



مركز العمل التنموي / معا
MA'AN Development Center

Living Conditions of Displaced People in Shelters “Gender Focused Qualitative Study”

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ABSTRACT

On 7 July 2014, the Israeli aggression against the Palestinian people in the Gaza Strip commenced. The aggression has affected every sphere of life in Gaza. As of 27 August, 2104 Palestinians have been killed, including 495 children and 11,100 people have been injured. An estimated 18,000 housing units have been either destroyed or severely damaged, leaving more than 108,000 people homeless. In total, the number of displaced persons, including those staying with host families, reached over 500,000 people at the height of the conflict, representing 28 per cent of the population of Gaza. Electricity outages of 18 hours a day continue in most areas across the Gaza Strip, and only 10 per cent of the population receives water once a day.

*This document compiles information about the living conditions of displaced families with a primary focus on gender-related concerns. This report has been written to inform both **MAAN Development Center's** and other actors' planning and programming to promote delivery of effective and relevant interventions and services. **MAAN's** team has pursued a cross-sectional descriptive methodology where observations and focus group discussions (FGD) were the principal means of collecting qualitative data on the mentioned issue. The team prepared a semi-structured questionnaire (Annex1) and conducted four FGDs in which nearly 60 persons participated (an average of 15 persons per group, from seven **Palestinian Authority shelters** in Gaza city). FGD participants included mothers, fathers and young women and men. In order to provide safe and encouraging atmospheres for the sharing of experiences, opinions and thoughts, groups were homogenous in terms of participants; on focus group of mothers, one of fathers, one of young women and one of young men. The research team was careful to notice and record body language, as well as what was verbally spoken. Open ended thematic coding was used to analyze the data and contextual influences were noted where needed.*

The aspects of living circumstances examined through the study included mobility, comfort of shelters, violence, social and intra family dynamics, access to services, security and safety. FGDs raised red flags about the mobility of females; the movement of women and girls being circumscribed by cultural beliefs, inclusive of heavy clothing that is prescribed when in public spaces impeding movement in the hot weather. FGDs revealed that families are concerned about unexplained and seemingly unnecessary disparities in access to food and water, in terms of both quality and quantity. FGD participants expressed the view that greater attention was given to larger families. Such perceptions reflect a lack of access to information and to health services, which compounds the problems experienced by those in need of the services both as patients and as caregivers.

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Hygiene-related and water-borne diseases were widely reported by FGD participants as challenges they are combating. Further exacerbating the situation was the apparent lack of management capacity within the shelters and health services in question; shelters and health services that were overwhelmed with demand and unable to provide more than a day-to-day service. As a result, many children's personal health care was disrupted, with many missing their scheduled vaccinations and routine check-ups. Psychosocial services tend to focus on recreational activities as opposed to counseling or stress management skills. Men and the elderly were amongst the groups receiving this initiative, but they reported that they remained in need of psycho-social support and counseling. For women, the main issue appeared to be the shelter conditions. For example, the bathrooms and toilets were not constructed or adjusted for the requirements of women, nor did they provide a minimum level of privacy or comfort. Additionally, women and children reported being subjected to verbal and physical violence. Beating as the most common type of physical violence and abuse between men and women was also reported due to confrontations about sleeping arrangements or food portion sizes.

Violence and abuse were reported as being prevalent within the shelters. Management Committees (MC) were established at shelters and supervised by the Palestinian Ministry of Social Affairs. Displaced people participated in sub committees and quickly mirrored society at large, which unfortunately kept female participation and representation at a minimum. Women were assigned cleaning roles and the elderly were only consulted in times of internal conflict. With primarily men in charge, the extent to which women felt able to raise their needs or demands to the committees was hampered.

People were asked to map their fears in the current circumstances. Death or injury to themselves or their children emerged as the most commonly held fear. Living with strangers in the same classroom for long periods of time, lack of privacy, inability to return home and being displaced indefinitely were additional concerns reported by women. Similarly, men were concerned about the shelling of shelters, fear of death, uncertainty of future, the lack of a safe place to live, the inability to deal with their stress, and dealing with the psychological effects of the war, including the bedwetting of their children. Traditionally, men seldom express personally-held fears, instead focusing on family livelihoods and how to best sustain a family in times of conflict. Child protection and personal privacy are of greater concern to women, whilst men remain concerned about securing an income and providing shelter. These anxieties are recognized as being long term.

In conclusion, the information obtained through the FGDs indicate the need to ensure greater coordination to provide quick responses to the need of Palestinians in Gaza, particularly with respect to the adaptation of bathrooms to better meet the minimal needs of persons until transitional or permanent shelters can be secured.

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Humanitarian and development actors may refine their procedures and criteria to target the most vulnerable amongst the community of displaced people; more attention should be devoted to the elderly and persons with disabilities (and their caregivers.) Psycho-social support needs to go beyond being recreational to help people manage and overcome their stress and anxiety for the future. Higher levels of protection are needed through securing primary healthcare needs and providing first aid training/kits. Gradual empowerment programs can be tailored to help women to raise their demands and voice their concerns.

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ISSUES OF SPECIAL CONCERNS

1. Mobility

Movement and mobility of female youth and mothers inside and outside shelters is very restricted for five main reasons. Firstly, according to cultural norms women and young girls are expected to remain indoors, within the private domain of the family. Secondly, the men of the family order the women to stay inside the classrooms. Thirdly, women prefer to stay indoors rather than don heavy clothing to venture outside. Fourthly, the women feel that by remaining inside they are able to protect their personal belongings from theft. Finally, mothers impose some restrictions on their children’s mobility to protect them from falling ill. Unlike women, men stated that they can move freely within and outside the shelters, but they should be in the shelters before 22:00 for safety reasons.

Except for during periods of truce, the mobility of women is restricted while men have more freedom to move inside or outside of shelters.

2. Disparity in food and water distribution

There is an unequal distribution of food and water based on several factors. For example, family size and families with special dietary needs (such as diabetics and those experiencing illness) were not considered when receiving food allocations. The food distribution was not equitable, taking into account family size. Another criticism included no hot beverages (identified mostly by men) and the absence of vegetables and fruits (identified by women). Milk for the children was, however, provided in sufficient quantities.

The management of food distribution could be improved and tailored to the needs of those with special dietary needs, the elderly and of large families.

3. Privacy in toilets and bathrooms

There are no bathrooms and no warm water available for showers in shelters. The places could be used for showers are unsanitary and are a major health concern. Furthermore, although toilets are separated (and the men assure that the toilets are patrolled), women stated that young males are often found loitering around the female toilet facilities. The available toilets are also located at some distance from the classrooms in which people sleep, meaning that women do not access them at nighttime due to safety concerns.

Women feel that toilets are inaccessible and the opportunity to shower is non-existent.

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4. Violence and abuse of children

There are various types of violence and abuse present in the shelters. Witnesses have seen husbands verbally and physically abuse their wives, who in turn verbally and physically abuse their children. Men are reported as behaving aggressively if anyone tries to intervene in their family affairs. There have been confrontations between “residents” of the shelters around the issues of sleep space and food. There also have been incidents of violence when young males have been found loitering around the female bathrooms. In general, participants stated that children are not exposed to exploitation or abuse provided their parents are there to ensure their security within the shelter.

The frequency and intensity of violence varies. Women and children reported being victims more than any other demographic group. Men were reported as committing acts of violence against one another and being exposed to violence from authorities, such as policemen.

5. Adaptability of toilets to the needs of persons with disabilities

In general, toilets at shelters are not suitable for persons with disabilities, except for one facility in one shelter. Some persons with disabilities, such as those with rheumatism, find it challenging using the style of toilet where the toilet seat does not exist.

In shelters, toilets are not suited to the needs of persons with disabilities or for people who have health problems

6. Treatment and care of the elderly and persons with disabilities

Overall, the needs of the elderly and persons with disabilities are not met in the shelters. Toilets are not adapted for their needs. The elderly do not receive adequate quantities, if any, of diapers. The large number of adults and children in classrooms which ranged from 70 to 150 persons in one classroom space and the wide spread illness has led to the deterioration of the health status of persons with disabilities and elderly. In addition, there is no appropriate and adequate place for them to sleep, which is considered a major problem by their caregivers. Persons with disabilities and the elderly usually receive medicine from UNRWA clinics, but currently doctors are not visiting shelters to provide health care services. Although the elderly and persons with disabilities are amongst the most vulnerable, they do not receive any type of psychosocial support in the shelters. The male focus groups reported that treatment of persons with disabilities and of older men are good, as people respect and help them. Shelter management committees provide persons with disabilities and older men with support when needed and where possible. Men stated that sleeping areas and toilets are not comfortable and do not meet the needs of older people and persons with disabilities.

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Persons with disabilities and the elderly do not receive proper care from either doctors or shelter management committees. No serious actions are taken to eliminate their suffering.

7. First aid and mother and child health services

First aid items do not exist or are not adequate in shelters. Women in particular stated that there was no substance or ointment available with which they could treat the burns of their children caused by shrapnel, or to disinfect wounds received when in the shelters. For some women, when their children needed minor medical attention, they were forced to attend a clinic and pay for the treatment. In some shelters, management committees were able to provide women with a referral for treatment. Mothers stated that the most common health issues affecting their children were scabies, lice, fever, gastroenteritis, cooling insulin (having to keep vials in cups of water in an attempt to keep them cool) and not being able to get dietary adequate food.

Regarding maternal and child health care, most pregnant and post-partum women did not receive - or postnatal care. A large number of women delivered children in the shelters, while some were taken to hospital via ambulance. Postnatal care was not available, as this was not seen as a priority and hospitals refused to issue care; this caused great concern for pregnant and new mothers. The lack of awareness of mothers and/or the absence of information about the available health services meant that they did not take their children to be vaccinated at UNRWA clinics.

The men in the shelters stated that first aid is provided and a team of primary health caregivers visit the shelter twice a week to provide treatment to people in need. They stated that the management committee bought in some medicine based on medical prescriptions for those who requested it. Another group stated that they saw children injured and no first aid assistance was provided in the shelter.

Maternal and child health care is not provided in shelters, which is a main concern for women.

8. Accessibility to psychosocial support

In terms of psychosocial support, the only form of such support that is provided in the shelters is recreational activities. Recreational activities are provided to children and adolescents. Counseling and clinical psychosocial services are not provided. Internally-displaced persons know organizations provide psychosocial support but do not how to access them. There are severe cases of psychosocial distress in shelters, with persons in need of counseling.

Men emphasized that psychosocial support was of great importance as it is a real need for themselves and their families. They expressed a need to receive skills that would help them to assist stressed children and adolescents properly.

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Internally-displaced persons do not know how to access to psychosocial services and are not provided with assistance other than recreational activities, which are only provided for children and adolescents in shelters.

9. Representation in shelter management committees

In general, women, the elderly and persons with disabilities are not represented in shelter management committees. Women are only represented only in the cleaning sub-committees, which is reflective of cultural norms, and the elderly are included in the conflict resolution and food distribution sub-committees. Both women and the elderly are marginalized within the shelter management committees. In one shelter, the women formed their own committee to raise their concerns with the overall Management Committee.

Women, the elderly and persons with disabilities are not effectively unrepresented in shelter management committees.

10. Threats and risks

Fear is high amongst individuals living in shelters. One of the biggest fears is the fear of being bombed whilst in the shelter. This fear is exacerbated in the evenings when there is heavy shelling nearby. Men fear that upon returning to their homes they will not have water and electricity, nor the ability to meet the basic food needs of their families.

Both men and women fear for the safety of their children and families. Fear of death is the most prominent fear amongst persons living in the shelters.

11. The first threats - life after 2 years

- Both men and women remain concerned about the immediate and prolonged safety of their children and families. They are also concerned about security if and when they are able to return home, as well as the lack of infrastructure available to them. They further fear for the long-term security of their family and the extent to which their family can live in a world which protects their dignity and rights.
- Men fear for the future mental health of their children, and being unequipped to deal with the long term psychological effects that this war has had on their children.
- Women will not return home until their and their family's safety can be assured. Women report feeling that if they are able to save their lives and the lives of their families, then they will be able to start again in life. Women also highlight access to privacy as an immediate concern for the future.

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Women focus more upon the issues regarding privacy, whilst men focus more of securing an income for their family and the long-term effects of the Israeli aggression on their children. Both women and men fear for their future and the ability to secure a home for their families in safe environments.

RECOMMENDATIONS

- Practical procedures to improve the safety and security inside shelters regarding the mobility of females should be ensured through training of management personnel on basic life skills and increasing the number of management personnel to better control the situation and daily processes inside shelters in a non-violent manner.
- Development of clear instructions for food distribution that take into consideration family size. Food distribution should also consider provision of a range of food items, including vegetables, fruits and the special dietary requirements of certain groups of people.
- Establishment of bathrooms and/or supplying shelters with emergency bathrooms. Renovation of toilets in shelters that allow for privacy, cater to the needs of persons with disabilities and of persons with health issues.
- Hiring adequate number of workers to continuously clean toilets and bathrooms inside shelters, as well as of providing for the ventilation of toilets, bathrooms, classes and school yards on a regular basis and when possible.
- Establishment of parents’ support committees and child protection committees to be responsible for providing internally-displaced persons with different types of psychosocial support, education and skills to eliminate violence and assist them to constructively manage stress. Actions could include encouraging fathers to assume greater responsibility in the care and development of their children.
- Coordinate efforts amongst health service providers to provide persons with disabilities and elderly people with assistive equipment.
- Train shelter management committees on crisis management, emotional intelligence, basic life skills and other issues regarding child protection and mother and child health, as well as issues of concern to persons with disabilities and to older people.
- Facilitate the accessibility of internally-displaced persons to information and basic services; either those provided by government, UNRWA or other service providers.
- Ensure the membership of women and other groups in shelter management committees.
- Establish health care units in shelters, including the provision of maternal and child health services. Health units should assist in raising the awareness of internally-displaced persons to basic health care issues, including hygiene and relevant environmental concerns.

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LESSONS LEARNED

- Decision-makers should take into consideration gender gaps highlighted by internally-displaced persons in shelter when planning and preparing for future conflicts and/or disasters.
- Women and other vulnerable groups of people should be represented In management committees.
- Government personnel should be trained on emotional intelligence.
- Appropriate shelters in each governorate should be established.
- The capacities and management skills of public sector crisis personnel to become more capable to respond to similar situations in the future should be developed. In addition, emergency teams should be aware and sensitive to the needs of vulnerable groups.
- Raising community awareness on the importance of social responsibility and health and environmental related issues and concerns, especially those for maternal and child health should be undertaken.
- Adaptation of school toilets to meet the needs of persons with disabilities and unwell students should be undertaken.
- Sustainable psychosocial support systems, with accurate data about service providers and type of services available, including clear referral systems in times of crisis should be established.

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Annex 1: FGD Questionnaire

1. The freedom of mobility inside and outside shelter; especially for women and girls
2. Access to food, water, the quality and sufficiency of food items and water supply in terms of age and gender as well;
3. When the space of shelter overcrowded who is excluded from being inside shelters in terms of age and gender;
4. If sanitation, bathrooms, toilets, facilities are clean, accessible, sufficient and ensure a level of privacy?
5. If IDPs use verbal, physical, sexual violence against each another, children, old people? If they have seen children, adults, PWDs hit, blackguard, or abuse one another. If mothers/father hit children or old people... neglect them ...etc
6. Have you seen any child, young female, woman or old person been beaten at shelter
7. Are toilets designed to suit the needs of PWDs
8. How do you evaluate the level of care of people with children, PWDs and old people in the shelter
9. Do you think children are in need for more protection from their peers, older age children and adults inside shelters? If yes, why?
10. What are the most common types of violence children, females and PWDs usually exposed to in the shelter?
11. Is there a first aid kit in the shelter? If you need a service related to mother and child health? Can you access to these services, do you have information where you can find the service?
12. Is there any type of psychosocial support services at shelter? If you feel you are in need to this type of services, do you know how to reach it
13. Are women, PWDs and old people represented in management committees in the shelter? If yes, at what level in which committees?
14. Are there adequate and suitable quantities of diapers, hygiene tools, food, milk and other food staff for PWDs and old people?
15. The people you are concerned of their safety and security are (yourself- family- friends)
16. What are the most first concerns/ threats you think of now?
17. How do you imagine the coming 2 years will be?