

# **VIOLENCE IS EVERYWHERE**

**ADDRESSING THE LINKS BETWEEN  
GENDER-BASED VIOLENCE AND HIV IN  
THE MIDDLE EAST AND NORTH AFRICA**

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**LEARN MENA** was implemented in 2018 by the UNAIDS Regional Support Team for the Middle East and North Africa, Frontline AIDS (formerly the International HIV/AIDS Alliance) and MENA Rosa, the only HIV-focused network of women in the region. The United States Agency for International Development provided financial support.

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**LEARN MENA** regional reference group: MENA Rosa members from each of the project countries guided the project.

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# DEFINITIONS AND ABBREVIATIONS

## **Actions Linking Initiatives on Violence against Women and HIV Everywhere**

**(ALIV(H)E) framework** is an applied research framework which was developed by UNAIDS in partnership with Salamander Trust and others, with women living with HIV in their diversity from around the world. See Annex 2 (page 33) for more information.

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**Gender-based violence** describes violence that establishes, maintains or attempts to reassert unequal power relations based on gender. The term was first defined to describe the gendered nature of men's violence against women. Hence, it is often used interchangeably with 'violence against women'. The definition has evolved to include violence perpetrated against some boys, men and transgender persons because they don't conform to or challenge prevailing gender norms and expectations or heterosexual norms.<sup>i</sup>

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## **Leadership And Research Now in the Middle East and North Africa (LEARN MENA)**

is the first study on the linkages between violence against women and HIV in the Middle East and North Africa (MENA) to be led by, with, and for women living with, and at high risk of, HIV. See What is LEARN MENA? (page 5) for more information.

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**MENA Rosa** is the first regional network dedicated to women living with HIV in the Middle East and North Africa (MENA). MENA Rosa was launched in 2010 to improve the health and quality of life of women living with HIV and their families in the region. See [www.menarosa.org](http://www.menarosa.org) for more information.

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**Violence against women** is any public or private act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty within the family or general community. It includes sexual, physical, or emotional abuse by an intimate partner (known as 'intimate partner violence'), family members or others; sexual harassment and abuse by authority figures (such as teachers, police officers or employers); sexual trafficking; forced marriage; dowry-related violence; 'honour' killings; female genital mutilation/cutting (FGM/C); and sexual violence in conflict situations.<sup>i</sup>

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**Violence against women living with HIV** is any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV.<sup>ii</sup>

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**Women in all their diversity** is used in this report to include women living with HIV regardless of their age, marital status, nationality, legal status, background and social group. It also includes women who are vulnerable to HIV and/or violence, including women who sell sex, use drugs or whose partners use drugs, are transgender, belong to a sexual minority, or have experience of migration, asylum, conflict, prison, homelessness, disability, mental health problems, or other factors that make them more likely to experience violence and/or HIV. Many women can be considered members of more than one group particularly affected by HIV and/or violence. For example, some transgender women may also be engaging in sex work and be facing high levels of violence and discrimination or have additional health or welfare needs related to their HIV status, their gender identity and/or their engagement in sex work. Women living with HIV may be homeless and/or may experience mental health conditions or fear violence.

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# EXECUTIVE SUMMARY

**“GENDER EQUALITY STARTS AT HOME,  
GROWS IN THE SOCIETY AND BLOSSOMS  
IN THE LEGAL ENVIRONMENT.  
THE ROAD IS LONG, BUT WE HAVE  
TAKEN THE FIRST STEPS.”**

**(RITA WAHAB, REGIONAL COORDINATOR, MENA ROSA)**

## **EVIDENCE SHOWS THAT GENDER-BASED VIOLENCE CONTRIBUTES TO HIV ACQUISITION AMONG WOMEN**

Evidence shows that gender-based violence contributes to HIV acquisition among women, and both gender-based violence and HIV are underpinned by gender inequality. Approximately 40% of adults living with HIV in MENA region are women, with acquisition primarily through sexual transmission<sup>iii</sup>. An estimated 35.4% of women in the region experience gender-based violence by a partner and/or another person in their lifetime.<sup>iv</sup> While women from all backgrounds and populations experience gender-based violence, women with multiple and overlapping vulnerabilities are at higher risk. Women living with HIV, lesbian, bisexual and transgender women, sex workers, women who use drugs, migrant women, and disabled women face stigma, discrimination, and criminalisation, and have limited access to resources to respond to these issues.

Insights gathered through the LEARN MENA initiative in 2018 reinforce the existing evidence about the two-way relationship between HIV and gender-based violence, and that marginalised women experience higher levels of violence than the general population. LEARN MENA results show that violence against women most impacted by

HIV is systemic – occurring across a number of different settings and times – and certainly not an isolated experience.

Encouragingly, several regional and national laws and policies address stigma and discrimination against people living with HIV and violence against women. Among stakeholders, interest in integrating efforts to address violence against women and HIV is growing. LEARN MENA aims to support stakeholders in taking this forward.

### **WHAT IS LEARN MENA?**

The LEARN MENA project is a collaboration between MENA Rosa, Frontline AIDS (formerly known as the International HIV/AIDS Alliance) and the UNAIDS Regional Support Team. The project carried out participatory research into gender-based violence and HIV in the Middle East and North Africa in seven countries: Algeria, Morocco, Tunisia, Egypt, Lebanon, Sudan, and Jordan. It involved 256 women in their diversity who were living with or affected by HIV, as well as engaging directly with around 100 stakeholders from government and civil society organisations and technical partners. Further stakeholders have been engaged as the network has begun to use the findings to mobilise support and advocacy. For example in Lebanon, MENA Rosa has worked with the University of Lebanon’s health department on a project which engaged 400 students, the Ministry of Social Affairs for Women, the Red Cross, the National AIDS Programs, and other non-governmental organisations (NGOs).

The project aimed to contribute towards the elimination of gender-based violence in the MENA region by better understanding and responding to its linkages with HIV, and by strengthening the capacity of women living with, and most affected by, HIV to prevent and address gender-based violence, through mutual learning and

support. The findings presented here are based on qualitative analysis of community dialogues, and quantitative analysis of mini-surveys completed by the women involved. It is important to recognise that these findings are not representative, but rather are indicative. They echo other research carried out regionally and globally, and will be useful for anyone involved in health, HIV, sexual and reproductive health and gender programming in the region.

## THE FINDINGS

The most striking finding is that levels of gender-based violence among women living with, and most affected by, HIV in the MENA region were exceptionally high, and that the violence was systemic in nature. Among the 256 women who took part, 95% had faced violence during their lifetime. Of these women, *nearly all* (84% overall, rising to over 90% in Algeria, Egypt and Lebanon) reported experiencing violence in at least two settings, 69% of them in three or more. This underscores the fact that gender-based violence is systemic and can influence and constrain life choices. Gender norms can drive inequality, leaving women vulnerable to violence in different settings.

Across the seven countries:

- **74%** of the women who took part in the dialogues had experienced intimate partner violence.
- **58%** had experienced violence from family/ neighbours including exploitation, rejection, physical, verbal, sexual and psychological abuse, particularly in relation to a woman's HIV status and/or on divorce.
- **71%** had experienced violence in the community, including being stigmatised and humiliated, FGM/C (female genital mutilation and cutting), restricted movement and being denied employment and housing.
- **31%** had experienced violence in health settings; this number rose to 66% among women living with HIV.
- **33%** had experienced violence from law enforcement agents, primarily among sex workers, migrant women, trans women and women who use drugs.

- **54%** percent of the women said violence had impacted their ability to protect themselves from – or manage their – HIV.

## RECOMMENDATIONS

Priority:

- Governments and development partners should use the specific priority actions identified here to inform the planning of future activities and the allocation of resources.
- Governments, development partners and civil society should ensure the meaningful involvement of women living with HIV - and women from marginalised groups who are particularly affected by violence and HIV - in the development, implementation and monitoring of National Strategic Plans on HIV and AIDS and Global Fund processes.

Governments should:

- Incorporate prevention of gender-based violence and post-violence care services in National Strategic Plans on HIV and AIDS and Global Fund processes, in accordance with World Health Organisation best practice.
- Collaborate with Ministries of Education, technical agencies, and providers of life skills training and comprehensive sexuality education which explicitly addresses and challenges harmful gender norms and the unequal distribution of power.
- Review and reform all laws and policies which could unintentionally expose women to gender-based violence.
- Ensure clear and transparent accountability mechanisms for women who experience violence at the hands of government employees, including health service providers and law enforcement agents.

Donors should:

- Increase funding for HIV initiatives that address gender inequality and gender-based violence against women which support women in all their diversity, including women living with HIV.
- Support a strong, independent women's civil society.
- Civil society organisations should:

- Reinforce the importance of promoting: human rights, sexual and reproductive health and rights, participation, gender equity and equality, respect for diversity, safety and safeguarding strategies, and evidence-informed responses to HIV and violence against women.
- Establish and support safe spaces for women in their diversity to discuss their issues and plan for action. This includes building the legal literacy and rights awareness of women most affected by HIV and gender-based violence.

All stakeholders should:

- Use these recommendations when planning future interventions and allocating resources. Stakeholders should think about the changes their activities bring about in the four areas of action outlined in this report, and be mindful of how interventions affect women's experiences of HIV, violence and the links between them,

including how gender inequality influences women's lives.

- Promote the meaningful involvement of women living with HIV in all activities, including in designing and delivering policies and programmes. Support women in all their diversity to monitor and evaluate interventions.
- Promote safe spaces for women in all their diversity to discuss the issues they face and plan for action. This includes building the legal literacy and rights awareness of women most affected by HIV and gender-based violence.
- Ensure that responses are locally appropriate, context specific and empowering, and that approaches are rolled out nationally so that certain areas do not remain underserved.



# THE LEARN MENA PROJECT

## WHAT IS LEARN MENA?

This report documents the results of LEARN MENA, a collaborative project which took place in 2018 in seven countries: Algeria, Egypt, Jordan, Lebanon, Morocco, Sudan and Tunisia.

LEARN MENA was implemented by a partnership of organisations including MENA Rosa, Frontline AIDS, and the UNAIDS Regional Support Team for the Middle East and North Africa. It was supported by the United States Agency for International Development. Salamander Trust provided additional technical support.

The project had two main aims:

- Building the leadership capacity of women in all their diversity to address the linkages between gender-based violence against women and HIV by strengthening the governance and institutional capacity of the MENA Rosa network and through orientation workshops and support for national MENA Rosa representatives to lead the LEARN MENA work in each country.
- Using a participatory toolkit - the ALIVIHIE framework - to conduct community-led dialogues to generate in-depth understanding of the links between gender-based violence and HIV and to mobilise national and regional stakeholder support for advocacy and programmatic responses.

The intention of the project was to galvanise advocacy and lay the groundwork for evidence-informed and community-driven responses. These include direct support for survivors of violence among women living with and most affected by HIV; and advocacy to improve the integration of services addressing violence and HIV, and transform social norms to prevent HIV and violence against women.

## WHO IS THIS REPORT FOR?

This briefing is intended for policy makers, technical agencies, and civil society organisations including non-governmental organisations (NGOs), community based organisations (CBOs) and women's networks working on HIV and/or gender-based violence. It presents the findings and recommendations of the LEARN MENA project to date and can also be read in conjunction with a shorter summary version of the findings, [Linkages between HIV and in the Middle East and North Africa: key findings from the LEARN MENA project](#).<sup>v</sup>

## HOW ARE HIV AND GENDER-BASED VIOLENCE LINKED?

Globally, there is increasing recognition that gender-based violence against women and girls is a barrier to rights, including sexual and reproductive health and rights<sup>vi</sup>, and is both a cause and effect of HIV. Violence against women and HIV are both driven by gender inequality. Violence can affect all women; but women who sell sex<sup>vii</sup>, use drugs<sup>viii</sup> and/or are living with HIV<sup>ix</sup> may have particular experiences of this, which can have an impact on their ability to protect themselves from HIV transmission or to manage their HIV, access services, and adhere to treatment.<sup>x,xi</sup>

The World Health Organisation has identified four 'pathways' which link violence against women and HIV:

1. Gender inequality is a common determinant of violence against women and HIV.
2. Violence against women is an indirect factor for increased HIV risk and a barrier to uptake of HIV services, poor treatment adherence and response.
3. Sexual violence is a direct risk factor for HIV transmission.
4. Violence is an outcome of HIV diagnosis and disclosure.<sup>i</sup>

In response, women in their diversity from around the world developed the ALIVHIE framework.<sup>xii</sup> The framework supports a deeper and broader understanding of violence against women and gender-transformative initiatives to address HIV and violence against women, builds a more holistic evidence base and enables women to claim their rights.<sup>xiii</sup> It puts women living with HIV and women experiencing violence at the centre. It provides a step-by-step approach to develop effective responses to violence in the context of HIV. It also has strong components that support communities to monitor, evaluate and document their work; strengthen the evidence base on the links between HIV and violence; and collect evidence on what works to reduce violence against women.<sup>xiv</sup>

## **HIV AND GENDER-BASED VIOLENCE IN THE MENA REGION: WHAT DO WE KNOW?**

Although the MENA region has one of the lowest HIV prevalence rates in the world, there is concern about the speed at which HIV rates are increasing.<sup>1</sup> The epidemic is concentrated among people who use drugs (38%), men who have sex with men (17%), sex workers (13%) and the sexual partners of these groups (30%). In 2017, women accounted for 37% of adults living with HIV in the region.<sup>iii</sup> Access to treatment for people living with HIV remains low, with only 29% currently accessing antiretroviral therapy, and only 22% of pregnant women living with HIV (1200 of 5200) accessing services for preventing vertical transmission in 2017- by far the lowest level in the world.<sup>xv</sup>

The region has high levels of intimate partner violence: 35.4%<sup>iv</sup> of ever-married women report having experienced physical and/or sexual intimate partner violence at some point in their lives. This is higher than the global average of 30%.<sup>iv</sup> Marital violence is a serious concern for women during pregnancy in the region.<sup>xvi</sup> Individual

country studies from the region and elsewhere suggest that when other forms of violence are included, the statistics are significantly higher.<sup>xvii, xviii, xix, xx, xxi, xxii</sup>

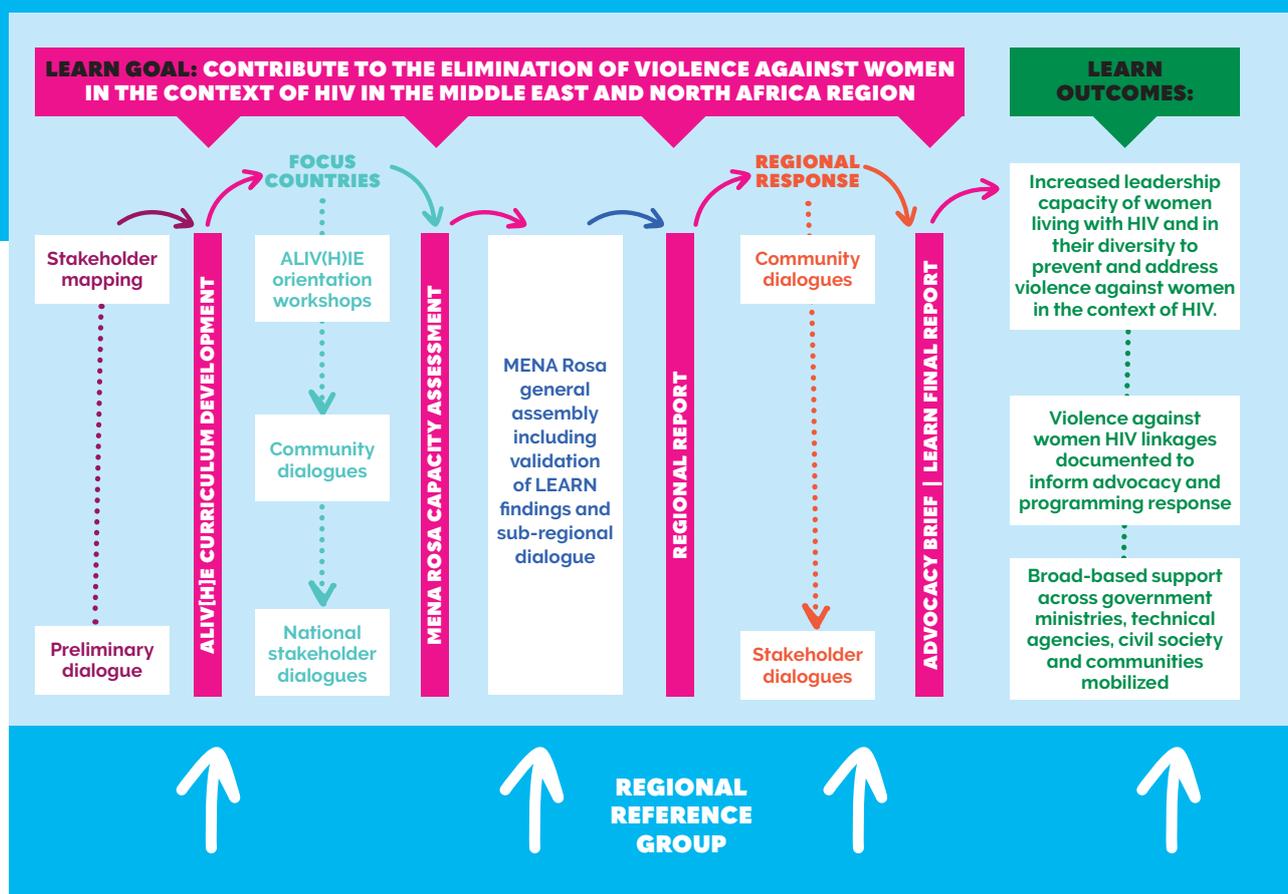
Violence often starts in childhood. Female genital mutilation and cutting (FGM/C) is practised in parts of the Middle East and North Africa including Algeria, the Islamic Republic of Iran, Jordan and Sudan. In Egypt, 92% of ever-married women have been cut.<sup>xxiii</sup> Early and forced marriage also affects young women and girls in the region: about one in five girls across the Middle East and North Africa are married before the age of 18, with prevalence varying significantly; the rates are as high as 34% in Sudan versus 3% in Algeria.<sup>xxiv</sup> Gaps persist in laws prohibiting child marriage. Where child marriage laws exist, enforcement is weak. Conflict continues to be a major driver of child marriage.<sup>xxv</sup>

There is very little data on the relationship in the MENA region between violence against women and HIV, and studies on violence typically make very little reference to HIV. For example, the 2017 Status of Arab Women Report on Violence against Women<sup>xvi</sup> documents the very high rates of violence against women but makes virtually no mention of HIV.

Encouragingly, several regional and national laws and policies address stigma and discrimination against people living with HIV and violence against women. Among stakeholders, interest in integrating efforts to address gender-based violence and HIV is growing. Although initiatives that focus on the intersections between HIV, violence against women and gender inequality are lacking in the region, stakeholders are supporting women from various communities to actively address the violence and discrimination they face.

Building on this political will, LEARN MENA aimed to start to fill the knowledge gap on the links between violence and HIV in the region and highlight what needs to be done to address the priorities and improve the experience of women living with, and most affected by, HIV.

1. An estimated 18 000 [10 000–31 000] people acquired HIV in the Middle East and North Africa in 2017, 12% more than the 16 000 [9000–27 000] in 2010 (UNAIDS data 2018. Geneva: UNAIDS; 2018 ([http://www.unaids.org/sites/default/files/media\\_asset/unaid-data-2018\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/unaid-data-2018_en.pdf), accessed 20 February 2019).



## METHODOLOGY

The project started with establishing, through the MENARosa focal points, a **regional reference group** of women living with or affected by HIV from the seven countries to oversee each stage of LEARN MENA. Regional Reference Group members carried out a **preliminary consultation** with a small focus group of 4 - 10 women in each country (a total of 51 women in all). The majority of the women (41/51) were women living with HIV. Participants also included women who were sex workers, refugees, lesbians, in discordant relationships with men living with HIV, and/or using drugs or in relationships with people using drugs. The purpose of the exercise was to start to explore social norms relating to gender, violence and HIV. The project partners coordinated a **mapping of relevant stakeholders** across the region.

Three **orientation workshops** were held, in Morocco, Algeria and Egypt, to introduce the project and the ALIV(H)IE framework to women

living with and affected by HIV and other stakeholders from government, UN agencies and civil society.

MENA Rosa focal points in each country then organised, using their networks and partnerships, a total of 28 **community dialogues** using a standardised facilitation guide to hold discussions with a total of 256 women, in all their diversity, aged 18 to 58. Over half (53%) were living with HIV, and participants also included women sex workers, women who use drugs or whose partners use drugs, migrant and refugee women, lesbian, bisexual and transgender women, women with disabilities, women who had been in prison and women who had experienced homelessness. (See [Annex 1](#) for more detail)

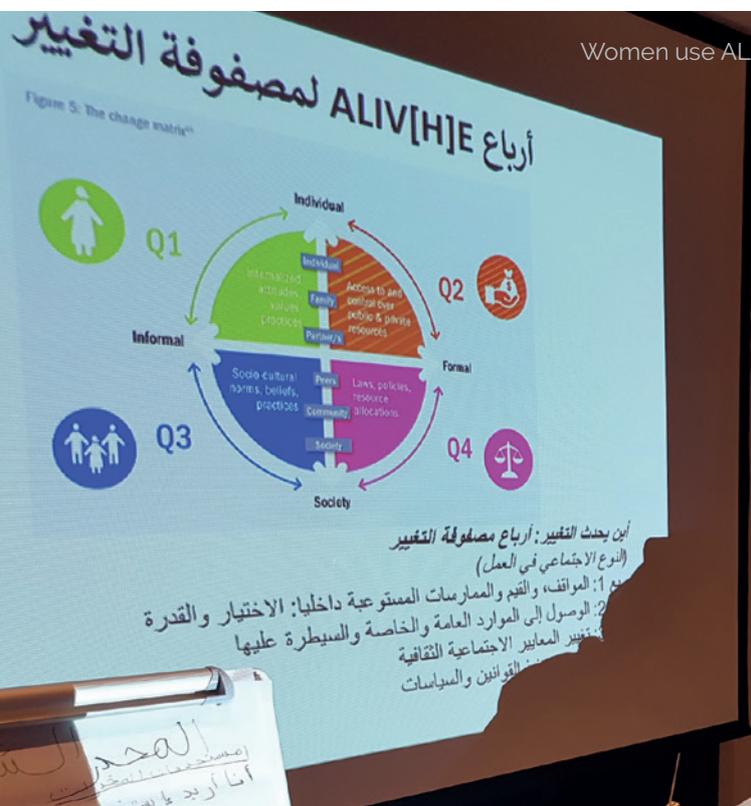
The dialogues were planned in accordance with the ALIV(H)IE values, especially focusing on the value of enabling women in all their diversity to engage safely. This led to some dialogues being held for specific groups of women, such as transgender women, sex workers and women living with HIV.

The dialogues enabled women to share and document their experiences to be used as qualitative data and start to think about their recommendations for addressing violence and HIV. All participants were invited to complete a **mini-survey**, which provided the quantitative data presented in this report.

At a **MENA Rosa General Assembly** in late 2018, women from across the region discussed the findings and recommendations of these community dialogues. They used leadership skills they had developed during the work and shared their visions of how to bring about change.

In a first for the region, the women then led **national stakeholder dialogues** in each of the seven countries (see **Annex 1**), with participants from national governments, donor agencies, other key technical agencies and NGOs.

The stakeholder dialogues enabled policy-makers, decision-makers and service providers to better understand the concerns and realities of women living with and affected by HIV. Concrete suggestions and recommendations for positive change were presented and reviewed to develop advocacy strategies and specific responses to gender-based violence and HIV, and to mobilise resources to support these responses.



Women use ALIV[H]E framework to analyse country response. © Golda Eid



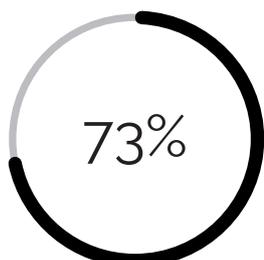
# LEARN MENA FINDINGS

Women participating in the dialogues and mini-survey chose how to frame their multiple identities and experiences at each point in the process: for example, the same person might talk about her experiences as a migrant in one discussion, as a sex worker in another, and as a woman living with HIV in another. Women also chose what they wanted to share. The aim was inclusivity, mutual learning and support, rather than producing data which was statistically representative for particular populations or sub-groups of women. The findings below are based on the qualitative analysis of the community dialogue discussions, and quantitative analysis of the mini-survey responses. These responses were not always complete, but the data gathered gives an indication of the situation.

**“VIOLENCE IS EVERYWHERE. OVER TIME, AND AS YOU GET OLDER, YOU COME TO SEE IT AS NORMAL.”**  
(PARTICIPANT FROM ALGERIA)



95% of the women in the dialogues had experienced violence in their lifetime;

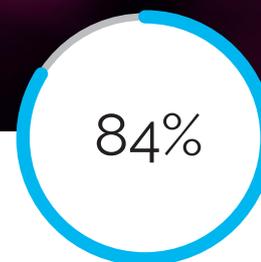


73% in the last 12 months

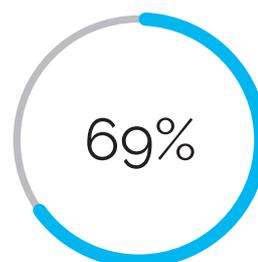
## LEVELS OF VIOLENCE EXPERIENCED BY WOMEN

Among the women who took part in the project, all of whom were either living with HIV (53%) or from marginalised populations that are particularly affected by HIV (including transgender women, sex workers, women who use drugs or have partners who use drugs, migrants, refugees, among other identities), almost all (95%) had experienced violence at some point in their lifetime. This is dramatically higher than United Nations regional average estimates. The levels of violence women describe range from repeated and ongoing experiences of harassment and verbal abuse, to serious injury needing medical treatment.

During the dialogues, women described many examples and forms of violence they had experienced within relationships, homes, communities, services and work. Violence is often exacerbated by the policies, laws and norms that underpin gender inequality, disempower women and girls and/or are not applied equitably for women, men, boys and girls. Women recognised the highly negative effects of gender inequality and its often violent repercussions. They discussed the fact that violence and abuse are closely related to gender inequality and HIV status, and talked about how gender inequality starts in childhood, with girls commonly expected to do housework, be kept out of school or taken out of school early, and subjected to early and forced marriage and female genital mutilation or cutting.



among women who reported having experienced violence in their lifetime, **84%** had experienced violence in more than one setting.



**69%** in three or more settings

The mini-survey completed by participants in all dialogues also demonstrates that women in their diversity experience high levels of violence across all settings (including structural violence and discrimination). This includes violence from sexual and intimate partners, family members, neighbours, community members, health personnel and law enforcement agents (see below). The findings suggest that experience and/or fear of violence affect women's ability to protect themselves from HIV or live well with HIV. Other research<sup>xxvi</sup> supports these findings.

They also show that the problem of violence against women living with and affected by HIV is systemic. Although one-off experiences of violence are extremely traumatising, many women (especially those already marginalised) experience violence at multiple levels and across systems. Among women who experienced any violence, nearly all (84% overall, exceeding 90% in Algeria, Egypt and Lebanon) reported experiencing violence in at least two settings and 69% in three or more settings.

74%

74% of the women in the dialogues had experienced violence from their husbands or intimate partners.

## TYPES OF VIOLENCE EXPERIENCED

### VIOLENCE BY INTIMATE PARTNERS

Forms of partner violence discussed in the dialogues included physical, sexual, verbal, mental and economic abuse. While all participants were over 18, many of the women had experienced early or forced marriage as young women, and talked about intimate partner violence which began at a young age. Violence from a sexual or intimate partner could include hitting, kicking or punching; threats of physical or emotional violence (for example, threatening to leave a partner); making women have sex when they do not want to; forcing women to have sex without a condom; blaming and name calling; making women feel stupid; and preventing them from seeing friends, working, leaving the house and/or seeking health care for themselves or their children.

Women also spoke about partners preventing them from accessing education, health-care services, contraception and employment (for example, by preventing them from getting marriage certificates, which would give them access to vital sexual and reproductive health services and commodities) and of partners attempting to induce abortions or forcing them to have abortions. Women described how their decision-making and freedom of movement were often curtailed and domestic tasks and childcare often left to them.

"The violence I was exposed to was from my husband, who happened to be my cousin as well. He was 13 years older. He was raised believing that men should prove their masculinity by beating their wives: humiliating them. He loved humiliating me and beating me in front of the whole family." (participant from Egypt)

**"My husband tells me 'If you don't sleep with me, I don't need you. You can easily be replaced'."** (participant from Lebanon)

**"A man does not respect a woman's feelings or desire to have sex. If she is tired or has no desire he forces her. But if he has no desire, he does not care about hers. Sometimes men refuse to use family planning. A woman is forced to give birth without regard for her health or the health of the children."** (participant from Sudan)

**"My husband beat me right after the first time we had sex (our wedding night). This first act was very violent and caused a massive haemorrhage. When I was three months pregnant, my husband continued to beat me and sow doubts about my virginity and the legitimacy of the baby."** (participant from Algeria)

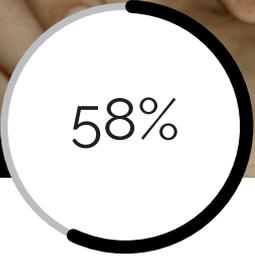
Financial or economic abuse from intimate partners was discussed at length, including partners not paying their share of household and family expenses. The women also discussed alimony laws favouring men, which leave women very vulnerable in case of divorce. This lack of financial power can lead to insecurity, homelessness, and a willingness to make huge compromises to gain security through marriage.

**"What really weakens a woman is when she is in financial need from her husband or anyone else. What makes me strong is being financially independent."** (participant from Jordan)

**"I have no other source than sex work to make money. There is no one to help me. I have to fend for myself."** (participant from Tunisia)

**"Some men know that their wives, sisters or daughters have sex for money, but for their own comfort they avoid taking responsibility."** (participant from Sudan)

Given the strong stigma attached to divorce in the region, men's control over initiating divorce and women's lack of social and economic power, the threat of divorce leaves women feeling very insecure. Many of the women in the community dialogues were living with HIV and divorced (sometimes multiple times). Some had found that their spouses used their HIV status against



58% of women in the dialogues had experienced violence or abuse at the hands of their neighbours and family members.

them, including in divorce proceedings and as an excuse to take children away. Women living with HIV who are divorced can face a double stigma and pressure to marry someone they would not otherwise consider to obtain economic and/or social security. This often puts them in situations in which they face further violence from husbands.

### **VIOLENCE BY FAMILY MEMBERS AND NEIGHBOURS**

Many women spoke about the support they had received from family members, including sisters, fathers, mothers, brothers and, in some cases, in-laws. However, starting from a very young age there were also many examples of family violence, including exploitation (such as being treated like a maid), rejection (especially of sexual minority women and those with nonconforming gender identities), physical, verbal, sexual and mental abuse, including against divorced women, or in relation to a woman's HIV diagnosis becoming known. Violence from a member of the family or neighbours could include refusing to share food or utensils; name calling; blame; rejection; abandonment; physical violence such as hitting, kicking or pulling hair; and sexual violence such as touching, kissing or forced sex. Women described physical, sexual and mental violence in childhood, adolescence and adulthood in the home and neighbourhood.

### **CHILD, EARLY AND FORCED MARRIAGE**

The women in the dialogues identified early and forced marriage as a form of violence, often preceded by other forms of family abuse. It tended to lead to lifelong vulnerability, exacerbated when girls dropped out of school. (You can read more about this in Section 2.3: A lifetime of violence)

**“At the age of seven, my parents started hating me and discriminating against me, as a baby boy was born after me. At the age of 17, I was forced to get married. There should be a law against early marriage.”**  
(participant from Jordan)

**“My suffering started with my forced marriage, a violent wedding night, being the victim of beatings by my husband, and my family who forced me to stay in this harmful relationship.”** (participant from Algeria)

**“I was forced to marry someone who was also forced to marry me. After marriage he treated me badly, beat me and insulted me. He also betrayed me. His mother knew that. When I complained to his mother, she encouraged him to betray me, saying the man is free and can do whatever he likes.”**  
(participant from Sudan)

**“I was living with my siblings; my father was a drug user and was beating my mother. My brother was beating us as well. I agreed to marry the first man who proposed because I was about to get raped, twice by my brother while I was sleeping and the second attempt by my cousin. I was only 16 years old back then.”** (participant from Egypt)

71%

71% said they had experienced violence in public spaces and restrictions on where they can go in the community.

**"I was raised at my grandmother's house. My uncle sexually assaulted me when I was a kid (five years old)."** (participant from Egypt)

**"Personally, I experienced sexual touching [as a child] from several men in the neighbourhood or close family. I couldn't say anything to my mother. At one point you end up believing that it's natural and that this is how things are. It is only by growing up that I realised it was violence."** (participant from Algeria)

The inequitable and unequal treatment of boys and girls is an important factor that disadvantages girls from a young age and continues in later life. Disparities are manifested, for example, in a lack of tenderness towards daughters, boys' education taking priority over girls', boys not helping with housework, and harassment and pressure from family members to be 'perfect'. Older girls can be denied freedom of movement, education, decent work opportunities and financial independence, friends, and choice about what to wear. They also face the prospect of early and forced marriage, and early, unplanned and unwanted pregnancies.

Women's insecure economic and social status can force them into situations (such as unwanted marriages, returning to abusive families and sex work) that leave them vulnerable to HIV and violence. Family members are active in pressuring women to stay in abusive relationships, and divorce is seen as bringing shame on the family.

**"The day of my divorce, my brother said to me, I don't ever want to see you in our town again."** (participant from Morocco)

Despite the fact that marriage remains the primary source of status and security for women, some resisted pressure to marry. In other cases, women were denied marriage so they could care for the family.

"I went to school till the age of 12. My stepmum used to extinguish cigarettes on my back. She didn't accept the guy who proposed to me, as she wanted me to stay home and serve her. At age 13,

she married me to her nephew." (participant from Lebanon—originally from Syria)

Violence in the family and the neighbourhood affects women of all ages. Older women can face a wide range of violence, including mental, physical and financial, denial of rights, stigma, abandonment and isolation.

**"I live with a family ... They avoid me ... I don't eat with them ... I always have a separate plate [because I have HIV]. I'm afraid of finding myself out on the street."** (participant from Tunisia)

## VIOLENCE IN THE COMMUNITY

Social norms around gender inequality in the region make women vulnerable to discrimination, stigma and humiliation in the community. This is especially so for women living with HIV if their status becomes known, sex workers, migrant women, transgender women and others who are socially excluded and feel unprotected by the law.

Like other forms of violence, violence in the community affects girls and women of all ages, and ranges from gossip, name calling, rejection, avoidance and children being stigmatised to being attacked or beaten by a stranger; being touched or forced to have sex; rape based on sexual orientation or gender identity ('corrective rape'); non-partner rape; hate-motivated violence against transgender women; and violence against sex workers by clients or strangers.

**"Society considers that the person living with HIV is outcast, he is disgraceful and doesn't deserve to live among them ... as they only know one means of HIV transmission: sex. Discrimination is even harder for women living with HIV."** (participant from Jordan)

Participants described experiences of harassment and violence in the street and public places such as cafes, tearooms, markets, and on public transport. As a result, women feel they cannot move freely in communities, pursue leisure activities, wear what they want or be open about

## VIOLENCE IN THE WORKPLACE

There were many examples of gender inequality in the workplace and of women living with HIV being unable to find employment or being fired because of their HIV status.

**"I wish employers would stop firing employees once they know their HIV status and stop judging people living with HIV."** (participant from Jordan)

Sex workers spoke of violence from clients and the public when carrying out their work. One woman from Lebanon was shot in the leg by a client who did not want to pay her, so she now lives with constant pain. Transgender women also struggle to find employment and face discrimination when they do.

Women said that even where laws prescribe equal pay for men and women and/or other aspects of workplace equality, in practice, women are often not seen as equals and are sometimes sexually harassed. If they do not accept sexual relations with their employer, they can be fired or denied workplace rights or even a salary. Furthermore, some employers consider women underqualified and may fire them without reason. Women and men may earn different salaries for the same work, and women are often expected to work more for the same salary.





their status if they are living with HIV or belong to a sexual minority. In Lebanon, 17 of the 21 women participating in the community dialogues had been homeless and faced insecure accommodation. 'The street' was particularly feared and experienced as a place of violence.

**"In the street, the children throw stones at us ... They say we [migrant women] are apes. Strangely, adults do not react."** (participant from Tunisia)

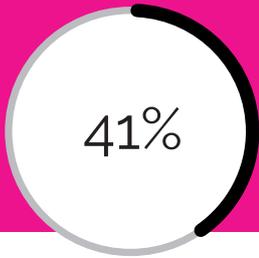
**"Many girls are harassed on public transport. Most of the time, no one will come to their help."** (participant from Sudan)

Such community violence can lead to depression, post-traumatic stress and a range of other mental health issues.

Social media can exacerbate violence, and women in the dialogues were particularly concerned about the impact on young women of relationship violence leading to community violence, for example as a result of blackmail and revenge porn on social media.

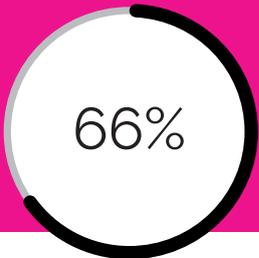
In Egypt, some women considered female genital mutilation and cutting to be the strongest form of violence in the community, with 19 of 37 women in the dialogues reporting having experienced it.

Women also discussed administrative violence, including being unable to get formal documents that would enable them and their children to access services such as health care and education (for example, because their spouse or partner refused to acknowledge them or their children or because their spouse did not have the right documents). Even renting a home can be difficult if a woman is single, a refugee, a migrant, transgender, living with HIV or identified as a sex worker.



41%

41% of women in the dialogues had experienced violence in healthcare settings.



66%

This figure rises to 66% among women living with HIV.

## VIOLENCE IN HEALTH-CARE SETTINGS

Some countries have attempted to address violence and discrimination against women in health service settings by adopting regional legislation that prohibits discrimination against all people living with HIV or by enacting legislation that specifically addresses violence against women.

LEARN MENA's mini-survey and community dialogues highlighted the fact that when women are treated with respect and dignity, with services that are tailored to their specific needs, coming to terms with their status can be made much easier.

**"The doctor told me that I was HIV positive and did not want to hospitalise me because my condition did not require it, then directed me to the association, which supported me, then reassured me about the respect of confidentiality, and put me on treatment. I ended up accepting my HIV status."** (participant from Morocco)

During the dialogues, women living with HIV reported experiences of health-care workers (including doctors, nurses, laboratory technicians and administrative personnel) speaking to them in a denigrating manner, or being humiliated, shouted at or stared at. Women also reported negative treatment of their children in health settings. Experiences included: being called 'a bad woman'; being asked how they had acquired HIV; lack of confidentiality and disclosing their status without consent; making women take an HIV test without telling them or without asking for consent; refusing to give women all the information about available services; refusing to test the blood of someone living with HIV; denial of services; service providers behaving carelessly, including losing records; forced or coerced abortion or sterilisation; making women living with HIV wait until other clients have been seen; refusing a certain type of contraceptive, even when it is available; and denying care at hospitals.

**"As soon as I came back to the doctor's office [after a positive HIV diagnosis], he started shouting at me, insulting me. He harassed me over the phone for a month, sending me messages of blackmail and insults."** (participant from Morocco)

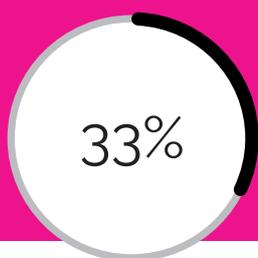
Many women who participated in the community dialogues said the discrimination they had faced within health-care services discouraged them from accessing such services.

**"I was badly treated by society and health workers, as they marginalised me and neglected me. Everybody at the health-care setting was asking me about the reason for my infection."** (participant from Jordan)

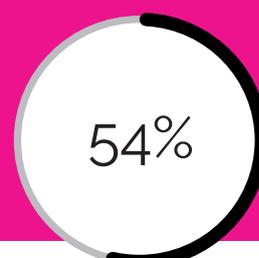
**"In the hospital, I was not respected. I was abused during my delivery. They took a picture of me and they posted my picture saying that I am HIV positive ... They asked the other mothers not to use the same toilet as me. I went through hell after giving birth."** (participant, a migrant woman from Tunisia)

Pregnant women living with HIV, sex workers, transgender women or women with disabilities also reported experiencing harsh and severe discrimination in health care settings. One transgender woman said a health-care worker had addressed her in a disrespectful and hurtful way as "Mr", and in doing so alerted other patients in the clinic to the fact that she was transgender. Women who are not married (or cannot produce a marriage certificate) may be denied vital sexual and reproductive health services, including contraception and condoms, and maternal and child health care.

More than half the respondents said that violence affected their ability to manage their health or protect themselves from HIV. There were notable geographical differences in how violence affected women's ability to manage their HIV or protect



33% of women in the dialogues had experienced violence from law enforcement agents.



54% of the women in the dialogues said violence or fear of violence had affected their ability to protect themselves from HIV or manage their HIV.

themselves from HIV, which seemed to be closely related to the level of support they could access from their family, peers, and health-care workers.

**“I went to the centre because I was sick, and I left even sicker because of the bad treatment I received and the judgement of people there. As a consequence, I neglect my health. I stop going to the hospital, so I don’t have to tell them I’m a woman living with HIV.”** (participant from Jordan)

### VIOLENCE BY LAW ENFORCEMENT AGENTS

In all countries, there were LEARN MENA participants who had faced violence from law enforcement agents. This could include police harassment; arresting women without giving a reason or because they were carrying condoms, lubricant or clean injecting equipment; threatened or actual sexual violence or rape by police, prison or detention guards or military personnel; denial of health-care in prison or detention; disclosure of HIV status; or refusal to provide services and support.

Examples discussed in the community dialogues of abusive police behaviour included beating women for being on the street late at night, planting evidence in a woman’s bag after wrongly accusing her of stealing, threatening women at police checkpoints, demanding bribes and sexually abusing women who try to file complaints about violence.

Gender intersects with other factors such as poverty to heighten vulnerability to police violence and discrimination. Women in Egypt described how police react differently to women walking in the street late at night in low-income areas, where they would be stopped and taken in for questioning, while women in more prosperous areas would not be.

Where drug use and sex work are stigmatised and criminalised, sex workers, women who use drugs (or whose partners use drugs) and those who work with them can face police harassment, arrest and detention. Women carrying condoms are immediately suspected of selling sex and can be arrested.

Generally, women did not see the police as supportive, even when they were reporting violence and crime. Migrant women living in Tunisia said they did not report violent attacks to the police for fear of being deported. Some women spoke about how they were handcuffed and expelled from third countries (countries outside the scope of this project) when they were diagnosed with HIV.

**“If, for example, I am walking in the street and a man bothers me, I can’t fend him off alone, and I can’t lodge an official complaint because [as a sex worker] I would be afraid of the police in the first place. Most of the time, they tell you it’s your fault.”** (participant from Algeria)

**“I was mugged once ... They took my mobile phone. Maybe because [I am a transgender woman and] they see me as ‘effeminate’, I don’t know ... When I left the police station, the police officers laughed at me, saying it was because I was weak.”** (participant from Tunisia)

### A LIFETIME OF VIOLENCE

The women’s stories and examples commonly involved a chain or cycle of violence, with one form of violence leading to another, and violence in one setting often triggering violence in another. The fact that so many women had experienced violence in more than one setting reinforces this.

Women also highlighted physical, sexual and mental violence in the home during childhood, adolescence and early adulthood (especially

## LONG-TERM CONSEQUENCES OF EARLY AND FORCED MARRIAGE

"I was never educated. I worked in a house [and] my family married me off at the age of 12. It was very bad; psychologically I was destroyed. My family did not let me divorce. I had a boy, and that's when I found out I was HIV positive, because he was very ill. He was abused in the care services. My health deteriorated; I could not take care of my son and my house. My husband verbally and physically abused me. I had a daughter, then I got divorced. I have been told that my house that I rent will be taken away from me. I may find myself on the street. I shared my HIV status with my niece, who currently insults me about it." (participant from Morocco)

"I was born into a good family, surrounded by seven brothers. I was spoiled. I went to school. At the age of 12, my parents married me off. The first night was horrible. I didn't know what to expect and how to behave [sexually]. I didn't want to undress, I told him: go undress your sister. I simply had no idea what would happen. At 13, I had my first baby. At 18, I had a hysterectomy." (participant from Lebanon)

## THE CYCLE OF VIOLENCE: RAPE, MARRIAGE, AND FURTHER VIOLENCE

"At home I was always afraid of my father and my brothers, who were violent. Afterwards, in a working-class district, it was all the boys from the neighbourhood who replaced them as soon as I took a step outside. From the age of 14, a neighbour of my father's age was blackmailing me, until the day he raped me, and I had to marry him." (participant from Algeria)

"I got a marriage proposal when I was 15 years old; he was the same age as my father. My father accepted, as he was a rich man. My father was later imprisoned, so this man seized the opportunity and raped me, which made me lose my virginity. I then agreed to marry someone who was using drugs; he asked me why did you accept? Are you a virgin? I said no, I am not. Then we got married, on our first day he beat me with a hose. He started humiliating me. Three months ago, I got sick and I was losing weight, my father took me to the hospital. The nurse didn't try to help me, as she kept saying to everybody 'Don't touch her, she is infected.'" (participant from Egypt)

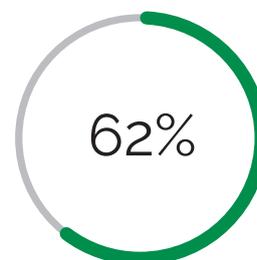
violence and rejection from family members), causing situations that increased their vulnerability to further violence, insecure living conditions, HIV risk, sex work, loneliness, withdrawal, depression, anxiety, drug use and unintended pregnancies, as well as losing their children through divorce.

**"I'm the eldest at home. I had to raise my brothers since I was nine. I ran away to escape violence at home."** (participant from Lebanon)

**"I left home at the age of 12. I was beaten by my stepmother. At 16, I had a child. When the guy proposed to me, my father said: 'I don't have a daughter' (because I ran away). When I gave birth to my daughter, my partner left us both."** (participant from Lebanon)

Several of the testimonies highlight how childhood abuse and early, child or forced marriage can increase vulnerability to HIV, other sexually transmitted infections and violence, as the examples above and below show.

Although women's personal testimonies highlighted different types and levels of violence over their lifetime, they also revealed extraordinary resilience and acts of both giving and receiving love and support.



62% of women in the dialogues said they had received at least some support for violence.

"Al Shehab adopted me and included me in all the projects, where I received ongoing services such as psychological support. They turned me into another person. They never told me to stop this work; they gave me all the options to let me choose what I want to do with my life." (participant from Egypt)

"I was a sex worker in [redacted to ensure anonymity] and was diagnosed there. I was put in prison and then my hands were chained while taking me to the airport. I turned from a drug user into a drug dealer. However, I got help after three months in an institution and started to think about helping myself. I was on drugs for 29 years, and now I am a volunteer at a centre that supports drug users. My work and recovery have come to the attention of figures in high authority in Morocco. 'Ah you are the strong woman I read about.' My family is providing me with financial support." (participant from Morocco)

"I took drugs in a heavy way after my partner's betrayal, also because of my new life and the way people make me feel. [Redacted to ensure anonymity] helped me get out of this bottleneck. The NGO was a good support for me in my pathway; it brought sunshine into my life. I go to it each time I face a problem." (participant from Lebanon)

**"HAVING TWO SCORPIONS ON THE WALL IS BETTER THAN HAVING TWO GIRLS AT HOME"**  
(SAYING FROM EGYPT)

<sup>2</sup> For example, the 2011 Egyptian film *Asmaa* notably includes a sympathetic portrayal of a woman living with HIV and the challenges she faces.



## SUPPORT, SAFETY AND RESILIENCE

Women acknowledged people who are supportive, loving and non-stigmatising. They talked about the places where women feel safe and protected from violence. They also described their own actions, which protected them from violence, and factors that helped them recover from their experiences.

Protective factors identified during the women's dialogues included:

- **At home, in the family and in the community:** Loving and supportive male partners, supportive family and community members.
- **Peer support:** The peer support provided through MENA Rosa and associations of women living with HIV, including peer support within HIV clinics and other health-care settings.
- **Other sources of social support:** Civil society organizations such as Al Shehab in Egypt and the Association de Lutte Contre le SIDA (ALCS) in Morocco; religious leaders who speak out against HIV-related stigma and discrimination.
- **In health care and other service settings:** Health-care workers and legal professionals who provide non-judgemental services.
- **In the media:** Positive portrayals of more equitable gender roles and/or HIV in the media.<sup>2</sup>
- **Supportive and enabling policy environment:** Policies that support the rights of women and people living with HIV.

**“WOMEN LACK BOTH  
BRAINS AND  
RELIGION”**  
(SAYING FROM EGYPT)

**“EVEN IF A WOMAN  
REACHES MARS,  
HER PLACE IS  
IN THE KITCHEN”**  
(SAYING FROM JORDAN)

## **GENDER NORMS AND EXPECTATIONS UNDERPINNING VIOLENCE**

**“I do not think I would have contracted HIV if I had lived without violence”** (participant from Algeria)

The country orientations and community dialogues explored the social expectations and gender norms that underpin violence against women. The women identified many sayings and songs that epitomised expectations of women and men, girls and boys in their communities.

Some of these were positive, and indeed, some women felt that things were changing for the better, for example with more collaboration at home. Most positive examples tended to relate to women's pivotal role in keeping the family together or assigned extraordinary, yet arguably unrealistic, levels of power to women.

These positive examples were outweighed by sayings that promote gender inequality, discrimination against women and girls and/or a type of masculinity based on gender inequality. These assume that women should obey their husband, do all household tasks, not speak out, put up with family violence and remain financially dependent. Within the discussion on gender norms, issues including FGM/C, boys being given priority over girls in education and women's marginalisation in terms of inheritance and land ownership were also raised. Other sayings directly justify violence against women and girls, and women reflected on the social conditions that underpin such violence and undermine women's ability to avoid it.

**“We are living in a community where people perceive women as inferior human beings and want them to stay stuck in a corner forever.”** (participant from Egypt)

The reality of women's lives, however, is different from these norms. The gap between expectations and reality, for example, due to divorce, HIV and single parenthood, can further affect women's health and socioeconomic well-being, leaving them even more vulnerable to violence.

**“It is necessary for all society to understand and know how dangerous the marriage of girls is.”** (participant from Jordan)

**“My mother was violated by my father because she gave birth to girls. Women are tormented by the husband and society to have [boy] children, and the man goes to marry [a second wife] because he is looking for a boy and leaves his first wife neglected.”** (participant from Sudan)

However, some women are challenging negative gender norms. As these quotes demonstrate:

**“I have a big dream to change the laws, and to see women becoming strong.”** (participant from Jordan)

**“He says: I want you to be 'a lamb'. So I tell him: when you married me, you [didn't] marry a lamb, you married a lioness... Is your sister or your mother a lamb? When you are sick, you want me to stay by you and remain strong; and when you are ok, you want me to be a lamb.”** (participant from Lebanon)

**“SHE IS USED TO BEING  
BEATEN EVERY SUNDAY  
- IF IT DOESN'T TAKE  
PLACE SHE WILL  
WONDER WHY”**  
(SAYING FROM MOROCCO)

# WHAT NEEDS TO CHANGE?

## THE CHANGES WOMEN WANT TO SEE

The women used the ALIVIHIE framework change matrix to explore the different areas of change they want to see. In partnership with other stakeholders and the project team, they identified priority actions for addressing violence against women and its impact in the context of HIV in the four areas of the matrix.

## MORE CHOICE AND AGENCY

Women thought that few interventions in the countries involved in the LEARN MENA project addressed the links between violence and HIV. However, the women themselves are already providing invaluable support to ensure that women and future generations are less likely to face violence, by speaking to others about HIV and providing peer support through such organizations as MENA Rosa.

### WOMEN WANT TO HAVE ACCESS TO:

- Increased access to peer support groups and inter-country networks and movements.
- Practical support through the integration of sexual and reproductive health services with services for HIV and violence.
- Opportunities for women to build their self-esteem and leadership skills; economic empowerment and financial independence; legal literacy and understanding of their respective rights; access to education without stigma.
- Programmes to address violence within families.

## ADDRESSING SOCIAL NORMS

Women recognised the need to challenge social norms as a foundation for addressing violence. They highlighted the importance of community awareness-raising on violence against women in the context of HIV, through the media, religious leaders and in schools.

### WOMEN WANT TO SEE PUBLIC AND COMMUNITY AWARENESS-RAISING AND INFORMATION CAMPAIGNS THAT:

- Help transform harmful social and gender norms that underpin gender inequality, and encourage men to treat women with respect and dignity.
- Highlight rising levels of violence against women - in all their diversity - and ways to address this.
- Recognise and respect the rights of transgender women, sexual minorities and women with nonconforming gender identities.
- Use all aspects of the media, including social media, and engage with religious leaders and schools.

### WOMEN ALSO WANT:

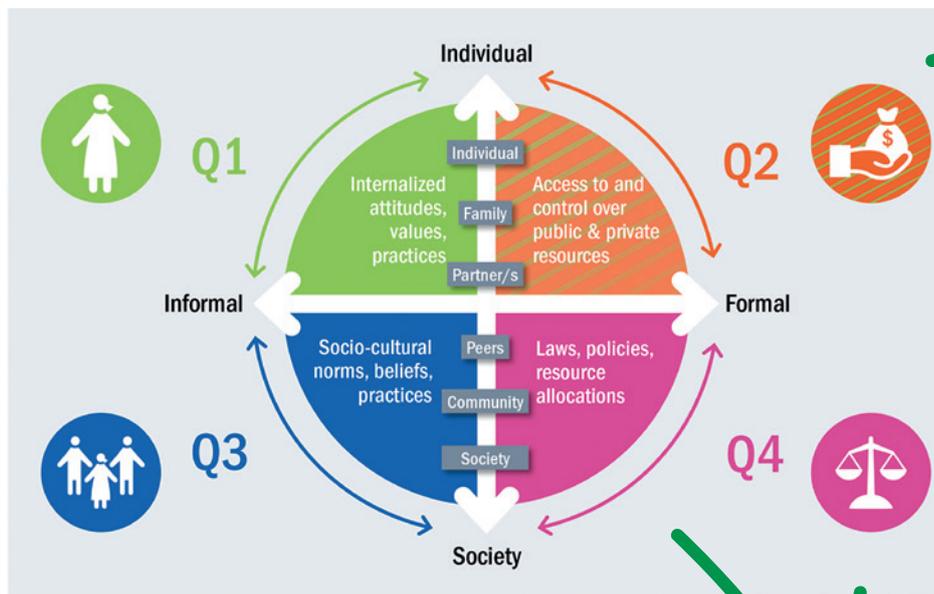
- All organisations that work on HIV and violence against women to reinforce the ALIVIHIE framework's values of human rights, sexual and reproductive health and rights, participation, gender equality, safety, evidence-informed responses and respect for diversity.
- Stronger networking and cross-movement collaboration to work on effective interventions to address the links between HIV and violence.

## ACCESS TO SERVICES

Some valued local organisations are addressing the relationships between gender-based violence and HIV. However, access to health-care services – including maternal and child and sexual and reproductive health – can be difficult because of stigma and prejudice among health-care personnel. Gender inequality and stigma affect women's access to employment and housing, and women are often financially dependent as a result.

### WOMEN WANT TO HAVE ACCESS TO:

- Better health care, maternal and child health services and sexual and reproductive health services.
- Non-discriminatory, non-judgemental and high-quality, integrated health services with strong referral systems and to be treated with dignity by health-care providers.
- Local organisations providing support at the intersections between HIV and violence against women, including: shelter and housing, economic support, access to work, legal assistance and specific services for women experiencing violence.



### ALIV[H]E FRAMEWORK CHANGE MATRIX

Source: ALIV[H]E Framework, adapted from Gender at Work

## BETTER LAWS, POLICIES, AND ALLOCATION OF RESOURCES

Several of the countries involved in LEARN MENA do have laws, policies and strategies in place relating to gender equality, non-discrimination against people living with HIV and violence against women. All countries in the region have endorsed the 2014 Algiers Call for Action on Gender Equality and HIV.<sup>xxvii</sup> Nevertheless, some countries have no specific laws criminalising some types of violence, such as domestic or partner violence or marital rape. Even when laws exist, there are many challenges in implementing them, including a lack of community support.

### WOMEN WANT:

- Equality between women and men and the protection of women's human rights through a multisectoral approach.
- Full implementation of laws and policies that protect the rights of women-including women living with HIV and women in all their diversity-from stigma, discrimination and all forms of violence, including early and forced marriage and FGM/C.
- Greater freedom for organisations that support women in all their diversity to carry out their work without fear of arrest or harassment by the police.
- Increased government commitment and action to integrate HIV within the universal health coverage agenda.
- Meaningful involvement of women living with HIV in developing and delivering national HIV strategies, strategies to counter gender-based violence and to empower women.

**“MENA Rosa leaders have learned through this often painful process that violence against us should be denounced and not brushed under the carpet. Their empowerment will help women in all their diversity to know and understand their rights. Our advocates will move forward to expose the links between violence against women and HIV. Gender equality starts at home, grows in the society and blossoms in the legal environment. The road is long, but we have taken the first steps. Kudos ladies.”** (Rita Wahab, Regional Coordinator, MENA Rosa)

In each country, the stakeholder meetings provided a forum for women representing their communities and national stakeholders to come together to translate these recommendations into high-priority country-level actions and to identify entry points and opportunities to advance them.

(See Annex 1.)

### NEXT STEPS FOR LEARN MENA

The project has engaged a range of stakeholders to raise awareness of the need to prevent gender-based violence in the context of HIV, through individual and community action, timely and responsive service provision, and a more protective and accountable legal environment. Momentum to implement this agenda will need to be maintained with the help of partnerships, technical support, resources and political will.

Moving forward we will:

- Use recommendations from the women who participated in the LEARN MENA project to inform stakeholders in planning future interventions and allocating resources.
- Promote the ALIVIHIE framework values in all work on HIV and gender-based violence.

- Promote the meaningful involvement of women in all their diversity, including women living with HIV, in all activities including in the design and delivery of policies, programmes and strategies relating to HIV and gender-based violence.
- Promote safe spaces for women to discuss the issues they face in relation to gender-based violence and HIV and plan for action.
- Support the use of the ALIVIHIE framework by women to monitor and evaluate interventions.

LEARN MENA has uncovered exceptionally high levels of violence against women living with, and most severely affected by, HIV in the Middle East and North Africa. With commitment from stakeholders to support further work on the nexus between HIV and violence against women in the region, women will continue to drive transformative change in all areas of their lives. If implemented, this will help achieve targets under Sustainable Development Goal 3 (related to health, including ending AIDS as a public health threat and advancing universal health coverage) and Goal 5 (related to gender equality, including eliminating all forms of violence against women and girls).



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## GENERAL RECOMMENDATIONS

In addition to the recommendations for change in the four areas of the ALIVIHIE change matrix described in Section 3.1, and country-specific recommendations and action points agreed by national stakeholders ([see Annex 1](#)), the LEARN MENA project also generated the following recommendations from stakeholders on how they can help build on the momentum created by the project.

Priority:

- Governments and development partners should use the specific priority actions identified here to inform the planning of future activities and the allocation of resources.
- Governments, development partners and civil society should ensure the meaningful involvement of women living with HIV - and women from marginalised groups who are particularly affected by violence and HIV - in the development, implementation and monitoring of National Strategic Plans on HIV and AIDS and Global Fund processes.

Governments should:

- Incorporate prevention of gender-based violence and post violence care services in National Strategic Plans on HIV and AIDS and Global Fund processes, in accordance with World Health Organisation best practice.

- Collaborate with Ministries of Education, technical agencies, and providers of life skills training and comprehensive sexuality education which explicitly addresses and challenges harmful gender norms and the unequal distribution of power.
- Review and reform all laws and policies which could unintentionally expose women to gender-based violence.

Ensure clear and transparent accountability mechanisms for women who experience violence at the hands of government employees, including health service providers and law enforcement agents.

Donors should:

- Increase funding for HIV initiatives that address gender inequality and gender-based violence against women, and gender-based violence initiatives that support women in all their diversity, including women living with HIV.
- Support a strong, independent women's civil society.
- Support a strong, independent women's civil society.

Civil society organisations should:

- Reinforce the importance of promoting: human rights, sexual and reproductive health and rights, participation, gender equity and equality, respect for diversity, safety and safeguarding strategies, and evidence-informed responses to HIV and violence against women – in all their work on HIV and gender-based violence.

- Establish and support safe spaces for women in their diversity to discuss issues and plan for action. This includes building the legal literacy and rights awareness of women most affected by HIV and gender-based violence.

All stakeholders should:

- Use the recommendations to inform the planning of future interventions and activities and allocating resources. Stakeholders should think about the changes their activities bring about in the four areas of action outlined in this report, and be mindful of how interventions affect women's experience of HIV and violence. They should consider the links between HIV and violence, and how gender inequality influences both.
- Promote the meaningful involvement of women living with HIV in designing and delivering policies and programmes, and support women in all their diversity to monitor and evaluate interventions.
- Promote safe spaces for women in all their diversity to discuss the issues they face and plan for action. This includes building the legal literacy and rights awareness of women most affected by HIV and gender-based violence.
- Ensure that responses are locally appropriate, context specific and empowering, and that approaches are rolled out nationally so that no area is left behind.



# ANNEXES

## ANNEX 1: RESULTS BY COUNTRY INCLUDING WHO WAS INVOLVED, WHAT WAS DISCOVERED AND WHAT WOMEN WANT TO DO NEXT

| COUNTRY | DIALOGUES                     | NUMBER OF DIALOGUE PARTICIPANTS | DESCRIPTION OF DIALOGUE PARTICIPANTS  | STAKEHOLDERS INVOLVED IN LEARN MENA  | KEY RECOMMENDATIONS AND ACTIONS  |
|---------|-------------------------------|---------------------------------|---|--|--|
| Algeria | 3 in Algiers<br>2 in Oran     | 44 women                        | Women aged 18–58 years, living with HIV, including women who sell sex, use drugs or whose partner uses drugs, bisexual and lesbian women and women with experience of migration, asylum or homelessness.  | Representatives of the Joint UN team on HIV/AIDS, UNAIDS, UNDP, UNICEF, UNFPA; diverse women leaders; Executive Director of the Algerian Family Planning Association; Radio Channel 3; Algerian French Radio; President of AIDS Algeria. | Stakeholders committed to: using the National Strategic Plan on HIV/AIDS as an entry point for integrating activities to address violence against women in the context of HIV; revisiting the package of services under the country's grant from the Global Fund to Fight AIDS; Tuberculosis and Malaria; collaborating with the Ministry of Education to develop a life skills curriculum, and ensuring coverage of vulnerable mobile populations particularly in the south of the country. |
| Egypt   | 3 in Cairo<br>2 in Alexandria | 47 women                        | Women aged 18–55 years. The first dialogue was held during the orientation workshop with women, in all their diversity, from Cairo and Alexandria. Subsequently, separate dialogues were held with sex workers and women living with HIV. Participants included women with experience of migration or asylum, drug use or partner drug use, female genital mutilation and cutting and disabilities. | Representatives of the National AIDS Programme, National Council on Women, IOM, UNHCR, UNAIDS, Al Shehab and others.   | Stakeholders committed to: Developing and implementing a curriculum to cover psychological needs, treatment literacy and legal rights regarding gender-based violence for women living with HIV, as well as referring to services. Investing in CSO legal support for women in their diversity. Disseminating success stories about women using advocacy with religious leaders and media champions to destigmatise HIV and promote gender equality.   |
| Lebanon | 3 in Beirut                   | 21 women                        | Women aged 18–50. Separate dialogues with sex workers and lesbian, transgender and intersex women. Participants included women with experience of drug use or partner drug use, being refugees, being imprisoned or living on the street and/or in an orphanage.  | Rather than a stakeholder dialogue, MENA Rosa organised a meeting with others working in the sector, including the National Commission for Lebanese Women and the Institute for Women's Studies in the Arab World.                       | The National Commission for Lebanese Women and the Institute for Women's Studies in the Arab World committed to including MENA Rosa in the national action plan for women in Lebanon.  |

| COUNTRY | DIALOGUES  | NUMBER OF DIALOGUE PARTICIPANTS | DESCRIPTION OF DIALOGUE PARTICIPANTS  | STAKEHOLDERS INVOLVED IN LEARN MENA   | KEY RECOMMENDATIONS AND ACTIONS   |
|---------|--|---------------------------------|---|---|---|
| Morocco | 2 in Marrakech<br>1 in Agadir<br>1 in Casablanca<br>1 in Tangier | 46 women                        | Women aged 25-49 living with HIV. Participants had experience of disability, drug use or partner drug use, prison, homelessness or belonged to the Amazigh ethnic minority. | 25 participants representing international and national organisations, NGOs, women's rights organisations and networks of people living with HIV, including: UNAIDS, National AIDS Programme, ALCS Rabat, MENA Rosa representatives.<br><br>Also the National Human Rights Council and Ministry of Health, with the support of the Global Fund and the UNAIDS Morocco Country Office, organised a workshop to design the 2018–2021 Human Rights and HIV/ AIDS Strategy in October 2018. MENA Rosa Morocco focal points presented the main results of the community dialogue on violence against women living with HIV in Morocco. | Stakeholders agreed to take action on: Legal and financial literacy for women; safe spaces and peer support for women living with HIV; enabling adolescent girls and young women to talk about violence and HIV, and to develop their confidence. Training on violence against women, HIV, the right to health and medical ethics for health workers; improving access to employment for women; educational and media campaigns addressing gender inequality; support for NGOs addressing gender inequality, violence and HIV; creating an enabling legal and policy environment through sensitisation of ministers to change policies.   |
| Jordan  | 2 in Amman   | 19 women                        | Women aged 22-48, separate dialogues with women living with HIV and sex workers. Participants included migrants and refugees.   | Ministry of Health, Ministry of Social Development, Ministry of Education, National Council for Family Affairs, Supreme Council for Population, Family Planning / Public Security Department, Directorate of Youth Detention Centers / Public Security, National Centre for Human Rights, International Relief and Development Organization, Jordan Family Planning Organization, World Health Organization WHO, Jordan River Foundation, local civil society organizations, experts and consultants, lawyers and human rights activists.   | Each stakeholder made commitments to: integrate responses to HIV and gender-based violence, including: Link HIV counselling, testing, psychosocial support and services - and gender-based violence screening and services - to rural maternity and child centres. Establish a national referral system and national strategies to address violence and HIV. Give particular attention to the empowerment of women, especially in national strategies, to reduce gender-based violence. Provide legal advice and judicial representation of victims, and standardise procedures to deal with all forms of violence, specifically sexual violence. Review laws on protection from violence. Make an inventory of services available to target groups. Develop monitoring and evaluation strategies to identify goals, research, procedures and programmes, and implement programmes to gain support and attract funding. |

## ANNEX 1: CONTINUED

| COUNTRY | DIALOGUES     | NUMBER OF DIALOGUE PARTICIPANTS | DESCRIPTION OF DIALOGUE PARTICIPANTS  | STAKEHOLDERS INVOLVED IN LEARN MENA  | KEY RECOMMENDATIONS AND ACTIONS   |
|---------|---------------|---------------------------------|---|--|---|
| Sudan   | 4 in Khartoum | 40 women                        | Women aged 18–55 years. Separate dialogues with women living with HIV and sex workers.  | Representatives of UNFPA, Ministry of Health, Department of Disease Control, Partnership and Private Sector Section, Family Planning Association, Sudanese Volunteers for Rights and Development, Red Crescent, legal professionals, NGOs and CBOs.              | <p>UNFPA committed to link their gender officer to MENA Rosa, to involve MENA Rosa in development of gender plans, and to train trainers from MENA Rosa in gender rights.</p> <p>The Ministry of Health/Department of Disease Control/Partnership and private section sector also committed to link MENA Rosa with its partners, and to support MENA Rosa in its media campaigns and documenting their work.</p> <p>The Family Planning Association and the Sudanese Volunteers for Rights and Development committed to providing training rooms and announced the collaboration of a joint workshop with MENA Rosa on the Personal Status Law and its impact on the promotion of violence against women.</p> <p>The Legal Counsel of the Sudanese Association for the Care of People Living With HIV committed to providing training for its members in the field of human rights.</p> <p>Red Crescent representatives committed to training its members in the field of gender-based violence.</p>  |
| Tunisia | 4 in Tunis    | 39 women                        | Women (ages not reported) living with HIV, transgender women, migrants and sex workers. | Representatives of UNAIDS, WHO and Global Fund, health professionals (including a midwife and a nurse), academics, a sociologist, national and international NGO representatives, and volunteers from ATP+ (the Tunisian Association of People living with HIV). | <p>Stakeholders agreed to take forward the following recommendations, and noted that involvement of women with experience of violence and HIV is vital for success:</p> <p>Conduct training and sensitisation in violence against women, HIV and human rights for: health-care professionals, paramedics, police, and training of trainers.</p> <p>Review laws and regulations governing gender-based violence responses, advocate for laws against stigma and discrimination and to protect women (including trans women) from violence.</p> <p>Set up an effective fast-track response with multidisciplinary teams (legal staff, psychologists, doctors, educators and peer educators), improve sites used for responding to gender-based violence, standardise referral pathways, set up a refuge friendly to key populations, and disseminate a map of available services.</p> <p>Produce up to date information and set up working groups to raise awareness of gender-based violence at all levels, through NGOs, peer educators, TV, radio, media, as well as within government.</p> <p>Build women's technical and leadership capacity.</p> <p>Raise awareness among women and young women of their rights, sensitise parents about family violence, and provide comprehensive sexuality education in schools.</p> |

## ANNEX 2: SUMMARY OF ALIV[H]E FRAMEWORK AND RECOMMENDED READING

The Actions Linking Initiatives on Violence Against Women and HIV Everywhere (ALIV[H]E) Framework is a women-centred tool that enables its users to strengthen programmes and services that respond to violence against women - and adolescent girls - in all their diversity in the context of HIV. It provides a step-by-step participatory approach to develop and evaluate effective responses, grounded in women's lived realities and drawing on their and their communities' knowledge, resilience and experience. It also has strong components that support communities to monitor, evaluate and document our work; strengthen the evidence base on violence against women and HIV linkages; and collect evidence on what works to reduce violence against women.

The ALIV[H]E framework is built on a set of values. These are: human rights, sexual and reproductive health and rights, gender equity and equality, respect for diversity, safety, participation and evidence informed.

The ALIV[H]E Framework uses a matrix of four quadrants to explore the different ways that change happens:

- Quadrant 1: Internalised attitudes, values and practices
- Quadrant 2: Access to and control over public and private resources
- Quadrant 3: Socio-cultural norms, beliefs and practices
- Quadrant 4: Laws, policies, and resource allocation.

### Recommended reading about the ALIV[H]E framework:

Salamander Trust, Athena, UNAIDS, AIDS Legal Network, Project Empower, HEARD, University of KwaZulu-Natal (2017) ALIV(H)E (Action Linking Initiatives on Violence Against Women and HIV Everywhere) framework. [http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE\\_FrameworkFINALNov2017.pdf](http://salamandertrust.net/wp-content/uploads/2017/11/ALIVHE_FrameworkFINALNov2017.pdf)

Salamander Trust, UNAIDS, et al. (2019) ALIV[H]E in Action: Key examples of the Action Linking Initiatives on Violence Against Women and HIV Everywhere (ALIV[H]E) Framework'.

Hale, F., Bell, E., Banda, A., Kwagala, B., van der Merle, L.A, Petretti, S., and Yuvaraj, A. (2018) Keeping our core values ALIV[H]E: Holistic, community-led, participatory and rights-based approaches. *Journal of Virus Eradication*.

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# ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.7 million people were infected with HIV in 2018 and 770,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

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