

MAP

MEDICAL AID FOR PALESTINIANS

25 YEARS



ANNUAL REVIEW 2008-2009



MEDICAL AID FOR PALESTINIANS (MAP)

MAP works for the health and dignity of Palestinians living under occupation and as refugees.

Established in the aftermath of the massacre at Sabra and Shatila, today MAP delivers health and medical care to those worst affected by conflict, occupation and displacement. Working in partnership with local health providers and hospitals, MAP addresses a wide range of health issues and challenges faced by the Palestinian people. With offices located in Beirut, Ramallah and Gaza City, MAP responds rapidly in times of crisis, and works directly with communities in the longer term on health development.

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MESSAGE FROM THE CHIEF EXECUTIVE OFFICER



Looking back over the events of the past year one cannot help but focus on the continuing humanitarian disaster in Gaza, exacerbated by the military incursion, which caused so much death and destruction. The timing was extremely poignant for MAP, since it coincided with the start of our 25th anniversary. It is indeed a sad indictment that our work in the region still remains so crucial 25 years on from our origins in the aftermath of the massacre at Sabra and Shatila.

Our response to the crisis was highly commended, not just on the ground in Gaza with our immediate delivery of surgical kits to the hospitals and blood donation facilities, followed up by hygiene and nutrition kits to children and logistical support for the supply of medicines; but also by the round-the-clock, support given by our staff in Ramallah and London. Thanks to the tremendous response we received from our supporters, we have also been able to undertake several longer term programmes, necessary to improve the health and welfare of Palestinians in Gaza.

Elsewhere in the region we continued to strengthen our commitment to health development for the most vulnerable sectors of society. In Lebanon, where Palestinian refugees continue to survive in overcrowded camps, our Maternal and Child Health programme in Nahr al-Bared camp has shown enormous success in helping young mothers by providing regular home visits and midwifery training.

While in the West Bank, which still suffers from hundreds of checkpoints and barriers, our activities have ranged from improving healthcare services for women in the most neglected areas of the Hebron governorate; to providing a network of mobile outreach clinics for marginalised Bedouin communities along the Jordan valley; to building the capacity of health providers through certified training by the Royal College of Paediatrics and Child Health.

This year has also witnessed the establishment of a structured Advocacy and Communications department within MAP, leading to the subsequent support of the Institute of Community and Public Health in Ramallah and the successful publication of the Lancet reviews and the workshops and conferences. These will provide a platform for our ongoing work over the coming year.

Our level of programme activity has increased throughout the year, and is poised to increase further over the coming year. This has only been possible due to the generosity of our supporters, and the commitment and dedication of our staff, trustees, patrons and President, Baroness Helena Kennedy QC. My thanks to you all.

A handwritten signature in black ink that reads "S. James".

Steven James
Chief Executive



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OCCUPIED PALESTINIAN TERRITORY

The ongoing Israeli occupation is the main determinant impacting on the quality of healthcare for Palestinians.

East Jerusalem is increasingly isolated from the rest of the West Bank, and this year has seen a sharp rise in home demolitions. In the West Bank, a complex network of permits, checkpoints and road barriers, and the ongoing construction of the Separation Wall, cuts off communities and increases the fragmentation of the territory. This system of movement restrictions has made normal modes of access to healthcare – and health system development – impossible.

In the Gaza Strip the blockade is ongoing, and has created a deepening humanitarian and health crisis with restrictions in access to medical supplies, training and development opportunities, and patient access to services. The already critical humanitarian situation reached a new peak with the Israeli assault on the Gaza Strip in which began on 27 December, which left up to 1,400 Palestinians dead and widespread destruction to homes and civilian infrastructure.

The ongoing occupation and blockade is juxtaposed and exacerbated by internal conflict and deterioration in relations between the Palestinian factions, intensifying an already difficult situation for Palestinians and adding to the difficulty in ensuring integrity and quality of health services.

“People call this place a prison; it is not a prison because a prison in Western Europe would be much better in terms of conditions than here.”

John Ging, UNRWA Director of Operations in Gaza, March 2009

MAP IN THE OCCUPIED PALESTINIAN TERRITORY

Medical Aid for Palestinians has been working in the occupied Palestinian territory (oPt) for 20 years. Given movement and access restrictions, MAP has offices in both the West Bank and the Gaza Strip. This ensures that while there is one overarching programme for the occupied Palestinian territory, we are able to respond quickly and work effectively across the territory. MAP works in partnership with local health providers and hospitals to address a wide range of health issues and challenges faced by the Palestinian people living under occupation and blockade.

MAP is committed to working strategically toward a more programmatic approach across the oPt, with a diversified portfolio of health and emergency partners. Our work focuses on Health Development and Emergency Preparedness and Response. In **Health Development**, MAP works in partnership with local health providers to promote community participation in health initiatives. In particular, we focus on the key areas of child health and primary health care, disability and rehabilitation, and psychosocial health, while working towards an integrated approach to primary health care and public health.

In **Emergency Preparedness and Response**, MAP ensures its ability to respond rapidly and effectively to humanitarian crises and conflict situations that frequently arise, especially in the Gaza Strip. Our capacity to respond is based not only on the presence of our field staff, but strong links with our partner organisations, local health providers and hospitals.

Over the past 18 months MAP has also invested in strengthening coordination, information flow and research to better underpin health policy, planning and practice within the oPt. MAP has increased support to key research areas, and also re-established the Health Committee of the Association of International Development Agencies (AIDA). This Health Committee works to increase information share and coordination between health stakeholders, and promoting accountability at all levels. In 2009, MAP was elected to the executive committee of AIDA, and remains committed to strengthening coordination and accountability in the health sector.



MAP IN THE WEST BANK: PROJECT FOCUS



“This is a successful, trusted clinic, and the changes brought about by increased health awareness using Positive Deviancy approach are unique and sustainable. The need is great; last year we undertook a rural survey of health in villages across the West Bank and in one village 50% of children tested were suffering from anaemia. The sad fact is that the conditions in this village are by no means the worst. Many rural communities are on the front line of isolation and neglect. There is almost no access to other health services in these remote communities”.

Ard el-Atfal Project Coordinator

In the West Bank district of Hebron, MAP is working with local NGO **Ard el-Atfal** to increase access to maternal and child health services. The district has a population of approximately 60,000, half of them women and about 12,000 of childbearing age. The Yatta area of Hebron is particularly neglected with poorer health and education services, plagued by unemployment and troubled by settler violence and movement restrictions. This project improves access for women to reproductive and maternal health services, providing antenatal and postnatal care to 40% of the pregnant and delivered women in Yatta area. These services have also increased the number of women screened, thereby reducing complications through early diagnosis and treatment. The project promotes awareness of women and child health issues through a structured health education programme and the training of women as volunteer community peer educators.

Conditions linked to poverty such as malnutrition, anaemia, waterborne diseases, stunting of growth and development have badly affected children in this area. The project works with families to significantly reduce anaemia and low weight for

infants below the ages of five years. A successful approach has been the reinforcement of simple health practices such as exclusive breastfeeding in the first six months of the child’s life and looking at how local community resources can be better used to improve health.

“I visited the AEA clinic when my child, Amal, was just one week old. Since then we have continued to visit the clinic for follow up checks on her health. She has been able to see the same doctor throughout. I always feel happy and welcome at the clinic”.

Mother visiting Ard el-Atfal clinic

MAP IN THE GAZA STRIP: PROJECT FOCUS

MAP is committed to supporting partner organisations offering psychosocial support programmes and activities enabling children to express themselves in an independent space, to better understand the situation around them, and to enhance their social abilities.

MAP's partner, the **Community Training Centre for Crisis Management (CTCCM)** in Gaza, offers ongoing support to vulnerable children and their parents. They use a variety of activities to help the children to express their feelings of stress, anxiety, frustration and fear associated with the most recent assault as well as the ongoing blockade. The project also works with parents to raise awareness of the problems faced by their children, and reduce violence within families. Approximately 9,000 children are benefiting from these activities, whilst 250-300 active awareness sessions are organised for over 4,000 parents.

The project works in coordination with local NGOs, community centres and schools across the Gaza Strip to ensure that the most vulnerable children are referred to counselling and therapeutic sessions, and offers home visits to families needing additional support. Workshops with school teachers, radio and TV programmes and community leaflets have helped to increase understanding about trauma and mental health, focusing on specific issues such as how to deal with children's fears, emotional withdrawal and bedwetting. The project also supports children with disabilities, including those children who were disabled during the war on Gaza.

“Here at the camp, we play and express our emotions and then we forget about all the fear.”

Shams, age 8

“One mother came to thank us, because her daughter now interacts and plays with her brothers and sisters and the neighbours and the other little kids in the neighbourhood. She no longer suffers from nightmares, or wakes in the middle of the night, or wets her bed.”

Psychosocial therapist, CTCCM





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THE WAR ON GAZA

On 27 December Israel launched 'Operation: Cast Lead' on the Gaza Strip.

Only 25 miles long, three miles wide and home to 1.5 million Palestinians, the Gaza Strip is one of the most densely populated places on earth. By the end of 2008, Gaza's population had already endured over a year of the blockade, a series of measures aimed at political and economic isolation through restrictions on the import and export of goods, the closure of border crossings, and cuts of the provision of fuel and electricity. With up to 80% of the population dependent on food aid, the situation in Gaza was already critical.

The Israeli operation began with a week-long air attack, which was followed by a ground invasion. After more than three weeks of military attack from the land, air and sea against the people of Gaza approximately 1,400 Palestinians were killed. Of these, more than 400 were children. More than 5,300 people have been left with serious injuries, many of which have resulted in disability, which will require long-term rehabilitation and support. During the bombardment and invasion, the population had nowhere to flee, and within Gaza, there was nowhere safe to go. Medical staff did not escape the carnage; scores were injured and paramedics were killed when ambulances were hit. Over 100,000 Palestinians were displaced, and the United Nations estimated the damage to infrastructure alone at USD 2 billion.

In the aftermath, reconstruction remains largely impossible given ongoing Israeli restrictions on the import of building materials and cement. The blockade is ongoing, deepening the humanitarian crisis for a population even less able to cope.

"You can have no idea what it feels like to be forced to leave home....is there any justice in this? It was in the middle of winter, and dead cold. We had to beg our friends and relatives and neighbours to be able to clothe the children."

Mother in Jabal al-Rayes area of Gaza, whose home and neighbourhood was completely destroyed. The family now lives in a tent, on the rubble of their destroyed home.

THE WAR ON GAZA – MAP’S RESPONSE

“Brilliant. This is top priority and really useful. Thank you to MAP for your help”

Tony Laurance, Head of Office for the World Health Organization in the occupied Palestinian territory, comments on MAP’s coordination role during the Gaza Crisis.

MAP’s permanent presence and experience working in Gaza for over a decade allowed us to respond effectively to a rapidly developing emergency. Robust emergency planning and preparedness ensured that we were well positioned to respond to the crisis. In order to prepare for emergencies MAP had developed a strong network of community-based partners across the Gaza Strip committed to responding impartially to community needs.

Our response unfolded in three phases.

Emergency Response saw the deployment of emergency surgical kits to hospitals, immediately after the initial airstrikes on 27 December. Simultaneously, MAP’s blood bank facility was mobilised. Released in the first hours of the crisis, these interventions provided direct support to boost the capacity of the existing health and medical infrastructure within Gaza. The surgical units enabled medical professionals to treat critically injured patients with readily available stocks of clean and appropriate equipment, disposables and drugs, helping to save seriously wounded Palestinians.

In the days that followed, MAP’s phase of **Rapid Response** focused on the coordination of vital aid into Gaza. MAP set up an emergency task force, including a pharmaceutical team, to sort out stock for the central drugs stores, which were near collapse. MAP established three main distribution centres across the Gaza Strip. This task force developed a medical equipment and spare

parts inventory in addition to emergency support to central drugs stores. As up to the minute and reliable information is critical in an emergency, MAP placed information officers in key hospitals, to report on individual hospital needs. Throughout the crisis, MAP worked closely with the World Health Organization, the International Committee of the Red Cross and others to share this information and thereby improve understanding of rapidly changing needs and emergency priorities.

As the fighting continued tens of thousands of Palestinians were internally displaced. MAP responded by delivering over 12,000 nutrition kits, hygiene kits and nappies for families. During the crisis, our community-based partners carried out local needs assessments, enabling us to respond effectively to the vast numbers of displaced families. Given MAP’s strategic focus on child health and disability, MAP prioritised these vulnerable groups during the crisis.

MAP has started the next stage of its response – initiating the **Early Recovery and Rehabilitation Programme**. In the aftermath of the assault, whole families are still left without homes or shelter, and a huge number of casualties will require intensive and immediate medical care. MAP, alongside our community and other partners, continues to respond to these critical needs, whilst initiating comprehensive training of community members and health professionals that will safeguard lives now and in the future.



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LEBANON

In Lebanon there are 422,188 United Nations registered Palestinian refugees living within a host population of roughly 3.9 million. In addition, there are some 35,000 non-ID Palestinians who are registered with the Lebanese authorities but not the United Nations, and then some 3,000 who are recognised by nobody. Some 52% of these refugees live in 12 United Nations refugee camps that are scattered throughout the country, while many live in 56 unofficial gatherings.

Palestinians constitute one of the world's most long-established refugee populations and they remain in limbo. The refugees in Lebanon live in the political shadow of events in the occupied Palestinian territory, while being buffeted by the flaws and complexities inherent in the Lebanese system. 2008 saw the 60th anniversary of the Nakbah. Generations on, Palestinian refugees and their descendents still face an uncertain future.

With the decline in confrontation between the government and opposition, Lebanon has experienced a period of calm and prosperity during 2008. Nevertheless violence has continued to spiral on the boundaries of the Palestinian refugee camps, a consistent reminder of how quick a descent into chaos could be if the political arrangements break down once more. As long as the Palestinian refugees live so close to conflict the very basis of their lives is in turmoil.

While some political progress has inspired an official Palestinian-Lebanese 'dialogue committee' and has resulted in the setting up of a Palestinian Embassy in Beirut, heavy restrictions for Palestinians continue. Palestinians are still not allowed to own land, nor erect any 'permanent' structure in Lebanon, nor work in any profession outside the camps, with the exception of manual labour in construction and agriculture. As ever, local NGOs and agencies struggle to match funding to the actual needs of Palestinians living in the country.

MAP IN LEBANON



MAP has been working in Lebanon for over 25 years. With an office based in Beirut and a history of excellent relations with local partners, MAP is able to channel effective emergency aid and longer term health support to vulnerable refugees living in the country. Key focus areas of the Lebanon programme include Maternal and Child Health and Disability, as well as Emergency Response and Post-Emergency Rehabilitation.

MAP works to achieve sustainable improvements in health by building local capacity and by working with households to address gaps in health services. By taking this approach, MAP has documented critical gaps in the provision of health services for vulnerable populations, especially women and children. To address these gaps, MAP has supported the development of several specialist advice clinics and outreach services. These provide screening services and diagnosis, so that health risks can be more effectively managed in situations where resources are inadequate and poorly prioritised. In running these services, we have designed a set of audit tools to monitor clinic practice and systematically review patient records. MAP thereby supervises the quality of care given, while addressing the training and development needs of health professionals.

We believe that it is important for individuals to see themselves not simply as victims of such constraints, but also to increase an understanding of how they can address their own health needs. To promote such understanding, MAP has developed a series of interactive electronic and board games for use in schools, youth centres and community groups. The game itself has relevance beyond the Palestinian refugees in Lebanon, as it uses social settings in which health risks and health-harming behaviours become apparent, and where choices have to be made.

MAP is also working with Palestinian and Lebanese NGOs to fund interventions and organisational development, especially in developing research capacity. This has enabled a greater level of participation from the local community and informed criticism of the services offered. Within its portfolio of projects, MAP is striving to pilot initiatives; the lessons learnt will be of relevance to larger service providers where initiatives could be scaled up to reach more people.

I visited Lebanon for the first time with MAP in 2008. What I witnessed was the terrible and worsening poverty of the refugee camps across the country. Less than a ten minute drive away from the fashionable shops and restaurants of central Beirut, hidden behind a glitzy new sports stadium, are the camps of Sabra and Shatila. Entering past bullet-pocked buildings, guardians of the camp's tragic history of wars and massacres, you arrive in what are essentially dangerously overcrowded slums. The camp's narrow alleyways are filled with hundreds of low hanging electricity cables and humming generators located next to communal water supplies that have all seen better days. All too frequently people are electrocuted.

Baroness Helena Kennedy QC

MAP IN LEBANON: PROJECT FOCUS

In 2007, the Nahr al-Bared refugee camp in northern Lebanon was almost completely destroyed in fighting between the Lebanese army and militant group Fatah al-Islam. In the 15 week battle, more than 400 people were killed, and up to 30,000 Palestinian refugees were displaced.

UNRWA Commissioner-General Karen Abu Zayd spoke of the rebuilding of Nahr al-Bared being "the largest project ever undertaken by the agency". Yet over two years after the camp's destruction, thousands remain displaced, waiting to be rehoused. Indeed the camp's foundation stone was only laid in early March of this year.

MAP is working to minimise the impact of the camp's destruction on maternal and child health, implementing home visits by a team of midwives to monitor the wellbeing of mothers and children living in inadequate temporary housing: shipping containers stacked on top of one another known as 'the barracks'.

Supported by Irish Aid, our project works alongside UNRWA to maximise access to an integrated maternal and child health care system.

MAP knows that improving a infant's chance of survival, health and development, particularly for children at risk, born either premature or with a disability, is dependent on the quality of the interaction between the parent and child. While refugees remain displaced in temporary housing, there is a continued negative impact on their health.

To ensure both success and sustainability, MAP's project utilises community-based health initiatives directed at pregnant women and infants. One of the core components – a community outreach nursing team comprising of midwives and nurses – is successfully working from a well-resourced clinic which provides adequate space for the variety of activities.



PALESTINIAN REFUGEES ON THE SYRIAN-IRAQI BORDER



Following the 2003 invasion of Iraq, the situation of Palestinian refugees inside Iraq became untenable. Inside Iraq, Palestinians suffer from the same insecurities affecting the entire Iraqi population, but are also specifically targeted with serious discrimination and acts of violence.

This vulnerability led many to flee their homes – approximately 2,700 Palestinian refugees found themselves trapped at two desert camps, both on and between the Iraqi-Syrian borders. The provision of emergency health services to these refugees has been both inadequate and inconsistent.

Both camps are characterised by tented accommodation, due to the fear that more solid structures would encourage permanent settlement, in what constitutes the most peripheral and unforgiving of locations. Given the harsh weather conditions – freezing cold in winter, unbearable desert heat in summer – and the regular threats from fires, snakes and scorpions, dwelling in a tented settlement is simply not a viable solution, even in the short-term.

During 2008, Medical Aid for Palestinians sent doctors to the camps to alleviate the ever-worsening medical conditions of the vulnerable Palestinians trapped there. Our project also included the provision of gynaecologist services for the women in the camps.

In July 2009 the United States agreed to resettle the majority of these displaced Palestinians, marking the largest resettlement ever of Palestinian refugees into America. This is a significant breakthrough towards a satisfactory outcome for these refugees. MAP will continue to highlight the plight of any refugees who are left behind as part of our mission to protect the health and dignity of Palestinians across the Middle East.

ADVOCACY AND RESEARCH



Medical Aid for Palestinians is firmly committed to engaging in advocacy, alongside its programmes in Lebanon and the occupied Palestinian territory, to highlight the reasons why our work is critical, and to lobby for change in policies impacting the right to health of Palestinians. Effective advocacy work is based on strong evidence and engagement with our partners, as well as building lasting alliances and partnerships with like-minded organisations and the communities in which we work.

MAP works to raise awareness and challenge the violations of the universal right to health,

which is threatened by conflict, prolonged occupation and displacement, as well as internal Palestinian power struggles. MAP advocates for Palestinian rights based on the experiences, evidence and voices of our partners in Lebanon and the occupied Palestinian territory. Over the last year, MAP has been both a signatory and a contributor to several critical statements and reports calling for action against harmful practice, violations of the right to health and wider violations of international humanitarian and human rights law.

LANCET SERIES ON HEALTH IN THE OCCUPIED PALESTINIAN TERRITORY

In March, The Lancet, one of the world's leading medical journals, launched a special issue on 'Health in the Occupied Palestinian Territory'. This important achievement was the culmination of over two years of research and work led by MAP's partner, Birzeit University's Institute of Community and Public Health. MAP worked in close partnership with the ICPH throughout this process. Following the official launch of the Lancet series at the Royal College of Paediatrics and Child Health on 4 March, MAP held a conference day entitled: *Health under Occupation; Health Under Fire*.

This conference highlighted the key findings of the Lancet series, with presentations from all lead authors. The conference also focused on more recent events in Gaza, from the health perspective, featuring presentations by the Head of the World Health Organization in the oPt, Physicians for Human Rights-Israel and Dr. Swee Ang, MAP founder and part of the first team of British doctors to enter Gaza after the ceasefire. Drawing together a diverse and international audience from the health, development and political sectors, this conference considered the key issues faced by Palestinians and how to take the recommendations of the Lancet series forward. MAP continues to support the capacity of local partners to initiate such important research, and sustain the momentum for policy change following the series.

COMMUNITY INVOLVEMENT

MAP supporters continued to respond generously to our fundraising efforts in 2008-09. At the same time the war on Gaza had a significant bearing on MAP's ability to reach out to new supporters. Individuals and community groups approached MAP, given our reputation as the organisation best placed to deliver effective humanitarian aid to the victims of the occupation and ongoing blockade.

Our Gaza Emergency campaign raised substantial funds, bringing MAP's total income from individuals to over £2.5 million for the year 2008-09.

The Christmas Appeal, raising over £200,000, showcased the hurdles Palestinians living in the Bethlehem area have to go through when they need to reach a health centre or hospital. During the Ramadan season MAP donors gave generously once again, and over £160,000 was raised for food parcels delivered to the poorest families in Gaza.

Furthermore, MAP supporters raised over £150,000 by organising various events, such as book sales, lunches, music concerts, film screenings and dinners across the UK and around the world.



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GAZA BENEFIT EVENING

Despite being organised in just twelve days, during the war on Gaza, the Gaza Benefit Evening brought together over 500 people, including prominent actors, comedians, musicians, media personalities, politicians and supporters. Samantha Morton, Yusuf Islam (formerly known as Cat Stevens), Bill Bailey, Juliet Stevenson, Jon Snow and Rageh Omar were among the high profile supporters who spoke about MAP's work, performed on stage and attracted front page media coverage in several national broadsheets.

The benefit took the audience on an emotional journey, with a short film and live feeds from MAP staff on the ground in Gaza, and from MAP founder Swee Chai Ang, one of the first British doctors to arrive in Gaza during the crisis. A simple dinner was served as the guests were brought together for a candlelit vigil in solidarity with the people of Gaza. The evening alone raised £250,000 for crucial life saving projects.

TREASURER'S REPORT

In the financial year ended 31 March 2009, MAP raised £4,529,000, net of fundraising costs (2008: £1,851,000). A significant factor for the increase was the Gaza Appeal, organised throughout the assault on Gaza (December 2008 – January 2009) when the charity raised in excess of £1.5m. In addition to raising more net income than the previous year, MAP was also able to increase its charitable expenditure by over 16% to £2,552,000 (2008: £2,190,000).

The charitable expenditure represents both the direct costs of delivering our programmes on the ground along with attributable support costs to meet the increasing needs of Palestinian people in the West Bank, Gaza and Lebanon. The charity's unrestricted funds, amounting to £1,675,000, are higher than the 2008 level (£1,129,000) but still include a designated amount of £300,000 for emergency situations. This is a healthy position and ensures that MAP is well-placed to maintain its support for the Palestinian people. The high level of both unrestricted and restricted funds at the year end gives MAP the financial resources to again increase its charitable expenditure in 2009 / 2010, with programme expenditure forecast to exceed £3.5m; an increase of £1m over the year to March 2009.

Voluntary income was substantially up from the previous year, this being largely due to the effect of the war on Gaza. MAP was approached by individuals, community groups, corporations and a variety of Trusts. The strategy to diversify and develop fundraising activities whilst continuing to increase our level of committed donors is proving successful. Despite the severity of the global economic downturn and a generally more difficult fundraising environment, income from committed giving showed a slight increase from the previous year.

MAP's website was redeveloped, becoming a valuable online source of donations from our supporters, particularly in the last quarter following the war on Gaza. In January alone there were over 20,000 visits to the website.

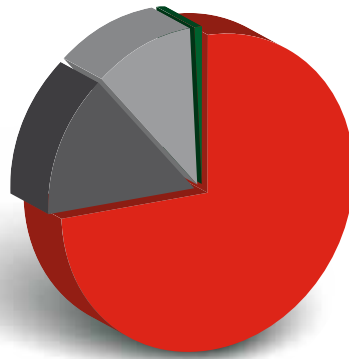
In the case of institutional income, it was reported last year that the Board has a strategic objective of building such institutional support which is a vital supplement to MAP's own income-generating activities. We are pleased to report that in the financial year ending 31 March 2009, quite substantial progress has been made and income of £547,000 was received (2008: £178,000). Irish Aid supported projects in Lebanon amounting to £191,000 and the European Commission, ECHO and the Scottish Department for International Development supported projects in the oPt for £356,000.

Over the past year, the aid environment in the occupied Palestinian territory has been beset with instability and complexity, juxtaposed with the continuing and overall deterioration in health services. However, in response to this situation, charitable expenditure in the oPt increased by 21% to £1,967,000 (2008: £1,626,000). Expenditure in Lebanon has also increased in the year, amounting to £585,000 (2008: £564,000).

The charity is encouraged that since the beginning of the new 2009/10 financial year, voluntary income is performing well and is exceeding budgeted expectations. MAP has an ambitious programme spend this year, much of which is devoted to the quality of healthcare in the Gaza Strip. The charity remains in financially good health and is well placed to deliver on a variety of humanitarian, health and emergency projects in the occupied Palestinian territory and Lebanon.

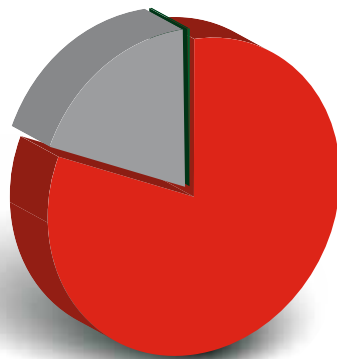
Martin Hughes BA (Hons) DipM MCIM MCIPR

TREASURER'S REPORT



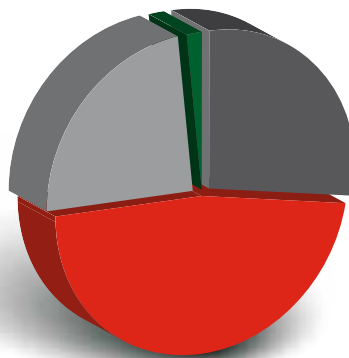
TOTAL INCOME 2008 – 2009

- Voluntary income
£3,814,000
- Events
£722,000
- Institutional and statutory income
£547,000
- Investment and other income
£31,000



TOTAL SPEND 2008 – 2009

- Programme expenditure
£2,552,000
- Cost of fundraising
£585,000
- Governance
£35,000



PROGRAMME EXPENDITURE BY REGION 2008 – 2009

- Gaza
47.3%
- West Bank
27.8%
- Lebanon
23.5%
- Syria & Iraq
1.4%

THANKS



MAP is extremely grateful to our wide network of supporters and volunteers, without whom our work would not be possible.

We are particularly grateful to our **many thousands of donors** who generously supported our appeals and make a regular commitment to supporting our projects. As this year marks the 25th anniversary of MAP it is appropriate not only to thank our new supporters but also to extend a very special thanks to our longer-term supporters. We look forward to strengthening our partnerships together in the years ahead.

This year saw dozens of **dedicated volunteers** and supporters coming to work with us both in the United Kingdom and in the field. In the UK, supporters gave their time fundraising in the community, providing critical funds for medical and emergency supplies for Gaza, helping us respond to the overwhelming support shown by the public.

In the occupied Palestinian territory, dedicated individuals worked tirelessly and professionally, providing additional support to our teams during the war on Gaza.

MAP would also like to thank our **Social Committee** and in particular Randa Pettifor, Dr Suha Galy, Lubna Fahoum, Rima Jabre and Sivim Anabtawi for their continuing commitment and support for our fundraising efforts over the past year. Their untiring support helped us to raise crucial funds and awareness of the Palestinian issue throughout our programme of events in the United Kingdom.

THANKS TO OUR INSTITUTIONAL DONORS AND CHARITABLE TRUSTS



This year has reaffirmed many longstanding partnerships with trusts and foundations whilst introducing a host of new and valuable funding relationships. MAP is fortunate to receive institutional support from all facets of the UK government and European Union, including substantial grants this year from ECHO, the European Commission, DfID, the Scottish Government International Development Fund and Irish Aid. Our work has also received generous support from the national unions Unite, Unison and NISPA.

Our ongoing relationship with the Said Foundation and Salam Ya Seghar provided crucial funds for child health in Gaza, whilst a broadening of our partnership with Trocaire enabled us to coordinate the influx of medical aid into the Gaza Strip in the months following the assault in January.

We were greatly impressed with the speed and solidarity shown by trusts in response to the war on Gaza; many responded within the first days, putting their funds to direct and immediate use.

Out of this response we are heartened by the development of what promises to be important long-term partnerships with trusts such as the Al-Khair Foundation, the Rufford Maurice Laing Foundation, the Altajir Trust, Fountain of Abundance and the Jerrahi Order of America, who provided us with much needed assistance during the darkest period of the year. These trusts continue to offer their support to ensure Gaza's early recovery.

Over 50 trusts came forward to offer their support to MAP's work this year, especially for Gaza Emergency Response, many without prompt or proposal. Their representatives have attended our events and pledged unrestricted funding to maintain MAP's work in the West Bank and Lebanon, with foresight and understanding that this long-term work must also develop and progress alongside our emergency projects. With the security of these partnerships, MAP's projects will go from strength to strength in the year to come.

MAP IS SUPPORTED BY THE FOLLOWING ORGANISATIONS

EUROPEAN COMMISSION



Humanitarian Aid



Al-Khair Foundation
 Altajir Trust
 Applegate Trust
 The Ashworth Charitable Trust
 The A & E Education Trust
 Battlers Well Foundation
 The Bernadette Charitable Trust
 The Breslaff Centre
 British Soviet Friendship Society
 Buckland Charitable Trust
 The B9 Trust
 B & P Glasser Charitable Trust
 The Calpe Trust
 Camphill Village Trust
 The Castleforth Trust
 Cheney Peace Settlement
 Claude Greenhill Trust
 The Cullis Charitable Trust
 DfID Department for International Development
 The Donald Randle Charitable Trust
 The Economist Group Charitable Trust
 Edward S Hogg Charitable Trust
 European Commission
 European Commission Humanitarian Aid (ECHO)
 The Esmee Fairbairn Charitable Trust
 The Eva Reckitt Trust Fund
 The Evan Cornish Foundation
 The Extension Trust
 E F Charitable Trust
 Fountain of Abundance
 The Fulmer Charitable Trust
 Garden Court Chambers
 Goldberg Family Charitable Trust
 Grut Charitable Trust
 G & H Roberts Community Trust
 Hewer Charitable Trust
 Highfields Trust
 Hilda & Alice Clark Charitable Settlement
 The Ian Mactaggart Trust

ICING

International Arab Charity
 The International Arab Women's Council Charities Fund
 Irish Aid
 Irish Medical Aid for Palestinians (IMAP)
 Islamic Ghous-Ul-Azam Charity Trust
 Jane Durell Charitable Trust
 Miss K M Harbinson's Charitable Trust
 The K W Charitable Trust
 Larissa Hardy Charitable Trust
 The Macedonian Charitable Trust
 The Mayfield Trust
 Mohammad Gulistan Khan Foundation
 Newman Charitable Trust
 Norfolk & Waverley Mental Health NHS Foundation Trust
 The Oliver Morland Trust
 Ombersley Conservation Trust
 The Penny Hammer Trust
 The Piedot Family Trust
 The Ploughshares Trust
 Portrack Charitable Trust
 P&W Webster Trust
 The Roy Tucker Charitable Settlement
 The Rufford Maurice Laing Foundation
 R & J Gardner Trust
 The Saxham Trust
 The Shamrock Charitable Trust
 Salam Ya Seghar Fund
 Saïd Foundation
 Scottish Government International Development Fund
 SC & ME Morland's Charitable Trust
 The Stuart King Trust
 Thames Wharf Charity
 The Three Gables Trust
 The Twitten Charitable Trust
 United Reformed Church Trust
 Wellington Charitable Trust
 Wishart Family Trust
 The Young-Holliday Charitable Trust
 1970 Trust



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