

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

MAP
MEDICAL AID FOR PALESTINIANS



ANNUAL REVIEW 2012

CONTENTS:



**Samira Hassassian
(1954-2011)**

MAP was saddened by the death of Samira Hassassian after a long illness in August 2011. Samira worked tirelessly for the rights of the Palestinian people and supported several charities including working as a Patron for MAP.



**Francis Khoo
(1947-2011)**

MAP was also saddened by the sudden death of one of our founders and former trustees, Francis Khoo. Francis dedicated his life to fighting for justice for Palestine and beyond. He will be remembered for his incredible generosity and work over the decades.

- 1 INTRODUCTION:
CHAIRMAN OF MAP'S BOARD OF TRUSTEES
- 2 THE SABRA AND SHATILA MASSACRE
- 4 WHAT WE DO AND WHY
- 6 MAP IN LEBANON TODAY
- 8 IN FOCUS:
MATERNAL AND CHILD HEALTH IN LEBANON
- 9 IN FOCUS:
REDUCING VIOLENCE AGAINST WOMEN
IN THE REFUGEE CAMPS
- 10 MAP IN THE OCCUPIED
PALESTINIAN TERRITORY
- 12 IN FOCUS:
PRIMARY TRAUMA CARE AND COMMUNITY
BASED TRAINING IN HIGH RISK COMMUNITIES
- 13 IN FOCUS:
EMPOWERING PEOPLE WITH DISABILITIES TO
CLAIM THEIR RIGHTS
- 14 MAP'S ADVOCACY PROGRAMME
- 15 THE LANCET-PALESTINIAN HEALTH ALLIANCE
- 16 MAP STANDARDS
- 18 GOVERNANCE: FINANCIAL REVIEW
- 20 THANK YOU

INTRODUCTION: CHAIRMAN OF MAP'S BOARD OF TRUSTEES



This year marks the 30th anniversary of the Sabra and Shatila massacre, one of the darkest moments in Palestinian history. Over a period of two nights Lebanese Phalangist militia, with the support of the Israeli military, slaughtered unarmed men, women and children in the dilapidated refugee camp of Sabra and Shatila. Pictures of piles of bodies littering the dusty streets, hastily constructed mass graves and the rubble of buildings bulldozed over yet more corpses, shocked the entire world.

Against that harrowing backdrop, a small, determined group of doctors and humanitarians resolved not to forget the plight of the Palestinians but to work to make a real difference by founding Medical Aid for Palestinians.

Thirty years on, I am very proud to present our Annual Review, which aims to bring our friends and supporters up-to-date with MAP's ongoing work for the health and dignity of Palestinians living under occupation and as refugees.

This annual review is a testimony to the breadth and range of MAP's vital work over the past thirty years, despite the ever present occupation and outbreaks of war. I would like to pass my deepest thanks to MAP's staff and volunteers who continue to do such a crucial job in tough and sometimes dangerous circumstances.

My sincere thanks also go to our former President, Lord Patten of Barnes, who visited Gaza with MAP and subsequently held meetings with the

THE FRANCIS KHOO AWARD

The Francis Khoo Award was conceived in memory of Francis Khoo, to honour individuals, groups or organisations for their distinguished effort in advancing the health and dignity of Palestinians. The award is made by MAP's Trustees and the inaugural prize-giving ceremony took place at MAP's Holyrood Parliamentary Reception in Edinburgh on 21st March 2012. Dr Runa Mackay was the first recipient of the award for her lifelong service to Palestinians living under occupation and as refugees.

Palestinian Prime Minister and the EU High Representative to promote MAP's work and urge an end to the blockade.

I would also like to welcome Baroness Morris of Bolton as our new President. Baroness Morris is already very actively involved in the Middle East and we look forward to her leading efforts to publicise the 30th anniversary of the Sabra and Shatila massacre and to advance our ongoing work with Palestinians in Lebanon and the occupied Palestinian territory.

A handwritten signature in black ink that reads 'Robin Kealy'. The signature is stylized and includes a long, sweeping underline.

Robin Kealy CMG, MAP Chairman

THE SABRA AND SHATILA MASSACRE



In 1982, Israel invaded Lebanon as part of Operation 'Peace for Galilee', killing approximately 17,000 civilians. When the British media broadcast the relentless bombing of Beirut by Israeli planes, Dr Swee Chai Ang, a young orthopaedic surgeon in London, responded to an urgent international appeal to treat the victims of war in Lebanon. Resigning from her job, she bade her husband farewell and set out on a journey to war-torn Beirut. While she was there, working in a hospital inside Sabra and Shatila refugee camp, she witnessed the horrific massacre of Palestinians that would be the catalyst for the founding of MAP in 1984.

Surrounded and subjected to heavy bombardment, the Palestine Liberation Organisation (PLO) had agreed to leave Lebanon in return for a ceasefire. When they departed, the camps were left entirely defenceless. Then, on 15 September, the ceasefire was violated when tanks rolled into Beirut under air cover. Shelling their way through the southern

part of the city, they headed straight for Sabra and Shatila and surrounded the camp.

The atrocity that followed was devastating. For 40 hours between 16 and 18 September, Lebanese Phalangist militia raped, killed and injured hundreds of unarmed Palestinian civilians – most of whom were women, children and the elderly – trapped inside the encircled and sealed camp. The Israeli army had full knowledge of what was taking place, yet they never intervened. Instead, they surrounded and illuminated the camp throughout the night by flares launched into the sky from helicopters and mortars.

Refusing to leave the hospital, Dr Swee Ang worked tirelessly to save the injured and protect her patients. Eventually, at gunpoint, she was marched out of the camp with her team of nurses – knowing the dreadful fate that awaited the Palestinian women and children that lined the street but were prevented from leaving.



“Gunmen lined the sides of Rue Sabra while we were marched down it at gunpoint, and we could all see what was going on – the bodies, the smashed homes, the rubble, the terror in everyone’s faces, the desperate mother, who wanted to give me her infant – the baby boy that I held in my arms for a brief moment before he was cruelly snatched away by the gunmen. We knew what was about to happen.”

Dr Swee Chai Ang,
From Beirut to Jerusalem.



The exact figure of those killed can never be determined. In addition to a thousand bodies buried in communal graves by the International Committee of the Red Cross and in Beirut’s cemeteries by their families, a large number of dead were buried beneath buildings bulldozed by the militia. Hundreds of other civilians disappeared after they were carried away in trucks to unknown destinations, never to return.

Following the massacre, Dr Swee Ang flew back to London and established Medical Aid for Palestinians with a committed group of friends and colleagues. Since then MAP has been reaching out to the most vulnerable Palestinian communities, striving to achieve the highest attainable standard of healthcare in hostile and difficult conditions.



WHAT WE DO AND WHY



Our Mission

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

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

Our Approach

Over the past 30 years, MAP has maintained a significant presence working in Lebanon and the occupied Palestinian territory, responding to conflict and the needs arising from prolonged Israeli occupation and life-long displacement in refugee camps.

MAP has a strong track record of active engagement and provision of quality services. The emphasis on partnership throughout MAP's programmes has enabled a balanced and flexible approach, with a strong connection between emergency work and long-term health development. MAP has the capacity to respond quickly and professionally to humanitarian crises,

and works closely with trusted and experienced local partners to provide access to essential health and nutrition services and to improve management, co-ordination and delivery.

By also focusing on health education, research and specialist training programmes, MAP supports the advancement of local knowledge and the skills to solve local problems. This approach is essential to building on communities' resilience. It is also the foundation of self-determination for Palestinians, who can begin to move away from reliance on international aid and build up networks to improve the protection of their own communities.

Based in the community and sharing the risks the community faces on a daily basis, MAP is not only a direct deliverer of much needed assistance, but one of the voices of conscience speaking out about the chronic conditions that Palestinian communities continue to face. MAP plays an important role in bearing witness to the root causes of the crises we respond to and raising awareness amongst the British public and others.

Since 1948 the health of Palestinians has tended to be assessed and addressed separately as the health of different populations in various isolated territories. Yet, the same social determinants of health, diseases, and demographic patterns are present both within the occupied Palestinian territory and in the refugee camps outside. MAP is therefore working to shift this approach and ensure that Palestinian health affairs are addressed as the health of one nation, both inside Palestine and across the borders.

“We see MAP’s work in the region as vital to the improvement of people’s lives. The work they do is essential for the betterment of society in the region as a whole.”

Fadi Kassis, MAP Supporter.

MAP works with Palestinian communities who are consistently denied the basic right to health, in terms of access to services, clean water and a safe physical environment. As a result of increasing political, social and economic instability, Palestinians living under occupation and as refugees continue to have little control over their lives, much less their own security and health.

In Lebanon, the environments of Palestinian refugee camps constitute a health hazard in and of themselves. Tertiary healthcare provision for Palestinian refugees is in a precarious state, whilst training for future Palestinian doctors, specialised healthcare personnel, and dentists is in deep decline. Against this background, UN health services are increasingly under-resourced and overstretched, with doctors in the camps seeing an average of 107 patients a day.

Healthcare services in Gaza have also continued to deteriorate as a result of the blockade and internal divisions. The closure of Gaza has resulted in fuel shortages and electricity cuts, the erosion of healthcare infrastructure, shortages of medicine and medical equipment malfunctioning due to a lack of spare parts.

Meanwhile, the fragmentation of the West Bank – as a result of the occupation; discriminatory planning policies and practice; house demolitions; settler and conflict-related violence; and

restrictions on the movement of people and goods – continues to seriously impede Palestinian healthcare.

In this context, MAP is working in Lebanon and the occupied Palestinian territory to provide access to essential health services for the most vulnerable Palestinians, such as children and people with disabilities. MAP also contributes to the protection of civilians by monitoring access to health, and identifying, managing and referring cases of violence, in conjunction with grassroots and high-level advocacy work.

Working across the West Bank and Gaza and in Palestinian refugee camps in Lebanon, MAP is in a strong position to identify the needs of Palestinians and to work towards a more sustainable and responsive health system.

We work in six key areas:

- Emergency Preparedness and Emergency Response
- Primary Health Care
- Child Health
- Psycho-social support
- Disability
- Advocacy



MAP IN LEBANON TODAY

“Things can change – but on a political level, Palestinian refugees are incredibly neglected. It is hard to be optimistic on that front, but the Palestinian community is immensely resourceful. For those of us who have had an opportunity to work in the camps, we always wonder how we would cope if faced with the same situation. It is a very humbling situation.”

Marta Petagna, MAP's Director of Programmes in Lebanon.

There can be little doubt that conditions in the camps are at the root of a multitude of physical and mental health problems affecting Palestinian refugees. Indeed, there is a higher proportion of Palestinian UN hardship cases in Lebanon than anywhere else in the Middle East. Palestinian healthcare in Lebanon is underfunded and chronically unfit for the needs of the refugee population. Of particular concern are the overburdened and under-resourced United Nations clinics, an acute shortage of Palestinians training to become doctors, and an inadequate tertiary healthcare system that places unbearable stress upon patients.

Palestinian refugees are also embroiled in the relentless politics of the region. Today some 4,300 families remain displaced from Nahr el-Bared camp, which was destroyed in 2007 by infighting between the Lebanese Army and Fatah al-Islam. Reconstruction has been continually delayed, for political and financial reasons. Despite many plans and speeches, people are still displaced, twice over.

MAP's support to this community responds to the immediate needs of those who have been displaced, whilst working towards sustainable

long-term health development, by building on the resources of the Palestinian community, starting from its civil society.

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

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



“Further to our visit to MAP’s Lebanon projects, we were pleased to support this challenging but important project, and we strongly encourage others to give too.”

Peter and Jennie Barham, supporters of MAP’s project ‘Reducing Violence against Women in the Refugee Camps’.



The lack of political representation, autonomy and authority for Palestinian refugees in Lebanon makes it difficult for development efforts to build on an existing system or structure. As a result, many donors fund short-term projects and prefer to support new initiatives rather than building on existing ones.

The call for implementing effective and sustainable projects for Palestinian refugees in Lebanon is, however, precisely why MAP also invests in and supports interventions. MAP understands that social and health development is a long term process and is acutely aware of the necessity of investing in continuity.

Key achievements in the past year included:

- Over 3,000 women, new mothers and babies supported through pregnancy, birth and early infancy by our community outreach team
- Over 14,000 home visits conducted by our Community Midwives and Community Health Volunteers
- Exclusive breastfeeding rates have increased from 18% in 2008 to over 56% in Ein el Helweh and 83% in Nahr el-Bared in the first month after childbirth
- 9 out of 10 babies in our Maternal Child Health programme had a healthy birth weight (over 2500g)
- Through ongoing support in family planning and birth spacing, unplanned pregnancies were as low as 16% in some areas
- 1,561 children given a better start through child development and support services
- 50% of pregnant women who came to the programme anaemic had a safe HB level by the time of delivery, thanks to improved diet and vitamin supplements
- 126 Community Health Volunteers were mobilised to support their peers across four health programmes
- Innovative methods such as interactive theatre were used to raise awareness about the impact of domestic violence, gender-based violence and child protection
- 963 people received reproductive healthcare who would not have had access to alternative services or would have faced serious barriers
- Over 5000 members of the community directly benefitted from awareness raising sessions on reproductive health, gender based violence or women’s health issues

IN FOCUS: MATERNAL AND CHILD HEALTH IN LEBANON

“I have had great help from MAP, both medically and in terms of support. They have helped many women in our community. I feel comfortable opening up and saying what I want; they will hear me.”

Sanaa, 22 years old.



Six decades after the first waves of refugees crossed the border into Lebanon, a quarter of a million Palestinians remain in dilapidated, overcrowded camps where poverty, high unemployment and severe food shortages are having a huge impact on maternal and child health.

Over the last year, MAP has continued to work to improve infant survival in the refugee camps by tackling the main health risks that are leaving mothers and children vulnerable. We inaugurated the Maternal and Child Health Programme in 2008, as clinical services in the camps were shockingly overstretched and doctors were reporting their frustration at not having the time or resources to spot mothers and babies at risk. The programme operates in Nahr el-Bared and Beddawi camps outside of Tripoli as well as Ein el-Helweh in Sidon. Working in conjunction with UNRWA, it fills a critical gap in resources and provides services that complement those delivered by the UN body. An average appointment at the UN Mother and Baby clinic is ten minutes, whilst MAP midwives are able to spend up to an hour with a mother, allowing time for problems and solutions to be shared.

MAP's midwives work alongside a group of volunteers from within the camp who serve as peer educators or 'Community Mothers', reinforcing key health messages by offering follow-up visits in order to share and encourage positive parenting approaches and promote exclusive breastfeeding as a source of natural immunity.

This programme of home visiting is bringing healthcare right into the heart of the community. For the mothers we work with, it is a lifeline. Each MAP midwife makes around five or six visits a day, carrying with her the necessary equipment to check blood pressure and foetal heartbeats, to conduct urine samples to test for protein and nitrate levels, and to monitor the growth and development of the child. Healthcare education and psychosocial support is also provided. The home visit system enables MAP midwives and nurses to go beyond the strictly medical purpose of their visits and forge strong relationships with the mothers they call in on, increasing the likelihood that vital health-related advice will be taken to heart.

IN FOCUS: REDUCING VIOLENCE AGAINST WOMEN IN THE REFUGEE CAMPS



Immense frustration due to the restrictions, unemployment, economic difficulties and overcrowding in the refugee camps in Lebanon is contributing to high levels of domestic violence – and women are bearing the brunt. Many women are not aware of their rights or are discouraged from seeking help for a complex array of reasons – such as the perception that by denouncing violence they would ‘bring shame’ upon their family or fear that they may lose access to their children. Sexual violence is also a taboo subject and women who complain or report abuse may be ostracised by members of their family or the community, or subject to more violence – including so-called ‘honour killings’. There is a clear need to increase awareness, amongst men and women, of gender-based violence and discrimination, as well as an understanding of women’s rights within the camps.

MAP’s project aims to raise awareness amongst the local community and to support survivors of gender-based violence through the provision of

psychosocial, psychological and legal counselling services. Services are provided on a daily basis by counsellors in listening centres, who are also supported by psychologists and legal counsellors.

Over the past year we have also been working with our local NGO partner, Al Najdeh, to address violence against women, sexual abuse and harassment, by organising awareness-raising sessions with male and female community members. By openly debating the issues in this way, our work aims to shift perceptions and to promote gender equality.

Al Najdeh is a very active member of women’s rights and gender equality networks and coalitions and has been one of the key promoters of a campaign for the introduction of a new Lebanese law on domestic violence.

CASE STUDY

Amni has been working with Al Najdeh for ten years:

“Most of the time women simply want to come and be heard in a safe place. We can offer counselling and help them discover ways to gain confidence. If a woman is in dangerous or very difficult circumstances, the Listening Centre can help her to find the safest way to extricate herself from that situation. For example, in one case a step-mother contacted the Listening Centre as she was concerned that her step daughter was being abused by her father, who had a problem with violence and alcohol. We encouraged her to bring the young girl to the Centre and began working with her on how to find a safe way to remove herself from the family.

Some women are married early in their lives and are often pressured to have many children quickly. Then one day their husband leaves the camp to seek work abroad and never returns, leaving them with no money, no work and no support. They are unable to marry again whilst they are still married to their first husband. For these cases, we can help the woman to consider legal procedures and suggest vocational courses that will help them to start getting themselves back on their feet.

The workshops are going well but challenging gender discrimination is an alien cultural concept for the camps. It is important that views are changed at the local level because the law does not protect women from gender violence.”

MAP IN THE OCCUPIED PALESTINIAN TERRITORY (oPt)

“I have known MAP now for more than twenty years and it is an outstanding organisation. It’s close to my heart and I like its approach to healthcare and rights issues – the way it addresses inequalities in a professional way and makes a difference to people’s lives. The biggest challenge in the coming months, will be working with and through partners to expand the humanitarian space and focus on development programmes.”

Salam Kanaan, MAP’s Director of Programmes in the oPt. Salam joined MAP in June 2012.



Over the past year, healthcare systems in the oPt have struggled to cope with a protracted humanitarian crisis. Palestinians are facing regular threats to life, liberty and security, as a result of conflict-related and settler violence, restrictions on the movement of people and goods, and the acceleration of demolition orders on homes and infrastructure.

A widespread protection crisis pervades the oPt, as disregard for human dignity, persistent violations of international human rights and humanitarian law, limited access to essential services, and entrenched food insecurity, continue to characterise day-to-day life for Palestinians.

Although MAP has one overarching programme for the oPt, we have offices in both the West Bank and Gaza to ensure that we are able to respond and work effectively across the territory despite movement and access restrictions.

While health and humanitarian assistance remains vulnerable to changing local and international political agendas, MAP’s commitment is to provide consistent and impartial support to communities in need.

Given our longstanding relations with local communities – as one of the few NGOs that has had a consistent presence in the oPt for over twenty years – MAP is in a strong position to look for ways to increase the quality of local services and to be responsive to community needs.

The depleting resilience of Palestinian communities due to the long, drawn-out nature of the crisis in the oPt, coupled with the inadequate disaster preparedness of health systems is rendering people particularly vulnerable to hazards, high casualties and economic loss. Working in partnership with local health providers and hospitals, we aim to ensure equitable access to essential health and nutrition services for the most vulnerable groups, such as children, older people and those with disabilities. We also strive to reinforce the resilience of communities by strengthening emergency preparedness at community and facility levels and working closely with partners to improve the management, co-ordination and delivery of services.



With a diversified portfolio of health and emergency care partners, our work in the oPt focuses on Health Development and Emergency Preparedness and Response. In Health Development, we work in partnership with local providers to promote community participation in health initiatives. In Emergency Preparedness and Response, MAP responds rapidly and effectively to the humanitarian crises and conflict situations that frequently arise. Our capacity to respond is based not only on the presence of our

field staff, but the strong links we have forged with our partner organisations, local health providers and hospitals.

In the past year, MAP has worked in partnership with over 20 local organisations and governmental bodies offering expertise and training that meet the local agenda with the aim of developing an independent, sustainable and effective health system in the occupied Palestinian territory.

Key achievements in the past year included:

- 242 health sessions and 236 mobile clinic visits conducted in the North of the West Bank, with 3,619 people benefiting from the mobile health clinic, including 99% of pregnant Bedouin women.
- 62,757 consultations carried out in the south of the West Bank, including babies' health, women's health, emergency and specialised consultations.
- The full upgrade of two existing burns units in Rafidyah Hospital in Nablus and Al Shifa in Gaza City as well as a new children's rehabilitation playroom in Al Shifa Hospital.
- Supported 11 doctors and nurses on a two year Post Graduate Diploma in Burns Care from University of London, with plans for a Masters Programme in 2013.
- The release of pre-positioned drugs, disposable items and theatre kits to hospitals in response to severe shortages in Gaza and support for the Ministry of Health's blood donation campaigns.
- 2,417 children received therapy sessions and 1,585 mothers were supported through mother and child therapy sessions as part of a psychosocial intervention programme in Gaza.
- The provision of basic obstetric support training and neonatal life support training across the continuum of care and the establishment of an emergency support system in relevant areas across Gaza, with the support of Central Emergency Response Fund (CERF) and OPEC Fund for International Development (OFID).
- Together with CERF, supported the implementation of 410 health education sessions targeting at least 3,300 beneficiaries from communities in Khan Younis and Rafah to build awareness of safe delivery and mother and child health.
- Supported Qabatya Rehabilitation Society to design and construct the first sensory room of its kind in Palestine, equipped with an interactive floor projector, surround sound speakers, mirrors, spotlights and tactile objects and toys for people with disability.
- A community mapping of disability with the Centre for Development Studies at Birzeit University, to be used for advocating for the local government to improve infrastructure and ensure better accessibility for people with disability.
- The first professional accreditation examination for 227 Community Health Workers.
- 2-day learning workshops with 83 participants with disabilities in Gaza and the West Bank.
- Community mobilisation training for 40 people with visual disability from West Bank cities.
- Training for 930 Disabilities Advisors, family and community members, project staff and Directors of Media Units at Palestinian universities and colleges on disability rights and inclusive practices.

IN FOCUS:

PRIMARY TRAUMA CARE AND COMMUNITY BASED TRAINING IN HIGH RISK COMMUNITIES

“Over the past three years we have been pleased to support MAP’s National Burns Service programme in the West Bank and Gaza. Recently visiting one of the funded burns units, and speaking with patients and staff, it was clear what a difference MAP projects make – and how valuable they will continue to be to many more people in the future.”

The Asfari Foundation.

The risks of suffering life-threatening injuries are extremely high in the occupied Palestinian territory. Health hazards of every kind are endemic, as a result of protracted occupation and military conflict, and are compounded by movement restrictions that delay the provision of medical treatment, sometimes fatally. Communities are crying out for more trained medics.

Against this background, MAP is working with the Ministry of Health and other health NGOs to support the National Health Emergency Preparedness Plan in the West Bank and Gaza. As part of this plan MAP provides Primary Trauma Care training, which aims, as a matter of urgency, to increase the number of front line health providers in remote and high risk communities in order to mitigate the impact of current and potential new crises.

Phase one of MAP’s Primary Trauma Care project, which was completed last year, increased the capacity of hospital-based doctors and nurses to effectively manage serious physical trauma, in order to prevent long term complications and death.

In high risk communities near Israeli settlements, the Separation Wall, checkpoints or the Green Line, where clashes and violence are frequent occurrences, emergency trauma care is all the more important. For this reason, phase two of MAP’s project is focusing on training people in remote and isolated communities, including teachers in schools and kindergartens, on how to respond during the first hour following a serious trauma. By equipping them with the expertise to provide basic life-saving skills such as emergency resuscitation, treating heavy bleeding and how to stabilise head and neck injuries, MAP can ensure that those injured in inaccessible areas are able to receive quick basic emergency care to stabilise and keep them alive until medical teams arrive. Receiving treatment within this sixty minute window can make the difference between successful recovery and long-term injury or death.

CASE STUDY

Dr. Nihal Masalha, Head of the Emergency Room, Palestinian Medical Complex, Ramallah, was one of the beneficiaries of phase one of MAP’s Primary Trauma Care training in the West Bank and is now a local Primary Trauma Care Trainer. She has no doubts about its effectiveness, and the importance of continuing the campaign in phase two by extending the training into the Palestinian community.

“My emergency trauma care training has given me more confidence in dealing with trauma patients. We used to work but not in a systematic way. I have really enjoyed being a trainer and training in Nablus and Hebron.

For me, the next stage is really important. We are planning now to apply this training more in the community for non-medical people. Here in Palestine, people rush to help but we need them to know how to help in the right way. For example, two months ago a man was brought

into our ER being carried incorrectly by his hands and legs. He had two bad head injuries, one from a traffic accident and the other from having been dropped by the people who were carrying him. With a spinal cord injury any wrong movement is even more serious as it will lead to paralysis. So it is essential to train community members in the basics of Emergency Trauma Care, especially with regard to how to carry the injured appropriately and when not to take action and wait for the paramedics.”



IN FOCUS: EMPOWERING PEOPLE WITH DISABILITIES TO CLAIM THEIR RIGHTS



During the last decade the approach to disability has changed from a purely medical methodology to a social, rights-based approach, where the focus is on removing barriers in society. Despite this shift, stigma remains attached to disability, and degrading terminology and attitudes are still common. In conjunction with many environmental obstacles, this mind-set makes it difficult for people with disabilities to participate in education, access services, and earn an income.

In June 2011, direct technical support provided to the Palestinian Central Bureau of Statistics by MAP's project team resulted in the publication of the first Palestinian national disability survey.

With funding from the UK Department for International Development, MAP is working to empower people with disabilities to become key agents of change within their communities, enabling them to effectively self-advocate using national and international legal frameworks and community based rehabilitation practice guidelines. We are working with a team of around

45 young people with disabilities. This team of Community Disability Awareness Trainers come from towns, villages and refugee camps from across four regions in the West Bank and Gaza. Through their efforts, the project is increasing awareness of disability issues amongst people with disabilities themselves, as well as their family members, community based organisations, local decisions makers and local ministries.

In the last year, a community mapping of disability was completed with the Centre for Development Studies at Birzeit University, which will be used to lobby the local government to improve infrastructure and ensure better 'accessibility' for people with disabilities. Designed and completed by people with disability, this accessibility survey is the first of its kind for the region and the model is being promoted amongst other organisations working in the disability field. The project team have also been asked by the Ministry of Social Affairs to sit on a technical committee for supporting people with complex and severe disabilities.

STATISTICS

- Over 87% of people with disabilities in the oPt are not in work
- 1/3 of people with disabilities never marry
- More than 1/3 of 15-year-olds with disabilities have never enrolled at school
- 3/4 people with disabilities over the age of 18 do not use public transport due to the lack of necessary adaptations to the infrastructure
- More than 1/5 of people with disabilities have dropped out of school due to their disabilities

CASE STUDY

Sliman al Shawi is a 20-year-old Community Disability Awareness Trainer who lives in Ljaneh, Rafah, with his parents, five sisters and six brothers.

"When I was a student, people refused to speak to me because of my disability. In order to change this kind of prejudice I have been running workshops at the Ministry of Education

in Rafah to help change opinions and advocate on how to make the education system fully inclusive of people with disabilities. My impression from running these workshops is that people haven't thought or talked about these issues before and I have noticed a real change in people's behaviour after our discussions. I am also arranging a sign language workshop at the Ministry of Education in July."

MAP'S ADVOCACY PROGRAMME



In conjunction with delivering much needed assistance, MAP speaks out about the chronic conditions that Palestinian communities continue to face. In addition, MAP plays an active role in challenging violations of the universal right to health, which is persistently threatened by ongoing conflict, prolonged occupation and displacement. Working in partnership with Palestinian communities and in coalition with likeminded organisations, the scope of our advocacy programme is extensive – from raising public awareness about specific issues to lobbying governments and policy makers.

Over the past year, MAP has continued to reach out to wider, more diverse audiences with the production of two new films, 'Birth in the Shadows: Protecting Mothers and Newborns in the Palestinian Refugee Camps' and 'Lebanon: the Forgotten Refugees'. MAP also held a special screening of 'Gaza Hospital' at the Palestine Film Festival in the Barbican. The film takes as its central character what was once a 150-bed hospital, located in Sabra and Shatila refugee camp in Beirut, which was subsequently taken over by Lebanese militia in the mid-1980s and has since become a high-rise refugee slum.

A number of key publications and reports were produced and distributed throughout the year. A joint report with the 'Council for Arab-British Understanding' (Caabu), 'Britain and Palestine: a Parliamentary Focus', outlining the main issues facing Palestinians in the occupied Palestinian territory, was published in September 2011 and a special report entitled 'Terminal Decline: Palestinian Refugee Health in Lebanon' was published in November 2011. 'Gaza's Children: Falling Behind',

a joint report with Save the Children about the effect of the blockade on child health in Gaza was also launched in June 2012.

Together with Caabu, MAP led a five-day delegation of Liberal Democrat parliamentarians to the West Bank, worked with the Association of International Development Agencies on an initiative focusing on development in Area C* and published a letter alongside eleven different organisations calling for urgent European support for Palestinian reconciliation. We also wrote to the Prime Minister, David Cameron, about the shortage of medical supplies in Gaza and joined fifty international charities and UN agencies in a statement calling on Israel to lift its blockade of Gaza in June 2012. MAP continues to lobby the UK government and the European Union to take stronger action on the blockade of Gaza, which is considered to be collective punishment and illegal under international law.

In September and October 2011, MAP and the New Statesman held fringe events at each of the Party Conferences focusing on Palestine in the shadow of the Arab Uprisings and the role Britain should play. The panels included prominent politicians and Middle East experts and the events were very well attended. This year we are hosting events at the Labour and Conservative party conferences, with a focus on our new report 'Pitching for Palestine', which brings together new, practical ideas as to improving the situation on the ground.

MAP also supported a two-day conference in March 2012 at the American University of Beirut, addressing the huge variety of health challenges faced by Palestinians as refugees or under prolonged occupation.

THE LANCET-PALESTINIAN HEALTH ALLIANCE

“We support the work of MAP because there is clearly a desperate need for their work within Palestine and we’re appalled by the actions of Israel in effectively turning Gaza into an open-air prison.”

The TN Franklin Charitable Trust,
MAP Supporter.



In March 2012, MAP supported a two-day conference on ‘The Health of Palestinians: Inside and Outside the occupied Palestinian territory.’ The conference, which was hosted by the American University of Beirut, aimed to improve understanding of the complex issues surrounding Palestinian health and to come up with policy recommendations that could make a real difference.

Making a difference was the founding reason behind the Lancet-Palestinian Health Alliance (LPHA), a group of Palestinian and international researchers which includes MAP trustee Professor Graham Watt, Iain Chalmers, Rita Giacaman and Abdullatif Husseini of Birzeit University and the editor of the Lancet Richard Horton. The LPHA is committed to the highest scientific standards in describing, analysing and evaluating the health and healthcare of Palestinians, in order to contribute to international scientific literature and to develop local evidence-based policy and practice.

The conference was the third meeting of the LPHA and the programme reflected the strengthening scientific base of LPHA activity, with 50 oral and poster presentations being selected from 85 submitted abstracts, on the basis of international peer review, with three reviewers for each abstract. Presentations examined a range of topics, from

neonatal mortality in Gaza and the health and living conditions of Palestinian refugees in Lebanon, to the psychological stress experienced by Palestinian amputees.

Richard Horton’s opening address to the conference stressed the role of research not only as a way of obtaining clear answers to clear questions, but also as the basis for values-based advocacy, pursuing issues of justice and fairness. “Why are we holding these annual gatherings?” Horton asked. “Because the paralysis of the international community when confronted by the plight of the Palestinian people means that health professionals must find better ways to draw the human harms of occupation to the attention of politicians and policy makers.”

The conference participants reflected the widening geographic base of the LPHA with very welcome contributions from Gaza, Lebanon and elsewhere. Conference participants described the coming together as an act of ‘academic resistance’ to the pressures of occupation and part of the ‘scientific endeavour towards justice’.

Supporting the Lancet-Palestinian Health Alliance is central to MAP’s advocacy work and plans are underway to hold the next LPHA conference in Gaza in 2013.

MAP STANDARDS



To promote trust and confidence in the work of MAP, we focus on the efficient and wise stewardship of the funds raised for our development and humanitarian aid programme. We ensure that funds are directed to appropriate projects and that we comply with international regulations. MAP has a comprehensive project approval and control process which is implemented in line with best practice and guidance from standards associations.



Association of International Development Agencies – AIDA

MAP is a member of the Association of International Development Agencies (AIDA), a network representing over 80 international non-governmental organisations working in the occupied Palestinian territory, across sectors including education, health, human rights, water and sanitation. As part of AIDA, MAP works in cooperation with other international agencies to ensure greater accountability within the donor community and increased aid effectiveness.



Bond – For International Development

Bond is the UK membership body for non-governmental organisations working in international development. MAP works with Bond and its members on collective action to influence the policies and practice of governments and institutions as well as sharing experience and learning with other Bond members. In this way, MAP aims to help strengthen the quality and effectiveness of our work and support to Palestinian communities in the occupied Palestinian territory and Lebanon.



Humanitarian Accountability Partnership – HAP International

MAP is an active member of the Humanitarian Accountability Partnership (HAP International). The mission of HAP International is to make humanitarian action accountable to its intended beneficiaries through self-regulation, compliance verification and quality assurance certification.

As a member of HAP international, MAP continues to provide, monitor and independently evaluate our humanitarian assistance on an impartial basis,

with respect to the expressed needs, concerns and dignity of beneficiary communities. Our overall aim is to support appropriate humanitarian aid and development assistance to Palestinians through partnerships with Palestinian organisations and in coordination and collaboration with other humanitarian stakeholders.

MAP recently took on the role of chairing HAP's first regional meeting of NGOs. From now on, members of the group will convene biannually to discuss and debate issues of accountability and beneficiary participation and ownership. The object of these meetings is to enhance information sharing and to improve standards across the international community.

“The Altajir Trust is pleased to continue its support as a further contribution to the excellent and much needed humanitarian work carried out by MAP amongst the Palestinian community in Gaza.”

The Altajir Trust, MAP Supporter.

As an Associate Member of HAP we endeavour to adhere to the following accountability principles:

- Respecting and promoting the rights of legitimate humanitarian claimants
- A strong commitment to humanitarian standards and rights
- Setting, communicating and building capacity for our humanitarian assistance standards
- Informing beneficiaries about these standards, and their right to be heard
- Meaningfully involving beneficiaries in project planning, implementation, evaluation and reporting
- Demonstrating compliance with the standards that apply in our humanitarian assistance work through monitoring and reporting
- Enabling beneficiaries and staff to make complaints and to seek redress in safety
- Implementing these principles when working through partner agencies

“Before working with MAP, I never had the opportunity to know the details of a proposal and having a look at the contract was nearly impossible. That was considered the preserve of the Directors.”
Project Supervisor, Islah Charitable Society (ICS).

“This is my first time ever to have the whole project/programme in my hands. I know the roles and responsibilities of everyone in the team, including the supervisor, which is not a usual thing in our society.”
Community Health Worker, ICS.

“In the Mothers’ School Society (MSS), we learned about accountability and transparency when working with MAP. It is not easy for us to be completely open without some assurance from the partners we work with that it is in the best interests of everyone. With MAP we understood that it is good practice to discuss everything openly.”
Director, MSS.

“The close and continuous follow up from MAP was a big support in terms of learning and progressing the implementation of the project.”
Director, Union of Health Care Committees (UHCC).



GOVERNANCE

FINANCIAL REVIEW



“Britain has a moral obligation to Palestine that goes back to the British Mandate. More than any country, we need to be at the forefront of working for a resolution.”

Baroness Morris of Bolton.

MAP receives funding from a broad range of sources, but the bulk of our income is from individual donors, fundraising events, and grants from international institutions and governmental departments.

The total income for the year ended 31 March 2012 was £3,074,000 (2011: £2,736,000), representing an increase of 12 per cent on the prior year. The largest growth was within activities for generating funds, where we saw an 80 per cent increase on prior year levels. This extraordinarily strong performance was due to holding two major fundraising events during the year; our regular annual dinner in London, and a fundraising event in Abu Dhabi, which raised £302,000.

Voluntary income, our major funding source, saw an increase of £72,000, or three per cent on prior year levels. This was achieved without any expenditure on cold appeals, and in the current economic climate this is considered a very good result.

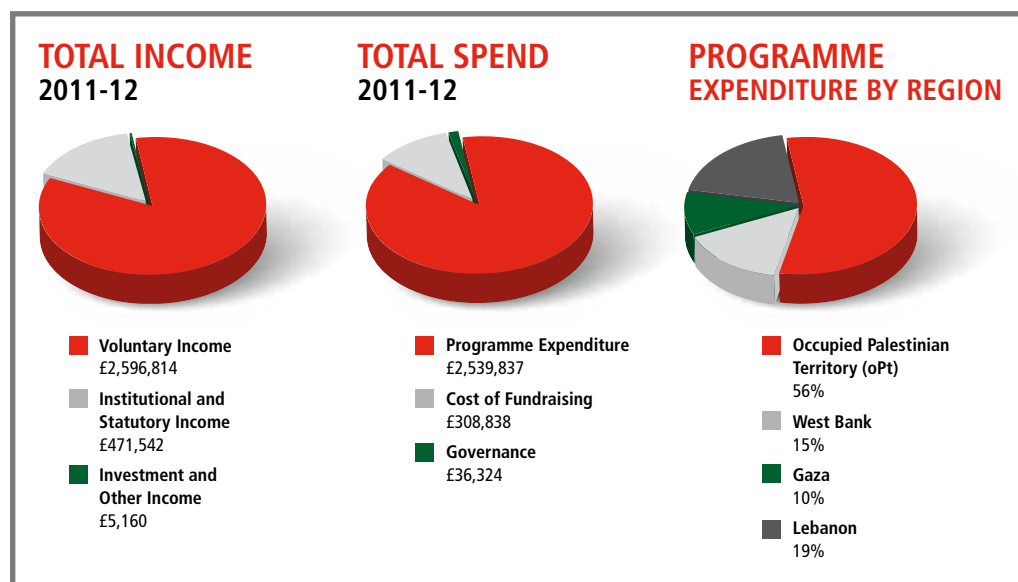
Finally, we also secured increased institutional funding during the year, receiving a total of £472,000 (2011: £423,000), an increase of £49,000, or 12 per cent on prior year levels. Our major institutional donors were Irish Aid, in respect of our Maternal and Child Health Programme in Lebanon; DFID, for our disability project in the occupied Palestinian territory; and OFID in support of our Safe Delivery Project in Gaza. Institutional income in the year accounted for 15 per cent of our total income.

Total expenditure for the year was £2,885,000 (2011: £3,723,000). This represents a decrease of 23 per cent on prior year levels. Expenditure on charitable activities was £2,540,000 (2011: £2,942,000). This was because 2011 expenditure levels were inflated as we deployed the final surplus of funds received in response to the 2009 emergency in Gaza.

We also achieved some savings in the cost of generating funds, which decreased to £309,000 (2011: £346,000). This is offset slightly by a modest rise in governance costs of £4,000.

The net position for the year shows a surplus of income over expenditure of £189,000 (2011: £987,265).

In relation to the new financial year (2012/13) we hope to maintain our current programme expenditure levels, but recognise that we are operating in challenging economic times and that it may be difficult to achieve income levels in the coming year which match those of previous years. In addition to our annual UK dinner we hope to receive income from the ‘Cycling for Gaza’ campaign, which plans to fundraise for MAP in a cycle trip around Turkey in winter 2012. We will continue to monitor costs to ensure that we spend the maximum amount possible on our humanitarian, health and emergency projects in Lebanon and the occupied Palestinian territory.



GOVERNANCE

“ABC International Bank is delighted to be able to continue its longstanding support of MAP’s important work. Thank you MAP for helping us to make a difference.”

ABC International Bank,
MAP Supporter.

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(as of 24 November 2011)

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(until 28 July 2011)

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Director of Advocacy and Communications

Thank you to all of our friends and supporters

Our crucial work would not be possible without the unwavering support of our many and varied supporters. We never lose sight of this and remain grateful.

Thank you to all of our regular individual supporters. Collectively you form the bedrock of our support.

Thank you to the many charitable trusts and foundations that continue to make a significant investment in MAP’s work. We would not be able to achieve our mission without you.

And thank you to our many volunteers and community supporters who have been doing their best for MAP over the past year – with sponsored cycle rides, runs, swims, bake sales and very their very generous donations of time.

THANK YOU

A special note of thanks to some of our supporters and partners for their ongoing and generous support

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"I'm proud to support MAP in everything it does. MAP is seen as a trusted friend by local doctors health groups and the institutions that they work with to help the people living under occupation and as refugees."

Jon Snow, Journalist and Broadcaster.



"MAP is carrying out amazing work – providing medical supplies to people in the most dire situations."

Archbishop Desmond Tutu.



"I was really honoured and very touched when I was asked to become MAP's President. MAP has an amazing reputation and I'm thrilled to be a part of this organisation and to work with its staff and volunteers."

Baroness Morris of Bolton,
MAP President.

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