

MAP

MEDICAL AID FOR PALESTINIANS

For up-to-date information about MAP's work, or to make a donation, visit www.map-uk.org

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Cover photo: © Bill Parry

MAP

MEDICAL AID FOR PALESTINIANS



ANNUAL REVIEW 2006 – 2007

MEDICAL AID FOR PALESTINIANS

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:

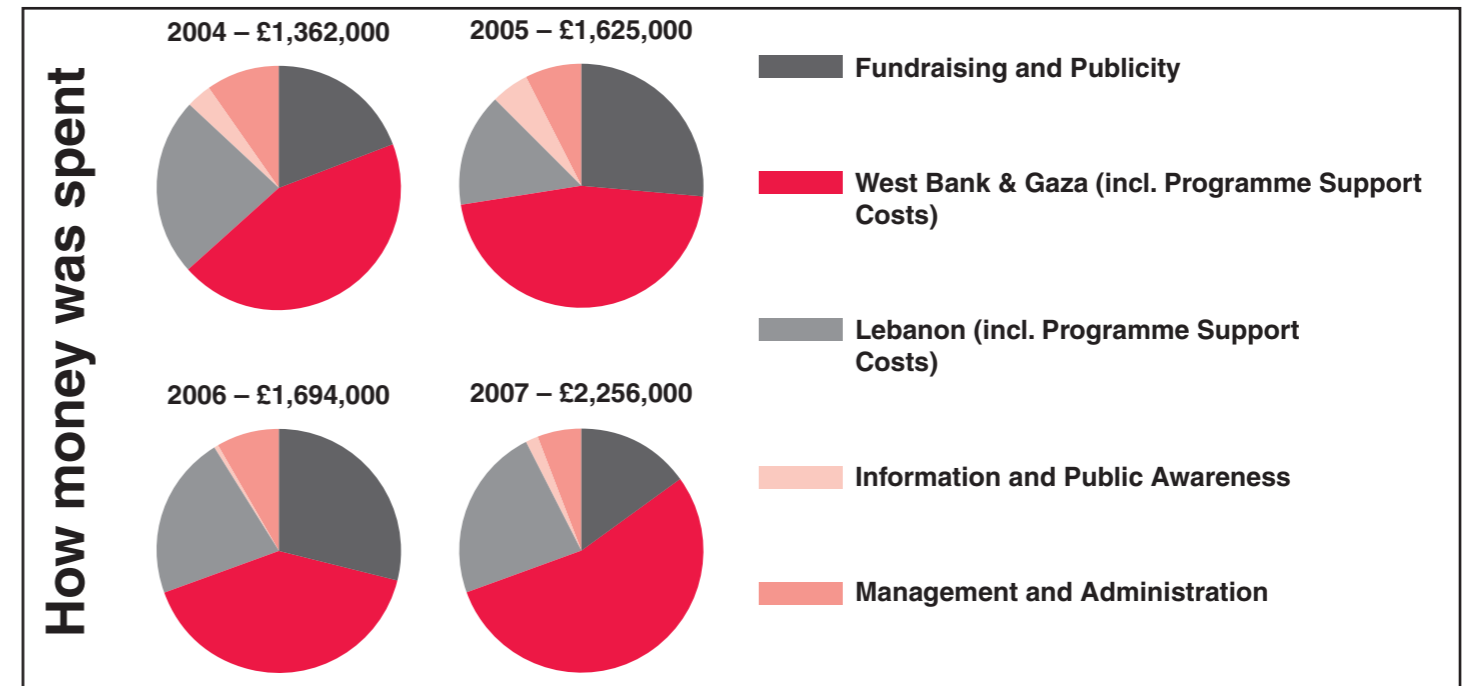
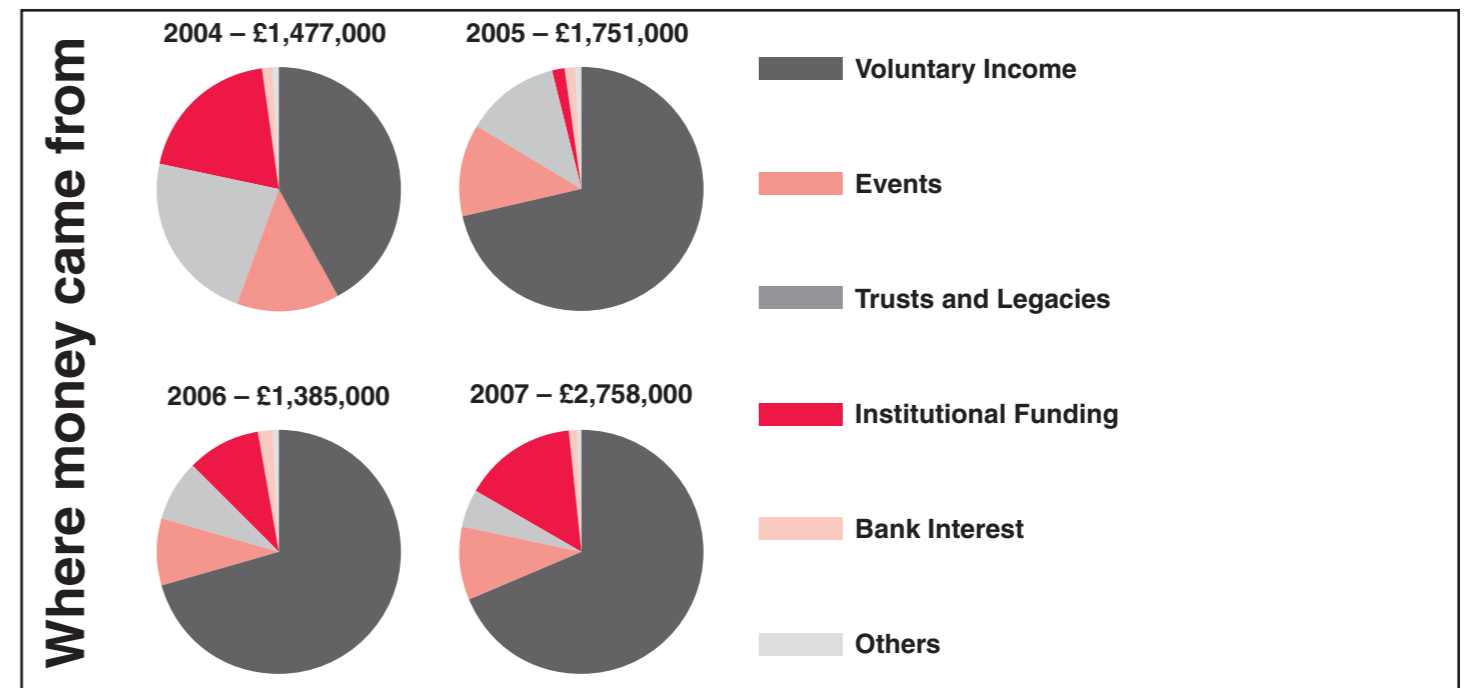
- Emergency medical and humanitarian aid
- Significant gaps in service provision
- Community based health development

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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Trustees' statement

The Board of Trustees confirms that these summarised financial statements are a summary of information extracted from the full annual accounts which were approved on 27th September 2007. These summarised accounts may not contain sufficient information to allow a full understanding of the financial affairs of the charity. Further information is contained in the full annual accounts, auditors report and the Trustees' annual report. The Auditors' report on the accounts was unqualified and in the opinion of the Auditors these summary accounts are consistent with the full accounts. A copy of the full accounts can be obtained free of cost at +44 (20) 7226 4114. A copy of the full audited accounts has been sent to the Charity Commission and Companies House.

Auditors' Statement to the Trustees of MAP

We have examined the summarised financial statements of Medical Aid for Palestinians.

Respective responsibilities of the Trustees and the Auditors

The Trustees are responsible for preparing the summarised financial statements in accordance with the recommendations of the charities SORP. Our responsibility is to report to you our opinion on the consistency of the summarised accounts financial statements with the full financial statements and the Trustees' Annual Report. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'the auditors' statement on the summary of financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion, the summarised financial statements are consistent with the full financial statements and the Trustees' Annual Report for Medical Aid for Palestinians for the year ended 31st March 2007.

Kingston Smith LLP, Chartered Accountants and Registered Auditors

Date: 27 September 2007



3,087 meters of piping were laid connecting 325 households in Al-Zarqa to the water network.



700 elderly Jerusalemites celebrated different festivals with poetry, speeches, songs, and dances during the year.

12,000 school children in Gaza benefited from clean desalinated water.



4,451 meters of pipe were laid resulting in 98% of the population in the targeted community being connected to the main sewage network.



Message from the Chief Executive

I took over as chief executive of MAP in November 2006 following the departure of Belinda Coote earlier in the year. I would like to pay tribute to the firm foundations laid by her.

The Hamas victory in January 2006 in the Palestinian Parliamentary elections changed everything. Voting democratically for the wrong party saw the collective punishment of the Palestinian people through economic sanctions. As a result, unemployment and poverty have soared to unprecedented levels, and the health status of Palestinians has further deteriorated.

The challenge for MAP has been to use its limited resources to make the greatest difference to a people living under siege. Emergency surgical kits were purchased to enable staff at hospitals to respond rapidly when flooded with injured civilians following military incursions. At a time of crisis the most vulnerable members of society are most at risk; MAP therefore continued with its programme of projects working with the disabled, mothers and children.

In July the war in Lebanon claimed the lives of over a thousand civilians, internally displaced a million, and left many thousands more homeless as families fled to seek refuge in the north. MAP donors were generous with their support and we were able to respond rapidly with emergency supplies. Later on in the year we worked to

help displaced families return to their homes as part of our long-term efforts to improve the health of the most disadvantaged.

I have quickly learnt how special MAP donors are. Their intelligence in seeing through what are often portrayed as incredibly complex issues and their warmth in responding to our appeals with great generosity, make us extremely fortunate. I would like to say how much everyone at MAP appreciates their efforts.

Finally I would like to pay tribute to Major Derek Cooper, OBE, MC and his wife, Pamela Cooper, who have both recently passed away. Their lives were dedicated to the service of others, and both played a key role in the establishment of MAP in the early 1980s.

Darrin Waller
Chief Executive



1

Year in view: 2006 – 2007

1. A tent is used as temporary accommodation for a special needs school destroyed in Lebanon.
2. A young girl with cerebral palsy is helped through a community-based rehabilitation programme that involves the whole family.
3. Vulnerable children in Gaza receive healthy meals at school.
4. Bedouin mothers and children wait to see a doctor at a mobile clinic near Jericho.
5. Zuhdiah Rasheed, aged 62, receives emergency drug supplies bought by MAP.
6. Girls take part in fun therapeutic play activities run by our partner Al Widad.
7. A mother surveys the ruins of her demolished house in Rafah.



2





Emergency medical and humanitarian aid

The chronic shortages produced by the economic boycott of the Palestinian Authority (PA) following the election of Hamas had, by May 2006, reached crisis point. Public workers, many of whom have large extended families relying on them, were receiving no wages. Hospitals and other public services were experiencing severe shortages.

At first economies were made – jewellery sold, credit sought at local shops – but finally all coping mechanisms were exhausted. Poverty reached record levels, with the UN estimating that 46% of Palestinians do not have enough food to meet their needs.

MAP supported feeding programmes for vulnerable children in summer camps and kindergartens, as well as lactating mothers, as a means of alleviating the extreme hardship

and chronic malnutrition that have become common. MAP also quickly provided food for four hospitals in Gaza when they ran out of provisions following the suspension of funds to the PA.

“The infrastructure in Gaza has been collapsing with the economic boycott of Hamas and Israel’s closure of Gaza’s crossings. 1.5 million Gazans are constantly kept on the edge and cannot predict when urgently required food, materials or medical supplies will come in or be cut off further.”

– Fikr Shalltoot , MAP’s Deputy Programme Coordinator, oPt

MAP also provided medication for kidney failure patients needing dialysis in Ministry of Health (MoH) hospitals. In Beit Hanoun and Maghzi camp, food, water, blankets and wheel chairs were distributed. Families were targeted in the middle area and the northern area of the Gaza Strip with food parcels during Ramadan.

The demand for emergency medical and humanitarian aid was high throughout the year. Major Israeli military incursions into the West Bank and Gaza led to high numbers of civilian casualties. Hospitals ran out of essential medical supplies such as disposable gloves, putting patients’ lives at risk of cross infection and even death. Many of the



injured were children. MAP responded by pre-positioning surgical kits to be released quickly in an emergency. We are confident that these kits have already saved lives.

It was within this context of overwhelming need that MAP purchased supplies of life-saving drugs for patients suffering from renal failure in West Bank and Gaza. Drugs and x-ray film were bought for Maqassad hospital in East Jerusalem. Food was provided for patients in four hospitals in Gaza and school children were given hot meals. In Maghazi camp, Gaza, 47 persons with disabilities were provided with airbeds and wheelchairs.

The failure of a sewage lake in Gaza, killing five and injuring a further 18, was the tragic consequence of years of under investment in infrastructure and Israeli occupation. We supported those affected by the disaster with hot meals as they awaited resettlement.

The war in Lebanon struck suddenly and without warning. The scale of the Israeli attacks was completely overwhelming and rapidly led to a grave humanitarian crisis, producing over a million internally displaced people. MAP moved quickly to purchase food, medicines, hygiene kits, clean water and shelter materials for families that

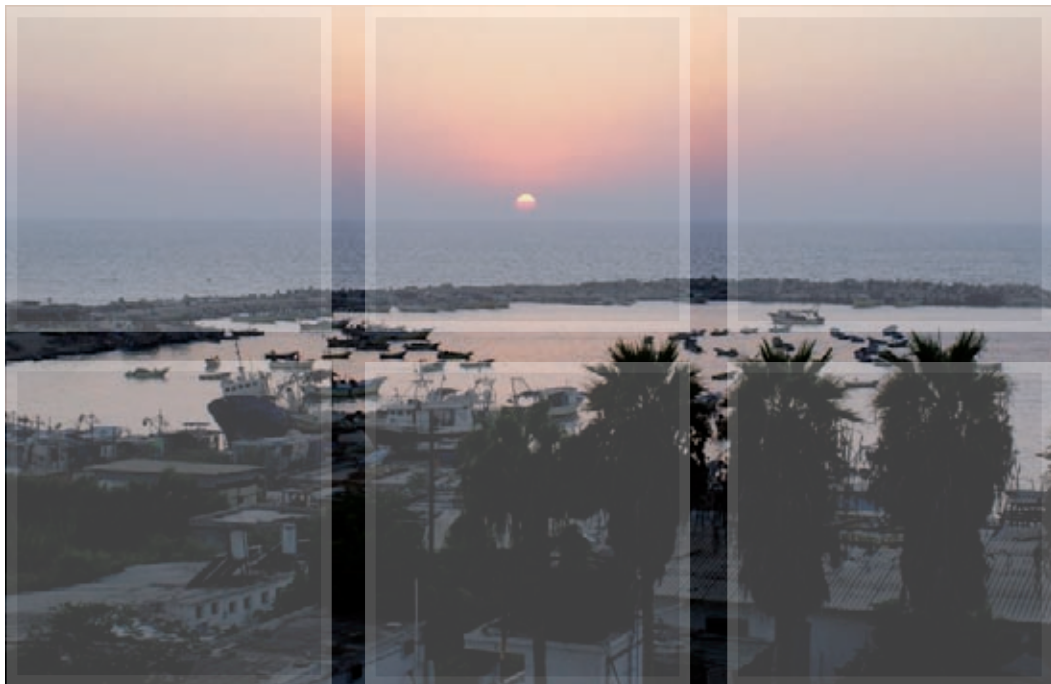
had been made homeless by the relentless bombing campaign.

As families moved from place to place seeking safety, MAP made efforts to focus on isolated families not receiving help from other sources. Following the ceasefire, we worked to ensure that the voices of families who were returning to their communities were heard, and that reconstruction efforts were designed to meet their needs rather than those of central planners.





(Above) Rubbish on a street corner, Gaza; (right) Gaza at sunset with electricity cuts; (bottom, right) engineers installing new sewage piping in Al Zarqa; (opposite, top) school desalination units; (opposite, bottom) dependable water supply



Significant gaps in service provision

Gaza: improved water and sanitation

Decades of environmental neglect, as well as the long years of Israeli occupation during which the infrastructure was deliberately destroyed, have left Gaza dirty and unhealthy. Sewage leaks from improvised septic tanks or simply flows through open channels to contaminate water supplies. Sewage mixes with sand to form a filthy dust in summer and a stinking mud in winter. For families that are connected to the mains water, the supplies they receive are erratic. A lack of suitable containers means rubbish accumulates on the streets.

MAP has been working since January 2006 on a project, in part-funded by the EU, to bring improved water and sanitation to some 13,000 Palestinians in the Al Zarqa area of Gaza. Project implementation has faced many challenges from military incursions and border closures. This meant that the contractor and his workers were often unable to leave their homes to come to work, despite trying to use alternative roads through the surrounding villages. Extra time was needed to finish key parts of the project but the work has remained on track for completion.

Although the work remains on-going, residents already report a positive impact on their lives. The risks of





groundwater pollution, as well as of sewage infiltration, have been greatly decreased with households being connected to the sewage networks. Prior to the connection programme, water was frequently mixed with rust and other contaminants due to the deteriorated water network. Tests by the Ministry of Health have revealed that the water quality now complies with the World Health Organisation's (WHO) standards.

Hygiene and quality of life were also improved through a clean up of the area, which took place with the help and cooperation of the Gaza Municipality. The placement of large refuse containers tied in with an education programme led by local children. The children worked in groups and held meetings with public officials and took part in campaigning and creative activities. Public health and environmental messages were disseminated in the form of drama performances, songs, dances and posters. The children were very enthusiastic as they communicated health messages to members of their families and their community.

A further 14,500 people are benefiting from a similar project targeting neighbourhoods in the Deir El Balah and Al Zawaydeh areas of the Gaza Middle area, with water and sanitation works, rubbish containers and health education. This project, which started at the beginning of 2007, is being funded by the European Commission's Humanitarian Aid Office.

Over-pumping of ground water in Gaza has meant water supplies are contaminated with sea water and pollutants. Without access to clean drinking water, children are at risk of diarrhoea and other water borne diseases, as well as dehydration. This can have a significant effect on children's performance at school, with fatigue, headaches, as well as reduced alertness and ability to concentrate being common symptoms even before thirst is felt. MAP provided desalination units to eight schools, each of which is capable of producing 200-300 litres of drinking water per day. As a result, some 12,000 children in these schools will suffer less sickness, be more alert and better able to learn.





Photo © Bill Parry

Significant gaps in service provision

Primary health care

Improved access to primary health care for disadvantaged communities continues to be a priority for our programme in the West Bank, where the Separation Wall and increased closures have severely affected the ability of communities to access health care.

We committed MAP resources to clinics in the village of Yatta and surrounding areas near Hebron to enable women to have vital access to antenatal and postnatal care. Matching the efforts of the community, which had managed to raise the skeleton of the building, MAP contributed to the building of a clinic in the West Bank village of Ras Karkar. The clinic has come under increasing pressure as the 12 mile journey to Ramallah has become more and more difficult due to the many checkpoints and road blocks.

When an x-ray machine in a clinic serving a population of about 50,000 in Al-Thahrieh broke down, MAP provided the necessary spare parts to repair it. We also provided Al-Maqassed Hospital in Jerusalem with equipment, x-ray support items and medicines.

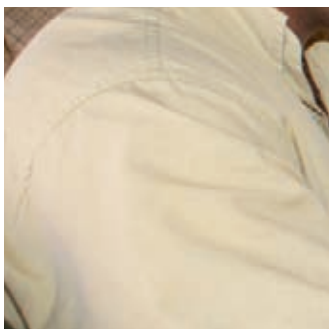
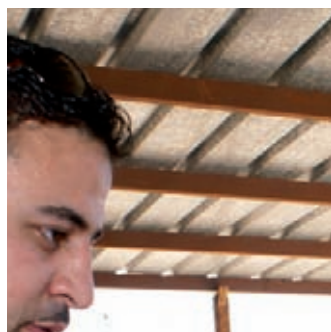
The villages west of Bethlehem have been badly affected by the Separation Wall, which has isolated them and cut off access to health clinics. We have supported these

villages through the provision of clinic services. Similarly, we provided child health services in villages east of Jerusalem. MAP is also training some 20 community health workers from isolated areas affected by the Wall who will serve their communities following the completion of their two-year training.

In Israel we continued to tackle the shocking inequality in the allocation of health resources experienced by Arab communities. In northern Galilee, a health awareness programme successfully educated community members about the benefits of screening programmes about dietary and other lifestyle changes. A comprehensive palliative care programme also made a great difference to those suffering from terminal illnesses.

We continued our work with Bedouin communities in the Negev through an advocacy programme designed to help them achieve their right to access health care provision.

We successfully obtained EU funding for a project providing primary health care to Bedouins living in villages and encampments around Jericho and the Jordan valley. This project began in January 2007 and will run for three years.



Mobile medical clinics:
A young Bedouin girl from Jericho is examined by a dentist while other members of her family are examined by a doctor

Yellow line marks route to nearest clinic, all the way to the spot where photo is taken - random road blocks (marked), when erected, make the journey feasible only by foot.



Clinic in Ras Karkar

The village of Ras Karkar is only 12 kilometres from Ramallah. Checkpoints and road closures, however, mean that this short journey can now take many hours. In response to the difficulties in reaching health services, our partner, Health Work Committees, has been running a mobile clinic in the village.

Recently the village council decided to construct a new building for the clinic. Having built a skeleton structure, they lacked the funds to complete the project and asked MAP to help. It was agreed that we would finish and equip the building. Construction was delayed as the road between Ras Karkar and the surrounding area was often subject to Israeli road blocks. This made it difficult for the contractor to get to work and for supplies to be delivered, but finally it was finished.

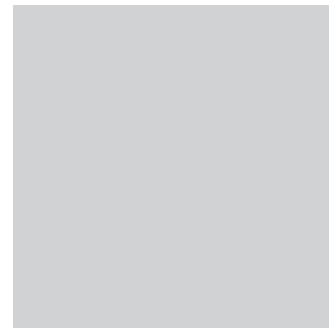
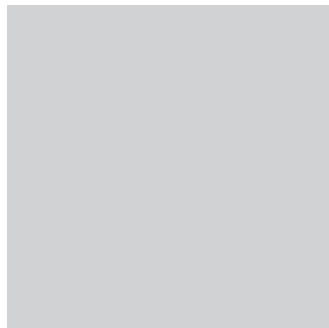
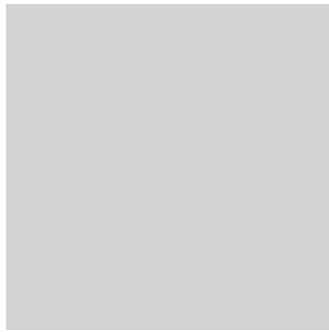
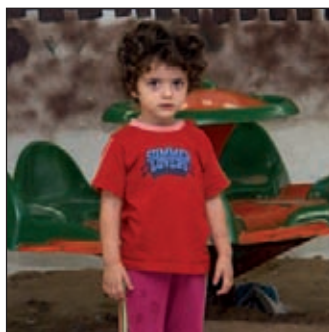
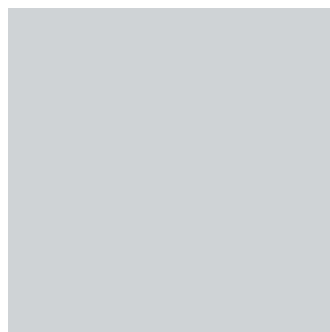
Since opening in May 2007, the new clinic has been busy offering a full range of primary health care services, in an easily accessible location that offers privacy and dignity to patients.

August

Human Rights Watch accuses both Israel and Hizballah of war crimes for targeting civilians in the Lebanon War

UN-brokered cease-fire comes into effect 14 August. Israel drops 1 million cluster bomblets in Lebanon, 90% of which are dropped in final 72 hours of the conflict

Palestinian Centre for Human Rights reports that Operation Summer Rain has killed 197 Palestinians, mostly civilians, including 12 women and 48 children



Significant gaps in service provision

Economic empowerment

The Palestinian refugee community in Lebanon faces severe employment restrictions, with the result that many households live below the poverty line and are unable to meet their basic needs. MAP has continued with its micro-credit programme, providing support to several organisations.

Through increasing household income, we hope to positively impact upon the health of the beneficiaries and their families. In response to the war in Lebanon, we have also tried to help residents in southern Lebanon to restart their businesses.

We have continued to invest in small business enterprise training, vocational training and have encouraged the various microcredit agencies to network to share learnings, to better support the beneficiaries of this programme.

In Gaza we continued to support a project designed to raise family income and improve nutrition. The project trained 75 women in drying techniques and food preservation. This project has been successful in significantly raising the household incomes of the participants.



Tehani, through MAP's micro-credit scheme in Gaza, has quadrupled her family's income.

Naba'a – early childhood development

In southern Lebanon, MAP worked with our local partner, Naba'a, to set up a community-based, early child development programme for children under three years of age in Al Bus refugee camp and Sidon old town.

The programme worked with mothers to raise their awareness of child development milestones including speech, toilet training and basic motor skills for hand, eye and movement coordination. Mothers gained an understanding into the importance of intellectual and emotional interaction with their children, together with advice on how to provide appropriate stimulation and care, including accident prevention in the home.

Community-based health development

Disability

As poverty bites further, buying aids to help cope with disability is now impossible for most Palestinian families. MAP bought wheelchairs and air beds for the most needy.

Children in Gaza with cerebral palsy benefited from a community-based rehabilitation programme that improved their quality of life by increasing their mobility and their ability to do everyday tasks; it also assisted the community integration of disabled children by tackling attitudes towards disability.

In southern Lebanon we began working with a school for children with special needs, offering rehabilitation services together with vocational training to young persons with disabilities. Over the long term, the project aims to enable persons with disabilities to become more actively involved in their communities.



November

Major Israeli offensive in the Gaza town of Beit Hanoun claims the lives of dozens of Palestinian civilians and is condemned by international aid organisations

December

Israel's High Court approves a plan to run the Separation Wall around 5 Palestinian villages in north-west Jerusalem, separating 15,000 Palestinians from East Jerusalem

January 2007

The Commons International Development Committee criticises the international community's decision to boycott the Hamas government, and calls for dialogue and engagement instead



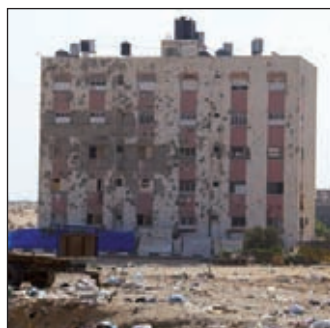
Psychosocial support

With an increased number of incursions, the pressure of economic sanctions and ongoing insecurity in the region, psychosocial support is greatly needed. Children are particularly vulnerable and suffer as a direct result of the conflict, consequently displaying a range of symptoms, both behavioural and physical.

Our psychosocial support programme has focused on Gaza, especially areas in the middle and the south. MAP's partner organisations in Gaza and the West Bank have worked on enhancing and developing coping mechanisms

for children suffering from post traumatic stress disorder and behavioural disturbances. The on-going conflict, house demolitions and sonic booms all contribute to create widespread psychosocial suffering.

In the most afflicted areas, MAP is providing places where children can receive remedial education, counselling and play therapy in a safe and supportive environment. Early results of an assessment in the West Bank have indicated that there is a clear need for community-based psychosocial support, particularly in the North, which we have also begun to implement.



Photos: (above) Rubble and twisted steel cable are what remain of the demolished neighbourhood where the students (opposite page) lived in 2001 (Rafah, Gaza); (left, right) signs of incursions, attacks and assassinations.





Al Widad Association, Rafah, Gaza

The faces of the children above convey the essence of the excellent and important work undertaken by the Al Widad Association. Six years ago these children – and the other 440 children who attend the Al Widad Association – lost their homes during Israeli incursions.

Sami, who heads the Association, says that the trauma affects the children in different ways: some withdraw into themselves, some turn to violence and anti-social behaviour to express themselves. Many suffer speech difficulties; and the trauma damages family relationships as well. Students' academic work typically is a casualty of the trauma too.

The Association helps the children to overcome the trauma and to rebuild their lives, with workshops given for the parents too. It provides general psycho-social support and therapy to deal with the trauma experienced, and assesses and tracks the students' academic and health care needs throughout their time at the Association – remedial work is given to students whose studies have suffered and, Sami says, most eventually attain normal

rates of academic achievement. Hot meals and nutritional analysis are provided, and families are involved so that the work can continue within the family environment. Al Widad also organises summer and winter recreational camps for the children.

Sami says that the results are tangible – they witness a decrease in the violence that students use towards each other, while the most reclusive students become much more interactive. Enrolment is always prompt for the next session and truancy is non-existent.

When questions were put to the students above about what the Association meant to them, the appreciation and the respect that it has in their lives was immediately apparent in the students' laughter and enthusiasm, and in the deep affection and respect for Sami and his colleagues that the students openly expressed.

The Association is currently unable to provide therapy for speech difficulties that arise from post-traumatic stress disorders but is hoping to meet this need in the future.

March

John Dugard, the UN's Special Rapporteur on the situation of human rights in the Occupied Palestinian Territories (OPT), condemns Israel's human rights violations in the OPT

Alan Johnston, the BBC's correspondent in Gaza, is kidnapped and held in captivity for 114 days

A sewage pool in Gaza bursts its banks, flooding a nearby Bedouin village – 6 people die, including 3 children, and 18 people are injured

Public health and health promotion

As a result of poor housing, low levels of health awareness, open sewerage and a lack of access to clean water, Palestinian refugees often face very poor health. In response to this in Gaza, we have managed to continue the implementation of an EU co-financing project to network the clean water supplies and sewage disposal in the district. This year we have also obtained ECHO funding for a similar project with the same partner in a different location. Both of these projects run alongside health awareness campaigns in the communities. Each is proceeding well despite the difficulties of working in Gaza. MAP will continue to bid for this type of project from institutional donors.

This issue is more prevalent in highly populated areas and where communities are located between municipal boundaries. In Lebanon we supported PARD in Gaza Buildings in Shatila camp in Beirut to control pest infestations. In the wake of the war, we provided water and hygiene kits in Bourj al Barajneh and Ein el Helwe.



Capacity Building

MAP has aims to build the capacity of our partner organisations to enable them to deliver their programmes more effectively. In Lebanon we have trained our partner NGOs in effective project management techniques, conflict resolution, English language and communications. In Gaza we have supported training of our partner organisations in proposal writing and reporting.

External factors affecting results

MAP has always worked in extremely difficult circumstances. This year, however, with major incursions throughout the year in Gaza and the West Bank, and the war in Lebanon last summer, it has become even more challenging. Despite these difficulties, MAP has continued to respond, largely through emergency programmes, to meet the immediate needs while maintaining our development programme.

The policies of the Israeli government in the occupied Palestinian territories have a major bearing on our partners' abilities to deliver programmes and achieve their targets. These policies also greatly affect the ability of our staff to provide our partners with the necessary support.

Despite the major disruptions of incursions and conflict, movement restrictions in the form of closures and curfews create other serious obstacles to programme implementation. Though Israel has withdrawn from inside Gaza, the economic sanctions, incursions, frequent closure of the crossings and assassinations have not improved conditions on the ground. Increasingly, and particularly in Gaza, we are witnessing a breakdown of law and order. In Lebanon the situation remains tense.



Donor thanks

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The Bruce Trust
The Buckland Charitable Trust
The William A Cadbury Charitable Trust
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Humanitarian Aid

Treasurer's Report

During the year 2006-07, MAP raised a little over £2,410,000, net of fundraising costs. Total charitable expenditure rose to over £1.8 million. This means that we were able to designate £300,000 for quick response emergency situations. Over £1.6 million was spent on either direct programme expenditure or programme support.

MAP's programme of fundraising, particularly direct marketing, has achieved good results overall. Fundraising investments made last year meant that we were able to spend less on fundraising whilst the level of voluntary income continued to grow. MAP's supporters tend to be generous and include a number of high value donors.

Our annual fundraising dinners raised approximately £265,000. We continue to enjoy the support of members of the Palestinian and Arab communities living in the UK and it is largely their support that makes these events the success that they are.

Total voluntary income has returned to historical levels. Given the high profile of the Israeli incursions and the ongoing construction of the Separation Wall, there was a high level of public support for distress advertising and general appeals. Our efforts to secure institutional income continue. We now have strong teams in the field and we expect to see a significant increase in institutional income.

**Martin Hughes BA (Hons) DipM
MCIM MCIPR**

	2006-07 £	2005-06 £
Statement of Financial Activities		
Incoming Resources		
Incoming resources from generated funds		
Voluntary income	2,039,769	1,090,408
Activities for generating funds	265,884	123,312
Investment income from short-term deposits	36,291	27,058
	<u>2,341,944</u>	<u>1,240,778</u>
Incoming resources from charitable activities		
Other incoming resources	407,599	135,981
	8,593	8,339
Total incoming resources	<u>2,758,136</u>	<u>1,385,098</u>
Resources Expended		
Costs of generating funds		
Costs of generating voluntary income	339,751	490,123
Charitable activities		
West Bank and Gaza	1,556,340	773,490
Lebanon	340,129	414,682
Governance costs	19,794	15,530
Total resources expended	<u>2,256,014</u>	<u>1,693,825</u>
Net incoming/(outgoing) resources before transfers		
	502,122	(308,727)
Fund balances brought forward 1 April 2005	1,032,029	1,340,756
Fund balances carried forward 31 March 2006	<u>1,534,151</u>	<u>1,032,029</u>
	2007	2006
	£	£
Balance Sheet as at 31st March		
Fixed Assets		
Tangible assets	177,813	190,023
	<u>177,813</u>	<u>190,023</u>
Current Assets		
Debtors	116,768	70,630
Short term deposits	916,479	711,467
Cash at bank and in hand	466,235	134,048
	<u>1,499,482</u>	<u>916,145</u>
Creditors: Amounts falling due within one year		
	<u>(143,144)</u>	<u>(74,139)</u>
Net Current Assets	<u>1,356,338</u>	<u>842,006</u>
Total assets less current liabilities	<u>1,534,151</u>	<u>1,032,029</u>
Funds		
Restricted Funds	381,274	163,858
Unrestricted Funds - General	179,621	332,705
Unrestricted Funds - Designated	973,256	535,466
	<u>1,534,151</u>	<u>1,032,029</u>