



## **On the Record: Palestinian Civil Society Under Siege**

### **Issue 5: Empowering Women**

#### **Contents:**

- From the Editorial Desk: The Limits to Empowerment
- Health - The Union of Palestinian Medical Relief Committees (UPMRC)
- Family - The Women's Centre for Legal Aid and Counselling (WCLAC)
- Business - The Women's Affairs Center in Gaza (WAC).

#### **From the Editorial Desk: The Limits to Empowerment**

Women have always been prominent in the movement for Palestinian nationalism, and they played an important role in mobilizing communities during the years of Israeli occupation after 1967.

The work they did was aimed at raising the consciousness of other women, and it involved holding literacy classes, organizing day care, or forming small cooperatives. But the overall goal was political. Women were organized in grassroots committees that were closely associated with the political factions of the Palestinian Liberation Organization (PLO). 'Empowerment' was largely synonymous with independence, and it applied to men and women alike because all Palestinians shared the same goal of ending occupation.

As women organized against the Israeli occupation, they also began to see deeper problems in Palestinian society that were not directly linked to the political struggle. In particular, family law discriminated against women. This was a powerful argument for social as well as political 'empowerment,' and it helped to give the women's movement social, as well as political, goals during the 1980s.

As noted earlier in this series, the limited autonomy that came with the Oslo peace process gave women's groups a chance to campaign for some of these social goals. In the end, however, Oslo left Palestinian women deeply dissatisfied. They won some minor victories, but in their efforts to reform family law they met with fierce resistance from conservative religious activists. They also found the Palestinian Authority patriarchal and opposed to the equal participation of women. Nonetheless, they had glimpsed the prize and were convinced that there could be no democracy in Palestine unless there was equality between men and women.

The current emergency has presented women's groups with a new set of dilemmas. On the one hand, they are back where they were in 1987 when all of Palestinian society seemed disempowered, and empowerment meant independence from occupation. Women have their own perspective on this crisis, because it is their children who have been shot by Israeli sharpshooters and their husbands who have been detained or thrown out of work. This leads some leading

Palestinian women to suggest that the women's movement should return to a more nationalistic role.

On the other hand, women's groups are as reluctant as any others to ease up the pressure on the Palestinian Authority and put the brake on their campaign for legal, political, and social empowerment.

This issue looks at the way this dilemma affects three of the groups that receive support from Grassroots International (GRI) and are working with women specifically.

The Union of Palestinian Medical Relief Committees (UPMRC) provides health care to a clinic in a small village in southern Gaza named Abu T'eimeh, which is funded by GRI. Our delegation was prevented from traveling to Abu T'eimeh by Israeli security forces, but we were able to spend time with Dr. Nadrine Mulana, one of the doctors who normally works in the village. Dr. Mulana is trying to empower women to improve their own health. This has been particularly difficult during the siege. Drugs cannot reach the sick, ambulances are blocked, and medical personnel are prevented from attending to their patients.

The second profile shows how the Women's Centre for Legal Aid and Counselling (WCLAC), another GRI partner, is empowering village women to deal with domestic problems, including incest. In this context, empowerment can mean as little as giving women the confidence to stand up their husbands. But once again this is harder as a result of the crisis, because the violence in the streets is spilling into the home and exacerbating tensions in the family.

The third and final profile looks at a young businesswoman who has been helped by the Women's Affairs Center in Gaza (WAC). The Center is promoting the economic empowerment of women by helping them to compete in business, and this young woman is one of their successes. But her business, like that of many others, has been brought to the brink of bankruptcy by the emergency. The Center has been scrambling to try and make sure that her creditors do not pull the rug from under their clients' feet.

All three examples, in different ways, suggest that the empowerment of Palestinian women need not be directly linked to the political goal of Palestinian self-determination. At the same time, it cannot occur in a vacuum. For women to be 'empowered,' this war must stop and the occupation must end. Until then, Palestinian women will continue to be doubly disempowered -- as Palestinians and as women.

## **Health**

The Israeli roadblock went up without warning as we were traveling on the main road from Gaza City to the south, and it came as a nasty surprise to Dr. Nadrine Mulana.

Dr. Mulana was taking us to the clinic in the village of Abu T'eimeh, where she works two days a week on behalf of the UPMRC. It quickly became clear from the long column of cars that Dr. Mulana would not reach Abu T'eimeh today. Even ambulances were being turned back.

We returned dispirited to Gaza, but it turned out to be a wise move. If we had delayed, we would have been trapped by yet another roadblock that was thrown up by the Israelis later in the day. Such are the obstacles facing the medical profession in Gaza. Sometimes they have nothing to do with health.

The delivery of medical supplies has been blocked so often and so consistently during the current uprising that most of Palestinian civil society now assumes that Israel is deliberately targeting the health of Palestinians and the medical infrastructure.

This charge was graphically presented in a recent report from the Health, Development, Information, and Policy Institute (HDIP). [1] The report said that in the first seven months of the uprising, over 14,000 Palestinians -- 0.5% of the entire population -- had been injured. The use of high velocity bullets by Israeli forces had caused terrible injuries.

These are very difficult to treat because health facilities are apparently considered a legitimate target by Israel. Hospitals and clinics have been shelled. The production of locally produced drugs has fallen, and the import of foreign drugs has been interrupted. Physicians like Dr. Mulana have been prevented from going to work. Sick people have been prevented from traveling abroad to receive specialized treatment.

Some of the incidents cited in the HDIP report seem particularly vindictive. It named six pregnant Palestinian women who gave birth in taxis because they were forced to wait at Israeli checkpoints. One woman miscarried her fetus. The report also cited cases of wounded people bleeding to death, after being prevented from reaching a hospital. On January 17 alone, it said, 109 cases were reported of ambulances being turned away at checkpoints. The occupancy rates at hospitals have fallen dramatically.

There is, in addition, the larger and more insidious health crisis caused by the Israeli siege. Water and sewage systems are slowly disintegrating, increasing the risk of disease. Garbage cannot be removed and taken to landfills. The population has been physically weakened by months of siege and unemployment.

According to the HDIP report, 'The deteriorating economic situation and the closures will unquestionably lead to deterioration in nutritional status, especially among the poor, whose numbers have increased significantly during the intifada. Children's physical and intellectual development will suffer from the long-term effects of nutritional deficiencies. Pregnant women will also especially suffer from the effects of malnutrition.'

This risk is clearly greater in isolated villages like Abu T'eimeh, particularly as the network of primary health centers - there are 577 in the territories -- is starting to erode dangerously. 'Basic services are suffering,' said Jihad Mashal, the Vice President of the UPMRC. 'Anti-natal care, treatment for diabetes, cold chains for vaccination -- lots of routine work is collapsing.'

The UPMRC was formed in 1979 and in the absence of a normal government it became the preeminent provider of health care during the years of occupation. By the end of the 1980s, the UPMRC was running 28 clinics in the West Bank and Gaza Strip.

The UPMRC's funding fell sharply when donors transferred their money to the new (Authority) Ministry of Health at the start of the 1990s, but it has surged again since the uprising. As many as 12,000 young Palestinians have been trained as emergency health workers by the UPMRC since 1996, and many of them have performed bravely during the current crisis at great risk to their own lives. Two UPMRC doctors and 40 first-aid workers have been injured.

While the Israeli blockade has raised the UPMRC's profile, it has also made it increasingly difficult for the UPMRC to coordinate far-flung medical teams. The UPMRC board is supposed to meet every two weeks in Jerusalem, but this has been impossible since Gaza and the West Bank were sealed off.

The UPMRC's drugs are stored in Jerusalem in a central warehouse, but crucial drugs are not reaching Gaza, according to Abdalhadi Abu Khousa, who directs the Gaza branch of the UPMRC. The UPMRC runs a center in Gaza that lends out wheelchairs and crutches to disabled persons. There are fewer and fewer new wheelchairs available, even as the number of severely wounded has grown.

As a result, the structure of the UPMRC is becoming more decentralized. This will likely accelerate as the Israelis seal off more areas. UPMRC officials say that they will have to put much more emphasis on building up self-sufficient local teams and focusing on preventive health care.

It did not require an Israeli siege to convince Dr. Nadrine Mulana that prevention is better than cure, particularly in the countryside. It is, she says, essential that women take care of their own health. This is where empowerment begins.

Dr. Mulana studied for seven years in Russia and another year on the West Bank, and she represents the modern face of Palestine. But her area of specialization -- women's health -- brings her into contact with the timeless problems that face women throughout much of the developing world. Many of these problems could be prevented, she says, with a change of social practice. For example, the entire village of Abu T'eimeh is descended from the same clan, and it is common for first cousins to marry. Inbreeding is common -- and as a result so are diseases like cerebral palsy.

Most of all, the health of women depends on reducing the size of families. On average, a mother in Abu T'eimeh is likely to give birth to eight children, which means that she will be producing and caring for children during half of her life. In addition, she will manage the household and probably work in the fields. This combined workload can be very dangerous to her health.

The situation has improved greatly since women stopped giving birth at home; for the last three years, every newborn in Abu T'eimeh has been delivered in a clinic -- a fact that greatly reduces the chances of neonatal infection and maternal mortality. But husbands still insist on large families. 'They want boys to help on the farm and help them into old age,' says Dr. Mulana. As a result, when she counsels women, she tries to do it in the company of their husbands. She also stresses the importance of clean hands and personal hygiene.

Many Western feminists see Islam as a profound obstacle to women's health because it opposes family planning. This is not necessarily the case, says Dr. Mulana. Abortion is certainly forbidden by Islam, and some women in Abu T'eimeh try to get around this by walking long distances in order to induce an abortion. But Islam does permit family planning if it can be presented in terms of the mother's health and the family's welfare, as opposed to having fewer children.

This can be a difficult distinction to draw. 'If I say I only want four children it is considered to be against Islam. But if I say I want a smaller family for health reasons, it is allowed.'

However important self-help and preventive care, there will always be a role for the medical specialist. During her two days a week in Abu T'eimeh, Dr. Mulana sees eight women a day on average and visits homes and schools during out-of-clinic hours promoting the importance of preventive care.

When she is able to reach Abu T'eimeh, Dr. Mulana takes with her all the accoutrements of family planning: injectibles (Depo Provera), pills, intra-uterine devices (IUDS), and condoms. Unlike the Ministry, which gives out free materials, she charges 30 shekels for each IUD. This comes with counseling, follow-up, and advice.

Until the current crisis, most women felt that this was a bargain, says Dr. Mulana. Since the blockade, living standards have fallen sharply and many women cannot afford the service. As a result, Dr. Mulana provides free IUDs and advice when possible. Even this has become increasingly difficult, because the supply of IUDs (which come from Europe and are dispensed through the Palestinian health ministry) has been affected by the Israeli blockade.

Ultrasound is another sophisticated technology that can -- in experienced hands -- prevent problems and save lives. Every mother-to-be is introduced to Dr. Mulana's portable ultrasound, which she carries around like a baby. This ungainly little machine is the best guarantee that Dr. Mulana will be able to maintain her perfect record and prevent any deaths from childbirth. On this occasion, however, it remained in its box, far from Abu T'eimeh.

Once again, it all comes back to the siege. Self-help and preventive care may be the first steps on the road to the empowerment of women in Abu T'eimeh, but they will not happen in isolation.

The impact of the crisis is all around. As in so many villages, one of the keys to better health for women in Abu T'eimeh is better education for girls. But this has been affected by the lack of security. The nearest school to Abu T'eimeh is an hour's walk from the village. 'Parents do not want their girls walking that distance in the current climate,' says Dr. Mulana.

Like so many communities, Abu T'eimeh is turning in on itself under the pressure of the Israeli blockade and finding ways of coping with the crisis on its own.

This has its good and its bad points. On the one hand, it forces the population to pay more attention to Dr. Mulana's message of prevention, and to focus more on personal hygiene and

sanitation. This is making the villagers more self-reliant.

On the other hand, this is a self-reliance that is based on a need to survive and a product of desperation. It is not the product of a grassroots movement - of communities that are working together to achieve a common goal.

Certainly, villages like Abu T'eimeh cannot exist in isolation. If this crisis continues, they risk being slowly starved of the drugs and advice that can only come from specialists like Dr. Mulana. This could reverse many of the gains achieved by the primary health care network in recent years. It would be distinctly disempowering.

Abu T'eimeh's committed doctor can only watch from behind the roadblock and hope.

## **Family**

We gave Samira Rawashdi only two days notice to pull together a meeting with the women of Samou, an isolated town near Hebron, but she managed it without any trouble. The result was a memorable encounter -- rich, passionate, and intense.

Samira is one of the leading members of a women's 'dialogue tent' (counseling group) that offers the women of Samou an opportunity to meet and talk things out. Samira herself is an efficient person, who would like to stand for election to the local council of Samou. This fact emerged gradually in the course of our long session with Samira and her friends.

So, too, did some darker facts about family life in Samou. Beneath its picturesque exterior, Samou hides some unpleasant secrets, and one of the goals of the women's tent is to get the secrets out in the open. This initiative takes the view that the way to empower women is to give them the self-confidence to confront their problems and then challenge those who are responsible. Very often, this turns out to be a husband. Clearly, they are dealing here with some very sensitive issues.

The Samou tent is an initiative of WCLAC, which is based in the town of Beit Hanina between Jerusalem and Ramallah.

Over the last ten years, WCLAC has undergone a fascinating transformation that in some ways mirrors the evolution of civil society itself. WCLAC was created in 1991 during the first intifada, and it was closely linked to the resistance movement. Indeed, one of its goals was to provide technical advice to the factional women's committees.

At the same time, WCLAC's members were also aware of the deeper social problems that faced Palestinian women. As was noted earlier in this series, Palestinian women were subject to four different legal systems. Beyond this formal law, many aspects of a woman's life (marriage, custody of children, inheritance, divorce, etc.) were governed by traditional customary or religious law (shari'a in Islam). This was particularly strict when applied to gender relations or sexuality.

This combination of law and practice left women at the mercy of men. A woman could be considered 'disobedient' if she worked outside the home without the permission of her husband. She could be married as young as 15 and divorced at the whim of her husband (who was allowed to take up to four wives). Once divorced, a woman faced social exclusion and almost certain poverty because she would have few chances of work. Daughters received half the inheritance of a son. (Widows received an eighth.) In a practice known as 'honor killings,' men were not punished for taking the life of a woman deemed to have besmirched the family honor.

This legalized discrimination put Palestinian women at a severe disadvantage in their own homes. Whether or not it resulted in actual abuse would, of course, depend on the family and the marriage. But the risk would clearly increase in a period of unrest and unemployment.

Maha Abu Dayyeh Shamas, who now heads WCLAC, was working at a Quaker legal aid center in Jerusalem in the late 1980s. She recalled how women would come to the center and pour out their frustrations. 'I realized that the extra burdens of the intifada were falling on women: husbands who were not working, children who were shot that had to be visited in hospitals; sons in prison that needed clothing.' [2] Even the curfew affected women, because it forced large families to remain indoors, making it almost impossible to work in the house.

Abu Dayyeh Shamas began to speak at community meetings and to organize literacy classes for women. These were intended to help women to 'understand the difference between the law and those practices that are dictated by custom or habit.'

She continued her campaign after taking over as the head of WCLAC. WCLAC was one of the groups that saw a major opportunity in the Oslo structures and believed that nongovernmental organizations (NGOs) could be a powerful force for good in the new Palestinian society. WCLAC had the chance to lobby for a new family law that would enforce the separation between religion and state. It could also push to get women elected to the Palestinian Legislative Council (parliament) and to positions of responsibility in the Authority itself.

Writing in one of WCLAC's publications, Abu Dayyeh Shamas recalled the sense that Palestinian women were breaking new ground after 1993. Other newly independent governments like South Africa had not paid enough attention to gender relations and violence against women, she wrote. In the case of Palestine, she wrote, gender equality -- and the empowerment of women -- should be placed 'at the top of the national agenda.' [3]

The campaigners chalked up some successes. In June 1996, they managed to get a law rescinded that required women to get the permission of their husbands before they could receive travel documents. The religious courts agreed not to ask for blood tests from women before a marriage. Together with other human rights groups, WCLAC also campaigned successfully for a neutral place, outside police stations, where women who were separated from their husbands could meet with their children.

But this was dealing with the symptoms of the problem, not the cause, and the women's movement was unable to get the family law repealed or achieve anything close to a separation between religion and state. They tried but failed to get gender equality included in the new

constitution (or basic law) that was drafted but never passed. They also adopted a Palestinian Feminist Charter, but President Arafat rejected it.

Women's groups soon concluded that the Palestinian Authority had no interest in triggering a gender revolution. According to one 1997 survey, only eight 264 high level posts in 1997 were held by women. Only five out of the 85 deputies were women and only one of the 20 ministers. This indifference to women extended down to the village councils.

Why was the Authority so resistant to the emancipation and involvement of women? Some felt that Arafat was making a concession to religious fundamentalists who were bearing the brunt of his security crackdown under the Oslo process. Others felt that he was simply reflecting a deeply conservative society.

WCLAC pulled out all of the stops in its campaign. During the first six months of 1996, WCLAC organized no fewer than 219 workshops on legal literacy. It held countless meetings with other groups, on everything from rape to divorce. It commissioned studies on family law.

The campaigns culminated in 1998 in a three-day Model Parliament, which was carried live on television. Outside the country, the event won human rights prizes, but inside the West Bank and Gaza Strip it generated a storm of controversy. There was so much opposition from religious fundamentalists that special 'conciliation' meetings had to be held.

All of this left the Palestinian women's movement disappointed and wondering where to turn. Maha Abu Dayyeh Shamas expressed the dilemma in a lecture to B'Tselem, the Israeli human rights group, in early 1999: 'On the one hand, there is the fight for social equality and rights for women. On the other hand, we live in a political reality (continued occupation) where the rights of men are denied on the civil and political level. . . the key is to keep pushing. . . .' [4] And push they did, until the storm broke last September.

The Samou women's tent drew many of these threads together.

Speaking to this delegation from the WCLAC headquarters in Beit Hanina, Maha Abu Dayyeh Shamas explained that the term 'tent' was chosen because it has a distinct Arab ring to it. 'It suggests a traditional meeting place where problems get discussed and resolved.'

The village of Samou was considered a prime candidate for a counseling tent because it was physically isolated. In addition, there was no other community center where women could get together and talk things out on their own.

The tent opened on October 15, 1998, on a modest note. Many of the women are expert at embroidering, and they were encouraged to design cloth panels that expressed their feelings. Some of the messages were as simple as 'I am a human being.'

During the early meetings the women were encouraged to talk openly about their lives, under the watchful eye of Amal Al-Jubeh, a social worker who runs the WCLAC team in Hebron. They then broke up into smaller groups and began to discuss ways of dealing with their daily



problems.

This process lasted over a period of months. By the time it finished, Amal Al-Jubeh had a clearer idea of what lay beneath Samou's tranquil exterior. There was the occasional 'honor killing' of women who had committed adultery or otherwise transgressed local custom. Such cases were not treated as murder. There was early marriage: a surprising number of girls in Samou had married at a very young age, increasing the risk of medical complications during childbirth.

Polygamy was also common, as husbands discarded wives who could not bear children. Once abandoned, these women effectively fell through the cracks. Few of them were prepared to risk divorce, which would expose them to ostracization in the village and poverty. Instead, they endured a life of loneliness and frustration. When the special anguish of these abandoned women began to emerge at the tents, WCLAC invited a family judge in Hebron to hear directly from some of the women. This promising dialogue was interrupted by the uprising last September.

Most disturbing of all, the tent uncovered incest. At first, Amal Al-Jubeh had no inkling that this problem even existed, until the stories began to trickle out. Suddenly, Amal Al-Jubeh understood why so many girls were getting married so young: it was because their mothers were desperate to get them away from the clutches of their fathers.

How could the tent help? First and foremost, by getting this dark secret out in the open. Incest is a crime that carries a sentence of up to 16 years in jail, but only one case has come to light in Samou in recent months, and even that did not reach the courts.

The case came out after a woman confronted her husband. 'He denied the charge angrily and called her a mad woman,' said Amal Al-Jubeh. 'He said that fathers are naturally close to their daughters. Then he divorced his wife.' Making matters worse, the daughter remained with her father.

Amal Al-Jubeh is convinced that the man was so ashamed by the publicity that he would not have dared lay a finger on the girl. Nonetheless, the case underlined the risk of speaking out. To start with, Amal Al-Jubeh discussed incest in general terms. As the women became more comfortable with each other and with the format of the tent, some began speaking out. But none were prepared to let their daughters come to the tent for a discussion. They also pleaded with Amal Al-Jubeh not to talk directly to their husbands or suggest that the issue had been raised at the tent at all.

The aim of this exercise was singularly difficult -- to give these women the confidence to shame their husbands into stopping the practice, but without destroying the marriage. Any woman would find that daunting.

Amal Al-Jubeh has no concrete way of measuring success. But she takes comfort in the fact that after the tent dialogue sessions ended, 12 women approached her with a request for more therapy. Of these, eight wanted help with incest. This, she feels, was a sign of empowerment and confidence.

Some aid agencies look with scorn on women's counseling because it produces no measurable 'outputs.' Here in Samou the tent seemed to be serving the role of a social safety valve to relieve the pressure that was spilling in from the streets. Out of the twenty women we met with, 14 are married. Ten of these have husbands who worked in Israel before the borders were closed and were now out of work. According to their wives, they spend their time moping, smoking and spending money that they do not possess. Some have also beaten their wives. Talking it out with their friends may be one of the best forms of therapy.

For Amal Al-Jubeh the success of the Samou tent is best measured by whether its members continue to work together once the formal sessions are over. By this simple measure, the Samou tent looks like a success. One member started a kindergarten. Several are working at embroidery (although they complained that they had no market for their products). WCLAC has tried to put them in contact with other organizations that have relevant expertise: for example, the Palestinian Agricultural Relief Committees (PARC) in Hebron has organized classes in making jam in Samou.

Samira Al Rawashdi, who organized our session, has certainly gained from the experience of being a member of the tent. She has an independent nature, to judge from the fact that she divorced her husband when he took another wife. She now has a job as a secretary and is one of only three members of the group with her own bank account. She arranged adult literacy classes for seventeen of the women.

Samira has more time on her hands than the others, many of whom have families. But the tent has also revealed her to be a natural leader. She also knows how to work a crowd.

A local council of 13 men governs Samou. As was noted earlier, none of the local councils have been elected. Very few of them make any effort to address the special concerns of women. One 1997 study found that almost none of the local councils in the territories were promoting women's projects, that women were almost never asked for their opinions, and that women were employed in low-paid council jobs.

The women of Samou were in no doubt that their interests were not being addressed. When asked what laws she would like to see passed in Samou, Samira Rawashdi replied that she would like it made possible for women to stand for election. Including herself? 'Of course!'

So we put it to the full group: Suppose Samira were elected, what laws would they like her to champion? The answers came quickly. 'Paved roads. Water systems. A library.'

Would this group of women have confidence that Samira would represent the views of women? A chorus of 'yes' rattled the roof and brought a quiet smile to Samira's face.

We were witnessing here the logical extension of the women's tent. This experiment in empowerment began by encouraging women to speak out. This enabled them to identify their problems. Next they moved on to strategies. It was a short stop from there to choosing a candidate who could speak for women. By the end of our meeting, the Samou tent was beginning to sound like a political rally -- and the start of Samira's campaign.

If ever local elections are called, the women of Samou may well have a candidate.

## **Business**

Five years ago, when Amira El-Nawajtha was a 23-year-old student, she decided to go into business. Today she runs a shop in Gaza City that is crammed with dazzling handicrafts and embroideries. Her total stock is probably worth \$200,000.

It has been a successful five years for this young self-made businesswoman, and in a sense her story completes the story begun in Samou and Abu T'eimeh. The women of Abu T'eimeh are seeking empowerment through health. In Samou, they are using the family.

Amira El-Nawajtha seeks empowerment in business -- which here is definitely a man's world -- and until the uprising broke out last September, she was riding the crest of a small wave. Since then, the dream has begun to crumble. Trade has dropped to a trickle because no one visits Gaza.

Amira El-Nawajtha comes from Khan Younis, the largest town in the southern Gaza Strip. She had always been a skilled seamstress, and soon after leaving secondary school she began to receive orders from friends and acquaintances. She and a friend pooled their resources and went into business.

Amira was astute enough to realize that she was not the only woman in Khan Younis with talent. The refugee camps were with expert seamstresses. They were making fabulous costumes and wall hangings but could not sell them.

Amira spotted an opportunity. Instead of competing with the refugee women, why not work with them and sell their products? The prospects were clearly better in Gaza City than Khan Younis, where there was little demand for handicrafts. At the time, Gaza was full of energy and excitement: it had been chosen as the seat for a new Palestinian parliament, and international agencies were arriving.

Amira El-Nawajtha took her plan to the Women's Affairs Center in Gaza, an NGO supported by GRI. As part of its work, the Center runs a 'Development Clinic' that helps women to start and manage their own businesses. This involves technical courses on how to apply for credit, open bank accounts, and audit accounts. Last year the Clinic helped 49 women like Amira to start a new business. Another 120 attended courses in managing small business.

Amira El-Nawajtha has taken out two loans to get her business started. She borrowed \$3,000 from the UN Relief and Work Agency for Palestinian Refugees (UNRWA), at an interest rate of 8%. She also borrowed \$2,000 from a local bank at the market rate of 13%.

With this, Amira was able to rent a small shop in Gaza City at \$300 a month. She toured the West Bank and began to purchase from the different regions of Palestine, each of which has a distinctive style. Her own flair is apparent in the way she has arranged her shop, which gleams and glistens with color. It has been, she said, a labor of love. 'This shop has become my life.'

Until the uprising, Amira made good money. She sells her products for roughly double the price that she herself pays the refugee women, and by last summer she was earning 20,000 shekels (\$5,000) a month. That was more than enough to pay her an income and also cover the repayment of interest on her loan and rent.

Then disaster struck. The uprising broke out and the blockade began. Foreigners stopped coming, and violence engulfed Gaza. During the month of January, Amira took in just 400 shekels (\$100). This was barely enough to cover half the rent, let alone interest.

Amira El-Nawajtha is better cushioned than most to withstand the crisis because she earned so much during the boom months of last summer. Her final repayments come due in June, and she may be able to squeak by. But others are not so lucky.

Entrepreneurs all over Gaza have watched their businesses dry up overnight. This is particularly serious for those who have taken out loans, and in February the WAC recently sponsored a discussion with some of the leading credit organizations in Gaza in an effort to get the terms eased.

The Center prepared 17 different case studies. It talked to one woman, who took out a loan for \$6,000, crossed to Egypt (where prices are lower than in Palestine) and purchased clothes, which were confiscated at an Israeli checkpoint. Another entrepreneur borrowed \$800 to purchase an ice-cream machine. But as the public weddings have stopped and tourism has dried up, so has the demand for ice cream. Added to which, the machine needs repair. Without income, she cannot meet her repayments.

Several international agencies that have provided credit to women's groups, including Oxfam Quebec and the UN Relief and Work Agency (UNRWA), have reportedly agreed to provide a period of grace to small businesses that might find it hard to make repayments. But this clearly cannot last indefinitely. Micro-credit may be one of the proven tools for empowering women, but it too requires a stable and peaceful environment in which to perform its magic.

[1] Health, Development, and Policy Institute ([HDIP](http://hdip.org)), 'Health Care Under Siege 11'. E-mail: [ljamjoum@hdip.org](mailto:ljamjoum@hdip.org).

[2] Maha Abu-Dayyeh Shamas, 'Human Rights and the Palestinian Women,' in *News from Within*, Vol. XV (May 1999).

[3] WCLAC, 'Islamic Family Law: Text and Practice in Palestine,' (WCLAC, 1999), p. 10.

[4] *Ibid.*

The Women's Centre for Legal Aid and Counselling ([WCLAC](http://wclac.org)). WCLAC was established in 1991 to address the social, economic, legal, and political status of women in Palestinian society. WCLAC provides counseling and legal representation to women and advocates for democratic laws governing divorce, marriage, and inheritance. Grassroots International supports the Legal

Aid and Research Project. E-mail: [wclac@palnet.com](mailto:wclac@palnet.com). Tel: 972 2 2347438.

The Union of Palestinian Medical Relief Committees (UPMRC) Founded in 1979 by four physicians, it now coordinates over 1,200 volunteer health professionals, more than half of who are women. Serving over 800,000 Palestinians each year in 28 primary health clinics and mobile clinics, the UPMRC offers programs in 14 areas, including women's health, child health, and community-based rehabilitation. E-mail: [mrcgaza@hally.net](mailto:mrcgaza@hally.net). Tel. (Gaza): 972 8 2835990-1.

[The Women's Affairs Center of Gaza](#) confronts Gaza's bleak economic outlook with a strong women's economic development program. The Center trains women to run micro-enterprises and cooperatives, building gender awareness and women's leadership in the process. Grassroots International supports the Center's Development Clinic Program. e-mail: [wac@hally.net](mailto:wac@hally.net). Tel: 972 8 2825174.