

# MAP

MEDICAL AID FOR PALESTINIANS

25 YEARS

## PROGRAMME REPORT 2010



## INTRODUCTION: ROBIN KEALY CHAIRMAN OF THE BOARD OF TRUSTEES



I am very pleased to introduce our annual Programme Report, which aims to bring our friends and supporters up-to-date with MAP's current and ongoing projects, as well as to report back on our work over the last year. This is a crucial publication for MAP as it allows us to demonstrate the diversity of our programmes, the strength of our local partners, and the tangible results that arise from long term planning, training and access to health services.

Among our achievements over the year is the success of our Maternal and Child Health programme in Lebanon which has now been replicated from the refugee camps of north Lebanon to those in the south. In January, we brought Palestinian doctors, nurses and engineers from the West Bank to hospitals across the UK as part of an exposure visit to shape the design of new burns units and protocol for burns treatment across the occupied Palestinian territory. One year on from the war on Gaza we have revised our emergency plan based on lessons learned during our response to the crisis, and are subsequently beginning a new programme of pre-positioning medical and shelter items, which proved so valuable during the earliest days of the assault.

In the UK we have had an extremely busy start to the year with high level meetings at Downing Street advising on the impact of Israel's blockade of Gaza. Additionally, the inauguration of MAP's recent short film series marks the launch of a new arm of our Advocacy and Communications programme, which offers an interactive means of reaching new audiences across the world.

For our staff, partners and the communities we work with, it has been a year of further frustrations and deepening crisis with the problems of access into and out of Gaza, movement restrictions across the West Bank, and the long drawn out isolation of the refugee communities in Lebanon and across the Middle East.

This report describes a fragile environment which exposes high levels of risk to those that live and work in the region as they strive for a better future. It also displays a strong sense of purpose and hope. With the right support Palestinian communities will be able to build on the resilience and inner strength that will enable them to provide for the needs of their own people.

I hope you will be inspired to join us in turning these hopes into reality.



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## FOREWORD: RICHARD HORTON, EDITOR-IN-CHIEF OF THE LANCET



**Richard Horton (BSc MB FRCP FMedSci) is the Editor-in-Chief of the Lancet. The Lancet is one of the world's leading medical journals and is an independent and authoritative voice in global medicine. MAP played a lead role in the production of the Lancet series on 'Health in the occupied Palestinian territory' published in March 2009.**

The Palestinian health system is suffering from chronic de-development; after so many decades of occupation and conflict, the needs of the population grow ever greater whilst the tools for response are being steadily eroded.

While initiatives within the Palestinian health sector have successfully taken root over the years, these remain fragile in the face of so many obstacles. One of the lesser-acknowledged casualties of the recent war on Gaza at the beginning of 2009 was the health sector and with it, many of its workers. This violence hit services and institutions that were already struggling to respond to the urgent needs of a population of 1.4 million. In addition, the blockade continues, and has been responsible for the slow reversal of many health improvements, painstakingly achieved by a community with few resources and many restrictions.

Gaza has been plunged into a deepening humanitarian crisis, marked by displacement, destruction of property, lingering insecurity and, overarching all these factors, a consistent violation of human rights. In the West Bank, the health system remains disjointed and inadequate, facing a solid wall of restrictions that has taken its toll on health and living standards. In Lebanon, six decades of displacement have left a community isolated and marginalised. The harsh environmental, political and social conditions of refugee camp life leave the population vulnerable, exposed to an aggravated poverty brought about by exclusion from social services and employment.

MAP has taken the opportunity, open to all international agencies, to draw on and support Palestinian self governance within their programmes. There is a real need for the international community to take an active interest in strengthening local health capacity in the occupied Palestinian territory and within the refugee communities. MAP's emphasis on true partnership throughout its programmes has enabled a balanced and flexible approach, with a strong link between emergency work and long term health development. A focus on health education, research and specialist training programmes will support the production of local knowledge and skills to solve local problems. This is the bedrock of a thriving Palestinian health system that can feed into national, regional and global health agendas. This is also the foundation of self-determination for Palestinians who can begin to move away from reliance on international aid and build up networks to better protect their own communities.

This year's Lancet series on 'Health in the occupied Palestinian territory' was a single illustration of the productive relationship that can arise from collaboration between Palestinian and international researchers; health agencies and professionals, and community organisations. There is a need to bring discussions about the Palestinian right to health into the mainstream. We have a responsibility to open up dialogue about the protection and advancement of Palestinian health within the context of the universally accepted principle that international law protects the right to the highest attainable standard of health for all. It is up to the international community to protect this cornerstone of international law.

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## PROGRAMME OVERVIEW



## MAP IN THE OCCUPIED PALESTINIAN TERRITORY



**MAP is working with communities who are consistently denied the basic right to health, be it in terms of access to services, clean water, or safe physical environment. With increasing political, social and economic instability Palestinians have little control of their lives and much less their own security and health. In this context MAP works to support locally led initiatives which seek to mobilise communities to help themselves. We support communities and health providers to look for ways to increase the quality and access of local services to be responsive to community needs.**

In the West Bank where the Separation Wall and a network of checkpoints cut communities off from basic health services, MAP supports mobile health teams through local partners. Home visits by health professionals and community health workers can offer practical and realistic ways of reaching marginalised communities. Training, skills sharing and the development of volunteer networks, help local communities build capacity and greater awareness to address longer term health needs.

In the Gaza Strip where there is an ongoing chronic emergency situation, MAP's work is more focussed on strengthening emergency services, including:



life-support training; blood donation services, and provision of essential drugs and equipment to maintain hospital services. MAP also continues to support community based psychosocial support programmes and child health nutritional programmes through our community partners.

Health and humanitarian assistance in the oPt is vulnerable to changing local and international political agendas. Our commitment is therefore to provide consistent and impartial support to communities in need. MAP is also committed to increasing the effective use of resources and directly supports aid coordination mechanisms, research, assessment and evaluations at local, national and international level.

Kathy Al Jub'eh

## MAP IN LEBANON



**MAP has been increasing access to healthcare for vulnerable refugee communities in Lebanon for over 25 years. We understand the need for long term development of quality services to improve the health and wellbeing of the Palestinian refugees.**

Integration between agencies in health, education and social support is the cornerstone of our approach in Lebanon. By joining up services and understanding synergies, support can be streamlined and the impact can reach far deeper into the most vulnerable sections of these communities. MAP works with United Nations Relief and Works Agency (UNRWA), NGOs and private care providers to promote early screening to catch problems before they escalate, as well as lobbying for affordable diagnostic and clinical services.

MAP is supporting community outreach services, which brings home based support to families. With our local partners, we are able to respond quickly and directly to the complex social and medical needs that face Palestinian refugees living in the camps. This work is underpinned by a durable programme of health education which will improve awareness and standards of health for years to come.

The destruction of Nahr al-Bared refugee camp over three years ago, shattered the community, destroyed the infrastructure and left over 30,000 people without homes. The reconstruction has been continuously delayed, with negotiations stalling at every hurdle. As the large refugee community suffer yet another winter in cramped and cold temporary shelters, they continue to ask how temporary is temporary? MAP's support to this community must therefore respond to the immediate needs of those who live in displacement, whilst continuing to work towards sustainable long term health development. By supporting local partners to develop and improve the quality of their services MAP can help to ensure effective yet affordable preventive healthcare.

Rehana Kirthisingha



## OUR ADVOCACY WORK



**"The Lancet series detailed a fragmented, faltering Palestinian health system. Yet it also illustrated the strength and experience of Palestinian practitioners and academics working in the field. Indeed, despite the hostile environment, innovation in improving access to health and quality of care can be widely found in communities across the occupied Palestinian territory. Where services and institutions have thrived against all odds, international agencies must offer the extra investment needed to protect them."**

**Professor Graham Watt,** contributor to the Lancet, Professor of General Practice at Glasgow University and MAP Trustee

MAP's overarching aim is to safeguard the right to health for Palestinians across the region. Our humanitarian and development work must go hand in hand with a strong commitment to understanding and challenging the root causes of the crises we respond to.

The blockade of Gaza has placed many civilian lives at risk and continues to delay and deny essential and routine medical supplies. As Gaza's hospitals are less able to cope, further restrictions and delays are placed on patients seeking medical treatment outside of Gaza. In the West Bank, the ongoing construction of the Separation Wall, the settlement infrastructure and the hundreds of checkpoints compromise the right to health in terms of accessible, affordable and appropriate services.

It takes time to change attitudes and even longer to change systems. Therefore advocacy is an ongoing process aimed at raising public awareness about issues and building strong networks of likeminded organisations and individuals. For MAP, advocacy work can sometimes be public and involve the media, while at other times it can be more effective lobbying governments and policy makers behind the scenes.

Through a diversity of channels, MAP continues to advocate for an end to policies which threaten the rights and lives of the Palestinian population, based on strong evidence and on the experiences and voices of the communities we work within.

MAP's ongoing partnership with Birzeit University's Institute of Community and Public Health (ICPH) offers support to a faculty that is highly effective in carrying out research and influencing policy. A significant part of our work with the ICPH will be increasing its capacity to effectively take forward the findings of the recent Lancet series on 'Health in the occupied Palestinian territory'.

Andrea Becker



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## THEMATIC OVERVIEW



## PROMOTING MATERNAL AND CHILD HEALTH

In Nahr al-Bared refugee camp, 5% of babies die during late pregnancy, childbirth or in the first month of life. This is ten times higher than in the UK.



**Even when living conditions are poor and overshadowed by conflict, the basic provision of well-trained health staff and open access to health services and advice can reduce unnecessary risks to women and children and offer them the best possible chance for a healthy life.**

Home visits from well-trained health professionals can provide a unique opportunity to build trust and offer tailored guidance on family planning, pregnancy, and childcare. In Nahr al-Bared refugee camp in Lebanon, MAP's community nurses and midwives are supporting a young and vulnerable maternal population with many mothers under 18 years of age; the youngest just 14 years old. Newborns and infants are at risk from frequent bouts of illness and infection including viral hepatitis, intestinal infestations and diarrhoea, which are worsened by poor living conditions. 5% of babies in the camp die during late pregnancy, childbirth or in the first month of life. This is ten times higher than in the UK.

MAP is directly implementing a programme that responds to risks to Maternal and Child Health in Lebanon through three integrated outputs: by monitoring the health of mothers and their children in their homes allowing nurses to spot risks and problems before they develop; by working with UNRWA and other health providers to improve access to swift care and treatment for those at risk; and by engaging

with mothers through a programme of health awareness that is relevant and accessible to them. Something as simple as assistance with breastfeeding can directly improve levels of nutrition for infants at risk.

Where needed, MAP also provides additional clinical services. In the West Bank, across the Jordan valley, MAP is supporting women and children in 26 Bedouin communities living in remote rural encampments, which lack the most basic infrastructure of electricity, water and sewage treatment. With our local health partner, Islah Charitable Society, MAP provides a fully equipped mobile health clinic, which travels to the encampments with a team of health workers to provide monthly check-ups and Well Baby clinics.

In Gaza, MAP is providing Advanced Emergency Obstetric training and Neonatal Life Support training for hospital staff alongside the establishment of an emergency obstetric and neonatal care unit at Al Awda hospital in Jabaliya refugee camp. Four satellite hospitals across Gaza have also been equipped as neonatal units in cooperation with UNFPA and UNICEF and supplied to provide advanced emergency maternal and newborn care. MAP is also working towards an emergency obstetric plan for the Gaza Strip to increase the chances of survival for newborns and mothers left vulnerable during crisis.



### MOBILE HEALTH CLINICS FOR BEDOUIN COMMUNITIES

**Local partner:** Islah Charitable Society

**Project summary:** The project provides mobile health clinics and community health training to reduce health risks for Bedouin women and young children in nomadic encampments in the Jordan valley.

**Beneficiaries:** 26,000 persons from Bedouin communities in 26 nomadic encampments and 11 sedentary villages

**Geographical location:** Jordan Valley, West Bank



### COMMUNITY MIDWIFERY AND HOME BASED SUPPORT FOR REFUGEE MOTHERS

**Local partner:** MAP, in conjunction with UNRWA

**Project summary:** Community Midwives are trained with the necessary nursing skills to offer support to pregnant women and vulnerable infants within their home environments and identify antenatal and postnatal risks.

**Beneficiaries:** 5,000 refugee mothers per year

**Geographical location:** Nahr al-Bared refugee camp, Ein el-Helweh and the surrounding refugee gatherings, north and south Lebanon



### MATERNAL AND CHILD HEALTH CLINIC FOR DBAYE REFUGEE CAMP

**Local partner:** Popular Aid for Relief and Development (PARD)

**Project summary:** To improve medical services for women and families through access to a specialist clinic, social workers and health professionals including a urologist, gynaecologist, psychologist and paediatrician.

**Beneficiaries:** Over 500 mothers and children from the refugee camp population

**Geographical location:** Dbaye Refugee Camp, Lebanon



### INCREASING SAFE CHILDBIRTH IN THE GAZA STRIP

**Local Partners:** UNICEF and UNFPA

**Project Summary:** To develop hospital capacity for ensuring effective emergency maternal and newborn care in Gaza.

**For full details of this project see 'Focus: MAP in Gaza' on page 27**

## SPOTLIGHT: AN INTERVIEW WITH DR ALI DAKWAR, MCH PROJECT COORDINATOR, MAP



Dr Ali Dakwar left Palestine for Lebanon in 1948 as a two year old child. His life as a refugee took him through UNRWA schooling to a degree in medicine in Moscow. He later returned to UNRWA as its Chief Field Officer for Health, a position he held for eighteen years. During the last two years, Dr Ali has brought this wealth of experience to MAP as Project Manager of our Maternal and Child Health programme in Lebanon, which started in Nahr al-Bared refugee camp, in the north and has now rolled out to the Saida area in the south.

*"Pregnant women, nursing mothers and newborn infants constitute the most vulnerable groups in the Palestinian refugee community. Their health and survival is threatened by poor living conditions. The low level of services in hospitals is a major threat to maternal and child health. A severe shortage of neonatal equipment, such as monitors and incubators has lead to unnecessary infant deaths."*

*In Ein el-Helweh and in Nahr al-Bared camps, Palestinian refugees in Lebanon rely on UNRWA for its health services, but UNRWA does not provide the fundamental community outreach service of home visiting. Home visiting is important because it allows time to listen, examine, and follow up with mothers and their children who are living in risky conditions."*

**"Home visiting is important because it allows time to listen, examine, and follow up with mothers and their children who are living in risky conditions"**

*A woman seeking support at an UNRWA clinic is given just three to five minutes. MAP's home visits offer 30 minutes to one hour with each patient, allowing the health visitors to build a trusted relationship with the family and identify problems in the home and in the community that are affecting the mother and child. These factors are often invisible during a monthly five minute visit to a clinic.*

*One pregnant woman who recently came into the MAP clinic was 35 years old and had eight children. All of them live in a single 16m<sup>2</sup> container. The woman had been diagnosed with pre-eclampsia, which is a dangerous pregnancy complication that can affect both the mother and the unborn child. During a home visit, one of our midwives found that she had very high blood pressure and brought her into the clinic. She was hesitant to go to hospital, however staff advised her that unless she let us help her get to hospital immediately her life would be in danger and she may lose her baby. She went immediately. A caesarean was performed that day and the baby was born safely. Now she and her baby are in good health and supported by MAP's services. This is one example of how two lives were saved through home monitoring and through swift referral to hospitals and clinics."*



## SPOTLIGHT: AN OVERVIEW FROM MAGGIE PRESTON-KENT, CONSULTANT NURSE, MAP

**"MAP is taking a lead in developing maternal and child health services that can make a difference for vulnerable young families living in the refugee camps in Lebanon"**

The overarching aim of our programme is to successfully reduce the main preventable causes of poor maternal and infant health. This involves access to quality local healthcare services, backed up by solid health information systems and community collaboration. This approach moves away from responding to emergency need and moves towards the development of sustainable healthcare that can make a difference to the everyday health and wellbeing of mothers and infants. At the end of the day, safe childbirth and good maternal and child health for Palestinian refugee populations will remain illusive concepts if poorly resourced health systems are allowed to continue to deliver poor quality services.

Long term impact would not be possible without a community approach. Outreach teams of midwives are recruited and trained by MAP to address major problems such as anaemia, infections and high risk pregnancies, as well as offering nutritional supplements and assisting mothers with breastfeeding. A further outreach team of Community Mothers are recruited from within the community.

These mothers receive training on how to reinforce key health messages through community activities and a programme of home visiting to young inexperienced mothers. The outreach teams work very closely with UNRWA, with MAP supporting the development of UNRWA through a programme of training on clinical management. MAP's model of Maternal and Child Health will in time be mainstreamed into UNRWA services.

### "PLOT 23"

'Plot 23' refers to an area of temporary dwellings that have been built outside the perimeters of the destroyed refugee camp of Nahr al-Bared. The area is home to approximately 8,000 people.

The Plot is located on a small hill of loose dark earth close to the sea. The shelters are basic 16m<sup>2</sup> one room structures built out of tin roofs, concrete floors and breeze block or aluminium walls. Families of up to eight people live in these one room shelters as they wait to be rehoused.

There are no health, education or community services in Plot 23. Survival rates and morbidity rates for high risk infants are compounded by harsh living conditions, limited nutrition and poor hygiene, lack of access to nursing services and neonatal consultants.

MAP seeks to minimise the impact of poor shelter and poverty on the health and wellbeing of these families.

 Area of Nahr al-Bared destroyed in 2007



Source: Preliminary Master Plan and Guidelines for the Reconstruction of Nahr el-Bared Palestine Refugee Camp, UNRWA

## LOCAL STRATEGIES FOR LONG TERM PSYCHOSOCIAL HEALTH

MAP prioritises support to established local agencies in the field who have built up trust and experience in working through trauma within their own communities



**Psychosocial health can not be achieved by short term international aid programmes. It must be achieved through a commitment to long term, locally developed strategies.**

Within Palestinian communities in both the occupied Palestinian territory and in Lebanon, there has been a chronic compounding of trauma from one generation to another. MAP prioritises support to established local agencies in the field who have built up trust and experience in working through trauma within their own communities. It is essential that psychosocial programmes are led by local practitioners who speak the language and have the understanding of the nuances of the culture in order to develop community resilience and well being.

In Lebanon and the West Bank, MAP is working directly with mothers to provide opportunities for shared understanding of their health and that of their children and to help them manage under difficult circumstances. With our local partner, the Mothers' School Society, and through our Community Mothers programme in Lebanon, MAP aims to develop coping mechanisms within the community and draw on the principles of peer support to improve psychosocial health for families exposed to military occupation and displacement.

Given the intensified stress, fear and tragedy that the military assault brought to the lives of children across Gaza, it is more important than ever to ensure that local partners have the resources they need to continue with consistent programmes of support. MAP is working with partners to provide therapeutic activities for over 10,000 children. In the Deir al-Balah district of Gaza, our project has a specific focus on the integration of children with and without disabilities. Children are engaged in shared activities such as theatre, dance, art, crafts and computer courses. Through our local partner, the Community Training Centre for Crisis Management (CTCCM), relaxation and communication techniques are introduced to help children express their feelings and identify issues. Community workshops offer parents a chance to share understanding of how to protect their children's psychosocial health and cope with behavioural problems.





### COMMUNITY SUPPORT FOR REFUGEE MOTHERS

**Project summary:** To develop a team of Community Mothers to offer psychosocial support for pregnant women and mothers, offering practical advice on breastfeeding and birth spacing as well as becoming advocates of health awareness in the family.

**Beneficiaries:** 5,000 refugee mothers

**Geographical location:** Nahr al-Bared refugee camp, Ein el-Helweh and the surrounding refugee gatherings, north and south Lebanon



### A SHARED PSYCHOSOCIAL PROGRAMME FOR CHILDREN WITH AND WITHOUT DISABILITIES

**Local Partner:** Deir al-Balah Rehabilitation Society (DBRS)

**Project summary:** Psychosocial support for children who are suffering from the long term effects of stress disorders in the Gaza Strip. Through participation in recreational activities, drama and art therapy, counselling sessions and summer camps, the children can enjoy a safe environment for play and learning.

**Beneficiaries:** 500 children

**Geographical location:** Deir al-Balah, Gaza Strip



### PSYCHOSOCIAL ACTIVITIES AND SUMMER CAMPS FOR VULNERABLE CHILDREN

**Local Partner:** Community Training Centre for Crisis Management (CTCCM)

**Project summary:** To support children and their parents to effectively manage the feelings of anxiety, and fear associated with the war on Gaza and the blockade through supported recreation and summer camps as well as referral to counselling and home visits for injured children.

**Beneficiaries:** 10,200 children and 4,080 parents

**Geographical location:** Khan Younis, Middle Area, and the Gaza City



### PRACTICAL SOLUTIONS FOR WEST BANK MOTHERS AND THEIR CHILDREN

**Local Partner:** The Mothers School Society

**Project Summary:** To reduce the negative effects of military occupation on women and their children through workshops and shared learning of how to effectively manage stress and emotional problems, as well offering practical solutions to problems, such as nightmares, bedwetting, increased aggressiveness and hyperactivity that affect their children.

**Beneficiaries:** 3,800 mothers and children

**Geographical location:** Nablus District of the West Bank

## RAISING STANDARDS OF REPRODUCTIVE HEALTH

**Good reproductive health education can powerfully affect the control adolescents have over their own lives, their health and fertility.**



**A focus on long term reproductive health programmes coupled with community outreach offers a chance to build trusting relationships and tackle the important yet sensitive issues that inform both freedom of choice and good health.**

In Lebanon, Palestinian refugees have very little access to reproductive health services or information. Despite the tendency towards young motherhood and big families, there is scant awareness of the risks or the choices available. Harmful behaviour can be encouraged by a lack of factual guidance and by the repression of dialogue around important health issues.

Promoting awareness and changing behaviour is crucial in raising standards of reproductive health. In partnership with MAP, local NGO Naba'a sends nurses into schools to teach students about the prevention, detection and management of problems. Good health education can powerfully affect the control adolescents have over their own lives, their health and fertility.

The availability of clinical services is poor. In Ein el-Helweh camp for example, one doctor regularly sees over 50 patients in the space of a few hours; it is simply not long enough to give good quality care.

With MAP's support, Naba'a operates an open clinic in Ein el-Helweh and Rashadiyah camps six days a week which is staffed by two doctors, a urinary tract specialist, a nurse, a counsellor and a community health worker offering home visits throughout the camp.

Whilst reproductive health is a universal concern, it is of particular importance for women. Palestinian women regularly have as many as eight to ten children. There is a real need for education about the importance of family planning, as well as support for women who tend to bear the weight of responsibility for child care. MAP works with the Palestinian Women's Humanitarian Organisation (PWHO) to provide confidential health services and support for women in the Lebanon camps, from puberty to menopause.





## WELLWOMEN SERVICES IN THE BEIRUT REFUGEE CAMPS, LEBANON

**Local Partner:** Palestinian Women's Humanitarian Organisation

**Project summary:** To address the systemic causes of poor women's health in the refugee camps of Beirut through the establishment of two clinics staffed with community nurses, a urologist, a physiotherapist, and a gynaecologist offering medical screening, diagnosis and referrals, whilst providing confidential services, psychological counselling, and community based social services for all women. Issues such as early marriage, birth spacing, anaemia, osteoporosis, cancer and self check-ups, post natal depression, and the management of menopause are addressed through community workshops.

**Beneficiaries:** 1,400 refugee women

**Geographical location:** Bourj al-Barajneh and Shatila refugee camps of Beirut



## ADVISORY CLINICS ON REPRODUCTIVE HEALTH ISSUES

**Local Partner:** Naba'a – Developmental Action Without Borders

**Project Summary:** To improve reproductive health outcomes for the Palestinian refugee population by enabling access to confidential advice and treatment service, as well as training and awareness campaigns through schools and youth groups. The clinic will screen patients referred by community nurses, whilst offering referrals for tests, gynaecologists services and ultrasound imaging, treatment of infections as well as access to psychological services through specialist referrals. The project forms part of a local consortium promoting positive behaviour and attitudes towards reproductive health.

**Beneficiaries:** 4,500 refugee youth, men and women

**Geographical coverage / location:** Ein el-Helweh and Rashadiyah refugee camps

**"Not only do I deliver reproductive health awareness classes but often during home visits I arrange activities for the children, allowing mothers more time and space to ask questions and focus on themselves. Often problems like high rates of anaemia are discovered through such home visits. I work with the clinics and doctors to provide a holistic hybrid approach to patient care. We make sure that we track the health of our patients; everyone has their own computerised records and we follow up visits with checkups and feedback sessions."**

Susana – community health worker, Naba'a

## **KNOWLEDGE INTO ACTION: HEALTH DEVELOPMENT THROUGH TRAINING**

**A year on from the devastating military assault on Gaza, training offers a progressive means of moving away from emergency and towards the emergence of a stronger healthcare system.**



**By sharing skills, information and professional standards through training, international humanitarian agencies can help to open up promising avenues towards raising quality of care and securing the right to health.**

Since its establishment in Lebanon in 1984, MAP has been working towards skills sharing and training. Throughout our programmes, there is a strong focus on engaging with local partners and practitioners through training on key issues such as child development, psychosocial, maternal and child health.

MAP is in the position to be able to facilitate an international exchange of learning. With our partner, International Medical Education and Training (IMET 2000), MAP recently organised an exposure visit for a core team of Palestinian doctors and nurses to the UK's major Burns Units. This formed part of a Palestine-wide programme to introduce burns training in Gaza and the West Bank, where current capacity is inadequate. A year on from the devastating military assault on Gaza, the 'Training of Trainers' course in Primary Trauma Care that has been introduced in partnership with the UK-based Primary Trauma Care Foundation offers a progressive means of moving away from emergency and towards the emergence of a stronger healthcare system.

The development of accredited diploma and certification schemes offers Palestinian practitioners and health workers a chance to work towards a recognised set of standards and practices. In Lebanon MAP has established a professional Community Nursing qualification for a diverse range of practitioners including midwives, paediatricians, geriatricians, nutritionists, and social care specialists. This diploma will strengthen the role of home visiting in the community and ensure that the visiting practitioners have the full range of knowledge and skills they need to provide high standards of care.

In the West Bank, our joint diploma in Palestinian Child Health with the Royal College of Paediatric and Child Health (RCPCH), implemented through local partner, the Juzoor Foundation for Health and Social Improvement, covers the whole range of child health. During each 18 month programme, participating doctors and nurses are trained in the management and prevention of acute and long term illness, emotional difficulties and disability. The emphasis is on self-directed learning, supported through tutorials facilitated by local Palestinian paediatricians.



### PALESTINIAN CHILD HEALTH DIPLOMA, WEST BANK

**Local Partner:** Juzoor Foundation for Health and Social Improvement

**Project summary:** To offer systematic training in child health for doctors working at various levels of the Palestinian health sector towards a Diploma in Child Health, overseen by the RCPCH and developed specifically for the region. Each 18 month training course is attended by approximately 20 doctors and nurses.

**Beneficiaries:** Children receiving services at the primary care centres served by the qualifying health professionals.

**Geographical location:** Training based in Ramallah with benefit across the West Bank



### VOCATIONAL TRAINING FOR COMMUNITY NURSING IN LEBANON

**Project summary:** To develop professional community health services in Lebanon through the provision of a vocational qualification applicable to different healthcare professionals such as midwives, paediatricians, geriatricians, nutritionists, and social care specialists.

**Beneficiaries:** Over 300 community health workers and social workers and their patients

**Geographical location:** Ein el-Helweh refugee camp and the surrounding area



### TRAINING FOR THE FUTURE IN GAZA

**Local Partners:** Primary Trauma Care Foundation (PTCF) and International Medical Education & Training (IMET)

**Projects summary:** To offer specialised training to strengthen the treatment of burns and primary trauma care in the Gaza Strip

For full details of these projects see 'Focus: MAP in Gaza' on page 26

**"This year, the RCPH and MAP were proud to congratulate the first wave of graduates from our joint 'Palestinian Child Health' Diploma. At the end of this first course, it is clear that the diploma will successfully build both expertise and friendship whilst opening up channels for further health education in the oPt."**

**Dr Tony Waterston, (RCPCH)**

## TOWARDS THE REALISATION OF RIGHTS AND DIGNITY: A HOLISTIC DISABILITY PROGRAMME



Throughout MAP's disability work there is an emphasis on opening up opportunities, stimulating local initiatives and upholding self-determination.

MAP is committed to developing a social and rights-based approach that builds on the capacity of people with disabilities to know their rights and become agents of change within their communities.

MAP is investing in a Community Based Rehabilitation (CBR) programme in the West Bank and Gaza. CBR focuses on changing attitudes and behaviour towards disability within the community, promoting social inclusion and rendering services more accessible. The Qabatiya Rehabilitation Society has over 16 years of experience working in the community, and is now partnering with MAP to develop its services.

Improvements to its community centre in the Jenin district of the West Bank will offer an inclusive space where children and adults with disabilities and their carers can meet, socialise, receive support and run activities. The centre will be redeveloped to host a safe play area and a sensory room to support recreation, therapy and relaxation.

We are also supporting Al Asdiqaa, a local organisation in Rafah in the south of Gaza, which is an area that has a particularly poor level of services for the number of people with disabilities. The quality and diversity of services will be improved alongside increased advocacy, training for parents and community members, adaptation of houses and public buildings, home visits and the distribution of assistive devices and technical aids.

Building on our work with the refugee communities in both the north and the south of Lebanon, we provide home based support and access to physiotherapy services. A key focus of the programme is the integration of children with disabilities into mainstream education and after school activities.

Throughout MAP's work there is an emphasis on opening up opportunities, stimulating local initiatives and upholding self-determination through projects where Palestinians with disabilities are the main actors and can take ownership of their own health and their own futures.



### COMMUNITY REHABILITATION FOR PEOPLE WITH PHYSICAL DISABILITIES

**Local partner:** Al Asdiqaa (Friends Association for People of Special Needs)

**Project summary:** To provide integrated community rehabilitation services for people with physical disabilities in Rafah through the provision of home adaptations and home therapy visits, the establishment of a disability coordination body and increasing access to public places.

**Beneficiaries:** 1,200-1,500 people with disabilities, 100 family members and 200 community members.

**Geographical location:** Rafah, southern Gaza



### ACTIVE PARTICIPATION IN THE COMMUNITY

**Local partner:** Qabatiya Rehabilitation Society

**Project summary:** To improve the quality of life of children and adults with disabilities through the upgrade of a community rehabilitation centre to include a sensory room, toy library and learning space, as well as the development of physiotherapy services, home visits and an extended volunteer support network.

**Beneficiaries:** 120 children and adults with disabilities and 60 volunteers

**Geographical location:** Qabatiya village, Jenin Governorate, West Bank



### IMPROVING ACCESS TO DISABILITY SERVICES

**Local partner:** Palestinian Women's Humanitarian Organisation

**Project summary:** To support people with disabilities through access to physiotherapy, occupational and speech therapy services. The project will improve access to regular health services and expand opportunities for social integration within the community, including assistance for children with disabilities to access educational opportunities.

**Beneficiaries:** 2,390 people, including 676 children

**Geographical location:** El Buss and Bourj al-Shamali camps and refugee gatherings in Tyre, South Lebanon



### ACCESS TO MAINSTREAM EDUCATION

**Local Partner:** Community Rehabilitation Centre (CRC)

**Project summary:** To build up the capacity of the Community Rehabilitation Centre to provide regular therapy and specialist services, with a specific focus on access to education for kindergartens and school children with disabilities.

**Beneficiaries:** 750 refugees including 122 children, youths and their families

**Geographical location:** Nahr al-Bared camp, north Lebanon

**MAP IN GAZA**



## SPOTLIGHT: JOHN GING, HEAD OF UNRWA GIVES AN OVERVIEW OF GAZA IN CRISIS



On Saturday 12 December 2009, Andrea Becker, MAP's Head of Advocacy, met with John Ging, Director of UNRWA Operation in Gaza to discuss the situation one year on from Operation Cast Lead (the war on Gaza). The following extracts from Mr Ging's comments during that conversation provide an overview of the ongoing challenges and deteriorating socio-economic conditions in Gaza.

*"The situation in Gaza at the moment is unbearable for the civilian population. In terms of the infrastructure, the place is a complete mess. There is no economy. 80% of the population depend on handouts of food, and suffer the indignity that goes with that. The medical facilities are under massive strain. The water and sanitation system is deplorable. Only 10% of the water in Gaza is fit for human consumption according to WHO standards. 80 million litres of untreated or partially treated sewage is pumped out into the sea every single day. In terms of psychological health, you have 1.5 million people confined to a small space with no freedom of movement and no prospects of any freedom."*

*The siege on Gaza has been in place now for over two and a half years and it essentially restricts all items coming into Gaza, with the exception of some food and medicine.*

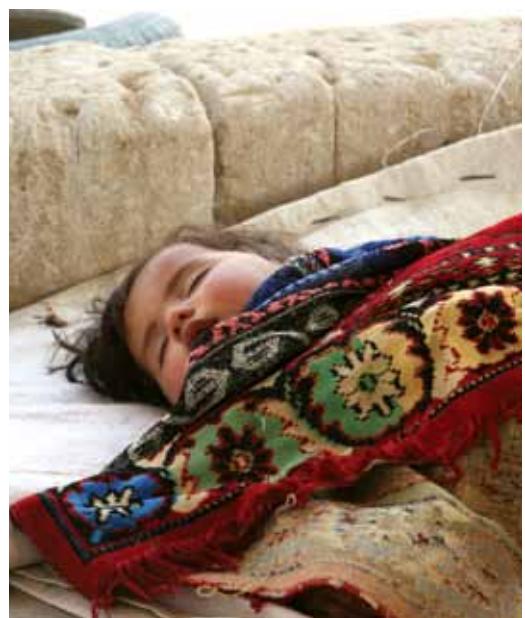
*If UNRWA wants to bring in materials for schools or equipment for medical centres we have to negotiate and all that is getting in here is a trickle. We are getting in about 20% of what we were getting in before the siege and the result is a phenomenal amount of misery and hardship.*

*I don't like to describe the Gaza Strip as a prison because it is not fair to the Gazans. If they were in a prison in Western Europe, the water would be drinkable, the sanitation system would work, they would get three full meals a day and, in fact, people would be concerned about their educational and recreational services. Here in Gaza they don't have drinkable water readily accessible, they don't get three good meals a day because the UN can only afford to give them five basic food items which amount to just 60% of the daily calories required to stay alive.*

*That would not be acceptable to feed a prisoner. So the conditions here are worse than a prison in Western Europe.*

*This is the tragedy of the situation here: civilian Gazans have been convicted of nothing. They are a decent, civilised, innocent population that are the victims of a conflict. They are not getting the protection they are entitled to receive as innocent civilians. In their midst there are those who are bent on violence. There is a conflict going on and there is a very big security challenge here. But we need to overcome that security challenge with effective measures that don't collectively sanction an entire civilian population. There are 750,000 children in Gaza and they are the ones paying the price of the policies that are being implemented.*

*During the war, so much damage was done. 60,000 homes were damaged or destroyed and those people are still living in the rubble of their former lives. At UNRWA we are feeding 800,000 out of 1 million refugees on emergency rations, which are supposed to keep you going for a couple of weeks, or a couple of months at the most, in a humanitarian crisis. But here, people have been living on this meagre handout for years. This is the ninth year of the emergency ration programme and all that's happening is that the queues are getting longer. This just cannot go on."*



## RESPONDING TO CRISIS

**MAP's ongoing response to the humanitarian crisis in Gaza is focused on the following key areas:**

### **REDUCING RISK FOR PREGNANT WOMEN AND CHILDREN:**

During the war on Gaza, there was no plan in place for women in Gaza to give birth safely. Many babies were born at home or en-route to hospital without a midwife and without the necessary sterile equipment. MAP is working alongside the UN to ensure that a plan is in place for the future, and that more community midwives, doctors and nurses are trained in the necessary skills to protect and treat mothers and newborns at risk. In cooperation with UNICEF and the UN Family Planning Agency, paediatric equipment is being delivered to support safe delivery in four hospitals across Gaza.

### **POSITIONING HYGIENE AND SHELTER ITEMS FOR VULNERABLE GROUPS:**

Many lives can be saved by being well prepared to respond rapidly to an emergency or humanitarian crisis. MAP is supporting the blood banks through the purchasing of equipment, disposables and laboratory kits, and also pre-positioning mattresses and blankets for families who are forced to seek emergency shelter. Families displaced or living in damaged homes are likely to have reduced access to water. In an attempt to minimise the spread of communicable diseases, MAP is pre-positioning 2,500 hygiene kits for families.

**"Chronic nutritional deprivation is adversely affecting the majority of children and other vulnerable groups, ensuring a legacy of poor health status as well as impaired physical and mental development."**

**Dr. Adnan Al-Wahaid,**  
Director of Ard el-Insan



### **TACKLING MALNUTRITION:**

MAP's partnership with Ard el-Insan Palestinian Benevolent Association in the Gaza Strip provides malnourished children with therapeutic or supplementary nutritional support to over 2,000 children and infants. Children at greatest risk of malnutrition are admitted to a Therapeutic Feeding Unit and many mothers and infants benefit from the assistance of the Breastfeeding Unit. Follow up home visits help to maintain contact with families, who also receive relevant health education and food preparation training.

In the Khan Younis area of Gaza, MAP is working with Al-Karmel Cultural Association to improve nutrition levels for primary and secondary school children. The project provides hot meals to around 400 children, delivering family focused nutritional health awareness activities to 2,000 children and their parents from marginalised areas of Khan Younis.

During Ramadan, MAP provided 2,500 families across the Gaza Strip with food parcels, offering basic nutritional food items. The distribution involved over 20 local partners and was guided by a survey of families at risk following the war on Gaza. The Ramadan parcels introduced nourishing food items during a time when the sharing of food is of heightened importance for families.



**"The Gaza Strip is one of the most troubled and disadvantaged areas in the world. Our small team are often required to go to great lengths to deliver medical support. Public services in this region are on the verge of collapse and our team are operating in what is really an emergency situation.**

**Despite the war at the beginning of the year, as well as the ongoing blockade, our doctors managed to treat 15,808 Gazan patients in 2009. In spite of immense difficulties and the danger faced daily by our staff, our clinic remains open."**

**Dr Jom'a Al Jazzaar,  
St John Eye Clinic, Gaza**

#### **STRENGTHENING HEALTH SERVICES:**

MAP's work with the Central Drugs Store (CDS) continues, with a team of pharmacists and distribution workers supporting the daily delivery of medical supplies to hospitals and clinics across the Gaza Strip. With hundreds of essential drugs at out of stock or at critically low levels, MAP is purchasing the priority items and ensuring that the most urgent medical needs of hospitals and their patients continue to be met.

In partnership with the Primary Trauma Care Foundation, MAP has introduced an Instructors course for doctors, nurses, surgeons and technicians in Primary Trauma Care (PTC). This programme will introduce ongoing training in PTC that will enable district hospitals to treat injured patients at district level. The pre-positioning of Primary Trauma Kits in hospitals across the Gaza Strip will further support the response capacity of hospital staff and members of the emergency services.

MAP is committed to upgrading Gaza's capacity to treat burns victims through the introduction of burns care training and equipment alongside the upgrade and establishment of new burns units across the oPt. Increasing the standards of care for burns is essential for a population exposed to military conflict and the daily risks posed by damaged infrastructure, inadequate housing, and often, a reliance on open fires for cooking and heating water.

Where clinical services, such as those at the St John Eye Clinic in Gaza, are threatened by the ongoing economic and humanitarian crisis, MAP helps to maintain both surgical and clinical operations, in this case by funding services for patients who are unable to pay.

#### **MAINTAINING COORDINATION:**

Maintaining coordination networks with national and international organisations operating in the field is essential. During the war on Gaza, MAP was committed to sharing information, harmonising services and lobbying for access alongside local and international partners.

As the crisis continues, MAP continues to play an active role in coordination mechanisms through the UN Clusters and the Office for the Coordination of Humanitarian Affairs (OCHA). MAP also takes a lead role in chairing the Health Group of the Association of International Development Agencies (AIDA) to facilitate shared learning, analysis and development of joint advocacy on the right to health.



### ENSURING SAFE CHILDBIRTH

**Local Partners:** UNICEF & UNFPA

**Project Summary:** To enhance the survival and health of pregnant women and their newborns in Gaza through life support training, new equipment and supplies for a new neonatal intensive care unit.

**Beneficiaries:** Around 50,000 expected pregnant women annually in Gaza, with approximately 11,250 expected to develop complications and 3,700 newborns identified as high risk

**Geographical location:** Al Awda Hospital, Jabalia refugee camp and throughout the Gaza Strip



### PREPARING FOR EMERGENCY

**Local Partners:** Various partners across Gaza

**Project Summary:** To respond effectively and rapidly during an emergency through the pre-positioning of shelter and hygiene items with a specific focus on families with young children, older persons and people with disabilities, and support to blood banks through the purchasing of equipment, disposables and laboratory kits.

**Beneficiaries:** 1,000 families receiving shelter items and 2,500 families receiving hygiene kits

**Geographical location:** Across the Gaza Strip



### IMPROVING NUTRITION FOR CHILDREN IN MARGINALISED AREAS

**Local partner:** Al-Karmel Cultural Society

**Project summary:** To improve the health and nutritional status of children living in eight marginalised areas in Gaza through the provision of hot meals, summer camps to promote awareness of malnutrition and educational sessions for parents.

**Beneficiaries:** 400 children and their mothers who will receive direct nutritional support, as well as 2,000 children from the community who will benefit from health educational activities

**Geographical location:** Khan Younis, Gaza Strip



### NUTRITIONAL HEALTH CARE FOR MALNOURISHED INFANTS

**Local Partner:** Ard el-Insan Palestinian Benevolent Association

**Project summary:** To improve the nutritional health status of children under three years old suffering from nutritional deficiencies as well as offering direct assistance for nursing mothers and ongoing nutritional awareness for families.

**Beneficiaries:** Over 2,000 malnourished infants and their mothers

**Geographical location:** Middle and north districts of the Gaza Strip



#### SECURING MEDICAL SUPPLIES:

**Local Partner:** Central Drugs Store (CDS) and Central Consumables Store (CCS)

**Project Summary:** To increase the capacity of the CDS and the CCS through the supply of priority drugs at zero stock. MAP continues to coordinate with the World Health Organization to develop a larger programme of support to ensure improved systems over the longer term.

**Beneficiaries:** The CDS and CCS as well as the large number of hospitals and patients supported by them

**Geographical location:** Across the Gaza Strip



#### UPGRADING BURNS TREATMENT CAPACITY:

**Local Partner:** International Medical Education & Training

**Project Summary:** To develop capacity to treat and stabilise burns in the hospitals across the oPt. New and upgraded burns units and a training programme for a wide range of doctors and nurses over a three year period.

**Beneficiaries:** Doctors and nurses across Gaza involved in the training programme and burns units as well as their patients

**Geographical location:** Across the occupied Palestinian territory



#### PRIMARY TRAUMA CARE TRAINING:

**Local Partner:** Primary Trauma Care

**Project Summary:** To increase the capacity of hospital doctors, emergency paramedic staff and community members to effectively respond and stabilise critical injuries to save lives. Through an Instructor Course Programme in Primary Trauma Care, doctors and nurses learn a range of injury prevention strategies and are prepared to provide ongoing training to others across the Gaza Strip.

**Beneficiaries:** Doctors and nurses in emergencies in all hospitals across the Gaza Strip

**Geographical location:** Across the Gaza Strip



#### PREVENTING AVOIDABLE BLINDNESS:

**Local partner:** St John Eye Clinic

**Project summary:** To promote eye health and sustain emergency eye care services to combat avoidable blindness by increasing clinical capacity and offering free screening, surgery and medication for patients who suffer from a variety of eye diseases but cannot afford treatment.

**Beneficiaries:** 18,000 disadvantaged patients including 12,600 diabetic and non-diabetic eye patients and 5,400 children

**Geographical location:** Gaza City

## SPOTLIGHT: 'PRIMARY TRAUMA CARE TRAINING PROGRAMME: A CASCADE OF LEARNING'

"A patient is eight to nine times more likely to die if treated in a country that is not comprehensively trained in PTC."



The war on Gaza was responsible for a massive loss of life and critical injury. Many of those hurt were unable to reach the nearest hospital and, with the Gaza Strip dissected by the military invasion, were unable to access the most basic emergency treatment. Each hospital was operating well over capacity, with departments receiving over 100 patients a day, and too few staff fully trained in the treatment of trauma injuries.

MAP and the Primary Trauma Care Foundation (PTCF) are providing an Instructor Course Programme designed to empower local surgeons and anaesthetists in injury prevention strategies, as well as in the management of severe trauma at the district hospital level.

Primary Trauma Care (PTC) is a system for training front-line staff in hospital trauma management, aimed at preventing death and disability in seriously injured patients.

In November 2009, MAP and PTCF led a team consisting of three surgeons - including Sir Terence English, who performed Britain's first successful heart transplant - and two anaesthetists to undertake the PTC training programme and a following Instructors course. From this, more than forty doctors and nurses were trained and sixteen were appointed as Instructors to lead the development of PTC in Gaza.

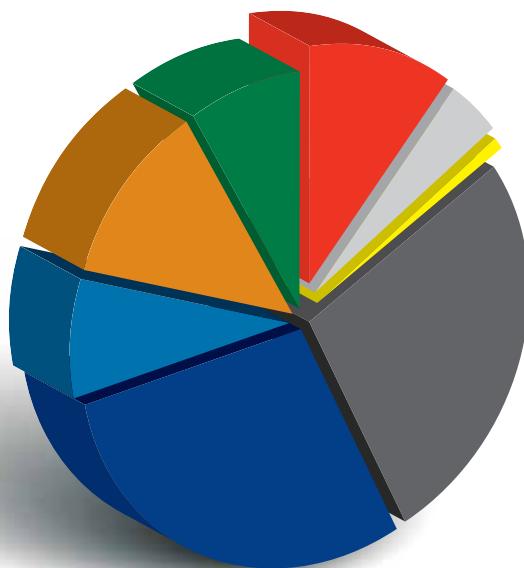
John Beavis, an Orthopaedic Consultant and Trustee of PTCF, stresses that many deaths from injury are actually avoidable if professionals are trained in PTC and can intervene at an early stage:

*"A patient is eight to nine times more likely to die if treated in a country that is not comprehensively trained in PTC. There are a host of day-to-day hazards across the occupied Palestinian territory. These range from people living in unstable damaged housing to motorcyclists riding without helmets and very poor road safety, with children especially vulnerable. In addition, the perilous state of the fuel and gas supply to people's homes makes them susceptible to explosions."*

*"Our course is based on straightforward clinical practice, and does not require the practitioner to have access to high-tech facilities. Due to the blockade of Gaza preventing basic drugs and equipment from getting in, this course is critical to ensure the saving of lives."*

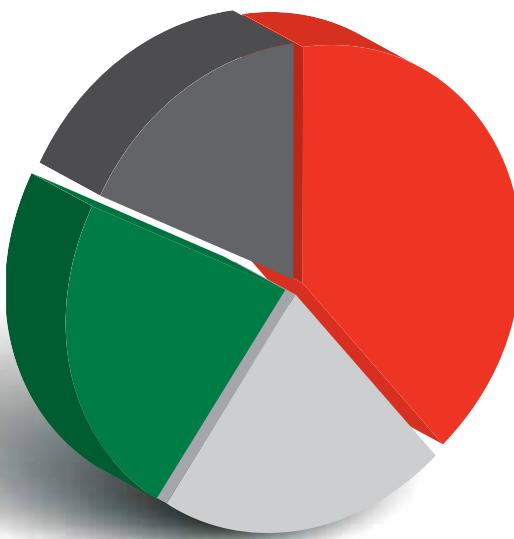
*"Facilitating training of trainers is a solid model for progression of health and learning. It builds on participant's knowledge of teaching and learning to improve their current practice, through group work, interactive sessions, participant lectures and practical exercises."*

## PROGRAMME EXPENDITURE 2009/10



### EXPENDITURE BY THEMATIC AREA

- Advocacy 11%
- Disability 4%
- Early child development 1%
- Gaza Emergency and Early Recovery 27%
- Maternal and Child Health 29%
- Psychosocial Health 8%
- Reproductive Health 12%
- Development through Training 8%



### PROGRAMME EXPENDITURE BY REGION

- Gaza 39%
- West Bank 21%
- Lebanon 23%
- International Advocacy 17%

Medical Aid for Palestinians is very grateful for the advice, guidance and support of the trusts, foundations, institutions and individuals that have made the programmes featured in this report possible.

Enduring partnerships between the people that fund us and the local organisations we work with enables us to develop long term programmes which are essential to improving the lives of Palestinians.

The knowledge that MAP can call on support when the need becomes urgent in emergencies allows us to develop comprehensive contingency plans capable of delivering immediate and flexible responses to sudden crisis. Your support remains central to improving and sustaining the health of future generations of Palestinians.

**Thank You**



# MEDICAL AID FOR PALESTINIANS 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 Medical Aid for Palestinians (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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