ANNUAL REVIEW 2014

Medical Aid for Palestinians works for the health and dignity of Palestinians living under occupation and as refugees.
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David Watkins (1925-2013)

David Watkins was a dear friend of the Palestinians and of MAP. He was first treasurer of the Palestine Medical Association (PMA), which was the fore-runner to MAP. When the PMA merged with MAP, David became a trustee and later treasurer. He brought with him years of experience, valuable support and advice to MAP.

To those who worked with him, he was always kind and encouraging – lending his advice and expertise without reservation. He also had a great sense of humour. The news of his death saddened all of us.

We miss his presence, but remember with fondness and gratitude his generous support.

Judge Cotran (1938-2014)

Judge Eugene Cotran was a faithful friend and supporter of MAP from our founding. Everything about Eugene ran contrary to the stereotype image of a Palestinian, yet he was Palestinian in every way. He was an Orthodox Christian, a refugee from Akka, and he made it to be the first Palestinian Judge in the UK. He suffered much injustice, yet he was peace-loving. He did not talk politics in public but advised eminent politicians like Hanan Ashrawi, and countless others. He spoke softly but was the leader of the Palestinian Community in London. Having been uprooted from his home in Palestine to live in exile, he should have much to be bitter and angry about, yet he was kind and always full of a sense of wonderment. We as MAP owe him a lot.
INTRODUCTION
MESSAGES FROM MAP’S CHAIRMAN AND CEO

Alan Waddams, MAP Chairman

In July and August this year, Gaza was subjected to the most intense and destructive attacks in its history. In the face of such wanton destruction that saw entire families wiped off the map and some 1,500 Palestinian children become newly orphaned, it is easy to see how people can lose all hope.

I am immensely proud of the efforts of the MAP team and its supporters to alleviate such terrible suffering and to provide that bridge between British solidarity and making a real difference on the ground. Our long-term presence in Gaza and our partnerships with the hospitals and medicine stores meant that we were able to provide critically needed medicines, blood bags and hygiene kits when they were needed most. Today our specialist teams of medical doctors from the NHS are helping Palestinians put their lives back together.

Against this backdrop, MAP continues to campaign for the Palestinians’ right to health. Speaking out at Chatham House, Party Conferences and in the international media is vital not just to ensure the end of the blockade of Gaza but also to pursue accountability for the attacks of medical personnel and infrastructure. It is simply unacceptable in this day and age to destroy hospitals without consequences.

MAP’s mission has never been more important and it depends on the fantastic efforts of our supporters. There is a desperate need for ongoing humanitarian support for Palestinians living under occupation and as refugees. MAP’s work continues to be absolutely vital - reaching out to vulnerable Palestinian communities to ensure they have access to healthcare in extremely hostile and difficult circumstances. On behalf of our President, Baroness Morris, and my fellow members of the Board I say that without you, our work would not be possible.

Tony Laurance, MAP CEO

Thank you. Whether you are a MAP supporter, volunteer, partner or member of staff I want to thank you for what you have done in response to the latest war on Gaza. The incredible efforts of our team on the ground in Gaza, working 24-7 while their families were at risk, and of our supporters in the United Kingdom and around the world has been truly humbling. It is a tragic fact that while the situation for Palestinians across the Middle East is the worst for a generation there have never been such levels of solidarity from the general public. We have been inundated with offers to help, from children wanting to do sponsored swims to surgeons wanting to be on the next plane out to the region. The phones haven’t stopped ringing.

As I write, the bombs have stopped falling and our efforts are now focused on supporting the recovery whilst preparing for the very real possibility of further hostilities in the future. The media attention has moved on but MAP, as ever, remains committed to helping ordinary people in Gaza rebuild their lives. Amongst over 10,000 injuries caused by 51 days of death and destruction are hundreds of Palestinians who have suffered the loss of limbs or bodily damage and require specialist medical attention. I travelled to Gaza during the conflict with the first of our medical teams who are working with their Palestinian colleagues to treat the injured. What I saw was the best of humanity - compassionate, professional and caring doctors dealing with the consequences of a conflict that continues to exact a price on the most vulnerable.

In this Annual Review you can learn about the breadth of our work across the Middle East doing exactly what we set out to do thirty years ago – providing medical aid to Palestinians.

ALAN WADDAMS
MAP Chairman
Medical Aid for Palestinians

TONY LAURANCE
Chief Executive Officer
Medical Aid for Palestinians
Thousands were killed, more than ten thousand were wounded and hundreds of thousands were displaced from their homes in the full-scale Israeli military offensive on Gaza which began on 7th July and continued for almost two months. The attacks on Gaza’s homes, schools, emergency shelters and hospitals meant that no one and nowhere was safe.

**ORIGINS OF THE ATTACKS**

In June 2014, three Israeli teenagers disappeared in the West Bank and were found murdered some weeks later. Already angered by international support for the Fatah-Hamas reconciliation agreement signed some weeks earlier, Israel blamed Hamas for the kidnapping and initiated a ‘crackdown’. During search operations in the West Bank, Israeli forces killed several Palestinians, including children, and injured and arrested many more. In Gaza meanwhile, Israel intensified airstrikes which were met by increased rocket fire. Israel declared the start of ‘Operation Protective Edge’ on 8th July.

**HEALTH SYSTEM UNDER IMPOSSIBLE STRAIN**

The health system in Gaza was in a dire state after eight years of blockade even before the escalation of hostilities. 28% of essential medicines were at zero stock and 54% of disposables, including basic items such as sutures and materials for bone injuries. Two months of attacks and thousands of casualties were to bring the system to breaking point.

**MAP’S RESPONSE**

For the first five days of the conflict, MAP was the only UK charity to respond to the urgent needs on the ground. We immediately activated our emergency response plan, providing desperately needed supplies such as breathing tubes, surgical gauze and needles and medicines including anaesthetics, analgesics and antibiotics to local hospitals.

We provided more supplies as the attacks continued and delivered them rapidly to Gaza’s hospitals. The steadily increasing number of casualties led to a severe shortage of blood stocks in hospitals and health clinics. MAP facilitated much needed resupply of stocks, supporting hospitals with blood bags and reagents as brave members of the public in Gaza queued up to donate blood.

Over 475,000 people were displaced from their homes at the peak of the conflict, and the need for emergency food assistance, water, mattresses and blankets quickly outstripped UNRWA’s stocks. As UNRWA appealed for help, MAP was ready, releasing prepositioned emergency kits including sanitary and cleaning products, as well as mattresses and blankets, to displaced families.

**POST CONFLICT**

On 26th August, Israeli and Palestinian negotiators agreed to an open-ended ceasefire. For MAP, this meant a move into the next phase of our emergency response: recovery and rehabilitation.

An initial health assessment conducted by MAP’s CEO and a team of consultant surgeons and specialists in mid-August found hundreds of patients in need of highly complex surgery with few specialists in Gaza capable of the task – eight years of blockade has severely limited training opportunities for medics in Gaza.

In the coming months therefore, MAP will send out teams of highly specialist surgeons to support their Palestinian colleagues and help rebuild people’s lives. Teams will focus on supporting limb reconstruction surgery, public health development, A & E support and intensive care specialist training.
MAP’S RESPONSE

1. Al Shifa hospital: MAP supplies delivered.

2. Al Karama hospital: MAP supplies delivered.

3. Al Nasser hospital: MAP supplies delivered.

4. Al Wafa:
   The Al Wafa rehabilitative hospital in Shuja’iyyeh was flattened after being attacked twice by Israeli forces. This hospital was the only one in Gaza that specialised in providing care for people with severe and complex impairments.

5. Al Awda hospital: MAP supplies delivered to the blood bank.

6. Central Medicine Store: Receiving and distributing MAP supplies to Gaza’s hospitals.

7. Palestinian Red Crescent Society (PRCS):
   MAP worked with PRCS to distribute mattresses, blankets and hygiene kits in the Middle Area, Gaza City, Khan Younis and Rafah.

8. Al Aqsa hospital:
   On 21st July, reported shelling killed 5 patients and 2 doctors and injured at least 70 people at the hospital.

9. Beit Hanoun hospital:
   The hospital had a direct hit. By the end of the conflict, 62 hospitals and primary health care clinics had been damaged in attacks.

10. Israeli military attack on disability centre:
    A missile attack on Mebaret Palestine for the Disabled Centre on 12th July killed 2 women. The centre for people with complex disabilities has been destroyed. Another 3 women with disabilities and a staff member were injured.

11. Hospital director’s house destroyed:
    Al Shifa’s director’s home is destroyed by Israeli forces. The director said, “I got my family out with seconds to spare.”

12. Attack on children going to shop:
    On 8th July, a drone fires a missile at 3 children on a street in Jabalia. One of the children is killed on the spot; the other 2 are injured. The boys were on their way to buy ingredients for a hummus dish for iftar.

13. Nine killed watching World Cup:
    On 9th July, a military attack on a beachside coffee shop killed 9 people watching a World Cup football match. Another 3 people were injured including one child.

14. UNRWA Shelter:
    On 24th July, UNRWA’s Beit Hanoun Elementary School, serving as a shelter for displaced families, was hit by explosive projectiles, causing 15 fatalities and 200 injuries. The attack followed three previous incidents over 4 days of UNRWA shelters being hit by explosives.

15. Playing children killed by Israel:
    4 children are killed while playing on the beach near Gaza City port on 16th July. Another 2 are injured.

16. Children killed while feeding chickens:
    On 17th July, 3 children, who were feeding the family chicken on the roof of their home, were killed. 2 children were injured.

17. Brutal Ground Invasion in Shejai’ya:
    The north eastern town of Shuja’iyyeh was the site of relentless attacks by Israeli forces and a ground invasion that killed dozens of people. Medical personnel were apparently targeted and prevented from accessing the injured.

18. Attack on shelter:
    An UNRWA school, operating as an emergency shelter for approximately 1,000 forced out of their homes, was attacked by Israel.

19. Al Jazeera attacked:
    On 22nd July, Al Jazeera staff report attacks on their office by Israeli forces.

20. Palestinian red crescent Society (PRCS) forced to move:
    A PRCS operations office was hit by Israeli forces on 9th July, injuring 3 medics and the director. Operations transferred.
TIMELINE OF KEY EVENTS
MARCH 2013 – MARCH 2014

2013
MARCH
15 March
Benjamin Netanyahu forms new government in Israel after a long delay excluding the orthodox parties but giving prominent roles to the new centre parties of Yair Lapid and Naftali Bennett.

APRIL
25 March – 2 April
Israeli authorities close the Kerem Shalom crossing, the single conduit for the entry and exit of goods to and from Gaza, for several days on the occasion of Passover.

MAY
19 March – 26 May
Continuous fighting in Tripoli, Lebanon, between the two rival neighbourhoods of Jebal Mohsen and Bab el Tabeneh flares up.

JUNE
6 June
Lebanese General Security announces that Palestinian refugees from Syria who wish to remain in Lebanon for more than a year will have to pay a 300,000LL ($200) fee. Those who pay the fee will be able to continue to renew their three month temporary residence for another year.

JULY
30 June
The European Commission adopts a set of guidelines banning the EU funding of projects in territory occupied by Israel since 1967. A statement by the EU Delegation in Israel said: “The guidelines are in conformity with the EU’s longstanding position that Israeli settlements are illegal under international law and with the non-recognition by the EU of Israel’s sovereignty over the occupied territories, irrespective of their legal status under domestic Israeli law”.

AUGUST
8 August
Reports emerge of Palestinian refugees being turned away from the Lebanon-Syria border. These are initially denied by the Lebanese authorities but later corroborated and confirmed.

13 August
Israel releases the first group of 26 prisoners arrested before the Oslo Accords as agreed to in peace talks.

SEPTEMBER
14 September
Russia brokers a deal with the Syrian government to accede to the Chemical Weapons Convention, declare their remaining chemical weapons, and dispose of them.

OCTOBER
3 October
Israeli forces demolish and confiscate tents established by the 48-member Bedouin community of Makhoul after the demolition of their homes. Some of the tents demolished were provided by international humanitarian agencies.

27 October
26 prisoners are released by Israeli authorities in the second of four planned releases. The release is immediately followed by Israeli authorities publishing tenders for the construction of 2,258 new housing units and promoting the plans for nearly 2,500 additional units.
31 October
Chief Palestinian negotiators, Saeb Erekat, and Mohammed Shtayeh, announce their resignations following the announcement of plans by Israel’s Housing Ministry to build 20,000 settler homes in East Jerusalem and the West Bank. Abbas refuses the resignations but Shtayeh’s still stands.

NOVEMBER
1 November
Gaza’s only power plant shuts down due to a fuel crisis caused by the closure of tunnels between Egypt and Gaza, and ongoing closures of crossings into Israel.

The fuel crisis adversely affects critical hospital procedures, specialised medical equipment, water and sanitation treatment, solid waste removal and other aspects of Gaza’s infrastructure. Power outages average 12 hours a day and peak at 18 hours a day for the seven weeks that the power plant remains shut.

DECEMBER
8 – 13 December
Intense winter storms bring severe flooding, freezing temperatures and gale-force winds to Gaza displacing 10,000 people. The flooding is exacerbated by temporary sewage lagoons collapsing and adding to the deluge.

15 December
$32m worth of emergency fuel donations from Qatar enable the Gaza Power Plant to resume generating power for emergency work, though outages remain at pre-November levels of 12 hours a day, and most people in Gaza cannot purchase fuel for small generators.

24 – 29 December
Israeli forces severely restrict vehicle movement to and from the village of Ya’bad (Jenin), disrupting access of 16,000 residents to services and livelihoods. During the closure, an 82-year-old man who was suffering from pneumonia died en route to hospital after being held at a flying checkpoint for over 20 minutes and then turned back to the village.

2014
JANUARY
8 January
13 structures belonging to three families demolished in Jiftlik village. Following the initial demolition, emergency shelters provided to the affected families by the International Committee of the Red Cross (ICRC) are also confiscated by the Israeli army.

11 January
Former Israeli prime minister and military commander, Ariel Sharon, dies at the age of 85 after being in a coma since 2006 when a stroke incapacitated him at the height of his political power.

FEBRUARY
15 February
After almost eleven months of political vacuum, a new unity cabinet is formed in Lebanon headed by PM Tammam Salam.

MARCH
11 – 13 March
Islamic Jihad militants fire more than 70 rockets into Southern Israel and the IAF respond with dozens of airstrikes, followed by a temporary closure of all crossings into and out of Gaza.

12 March
David Cameron visits Israel, pledges support for two-state solution and describes his commitment to Israel as “unbreakable”.

19 March
A 14-year-old boy is fatally shot near the barrier in Ar Ramadin Village in South Hebron. At the time of the shooting the boy and his two friends were collecting a wild edible plant that grows in the area.

30 March
32 Palestinians injured during Land Day demonstrations. Some allegedly threw stones at Israeli forces, while soldiers fired live ammunition, rubber-coated metal bullets, tear gas and sound canisters.
WHAT WE DO AND HOW

“MAP has a stellar reputation, and we stand in admiration in front of the courage displayed by your teams on the ground.”
MAP supporter.

OUR MISSION
MAP 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, Jerusalem and Gaza City, MAP responds rapidly in times of crisis and works directly with communities on longer term health development.

OUR APPROACH
Over the past 30 years, Medical Aid for Palestinians has maintained a significant presence in Lebanon and occupied Palestine, responding to conflict and the needs arising from prolonged occupation and life-long displacement in refugee camps.
We work to provide access to essential services for the most vulnerable Palestinians, such as children and people with disabilities. MAP also contributes to the protection of communities and individuals by monitoring access to healthcare and identifying, managing and referring cases of violence, in conjunction with grassroots and high-level advocacy.

MAP has a strong track record of active engagement and provision of quality services. Working across the West Bank, Gaza and in the Palestinian refugee camps of Lebanon, we are in a strong position to identify the needs of Palestinians and to work towards the development of a more sustainable and responsive health system.

WORKING IN PARTNERSHIP
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 psychosocial support and nutrition services and to improve management, coordination and delivery.
“The MAP team keeps going because we feel that we’re able to do something good for our people. The shortages of drugs and consumables are overwhelming and we’re working nonstop to get essential drugs for emergency rooms at the hospitals across Gaza. I’d like to thank all those supporters in the UK who have done all they can to make sure that we have the resources needed to save people’s lives.”

Fikr Shaltoot, Director of Programmes, Gaza, writing at the height of attacks on Gaza.

**BUILDING ON COMMUNITIES’ RESILIENCE**

By 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 build 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.

**SPEAKING OUT**

Based in the community and sharing the risks which the communities face, 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 live in.

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 around the world.

**THE HEALTH OF ONE PEOPLE**

Since 1948 the health and welfare of Palestinians has been viewed separately in their different communities. Yet, similar social determinants of health, diseases, and demographic patterns are present both within occupied Palestine and in the refugee camps outside.

MAP is working to shift this approach and ensure that Palestinian health status and needs are addressed as the health of one people, both inside occupied Palestine and across the borders.
Conflict and military occupation claim hundreds of Palestinian lives and cause thousands of injuries every year. Hospitals are under-resourced and emergency staff do not have the training they need. In a volatile environment, preparation and training can make the difference between life and death.

MAP is committed to emergency preparedness and response because:

- The lack of a political breakthrough in the peace process has meant that the situation on the ground remains fragile with frequent outbursts of violence
- Palestinian doctors and nurses need additional training to help treat injuries wherever they occur
- Many essential medicines and disposables are at zero stock, while others are at very low levels

What we are doing:

- Working through an extensive network of active partnerships with health and community-based organisations, MAP provides rapid assistance to communities whenever there is an emergency
- MAP pre-positions essential medicines and supplies for distribution to hospitals and clinics so that doctors are able to treat patients
- We are working with some of the UK’s top surgeons and doctors to provide training in emergency care and to help ensure health staff can respond to emergencies

Our achievements in 2014 included:

- In response to recent Gaza conflict, MAP was the first UK NGO to respond by releasing essential lifesaving medicines across hospitals in Gaza. On the second day of conflict, we released over three thousand units of drugs
- Over the 51 day conflict, MAP delivered over $450,000 worth of medicines to the hospitals in Gaza
- MAP developed an extensive neonatal support programme in response to the crisis to provide essential neonatal drugs and on-job training for doctors working across Gaza
- MAP has been working with Al Awda Hospital since 2005, building the capacity of doctors, refurbishing the hospital and supplying it with suitable medical equipment. Currently, MAP is supplying essential drugs and equipment to maintain the hospital. In addition to this, blood donation campaigns are being run in conjunction with Al Awda Hospital and distributed to all of Gaza. The constant supply of blood is crucial for operations and surgical treatments for those who are injured

- The Central Drugs Store (CDS) is the key area for medicines and disposables for the Gaza Strip. From here they are then distributed to the appropriate Ministry of Health (MoH) hospitals. MAP supplied the CDS with over £400,000 worth of drugs and disposables during the recent conflict
- Thousands of families were made homeless, by attacks. MAP released mattresses, blankets and hygiene kits which were distributed to those most in need in the Middle Area of Gaza, Gaza City, Khan Younis and Rafah
- During the 2014 conflict, MAP led the largest foreign medical team into Gaza to conduct lifesaving surgeries on those who had suffered from fractured limbs
- MAP, in partnership with IMET, established a telecommunication system connecting the burns specialists in Gaza with the University of London. This communication link will enhance training of Gaza staff, improving diagnoses and treatment of burns patients
- In agreement with the Ministry of Health, Primary Trauma Care courses became an integrated programme to support preparation of medical staff to be first responders in case of emergency
In summer 2014, Gaza was subjected to two months of devastating attacks. Medical Aid for Palestinians was the only UK aid agency that was able to mobilise during the first five days of Israel’s bombardment. After 18 days the MAP team had delivered more medical supplies to hospitals in Gaza than any other organisation, thanks to MAP supporters.

With so many Palestinians killed and injured, hospitals and health centres in Gaza were overwhelmed. Even before the attacks started, the health system was in a dire condition, after seven years of the blockade, with acute shortages of supplies, lack of equipment, daily prolonged power-cuts and over-worked staff.

Almost a third of essential medicines were at zero stock along with over half of essential consumables (basic supplies such as surgical gauze and needles). Hospitals were experiencing over 12 hours of power cuts per day and running short of fuel for generators. Israel’s bombardment and ground invasion made the situation much worse.

Our permanent team in Gaza was ready to respond immediately when attacks escalated on 7 July, releasing emergency stocks of drugs and disposables to hospitals. Working around the clock, they were able to coordinate the delivery of supplies where they were needed most.

MAP provided Al Shifa hospital, the main hospital in Gaza which received most of the casualties, with urgent anaesthetics and antibiotics, as well as essential supplies such as surgical gauze and gloves.

As most supplies had run out in Gaza, MAP’s team in the West Bank purchased more stocks and helped to get them into Gaza via the Kerem Shalom crossing, which was open for the transfer of urgent humanitarian supplies. MAP was able to buy supplies and get them into Gaza faster than most other international agencies.

We provided hospitals with equipment to collect blood donations, which were vital for surgery and transfusions for the massive influx of injured men, women and children. Members of the public in Gaza were queuing up to donate in order to help hospitals respond to the crisis.

MAP also distributed emergency hygiene kits, blankets and mattresses to thousands of families who were displaced from their homes.

Training delivered by MAP, in the year and a half since the last attacks in 2012, meant that health professionals were better equipped to deal with the emergency. During that period, MAP trained health professionals in primary trauma care and burns management, and equipped and renovated burns units.

As well as shutting down five hospitals, damaging at least 62 health facilities and severely depleting medical supplies, attacks on Gaza have exacerbated a growing public health crisis. Displacement and destruction, the loss of power, shortages of water, and damage to water and sanitation infrastructure have also seriously increased the risk of disease.

The post-ceasefire phase of MAP’s emergency response focuses on recovery and rehabilitation. This entails sending additional teams of volunteer medical specialists to undertake post-traumatic and reconstructive surgery. As hospitals are unable to cope with the number of patients in need of complex reconstructive surgery, it also means working with the UN to get severely injured patients out of Gaza for treatment in the West Bank and Jordan.

“I remain forever impressed with the kindness and courage of the Palestinians who live in Gaza.”

John Beavis, MAP Trustee and volunteer surgeon with MAP’s medical missions to Gaza.

In Focus
Responding to the 2014 War on Gaza

MAP-funded surgeon operates in Gaza during attacks.
In Focus
Delivering Healthcare in the Refugee Camps of Lebanon

“The midwives who visit are like sisters to me.”

Adra, mother of three, fled Syria by foot, heavily pregnant and with her two young children after her husband was killed.

The United Nations High Commission for Refugees (UNHCR) is responsible for the safety and well-being of all refugees in the world except Palestinians in the Middle East. This anomaly limits access to healthcare for Palestinians, because the agency responsible for them, UNRWA, is chronically underfunded by the international community – leading to severe rationing of its key health, education and housing services. Consequently, when Syrian and Palestinian refugees have fled over the border from Syria to Lebanon, they have not received the same support.

UNRWA is offering those displaced the same basic services that are offered to local Palestinian residents. International and local non-governmental organisations are offering cash and in kind support to displaced and host families.

MAP has identified a significant gap in the provision of advanced healthcare and we have set up a patient relief fund in partnership with UNRWA, through which we assist refugees who need urgent and expensive medical care for life-threatening conditions such as cancer and heart disease. For these patients and their families, the cost of treatment would be unaffordable without MAP’s support. Most would be forced into debt or to beg, and some would simply forgo the treatment they need, and possibly die.

More than 55,000 Palestinians have arrived in Lebanon from Syria – becoming refugees twice over.

The majority of the people MAP has assisted come from destitute backgrounds. Others, who were not in financial difficulty before the crisis, have now become extremely poor and are living in very precarious conditions. Most of the displaced are jobless. Only 7% have been able to find employment of some sort – most of the time in occasional and underpaid jobs.

The cost of living in Lebanon is very high, certainly much higher than in Syria. This means that the refugees are spending all their savings on survival. 96% of Palestinians in Lebanon rely on the UN and organisations like MAP to facilitate medical aid.

In addition to MAP’s regular programme of projects in the camps, we have committed hundreds of thousands of dollars for emergency assistance over the last year to support Palestinian refugees fleeing Syria. More than 1 in 4 (28%) of MAP’s tertiary healthcare beneficiaries are children below the age of 18.

We have also included a community support component in our emergency response, in order to provide psychosocial assistance for families displaced from Syria and their hosts in Palestinian camps across Lebanon. The programme is designed to strengthen the collective coping mechanisms by providing space for safe interaction for adults and children; supporting self-help mechanisms; and offering individual counselling and group therapy to people in need of more specialised support.
“In dark times like this good work done by good people is what keeps us all civilised. For that also I thank the team at MAP.”

Mazen Arafat Nomura, MAP supporter.

CASE STUDY

Amal left Sbeinah camp in Syria last year with her children. Her husband followed later, arriving in early 2014. They have known since their daughter Baraa was a baby that she had a heart problem – a valve was closing up, causing extensive cardiac problems – but she was too young to be operated on. As the situation in Syria worsened, they had to leave Damascus, and as Baraa reached the age of 4, the time for surgery was imminent.

Baraa’s father, Mohammad, has been unable to find work in the camp. He is hoping to secure a job as a garbage collector, as he did back in Syria, but for the moment the family is entirely reliant on aid to survive.

The family is supported by UNRWA, but most of this money is sucked up by the rent – which at 200,000LL (around £83) for one room is very high – and leaves little spare for anything else.

Though beautifully clean, a fact Amal takes pride in, the room they live in is small and is home to a family of 8 people. With other buildings constructed higgledy-piggledy around it, little natural light penetrates, and the walls are damp. Doctors have warned the family that this humidity is bad for Baraa’s heart.

They hope to move somewhere larger, but the camp is only getting fuller and they cannot afford any increase in rent.

Mohammad hoped to be in Lebanon for Baraa’s surgery, to wish her well when she went into hospital and be present when she opened her eyes – but on his first attempt at crossing the border he was detained and eventually turned away, forced to make the perilous journey back to Damascus.

Even once within the camp, Palestinian refugees from Syria face discrimination. Amal says the existing population perceive them as competing for the limited jobs available and are resentful of the extra resources they believe are being given to newcomers. The family clearly find this upsetting: ‘We did not want to come, we had to come’. In a society that is overcrowded and under-resourced, the Syrian refugee crisis is putting pressure on everybody.

As a recipient of MAP’s tertiary care project, 50% of Baraa’s treatment was funded by MAP, topping up the other half provided by UNRWA. With MAP’s help, Baraa’s operation could take place and her huge smile was a testament to the surgery’s success – she is now safe and well.
Primary healthcare is the first point of contact in the healthcare system and is mostly provided by GPs and community nurses.

Strong primary healthcare is central to improving health and to tackling health inequalities. This is especially essential in occupied Palestine and Lebanon, where access to health services is often difficult and few doctors and nurses have specialised training in family medicine.

MAP is committed to primary healthcare because:

- It is the first vital point of contact between a patient and a health professional, which can lead to early diagnosis and help to prevent suffering and complications
- Palestinians living in rural areas are often isolated from primary healthcare services because of movement restrictions
- A strong primary healthcare system is essential to respond to the daily needs of any population

What we are doing:

- Training primary care professionals in emergency and obstetric care so that they can respond to local emergencies in their community
- Supporting clinics in occupied Palestine and the refugee camps of Lebanon and offering outreach services to communities that are cut off by severe restrictions
- Responding to the needs of Palestinian communities through our local partnerships and maximising access to healthcare, especially for the most marginalised

Our achievements in 2013-14 include:

- 374 visits to 30 Bedouin encampments in the Jordan Valley area through a mobile clinic
- 9013 consultations with patients including those suffering from chronic diseases, people with disabilities and others
- 3860 consultations for babies from 0-3 years of age
- Follow up care for 832 pregnant women during their pregnancy and after delivery
- 305 pregnant women referred to a Gynecologist for closer follow up
- Distribution of required medication during mobile health clinic visits
- 4026 people benefitting from 370 health education sessions implemented by Community Health Workers
- 563 Hygiene Kits distributed to displaced families
- 52 people benefitting from First Aid Courses
IN FOCUS
HEALTHCARE IN THE JORDAN VALLEY

For many years, together with our partner the Islah Charitable Society, MAP has been supporting Bedouin communities in the Jordan Valley with a mobile health clinic, which visits their encampments to ensure regular quality healthcare.

The clinic’s team of a supervising female nurse, a GP, a nurse, two community health workers, a part-time lab technician and a field co-ordinator provide health checks, medication and support for the management of chronic diseases and disabilities. The mobile clinic is the sole provider of health services in the encampments it visits.

The project also aims to improve health education and first aid capacity to ensure communities are better informed and empowered to cope with their living conditions. Hygiene and first aid kits, in addition to school bags and stationery, are distributed alongside training and health awareness workshops. Summer camps and open days are also implemented during vacations. Last year, artists from the UK implemented workshops for women in the encampments to build resilience.

PROTECTION

Bedouin communities in the Jordan Valley are constantly subject to the threat of forced eviction and displacement by Israeli authorities. Israel’s practice of demolishing Bedouin structures is a major obstacle to the health and wellbeing of the communities MAP works with and directly violates longstanding principles of international humanitarian law, which prohibit an occupying power from destroying property unless rendered an absolute military necessity.

In order to address these issues, MAP has been working over the past year with the Jerusalem Legal Aid and Human Rights Centre (JLAC) to strengthen the monitoring and reporting mechanisms for human rights violations of marginalised Bedouin communities and to facilitate the continuation of their indigenous way of life.

This project aims to enhance the participation of the Bedouin in identifying, reporting and addressing human rights violations as well as providing a more protective environment and strengthening the advocacy efforts of the humanitarian community and the Palestinian authorities on the issue of forced displacement.

Over the previous year, 10 committees have been established in different Bedouin communities in the Jordan Valley. These committees have been composed of men, women and young people. Training sessions have been carried out with the committees and members of the wider communities in order to teach people about their rights and build their capacity to document violations such as home demolitions and forcible displacement.

During the sessions, trainers identified the different kinds of demolition orders that can be issued and explained how to deal with each one, as well as the various procedures for submitting building permit applications.

Regular coordination meetings were also held with a number of organisations and ministries, including: the Agency for Technical Cooperation and Development (ACTED); Palestinian Agriculture Relief Committees; the Union of Agricultural Work Committee; Birzeit University; the Palestinian Medical Relief Society; Health Work Committees; the Jericho Governate and the Ministries of Local Government, Education and Health.

Issues addressed during the meetings included the provision of aid to targeted communities when violations occurred; the need for increased services; the conditions of Bedouin schools and agricultural losses due to bad weather and demolitions.

Over the past year, Israel has increased its demolition of Palestinian homes and livelihood structures and intensified its building of illegal settlements on Palestinian land. Medical Aid for Palestinians is deeply concerned about this ongoing campaign of destruction, which not only deprives these communities of access to shelter and basic services, but also runs counter to international law.
Improvements in child survival and maternal health are key humanitarian priorities and among the UN’s Millennium Development Goals. Yet, for Palestinians living under occupation and as refugees, infant and child mortality rates have not decreased significantly over the past 10 years. Conflict, poverty, socio-economic vulnerability and gender bias are all factors hindering the pace of health development. MAP is working consistently to strengthen health systems to meet these challenges.

Even when living conditions are poor and overshadowed by conflict, the basic provision of antenatal, childbirth and post-natal care by well-trained health staff can reduce unnecessary risks to women and children and offer them the best possible chance for a healthy life.

MAP is committed to maternal and child health because:

- Children represent the future, and ensuring their healthy growth and development ought to be a prime concern
- While motherhood should be a positive and fulfilling experience, for too many women it is associated with ill-health, distress and sometimes preventable death
- Monitoring the health of mothers and their children allows medical staff to spot risks and problems before they develop

What we are doing:

- Conducting home visits that are designed to improve child survival and well-being in the refugee camps of Lebanon by tackling the main health risks that are leaving mothers and children vulnerable
- Improving the nutritional health status of malnourished children in Gaza, who suffer from stunting and anaemia, through the provision of medication, supplements and food items
- Providing basic obstetric and neonatal life support training and establishing a ‘community owned volunteers network’ to disseminate information and raise awareness in Gaza

Our achievements in 2013-14 include:

- MAP supported Ard El Insan in delivering nutritional aid and follow-up treatment for over 3,000 malnourished children across Gaza
- MAP completed training for over 150 health professionals on basic life support training, targeting all the major hospitals in Gaza
- MAP has supplied hospitals in Gaza with portable incubators. These are essential in transferring vulnerable sick new born babies between obstetric or neonatal units. Prior to MAP’s intervention, newborns in Gaza were being carried from one hospital to another by a parent.
IN FOCUS
WORKING WITH MOTHERS AND CHILDREN IN LEBANON AND OCCUPIED PALESTINE

THE PALESTINIAN REFUGEE CAMPS OF LEBANON

One of the most striking features of any visit to Lebanon’s Palestinian refugee camps is the visibly high number of children among the population. Reflecting this reality, MAP’s largest project in the camps focuses on Maternal and Child Health (MCH).

The MCH project, originally launched in 2008, employs a combination of midwives and nurses to provide both ante-natal and post-natal care for Palestinian women. Importantly, the project includes regular home visits to expectant and new mothers, providing a service that the UN’s over-stretched resources cannot cover.

MAP’s midwives typically spend between 30 minutes to an hour with a mother when they visit. Pregnant women, or those who have recently given birth, are categorised into three groups: low, moderate and high risk. Mothers whose pregnancy is normal may still qualify for MAP support on the basis of non-medical vulnerability factors, such as displacement from Syria, extreme poverty and poor psychosocial health, amongst others.

Through targeted interventions, the outreach programme addresses key vulnerabilities, including high rates of anaemia, poor nutrition in mothers and children, insufficient birth spacing, infections, weight faltering and developmental delay. In an effort to increase newborn health and immunity, the team has had great success in promoting exclusive breast-feeding - with rates remaining high for the first 3-4 months of the infant’s life. They have also been successful in raising the haemoglobin levels of nearly half the anaemic pregnant women they have visited. In addition, the programme trains nurses, midwives and local NGO staff to recognise and respond to child abuse and neglect, domestic violence and maternal depression.

OCCUPIED PALESTINE

MAP has also contributed to providing a continuum of care for pregnant women, mothers who have recently given birth, newborns and infants in occupied Palestine. Maternal and Child Health intervention is particularly critical in Gaza, where there are approximately 50,000 pregnancies every year and 3,700 newborns are expected to be identified as high-risk cases.

MAP has trained 123 doctors, nurses and midwives on neonatal life support and resuscitation since 2008. This safe-delivery training focuses on simple and organised procedures within the first minutes of life, during which a newborn’s life can be saved. Given the ongoing need for such training, MAP aims to run this course once a year.

With financial support from the OPEC Fund for International Development (OFID), MAP’s Gaza team has also been conducting training sessions on normal birth, postpartum care, emergency obstetrics and basic newborn care for doctors, nurses and midwives, based upon established protocols.

The first obstetrics training session in Gaza, which took place in December 2013, was implemented for 21 doctors, nurses and midwives, of whom 10 were selected to become trainers for the subsequent training courses. Six further sessions have since trained 158 doctors, nurses and midwives from the Ministry of Health and NGO maternity wards in Gaza. The workshops provide participants with up-to-date training that uses evidence-based practices and the most appropriate techniques. Continuous training for health workers is essential to improve skills and increase the quality of healthcare services provided to Palestinian women and newborns.

A MAP midwife delivers a health education class for mothers in Ein el Helweh camp, Lebanon
“In Al Saraya, we always seek to be the change we wish to see in our Jerusalemite community. We make sure that our impact in the community is always unique and effective. Our work in empowering and developing the life skills of the people we work with is continuous, hoping that one day; these groups will be confident enough to serve their Jerusalemite community and to form a positive role model for our Palestinian youth.”

Al Saraya staff member, Rania Jarallah

Psychosocial support is an integral part of MAP’s work. It helps individuals and communities to heal psychological wounds and rebuild social structures.

After suffering from years of conflict, human rights violations, displacement, military occupation and blockade, MAP’s work helps to support Palestinians in their determination to be active survivors rather than passive victims.

Our aim is to help people to rebuild meaning, coherence and self-continuity; to relieve stress, and to limit the development of further complications, while also addressing interpersonal, family, social and cultural issues.

MAP is committed to psychosocial support because:

- Children and adults living under occupation and as refugees are exposed to a variety of stressful situations including imprisonment, beating, house demolitions, constant social and economic pressure and witnessing death or injury
- Stress is a normal effect on adults and children who are subject to such situations, but may also trigger deeper psychological suffering
- Widespread poverty is effecting people’s lives, including health, nutrition and education, creating an environment of chronic instability and insecurity

What we are doing:

- Supporting counselling sessions for mothers and their children, not only offering a safe place to discuss issues but also to learn about psychosocial health
- Offering counselling and psychosocial services and providing women who are subject to gender based violence a place where they can speak freely and seek refuge away from danger
- Using innovative methods such as interactive theatre to raise awareness about the impact of domestic violence, gender based violence and child protection
- Empowering young people to deal with the issues they face on a daily basis, growing up in a violent and disadvantaged environment

Our achievements in 2013-14 include:

In Lebanon:

- 19 child friendly spaces set up in MAP Partners’ community centres and UNRWA’s Primary Health Clinics
- 9 safe spaces for Women set up in MAP partners’ community centres
- 1,199 women/girls and 41 men/boys received individual assistance on gender-based violence
- 350 sessions held in schools to raise awareness of different issues such as: the importance of vocational training for youth, how to avoid violence and how to deal with anger

In East Jerusalem:

- Total of 2,508 children benefitted from different programmes including: academic and social programmes, children’s literature programmes and awareness raising programmes
- 507 women benefitted from women’s empowerment and awareness raising programmes. Sessions included: how to deal with children, how to control my emotions, the importance of vocational training for their children, training in life skills among other issues
- 395 meetings and workshops inside the centre took place to work with children on different subjects: personal hygiene, communication skills, expression skills, drama, creative writing, singing and playing musical instruments
- Recruitment and training of 117 volunteers to work with children inside the centre and in 22 Jerusalem schools on issues like: stages of growth and characteristics of children, teaching methods, introduction to mental health and mechanisms of social psychological support
- During summer camps and open days, 923 children participated in activities
- 350 sessions held in schools to raise awareness of different issues such as: the importance of vocational training for youth, how to avoid violence and how to deal with anger
MAP is co-ordinating a new mental health and psychosocial support project in Palestinian refugee camps across Lebanon, partly funded by UNICEF. The project’s complex programme is delivered in partnership with four local organisations: Beit Atfal Assoumoud (BAS - official acronym NISCVT), Association Najdeh, Solidarity Association and Naba’a - Developmental Action without Borders. Through this important coalition established by MAP, organisations have come together to share space and resources in order to realise a project no single partner could achieve on their own.

Palestinian refugees from Syria (PRS) are in particular need of psychosocial support. Many have fled the conflict and suffered distressing journeys into Lebanon and are struggling to adjust to their new environment. They are living in extremely stressful circumstances - not only struggling to build a life in Lebanon as disenfranchised refugees, but also experiencing discrimination from the local Palestinian population, whose lives are placed under additional pressure by the increasing camp population.

PRS children are often isolated or considered unwelcome by their peers in school. Whereas it was initially considered good practice to split activities, treating PRS separately from other groups of children, this new project mixes PRS children with local Palestinian children, working together within their age-groups. The aim is to encourage integration, promote understanding and initiate a more united community.

The wider community is also mobilised through information sessions organised in local family houses, where parents can learn about the support that is available to them. This includes parenting support, health education and life-skills building.

MAP’s new project, uniting distinct organisations in the provision of psychosocial healthcare, is already having a transformative effect on the lives of young Palestinians.

“Al Saraya Centre played a vital role in my life! It helped me know the real me and explore my talents and improve them. I was able to know the reality of this world, my community and my homeland and our responsibility to make a change. I hope Al Saraya will blossom even more and will help other children as it helped me, to create new generations who are able to build a better future.”

Sahar Masswadeh, who attended al Saraya activities from 2004-2010 and is now a volunteer at the centre.

CASE STUDY

Farah, Beit Atfal Assoumoud animator

As an animator, Farah is trained to conduct psychosocial activities. She works with boys and girls aged between 3 and 18, including Palestinian refugees from Syria and local Palestinian refugees.

The animator’s sessions give priority to children out of formal or informal education, children in difficult family circumstances and children who show signs of distress or whose parents manifest concerns. The type of psychosocial support activities initiated varies according to the age group. With the younger kindergarten group, Farah and her colleagues promote recreation, learning through play, and fun activities.

Farah also works with older cohorts of children. She finds the 9-14 age-group a particular challenge and joy. As the children reach puberty, desire independence and experience mood swings, many need support and space for self-expression. Being a teenager is difficult anywhere; growing up as a refugee within a camp environment, especially for those fleeing trauma and conflict in Syria, is inconceivably hard.

A number of such children will have already lost parents, and may be considered the ‘man of the house’, or ‘surrogate mother’, at a very young age. The structured psychosocial programme delivered by MAP partners for this age group encourages identity-formation and talking through emotions, conflict and relationships.

Farah says she and the children love the activities that invite them to build and reflect upon their personalities. Simple exercises that ask what colours they like, what they want to be when they are older and what they are good at, grant such children the space to be individuals beyond the status of a refugee and the inevitable stresses of daily life in a camp.

Farah is a great advocate for the role of the animator and clearly finds herself empowered by her work. Most of the animators are young, in their early to mid-twenties, and have their professional development thoroughly supported. They attend weekly sessions led by senior psychosocial support officers, who supervise their work and provide focused psychological support to those children identified by the animators to be in need of it. Animators are also given continued training in issues relevant to the problems they are facing among their cohort.
Over the last decade, the approach to disability has changed from a narrow medical methodology to a social, rights-based approach, where the focus is on removing the barriers to the participation by people with disabilities in society.

Despite this shift, disability is still stigmatised and degrading terminology and attitudes are still common. In conjunction with many practical obstacles, this mind-set makes it difficult for people with disabilities to participate in education, access services and to earn an income. MAP is playing an important role challenging medical and disability professionals to rethink disability as a social issue.

We are committed to working in the field of disability because:

• In occupied Palestine, more than one third of people with disabilities aged 15 years and over, have never enrolled at school, while over 87% are not in work and around one third of people with disabilities have never married
• Three out of four people with disabilities in occupied Palestine who are 18 years old and above say they do not use public transportation due to the lack of necessary adaptations in the infrastructure.
• Almost 10% of the households in Palestinian refugee camps in Lebanon include a person with disability, and all of these households are classified as poor
• The barriers to inclusion that exist in many other contexts are compounded for Palestinians living under occupation and as refugees by the lack of recognition of rights, extremely limited access to services and by the environment which makes it very challenging for people with disability to move freely
• Due to ongoing conflict and physical assaults on Palestinians, the number of Palestinians with a physical disability is increasing

What we are doing:

• Advocating for a right’s based approach while endeavouring to change practices in Palestine by empowering people with disabilities to break down the barriers in the communities they live in
• Supporting projects that offer a genuine platform for people with disabilities to speak out, founded on the principle of ‘nothing for us without us’
• Enabling people with disabilities to lobby and support local government and civil society organisations to adopt and implement accessible and inclusive standards of practice
• Working to ensure that when conflict escalates, the specific needs of people with disabilities are not forgotten
• Supporting local partners to provide practical assistance and specialised facilities for adults and children with disabilities

Our achievements in 2013-14 include:

• Over the last year, 5,600 Palestinians were introduced to disability as a rights issue through disability education training sessions
• 51 service providers from government, Civil Society Organisations or businesses undertook accessibility training to break down barriers that prevented access to people with disabilities. It is estimated that no fewer than 2,820 people with disabilities directly benefitted from these barriers being broken
• Through disability education training sessions and the small funds grant, MAP’s disability project in West Bank and Gaza has managed to contribute to a diverse range of achievements such as a recreational park and zoo in the north of Gaza becoming accessible to people with mobility impairments, and a sports club in southern Hebron welcoming people with hearing impairments. Overall, the project team have calculated that over 12,000 Palestinians have been beneficiaries of the project’s activities over the last year

Children at the Qabatya centre, West Bank

Paul Julien, MAP staff member and child at the Qabatya centre, West Bank

Children at the Qabatya centre, West Bank
Over the past four years, MAP has been on the ground delivering a large scale programme in both the West Bank and Gaza, aimed at supporting people with disabilities. MAP works with the local community to develop an approach that seeks to empower wider participation from the bottom up, to strengthen the voice and capacity of people with disabilities at the grassroots.

Over the course of this DFID-supported project, MAP, together with the Centre for Development Studies at Birzeit University, supported more than 40 people with disabilities in Northern Gaza, Rafah, Jenin and Hebron to advocate for their rights within their communities.

In March, MAP invited three people with disabilities who had participated in the project to visit the UK and share their experiences. The programme and visit were life-changing experiences for them and they brought a new and important perspective on life for people with disabilities in occupied Palestine.

**Suleiman and Amal, who travelled to London, leaving Gaza for the first time, share their experiences below.**

### CASE STUDY

**SULEIMAN from Rafah, Gaza**

When I first joined MAP’s project I did not realise the impact it would have; that it would reignite my world and help me understand that I had a role to play. Every time I would go out, either to an event or just to meet others in the local community I would face difficulties and discrimination. This project helped to highlight these injustices and helped us to deal with them.

And then came my opportunity to visit the UK. For the first time I had the chance to leave my home town, Rafah in Gaza. The life I lived was always dominated by fear. In fact, I felt it most when I had to cross out of Gaza. I could feel the soldiers watching and slowly taking away my liberty. My emotional state kept jumping between joy and sadness. I was sad to see that as Palestinians, a journey that should take a few hours, ends up taking more than a day, simply because we are denied access to some areas.

When I landed in London, it was the first time I understood what the word freedom meant. I only wish that I could experience that freedom everyday here in Palestine.

During the tour we moved from place to place, from one university to another, one city to another. Nobody stopped us, searched us or even questioned us. I was surprised to witness so much support from the UK; I felt that our struggle was no longer one that we would face alone.

### CASE STUDY

**AMAL from Hebron, the West Bank**

When I was first selected for the trip to Britain I was overjoyed. This would be the first time that I would leave my home by myself to travel outside of Palestine. My father was hesitant and scared for my safety and my brother said that it was inappropriate for me to travel without a male accompanying me. But with the help of MAP and the Birzeit team we were able to convince my family that this was a good opportunity for me.

It was inspirational to hear people in the UK speak about disability rights. I felt that there was hope for all of us. I also had an opportunity to hear Latifeh and Suleiman talk about the problems in Gaza. I was not really aware of how things are there and I was shocked.

My experiences during the speaking tour made me think differently and gave me the boost I needed to change my life. I realised that I could no longer be so dependent on others, especially my family. I needed to focus on myself. Now I carry that same message and I hope to develop my capabilities in every aspect of my life. I have realised the true meaning of freedom.
CAMPAIGNS

In addition to delivering much needed assistance and working with local partners to help build on Palestinian communities’ resilience, MAP is an organisation that is committed to speaking out about the conditions they continue to face.

Bearing witness to the root causes of the conflict is central to MAP’s mission of working for the health and dignity of Palestinians.

MAP is committed to campaigns because:

• Decades of Israeli occupation, conflict and life-long displacement in refugee camps have had a devastating impact on the lives of Palestinians, who lack of control over nearly all aspects of their lives—including how resources are used on their behalf.

• The failure to make any substantial political progress is a major obstacle not only to Palestinian self-determination but to the development of a sustainable and responsive Palestinian health system.

• Palestinians do not want to be aid dependent and aid without advocacy perpetuates an unequal status quo.

What we are doing:

• Raising awareness in Parliament, networking with Parliamentarians, organising events at Party Conferences and participating in cross-party delegations to the region.

• Working in coalition with like-minded organisations, to counter policies and practices that are detrimental to the health and dignity of Palestinians living under occupation and as refugees.

• Engaging in an extensive range of activities, including making films to highlight the key obstacles to health, producing detailed reports and delivering talks on specific issues.

Our achievements in 2013-14 include:

• ‘Failing to Make the Grade: How the EU can pass its own test and work to improve the lives of Palestinians in Area C?’, a joint report with the Association of International Development Agencies.

• ‘20 years after Oslo’, a report highlighting the Palestinian healthcare system as a prime example of the way in which initial optimism surrounding the Oslo Accords has failed to translate into reality 20 years on.

• Two ‘Palestine Question Time’ events, in Oxford and London, during which a panel of experts answered questions from members of the public on the obstacles Palestinians face living under occupation and as refugees.

• Took celebrated graffiti artists How & Nosm to the West Bank to conduct workshops with MAP beneficiaries in the Jordan Valley and East Jerusalem and to raise awareness internationally.

• Organised fringe events at the Liberal, Conservative and Labour party conferences in association with the New Statesman, entitled: ‘Can aid be effective without advocacy?’

• Conducted a series of talks in British schools, universities and at public events on the barriers to health for Palestinians living under occupation and as refugees.

• Organised a launch event for the publication of a selection of abstracts from the fourth Lancet-Palestinian Health Alliance conference in Cairo at the Royal College of Paediatrics and Child Health in London.

• Supported the 5th Lancet-Palestinian Health Alliance two-day conference in Amman, addressing the variety of health challenges faced by Palestinians under occupation and as refugees.

• Led two parliamentary delegations to the West Bank in partnership with the Council for Arab British Understanding, with: former foreign secretary Jack Straw MP, Richard Burden MP, Dame Tessa Jowell MP and Nick Herbert MP.

• Organised a round-table event in association with the New Statesman, and subsequent publication of a supplement, on the implications of the breakdown of negotiations for a two-state solution and aid agencies working in occupied Palestine.


• Conducted research for a briefing paper on Palestinian refugees in Syria.

• Submitted oral and written evidence to the International Development Select Committee’s inquiry into the UK’s work in occupied Palestine.
In December 2013 and January 2014, MAP organised two parliamentary delegations to the West Bank in association with the Council for Arab British Understanding (Caabu). The first delegation was with former Foreign Secretary, Jack Straw, and Richard Burden, the second was with Dame Tessa Jowell and Nick Herbert. Both visits included meetings with diplomats, United Nations agencies, the Palestinian Authority, humanitarian agencies and human rights groups.

Both delegations spent a morning with Military Court Watch monitoring the treatment of child prisoners in the military courts at Ofer prison, accompanied MAP’s mobile clinic to a Bedouin encampment in the Jordan Valley, and visited a variety of other Palestinian communities living under threat from the Israeli military.

Jack Straw wrote about the Bedouin encampment we visited with MAP’s mobile clinic in his weekly blog post for the Lancashire Telegraph:

In truth, it’s not so much a village, more an encampment. Although these tribes people have been here for fifty years, nothing is permanent. The tents are made from scaffold poles, with corrugated iron roofs, walls from woven plastic sacks, and earth floors. It’s in the Israeli Occupied Palestinian Territories, on the West Bank. The community here are vulnerable to having their homes demolished by the Israeli forces, as some of the neighbouring camps have been. Over half the 300 in the camp are children.

There’s no running water to this camp. I was told there used to be a good source from a spring up an adjacent valley. I walked a half mile up this valley to be shown where the spring was. It’s dry now – because close to it the Israeli water company sunk a well and pipe it down a valley. You can see the pipes above ground in a fenced cordon close to the entrance to the camp. But there’s none for the Bedouin. They have to buy their water in tankers. I was told that, with transport, this may cost them £20 for three cubic metres. Meanwhile, the piped water supplies an Israeli settlement – one of scores which now pepper the West Bank.

The British Government, the international community, all say these settlements are illegal as they are on Palestinian land. On this, as on every issue, the Israeli Government makes a lengthy case to the contrary. I just hope that one day there’ll be some visionary Israeli leaders who realise that by the gratuitous indignities they impose on the Palestinians they are gradually losing the argument in the court of world opinion.

On his return to the UK, Jack Straw also wrote a comment piece in the Times, entitled ‘Israel must learn that cruelty does not pay.’ In it, he gave an account of the Palestinian shepherd families he had met in the South Hebron Hills, describing his shock at the way they were treated by the Israeli authorities and the huge disparity in the amenities provided to the village of Susiya and the illegal settlement on the hilltop nearby.

Following her visit to the West Bank, Dame Tessa Jowell put a written question to the Secretary of State for Foreign and Commonwealth Affairs on the treatment of Palestinian child detainees, asking:

1) if he would make urgent representations to the Israeli authorities concerning the conditions under which Palestinian children are arrested and detained within the first 24 hours of their arrest;

2) what representations he had made to the Israeli authorities about the 40 recommendations made in the report, Children in Military Custody, published in June 2012

3) what steps the Government has taken to ensure that specific legal duties and obligations under article 1 of the Fourth Geneva Convention, to respect and to ensure respect for the Convention in all circumstances, are being honoured in relation to the detention of children in military custody in the occupied Palestinian territory.

Jack Straw, Richard Burden and Nick Herbert also participated in MAP’s roundtable discussion in association with the New Statesman discussing the key arguments for and against the two-state solution and the urgent need for a political solution to the conflict.

“...I just hope that one day there’ll be some visionary Israeli leaders who realise that by the gratuitous indignities they impose on the Palestinians they are gradually losing the argument in the court of world opinion.”

Former UK Foreign Secretary, Jack Straw MP
MAP receives funding from a broad range of sources, but the majority of our income is from individual donors, and grants from international institutions.

Total income for the year ended 31 March 2014 was £3.1m (2013: £3.3m), which was above our budgeted income of £2.9m but a decrease of £200k, or 7%, on prior year. Our main source of income is voluntary donations and the reduction of 15% reflected the lower media profile of Palestinian issues in the news agenda. This income reduction was offset by higher than expected legacy income including two significant legacies: one from David Watkins, a former MAP Treasurer, and another from Alma Cocking. We are very grateful to all who remember our work in their Wills.

Fundraising remains difficult in the current economic climate and we have carefully targeted our investment in recruiting new MAP supporters. In addition, one third of our funding comes from major donors, trusts, and companies; we remain immensely grateful for all those who can support us so substantially in this way.

Our fundraising dinners continue to be popular and significant events, though we have seen a decline in net income in recent years.

The launch of a new Patrons scheme as a way of formally recognising major supporters will also help us with our multi-year forecasts and programme planning.

Incoming Resources from Charitable Activities fell during the year from £254k in 2012/13 to £214k in 2013/14. Total expenditure for the year was £3.0m (2013: £2.8m) and reflected increased spending on charitable activities in Lebanon, West Bank and Gaza.

The net position for the year shows a surplus of income over expenditure of £72k (2013: £452k) and this has improved our reserves position, with total reserves now standing at £1.6m (2013: £1.5m).

In the coming year we plan to increase our supporter base through better donor care and donor recruitment. This will include ensuring our donors receive an improved welcome pack. The Trustees approved total fundraising investments of £450k in order to raise £2.35m in voluntary income.

Since the end of the financial year we have received significant donations from members of the public and grants for institutional sources to support additional work due to the conflict in Gaza. At the same time we recognise that we are operating in challenging economic times so the Trustees will be carefully monitoring our financial position, including regular financial updates and forecasts, over the course of the year.

The Trustees express their heartfelt thanks for the ongoing support we receive from all our donors.
“Whilst I am powerless to bring about an end to this tragic conflict, I realised I do have the power to support its victims, and this is why I have decided to raise money for MAP and help them to continue the inspiring work they do; providing critical medical and humanitarian aid for the Palestinian people.”

Will Crang, MAP Supporter.

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 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, a network representing over 80 international non-governmental organisations working in occupied Palestine, across sectors including education, health, human rights, and 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.

HUMANITARIAN ACCOUNTABILITY PARTNERSHIP – HAP INTERNATIONAL
MAP is in active 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, and to improve standards across the international community.
We are immensely grateful to everybody who makes this work possible through many kinds of support. Sadly, we are not able to mention all the amazing individuals here, but we would like particularly to thank these people and organisations for their outstanding generosity.

**PRESIDENT**
Baroness Morris of Bolton OBE DL

**PATRONS**
A Special Thank You to all of our Patrons for their commitment to MAP’s development and their overwhelming generosity.

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To find out more about becoming a Patron of MAP, please contact Paul Julien on 020 7226 4114.

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A child who has been displaced from his home by attacks, collects an emergency kit. Gaza