‘The problem is the silence’: challenges providing support to local INGO staff in Gaza

Jane Gilbert

This field report reviews some of the challenges encountered in providing support to local international, nongovernmental organisations staff in Gaza, shortly following the cessation of conflict in July and August of 2014. Methodology and the content of group sessions are described. The paper concludes with highlights from the evaluation, reflections on what was learned, and some recommendations on the provision of further staff support in the future.

Keywords: Gaza, managing stress, self awareness, staff support

Introduction

Background

Gaza is an extremely small piece of land – 25 miles long and a maximum of 7.5 miles wide. As a result, it is also very overcrowded. The population growth rate is 2.91%, the 13th highest in the world, with limited capacity to construct new homes or facilities. As of 2014, the population is estimated to be around 1.82 million people (Oxfam, August, 2014) of which the majority are Sunni Muslims. Gaza City is the Strip’s biggest population centre and has about 400,000 inhabitants. As in other towns in Gaza, there are high levels of poverty, deprivation and unemployment.

All Palestinian territories have been under Israeli control since the Arab–Israeli war in 1967. From 1994, Gaza has had the right of self governance through the Palestinian Authority. However, in January 2006, the Islamist militant group Hamas won legislative elections and took over the administration of the strip from June 2007. This election effectively split Gaza politically from the West Bank. Although there have been attempts to re-establish a joint authority for all Palestinian territories, most recently The National Consensus Government convened in Gaza early in 2015, the territories remain separate.

Largest prison in the world

An Israeli-built metal fence separates Israel and the Gaza Strip. Along that fence are several border crossings for people and goods that are heavily guarded by Israeli forces and targets of Palestinian militant attacks. Since Hamas took over the strip in June 2007, Egypt has kept its border with Gaza mainly closed due to Hamas support for the Muslim Brotherhood, now banned in Egypt. Even with self governance, Israel has maintained control of the air space, territorial waters and border crossings. Due to such severe restrictions on movement, Gaza has often been called the largest prison in the world.

Operation Protective Edge

‘Words cannot express the enormity of the loss and human suffering sustained by the people of the Gaza Strip during the seven weeks of hostilities in July and August. It was the deadliest and most destructive escalation since the start of the Israeli occupation in 1967.‘ (Office for the Co-ordination of Humanitarian Affairs, Humanitarian Bulletin, June/August, 2014)

Operation Protective Edge was launched by the Israeli army on 7 July 2014, in response
to rockets fired by Hamas from Gaza into Israel, and to prevent the movement of weapons into Gaza by destroying tunnels used. The Israeli bombardment lasted for 51 continuous days.

The cumulative death toll among Palestinians during the conflict was 2,256, of whom at least 1,568 were believed to be civilians, including 538 Palestinian children and 306 women (Joint Agency Briefing Paper, April 2015). Over 70,000 people whose homes were damaged or destroyed during the July/August hostilities remain displaced (UN Relief and Works Agency (UNRWA) Situation Report March, 2015). Displaced families have been unable to rebuild or repair their homes due to long-standing restrictions on the import of construction materials. The extensive damage to public infrastructure has further undermined the already precarious access to basic services, including electricity, water, sanitation, and health and education facilities.

**Rationale for staff support**

There are hundreds of international non-governmental organisations (INGOs) working in Gaza. Although international staff were evacuated during the 2014 conflict, most INGOs were already busy writing proposals for emergency programmes to be implemented when the conflict ended. One INGO (by whom the author was employed) recognised that local staff would have been emotionally affected by the bombardment. Although most of their local staff lived in Gaza City, an area not as damaged as others, some may have experienced their homes being destroyed (for those in the conflict area), hosting relatives whose homes may have been destroyed, supporting children and others through fear due to the constant noise of bombs falling continuously during the conflict. It was also anticipated that field teams would be emotionally distressed by the impact of wide-scale destruction to the lives of their beneficiaries.

**Challenges recognised prior to project implementation**

The original proposal envisaged two psychologists for three months, but due to visa restrictions, only one psychologist was recruited and the original timescale was reduced to two months. It was agreed that ongoing support would be provided to the INGO's own 40 staff, with individual sessions available if needed (referred to as INGO 1 in this article), and group sessions would be provided for 80 local staff of another, larger INGO (referred to as INGO 2 in this article).

As recruitment was rapid, it was essential to obtain a basic understanding of the situation as quickly as possible. A review of resources on staff care and stress and some internet searches showed little directly relevant to the unique context of Gaza. Many questions remained open: what would be appropriate in a situation where people are trapped and unable to travel freely, when there have been a number of conflicts over many years, with no guarantee that the ceasefire will continue?

**Assessment INGO 1**

The initial assessment involved extensive discussions with the Country Director and Programme Manager, as well as a meeting with senior local staff. In reality, the assessment process was ongoing throughout the project. Two field visits were made to devastated areas, to gain an understanding of the environment in which local staff were working, and to observe activities for women and children being provided by staff. Activities involved: setting up women’s groups to support their children and each other; setting up play areas for children; and the provision of tents and other materials. These visits were crucial in developing an understanding of the complete demolition of some areas after bombing and the demands placed on staff in the field.
The main concerns expressed by senior staff included potential 'burn out', as staff were exhausted after the conflict and that volunteers recruited to work in severely affected areas were 'not ready'. Another concern was how staff, who had undergone similar suffering, would be able to support beneficiaries. After the assessment, senior staff were extremely positive about the idea of support (provided by the author) offered to as many staff groups as possible on a weekly basis, with individual sessions provided as requested. The weekly sessions are outlined below.

**Small staff group weekly sessions**

**INGO 1**

Although it had been hoped that support could be provided to all staff groups, this did not happen in practice. A small number of staff did not wish to participate and, due to cultural and language constraints, only one meeting with drivers took place. However, regular meetings did occur with: senior staff, case managers, educators/field staff and administration staff.

It had been decided that small group sessions would be less structured and provide more 'open' discussions. Initially, staff were hesitant to talk about themselves. Also, they had no prior experience of receiving support from an 'outsider'. Use of easy physical stretches were a good ice breaker, and once one person had spoken of their experiences, others were keen to share. Very quickly staff began to look forward to meetings and it became important to ensure each person present had the opportunity to speak. In order to encourage staff to support each other, they were encouraged to provide their own suggestions for issues raised by colleagues, as well as provide peer support and advice. Some of the issues raised are listed below.

**Children:**

- 'My 4-year-old son is continually talking about the war. I want him to forget the war, do children forget? It is so very hard to feel your own child’s pain.'
- 'I feel overwhelmed and end up shouting at them. I have no time for myself.'
- 'I am worried I will become acclimatised to all the destruction that I see every day.'

**Concerns about working in the field:**

- 'How can I protect myself from being upset by what I see and hear?'
- 'What can I say to a woman who asks me why her house has been destroyed when she has done nothing wrong?'
- 'I am worried I will become acclimatised to all the destruction that I see every day.'

**Ongoing stress and aftermath of the conflict:**

- 'We are exhausted after the war, cannot be bothered with anything and are not eating or sleeping well.'
- 'I have no motivation and feel very angry. I take it out on other staff and then need to apologise.'
- 'I lost my house and had to move, I feel that nothing is stable or safe.'

Most of the issues raised had no clear solutions, but talking about their feelings openly and generating new coping strategies were extremely valuable. Even small changes made a significant difference to rebuilding emotional resources. For example, one person decided to go for a walk with her sister after work each day, another person found making a daily to-do list helped her feel more in control, someone else decided to allow more time for reading, another for music, another (the eldest of 10 children) had felt overwhelmed with responsibility and was encouraged to delegate some tasks to her siblings.

Having a space to acknowledge the distress felt while working in the field, fear of not being emotionally strong enough, helplessness and discussion of their own responses to the distress they witnessed were actively valued. Weekly meetings allowed many of the topics to be reviewed and further developed. Additionally, staff began to
understand that it was not possible to care for others if they did not care for themselves. The one group session with drivers deserves particular mention. It was uncertain whether it would be culturally appropriate for a woman [the author] to speak with them and a translator was required. The man chosen to assist with translation was sensitive and helpful and the group was reassured that anything they spoke about would be kept confidential. After considerable uncertainty and hesitation one driver began to talk about his worries about his daughter (aged nine), who was terrified to use the bathroom by herself at night since the conflict. Another driver admitted to the same problem with his daughter. This allowed options about how to deal with this to be discussed. Then another driver felt able to talk about how irritable he felt towards his children and how he lashed out at them because of his own anger and frustration. This opened the door to discuss ways of dealing with rage and helplessness in the aftermath of the destruction. In the end, however, the drivers spent more time expressing their anger at the INGO. One driver’s house had been destroyed, others had been hosting relatives, and all felt that the INGO should have done more to to provide practical support. The head driver later said that the drivers did not wish to have any further conversations as they would prefer practical assistance.

**Assessment INGO 2**

It was much more daunting to consider how best to support the 80 staff members from INGO 2. Two assessment sessions were held; one with a selection of staff and one for middle managers. It had been decided to identify middle managers as a separate staff group due to their crucial role in providing support for other staff, their responsibilities for the implementation of emergency programmes, and the need to review their own stresses and coping strategies separately from the staff they manage. The use of English was extremely variable, so translation was needed for some. The assessment sessions were designed as facilitated small group work to enable all present to contribute fully, and to maintain anonymity for any difficult issues. The major issues identified (using the original words of those who participated) can be seen in Tables 1 and 2.

The results of this assessment process were discussed with management at INGO 1 as they had negotiated the input to INGO 2. They felt that, due to complex sensitivities between the two organisations, it would not be advisable to address specific issues related to employment practices. This meant that uncertainty regarding future employment, inadequate communication within the organisation and the intense demands on staff (all significant stressors) were not discussed.

It was also clear from the initial assessment discussions that all staff were exhausted, psychologically and physically. Managers felt that they did not have the emotional capacity to support their staff, and that everyone was extremely short tempered and irritable. In addition, environmental issues, such as shortage of water and limited electricity, had an additional, profound effect on every day life.
<table>
<thead>
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<th>Table 1. Major stressors identified by staff groups</th>
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<tr>
<td><strong>Home/self</strong></td>
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<td>Inability to maintain good social relationships due to work overload.</td>
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<tr>
<td>Inability to cope with the general situation; thoughts of potential migration.</td>
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<tr>
<td>Effect of the war on our children; we do not know how to deal with them.</td>
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<td>Nature of relationships in Gaza makes people stressed because they have to worry about other people’s problems.</td>
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<td>Lack of freedom to express our own views.</td>
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Table 2 Major stressors identified by managers

<table>
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<th>Home/self</th>
<th>Environment</th>
<th>Work</th>
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<tr>
<td>Role confusion – mothers, fathers and managers. Instead of separating work and home, all stress from work is taken home and stress from home is taken to work.</td>
<td>Working in an emergency intervention affects performance because of narrow timelines. Everyone is in a hurry and overloaded.</td>
<td>Organisations built positive expectations regarding job security, but senior management had to inform everyone that their contracts will be ending soon. This is stressful for managers because of the uncertainty regarding the future (staff members approach us about this). Downsizing decreases the level of staff commitment.</td>
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<td>Unknown worries about the future.</td>
<td>Feeling unable to provide enough services compared to the huge needs found among the community (leads to frustration).</td>
<td>Rumours spread among staff, but we do not have enough information to provide to subordinates. Uncertainty puts us in a helpless position when staff ask us about that which we have no clear answers to, and adds another level of stress.</td>
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<tr>
<td>We suffer from ‘mental disorder’ that affects our ability to provide support to our staff at work or social levels. This negatively affects the quality of our work and that of our subordinates. Since we are affected by the war, we are not in a suitable mood to care for others nor to concentrate on work.</td>
<td></td>
<td>Staff went through a very difficult time, so as a manager you try and think of ways to motivate and to get back to a normal life before the war.</td>
</tr>
<tr>
<td>People’s attitudes and behaviour have changed. We have lived a very bad life and that has affected us mentally, this increases tension and staff are less patient.</td>
<td></td>
<td>We believe that all of us, managers and staff, went through difficult times that caused stress to all, and that now our role is how to aid them to recover from this stress.</td>
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Content of group sessions INGO 2
Following the assessment and discussions with management at INGO 1, it was decided that, as well as being informative and helpful, sessions would also need to be enjoyable and provide a relaxing space. Also, while sessions would provide information on types of stress and common reactions, they would focus predominantly on psychological self care and the identification of individual coping strategies to support emotional recovery and resilience.

Participatory methodology was considered to be essential to encourage full participation, to enable mutual support and learning, and to enable all staff to speak in Arabic within small group work.

Working jointly with the focal point for staff care was a mutually enriching, learning experience. Participatory methods were a new experience for him, and he found this approach enlightening. He also provided joint facilitation in Arabic when needed, and many conversations with the author provided not only a source of support, but also contributed greatly to increasing the author’s understanding of life in Gaza.

It was important to enable privacy and space for each person within the small group work, and to avoid any perceived pressure on anyone to speak about their experiences unless they volunteered to share. This was supported by the use of a personal notebook. Colourful notebooks were offered to staff at the beginning of the first session. Everyone was then encouraged to use the notebooks for exercises within the sessions, for any additional thoughts/learning from other participants or group discussions that was relevant to them, and for their own personal use between sessions. The use of a notebook for self reflection increases self awareness, provides a space to think about personal stress and coping strategies, and gives participants direct experience of a method that may help them cope with future distressing events.

As with groups in INGO 1, sessions began with simple stretching exercises. This highlighted that stress is held within the body and generated positive energy. Many staff spent considerable time in front of computer screens and did little exercise, particularly women. The stretches were very simple due to cultural constraints between men and women, but staff were able to identify their own areas of physical tension and, more importantly, smile, laugh and become relaxed. In the evaluation, the physical stretching was one of the aspects most enjoyed and valued by staff.

Each session was unique due to the content of the group work and discussions of issues arising. Also, during breaks, many informal conversations took place which raised additional issues. Handouts were provided on common reactions to stress, different types of stress and possible positive coping strategies but, unfortunately, not all were available in Arabic. Of more value to staff was the individual and group work on their own stressors, their own emotional reactions, and the generation of additional coping strategies.

Two sessions of two hours each were provided for 60 staff in groups of 20. At minimum, content included:

- Psychoeducation on different types of stress (understanding of cumulative stress, vicarious trauma and ‘burn out’ appeared to be particularly useful).
- Common reactions to stress, including physical, cognitive, emotional, interpersonal and spiritual.
- Facilitated self reflection to increase self awareness of reactions to stress (simple templates in Arabic were provided).
- Structured small group work during which experiences, reactions to stress and coping strategies were shared (simple templates in Arabic were provided).
- Review of current coping strategies, potential positive changes which could be made, including learning from others.
• Introduction to ‘mindfulness’ (being present and finding beauty in the moment), deep breathing, and physical movement as additional ways of managing stress.
• Review of the role of prayer and reading of the Koran.

It was decided that the 20 managers would receive three sessions of two hours each. The content of the first session with managers was the same as the other groups. This was essential to provide time and space for them to review their own wellbeing, separately from the staff they managed. The subsequent two sessions focused more specifically on supporting staff, developing positive coping strategies, staff care strategies the managers could implement and those they wished INGO 2 to implement. (Further detail on all group sessions is available from the author on request.)

Results: feedback/evaluation
Small staff groups INGO 1
To evaluate the weekly sessions with the small groups at INGO 1 (where the author was based), the Country Director carried out confidential informal feedback discussions with each group. Some comments from the feedback are below.

‘It was a very good time to have staff support, not just teaching us how to help the beneficiaries.’
‘After being tired from the field, we felt relaxed that someone wants to talk to us, and was taking care of us.’

Staff considered the provision of support from someone outside to be a reflection of the organisation’s caring for them and experienced it as a ‘family support’. Additionally, as the author is female, this was considered an asset with the large number of female employees.

The structure had been kept loose during the sessions so time could be given to whatever the staff needed and many different topics were shared and discussed.

‘Exercises helped with improving concentration, I felt more refreshed.’
‘Helped me to take care of myself, and now I have a schedule of how to do it (activities to be done every day).’

Group sessions INGO 2
The staff in the group sessions at INGO 2 completed an evaluation form (in either English or Arabic) after each session. Four questions were asked: what did you like about today, what did you find useful/helpful, what did you not like about today, and what would you like included in the next session? Staff found the aspects below particularly valuable.

‘The sessions gave us the chance to speak with each other, we are in the same organisation, but we have no time to speak about ourselves.’

Providing an opportunity for each person to think about him or herself is particularly important in a cultural environment in which thinking about and caring for others is an ‘automatic response’. The privacy afforded by the use of a notebook was also specifically valued.

‘For the first time I wrote my reactions to the stress I am facing.’
‘Giving myself some time to think about coping mechanisms to cope with my personal stress.’

Participants were also introduced to mindfulness, particularly being present and finding beauty in the moment. Breathing exercises, discussion of prayer, reading the Koran and being able to be still were also included.

‘Learning new ways to decrease stress.’
‘Stretching techniques, deep breathing . . .’
Information was provided on different kinds of stress, common reactions, positive coping and answering specific questions from the participants.

'We learned things we did not know.'
'What we learned is classification of stress and responses.'

Staff were understandably initially unsure about what the group sessions would entail and whether they would be of any benefit. However, many stated how much they had actively valued the sessions that had been provided.

Complaints
Almost all staff were unhappy about the venue for the sessions (the conference room). It was small for 20 people, had little natural light, and was the same room as was used for sometimes difficult or stressful work meetings. Most staff would have preferred an external venue not associated with work. Some staff commented on the late attendance of others and many staff also wished that sessions had either been longer or that there had been more of them.

Concluding Comments
Overall the group sessions were received extremely positively by staff. They particularly benefitted from the support of their colleagues in addressing their concerns and, even over the short time period, most staff became more aware of what they needed in relation to taking care of themselves. Many put in place active self care strategies that they had not considered before.

Even though it is well recognised that systematic staff support is needed (e.g. Curling & Simmons, 2010; Francis, Galappatti, & van der Veeer, 2012), this is not the case in all organisations. It is to the credit of INGO 1 that funding for this type of support was specifically sought, even though the time allocated was exceptionally short (two months) While Gaza is a 'closed world', in which there are extensive social networks that provide an enormous amount of support, paradoxically this also make it difficult for people to admit to, or talk about, their own feelings or problems. The fact that the author came from 'outside' was therefore, an asset, and the group and individual sessions provided a safe environment. The title of the paper stems from a comment made by a member of staff; 'the problem is the silence, we do not talk to each other about how we feel.'

This experience of providing staff support has shown that, even a limited amount of input with regular, designated time can facilitate and develop additional coping strategies, both in working with beneficiaries and in their own personal lives, increase resilience, and enable staff to receive support for the emotional aftermath of what they have experienced. The evaluation revealed many, and sometimes unanticipated, positive outcomes. The small staff groups in INGO 1 continued to meet and provide mutual support for each other and the focal point in INGO 2 began to plan additional sessions for staff outside the office, as well as pleasurable activities for staff and their families. The debrief with both country directors provided an opportunity to review what had taken place and to actively lobby for ongoing staff support in the future.

Some lessons learned
1. Local staff, who are recruited in many emergency situations, often experience the same distress as beneficiaries. Therefore, it should be recognised that local people may work for an INGO regardless of their own emotional distress, so provision of support is essential.
2. Many organisations expect staff to meet targets, for example, how many beneficiaries have benefitted from a particular programme, but do not necessary provide time for reflection on the interpersonal and emotional aspects of their
work. Structured reflection can enable specific strategies to be put in place to increase emotional resilience.

3. The role of an outsider, who is not perceived to be part of the management structure, can be very valuable, preferably able to support staff in their own language.

4. Support needs to be tailored to specific circumstances, for example in Gaza, and facilitation needs to focus on mutual support and providing time and space for each person to develop their own coping strategies.

The situation in Gaza continues to be extremely difficult for residents. Reconstruction has only partially taken place, and tensions between Israel and Gaza remain high. Those living in Gaza continue to endure severe restrictions on movement and, at present, there appears very little prospect of change. Even when living in these extremely difficult circumstances themselves, local INGO staff continue to implement programmes and to provide support to those in greatest need. It was a privilege to work with local staff in Gaza, and, given the enormous demands on staff in this context, it is hoped that every INGO can ensure that appropriate staff support is an essential component in all programmes.

**References**


Oxfam Briefing Paper (August 2014) *Cease Failure: rethinking seven years of failing policies in Gaza.*


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