



MAP

MEDICAL AID FOR PALESTINIANS

ANNUAL REVIEW 2007-2008

MEDICAL AID FOR PALESTINIANS (MAP)

MAP works for the health of Palestinians (especially in conditions of occupation, displacement or exile) based on principles of self-determination and social justice

HOW MAP WORKS

MAP achieves its aim via a programme of health projects, based in the Gaza Strip, the West Bank and refugee camps in Lebanon and the Middle East.

Projects are selected for immediate or strategic impact in the following areas:

- Emergency medical and humanitarian aid
- Health development
- MAP also advocates for the health and dignity of Palestinians, based on its experience as a health provider, and best evidence on Palestinian health and health care.

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MESSAGE FROM THE CHIEF EXECUTIVE OFFICER



MAP is a year away from its 25th anniversary, a sad indictment of the continued plight of the Palestinians. As a review of MAP's work over the last year shows, vulnerable Palestinians across the Middle East face a worsening of existing problems as well as the creation of entirely new ones.

Despite claims to the contrary, the United Nations reports that Israel continues to increase the number of obstacles to movement in the occupied West Bank. For Palestinians requiring emergency medical care this leads to terrifying scenarios: babies miscarried at checkpoints, or children suffering needlessly due to their inability to access hospitals only a few miles away. In the face of such restrictions, MAP is supporting health clinics based in villages, that often provide the only source of healthcare to vulnerable communities.

The blockade of the Gaza Strip continues. Today a bare minimum of medicines and materials is being allowed into the home of approximately 1.5 million Palestinians. When I visited Gaza earlier this year I saw firsthand the devastating impact this is having, with over 80% of people now dependent on food aid. MAP's work in Gaza includes emergency support to hospitals as well as working in partnership to improve the health development, with particular focus on disability and child health.

In Lebanon the Palestinian refugee population continues to exist in a political limbo. A growing refugee camp population, lacking effective representation, depends on the overstretched United Nations and international aid agencies. Nahr al-Bared camp, destroyed by fighting in 2007, is still far from being rebuilt. MAP is working to help young mothers from the camp by providing emergency nursing care and training programmes.

Thanks to the generosity of our loyal donors, MAP is better placed than ever to deal with the myriad of health challenges facing Palestinians. I would like to also thank our President Baroness Helena Kennedy and our trustees and patrons for their time and dedicated service.

A handwritten signature in black ink that reads "S. James". The signature is written in a cursive, flowing style.

Steven James
Chief Executive



Maan Images 2008

OCCUPIED PALESTINIAN TERRITORY

The situation in the Occupied Palestinian Territory remains highly unstable.

Since January 2006 the Gaza Strip has been under varying levels of blockade, cementing a collapse of the local economy, increasing levels of unemployment and dependency on food aid at over 80% of the population. Despite the numbers of deaths caused by violence dropping following the cease fire in June, the numbers of deaths linked to the inability of Palestinians to access adequate healthcare continues to rise.

In the West Bank, there has been an increase in restrictions on access and movement. A complex network of permits, checkpoints and road barriers, and the ongoing construction of the Separation Wall is cutting off communities and increasing the fragmenting of the Palestinian territory.

The internal Palestinian conflict reached a peak in June 2007 with the Hamas take over of the Gaza Strip. The continued tensions between Palestinian factions have led to greater political fragmentation and have increased the challenges of being able to effectively support humanitarian and development in the Gaza Strip.

MAP continues to advocate and work towards protecting the Palestinian Right to Health. As the World Health Organisation reported in April of this year, the "availability, accessibility and quality of health facilities, services and goods – appears to be optional for the Palestinian population".

As this report shows, MAP's work in the Occupied Palestinian Territory is divided into EMERGENCY PREPAREDNESS and RESPONSE to crisis and HEALTH DEVELOPMENT work to help build capacity for the longer term.

**Kathy Al-Ju'beh – Programme Director,
Occupied Palestinian Territory**

"The world is witnessing a terrible human rights crime in Gaza, where a million and a half human beings are being imprisoned with almost no access to the outside world. An entire population is being brutally punished"

Former US President Jimmy Carter.

OCCUPIED PALESTINIAN TERRITORY: GAZA

EMERGENCY PREPAREDNESS AND RESPONSE

Due to the regularity of military conflict over the past year in addition to the longer term effects of sustained siege – MAP has been operating emergency projects supporting, through the supply of medicines and equipment, the hospitals of the Gaza Strip.

MEDICINES: Due to severe shortage of specialized medications at the Ministry of Health, MAP has been responding to urgent requests for drugs for anesthesia, drugs used for suppression of immune system following transplant surgery – in addition to cancer drugs.

MAP provides the Ministry of Health with these drugs to fill critical gaps in procurement; we also have a pre-positioned blood donation facility to deploy in times of need.



EQUIPMENT: Al Nasser Paediatric hospital is the main paediatric referral hospital for the whole of the Gaza Strip. The combination of reduced support to the Ministry of Health and the almost complete blockade of Gaza has prevented the repair and maintenance of critical medical equipment. Al Nasser hospital now finds that not all of its ICU beds are fully equipped and operational for clinical care.

In cooperation with the Royal College of Paediatrics and Child Health, MAP has supported infant life support training for over 20 paediatricians in the Gaza Strip. However, in order to make this training effective, MAPhas ensured that trained paediatricians have the appropriate equipment to look after children in intensive care; training on its own will not save lives.

In order to support infants and children that are on life support, we are providing a range of equipment including portable monitors, portable ventilators, pulse oxymeters, incubators, infusion pumps, syringe pumps, potable suction and an emergency trolley.

MAP is also working to ensure that doctors working in neonatal and paediatric ICU in the Gaza Strip are able to: (1) Effectively monitor vital life signs (2) Appropriately treat critically injured or ill children (3) Help to reduce the number of newborn infants and children needlessly dying due to lack of appropriately equipped hospitals in Gaza.

OCCUPIED PALESTINIAN TERRITORY: GAZA - HEALTH DEVELOPMENT

PROJECT IN FOCUS - HOME SUPPORT TO CHILDREN WITH CEREBRAL PALSY AND COMMUNITY TRAINING FOR DISABLED CHILDREN

MAP's partner organization, the Ameera Association, is a community-based-organization located in Khan Younis, in the south of the Gaza Strip. The project started in March 2008 and is proving very successful, with very high demand for its services.

The project seeks to empower mothers of children with disability. Over 180 mothers attend physiotherapy and occupational therapy sessions twice a week, with additional home visits by the project's staff. For many mothers of older children with complex needs, this is the very first time that they have had support or even the opportunity to meet other mothers in the same situation.

"Before the project my daughter struggled to move, now after four months of daily physiotherapy she chases me around the house!"

(Mother of Fatima, Khan Younis)

Five-year-old Fatima suffers from a physical disability. Before attending the programme, Fatima required constant attention. Her mother, speaking to MAP staff, told of how after years of seeking short term help from doctors, the Ameera clinic has now taught her how to give physiotherapy to Fatima, drastically improving her standard of life. With Fatima requiring less attention, her mother has also recovered from a chronic back complaint.

Indeed, despite the problems with lack of petrol and public transport, the women still attend the clinics, often after walking for hours whilst carrying their child.

MAP is not only supporting this project financially but also technically, with our staff directly supporting training sessions. The success of the project is leading to establish more long term support to meet the needs of these mothers.

"Empowerment comes from mothers learning to live and deal with their children's disability"

(Ameera Association Physiotherapist)

PHOTOGRAPHS: Mothers attending Physiotherapy classes in Khan Yunis, Gaza, MAP 2008



OCCUPIED PALESTINIAN TERRITORY: GAZA - HEALTH DEVELOPMENT



PHOTOGRAPHS: Gaza malnutrition clinic,
MAP 2008

PROJECT IN FOCUS: COMBATING CHILD-MALNUTRITION

The blockade of Gaza has led to shortages of numerous food items and a decline in living conditions. This has serious repercussions on the health development of young children.

“Fruit is available only on the television. Meat used to cost 20 shekels a kilo before the siege and now it costs over 50 shekels”.

Malnutrition is a transient clinical and physiological crisis that has serious consequences for a child's growth. It is caused when a child does not eat the required daily allowance of nutritious foods.

The main symptom of chronic malnutrition in Gaza is stunting. Stunted children may never regain the height lost as a result of stunting, and most children will never gain the corresponding body weight. Stunting can also lead to premature death later in life because vital organs never fully developed during childhood.

MAP's partner, Ard El Ensan, selects children from disadvantaged areas of Gazap and conducts blood screening to diagnose levels of malnutrition. The child then enters a programme of regular checkups, counseling and nutritional training.

In addition to providing short-term food supplements such as meat, fruit and vegetables, the project also train mothers into improved ways to prepare nutritional meals.

OCCUPIED PALESTINIAN TERRITORY: EAST JERUSALEM - HEALTH DEVELOPMENT



PROJECT IN FOCUS – SPAFFORD CHILDREN’S CENTER

Due to the closure of Jerusalem by the Separation Wall, the population of Izzaryeh and its surrounding villages were denied access to health care in Jerusalem itself, which is traditionally the central service hub for Jerusalem villages.

MAP has supported the Spafford Children’s Centre to establish a medical paediatric outreach center to provide preventive, curative and mental health services for children in Izzaryeh as a means to ensure access to health care services for these communities.

The aim of MAP’s programme is to provide good medical care and vaccinations to children that are unable to reach the main clinic of SCC in Jerusalem because of the Separation Wall and severe travel restrictions which have been imposed.

CASE STUDY:

Eman Rabi’ from Izzaryeh used to take her children, 3 boys and 2 girls, to clinics in Jerusalem. But after the building of the Separation Wall it has been very difficult and she started to go to a government clinic. There she had a bad experience concerning levels of quality and does not trust them any more. She tried again to get permits for Jerusalem but was once more denied. Now the children’s center can reach her in her own village.

OCCUPIED PALESTINIAN TERRITORY: WEST BANK - HEALTH DEVELOPMENT



PROJECT IN FOCUS: BETHLEHEM PRIMARY HEALTH CARE CLINICS

The construction of the Israeli Separation Wall has had a particularly devastating impact on the lives of Palestinians living in close proximity to it. As the wall nears completion, restrictions on movement have not only driven up poverty and unemployment; Palestinians have also lost direct access to health centres that were previously only a short journey away.

For the last two years MAP has provided essential primary health care services to the most vulnerable in these communities.

- Increase health care services through GP clinics, home visits from doctors and other trained health staff
- Provide staff with emergency training

- Raise awareness of various important medical and health related issues within the community (e.g. nutrition, pre and post natal care, childhood illnesses, and management of chronic conditions such as heart disease and cancer)
- Allow for the provision of basic medical equipment and medication that is commonly needed within the community.

MAP is working in the following villages:

- Battir (5,500 population)
- Husan (6,000)
- Walajeh (2,000)
- Wadi Fukeen (1,500)
- Jaba’a (1,200)

OCCUPIED PALESTINIAN TERRITORY: WEST BANK - HEALTH DEVELOPMENT

PROJECT IN FOCUS: TRAINING WOMEN COMMUNITY HEALTH WORKERS

MAP is working with the Palestinian Medical Relief Society to empower women from remote and marginalised communities, particularly those who have been cut off by the Separation Wall and who face other access restrictions.

Ever since Israel occupied the West Bank in 1967, increasing closures and internal access restrictions has meant that health providers have to go to the patients. The development of the Community Health Workers Diploma is a local response to the difficult conditions on the ground.

The programme has criteria to select those young women who have successfully completed high school but who come from families who are unable to support their continued education.

The course lasts for two years, and includes a balance of theory and practical training in the field. Key emphasis is placed on prevention, early detection and the timely referral of patients. The local knowledge of these health workers allows for the creation of 'health zoning maps' that provide a detailed tool for health development.

The diploma therefore is essential in training health workers who not only serve but also stay in their communities. These community health workers are well trusted by their communities and are an important means of creating change, mobilization and understanding around health and social rights, practices and services.

The health workers are increasingly integrated within the Palestinian Ministry of Health and work in tandem with doctors and other medical professionals.

2009 will see the 30th anniversary of Palestinian Medical Relief Society, MAP's long-standing partner in the Occupied Palestinian Territory. To date, the school has graduated 16 groups (269) of health workers from more than 100 local communities in the West Bank and Gaza. The employment rate of graduates is more than 80%.



PHOTOGRAPH: Community Health worker in the Jericho area, MAP 2008



SYRIA/IRAQ

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

For many of the refugees, the trigger for their attempt to leave Iraq was the extreme violence they face. Bereft of a militia to protect their minority status, middle class Palestinians in particular have been frequent targets of brutal kidnapping and ransom attempts. Forty-year old mother of three Tisar Abdel Fadi left Baghdad for Al-Tanf refugee camp following her husband's kidnapping from a hospital. He was subsequently tortured and killed.

This vulnerability led many to flee their homes – approximately 2,700 Palestinian refugees now find themselves trapped at two desert camps both on and between the Iraqi-Syrian borders. Resettlement and 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 -- the freezing cold in winter, the 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.

SYRIA/IRAQ - EMERGENCY PREPAREDNESS AND RESPONSE

PROJECT IN FOCUS: PROVISION OF MEDICAL SUPPORT TO DESERT REFUGEE CAMPS

MAP runs a programme to provide doctors (one general practitioner and one gynaecologist) for weekly visits into the camps. This section focuses on the al-Tanf refugee camp which is situated in the no-man's land between Iraq and Syria.

Al Tanf refugee camp is situated in the no-man's land between Iraq and Syria, located on a narrow strip of land, squeezed between the Damascus-Baghdad highway and a security wall. The desert is characterized by extreme climate conditions: as summer approaches, the heat is suffocating with temperatures soaring to 54 degrees Celsius. The area is also infested with rats, scorpions and snakes.

The remoteness of the camp poses a challenge to the United Nations and other aid agencies, as the camp is a three and a half hour drive from Damascus. The nearest hospital is also a three hour drive from the camp.

The atmosphere in the camp is desperate. The tents are crammed together on a small plot of land assigned to the camp. There have been four fires in the camp, in which the flames spread quickly, destroying tents and causing injury. Additionally, there have been several miscarriages and stillborn babies. Many pregnant women at the camp face similar complications, and at least two women attempted suicide over the last year.

MAP's assistance in the camp is highly appreciated. The weekly presence of the doctors (one general practitioner and one gynaecologist) has been a great benefit to the refugees in the camp. In addition to holding clinics the doctors organised health care lectures which was attended by over one hundred refugees. MAP also supplied the women's committee funding to support recreational activities for the children.



PHOTOGRAPH: Visiting the doctor in al-Waleed desert camp, MAP 2008



LEBANON

Lebanon experienced another year of political gridlock punctuated by outbreaks of violence. With national politics worse than at any time since the civil war, the status and future of approximately 400,000 Palestinian refugees in the country remains an unresolved issue internally, and a forgotten one internationally. .

In November 2007 the Lebanese President Emile Lahoud stepped down, he was eventually replaced in May 2008 by General Michel Suleiman. In the same month, pro-government forces clashed with Hezbollah in Beirut, leaving over 80 dead. In September and October 2008 regular outbreaks of fighting occurred in the northern Lebanese city of Tripoli. The nearby Palestinian refugee camp of Nahr al-Bared remains only partially rebuilt following its almost complete destruction in mid-2007. The neighbouring Beddawi camp continues to struggle hosting thousands of refugees displaced from Nahr al-Bared.

There are great challenges ahead. MAP continues to focus our emergency programmes on the desperate needs of the residents of Nahr al-Bared – in particular supporting vulnerable mothers with newborn babies. Our health development projects include the restoration of health care facilities used in Beddawi, the continued operation of sexual health clinics in Palestinian camps across the country and facilities for female physical and psychological health in Beirut.

LEBANON - EMERGENCY PREPAREDNESS AND RESPONSE

PROJECT IN FOCUS: NAHR AL-BARED RECOVERY

The overall aim of this project is to minimize the impact of the recent emergency (armed conflict and destruction of 85% of homes in Nahr El Bared refugee camp) on maternal and child health outcomes for displaced refugees. Thousands are living in temporary accommodation in and around the ruins of the camp.

The project protecting the survival rates of newborn infants by providing outreach nursing and social care support.

In addition MAP is looking to lower the mortality rates of children under the age of 3 years who are affected by environmental illnesses such as respiratory diseases, gastro intestinal diseases and infestations. MAP is focusing on this critical issue by addressing health seeking behaviors, nutrition and the home care of affected infants.

The project also seeks to:

- Support maternal reproductive health outcomes, with a specific focus on urinary tract infections and reproductive tract infections by providing access to outreach nursing care and screening.
- Establish up a team of outreach nursing care, based on public health nursing and home care principles, to support the above during the coming year and through the winter.
- Address environmental factors impacting on health and wellbeing by linking home improvements to a grant home improvement project, thus contributing to the reconstruction of the local economy, compensating for loss during the conflict and providing support to the most vulnerable.
- Provide small amounts of funding to elevate or mitigate some of the housing difficulties that undermine good health outcomes – leaking sewers, blocked drains, broken windows, leaks, rat infestations, and damp winter weather conditions.



PHOTOGRAPH: Child in the ruins
of Nahr al-Bared, MAP 2007

LONDON - EVENTS

LONDON ANNUAL DINNERS

MAP held its Annual Dinner on 17 May 2007 at the Jumeirah Carlton Tower Hotel. The event was hosted by Baroness Helena Kennedy, and attended by over 300 MAP supporters, including Channel 4 presenter Jon Snow, MP Clare Short, Lauren Booth and Lord Steel of Aikwood. Professor Ilan Pappé, the Israeli historian, was the keynote speaker, and spoke about his recent book "The Ethnic Cleansing of Palestine". The dinner raised over £300,000, which funded five MAP projects in Gaza, the West Bank and Lebanon.

On the 16 May 2008 MAP held its Annual Dinner at the Park Lane Sheraton. Former US Secretary of State James Baker and Raji Sourani, of the Palestinian Centre for Human Rights, gave keynote speeches at the event that raised over £383,000 for MAP projects across the region.

RAMADAN DINNERS

The 2007 Ramadan dinner was held at Noura Restaurant in London on 4 October. The evening was hosted by Mrs. Leila Al-Qattan, and attended by over 120 supporters. The event raised over £90,000, providing Palestinian families in Gaza with food parcels during the month of Ramadan. 2008's Ramadan Dinner came against a backdrop of further deterioration in Gaza. Once again MAP's supporters gave generously and over £160,000 was raised for food parcels delivered to those most needy.

SCOTTISH DINNERS

MSP Pauline McNeill, convener of the Cross Party Group on Palestine, hosted MAP's first annual dinner in Scotland, on 24 October 2007 at the Scottish Parliament in Edinburgh. Prominent guests included Baroness Helena Kennedy, President of MAP, Suzy Whighton, former Scotswoman of the year, and Alex Mosson, Glasgow's Lord Provost. At the dinner Pauline McNeill read out the speech of Raji Sourani, the Director of the Palestinian Centre for Human Rights, who was not allowed out of Gaza to attend. The dinner was accompanied by a Scottish fundraising appeal which raised over £10,000.

On 17 of October 2008 MAP followed up on the 2007 inaugural dinner with a gala fundraising event held at the Glasgow Hilton. Over 250 guests heard the keynote speech of Olfat Mahmoud of the Women's Humanitarian Organisation (WHO). On the night over £24,000 was raised towards MAP projects in Gaza and in villages near Bethlehem cut off by the Israeli wall.



PHOTO CAPTIONS: Image taken at our recent Scottish Dinner Event on 24 October 2007

LONDON - ADVOCACY

SPEAKING OUT: ADVOCACY AND COMMUNICATIONS

MAP has strong experience working in both emergency and humanitarian work and longer-term health development. Our work is based on the humanitarian imperative to respond in times of crisis and to help build the long-term capacity of local partners. This humanitarian imperative must, however, be balanced with a strong commitment to engage in effective advocacy work on the root causes of the crises we respond to.

In late 2007, MAP formalised this commitment by creating a permanent advocacy role, and re-starting the work of the communications officer. The objective is to raise MAP's public profile, and thereby enhance our ability to effectively advocate based on the experiences, evidence and voices of our partners in Lebanon and the Occupied Palestinian Territory.

Over the past year, MAP has engaged in a range of advocacy activities, from raising public awareness about the issues here in the UK, to lobbying decision-makers. This work complements advocacy work being done by MAP staff in the field, who are actively working to affect changes in policies detrimental to Palestinian right and access to health. MAP believes in the importance and role of Palestinian civil society to self-advocate, and the responsibility of international organisations to support this capacity, while speaking out.

SPEAKING ENGAGEMENTS

In the United Kingdom, presentations by MAP have focused this year on the humanitarian crisis in the Gaza Strip. MAP gave a series of presentations, including talks in London to community groups, guest speaker at the Amnesty International Human Rights Film Festival in Jersey, and key speaker at a Labour Party Conference fringe event in Manchester.

WEBSITE DEVELOPMENT

Critical to raising the profile of the organisation was the development of a new website. This new website, featuring increased functionality and multi-media capacity, was developed and finally launched in October 2008. In the months before its launch, improved content on the existing website resulted in increased visitors and online donations. From January to October 2008, online donations totalled £57,000, this compared to £22,000 during the same period of 2007. The new site will enable increased awareness about MAP's work, and serve as a campaigning tool, in bringing the voices and images of Palestinians to a wider audience.

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TREASURER'S REPORT

In the financial year ended 31st March 2008, MAP raised £1,851,000, net of fundraising costs (2007: £2,418,000). Although we raised less net income than the previous year, MAP was still able to increase its charitable expenditure by over 15% to £2,190,000 (2007: £1,896,000). We were able to do this by allocating monies from the fund balances (both restricted and unrestricted) held by the charity.

Charitable expenditure represents both the direct costs of delivering our programme 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 £1,129,000, are just slightly lower than the 2007 level (£1,152,000) but still include a designated amount of £250,000 for emergency situations. This is a healthy position and ensures that MAP is well-placed to maintain its support for the Palestinian people.

Voluntary income was down on the previous year, this being largely due to a more difficult fundraising environment. MAP has been following a strategy for some time to diversify and develop our fundraising activities whilst continuing to increase our level of committed donors. This regular and sustainable form of income continues to grow at an encouraging pace and the Board considers that the return on our level of investment is satisfactory. We are particularly grateful for individual support of our many thousands of donors who support our appeals and make regular commitment – without them we would not be able to deliver our programmes as successfully as we have done.

Our annual fundraising dinner in London continues to attract widespread support and we would like to thank again all members of the Palestinian and Arab communities living in the UK for their participation in this annual event.

In 2008, we will hold a new event in Scotland which we hope will become a regular part of MAP's calendar.

It should be noted that MAP has faced a challenging environment in raising financial contributions from institutional donors such as the European Union. The Board has a strategic objective of rebuilding such institutional support which is a vital supplement to MAP's own income-generating activities. We are pleased to report that in the new 2008/09 financial year some progress has been made with both Irish Aid and the Peace for Children Foundation of Sharjah. Applications for funding of new programmes have been submitted to both DfID and ECHO.

Our teams in the Middle East continue to work in trying and difficult circumstances with our partners. The overall deterioration in health services presents major challenges in the region. In response to this situation, charitable expenditure in the West Bank and Gaza increased by over 11% to £1,729,000 (2007: £1,556,000). Two major projects in Gaza are in partnership with the Palestine Save the Children Foundation involving the promotion of environmental health conditions and improving public health and basic hygiene. Expenditure in the Lebanon has also increased in the year, amounting to £461,000 (2007: £340,000). A variety of projects are in hand for the current year, ranging from setting up a network of health care providers to a community mothers programme.

We are encouraged that since the beginning of the new 2008/09 financial year, income is performing well and is exceeding budgeted expectations. This will enable the charity to continue to grow its activities on a variety of essential projects in the Occupied Palestinian Territories, and the refugee camps in Lebanon and the Middle East.

Martin Hughes BA (Hons) DipM MCIM MCIPR

TREASURER'S REPORT

STATEMENT OF FINANCIAL ACTIVITIES	2007-08 £	2006-07 £
Incoming resources		
Incoming resources from generated funds		
Voluntary income	1,731,179	2,039,769
Activities for generating funds	336,370	265,884
Investment income from short-term deposits	42,349	36,291
	<u>2,109,898</u>	<u>2,341,944</u>
Incoming resources from charitable activities	177,555	407,599
Other incoming resources	3,521	8,593
TOTAL INCOMING RESOURCES	<u>2,290,974</u>	<u>2,758,136</u>
RESOURCES EXPENDED		
Costs of generating funds		
Costs of generating voluntary income	439,890	339,751
Charitable activities		
West Bank and Gaza	1,728,137	1,556,340
Lebanon	461,602	340,129
Governance costs	23,742	19,794
TOTAL RESOURCES EXPENDED	<u>2,653,371</u>	<u>2,256,014</u>
NET INCOMING/(OUTGOING) RESOURCES BEFORE TRANSFERS	(362,397)	502,122
Fund balances brought forward 1 April 2007	1,534,151	1,032,029
Fund balances carried forward 31 March 2008	<u>1,171,754</u>	<u>1,534,151</u>
BALANCE SHEET (as at 31st March 2008)	2007-08	2006-07
	£	£
FIXED ASSETS		
Tangible assets	174,169	177,813
	<u>174,169</u>	<u>177,813</u>
CURRENT ASSETS		
Debtors 166,104	116,768	
Short term deposits	719,062	916,479
Cash at bank and in hand	239,306	466,235
	<u>1,124,472</u>	<u>1,499,482</u>
CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR	(126,887)	(143,144)
NET CURRENT ASSETS	997,585	1,356,338
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>1,171,754</u>	<u>1,534,151</u>
FUNDS		
Restricted Funds	42,841	381,274
Unrestricted Funds - General	254,744	179,621
Unrestricted Funds - Designated	874,169	973,256
	<u>1,171,754</u>	<u>1,534,151</u>