

Capacity strengthening Gender-based violence Livelihoods Risk analysis

Self-protection outside community protection structures

📍 Palestine

How the community taught us protection work

Lessons from Gaza

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‘Vulnerable’, ‘marginalized’, ‘under-served’ and ‘excluded’ are all words we use to describe the people we ‘work with’, ‘target’ and ‘serve’. However, we choose to name our work. All these words have something in common: they reflect our conviction, as humanitarians, that these communities lack something that we need to provide in order to alleviate their suffering and improve their lives. While this is true as a basic justification for humanitarian work, it does not encompass the whole picture.

What we often fail to see and act upon is what these people *have* rather than lack: the inherent strengths of resilience and creative coping. There are many things that make them sustain their lives, and maybe even thrive on their own. They are able to face and survive the unsustainability of aid work and the irregular support provided to them. This is the cornerstone of ‘community-based protection’. The stories shared here illustrate how our team came to learn this not only from applying the theories, research results and frameworks, but from the very people we assumed were too vulnerable to act as our advisors.

In the beginning of 2019, Oxfam OPTI began implementing a project under the ‘Saving Lives Now and In the Future’ humanitarian programme to support and protect children, women survivors of gender-based violence (GBV), and households affected by livelihood hardships in a deteriorating protracted humanitarian and economic crisis in Gaza. A safety mapping exercise was conducted with a group of 70 women survivors of GBV, who were candidates to benefit from income-generating activities. The purpose of this exercise was to look at the varied perception of risks faced by women, men, adolescent girls and adolescent boys when earning a living. This involved leading focus group discussions and conducting individual interviews with women and men of different ages, to clarify:

- the different forms of harm and violence they were exposed to (psychological, physical, sexual, economic or socio-cultural);
- which situations brought greater risk (e.g., in a shop by oneself, negotiating on price);
- how to reduce those risks;
- how they would characterize their relationships with other market actors, employers and fellow employees; and
- whether they had a safety net, such as people they could turn to for help or to borrow money.

The safety mapping complemented Oxfam analyses in Gaza into the prevalence of negative livelihood coping strategies such as:

- adults engaging in hazardous work;
- young children (6–12 years) working for low pay, often dropping out of school to do so;
- girls in poor households being forced to marry;
- eating less of a preferred food; and
- women limiting or reducing their food intake and going to bed hungry in order to prioritize food for children and men.

Overall, these previous analyses showed that women and girls adopted negative coping strategies more often than other groups, and those they adopted were more harmful. This was confirmed during the safety mapping exercise, during which only girls reported engaging in transactional sex or child marriage as negative coping mechanisms. The most common situation described by the respondents was women being forced by their husbands to engage in sex for money, for example:

'A husband brings people to his house and forces his wife to have sex with them for money.'

'Due to the difficult economic situation, a man brings men to his house and sells his wife's honour for money.'

'A man sells his wife for money so he can have money to buy drugs for his personal needs only.'

'A husband sells his wife's body for 20 ILS to get some cigarettes.'

The next most common situation described was girls being forced by a parent (usually their father) or other family member to have sex for money:

'A father trading his daughters' bodies for money.'

'Girls with disabilities especially are used by their families to work in such ways for money.'

'Husbands selling their wives' and daughters' honour for money.'

In some cases, women or girls were engaging in survival sex:

'They work in this field for money.'

'This phenomenon is widespread due to poverty. Women have to do this for money.'

'A female school student goes to the house of one guy to do this for money, without the knowledge of her parents.'

These revelations were shocking, considering the conservative nature of the community, the social and religious norms that label such actions sinful, and the fact that transactional sex is prohibited and punishable by law. Most importantly, this shows that our programming should not be based on assumptions of the prevalence of certain social norms, as these can be inaccurate. In practice, this requires building a relationship of trust with communities, in order to enable a thorough understanding of the real protection threats affecting them.

Furthermore, the large majority of women and adolescent girls that participated in focus groups reported potential risks while engaged in livelihoods activities, especially for adolescent girls. The most frequently identified risk was sexual harassment, followed by domestic violence or threats from family, and verbal or physical violence from any source.

In order to mitigate these risks, women and girls reported resorting to coping mechanisms including always being accompanied by a male relative when going to markets or other places, making sure never to be late outside the house after dark, and to move in groups and avoid empty or dark streets if no male relative is available. They also mentioned having the help of a male relative to handle clients or even marketing as a whole (e.g. receiving calls to order products, delivering orders, and handling feedback). Some women and girls said that they never do home visits (e.g. for hairdressers or dressmakers), but to use a fixed place where clients can come in to be served, even if this is a more expensive option.

In addition to these specific risks affecting women and girls, boys were reported to be more likely than girls to be removed from school when money is scarce, since they can work to contribute to the household's income:

'My eldest son has left school to look for work to help me support the family.'

'The family pulled our son from school to learn a vocation to help earn a living for the family.'

'We send our son to sell ice cream and nuts at the market.'

Providing complete confidentiality and protection to our data sources is vital, not only to protect the people we work with, and protection staff themselves, but also to create a safe space for people to share their true situation and ask for the help that they otherwise could not – and might suffer dire consequences if they were to try. Thus, conducting the safety mapping was a learning experience in itself, as we had the tool to use,¹ but faced obstacles related to the protection of data; the protection of the survivors of GBV who already faced stigma and were extremely reluctant to share their experiences; and the protection of the data collectors in an atmosphere governed by local authorities who screen everything from a security point of view and make research difficult. This was achieved by:

- contracting and training data collectors;
- making sure the data collectors did not live or work in the same area as the targeted women;
- keeping the identities of both the data collectors and interviewed women anonymous using a system of codes instead of names; and
- conducting the interviews in a community centre that the women frequently attended for different services and support.

These women's stories taught us about risks that we had not previously thought of as being of much consequence, such as the power of gossip, the gravity of reputation, and the influence of close family and neighbours in determining how women live, what they do for a living and how they are perceived and introduced to others.

They taught us that a successful livelihood support programme goes beyond successful feasibility studies, business training and market analysis. Such programmes could thrive or fail depending on how the community places a way of earning a living, and the person doing it, on a spectrum of virtue or fault. The women taught us that, for protection programming to actually work, it needs to stem from a profound understanding of the community, how it functions, its key characters and 'influencers'.

The process taught us that pre-designed interventions are not always successful, even if it scored highly on evaluations having met all set indicators and target values.

¹ Manell, Tenzin, and Ann Young Lee. *CLARA: Cohort Livelihoods and Risk Analysis Guidance*. New York: Women's Refugee Commission, 2016. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/CLARA-Livelihoods-Gender-Guidance-2016.pdf>.

What was changed?

While income-generating activities (IGAs) had been initially planned to target 50 households with livelihood hardships only, we decided to target an additional 50 households of women survivors of GBV. The safety-mapping exercise also guided the identification of IGAs' type, location and feasibility in a flexible way that accommodated gender-sensitive considerations. For example, many women were not allowed, or would not feel comfortable, to carry out their IGAs in the marketplace, which is male-dominated. Thus, we changed these IGAs to be home-based, which did not affect how the IGA scored in its evaluation prior to implementation.

Including GBV survivors in our target enabled the IGAs to have a greater protection impact. For instance, one woman had left her abusive husband, but was being pressured by her family to return to him, and could not count with their financial support. In this case, the IGA played a decisive role in her decision to remain separated, as she was then able to support herself. In a standard IGA programme, this woman would probably not have been supported, as her circumstances would be perceived as a risk to the activity. For example, the fact that she had her case open with GBV service providers, that she was fighting for her children's custody, and that she did not count on support from her family (which means she would need to hire people to support the implementation of her IGA), would have counted against the potential for the IGA to be evaluated as successful. However, the adjustments allowed for women in such situations to be considered for the project. Furthermore, certain costs that would not normally be admitted under an IGA programme, such as transportation costs for women who live in remote areas to go to the market, were permitted for these GBV-focused IGAs.

The inclusion of GBV survivors also required the response to be more gender- and GBV-sensitive. Consequently, Oxfam provided orientation on GBV and gender-sensitivity to the business trainers who would be training the GBV survivors. This made the training experience more accommodating for the women's needs and more relevant to non-market risks.

The content of the awareness-raising sessions was also adapted. These sessions had been initially planned to focus on gender concepts, gender equality in access to livelihoods, and women's participation in markets. However, feedback from the targeted women led us to provide advice and training on topics such as managing the stress of being a GBV survivor; trying to reintegrate in society and livelihoods; how to be more assertive and better able to manage competition as women; and how to manage the potential risks of harassment or GBV during the setting up and managing of their IGAs. These tailored awareness sessions had great influence on how the women managed their IGAs, and how they balanced their lives and work. According to post-project evaluation, they also had a very positive effect on household harmony and improved well-being overall.

The evaluation of IGAs at the end of the project was also conducted differently. An effectiveness assessment was done for the GBV survivors' IGAs, where not only economic and livelihood outcomes were examined but also their impact on women's lives, relations, decision-making ability and GBV status. This was a relatively new approach to IGA evaluation that provided lessons for future interventions. Feedback from the women's centre in charge of the GBV case files of the targeted women confirmed that, after the intervention, almost all the files that had been open for a long time were successfully closed, meaning the women were able to get free from the violence cycle as a result.

In order to achieve these understandings and results, protection staff may need to adapt their programmes on the basis of the people they seek to support. This requires letting them do the talking without guided assumptions that seek to confirm preconceptions and validate our own assumptions. Instead, we need to wait to hear what the community has to offer and use it to tailor our interventions for successful results that have a true impact.