

PROGRAMME REPORT 2008 – 2009



CONTENTS

Introduction from Steve James, Chief Executive of MAP	01
MAP in the Occupied Palestinian Territory	02
MAP in Lebanon	03
Advocacy: Working for Change	04
The Lancet Series: New research – Health in the Occupied Palestinian Territory	06
Thematic Overview: MAP's Programmes 2008-2009	07
Women's & Reproductive Health	08
Primary Health Care	10
Child Health	12
Psychosocial & Community Development	14
Disability	16
The War on Gaza	17
The First Few Hours	19
As the Crisis Unfolds	20
Rebuilding Lives	22
About us	25

INTRODUCTION

STEVEN JAMES, CHIEF EXECUTIVE



It is with my personal thanks that I introduce the first of our annual programme reports. This document intends to offer an overview of MAP's work in the oPt and Lebanon over the last year, for those who have contributed valuable funds towards our programmes and who continue to support our critical work to protect the health of Palestinians. The success of these programmes is a testament to your generosity and to the hard work of our field teams who work tirelessly in the region.

This year has been marked by great successes and development for MAP, and yet the tragedy faced by the people of Gaza at the start of 2009 has shocked and saddened us all. I joined MAP last June as Chief Executive, along with our new Director of Marketing, Jo O'Neill. In our first year, we have been hugely impressed and motivated by the dedication of our staff and supporters, never more so than as the enormity of the humanitarian crisis in Gaza unfolded. We are also pleased to introduce our new Director of Finance, David Breen, and Libby Powell, who joined our UK team as Programme

Officer in the autumn and who will be a key point of contact for you within MAP. In Lebanon, Mahmoud Adawwi joins us as Programme Officer. With these additions to the team, MAP has never been stronger.

This year also marks our 25th anniversary. MAP was launched in 1984 in the aftermath of the massacre at Sabra and Shatila, with a mission to provide emergency relief and medical assistance to Palestinians in desperate need as a result of the Israeli invasion and the civil war in Lebanon. Today, MAP has offices in Ramallah, Gaza City, Beirut and London. This year will be a time of review and reflection for the organisation as we work towards ever higher standards of best practice, improving levels of accountability to both beneficiaries and our donors.

I hope that this report offers insight into our programmes and our key areas of work. We would be more than happy to give you additional information on any element of our programmes as well as discuss the areas of proposed development over the coming year. It is vital that the range of our programmes, and the support they offer to vulnerable communities, is sustained. Approximately a quarter of all our income is received from trusts and institutional funding. Underpinning this funding is MAP's assurance that we will use those funds to build local capacity, nourishing a Palestinian health system struggling against all odds. We build upon our 25 years of experience in the region to ensure that we are prepared to react rapidly to emergencies, including providing community members with life saving training at all levels of health care. In all our programmes and work, MAP remains committed to upholding and advocating for the human right to health.

We are extremely grateful for all your support in helping us to work towards this over the last year and look forward to strengthening our partnership together in the months ahead.

Yours sincerely

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

Steven James
Chief Executive
Medical Aid for Palestinians



MAP IN THE OCCUPIED PALESTINIAN TERRITORY

The ongoing Israeli occupation is the main determinant impacting on the quality of health care for Palestinians: the system of movement restrictions has made normal modes of access to health care, and health system development impossible. This, in addition to the two year blockade of the Gaza Strip, has created a deepening humanitarian and health crisis with restrictions in access to medical supplies, training and development opportunities, and patient access to services. This is juxtaposed with the internal conflict and deterioration in relations between Palestinian factions, exacerbating an already difficult situation. Strikes by health workers in Gaza, followed by disagreement on the mechanisms for referral of patients abroad between the Palestinian Authority and Hamas, have directly put patient lives at risk. Whilst both these issues have been resolved, the tension between the PA and Hamas authorities remains a significant contributing factor to instability in health systems planning and delivery in the occupied Palestinian territory.

In light of these constraints, MAP is committed to working strategically toward a more programmatic approach across the oPt. This has involved developing a diversified portfolio of health and emergency partners to facilitate linkages, drawing on expertise from community based partner organisations, national NGOs, UN bodies and the Ministry of Health, to address significant gaps. By focussing on emergency interventions in areas where MAP is working on longer-term health development and through working cooperatively with multiple agency agreements, MAP hopes to strengthen coordination and effectively draw on appropriate cross disciplinary expertise. Through the development of strategic partnerships across agencies based in the West Bank and Gaza Strip, MAP also hopes to invest in comparable and consistent skills development. This will contribute to lessening the current fragmentation and directly support front line health practitioners committed to the right to health.

Over the past year the aid environment in the occupied Palestinian territory has been beset with instability, with erratic interventions and the flow of donor aid with increased complexity and fluctuating policies. This has resulted in a high turnover of short-term projects by international agencies. The especially high influx of new emergency relief agencies, previously not established in the oPt, and the reduction in some of the longer-term international development programmes due to financial constraints has also added to this complexity. The result has often been to hinder, rather than support systematic health planning. Within this context MAP has started to increase core grants, thereby providing a consistency of support to partners.

Over the past 18 months MAP has invested time and funds in strengthening coordination, information flow and research to better underpin health policy, planning and practice within the oPt. MAP has increased support to key research areas, as well as re-establishing the health sub group of the Association of International Development Agencies (AIDA) to promote increased sharing of information, coordination and accountability amongst health stakeholders. Most especially to provide a space in which international NGOs working in health can effectively support each other in reflecting and addressing key factors impacting the sector. Examples of recent work have been the cooperation with OCHA and WHO in developing specific incident tracking forms to monitor access of paramedic teams in the West Bank, as well as addressing concerns to increase access of medical supplies to Gaza. In 2009, MAP has been elected to the AIDA executive committee to continue this role in chairing the AIDA health group.

Kathy Al Ju'beh, Director of Programmes, oPt



MAP IN LEBANON



In Lebanon, MAP works to achieve sustainable improvements in health by building local capacity and by working with households to address gaps in services based on individual's experience. In taking such an approach MAP has been able to document critical gaps in the provision of health services for vulnerable populations, especially women and children. MAP has also witnessed the way services provided by institutions are subjected to periodic funding crises that have hindered the sustainable development of these services. In more than one case, services have been abandoned at the end of the project's funding period. There is an urgent need of a planned policy framework within which service provision is prioritised, and from which consistent and safe protocols and procedures can emerge.

Refugees displaced from Nahr al-Bared in the summer of 2007 continue to live in temporary shelters and terrible conditions. Over the last year, dialogue has continued between the PA and the Lebanese Government, with a pledge to move forward on the reconstruction of Nahr al-Bared. However, despite this new dialogue, the rebuilding has so far been simply a promise without action. The entire old camp of Nahr al-Bared remains as rubble, homes are destroyed and the site is still considered dangerous, especially as an extensive network of tunnels under the camp undermines foundations for new construction and is seen as a security risk for the future.

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

No amount of games can compensate for access to clinical services though, and to address this need MAP has supported the development of several specialist advice clinics and outreach services. These provide screening services and better diagnosis so risks can be more effectively managed in situations where resources are inadequate and poorly prioritised. In running these services MAP has designed and introduced a set of audit tools to monitor the practice in clinics and systematically review patient records. In this way we plan to supervise the quality of care given and to address training and development needs of professional care givers.

Attitudes and behaviour are quick to judge and slow to develop. This is especially true for reproductive and sexual health where interventions are seen as controversial. The threat of ostracism is enormous in societies that are highly authoritarian. MAP's programmes have sought to engage institutions such as schools and mosques, parents and adolescents and include projects that focus on conflict resolution alongside health education. Although the development of a protection framework is still beyond our collective grasp, we are looking to develop these policies with local authorities.

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

Rehana Kirthisingha, Director of Programmes, Lebanon

ADVOCACY

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

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



SITUATION OVERVIEW – OCCUPIED PALESTINIAN TERRITORY

The ongoing Israeli occupation of Palestinian territory remains the largest single obstacle to achieving sustainable peace. The system of movement restrictions and military operations has isolated Jerusalem, and divided the West Bank into a series of cantons in which normal life and development are impossible. In Gaza, the ongoing blockade has created a deepening humanitarian crisis alleviated only by small supplies of aid. High levels of international support (both diplomatic and financial) to the Palestinian Authority contrasts with the complete isolation of the Hamas-controlled Gaza Strip. This has exacerbated the political breakdown of relations between Palestinian factions; reconciliation talks to form a unity Palestinian government continue but have as yet failed to deliver.

On 27 December Israel launched an assault on Gaza, which lasted 22 days. Up to 1,400 Palestinians were killed, and over 5,400 were injured, many severely. At least 10,000 homes were completely destroyed and thousands more severely damaged, while approximately 90,000 Palestinians were internally displaced. In the aftermath of the conflict, fuller details of the violations of international humanitarian and human rights law continue to come to light, particularly those relating to health and medical access.

Despite a significant decline in media coverage since the end of the war on Gaza, the humanitarian situation continues to deteriorate. A fragile ceasefire has been largely maintained, yet Israeli restrictions on the entry of basic goods like cement have thwarted any elementary attempts at reconstruction in Gaza. Limited supplies of medical and humanitarian goods, food and fuel have been permitted into Gaza, allowing MAP's programmes to continue, but the entire population continues to suffer from the blockade. And while some attention is focused on Gaza, the restrictions for Palestinians in the West Bank continue to increase.



SITUATION OVERVIEW – LEBANON

There are officially some 400,000 registered Palestinians living in Lebanon, about half of these in 12 United Nations refugee camps. Palestinian refugees in Lebanon live in the political shadow of events in the oPt, while being buffeted by the flaws and contradictions inherent in the Lebanese system. 2008 saw the 60th anniversary of the Nakbah. Generations on, Palestinian refugees and their descendants still face an uncertain future.

With the decline in confrontation between the government and opposition, Lebanon has experienced a period of calm and prosperity during 2008. Concessions made between pro and anti-Syrian coalitions eventually led to the election of President Suleiman earlier in the year. This fragile coalition held, and elections were carried out in early June 2009 without incident. Nevertheless violence has continued to spiral on the boundaries of the Palestinian refugee camps, a consistent reminder of how quick a descent into chaos could be if the political arrangements break down once more. As long as the Palestinian refugees live so close to conflict the very basis of their lives is in turmoil.

While some political progress has inspired an official Palestinian-Lebanese dialogue committee and has resulted in the setting up of a Palestinian Embassy in Beirut, heavy restrictions for Palestinians continue. Palestinians are still not allowed to own land, nor erect any 'permanent' structure in Lebanon, nor work in any profession outside the camps, with the exception of manual labour in construction and agriculture. The rebuilding of Nahr al-Bared camp, destroyed by fighting in 2007, remains hindered by funding and coordination issues. As ever, UNRWA is struggling to match its funding to the actual needs of Palestinians living in the country. The Palestinian refugees in Lebanon remain the most vulnerable community served by UNRWA outside the occupied Palestinian territory.



LOCATION OF THE 12 UNITED NATIONS REFUGEE CAMPS ACROSS LEBANON

Of these camps, Ein el-Helweh remains the largest with a population of 45,967 Palestinian refugees

Source: UNRWA

THE LANCET SERIES NEW RESEARCH – HEALTH IN THE OCCUPIED PALESTINIAN TERRITORY



March saw the launch of a special series on Health in the occupied Palestinian territory in *The Lancet*, one of the world's leading medical journals. This publication is the culmination of over two years of work by Palestinian academics and their international counterparts, and was led by MAP's partner, the Institute of Community and Public Health of Birzeit University. MAP has been heavily involved in this programme from the outset, not only providing funding for the process, but supporting work on the publication, and coordinating the London launch of the series. This research is critical, providing the evidence to inform our work on implementing and planning health programmes, and in advocating for policy changes.

The series looked at the main determinants of Palestinian health, the most powerful being the State of Israel, whose economic, political, military and territorial superiority continues to be applied to both Gaza and the West Bank. The *Lancet* papers also considered the lesser, yet still significant, power which internationally-funded agencies can exert over the direction of health development in the region and which, despite huge financial investment, can lack coordination and coherence. Furthermore, the Palestinian Authority, which has lacked the ability to develop a coherent health system, has failed too often to rise above serving factional interests. In this way, the series of articles describes the more complex background of a strangulated Palestinian economy, gross restrictions on ordinary movement and a pervasive environment of intimidation, uncertainty and insecurity, in which attempts to establish a coherent health system are set to fail. The occupied Palestinian territory is unique, not only for being under external military and economic control, but also because of the 40-year duration of these circumstances.

The *Lancet* series demonstrates that improvement in the conditions of daily life requires an end to the current conditions of occupation and siege, whilst tackling the inequitable distribution of power, money and resources requires an end both to factional government and the culture of donor dependency. Finally it demonstrates that there is ample ability, if not capacity, within Palestinian society to measure and evaluate the problems it faces and develop a workforce that is trained in the social determinants of health.

Following the official launch of the *Lancet* series at the Royal College of Paediatrics and Child Health, MAP held a conference day entitled: *Health under Occupation: Health Under Fire*. This conference highlighted the key findings of the *Lancet* series but also focused on more recent events in Gaza, from the health perspective. Drawing together a diverse and international audience from the health, development and political sectors, this conference considered the key issues faced by Palestinians and how to take the recommendations of the *Lancet* series forward.

MAP will continue to support the capacity of local partners to initiate such important research, and sustain the momentum for policy change following the series.

The full text articles of the Lancet series on Health in the Occupied Palestinian Territory are available on MAP's website.

"For too long, the health & welfare of Palestinians within the occupied territory have been secondary to powerful outside interests"

'Keys to health: Justice, Sovereignty & Self-Determination' Lancet Series, March 2009

THEMATIC OVERVIEW MAP'S PROGRAMMES 2008 – 2009



WOMEN'S & REPRODUCTIVE HEALTH



In Lebanon, MAP continues a long standing partnership with the Women's Humanitarian Organisation working with women in refugee camps across Lebanon through awareness raising workshops, vocational training and job creation. MAP supports a vital women's outreach programme based at the Well Woman Clinic in Bourj al-Barajneh, focussing on older women who are primary carers in economically and socially deprived circumstances and who are coming to terms with life cycle changes associated with menopause. MAP is coordinating a range of health promotion campaigns concerning reproductive, maternal and child health campaigns throughout the Palestinian camps.

Within the Palestinian refugee camps of Lebanon, young people constitute a highly vulnerable group. In Ein el-Helwe, MAP is working with local partner, Developmental Action Without Borders (Naba'a), to provide accessible advisory services for reproductive health. One of the largest and most troubled camps in Lebanon, Ein el-Helwe has benefited from an open advice centre offering medical, psychological and social support. In

December 2008, MAP concluded a year long programme that established four youth advisory clinics (in Tripoli, Tyre, Beirut, and Beka'a Valley) with an Italian NGO, Ricerca e Cooperazione. The clinics are supported by social workers, who have established interactive educational programmes and referral pathways to specialised clinical support. Each of these clinics has raised crucial awareness around bacterial infections, which are a significant cause of a high level of renal failure and premature low birth weight deliveries amongst the Palestinian refugee population. Each of these programmes has provided crucial insight into who is accessing services in the camps, the sustainability of services and the impact on health-seeking behaviours of the beneficiaries themselves.

In the West Bank, MAP has been working with the Mothers' School Society empowering women and their children to address key issues affecting their own health. MAP supports an integrated reproductive and psychosocial health programme, which forms part of a wider objective of opening up opportunities for women and young people to develop self confidence and communication skills.

As part of a strategic partnership, MAP offers core funding to the Union of Health Care Committees (UHCC) services in the north of the West Bank. These funds provide flexible core support to cover the costs of priority needs within the PHC programme. In the past year this has been prioritised to provide a portable ultrasound to support the Well Baby clinic activities and in the mobile clinics for women's health. The core funding has also been used to pay the salaries of a gynaecologist and a midwife to support a women's health mobile clinic program to support under-served outlying communities.

'I have never had the opportunity to talk about these intimate subjects in front of other people; this made me realize that I am not the only one'.

One participant's feedback for a joint MAP/Mother's School review

WOMEN'S & REPRODUCTIVE HEALTH: CURRENT PROJECTS



INTEGRATED REPRODUCTIVE AND PSYCHOSOCIAL HEALTH PROJECT, NABLUS

Implementing Partner:
The Mothers Society

Project Summary: An integrated health programme, working towards psychosocial, sexual & reproductive health awareness for mothers and children.

Beneficiaries: 3800 including young mothers and their families.



HEALTH PROMOTION CAMPAIGNS, LEBANON

Implementing Partner:
Women's Humanitarian Organisation

Project Summary: A series of awareness promotion campaigns concerning reproductive health in all camps, maternal & child health in Tripoli & Well Woman programmes in Bourj al-Barajneh.

Beneficiaries: 5,000 residents of the Palestinian refugee camps.



ENSURING STABLE WOMEN'S HEALTH CARE SERVICES TO MARGINALISED COMMUNITIES IN NABLUS, QALQILYA, TULKAREM, SALFEET AND JENIN

Implementing Partner:
Union of Health Care Committees

Project Summary: To ensure better quality and availability of women's health services by employing a midwife and a gynaecologist for ante-natal and post natal care.

Beneficiaries: The total number of women benefiting is approximately 27,600.



ADVISORY CLINIC ON REPRODUCTIVE HEALTH ISSUES, EIN EL-HELWEH REFUGEE CAMP, SAIDA

Implementing Partner:
Developmental Action Without Borders (Naba'a)

Project Summary: An open advice centre offering a range of medical, psychological & social support, whilst collating, analysing and sharing data on reproductive health issues in the camp.

Beneficiaries: 30,000 refugee residents of Ein el-Helweh.

PRIMARY HEALTH CARE



MAP is committed to strengthening primary health care in remote areas or areas affected by the Separation Wall where the Ministry of Health (MoH) services cannot fully support. Local NGO partners are chosen based on their commitment to provide impartial, accessible, affordable and appropriate services to all within their community.

MAP supports two primary health care partners in the West Bank. In the south, the Union of Health Work Committees delivers primary health care services to over 15,000 Palestinians in villages isolated by the Separation Wall and a clinic in the Old City of Hebron surrounded by settlers. In the north, the Union of Health Care Committees services remote rural areas and communities also affected by the Separation Wall. Both these partners are supported by a core grant which allows them to plan their primary health care services and prioritise services to communities in most need.

MAP supports two Maternal and Child Health programmes in the West Bank, one with the Bedouin communities of the Jordan valley and one in Yatta, a traditionally under-resourced area with high population and poverty rates in the

southern West Bank. The project to support the Bedouin community is run by our local partner, the Islah Charitable Society (ICS) and is supported by the European Commission. The project addresses the health needs of nomadic and semi-settled communities who have been badly affected by the many restrictions on movement in the West Bank. The traditional Bedouin way of life has become almost impossible, and poverty rates have soared. Acute anaemia in women and malnutrition in children are high. The project provides mobile outreach clinics offering access to a full range of health care services. During the course of the programme, MAP has also upgraded the main ICS clinic to support referrals.

In the Hebron District, MAP is also working with local organisation Ard el-Atfal to increase access to maternal and child health services through providing antenatal and postnatal care to 40% of the pregnant and delivered women in Yatta area. These services have increased the number of screened women in the clinics reducing illnesses through early detection and significantly reducing anaemia and under weight for children below five years.

In Nahr el Bared refugee camp, Northern Lebanon, MAP is working to minimise the impact of the camp destruction on maternal and child health, implementing home visits by a team of midwives to monitor the wellbeing of mother and child living in inadequate temporary housing. Supported by Irish Aid, the project works alongside UNWRA to maximise access to a holistic and integrated maternal and child health care system. In conjunction with this project, MAP works with the Community Mothers Scheme in Tripoli to train women to offer psychosocial support to mothers in Nahr el Bared, raising awareness of health and well being within the home.

In the West Bank, MAP also supports the training of community health workers as a means to build local capacity and participation in health. The Palestinian Medical Relief Society (PMRS) School of Community Health, prepares young women from remote and marginalised areas in the West Bank to act as community health workers. The training combines theoretical and practical components of health development and community participation, with nursing, social and counselling skills, encouraging the participants to become key agents of change within their own communities.

PRIMARY HEALTH CARE CURRENT PROJECTS



IMPROVING HEALTH CARE SERVICES PROVIDED TO WOMEN & CHILDREN IN YATTA AREA, HEBRON

Implementing Partner:
Partner: Ard el-Atfal

Project Summary: Improving health care services for women in the most neglected areas in the Hebron District.

Beneficiaries: Children 0-5 years & women of reproductive age, including 6,000 pregnant & lactating women & 900 newborn babies.



PRIMARY HEALTH CARE FOR THE BEDOUIN WOMEN & CHILDREN, JERICHO DISTRICT

Implementing Partner:
Islah Charitable Society

Project Summary: A network of mobile outreach clinics, visiting marginalised Bedouin communities.

Beneficiaries: 26,000 Bedouin over 3 years, focussing on women & children health care to Bedouin women & their families, with a focus on preventative medicine.



TRAINING OF COMMUNITY HEALTH WORKERS, WEST BANK

Implementing Partner:
PMRS School of Community Health

Project Summary: Training of Community Health Workers to increase access, affordability and quality of primary health care for communities across the West Bank.

Beneficiaries: 25 women trained to support a population of 120,000 people.



INTEGRATED MATERNAL & CHILD HEALTH CARE, NAHR EL BARED & TRIPOLI, LEBANON

Project Summary: Home visiting service by midwives and trained community volunteers to support mothers with infants and reduce morbidity and mortality in new born babies, including the identification of babies at risk and referrals to UNWRA clinics and ongoing support for maternal interaction.

Beneficiaries: 1500 mothers and babies

CHILD HEALTH

MAP has a long-term partnership with the Royal College of Paediatrics and Child Health (RCPCH) to support the development of a Palestinian Child Health Diploma. This programme, facilitated and run locally by partner Juzoor, is now training its third cohort of child health professionals. In recognition of the need to drive up standards of care and specialisation with child health, the diploma offers 11 modules over an 18 month period. There is, at present, discussion with the Ministry of Health and the Palestinian Medical Council to see how this programme can further integrate into being recognised as part of a specialisation for paediatric and family health specialisation. Currently this programme is running in the West Bank only. However, as part of MAP's commitment to working programmatically over the oPt, we are exploring with the RCPCH ways in which the diploma training, or at least initial modules, can also be developed and introduced in Gaza. The first stage of this is through a "training of trainers" course planned by MAP and the RCPCH for late 2009.

Al Nasser Hospital is the main paediatric hospital for the Gaza Strip. It has suffered badly from the blockade, which has prevented the repair and maintenance of emergency equipment. In 2008, only two of the possible six Intensive Care Unit beds were in operation. MAP, in coordination with the Royal College of Paediatric and Child Health, is supporting the training of over 21 paediatricians in the Gaza Strip. However, in order to make this training effective, there must be appropriate equipment to ensure that the trained professionals can provide good quality treatment for intensive care children. To this end, MAP is providing portable monitors, ventilators, pulse oximeters, incubators, infusion pumps, syringe pumps, portable suction and emergency trolleys, as well as providing key textbooks for their medical library.

Child nutrition is a core thematic area for MAP's child health interventions. In the Gaza Strip where high rates of macro and micronutrient deficiencies as well as other forms of malnutrition occur, MAP supports the child nutrition specialist partner, Ard el-Insan (AEI). AEI's comprehensive approach to combating malnutrition is demonstrated in the project intervention through its curative and preventive services. The curative services delivery manages malnutrition issues and related illnesses through admission to AEI's clinic, while the preventive services seek to enhance mothers' knowledge and practices regarding breastfeeding and child nutrition including malnutrition causes, meal preparation and feeding practices. Total project beneficiaries include: 899 children ages 0-5 who received nutritional assessments; 256 mothers who have had received support for breastfeeding practices; 1564 mothers have participated in health education and counselling activities; and 2505 supplementary meals served to mothers and children.

MAP also works with community-based partners to support child nutrition and well-being. For example, in partnership with Al Karmel Cultural and Social Development Association, MAP seeks to improve the nutritional status for 400 children from six marginalised areas in Khan Younis, southern Gaza Strip. It provides healthy hot meals for the children and also increases the knowledge and skills related to healthy nutritional practices for the children and their parents with a focus on behaviour change.



CHILD HEALTH CURRENT PROJECTS



PALESTINIAN DIPLOMA IN CHILD HEALTH, WEST BANK

Implementing Partner:
Juzoor

Project Summary: Building the capacity of health providers participating in a Child Health Diploma supported by the Royal College of Paediatrics and Child Health.

Beneficiaries: 20 doctors and nurses; children receiving services by health professionals included in the programme.



IMPROVING THE NUTRITIONAL STATUS FOR CHILDREN IN MARGINALISED AREAS, KHAN YOUNIS, GAZA STRIP

Implementing Partner:
Al-Karmel Cultural Society

Project Summary: Improving the health and nutritional status of children living in six marginalised areas through direct provision of healthy meals accompanied by health education.

Beneficiaries: 2400 women and children in Khan Younis area.



NUTRITIONAL HEALTH CARE SERVICES FOR MALNOURISHED CHILDREN UNDER 5 YEARS IN THE GAZA STRIP

Implementing Partner: Ard el-Insan Palestinian Benevolent Association

Project Summary: Improving the nutritional status of malnourished children from 0 to 5 years from middle & north of the Gaza Strip.

Beneficiaries: 5100 children 0-5 years old and their mothers.



EMERGENCY SUPPORT TO NEWBORN AND CHILD LIFE SUPPORT SERVICES IN GAZA

Implementing Partner:
Al Nasser Paediatric Hospital

Project Summary: Provision of vital emergency equipment and library materials to the main paediatric hospital in the Gaza Strip

Beneficiaries: Approx 7,500 per month, including both admitted and outpatient cases.

PSYCHOSOCIAL & COMMUNITY DEVELOPMENT



Palestinian children show high levels of anxiety and other psychosocial problems resulting from their exposure to traumatic situations. As a result MAP has been committed to supporting partner organisations to offer appropriate psychosocial support programmes and activities enabling children to express themselves in an independent space, to better understand the situation around them, and to enhance their social abilities.

MAP's partner, the Community Training Centre for Crisis Management (CTCCM) in Gaza, uses a variety of activities including teaching relaxation techniques to help children express their feelings and become more self-aware. It emphasises the development of children's social abilities through their improved capacities to communicate, analyse and deal with problems. The project also works with parents to raise awareness of the problems faced by their children, and reduce violence within families. MAP believes it is crucial that such a project is underpinned by sustainability and appropriateness and that the children involved feel ownership of the campaign. Around 8,000-9,000 children are

benefiting from four active sessions during school time, whilst 250-300 active sessions are organised for 3000-4000 parents. Part of the project is the establishment of five community committees in five governorates in Gaza to support the ongoing development of psychosocial health.

MAP is also working with 500 children in the Deir al-Balah area of Gaza Strip, offering psychosocial support activities that include play, self expression sessions and recreation. The population of Deir al-Balah have suffered from neglect and isolation for over ten years with repeated trauma of military incursions and settler violence. The project is implemented by the Deir al-Balah Rehabilitation Society (DBRS) which has a children's skills enhancement centre and a school for children with hearing impairment. At this centre, activities support the integration of children with psychosocial and behavioural problems with children with hearing impairment, with both groups participating in recreational activities, debriefing sessions, counselling sessions, summer camps and safe environment where they can play. An important part of the programme also focuses on community-based interventions that increase parents' understanding of how to best support their child's psychosocial health and well-being.

In addition MAP also supports research into this area, specifically looking at how learning from research can be developed into more effective practice. MAP has continued to support the Institute of Community and Public Health (ICPH) in their research into the role of psychosocial support within Community Based Rehabilitation. Good progress is being made in terms of developing CBR managers understanding and problem solving skills. Following research published in The Lancet, ICPH is now also looking to apply the UN Human Security framework to better understand mental health and well-being more holistically within community-based programmes.

PSYCHOSOCIAL & COMMUNITY DEVELOPMENT CURRENT PROJECTS



PSYCHOSOCIAL SUPPORT FOR CHILDREN, THEIR PARENTS IN KHAN YOUNIS & GAZA CITY

Implementing Partner: Community Training Centre for Crises Management

Project Summary: Working with children and their parents using a variety of activities to help them express their feelings and find coping mechanisms for the trauma they face.

Beneficiaries: 14,280 (4,080 adults & 10,200 children ages 0-18).



PSYCHOSOCIAL SUPPORT FOR CHILDREN IN DEIR AL-BALAH, GAZA

Implementing Partner: Deir al-Balah Rehabilitation Society (DBRS)

Project Summary: Providing psychosocial support for 500 children from Deir al-Balah and its surrounding areas.

Beneficiaries: 500 children/young people (ages 0-18) plus their parents.



DEVELOPING MENTAL HEALTH CAPACITY AT COMMUNITY LEVEL, JENIN & NABLUS, WEST BANK

Implementing Partner: Institute of Community and Public Health (ICPH)

Project Summary: Core strategic support to ICPH mental health unit to developing comprehensive understanding of mental health and wellbeing within and outside Community Based Rehabilitation.

Beneficiaries: 30-40 practitioners in addition to 12000 persons in the villages served by the practitioners.

DISABILITY



MAP is committed to a social and rights based approach to disability, which promotes a holistic, inclusive setting for all aspects of development: health, education, livelihood, social and empowerment. Within this framework MAP has recognised the need to change its current funding cycle to better support disability programmes over a longer time period. From 2010 MAP will be in a position to plan and support small scale local disability interventions which can demonstrate commitment to empowering people with disabilities and working to realise a holistic rights based approach, be it through disability-specific or the mainstreaming of disability projects.

Currently MAP is supporting a project in the southern part of the Gaza Strip, with our partner the Ameera Association, to develop tools and training to empower and build the capacity of mothers of children with disability. The training is participatory and has provided mothers with opportunities to meet with other mothers in a similar situation, to gain confidence not only in disability awareness and rights issues

and their own self confidence, but practical skills to support the development and well being of their children. Key areas of practical training have been: daily living skills, physiotherapy, child development, communication (including sign language for children with hearing impairments), and orientation and mobility training for parents of children with visual impairment. Following the training, Ameera continues to support mothers in their homes and in small groups at a community level to encourage mothers to keep an ongoing support network in place.

In addition, over the past year MAP has been undertaking focus group discussions with people with disabilities and their families across the West Bank and soon also in the Gaza Strip. This will be the basis that will support a new programme of work in disability. In addition MAP is committed to working with Birzeit University Centre for Development Studies in mainstreaming disability into capacity programmes with community based organisations and national NGOs and to supporting dialogue between line ministries, civil society organisations and disabled peoples organisations (DPOs) on the effective role and contribution of each stakeholder to realising an inclusive approach to development.

Finally as part of the disability cluster in the oPt MAP will be supporting an assessment of how the current SPHERE guidelines (Humanitarian Standards Body for Disaster Response) effectively address disability issues in a crisis. In cooperation with members of the emergency task group of the International Disability and Development Consortium (IDDC), MAP will be facilitating feedback to the SPHERE programme and nationally advocating for the appropriate inclusion of disability within emergency contingency plans. As a commitment to strengthening MAP's work in disability, we will also be recruiting an additional Disability Officer in the Gaza Strip.



CAPACITY BUILDING FOR MOTHERS OF CHILDREN WITH DISABILITIES IN KHAN YOUNIS CITY

Implementing Partner:
Ameera Association

Project Summary: Building the capacity of mothers of children with disability through participatory training in daily living skills, physiotherapy as well as orientation & mobility training for parents of children with visual impairment.

Beneficiaries: 180 mothers & 300 children with disabilities.

THE WAR ON GAZA MAP'S EMERGENCY RESPONSE



THE WAR ON GAZA

On 27 December Israel launched 'Operation: Cast Lead' on the Gaza Strip. Only 25 miles long, three miles wide and home to 1.5 million Palestinians, the Gaza Strip has suffered under an ongoing blockade by Israel. During the bombardment, the population had nowhere to flee, and within Gaza, there was nowhere safe to go. After more than three weeks of military attack from the land, air and sea against the people of Gaza – one of the most densely populated places on earth – approximately 1400 Palestinians were killed. Of these, more than 400 were children. More than 5,300 people have been left with serious injuries, many of which have resulted in disability, which will require long-term rehabilitation and support. Medical staff did not escape the carnage; scores were injured and twenty-two paramedics were killed when ambulances were hit. Over 100,000 people have lost their homes and the UN puts the damage to infrastructure at \$2 billion.

A decade of permanent presence in the Gaza Strip ensured that MAP was well positioned to respond quickly to emergency needs during the crisis and allowed us to strengthen local coping mechanisms to deal with such an emergency. Through our emergency preparedness plan and policy of pre-positioning, MAP was able to respond within two hours of the crisis in the Gaza Strip. MAP's policy of also ensuring that local staff are supported and equipped with telephone communications, small generators and pre-stocked fuel ensured that MAP staff remained operational and in effective contact with partners.

MAP's policy in emergency is to first deliver pre-positioned items: surgical kits non food shelter items such as mattresses and blankets; then to work with local partners to define additional rapid response needs, and post crisis, to undertake collaborative assessments to support early recovery efforts in areas which are either a significant identified gap or to strengthen emergency response capacity within one of MAP's core strategic programme areas. As chair of AIDA health group, MAP played a leading role in supporting coordination efforts in the field.

These coordination efforts were facilitated by MAP's employment of nine information officers. Each information officer was tasked with monitoring a main hospital in the Gaza Strip, whereby the hospital's fuel supply, status of equipment, number of surgeries performed, patients admitted and discharged, as well as deaths, were documented on a regular basis. In addition, information officers were responsible for relaying any incidents pertaining to the hospital or its surrounding area immediately to members of MAP staff. As a result, MAP was able to supply crucial information to the necessary UN Agencies, INGOs and at times the media, depending on the need of the hospital or the incident that occurred, so that appropriate action could be taken and assistance given.

In order to prepare for rapid response MAP has developed a strong network of community based partners across the Gaza Strip committed to responding to community needs impartially. During the crisis these partners supported MAP to assess needs and respond to the vast numbers of displaced families living in shelters as well as family homes. Given MAP's strategic focus on child health and disability, MAP was concerned to prioritise these vulnerable groups during the crisis.



EMERGENCY RESPONSE

EMERGENCY SURGICAL KITS & BLOOD DONATION FACILITIES



It was in response to the humanitarian crisis that MAP deployed two pre-positioned emergency surgical units. Purchased in early 2008, the two emergency surgical units were pre-positioned for release to two main hospitals in Gaza in a crisis situation. They were released in the first hours of the crisis, providing direct support to boost the capacity of the existing health and medical infrastructure within Gaza. The surgical units enabled medical professionals to treat critically injured patients with readily available stocks of clean and appropriate equipment, disposables and drugs.

One of the surgical units was pre-positioned at Al Awda hospital in the north and the other one stocked at MAP's warehouse in Gaza City close to Al Shifa hospital, the main hospital in Gaza. Both the hospitals are situated in built-up residential areas, with Al Awda supporting the primary and emergency health care for Jabalya, Beit Hanoun and Beit Lahiya the villages of the North Gaza Strip. The units offered comprehensive and appropriate drugs and disposables to assist rapid response and enable doctors to treat over 200 critically wounded patients.

Each unit contains sterile equipment for surgery, allowing for the emergency treatment of those who require immediate medical attention. The units contain amputation instruments to deal with the type of injuries caused by bombardment. The provision of these instruments allows for early intervention and rapid treatment of the most severe injuries, saving the lives of many. All equipment in the units is sterilised which reduces the risk of infection. Tetanus and gangrene pose a real risk but these units improve chances of rapid and sterile surgical attention. Each unit has haematology equipment for blood and plasma transfusions, as well as vital equipment for screening blood for HIV and Hepatitis B. The units also contain X-ray films, anaesthetic and emergency pain relief. Adrenaline is provided in each unit for patients suffering cardiac arrest or anaphylaxis. Each unit also provides equipment for post-operative care, including antibiotics, intravenous therapy equipment and gastric feeding tubes, with provisions for ophthalmic treatment for those who have sustained damage to their eyes.

In addition to the surgical kits, on the first day of the crisis MAP fully released its blood donation facility and pre-positioned blood donation consumables to Shiffa blood bank for immediate use. This, in combination with the support given to build capacity of the Blood Donation Association for the southern part of the Gaza Strip, provided essential blood units to all health facilities throughout the crisis.

In the second week of the crisis three local NGOs contacted MAP for supplies to provide emergency and primary health care medications and disposables. This was in order to facilitate the treatment of patients who had been discharged early from hospital services in order to clear beds, as well as patients with chronic diseases unable to access their normal health care services due to the crisis. This support was given in three badly affected areas: Beit Lahia, Jabalia and Al Shigaiaa.

RAPID RESPONSE

HYGIENE AND NUTRITION KITS



The complete closure of the Gaza Strip, especially since June 2007, has resulted in a prolonged and reduced access to food, medical supplies and safe drinking water, all of which is in addition to increased unemployment. This had a detrimental impact on children's nutritional status across the Gaza Strip. Prior to the recent Israeli military operations against the Gaza population, 80% of the Gaza Strip was dependent on food aid. Despite nutrition aid interventions, Palestinian children were suffering from different forms of macro and micro-nutrient deficiencies. Nearly half of all children 9 months of age attending governmental clinics in the Gaza Strip were anaemic, with a quarter of all children deficient in vitamin A. Severe vitamin A deficiency causes visual impairment and eventually blindness.

SUPPLEMENTARY NUTRITIONAL KITS: contain: fortified milk powder, easily digestible and locally produced and known fortified biscuits, and bottled water.

'HOUSEHOLD/HYGIENE' KITS CONTAIN: nappies, wet towels, nappy rash cream, detol, chlorine, washing soap, shampoo, liquid soap for floors, liquid hand soap, tissues, big and small towels, tooth brushes, toothpaste, and feminine sanitary towels.

NAPPY KITS: for adults and children with disabilities were also provided containing four packs of nappies each.

Since the invasion by Israel in January, displacement and isolation of families due to conflict, lack of basic humanitarian supplies and access to basic services and amenities affected the entire population of the Gaza Strip. As this crisis affected all, even those households able to host others had very limited resources and were faced with a double burden. MAP therefore took a decision to support a prophylactic intervention to supply families with children under five and people with disabilities with hygiene kits and supplementary nutritional kits with locally produced, familiar and accepted products.

These supplementary packs were designed to support families both displaced in shelters but also in shared accommodation. A key concern was that products would be familiar and give some comfort and for nutritional supplementation be easily digestible, especially for children and people with disability.

Prior to the war, there was a shortage of nappies for people with disabilities in the Gaza Strip, causing great discomfort. The first reports and requests that MAP received from partners was the need to include nappies for people with disabilities, over and above the normal hygienic items.

The implementation of this programme began within days of the onslaught of the crisis. MAP worked closely with NGOs and UN agencies and community partners working on the ground to ensure that the emergency response was well coordinated with shared information, avoidance of duplicating activities and aid, and offered dignified assistance.

Following procurement locally in West Bank, the MAP team worked with a body of volunteers support, including the municipality of Ramallah which provided free warehousing. Kits were packed ready for deployment to Gaza. Using its knowledge of the UN system MAP quickly cleared all its items into Gaza and then worked with community based partners to deploy 6,000 hygiene kits and 6,000 nutrition kits to prioritised families as well as delivering of nappy kits to families with a child or adult with disability.

A monitoring form was designed to assess the performance of the partners, the satisfaction of the beneficiaries and to identify the problems associated with the distribution work. MAP assigned 6 information officers to do the monitoring of 5% random sample of 7500 beneficiary families from the 15 localities over all of the Gaza Strip. 375 families, chosen as a random sample, were surveyed by the information officers over a period of one month. The beneficiaries reported that they were very satisfied with the kits and their contents and they appreciated that the hygienic materials were enough for families with 7-8 members and above, to rely on for between two weeks and one month. The materials in the kits were described as being of urgent importance for the families, providing daily consumables during a critical time of the war in which widespread shortages of the most basic supplies were leading to untenable living conditions. People with disabilities recorded a high-level of appreciation of the kits, as they provided necessary items that were missing even before the assault; for example, families reported having to rely on plastic sheeting and towelling to replace the nappies which caused their children with disabilities a lot of suffering, pain and disease.

EMERGENCY COORDINATION OF HUMANITARIAN AID



As the conflict intensified, large quantities of aid were funded and released by the international community. There were a number of humanitarian organisations on the ground with crucial medical supplies, including MAP, however these were depleted within the first days of the crisis, leaving a severe shortage of drugs, disposables, food, shelter and hygiene items and emergency response equipment. In response to calls for supplies, the Gaza Strip was overwhelmed by pharmaceutical, disposable and equipment stock. However, a great deal of the medical aid coming in was not clearly inventoried, some completely inappropriate, and even past the expiry date. The result was an overwhelming burden on the central drugs stores which was still trying to maintain the normal supply of stock to hospitals and health facilities.

MAP, in coordination with WHO, quickly mobilised and contracted a team of qualified pharmacists, data entry staff and workers as a support task force to the Central Drugs Store and Central Consumable Store. This team has been supporting the rapid sorting, inventory and distribution of stock, along with a taskforce of logistics workers based in the Central Drugs Store, responsible for moving and repackaging goods, and a team of health information officers based in the nine main hospitals across the Gaza Strip. These teams were contracted to work in synthesis to ensure a rolling process of identification of zero stock items at the peripheral hospital level and then to source and request from the Central Drugs Stores.

The pharmacy and logistics teams continue to support the Central Drugs Store as the backlog of aid is steadily sorted, pre-positioned and, where inappropriate, destroyed.



EARLY RECOVERY & REHABILITATION PROGRAMME

EMERGENCY MATERNAL AND NEWBORN HEALTH CARE



During the 23 days of the Israeli military operations, the lack of an appropriate contingency plan for obstetric and newborn health was clearly evident. The unprecedented scale of the military operation resulted in hospitals being utilised for emergency treatment of the injured. Far fewer pregnant women presented to hospitals for delivery during this period, primarily related to insecurity and inability to access ambulance services, which were almost fully committed to treatment of the severely injured. This reduction in hospital deliveries resulted in a large number of maternal and neonate deaths that could have been avoided had there been a focused emergency obstetric plan.

Hospital records for this period show that those women who did present for delivery were usually discharged within 30 minutes of their baby being born to clear beds for casualties. A number of maternity wards were, in fact, converted into surgical wards in order to allow for the heavy burden of injuries presenting to hospitals. In addition, of the 24 Primary Health Care (PHC) centres designated as potential emergency response centres, only ten were operational and of those centres none had adequate obstetrics plans, staffing or equipment. Furthermore, the number of women going into premature stress-induced labour increased during this period with a 40% increase in miscarriage cases according to hospital maternity data.

MAP has therefore partnered with UNFPA and UNICEF to address the need for effective coordination to ensure appropriate continuum of care for pregnant women and new born babies in the Gaza Strip. The overall project purpose seeks to reduce maternal and neonate morbidity in the Gaza Strip by developing an integrated emergency preparedness capacity for safe delivery and newborn health. The project will enhance services not only during the "normal" situation in Gaza, but also ensure a continuity of services during times of heightened conflict or crisis with a focus on three areas of intervention:

- **Training and Capacity Development:** A trained cadre of skilled providers are able to support obstetric and neonate emergencies at the community, PHC, and hospital levels.
- **Emergency Obstetric Equipment and Supplies:** Emergency rooms/units are properly equipped and supplied to support obstetric and neonate emergencies at the PHC and hospital levels.
- **Planning and Coordination:** Emergency preparedness plans are in place for obstetric and neonate health services during any crisis or heightened conflict. Both the community and service providers will understand how to seek or provide care during an emergency. This support will be firmly grounded on an established community level network for pregnant women. Community awareness will also be enhanced regarding safe delivery, breastfeeding, and maternal and child nutrition.

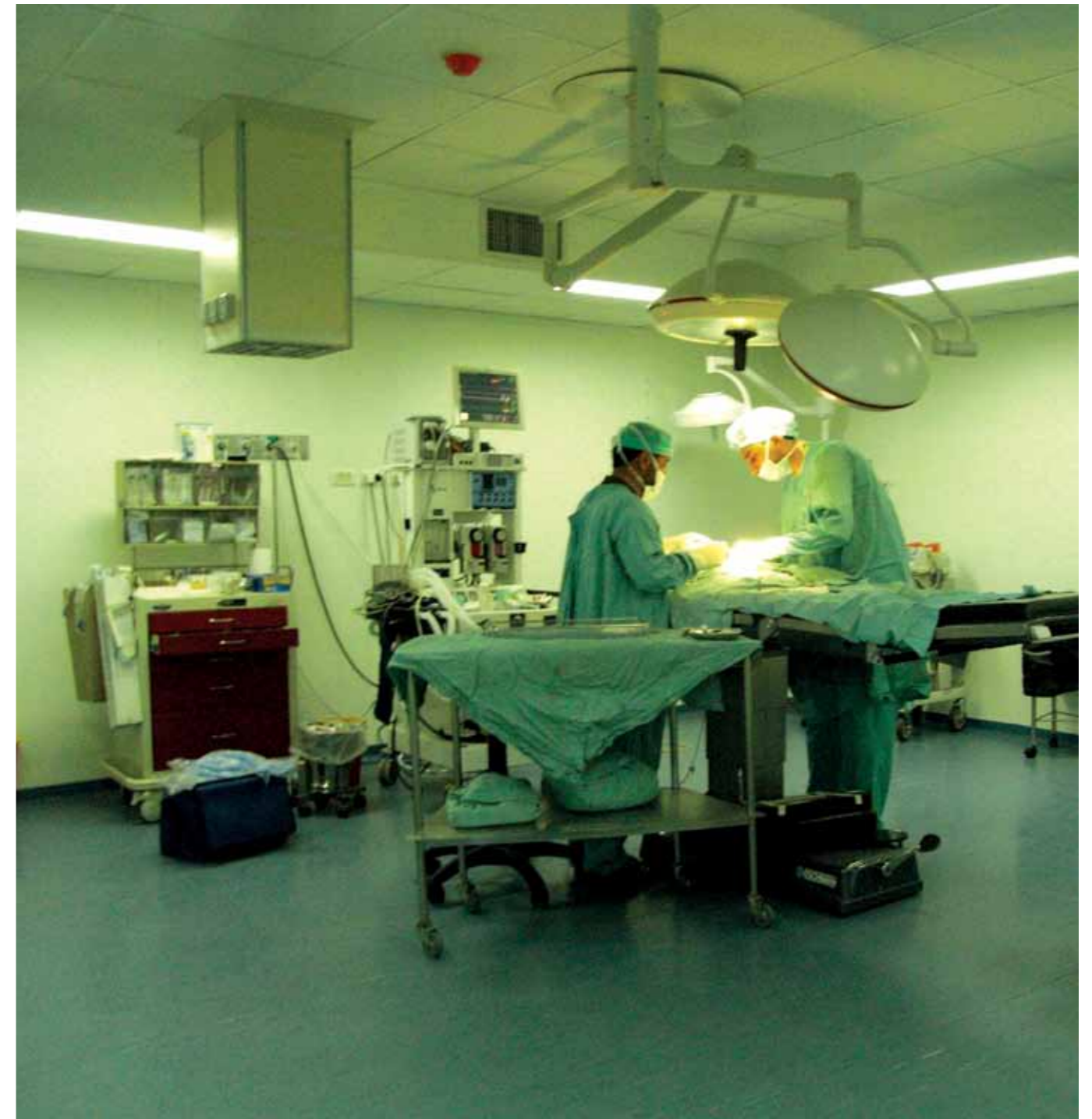
Annually there are approximately 50,000 pregnant women in Gaza, of which an estimated 11,250 women will be expected to develop complications and 3,700 newborns will be identified as high risk. It is estimated that the project as a whole should be able to significantly improve the continuum of care for 80-90% of pregnant women and newborns. DfID is supporting MAP with a nine month grant to fund this project.

SPECIALIST BURNS CARE TRAINING

MAP is concerned by the lack of capacity in trained personnel in both West Bank and Gaza Strip to ensure adequate and appropriate intervention on burns care, stabilisation and rehabilitation, particularly given the latest weapons used in the recent Gaza Crisis and the types and numbers of burns presenting. Following an assessment in Gaza in January 2009, MAP has decided to work with IMET to support both capacity development of emergency teams to treat burns and also ensure that appropriate skeleton services are available to stabilise burns in the Gaza Strip hospitals, prior to transfer to Shiffa Hospital, the main burns facility.

The training intervention will be done over a two year period and will ensure that both the upgrade of staff and equipment are undertaken simultaneously and that those trained will get accredited qualifications through the new distance diploma developed by the University of London.

This programme will be a national programme of support to also address the lack of satellite and specialist burns units in the West Bank. An assessment in the West Bank in August 2009 will be the basis for an agreed national programme which will develop capacity, upgrade facilities and develop consistent national protocols and standards of burns treatment, care and rehabilitation.



BUILDING COMMUNITY CAPACITY IN PRIMARY TRAUMA CARE (PTC TRUST)

MAP is concerned that given the nature of the recent Israeli military operations in Gaza, community members need to have a greater capacity to be able to act as effective first responders to give critical first aid intervention within the golden hour. The primary trauma care training offered by PTC Trust and recognised by WHO provides a more advanced first aid training that can be given at community level. Through MAP's community-based partners, we are planning to support a training of trainers course in primary trauma in late September/early October 2009.

This initial training will be of 20 health personnel, who will in turn train community members across the Gaza Strip. The 20 health personnel will be drawn from health professionals currently working in emergency services. We will be prioritising a third of participants from north, south and middle areas of the Gaza Strip. PTC Trust is preparing a technical team to undertake a full assessment in August, followed by training of trainers later in the year.

The PTC Trust has also agreed to work with MAP in supporting follow-up including the regular audit of training to ensure that it remains of high quality. MAP will be arranging for the translation of the agreed training materials for use in the oPt.

MAP will be looking to pre-position appropriate kits following the training with communities.



ABOUT US MEDICAL AID FOR PALESTINIANS



Medical Aid for Palestinians (MAP) is a British charity that operates in the occupied Palestinian territory and Lebanon. We work on the basis of the right to health, and support partner organisations to deliver health and medical care to vulnerable Palestinians. We strive to establish a permanent medical infrastructure in Palestinian communities by training health care practitioners, teaching medical vocational skills and addressing the needs of particularly vulnerable groups such as young children, women and people with disabilities. MAP offers practical support to Palestinians by working in partnership with local non-governmental organisations and Palestinian health services on the following priority areas:

- Providing health care in isolated communities
- Improving child nutrition
- Psychosocial support for women and children affected by conflict and displacement
- Assisting people with congenital disabilities and disabilities due to injury
- Improving environmental health
- Supporting and developing primary health care
- Building capacity to improve income generation
- Responding rapidly and effectively to emergency situations

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