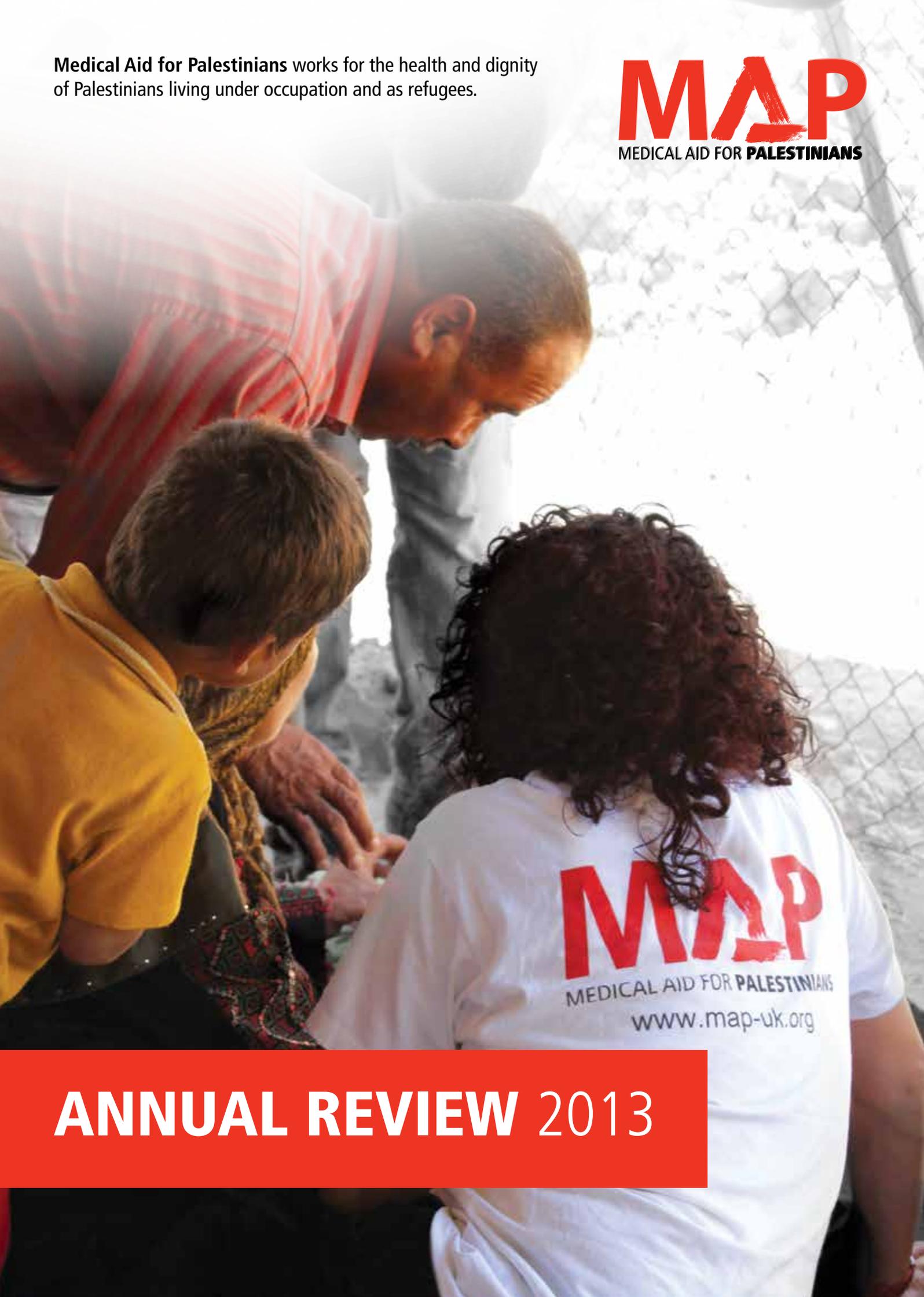


Medical Aid for Palestinians works for the health and dignity of Palestinians living under occupation and as refugees.

MAP
MEDICAL AID FOR PALESTINIANS



ANNUAL REVIEW 2013

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Lord Denman (1916-2012)

MAP was saddened by the death of Lord Denman, a former MAP trustee (1992 until 2002) and Chairman of the Board (1996). He died on 21 November 2012, aged 96. Lord Denman's long-standing interests in the Middle East spanned business, charity work and diplomatic ties over nearly seven decades. He remained a lifelong supporter of MAP and was a regular attendee at MAP fundraising events including the latest annual dinner last September. Lord Denman's enormous efforts for justice for Palestinians remain an inspiration for many.

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INTRODUCTION: CHAIRMAN OF MAP'S BOARD OF TRUSTEES



This year we have witnessed deepening crises in both Lebanon and occupied Palestine. In addition to operating amidst growing tensions in the West Bank and rapidly responding to the escalation of violence in Gaza towards the end of last year, a major focus of our work has been the urgent situation in the Palestinian refugee camps of Lebanon, as an increasing number of families have poured across the border seeking shelter from the appalling violence in Syria.

In this context, on behalf of the Trustees, I would like to pay tribute to the unflagging commitment of those working on a daily basis in the refugee camps and under the constant pressures of occupation and blockade, as well as our staff and volunteers here in the UK. The coming year looks set to be just as much, if not more, of a challenge and continuing to provide services to the most vulnerable Palestinians is absolutely crucial.

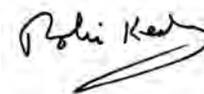
This annual review aims to bring our friends and supporters up-to-date with MAP's ongoing work for the health and dignity of Palestinians, and outlines our key successes over the course of the past financial year. While it describes a precarious environment, it also demonstrates the resilience of our partners and the communities we work with,

the diversity of our programmes, and the tangible results that have been achieved by our combined approach to emergency work and long-term health development.

In April we said farewell to Steve James as our Chief Executive. Steve's contribution to MAP during his five years at the helm has been tremendous, and we are very glad that he has agreed to stay on with us as a trustee. We are also delighted to have Tony Laurance on board as MAP's new CEO. Tony has been in the Middle East for the past nine years, working in Iraq, Libya and Palestine, and joins us with a wealth of experience from his former post as Head of the World Health Organization for the West Bank and Gaza.

We hope this report will convince you that supporting MAP is an effective way to contribute positively to the lives of Palestinians now and for the future.

Thank you to all our supporters. Without you, our work would not be possible.



Robin Kealy CMG, MAP Chairman

TIMELINE OF KEY EVENTS: 31 MARCH 2012 – 31 MARCH 2013



17 Apr – 22 May:

The Karama (dignity) mass hunger strike by more than 2,000 Palestinian prisoners in Israeli prisons.

24 Apr:

Israel retroactively legalises three West Bank settlement outposts and moves to delay the scheduled evacuation of a fourth – marking the first establishment of new settlements in two decades and a shift up from Israel's policy of expanding existing settlements.

14 May:

European Union foreign ministers issue a detailed statement expressing deep concern about the acceleration of settlement construction, Israel's tightening control over East Jerusalem and the worsening living conditions of Palestinians in Area C. The statement calls on Israel to halt the forced transfer of the Palestinian population and the demolition of Palestinian housing and infrastructure, to simplify administrative procedures to allow Palestinians to obtain building permits, to ensure Palestinian access to water and to address humanitarian needs.

18 – 23 Jun:

Israeli war planes and drones bomb several areas in Gaza – leaving 14 Palestinians dead, including 3 children, and over 70 wounded.

27 Jul:

President Obama signs the United States-Israel Enhanced Security Cooperation Act



reaffirming the US's 'unwavering commitment to the security of the State of Israel as a Jewish state' and pledging to 'help the Government of Israel preserve its qualitative military edge' in the region.

14 – 16 Sep:

Pope Benedict XVI visits Lebanon to address the position of Christians in a region torn by civil war in neighbouring Syria.

7 – 14 Oct:

Israeli air strikes on Gaza kill eight people and injure two, including a 10 year-old child.

19 Oct:

A car bomb in the Christian neighbourhood of Achrafieh in Beirut kills Major General Wissam al-Hassan, head of the police intelligence unit, together with seven others, and leaves scores injured.

6 Nov:

Obama is re-elected President of the United States after an election in which the Israeli Prime Minister publicly backed the Republican nominee, Mitt Romney.

8 Nov:

Israeli soldiers invade Gaza. In the resulting exchange of gunfire with Palestinian fighters, a 12 year-old boy is killed by an Israeli bullet while he plays football. Shortly afterwards, Palestinian fighters blow up a tunnel along the Gaza-Israel boundary, injuring one Israeli soldier.



10 Nov:

An anti-tank missile fired by Palestinian fighters wounds four Israeli soldiers driving in a jeep along the Israel-Gaza boundary. An Israeli artillery shell lands in a football pitch in Gaza killing two children, aged 16 and 17. Later an Israeli tank fires a shell at a tent where mourners are gathered for a funeral, killing two more civilians and wounding more than two dozen others.

11 Nov:

One Palestinian civilian is killed and dozens more are wounded in Israeli attacks. Four Israeli civilians are also injured as a result of rockets launched from Gaza.

12 Nov:

Palestinian militant factions agree to a truce if Israel ends its attacks.

14 – 21 Nov:

'Operation Pillar of Defense' begins when Israel assassinates Ahmed Jabari, the head of Hamas' military wing, and Palestinian militant groups vow to respond. During Israel's eight-day offensive on Gaza, 182 Palestinians are killed, including 47 children, and 1,399 are injured. Rockets fired from Gaza kill 6 Israelis and injure 228 others. Israel and Hamas agree to an Egyptian-brokered ceasefire to end the hostilities on 21 November.





William Perry

29 Nov:

The United National General Assembly votes – 138 versus 9 – to upgrade Palestine to ‘non-member observer state’. In response, Israel announces the construction of 3,000 additional housing units in East Jerusalem and the ‘E1’ area and freezes \$120 million of Palestinian tax revenues.

17 Dec:

Israel announces 1,500 extra homes in settlement of Ramat Shlomo.

18 Dec:

The UN General Assembly passes a non-binding resolution condemning settlement activity by 196 votes to 6.

18 Dec:

More than 1,000 Palestinian refugees living in Syria cross into Lebanon after the aerial bombardment of Yarmouk camp in Damascus, the biggest Palestinian refugee camp in Syria.

19 Dec:

Israel announces 2,612 more homes in the new settlement of Givat Hamatos and the US blocks UN Security council resolution condemning Israel over settlement construction plans.

31 Dec:

The Israeli military orders more than 1,000 Palestinians living in the Jordan Valley to leave their homes for 48 hours to allow the army to conduct a military exercise in that area.



Aimee Sklar



William Perry

2013

13 Jan:

Israeli forces evict the ‘Bab al-Shams’ protest camp in the West Bank on a site approved for further settlement expansion.

22 Jan:

Early parliamentary elections are held in Israel to elect the 19th Knesset. Prime Minister Netanyahu’s Likud/Beyteinu party loses 11 seats but remains the largest party.

30 Jan:

Israeli warplanes carry out an air strike on Syria after airing suspicions of weapons convoys heading to Lebanon.

31 Jan:

A UN Human Rights Council fact-finding mission issues a report calling for economic and political sanctions against Israel over its construction of settlements.

1 Feb:

Israeli fighter jets violate Lebanese airspace two days after launching air strikes on targets inside Syrian territory.

23 Feb:

Arafat Jaradat, 30, dies while being held in Israeli custody. He is believed to have died during or soon after Shin Bet interrogation. Other Palestinian prisoners join the hunger strike in protest. Demonstrations and clashes intensify throughout the West Bank following



Mohamed Askari



William Perry

Jaradat’s death. On the same day Israeli air strikes are reported on the border between Syria and Lebanon.

26 Feb:

A rocket fired from Gaza explodes in Israel, the first such attack since the ceasefire in November. A militant group says the strike was in response to the death of Arafat Jaradat. Since November, Israel has violated the ceasefire repeatedly by firing on fishermen working off the coast, shootings by soldiers positioned on the border fence and incursions by the Israeli army.

6 Mar:

The UN Refugee agency, UNHCR, announces that the number of Syrians either registered as refugees or being assisted as such has reached the 1 million mark. It is estimated that over 30,000 Palestinian refugees have sought shelter in Lebanon from the violence in Syria.

20 Mar:

President Obama visits Israel for the first time in his presidency.

20 – 25 March:

Lebanese armed forces take control of embattled areas in the northern city of Tripoli, following five days of violent clashes between opposing factions – seen by many as a spill-over from the nearby Syrian conflict – which claimed the lives of 11 civilians and one Lebanese soldier.



William Perry

A YEAR OF CRISES



Gaza bombardment



A family decorates the outside of its home with spent teargas canisters in Al Nabi Saleh

Over the past year, our teams in the Middle East have been working in increasingly demanding conditions, faced with a growing refugee crisis in Lebanon and mounting tensions in occupied Palestine. We have responded to the immediate needs of those worst affected by occupation and displacement, whilst also supporting long-term health development by strengthening the resources of the Palestinian communities we serve.

Palestinians living in the camps of Lebanon are deeply affected by the politics of the region. Over 1.6 million people have been displaced to countries outside of Syria as a result of the conflict. Amongst them are tens of thousands of Palestinians who have fled the violence in Syria to Lebanon, making them second-time refugees. Most of them have joined Palestinian families in the refugee camps, which are already over-crowded. In addition to providing support for newly displaced Palestinians, we have been working to ensure that the Palestinian refugees hosting them are not forgotten. Before the Syrian refugee crisis began, a higher proportion of Palestinian UN hardship cases were recorded in Lebanon than anywhere else in the Middle East. These families do not have enough to meet their own needs, yet they are doing all that they can to help the new arrivals from Syria.

We have also witnessed a growing number of casualties in occupied Palestine. In 2012, 4,785 Palestinians in the West Bank and Gaza were injured and 255 people killed by Israeli forces, while 164 were injured by settler violence. Seven Israelis were killed and 251 were injured during the same period.

Over the course of the year, Israel's imprisonment, detention and arrest of Palestinians has come under renewed scrutiny. Roughly 40% of the total male Palestinian population of occupied Palestine at some point has been detained by Israel's military forces. Violations of the human and health rights of prisoners under Israeli detention has triggered rising tensions between Palestinian protesters and the Israeli military, and many civilians have been injured during solidarity demonstrations as a result of tear gas inhalation or being hit by rubber-coated steel bullets, tear gas canisters or live ammunition.

In November, Israel's offensive in Gaza was the most intense of a series of outbreaks of violence since the war on Gaza in 2008/09. The eight days of hostilities left 182 Palestinians dead, 47 of them children and 1,399 injured. Prior to the bombardment, health facilities in Gaza were already severely overstretched due to Israel's blockade and occupation. In addition to the death

“Spirit and resilience is in all of us, thank God, or most of us as human beings ... I still don’t understand how it is possible to maintain that spirit for generations in those horrible camps – whether in Lebanon or in Balata refugee camp in the West Bank, for instance. It is remarkable that people do. That is why it is so important that MAP is helping people to try to stay healthy and to look after themselves.”

John McCarthy, British journalist, writer and broadcaster., who was held hostage in Lebanon from 1986-1991.

and destruction, the sheer number of airstrikes during the hostilities resulted in high levels of anxiety and distress for the people of Gaza, who have not yet recovered from the legacy of ‘Operation Cast Lead’.

Israel’s policies and practices have created an environment of violence, dispossession and deepening poverty that is having a serious impact on Palestinian health. Palestinians are being made ever more vulnerable by the cumulative effect of airstrikes and incursions, the ongoing blockade, settler violence, checkpoints, home demolitions, forced evictions and displacements, and the routine arrest and detention of children or their family members. Denied their rights to freedom of movement and an adequate standard of living and health, their horizons are increasingly limited.

The Palestinian Authority has also faced a growing financial crisis in 2012/13, largely because of a shortfall in donor income and because Israel withheld tax revenues after Palestine applied to the UN General Assembly for ‘non-member observer status’. The budget shortfalls have had a serious

impact on public health services – there have been severe shortages of drugs and other supplies in both the West Bank and Gaza, and prolonged strikes by health staff because of delays in paying their salaries.

In the face of these events, MAP’s work has never been more vital – reaching out to the most vulnerable Palestinian communities to achieve the highest attainable standard of healthcare in hostile and difficult conditions.



‘State of Palestine’ poster by the Fatah Youth Movement



Seven-month old malnourished child in Gaza, receiving treatment at the Ard El Insan clinic

WHAT WE DO AND WHY

“Having a first-hand insight into the daily life of Palestinians living under occupation has only strengthened my view of the great work MAP does and I hope to be a committed supporter as long as the occupation continues.”

Charles Jackson, psychologist and Visiting Professor at Kingston Business School.

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, Jerusalem, Ramallah, 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, MAP has maintained a significant presence in Lebanon and occupied Palestine, 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 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 build 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 which the communities face, MAP is not only a direct deliverer of much need 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 and raising awareness amongst the British public and others.

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 among the refugees outside. MAP is working to shift this approach and to ensure that Palestinian health status and needs are addressed as the health of one people, both inside Palestine and across the borders.



MAP blood bank, Gaza



Residents from Abu Kharbeesh 3, an isolated Bedouin community in the Jordan Valley

“Thank God the clinic is visiting us all. Without the clinic, we would have a huge burden on our shoulders. It is not easy to travel to the nearest clinic. It might take us the whole day to get there.”

Maryam, who lives in a Bedouin encampment in the Jordan Valley, talking about MAP’s mobile clinic.



Ashraf, from Wavel Camp, Lebanon, who received emergency treatment with MAP assistance.

MAP SPECIALISES IN SIX CORE AREAS:

- **Emergency Preparedness and Response**
- **Primary Healthcare**
- **Maternal and Child Health**
- **Psychosocial support**
- **Disability**
- **Advocacy**

MAP works with Palestinian communities that are consistently denied the basic right to health, including 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, conditions in the camps are typified by poor quality, overcrowded buildings and inadequate, often dangerous infrastructure. Palestinian refugees are denied the right to own property and cannot expand the camps or construct new ones. Together with the legacy of conflict and displacement, this has created an unsafe environment where life, as one elderly resident put it, is characterised only by an ‘absence of death.’ Tertiary healthcare provision for Palestinian refugees is unaffordable for most, whilst training for future Palestinian doctors, specialised healthcare personnel and dentists is in deep decline. Meanwhile, the health services provided by the UN for refugees are increasingly under-resourced and overstretched.

In occupied Palestine, the fragmentation of the West Bank – as a result of discriminatory planning policies and practices; house demolitions; military and settler violence and restrictions on the movement of people and goods – continues to impede Palestinian healthcare.

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 disposables, and the malfunction of medical equipment due to a lack of skilled engineers and spare parts. Capacity building has also been impeded by Israeli travel restrictions, which normally preclude medical personnel from leaving Gaza for training.

Palestinian patients depend on access to East Jerusalem’s six non-profit hospitals for specialised healthcare. However, patients with West Bank or Gaza identity cards who are referred to these hospitals must apply for an Israeli-issued permit. Last year, 39,196 patients, companions and visitors did not make it to hospital because their permits were denied by the Israeli authorities.

Against this background, MAP is working 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 communities and individuals by monitoring access to health, and identifying, managing and referring cases of violence, in conjunction with grassroots and high-level advocacy.

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

EMERGENCY PREPAREDNESS AND RESPONSE



MAP blood bags stored at Al Shifa hospital

“Working as much as possible with MAP’s partners and hospitals to determine essential medical needs is the best coping mechanism available.”

Fikr Shalltoot, MAP’s Gaza Programme Manager during the Israeli military offensive in November.



A child is treated at the Burns Unit, al Shifa hospital, Gaza

Conflict and military occupation claim hundreds of lives and thousands of injuries every year in occupied Palestine. Yet, 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 Response and Preparedness because:

- The lack of a political breakthrough in the peace process has meant that the situation on the ground remains fragile with frequent outbreaks of violence
- Political instability and violence in the region are directly impacting Palestinian refugees, who face severe difficulties in accessing essential healthcare
- 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, with supplies sufficient for less than three months

What we are doing:

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

- Helping Palestinian refugees from Syria get specialised treatment for life threatening conditions such as cancer and heart disease

Our achievements in 2012-13 included:

- Burns protocols developed across occupied Palestine
- Renovation and provision of medical equipment for the burns unit at Nasser hospital, in Khan Younis, and training of key staff at Al Shifa hospital and Nasser Hospital
- Six primary trauma care training courses for 135 doctors, nurses and internship doctors in Gaza
- 89 blood donation campaigns collecting 2,923 units of blood, implemented from April 2012 to February 2013
- 1,450 blood bags donated to Al Shifa blood bank and provision of pre-positioned drugs and disposables to the Central Drug Store and Al Awda Hospital, together with 10 extra workers to help sort medical donations, and two lap-tops to support data entry, during the November emergency in Gaza
- Procurement and delivery of additional medicine and consumable items for the Central Drug Store and Al Awda hospital
- Provision of food to displaced families from the north of Gaza during the Israeli offensive in November, and hygiene kits and mattresses to others in Gaza City and Khan Younis during the floods in February
- An emergency patient relief fund established in co-ordination with UNRWA, to assist Palestinian refugees displaced from Syria with the costs of specialised treatment for life-threatening conditions, with 58 patients helped to date

IN FOCUS: RESPONDING TO THE EMERGENCY IN GAZA

“We will be ready for the next emergency. We adapt to this attack every year.”

Dr Hossam Rashid, Head of the Blood Bank at Al-Shifa Hospital

As the number of casualties rose during the Israeli offensive on Gaza in November, MAP was one of only two international charities that were in a position to deliver urgent medical supplies to hospitals during the eight-day attack.

Our team in Gaza is trained and prepared to respond rapidly to humanitarian crises. Within the first few hours of the Israeli offensive, we had commenced phase one of our emergency plan, delivering medical supplies that were put to immediate use.

By pre-positioning essential supplies such as life-saving medicine and disposables, MAP is able to provide hospitals with the necessary supplies very quickly. This allows them to respond effectively to emergency situations and makes a significant difference to the treatment of wounded and sick patients.

We also provide vital support to Gaza’s Central Blood Bank – during periods of calm and at times of heightened conflict – through blood donation campaigns and the provision of blood packs. When the violence escalated in November, MAP supported the outstanding work of the blood bank and the brave local people who risked their lives going to Al Shifa Hospital to give blood during the emergency, by donating 1,450 blood packs.

In the aftermath of severe injury, time is crucial. However, due to the blockade, Gaza’s hospitals suffer from a shortage of adequately trained staff. Only a lucky few have been able to exit Gaza and study abroad. That is why MAP has been working with the Primary Trauma Care Foundation to bring some of the UK’s leading surgeons into Gaza to train hospital staff in resuscitation and the management of traumatic injuries. This training is to ensure that hospitals are ready to respond to high injury rates and are better prepared for escalated military violence.

CASE STUDY

Dr Mahmoud Matar, Orthopaedic and Trauma Surgeon, Khan Younis Hospital

“The basic knowledge and medical information given by the Emergency Trauma Care course is the minimal level that every surgeon and trauma care giver should know, but the system which allows it to be applied is of great value and should be respected. Emergency Trauma Care training teaches the junior and senior surgeon to examine precisely and treat seriously injured patients quickly and easily with minimal resources available.”



MAP-supplied blood bags, Al Shifa hospital, Gaza

IN FOCUS: RESPONSE TO THE REFUGEE CRISIS IN SYRIA

“This project was like a gift to me.”

Zileha, a Palestinian refugee in Lebanon describing MAP's Maternal and Child Health project.



A midwife takes a mother's blood pressure as part of an MCH visit in Ein el Helweh Camp

Syria has been home to half a million Palestinian refugees for 65 years. However, in December 2012 the indiscriminate shelling of Yarmouk refugee camp – a big urban quarter and the largest population centre for Palestinian refugees in Syria – shattered any sense of safety or security. As a result of the ongoing conflict, an increasing number of Palestinian refugees have died or suffered injuries. It is estimated that 70-80% of Palestinian refugees in Syria have been displaced, with tens of thousands seeking shelter in Lebanon.

Palestinian refugees in Syria had access to governmental health and education services, enjoyed the right to work and had a role in society. They are discovering a very different situation in Lebanon. Most are penniless and have nowhere to stay except with relatives. The living conditions in the camps are much worse than anything they have been used to in Syria. Many face difficulties accessing food aid and health and education services provided by the United Nations Refugee and Works Agency (UNRWA) and there are very few opportunities for work. All of these issues directly affect access to, and the affordability of, essential healthcare.

In response to the crisis, we have been working with local partners to provide urgent health and psychosocial support for those who have been displaced. We have extended our Maternal and Child Health programme to support all pregnant women and newborn babies in Nahr al-Bared, Ein El Helweh and Beddawi camps to include refugees from Syria, whether Syrian, Palestinian or otherwise. We have also partnered with UNRWA to support the costs of tertiary care to Palestinian refugees from Syria in Lebanon.

Working with our local partner Al Najdeh, we have, in addition, 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 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. Practical support and information on medical services, water and sanitation assistance are also available to individual refugees and families.



Midwife visit to a Palestinian camp in Lebanon

CASE STUDY

Displaced from Syria: Hannah and her family take refuge in Shatila

Hannah is a Palestinian refugee registered in Lebanon. She left Shatila in 1984, during the War of the Camps, to marry Adnan, a Palestinian refugee living in Syria. The War of the Camps (1984-1989), consisted of a series of sieges of Palestinian camps in Beirut and the south by Lebanese militias, during which an estimated 2,500 Palestinians were killed and a further 30,000 were displaced.

Hannah has now returned with her family to Shatila camp, where they are staying in her sister's house – 14 members of her extended family are living in the apartment.

Hannah was diagnosed with kidney problems in Syria. The doctors told her they would have to operate on one of her kidneys, but when she was due to go in for the surgery they found that her liver was also inflamed. As a result, her surgery was delayed to allow for the treatment of the inflammation. With the conflict worsening, however, she left before starting the treatment.

Mariam is Hannah's 14 year-old daughter and is suffering from what they believe to

be epilepsy. She has had two seizures since arriving in Lebanon. Before the conflict Mariam had no history of seizures or attacks. Her mother says that she first started showing symptoms of panic seizures when she was exposed to military violence. Her daughter used to wake up terrified and screaming in panic whenever bombing occurred around their neighbourhood in Neirab camp in Aleppo.

Hannah describes their life in Syria before the conflict as "living in paradise" compared with Lebanon. No matter how bad they imagined things in Syria, she says, the reality could not be more miserable than it is in the Lebanese camps.

Hannah's husband was working until eight months ago when the fighting started to take its toll on the economy. There was work in Syria for Palestinians and they were treated as Syrians.

A common issue for Palestinians from Syria seeking refuge in Lebanon is the difference in the cost of living – everything, including food and basic utilities, is more expensive. The family was quoted rent figures of \$400 per month when they first arrived.

Nonetheless, the family feels welcomed in the camp. "The community here is strong" they say, "people care about each other."



Recently arrived refugees from Syria play as their mothers participate in the psychosocial support programme, Ein el Helweh Camp

PRIMARY HEALTHCARE

“I see MAP as the key organisation as far as this issue goes. I like that the work is concentrated, utterly focused on one important area. MAP is really well-respected in the sector for being knowledgeable about the area and the issues, the political context and how it is affecting people on a daily basis.”

Rachel Cornish, Trustee of the Evan Cornish Foundation.

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 the health of Palestinians and to tackling health inequalities. This is especially vital 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 communities
- Supporting clinics right across the West Bank and offering outreach services to communities that are cut off by the severe restrictions
- Responding to the needs of Palestinian communities through our local partnerships and maximising access to healthcare, even for the most marginalised



Naba'a reproductive health project, Ein el Helweh

Our achievements in 2012-13 include:

- Facilitating the official registration of the Community Health Workers Association with the Palestinian Authority and providing training in life skills; employment law; diabetes management, family planning and post-partum management
- 379 mobile clinic visits providing health services to 29 Bedouin encampments in the Jordan Valley, amounting to 8,923 consultations
- 11 first aid courses, training 57 men and 124 women
- 12 focus groups on health and protection issues
- providing 563 households with hygiene kits, benefitting 3,400 people
- providing 50 first aid kits for communities participating in the first aid courses
- following the health status of 330 children under 3 years old
- 334 visits from pregnant women to the gynaecological clinic
- Organising community mobilisation activities, with a total of 400 women and children in attendance
- Raising public awareness to improve prevention, early detection and the management and outcome of cancer and diabetes in Palestinian communities in the Galilee
- In partnership with Palestinian Women's Humanitarian Organisation, we offered Well Woman Clinic services, staffed by nurses, which provided access to a doctor specialising in gynaecology for two days a week in Burj el Barajneh and Shatila refugee camps in Lebanon
- In partnership with Naba'a, we ran drop-in clinics in Ein el Helweh and Rashidye refugee camps in Lebanon for men, women and young people to have access to high-quality, user-friendly reproductive and advice services.

IN FOCUS: MOBILE HEALTHCARE IN THE JORDAN VALLEY

“The clinic gives women an appointment structure and regular checks to monitor their pregnancies. The medical team listens to us, teaches us about the medical issues and advises us. As women, we can speak to them openly and we trust them. That’s very important.”

Alia, mother of five.

For six years, we have been working with our local partner, the Islah Charitable Society (ICS), to support 29 Bedouin encampments in the Jordan Valley. The core component of the project is a mobile health clinic, which visits the encampments and ensures regular quality healthcare, with a particular focus on Bedouin women of reproductive age and children under three.

The clinic is staffed by a supervising female doctor, a GP, a nurse, two community health workers, a part time lab technician and a field coordinator. Together, they provide health checks, medication and support for the management of chronic diseases and disabilities. The mobile health clinic is the sole provider of health services in the encampments.

The project also aims to improve health education and first aid capacity in the encampments to ensure communities are better informed and more empowered to cope with their living conditions. Hygiene and first aid kits are distributed alongside training and health awareness workshops.

We are also starting a new project, funded by the Australian government’s Department

for International Development, to address the human rights, protection and health needs of the Bedouin by strengthening newly emerging monitoring and reporting mechanisms for human rights violations.



Buthaina and son, from Abu Kharbeesh 3, Jordan Valley. Buthaina received first aid training through the MAP ICS programme.



MAP’s mobile clinic, run with local partner Islah Charitable Society, at a Bedouin camp, Jordan Valley

CASE STUDY

Empowered by practical first aid training

“The first aid course provides very practical training,” says Buthaina al Kharbeesh, “It’s hands-on, which gives us confidence in providing first aid, and it is very relevant, covering the common issues we face.”

Buthaina is one of three women in Abu Kharbeesh 3, an isolated Bedouin community in the Jordan Valley, who has received first aid training provided by MAP and our project partner, Islah Charitable Society. Each woman speaks proudly of how the training has empowered them and the community, enabling them to know when to seek further medical advice for common medical issues that relate to their environment and lifestyle – such as scorpion bites, burns, choking, fractures and other conditions. The course also provides advice on the most effective ways to take different common medications.

Another woman, Nisreen Rashaidah, says: “My brother was bitten by a scorpion and I treated him without the need of a doctor. I have also treated sun stroke: we have been taught how to recognise the signs, how to treat it and when to contact a doctor if it’s more serious.”

Fatoum, a young woman with speech and hearing impairments, also participated in the training and is proud of being able to help her family and others in this community of 15 families. “I treated a brother who had scalded himself,” says the 22 year old. “The training taught me how to treat burns properly so that they heal and don’t get infected.”

“Without the training,” says Buthaina, “we would have to go to Jericho to see a doctor, which is costly. As a result, many people wouldn’t go, which could mean that complications develop and the illness becomes much more serious, which would make the treatment even more expensive.”

MATERNAL AND CHILD HEALTH



Midwife visit, MCH project in Lebanon

Improvements in child survival and maternal health are key humanitarian priorities and among the UN's Millennium Development Goals. Yet, conflict, poverty, socio-economic vulnerability and gender bias are all factors hindering the pace of health development for Palestinians living under occupation and as refugees. 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 (MCH) 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
- In partnership with the General Union of Palestinian Women in Lebanon, we are screening for developmental delay, disabilities, learning difficulties and behavioural problems during early childhood, and offering follow up by specialists and social workers, and referrals for further medical support when needed
- Improving the nutritional health status of malnourished children in Gaza who suffer from stunting and anaemia, through the provision of medication, supplements, food items and health education for mothers

- Providing Basic Obstetric and Neonatal Life Support training and establishing a 'community owned volunteers network' to disseminate information and raise awareness in Gaza
- Supporting Masters students in Child Health in the West Bank to improve the clinical skills of nurses and doctors working in primary care settings

Our achievements in 2012-13 include:

- Over 3,300 women, new mothers and babies supported through pregnancy, birth and early infancy by our community outreach team in the Palestinian refugee camps of Lebanon
- 18,000 home visits by our Community Midwives and Community Health Volunteers in the Palestinian refugee camps of Lebanon
- 79% of mothers rated MAP's community outreach project as successful or highly successful in a beneficiary satisfaction survey carried out in the camps this year
- Exclusive breastfeeding rates at delivery increased from 18% in 2008 to over 63% in Ein el Helweh and 76% in the northern camps
- 9 out of 10 babies born with a healthy birth weight
- A safe haemoglobin level by the time of delivery for 65% of pregnant women who came to the programme anaemic, thanks to improved diet and iron supplements
- Neo-natal life support training courses for 47 doctors, nurses and midwives in Gaza
- Basic life support obstetric training for 132 trainees in Gaza
- 200 health education sessions for 1,156 beneficiaries were implemented in 18 community-based organisations in east Gaza
- The provision of 32 breast prostheses and 31 bras for women who underwent a mastectomy and registered at the women's health centre in Burij Camp in Gaza
- Ante-natal and post-natal care, family planning, child care and health education provided to 6,018 beneficiaries in Gaza and Abasan Maternal and Child Health Centres between January and March 2013

IN FOCUS: MATERNAL AND CHILD HEALTH IN LEBANON



Maternal & Child Health in Lebanon



MAP's largest project in the camps in Lebanon is the Maternal & Child Health programme

Just under half of Palestinian refugees registered in Lebanon are under 25 years of age. One of the most striking features of any visit to the country's refugee camps is the high number of children among the population. Reflecting this reality, MAP's largest project in the camps focuses on Maternal and Child Health (MCH).

Launched in 2008, the initiative employs midwives and nurses to provide ante-natal and post-natal care for Palestinian women through regular home visits, offering a service which UNRWA's over-stretched resources cannot cover.

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 children. In an effort to increase newborn health and immunity, the team has had great success in promoting exclusive breastfeeding – 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 of 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.

In 2012, Dr May Haddad carried out an independent evaluation of the project, which highlighted the unique quality of the model set up by MAP and developed in partnership with Naba'a. It is the only project of its kind operating in Lebanon, bringing clinic-based services into the homes of mothers, together with psychosocial support, reproductive health services, child protection and initiatives addressing violence against women. The project has created a new role for the midwife in the Palestinian refugee camps and gatherings, putting women's health matters onto Lebanese and Palestinian health agendas.

“One thing is for sure, this project has lots of passion in it. Somehow, it has magically touched almost every person who has been involved in it ... This project has features like no other project among refugee Palestinians and Lebanese in Lebanon.”

May Haddad, independent evaluator of MAP's maternal and child health programme in Palestinian refugee camps of Lebanon.

CASE STUDY

A twin concern for one of MAP's midwives

One woman I visited is 42 years old with nine children and one baby. When I first met her I was shocked by her house, her family and her life. I thought to myself, how can she as a pregnant woman, stand this situation? And then I found she was not only pregnant, she was pregnant with twins.

I had to take better care of her because her situation is delicate considering her age, and requires persistent care and constant follow-up.

She didn't have any serious complications during her pregnancy and when she delivered her twins, they were very healthy girls.

Her house is mostly one relatively big room, but it is clean. She does not have much furniture and there is one closet in the other room where they keep all the family's clothes. Every time I visited, the twins would be at their best – neat and clean. The poverty, hunger and need did not prevent this woman from fighting to perform her role in this life to the best of her ability. This really affected me, as there are many people who behave very differently to this woman in spite of living in better conditions.

PSYCHOSOCIAL HEALTH



Palestinian children participate in an activity at Saraya Centre, Old City, Jerusalem

Psychosocial support is an integral part of MAP's work. It helps individuals and communities to heal psychological wounds and strengthen individual and community resilience. MAP's work helps to support Palestinians in their determination to be active survivors rather than passive victims after suffering years of conflict, human rights violations, displacement, military occupation and blockade.

Our aim is to help people to rebuild meaning and coherence in their lives; 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 traumatic events including war, imprisonment, beating, house demolitions, constant social and economic pressure, family and community violence, and witnessing death or injury
- Stress is a normal effect on adults and children who are subject to such situations, but may deeply affect family and community relations, and also trigger deeper individual suffering
- Conflict, widespread poverty and denial of basic rights are affecting 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
- Screening for maternal depression and offering listening support and referrals to specialists
- In partnership with Association Najdeh, we are offering counselling and psychosocial services and providing women who are subject to gender-based violence a place where they can speak freely, rebuild their self-esteem and self-confidence, and break out of the isolation they often find themselves in
- Using innovative methods such as interactive drama to raise awareness about the impact of domestic violence, gender-based violence and child abuse.

- In partnership with al Saraya in East Jerusalem and NISCVT in the refugee camps in Lebanon, we are strengthening young people's resilience and life skills, empowering them to deal with the issues they face, growing up in a violent and disadvantaged environment.
- In partnership with GUPW, we are offering parenting support and advice on positive discipline to mothers and fathers, through peer networks and specialist support

Achievements 2012-13:

- 324 participants attended interactive drama performances to raise awareness about the impact of domestic violence, gender-based violence and child protection in the Palestinian refugee camps of Lebanon
- Over 620 people, including over 150 men and boys, attended awareness-raising sessions run by our partner, Najdeh, in Lebanon, on topics such as gender awareness, women's rights and preventing domestic violence
- 349 people, including 40 men and boys, had access to Najdeh's psychosocial support, counselling and legal advice services
- Providing emergency psychosocial support to Palestinian refugees displaced from Syria and the families hosting them, including: practical support; psychosocial activities; individual counselling; specialised individual and group support; community mobilisation and advocacy activities
- 242 displaced Palestinian children from Syria, between the ages of 6-14, enrolled into the psychosocial support programme, which provides educational and recreational after-school activities
- Training a new support team in Burj el Barajneh and Shatila refugee camps in Lebanon on psychosocial intervention techniques, play and therapy, animation techniques and psychosocial assessment and referral in order to deal with the increased demand for psychosocial support
- Two summer camps in the West Bank for 200 boys and girls, aged 6-9
- Fortnightly awareness-raising workshops for 60 Palestinian 8-15 year olds in East Jerusalem on general safety and security and protection, utilising drama and other creative means
- Fortnightly training courses for 18-22 year olds on critical thinking, planning, decision-making, communication skills and alternatives to violence at the Saraya Centre in East Jerusalem

IN FOCUS: EMPOWERING YOUTH IN JERUSALEM



Palestinian children participate in an activity at Saraya Centre, Old City, Jerusalem

Education is empowerment. However, the education system for Palestinian children in East Jerusalem has been fragmented and under-funded for decades under Israel's occupation – there is a shortage of over 1,000 classrooms in East Jerusalem. This situation eroding the social fabric of the community.

Drugs, violence, vandalism and truancy are the main social problems among Palestinian students, with drop-out rates for high school students unacceptably high, between 50-60 percent. These issues are compounded by threats of violence and displacement by Israeli settlers, acting with state support. The number of settlers encroaching upon Palestinian neighbourhoods in East Jerusalem is increasing rapidly, creating an environment of tension, hostility and violence. Settler attacks and harassment by soldiers are routine realities for Jerusalem's Palestinian youth.

MAP is working with the Saraya Centre, which was established in 1991 to create a stimulating environment and curriculum to combat psychosocial problems among Palestinian children through educational and recreational activities. Some 40-60 students, aged between 8 to 16 years, attend classes every day after school, and Saraya also takes its programme to 10 schools in the community. This MAP supported programme includes education sessions and workshops, addresses cultural and economic issues affecting

women, and provides support for families on issues of rights, public safety and protection.

The Saraya Centre teaches young people about empowerment. It helps them to identify the things they enjoy and to develop their talents. As well as working with younger children, the centre also runs awareness-raising programmes for 17-22 year olds, many of whom have dropped out of school and come to Saraya with the aim of getting back into education. The programme helps to equip these older students with analytic, communication and decision-making skills. In an environment in which violence is often used to 'solve' issues, these invaluable skills help to keep the local youth safe, more independently-minded and out of legal trouble.



Children participating in an education activity at al Saraya Centre

"We hope that the vision MAP has to make a real difference to the lives of every day Palestinians continues long into the future. We look forward to working with MAP again and would like to extend our gratitude to MAP's dedicated team, who work tirelessly behind the scenes."

Ayesha Qadir and Omar Saeed, Inter-Firm Islamic Societies

CASE STUDY

'We learn things that they don't teach you at school'

The centre is based in an ornate Ottoman building in the Old City. In one tall room, eight children, split into two teams, compete in a game that centres around personal hygiene and health issues. Each team has a mix of boys and girls, and the students are working excitedly to complete the exercise and beat the other team. The air is punctuated with cheers, laughter and boos as one side wins.

All of the children appreciate the centre. One of the boys tells us: "We develop here. We learn to play new games and we make new friends. I can't imagine not having the centre." A girl on the other team says: "The centre is much better than school and more beautiful. Here we play and learn."

In another outdoor space, with a stunning view of the Dome of the Rock, about a dozen male and female teenagers participate in an activity. It is designed to improve their concentration, their team work and their communication skills.

One boy had left the centre due to peer pressure, but returned a year later as he felt it improved his life and future prospects. "Instead of being in the street, killing time, I'm here learning and doing something useful with my time," he says. Another student adds: "We learn things here that they don't teach you at school, life skills, and it's done in a recreational way."

Outside the centre, in the Old City and the surrounding neighbourhoods, the poverty, deprivation and tension are palpable. Saraya's students and their families are being given the means and support to deal with, and change, that reality.

DISABILITY



Children from Qabatiya community centre

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 earn an income.

MAP is playing an important role, challenging medical and disability professionals to rethink disability as a social issue.

MAP is 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 older 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
- Ongoing conflict and physical assaults on Palestinians are causing life-changing injuries and long-term sensory impairments

What we are doing:

- Challenging the medical model by adopting a rights-based approach and endeavouring to change practices in Palestine by empowering people with disabilities to work 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 and move forward, founded on the principle of 'Nothing about 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
- Providing technical assistance to government and other national and international institutions on international standards and inclusive approaches
- In partnership with the Palestinian Women's Humanitarian Organisation, providing early intervention and rehabilitation services to refugee children and adults in south Lebanon

Achievements 2012-13:

- Capacity building sessions on 13 different topics for Community Diversity Awareness Trainers participating in a project in occupied Palestine enabling people with disabilities to claim their rights and entitlements, including Arabic sign language, workshop facilitation, internet advocacy, dealing with the media, self-empowerment and negotiating with decision-makers
- The production of an advocacy and training manual and booklet on disability etiquette in association with Community Diversity Awareness Trainers
- The design and development of an inclusive community garden and community training courses, including Braille and speech browser training, at the Qabatiya community centre in the West Bank
- Technical support for the development of a centre in Nablus for people with complex impairments
- 14 children with disabilities started school in mainstream education, following teacher training and child support by our partner in Lebanon, the Sour Community Disability Programme
- Physiotherapy sessions for 110 children and 85 adults in the Palestinian refugee camps of Lebanon

IN FOCUS: WORKING WITH THE JABALIA REHABILITATION SOCIETY IN GAZA

“The project has changed my opinions about people with disability. It has also encouraged me and given me the confidence to leave the house more, without fear or worrying about what other people will think or say.”

Dalal from Gaza, talking about her participation in MAP's project empowering people with disabilities to claim their rights.

MAP is working with the Jabalia Rehabilitation Society (JRS), which has been supporting people with disability in the north of Gaza since it was established in 1991. JRS has developed a number of initiatives, including workshops on disability issues, hearing tests and a school for deaf children.

The project we are initiating with the JRS is based on a similar intervention we have already made in the West Bank with another partner organisation, the Qabatiya Society for Rehabilitation. In a similar manner, the initiative in Gaza will involve the construction of a sensory room and community rooms to be used by parents and children, both with and without disability, in a centre run by the Jabalia Rehabilitation Society. Setting up the rooms in Gaza is more challenging, due to the extra restrictions on movement and supplies.

The sensory room MAP supported in the West Bank was the first of its kind in occupied Palestine. Based on this model, work has started on the design and creation of the new sensory room in Jabalia, which will be used as a space for relaxation, stimulation, communication, therapy and stress release. It will also be equipped with interactive features, mirrors, a fibre-optic wall and tactile objects and toys.

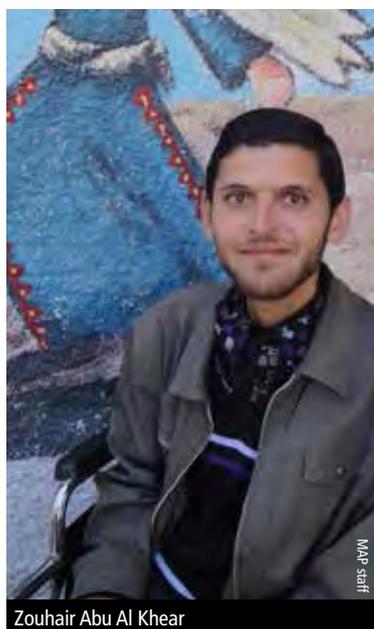
The aim is to create a space that can be used on a daily basis by children with disabilities, as well as their parents and other members of the community. A toy library will also be provided, packed with

educational and developmental toys for parents to use with the children.

In addition, a community gathering room will be constructed and furnished for parents and other community members to sit and talk in a friendly and informal space. In Qabatiya, the community room allows women to relax in a private space and many of the mothers have commented that having this shared area has led to a much stronger relationship between them, providing them with invaluable peer support.



Children at the Qabatiya community centre



Zouhair Abu Al Khear

CASE STUDY

Zouhair Abu Al Khear

In January, 26-year-old Zouhair Abu Al Khear started working with MAP's project partner the Jabalia Rehabilitation Society (JRS). Zouhair was eager to take on the challenge of working as a Project Assistant on a new, six month intervention launched by JRS and MAP this year, to promote the inclusion and empowerment of people with disability in his hometown of Jabalia.

Due to the social challenges he faced whilst growing up as a person with disability, Zouhair did not think about going to university when he finished high school. It was his supportive family that gave him the confidence to take his education further and complete

an undergraduate degree in business administration. This proved to be a crucial step in his life once he got in touch with the JRS

As the only accessible building in the north of Gaza, the Jabalia Rehabilitation Centre impressed Zouhair instantly – and the feeling was mutual. “From the first time we met,” he says, “the people at JRS respected me.” Recognising his education, the staff and volunteers encouraged Zouhair to find work that would utilise his qualifications. Zouhair took their advice and has worked on many of the society's projects since, supporting people with disability as both a volunteer and a staff member. He proudly points out that his work with JRS has given him the opportunity to financially support his family, taking some of the burden off his father.

ADVOCACY



MAP Palestine Question Time event in Oxford

In addition to delivering much needed assistance and working in partnership with local partners to help build on Palestinian communities' resilience, MAP is an organisation that is committed to speaking out about the conditions Palestinian communities 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 advocacy 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 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 from making films to highlighting the key obstacles to health, to producing detailed reports and delivering talks on specific issues

Achievements 2012-13:

- 'Gaza's Children: Falling Behind', a joint report with Save the Children detailing the effect of the blockade on child health in Gaza
- 'Pitching for Palestine', a briefing paper outlining imaginative and practical ways forward

- A short film entitled 'Lebanon: the Forgotten Refugees'
- 'The Sabra and Shatila Massacre: 30 Years On', a briefing paper bringing the voices of the survivors to the fore and highlighting the current conditions in the Palestinian camps of Lebanon
- A fringe event at the Labour Party conference focusing on what British policy can do to bring about change by translating words into action
- The launch of a joint report with 22 other non-governmental organisations across Europe, entitled 'Trading Away Peace'
- Issued a joint statement with 37 aid agencies urging world leaders to take swift action in November to enforce a ceasefire in order to protect civilian lives and infrastructure, and prevent another widespread humanitarian disaster in Gaza
- A series of talks in British schools, universities and public events on the obstacles to health for Palestinians living under occupation and as refugees
- Supported the Lancet-Palestinian Health Alliance two-day conference in Cairo, addressing the huge variety of health challenges faced by Palestinians as refugees or under prolonged occupation
- Organised a Conservative party round-table event, in association with the New Statesman, assessing the key obstacles to healthcare in occupied Palestine and the impact of aid dependency



Parliamentary delegation to Hebron's Old city

IN FOCUS: THE LANCET-PALESTINIAN HEALTH ALLIANCE

“With the attention of the world, deservedly, on the bitter internal conflict in Syria it is crucial that people also stay focused on the needs of the Palestinian people. That is why the work of MAP with its commitment to medical support for Palestinians is so necessary. Every time I receive a briefing on conditions in Gaza and elsewhere it strengthens my determination that MAP will continue to receive the resources it needs for its vital humanitarian efforts.”

Lawrence Waterman,
MAP supporter, London



Dr Richard Horton speaking at the 2013 LPHA in Cairo

In March 2013, Medical Aid for Palestinians supported the fourth Lancet Palestinian Health Alliance (LPHA) conference, held in Cairo from 18-19 March. Organised by the Institute of Community and Public Health (ICPH) at Birzeit University and the American University of Beirut, the conference focused on the 'Health of Palestinians inside and outside the Occupied Palestinian Territory'.

The LPHA is a network of Palestinian and international researchers committed to using the highest scientific standards to describe, analyse and evaluate the health and healthcare of Palestinians. Established in 2009, the alliance aims to ensure that a Palestinian voice is included within international scientific literature and to contribute to the development of local, evidence-based policy and practice. Led by Dr Richard Horton, editor of the Lancet, and a group of around 20 academics, it provides the challenge, the opportunity and the necessary support to produce and present research findings that are subject to high level peer review, with a view to subsequent publication.

Many LPHA research findings deserve to be more widely known in order to make an impact. This year's presentations included the medical consequences of Israel's offensive on Gaza in November 2012; the psychosocial health of Palestinian children in the aftermath of the attack;

the risks of chronic exposure to demeaning political violence; and sniper femoral syndrome as an example of psychological warfare against civilians.

More unspoken issues affecting Palestinian health, such as economic decline and environmental degradation, were also explored, while papers on perceptions of drug abuse and sexual behaviour among adolescents in the West Bank; the impact of infertility on women in occupied Palestine; and a story of discrimination surrounding Palestinian breast cancer patients in Israel brought to light some fascinating new research.

The LPHA's key aims are to build capacity for research; to develop scientific methods that are culture-specific; to increase academic collaboration – within occupied Palestine, Lebanon and across the region – and to engage in advocacy based on science.

“Science is political,” said Dr Horton, during the opening session of the conference. “I want to use science as a political instrument to promote social justice.” His keynote speech hinged on the notion of accountability, which has become something of a watchword in global health. We have a historic opportunity, he suggested, to use this growing interest in accountability and “to put science in the service of social justice and self-determination.”

GOVERNANCE FINANCIAL REVIEW

“Supporting MAP is the best way of helping the Palestinian people that I can think of.”

Ahmed Abdullah,
MAP supporter, Powys

MAP receives funding from a broad range of sources, but the majority 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 2013 was £3,326,000 (2012: £3,074,000), representing an increase of £252,000, or 8 per cent on the prior year. The largest growth was within Voluntary Income where we achieved income of £2,789,000 (2012: £2,117,000) an increase of £672,000, or 32% on the prior year. This was driven in part by some exceptionally generous legacies, including one from the late Ms Monica Geran of £300,000. We also achieved increased donations in response to the Israeli assault on Gaza in November 2012. Finally, in November 2012, 33 cyclists completed a cycling tour of Turkey to raise funds for the ‘Cycling for Gaza’ Campaign, raising almost £100,000 for MAP.

Incoming Resources from Charitable Activities fell during the year from £472,000 in 2011/12 to £254,000 in 2012/13, a decrease of £218,000, or 46 percent on prior year levels. The main reason for this was the end of Irish Aid’s three-year grant funding for our MCH Programme in Lebanon, which we have continued to run from unrestricted funds. During this financial year our main institutional donors were: DFID, for our disability project in occupied Palestine; UNICEF, for our Bedouin mobile clinic project and OFID in support of our Safe Delivery project in Gaza. Institutional income in the year accounted for eight per cent of our total income (2012: 15%).

We are extremely grateful for the ongoing support we have received from all our donors.

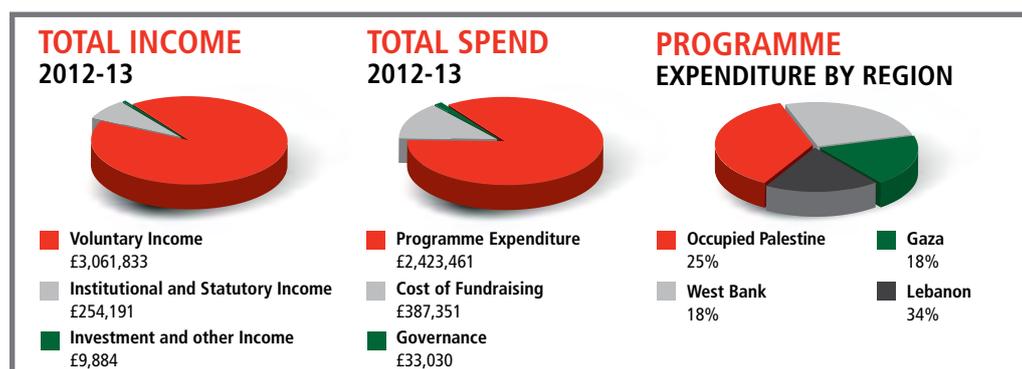
Total expenditure for the year was £2,844,000 (2012: £2,885,000), this represents a marginal decrease of one per cent on the prior year. Expenditure on charitable activities was £2,423,000 (2012:

£2,540,000), representing a five percent decrease on the prior year. Although income levels in 2012/13 exceeded those of 2011/12, much of this income came in during the latter part of the financial year, therefore the increase in income was not matched by increases in expenditure during the year. We expect to deploy these additional funds during financial year 2013/14. During the financial year our expenditure on charitable activities supported a total of 40 projects in occupied Palestine and in Lebanon.

During the financial year we commenced a programme of donor recruitment, aimed at expanding our donor base. This resulted in an increase in the cost of generating funds to £387,000 (2012: £309,000). Although income levels rose during the last financial year, MAP’s donor base has declined in recent years, and the Trustees felt that it was wise to ensure a broader base of donors to secure the future financial stability of the charity.

The net position for the year shows a surplus of income over expenditure of £482,000 (2012: £189,000). This result allowed us to achieve our budget for the year, and has bolstered our reserves position, with total reserves now standing at £1,504,000 (2012: £1,022,000). Included in this is a designated emergency reserve of £250,000.

In relation to the new financial year (2013/14), we plan to deploy the surplus achieved during the current financial year, resulting in a deficit budget. We 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 donor recruitment campaign we plan to hold a fundraising dinner in the Middle East. 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 occupied Palestine.



GOVERNANCE

“MAP is a unique organisation helping Palestinians across the Middle East and it is essential that its good work continues.”

John Boyd, MAP supporter, London

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Baroness Morris of Bolton

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Director of Programmes, West Bank

Jo O'Neill

Director of Marketing

Marta Petagna

Director of Programmes, Lebanon

Aimee Shalan

Director of Advocacy and Communications

Fikr Shalltoot

Director of Programmes, Gaza

KEY RELATIONSHIPS

Paul Julien

Head of Key Relationships

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.

Many thanks also to the many charitable trusts, foundations and companies 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 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 their very generous donations of time.



Children attending a mobile clinic in the Jordan Valley

THANK YOU

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

If you would like to find out more about our current projects and ways you can support MAP, please contact our Head of Key Relationships, Paul Julien, on 020 7226 4114.

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| ABC International Bank plc | Amrou and Dana Dalloul | The Linbury Trust |
| Mr and Mrs Al-Qattan | Mr and Mrs Fustok | Anne McGhee and Bernard Lo |
| The Asfari Foundation | The Late Monica Geran | The Mirianog Trust |
| Sheikh Mohamed Imran Bamieh | B & P Glasser Charitable Trust | Mosen Ltd |
| Roger and Sarah Bancroft Clark Charitable Trust | Angela Glendenning | Anthea B Norman-Taylor |
| The Barham Charitable Trust | Walter Guinness Charitable Trust | Orkney Friends of Palestine |
| Big Lottery Fund | Gilda Haskins | John Payne |
| The Buckland Charitable Trust | Patrick Holmes | Perdana Global Peace Foundation |
| The Bruce Trust | International Arab Charity | Portrack Charitable Trust |
| Cambridge Applied Physics | Magdi and Rola Jameel | Eleanor Rathbone Charitable Trust |
| Cambridge Overseas Trading Limited | Jerrahi Order of America | Patrick and Kirkland Smulders |
| The Leonard Chadwick Charitable Trust | Mrs Suad Juffali | Tom Snow |
| Claranet | Fadi Kassis | Peter Spargo |
| Hilda & Alice Clark Charitable Settlement | David Kelly | Hugh Symons Charitable Trust |
| CCC Ltd | Julietta and Wael Khoury | Fathi Tarada |
| Alma Cocking | The Mactaggart Third Fund | CB & HH Taylor 1984 Trust |
| Rod and Christine Cooke | Paola Manduca | Trocaire |
| The Evan Cornish Foundation | Marwan Mansour | Univerity of Genoa "Call for Gaza children" with Maniverso |
| Cycling4Gaza | The Munib R Masri Development Foundation | Lawrence Waterman |
| | Lily Matthews Fund at the Community Foundation Tyne & Wear and Northumberland | Mr and Mrs Zaphiriou-Zarif |



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 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.



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 occupied Palestine 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 has taken on the role of chairing HAP's regional meetings of NGOs. Members of the group 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.

Medical Aid for Palestinians
33a Islington Park Street
London N1 1QB
United Kingdom

+44 (0)20 7226 4114

info@map-uk.org

www.map-uk.org

Registered Charity no: 1045315

