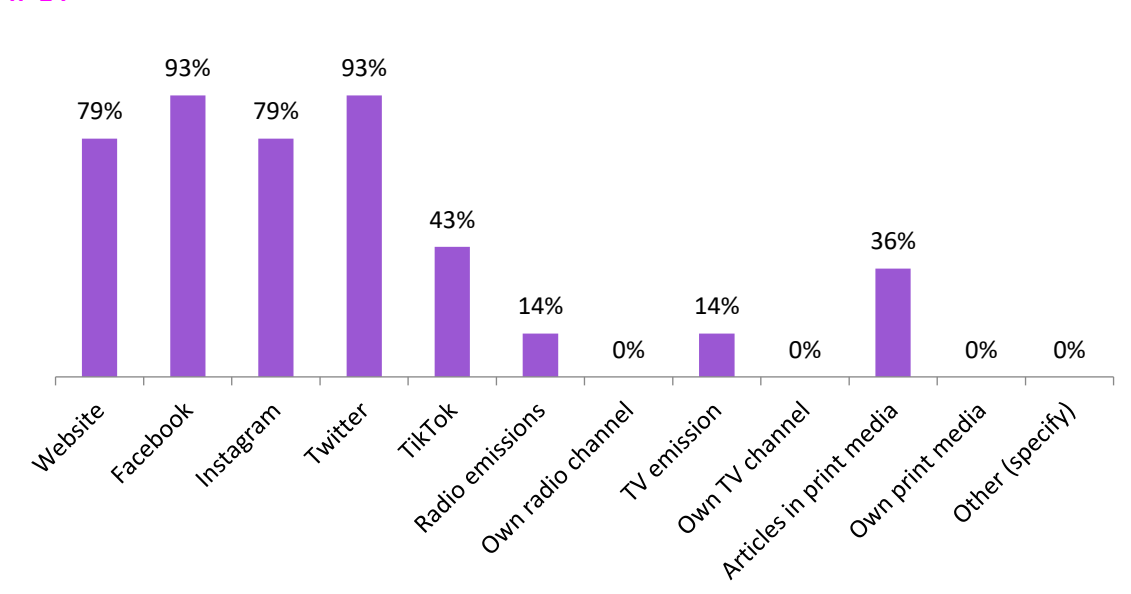
Graphic 8. How did the instability factors impact your activities? N=14



Communication capacities

Regarding CSOs’ communication capacities, most CSOs (10 out of 14), affirmed not having a communication strategy on GBV, despite actively using social media platforms. Specifically, Facebook is used by 13 out of 14, Twitter by 66% (13), and Instagram by 11. Additionally, 11 have a website.

Graphic 9. Does your organisation or network have any of the following communication tools? n=14



Partnerships

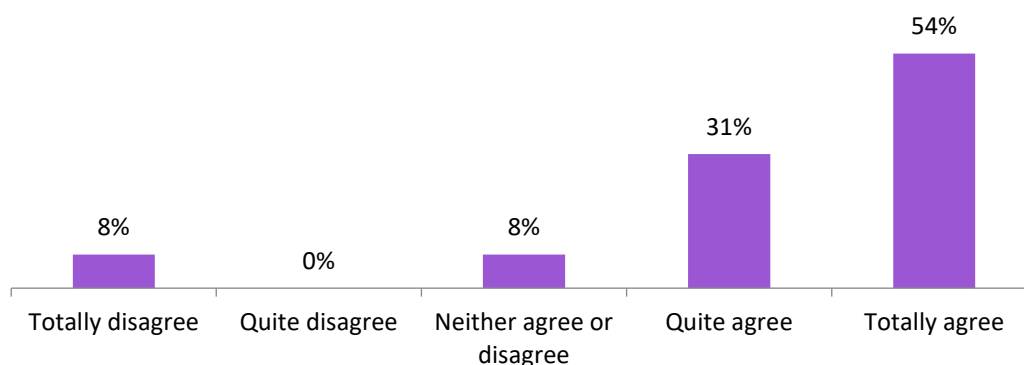
The relationship between CSOs and national institutions seems to be solid since 29% of surveyed CSOs (four cases) perceive their ties with public institutions as very good and 64% (nine cases) as good. Despite CSOs expressing concerns during interviews about the lack of support from institutions for co-financing models to create a pathway towards gender response, no organisation evaluated this relationship as bad, and all of them avoided having this interaction. Similarly, the relationship with international stakeholders is positively appreciated, 93% of CSOs rate it as good (64%) or very good (29%).

Almost all organisations collaborate with other CSOs (except one), and 64% are part of a network, while 29% are not. Some of the networks mentioned in the survey were: Girls not Brides - Kenya, Solidarity for African Women's Rights, Youth Anti FGM Network Kenya, Charitable Children Institute, Mulika Wabakaji Campaign Consortium, GBV Prevention Network, Federation of Women Lawyers (FIDA) Kenya, Sexual Violence Survivor Network, Mashinani Reproductive Health Network (MARHEN Kenya), National Environmental Civil Society Alliance (NECSA) or Kenya Land Alliance (KLA). CSOs also mentioned collaborating with some workgroups such as the Gender Sector Working Group on GBV, the Kisumu Gender Sector Working Group, the Police Reform-Working Group Kenya or the National Committee on Administration of Justice.

Organisational capacities

In Kenya, 85% of surveyed CSOs agree with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”, and only one does not agree. Thus, it is the country in which surveyed CSOs identified higher structural deficiencies.

Graphic 9. Level of agreement with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. n=14



In terms of specific capacities, lower scores were given to capacities related to self-protection against opponents of feminism and/or gender equality (3.23 out of 5), and GBV survivor case management and fundraising (3.31 out of 5). In contrast, driving action and achieving positive change in women's rights and gender equality, including GBV was the best-evaluated capacity

(4.46 out of 5), followed by capacities in organisational management (4.31 over 5), and project management (4.23). In general, CSOs positively assessed their capacities.

Graphic 10. Average score for items on CSO's capacities. n=14



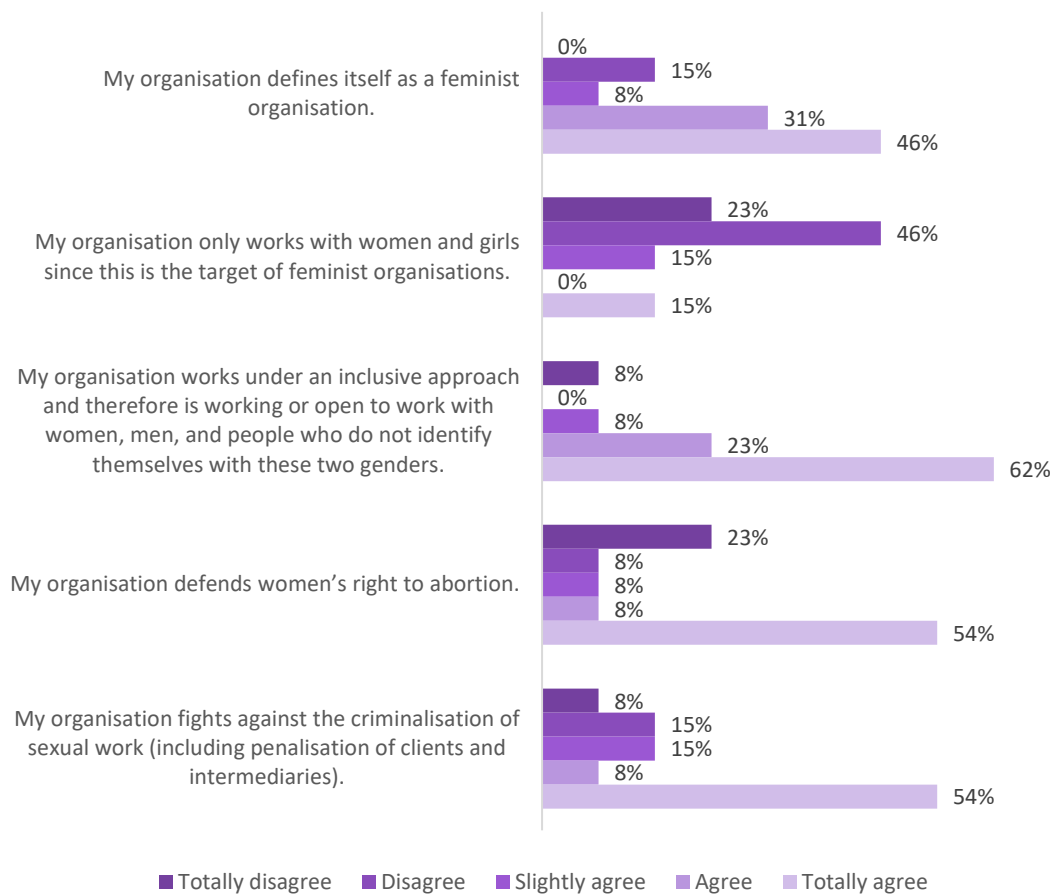
1.4. Positions regarding key debates on women's and sexual and gender diverse individuals' rights

In Kenya, 77% of surveyed CSOs (10 out of 13²¹²) define themselves as feminist. Most of them (9 out of 13) agree that working from a feminist approach involves including women and girls, but also men and boys, since they do not agree with the statement "My organisation only works with women and girls since this is the target of feminist organisations". Furthermore, 11 organisations out of 13 agree with the statement "My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders" (23% agree and 62% totally agree). Fieldwork showed that CSOs adopt inclusive approaches, using LGBTQI+-friendly discourses and focusing on the importance of involving men in promoting gender equality and eradicating GBV, given they are the main perpetrators. The role of male leaders in eliminating traditional harmful practices was also stressed.

²¹² The total number of answers changed since one CSOs do not fully complete the survey.

As in other countries, abortion and prostitution are the two issues with less consensus among CSOs. While 8 out of 13 organisations support women’s rights to abortion (7% totally agree and 1% agree), 31% do not agree (4 out of 13). Regarding sex work, something similar happens, with the same proportion of agreement and disagreement.

Graphic 11. CSOs’ level of agreement with key debates regarding women and sexual and gender diverse individuals’ rights. n=13



1.5. Environment faced by CSOs

The environment for CSOs in Kenya is less restrictive than in other countries regarding institutional norms and legislation. Although 43% of CSOs are unsatisfied with the “dispositions of the legal national framework to support the development of feminist organisations”, 54% are somewhat satisfied (23%) or satisfied (31%). Nonetheless, no CSO was satisfied with the support received by feminist organisations from national institutions (to exist and develop activities) and the existing mechanisms to allow feminist CSOs and networks to participate in the drafting of national strategies against GBV. As highlighted during interviews, CSOs would like to increase ties

with national institutions, which would also reflect a higher engagement from the government in the eradication of GBV, which is not considered a political priority nowadays.

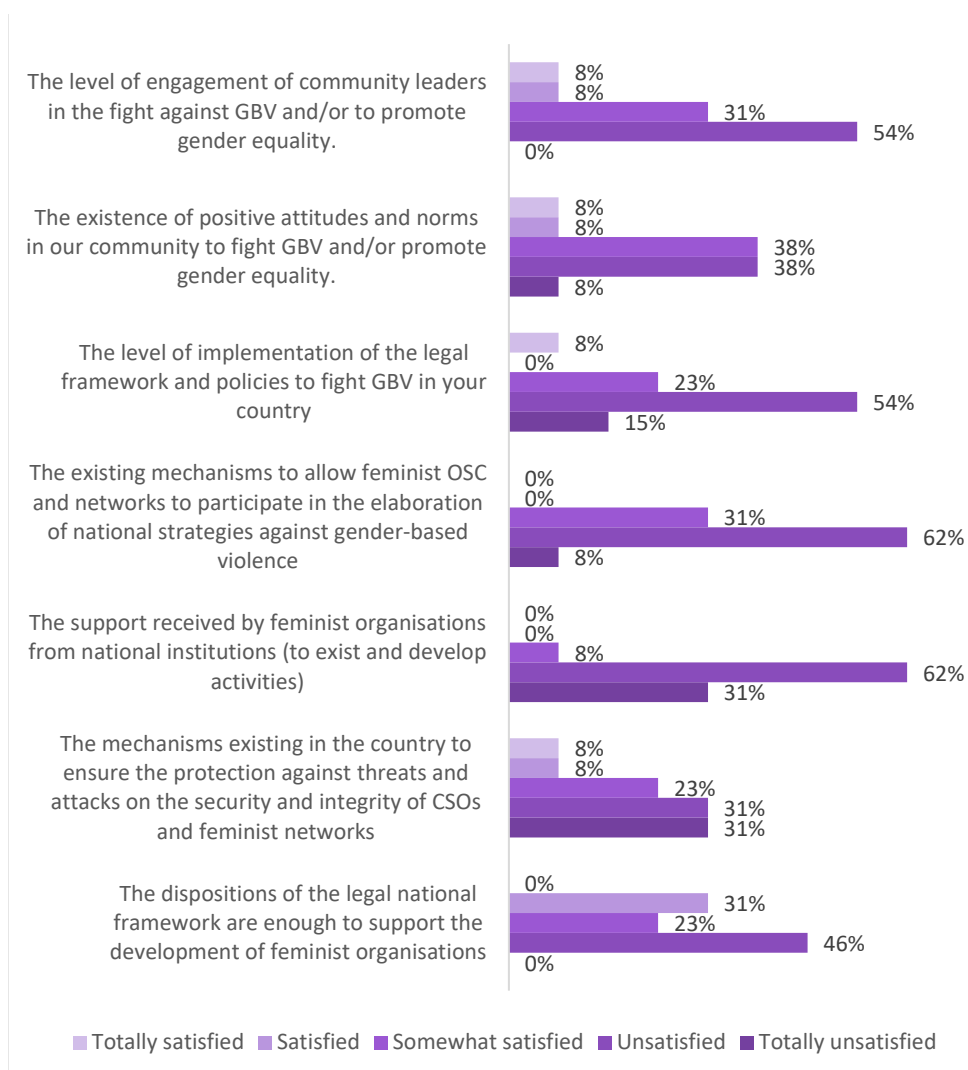
The lack of efforts in implementing the legal framework was already highlighted, with only one organisation being satisfied with the “level of implementation of the legal framework and policies to fight GBV in the country”.

CSOs also noted community barriers and encountered resistance at this level. In fact, the main opponents of intersectional feminism in Kenya are traditional leaders, the church and other religious institutions. Among all participants, only 2 organisations are satisfied with the “existence of positive attitudes and norms in our community to fight GBV and/or promote gender equality” and “the level of engagement of community leaders in the fight against GBV and/or to promote gender equality”. The rest of the CSOs are only somewhat satisfied or unsatisfied.

It is worthy to mention that during interviews, many CSOs expressed concerns about their security. Unlike in other African countries, security risks arise more from communities than from institutions. Grassroots organisations working with LGBTQI+ people, sex workers and also running shelters for GBV survivors are particularly at risk of attacks from perpetrators or men in the community. Thus, these CSOs opt to remain anonymous in public spaces. CSOs also believe that more collaboration and support from national stakeholders would protect them.

Furthermore, to increase community awareness, CSOs noted the potential role that media could play. Nevertheless, they agreed on the fact that, with some exceptions, the media continues to be sensational. While they are reporting and highlighting issues, these cases are only appreciated when they are trending, and the spotlight is sometimes focused on issues that may not dignify women or address emotional concerns. CSOs observed a limited and less supportive approach from the media in addressing and ending GBV.

Graphic 12. CSO level of agreement with statements related to the CSO environment. n=13



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MEXICO

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

In the 2023 Global GGI, Mexico scored 0.765, ranking 33rd out of 146 countries, climbing from the 50th position in 2018 when it scored 0.721.²¹³ Economic participation and opportunity and political empowerment are the areas where more gaps exist between men and women. Women's labour-force participation rate is much lower than men's (43.62% for women and 75.69% for men). Disparities also exist in the percentage of women compared to men in roles as legislators, senior officials and managers (38.47% of women against 64.53% of men). Regarding political participation, the representation of women and men in the parliament is equal but women occupy less ministerial positions (42.11%).²¹⁴

The HDI between women and men also differs, but less than in the rest of countries, Mexico is classed in the first group of countries. Although expected years of schooling and life expectancy are higher for women and even if mean years of schooling for both sexes are almost similar, significant disparities emerge in terms of income. Men estimated gross national income per capita is twice that of women (23,600 PPP\$ compared to 12,456 PPP\$ for women).²¹⁵

Table 1. Main gender inequality indicators in Mexico.

| Indicator | Ranking | Value | |
|-------------------------------|---------|--------|-------|
| Gender Gap Index 2023 | 33 | 0.765 | |
| Human Development Index 2022 | 86 | Female | 0.753 |
| | | Male | 0.761 |
| Gender Development Index 2022 | Group 1 | 0.989 | |

Sources: PNUD, 2022 and World Economic Forum 2018 and 2023.

In Mexico, CSOs reported that violence against women is something structural and deeply related to unequal gender relationships, unequal gender representations, the reproduction of traditional gender stereotypes, as well as the proliferation of organised crime.²¹⁶ GSNI values show that most of the population (88.89% of women and 91.27% of men) hold at least one bias and that 58.49% of women and 60.53% of men present two biases. The main biases are linked to political and physical integrity aspects. Physical violence is quite accepted since 73.86% of men and 71.80% of women present biases on this issue.²¹⁷

²¹³ World Economic Forum, 2018. Global Gender Gap report. https://www3.weforum.org/docs/WEF_GGGR_2018.pdf

²¹⁴ World Economic Forum, 2023. Global Gender Gap report. <https://www.weforum.org/publications/global-gender-gap-report-2023>

²¹⁵ United Nations Development Program, 2022. The 2021/2022 Human Development Report. https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

²¹⁶ Qualitative information gathered during fieldwork in Mexico during September - October 2023.

²¹⁷ UNDP, 2023. 2023 Gender Social Norms Index. Breaking Down Gender Biases Shifting social norms towards gender equality.

Table 2. Gender Social Norms Index. Percentage of people biased by dimension.

| Political | | Educational | | Economic | | Physical Integrity | |
|-----------|-------|-------------|-------|----------|-------|--------------------|-------|
| Women | Men | Women | Men | Women | Men | Women | Men |
| 56.87 | 59.13 | 19.77 | 17.74 | 31.27 | 34.45 | 71.80 | 73.86 |

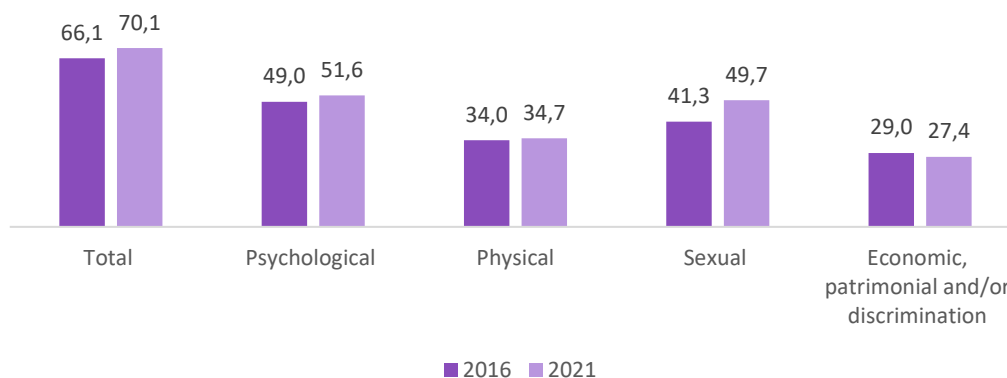
Source: UNDP, 2023.

2. GBV prevalence, including intersectional GBV

The Mexican National Survey on the Dynamics of Household Relationships (ENDIREH) 2021,²¹⁸ estimated that 70.1% of women have experienced at least one situation of psychological, physical, sexual, economic, patrimonial violence and/or discrimination, while 42.8% experienced such situation in the last 12 months. Psychological violence is the most prevalent kind of violence (51.6% of women have suffered it throughout their life and 29.4% in the last 12 months), followed by sexual violence (49.7% of women have suffered it throughout their life and 23.3% in the last 12 months). The prevalence of violence increased between 2016 and 2021, particularly in psychological, sexual and physical violence. In contrast, economic, patrimonial and/ or discrimination slightly decreased (from 29% to 27.4%). Similarly, violence perpetrated by intimate partners has decreased from 43.9% in 2016 to 39.9% in 2021.²¹⁹

According to the same survey, higher prevalence exists in the State of Mexico (78.7%), Mexico City (76.2%) and Querétaro (75.2%), while lower prevalence was found in Tamaulipas (61.7%), Zacatecas (59.3%) and Chiapas (48.7%).²²⁰

Graphic 1. Prevalence of violence against women in Mexico throughout lifetime.



²¹⁸ The National Institute of Statistics and Geography (Instituto Nacional de Estadística y Geografía in Spanish - INEGI) elaborates every five years the National Survey on the Dynamics of Household Relationships (ENDIREH), a survey that generates statistical information to estimate the prevalence and severity of violence faced by women aged 15 and over by type of violence (physical, sexual, economic or patrimonial) and setting of occurrences (work, community, family and intimate partner).

²¹⁹ INEGI, 2021. National Survey on the Dynamics of Household Relationships ENDIREH 2021. <https://en.www.inegi.org.mx/programas/endireh/2021/#:~:text=The%20ENDIREH%202021%20provides%20information,community%20and%20with%20their%20partner.>

²²⁰ Ibid.

Source: INEGI, 2016 and INEGI, 2021. National Survey on the Dynamics of Household Relationships (ENDIREH)

Young women between 15 and 24 are more likely to suffer from violence than the rest. Similarly, childhood is a risk factor, with 12.6% of women aged 15 years and over stating that they experienced sexual abuse during childhood. Disability does not seem to be a risk factor, since the prevalence of violence in women living with disabilities throughout life is similar to the rest of the population and was lower in the last 12 months. The prevalence of violence against women is consistent among indigenous women, with 67.6% reporting instances of violence throughout their lifetimes, compared to the general prevalence of 70.1% for women aged over 15 in 2021.²²¹ Forced and child marriage is a specific kind of violence linked to indigenous communities, but the survey does not include this kind of data. According to the National Population Council,²²² one-fifth of Mexican women (21%) are unmarried and live in a couple before the age of 18, as children or adolescents, a figure that rises to one-third (31%) in the states of Guerrero, Tabasco, Chiapas and Michoacán.²²³

Although the information included in the surveys is quite comprehensive and explains intersectional violence in some groups, it lacks data on violence against specific groups such as female drugs users, sex workers, migrants and refugees or the LGBTQI+ population. In the same line, accurate information about one of the main concerns of the feminist movement in Mexico, femicide, is also not available. The Executive secretariat of the National Public Security System²²⁴ is the official body collecting and publishing data on femicides, but gaps exist linked to the data collection methodology. One of the problems expressed by CSOs is that femicide and attempted femicide are not well identified and are mixed with other kinds of violence.

The study "Femicides and Intentional Homicides of Girls and Adolescents in Mexico"²²⁵, by the General Directorate of Legislative Analysis of the Belisario Domínguez Institute, states that only one in five murders of women is classified and investigated as femicide. This explains the inconsistencies between the figures published based on data from the prosecutor's office and the figures handled by independent investigations and NGOs. According to the same study, between 2015 and 2022 there were 27,133 murders of women and girls in the country, of which, 6,689 (25%) were classified as femicide and 20,444 (75%) were registered as intentional homicides. Of these femicides, 80% were perpetrated against women aged 18 and over, while 2 out of every 100 (2,166) were committed against girls and adolescents between the ages of 0 and 17. The most dangerous states in this regard are the State of Mexico (14.0%), Guanajuato

²²¹ INEGI, 2021. Tamaño de la población LGBTI+. https://www.inegi.org.mx/tablerosestadisticos/lgbti/#Poblacion_LGBTI.

²²² Consejo Nacional de Población.

²²³ Rodríguez Ramírez, G. and Plata Garbutt, O. 2023. Niñez interrumpida, Matrimonio infantil y adolescente en México. Consejo Nacional de Población, Subsecretaría de Derechos Humanos, Población y Migración, Secretaría de Gobernación. https://www.gob.mx/cms/uploads/attachment/file/821703/Niniez_completo_Final_WEB.pdf.

²²⁴ Secretariado ejecutivo del sistema nacional de seguridad pública – SESNSP.

²²⁵ "Feminicidios y homicidios intencionales de niñas y adolescentes en México" in the original title.

(7.6%), Jalisco (6.5%), Michoacán (6.1%), Chihuahua (5.7%), Veracruz (4.6%) and Zacatecas (4.5%).²²⁶

Regarding specific GBV against sex workers, the CSO Brigada Callejera de Apoyo a la Mujer, “Elisa Martínez”, A.C. published a study in 2019 that highlighted the different kinds of violence that sex workers experience in the country.²²⁷ According to the data presented in the study, between 1997 and 2012 the organisation has assisted around 15,000 sex workers. Over 67% had been victims of human trafficking for sexual exploitation and of these, 85% currently work to support their children or parents without pimps taking their money. Out of the total, 98.6% have experienced police violence in anti-trafficking operations targeting crimes such as trafficking in persons, migrants, sex work and others, despite being considered by the authorities as presumed victims of trafficking. The organisation also considered them victims of labour exploitation as they do not receive any of the social benefits provided by labour law for other trades and professions.²²⁸ The research points out multiple violence against sex workers, akin to what all women face in Mexico, but highlights three fundamental pillars of labour violence against sex workers that are especially discriminatory and increase the risk of violence: sanitary control of HIV/AIDS and Sexually Transmitted Infections (STIs), the loss of parental authority over their children under the age of 12 and the criminalisation of sex work that forces them to secrecy and heightened vulnerability.²²⁹

The same report and interviews carried out during fieldwork note that many sex workers are migrant women, either living in Mexico or passing through the country. The growing GBV against migrant women has been extensively discussed by research organisations and CSOs, such as the Institute for Women in Migration,²³⁰ Brigada Callejera²³¹ or Doctors Without Borders more recently.²³² Studies coincide in the fact that sexual violence is the crudest and most prevalent form of violence against migrant women, including rape, intrusive searches, touching or sexual exploitation.²³³ Criminal groups are the main aggressors, with migrant women facing a higher risk of violence when paying for the services of smugglers.

In 2021, the National Institute of Statistics and Geography conducted the National Survey on Sexual and Gender Diversity (ENDISEG), estimating the LGBTQI+ population at 5 million people, equal to 5.1% of the population (81.8% identify themselves as part of this population because

²²⁶ Kánter Coronel, I, 2022. “Feminicidios y homicidios intencionales de niñas y adolescentes en México”. Dirección General de Análisis Legislativo del Instituto Belisario Domínguez en Senado de la República. Coordinación de comunicación social, 2023. Entre 2015 y 2022 fueron asesinadas 27,133 niñas y mujeres en México, señala estudio del IBD. <https://comunicacionsocial.senado.gob.mx/informacion/comunicados/5309-entre-2015-y-2022-fueron-asesinadas-27-133-ninas-y-mujeres-en-mexico-senala-estudio-del-ibd>

²²⁷ Brigada Callejera de Apoyo a la Mujer, “Elisa Martínez”, A.C., 2019. Indicadores de violencia sexual en el mundo de las trabajadoras sexuales en México. <https://gaatw.org/e-bulletin/Violencia-de-Genero-en-el-Mundo-Laboral-de-las-Trabajadoras-Sexuales-Mexico.pdf>

²²⁸ Ibid.

²²⁹ Ibid.

²³⁰ Gretchen Kuhner, 2011. La violencia contra las mujeres migrantes en tránsito en México.

²³¹ Brigada Callejera de Apoyo a la Mujer, “Elisa Martínez”, A.C., 2019. Indicadores de violencia sexual en el mundo de las trabajadoras sexuales en México. <https://gaatw.org/e-bulletin/Violencia-de-Genero-en-el-Mundo-Laboral-de-las-Trabajadoras-Sexuales-Mexico.pdf>

²³² MSF, 2023. Migración en América: un camino de violencia desbordada en 2023. <https://www.msf.mx/actualidad/migracion-en-america-un-camino-de-violencia-desbordada-en-2023/>

²³³ Ibid.

of their sexual orientation, 7.6% due to gender identity and 10.6% for both reasons).²³⁴ Although the survey did not specifically address violence, some of the indicators allow to understand the living conditions of this population regarding family and social acceptance as well as discrimination. When the LGBTQI+ population communicated the situation to their parents, most of them accepted the situation (88.6% of cases of sexual orientation and 83.5% of cases of gender identity). Nevertheless, 1 in 10 LGBTQI+ people were forced by their parents to go to a psychologist or a religious authority.

In the last 12 months, 67.7% of LGBTQI+ people aged 15 and over reported not having suffered discrimination, compared to 86.8% of non-LGBTQI+ people aged 15 and over. This means that the LGBTQI+ population is discriminated against twice as much as non-LGBTQI+ people aged 15 and over. For instance, 28.1 % of the LGBTQI+ population received unequal treatment at work versus 18.4 % of non LGTBI+ population.²³⁵

According to information gathered during qualitative interviews, the LGTBI+ population, and more specifically transsexual women, suffer specific types of violence, including physical and verbal harassment in public and private spaces. It is also a population that suffers direct discrimination in accessing employment, as well as resources, such as access to the health system, the civil registry or even resources for women victims of violence. Psychological violence was highlighted as one of the most widespread forms of GBV in this population, which often suffers from anxiety, and depression and shows a high prevalence of suicides.²³⁶

Official statistics do not include cases of transfemicide, crime or homicide since they are not included in the legal records of either institutions or agencies. Nevertheless, the international organisation Transrespect reported 701 murders of transgender people between 2008 and September 2023 in Mexico, a figure that places the country second in the world behind Brazil. The organisation Letra S denounced that transwomen are the most numerous victims of hate crimes. According to their latest report, 48 transfemicides were registered in 2022, a figure that represents 55.2% of the total cases. Thus, they estimated that a rate of 15 homicides per 100,000 transgender inhabitants persists.²³⁷

Concerning other kinds of violence, interviewed CSOs expressed their concerns regarding sexual and reproductive health, especially obstetric violence and the right to abortion. The National Survey on the Dynamics of Household Relationships (ENDIREH) estimated that 31.4% of women were victims of obstetrical mistreatment in 2021, two points less than in 2016.²³⁸

²³⁴ INEGI, 2021. Tamaño de la población LGBTQI+. https://www.inegi.org.mx/tablerosestadisticos/lgbti/#Poblacion_LGBTI

²³⁵ INEGI, 2021. Conociendo a la población LGBTQI+ en México. https://www.inegi.org.mx/tablerosestadisticos/lgbti/#Experiencias_de_vida

²³⁶ EN-CSO-2

²³⁷ Marcela Nochebuena, 2023. Personas trans, la población LGTBTTI más vulnerada en México; ONG documenta 701 asesinatos en 15 años. Animal político. <https://www.animalpolitico.com/genero-y-diversidad/personas-trans-poblacion-vulnerada-asesinatos>

²³⁸ INEGI, 2021. Tamaño de la población LGBTQI+. https://www.inegi.org.mx/tablerosestadisticos/lgbti/#Poblacion_LGBTI

A concerning situation with no available data is that of accepted situations that show a high level of structural violence against women but that are generally acknowledged, as is the case of micro-sexism: “Regarding invisible violence, more work needs to be done on the identification of micro-sexism as a form of violence, raising awareness among women that they can experience these forms of violence, as well as among men that they are perpetrating them (examples: in the street, in transports, etc.). It is important to identify all types of violence with women who have more intersections because violence is normalised, ‘he yells at me, he looks at me ugly’ is not seen as psychological violence, because that is how they treat everyone in the community”.²³⁹

In general, concerns around the kind of violence in Mexico differs from the others found in Asian and African countries, showing differences in how violence against women is materialised depending on the cultural and sociopolitical context, as well, as differences in the capacity of CSOs to identify gaps in available information. In the same sense, interviews also pointed out that the evolution of the national context in Mexico and the central issue of the “war against drug trafficking” is also creating new forms of violence against women that are poorly documented. Research conducted by the CSO EQUIS Justice for Women²⁴⁰ highlighted the increase of violence against women as a consequence of the confrontation between criminal organised groups and the army, terming it the militarisation of the fight against drug trafficking criminal groups.²⁴¹

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

Mexico has developed a solid legal framework to ensure gender equality between women and men, which also includes specific measures to fight violence against women.²⁴² In 2011, Mexico undertook the Constitutional Reform on Human Rights, by which international conventions and treaties were elevated to the constitutional level, including the CEDAW. In 2007, the country approved the General Law on Women's Access to a Life Free of Violence.²⁴³

This law goes beyond the identification of victims and perpetrators, establishing the legal and administrative guidelines with which the Mexican State must intervene at all levels of government to guarantee and protect the right of women to a life free of violence. It was issued in response to the demand of women who had made femicide violence visible in Ciudad Juárez sometime before and after the creation of the Special Commission for the Investigation of Policies and the Procurator of Justice Related to Femicides in the Country in the Chamber of

²³⁹ EN-IO-1.

²⁴⁰ EQUIS Justicia para las Mujeres.

²⁴¹ Gambia, F. 2022. Vulnerabilidad frente a la militarización. Reporte exploratorio. <https://equis.org.mx/vulnerabilidad-frente-a-la-militarizacion/> and San Martin Romero, Sara, 2021. Violencia de género con armas de fuego en México. <https://equis.org.mx/violencia-de-genero-con-armas-de-fuego-en-mexico/>

²⁴² INMUJERES; 2023. Marco jurídico – normativo. http://puntogenero.inmujeres.gob.mx/presupuestos/pre_t1_pan04_pag09.html

²⁴³ Ley General de Acceso de las Mujeres a una Vida Libre de Violencia.

Deputies.²⁴⁴ Although the first version of the law did not include femicide, in 2012 an amendment was made to add it.

Currently, all Mexican states have introduced their own Law on Women's Access to a Life Free of Violence and 30 have already published their regulations (except for Campeche and Yucatan). Furthermore, 28 states²⁴⁵ also have a Law to Prevent, Attend and Eradicate Domestic Violence although it does not exist at the federal level because this kind of violence is already included in the Law on Women's Access to a Life Free of Violence.²⁴⁶ Despite these improvements, one of the main challenges regarding legislation on GBV and violence against women is the incomplete harmonisation of state-level legislation with the General Act as was identified by the CEDAW periodic report. For instance, one of the main recommendations of this report is to “Ensure that femicide is criminalised in all state penal codes in accordance with the General Act on Women’s Access to a Life Free from Violence, standardise police investigation protocols for femicide across the State party and ensure the effective enforcement of criminal law provisions on femicide”.²⁴⁷ More generally, the law at the federal and state level, recognises 21 kinds of violence²⁴⁸, however, none of the state laws recognise the 21 types and modalities of violence. For instance, educational violence is recognised in 25 laws, while symbolic violence or violence in public spaces is only recognised in one law.²⁴⁹ It is important to mention that even if child marriage and forced marriage are not included as a kind of violence in the General Act, all 32 states in Mexico have harmonised their legislation to ban child marriage in their civil codes.²⁵⁰

Additionally, the General Law for Equality between Women and Men (2011)²⁵¹ establishes as a main objective in Article 41 the elimination of stereotypes that foster discrimination and violence against women.

Other laws that also apply to GBV cases are the General Law to Prevent, Investigate, and Punish Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which states the establishment of specific measures for the attention, aid, assistance, integral protection and reparation to guarantee the rights of the victims of these crimes (Article 2, paragraph III). As well as the General Victims Law that establishes the obligation of authorities of the three levels of

²⁴⁴ Ibid.

²⁴⁵ With the exception of: Aguascalientes, Chiapas, Chihuahua, Guanajuato.

²⁴⁶ CNDH, 2017. Balances y retos a 10 años: Ley General de Acceso de las Mujeres a una vida libre de violencia (LGAMVLV). <https://igualdaddegenero.cndh.org.mx/Content/doc/Publicaciones/Balance-Retos-LGAMVLV.pdf>

²⁴⁷ CEDAW, 2018. Concluding observations of the ninth periodic report of Mexico. https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Download.aspx?symbolno=CEDAW%2FC%2FMEX%2FCO%2F9&Lang=en

²⁴⁸ Violence against reproductive rights, obstetric, sexual, psychological or psycho-emotional, moral, physical, economic, family or domestic violence, intimate partner or dating violence, violence in the community or social violence, labor, educational, institutional or public servant, media or advertising violence, gender violence, femicide, political, symbolic, and violence in public spaces.

²⁴⁹ CNDH, 2017. Balances y retos a 10 años: Ley General de Acceso de las Mujeres a una vida libre de violencia (LGAMVLV). <https://igualdaddegenero.cndh.org.mx/Content/doc/Publicaciones/Balance-Retos-LGAMVLV.pdf>

²⁵⁰ Rodríguez Ramírez, G. and Plata Garbutt, O. 2023. Niñez interrumpida, Matrimonio infantil y adolescente en México. Consejo Nacional de Población, Subsecretaría de Derechos Humanos, Población y Migración, Secretaría de Gobernación. [Ninez completo Final WEB.pdf \(www.gob.mx\)](https://www.gob.mx/ninez-completo-final-web)

²⁵¹ Ley General para La Igualdad entre Mujeres y Hombres originally.

government to watch over the protection of victims, provide aid, assistance or integral reparation".²⁵²

The law for a life free of violence targets GBV against women and girls but excludes LGBTBI+ people victims of violence because of gender identity or sexual orientation. Nevertheless, Article 1 of the Constitution, the Federal Law to Prevent and Eliminate Discrimination, the Federal Work Law and the Penal Code forbid discrimination based on sexual orientation.²⁵³ Currently, 21 states have anti-discrimination clauses in their local constitutions,²⁵⁴ of which one (Quintana Roo) includes sexual preference as a prohibited ground for discrimination.²⁵⁵ Since 2008 the Federal District approved same-sex marriage and other states followed suit.²⁵⁶ In 2021, the Federal District was also the first state to approve the law for the recognition and care of LGBTTTI persons in Mexico City.²⁵⁷

Regarding sexual and reproductive rights, 21 out of 32 states recognise obstetrical violence.²⁵⁸²⁵⁹ The Mexican Official Standard 010-SSA2-2010 for the prevention and control of Human Immunodeficiency Virus Infection establishes the criteria for the prevention and care of HIV/AIDS in cases of sexual violence. In the specific case of abortion, in September 2023 the Supreme Court of Justice of the Nation declared unconstitutional the criminalisation of violating the human rights of women and people with a capacity for pregnancy. This was a crucial advancement for women in Mexico, as well as for the feminist movement and now the federal states must adapt their legislation to this new resolution.²⁶⁰ Currently, although abortion for rape is guaranteed nationwide by the Mexican Official Norm 046, only 12 of the 32 states recognise abortion as a woman's right up to 12 weeks of gestation (CDMX, Oaxaca, Hidalgo, Veracruz, Coahuila, Baja California, Colima, Sinaloa, Guerrero, Baja California Sur, Quintana Roo, Aguascalientes). In the remaining states, there are still laws in place with various grounds under which abortion is permitted. However, in practice, various obstacles prevent women from accessing legal abortion, even under the circumstances established by local laws.

Regarding sex work, there is no national legislation on the issue. Currently, 13 states have provisions about sex work in their health law. But there are legal frameworks that permit sex work with very strict requirements and regulations that sex workers perceive more as

²⁵² Gobierno de México. Modelo para la atención y protección integral para mujeres que viven violencias. [Modelo de Atención SNPASEVCM.pdf \(inmujeres.gob.mx\)](#)

²⁵³ Ley Federal para Prevenir y Eliminar la Discriminación in Spanish.

²⁵⁴ Baja California Sur, Coahuila, Colima, Durango, Hidalgo, Jalisco, Michoacán, Nuevo León, Oaxaca, Puebla, San Luis Potosí, Sinaloa, Tlaxcala, Yucatán and Zacatecas.

²⁵⁵ UNCHR, 2015. Combate a la violencia y discriminación basada en orientación sexual e identidad de género. Prácticas del estado mexicano. [Mexico.pdf \(ohchr.org\)](#)

²⁵⁶ Idem.

²⁵⁷ Ver ley en: [as \(paot.org.mx\)](#)

²⁵⁸ States that do not recognise obstetrical violence are: Baja California Sur, Guerrero, Jalisco, Michoacán, Nuevo León, Oaxaca, Sinaloa, Sonora, Tabasco, Yucatán, Zacatecas and la Federal.

²⁵⁹ CNDH, 2017. Balances y retos a 10 años: Ley General de Acceso de las Mujeres a una vida libre de violencia (LGAMVLV). [Balance y retos a diez años \(cndh.org.mx\)](#)

²⁶⁰ Naciones Unidas, 2023. El Alto Comisionado para los Derechos Humanos aplaude la despenalización del aborto en México. <https://news.un.org/es/story/2023/09/1523912>

restrictions on their rights than as a promotion of them.²⁶¹ In Mexico City, the court judgment 112/2013 opened the door to the recognition of sexual work as informal work, and since, the Labour Secretariat has issued credentials for sexual workers, but this status has not been endorsed in a law yet.²⁶²

3.2. Public policies on GBV and institutional mechanisms

In Mexico, institutional mechanisms and public policies on GBV are implemented at the federal and state levels. Various local attention units exist across the country to provide services for GBV survivors and victims. These units include centres for women's justice,²⁶³ specialised courts on different types of violence, resources within the health care sector specialised in gender violence, social services that counsel and support women living in violent situations to escape from it (Support Program for Women's Institutions in the Federal Entities operated by the National Institute for Social Development, through the Women's Institutions in the Federal Entities),²⁶⁴ and the protection services for women refugees and their children²⁶⁵ victims of violence in dangerous situations. The General Victims Law (2013) also stipulated the creation of Commissions for the attention of victims²⁶⁶ that are distributed throughout the regions via the Integral Attention Centres (CAIs).²⁶⁷ These CAIs provide and coordinate services for victims of federal crimes and human rights violations together with competent institutions. Moreover, specific resources for addressing GBV can be found in some states and municipalities, such as CAVIS in Mexico City or Puertas Violeta in State of Mexico.²⁶⁸

The federal policies and institutions are in charge of ensuring coordination among the different institutional levels. The 2007 General Law on Women's Access to a Life Free of Violence promulgated the need to elaborate a Comprehensive Program to Prevent, Address, Punish and Eradicate Violence against Women. Today, all 32 states have established their System of Prevention, Attention, Sanction and Eradication of Violence against Women.²⁶⁹

The National Commission for the Prevention and Eradication of Violence Against Women (CONAVIM)²⁷⁰ is responsible for approving and monitoring this plan. CONAVIM is a decentralised body of the Ministry of the Interior in charge of designing national policy to promote a culture

²⁶¹ NSWP, Global Network of Sex Work Projects. How Sex Work Laws are Implemented on the Ground and Their Impact on Sex Workers. Mexico Case Study. https://www.nswp.org/sites/nswp.org/files/mexico_legal_case_study.pdf

²⁶² <https://www.copred.cdmx.gob.mx/storage/app/media/informe-resultados-encuesta-trabajo-sexual-derechos-y-no-discriminacion.pdf>

²⁶³ Centros de Justicia para las Mujeres.

²⁶⁴ Programa de Apoyo a las Instancias de Mujeres en las Entidades Federativas (PAIMEF), operado por el Instituto Nacional de Desarrollo Social (Indesol), a través de las Instancias de Mujeres en las Entidades Federativas (IMEF).

²⁶⁵ Refugios de Mujeres.

²⁶⁶ Comisiones de Atención a Víctimas.

²⁶⁷ Centros de atención integral.

²⁶⁸ Gobierno de México. Modelo para la atención y protección integral para mujeres que viven violencias. <http://vidasinviolencia.inmujeres.gob.mx/resources/download/atencion/Modelo%20de%20Atenci%C3%B3n%20SNPASEVCM.pdf>

²⁶⁹ CNDH, 2017. Balances y retos a 10 años: Ley General de Acceso de las Mujeres a una vida libre de violencia (LGAMVLV). <https://igualdaddegenero.cndh.org.mx/Content/doc/Publicaciones/Balance-Retos-LGAMVLV.pdf>

²⁷⁰ Comisión Nacional para Prevenir y Erradicar la Violencia Contra las Mujeres.

of respect for women's human rights and the eradication of violence against women. It ensures coordination among the three levels of government and promotes compliance with the Mexican State's international obligations regarding the prevention, attention, punishment and eradication of violence against women.²⁷¹

CONAVIM also plays a leadership role in the Alert of Gender Violence against Women (AVGM), a set of coordinated, comprehensive, emergency and temporary governmental actions carried out among authorities of the three levels of government. The AVGM aims to confront and eradicate femicide violence in a region and eliminate the unfair treatment resulting from inequalities produced by legal ordinances or public policies that impede the recognition or exercise of the human rights of women, adolescents and girls, ensuring their full access to the right to a life free of violence. An interinstitutional and multidisciplinary workgroup analyses, evaluates and issues recommendations to improve the implementation of actions generated by the Alert of Gender Violence against Women.²⁷²

Furthermore, the Women Institute, a decentralised public agency of the Federal Government that contributes to the national policy on substantive equality also includes measures to combat GBV.²⁷³ This is also the case of the National Human Rights Commission has a programme for the promotion of women's human rights and has actively advocated for the eradication of GBV in the country.²⁷⁴ The National Centre for Gender Equity and Reproductive Health is also responsible for implementing measures to promote gender equality and prevent and assist family violence.²⁷⁵

In addition, interviewed stakeholders also emphasised the importance of international cooperation to develop actions to combat GBV. Although Mexico is a middle-income country, there are many international stakeholders interested in gender equality and prevention and eradication of GBV, including UN agencies, but also national cooperation agencies like the Spanish Agency for International Cooperation, the French Agency for Development, the German Agency for International Cooperation or Cooperation Canada.

During interviews, stakeholders highlighted one of the main achievements of CONAVIM: the creation of a comprehensive model for addressing violence against women. This model allows institutions to respond to cases of violence, threats, risk to life, or exposure to wounds knowing

²⁷¹ CONAVIM, 2023. Comisión nacional para prevenir y erradicar la violencia contra las mujeres. ¿Qué hacemos? <https://www.gob.mx/conavim>

²⁷² CONAVIM, 2023. ¿Cuáles son las Alertas de Violencia de Género contra las Mujeres declaradas en México? <https://www.gob.mx/conavim/articulos/cuales-son-las-alertas-de-violencia-de-genero-contra-las-mujeres-declaradas-en-mexico?idiom=es>

²⁷³ Decentralized public agency of the Federal Government that contributes to the national policy on substantive equality, as well as to the incorporation of the gender perspective in governmental public policies, in the elaboration of sectoral or specific programs, as well as in the actions of the agencies and entities of the centralized and parastatal Federal Public Administration, with the purpose of achieving gender equality. Read more <https://www.gob.mx/inmujeres/que-hacemos#:~:text=Promover%20y%20fomentar%20las%20condiciones,econ%C3%B3mica%20y%20social%20del%20pa%C3%ADs>.

²⁷⁴ More information in: <https://www.cndh.org.mx/programa/8/asuntos-de-la-mujer-y-de-igualdad-entre-mujeres-y-hombres>

²⁷⁵ More information here: <https://www.gob.mx/salud%7Cnegsr/que-hacemos>

which path to follow. This model allows for more efficient communication and coordination among services although institutional collaboration frameworks need further strengthening.²⁷⁶

Response systems for GBV survivors are limited, as 78.3% do not request support and did not file a complaint or report.²⁷⁷ Legal persecution is especially challenging. In many cases, violence is normalised according to information gathered during fieldwork. In other situations, women survivors and their families are afraid of reporting to authorities. In the specific case of vulnerable groups such as sex workers or women with addictions, they are afraid of being persecuted and therefore decide not to report. Furthermore, multiple stakeholders denounced difficulties in accessing the legal system for victims and survivors as well as impunity of perpetrators, including in femicide cases.²⁷⁸

In 2021, Amnesty International published a report highlighting structural problems in the investigations of femicide. The main limitations identified were related to the inadequacy of the investigations and the re-victimisation of the family who must assume the costs of the search and for whom seeking justice can be dangerous due to threats from the aggressors. Often, femicides are investigated as accidental deaths or suicides, and evidence is lost. Authorities also impose a 72-hour delay between the disappearance of a person and the beginning of the search, preventing families from reporting the case before that time, something that the law does not contemplate but which is applied in a generalised manner, indicating an enormous lack of gender perspective in the prosecution of these cases.²⁷⁹

The same report concludes that the system needs to be reinforced with better work conditions for staff, and more human and technical capacities to improve GBV response. Interviewed stakeholders also pointed out this lack of institutional capacity.

SECTION B. ANALYTICAL MAP OF FEMINIST CSOs.

1. General description of CSOs

1.1. **General profile of feminist CSOs specialised in GBV and participating in the survey in Mexico.**

In Mexico, over 600 CSOs were pre-identified. However, only 85 CSOs participated in the online survey. Of them, only 67 affirmed being non-profit organisations or networks with gender equality as their main objective and intervening in the area of GBV, including sexual and reproductive rights. All of them completed the questionnaire. Among these, 78% (52 out of 67)

²⁷⁶ Gobierno de México. Modelo para la atención y protección integral para mujeres que viven violencias. <http://vidasinviolencia.inmujeres.gob.mx/resources/download/atencion/Modelo%20de%20Atenci%C3%B3n%20SNPASEVCM.pdf>

²⁷⁷ INEGI, 2021. National Survey on the Dynamics of Household Relationships ENDIREH 2021. <https://en.www.inegi.org.mx/programas/endireh/2021/#:~:text=The%20ENDIREH%202021%20provides%20information,community%20and%20with%20their%20partner.>

²⁷⁸ Qualitative information gathered during fieldwork in Mexico during September - October 2023.

²⁷⁹ Amnistía Internacional, 2021. Juicio a la justicia. Deficiencias en las investigaciones penales de feminicidios precedidos de desaparición en el Estado de México. <https://amnistia.org.mx/contenido/wp-content/uploads/2021/09/Informe-Juicio-a-la-Justicia-Amnist%C3%ADa-Internacional-M%C3%A9xico.pdf>

were unaware of the FON project and 10 (15%) had applied for funding but were not successful, while one was funded and 3 (4%) were aware of the call but did not apply.

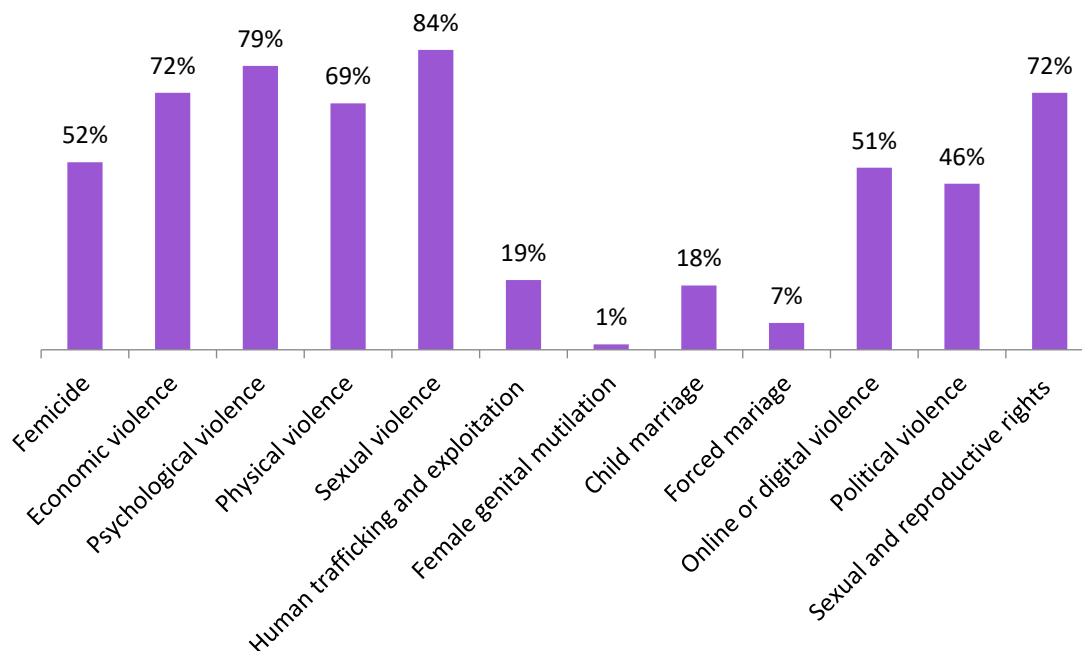
Graphic 2. Has your organisation received a fund from the FON project? n=67



1.2. Targets and specific areas of intervention of feminist CSOs specialised in GBV in Mexico

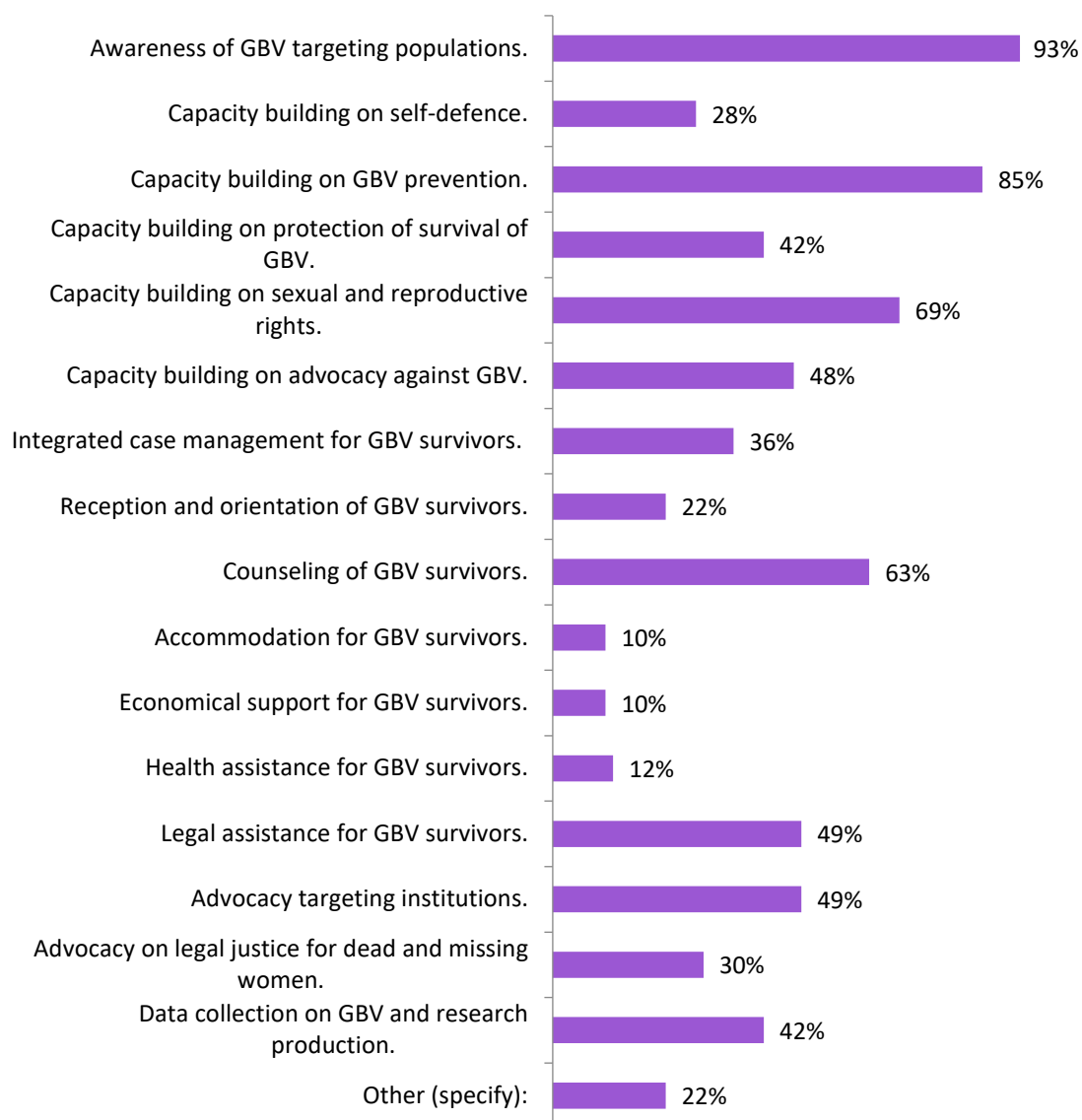
The main areas of activity for organisations in Mexico are sexual violence (84%), psychological violence (79%), economic violence (72%) and sexual and reproductive rights (72%). More than half focus on physical violence (69%) and a significant percentage of them (52%) are specialised in femicide, online or digital violence (51%) and political violence (46%). Fewer CSOs are involved in addressing human trafficking and exploitation (13 out of 67, 19%) although it was pointed out as one of the more important types of violence in the country. The rest of violences (child marriage, forced marriage and FGM) engage fewer CSOs since they are also violences with a lower prevalence than in other regions.

Graphic 3. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=67



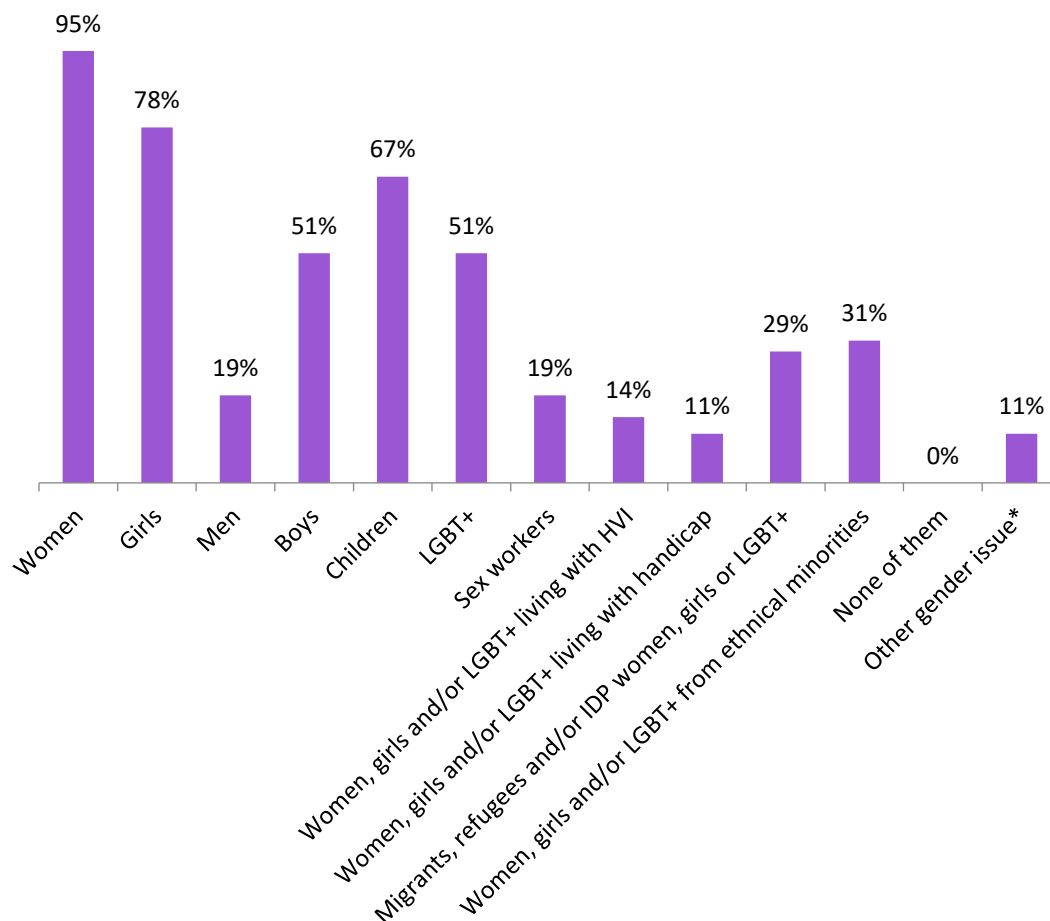
Most CSOs work on raising the awareness of the targeted population (93%) and capacity building on GBV prevention (85%). Over half of CSOs are also involved in capacity building on sexual and reproductive rights (69%) and counselling of GBV survivors (63%). Capacity building and advocacy are also an important field of work and as in other countries, fewer CSOs provide services to protect and assist survivors of violence integrally. While 36% claim to offer integrated case management, only 10% (7 out of 67) provide shelter for survivors, only 12% offer health assistance (8 out of 67) and only 10% can ensure economic support, nevertheless 49% ensure legal assistance for survivors and victims.

Graphic 4. What are your services and activities in the field of gender-based violence survival protection? (Multiple choice). n=67



Their level of intervention is mostly national (43%), but a significant percentage of them also work at the regional (30%) and local levels (27%). Some of the regions of intervention of participants were the Mexico City, Guerrero, Veracruz, Oaxaca or Chihuahua. Many of them also have strong international links that facilitate their intervention in other countries, mainly with people in a migratory process. The main target of these organisations are women (95% of CSOs), girls (78% of CSOs) and children (67%). Among surveyed CSOs, 51% target boys and 51% LGBTQI+ individuals. Around 30 CSOs work with refugees and/or migrants and ethnic minorities, while only 19% target sex workers. Most CSOs (48%) can assist more than 200 beneficiaries per year, and 21% (14 out of 67) assist less than 50 per year.

Graphic 5. What is your target population? (Multiple choice). n=67²⁸⁰



1.3. Capacities of feminist CSOs specialised in GBV in Mexico

Registration and years of experience

Most of these organisations are registered as CSOs or networks (70%), 9 of them (13%) have not concluded the legal process and others are not registered because they do not know the process or because they do not consider it necessary, since they focus on community work approaches. CSOs have different degrees of experience. A significant percentage (48%) have a strong track record with more than 10 years of experience, while 24% have been in operation between 5 and 10 years, and 18% between 3 and 5 years. Only 7 of them (10%) were created less than 3 years ago.

²⁸⁰ This question also includes answers from organizations that were finally expelled of the questionnaire because they were not targeted.

Human resources

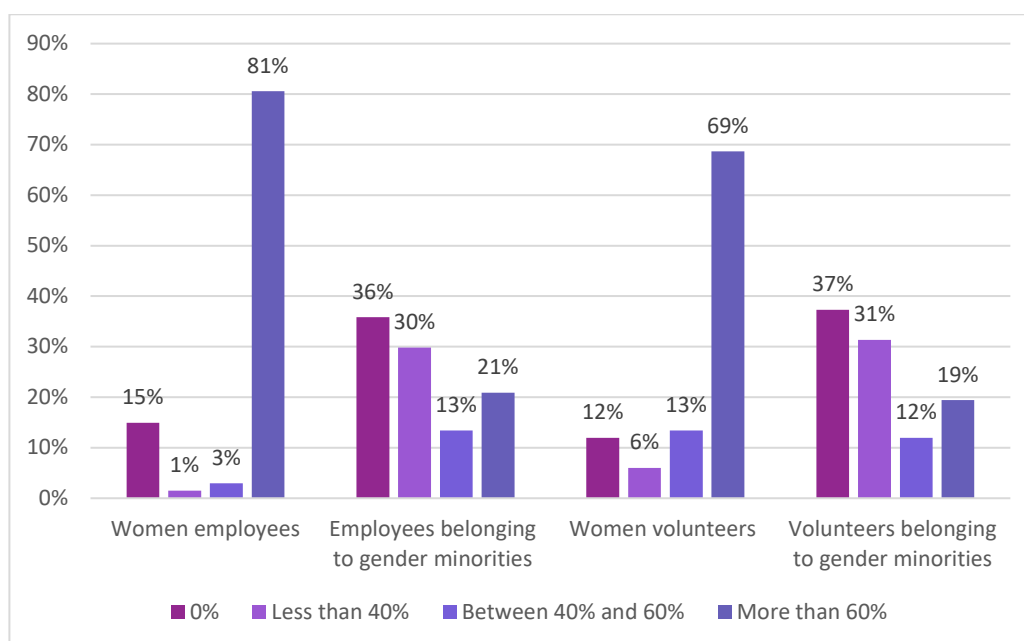
In terms of human resources, 16% of surveyed CSOs (11 out of 67) do not have any employees and 19% (13 of them) have less than 3. In contrast, 45% have more than 6 employees (21% between 6 and 10 and 24% more than 10). More than 93% of CSOs have volunteers, including 58% with 4 or more and 22% with more than 10.

Regarding the presence of women, 81% of CSOs have over 60% of female employees and for 69% of CSOs, 60% of their volunteers are women. In coherence with these data, 70% of CSOs have more than 60% of women in their governing bodies.

Regarding sexual and gender diverse individuals, for 21% of CSOs over 60% of their staff belong to sexual and gender diverse orientations and for 19% of them (which means 13 out of 67) more than 60% of their volunteers belong to sexual and gender diverse individuals.

More generally, people of concern of CSOs have more than 60% of presence in the CSOs' governing bodies in only 24% of cases.

Graphic 6. Presence of women and sexual and gender diverse individuals in CSOs as workers, volunteers or in decision-making positions. n=67

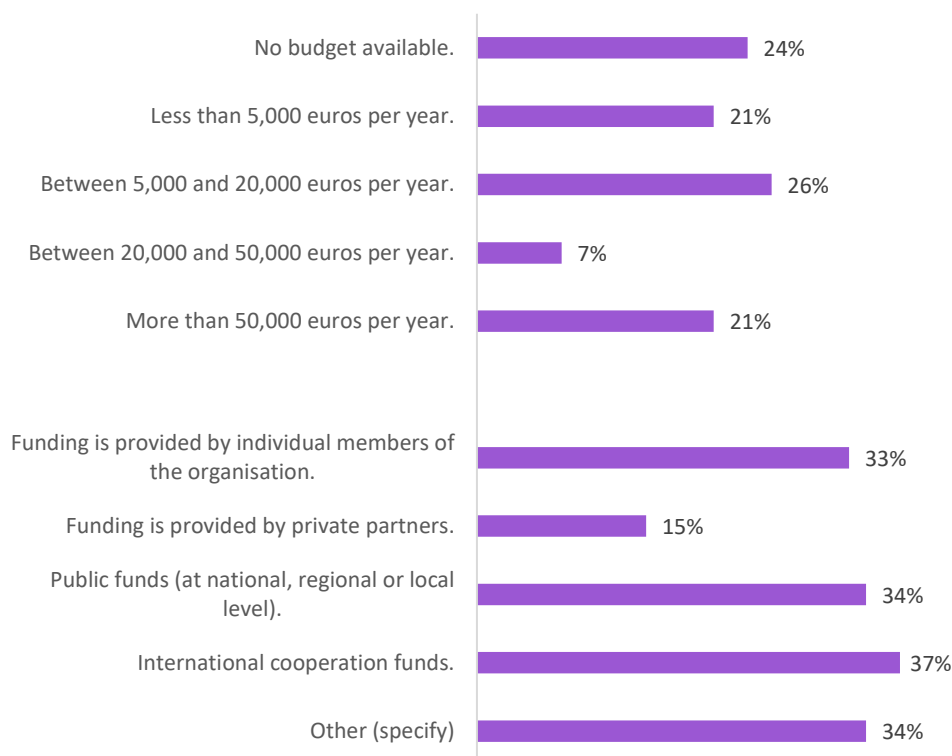


Financial capacities

CSOs in Mexico work with very limited economic resources since the annual budget for 71% of CSOs is less than 20,000 euros per year. Only 21% (10 CSOs) have an annual budget that surpasses 50,000 euros per year. Most CSOs (78%) have headquarters or a place to meet. The sources of funds are very diversified with 37% receiving backing from international cooperation,

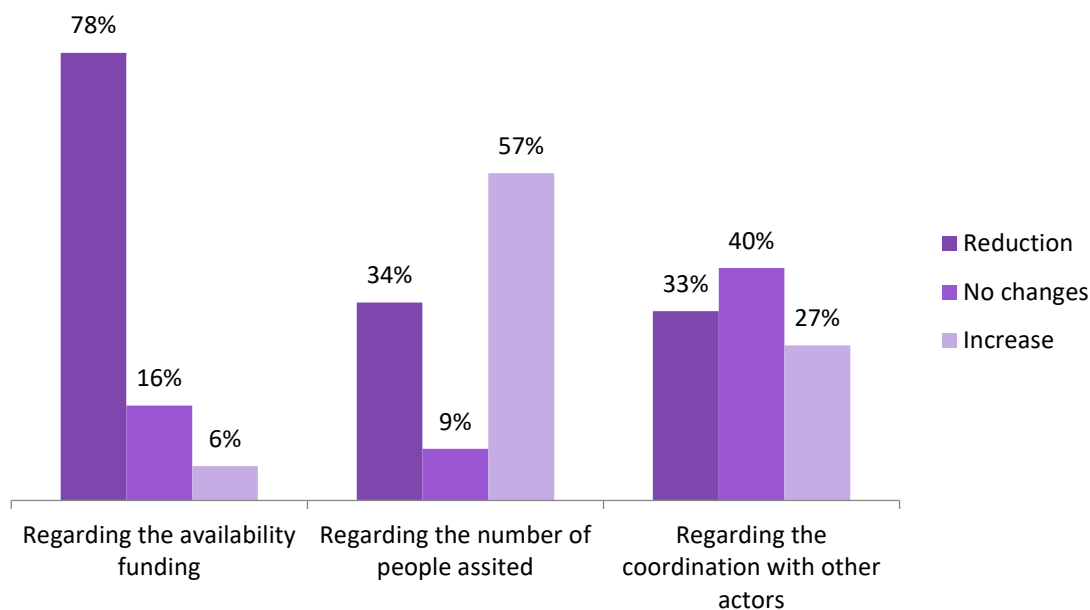
34% from public institutions, 33% from their members and 34% from other sources, such as corporations or feminist funds.

Graphic 7. What is your annual budget? And what is the origin of your financial funds? n=67



Surveyed CSOs have pointed out that over the past five years, the context has been primarily affected by the COVID-19 pandemic, along with other political and social instability factors associated with the political situation and a decreased emphasis on gender equality by the current government. Organised crime has also been noted as an important instability factor, impacting violence against women and the work of CSOs. The evolution of the context in recent years has strongly impacted the capacity of CSOs to access funding, with 78% of CSOs claiming that funding has decreased, while 57% affirm that the number of people assisted increased. Coordination with other stakeholders was less affected, according to survey responses.

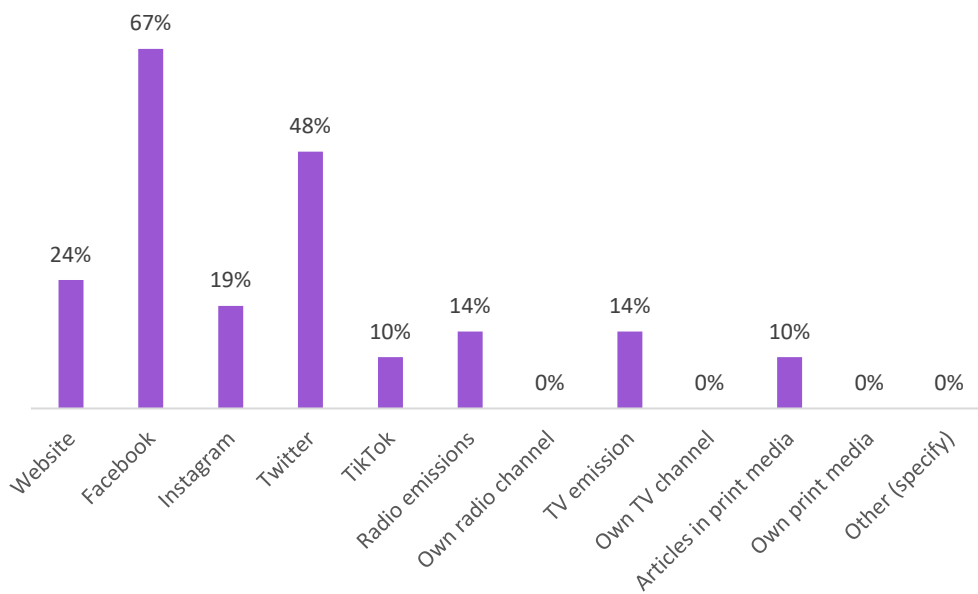
Graphic 8. How did the instability factors impact your activities? N=67



Communication capacities

Regarding CSO’s communication capacities, two-thirds of respondents (67%) stated they have a communication strategy on GBV. The main communication tools used by CSOs are Facebook (67%) and Twitter (48%). In the case of Mexico, only 24% of CSOs admitted having a website and 14 of them have radio emissions and/or TV emissions.

Graphic 9. Does your organisation or network have any of the following communication tools? n=67



Partnerships

In Mexico, CSOs assessed the relationship with public institutions with a score of 3.27 out of 5. Notably, 39% perceived their ties with public institutions as good and 34% as neither good nor bad, while only 7 of them (10%) perceived them as very good.

In 6 cases (8%), the relationship is bad (5) or very bad (1), and 5 CSOs (7%) do not have any ties with institutions. This analysis is more positive than the one obtained during interviews since many organisations criticised the difficulties of collaborating with public institutions in recent years.

The average score regarding the relationship with international stakeholders is lower (2.70 out of 5) since many organisations (22 out of 67, which means 33%) do not have any relationship with international stakeholders. Of the remaining CSOs, 16% (11 CSOs) evaluated the ties with international stakeholders as neither good nor bad, 33% (22 CSOs) as good and 18% (12 CSOs) as very good.

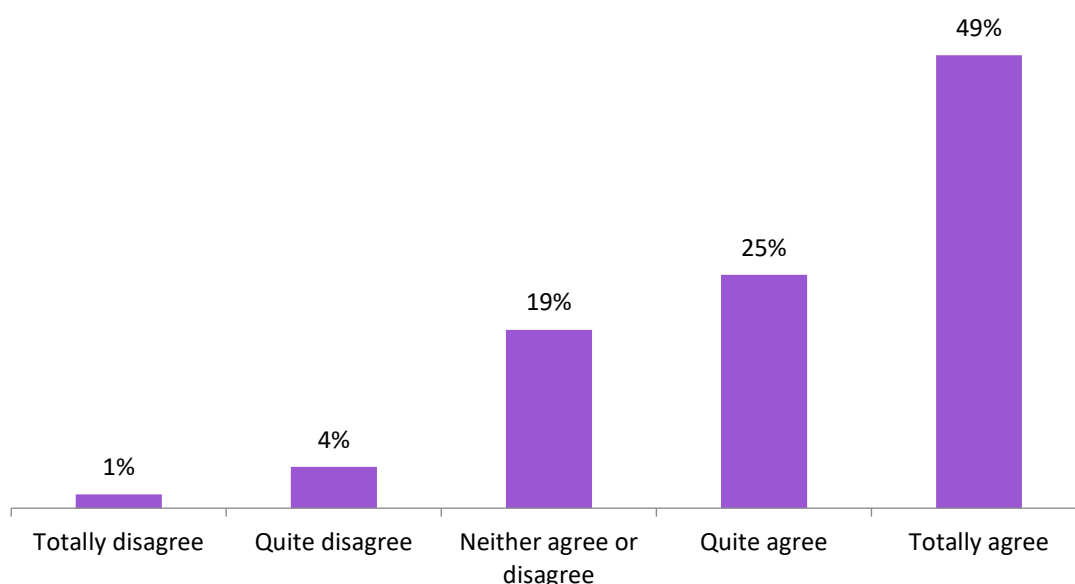
Almost all organisations collaborate with other CSOs (93%) and only 5 of them (7%) admitted not collaborating with other gender equality CSOs in the field of GBV. Regarding networking, 66% of surveyed CSOs affirmed to collaborate with a network - similar data to other countries -, 30% do not and 3 were already a network. Some of these networks are national networks and others regional or local. Some of them are²⁸¹ National Feminist Front, State Network of Women for a Life Free of Violence, Women weaving knowledge (MUTESA), National Network of Indigenous Women Lawyers, Committee to Promote Safe Motherhood in Mexico, Community of Psychosocial Companions, Early Warning Network, National Network of Rural Promoters and Advisors, Interstate Network for the Right to Decide, Support networks for safe abortion access, Regional Network of Afro-People's Women, Self-Defense Instructor Network, Autonomous Shelter Network, Mixed Women's Network, Girls Not Brides, Femicide Prevention Network in Nuevo León, Critical thinking network in intervention work with men, National Movement for Our Disappeared or the Afro-Latino, Caribbean and Diaspora Women's Network, Mexico Chapter, Assembly of Indigenous Women of Oaxaca (AMIO), Guerrero Network for Women's Rights, Front for Sexual and Reproductive Rights of Oaxaca, Veracruz Network of Feminist Women, National Femicide Observatory, Global alliance for care, Inter-institutional network for prevention and attention to cases of family and sexual violence in the Isthmus of Tehuantepec, San Luis Potosi Justice Network, Bajío Region Collective Network.

²⁸¹ Original names: Frente Feminista Nacional, Red Estatal de Mujeres por una Vida Libre de Violencia, Mujeres tejiendo saberes (MUTESA), Red Nacional de Abogadas Indígenas, Comité Promotor por una Maternidad Segura en México, Comunidad de Acompañantes Psicosociales, Alerta Red Temprana, Red Nacional de Promotoras y Asesoras Rurales, Red Interestatal por el derecho a decidir, Redes de acompañamiento para el acceso al aborto seguro, Red Regional de Mujeres Afropoderosas, Red de Instructoras de Autodefensa, Red de Refugios autónomos, Red de Mujeres Mixas, Girls Not Brides, Red de prevención de Femicidios en Nuevo León, Red de pensamiento crítico en el trabajo de intervención con hombres, Movimiento Nacional por Nuestros Desaparecidos o la Red de mujeres afrolatinas, caribeñas y de la diáspora, capítulo México, Asamblea de Mujeres Indígenas de Oaxaca (AMIO), Red Guerrerense por los Derechos de las Mujeres, Frente por los Derechos Sexuales y Reproductivos de Oaxaca, Red de Mujeres Feministas de Veracruz, Observatorio Nacional de Femicidio, Alianza global por los cuidados, Red interinstitucional para la prevención y atención a casos de violencia familiar y sexual en el istmo de Tehuantepec, Red Justicia San Luis Potosí, Red de Colectivos Región Bajío.

Organisational capacities

In Mexico, CSOs assess their capacities as limited, since 75% agree (25%) or totally agree (49%) with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. Meanwhile, 19% neither agree nor disagree, while only 4 (5%) do not agree with the statement.

Graphic 10. Level of agreement with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. n=67



In terms of specific capacities, lower scores were given to capacities related to fundraising (2.55 out of 5), self-protection against opponents of feminism (3.30 out of 5) human resources management (3.43) and communication (3.60 out of 5). Conversely, CSOs expressed stronger confidence in their capacities for gender-based violence knowledge (4.45 out of 5, 76% with very good capacities) and gender mainstreaming (also 76% with very good capacities), followed by driving action and achieving positive change in women's rights and gender equality (32% with very good capacities) and intersectional feminist approaches (59% of CSOs considering to have very good capacities).

Graphic 11. Average score for items on CSO's capacities. n=67



Results in the survey are similar to information shared during interviews in which CSO admitted having structural funding limitations as well as needs in terms of communication tools. They also pointed out the risks of being women's rights activists and the need to learn more about self-protection.

1.4. Positions regarding key debates on women's and sexual and gender diverse individuals' rights

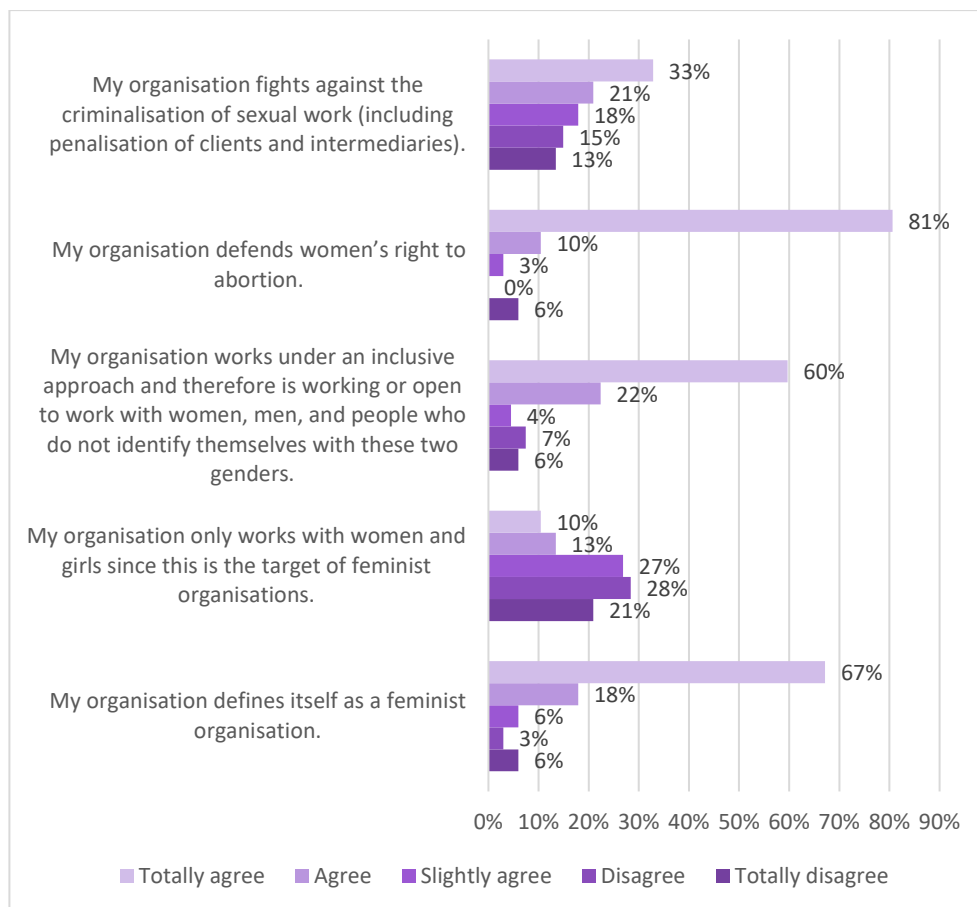
In Mexico, 85% of CSOs defined themselves as feminist organisations. In fact, 67% totally agree with the statement *"My organisation defines itself as a feminist organisation"*, while 18% agree. Regarding inclusive approaches, CSOs do not agree with the idea of women and girls being the main target of feminist organisations (only 10% totally agree with this and 13% agree). In comparison, 60% totally agree and 22% agree with the statement *"My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders"*. In general, CSOs in Mexico believe the inclusion of men and boys in their activities is positive and many CSOs effectively work on LGBTQI+ rights. Regarding men, it is also important to note that many CSOs work to transform masculinity models, most of them created by men.

“Working with men is fundamental, even civil society itself criticises the fact that money is allocated to work with men and not with women, but if we do not work with men, who are the main offenders, no matter how much we invest in women there will be no solutions (...) Perhaps we can no longer do anything with older male offenders, but we can do something with the children to avoid this future”. (Interview MX-IS-01)”.

A consensus exists on the right of women to abortion since 91% of CSOs defend it (81% agree and 10% totally agree with the statement “My organisation defends women’s right to abortion”). Only 6% of CSOs (4) do not defend this statement.

Regarding sex work, 33% of CSOs totally agree and 21% agree with the statement “My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)”. Nevertheless, the rest, 46% do not agree with the statement, which means that their positions can vary between the criminalisation of sex work or the penalisation of clients and intermediaries, which is a proposal in the abolition movement in the country.

Graphic 12. CSOs’ level of agreement with key debates regarding women and sexual and gender diverse individuals’ rights. n=67



1.5. Environment faced by CSOs

In Mexico, CSOs have a negative general impression of their work environment. The average score of all surveyed items is 1.76 out of 5, the lowest for all countries. The institutional context for the development of CSOs is very limited according to the score in the survey, but also according to gathered qualitative information. During interviews and focus groups, CSOs stated that during the last years, the environment for CSOs has worsened, mainly due to financial restrictions imposed on CSOs and lower government engagement against GBV.

From all surveyed CSOs, 79% are totally unsatisfied (37%) or unsatisfied (42%) with the support received by feminist organisations from national institutions (to exist and develop activities), while 19% are somewhat satisfied. The level of satisfaction with existing mechanisms to allow feminist CSOs and networks to participate in the elaboration of national strategies against GBV is slightly higher (the average score for this item is 1.61 out of 5 while it was 1.45 for the previous one), with 24% of CSOs totally unsatisfied and 48% unsatisfied, while 24% are somewhat satisfied. The same happens with the item related to “the dispositions of the legal national framework are enough to support the development of feminist organisations” whose average score is higher than for the previous items (1.70 out of 5).

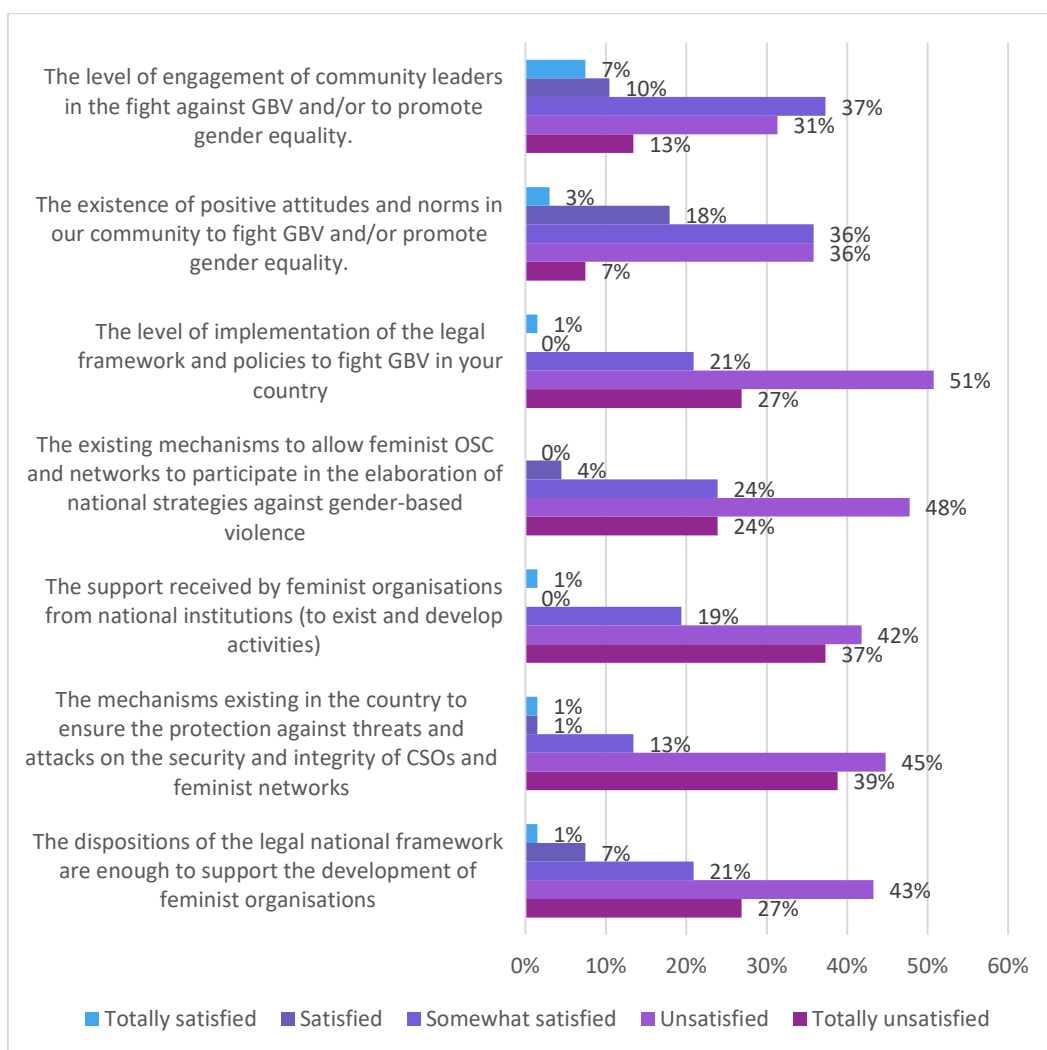
The level of implementation of the legal framework and policies to fight GBV in the country is also one of the items with a low score (1.48), with 78% of CSOs totally unsatisfied (27%) or unsatisfied (51%). As described before, the lack of protection for survivors of GBV and impunity because of structural limitations of the legal system were noted by stakeholders in the interviews as the main limitations for the implementation of the law for a life free of violence against women.

Although CSOs also are unsatisfied with attitudes and norms in the community to fight GBV and/or promote gender equality as well as with community leaders' engagement in the topic, the level of satisfaction regarding community aspects is higher than in the case of institutional ones, since more percentage of CSOs are somewhat satisfied or unsatisfied but not totally unsatisfied (see graphic 13). In general, CSOs in Mexico are involved at the community level, following specific cases and with higher influence in institutions, nevertheless, lack of funding and formal structure is a limitation to their work as was highlighted during interviews. In addition to this, opponents of feminism are gaining a presence in the country. Institutions and religious conservative groups, such as the evangelist church are against intersectional feminism. Criminal groups in collaboration with corrupt institutions were also mentioned.

The item with the lowest score is related to the mechanisms in the country to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (1.37). CSOs in Mexico are concerned with the security of activists and consider that the increase of militarisation to fight criminal organisations will increase, not lower, the danger they face. Perpetrator persecution is also a worry for CSOs. Actually, 84% are totally unsatisfied (39%) or unsatisfied (45%) with the mechanisms to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (e.g. cyber-harassment, threats, violence, obstruction of their activities, etc.).

Some of the interviewed CSOs reported having suffered direct aggressions including slander, and defamation in networks to discredit and generate fear, and threats when talking about abortion, contraception, violence prevention or harassment on social networks and websites. Persecution of journalists was also pointed out. On the contrary, the lack of a gender approach in media, the romanticisation of violence associated with romantic love and leaks to the press during investigation processes were also mentioned as limitations to combat GBV and a threat to CSOs in Mexico.

Graphic 13. CSO level of agreement with statements related to the CSO environment. n=67



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NIGER

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

Niger scored 0.622, ranking 135th from 146 countries in the 2023 Global Gender Gap Index.²⁸² In 2021, Niger was included in the ranking for the first time, entering in the 138th position, with a score of 0,629.²⁸³

Economic participation and opportunity and political empowerment are the areas where gender gaps are most prominent. Differences in labour-force participation are higher than in other countries with men and women showing low figures at 15.06% and 39.56% respectively. The percentage of women working as professional and technical workers is 47 points lower than men (28.87% and 71.13%, respectively).²⁸⁴ Regarding political participation, women's representation in ministries is minimal compared to men's (16.13% against 83.87%), and a similar inequality persists in parliament, where women hold 30.70% of seats against 69.30% for men.

Niger is one of the countries with a lower HDI, standing at 189 out of 191 countries and is in the fifth group of countries in the gender development index. Life expectancy is higher for females than males (62.8 and 60.4 respectively), expected years of schooling and mean years of schooling are higher for men than women by around one point. Regarding estimated gross national income per capita, women have less income than men (936 PPP\$ against 1,535 PPP\$).²⁸⁵

Table 1. Main gender inequality indicators in Niger.

| Indicator | Ranking | Value | |
|--------------------------|---------|-------|---------------------|
| Gender Gap Index | 135 | 0.622 | |
| Human Development Index | 189 | 0.400 | Female 0.364 |
| | | | Male 0.436 |
| Gender Development Index | 189 | 0.835 | |

Sources: PNUD, 2022 and World Economic Forum 2023.

In Niger, social norms, cultural practices and a strong gender bias contribute to GBV. The GSNI survey is not available, but the National Sociodemographic Survey identifies the percentage of women and men aged 15-49 who think it is justified for a husband to beat his wife for certain

²⁸² World Economic Forum, 2023. Global Gender Gap report. <https://www.weforum.org/publications/global-gender-gap-report-2023>

²⁸³ World Economic Forum, 2021. Global Gender Gap report. https://www3.weforum.org/docs/WEF_GGGR_2021.pdf

²⁸⁴ World Economic Forum, 2023. Global Gender Gap report. <https://www.weforum.org/publications/global-gender-gap-report-2023>

²⁸⁵ United Nations Development Program, 2022. The 2021/2022 Human Development Report. https://hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf

reasons. Almost 60% of women justify this situation while this percentage is much more reduced for men (20.7%). Additionally, the data reveals variations across age groups, with older women more willing to justify violence than young women. On the contrary, 41.4% of men between 15-19 justify violence, while the percentage is 28.6% for the group 20-24 and 17.7% in the group 45-49.²⁸⁶

Table 2. Percentage of all women and men aged 15-49 who think it is justified for a husband to beat his wife for certain reasons²⁸⁷.

| Age | Women | Men |
|-------|-------|------|
| 15-19 | 53.5 | 41.4 |
| 20-24 | 61.2 | 28.6 |
| 25-29 | 61.5 | 26.8 |
| 30-34 | 60.4 | 23.1 |
| 35-39 | 61.6 | 21.8 |
| 40-44 | 58.4 | 19.8 |
| 45-49 | 60.0 | 17.7 |

Source: Institut National de la Statistique (INS) ministère des Finances Niamey, Niger and ICF International, p.276.²⁸⁸

2. GBV prevalence, including intersectional GBV

The last available data on GBV in Niger was published by UNFPA in 2021. According to this report, 38.2% of women have been victims of GBV at least once in their lives, and 7.8% in the 12 months preceding the survey. The survey also reveals that violence in the 12 months before the survey was more prevalent in urban contexts and the regions of Dosso (18.5%), Niamey (17.8%) and Maradi (15.6%). Women between 20-39 years are more likely to have been victims of GBV, as well as divorced women and those living in polygamous marriages.²⁸⁹

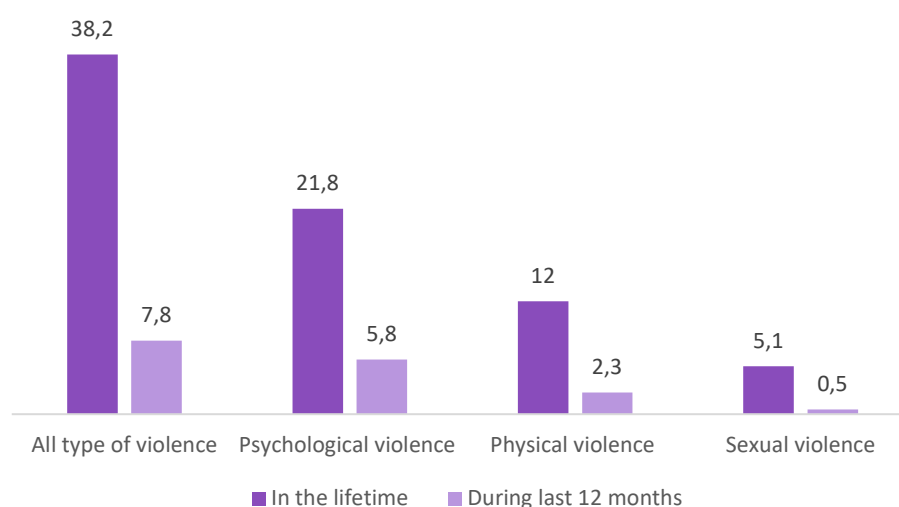
²⁸⁶ Institut National de la Statistique (INS) ministère des Finances Niamey, Niger and ICF International. Calverton, Maryland, USA. Enquête Démographique et de Santé et à Indicateurs Multiples. P 276 <https://www.undp.org/sites/g/files/zskgke326/files/migration/ne/UND-NE-Niger-DHS2012.pdf>

²⁸⁷ Options in the survey were burns the food, argues with him, leaves the home without telling him, neglecting children, refuses to have sex with him.

²⁸⁸ Institut National de la Statistique (INS) ministère des Finances Niamey, Niger and ICF International. Calverton, Maryland, USA. Enquête Démographique et de Santé et à Indicateurs Multiples. P 276 <https://www.undp.org/sites/g/files/zskgke326/files/migration/ne/UND-NE-Niger-DHS2012.pdf>

²⁸⁹ UNFPA, 2021. Etude sur l'Ampleur et les Déterminants des Violences Basées sur le Genre au Niger. Ministère de la Promotion de la Femme et de la Protection de l'Enfant. Initiative spotlight. <https://liguenigerienne.org/wp-content/uploads/2023/06/Rapport-etude-sur-les-VBG-Niger-2021.pdf>

Graphic 1. Prevalence of GBV in Niger.



Source: UNFPA, 2021.²⁹⁰

The results of the study show that 12.8% of surveyed women had experienced psychological/emotional abuse in their lifetime. In the 12 months before the survey, the prevalence was 5.8%. In the case of physical violence, the prevalence was 12% over a lifetime and 2.3 in the last 12 months. In both cases, most assaults take place in the survivors' household (57.1% of cases of psychological violence and 63.8% of cases of physical violence). In the case of sexual violence, places varied, but 4 out of 10 cases also occurred in the home. Young girls were the most affected by this type of assault, which has affected 5.1% of women in their lifetime and 0.5 in the 12 months preceding the survey. The most frequent types of assault were attempts to force women to kiss (14.8%) and attempts to fondle women against their will (12.5%). Young women between 15 and 19 are the most affected by this kind of violence, with a prevalence of 23.1% in the last 12 months.²⁹¹

Regarding FGM, the survey showed a reduction in its prevalence because it is a practice more widespread among the older generations than among the young. Excision rates range from 2.8% for women aged 45-49 to 2.0% for 40-44-year-olds, while it is virtually non-existent among young girls aged 10-24. The practice was more concentrated in Niamey and Tillabéri and more concretely among Fula women.

Another specific kind of violence affecting younger women is child marriage (53.4% of girls between 20 and 24 years got married before turning 18). Child marriage is more prevalent in rural areas (65.4% against 29.3% in urban areas) and in the regions of Tahoua (75%) and Diffa

²⁹⁰ UNFPA, 2021. Etude sur l'Ampleur et les Déterminants des Violences Basées sur le Genre au Niger. Ministère de la Promotion de la Femme et de la Protection de l'Enfant. Initiative spotlight. <https://liguenigerienne.org/wp-content/uploads/2023/06/Rapport-etude-sur-les-VBG-Niger-2021.pdf>

²⁹¹ Ibid.

(72.6%).²⁹² Child marriage has important effects on the life of girls and their health since the number of children by women is among the highest in the world. Thus, different reports highlight obstetric fistula as a significant problem and a consequence of child marriage.²⁹³

The practice of *wahaya* stands out as one of the most harmful practices. *Wahaya* refers to girls and women who are traded by men as "fifth wives". They hold this designation due to their distinct status compared to the four wives officially allowed by Nigerien law. These arrangements lack formal marriage ceremonies but women are referred to as wives despite the absence of legal recognition or the associated rights and protections. Essentially, they are treated as domestic and sexual servants.²⁹⁴

Niger faces a prolonged and complex crisis characterised by ongoing armed conflicts, extensive displacement, malnutrition, recurrent epidemics, and climate-related disasters such as floods. Additionally, this challenging scenario is exacerbated by deep-seated structural barriers and the adverse socio-economic impacts of the COVID-19 pandemic.²⁹⁵ Instability, the security situation and the July 2023 political situation have had a direct impact on the increase in sexual violence, notably in the regions of Diffa and Tillabéri. In the immediate aftermath of the crisis, women were threatened and assaulted, and several cases of violence and sexual assault were reported, as CSOs pointed out during interviews.

Insecurity has also created a climate conducive to impunity, which has deteriorated the situation of more vulnerable people. Displaced and returnee women were especially at risk of being targeted by GBV. The presence of terrorist groups in northern Mali and north-eastern Nigeria has led to major population movements into and within Niger. The regions most affected are Diffa, which has been hit by attacks from the terrorist group Boko Haram, Tahoua and Tillabéri, which have been affected by the unstable security situation in Mali. The situation in Libya has also implied the humanitarian repatriation of refugees from Libya to Niger. According to UNFPA in 2021, 33.3% of returnee women admitted having been victims of any kind of violence during the last 12 months, which means almost four times more than the general prevalence.²⁹⁶ The Committee already pointed this out on the Elimination of Discrimination against Women in its *Concluding observations on the combined third and fourth periodic reports of Niger* where it highlighted that: "Displaced women and girls are at risk of sexual and gender-based violence, as

²⁹² UNFPA, 2021. Etude sur l'Ampleur et les Déterminants des Violences Basées sur le Genre au Niger. Ministère de la Promotion de la Femme et de la Protection de l'Enfant. Initiative spotlight. [Rapport-etude-sur-les-VBG-Niger-2021.pdf \(liguenigerienne.org\)](#)

²⁹³ UNFPA, 2021. Etude sur l'Ampleur et les Déterminants des Violences Basées sur le Genre au Niger. Ministère de la Promotion de la Femme et de la Protection de l'Enfant. Initiative spotlight. [Rapport-etude-sur-les-VBG-Niger-2021.pdf \(liguenigerienne.org\)](#)

²⁹⁴ Girls not brides, 2002 - 2024. Child bride or slave? The girls in Niger who are both. [Child bride or slave? The girls in Niger who are both - Girls Not Brides](#)

²⁹⁵ Protection Cluster. Gender Based Violence AoR. GENDER-BASED VIOLENCE Secondary Data Review Date 03/01/2023.

²⁹⁶ UNFPA, 2021. Etude sur l'Ampleur et les Déterminants des Violences Basées sur le Genre au Niger. Ministère de la Promotion de la Femme et de la Protection de l'Enfant. Initiative spotlight. [Rapport-etude-sur-les-VBG-Niger-2021.pdf \(liguenigerienne.org\)](#)

well as early and forced marriage, human trafficking, forced prostitution and abduction by terrorist groups for use in suicide bombings and sexual slavery”.²⁹⁷

Political instability also brought more repression against LGBTI+ communities. Members of the community are persecuted in social media and pointed out as criminals, exposing them to heightened risks.

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

The Nigerien Constitution of 25 November 2010 prohibits through Article 8 discrimination on the basis of sex and Article 22 pledges to eliminate all forms of discrimination against women. Article 171 states that international engagements prevail over the national laws.

Nevertheless, even if the country ratified the CEDAW in 1998, it expressed reservations to Niger on articles 2, 5, 15 and 16 because of “religious and cultural traditions” which means, de facto, the non-application of some of the main measures included in the international convention. Furthermore, Niger has not yet ratified the Maputo Protocol because of reservations to Article 14 on abortion, which is a crucial legal framework on women's rights.

Additionally, the Nigerien legislation contains discriminatory provisions against women, as described in the periodic reports on the implementation of the CEDAW.^{298 299}

As highlighted during fieldwork, shortcomings in the legislation include the lack of specificity and comprehensiveness. National law does not have a specific measure on GBV, which is not recognised in the country. However, the Penal Code regulates some infractions and crimes that are forms of GBV, such as sexual harassment (Article 281), rape (Article 283) or FGM (Article 232).³⁰⁰ In 2012, the Labour Code included the prohibition of sexual harassment in the workplace.

Rape is described in the Penal Code as “any act of sexual penetration of any kind committed against another person by violence, coercion, threat or surprise”. Following this definition, rape within the marriage and against men could be punished. Additionally, the Nigerien law on Reproductive Health (2006) also stipulated that everyone has the right to be free from torture and cruel, inhuman or degrading treatment of their body in general and their reproductive organs in particular. All forms of violence and sexual abuse of the human person are prohibited

²⁹⁷ Committee on the Elimination of Discrimination against Women, 2017. Concluding observations on the combined third and fourth periodic reports of Niger, p. 3.

²⁹⁸ Committee on the Elimination of Discrimination against Women. Consideration of reports submitted by States parties under article 18 of the Convention Combined third and fourth periodic reports of States parties due in 2012. Niger. 2017.

²⁹⁹ These provisions concerns principally the personal status regulations regulated in the Civil code and related to the matrimonial home (art. 108), the status of the head of the household and paternal power (arts. 213 to 216), the legal capacity of a married woman (arts. 506 to 507), remarriage (arts. 228 and 296), the exercise of guardianship over children (arts. 389 to 396, 405), and the distribution of marital assets (art. 818)

³⁰⁰ Code pénal de Niger. [Refworld | Niger: Code pénal](#)

and punishable by law.³⁰¹ Both articles could be used to punish sexual violence even within marriage.

Nevertheless, as highlighted during fieldwork, most cases do not arrive at the tribunals because women are not well informed on their rights in relation to GBV. If they do know their rights, judges are sometimes reluctant to respect them, particularly in cases of violence within marriage. In these cases, customary law is mostly applied because these are considered personal status matters. In practice, resistance to advance legal reforms to promote the rights of women is high, as the attempt to reform the Personal Status Code (2010) proves. The attempt was unsuccessful because of the hostility of certain political and conservative groups. Furthermore, the previous government promised the introduction of changes in the Penal Code and in legislation to advance women's rights, such as the increase of the legal marriage age to 18. All these reforms were halted with the July 2023 political crises. The legal age for marriage is 18 for boys but only 15 for girls. Polygamy is also allowed for men who can marry up to four women.

Sex work is not criminalised, but the Penal Code criminalises pimping and incitement to debauchery (articles 291 – 294). It punishes aiding and assisting the prostitution of another, as well as living on the earnings/living with a person in prostitution, acting as an intermediary, hiring, training or maintaining a person involved in prostitution. Brothel-keeping and knowingly allowing sex workers to solicit inside any premises (e.g. hotel, bar, etc.) are also criminalised.³⁰²

Currently, the Penal Code in Niger punishes anyone who commits an indecent or unnatural act with a person of the same sex under the age of 21 years with imprisonment of between six months and three years and a fine of between 10,000 and 100,000 francs (Article 282). Nevertheless, the government intended to reform the Penal Code to increase penalties against homosexuality, a practice “external to Nigerien culture” as the former president stated in January 2023.³⁰³ After the recent political upheaval in the country, this project is currently on hold but positions regarding homosexuality follow the same lines of the previous government.

Finally, it is important to mention that abortion is punished in all cases by the Penal Code, which stipulates penalties for women who attempt to do it, as well as professionals who give support.

3.2. Public policies on GBV and institutional mechanisms

In Niger, the Ministry for the Promotion of Women and the Protection of Children is in charge of measures to eliminate GBV and had to implement the National Strategy to Prevent and Respond to Gender-Based Violence (2017 – 2021). The implementation of the strategy was concentrated on the prevention of GBV with broad involvement of government agencies, CSOs, traditional and religious leaders and donors and the use of promising community-based approaches such as husbands' schools, safe spaces, community dialogues, school governments

³⁰¹ Loi N° 2006-16 du 21 juin 2006 sur la santé de la reproduction au Niger. [WHO MiNDbank - Loi sur la Santé de la Reproduction au Niger \(Law on Reproductive Health in Niger\)](#)

³⁰² Code pénal de Niger. [Refworld | Niger: Code pénal](#)

³⁰³ Manoël-Florisse, M., 2023. Niger : le Niger s'apprête à pénaliser l'homosexualité et à rendre le « mariage gay » passible de la peine de mort. [Niger : le Niger s'apprête à pénaliser l'homosexualité et à rendre le « mariage gay » passible de la peine de mort | «76 Crimes en français \(76crimesfr.com\)](#)

and children's clubs and the revitalisation of the Gender and Human Rights Consultation Framework. This framework was created in 2004 by the Ministry for the Promotion of Women and the Protection of Children with the support of UNFPA and Oxfam to enable synergy of actions between stakeholders with the aim of efficiently and effectively combating GBV.

Other stakeholders playing an important role are the Ministry of Justice and the Ministry of Interior, with special units to assist women survivors of violence.

Nevertheless, as highlighted by the CEDAW Committee “gender-based violence against women and girls, including sexual and domestic violence, appears to be socially legitimised and accompanied by a culture of silence and impunity, and that victims have limited means of assistance, protection or redress”.³⁰⁴ Survivors are not ready to denounce their situation and resources in the country are very limited. In addition to this, since July 2023, all engagements made by the country on this field have been suspended and the Ministry for the Promotion of Women and the Protection of Children was transformed into a General Direction. No real changes were observed in the fight against GBV and the improvement of GBV survivors’ assistance or GBV prevention by authorities. All efforts to prevent and assist survivors depend on CSOs and the contribution of UN agencies that work on assisting victims and protecting them through informal networks.

The exceptions are resources for children victims of GBV and more specifically FGM and child marriage. Child protection committees composed of members of the community, CSOs and authorities exist in villages and regions and play an important role to identify and monitor cases of child rights violations. The children's clubs in schools, also play a significant role in identifying cases of girls who abandon school because of violence or marriage. Nevertheless, most of these resources work thanks to the support of UN agencies, notably UNFPA and UNICEF, which play a crucial role in implementing policies against child marriage and promoting children’s rights, also providing most of the budget to this aim.

SECTION B. ANALYTICAL MAP OF FEMINIST CSO.

1. General description of CSO

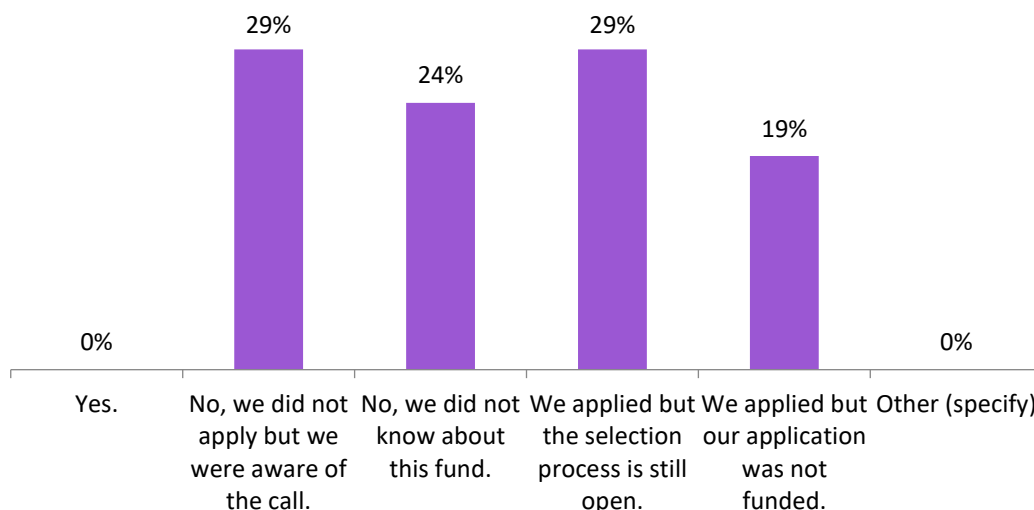
1.1. General profile of feminist CSO specialised in GBV and participating in the survey in Niger.

In Niger, 62 CSOs were pre-identified and invited to participate in the online survey. Finally, 27 CSOs started answering the questionnaire, some of them were new organisations not included in the first distribution list. For 23 of them, gender equality was an important and deliberate objective (14) or the main objective (9). All of them were also specialised in GBV but one of them was not a CSO or network. Therefore, from the 27 who started the questionnaire, only 22 could

³⁰⁴ Committee on the Elimination of Discrimination against Women. Consideration of reports submitted by States parties under article 18 of the Convention Combined third and fourth periodic reports of States parties due in 2012. Niger. 2017, p. 6.

continue. Finally, one of them did not complete the full questionnaire. Among these, only 6 (29%) were not aware of the FON project, and 10 of them (48%) had applied but did not receive funding.

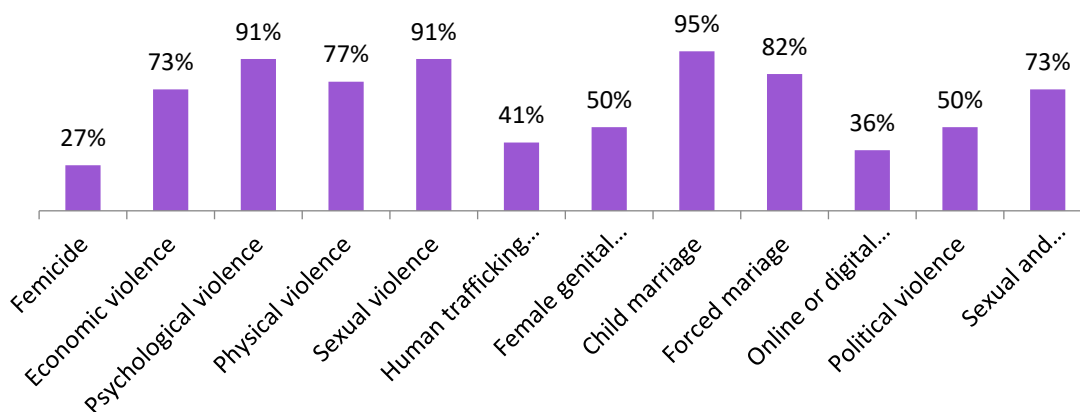
Graphic 2. Has your organisation received a fund from the FON project? n=22



1.2. Targets and specific areas of intervention of feminist CSOs specialised in GBV in Niger

The main areas of intervention of CSOs surveyed in Niger are child marriage (95%), forced marriage (82%), and psychological and sexual GBV (91% in both cases). Physical violence, economic violence and sexual and reproductive rights are the second areas of intervention in which most CSOs work, 77%, 73% and 73% respectively. Political violence and FGM are also areas of intervention for 50% of CSOs.

Graphic 3. What are your organisation's areas of intervention regarding GBV? (Multiple choice). n=22



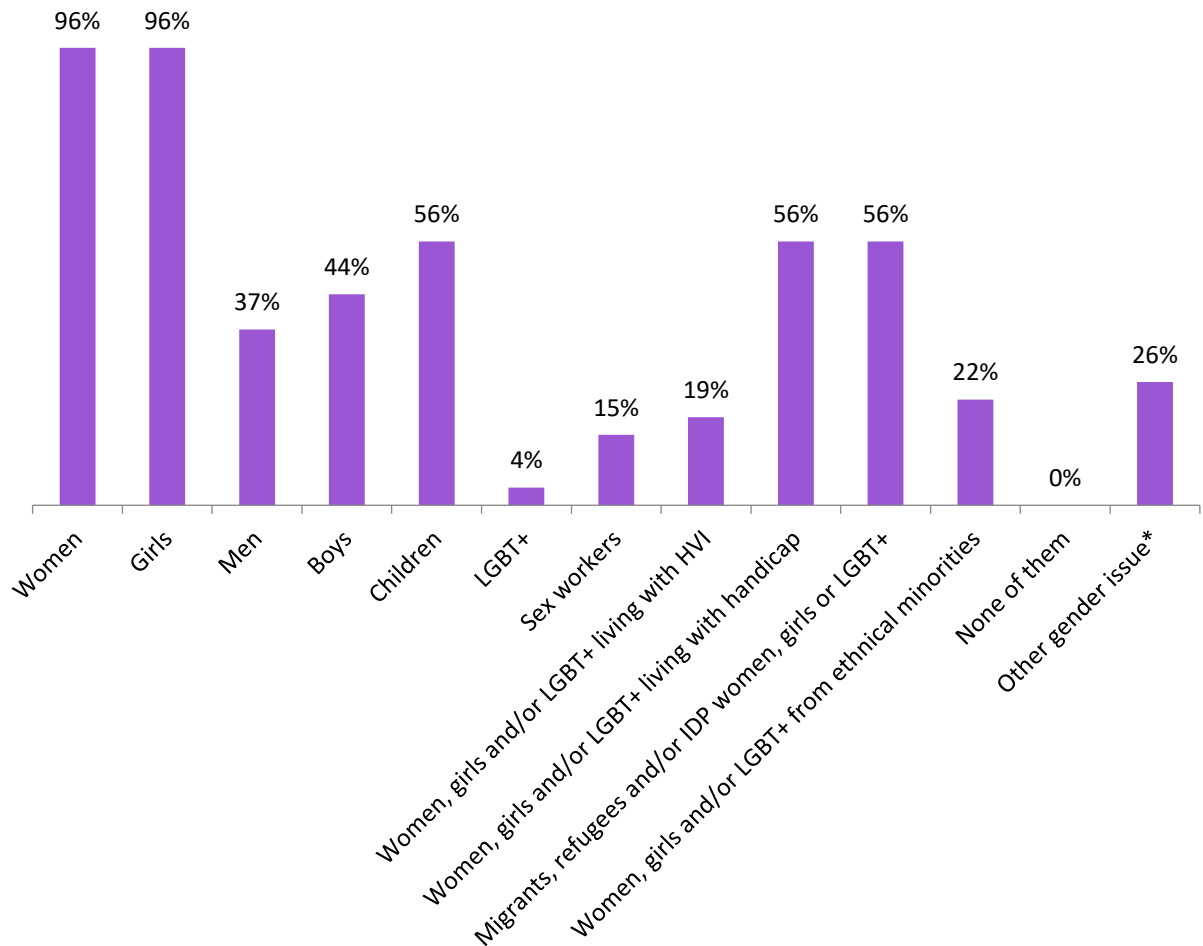
Regarding the kind of activities they develop, following the same patterns as in other countries, the main services and activities are capacity building regarding sexual and reproductive rights (91%) and awareness raising on GBV for target populations (86%). Advocacy targeting public institutions is also a common activity for surveyed organisations (73%). Few organisations can assist GBV survivors (only 32% do integrated case management and only 23% have the capacity to assist them legally). Research is also a field of work for only 27% of CSOs.

Graphic 4. What are your services and activities in the field of gender-based violence survival protection? (Multiple choice). n=22



Girls and women are the general targets of feminist CSOs in Niger (96% target them), but they also try to address the needs of other groups such as children, people living with disabilities or migrants (56%). Some of them (7 out of 22) mentioned other types of situations, such as those specialised in “*wahaya*”.

Graphic 5. What is your target population? (Multiple choice). n=27³⁰⁵



1.3. Capacities of feminist CSOs specialised in GBV in Niger

Registration and years of experience

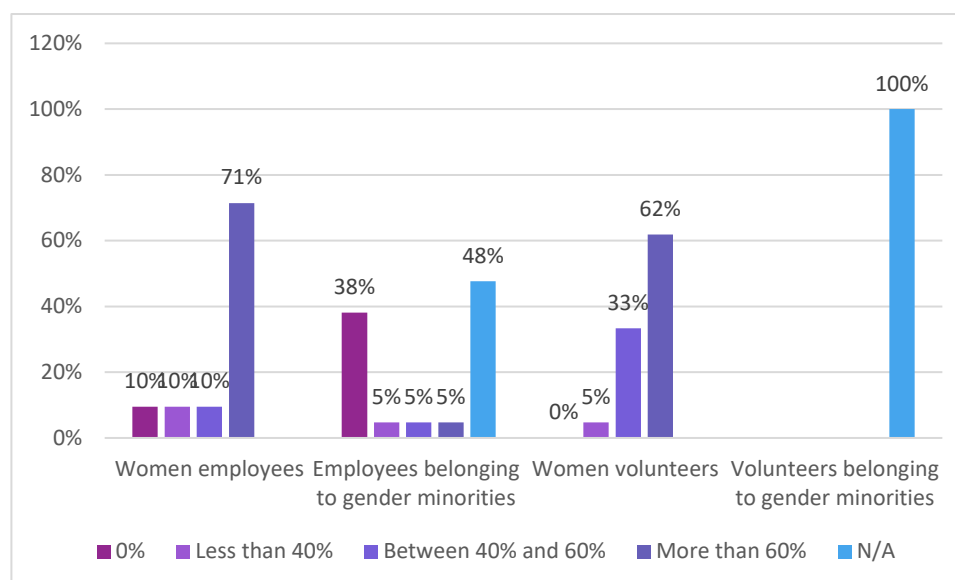
Except for one organisation that is registered under another status, the rest (21 out of 22) are registered as CSOs or a network. There is a diversity of organisations regarding their experience since four of them (18%) were created less than three years ago, six (27%) between three and five years ago, four organisations were established between five and 10 years ago and eight of them (36%) have more than 10 years of experience.

³⁰⁵ This question also includes answers from organizations that were finally expelled of the questionnaire because they were not targeted.

Human resources

Most organisations have employees, with only two of them (10%) that do not employ anyone. Most of them (8 out of 22, 38%), have between one and three employees, and five (24%) have more than ten. They also rely on the collaboration of an important number of volunteers, since 62% (13 out of 22) have more than 10 volunteers and only three of them (14%) have less than three. In fifteen cases (71%) women represent more than 60% of employees; in four cases less than 40%. Nevertheless, in only one organisation women are less than 40% of volunteers and in 62% of cases they are more than 60%. Regarding women in decision-making positions, they represent more than 60% for 62% of CSOs and more than 40% for 29% of CSOs. In Nigerien CSOs, people of concern are lowly represented in governing bodies as they equal less than 60% for 76% of CSOs (16 out of 21). In just three cases (14%), they represent 100% of members of governing bodies.³⁰⁶

Graphic 6. Presence of women and gender minorities in CSOs as workers, volunteers or in decision-making positions. n=22

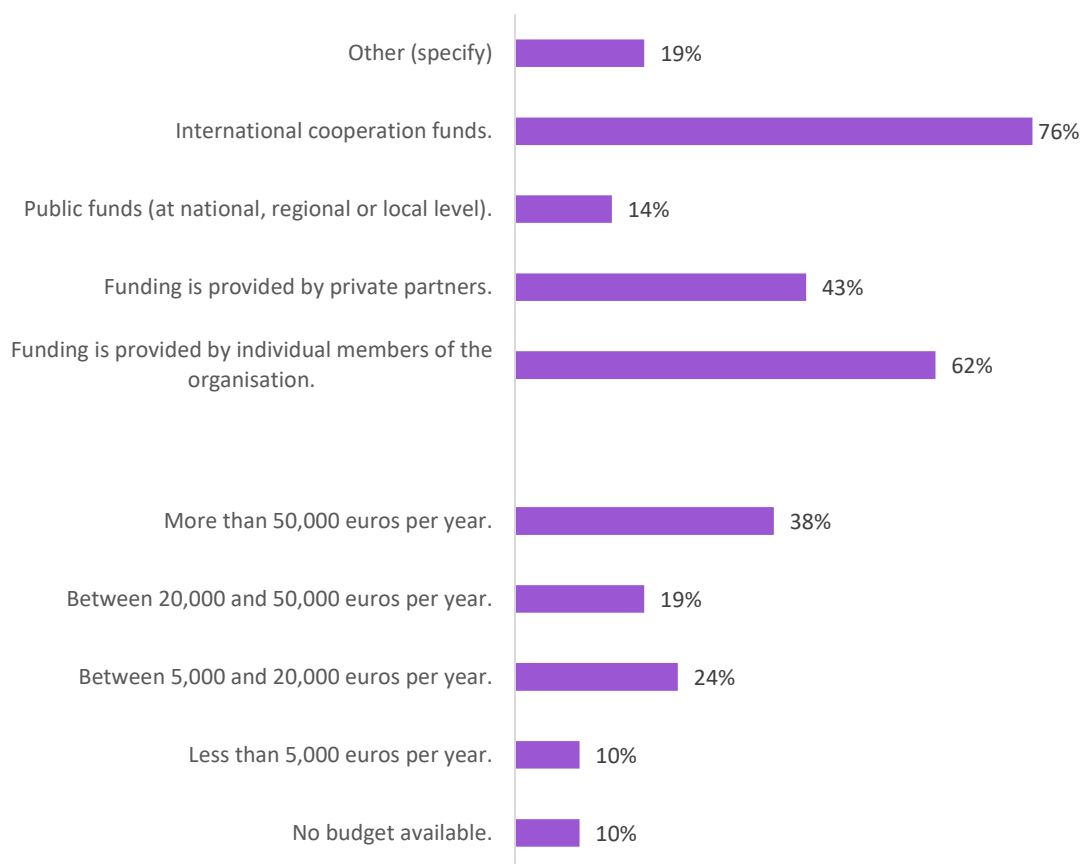


Financial capacities

The capacity to manage funds of Nigerien CSOs greatly differs. Around 38% (8 out of 21) have an annual budget exceeding 50,000 euros, while 19% (4 out of 21) have an annual budget between 20,000 and 50,000 euros, and 24% (5 out of 21) have a budget between 5,000 and 20,000. Only two CSOs do not have any funds. CSOs in Niger are highly funded by international cooperation (16 out of 21, which means 76%) and by the private contributions of their members (62%, 13 out of 21) or other private partners (43%, 9 out of 21). Only three organisations are funded by public institutions (14%). Most of them have a place to meet (9 out of 21, 86%).

³⁰⁶ In Niger, no questions regarding gender diverse communities were made to avoid security risks for CSOs participating in the survey. Nevertheless, three CSO avoided to have this kind of profiles among their employees.

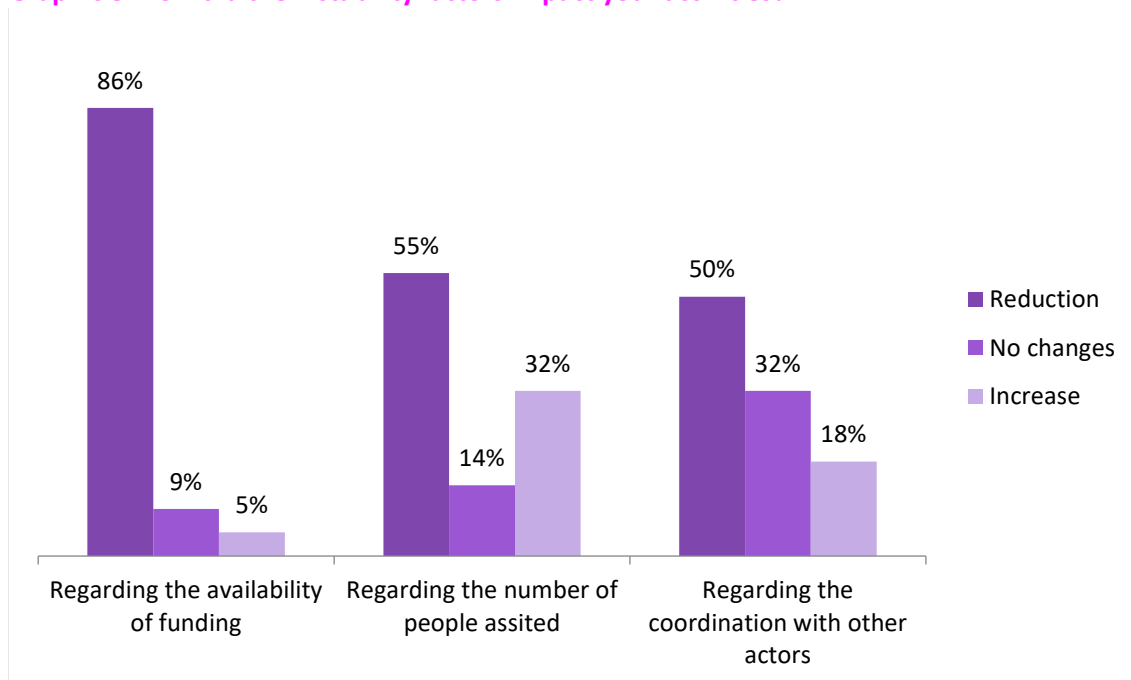
Graphic 7. What is your annual budget? And what is the origin of your financial funds? n=21



Over the past five years, Niger has been affected by important political instability, mainly since the coup d'état in July 2023. Political instability was also a consequence of increasing crises that occurred in the country during the previous years, notably the growth in activity of terrorist groups in the region of Diffa, affected by incursions of Boko Haram from Nigeria and in the region of Tillabery, affected by attacks of armed groups operating in the North of Mali. This situation has caused the displacement of thousands of people in the country. Niger also felt the impact of the COVID-19 pandemic and the consequent economic crisis.

According to CSOs participating in the survey, these events have as a direct consequence the reduction of funding for CSOs (86% of CSOs admitted it), while for 55% the consequence was also the reduction of the number of assisted people and for 50% the limitation of collaboration and networking with other organisations.

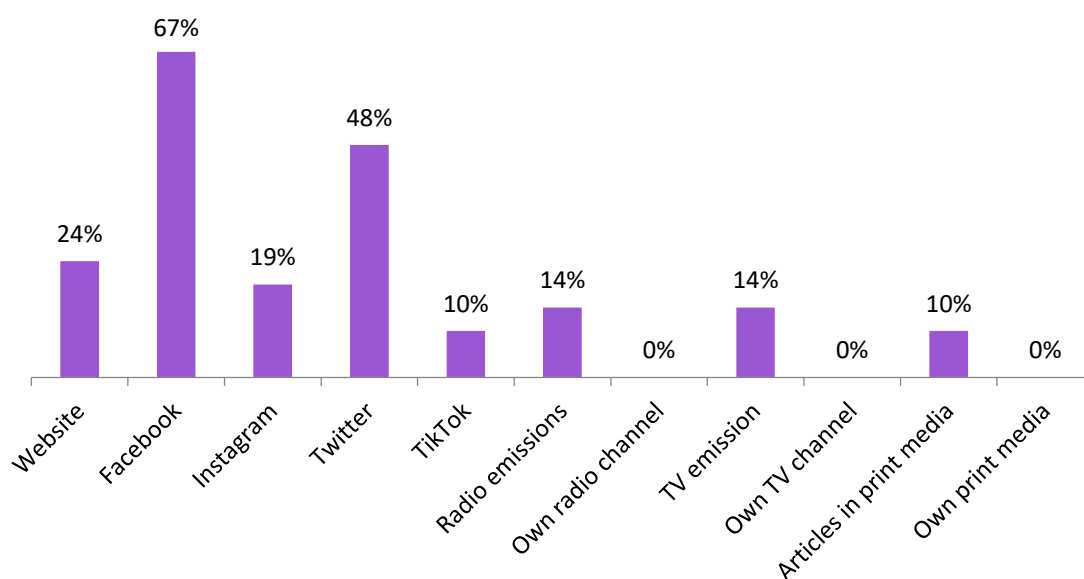
Graphic 8. How did the instability factors impact your activities? N=21



Communication capacities

Regarding CSO’s communication capacities, most of the CSOs surveyed in Niger (17 out of 21), affirmed not having a communication strategy or a website (11 out of 21), although most of them actively use Facebook (14 out of 21), which is the most used social media alongside Twitter (used by 10 out of 21 CSOs).

Graphic 9. Does your organisation or network have any of the following communication tools? n=14



Partnerships

The relationship between CSOs and national institutions in Niger seems to be positive since 81% of surveyed CSOs (17 out of 21) perceive their ties with public institutions as being good. Only one case perceives it as very well (5%) and another case admits not having any relationship. Similarly, the relationship with international stakeholders is positively appreciated, 71% of CSOs rate it as good and 10% as very good.

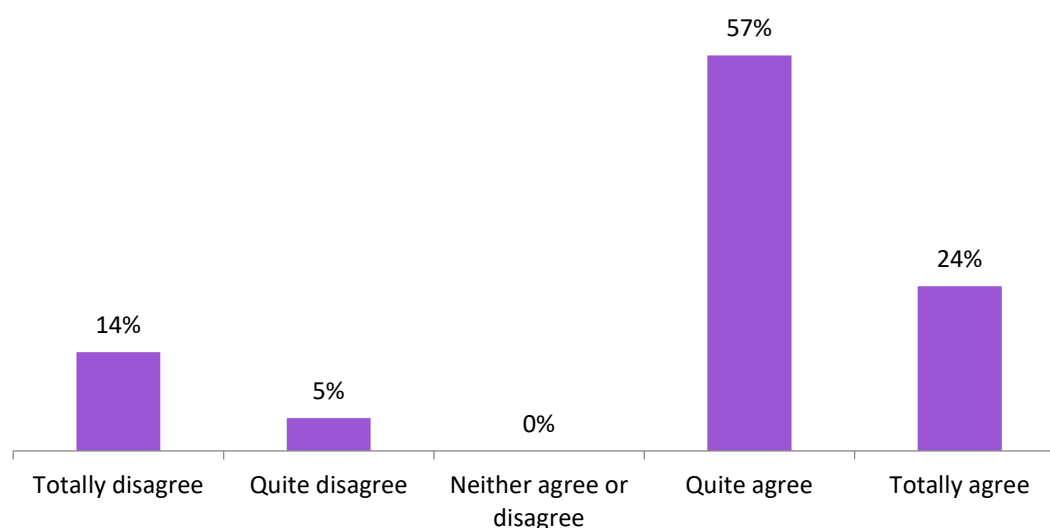
Regarding ties with other CSOs, 100% of Nigerien organisations participating in the survey affirmed to collaborate with other gender equality CSOs in the field of gender-based violence.

Some of the national networks in which CSOs coordinate their initiatives were: The Coalition of Women's and Girls' Organizations Against GBV (COFEF), the End Child Marriage Platform (ECFM), the Platform to End Child Marriage and the Coalition of Nigerien Children's Rights Organizations.³⁰⁷ Other mentioned international networks were: Feminist voices from French-speaking Africa³⁰⁸ or Women in Global Health.

Organisational capacities

In Niger, 81% of surveyed CSOs quite agree (57%) or totally agree (24%) with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”, and four do not agree.

Graphic 10. Level of agreement with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)”. n=21



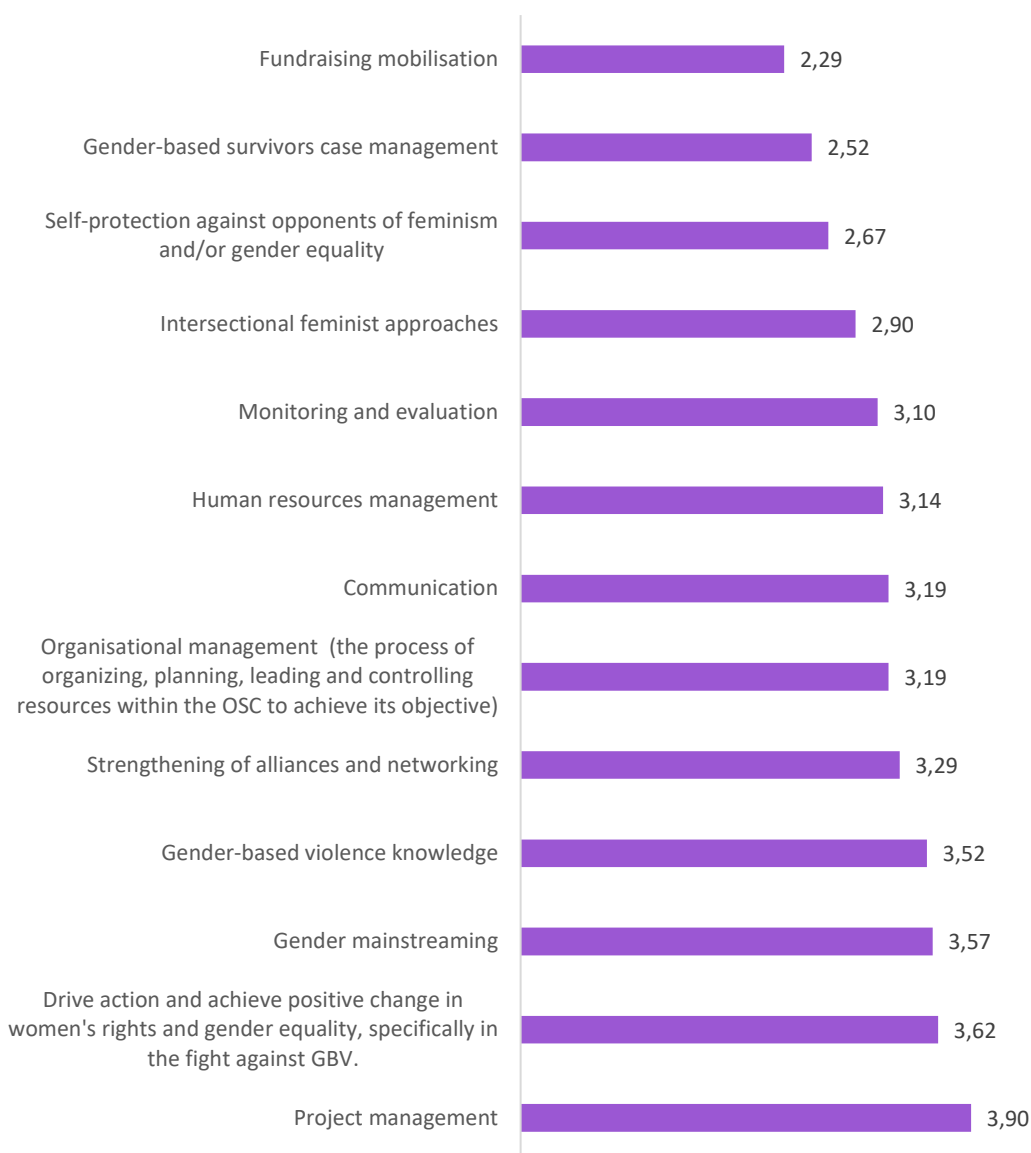
³⁰⁷ Original: la Coalition des organisations dirigées par les femmes et les filles contre la VBG (COFEF), Plate-forme mettre fin au mariage des enfants (ECFM), Plateforme vers la fin du mariage d'enfant ou Coalition des Organisations Nigériennes des Droits de l'Enfant.

³⁰⁸ Original: Voix des féministes d'Afrique francophone.

In terms of specific capacities, lower scores were given to capacities related to fundraising mobilisation (2.29 out of 5), gender-based survivors case management (2.52 out of 5) and self-protection against opponents of feminism and/or gender equality (2.90 out of 5). During interviews and focus groups, participants also pointed out that CSOs have difficulties accessing funding and also noted the capacities of caseworkers as a major challenge for CSOs, data that is coherent with the results of the survey.

On the contrary, driving action and achieving positive change in women's rights and gender equality, including GBV (3.62 out of 5) and project management (3.90) were the best-assessed capacities. In general, CSOs evaluated their capacities as average, since most CSOs evaluated each capacity as only acceptable and not good or very good.

Graphic 11. Average score for items on CSO's capacities. n=21

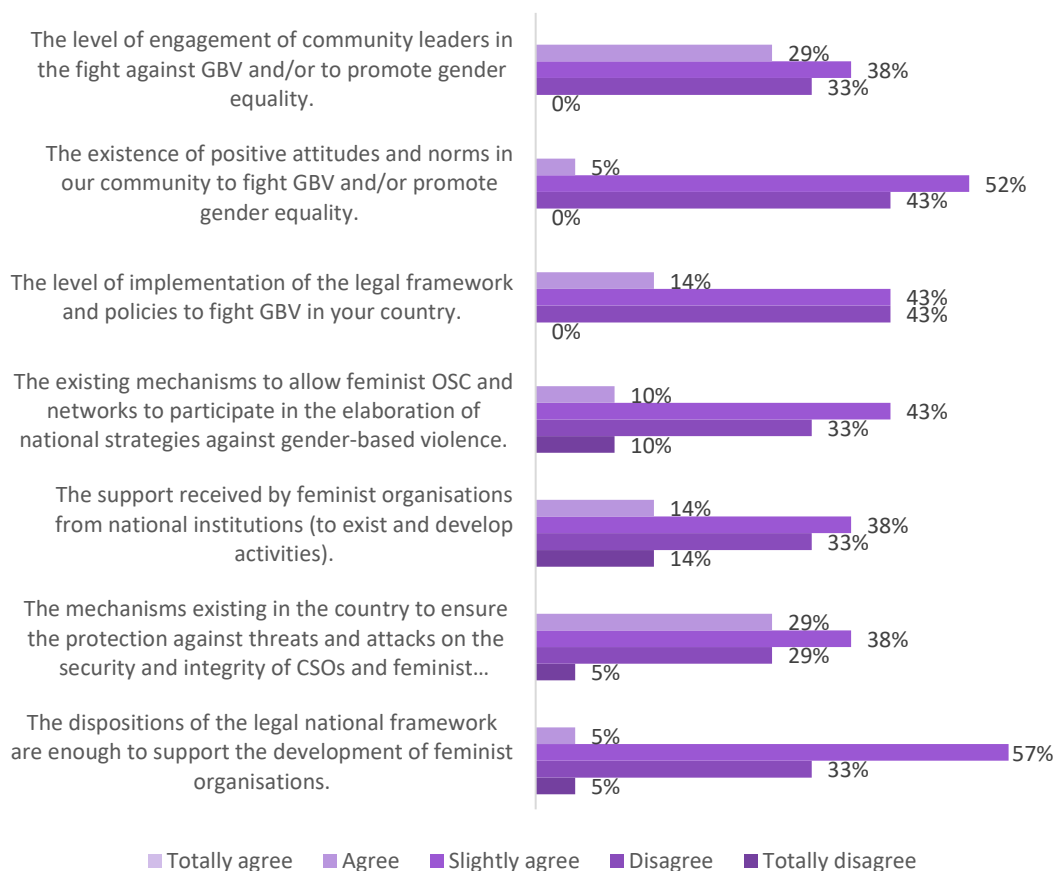


1.4. Positions regarding key debates on women's and gender minorities' rights

In Niger, 86% of surveyed CSOs, (18 out of 21) define themselves as feminist and only two of them disagree. Their position regarding the inclusion of different targets in their work is diversified, while 38% of CSOs disagree with the statement “My organisation only works with women and girls since this is the target of feminist organisations”, 48% agree or totally agree (10 out of 21). Nevertheless, 62% agree with the statement “My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders” (12 out of 21).

Positions regarding abortion and prostitution also vary from one organisation to the other, which shows many different approaches in the country. Regarding abortion, a minority of CSOs agree with the right (6, which means 30%), while 4 slightly agree and 52% (11 out of 21) disagree. Regarding prostitution, most of the CSOs are against the criminalisation of sex work (13 out of 21 which means 61%), but 8 slightly agree or disagree with the statement “My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)”.

Graphic 12. CSOs' level of agreement with key debates regarding women and gender minorities' rights. n=13



1.5. Environment faced by CSOs

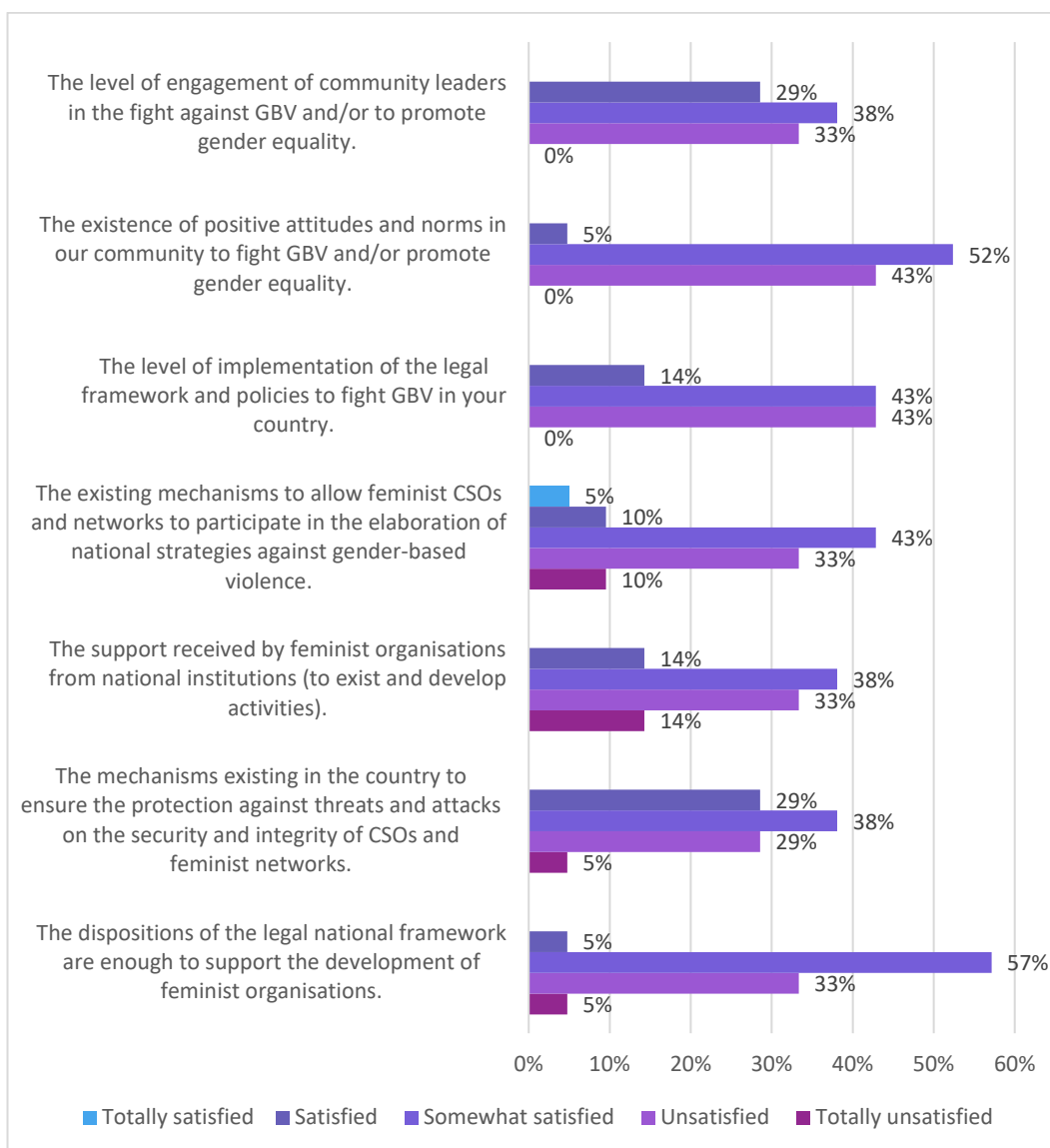
In general, CSOs in Niger are only somewhat satisfied with the environment for feminist CSOs in the country. Regarding the legal framework, 57% (12 out of 21) slightly agree with the “dispositions of the legal national framework to support the development of feminist organisations”, while only one agrees. Half of the CSOs (38%, 11 out of 21) are slightly satisfied or satisfied (14%, 3 out of 21) with the support received by feminist organisations from national institutions (to exist and develop activities), while the rest are unsatisfied or totally unsatisfied. In the same sense, 52% of organisations are somewhat satisfied (43%, 9 out of 21), and satisfied (10%, 2 out of 21) with the existing mechanisms to allow feminist CSOs and networks to participate in drafting national strategies against GBV, while 43% are unsatisfied.

Security risks were pointed out as a challenge for CSOs. CSOs working in regions targeted by terrorists feel that institutions could protect them since 67% of them are somewhat satisfied (38%) or satisfied (29%) with the mechanisms existing in the country to ensure protection against threats and attacks on the security and integrity of CSOs and feminist networks.

Regarding the implementation of the legal framework and policies to fight GBV in Niger, the same number of organisations are unsatisfied and somewhat satisfied (43%, which is 9 out of 21 in each case). Differently to other countries, although CSOs find negative attitudes among the community regarding intersectional feminism (52% of CSOs are only somewhat satisfied with the existence of positive attitudes and norms in the community to fight GBV and/or promote gender equality), the influence of traditional and religious leaders has been encouraged by CSOs to raise awareness and involve communities in the reduction of GBV. Thus, 67% of organisations are somewhat satisfied (38%) or satisfied (29%) with the level of engagement of community leaders in the fight against GBV and/or to promote gender equality. Nevertheless, traditional, religious and conservative leaders were also identified as main opponents. During interviews and focus groups, CSOs also mentioned the difficulty of involving young boys in their activities.

Additionally, the environment for CSOs in Niger has become increasingly challenging, marked by repression against feminist CSOs. This repression stems from both the heightened terrorist threat and actions by public institutions following the coup d'état in July 2023. The growing terrorist threat has put CSOs on the field at risk, which is also the case for feminist political activities and women attending protests. These situations also concern LGBTI+ people who need to maintain a low profile. Currently, the country is living a period in which all advances in human rights are related to the “occidental and colonial influence” which many people consider negative. Regarding media, it was also highlighted that little attention is put on GBV.

Graphic 13. CSO level of agreement with statements related to the CSO environment. n=21



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- Options in the survey were: burns the food, argue with him, leaves without telling her, neglecting children, refuses to have sex with him.
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SRI LANKA

SECTION A. CONTEXTUAL ANALYSIS

1. Gender Disparities Overview

In 2023, Sri Lanka worsened its position on the GGI dropping from 110 in 2022 to 115. Economic participation and opportunity and political empowerment are the areas with more gaps between men and women (the labour-force participation rate of women is 31.96% against 71.80% for men, while women only represent 5.30% of members of parliament). However, concerning health and survival, Sri Lanka is classed in first position, which means that the country excels at promoting parity in sex ratio at birth and in healthy life expectancy.³⁰⁹

Differences are also reflected in the HDI with Sri Lanka classed in the third group of countries. As reflected in the score, noticeable differences exist in the estimated gross national income per capita which is 7.005 PPP\$ for women and 18.573 PPP\$ per men.³¹⁰

Table 1. Main gender inequality indicators in Sri Lanka

| Indicator | Ranking | Value | |
|-------------------------------|---------|--------|-------|
| Gender Gap Index 2023 | 115 | 0.663 | |
| Human Development Index 2022 | 73 | Female | 0.755 |
| | | Male | 0.795 |
| Gender Development Index 2022 | Group 3 | 0.949 | |

Sources: PNUD, 2022 and World Economic Forum, 2023.

The Gender Social Norms Index is not available for Sri Lanka.

2. GBV prevalence, including intersectional GBV

According to the 2023 Gender Index Gap, the prevalence of gender violence during lifetime is 16.60% for women. The 2019 Sri Lanka Women's Wellbeing Survey also revealed that 17.4% of women have experienced physical violence by a partner in their lifetime and that 7.2% were victims of physical violence by a non-partner since the age of 15. The survey also showed that 24.9% of women have experienced physical and/or sexual intimate partner violence or non-partner sexual violence. Additionally, 18.8% of women who have been in a relationship in their

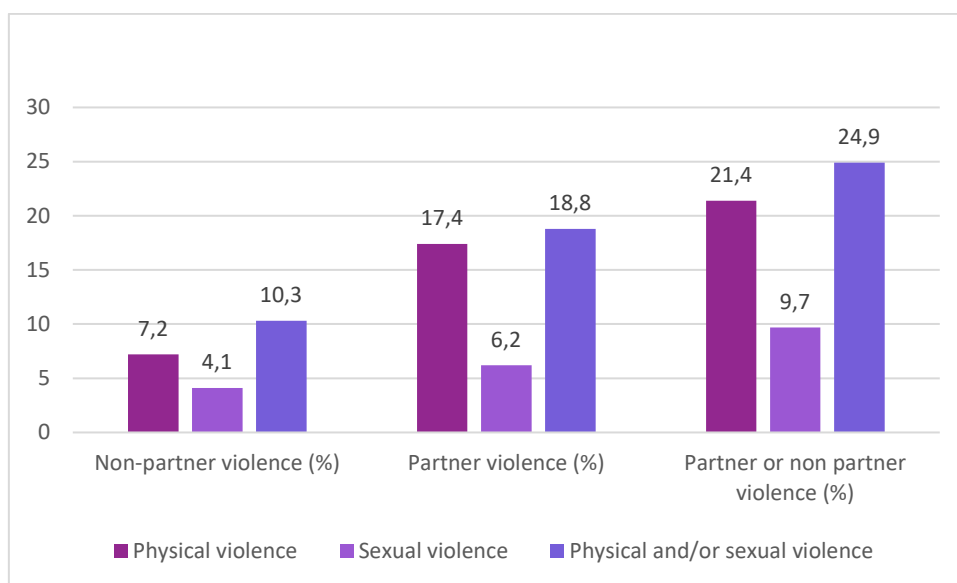
³⁰⁹ World Economic Forum, 2022. Global Gender Gap report 2022. https://www3.weforum.org/docs/WEF_GGGR_2022.pdf and World Economic Forum, 2023. Global Gender Gap report

2023: [Global Gender Gap Report 2023 | World Economic Forum \(weforum.org\)/](https://www3.weforum.org/docs/WEF_GGGR_2023.pdf).

³¹⁰ UNDP, 2022. The 2021/2022 Human Development Report. hdr.undp.org/system/files/documents/global-report-document/hdr2021-22pdf_1.pdf.

lifetime have experienced some form of physical and/or sexual violence by their intimate partner³¹¹.

Graphic 1. The overlap of non-partner and partner violence (lifetime) among all women in Sri Lanka



Source: Department of Census and Statistics, 2020. Sri Lanka Women’s Wellbeing Survey – 2019

The Women’s Wellbeing Survey also showed that the most reported form of partner violence was controlling behaviours (19.1% of women in lifetime and 9.9% in the last 12 months), followed by physical violence (18.9% of women during lifetime and 4.8% in the last 12 months). Moreover, in all violence forms by a partner, younger women were more likely to have experienced it in the last 12 months than older women.

Actors interviewed during fieldwork have highlighted that domestic violence and sexual abuse in intimate partner contexts (including child abuse) seem to be the most important types of violence in the country. They also added that domestic violence is on the rise and they perceive how it is normalised in schools and public and private spaces.

Concerning violence against women by non-partners, the Wellbeing Survey indicated that 7.2% of women have experienced physical violence by a non-partner since the age of 15, and 1.2% of women experienced it in the last 12 months. The survey also showed that 4% of women have experienced sexual violence by a non-partner and 0.4% had experienced this form of violence in the last 12 months. Higher rates were discovered among women aged 25-34 and 35-44 (5.3% and 5.0% respectively).

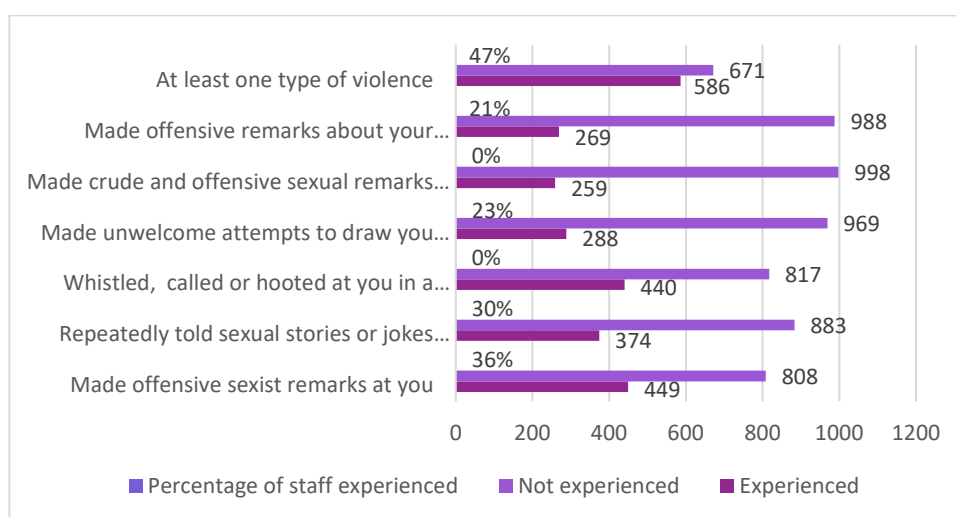
³¹¹ Department of Census and Statistics, 2020. Sri Lanka Women’s Wellbeing Survey - 2019 Findings from Sri Lanka’s first dedicated National Survey on Violence against Women and Girls Final Report. http://www.statistics.gov.lk/Resource/refference/WWS_2019_Final_Report.

The Women Wellbeing Survey was the first national survey on violence against women and girls, based on an internationally recognised and standardised methodology to report official data on GBV.

Actors interviewed also highlighted rape as one of the main types of GBV in the country. The CSO Equality Now indicates on its website that 1792 rape cases were reported in Sri Lanka in 2018, and 1779 in 2019, with 1490 cases against children. The website also states that the militarisation of certain areas during the conflict —the civil war that lasted nearly three decades until 2009, confronting the government security forces and the Liberation Tigers of Tamil Eelam (LTTE)— created an environment where sexual violence against Tamil women was more likely to occur. Allegations of rape and sexual violence against Tamil women by the military during the civil conflict have been a matter of significant concern and international attention.³¹²

Actors interviewed brought to light other important forms of underreported GBVs in the country, such as cyber violence including threats of circulating intimate and non-consensual images and videos, blackmail, and doxing (sharing private information as a form of punishment or revenge). Other types of GBV identified by interviewees were sexual bribery at the workplace, harassment in public places, attacks on women talking in public spaces, or economic violence. They also highlighted that internal migration and external migration have increased the human trafficking of women, namely as domestic workers. Furthermore, actors working in education reported an increase in sexual and verbal violence in public universities, which is also in line with data from the 2019 Women Wellbeing Survey in Sri Lanka.

Graphic 2. Verbal sexual violence experienced by university staff members at the state university. (N=1,257)



Source: UNICEF, 2022. *Prevalence of Ragging and Sexual and Gender Based Violence in Sri Lankan State Universities.*

³¹² Sri Lankan Tamils' (also known as 'Ceylon' or 'Jaffna' Tamils), the descendants of Tamil-speaking groups who migrated from south India many centuries ago and 'Up Country Tamils' (also known as 'Indian' or 'estate' Tamils). Both Tamil groups are predominantly Hindu and are particularly well established in the northern and eastern parts of the country. They were massacred and displaced internally during the civil war, the majority of them fled Sinhala-majority areas. More information on: <https://minorityrights.org/minorities/tamils/>.

Concerning survivors and victims' profiles, women and girls have been identified by interviewed actors as the population more affected by GBV, especially those who live in urban areas with limited resources. They have also pointed out how intersectional factors can increase vulnerability, particularly related to the caste and class system, which impacts women and girls in communities in the North and South (the Sinhalese and Tamils), the Muslim communities (Moors, Memons, Malays) and the Sindhis and Parsis communities. They indicated that women from these communities are more economically dependent on their abusers, face language barriers and stereotypes and have limited access to services from state and non-state institutions. They highlighted that religion has especially affected Muslim women who were targeted during the Easter attacks in 2019.³¹³

Actors also indicated other intersectional factors which affect women and girls, such as being in a migration situation (some women become prisoners in an employment context and face sexual violence, psychological harassment, physical violence and torture), sex workers, sexual minorities, women and girls living with disabilities and women in the garment industry and the Free Trade Zone in Colombo, where sexual harassment and abuse is rampant and normalised (affecting especially divorced women).

Interviewed actors also pointed out that traditional attitudes and social norms are the main cause of GBV in the country and underreported cases. They have underlined that these norms produce stereotypes because the perpetrators of GBV are usually their male relatives (father, uncle, neighbour, etc.). The notion of "honour" is also a crucial factor which motivates family members to kill a spouse, partner, or girlfriend who refuses to conform to male expectations of the duties of a woman regarding sexual relations. They also added as important causes the lack of education and awareness about respect and rights, the non-recognition and acceptance of GBV by survivors, the influence of alcohol and substance abuse of partners, the lack of proper implementation of legal systems and the rising of fundamentalism and extremism. Concerning underreported cases, actors indicated that factors such as limited knowledge or confidence in the protection mechanisms, language barriers (especially for Tamil-speaking communities) and perpetrators' impunity influence the decision to not report GBV cases.

Interviewed actors also indicated that data concerning GBV in the country is a big challenge because cases are underreported and the territorial approach and public perception of the system of protection and care, among other shortcomings, are not considered.

³¹³ The 2019 Easter Sunday attacks in Sri Lanka, which targeted churches and hotels, were carried out by a group of extremist individuals. In the aftermath of the attacks, there were reports of increased tensions and violence, including the targeting of Muslim individuals and their places of worship. While Muslim women were not uniformly targeted for their attire, there were instances where some individuals faced harassment or discrimination based on their clothing, particularly if it was perceived as Islamic or conservative.

3. Legal and political frameworks with a focus on intersectional violence

3.1. Legal framework

Sri Lanka ratified the CEDAW in 1981 and acceded to the optional protocol in 2002.³¹⁴

The Constitution of Sri Lanka guarantees the right to equality and equal protection of the law, and non-discrimination on the grounds of race, religion, language, caste, sex, political opinion or place of birth (Article 12).³¹⁵

Concerning laws and dispositions directly related to GBV, the Prevention of Domestic Violence Act No. 34 (2005) is the main reference. It defines physical and emotional abuse as a systemic pattern of cruel, inhuman, degrading, or humiliating conduct of a serious nature directed towards an aggrieved person and proposes sanctions for perpetrators. However, stakeholders emphasise that the law has many shortcomings and does not apply only to women, but to any member of the household who is a victim of physical and emotional abuse (including men and children); a circumstance not always linked to gender factors. Furthermore, marital rape is not criminalised (only in case the parties are legally separated).³¹⁶ Actors also identified gaps in terms of the application of the law due to the non-availability of funds, and the lack of gender-sensitive protection structures in case of complaints (the police and the justice system work from a reconciliation approach, which tends to be the preferred solution and means that the victim might return with the perpetrator). Corruption was also pointed out.

Section 363 of the Penal Code defines rape as forced sexual intercourse or penetration by a man upon a woman without her consent. The section further clarifies that physical evidence of resistance, such as body injuries, is not a mandatory requirement to establish that sexual intercourse occurred without consent.³¹⁷ Despite this, interviewed actors have indicated that the definition of rape is superficial, focusing solely on the absence of consent for penile-vaginal penetration by a man upon a woman, excluding other populations, especially sexual and gender diverse communities.

Concerning abortion, Sri Lanka maintains one of the world's strictest abortion regulations, allowing abortion only when the life of the mother is at risk. Furthermore, the procedure requires obtaining three doctors' signatures; otherwise, abortion is not authorised. Pertinent sections of the Penal Code address offences related to causing miscarriage and terminating pregnancy. Actors interviewed denounced that currently, abortion is not permitted in cases of rape, incest, or foetal deformities.

³¹⁴ United Nations. Human Rights. Treaty Body. Sri Lanka.

https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=42&Lang=FR

³¹⁵The Asian Foundation, 2021. Optimising Screening and Support Services for Gender-Based Violence and Trafficking in Person Victims. <https://asiafoundation.org/tag/access-to-services/>

³¹⁶ Equality now, 2021. Sexual violence in Sri Lanka.

https://www.equalitynow.org/learn_more_sexual_violence_in_sri_lanka/

³¹⁷ Centre for policy alternatives, 2020. Legal Reform to Combat Sexual and Gender-Based Violence. <https://www.cpalanka.org/wp-content/uploads/2020/11/Law-Reform-to-combat-SGBV-PART-1-General-Centre-for-Policy-Alternatives.pdf>

Sri Lanka passed a new Anti-Corruption Act on 19 July 2023, which recognises sexual bribery as a criminal offence for the first time. Actors interviewed pointed out that this law is a significant advance (especially because it is a common practice among individuals holding positions of authority, such as public officials). However, they believe that this type of corruption tends to be globally underreported, primarily due to limited awareness and insufficient research on the subject.

Concerning education, the Prohibition of Ragging and Other Forms of Violence in Educational Institutions Act No. 20 (1998) was drafted to prevent and punish sexual harassment in universities.³¹⁸

Sexual work is not a criminal offence in Sri Lanka. However, many women are criminalised under the Brothels Ordinance (1889) and the archaic Vagrants Ordinance (1841), which do not criminalise sex workers but the operation of a brothel. In practice, this ambiguity increases incidents of violence and abuse against sex workers, who have to work within the informal economy and are unable to organise or benefit from Sri Lanka's existing labour laws (in terms of safe, dignified working conditions and social security benefits).³¹⁹

Concerning sexual and gender diverse individuals, same-sex sexual activity is criminalised by the Penal Code and consequently, sexual diverse individuals are not protected by violence laws because they are not recognised as a group of people who are vulnerable to experiencing violence but as criminals. Despite this, on 15 March 2023, the Human Rights Commission of Sri Lanka launched a set of guidelines directed to police officers to protect transgender persons based on the Yogyakarta Principles (2007), which apply international human rights laws to sexual orientation and gender identity.³²⁰ This means that transgender people are more tolerated than homosexuals.

Actors have also indicated that while Sri Lanka has taken steps to protect migrant workers from GBV and exploitation, there are still some gaps in the legal framework and its enforcement. They underscored that the legal framework primarily focuses on regulating the recruitment and employment of migrant workers but may not comprehensively address the specific issue of GBV and that, since Sri Lankan laws do not have extraterritorial jurisdiction, prosecuting offenders in foreign countries is a huge limit.

Interviewed actors also pointed out the Land Development Ordinance that specifically states that women cannot inherit, which is economic violence.³²¹

³¹⁸ UNICEF, 2018. Prevalence of Ragging and Sexual and Gender Based Violence in Sri Lankan State Universities. <https://www.unicef.org/srilanka/media/2431/file/Prevalence%20of%20Ragging%20and%20Sexual%20and%20Gender%20Based%20Violence.pdf>

³¹⁹The Asian Foundation, 2021. Optimising Screening and Support Services for Gender-Based Violence and Trafficking in Person Victims. <https://asiafoundation.org/tag/access-to-services/>

³²⁰ Advocates for justice and human rights, 2023. Sri Lanka, protecting transgender persons: going beyond rule by circular. <https://www.icj.org/sri-lanka/>

³²¹ Parliament of the Democratic Socialist Republic of Sri Lanka. Act 11 OF 2022. <https://www.parliament.lk/uploads/acts/gbills/english/6245.pdf>

Finally, polygamy is recognised for Muslim citizens through the implementation of the Muslim Marriage and Divorce Act No. 13 of 1951 (MMDA), which recognised second and subsequent marriages.³²² Actors interviewed have indicated that women from Muslim communities and under polygamous marriages are more vulnerable to receiving GBV.

3.2. Public policies on GBV and institutional mechanisms

The Policy Framework and National Plan of Action to address Sexual and Gender-based Violence (2016-2020) guides efforts through a three-pronged approach related to implementing activities to prevent sexual and gender-based violence, the intervention of intersectional strategies and the advocacy for policies and laws to combat and address SGBV.³²³ Actors interviewed indicated that this plan expired in 2020 (another one is being drafted) and that the policies and strategies concerning GBV are limited as they are mainly focused on the domestic space and do not consider GBV in other contexts, such as digital spaces or intersectional GBV factors (ethnic and sexual and gender diverse individuals, sexual workers and women living with disabilities).

Sri Lanka has also launched its first National Action Plan on Women, Peace and Security (2023-2027) by the Ministry of Women, Child Affairs and Social Empowerment and the help of the Government of Japan and the technical support of UN Women. This plan contains some focus areas on policy reforms to ensure protection of women against GBV and discrimination as well in terms of protection of women and girls against violence, including sexual violence.³²⁴

Other sectoral plans introduce provisions for GBV. The Sub-Policy and National Action Plan on Return and Reintegration of Migrant Workers identifies underpinning principles to ensure a safe and dignified return and reintegration process with special attention to migrant workers who have faced exploitation, abuse, forced return, and stressful or traumatic experiences. The Sri Lanka National Policy and Action Plan on Migration for Employment 2023 - 2027³²⁵ particularly mentions GBV and SGBV. The Sri Lanka National Migration Health Policy (2014) focuses on skilled work women employed in domestic environments as survivors of SGBV and exposed to HIV. In addition, Sri Lanka has elaborated a National Strategic Action Plan to Monitor and Combat Human Trafficking (2021-2025) and a National Action Plan on Women, Peace and Security for the period 2023-2027.³²⁶

The Ministry of Women, Child Affairs and Social Empowerment is the governmental mechanism of reference in the fight against GBV. The Ministry has a centre for gender-based complaints to

³²² Marriage and divorce (Muslim) dispositions. <https://www.rgd.gov.lk/web/images/2021/Act/Muslim-Marriage--Divorce-Act---E.pdf>

³²³ Ministry of Women, Child affairs and Social Development and UNDP. National Plan of Action (NPoA) to address Sexual and Gender-based Violence. <https://www.undp.org/sites/g/files/zskgke326/files/2022-10/SGBV%20National%20Action%20Plan%202016-2020%20Review%20Report%20Final.pdf>

³²⁴ Ministry of Women, Child Affairs and Social Empowerment. Sri Lanka's National Action Plan for the Implementation of the UN Security Council's Resolutions on Women, Peace and Security 2023 - 2027. <https://asiapacific.unwomen.org/sites/default/files/2023-07/lk-NAP-FINAL2023-eng.pdf>

³²⁵ Daily FT (news). Sri Lanka unveils labour migration policy 2023-2027. <https://www.ft.lk/front-page/Sri-Lanka-unveils-Labour-Migration-Policy-2023-2027/44-752675#:~:text=In%20a%20significant%20move%20aimed,Migration%20for%20Employment%202023%2D2027>

³²⁶ Ministry of women, child affairs and social empowerment. National Action Plan on Women, Peace and Security (2023-2027). <http://www.childwomenmin.gov.lk/news/post/7643>

receive complaints against gender-based discrimination, investigate them and forward them to relevant institutions while offering counselling to victims.³²⁷ Interviewed actors have pointed out that when complaints are addressed to the Women's and Children's Desk of the Police, no legal action is launched.

The National Forum against Gender-Based Violence in Sri Lanka was set up in 2005 following a consultation with selected agencies working on GBV to facilitate greater coordination, sharing of information/resources, and strengthening multi-sectoral responses to GBV during the aftermath of the 2005 tsunami. At present, the National Forum against GBV is a network of over 50 agencies comprising the Government, the United Nations, national and international NGOs, community-based organisations and individual experts in the field. With the leadership of UNFPA, the Forum is now the national platform for coordinated advocacy and collective actions against GBV in the country.³²⁸

Interviewed stakeholders informed that when a person experiences GBV in Sri Lanka, there is rarely the chance for survivors and victims to obtain property redress and justice due to the prevailing patriarchal system and mentality. In this sense, police officers often refuse to act as they believe that the family unit should not break down (they consider GBV a family dispute). They also pointed out that institutions re-traumatise survivors and their experiences and also reported that there are not sufficient safe houses for survivors.

SECTION B. ANALYTICAL MAP OF FEMINIST CSOs.

1. General description of CSO

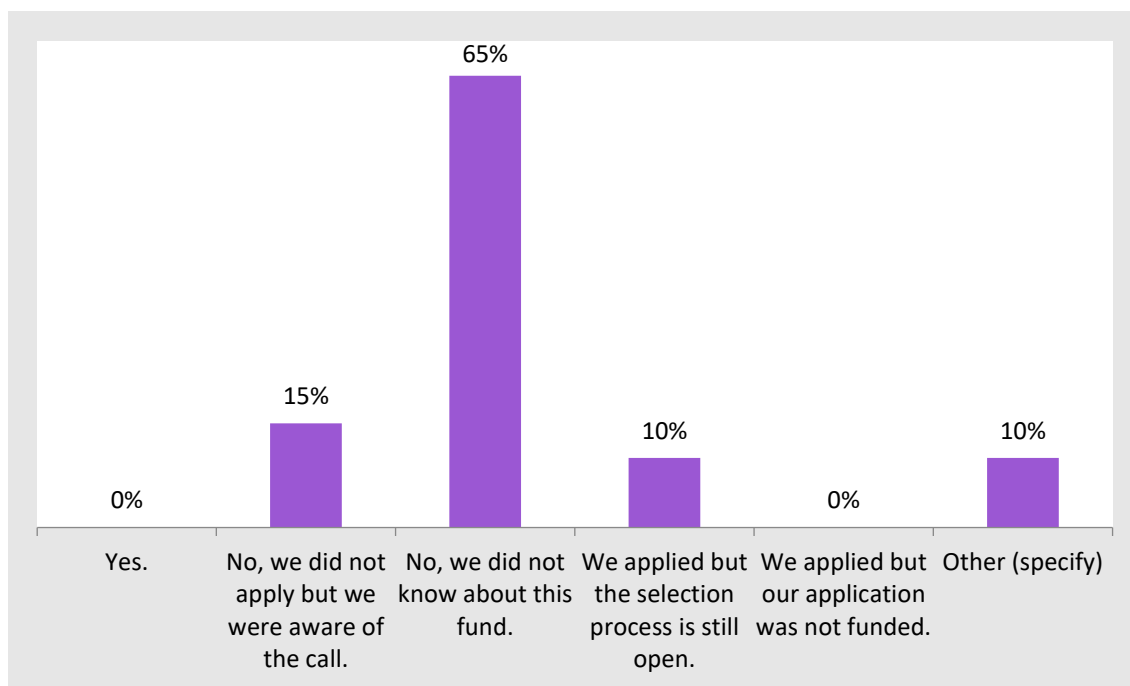
1.1. General profile of feminist CSO specialised in GBV and participating in the survey in Sri Lanka

In Sri Lanka, 48 CSOs were pre-identified. The total number of answers received in this country reached 27, and among them, 20 completed the survey. Concerning the objectives of CSOs, 52% were non-profit organisations or networks with gender equality as their main objective or an important and deliberate objective of the mission, and 41% of them affirmed that gender equality is an important and deliberate objective of their association but not the main mission. Regarding FON funds, 65% of CSOs were unaware of the existence of the FON project, and 10% applied and are still awaiting an answer. The project has funded none of them.

³²⁷Ministry of women, child affairs and social empowerment. National Plan to address gender-based violence in Sri Lanka (2016-2022). <http://www.childwomenmin.gov.lk/national-action-plan/sexual-and-gender-based-violence>

³²⁸The National Forum against Gender-Based Violence. <http://gbvforum.lk>

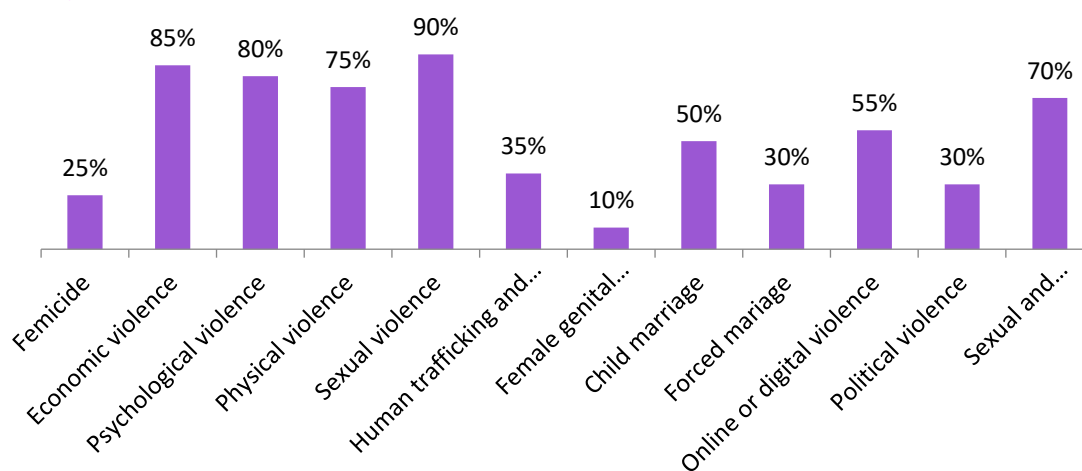
Graphic 3. Has your organisation received a fund from the FON project? n=20



1.2. Targets and specific areas of intervention of feminist CSOs specialised in GBV in Sri Lanka

The main areas of intervention of the feminist CSOs that responded to the survey are sexual, economic, psychological and physical violence, and sexual and reproductive rights, which have also been identified by actors interviewed as the main types of GBV in the country.

Graphic 4. What are your organisation's areas of intervention regarding GBV? (Multiple choice), n=20



Concerning the services and activities offered by CSOs, over 70% of them work on capacity building on GBV prevention (80%), awareness of GBV targeting populations (75%) and capacity building on advocacy against GBV (70%). Between 50% and 60% work on capacity building on self-defence (55%), capacity building on protection of GBV survivors (50%), capacity building on sexual and reproductive rights (60%), and data collection on GBV and research production (50%). The area in which CSOs is advocacy on legal justice for dead and missing women (15%).

Graphic 5. What are your services and activities in the field of gender-based violence survival protection? (multiple choice) n=20

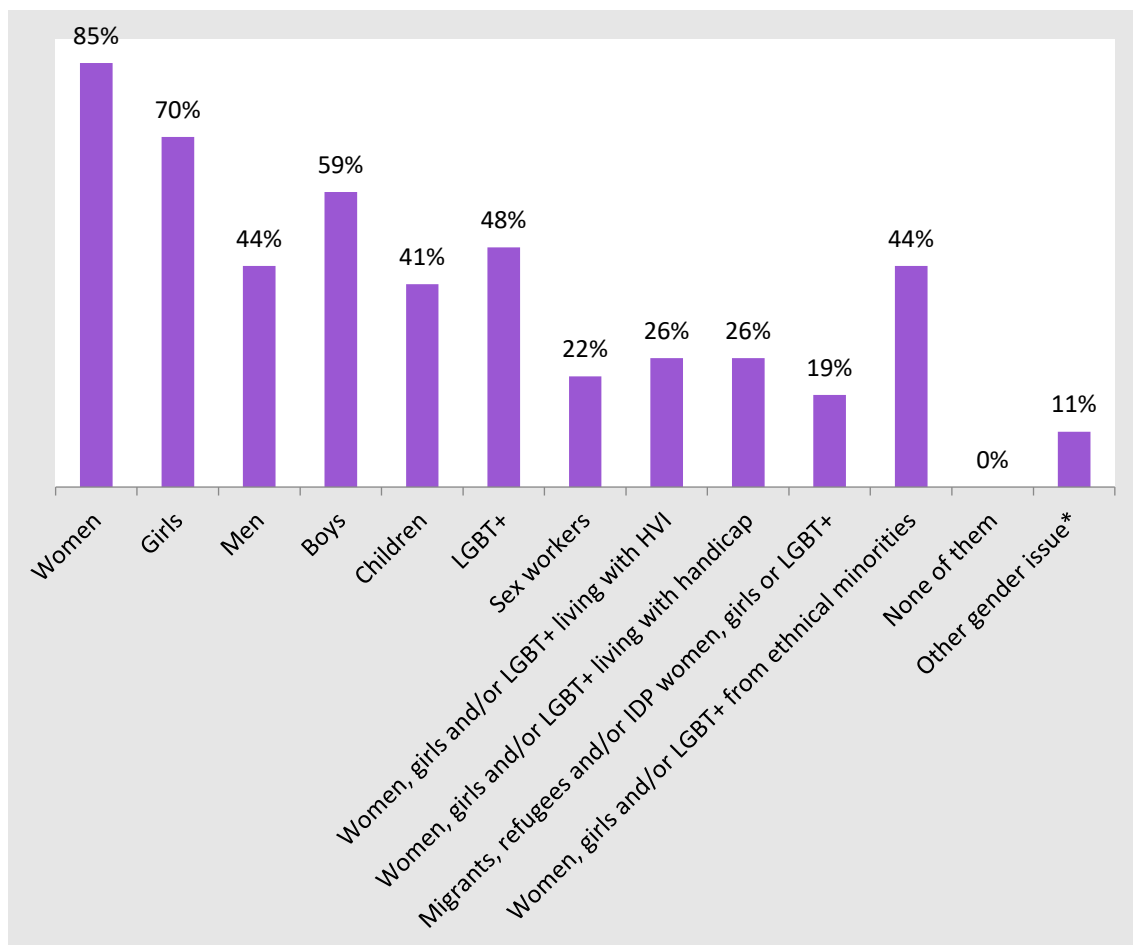


Concerning the number of beneficiaries, 30% of CSOs have more than 200 per year, 35% less than 100 and 35% between 100 and 200.

Among participants, 40% of CSOs are engaged at the national level and 55% at the local level. Only 5% of CSOs develop their actions at the regional level (Kandy region).

The main target of these organisations is women and girls (85% and 70% respectively). Concerning sexual and gender diverse individuals and sex work, 48% of CSOs affirmed to work with LGBTQI+ individuals and only 22% with sex workers.

Graphic 6. What is your target population? (Multiple choice). n=27³²⁹



1.3. Capacities of feminist CSOs specialised in GBV in Sri Lanka

Registration and years of experience

Most CSOs are registered (70% of them), 20% are registered under another legal status and 10% have indicated “other option” without specifying their legal status.

Most CSOs are well established since 85% have more than 10 years of experience and 15% between 3 and 10 years. None of the CSOs in operation for less than 3 years have participated in the survey.

Human resources

³²⁹ This question includes the analysis of CSOs that were later expelled from the questionnaire because they did not fit the target.

Among surveyed CSOs, 35% employ more than 10 employees, 35% between six and ten employees, 25% between three and six employees and only 1 CSO indicated not having any employees. That means that human resources are not an issue for these Sri Lankan CSOs.

Women are the primary demographic among employees as 75% of CSOs stated that over 60% of their employees are women. Additionally, 15% of CSOs stated to have more than 60% of employees belonging to sexual and gender diverse individuals. Volunteers are also women in their majority since 45% of CSOs report that women represent over 60% of volunteers.

Concerning governing bodies, 55% of CSOs stated that more than 60% of people in decision making positions are women and 15% of CSOs stated that more than 60% of people in decision-making positions belong to their population of concern.

Graphic 7. Presence of women and sexual and gender diverse individuals in CSO as workers, volunteers or in decision-making positions. n=20



Financial capacities

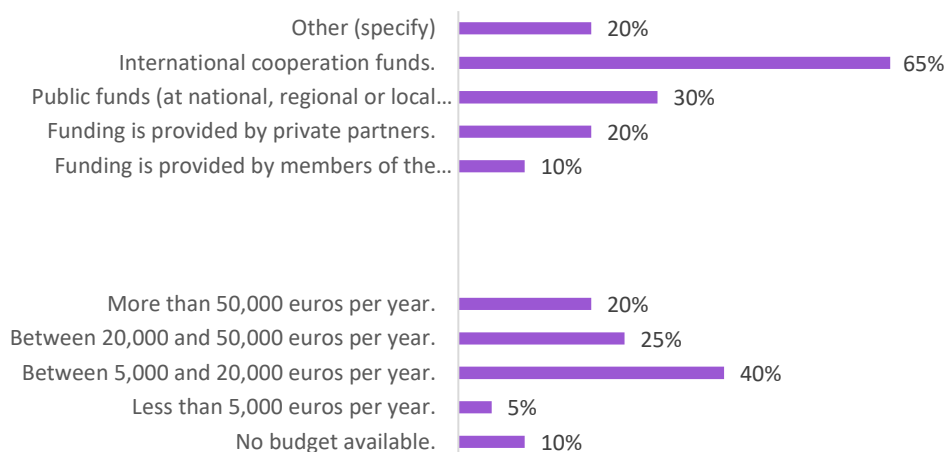
Concerning financial capacities, only 20% of CSOs have an annual budget of over 50,000 euros per year, 40% have an annual budget between 5,000 and 20,000 euros, and 10% do not manage any annual budget. This contradicts the affirmation of CSOs claiming to not have recruitment problems. Funding has been highlighted during interviews as the most important challenge for CSOs.

Despite funding issues, 95% of CSOs have an office including a meeting room.

According to the survey, international cooperation is the main source of funding (65% of the answers), followed by public funds (30%), private partners (20%) and the contributions of individual members (10%).

Actors interviewed have indicated that the funding cycles of international cooperation are usually very short and that donors need to understand the difficulties of reporting the impacts of funding.

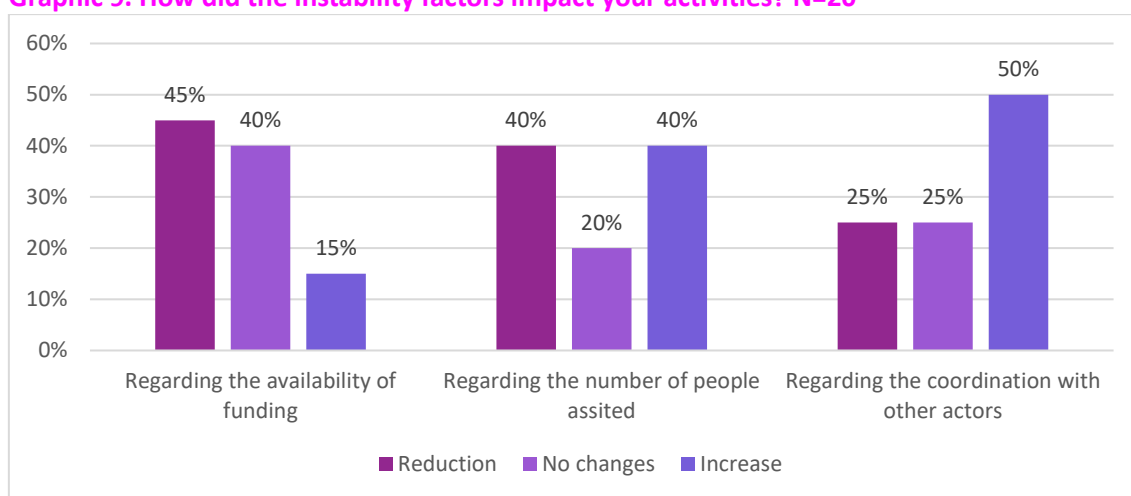
Graphic 8. What is your annual budget? And what is the origin of your financial funds? n=28



Political instability and COVID-19 are the main factors which have affected the activities of CSOs. The actors interviewed highlighted the political situation marked by the change of government in 2018, which caused political rallies and protests impacting women involved in the protests, and COVID-19 affected especially their activities.

Concerning the impacts of these instability factors, 45% of the respondents affirmed that they reduced the availability of the funds, 40% of them that the number of beneficiaries was reduced and 50% considered that the coordination with other actors increased.

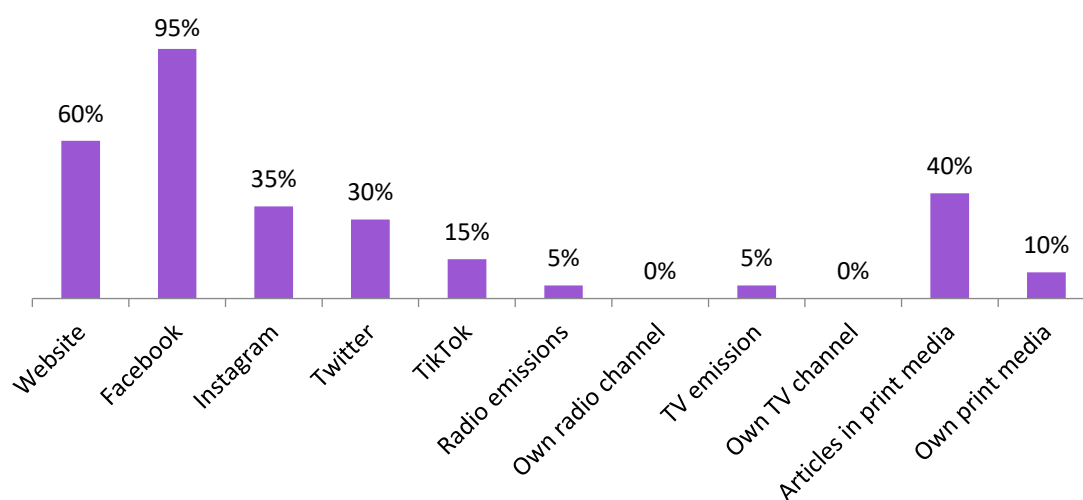
Graphic 9. How did the instability factors impact your activities? N=20



Communication

Regarding communication capacities, 75% of CSOs affirmed having a communication strategy on GBV; Facebook is the most used tool (95%). Furthermore, 60% have a website and 40% write articles in print media.

Graphic 10. Does your organisation or network have any of the following communication tools? n=20



The way the media in Sri Lanka deals with and reports on GBV varies and has evolved over the years. CSOs claim that during and after the COVID-19 pandemic the internet promoted online sexual violence towards women, children and sexual and gender diverse individuals. They have also indicated that the last political and economic crisis, which led to several protests, increased hate speech towards activists, women politicians and members of the LGBTQI+ community across Facebook, TikTok, and YouTube.³³⁰

Actors also indicated that GBV is rarely reported in mainstream news coverage unless it is a high-profile or serious case. In this event, some media outlets may resort to sensationalism to attract more viewers or readers (which can be counterproductive as it may sensationalise the suffering of survivors and perpetuate stereotypes and misconceptions).

Actors also added that some media organisations and journalists in Sri Lanka are engaged in advocacy and awareness campaigns to shed light on the issue of GBV, for example, by producing documentaries and interviewing survivors, activists, and experts to raise awareness. However, they indicated that journalists may face backlash, threats, or harassment for covering such issues.

³³⁰ Hashtag generation. <https://hashtaggeneration.org/publications-2/>.

Partnerships

Concerning the capacity of CSOs to coordinate and collaborate with public institutions, 60% considered this relation as good and 35% as very good. The interviewed CSOs believe that networking with ministries, police and the education system is very important but that the relationship must be built on mutual understanding (often NGO language is not understood by public actors, and they cannot relate to it).

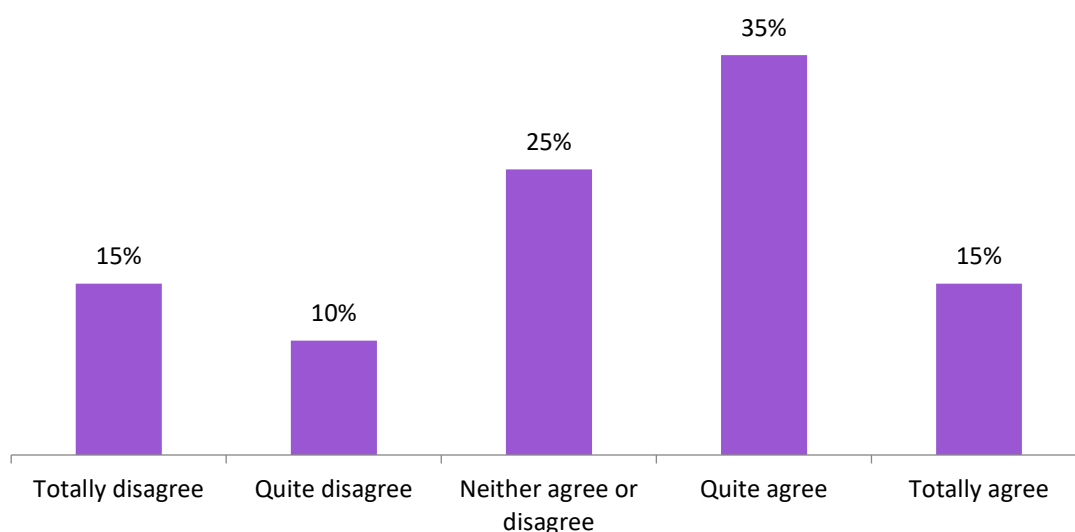
Relationships with international cooperation stakeholders are also appreciated by 75% of the respondents who indicated that it is good and 25% very good. As previously mentioned, they are also the main donors for CSOs.

CSO networking is very strong since all respondents collaborate with other CSOs and 64% belong to a CSO network. Mentioned networks include national, regional and international organisations: Women’s International League for Peace and Freedom, ECCT network, Asia Foundation, Women and Media / Savisthrei, Women's Action Network, Forum Against Gender-Based Violence, National Peace Council of Sri Lanka, HOPEEFUL, V Day Network and District GBV Forum and SAMMUT Women’s Federation.

Organisational capacities

The self-assessment done by CSO respondents shows a series of challenges regarding organisational capacities since 35% quite agree and 15% totally agree with the statement “My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)” and 25 % do not agree.

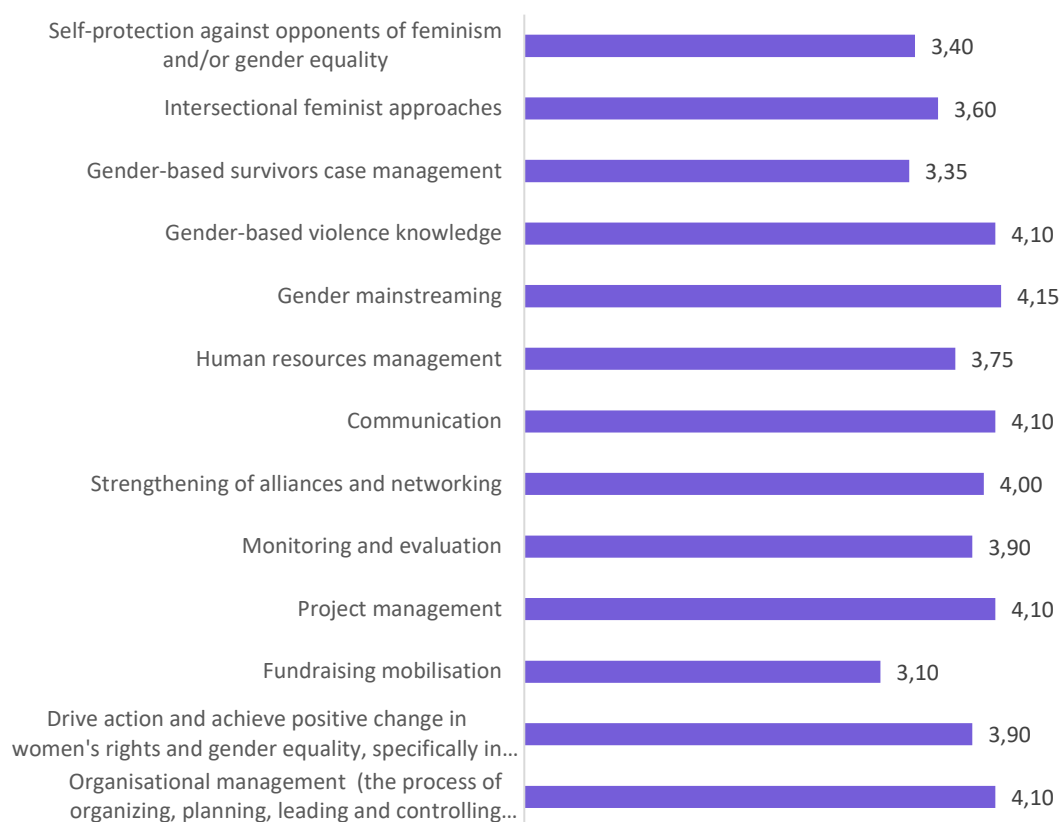
Graphic 11. Level of agreement with the statement: My organisation faces structural problems which have an impact on its capacity for action (e.g. financial stability, diversification of funding, turnover...)? n=20



Regarding specific capacities related to technical, financial and administrative management, fundraising mobilisation, networking, communication, gender mainstreaming, intersectional feminist approaches, and self-protection against opponents of feminism and/or gender equality, the most challenging criteria are related to fundraising capacities (3.10 out of 5), gender based survivors case management (3.15 out of 5) and self-protection against opponents of intersectional feminism (3.40 out of 5). Concerning self-protection against opponents of feminism, 55% of surveyed CSOs believe they have good or very good capacities. Interviewed stakeholders affirmed during fieldwork that the main opponents are ethno-nationalist political groups and movements that benefit from denying gender equality and intersectional feminism, political parties and leaders that are not aligned with intersectional feminism or gender equality, movements rooted in political ideologies (vote bank considerations, or a reluctance to alienate conservative segments of the population), extremist political leaders, and people influenced by negative stereotypes concerning gender equality. All these positions are reflected in verbal (and sometimes physical) attacks and harassment against CSOs protecting and supporting GBV survivors.

Conversely, CSOs expressed stronger confidence in their capacities for gender mainstreaming (4.15 out of 5) and gender-based violence knowledge (4.10 out of 5).

Graphic 12. Average score for items on CSO's capacities. n=20



1.4. Positions regarding key debates on women's and sexual and gender diverse individuals' rights

Positions regarding key debates in women's rights organisations show a general acceptance of the feminist principles since 50% of the respondents totally agree and 40% slightly agree with being a feminist organisation against 10% that do not agree or totally disagree even if they work in GBV and promote gender equality.

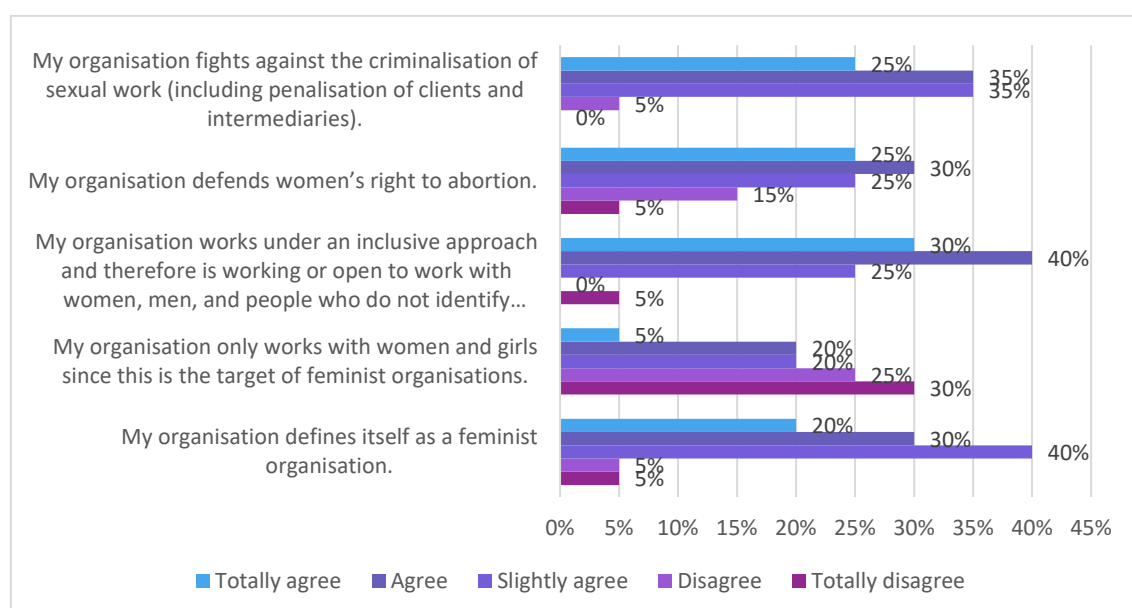
Acceptance of the importance of intersectionality and the inclusion of sexual and gender diverse individuals in their activities is higher since 70% of CSOs agree or totally agree with the statement "My organisation works under an inclusive approach and therefore is working or open to work with women, men, and people who do not identify themselves with these two genders".

According to the answers, 25% of CSOs agree or totally agree and 20% slightly agree with the statement "My organisation only works with women and girls since this is the target of feminist organisations". This means that they believe that the integration of men in activities is important to achieve gender equality.

Concerning the right to abortion, 55% of the CSOs agree or totally agree with the statement "My organisation defends women's right to abortion" which is important in a country where the right to abortion does not exist.

Regarding positions on sex work, 60% of CSOs agree or totally agree, and 35% slightly agree with the statement "My organisation fights against the criminalisation of sexual work (including penalisation of clients and intermediaries)".

Graphic 13. CSO level of agreement with key debates regarding women and sexual and gender diverse individuals' rights, n= 20



1.5. Environment for CSOs' work

Findings from interviews, focus groups and the survey highlight the challenging landscape for CSO operations. The hurdles faced by CSOs include the lack of funding, which includes capacities on funding mobilisation and access (the calls are restrictive and complicated for some CSOs, especially those unregistered, small and isolated), the administrative conditions of expending the funds allowed by international cooperation actors, the language barriers (usually, access to funding structures is in English and many CSOs working outside Colombo are more fluid in Sinhala and Tamil), as well as operational capacities. CSOs interviewed also indicated as constraints the negative attitudes of the population, the poor coordination among different actors, and the disregard of some topics that affect more vulnerable groups which shows the lack of an intersectional approach (individuals living with disabilities, migrant workers...).

Overall, the survey has shown a difficult working environment for CSOs. In fact, 35% of CSOs are unsatisfied or completely unsatisfied, and 45% somewhat satisfied with the statement “the dispositions of the legal national framework are enough to support the development of feminist organisations”.

Concerning national mechanisms to support CSOs and ensure their security, 45% are unsatisfied or completely unsatisfied, and 40% somewhat satisfied with the support they receive from national institutions (to exist and develop activities). Similarly, 35% are unsatisfied and 40% are completely unsatisfied with the “existing mechanisms to allow feminist CSOs and networks to participate in the elaboration of national strategies against gender-based violence”. Lastly, 65% are unsatisfied or completely unsatisfied, and 50% are somewhat satisfied with the “mechanisms existing in the country to ensure the protection against threats and attacks on the security and integrity of CSOs and feminist networks (e.g. cyber-harassment, threats, violence, obstruction of their activities, etc.)”.

CSOs reported that security risks increased when their activities crossed paths with religious institutions or involved messages against governments and official structures. Furthermore, heightened risk by the perpetrators existed when CSOs supported a GBV survivor (physical violence and harassment). Interviewed CSOs indicated that sometimes they had to ask for protection from the Witness and Victim Protection Bureau and the police.

Some CSOs working at the intersection of GBV and conflict, as well as smaller organisations addressing politically sensitive topics like GBV and conflict, are more susceptible to intimidation and surveillance, some have even been investigated due to allegations related to criminal or terrorist actions.

CSOs interviewed emphasised the limited security measures for women's organisations, networks, and groups, particularly in the North and East regions. Security risks include the state perceiving CSOs as encroaching on the state mandate, especially because CSOs tend to be vocal about state failings when preventing and responding to GBV and SGBV.

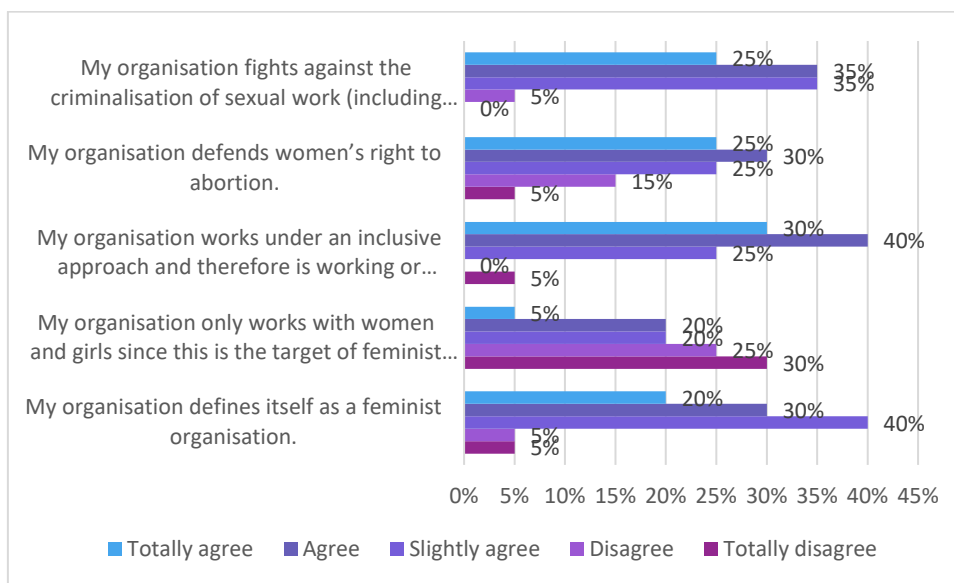
Concerning the influence of norms and the implication of communities, 45% of CSOs are unsatisfied or completely unsatisfied, and 40% somewhat satisfied with the “existence of

positive attitudes and norms in our community to fight GBV and/or promote gender equality”. Similarly, 25% of CSOs affirmed being unsatisfied or totally unsatisfied, and 50% somewhat satisfied with the “level of engagement of community leaders in the fight against GBV and/or to promote gender equality”.

Interviewed stakeholders indicated that not many people are involved in the fight against GBV. They added that men started to support the feminist CSOs but that they are very few and that there is no popular movement for the implication of men and boys (it is difficult to engage men and boys due to lack of interest in the subject). CSOs reported that women are usually mobilised on gender and GBV activities and they believe that actions should implicate more men and boys.

In the end, the legal framework and its application are also barriers to achieving the objectives. In fact, 60% of CSOs are unsatisfied or totally unsatisfied, and 25% somewhat satisfied with the “level of implementation of the legal framework and policies to fight GBV in your country”. Actors interviewed added that the main reason for GBV prevalence is the failure in law enforcement and capacity application, as indicated before.

Graphic 14. CSO level of agreement with statements related to the CSO environment. n=20



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