



**AIDS**

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## ◆ Outline ◆

1. Introduction
2. Methodology
3. Fieldwork Team
4. Limitations
5. Discussion and Findings
  - a. HIV Prevention
  - b. Treatment, Care and Support
  - c. Financial Resources
  - d. Monitoring and Evaluation
  - e. Coordination and Partnership
  - f. Official Law Enforcement
  - g. Theme: Violence
  - h. Theme: Gender Equality
  - i. Theme: Awareness
  - j. Theme: Women's Perceptions
6. Recommendations
7. Annex: Summary of Interviews by Topic



## ◆ Introduction ◆

Since the second half of the 1990s, the women's movement (women's organizations, research and academic centers and institutions) has been publicly raising the issues of women's rights and gender-based violence (GBV). Sawa, as a non-governmental organization, has been intensively working since its establishment on women's rights issues and contributing to eliminating violence against women and children, particularly gender-based violence. Sawa focuses its work on sensitive and difficult subjects pertaining to the issues of gender-based violence, and it has made significant contributions toward addressing challenging topics.

In June 2008, UNIFEM and Sawa undertook a study untitled "Trafficking and Forced Prostitution of Palestinian Women and Girls: Forms of Modern Day Slavery". The present report is another endeavor by Sawa organization, in partnership with UN Women, to tackle another sensitive subject, with the aim of consolidating efforts to combat the HIV/AIDS by identifying weaknesses and highlighting challenges.

In 2010, UN Women, within the framework of the UN joint program "Scaling Up Universal Access to Prevention, Treatment and Care of HIV/AIDS Disease in Palestine", supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, carried out an operational research project to explore the dynamics and vulnerabilities of HIV transmission among sex workers in the Palestinian context. This operational research project focused on sex workers as one of the key populations vulnerable to HIV/AIDS, and examined the mechanism of sex work and the voluntary or forcible entry into sex work, as well as the role of various parties in this mechanism, including madams/pimps and clients. It also explored the decisive factors of vulnerability of women who are forced into sex work and whether protective factors such as education, geographic location, social and economic status affect their level of vulnerability to HIV/AIDS. Furthermore, it examined their vulnerability in their relation to their pimp/madam and clients in terms of HIV/AIDS awareness, preventive



measures, and decision-making power in their sexual relations, in addition to their access to HIV testing, its cost, medical, legal, social, and protective services. Moreover, it analyzed entry into sex work from a gender perspective and prevalence of previous familial physical or sexual violence among sex workers.

This report updates the 2010 UN Women research on the HIV/AIDS and sex workers in the Palestinian context. It intends to examine the level of effectiveness of the response to this disease, as it is laid out in the Palestinian National Strategy 2013–2018, and in international strategy for combating HIV/AIDS disease. To achieve this, individual interviews were conducted with some members of the National AIDS Committee (NAC), which represents various ministries, with law enforcement officials, with professionals in governmental and non-governmental health centers, and with individuals from non-governmental organizations as well as women's organizations, to examine HIV prevention, treatment, care, support, coordination, monitoring and evaluation, as well as financial resources.

The intention was to interview sex workers in order to examine their level of awareness of HIV/AIDS, preventive measures, their previous history of sexual and physical violence, perception of HIV, and access to health centers, and to provide updated information on HIV/AIDS in Palestine four years after conducting the first study. Unfortunately, identifying sex workers who would consent to an interview was not possible.

Recommendations that are proposed in this report are based on the analysis of data collected from in-depth interviews, intended to support the efforts of policy-makers in combating HIV/AIDS in Palestine. Finally, addressing both the needs of the general population regarding HIV/AIDS, in addition to focusing on high-risks populations will greatly contribute to the eradication of HIV/AIDS.



## ◆ Methodology ◆

The methodology adopted for collecting the data for this report was based on the conduct of in-depth individual interviews in which HIV prevention, care, support, treatment, key populations, coordination, monitoring and evaluation, and financial resources were addressed. Twenty-seven individual interviews using open-ended questions were conducted with various parties, including sex workers as one of the HIV/AIDS high-risk populations. The interviews were conducted in the northern, central and southern region of the West Bank. The interviews were conducted in Arabic. The annex summarizes the interviews, and is not a word-for-word translation.

## ◆ Research Team ◆

This research, including the writing of this report, was supervised by Sawa. The supervisory committee of Sawa actively participated in the review of the questionnaires, while field researchers conducted interviews. Given the timeframe, their persistence and hard work must be acknowledged. An external researcher compiled and analyzed the data and drafted the report.

## ◆ Limitations ◆

The research team is realistic and honest about the limitations of this report, due largely to the cultural and political context under which the research was conducted.

- **Time-limitation.** Due to a short timeline, several components of this report will need additional research.
- **Small sample of sex workers.** Reaching sex workers requires a network of trusting relationships as well as time for gathering sufficient information. The team was able to conduct interviews with only three sex workers. The selected target group had some difficulties in participating in the interview although they were assured of their safety and confidentiality of the information they provided.
- **Some interview questions were found to require additional depth to elicit helpful data.** Once more, because of time constraints, it was not possible to develop the questions in order to redo the interviews to highlight deeper and more complicated aspects of efforts to combat HIV/AIDS.



- **Lack of data on access to services.** NAC members constituted an asset for this research. However, lack of information on populations at risk and the difficulty to reach sex workers and people living with HIV/AIDS, did not allow us to analyze the accessibility to various kinds of services. Consequently, this report does not offer a comprehensive representation of the reality around the HIV/AIDS. This report uses the data that was collected, and focuses on the most important key elements needed to successfully combat the HIV/AIDS.
- **Evasion of specific questions.** It was not uncommon for the interviewees to avoid answering a question, by responding with an answer that was slightly related, with an implicit social cue that the interviewee will not be answering the question directly. This limitation further reflects the sensitivity of the issues being discussed and reinforces the need to de-stigmatize these conversations.

## ◆ Discussion / Findings ◆

### Overview

The following analysis is based on the information compiled during the interviews. The analysis focuses first on HIV/AIDS by focus areas, and then by common themes of analysis that emerge during the research. More detailed responses can be found in the annex that summarizes the interviews.

Although the sample size for the interviews was smaller than initially planned, the information collected provides insight regarding HIV/AIDS in Palestine. After examining these interviews, one cannot deny that there are efforts to provide services such as free medical treatment, social and psychological counseling, and direct examination, in addition to distribution of needles and condoms among drug addicts to prevent transmission of the disease by sharing of needles.

In addition, although there is a general negative perception of women sex workers, a few key interviewees expressed an understanding perception of sex workers and showed quite sufficient knowledge on gender-based violence and HIV/AIDS, and proposed ideas and strategies to combat them.

On the other hand, the responses of interviewees sometimes are not related to the question or are contradictory, which might be



due to not sharing information or not having access to information .There is also no unified vision among professionals working in the same field.

### ◆ **Analysis of interviews, based on HIV focus areas** ◆

#### **HIV Prevention**

Governmental officials provided information about prevention that seemed, at times, to be contradictory. The Ministry of Health reports the distribution of 50,000 condoms and 50,000 clean needles, while at the same time saying that HIV/AIDS is not major problem and the distribution of condoms and needles is mainly for other sexually transmitted diseases.

As sex work is identified as one of the reasons for the spread of HIV/AIDS, researchers inquired about the root causes of sex work. This issue was dismissed as a low priority due to the perception that the sex workers who are transmitting HIV are Israeli (not from the West Bank) and that it is the Palestinian workers who have sex with those sex workers who then carry the disease into the West Bank. This theory has not been verified, nor does it answer questions about alternatives to sex work in the West Bank.

#### **Treatment, care and support**

Of the reported cases of HIV/AIDS, some have been HIV-positive for 15-25 years. As it is no longer considered a death sentence but rather a chronic disease, treatment for HIV/AIDS is part of the overall healthcare system, along with conditions like diabetes and hypertension. Also important is preventative health, learning about transmission to protect household members, and psychological support. Many of the services are free of charge, and some that are not provided by the clinics (such as dental care) are arranged through the clinic.

#### **Financial Resources**

Five out of six interviewees were confident that there was no shortage of financial resources to support testing, treatment, and counseling. Sources mentioned as providing this support were: UNDP, international donors, and the Ministry of Health.



The sixth interviewee, however, pointed the lack of finances as the reason why NAC did not implement any activities in 2014. This information leaves us with unanswered questions about the actual financial picture for HIV/AIDS services in Palestine.

### ◆ **Monitoring and Evaluation of People with HIV/AIDS** ◆

Responses show different degrees of professional understanding about the mechanism for the monitoring and evaluation of programs and services for HIV/AIDS prevention and treatment.

Monitoring and evaluation of services is limited to the distribution of condoms and needles to the drug-addicted people. This is only one of the population at higher risk for HIV prevention, and furthermore it does not take into account the significant importance of sustainable awareness-raising activities.

Patients with HIV/AIDS who are seeking treatment have monthly appointments at the health center. Reports about the examinations are shared with the Ministry of Health, and the Ministry of Health is informed within a day when a new case is discovered. There was only one mention of confidentiality in the interviews. For people with HIV/AIDS to consider treatment, there will need to be stronger processes in place to ensure their privacy. Without knowledge of how their illness will be recorded and to whom it will be reported, it is possible that the fear of social stigma and gossip because of insufficient privacy practices deters people from seeking treatment, keeping the number of reported cases artificially low.

It is essential to develop a comprehensive system of monitoring and evaluation which ensures the provision of prevention, treatment, care and support services to the people affected by HIV/AIDS, and to involve both service providers and beneficiaries in fulfilling the needs.

### **Coordination and Partnership**

There was minimal information regarding how various services work together. Assertions that there are “no gaps” in services appear more aspirational than factual. This is an



issue that might be misrepresented, and which might need additional research.

### **Official Law Enforcement**

Palestine's legal system reflects antiquated laws that perpetuate gender-based violence. For example, a law from 1960 excuses the crime of rape if the rapist marries his victim.

The interviewees had various justifications for this law and how it might actually help a woman who is a victim of rape to "regain her self-esteem and have the chance to become a mother." With such views at the leadership level of the Palestinian legal system, it is easy to see how gender-based violence is instilled in the culture to the point that it is barely noticed. The concept of marrying one's rapist as a "solution" to a crime comes from the cultural norm that an unmarried woman who is not a virgin will not be able to find a husband (other than her rapist) and that without a husband a woman cannot support herself economically (a strong example of why work opportunities are so crucial for women's self-determination). While technically the victim has the option to say "no" to marrying the rapist, the interviewees seem unaware of power imbalance between men and women when it comes to violence, or the psychological and social influences on a rape that would make her feel like she has no other choice.

Some (not all) of these interviews among the law enforcement actors also reflected a disturbing attitude toward women not being allowed to file complaints about incest, claiming that the damage to society from reporting incest is worse than the damage done to the victim. With such beliefs in courts, it is no wonder why protecting women and girls from gender-based violence is not a priority.

Overall, the interviewees from the law enforcement minimized gender-based violence both in terms of its frequency and its impact on women and girls. Interviewees were unwilling to recognize sex trafficking as a problem, and also resistant to the concept of forced sex work, suggesting that most or all female sex workers choose this work.

At least two interviewees suggested the women and girls



would benefit from awareness-raising in understanding what harassment is, how to report violence, and what rights they have when it comes to gender-based violence. This is indeed an important point, because when violence against women is regularly minimized, justified, and dismissed, it is not surprising that girls grow up internalizing the societal message that gender-based violence is normal and not worth addressing.

**In addition to the above analysis on specific HIV/AIDS topics, the following additional overall themes were reflected in the research:**

### **Violence**

- Based on the data collected for this report, HIV/AIDS is considered a health issue and the responsibility of health professionals, rather than a societal issue interconnected with gender-based violence. Additionally, it is not a priority and there is a need for awareness-raising activities.

“Violence against women is a manifestation of historically unequal power relations between men and women” and “violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.”<sup>1</sup> This violence takes many forms, including sexual abuse and exploitation, and has various consequences. Violence not only threatens women’s safety, but also plays a major role in perpetuating gender inequalities and undermines the ability to take control of one’s life and security.

The consequences of violence against women and its impact on psyches and bodies has at the centre of many discussions among governmental and non-governmental organizations. However, very few efforts have been made to articulate the connection between violence and risk of HIV/AIDS infection. The Palestinian National Strategy 2013-2018 for combating HIV/AIDS is one of the few initiatives to emphasize the low social and economic status of women as a high risk factor for contracting HIV. Therefore, the national strategy requires improvement to gender-responsive and rights-based approaches in HIV-related programs.



The Division for Gender Equality at UNESCO organized a regional workshop addressing the links between gender-based violence and HIV in the Great Lakes region in July 2013. The report on this workshop states that “overall, this first global statistic confirms the results of several studies that have consistently shown an association between GBV and HIV infection”, and “GBV can increase the risk of transmission of HIV both directly and indirectly.”<sup>2</sup>

According to the Palestinian National Strategy 2013-2018, “the official registration of cases in Palestine started in 1988. As of the end of November 2013, 81 cases of HIV/AIDS were reported in the national registry, of which 67 developed AIDS. The largest number of registered HIV cases was among people who were 15 to 49 years old. Therefore, Palestine is considered a low HIV/AIDS prevalence country. From 1988 to 2013, a cumulative number of 65 male and 16 female AIDS cases were registered. Most AIDS cases are men, representing 80%. Furthermore the main mode of transmission were heterosexual sexual intercourse (56%).”<sup>3</sup>

Although the HIV/AIDS prevalence is low in Palestine, as shown by the above mentioned statistics, most HIV/AIDS cases are men, and it is important to remember that the statistic is based on reported cases. A high risk in Palestine comes when women are denied self-determination to negotiate safer sex, do not feel they have the right to refuse sex, or are afraid to disclose their HIV status. All of these are because they are afraid to face a violent reaction. This fear and lack of self-determination will also adversely affect women’s access to HIV/AIDS information, testing, treatment, counseling, support, and preventive measures.

“Several studies have suggested that adults with a prior history of having been sexually abused may have an increased likelihood of having high-risk sexual behaviors.”<sup>4</sup> Child sexual abuse has been related to high-risk behavior such as having multiple sexual partners and trading sex for money, and these are risk factors for HIV infection. We cannot focus on violence or gender-based violence while excluding discussion about women’s decision making power on their bodies and their right to protection, and overlooking the fact that gender-



based violence contributes to HIV transmission.

According to the findings of the UN Women 2010 operational research, some women were forced into the cycle of sex work because they experienced sexual abuse during their childhood or because of their economic needs. 64.3% of sex workers reported that they were forced into sex work. 96.3% had been victims of violence, and over half of these referred their husband or father as the perpetrator of physical violence. In addition, 76% reported that they have been victims of sexual violence by an intimate partner or family member. Fighting gender-based violence, questioning sex work as work, and not considering it as the oldest profession worldwide, are all related to the fulfillment of the legal, economic and social rights of women and girls. Women and girls have no power of consent in the cycle of sexual exploitation. Combating sexual exploitation involves a package of social, economic and legal rights. Sex workers are one of the key populations in HIV/AIDS-related work who are very difficult to reach. As one of the interviewees said “there is no information about organizations working directly with gay people and sex workers on the issue of HIV/AIDS (...) If sex workers do not receive the treatment they need, that will lead to the spread of diseases. It is enough to recruit a small number of sex workers for educating other women sex workers.”

As mentioned earlier, gaining permission from sex workers in Palestine for interviews is not an easy task. Without representation of this population in research, it will be hard to measure the success in combating HIV/AIDS disease.

### **Gender Equality**

- Gender perception in combating HIV/AIDS is absent.

As it was mentioned above, HIV/AIDS is not only a health issue. We will not be able to eradicate or even to have control over its progress merely through providing medical, social, and psychological services. Gender equality is a prerequisite to combating HIV/AIDS, and we must focus on women because they are more disadvantaged. The vulnerability of women and girls to HIV/AIDS is a reflection of deeper gender inequalities that are implanted in law, culture, social, economic, political and traditional practices.



According to the Palestinian Central Bureau/PCBS 2012, the rate of men who participate in the labor market is four times higher than the female participants in the labor market. This sets women at an economic disadvantage, dependent on husbands or fathers, leaving them vulnerable and without a means to protect themselves when they are being exploited.

Unequal access to resources, opportunities and decision-making power in the private and public spheres are major obstacles for women and girls in accessing prevention, treatment, care and support. Although there has been progress in the area of education, and women are entering the labor market, their decision-making power in the private and public spheres is still weak. Education and employment can provide women with some power, taking into consideration that roles, needs and interests related to gender in the public and private spheres are very much connected and interwoven.

Fulfillment of practical and strategic needs and interest related to gender is essential in combating HIV/AIDS. Every strategy, program and plan of action should fulfil the practical needs as well as the strategic needs and interests of gender.

### **Awareness**

- There is a lack of regular and comprehensive awareness-raising activities.

There is fear that the number of infections could increase as a result of a lack of information about the HIV/AIDS. One of the interviewees stated that “maybe the reason for poor information about HIV/AIDS is because this topic is linked to certain programs and occasions (for example, AIDS Day). There is no clear methodology implemented by the government as a whole to broadcast clear messages to the public.” Another interviewee said: “The subject of AIDS is considered a secondary subject, and thus unimportant. The media does not play its role effectively; it must broadcast messages on this subject systematically.”

The issue of awareness-raising as a preventive tool is complicated by the situation in the West Bank. The Palestinian Authority has no control over the majority of the land categorized as “Area C”, and the Palestinian Authority



has no control over workers who enter Israel illegally. But it does have control over the workers who enter Israel by permit, as these workers obtain their permits to Israel from the Palestinian Ministry of Labor. One of the interviewees said: “Unfortunately, there is no awareness about this disease, not only at the level of workers, but even at the level of inspectors.” As one of the interviewees mentioned “Knowledge reduces stigma”, and it is known that stigma and discrimination create significant challenges particularly for women living with HIV/AIDS, to enjoy their rights to access healthcare, family life and employment.

### **The Perception of Women**

- Some interviewees blame women for falling into the trap of sexual exploitation.

Women are directly or indirectly blamed for being exploited sexually. Also, as one interviewee said “it is also important to get women’s civil society organizations to increase the awareness of women and girls on how not to fall into this trap of sexual exploitation through conducting awareness-raising sessions....” The framework of sexual exploitation is treated as if only women participate in it. This perception disconnects the impact of violence against women from sexual exploitation. Furthermore, by placing the blame on the women, it disregards the need for a state-supported system to provide services for the most marginalized women, in addition to the urgent need for laws in criminalizing violence against women and punishing perpetrators.

Similar to this perspective, another interviewee responded to the question, “Has a comprehensive national action plan been developed to address gender-based violence, forced sex work, and human trafficking?” with, “But economic and social conditions distract people from this subject and I cannot say that there is a national problem related specifically to women. We have bigger concerns for women and men alike.”

According to the Palestinian Basic Law, “All Palestinians are equal under the law, without discrimination on the basis of race, sex, color, religion, political views or disability.”<sup>5</sup> While it is true that women and men are equal under the law, concern for women and men cannot be alike in the present



situation because women are more disadvantaged than men for various reasons. These include the inadequate laws which do not protect them from gender-based violence and forced sex work. This demonstrates the prevailing attitude toward women's right to be safe. It ignores the serious negative impact of violence on women's ability to develop and therefore their contribution in building the Palestinian society.

### **Recommendations**

Based on the findings from this research, below are key recommendations for strengthening HIV/AIDS services and resources in Palestine:

- Provide knowledge and information about HIV through different channels such as media, workshops, awareness sessions, and inform people about the services and resources available in our society or community.
- Develop a comprehensive national action plan to address gender-based violence and stop physical and sexual violence, forced prostitution and human trafficking.
- Promote a comprehensive review of existing laws and policies deterring an effective HIV/AIDS response, and reforming legal frameworks to promote the implementation of international agreements and conventions on human rights and gender equality.
- Develop strategies to address the links between gender-based violence and HIV.
- Support civil society organizations working with vulnerable women and women affected by HIV to scale up services related to gender-based violence, HIV prevention, treatment and care, and help women to understand and claim their legal rights.
- Concentrate efforts towards ensuring meaningful involvement of the persons infected and affected by HIV/AIDS at all levels of policy-making, project design, implementation, monitoring and evaluation.
- Increase women's access to reproductive health information and health care services.



- Use media systematically and effectively as a means of sensitization about HIV to reduce stigma. Media should be used as a tool for effective visibility, such as documentary films to educate about the disease, its symptoms, and prevention.
- Increase income-generating alternatives to sex work for women by strengthening national efforts to integrate women into the formal labor market, ensuring equal access to benefits and support-skills training.
- Cooperate and coordinate with “The Workers’ Hotline” in Tel Aviv (*Kav laOved*) to hold awareness-raising workshops for Palestinian workers in Israel.
- Provide training sessions for police, general prosecutors, physicians and civil society. Each of these sectors should be well-trained to dissociate myths from facts about HIV and be familiar with services in order to make appropriate referrals.
- Conduct further research to clearly identify the real and perceived barriers to people accessing resources to get tested and/or treated for HIV/AIDS.
- Conduct further research into opportunities for coordination and partnership among actors to identify gaps and needs in comprehensive services for prevention and treatment.



## ◆ **Annex: Interview Summaries by Topic** ◆

The interventions of each organization that was interviewed are related to a range of areas in combating HIV/AIDS, including HIV prevention, treatment, care, support, monitoring, evaluation, and coordinating partnerships . The text below is a summary of audio recordings of the interviews, which were conducted in Arabic.

### **HIV Prevention**

Interview with a high official in the Ministry of Health, at the national level (there is only one high official from the Ministry of Health among the interviewees):

*Is there any reduction in sexual or injection risk behavior among injection drug users?*

“There have been no drug addicts infected with AIDS in recent years. As we expected, 50% of drug users suffer from hepatitis C and hepatitis B. Moreover, they discovered from studies that 70% of drug users use needles in groups. Therefore, the transmission of the disease is possible, but there is a very small number of infected people, whether at the level of drug users or at the level of other at-risk groups. The policy is to ensure the continuity of the lack of HIV/AIDS patients or minimize the number of patients who are infected with HIV/AIDS. Our focus on drug users is not limited to AIDS, it is also on social, political and economic crimes. For this reason, we will work hard to open a rehabilitation center for drug users in Ramallah in 2016. AIDS was one of the main reasons for conducting studies in order to examine the situation of HIV among those people. We conducted a bio-behavior study and we took blood samples and examined them for hepatitis B, hepatitis C or G, and HIV, and we found that 50% of drug users have hepatitis C. As a result of examining behaviors we found that 70% use needles in groups. They also acquire drugs through selling and purchasing sex. It is universally known that this is how they get this disease. According to our experience, the number of people who do not know about their disease is possibly very few. In the nineties we believed that there were people living with the disease whom we did not know about. But since the period of virus incubation is 10-12 years, it follows that if one were infected in 1990, the symptoms would show up in



the year 2000. We have one to two cases per year. Therefore, we are talking about very low disease prevalence, so those who do not know they are infected with the disease are very few cases. If a man was diagnosed with the disease, then we would also examine his wife because it is possible that they caught the disease as a result of their marital relationship or that the virus was transmitted through pregnancy. The policy is to follow up with the patient and the patient's contacts. We have other policies as well, including the process of early detection of the disease, which means that the blood bank cannot give a unit of blood to anyone unless the blood sample has been adequately examined."

*Are there any studies regarding cases that we do not know about?*

"Scientifically, I should know about a case after 12 years through the appearance of symptoms. We receive one or two cases per year, and when we receive the case we first study the contacts (husband or wife or children) in order to look for the cause of the disease and whether it was caused by a sexual relationship or transmission through blood. If it is through blood, then we refer to the blood bank, and if through sexual relationship, we try as much as possible through social research to know the origin of the disease – is it internal or external. If it is external, then we contact people in the region. There have been a lot of similar cases."

*What about awareness-raising as a preventive tool?*

"In addition to the policies intended to decrease the stigma of the disease, and which are linked to protection laws such as public health law, religious men play a significant role in raising awareness and easing the stigma of the disease, explaining that the person living with HIV virus can be a victim, for instance, a wife who got it from her husband or a child who contracted it from his mother, or someone else by blood or injection or possible sexual relationship. Both clergy and sheikh, Muslim and Christian, have a significant role in raising awareness to the extent that they are given medical information. They have a big role in the official celebrations held on the World AIDS Day, their contribution in awareness-raising raises morale and makes the patient more careful so as not to harm others or transfer the disease to his wife. The



religious men and media are the best way besides schools (as a part of the subject of environmental health in 11<sup>th</sup> grade) to teach about the HIV/AIDS disease. Students are 50% of the Palestinian society, therefore there is no home that does not get information about the disease. People know a lot of information on the subject to the extent that they know about symptoms, prevention and screening.”

*Is there an objective examination of the effectiveness of each of these methods? How can you ensure that these methods help to reduce transmission of HIV/AIDS or to increase awareness?*

“If we say we have discovered that 70% have hepatitis B or C and it is caused by sharing the same needle, when I give a needle to each person I reduce the possibility of sharing the needle. When we discovered that drugs are bought through sexual relations – sex between men or between women and men – we provided them with condoms and we prevent the transmission of the disease. These are effective methods. Probably 90% benefit and 10% do not benefit; there is no 100%. Through distribution of needles, we at least minimize sharing them among many people. During the past year, we have given out more than 50,000 needles and more than 50,000 condoms. Without the slightest doubt, they were used. People understand religious men, whether Muslim or Christian, more than a doctor giving advice, because doctors speak science and religious men turn the science into a religious sermon. When they enter the process of *Halal* and *Haram*, people here listen, and this has eased the stigma. This method was useful because when AIDS was mentioned in 1988 people thought it was a curse from God and they refused to talk about it but now they speak about it as a disease.”

*How can the unknown people who are infected with HIV/AIDS be reached and how can we be sure that the number of infected people is really small?*

“There are three groups of people who have dangerous behavior: drug users, gay people, and sex workers. I have already addressed the issue of drug users. It is not easy to reach gay people and sex workers. At the same time there is voluntary counseling and direct examination and there is also great privacy. Some of those people might come for



examination but do not say that they are sex workers or gay, and maybe one encourages the other. There are about 1,000 screenings per year, and we also conduct tests in prisons, which means that we are reaching all the people who are at risk. We also reach those who work in Israel.”

*What about youth and HIV/AIDS disease?*

“We have youth clinics, in addition to youth-oriented social organizations that can reach young people. We also have workers’ unions and the Ministry of Labor. The aim of the Ministry of Labor is to reach those people. Non-governmental organizations work on health education programs with these groups. There are also social organizations combating drug abuse and HIV/AIDS, and these organizations can reach them.”

*What about reducing gender impact on services, which is a way to combat stigma?*

“We have two programs in reproductive health. One is focused on gender and another one on violence. All health care work is integrated. When we talk about gender, women’s health is included. This is in addition to the program on violence. We work on all aspects.”

*Is there awareness-raising regarding the mechanism of preventing HIV/AIDS?*

“There is a national strategy that addresses the issue comprehensively: blood banks, screening and preventive policies, follow-up on patients, patient contacts and treatment. All of this helps to reduce the incidence of the disease. On the subject of sex workers, there are a very limited number of sex workers because they are not legal. But we cannot say that they do not exist. We cannot reach them because they are hidden; they are in safe houses in order to avoid being at risk. They fear for their lives, and for this reason they are in the safe houses.”

*What are the major challenges in combating HIV/AIDS?*

“The most important challenge is the issue of detection. Secondly, we have financial issues. There are also those who feel too distant from the subject to accept discussing it.”



## ◆ Ministry of Social Affairs ◆

Interview with an official in the Ministry of Social Affairs

*What is your contribution to the NAC?*

“Our role is preventative, and the role of the Ministry of Health is therapeutic. We offer educational awareness-raising workshops in all the provinces of the country, through our annual educational plan. We support 110,000 poor and marginalized families and 500 boys and girls who are at high risk and have dropped out of school. The children in this category are the most vulnerable to drugs and AIDS.”

*Are there social counselors at the Ministry of Social Affairs who are trained to support women who are forced into sex work?*

“Social counselors are trained and given guidance by the Ministry of Social Affairs and the Ministry of Health. They are also trained by the Ministry of Awqaf on how to deal with sex workers – psychological counseling, awareness-raising on health.”

*How do you offer your services to the women who want to exit the cycle of sexual exploitation?*

“This is our role and duty as the Ministry of Social Affairs, and we have offices in all the provinces. If we notice a case of exploitation or a sex worker comes by herself to ask for help, we transfer them to the safe house or to the home for girls in Bethlehem. We also cooperate with the governors of the provinces that transfer girls to us. We protect them as an alternative family. A sex worker will benefit from our services, if she is from a marginalized group, just as any other citizen. The kind of support we offer to her is based on the report of the social worker.”

*Do you think that there is enough awareness in the society about AIDS? Is there a safe and confidential place for people who would like to be tested for HIV/AIDS disease?*

“There is full awareness among the citizens. We observe this through our workshops. Even children know about this disease, as the result of awareness-raising workshops by the Ministry of Social Affairs and other ministries. I do not think that HIV/AIDS is a significant risk, given this context of awareness, especially as the number of patients in Palestine is few, no more than 80 cases. Drug abuse is one of the main



reasons for this disease, particularly by injection, and we are trying to open a center to treat drug-addicted people in Betunia. There is a Methadone Center run by the Ministry of Health, and currently 35 people are seeking treatment there. There are many efforts to curb the spread of drug abuse and HIV/AIDS. The Ministry of Health is highly discreet about the people who want to be tested or who are under treatment, and no one knows who they are. The biggest challenge we face is the presence of the Israeli occupation. There are areas which are in need of our services and we cannot reach them. AIDS in Palestine is spread through contact with people in Israel, where the disease is transmitted through Israeli women sex workers, or Palestinian workers who stay inside the Green Line for several months and are sexually exploited. The Palestinian Authority is making every effort, despite its limited resources, to combat this serious disease. I think the number of cases is greater than the number announced publicly, which was also shown in the UNFPA study. Limited financial resources, the absence of very large budgets, and the fact that we cannot work in Area C, constitute major obstacles to addressing this disease. The biggest obstacle to raising awareness about HIV is the lack of a national trained cadre so that we can control the disease”

### **Ministry of Education**

Interview with an official in the Ministry of Education

*What is your contribution to the NAC?*

“Our policy in general is to educate students, especially adolescents, about life skills related to adolescent health in general. We send clear health messages, including messages related to AIDS, in the environment and health classes at school. A question remains about the comprehensiveness and quality of these messages and how suitable they are in responding to their needs. We also adopt the peer-to-peer method in communicating the information. This process is carried out in partnership with the Educational Guidance Departments, where they train the educational counselors and coordinators of the health committees at each school on adolescent health guidance. This is related to reproductive



health and the health of boys and girls in their teens and the difficulties they might face at this stage, including sexually transmitted diseases such as AIDS. Another method we use is donor-funded awareness-raising projects and programs. These focus on a certain topic or how a disease is transmitted. They are joint programs are carried out outside the official working hours. The main aim of these activities is to build leaders among the students who will implement activities to raise awareness on such topics as drugs and sexually transmitted diseases. There is a focus on how to bear peer pressure, and how to enhance self-confidence and problem-solving skills. We also raise awareness among parents and students about the health of adolescents. In the ministry's five-year plan, a key focus is on the health of teens. Every year, there is a program that addresses this topic. Within the adolescent health guide, there are whole sections on drugs, smoking, sexually transmitted diseases, and nutrition for girls and boys. In junior high school, the counselor is required to submit a plan for how to cover these topics for students."

*Is there any program on physical and sexual violence at school?*

"This is the domain of the Department of Mental Health in the ministry that deals with issues of violence, and it is not in the school health domain. We are members of the Council of Discipline at the level of the Ministry and the District. If a student experiences any type of violence (verbal, physical, psychological), we intervene and take the necessary action. From 2008 to 2012, there was a program about violence with UNICEF, under the responsibility of the Department of Health. The policies were determined during this period. This program still exists, but is now under the Guidance Department. This program has had a number of education and awareness activities addressing all forms of violence. Through this program, cadres were built in each district. The school administrators have full knowledge of the policy on violence and school discipline and mechanisms to deal with special cases. This program included community-based initiatives and a student mediation program, which address violence in all its forms, and not necessarily against women."



*Is there cooperation with the media on health and sexual responsibility?*

“There are no systematic permanent messages through the media. However, our activities are covered in the media, and there are television or radio interviews that shed light on the subject. We have produced many educational materials related to AIDS and the prevention of drug abuse and violence.”

*What about developing school curricula that address institutional gender-based violence, and teaching sexual and reproductive health?*

“Violence in general is addressed in the curriculum, and there are plenty of opportunities to talk about limiting violence. Counselors are trained to address it, and the adolescence guide deals with the subject of violence too. Currently we are working with UNFPA on curriculum development for the seventh to tenth grades. We are thinking about offering the messages in a way that is sequential, quality, and appropriate for the age group. We try to cover the subjects of adolescent health and reproductive health.”

*Is there sufficient community awareness about AIDS? Is there a safe, confidential and reliable place for people who would like to be tested for HIV/AIDS?*

“According to my knowledge, there is not sufficient awareness on AIDS. This has been our experience with the students during life-skills training, which includes sexually transmitted diseases such as AIDS. They show a great deal of curiosity. Many of their questions indicated poor information level. Maybe the reason for this is because this topic is linked to certain programs and occasions, such as AIDS Day. There is no clear methodology provided by the government as a whole to broadcast clear messages for all. At schools, there is a clear policy that the school counselor is the student reference in case they want to have additional information or receive guidance or confidential advices. The counselor has sufficient information to serve as a student reference. However, the challenge is in building a trust relationship with the students. With respect to the confidential examinations, I do not think that people have enough knowledge about where they can have an HIV/AIDS examination free of charge and confidentially. We hope that the youth center in our area will



be able to address the issue of adolescent health and AIDS, but this experience is still at its beginning.”

*Are there any tools used to deal with the limited awareness on AIDS?*

“There is a teen health guide. There is also a health education guide for the fifth to the eighth grades that was created in cooperation with the Ministry of Health and that partially addresses HIV/AIDS. There are also messages in the curriculum. There is a social worker at each school as well as a health coordinator, and both should be trained to use the teen health guide and provide a plan to cover the material.”

*What are your biggest challenges?*

“Societal culture is a problem. First, it is socially unacceptable to talk about the subject of AIDS, which is related to a certain stigma. Secondly, the subject of AIDS is considered a secondary subject, and thus unimportant. The media does not play its role effectively. It must broadcast messages on this subject systematically.”

### **Ministry of Labor**

Interview with an official in the Ministry of Labor

*What is the Ministry of Labor’s contribution to the NAC?*

“The Ministry of Labor has 42 labor inspectors in the field who were trained in the ministry’s headquarters by doctors and specialists from the Ministry of Health. Inspectors are trained because they work in the field and deal with men and women who work in education and counseling and provide them with guidance on the conditions of the work environment according to the law. This guidance is important for occupational safety and health, which is a significant part of our role in educating workers. Raising awareness on health issues and safety addresses HIV/AIDS disease too.”

*The 2010 UNFPA study indicates that the vast majority of Palestinian workers in Israel are under 18 years old. Are there any awareness-raising activities among workers in Israel about sexual health, HIV/AIDS and other sexually transmitted diseases?*



“The role of the Ministry of Labor in this situation is to reach out to the workers. There were a number of awareness-raising workshops in 2012 and 2013 in Bethlehem, Hebron, and Salfit for workers who pick-up permits from the Ministry of Labor to work inside the Green Line. According to observation, approximately 70-90% of women working within the Green Line dividing the Palestinian territories and Israel suffer from sexual diseases. The problem is that many workers cross the Green Line illegally and without permits. Therefore, they are not registered with the Ministry of Labor. There is no way of being detected. A lot of them are under the age of 18. We do not have any authority regarding the workers inside the Green Line.”

*Is there any plan to integrate women into the labor market?*

“Some important reasons for the low involvement of women in the labor market are the social customs and traditions. Most of the jobs that are in the market are usually for men, although there is a higher percentage of educated females than males. A possible reason for this is that women delay entering the labor market, which reduces the chance of finding a job.”

*Are there any training courses or vocational training programs to encourage women in non-traditional areas of work in order to provide them with more opportunities and expand their areas of work?*

“We at the ministry are not involved directly in training programs to encourage women in non-traditional areas of work.”

*Concerning providing opportunities to sex workers for a dignified life, how can we create opportunities for sex workers to get out of the cycle of sexual exploitation?*

“Maybe that can happen through institutions that are concerned with women’s issues or through a memorandum of understanding with the minister to work in appropriate places. I do not think that this phenomenon is widespread in



society, and that is because of customs and traditions.”

*Is there awareness in society and is there a safe and confidential place for people who would like to be tested for HIV/AIDS?*

“According to my information, this examination is available in the Ministry of Health and it is free of charge. But regarding awareness, unfortunately, there is no awareness about this disease, not only at the level of workers, but even at the level of inspectors.”

*What are the biggest challenges you face in your work?*

“Monitoring violations against women in the labor market. There are violations in many cases, but women do not disclose them. There are only a few female inspectors. It is difficult for female workers to disclose problems such as harassment or other private things to a male inspector. Another thing that prevents women workers from disclosing violations is the fear of the employer and losing their job. We try to reassure workers during the inspection visit that any letter we send to the employer addresses the problem in general and does not point to a specific case. The labor law does not contain any articles on the issue of harassment explicitly, and we are reviewing some articles.”

### **Women’s organizations**

Three directors and supervisors from the women’s organizations were interviewed.

*Would you please introduce your organization?*

Director A: “We have worked a great deal on political participation. Now we are working on linking political participation to economic independence. There are programs and projects that help women to achieve economic independence, but that does not give them a chance to enter the public sphere.”

Director C: “We are a feminist organization and our primary goal is to provide psycho-social services to the victims of social or political violence, including female prisoners who have been released from Israeli prisons. Our intervention also



consists of vocational training and integration of victims of violence into society. This is because most of the victims of violence come from a poor background, and poverty is a key component in the process of violence against women. When women become independent economically, they become stronger and will be able to protect themselves. With our wide network of relationships, we have referred women victims of violence to special centers because not all the services are available at our organization. We also carry out community awareness-raising activities on women's issues.

*How does your organization address the subject of HIV/AIDS?*

Director A: "We carry out awareness-raising activities for youth, boys and, girls, women activists in women's organization, and students at schools and universities. Our beneficiaries required awareness-raising activities on drugs, incest, early marriage, and marriage age, but they never asked about HIV/AIDS."

Director B: "The topics of our awareness-raising activities include human rights, women's rights, healthcare issues, economic and political issues, the detection of uterine and breast cancer, and even agricultural issues. Regarding HIV/AIDS, it is far from our area. We address the HIV/AIDS disease annually on World AIDS Day, in partnership with the Family Planning Association. On this day, this disease is discussed in detail, and statistics, both global and local, are presented. This is their area. In fact, we do not deal with this issue because we do not have nurses who are competent to discuss HIV/AIDS. We are concerned about violence and economic and political empowerment. We network with the Ministry of Health and Family Planning Association to reach all provinces, in the campaigns against drugs, or to promote early detection of cancer."

Director C: "Our philosophy is to offer our services to all women regardless of their background. We do not stigmatize a woman, because sometimes a human is forced into abnormal behavior because of a series of factors and conditions. We usually are very understanding of women's issues and we try to support them. We do not have any problem with supporting HIV/AIDS patients if they are in need of psycho-



social treatment or are in need of economic empowerment and integration into society.”

*Do you carry out awareness-raising activities on HIV/AIDS?*

Director C: “No, because we do not feel that there is a need for it. We carry out awareness activities on violence, early marriage, right to inheritance, right to child custody, in addition to the personal code, which was brought forward by the Palestinian women movement.”

*Do you think that there is enough awareness in the society about AIDS and its mode of transmission?*

Director C: “I think there is not. I also think it is an important subject. This is a sensitive topic of discussion for people, as it is linked to sexual relations.”

*What is the vision of your organization?*

Director A: “We all live in a democratic and secular society which is not based on discrimination, and protects the rights of women and the rights of people who need to be protected. We are trying to accomplish this goal and to deal with the challenges.”

*Do you offer support to sex workers to exit the circle of sexual exploitation?*

Director A: “We would make a referral. We have not had such cases.”

Director B: “Unfortunately, we do not deal with this issue at all. Our target group is women in the villages. We do awareness-raising activities about violence and its impact on individuals, families and society. If we receive an abused woman, we will offer a referral to other relevant services.”

Director C: “We offer our support and try to provide them with new insight. Cases like this need long-term therapy.”

*Do women participate in awareness-raising activities and interact with the HIV/AIDS issue?*

Director B: “Women participate in the activities. They are interested in the subject because it is a new topic for them. This subject is considered taboo in our society because it is linked to sexual relation, but the Family Planning Association often conducts awareness-raising through film.”

*What are the challenges you face?*

Director A: “The absence of a clear and systematic media



policy on social or women's issues. In addition, there are weak school curricula, which do not provide students with information on human rights, including women's rights. There is not a sincere political intention to change policies and legislation to protect women's lives which is essential for promoting women's rights in the family and in the personal status law. Fighting for women rights is related to fighting against the occupation. The occupation is the major source of violence, not the patriarchal society. The occupation promotes violence. It robs us of the opportunity for dialogue. This is a challenge for everyone."

Director C: "Our beneficiaries are from a very traditional environment where women suffer from multiple forms of violence and the progress with each case is slow. For example, a family has disabled children who are in need of rehabilitation and health care, and the family is in economic need. In addition the woman in the family is abused by her husband and needs legal services. We, as an institution, cannot cover all these issues. Moreover, the Occupation is always an obstacle. There are difficulties with freedom of movement, particularly in the areas where we work. This is because they are right next to the settlements, and people are always exposed to attacks from the settlers and this adds new challenges and risks.

*Have police had enough training?*

Director C: "The situation has improved in comparison to the before, but still they need more training."

*Are there services that address issues of family violence at each police station?*

Director C: "Not yet. There are one or two people in the unit. It is possible that they do not have sufficient expertise in dealing with such cases. They need training. They are trying, and they have taken steps in the right direction, but there is still need to develop the performance of these units."

### **Governmental Health Centers**

Five directors/heads in the governmental health centers were interviewed.

*Is there decline in the rate of HIV infection among people who have multiple sex partners or among drug users by injection??*



Director A: “The rate of HIV-infected people has been stable for the past ten years. The decline in the number of AIDS cases is because of death, not because there are fewer new cases. For every registered case, there are 50 unregistered cases. There are not many people who go to get an examination. There are preventive screening VCT examinations in the Ministry of Health for people who are considered to be at risk, such as prisoners, kidney patients who need blood transfusions, drug users, or those who are subjected to sexual assaults. Regarding sex workers, there is no definition of this category and no specific examination. This test is for all the STD’s, and not only for the HIV/AIDS disease.”

Director B: “The number of cases of HIV/AIDS is rather small, but it is increasing, if we compare the number over the last 2 to 4 years. Today, we have 20 people who have HIV/AIDS and are registered with the MoH in the West Bank, and 11 in Gaza, thus a total of 31. This number was smaller two or three years ago”

*Are there fewer people who have undiagnosed HIV infection?*

Director C: “There is no 100% accurate diagnosis in the whole world. We try to reach undiagnosed people through the promoting the voluntary test and raising awareness. We also do compulsory pre-marriage tests for people with foreign and Israeli passports.”

*Is there any progress on awareness-raising about HIV/AIDS?*

Director A: “We organize awareness-raising workshops at the centers for addictions, reform centers or prisons, women’s centers, associations and schools. There is no awareness-raising on this subject done through the media except on AIDS Day, when there are general notifications. The level of awareness is inadequate because all the people still think that the disease is transmitted through sexual relations. The emphasis is on the methods of transmission in the workshops and not on the symptoms of the disease.”

*Is there an increase in public awareness on HIV/AIDS?*

Director A: “There is an increase, but it is inadequate. Our target groups should be those in school and university students. In addition, there should be appropriate use of the media, not limited only to AIDS Day. When they present information incorrectly and focus on unacceptable behaviors



leading to transmission, such as sex and use of drugs by injection, they do not present information on prevention, or the other ways of transmission such as blood transfusions, using a razor, a tattoo needle, and marital sexual relations.” Director C: “National and local AIDS committees, which consists of several organizations, are provided with awareness-raising and information on the services provided by the Ministry of Health. In return, these organizations disseminate the information to the different sectors in the community they work with. We also distribute flyers and brochures that provide information about the disease.”

*Are the media used as a means of sensitization of the public on HIV in order to reduce stigma? What are the progress in this area?*

Director B: “We should use media in a way appropriate to the size of the problem and keep things in perspective. We should not exaggerate and create panic among the people, but we also should not ignore the problem and behave as if there were no cases. There are awareness campaigns that take advantage of International AIDS Day, when all the institutions (the Ministries of Culture, Interior, Waqf, Health, Education, Youth, etc.) cooperate and hold awareness-raising workshops.”

*Is there any progress on reaching key populations to encourage them to be tested for HIV/AIDS, including sex workers and (men who have sex with men) MSM?*

Director B: “We face difficulties in getting sex workers to do the test because it is not easy for a woman to come to our clinic and say “I’m a sex worker”. In the case of MSM we were able to get a lead from a homosexual man who came to our clinic to get counseling and do the HIV test and was found positive. He is now receiving medical care from our side and he is collaborating with us in raising awareness amongst his friends and colleagues. He brings them in to do the HIV test.”

*How can we create opportunities for sex workers to exit the circle of sexual exploitation?*



Director B: “The National Committee to combat AIDS is made up of a number of Ministries – Interior, Waqf, Social Affairs and Education. The intervention in such cases depends on the case itself and the circumstances of the sex worker. The Ministry of Social Affairs can provide her with a monthly income or coordinate with other Ministries that can find her another job. In addition, having the Ministry of Interior as a member of this committee can provide support in finding out if the sex worker is being threatened or if she is forced into this work, in order to help her exit the cycle of sexual exploitation.”

*Is there any awareness-raising regarding HIV/AIDS prevention techniques?*

Director C: “There is a lot of development on the prevention methods that are used by different partners such as the ministries of Education, Labor and Waqf, the media, TV, civil society, and the private sector.”

*How can we reduce gender impact on services which is a way to combat stigma?*

Director C: “At the beginning people used to link AIDS with unacceptable sexual behaviors and relationships, but now there is an increased awareness on how the virus is transmitted. In most of the cases we are dealing with, the patient get HIV through blood transfusions. One of the HIV carriers was employed in the awareness program on HIV. Moreover, the HIV tests are very developed and advanced these days.”

Director B: “Gender-based discrimination is a social problem that has nothing to do with the disease. This is a problem, in that our society discriminates between men and women. We try to change the way people see the female carriers of HIV/AIDS by explaining that all the cases of females having the infection were victims who had no other choice and did nothing wrong. All the women who are being treated got the disease from their husbands.”

*What are the challenges they face in the fight against AIDS?*

Director A: “Stigma is on two levels: the community and the health staff. During the process of examination the health team members are afraid because they do not know whether



the sample is AIDS-infected. They fear the possibility of being exposed to an infectious disease. The most vulnerable groups are difficult to access. For example, we cannot reach those suffering from addiction, except the ones who are under treatment at the centers. Sex workers are also difficult to reach. We try to reach prisons as much as possible, but there are categories that we cannot reach. In addition, it is difficult to provide awareness of the disease and screening to those who work in Israel due to lack of knowledge of their number and the difficulty of providing awareness-raising workshops. We can face these challenges through increasing awareness-raising addressing a wider population and not only women's organizations or certain groups."

Director B: "A major challenge is not knowing whether the UNDP will stop its support to combat the disease, as it did for other diseases. We do not know whether we can continue to provide the required medication and support for our patients. If not, we will lose all that we have built over the years. The other challenge is the complexity of the Palestinian context. Workers in Israel, Jerusalemites, and Palestinians from the 1948 areas all have continuous interaction with Palestinians in the West Bank and Gaza, and we do not have any control over the spread of the disease within these groups."

Director C: "A significant challenge is the hard conditions that face Palestinian workers who work in Israel, for example, working without a permit. This leads to them to stay in Israel and away from their wives for long periods of time, weeks or months sometimes. This situation leads to a higher probability that these men will engage in unprotected sex, which puts them at high risk of getting the virus. The Israeli occupation in itself constitutes a big challenge in reaching areas under its control. The hard economic situation leads to more men going into Israel to look for work."

*How can the challenges be overcome?*

Director C: "By organizing awareness-raising activities through the Ministry of Labor for Palestinian workers who work in Israel, providing new work opportunities in Palestine for Palestinian workers who are working in Israel, which may reduce the number of those who go to Israel for work, reaching people with high-risk behaviors who might catch the



disease, following up with known cases and doing home visits by the medical team, if they stop the treatment, and continue searching for new cases.”

### **Non-governmental organizations**

In an effort to reach the members of the NAC, we took the opportunity to interview three non-governmental organizations. The interviews were done with the directors of certain departments in these organizations.

*Would you please introduce your organization?*

Director A: “Most of our work is with young people, women, and children, trying to raise the capacity of community institutions in general. We have good relations with grassroots organizations. We focus also on marginalized groups, but we believe that young people are very important and vulnerable. This is especially true with regard to health issues, and dangerous practices such as those which put them at risk for AIDS, drugs, and smoking. We work with women in the field of protection and gender-based violence and women’s health issues, in addition to child protection, especially in the Palestinian refugee camps. There is also the continuing health education unit that mainly builds workers’ capacity in the health field.”

*What is your contribution to NAC?*

Director A: “We contribute to NAC through a number of studies. Although Palestine is considered a low HIV/AIDS prevalence country, there are risk factors that might increase the number people infected by HIV/AIDS. Because the resources of the state are limited, the strategy of the Ministry of Health is to focus on the most vulnerable individuals, who are the drug users, prisoners, sex workers, gay men (MSM) and young people, in regard to awareness-raising. **There is no information about organizations working directly with gay people and sex workers on the issue of HIV/AIDS.**

We also focus on women in the areas near the Green Line (the 1948 areas) whose husbands work inside Israel and are absent from home for several months at a time (especially workers who enter Israel illegally, without a permit). Working in the field of health, we notice that these women suffer from many sexually transmitted diseases through their husbands.”

*Do you think that the sex worker has the right to receive health*



*service?*

Director A: “Of course, because **if sex workers cannot receive the treatment they need, that will lead to the spread of diseases widely.** Places where there are sex workers are known and can be accessed by the MoH for providing support to them. **It is enough to recruit a small number of sex workers for educating other women sex workers.**”

*What about awareness?*

Director A: “A study was presented about the level of awareness of doctors and health care providers and their knowledge about the rights of people infected with AIDS, in addition to their knowledge about the disease itself. We have also done a mapping of all community and grassroots organizations that we can work with to reach women and young HIV/AIDS patients. Studies on the level of public awareness on HIV/AIDS have revealed the existence of many misconceptions about the disease, and the stigma is very high. There are misconceptions about the transmission of the disease and the methods of prevention, especially among young people who are sexually active. All studies have reached the same conclusion, which is a lack of awareness on the modes of transmission and prevention of the disease among youth.”

Director A: “Health providers also have a problem with a lack of knowledge of sterilization methods, prevention and transmission of the disease. We provide health care providers with relevant training to raise the level of their awareness and knowledge on HIV/AIDS. **Knowledge reduces stigma** particularly, according to all the service providers who were surveyed. We emphasize the right of HIV/AIDS patients to receive treatment, but sometimes they judge them. We use the peer-to-peer method, and we are recruiting youth and adolescents and giving them information about the disease. We give them the tools and methods to share information with other young people, and we use the same techniques with the mothers. We also use innovative methods such as animation, dolls, printed materials and publications, and theater. Access to women in the villages is also easy through women’s associations. It is difficult to reach men because of their working hours, but it is possible to reach them,



for example, through mosques or Labor Unions. Reaching Jerusalem areas is a major challenge despite the high risk that people face there, especially regarding HIV/AIDS.”

*As a member of the commission, what is your contribution to the NAC?*

Director B: “We work on women, adolescent and youth’s access to healthy sexual and reproductive health lives. We focus on educating young people on sexual and reproductive health and rights, as well as drugs, abortion, advocacy and HIV/AIDS. Regarding HIV/AIDS, we have a special program. Through this program, we provide the community with awareness-raising and educational workshops in several places and community centers. We also offer services at our clinics related to HIV/AIDS or Sexually Transmitted Diseases. We do the necessary examinations and transfer them to specialized bodies, because the HIV test is available only at the Ministry of Health. We provide psychosocial consultation to patients with sexually transmitted diseases, including HIV/AIDS. We have focal points in each of our organization’s center, and we work with a high level of confidentiality and privacy.”

*Is there enough community awareness on HIV/AIDS? Is a person able to get a confidential test for AIDS?*

Director B: “I do not think that there is enough awareness about HIV/AIDS and its prevention. I do not think there are enough centers to obtain confidential tests because the Ministry of Health staff are the only people who are authorized to do the examination, and this, by itself, limits access to the service. Anyone who would like to do the test in one of the Ministry of Health centers is afraid that his/her name will be registered in the ministry’s records. We have experienced this problem several times. The screening service must be available in other centers so that there will be options for people who want to do an examination.”

*What about the issue of awareness-raising? What are the tools used to deal with the limitations in raising awareness on the topic of HIV/AIDS?*

Director B: “The most important thing is to work on is awareness. It is not enough to do it only through health centers. We had a good experience when we dealt with the community



leaders and with the religious men in the community. It is necessary to give community leaders and clerics adequate training because many people go to them for information. We have also discovered that there is misinformation about HIV/AIDS and its prevention.”

*What is the biggest challenge you face?*

Director B: “The biggest challenge at the level of the community is that we do not recognize the existence of a problem. The first stage for solving a problem is to recognize its existence. We insist that we are a conservative society and we have no sexual behavior outside marriage. This is an illusion and a big obstacle to the solution. Studies as well as our experience at health centers have shown that there are a number of wrong sexual behaviors and unprotected sexual relations (workers inside Israel, relations outside marriage, etc.).”

*How does your organization address the subject of HIV/AIDS?*

Director B: “In addition to education and counseling and referrals through clinics, we offer services through youth-friendly centers. We have two such centers, which are very rare in our Palestinian society. Through these centers we distribute male condoms, and we rely on peer educators in these centers for the dissemination of information among young people. We show educational films on the health of young people and HIV/AIDS prevention.”

*What about awareness-raising with respect to HIV/AIDS?*

Director C: “In the reproductive and sexual health unit, we talk about this disease, but it is not our main issue. Preventive measures are necessary and we give lectures to youth, boys and girls, at school. Our beneficiaries are students at schools and universities, women and girls, teenagers, women before and after childbearing, and during all the stages of their life. This includes screening for various kinds of cancers. We talk about gender-based violence and give training to our medical staff, including nurses and doctors, and there is the national protocol and referral system. There is an increase in people’s awareness. This disease is not widespread, and it is not our priority. There are other organizations that work on HIV/AIDS, and patients are treated confidentially in the hospital in Ramallah. The Ministry of Health is responsible for this issue.”



*Do you provide services to sex workers?*

Director C: “We have never received any sex workers because in our working areas, all the people know each other. These areas are small and limited, and we have been working there for a while. People know us and we know them.”

*What about the legal rights of women?*

Director C: “We are an active member in an NGO forum, and we participate in all of their activities. When we talk about health aspects, we talk about legal aspects. We do not talk only about health issues, because our institution has taken a human rights perspective. Our services are based on the concept of human rights and that the right to health is for all people, regardless of their social or economic level or condition. Our awareness-raising issues include the personal law, the penal code, protection against violence, and disability. We know that those who marry at an early age will develop significant diseases. Certainly the lives of women who are subjected to violence are not good. We are convinced that the Personal Status Law has considerable importance regarding women’s health. We are a member of the national committee to combat AIDS. We are working to raise awareness, and we do not have a complete and integrated program on this subject. We follow national plans created for the country, but we do not see it as a priority. There are no cases that require the use of all our resources and weight. We do not have AIDS. Reported cases are very few. Of course, not all are reported. We know that is because there is a stigma related to the subject, but despite this there are not many cases.”

## **Treatment, Care and Support**

We then moved to the principle of treatment, care and support to HIV/AIDS patients at the national level and interviewed a high official in the Ministry of Health.

*How much access to health care has improved for people with AIDS?*

“According to Palestinian law and public health standards, AIDS patients receive free treatment, and thus all health services are available universally to Palestinians. In Palestine, the number of patients is very small, and hence we can provide



curative or therapeutic drugs to all patients. Since 1988, there have been 82 patients diagnosed, and more than half of them have died. We are talking about a few patients who are still living. Some of them are carrying the disease and are not being treated, and some of them are being treated. In addition to medication, we give clear instructions to the patient about such issues as how to deal with the family, married life, kids, sterilization and, consequently, there have been no confirmed cases of patients who have transferred the disease to their children or to the people they have contact with, unless that happens during childbirth. There is a follow-up procedure in addition to providing medicine during pregnancy, and later to the baby. Therefore, the risk that the baby will be infected by the virus will be less than 1%, so we can say that 99% of people will stay healthy.”

Director A-governmental health center: “Of course, with the development of new treatment methods and medications that are available for people with HIV/AIDS, the person diagnosed with the disease can live a rather healthy life, like any patient diagnosed with diabetes or hypertension who takes his/her medication regularly. Most HIV/AIDS patients do not die because of the disease; they die of other causes such as old age, heart attacks, or car accidents. We have patients in our clinic who have been diagnosed with AIDS since 1996 and they receive their medication regularly and are doing well. In this clinic, we (the medical team) are building good relationships with our patients. The team is composed of doctors, social workers, specialists and nurses. We are like a family, and the relationship goes beyond just a doctor-patient relationship, which makes it much easier to deal with these patients and communicate information to them. We also focus on the importance of taking their medication regularly, on a daily basis. The medication is available in Palestine and thus these patients lead a rather healthy life when they follow our instructions.”

Director B -governmental health center: “There is clear and significant improvement in access to health care for people with HIV/AIDS. There are now specialized clinics within the preventive medical units in all health directorates in different governorates. These clinics work on providing treatment



and controlling the spread of the disease, while keeping the highest confidentiality measures for all patients. The clinic also provides testing services, counseling, and distribution of medicine free of charge. For example, if one of the patients needs dental care, the clinic will coordinate with a dental clinic and provide the patient with the required service in total confidentiality and free of charge.”

*And what about non-infected HIV/AIDS people who come to a health center for an examination?*

High official in the Ministry of Health: “We have preventive medicine throughout the West Bank, such as direct voluntary counseling and testing where people come on their own asking for testing and counseling. We conduct a second examination after the first, as in a diabetes test, and have the results within minutes in order to say that the patient is not sick or, if there is doubt, to send the patient to the clinic for the medical procedures. The diagnosis can take place anywhere, but VCT will only be available in primary health centers. In each governorate, there is one primary health center in order, to maintain confidentiality. There are 13 centers, one in each health directorate.”

*Is there an important result in HIV testing, medical care, treatment and support?*

“We have built a private clinic to provide follow-up for patients. We offer them psychological support. There is a social worker and a psychologist who hold sessions with patients and help them solve their problems. Certainly, there is medical care, and every problem faced by the patient will be resolved in a timely manner, on the spot.”

Director B - governmental health center: “Of course, when the patient comes to the clinic on a monthly basis and undergoes all the related blood laboratory tests (HB, viral load, immunity...), the patient becomes like an open book that the medical team can read and monitor any health status changes, positive or negative. After the blood-test results are out, the appropriate support is then given to the patient. If the patient is qualified for medication (CD4 level is less than 350\ ML), then he or she receives the medication. If the patient is an HIV carrier, then he/she remains under supervision. If the person who undergoes the test is not a carrier of HIV but



leads a high-risk life, then awareness and protection methods are given since the main way to stop the spread of the disease is to provide information to people who lead high-risk lives.” Director C- governmental health center: “We reach out to people with high-risk behaviors. We carry out the voluntary test after providing them with counseling. We used to send all HIV/AIDS-related cases to the Israeli side to get the required medical care and all the necessary tests, but now we do it through the preventive medical unit in all health directorates. One of the persons diagnosed with HIV became an employee of the awareness program in the health directorate. We consider this case as a success story for integrating patients in the community and making them feel that they can contribute positively. This helped to lessen the negative psychological effects of the stigma”

*Has there been a reduction in the rate of HIV transmission?*

Director C- governmental health center: “We hope so, through raising awareness through our patients (the ones who carry the virus and the ones who have the disease). There is a dental clinic that was recently opened for people with HIV where they can receive the good service that they deserve without putting anyone at risk. The clinic is in Ramallah and is run by the Ministry of Health.”

*Has effective treatment made it possible for more people living with HIV to have healthier lives?*

Director C- governmental health center: “Of course, when the patients are committed to taking their medication on a daily basis, they will not suffer any complications or symptoms (weight loss, pneumonia, diarrhea, loss of appetite). The medicine stops the symptoms that strike the AIDS patient and can lead to the hospitalization of the patient or eventual death.”

*How much progress has been made on affordable medicine, diagnostics, prevention, care and support?*

Director C- governmental health center: “The medicine is available for free to all despite its high cost. In the past we used to depend on the Israelis to do all the HIV-related tests,



but now we have our own equipment to do two important HIV tests, CD4 and viral load, and we have two devices (one for each test) in Gaza and two in the West Bank. We only rely on the Israeli side for one test, the Western Blot test.”

*To what extent can we say that the ability of people infected with HIV/AIDS to get treatment and medical care has improved?*

Director A- governmental health center: “Access to treatment has been easy. After the patient is diagnosed, his name is registered at the health center in Ramallah. No one will know about him except the person who offers the treatment. Medical treatment is free and continuous for AIDS and STD patients.”

### **Financial resources**

*What is your opinion concerning the budget and its sustainability in combating HIV/AIDS on all levels?*

A Ministry of Health- high official: “There are budgets for health education, blood banks, treatment, follow-up, logistics, tests, etc. Some budgets are fixed and some are not. For example, the ones for blood banks, lab tests and medication are fixed, but the budget for the health audit is variable. The budget for conducting studies is variable too.”

An official in the Ministry of Social Affairs: “Treatment is very expensive, but the Ministry of Health has not let down any patient.”

Director B - governmental health center: “Up until now, there has been a commitment by UNDP to cover all expenses that are related to HIV/AIDS, including testing, medication and counseling.”

Director C - governmental health center: “There is a large and sustainable budget for combating HIV/AIDS. The programs that are related to AIDS have a funding priority from the ministry and international donors.”

A Ministry of Education official: “The budget for the Ministry of Health is fixed and has no problem. The problem is in the competencies needed to work on programs. There is very little commitment on the part of the organizations to work after hours. There is a budget for bulletins and normal meetings, but the ministry cannot cover the required quality of program. It needs the support of institutions in the implementation of



projects of this kind after working hours.”

Director C - non-governmental organization: “I do not think there is a sufficient budget at the national level. In 2014, NAC did not implement any activities because of non-availability of funds, which indicates the lack of a sufficient budget.”

### **Monitoring and Evaluation**

*What about monitoring and evaluation of the prevention, treatment, care and support services to people infected by the HIV/AIDS virus as well as the general public, and what are the strategies?*

A high official in the Ministry of Health: “There are reports about examinations, and this is within the reporting system, retiming and evaluation. We have workers, sex workers or men who have sex with men/MSM. The report classifies the beneficiary using information on certain characteristics. Through the examination report, we know who the beneficiaries are. If the general report says otherwise then the person who has done it will be responsible for the misinformation.”

Director B - governmental health center: “The patients are known to us. They come to us on a monthly basis and we monitor their progress. However, the services are monitored through the tests the patient undergoes. If the patient is doing well, does not suffer from any symptoms, his or her psychological status is improving and he or she can solve his/her problems, all of these are indicators that the patient is progressing and that the service is of a good quality. There is monitoring, but no official report. All the information is documented. We are currently working on a study report that will be ready by the end of 2014, addressing the number of cases and the spread of the disease.”

*Is there an objective way to assess progress toward achieving key HIV prevention goals – a decrease in sexual or injection-risk behavior, access to care and health services, a decrease in the HIV transmission rate?*

High official at the Ministry of Health: “Currently, non-governmental organizations distribute needles and free condoms among drug users. Since drug users do not work, they obtain drugs through selling and purchasing sex. In this



way, we prevent the transmission of the virus. This is a free service from the non-governmental organizations.”

Director B - governmental health center: “We cannot stop drug addicts from using drugs, but we can provide them with methods that can help in controlling the spread of the disease. We raise awareness and provide methods that help in limiting the spread of infection of HIV\AIDS and other STDs.”

Director C - governmental health center: “There are objective ways to evaluate the progress achieved in HIV/AIDS prevention, such as through the study that the Ministry of Health did with Palestinian workers working in Israel. Through field workers, we were able to reach the persons in Palestinian prisons who have high-risk behaviors. These persons were offered counseling and information about the disease, in addition to undergoing a voluntary test. Fortunately, there were no cases of HIV.”

*How are you monitoring progress on data collection, prevention, treatment, care and support?*

Director C - governmental health center: “When a patient is diagnosed with the disease, we work with him in utmost confidentiality. We carry out the necessary periodic tests for him without any delay. We also do all the required coordination to secure any needed referral. The medical team following up with HIV/AIDS patients is very qualified and receives continuous training on the latest technology in treating people with HIV/AIDS and in reaching groups not reached before, such as drug addicts and workers in Israel. We also notice an increase in the voluntary testing rate.”

Director A - governmental health center: “There are quarterly, annual and monthly reports, and there are daily reports to inform the Ministry of Health if a patient has tested positive for the disease.”

## **Coordination and Partnership**

*What is the situation concerning the participation of civil society and the private sector in NAC?*

Director B - governmental health center: “There are partnerships with NAC and other institutions in the private sector, and there are monthly meetings to discuss developments. In addition, there are workshops in collaboration with private



institutions and with NAC.”

*Has there been any progress concerning the cooperation between the service providers such as the ministries of health, labor, education, and the private sector, and if not, how can we overcome the gap?*

Director A – governmental health center: “There is cooperation, which is necessary and essential because the disease is at the national level.”

Director C - governmental health center: “Through the National Committee and the local committees, there is great harmony among all the service providers in working towards combating HIV/AIDS. There are no gaps in coordination among all parties, whether they are governmental, civil society, or the private sector.”

### **Official Law Enforcement**

Six law enforcement officials were interviewed, including three Heads of the Courts and three General Prosecutors.

*The national strategy to combat violence against women, which is the work of Ministry of Women’s Affairs and the National Committee, was developed in cooperation with UN Women/2011-2019. Has there been any development regarding law on criminalizing violence against women in the public and private spheres?*

Head of the Court A: “In terms of legislation, the president made an amendment that specifies that the perpetrator does not benefit from mitigating circumstances, which means that he committed the crime under the influence of anger and emotion. In practice, I notice through my experience that violence as violence has nothing to do with the sex of the person, which means it is not limited to men or women. We have a lot of cases where men were subjected to violence by women, and there is a contrary course. I think the situation where the man is all and the woman is nothing has changed a lot, and the proof is that women are in the labor market, and educated. Regarding our staff, we have more than 100 employees in the court and maybe 60-70% of them are



women. The number of successful female students is much greater than males. Boys might drop out of school, and so women are exercising their rights in labor and education.”

Head of the Court B: “Simply to call for women’s protection indicates that women are still in need of protection, even at the global level, as the advanced and civilized countries still suffer from violence against women.”

General Prosecutor D: “There has been great progress in the general prosecution, where a gender unit was developed in the general prosecutor’s office. There is much coordination between the General Prosecution and the Ministry of Women’s Affairs, which has led to the appointment of members of the general prosecution in all governorates, specialized in cases of family violence and violence against women. As for legislation and laws, there has been no progress because the Legislative Council is inactive.”

General Prosecutor E: “We at the General Prosecution are currently working on developing this law. There is a unit in the General Attorney’s office that is making amendments to the law procedures, especially in the articles related to violence against women. For example, the current situation in the case of the husband who beats his wife is that it requires a complaint to be filed in order for the husband to be legally held. The amendment will specify that if the wife is beaten again, there is no need to file a complaint, and dropping the personal right does not mean that the case is closed. The court has a right to prosecute the husband legally. The new law is ready, but as there is no active Palestinian Legislative Council, it was not passed. It is possible that President Abbas will issue a presidential decree to implement the new law. There are many international accords that the unit is currently studying so that Palestine might endorse them; for example, Palestine endorsed the Convention on the Elimination of Discrimination against Women (CEDAW). Now the task is to amend the laws.”

*Has there been any progress concerning Article 308 regarding the rapist who marries his victim?*

Head of the Court A: “No, it has not changed. If he marries her, then he will be exempted from punishment. But, of course, this shall be done upon their consent, because they could



reject it. The article was issued in 1960 when the society was closed and there was no education. But today, a lady can say she does not want it. I believe that those who report rape are few, but maybe the tribal punishment regarding this issue is tougher and more effective than the court, because the court procedures are long. But, I think such cases are very rare. The entire Penal Code needs to be changed, and there have been a lot of efforts to have a Palestinian Penal Code. This article will disappear in the new penal code. But as you know, the Palestinian Legislative Council does not convene and the penal code is related to sovereignty, which we do not enjoy. There is a political will for a new Penal Code. There are many issues that are related to the current political situation.”

General Prosecutor E: “Personally, I am against this article that rewards the rapist by allowing him to marry his victim and abuse the victim a million times over and over again. However, it might work in some cases, if it is implemented away from tribal effects and social pressures, and the victim took her decision free from any pressures. In the Palestinian context, there are some women who have no one to take care of them (no father or brother or family), and there’s no Safe House that can take them in, so their personal judgment and agreement on the marriage might be a solution for them. I do not expect this article to be removed from the law, but I expect that it will be modified to focus on the benefit of the victim, where she is asked on her own if she wants to marry her rapist or not, maybe even with a committee of social and psychological specialists to examine the consent of the victim. Some cases like this have happened in Palestine, where the victim agreed to marry her rapist. Some of these cases ended in divorce at the end of the three-year period that the law specifies.”

General Prosecutor D: “This is the wording of the law, and we, as general prosecutors, cannot but follow the law regardless of how we feel about it and how much we think that this act abuses the victim over and over. The inactivity of the Palestinian Legislative Council is the biggest hurdle in changing or amending this article. But society has a role in this, and if enough awareness is carried out and there is collaboration between the Ministries of Justice and Social



Affairs, a law could be passed. We should not stop as a result of challenges. There should be enough pressure for this article to be changed. The penal code regarding what is called “honor killing” was amended as a result of pressure, and no problems happened in the society.”

Head of the Court C: “The legislator did well in developing this article, since it protects the social bonds of the community. Cases of sexual assaults against women have a particularity in our society, especially because we are a conservative Muslim society. This article gives the rapist a chance to correct his mistake and legally marry the woman he attacked. In case the rapist breaches the marriage contract, the general prosecution has the right to legally pursue him. This article also gives the woman (the victim) the chance to regain her self-esteem and have the opportunity to become a mother. But if she refuses the marriage, no one can force her into marrying her rapist.”

*What if the victim consents to marry her rapist only under social pressure?*

Head of the Court B: “This may be the fact, but what is the solution? We live in a society that oppresses women who have been raped. Law is linked to the community, and the legislators believed this law will provide a solution to the problem of women who have been raped. I think this article is an affront to the dignity of humanity in the community, not because of the legislators but because of society.”

*What about Article 286 that states that only male family members can file charges of incest?*

Head of the Court A: “This article will change too.”

*How can we limit the damage caused by the implementation of this law?*

Head of the Court A: “I have to implement the law but, in general, in very few cases we do need to file charges against the perpetrator. With many crimes, it is enough to inform the teacher at school or the social worker, and they will contact the prosecution authorities or the police. They can follow up on the complaint, even without filing a complaint. Unfortunately, regarding crimes of adultery, there is a need to file a complaint because the law aims to preserve privacy and to prevent scandal. Sometimes we might support the right of



the girl who was assaulted, but there is a possibility that the psychological and community damage will be fatal. This is an inherited social and cultural legacy. We have to change a lot of concepts.”

Head of the Court B: “In case of rape by family members (without the woman’s consent), it is sufficient to tell the specialized authority and it is not necessary to file a complaint. If the girl is under 12 years of age, it is considered rape even if it was with her consent. I am against this article. There is discrimination between women and men with regard to the right to file a complaint. There is a legislative fault in not allowing women to file a complaint, because it is possible that the abuser is the only man in the family. Therefore there would be no one to file a complaint.”

General Prosecutor E: “I personally disagree with this article. I believe that it should be changed. There should not be a need to file charges, if there is a case of incest. The police should start investigating as soon as there is news of such a case. As far as I know, there are no propositions to change this article. I think it would be very difficult to change it, since we live in a closed society where these stories are taboo and no one wants to reveal information about such cases. However, I think it is very important to work on raising the awareness of girls and women on how to file a complaint about such cases and where to go, in addition to making them aware of the importance of informing women’s organizations or someone else trustworthy.”

Head of the Court C: “This article gave the power to legally pursue this crime for any male relative until the fourth degree. This article corresponds well with the reality on the ground. It is enough to orally report the charges or the claims. But if there’s no claim, there’s no crime.”

*Are there laws to protect women against forced sex work? What means are available to women to file charges?*

Head of the Court A: “In these cases, usually the woman works willingly as sex worker, and we do not have legal articles to protect her work. On the contrary, the law does not punish her if she consents. She receives punishment if she has a brothel.”



Head of the Court B: “It is possible to deal with these cases through the penal code’s texts about forced prostitution.”

General Prosecutor E: “The penal code addresses this subject in articles 309- 320, which criminalize prostitution, but the punishment is not deterrent. (The punishment for a man who forces a girl into becoming a sex worker can range from a prison sentence of 1 month to two years, or paying a fine of 50 JDs). I think that this article is one of the articles that will be amended in the new penal code. It is better if the legislators amend the law in a way that does not criminalize the woman who is the victim of such an act. It is also useful to provide safe places for these women to work, and to be able to get a decent job.”

Head of the Court C: “In the Palestinian context, it is very rare for such crimes to happen. In my experience as a prosecutor, a general attorney, and a judge I have never come across such a case.”

*What is your opinion on issuing and enforcing laws to limit sexual exploitation?*

Head of the Court A: “Sexual exploitation is a loose concept. It is difficult to give a clear definition, and it has multiple forms. The law always speaks along general lines. These details are the purview of the judiciary and the courts and those who can interpret the law. I think our laws are not lacking. All sexual abuse is punishable by law, under different names, such as “indecent behaviors”, “caressing”, etc. There are many labels that cover all kinds of sexual exploitation. I do not think our current legislation has a gap on this issue.”

General Prosecutor D: “We can limit exploitation through the development and amendment of the law. This can be done through a comprehensive workshop with all relevant stakeholders to develop all the articles. Moreover, there is a great role for civil society organizations in raising the awareness of women and girls, and school and university students, about their rights. A lot of women who are sexually harassed do not know that what they go through is considered sexual exploitation and a crime, nor do they know how to get justice. They are afraid to say anything because of social, economic or family pressures. Many times, the harasser is a family member.”



General Prosecutor E: “Through the amendment of the articles that cover these cases in the Penal Code, so that the punishment for such a crime is deterrent, and the procedures for filing charges become easier. It is also important to get women’s civil society organizations on board to increase the awareness of women and girls on how not to fall into this trap of sexual exploitation through conducting awareness-raising sessions at schools and universities. The law alone is not enough.”

*Is there a committee in the Palestinian Authority to discuss the concept of human trafficking? Is there a possibility for the development of a legal framework to curb the trafficking of humans?*

Same General Prosecutor: “According to my knowledge, there is no such law, but there is a possibility for the development of a law. The situation now is different than two or four or twenty years ago. For example, our perception of women has changed. Today we are better on the social level, but on an institutional level, there is no plan clearly defined with a particular goal. We develop work based on our experiences. There is no systematic formula, nor experts, nor specialists. Many of the workshops for judges remain within a training context, not within the legislative context, and they do not give information on how to deal with such cases. Training received by judges is related to the concept of honor killings and how to deal with them, but no action committee has a clear agenda to reduce human trafficking. So far, there is no clear conception of the phenomenon. We are still dealing with the subject as a few isolated incidents and situations. We deal with the event when it occurs, and forget it after a period of time. There is no social awareness, and people are shy about discussing such topics, even within a family context--topics related to sex and sexual freedom, and matters related to the concept of honor, and the relationship between men and women, and the limits of the relationship, are treated as taboos.”

*Is there legal protection for victims of trafficking?*

Head of the Court A: “There are a lot of ways to seek protection. The woman might go to police or security forces, so as to be protected, or to file a complaint. Regarding her fear of



scandal, we need to change our ideas and culture. Regarding legal protection, if she files a complaint, the law provides her with protection and might imprison the perpetrator.”

Head of the Court B: “It is not necessary to have internal laws related to trafficking in humans in order to protect citizens. Palestine signed the international conventions, and we are committed to them. Even if there is no domestic law specifying the required protection, we have international laws. We have not faced situations in which we were forced to resort to the international conventions, as the available legal article allows punishment.”

*In your opinion, what is the main reason for trafficking?*

Same court head as above: “This is not a phenomenon in our society. There are very few in mixed communities, such as Ramallah. Such a phenomenon cannot occur in a closed society, or in small towns and villages. This is the oldest profession in history. Regarding legal protection for victims of trafficking, it is a crime to force a woman into prostitution. There are legal mechanisms, such as closing down the place where prostitution was practiced and imprisonment.”

*What are the main reasons behind the trafficking of women or children?*

Head of the Court A: “Trafficking of humans, or women, as a social phenomenon, does not exist in the Palestinian Territories. What we have is a lack of respect for the rights of a class or certain classes in society, or we do not address the rights of these groups.”

*(In regard to the subject of forced sex work and in relation to Article 311 of the Penal Code – persons who incite forced sex work by threatening are punished with 1 to 3 years of imprisonment.) How can women file a complaint?*

General Prosecutor D: “The complaint can either be filed with the police or with the general prosecution, whether it is sexual harassment or forced sex. It is very important to educate women and girls on how to file complaints and where to go. These days, we see a rise in the number of women coming forward and filing complaints to the general prosecutor or the police, compared to five or ten years ago. Today, the women trust the police and the general prosecutors. The number of complaints has increased, and women are protected in



shelters. The police and prosecutors deal with every case with utmost confidentiality, speed and professionalism.”

*What is the percentage of women who are appointed to the judiciary?*

Head of the Court A: “60% of the employees are women. I want to be frank with you; we have a lot of difficulty with women at work. There are many requirements. It is easier to deal with male staff. There are many issues, that include aspects of sex and rape. The female employees sometimes do not want to attend. We also have work outside the court. For example, we have to send employees to evacuate a house or to arrest people. We cannot send female employees.”

General Prosecutor E: “With the general prosecution, there is a clear increase in the number of women as prosecutors and assistant general prosecutors. Before the year 2000, there was only one woman as a general prosecutor. Now, in 2014, almost one third of the members of the general prosecution are women. This is an indicator of progress for women.”

*Is there compulsory training for court and police officials on women’s rights?*

Head of the Court A: “No, there is no training on women’s rights, but there are workshops implemented by human rights organizations or non-governmental organizations.”

General Prosecutor E: “For the past two years, there has been compulsory training for the Family Protection Unit in the police headquarters and with the general prosecution. There are also general prosecutors that are specialized in cases of family-based violence. This specialization helps in the interrogation process, and in solving these cases, and in the follow-up with victims. We feel there is an improvement in the speed of solving these cases, and in the procedures, and with regard to referrals to the court, where there are also judges specialized in these cases.”

*Has a comprehensive national action plan been developed to address gender-based violence, forced sex work, and human trafficking?*

Head of the Court A: “I do not think there is one. Do you know why? Because we do not have a critical problem. This problem may be in non-Palestinian areas, but not in Palestine. During my 26 years of work in the courts, there were maybe one or



two cases. We have more serious and critical topics. We have the problem of drugs, and there is no legislation against it, as well as theft and poverty. We do not have a critical problem or priority of this kind.”

Head of the Court B: “The president endorsed CEDAW, which addresses women’s rights. More than one article in the Penal Code was amended to provide utmost protection for women. On the subject of consigning appointments in positions, the presence of women became clear. But the economic and social conditions distract people from this subject, and I cannot say that there is a national problem with regard to women. We have bigger concerns for women and men alike. In terms of a sense of the value and role of women, this has become clear, and the absence of women in a particular location is unacceptable.”

General Prosecutor D: “We have to have a comprehensive national plan to work through as a team, rather than each organization working on its own. The Ministries of Justice, Social Affairs, the Judiciary, General Prosecutors and civil society organizations should work together to develop a strategy and unified legal articles. Civil society organizations have a very important role at the social level, and the general prosecution and judges have the legal role, and this is how roles are distributed. The problem in Palestine is that there is no clear division because there are no legal articles that define these roles, despite the fact that a new referral system was put in place.”

*How have police family protection units developed their work in responding to cases of family violence?*

Head of the Court A: “According to my knowledge, there is a Family Protection Unit in all police departments in Palestine. There is a Family Protection Unit in *Sharia* courts too.”

*Are police trained in order to identify and assist victims of gender-based violence, including coercion and trafficking?*

Head of the Court A: “From my personal point of view, the civil and military police in Palestine are one of the most developed professionally, and they are progressing gradually. I think the police are generally trained to handle crime, and the types of crimes you are talking about are among these crimes.”

Head of the Court B: “I think that attitude and personal



perspective towards the victim, and opinion about what is appropriate for the victim, remains subjective and is not linked to a scientific standard.”

General Prosecutor D: “The development of a gender unit in the general prosecutor’s office has resulted in great improvement in addressing cases related to family-based violence. We now have general prosecutors who are well trained (we always need more training, though) and are addressing with cases of family violence. The first step is for a woman (victim) to access a health center. If there is any sign of violence on her, she is directly referred to the police Family Protection Unit. This Unit is very effective, and we as general prosecutors are continuously communicating with the Unit to the extent that we almost supervise their work. This has led to an improvement in dealing with cases of family-based violence.”

General Prosecutor E: “I am very satisfied with the performance of the Family Protection Units at this stage. Cases of family violence are being treated with a lot more responsiveness and professionalism than before. The police used to take the decision on their own to close cases they saw as not dangerous, without referring them to the prosecution. After the partnership between the police, the prosecution, and relevant civil society organizations was developed, the police stopped taking this decision on their own. Coordination with the general prosecution happens as soon as a case of family-based violence reaches the police headquarters. The rights and responsibilities of these units come from the law, and no changes have been made on this law. However, the improved skills level of these units has improved the way interrogations are conducted (which is different than in other normal cases). The interrogation is the most important part in solving the case, and prepares for the success of the case. The more there is integrity and honor in dealing with the case, the more comfortable the victim will be and able to give all the required information. The interrogation is now done quickly and the case is referred to court with no delays. There is an inspection committee from the general prosecutor’s office that regularly checks all the case files to make sure that all the required steps were taken in any given case. Furthermore, the final conclusion that the police reach after the interrogation is



over is monitored by the general prosecutor or one of his assistants. Cases of family violence are of a big concern to the public. If a case reaches the police, a number of relevant civil society organizations follow up on the case and take the role of watchdog.”

*Is there a special unit within the police force to serve cases of trafficking and forced sex work?*

General Prosecutor D: “The Family Protection Unit is the Unit that deals with women and children. Thus, if such cases arise, such as trafficking and forced sex work, the Family Protection Unit will deal with it.”

*Are the police trained to identify and assist victims of gender-based violence, including forced sex work and trafficking?*

Same General Prosecutor as above: “There is a great improvement within the police force as a result of the development of Family Protection Unit. Members of this Unit receive training, but these training sessions are still not enough, either in terms of number or content. I always recommend that the training sessions be done jointly, with the police, the general prosecution and the judiciary, so as to unify their thinking completely. The police do not have to interpret the legal articles because they are always in touch with the general prosecutors who decide if the case is, for example, rape, assault, trafficking... But the most important thing that the police must know is how to deal with victims and collect evidence as soon as possible. This knowledge is available, but it needs sharpening.”

*Is there a sustainable budget for combating HIV/AIDs at all levels?*

Head of the Court A: “I do not know. I think the disease is treated free of charge.”

*What is the biggest challenge?*

Head of the Court A: “We have a lot of challenges. The first one is the limited number of staff, whether for the issues you kindly mentioned or for others. Maybe we need more education, maybe we need specialists on these subjects, and all this might develop our work. I will say it again, and I assure you that these are not issues for us. These topics are not problems that need to be addressed urgently. They are part of other problems in the community, and there are other



priorities.”

General Prosecutor D: “The biggest challenge is we do not yet have a set legal framework and are still using the old law. This is a great challenge. The second challenge is the limited number of shelters and the absence of laws that govern these shelters clearly. (Who will place the woman in the shelter? Which law article governs this?) The laws do not define the general prosecutor’s role with regard to shelters, and this needs to be amended. The other important challenge is the need to develop the area of forensic medicine because it is the only thing that can provide scientific evidence for family-based violence. Forensic medicine in Palestine is still in its embryonic stage. We do not have the required equipment, nor the labs or tests, which results in loss of evidence. When we talk about rape or indecent behavior, then we need the medical tests that prove this. We need specialists who can convince the judge that there was rape, for example. The training sessions have to be joint, with forensic professionals, police, general prosecutors, and civil society.”

General Prosecutor E: “The biggest challenge I face is taking the decision to protect the victim. The victim is not accused of anything, and at the same time she is afraid to go home to her family, who might hurt her. I have to make a decision on my own best judgment to put her in a safe house, because there are no legal articles that clearly deal with this matter.”

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### **(Endnotes)**

1. Declaration of Elimination of Violence Against Women/ United Nations General Assembly, Retrieved 2014-08-06
2. “Addressing the links between gender based violence and HIV in the Great Lakes region”/ The Division for Gender Equality UNESCO / page 4/ July 2013.
3. Ministry of Health and National AIDS Committee/ National HIV/AIDS Strategy 2013-2018/ page 6
4. AIDS in the world II / Oxford University press/ page 245/1996.
5. Basic Law/ chapter two- Public rights and freedoms/ article 9/ 2002

