

ANNUAL REPORT 2007

POPULAR AID FOR RELIEF AND DEVELOPMENT



PARD

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(Listed alphabetically)

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Mission

The Popular Aid for Relief and Development is a grassroots, non-profit, non governmental organization that seeks to improve the health and environmental conditions of marginalized and vulnerable groups especially in the Palestinian camps and gatherings through water and sanitation programs, mother and child care services and by raising awareness and empowering the local communities.

Vision

We envisage environmentally clean and healthy Palestinian communities whose members are actively participating in the development of their own communities. All Palestinians enjoy all rights and have the opportunity of a good life wherever they choose to be. PARD's programs are participatory, need-responsive and sustainable. PARD's team is highly experienced, dedicated and well trained.

Values and Principles

Human Rights & Social Justice

PARD believes all human beings have and thus should enjoy the same universal rights. These rights should guarantee freedom, justice, and equality to everybody. All individuals should have an equal opportunity to exercise the privileges of citizenship, freedom of speech, press, religion and otherwise to participate fully in national life, regardless of race, religion, sex, or other characteristics unrelated to the value of the individual.

Participation

We believe that all individuals and groups have the right to participate in processes that define their lives. Participating actively in decision making is one example. We believe that our constituencies should be integral and full partners of all the processes we develop. This includes planning, implementation and evaluation of our work at PARD.

Accountability and Transparency

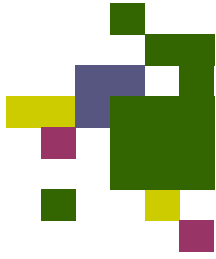
PARD sees transparency as a reflection for openness and clarity on crucial issues such as decision making, operations, finance and the organization's plans, relations and links. We think of accountability as an expectation to responsibility and to the commitment towards PARD's mission, values and quality performance.

Gender

Women should enjoy equal political and social rights under equal circumstances that would lead to equal opportunities and capabilities. We believe that women, in particular, should participate in the decision making and the implementation of all issues that are linked to their lives and the lives of their families.

International Agreements and Endeavors

PARD is committed to all relevant international agreements and conventions on human rights, child and mother's rights, disabled, environment and the Alma-Ata Declaration in particular. PARD also believes in its role as an active participant contributing to the Millennium Development Goals.



MOTHER AND CHILD CARE PROGRAM



- **Introduction**
- **Program Background**
- **Program Strategy**
- **Program Description**
- **Program Outputs**

Introduction

At a conference held by the World Health Organization (WHO) in 1978, a Declaration of Alma Ata was agreed. The declaration included the following statements: (1) Primary health care is essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community (2) It is the first level of contact of individuals, the family, and the community with the national health system bringing health care as close as possible to where people live and work.

The conference strongly reaffirms that health, which is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, is a fundamental human right.

The concept of Primary Health Care was adopted at the Conference of Alma Ata in 1978. A progressive primary health care approach:

- ✓ Challenges the society to address the socio-economic causes of poor health and makes provision for basic health needs.
- ✓ Encourages community empowerment (ensuring that people are fully able to manage resources that are available to them).
- ✓ Provides comprehensive quality health care including pro motive, preventive, curative, rehabilitative and palliative services.
- ✓ Demands concerned and accountable health worker practice.
- ✓ Prioritizes the people who are most disadvantaged ensuring that health care is accessible, equitable and affordable to all.
- ✓ Recognizes the importance of integrated service provision from primary to tertiary levels of care within a coherent health system.
- ✓ Promotes inter-disciplinary, multi professional and intersect oral collaborative teamwork for development.

The Mumbai Declaration of the People's Health Movement states that social, political, economic and environmental threats to health are identified as the basic causes of ill health and the inequitable distribution of health within and between countries has increased. In their call for ending discrimination in the Right to Health, they state that indigenous people in developed and developing countries suffer from health problems at a higher rate than the general population of the country in which they reside. This conclusion clearly applies to the Palestinian refugees residing in Lebanon (The III International Forum for the Defense of the People's Health, India, January 2004).

More recently in July 2005 approximately 1500 people met at the **Second People's Health Assembly in Cuenca, Ecuador** to analyze global health problems and to develop strategies to promote health for all.

PHM (People's Health Movement) calls on the peoples of the world to mobilize against the denial of the Right to Health. The human right to health and health care must take precedence over the profits of corporations. The right to health will be achieved through large scale popular mobilization. PHM will initiate or support struggles related to the right to water, food security and food sovereignty, a healthy environment, dignified work, safe housing, universal education and gender equity, since people's health depends on the fulfillment of these basic rights.

PHM recognizes that intercultural is a fundamental element to promote social equity and build a fair health system. **Equity in access to health information is a fundamental human right. It is essential in the struggle for indigenous people's health.** The many useful aspects of traditional medicine and culture must be valued and included as part of a people-oriented society and health system.

The health of women, men and people of diverse sexual orientation is severely damaged by the dominance of a patriarchal culture with social and gender inequities and discrimination that affects their integrity. PHM commits to mainstreaming gender and feminist perspectives in all its work and action plans.

To do so it will support international, regional and local campaigns for sexual and reproductive rights; strengthen communication and work relations with networks and other movements; and work to ensure safe abortion for all women and girls. In addition, people with disabilities and older people should be treated with respect and their right to appropriate health care should be ensured. PHM argues for the inclusion of people with disabilities in all aspects of life.

PHM calls upon the people of the world to support action to end imperialist control of the earth's natural resources and create and maintain a healthy environment for all. Knowledge and science must be reclaimed for the public good and freed from corporate control. PHM calls on the people of the world to oppose war and militarization as the most blatant attacks on people's health, especially the health of women and the poor.

The People's Health Movement will also work to do the following:

- Pursue work on the human right to health that includes both individual and community rights.
- Continue to struggle for improved ways of working by strengthening its regional as well as its global coordination. It will continue to develop participatory and transparent decision making so that activists at all levels know that their views are valued.
- Celebrates the inauguration of the International People's Health University, a university for health activists with courses presented in association with local PHMs and selected universities around the world.
- Engage with formal training institutions and challenge the dominance of the biomedical paradigm of health care. It will incorporate diverse strategies for reorienting health worker education to comprehensive PHC, keeping people in communities at the centre.
- Become a forum within which intellectuals can support local activists in their action and struggle.
- Challenge the media to disseminate its perspectives and publicize its activities.
- Strengthen its communications strategy to reach communities at the grassroots.
- Translate as many of its communications as possible into two or more languages; will establish a mix of central and regional/national websites; the PHM newsletter will continue quarterly publication and will be translated into other languages.

As a summary **PHM's strategy** for the next three years will:

- ✓ Be linking the local, the national and the global by passing on and giving guidance to its geographical circles on the issues on which to concentrate tactically.
- ✓ Document, analyze and disseminate research findings on key issues pertaining to the principles in its Charter, including gathering, analyzing and disseminating key evidence for its constituency of the efficacy and sustainability of initiatives in comprehensive primary health care.
- ✓ Create awareness about the burning health issues of the day and will delegitimize and demystify false claims, prescriptions and slogans used by the Establishment.
- ✓ Work with grassroots organizations and communities trying to understand their issues, building partnerships and supporting their activists in their struggle.
- ✓ Adopt an approach of strengthening rights, and will support initiatives to achieve the Right to Health and Health Care at the local, national and international levels.
- ✓ Work tirelessly to build international solidarity with the oppressed and with those affected by natural disasters and civil strife.

- ✓ Confront powerful forces of oppression in the struggle for economic justice, in particular through support for cancellation of debt, the end of economic conditionality and the establishment of a fair international tax regime.
- ✓ Incorporate cultural and spiritual practices in all aspects of its work.
- ✓ Advocate with national governments, UN and other national and international agencies to influence their decision-making.

Program Background

Lebanon is a small country which health system is unable to respond to the increasing demand for health services resulting from the growing need of its aging population.

According to "World Health Organization" in its "**Country situation overview**" issued in 17 July 2006 the Health Situation in Lebanon was summarized in the following:

- Life expectancy at birth is approximately 71. The infant mortality (IMR) and under-five mortality rates (U5MR) have steadily declined with no significant gender disparity.
- The infant mortality (IMR) is 27 per 1000 live births and U5MR 31 per 1000 live births – however significant regional disparities exist.
- The country is facing the double burden of disease, as the population suffers from health problems related to infectious diseases, such as acute respiratory infections, as well as chronic degenerative diseases, such as diabetes, hypertension, high blood pressure, depression and Cancer. High figures of morbidity and mortality from cardiovascular diseases, cancer and Diabetes is widespread.
- Measles is endemic in Lebanon with occasional outbreaks, the latest occurring in 2006 with more than 2000 reported cases.
- National immunization coverage is less than 90%. No cases of polio have been recorded since 1994.
- Lebanon has an intermediate incidence of TB; the last estimated incidence rate was 13 per 100 000 populations. Approximately 75% of cases occur among productive age groups of the community.
- By the end of 2005 the cumulative number of reported HIV/AIDS infections was 907 and the estimated number of cases around 2500.
- Maternal mortality is 104 per 100 000. Most deliveries (88%) are attended by trained health Personnel and 79% of pregnant women receive natal care in private health facilities.
- Major environmental degradation resulting from the war includes air pollution, inadequate solid Waste management, water pollution in some remote places, and uncontrolled use of pesticides for agriculture.

Many attempts for constructive assessment and development have been issued to be able to provide health care for the various social classes. The aim is to conform to the national health policy which is based on health being the constitutional right of every citizen and an integral component of human rights. It emphasizes as well that prevention should take precedence over cure within the context of primary health care. Bear in mind that this country emerged from 17 years of civil disturbance (1975–1992) through which the public sector was progressively marginalized resulting in the emergence of numerous nongovernmental, private, voluntary and sectoral organizations aiming at filling the gap of the absence of the governmental sector. However, many of the services provided by private and nongovernmental organizations are not affordable for those who need them most; they are in fact, beyond the financial reach of over 80% of the population. After the war, only half of the 24 public hospitals available in the country were left operational, with an average number of active beds not exceeding 20 per hospital while the private sector continued to

grow in a chaotic manner developing in both number and capacity as it represents today 90% of the total number of hospital beds in the country thus a large number of private hospitals amounting 147 unit most of them belong to charitable and religious congregations or to famous physicians.

In view of that, the Lebanese population and specially the poor portion of the residents is suffering from private as well as public health care providers as the private hospitals do not deliver the same quality of services to the rich and poor and frequently impose extra fees on patients admitted under contracts with the Ministry Of Health which in its turn is incapable of offering acute care of appropriate quality hence mainly described as inaccessible while on the other hand the public sector hospitals are rather small with less than 70 active beds, poorly equipped and lacks qualified personnel therefore described as inefficient.

In reference to all the stated above, the only affordable option for the most deprived is seeking the services of public and NGOs dispensaries. The World Health Organization in a recent statistics reveals that 26% of households seek these associations for therapy. These NGOs which emerged during the war invest mostly in primary health care in order to fill the gap resulting from the withdrawal of the public sector and to respond to the population's needs. The main responsibility of these organizations, in addition to organizing preventive programs in collaboration with MOH and UN agencies is playing a meaningful supporting role by conducting surveys workshops or distributing drugs to a vast network of primary health care centers.

The recent July 2006 war which emerged in Lebanon did not make the situation easier. WHO in a new assessment issued in October 2006 regarding the health facilities in Lebanon, revealed that the health sector has deteriorated even more as a quarter of the facilities examined are no longer functioning due to physical damage, lack of staff or lack of accessibility while the number of healthcare provision is increasing given the number of people injured during the conflict. The assessment, by the Lebanon Ministry of Health and the World Health Organization, looked at more than 400 health facilities in Lebanon in the areas most affected by the conflict. These include dispensaries, health care centers, outpatient hospital departments and hospitals in the affected districts. The assessment highlights the need for 13.3 million USD for actions aimed at restoring access to critical health services for the 1.2 million people most affected by the conflict. Accordingly, the Caritas Organization stresses once more on the current failing of the Health sector in Lebanon stating that:

- 58.2% of Lebanese households still lack medical coverage.
- The government allocates a mere 3.8% of the national budget to the Ministry of Health. 77% of this amount goes to cover hospitalization costs incurred by the underprivileged and uninsured. Only a very small amount is spent on primary health care and preventative care.
- The country lacks a health map of existing medical services, and has no health information system.
- 1/3 of the Lebanese population is now below the poverty line.

Given the high cost of private Lebanese health care in both relative and absolute terms in one hand, and the poor standard of living that Palestinians are currently enduring on the other hand due to the Lebanese government restrictions upon employment, public health access, education and ownership; the majority of Palestinian refugees look to UNRWA and the Palestinian Red crescent Society (PRCS) as the principal providers of health care. UNRWA has seen a relative decline in its budget over the last four years, while the health conditions of the Palestinians worsens due to overcrowded residences, long period of displacement and most importantly poor sanitation. One consequence is that UNRWA now works more closely with the PRCS, with the latter contracting out beds to UNRWA at its Haifa Hospital in Bourj El Barajneh camp in Beirut and Hamsharry Hospital in Sidon. Under the new arrangement, UNRWA now focuses principally on primary health care provision with the PRCS concentrating on the secondary level.

UNRWA's Program Strategy

According to UNRWA, there are 413,962 registered Palestinian refugee in Lebanon, 219,201 (53%) of them living in 12 official camps and 194,761, outside the camps in gatherings and other area.

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was established by general Assembly in December 1949 to "alleviate the conditions of starvation and distress" among the refugees who had fled the 1948 Arab-Israeli war.

The agency provides health, education, emergency relief and social services and micro-credit loans to refugees in Lebanon, Syria, Jordan, the West Bank and Gaza strip. The total number of registered refugees reached 4,562,820 people at 31 December 2007. (*UNRWA Annual Report 2007*)

UNRWA's main focus is on comprehensive preventive and primary health care. Hence providing Services covering medical care, family health, disease control and prevention, and health education to Palestine refugees through the Agency's network of 128 primary health care facilities located both inside and outside refugee camps. According to UNRWA clinic records, refugee population who have access to UNRWA primary health care services both preventive and curative, from July 2006 till June 2007, were estimated at 1,068,307.

Table1:

Field	Registered population
Jordan	1 903 490
Lebanon	413 962
Syria	451 467
Gaza Strip	1 048 125
West Bank	745 776
All Fields	4 562 820

In order to reduce communicable diseases and to prevent and control the non-communicable ones UNRWA expanded her program to cover the immunization sector In 1954, particularly targeting diphtheria, tetanus and pertussis, smallpox, tuberculosis and enteric group fevers, Over the years vaccines were expanded to cover polio, Hepatitis B and the combined measles, mumps and rubella (MMR) vaccines as well.

Once morbidity and mortality from preventable communicable diseases became largely covered UNRWA tackled non-communicable diseases which are largely related to income, life style and nutrition. These include cardiovascular diseases, diabetes mellitus, hypertension, renal failure, epilepsy and cancer especially when the cultural acceptance of smoking was contributing as well not just to cancer but also to upper respiratory infections specifically when combined with overcrowded living conditions and deficient sewage and waste disposable mechanisms.

Moreover, UNRWA provides child health care services as part of the integrated maternal and child health (MCH) family planning services. These services include medical care and screening of newly registered infants, growth monitoring and immunization of infants up to three years of age and early detection and management of iron deficiency anemia.

The UNRWA's plan of action is rather a response to several recommendations issued through various studies undertaken during the past several years explaining the main causes that drive Palestinians to seek medical care. Respiratory ailments and ENT (ear, nose throat) problems revealed to be the most prevailing among the refugees due to the high availability of communicable diseases caused by lack of proper environmental services i.e. proper sewage system and solid waste disposal in addition to the overcrowded and unhealthy standard of living. The main chronic diseases that people were consulted for were hypertension; heart problems and diabetes, hypertension being the most common illness followed by diabetes, cardiovascular diseases, cataracts cholesterol and kidney problems. In addition there was high rate of emerging mental and psychological health problems due to displacement, prolonged bombardments and poor health.

PARD's Program Strategy

One of the key strategic areas that PARD is working in is the field of primary and curative health. Part of PARD's commitment to providing quality services includes implementing the following strategies in order to achieve this by providing information, education and communication to families through different channels, enhancing community participation in PARD's health program, focused preventive and curative health services especially aimed at mother and child care, improved health worker skills in counseling and working with peer-educators and community groups.

PARD's ultimate goal is to empower families, especially children and women, to manage and improve their health through a process of behavioral change. PARD's health program contributes to the fourth and fifth Millennium Development Goals of reducing child mortality and improving maternal health and is line with the objectives of the Declaration of Alma-Alta and the goals of the People's Health Movement.

Health service delivery, both preventive and curative, at the primary level, is at the core of most health systems. PARD believes that communities should be informed about what appropriate preventive and curative care is and what they should expect from health services. They should be provided with information on correct practices and changes so that they themselves can become advocates for its improvement.

This change can become sustainable and more likely provided that the local Palestinian communities are actively involved in the planning, implementation and monitoring of health promotion and health care activities. In addition, quality services can only be provided if they are adequately monitored, appropriately trained staff is employed and there are sufficient supplies and equipment for the ongoing maintenance of the services. PARD hopes that by providing these services to the target population that the following **goals** will be achieved:

- Changed behavior of the local communities in the unofficial camps and gatherings.
- Enhanced communication channels that are developed with and by the Palestinian community to serve the community's self-expressed needs.
- Improved health situation of the population in, and around, the unofficial camps and gatherings.

Attached Annex 6 Statistics of PARD target population.

Long term Program Objectives

- Reduction in the mortality rates and diseases related to pregnancy and childbirth
 - Reduction in mortality rates and diseases among infants and children
 - Improvement in the overall health of all members of the target group
- ✓ **Objective 1:** To provide accessible, equitable and affordable primary and secondary health services to the targeted community.

Results: Accessible, equitable and affordable primary and secondary health services are provided. Access to the medical services is increased.

Indicators:

- 7995 people benefited from this service
- Geographic distribution of the clinics among the different gatherings in Lebanon making the services available

- ✓ **Objective 2:** To improve the reproductive health of Palestinian refugee women and services provided to refugee babies and children.

Result: Reproductive health of Palestinian refugee women is improved. Refugee babies and children health is improved.

Program Activities:

- Check-ups by general practitioners.
- Services of ophthalmology, cardiology, dermatology, otology, rhinology, endocrinology, enterology, minor surgery, neurology, orthopedics, ophthalmology and urology provided by respective specialists.
- Minor surgery (treatment of abscess, nail remove, curtage, cauterization, etc).
- Laboratory services for routine tests (stool analysis, CBC, uric acid, etc) and transfers to a contracted laboratory for culture and hormone tests.
- E.C.G, urology and abdominal ultrasound services.
- First aid and suturing medication.
- Hospitalization assistance through health care society.
- Check-ups on women by gynecologist and obstetricians.
- Pap smear.
- Ultrasound services.
- Family planning services.
- Pregnancy tests.
- Provision of needed milk and supplement to women.
- Dressing.
- Check-ups on newborn babies and children by pediatrician.
- Circumcision.
- Growth monitoring of babies.
- Vaccination services.
- Provision of baby milk for women who are unable to breast feed according to prescriptions of specialists.

Indicators:

- 24694 women and children benefited from medical consultations and other related services.

- ✓ **Objective 3:** To improve the quality of medical services

Result: Maintain the quality of health services within the health centers.

Program Activities:

- Upgrading the medical staff through training courses, workshops and attending lectures.
- Upgrading the project officers on middle management.

- Training the staff on language and computer skills

Indicators:

- 4 clinics have benefited from electrical maintenance, plumbing and carpentry works
- Medications and disposables were purchased and distributed in the 5 clinics
- 10 medical staff and 11 volunteers obtain skills on techniques of communication during health education
- The medical staff participated in several workshops and lectures as follows:

Name of workshop, lecture	Position of attendees
The first Arab Health Quality Form	Mother & Child Program Coordinator
Report writing & monitoring	2 Project leaders
Cardiology for the primary care physician	General practitioner- Pediatrician
Strengthening experiences in advise & voluntary check up for AIDS	Nurse
HIV and sexual transmit infections awareness project for the most affected classes	Project leader

Program Description

The program is supervised by one full time program coordinator who is a member of an executive committee including the Director of PARD, the coordinator of public health program and the financial and administrative coordinator. It is run by 19 doctors, 3 staff nurses, 2 practical nurses, 2 lab technicians, 3 midwives, 2 secretaries, 3 cleaning ladies and 1 driver.

Sabra Clinic

This center has been operating since 1986, mainly for the benefit of the displaced Palestinian families living in Sabra (near Shatila camp) in Beirut and the poor Lebanese population residing in the same area.

The staff working in the dispensary includes two staff nurses, one practical nurse, eleven specialists (in the fields of pediatrics, cardiology, dermatology, otology, rhinology, endocrinology, enterology, surgery, neurology, ophthalmology, orthopedics and urology), one general practitioner, one laboratory technician, one record keeper and one cleaning woman. It operates six days per week.

The center's **activities** include the following:

- General check-ups on women, men and children.
- Follow-up on babies by a pediatrician concerning growth monitoring, vaccination and medication supply.
- Providing low fat baby milk according to medical prescription.
- Providing services of ophthalmology, cardiology, dermatology, otology, rhinology, endocrinology, enterology, manor surgery, neurology, orthopedics, ophthalmology and urology through respective specialists' consultations.
- Providing Laboratory services for routine tests (stools analysis, CBC, pregnancy, uric acid, etc) and transferes to a contracted laboratory for culture and hormone tests.
- Performing routine monitoring of temperature and Blood pressure.
- Electro cardiogram and ultrasound.

- Autorefractometer.
- Middle ear analyzer.
- Facilitating hospital services to patients supported by Health Care Society (HCS) (A local NGO that includes PARD in its executive committee)

In addition to the above activities, nurses and midwives conduct health education sessions for groups of patients about different issues using several types of educational and audio-visual materials.

Between January and December 2007, 16880 patients benefited from the clinics services including 2051 children who undergone vaccination

Health Campaigns:

Different campaigns were conducted by the end of year 2006 which included Polio Vaccination Campaign and Osteoporosis Campaign. These campaigns were conducted in the coordination with the Lebanese ministry of Health and Local NGOs. For this reason, the Ministry of Health did not ask for other campaigns in year 2007. Hopefully by year 2008, Measles Vaccination Campaign will be done.

Dbayeh Clinic

This center was established in February 2002 for the benefit of the Palestinian families living in Dbayeh camp (Mount-Lebanon in northern Beirut) and operates six days per week.

The staff working in the dispensary includes one staff nurse, one pediatrician (five days/week), one gynecologist (one day/week), one cardiologist (one day/week) and one cleaning woman.

The center's **activities** include the following:

- General check-ups on women, men and children.
- Gynecology services including women and pregnant women as well as family planning services.
- Follow-up on babies by a pediatrician concerning growth monitoring, vaccination and medication supply.
- Providing the mothers with milk (after the lactation stage).
- Providing Babies with baby milk upon prescription.
- Check ups by cardiologist.
- Laboratory services for routine tests (stool analysis, CBC, pregnancy, uric acid, etc).
- Electrocardiogram services and ultrasound.
- First Aid including suturing.
- Routine monitoring of temperature and blood pressure.



In addition to the above services provided at the Dbayeh clinic, the PARD community health worker coordinates with NPA's rehabilitation center for services benefiting disabled people. Moreover, health education sessions began in the camp in April 2002 and continue today and a community health worker meets with women's groups on a regular basis to discuss various health issues and topics.

Between January and December 2007, 1605 patients benefited from the clinics services and 32 children were vaccinated at the clinic.

Wasta Clinic

PARD has been operating Wasta dispensary since July 1994. It is located in the village of Wasta, which geographically forms a central point to fields of activities for PARD, namely the villages of Itaniyeh, Jim Jeem, and Kfar Badda.

PARD's target group are the seventy Palestinian families (about 420 persons) living in the gathering, in addition to part of the population living in the surrounding area. The target group works mainly in agriculture during certain seasons, and remains mostly unemployed during other times of the year.

This center is operated by one gynecologist (once/ week), one midwife, one practical nurse, one general practitioner/ pediatrician (two days/week), and one lab technician (three days/week).

The **activities** carried out by the center include the following:

- General check-ups on women, men and children.
- Growth monitoring of babies and children.
- Laboratory services for routine test (stool analysis, CBC, pregnancy, uric acid, etc).
- Ultrasound.
- First Aid.
- Routine monitoring of temperature and blood pressure.

Between January and December 2007, 1394 patients benefited from services at the clinic.

Kfar Badda Clinic

In Kfar Badda, a center was establishment as a clinic, offered for our use since April 2005 by the local community. Thereafter, PARD shifted its work in the mobile clinic to the fixed clinic of Kfar Badda.

This center is operated by one midwife (once/ week), one practical nurse and one general practitioner/ pediatrician (two days/week).

The **activities** carried out by the center include the following:

- General check-ups on women, men and children.
- Growth monitoring of babies and children.

Between January and December 2007, 895 patients benefited from services at the clinic.

Women's Health Clinic

The term "reproductive health" was widely accepted in 1994 with the adoption by 178 countries of the Program of Action of the International Conference on Population and Development (ICPD) held in Cairo, Egypt. The WHO defines reproductive health as being a state of complete physical, mental and social well-being in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. (As other methods of their

choice for the regulation of fertility which are not against law). It also includes the right of access to appropriate health care services that will enable women to go safely through pregnancy and child birth (and provide couples with the best chance of having a healthy infant). In line with the above definition, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. Within this context, PARD has established a women's health clinic, spread information on reproductive health among its target groups and added counseling to pre and post natal care in the medical centers.

The Women's Health Clinic started operating in February 2000 in Sabra, Beirut. It was established in response to a need of the Palestinian refugees in Beirut, especially the displaced.

Its aim is to secure safe pregnancies for women.

The clinic is operated by three obstetricians, two midwives and one cleaning woman.

Its **objectives** and **activities** are as follows:

- ✓ **Objective 1:** Prenatal care to guard safe pregnancy.

The activities related to this first objective include the following:

- Provision of gynecology services through check-ups
- Regular examinations of pregnant women by gynecologists and midwives
- Administration of suitable medication and vitamins
- Monitoring of pregnancy development and complications
- Provisions of milk for mothers (as a nutritive supplement)
- Ultrasound, Electro Cardiogram and laboratory analysis
- Transfer of risky pregnancies to appropriate hospitals
- First Aid including suturing
- Monitoring of pregnancy development and complications
- Routine lab tests at the center and referral to contracted laboratory for culture and hormone tests.

- ✓ **Objective 2:** Postnatal care to guard the health of women and their babies after delivery.

The activities related to this objective include the following:

- Family planning
- Circumcisions for male newborns
- Health education for women visitors to the center
- Vaccination
- Minor surgery
- First-aid including suturing
- Provision of clothes for newborns
- Milk for babies whose mothers cannot lactate upon prescription
- Routine lab tests at center and referral to contracted lab for more complicated tests.

- ✓ **Objective 3:** General gynecological services to guard the health of non- pregnant women. The activities related to this include:

- Check ups for Gynecology
- Ultrasound for Gynecology
- Family Planning
- Pap smear
- Pregnancy Tests
- Mammography is being prepared by the end of 2007 to start operating by 2008; it is used to check on the existence of inflammation and cancer

***In 2007,
9490 women benefited from
services***

- Routine lab tests at center and referral to contracted lab for more complicated tests.

Mobile clinic

In compliance with the same objective of promoting safe pregnancy, PARD employed in March a midwife in the south to offer home visits services for pre and post natal women and newborns and to create patient profiles.

At the beginning the midwife started utilizing the mobile clinic which offers movable consultation in several southern gatherings i.e. Jal el Baher, Qasmiyeh and Burghuliyeh, giving the opportunity for pregnant women residing in these areas to follow up upon the safety of themselves and their unborn babies. Our midwife as well is currently operating from a fixed clinic.

The midwife alternates between the different gatherings according to a set schedule:

Day	Location
Tuesday	Borgleyeh
Wednesday	Kasmieh
Thursday	Jal el Baher
Saturday	Kfar Badda

In May 2006, PARD started utilizing the First Aid room in Shabriha gathering as a second fixed clinic whereby a female gynecologist supported by the midwife follows up on the women's related complaints after being referred to the gynecologist by the midwife during her periodical pregnancy monitoring house visits.

Accordingly the female gynecologist is available twice a week in Shabriha and once per week in Wasta, from 9 a.m. till 12 a.m., to provide pre and post natal care for women, starting as minimal as ordering the necessary lab tests for patient's whole physical control up to treating the highly frequent infectious diseases that would disrupt their pregnancy. The collaboration of the midwife through her constant supply of prenatal information revealed to be highly associated with a healthier behavior during pregnancy including taking foliate, making positive changes in diet, not smoking, and consuming less caffeine and lastly promoting and supporting breastfeeding.

To insure the well being of the mother and fetus, an ultrasound machine was installed in Shabriha where it is being used by the gynecologist to:

- Diagnose any potential congenital abnormalities in the developing embryo or fetus.
- Determine the location, size or possible abnormalities of the placenta.
- Estimate the age and size of the fetus
- Evaluate the position of the fetus and the placenta and to locate the fetus prior to chronics villus sampling or amniocentesis
- Determine the condition of the fetus if no heartbeat has been detected by 14th week or if there has been on fetal movement by week 22.
- Measure the amount of amniotic fluid
- Providing valuable information leading to treatment that can improve a woman's chances of having a healthy baby.



***In 2007,
2239 women benefited from
services provided by the clinic***

***In 2007,
154 patients benefited from
hospitalization assistance in the
South***

Program Outputs

For the period from January to December 2007, a total of 19229 beneficiaries received consultation from our different doctors and specialists in all our above-described clinics.

Moreover, 585 first aid dressings were applied, 260 pregnancy tests, 110 E.C.G., 2667 lab tests and 3094 ultrasounds for urology and cardiograph, enterology, pregnancy and gynecology took place. Also, 2440 women received milk during their pregnancies and 1492 received baby milk for their children after the lactation stage. In addition, 113 mothers received family planning services and 124 women took the Pap smear test. A total of 2083 vaccines were given to children in all of the clinics. Those vaccines included Poliomyelitis, Hepatitis A & B, M.M.R., Meningitis, Typhoid, Chicken Pox, Mencevax, Pneumonia, Vaccigrippe and D.P.T. 522 cases benefited from extra services (echo cardiograph, hospitalization assistance, circumcision, NST, hospitalization transfers, newborn clothes and minor surgery).

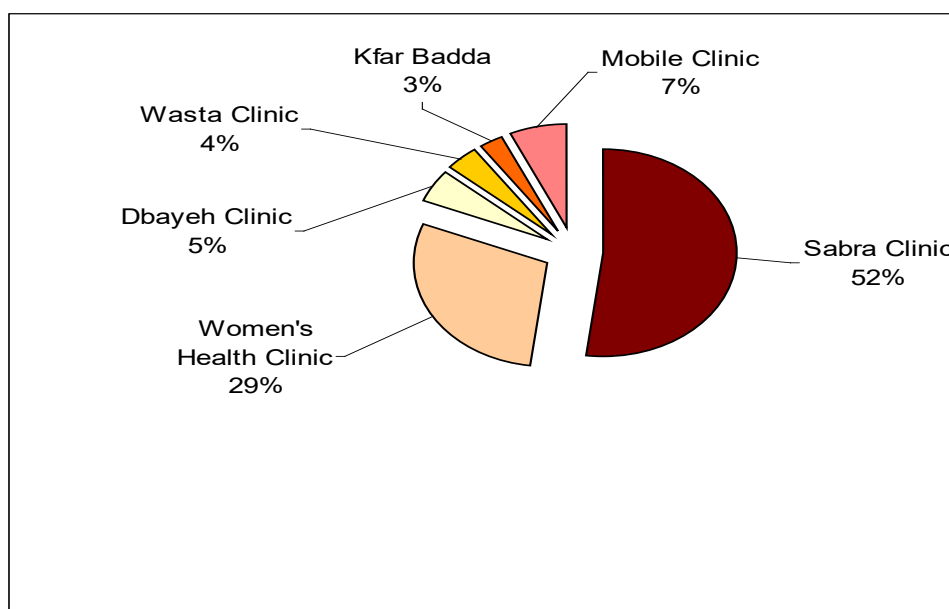
Table 2: Number of services provided by PARD health clinics from January to December 2007

Type of service	Sabra clinic	Women's Health center	Wasta clinic	Kfar badda clinic	Dbayeh clinic	Mobile Clinic	Total
Visits to doctors	10817	3872	1067	881	1101	1461	19229
Minor surgery	-	19	-	-	-	3	22
Family planning	-	86	-	-	-	27	113
First Aid	384	116	69	14	2	-	585
Pap smear	-	55	-	-	2	67	124
Pregnancy tests	-	257	-	-	3	-	260
E.C.G	80	-	-	-	30	-	110
Lab tests	1713	352	258	-	344	-	2667
Ultrasound	189	2482	-	-	46	377	3094
Milk for babies	1470	-	-	-	22	-	1492
Milk for women	-	2156	-	-	55	229	2440

Type of service	Sabra clinic	Women's Health center	Wasta clinic	Kfar badda clinic	Dbayeh clinic	Mobile Clinic	Total
Hospitalization Assistance	173	-	-	-	-	154	327
No. of vaccines given	2051	-	-	-	32	-	2083
Circumcision	-	43	-	-	-	-	43
Baby Clothing	-	-	-	-	-	75	75
Echocardiograph	3	-	-	-	-	-	3
N.S.T.	-	30	-	-	-	-	30
Hospital Transfers	-	22	-	-	-	-	22
Total	16880	9490	1394	895	1637	2393	32689

Note: Curtag and cauterization figures are added to minor surgery figures at the Women's Health Center

Graph 1: Number of Patients per each of PARD's center



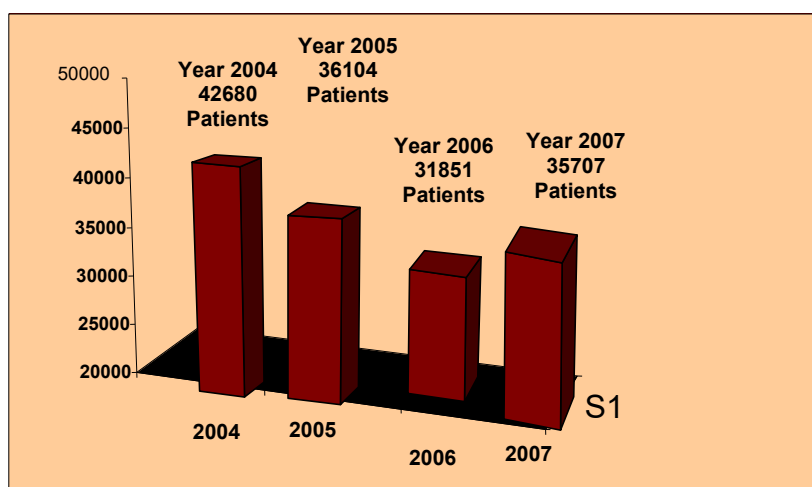
The graph shows that the work load during 2007 were concentrated mainly in the Sabra Health Care Center in the first place followed by Women's Health Center, mobile clinic, Dbayeh clinic, Wasta clinic and at last Kfar Badda clinic.

The most common explanation of such a variation in patient's numbers is the overcrowded population residing in the area of Beirut and the proximity of PARD to Sabra and Shatila area rendering our service highly accessible especially that it meets the financial standards that the serviced population can afford.

Table 3: A comparison list of the services provided by PARD's health clinics during the years 2005, 2006, and 2007

Activities Realized	Number of Beneficiaries			
	2004	2005	2006	2007
Check-ups by general practitioners	2487	1655	1938	2024
Check-ups by specialists (ophthalmology, dermatology, cardiology, orthopedics, E.N.T, neurology, gynecology)	11913	8927	7439	7683
Minor Surgery	31	11	6	22
Laboratory services for routine services	3443	2622	2852	2667
E.C.G. and ultrasound services, Echo cardiograph	E.C.G./179 Ultrasound/ 206	E.C.G./ 160 Ultrasound/ 227	E.C.G.\ 108 Ultrasound\ 142	E.C.G.\ 110 Ultrasound\ 189
First Aid and suturing medication	1631	1964	1242	585
Assistance to hospitalization through Health Care Society	252	146	168	327
Check ups on women by gynecologists and observations	1624	1525	2643	5459
Pap smear services prescribed by the gynecologists	132	117	44	124
Ultrasound gynecology services	1601	1850	2003	2905
Family planning services	205	73	79	113
Pregnancy Test	290	253	248	260
Provision of needed milk and supplies to women	128	1290	1434	2440
Check ups for newborns and children by a pediatrician	7961	6339	5832	4641
Circumcisions	40	43	49	43
Growth monitoring and follow up of newborns	7961	6339	5832	4641
Provision of non fat milk for babies whose mothers can not breast fed, according to the doctors prescriptions	651	469	531	1492
Vaccination for children	3531	3521	2231	2083
Baby Clothing	38	98	-	75
Total	42680	36104	31851	37883

Note: Gynecology consultation had been added to the figure covering check-ups by specialists in the years 2004, 2005, and 2006. So automatically it was added to 2007 figures.

Graph 2: Comparison of overall patients' number treated during 2004 - 2005- 2006- 2007**Comments on Comparison list of general services in all PARD's Clinics (2005-2007)**

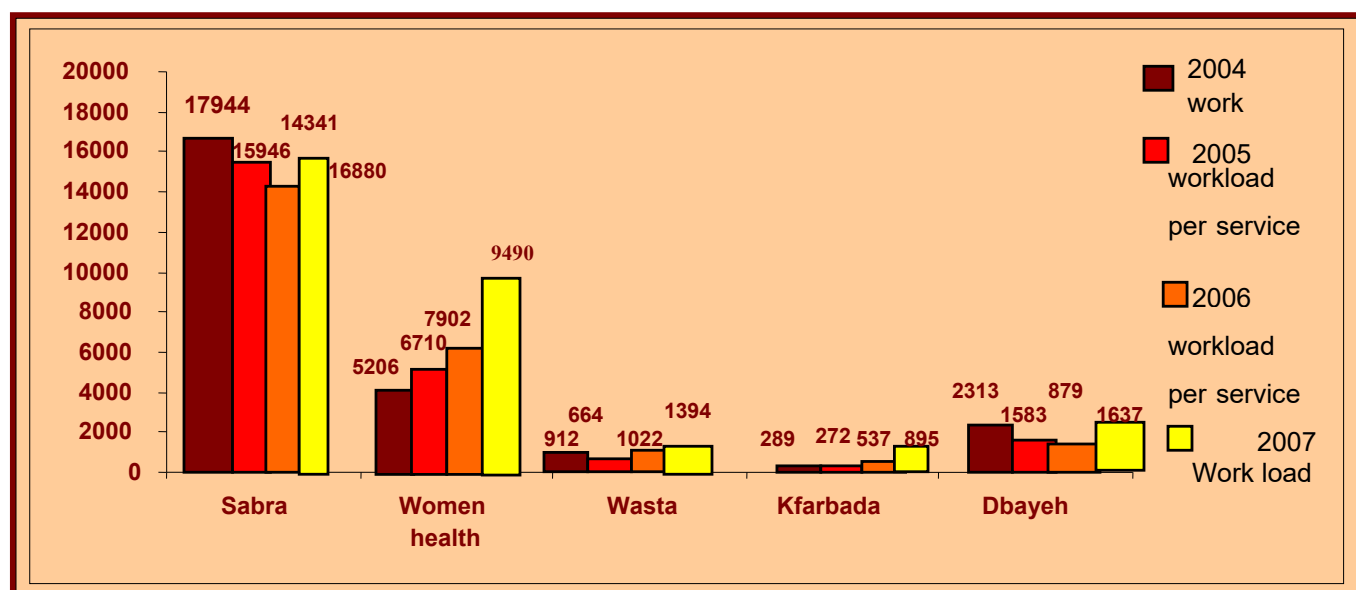
- Numbers of check-ups by general practitioners in 2007 increased by **18%** compared to 2005 and by **4.3%** compared to 2006.
- Numbers of check-ups by specialists in 2007 decreased by **19%** compared to 2005 and increased by **3%** compared to 2006.
- Number at laboratory tests increased by **1.7%** compared to 2005 and decreased by **6.5%** compared to 2006.
- E.C.G. and general ultrasound services have not changed much, but 2007 introduced echocardiograph through the new ultrasound machines installed in the centers with support from SI.
- First Aid and suturing depends on the number of people who get small cuts and bruises during their work in some vocations such as carpenters, butchers, agriculture, construction, house painters, plumbers, fixing wheels and so on. So the increase or decrease in numbers is based on events not directly related to the clinics.
- Assistance to hospitalization has increased by **123.9%** compared to 2005, and **94.6%** compared to 2006. This increase is due to the following factors:
 - The Health Care Society (H.C.S) which donates support for hospitalization has diversified its support to include mental health, kidney dialysis and neurology.
 - H.C.S. is supporting patients on a monthly basis (not only a one – time support)
 - The NGO's social workers (including PARD's) have improved their performance in communicating with patients and filling up the request for help forms.
 - The H.C.S. budget for hospitalization has increased.
- Check-ups on women by gynecologists show **72%** increase compared to 2005, and **52%** increase compared to 2006.
- Gynecology ultrasound services have increased by **36%** compared to 2005, and by **31%** compared to 2006. This is due to the installation of new digital ultrasound machines in the clinics.

This increase is due to the engagement of a midwife in the South clinics starting from March 2006 and a gynecologist (also in the South) since May 2006. Moreover, the project of pre and post natal care through the midwife's home visits in the south also increased the trust in PARD's work and facilitated transfer to the gynecologist.

Those activities also led to the increase of Pap smear tests for women, ultrasound exams, pregnancy tests, family planning, and provision of milk and supplies to women.

- Check ups for newborns and children and the growth monitoring executed during those checkups, decreased by **26%** compared to 2005 and **20.4%** compared to 2006. This decrease might be due to the success of vaccination campaigns executed by local NGOs in coordination with the Lebanese Ministry of Health on one hand and the success of the vaccination program at UNRWA. Those vaccinations are supposed to decrease child illnesses specifically.
- Provision of nonfat milk for babies who for medical reasons can not breast feed increased because PARD was supported by types of non-fat milk by NPA and thus the product was distributed for free through medical prescriptions in all PARD's clinics.
- Total Numbers of check-ups and services in 2007 decreased by **1.5%** compared to 2005 and increased by **10.4%** compared to 2006.

Graph 3: Comparison of workload in each clinic over the years 2004 2005 2006 and 2007



According to our patient analysis we have witnessed an 12.1% increase in the overall number of patients from 2006 to 2007 and that is displayed clearly through the increase in all the sections. We should note that the clinic of Sabra is quite a visible criterion as it has usually the highest work load due to the large number of residents in the area and simultaneously the high number of patients. Accordingly any drop of any kind is easily apparent at this location.

Yet in the other clinics we identified a raise in numbers of beneficiaries in Wasta, Kfarbada and Dbayeh.

Program Developments

- Campaigns could not be done this year since we were overwhelmed with the relief work in Naher el Bared starting June 2007 and on.
- Free Services offered to Naher el Bared patients:
 - ✓ A total of 108 patients from Naher el Bared visited the Sabra Polyclinic during the period from May 26, 2007 until January 23, 2008. The most repetitive cases were fever, infections, newborn check-ups, allergy, digestive system pain and back pain.
 - ✓ Another 15 patients visited the Women's Health Center; visits varied between gynecologist consultation, ultrasound and Pap smear.
 - ✓ Those who were displaced in the Southern gatherings were provided with free check-ups and medications upon doctor's prescriptions in the Wasta, Kfar badda and the mobile clinic; we had a total number of 19.
- Patient Satisfaction surveys were conducted among all our clinics; a total of 277 participants contributed in this study.
 - **Participants** were distributed as follows:
 - 100 participants from Women's Health Center
 - 97 participants from Sabra's Polyclinics
 - 25 participants from Kfar Badda Clinic
 - 20 participants from Dbayeh Clinic
 - 20 participants from Shabriha Clinic
 - 15 participants from Wasta Clinic
 - After the surveys were filled out by the patients, a **summary** of their outcome shows the following:
 - ✓ PARD's clinics are shown to be the most frequently visited clinics among their areas and their surroundings
 - ✓ Medical services are needed and PARD clinics are providing the needed health care services
 - ✓ Patients were satisfied with:
 - The treatment of the staff and physicians at the centers
 - The communication between them and the whole staff including the physicians
 - Outcome of their visits to the health center
 - Recommendation given to them for post visit
 - Cost of the service
 - Types of specialists available
 - Availability hours of the specialists
 - ✓ Most of the patients' main problem (which was the reason they visited PARD clinic) was solved by the visit
 - ✓ Majority of the patients are aware of:
 - Clinic program
 - Opening hours
 - Costs of services
 - **Services** proposed for the clinic:
 - ✓ Availability of first aid service
 - ✓ Dentist

- ✓ Gynecologist
- ✓ Ultra sound
- ✓ More medicine

Dbayyeh:

- ✓ Dentist
- ✓ Psychiatrist
- ✓ ENT
- ✓ Ophthalmologist

Sabra Polyclinic and Women's Health Center:

- ✓ Availability if first aid service at night
- ✓ Dentist

Wasta:

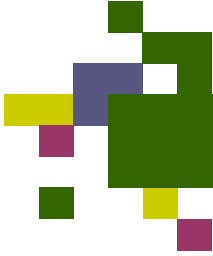
- ✓ Dentist
- ✓ Decrease the price of medicine

Doctors' visits analysis

Table 5:

Total number of pediatric services	12857	39.5%	24694	75.5%
Total of Gynecological services	11837	36.3%		
Total number of diverse specialty services	7995	24.2%	7995	24.5%
Total Services	32689	100%	32689	100%

Since our program focuses on safe motherhood beginning before conception with adequate nutrition healthy lifestyle and continues with appropriate prenatal care, the prevention of complications to reach a successful delivery of a healthy baby we have made a quick comparison among the various consultations we undertake only to highlight the fact that our reproductive program remains the focus of our medical service provision system. Accordingly, a quick screening of consultations among the various clinics reveals that the total number of pediatric and gynecological visits is 24694 out of 32689, which is the total number of consultations. This represents around 75.5% that is considered a high percentage, assuring that we are meeting our main focus.



ENVIRONMENTAL HEALTH PROGRAM



- **Introduction**
- **Beneficiaries**
- **Specific Program Objectives**
- **Activities**

Introduction

Public health is defined as the science and the art of (1) preventing disease, (2) prolonging life, and (3) organized community efforts for (a) the sanitation of the environment, (b) the control of communicable infections, (c) the education of the individual in personal hygiene, (d) the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and (e) the development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity. C.E.A. Winslow.

Environmental health sits within the broader scope of public health; in fact, it's about creating and maintaining environments that promote good public health. It's a wide-ranging, multi-disciplinary field that embraces a broad range of subject areas and involves a wide variety of stakeholders. It comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can affect adversely the health of present and future generations.

It encompasses all the measures necessary to deal with issues such as environmental degradation and climate change, and hazards including contaminated water and food, and chemical exposure. Environmental health practice also provides opportunities to enhance health by planning for improved health outcomes and working towards health promoting environments.

Environmental health services are those services which implement environmental health policies through monitoring and control activities. They also carry out that role by promoting the improvement of environmental parameters and by encouraging the use of environmentally friendly and healthy technologies and behaviors. They also have a leading role in developing and suggesting new policy areas.

In line with the millennium development goals (MDG), especially the 7th (Environmental Sustainability) and the 3rd (Promote Gender Equality & Empowerment of Women), the environmental health program at PARD aims at providing comprehensive health oriented projects that control physical, chemical, biological, social and psychosocial factors in the environment, which in turn ensure the promotion and maintenance of a state of complete physical, mental and social well-being.

Providing safe and clean drinking water, inhibiting insects and rodents' infestation, controlling communicable diseases, and empowering women in the community are all defensive measures to prevent diseases and promote health of the targeted population.

Usually, it is the role of the government to provide these services in the form of awareness campaigns, health education in schools, solid waste collection and reduction, provision of safe drinking water and the building and maintenance of infrastructure. In the case of the Palestinians living in official camps, it is UNRWA that provides these services (albeit insufficiently) and in the case of Palestinian refugees living in unofficial gatherings and areas that are geographically outside the UNRWA mandate, neither the Lebanese government nor UNRWA provide services. In some of these areas it is PARD that acts in place of the local municipality.

One difference is that PARD is not only providing services; as a matter of fact, PARD is exerting an effort to engage the program beneficiaries in projects that aim to promote their well-being. The community is planning, managing, implementing and monitoring the program, so that the community is sharing responsibilities with PARD for the program. This is in line with PARD's commitment to sustainable and community-based programs and to strategies that are based on community participation and ownership.

Beneficiaries

Beirut

Name of Location	Area	No of Families	No of Population
Shatila Camp	Beirut	3200	16000
Gaza 1	Beirut	110	660
Gaza2	Beirut	42	252
Gaza3	Beirut	85	510
Gaza 4	Beirut	25	150
Daouk	Beirut	60	360
Said Ghawash	Beirut	431	2586
Salwa Al Hout	Beirut	31	186
Sub-total Beirut		784	3920

South

Name of Location	Area	No of Families	No of Population
Shabriha	South	570	2850
Wasta	South	195	975
Burghuliyeh	South	630	3150
Aitaniyeh	South	80	400
Kfar Badda	South	140	700
Jim Jim	South	70	350
Ma'ashouk	South	510	2550
Jal Al-Baher &Naheer Alsamer	South	285	1425
Qasmiyeh	South	490	2450
Sub-total South		2970	14850

Specific program objectives

The program objectives were developed after several meetings with the community representatives to assess priority needs. Those meetings explained the importance the participatory approach PARD is adopting with its constituencies.

The participants, in brain storming sessions, were stimulated to discuss all problems facing the population in the gatherings and displacement centers. The problems were explained, discussed and laid out on the front wall as the first part of a problem tree.

Special attention was stressed on the following points:

- The entity of discussion was strictly defined as: Environmental and General Health of the gatherings in the south of Lebanon and the displacement centers
- Identification of general problems
- Determination of interrelationships among problems if any
- A differentiation between effects and causes
- Extending the analysis beyond the symptoms of the problem to its root causes

After this process, the participants were asked to name in an attitudinal ranking the most important problems that need to be solved. The participants came out with focused answers around some serious issues that require immediate and constant attention. Then the participants of the meetings were asked to name out the most important programs or services that could help the Palestinian population in the gatherings. The exercise also asked the participants to pinpoint the current level of services if any are present and to recommend a future level of intervention on each proposed service.

In the final session participants were asked to brainstorm any assumptions or constraints that might hinder the progress of any the services they had proposed earlier. The discussion led into several proposals to programs that would mitigate the bad environmental and health conditions. The main goal (overall objective) is to implement an integrated environmental health project that ameliorates the deteriorated health and environmental conditions among residents of the south gatherings and the displacement centers in Beirut.

To achieve that, PARD and the local groups identified these different objectives:

- To improve population access to uncontaminated drinking water
- To reduce rodent and insect infestation
- To control communicable and non communicable diseases
- To conduct empowerment workshops for local women's groups

Activities

Objective (1):

Increase access to safe water for 34,204 people living in 10 Southern gatherings and seven gatherings in Beirut

Activities:

a. Maintenance and disinfection of water tanks, wells and water networks:

- The main reservoir of Gaza building (2) was cleaned using cleaning tools and detergents.
- (100 pieces) of dilapidated pipe fittings and valves in Shatila camp water network were changed.
- (50 meters run "m.r.") of PVC water pipes with accessories were installed in Gaza building (2).
- (6 PVC water tanks) (Capacity of (2000) liters) were installed in Gaza building (1).
- For one water well in Shatila camp, (3 galvanized pipes) were changed, the pump and the control panel maintained.
- (100 m.r.) of water polyethylene water pipes were installed to connect the additional tanks and to supply the rehabilitated toilets in Gaza building (1).
- (60 m) of galvanized new water pipes were installed in Shatila camp.
- The power generator for the pumps in the water wells of 6 gatherings in the South was maintained.

b. Water testing to monitor the quality of drinking water:

Sampling was conducted in two phases. Samples were collected by PARD jointly with local community workers from the South gatherings of Maashouk, Qasmiyeh, Wasta, Shabriha, Itaniyeh, Burghuliyeh and the Beirut gatherings of Gaza buildings, Said Ghawash, and Daouk.

The samples were taken from the main supplying wells, main collective household reservoirs. The testing laboratory is the AUB environment core laboratory.

According to the results, the following measures were taken:

- All installed chlorine pumps were maintained.
- One well in Qasmiyeh was disqualified for drinking water and the septic tanks of surrounding it were joined to the main sewage pipe.
- To control the infiltration of waste water in the water network and wells, septic tanks were pumped out (details later).

c. Pumping out of waste water and cleaning manholes in Sothern gatherings and Beirut to prevent the infiltration of waste water into water networks and wells:

- (100 m³) of rain water was pumped out from one shelter in Shatila camp.
- (3 to 4 m³) of waste water was pumped out daily from the basement of Gaza Building (7).
- (105 m³) of waste water was pumped out from the basement floor of Gaza buildings (2) and (3).
- Waste water was pumped out from two septic tanks in Said Ghawash gatherings in Beirut.
- (120 m³) of waste water was pumped out from the basement floor of Salwa Al Hout building in Beirut.
- All manholes in the ground floor of Gaza Buildings (1) and (2) were cleaned. Four unnecessary manholes were cancelled.
- (20 m³) of sludge and solid waste were removed from manholes and septic tank of Gaza Buildings (1) and (2).
- (10 manholes) in Daouk gathering in Beirut were cleaned (4 times).
- More than (50 m³) of sludge and solid wastes were removed from (2 septic tanks) and blocked manholes in Said Ghawash gatherings in Beirut.
- (60 m³) of sludge was removed from the septic tank and basement of Salwa Al Hout Building in Beirut.
- (120 m.r.) of sewage PVC pipes were changed, all drains of rain water maintained in 4 Gaza Buildings.
- (70 m.r.) of sewage lines were maintained in Daouk gathering.
- The submersible pump for sewage pumping was maintained in the basement floor of Salwa Al Hout Building.
- (15 private toilets) were rehabilitated, manholes in the entrance cancelled in Gaza Building (1).
- In eleven gatherings in the South 186 septic tanks were emptied through 264 suction operations as such:

Schedule No. (1)

<i>Location</i>	<i>No. of Septic Tanks</i>	<i>No. of Suction Operations</i>
Maashouk	42	65
Burghuliyeh	19	28
Jal El Bahr	6	11
Kfarbadda	29	33
Kasmiyyeh	10	31
Wasta	11	12
Rashidiyeh	41	46
Shabriha	7	10
Jal Bahr	6	11
Itaniyeh	8	8
Abbasiyeh	7	9
Total	186	264

d. Water treatment plant:

Before starting the services of the water treatment plant installed in Shabriha gathering, a survey was conducted to study the sources of water in all the south gatherings, the level of awareness of the communities on the importance of pure drinking water.

154 questionnaires were filled containing 47 questions each in 5 gatherings.

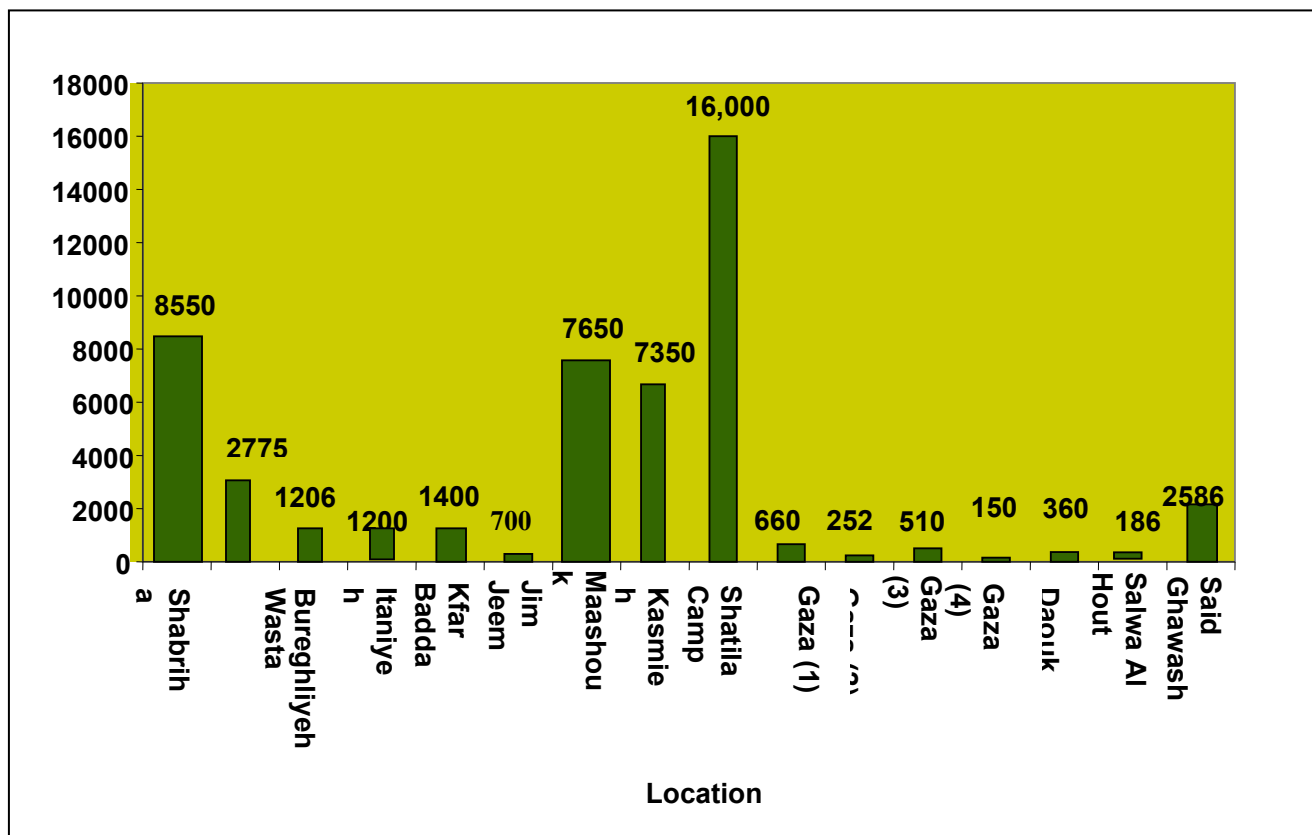
The results showed that 83% of the questioned people expressed their willingness to participate in the project. *For further details check annex No.1*

Objective (2):**To reduce rodent and insect infections****Activities:**

Activity (1): Adequate disposal of solid wastes benefiting about 33000 people living in eight gatherings in the South, Shatila camp and Gaza displacement buildings in Beirut.

- (2500 m³) of solid waste was collected and transported by two trucks three times per week from the Southern gatherings of Kfar Badda, Jim Jeem, Wasta, Itaniyeh, Qasmiyeh, Shabriha, Burgliyeh, and Mashouk. The solid waste is transported to a designated dumping place in Tyre used in addition to PARD by UNRWA and Tyre municipality. About 12500 people benefited from this project.
- (4200 m³) of solid waste was collected and transported daily from the camp of Shatila in Beirut. About 16000 people benefited from this project.
- (120 m³) of rubbish was collected and the place cleaned up in 6 closed areas between houses in Shatila camp.
- The stairs, entrances, halls and corridors of the four Gaza buildings in Beirut were cleaned six days per week.

Number of beneficiaries from Solid Waste collection, Spraying Insecticides Water Monitoring Activities(in Shabriha, Wasta, Burguliyeh, Itaniyeh, Maashouk, Qasmieh, Shatila, Gaza (1-4)

Schedule No. (2)

A total number of people benefited from solid waste collection, water monitoring and spraying of insecticides.

Activity (2): Pest control and improved hygiene in the Southern gatherings and Beirut gatherings:

- Four campaigns for spraying of insecticides were implemented in (10 gatherings) in the South, Shatila camp, the Gaza buildings, Said Ghawash and Daouk gatherings in Beirut. (10 days) pass between each campaign for each gathering. Insects targeted are mosquitoes, flies, flea and other harmful insects. About (8600 liters) of environment friendly insecticides solution were sprayed in the four campaigns which start in May and end in September.
- (200 extra liters) of insecticides were sprayed after cleaning up the public zones in Shatila camp.
- (597 bags) of rodent poisons were distributed upon request to the communities of the South and Beirut gatherings, in addition to Shatila camp to reduce rodents' infestation.
- To reduce lice infestation, (745 anti-lice shampoo bottles) in addition to (92 lice combs), were distributed in 6 gatherings, in Beirut and (10 gatherings) in the South.
- (26 cleaning campaigns) were conducted in the targeted areas, (8) in Beirut and (18) in the South.

***Distribution of Anti lice
Shampoo & Rodenticides***

Schedule No. (3)

Location	No. of Anti Lice Shampoo distributions	Anti lice combs	No. of Rodenticides distributions
Gaza Building 1	12	-	-
Gaza Building 2	1	-	-
Shatila camp	10	-	-
Daouk	5	-	-
Said Ghawash	8	-	-
Sabra	5	-	-
Shabriha	86	8	50
Kfar Badda	14	-	183
Wasta	105	10	94
Ein EL Helweh	19	-	-
Maashouk	37	10	8
Qasmiyeh	46	9	7
Jal El Bahr	93	16	7
Sikkeh	118	15	123
Aitaniyeh	10	4	-
Burghuliyeh	176	20	138
Total	745	92	597

The staff implementing the project includes one coordinator, two foremen, three drivers and four workers.

Other items distributed:

Item	Place	No. of items distributed
Tooth brush	Wasta- Kfar Badda	28
Cleaning detergent	Said Ghawash gathering	14
Shaving kits	Said Ghawash- Dbayeh camp	67
Betadine	Dbayeh camp	17
Beans cans	Dbayeh camp	8
Sanitary napkins, cleaning mops, washing gloves	Dbayeh camp	177

To ensure sustainability and community participation, PARD has created a team in each gathering to continuously monitor the quality of water. The team consists of members from the local communities in the South.



Collecting garbage in Shatila Camp

The teams participated in various monitoring, implementation and evaluation activities. The main task of the team was to inspect on a daily basis the water system in order to detect any potential source of pollution of the ground water, leakages in the sewer network and any activities which might pollute nearby water supplies. It constitutes a **liaison between PARD and the community in collecting data about potential pollutants for water supply in every gathering.**

Responsibilities were distributed among team members whereby PARD's Supervisor was responsible for the preparation of the sampling bottles and both the local community member and the popular committee member collected the samples. The collected samples were delivered at the environment core laboratory of the American University of Beirut (AUB). The AUB charged PARD for each analysis separately. The teams were responsible for the chlorination of water where needed.

Objective (3):

Control communicable and non-communicable diseases

Activities:

Activity (1): Raising awareness on health issues

Raising awareness on health issues is one of the most important activities implemented by PARD. Prevention of diseases is not linked solely to preventive activities such as solid waste collection and water control, but rather to the proper understanding of simple methods at family levels on how to prevent them. Sources of diseases are clarified and methods of prevention are explained. Targeted group learn how not to get sick by changing their behavior towards healthy habits and environment.

Subjects covered in raising awareness include several themes, such as reproductive health (16 subjects), protection of environment, child diseases, contagious diseases, chronic diseases, and others.

Target groups are mainly women, children, youth and beneficiaries of other local NGOs.

Methodology used in raising awareness includes brainstorming, role playing, open discussion, practical implementation of lessons taught. Audio visual materials are used to illustrate the lessons such as transparencies, slides projection, video films, posters, brochures and pamphlets. Geographically, raising awareness spread to all Beirut gatherings, including Shatila camp, all the ten South gatherings and Dbayeh camp.

The staff implementing the project includes six community health workers (health educators). This staff coordinates with the following:

- PARD staff environmental health program.
- PARD staff in mother and children care program.
- Popular Committees in all gatherings.
- Local NGOs.
- International organizations mainly UNRWA and UNICEF.

For the year 2007, 972 women, 474 children, 196 male and female youth received health education lessons. Moreover, 6 NGOs benefited from health lessons with 315 beneficiaries. (see *schedules No. 4, 5, 6, 7, 8, 9, 10*).

**Health Education Lectures
Women- Beirut & Mount Lebanon
2007**

Schedule No. (4)

Location	No. of Groups	No. of Beneficiaries	No. of lectures	Subjects of lectures
Gaza Bldg 1	2	27	4	Diarrhea, Early marriage, Puberty, Hypertension, Tuberculosis, Genital Hemorrhage, Varicose, Diabetes during fasting, Uterus fiber, Osteoporosis, AIDS, Jaundice, Diabetes, Uterus Cancer, Hazards of Insecticides, Avian Influenza, Rheumatism, Involuntary urination, Anemia, Epilepsy, Measles, Allergies, Otism, Summer Fruits, Emergency in high body temperature, Genital inflammations, genital fungus, Epilepsy, Menopause, F.M.D, Tonsillitis, Systematic lupus, Bronchitis, Calcification of bones, Benefits of Vitamins, Depression, Hepatitis B, Hepatitis C, Benefits of Cabbage, Aphthons fever, Alzheimer, Poliomyelitis, Benefits of Dates, Diphtheria, Whooping cough Rabies, Small Pox
Gaza Bldg 2	2	22	4	
Gaza Bldg 3	4	10	4	
Gaza Bldg 4	2	9	1	
Daouk	4	64	11	
Said Ghawash	5	48	12	
CDC	1	15	2	
Dbayeh Camp	4	90	138	
Total	24	285	176	

**Health Education Lectures
Women- South
2007**

Schedule No. (5)

Name of Area	No. of Groups	No. of beneficiaries	No. of lectures	Subjects of lectures
Shabriha	27	10	27	Nutrition during fasting, Baby nutrition during diarrhea, Skin allergies, Essential drugs, Jaundice, Genital inflammations, Anemia, Breast cancer, food preservation, Primary head skin & hair care, Nutrition in pregnancy, Pap smear, Diabetes, Menstruation, Pregnancy Hypertension, Home accidents, Breast feeding, Cholesterol, Osteoporosis, Depression, Rodent control, Contraceptives, Menopause, Newborn care, vaccination, pregnancy
Burghuliyeh	14	45	37	
Wasta	9	15	23	
Kfar Badda	1	10	10	
Sikkeh	4	12	24	
Jal Al Bahar	6	50	13	
Taamir- Saida	1	9	3	
Qasmiyeh	7	26	11	
Izieh	3	8	3	
Aitaniyeh	3	26	6	
Jim jeem	2	12	5	
Maashouk	2	11	3	
Total	61	234	165	

**In 2007,
842 women benefited from 341 health lectures**

**Health Education-Other NGOs
Women, Youth and Children – South
2007**

Schedule No. (6)

Name of NGO	No. of Beneficiaries	Type of Beneficiaries	No. of lectures	Subjects of lectures
Union of Palestinian Women (LIPW)	33	Youth	2	Nutrition during fasting, Breast and Uterus Cancer , Genital Inflammations, Primary Teeth care, Diabetes, Protection of Environment, Nutrition, Personal Hygiene, General Cleanliness, Diarrhea, Lice Control
	18	Women	1	
Islamic Welfare Association	30	Women	1	
	25	Women	1	
	19	Children	1	
Association of Philanthropic Activities	22	Women	1	
	28	Children	1	
Reform Association	35	Women	1	
Burghuliyeh Association	22	Children	1	
	25	Children	1	
	23	Children	1	
Nabaa	30	Children	1	
Total	315		13	

Local NGOs yearly request PARD to deliver health education sessions for their beneficiaries. Accordingly, **PARD delivered 13 health lectures** on different topics on the beneficiaries of **6 local NGOs** and schools in the South including 130 women, 33 youth and 147 children from both sexes.

**Health Education Lectures
Children-Beirut & Mount Lebanon
2007**

Schedule No. (7)

Location	No. of Groups	No. of beneficiaries	No. of lectures	Subjects of lectures
CDC	2	57	6	Personal Hygiene, Proper health habits, Primary Tooth Care
Total	2	57	6	

**Health Education Lectures
Children – South
2007**

Schedule No. (8)

Name of Area	No. of Groups	No. of beneficiaries	No. of lectures	Subjects of lectures
Shabriha	4	30	7	Jaundice, Sunstroke, Nutrition pyramid, Personal Hygiene, Hygiene of environment, Hazards of smoking, Home accidents, Hazards of fireworks, primary teeth care, Diarrhea, proper healthy behavior
Burghuliyeh	7	43	10	
Wasta	4	40	6	
Qasmiyeh	2	45	3	
Sikkeh	3	25	7	
Aitaniyeh	1	17	1	
Jim jeem	1	15	1	
Jal Al Bahar	3	55	3	
Total	25	270	38	

Health education was given to 2 groups of children in Beirut, 25 groups of children in the South, once a week during the school year (on Fridays, when children do not have school) and more frequently during the summer holidays. Education activities focus on personal hygiene, proper health habits, and tooth care. Audiovisuals such as videos and posters were used to illustrate topics.

**In 2007,
327 youth benefited from 44 sessions**

**Health Education Lectures
Youth – South
2007**

Schedule No. (9)

Name of Area	No. of Groups	No. of beneficiaries	No. of lectures	Subjects of lectures
Shabriha	3	37	2	Puberty, Essential drugs, AIDS, Menstruation, Nutrition, Diabetes, Women's right, Cholesterol, Drugs addiction, Genital Inflammations, Hazards of smoking, Heart Diseases
Burghuliyeh	4	38	2	
Wasta	2	24	2	
Kfarbadda	1	23	1	
Sikkeh	4	41	3	
Total	14	163	10	

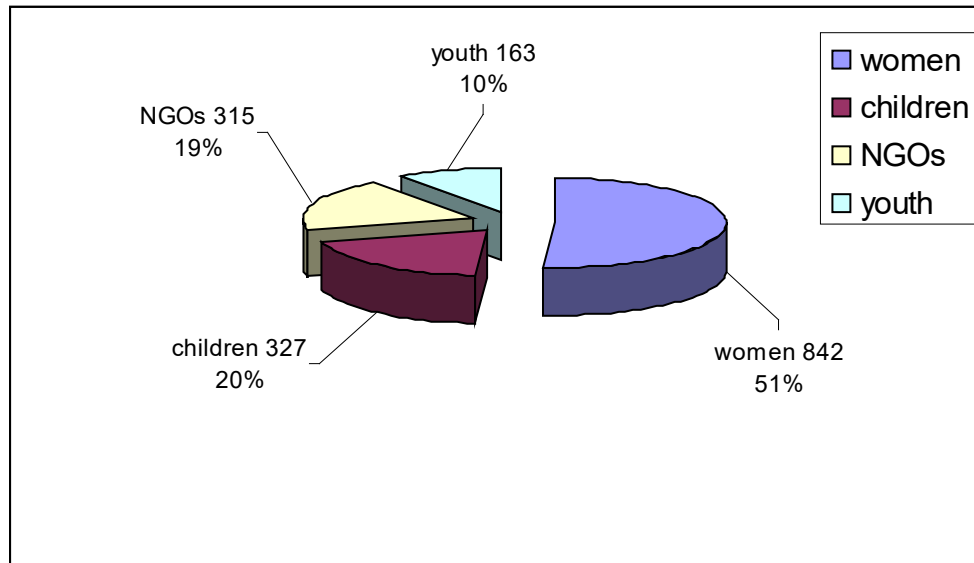
During these sessions 745 anti-lice shampoo were distributed where needed.

**In 2007,
196 youth benefited
from 12 sessions**

**In 2007,
147 children and 105 women belonging
to six NGOs benefited from 11 sessions**

Number of beneficiaries from health education sessions in Beirut & the South

Schedule No. (10)



We have a total number of **1647** beneficiaries.

In addition to regular daily health education lessons, PARD usually raises awareness in adjacency with different campaigns. For example in 2006, awareness campaigns were implemented side by side with a Pap smear campaign, and avian flu campaign.

For the year 2007, PARD conducted a **campaign in Beddawi Camp** for the Nahr El Bared camp displaced Palestinians as part of a general relief operation there.

The following activities were implemented:

1. **346 Health education lectures** were provided through PARD's community Health workers to the Nahr El Bared IDP women in the schools and displacement centers in the Baddawi camp. The lectures were given on different subjects as Personal hygiene, Prevention of Lice, Prevention of scabies and its treatment, diarrhea, Protection of the environment and its hygiene (water, prevention of pollution, Air, solid waste disposal, purification of water, insecticides), tuberculosis, measles, German measles, Common cold and Influenza, Chicken pox, Promoting breast feeding, early motherhood, prevention from home accidents, contagious diseases, prevention of worms, Diabetes, Chronic diseases, and contagious diseases. An average of 60 to 80 women attended each lecture on a daily basis from Monday to Saturday.
2. **An Awareness Campaign on Diarrhea Disease and Food Safety was conducted during August to Nahr El Bared IDPs in Baddawi camp:**
The project was a preventive measure to the foreseen problem of diarrhea outbreaks in gathering residing in poor environmental conditions. The project was planned to create public awareness on diarrhea disease causes, prevention and management of diarrhea diseases in the gatherings including schools.
3. **Promotion of Exclusive Breast feeding among pregnant women:**
17 sessions were given to 208 pregnant and newly delivered mothers on the advantages of breast-feeding for infant and mothers health and were advised on proper Breast-feeding techniques in the schools and gatherings. Also, four special visits were scheduled to 11 mothers having problems with breast feeding and counseling sessions were provided to solve the obstacles that were mainly inflammation of the nipples. In addition, incentive kits were distributed among the pregnant women.

Each women kit consisted of the following items:

No.	Item
1	Underwear (6pieces)
2	Sanitary napkins
3	Detergent
4	Soap
5	Robe
6	Milk
7	Garbage bags
8	Cloth napkins

Each newborn kit consisted of the following items:

No.	Item
1	Newborn Cloths (8 pieces)
2	Shampoo
3	Soap
4	Baby scent
5	Bathing tub
6	Diapers
7	Water bottle
8	Deflamol tubes

The staff members implementing the campaign were: one trainer, one supervisor, four community health workers. The trainer trained the local workers (IDPs) and many local girls (IDPs) residing in displacement centers.

Activity (2): Puppet Theater

One technique for conveying messages to the children aged from 6 to 14 was the **puppet theater show**. Puppet theater performances were performed during the year 2007 as follows:

1. A puppet show was performed in the Scouts' Center in Baddawi Camp in July 4, addressed to children aged 4 to 12 years. The **"The Migrant Fly"** show is about a fly that couldn't live in a clean environment so it went to a dirty environment where she was so happy and practiced its sole in transmitting diseases. The show also focuses on the proper garbage disposal methods that keep the environment clean and reduce the disease occurrence. 150 children attended the show.
2. The same show was performed in the South twice in March (425 children attended) and July (55 children attended). These children are aged 6 to 14 years.
3. 29 children in the South attended **"The princess and the rainbow"** puppet performance in July 20.

Activity (3): Capacity Building in Health Education

In 2007, the 4 community health workers (health educators) participated in many training courses, attended lectures and participated in other NGOs activities as follows:

Training Courses:

All four community health workers benefited from the following courses

- Art of drawing with children
- Drama therapy

- Women empowerment
- Vulnerability assessment
- Contacts and challenges
- Organization
- Reporting and leading team meeting
- Report writing and monitoring
- Women can do it
- Empowerment and developing family situation
- Learning and earning
- Drama for animators
- Screening and presentation of zero waste

Lectures attended:

- Lets Share Joy – Caritas
- HIV Infection
- Youth and Healthy living
- Epilepsy
- Nutrition
- Fighting climate changes
- Violence against children
- Breast Cancer

Activities shared with local NGOs:

- Street Carnival with ARCPA
- Jana Cinema Festival – ARCPA
- Janana Summer camp – ARCPA

Activity (4):

For the sake of measuring changes in behavior among targeted women participating in health education lectures with PARD, questions related to behavior in health issues were asked.

Only questions related to lessons given were asked and the answers were used as indicators.

- In Beirut 6 groups of women with 86 participants were approached.
- In the South, 162 groups of women with 356 participants were approached.

Geographically, the women approached live in the following gatherings: Gaza(1) building, Gaza(2) building, Said Gawash, Wasta, Aitaniyeh, Maashouk, Qasmiyeh, Shabriha and Jal Al Baher. (see annex no. 5)

Questions rotated around 32 health subjects. Answers were analyzed and summarized as follows:

1. Hypertension:

More than 50% of the people abide by nutritive diet, control their blood pressure and do not follow traditional recipes. Also we had a high percentage of people (77%) who discovered the symptoms of hypertension in themselves or others.

2. Diabetes:

Around 60% of the people checked their blood for diabetes. 50% of them abide by a nutritive diet, while the other 50% do not. A very high percentage (97%) practice prevention measures against accidents causing wounds or burns.

3. Cholesterol:

Only 16% of the people abide by nutritive diet, while the other 84% do not. And only 19% of them practice walking.

4. Rheumatism:

54% of the people claimed that they take their children who suffer from tonsillitis for blood tests.

5. Digestive System Diseases:

Only 25% of the people abide by nutritive diet, the other 75% answered no on this question. 71% confirmed that they control their blood pressure. And all of them said that they take their prescribed medication.

6. Anemia:

Around 51% of the people knew the symptoms of anemia (disease, headache, etc...) while the other half did not know these symptoms. 71% follow proper nutrition plan to prevent anemia which is considered a high percentage relatively.

7. Vaccination:

85% of the people were able to know what they should do after their child take a vaccination shot. And 91% of them said that they check their children's record book for vaccines to make sure appointments for vaccinations are respected.

8. Home Accidents:

87% people were able to identify some of the ways on how to prevent accidents especially burns at home. 90% of them claimed not to use juice bottles to store insecticides. 75% said that they cover electricity power sockets.

9. Primary Teeth Care

A high percentage of 92% claimed to provide their children with tooth brushes and paste. 95% of them brush their teeth daily and 92% do it twice. But only 17% of them visit the dentist regularly.

10. Street Accidents:

74% confirmed that there are many street accidents in the area where they live (since mostly there are not enough stop and go signs available). And 87% of them said that they abide by the stop and go signs if available.

11. Personal and General Hygiene:

58% of the participants claimed to observe the existence of garbage on the street where they live. Around 95% of them practice cleaning campaigns in their area. 95% declared that they tie their garbage bag tightly. 82% teach their children how to have healthy habits.

12. Nutrition:

44% of the women focus on the quality of food instead of quantity when they are pregnant, while the other 66% of them do the opposite. 43% of these women feed their babies aging less than 4 months food other than breast milk, while the other 67% depend only on the breast milk. 96% breast feed their babies for a period of a year and a half.

13. Respiratory Diseases:

All the participants claimed to take Vitamin C as prevention. 24% claimed to use medications for common colds without medical prescription.

14. Avian Flue:

Around half of the participants claimed to raise poultry at home. While all of them claimed to cook their meat well.

15. Enteric Worms:

33% of the people said that they got afflicted with enteric worms. Only 16% said that they have used medications for enteric worms. And all of them said that they use cures other than medications.

16. Lice:

98% of the participants do not use gasoline, Dettol on their heads when infested with lice.

17. Diarrhea:

76% of the people know how to prepare dehydration salts at home. 13% said they stop eating and

drinking while the other 87% said they do not, some eat only rice, yoghurt, carrot juice and boiled potatoes.

75% said that they stop breast feeding the baby in case they are in this phase, and they only feed it the already mentioned food (rice, yoghurt, carrot juice and boiled potatoes).

18. Scabies:

79% of the participants have discovered the symptoms of scabies. And 96% of them said that they consult a doctor when they see skin pimples.

19. Osteoporosis:

71% of the women were tested for osteoporosis. Around 80% of them said that they do not take medications with cortisone. And the majority said that they do not do the test every year.

20. Puberty:

All the participants claimed to discover the symptoms of puberty.

21. Women's Right:

80% of the participated women said that they share in the decision making, while 83% of them claimed to be aware of women's rights.

22. Physiology of Woman:

73% of the women are aware of the genital parts of a woman (ovaries and uterus). And 82% of them knew that the ovaries are formed when the female reaches puberty.

23. Puberty and Menstruation:

80% of the participants discovered the symptoms of puberty within their family or relatives. While 73% of them believe that teenagers who reach puberty should continue with their everyday activity.

24. Early Marriage:

70% said that in their communities, girls under 18 years old do not get married. Only 18% said that they faced problems from the early marriage.

25. Pregnancy:

Around 63% of the women took the pregnancy test. 80% found out that they were pregnant when the menstrual cycle stopped and the pregnancy test gave them positive results. All the women said that they do not take medication without their doctor's prescriptions. And 78% of these women claimed to take a bath after delivering their baby.

26. Breast Feeding:

85% of the women breast feed their children. 68% of them feed their babies other nutrients with the breast milk.

27. Newborn Care:

All the women said that they do not wrap their children completely and around 10% of them said that they use Khulul in their babies' eyes, while the other 90% do not.

28. Family Planning:

67% of the women use contraceptives, and they usually go for IUD, condoms or pills. 76% said that the doctor is the one giving them the contraceptive. 77% of them agreed with their husband on the kind of contraceptive to be used.

29. Menopause:

Around 41% of the women detected the symptoms of menopause, while the other 59% did not yet. Only 38% of these women use substitute hormones.

30. Breast Cancer:

All the participant women declared to practice self test for breast cancer. Around 1% of them discovered something during this test. 85% of these women said that they would consult a doctor in case they find anything during the self testing. And a very low percentage (around 10%) said that they do a mammography every year.

31. Uterus Cancer:

Around 71% do Pap smear. None of them had to remove her uterus. Around 79% visit a gynaecologist. A high percentage of 82 said that they would not let any doctor examine them. And a low percentage of 26 said that they suspected uterus cancer.

32. AIDS:

None of the participants knows anyone with AIDS. Only 1% considers themselves a potential victim of AIDS. And only 40% use condoms.

Wrong beliefs on health issues are usually combated through exchanging them with correct information (health education). Here are some wrong beliefs combated:

For High Blood Pressure use:

- Shoumar
- Azarole blossom (Zaarour)
- Garlic

For Breathing Problems use:

- Water vapor
- Halva (Halewe) in cloth and put on the chest
- Olive oil

For Urinary Tract Infections (women) use:

- Parsley
- Mallow
- Carbonate

For Vaccines:

- Vinegar in case of fever or any fluctuations in the baby's temperature

For Diabetes use:

- Lupine
- Wheat's blossom
- Inula Viscosa (Tayyoun)

For Intestinal Worms use:

- Sea water injections in case of any intestinal worms

For Newborn Babies:

- Put salt on babies since birth for 3 days as a preventive method for later sweat odors
- The use of the bat's blood for female babies for the reduction of hair growth later in life

Objective (4):

To raise the capacity and follow up on local women communities

Activity (1): Follow up on women groups

Four groups of women (a total of 65 women) were trained in the following geographical areas: Kfar Badda, Shabriha, Sikkeh, Wasta, Qasmiyeh, Jim Jeem, Jal Al Bahar, Burguliyeh and Aitaniyeh. Also in Beirut gatherings such as Daouk, Gaza buildings, and Said Ghawash area.

Those women were trained by PARD in years 2005, 2006 and 2007 on:

1. Team building techniques
2. Needs assessment
3. Managerial skills
4. Mapping local community

5. Advocacy and community mobilization

The same women formed other women groups. The total number of all the women committees reached about 136 women.

Indicators:

Several indicators were used to measure the progress in the women committees' situation and activities, and these were:

Indicator	Means of Verification
Women are forming groups	Attendance records, meeting minutes
Women are conducting meetings	Attendance records, meeting minutes
Women are documenting the meetings	Meeting minutes
Women are able to assess the needs of their community	Action plans
Women are able to determine the priorities	Action plans
Women are able to suggest solution for the problems	Action plans
Women are able to identify the decision makers in order to lobby them for change	Meetings with local dignitaries, NGOs, municipalities
Women are capable of delegating someone to represent them	Documentation of results of elections
Women are able to use negotiation skills to convince the authorities to help them in implanting their project	Meetings with local dignitaries, NGOs, municipalities
Women are capable of following up their cases/issues in the community	Formation of "follow-up" groups
Women are able to influence the community around them	Case Studies
Women are able to practice some activities to improve the community situation	Case Studies

In General, most of the answers were positive.

If we are to have a look at the Number of women who said yes in questions and their percentage in all the gatherings we get:

Indicator	Number of women who said yes	Percentage of women who said yes
Women are forming groups	109	84%
Women are conducting meetings	106	82%
Women are documenting the meetings	113	87%
Women are able to assess the needs of their community	110	85%
Women are able to determine the priorities	113	87%
Women are able to suggest solution for the problems	109	84%

Women are able to identify the decision makers in order to lobby them for change	105	81%
Women are capable of delegating someone to represent them	110	85%
Women are able to use negotiation skills to convince the authorities to help them in implanting their project	112	86%
Women are capable of following up their cases/issues in the community	109	84%
Women are able to influence the community around them	108	83%
Women are able to practice some activities to improve the community situation	113	87%

N.B: for further thorough look at the results of each gathering alone, see the attached Annex No.5

Activity (2): Capacity building for women

- 1- On Reproductive Health:** One woman called Sabah Al Bouhary from Beirut, who had attended PARD's empowerment course, attended a workshop on reproductive health for a period of 20 days. The course included definition, puberty, physiology of men and women, urinary tract infections, Breast Cancer, infertility, family planning, sexually transmitted diseases, child protector and safe pregnancy. She is now ready to give health education lectures to woman groups in Beirut under the supervision of PARD's community health workers.
- 2- Popular Education Combating Illiteracy:** One woman from Beirut called Bassima Chehadeh attended a workshop on popular education and combating illiteracy with EPEP. She also attended a workshop with Najdeh on empowerment of women to participate in public and political life in their communities. She is now ready to teach illiterate women from among Palestinian women refugees in displacement Gaza centers in Beirut and others.
- 3- Small Income Generating Projects:** 13 women from different South gathering who had formally attended PARD's empowerment course attended a 3-day workshop on how to put together small income generating projects. As a follow-up for the course, they have actually prepared small projects. Together with PARD, they are contacting local NGOs who support small projects to finance small loans for their projects.
- 4- Health Education:** Two Local IDPs from Naher El bared Camp called Suha and Basma attended a course prepared by AUB and welfare associations "Health Education Techniques during emergency situations." Those s girls in addition to 2 others obtained more training on health education by PARD and were employed by PARD to work in the health awareness, health behavior, personal hygiene, nutrition, safe pregnancy and breast feeding.
- 5- Health Education in PARD:** PARD has been raising awareness in about 40 health issues (subjects) for years in the South gatherings. Some women who have attended most or all the lectures and attended PARD's women's empowerment course are now ready to play the role of health educators in their own communities. So far, 4 of those women are conducting health education sessions as follows:

Location	Name of educator
Qasmiyeh	Nurse Rihab Al Ali
Jal El Baher	Adla Manasry
Jal El Baher	Alia Faour
Maashouk	Naifa Al-Haj Ali

The purpose of this education is to ensure sustainability of the project raising awareness on health issues in the South. Moreover, those women are now working as volunteers if more of their time is needed, they might become employed by PARD or other organizations.

➤ **Capacity Building for the staff of Environmental Health Program:**

The staff of this program participated in several workshops, trainings and lectures as follows:

1- Workshops:

Name of workshop	Title of attendees
Arts of drawing with children & organizing street carnivals	2 Health Educators
Jana 4 th International Festival for Cinema	Health Educator
Let's Share Joy	Health Educator
Youth & Healthy living Pack-launching event	Health Educator
Report writing & Monitoring	Health Educator
Drama in working with children	Health Educator
Puppet manufacture	1 Health Educator
Reproductive Health Project	Member of Beirut women committee

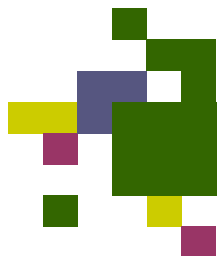
2- Trainings:

Name of training	Title of attendees
Arts of drawing with children	Health educator
Drama Therapy	Health educator
Vulnerability Assessment	2 Health Educators
Challenges & Alternatives to NGOs management	1 Health Educator
Organization	Health Educator
Women Can Do It	2 Health Educators
Women Participation in Social and Political life	2 Members of Beirut women committee
Training course on _Popular Education and Illiteracy Combating	1 Member of women committee
Training of animators for children activities	4 Health Educators
Reporting & leading team meetings	1 Health Educator
Networking & communication	Health Educator
Learning and Urning	5 Health Educators
Working with children & youth	Health Educator
Education techniques during emergency situation	2 Health educators- 4 women committee members

3- Lectures:

Name of lecture	Title of attendees
Nutrition	3 Health Educators
Reproductive Health Project	Health Educator
Screening & presentation around zero waste	4 Health Educators
Raising awareness on dangers of mines & unexploded ammunition	3 Health Educators
Fighting Climate changes: Human Solidarity in a divided world	Health Educator

Epilepsy	Health Educator
Breast cancer	3 Health Educators
Violence against children	3 Health Educators
Inclusion of disability criteria in emergency work	1 Health Educator



YOUTH & CHILD DEVELOPMENT PROGRAMME



- **Introduction**
- **First Aid Project**
- **Capacity Building**
- **Community Development Center**

Introduction

Between November 2005 and February 2006, PARD undertook a strategic planning process. The process was highly participatory and mainly involved PARD's staff, stakeholders and Board. The third strategic goal was named Youth & Child Empowerment.

Our goal is to promote youth development by encouraging youth to acquire the proper, cognitive, democratic and social skills especially related to health and environment that would consequently enable them to participate, plan and make conscious decisions concerning their lives and surroundings.

PARD believes in the concept that youth participation is the rightful involving of youth in responsible, challenging actions that meets genuine needs clearly seen within the local communities.

The youth should be allowed planning and decision making opportunities that can prepare them to understand that choices they take up have impacts that can affect them and others as well. Their constructive participation could lead into a positive chain or reaction that will be both manifested on them and other communities.

Investing in youth development is an integral part of any development or social change plan anyone wishes to embark on. Without the youth understanding, involvement and 'positive' knowledge to their context the aspirations of a community can be lost or get vague. Therefore, youth persistence and participation is a must but in able to make a significant difference, the youth should be educated and supported.

- Increased awareness, education and communication skills among Palestinian youth.
- Increased participation of youth at local communities.
- Enhanced communication and exchange with other local, regional and international communities.

PARD plans to achieve the third strategic goal and its objectives through dynamic and flexible strategies:

✓ **Strategy one:**

Develop an enhanced volunteer program with objectives targeting community support.

✓ **Strategy two:**

Develop special- focus training programs targeting youth in the unofficial camps and gatherings.

✓ **Strategy three:**

Develop communication and dialogue approaches with local, regional and international youth gatherings.

✓ **Strategy four:**

Develop a specialized educational program to prepare preteens and teens to become more responsible adolescents.

A- First Aid project

❖ Back ground

This project started in 1998 in coordination with the Norwegian People's Aid. The coordination included training, exchange visits and support, both financial and in-kind.

The first center in Shabriha was founded in 2003, the center in Beirut was established in 2005 and the center in Dbayeh camp in 2006, and the center in Burghuliyeh in 2007. The first aid teams were formed and practiced services before the centers were established.

The teams work in the following activities: self- training, training of youth from local communities, participation in PARD's campaigns (vaccination, awareness, cleaning campaigns and others), first aid services to the communities, participation in spraying insecticides and breaking of fires, support activities in national and international occasions, and participation in capacity building courses.

Dbayeh first aid team



❖ Progress at organizational level

The First Aid teams in Beirut, Shabriha, Dbayeh and Burghuliyeh met separately on a weekly basis. Assignments and responsibilities in the teams were divided as according to the schedule below. Each first aid team includes two committees and distributes responsibilities amongst all the team members.

✓ Team's Organizational Framework

Table 1:

Committee	Assignments
Training committee	Training groups on first aid Preparing health lectures Training on sexually transmitted diseases
Activities committee	Perform national activities Prepare entertaining activities Participating in general activities

✓ Team members' Organizational assignments

Table 2:

Responsibility	Assignments
Team Leader	1. Following up the execution of the team's program 2. Managing the team's meetings 3. Writing monthly reports 4. Following up the activities of the team members
Deputy Leader	1. Carry same responsibilities as the leader when the latter is absent 2. Assists the leader
Follow up and reporting	1. Reporting meetings and activities to team members 2. Following up members when absent
Supplies	1. Distributing first aid kits to members 2. Providing supplies of members
Activities	1. Preparing and performing Activities with the whole team 2. Providing first aid services
Uniform	1. Makes sure the uniform is only worn during activities and services 2. Follows up on shortages
First Aiders	Assist in providing services

❖ **Progress at operational level**

1- The **Beirut Team** conducted the following services at their center:

Table 3- a:

Type of services	No. of services (January- December 2007)
Dressing of Wounds	322
Dressing of Burns	55
Dressing of Fractures	43
Administering intra-muscular injections	5
Monitoring Blood Pressure	73
Transfer to the hospital	20
Others	15
Total	533



Beirut First Aid Team

2- The **Dbayeh Team** conducted the following services at their center:

Table 3-b:

Type of services	No. of services (January-December 2007)
Dressing of Wounds	270
Dressing of Burns	36
Dressing of Fractures	50
Administering intra-muscular injections	84
Monitoring Blood Pressure	131
Diabetes testing	63
Others	9
Total	643

3- The **Shabriha Team** conducted the following services at their center:

Table 3-c:

Type of services	No. of services (January-December 2007)
Dressing of Wounds	96
Dressing of Burns	32
Dressing of Fractures	44
Monitoring Blood Pressure	20
Total	192

4- The **Burghuliyeh Team** conducted the following services at their center:

Table 3-d:

Type of services	No. of services (January-December 2007)
Dressing of Wounds	83
Dressing of Burns	16
Dressing of Fractures	22
Total	121

5- As part of a relief operation, PARD offered first aid services to the displaced people of Nahr el Bared in Baddawi camp through setting up a first aid tent fully equipped with all the required material accompanied by trained first aiders and nurses. Below are the registered cases between May 27th and October 31st.

Type of services	No. of services (May - October 2007)
Dressing wounds	6410
Dressing burns	625
Dressing fractures	136
Monitoring Blood Pressure	213
Needle shoot	41
Handling Epilepsy cases	3
Administering oxygen shortness of breath	13
Transfer to hospital	59
Treating rashes with Deflamol ointment	52
Treating minor headaches cases with Paracetamol	100
Administering of intra Venus injection for serums	10
Removing of stitches	48
Providing first aid materials to cases moving in and out of the camp	78
Total	7788

- ❖ *Intra- Muscular injections are only performed by qualified nurses who are members of the first aid teams.*

❖ Progress at the training level

In 2007, training took place as follows:



Graduation of Sikkeh first aid team

1) Training on Basic First Aid:

Table 4-a:

When	Where	Beneficiaries
March 2007	Sikki- Saida	22 youth (6 males, 16 females)
April 2007	Bourj El Barajneh Camp- Beirut	8 youth (4 males, 4 females belonging to scout group)
April 2007	Sabra- Beirut	9 youth (males)
April 2007	Burghuliyeh- Southern Lebanon	13 youth (4 males, 9 females)
April 2007	Wasta- Southern Lebanon	14 youth (2 males, 12 females)
May 2007	Dbayeh Camp- Dbayeh	8 youth (1 male, 7 females)

July 2007	Baddawi Camp- North Lebanon	34 youth (16 males, 18 females)
September 2007	Baddawi Camp- North Lebanon	21 youth (9 males, 12 females)
December 2007	Jal El Bahr- Southern Lebanon	9 youth (1 male, 8 females)

A total of 138 youth (52 males and 86 females) were trained on basic first aid.

The course included the following:

- Personal safety
- Poisoning
- Chest injuries
- Hypothermia and Hyperthermia
- Head, neck and back injuries
- Electrical injuries
- Fire safety
- Transportation of patient under difficult circumstances
- Chemical hazard
- Wounds

2) Training on Advanced First Aid:

Table 4-b:

When	Where	Beneficiaries
May 2007	Gaza Building- Beirut	8 youth (females)
October 2007	Baddawi Camp- North Lebanon	21 youth (9 males, 12 females)

A total of 29 youth (9 males and 20 females) were trained on advanced first aid.

The subjects of the training included: personal safety, poisoning, chest injures, hypothermia and hyperthermia, head, neck and back injuries, electrical injuries, fire safety, transportation of patient under difficult circumstances, chemical hazards and wounds.

Techniques: Dolls, make up, first aid materials, flip charts.

3) Training of Trainers (TOT):

Took place during May 2007 in Dbayeh camp and Sabra. Four first aiders previously trained on advanced first aid are now trainers.

The course included the following: teaching skills, communication skills, how to plan a lecture, how to control a classroom, consideration before training, planning for a practical exercise, carrying out lectures by the trainees.

When	Where	Beneficiaries
April 4 to 7	Dbayeh Camp	4 Youth (1 male, 3 females)

During the relief operations in Baddawi camp for IDP refugees from Naher El Bared camp:

A first aid training course was done during the period June 7 to 12, 2007 in the Palestinian Scout House – Baddawi camp, while we targeted the NGOs and the clubs volunteers' all over the Baddawi and Naher El Bared Camps.

Many NGOs and Clubs participated in this course: Arab Palestinian Cultural Club, Palestinian Scout House, Beit Atfal Al Smoud, Najdeh Association, and National Association for medical services, Women Union, National Association for Vocational Training and other Individuals.

Number of participants : 34 (16 males and 18 females)
Educational levels : Secondary & University students
Age group : 17 to 27 years

4) Ambulance:

In July 2007 PARD acquired funding from Stavanger Katedralskole to purchase a van and converting it to an ambulance. The ambulance was then equipped with all necessary materials in dealing with the emergency situations. All the statements are bilingual in Arabic and English.

Staff:

A crew of eleven first aid team members and a driver were fully trained on how to use ambulance equipments and how to treat the cases transported to the hospital in the vehicles. The driver is full time employee who is also a trained first aider. There is a group of four first aiders available to the ambulance from 5:00 PM to 5:00 AM.



PARD's ambulance

B- Capacity Building

At the level of capacity building, the trainer at PARD conducted the following courses:

Table 5:

Name of course	Beneficiaries
English course	6 volunteer female first aiders in Dbayeh Camp
Role of local civil society	25 youth volunteers (5 males and 20 females) Sikkeh, Shabriha, and Burghuliyeh gatherings
<ul style="list-style-type: none"> - Vulnerability assessment - Effective communication - Organization - Project management - Leadership - Report writing and monitoring - Integration of Human Rights in NGO programs and projects - Democracy and Citizenship - Drama for animators 	Animator in CDC center + 1 st aid project leaders + youth project coordinator

In addition, in the program for Youth and child development, PARD's staff participated in the following workshops, trainings and lectures:

1- Workshops:

Name of Workshop	Position of attendees
Project Management	Animator in CDC center
Second youth coalition for electoral reform	Animator in CDC center
Jana 4 th International Festival for Cinema	Animator in CDC center
Let's Share Joy	Animator in CDC center
Youth Participation in NGO's	Youth Project Coordinator
Report writing & Monitoring	Youth Project Coordinator
Away from Home Again	Youth Project Coordinator
Democracy and citizenship	Youth Project Coordinator
Promote Community and Youth in Lebanon	Youth Project Coordinator
Drama in working with children	Animator in CDC center
Public awareness on the concept of democracy	Youth program coordinator- First Aid leader- Animator of CDC center
Educational articles about HIV transmit infection & reproductive health	Health Educator

2- Trainings:

Name of training	Position of attendees
Vulnerability Assessment	Animator in CDC center – First Aid Project Leader
Effective Communication	Animator in CDC center – First Aid Project Leader
Organization	First Aid Project Leader
Leadership Management	First Aid Project Leader
Project Management	Animator of CDC center
Training course on _Popular Education and Illiteracy Combating	Youth Program Coordinator
Learning and Urning	Youth Project coordinator
Working with children & youth	Youth program coordinator
Training of animators for children activities	Animator of CDC center- Librarian
Reporting & leading team meetings	First Aid Project leader
Networking & communication	First Aid Project leader
Vulnerability Assessment	Animator in CDC center – First Aid Project Leader
Effective Communication	Animator in CDC center – First Aid Project Leader

3- Lectures:

Name of lecture	Position of attendees
Integration of human rights in NGO programs and projects	Animator of CDC center
HIV and sexual transmit infections awareness project for the most affected classes	First Aider

C- Community Development Center

❖ Introduction

The center is located in the Displacement Center, Gaza Building 1 in the ground floor. This centre is targeting the children residing in the displacement centers of Beirut (Gaza buildings 1, 2, 3 and 4), Al Daouk area, Shatila camp and the surroundings of Sabra area.

Those children are living in adverse conditions, in which their homes constitute small rooms where six people on average reside in one room. Consequently, those children have no space for entertainment or to pursue a hobby, which is a necessity for any child's healthy growth. 114 children (both males and females) permanently participate in the activities of the centre and they are aged between 6 and 16 years old. Other children came to the center for certain events or on vacations.

❖ Goal of the center

The centers goal is to build a better world for underprivileged children, where the child starts to recognize better relationships amongst themselves, adults and the community he/she lives in. This center is aiming to positively activate the child effectively and to create a psychologically healthy growing environment for the targeted children.



❖ Objectives of the center

- To activate the appropriate social behavior and spirit of team work.
- To promote nationalistic education.
- To enhance the children's attempts to implement the principles of human rights in their daily life.
- To enable the children to improve their own conditions and the way they relate to others.
- To increase the children's capacity to improve their performance and academic achievement.
- To raise the children's awareness, to provide them with the prevention and know-how against diseases and to promote healthy habits.

Children activities in the CDC center



❖ Themes & Methodology

1- Themes:

- ✓ **Social Theme:** This theme is initiated and developed to demonstrate the appropriate social behavior of the children. This theme focuses on the following topics:
 - Healthy relationships between brothers and sisters
 - Healthy relationships amongst friends
 - Non discrimination towards children with special needs
 - Assisting the elderly
 - Non discrimination amongst family members
 - Promoting cooperation amongst children in the center during activities
 - Tolerating difference amongst people and tolerating other nationalities
 - Clarifying and explaining divorce
 - Finding the causes of early school leavers
 - Identifying "shyness" and finding ways to overcome it
 - Freedom of expression

- ✓ **National Theme:** This theme is initiated to promote nationalistic education and focuses on the following topics:
 - Palestinian History
 - Palestinian Geography
 - Nationalistic Events

- ✓ **Human Rights Theme:** Through this theme we are trying to enhance the children's attempt to implement the principles of human rights in their daily life. Two rights were focused on:
 - Non discrimination in gender, age and geography
 - Participation: between boys and girls, participating in decision making and participation in handling duties and responsibilities

- ✓ **Academic Theme:** Remedial courses were given to the students enrolled in UNRWA schools of Sabra and Shatila camp and the surrounding areas.

To implement the activities, the animator in the center is guided by ESAR which is a system of classification of games proposed by Denise Garon which helps to evaluate the competence of each game through collective analysis made together with the children. Those games are:

- Physical :

Game of chairs: its objective is to repeat motions, instant pleasure, sensory actions (sight and sound)

Fruits game: its objective is to repeat motions, balance jogging, and understand words.
- Mental:

Shuttle: a mental assembling game. Its objective is the application of the rules or principles, classification, logical sequence, simple harmonization.

2- Methodologies:

Every Friday approximately 45 children from the displacement buildings come to the center to join in various **activities** implemented through a wide range of techniques. Some of those activities include: reading and

story telling in the library, arts and handicrafts, training on the puppet theatre, awareness raising on health issues, watching films, training on advocacy, and giving remedial lessons and other activities.

Techniques used are several including acting, imitating, games, painting, coloring, dancing, singing, role playing, brainstorming, creating stories, discussing scripts of plays, photography, watching audio-visuals, practicing health issues that have been learnt, attending remedial lessons, performing with puppets etc. In the **Library** approximately 343 books were borrowed and read, in addition to the use of encyclopedias within the center.

❖ Remedial Lessons

1. Description

The project was **aimed** to improve the students whose performance was considered mediocre or less at their respective schools and at the Lebanese official exams through remedial lessons in English, Arabic, History, Geographic, Sciences and Mathematics using tuition project preparation and audiovisuals. The project aimed at building the students capabilities and improving their performance at an early stage so that they will be on the right track with a solid academic base even before sitting for the official examinations at the intermediate 9th level.

Number of people who directly benefited: 149 students.

Two courses took place: The first took place during February-March 2007 and was supported by Stavanger katedralskole. The second took place during May- July 2007 and was supported by Mennonite Central Committee.

2. Activities

The Remedial lessons were provided to the students of the 6th, 7th (two sections), 8th (two sections), and 9th (three sections) grades. PARD offered those students a weekly schedule of sessions including Arabic, English, History, Geographic, Mathematics, Life Science, Physics, and Chemistry. The schedule was distributed as six sessions daily over six days a week except for Friday where four extra sessions were provided to the 9th grade. Those students undertook Lebanese official exams at the end of the scholastic year (2006-2007). **The total success rate was 94%.**



3. Objectives

The **objective** of the program was to improve the student's performance at their schools so that they have greater success in the classroom. This has been achieved. In addition another objective was to assist ninety Palestinian students enrolled in UNRWA schools through enhancing their academic achievement as reflected in their grades was also achieved.

4. Indicators

The **project's progress indicators** were collected from the UNRWA schools Head teachers' feedback who noticed that most of the students enrolled in the remedial lessons project were showing remarkable academic progress. In addition, most of the students who attended the remedial lessons were more encouraged to continue their education since they noticed the positive effect of those sessions and the fruitful results of their efforts.

Table 6:

Grade	Students
6 th grade	56
7 th grade	31
8 th grade	31

9 th grade	31
Total	149

PARD has asked for the assistance of a computer technician to facilitate the set-up and the usage of audiovisuals during the sessions.

5. Beneficiaries and Benefits

149 students from grades 6, 7, 8 and 9 benefited from the project. These are 70 females and 79 males. They belong mostly to displaced Palestinian families and other poor Palestinian families living in the surrounding areas.

Social help has been extended for the first time for students attending remedial lessons. This social help has taken the shape of social awareness and follow up for the students who were unable to commit to their study.

6. Unexpected Benefits

In terms of benefits, parents were indirect beneficiaries of the program since they saved on paying private tuition fees for lessons provided free of charge. In addition, the students who passed official exams, who constitute 75%, have now chances of either to pursue higher levels of education or join good vocational training centers. A second Brevet round was held in August 2007, where the success rate was 24% among the previously failed students.

In addition, results from the evaluation questionnaire show that 89.3% of students said that they benefited from the remedial lessons. Also, 93.96% of students said that the remedial lessons covered the short comings of the UNRWA program, while 99 % of students said that they would participate in the next set of remedial lessons. One of the unexpected benefits was that female participation was relatively high (46.98 %).

Some other benefits included the high level of cooperation with the directors of UNRWA schools, due to their need to have better rates of success among their students, and their respect for PARD's performance in remedial lessons. The high level of discipline practiced by the student participants indicated their dedication and trust in their teachers. The constant inquiry of the participant's parents about their children's progress indicated their interest in their children's scholastic progress and their trust in PARD's performance. The availability of the audiovisual materials {Computers, LCD Projector, Overhead Projector, PowerPoint Presentation, CD's Programs for Grades 7, 8 and 9 (Rich images- Animations and audio- Amazing 3D visuals- Interactive exercises)} helped in encouraging the students, especially the shy ones, and raising their self-esteem to be able to interact to a great extent with their colleagues and to participate during the sessions and at school. Also the library aided in the participant's performance.

One of the aims was that participant students should become integrated in other activities taking place at PARD, and as the case studies indicate, this has taken place. In addition, it was noted that quieter students, who didn't usually speak in class gained confidence and began to participate in class, while a student's progress in one subject also led to improvements in other subjects. For example, a student's improvement in Math helped them solve physics problems and with their knowledge of English helped them answer science questions so that their knowledge was interrelated. The teachers also noted that students were enthusiastic and preferred the center to school because they had the opportunity to interact directly with teachers.

In terms of any negative outcomes or problems the evaluation questionnaire shows that there were a high percentage of students that were not happy with the timing of the lessons (50.34%). But actually the attendance sheet show that these problems did not affect student attendance. PARD was obliged to take into consideration the double-shift system operating at UNRWA schools and this cannot be changed, therefore PARD will keep the same schedule.

Concerning the premises, PARD has rehabilitated and enlarged the space used for remedial lessons, so there was no problem there.

7. Lessons Learnt

PARD's team working in the remedial lessons discovered that education is not enough and both the NGO and

the teachers have to go beyond actual education to find out the sources for scholastic problems. They need to tackle these problems and when they are tackled, success is the outcome. For example the student (Mahmoud Al Hafnawi) (in the case study) who was helped and followed up to overcome his weakness in learning. Or in the other case study of the student (Mustafa Jomaa) who tended his poor family through the scholastic year.

8. Case Studies

Mahmoud Al Hafnawi is a 9th grade student who was very weak during the scholastic year, and on his way to fail in the Brevet exam. We followed him up through continuous visits from the teachers, and convinced him to commit to the remedial lessons. He succeeded in his Brevet and succeeded in perceiving the importance of learning and success in life.

Mostafa Jomaa is a 9th grade student who lives in a very poor family and is supposed to work during his scholastic year to get pocket money and to get money for the family. We did our best in following him up and helping him to accord between his study and work. He succeeded in his Brevet, and has all the needed willpower to continue his studies.

❖ Puppet Theatre:

Puppet theatre performances were performed during the year 2007 as follows:

- 1- A puppet show was performed in the Scouts' Center in Baddawi Camp in July 4, addressed to children aged 4 to 12 years. The **"The Migrant Fly"** show is about a fly that couldn't live in a clean environment so it went to a dirty environment where she was so happy and practiced its role in transmitting diseases. The show also focuses on the proper garbage disposal methods that keep the environment clean and reduce the disease occurrence. 150 children attended the show.
- 2- The same show was performed in the South twice in March (425 children attended) and July (55 child attended). These children are aged 6 to 14 years.
- 3- 29 children in the South attended **"The princess and the rainbow"** puppet theatre performance in July20.

❖ Summer Activities:

A **summer program** for two months was coordinated by 2 animators. 291 children participated. The activities were mask craft making, wood craft making, music instrument craft making, drawing, painting, writing, miming future career, open dialogue, indoor games, bibliography of Naji El Ali, hip hop party, breakfast for children and scouts day.

A similar program took place in the South, where 135 children participated. The activities included recreational games, story telling, drawing, and children rights games.

❖ Extra Activities:

In the year 2007, the following activities took place:

(a) Recreational Activities:

- ✓ A **trip** to the **River**, where 36 children participated. They were accompanied by the animator, librarian and nurse.



- ✓ A **sports day** in a yard, where 33 children participated. They played football and basket ball.
- ✓ Participation in **Janana Festival** organized by ARCPA: 23 children joined in drawing, story telling, games, reading, contests and theater watching.

(b) Specialized Activities:

- ✓ **Internally displaced children activities:** A total of 224 children from among the internally displaced children from Nahr El Bared camp and the children of Baddawi camp and Jabal El Baddawi, aged 8 to 12 years, were grouped as 50 children per group and given recreational activities.

PARD received the recreational kits as donations from UNICEF to provide the children with and to be used during the activities. Moreover PARD provided materials for handicraft activities and PARD t-shirts and casquettes to all children participants.

The activities took place during September and October 2007.

Activity	No. of children	Males	Females
Games, drawing, Domestic violence, handicrafts, trips, first aid, watching films, sports, social games, preparation for final celebration	224	135	89

(c) National Activities:

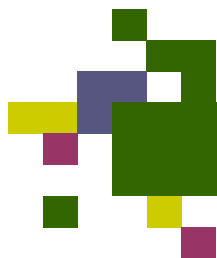
- ✓ **Nakbah Commemoration** (1948 uprooting from Palestine): A big map of Palestine was drawn on the ground. Children drew the cities and villages from where their families were displaced in 1948.
- ✓ **Earth day:** The animator explained the history of this day. The children joined in role playing.

(d) Activities on International Days:

- ✓ **The International Women Day & Child's Day** was celebrated with the women and children who regularly visit the center. All enjoyed food snacks, singing and dancing.

Photos of different activities





RELIEF PROGRAM



- **Introduction: 2006 Israeli War Recovery program**
 - **Relief Activities in the recovery phase post Israeli war**
- **Introduction: 2007 Fateh Al Islam/ Lebanese army war on Nahr El Bared Camp**
 - **Relief Activities during the displacement period in Baddawi camp**
 - **Relief Activities for the returnees to Nahr El Bared Camp**
- **Tables of donations**

Introduction: 2006 Israeli War Recovery program

During the summer of 2006, Lebanon witnessed the most destructive violent war in its history. The range of this war reached all the country from the South to the North without excluding any area. The Israeli aggression started on July 12 causing the displacement of 600,000 people from their villages to schools and displacement centers in Saida at the beginning. Few days later, the Israeli assault reached the Southern Suburb of Beirut which in turn caused the displacement of families to West and east Beirut. The wave of displacement reached the North which in turn was not less risky. The displaced families did not even have the opportunity to take essential things with them. They left their houses and lands free handed, with the clothes they have on their bodies. Most of the displaced families returned to their homes in south Lebanon and the southern suburbs of Beirut immediately following a United Nations-brokered ceasefire on 14 August 2006, though it formally ended on 8 September 2006 when Israel lifted their naval blockade of Lebanon. However the destruction of homes and infrastructure, the presence of unexploded cluster bombs, and loss of livelihoods (1200 people) are significant obstacles to the return and sustainable reintegration of displaced people.

PARD continued, through its relief program, supporting the returned IDPs in their villages, whether the Lebanese families on the border line with occupied Palestine, or the Palestinian families in the Southern gatherings on the coastal line between Saida and Tyre, in addition to the Palestinian families in Beirut (mainly the gatherings of Sabra area and Gaza Buildings).

PARD's Relief Activities Post Israeli War - Recovery Project

PARD's relief activities for the welfare of the displaced people included:

- ❖ **Medical Services & Medications through:**
 - Sabra Dispensary
 - Women's Health center- Sabra
 - Dbayeh Clinic
 - Mobile Clinic
 - Clinics of Wasta, Kfar Badda, and Shabriha (South)
- ❖ **Distribution of hygiene kits** (Beirut, Saida, Dbayeh, Tripoli)
- ❖ **Children Activities** (Southern gatherings)
- ❖ **Water and Sanitation:**
 - Water and Sanitation, Solid waste & Sewage emergency works
- ❖ **Repairing damaged houses affected by the war** (South)

Medical Services

Essential drugs were purchased and distributed upon Doctors' prescriptions to patients, with focus on women and children. Medications were offered for free for a period of 3 months after the war ended in Beirut and the Southern gatherings through PARD's clinics of Sabra, Wasta, Kfar Badda, Shabriha, and the mobile clinic.

Distribution of Relief Kits

➤ Distribution of school kits:

PARD distributed 6957 schools kits over the Lebanese and Palestinian students aged 6 to 18 years and belonging to underprivileged Palestinian and Lebanese families affected by the war as follows:

Location	Quantity distributed
Gaza Buildings (1,2,3,4)	174
Daouk camp	148
CDC Center (PARD)*	35
3 Kindergartens related to Palestinian Women's Union	519

(South)	
UNRWA schools in the North	4385
9 Lebanese Southern Villages	2696
Diverse Palestinian hardship cases	170
Total	8127

* CDC center is PARD's community Development Center with multi purposes and activities for Palestinian children, youth and women beneficiaries in Beirut.

♦ **Distribution of full fat milk and low fat milk:**

PARD distributed 460 packs of low fat milk and 825 packs of full fat milk. The main aim of this distribution was improving nutrition for the targeted afflicted groups with focus on Women, Children and Babies. These packs were distributed as follows:

Beneficiaries	Location	Quantity distributed
Low Fat Milk		
Children	5 Southern Gatherings	218
Babies	PARD's clinics	242
Total		460
Full Fat Milk		
Pregnant Women	Southern Gatherings	422
	Beirut Gatherings	244
	PARD's clinics	159
Total		825

♦ **Distribution of Olive oil:**

Olive oil is a highly nutritive material full with monounsaturated fatty acids and ant oxidative substances. For its highly beneficial health effects, PARD distributed 3766 kits per family of olive oil over the Southern gatherings and the gatherings in Beirut. A total of 2232 Palestinian families residing in the Southern gathering and 1534 residing in Beirut have benefited from this distribution. This activity was of dual benefit, for the people of the gatherings benefiting from olive oil and the Lebanese farmers benefiting from their products disposal.



Photos of distribution

◆ **Distribution of Blankets:**

As a winterization precaution, PARD distributed 5512 blankets over 2232 families in the Southern gatherings.

➤ **Distribution of Diapers:**

462 diaper bags were distributed over the babies (aged 0 to 3 years) and pregnant women in the following Southern gatherings: Wasta, Aitaniyeh, Kfar Badda, Jim Jeem, Burghuliyeh.

➤ **Distribution of clothes kits:**

Full Clothes kits for babies and children (aged 0 -18 years) have been distributed over the children in the Southern gatherings, Beirut gatherings, and Dbayeh camp. The total number of beneficiaries from the clothes distribution in the Southern gatherings is 3473 and in Beirut and Dbayeh is 225. Each kits consisted of underwear, Jeans, Sweatshirt, Jogging suit, jacket and shoes.

➤ **Distribution of Hygiene kits:**

2100 Relief kits, each containing tooth paste, teeth brushes, towel, shampoo, nail cutter, hair brush, washing powder, soap and other necessary relief items inside a big bucket, were distributed over the South gatherings (*Jal El Bahr, Sikkeh*), Beirut gatherings (*the four Gaza Buildings, Daouk*), UNRWA Social Support Office (*Bourj El Barajneh Camp*) and Different Hardship cases.

➤ **Distribution of Personal Hygiene kits:**

10 000 Health kits, each consisting of a texture bag containing a small towel, soap, teeth brush and tooth paste, nail cutter, and hair brush for personal use; were distributed for the patients in PARD's clinics, and also as incentives during the Health education lectures for women, youth and children in the Southern and Beirut gatherings.



Table of distributions:

Relief items	Location of distribution	Quantity distributed	Date of distribution
School kits	Beirut (<i>Gaza Buildings, Daouk and CDC center</i>) <i>Karmel UN School- Mount Lebanon, Al Kabri UN School- Mar Elias camp, Haifa UN School, Ein el Helweh KG, Naher el Bared camp KG, Beddawi camp KG, UNRWA Schools in North Lebanon</i> Southern Villages on the border line (<i>Qantara, Deir Seryan, Bani Hayyan, Rob Tlatin, Markaba, Adayseh, Hola, Kfar Shouba & Hilta</i>) Diverse Palestinian Hardship cases	8127 kits	September 2006-February 2007
Full fat milk	South gatherings (<i>Wasta, Aitaniyeh, Kfar Badda, Jim Jeem, Burghuliyeh</i>)	825 kits	November 2006-February 2007
Low fat milk		460 kits	
Olive Oil tanks	Beirut (<i>Gaza buildings</i>) South gatherings (<i>Kfar Badda, Burghuliyeh, Shabriha, Wasta, Aitaniyeh, Jim Jeem, Qasmieh,</i>	3766 kits	December 2006-January 2007

	<i>Maashouk, Jal El Baher, Sikkeh)</i> Diverse hardship cases		
Blankets	Southern gatherings	5512 kits	<i>January 2007</i>
Diapers	South gatherings (<i>Wasta, Aitaniyeh, Kfar Badda, Jim Jeem, Burghuliyeh</i>)	462 kits	<i>December 2006- January 2007</i>
Clothes kits	Gaza Buildings Dbayeh camp South gatherings	1000 babies 2800 kids	<i>January 2007</i>
Hygiene kits	South gatherings (<i>Jal El Baher, Sikkeh, Daouk</i>) Beirut (<i>Gaza Buildings</i>) <i>UNRWA Social Support Office (Bourj El Barajneh Camp)</i> Different Hardship cases	2100 kits	<i>January- February 2007</i>
Personal Hygiene kits	Patients in PARD's clinics & incentives during Health education lectures	10 000 kits	<i>January 2007</i>

Children Activities

To stimulate the soul of joy and vitality in children away from terror and war atmosphere and to learn through play, PARD conducted 6 activities under the theme "*The Tomorrow of My Dreams*" in several gatherings. The aim of these activities was to help improve the psycho-social status of the children that was affected by the post-war trauma. A total of 208 children of ages ranging between 6 and 14 years participated in these activities. The table below shows the locations in which the activities took place and the number of children in each gathering.

Location	Number of Children
Jal El Bahr	46
Nabil Badran's Center for the Disabled	30
Wasta	55
Aitanieh	28
Beirut	24
Dbayeh	25
Total	208

In addition to the children, 6 women in Aitaniyeh gathering participated in these activities as a way to express themselves.

Water and Sanitation

Solid Waste & Sewage Emergency works:

This activity was targeted at the underprivileged Palestinian refugees in Beirut and the Southern gatherings. PARD worked on improving the basic services focusing on water, solid waste and sewage emergency works. These activities started in November 2006 and were achieved in May 2007.

The activities done during 2007 were as follows:

a) Maintenance job for the water & sewage pipes:

Damages in the water and sewage networks were fixed, mainly the water pipes in Qasmiyeh and Wasta gatherings and damages in the sewage pipes in Burghuliyeh gathering. Fixing the damages was achieved by January 15, 2007.

In addition, the sewage pipelines in Daouk gathering in Beirut were maintained.

b) Removing sewage and sludge from the septic tanks in the Southern gatherings:

PARD removed the sludge from the septic tanks during February and March 2007. PARD cleaned more than 120 septic tanks from gatherings of the South.

c) Distributing Plastic Water Gallons:

PARD purchased a quantity of 1959 plastic water gallons needed to provide water from the water plant to about 980 families. PARD managed to purchase 1347 water gallons with this amount

d) Purchasing a Bobcat:

PARD purchased a Bobcat to be used in the South gatherings and in Beirut gatherings for removing accumulated debris and solid wastes.

e) Water Treatment Plant:

The water treatment plant was installed at the site in Shabriha gathering. This sub-activity was accompanied by purchasing a pick-up truck for transporting the water to the remaining gatherings and the tanks needed to store the water at the site.

f) Fixing water pump in Maashouk:

The water pump in Maashouk gathering was maintained. The pump had malfunctioned and residents of the gathering were not receiving any drinking water. So, PARD repaired this pump to fix this problem. 1916 individuals benefited from this activity.

g) Rent Truck for Garbage Collection:

PARD rented a truck for a period of 30 days to collect the accumulated solid waste from the Southern gatherings (14850 total number of beneficiaries). The solid wastes were accumulated during the July war. The entire population of the Tyre gatherings has benefited from this activity.

h) Fuel for Generators to Operate the Wells:

PARD distributed over 16500 liters of diesel to 8 Southern gatherings by February 2007 (first distribution was in 2006). In addition, the oil filters, diesel filters, and motor oil for the generators in 8 gatherings were replaced. A total of 11438 individuals benefited from this sub-activity.

Repairing Damaged Houses

Many houses in the Southern Gatherings, mainly in Jal El Bahr, were afflicted by the Israeli bombardments. Upon PARD's engineer study, PARD decided to rehabilitate a certain number of houses in Jal El Bahr.

The repairing process started mid January and was completely done by the end of February. The following works were performed:

- Cracks in 81 houses were coated and leak-proofed,
- Roofs for 39 houses were leak-proofed using asphalt roles,
- Doors for 13 houses were installed, all in Jal El Bahr thus preventing people from the winter diseases and cold due to the seepage of water from the severe cracks.

Introduction: 2007 Fateh Al Islam/ Lebanese army war on Nahr El Bared Camp

On 20 May 2007 fierce clashes between the radical group Fateh Al Islam (FAI) and the Lebanese Army (LA) erupted in Tripoli (northern Lebanon) and quickly spread to the nearby Naher el Bared camp (NBC). Due to the fighting, over 30,000 Palestinian refugees fled their homes in and around NBC, most taking refuge in the neighboring Beddawi camp (in Tripoli 15 km away from Nahr El Bared camp) and other Palestinian refugee camps in Lebanon. The struggle for control of Naher El Bared, which involved heavy aerial and artillery bombardment, was the most serious case of internal fighting in Lebanon since the end of the civil war in 1990. The government of Lebanon declared an end to hostilities on 2 September after a three month campaign during which 169 soldiers, 287 combatants and 42 civilians were killed.

Camp facilities have been seriously damaged in the course of the fighting with currently available estimates suggesting that up to 85 percent of the camp infrastructure has been fully or partially destroyed. Water services in the camp are almost certainly no longer functioning and most of the water reservoirs and tanks that serve the camp have been severely damaged. As a consequence of the displacement from NBC, the population of Beddawi camp increased from 16,000 to more than 30,000 exacerbating the already congested living conditions of the residents and overburdening the existing infrastructure. The extent of the hostilities has placed severe pressure on the refugee families hosting those displaced from NBC having scarce resources and thus reliant on cash or in-kind assistance for the basic needs.

Since the mass exodus of civilians from Naher El Bared camp at the end of May, most of the displaced have been housed in extremely overcrowded conditions in community facilities such as schools and mosques or with host families in Baddawi camp.

Even with the end of hostilities at the beginning of September 2007, displacement continues and is likely to be one very gradually reduced over the next year as people are able to return. Many families are still being sheltered in UNRWA and government school buildings with many of the displaced preferring this option to staying with host families. UNRWA's priority was to find alternative temporary shelters for this group in order to vacate the school premises in order to allow the new school year to begin with a minimum of disruption.

Starting October 10, Naher el Bared refugees started returning to their camp in installments (an average of 400 families per day). Returnee families to Nahr El Bared camp are now residing in alternative temporary displacement shelters prepared by UNRWA, located in the surrounding area of Nahr El Bared official camp since entrance to this destroyed camp is forbidden for people. This area is divided into Zones A, A', B, C, D & E, with the mass population residing in zones A and E. The surrounding area of NBC or the adjacent area which some call the "New camp" will have the capacity to engulf no more that 2000 families all in all (about 10,000 refugees). The rest will have to remain mainly in Baddawi camp or in the other 10 Palestinian camps scattered all over Lebanon for at least three more years.

PARD's Relief Activities During the Displacement Period in Baddawi Camp

PARD's relief activities for the benefit of internally displaced people of Nahr El Bared Camp, in addition to the main inhabitants of Baddawi Camp included:

- ❖ **Installation of Latrines, Heaters, Showers & a water motor**
- ❖ **Providing first aid services and Training**
- ❖ **Providing medical services in Sabra Clinic for NBC displaced people**
- ❖ **Controlling lice and scabies**
- ❖ **Maintaining proper hygienic status of the IDPs through:**
 - *Health Education,*
 - *Puppet Theatre Performance,*
 - *Awareness Campaign on Diarrhea Diseases & food safety,*
 - *Promotion of Exclusive Breast feeding among pregnant women*
- ❖ **Children Activities**
- ❖ **Distribution of relief kits and items**

Installation of Latrines, Heaters, Showers & a water motor

➤ Installation of Latrines:

After conducting a survey in Baddawi camp, PARD found out that there was an urgent need for extra latrines, especially in the UNRWA schools where a large number of families are taking shelter and with only a few toilets available for public use.

Two latrines were installed and became functional. Each latrine contains 2 basins, 2 toilets, and 2 showers. PARD assigned the usage of these latrines for women only whose little children will also be able to use it. The total number of targeted beneficiaries from this activity reached 1880 women and children. In addition, PARD and NRC collaborated and fabricated an additional latrine unit containing 6 showers.

These latrines have proven to be of extreme benefit for the target beneficiaries. The frequency of washing and bathing has increased which helped in containing the spread of diseases, especially lice and scabies between the displaced people.

➤ Installation of Heaters and Showers:

On the 29th of May, 2007, PARD conducted a field visit to Baddawi camp to assess the needs of the IDPs in the centers concerning water and sanitation. The assessment showed that heaters and showers were lacking in most of the centers. And even though showers were installed in some of the centers, yet the frequency of showering was still low because of the coldness of the water. Accordingly, PARD installed heaters and showers needed to try and control the spread of such diseases. The table below shows what PARD installed:

No. of Heaters	No. of Showers	No. of families beneficiaries
17	27	249 (about 1245 people)

The frequency of showering has increased when hot water and showers were available for the people.



Photo of water heater installed

➤ Installation of a water motor:

PARD installed a water motor for the Palestinian Crescent Club since the club's water motor, which transfers water from the ground tank to the roof tank, was not functioning properly so that the IDPs residing there were not getting enough water to shower. A total of 18 families (around 90 individuals) have benefited from this activity.

Providing First Aid Services and Training

PARD offered First Aid services to the IDPs in Baddawi Camp starting May 27th, where a first aid tent fully equipped with all the required materials was set up in the camp, and trained first aiders and nurses from PARD volunteers took charge of it.

The following cases have been registered from May through October:

Cases	No. of cases treated
Dressing of Wounds	6410
Dressing of Burns	625
Monitoring Blood Pressure	213
Intravascular Needle shots*	41

Dressing of Fractures & sports injuries	136
Handling Epilepsy cases	3
Administering oxygen for Shortness of Breath	13
Transfer to hospital	59
Treating rashes with deflamol ointment	52
Treating minor headaches with Paracetamol	100
Administering intravenous injections for Serum*	10
Removal of stitches	48
Provisions of First aid materials to cases moving in and out of the camp*	78
Total	7788

* Intramuscular and intravenous injections are only performed by qualified nurses who are volunteer members in the first aid teams.

* First aid materials for dressing of small injuries were distributed to different patients moving in and out of Baddawi camp.

PARD conducted a **training course** in Baddawi camp in collaboration with the Norwegian People's Aid on Basic First Aid Techniques. 34 active volunteers in relief operations attended the course (18 females and 16 males) from a number of NGOs working in the area. The training included theoretical and practical training on Safety and Behavior, Bleeding and wounds, Fractures, CPR, Recovery position, Burns, Intoxication, and Patient transport.

Another two **training courses on Basic and advanced First Aid techniques** were conducted. The first for 21 youth volunteers from Naher el Bared Camp IDPs, and the second for 15 scouts from Naher El Bared Scout.



The first aid tent in Baddawi camp

Providing medical services in Sabra clinic for NBC displaced families

PARD offered medical services for the displaced people of Nahr El Bared camp residing in their relatives houses in Sabra area, Gaza Buildings and other displacement centers.

PARD's general practitioner, Pediatrician, Indromologist, Undermologist, Ampthomologist, E.C.G., Endocrinology, Horology, and Orthopedic treated 61 cases (children, women and men). These patients were offered free medications prescribed by the specialists.

The most repetitive cases were fever, infections, newborn checkups, allergy, digestive system pain, and back pain.

Controlling Lice and Scabies

Prevention, Control and Management of lice and scabies in the school compounds and non school gatherings:

Anti-lice Shampoo, Anti-Scabies Lotion and Combs were distributed starting May 26th, through the First Aid tent and during the health education lectures provided by PARD's health educators to the IDPs in schools and displacement centers.

A rapid assessment on the infestation of lice and scabies conducted in July in four schools sheltering refugees of Nahr El Bared showed heavy infestation of 480 children out of 645 children in the age group of 2-6 years with lice with a prevalence 74% rate of and 29 scabies cases (4.5%).

To maintain a hygienic and healthy environment inside the rooms where the refugees were residing to prevent the spread of parasitic skin diseases among them, the following interventions were taken starting July 4 till August 14:

- Boys were persuaded to have their hair cut; NGOs partners had the initiatives to provide a hair cutting to all boys and males wishing to have the cuts.
- Mothers were persuaded to maintain cleaning standards and behavior in the rooms, including airing whatever available mattresses and linens.
- Benzyl benzoate were distributed to all families of infested refugees and they were persuaded to use it effectively and promptly.

PARD recruited 6 volunteers to follow up the intervention, and Youth cleanliness committees were established from the female refugees to follow up health promotion sessions and follow up the implementation of hygienic behaviors at the room levels where every room has the occupancy rate between 40- 70 refugees.

*** First Part:**

1. Capacity Building: 125 females in the schools were trained on the prevention and management of these infestations in order to persuade and train the mothers on the importance of prevention of lice and scabies and on the importance of proper usage of benzyl benzoate in controlling these parasites.
2. 25 sessions were given on the subjects of personal hygiene and prevention of Lice and Scabies; these were held in the school compounds three times per day for two weeks in July. At the end of this period 150 local females were trained on basic hygiene, lice and scabies prevention, diagnosis, treatment and management. These females were provided with in kind incentives (female hygienic kit).
3. Benzyl benzoate shampoo & lotion were provided to the females to treat the whole families residing in the same room. Also these females were provided on weekly basis with cleaning detergents to insure the cleanliness and proper room environment.

*** Second Part:**

The focus group became able to carry on awareness sessions to the females residing in the rooms. Each trained local girl gave one awareness session to the families residing in the rooms, with supervision from six facilitators from PARD; 150 awareness sessions on the room level were given.

*** Third Part:**

The activity of hygiene awareness for children and youth was a part of a recreational project, a total of 250 children grouped as 50 children per group were given recreational activities with one session per week on personal hygiene and cleanliness.

Health Education: Maintaining Proper Hygienic Status of the IDPs

Health Education:

On June 6th, a team consisting of 1 public health trainer, 2 community health educators from Nahr El Bared Camp, and 1 First Aider from PARD visited two UNRWA schools to observe the hygiene status and prepare for training young men and women from the IDPs on **Follow- up of hygiene measures.**

The targeted group for training included young IDPs aged 15- 24 years, who later formed health committees with the following tasks on a daily basis:

- Exposing the mattresses to air and sunshine
- Cleaning the rooms with detergents
- Supervise that children clean their hands after eating
- Supervise that the children get daily baths
- Screening children heads for lice

- Persuade mothers to report cases of scabies, lice and other diseases
- Educate mothers on how to use medications properly
- Follow-up on the use of the medications
- Re-screen the children for lice and scabies after treatment
- Receiving the medications and cleaning kits

The trainee health educators conducted health education lectures for the benefit of IDP women on different themes such as: personal hygiene, lice and scabies, diarrhea, clean environment, the importance of breast feeding, and the nutrition of pregnant women. During these lectures, 2000 extra personal hygiene kits containing teeth brush, tooth paste, towel & bath sponge were distributed in the schools.

346 Health education lectures were provided through PARD's health educators to the IDP women in the schools and displacement centers. The lectures were given on different subjects as Personal hygiene, Prevention of Lice, Prevention of scabies and its treatment, diarrhea, Protection of the environment and its hygiene (solid waste disposal, purification of water, insecticides, tuberculosis, measles, German measles, Common cold and Influenza, Chicken pox, Promoting breast feeding, early motherhood, prevention from home accidents, contagious diseases, prevention of worms, and Diabetes. An average of 60 to 80 women attended each lecture on a daily basis from Monday to Saturday.

During September, 6 health education lectures were given in the Psycho-social center related to Najdeh Association. 20 Animators and social workers attended the lectures addressing the themes related to Prevention from contagious diseases especially those that spread in winter season, and Protecting the Environment.

Health awareness was also provided to 50 children (30 females & 20 males) aged 8 to 12 years in three schools addressing the following themes: Prevention of lice and its treatment, Prevention of scabies and its treatment, diarrhea, protecting the environment, water and prevention from pollution, solid waste disposal, purification of water, insecticides.

Puppet theatre performance:

A puppet show was performed in the Scouts' Center in Baddawi Camp in July 4, addressed to children aged 6 to 12 years. The "The Migrant Fly" show is about a fly that couldn't live in a clean environment so it went to a dirty environment where she was so happy and practiced its role in transmitting diseases. The show also focuses on the proper garbage disposal methods that keep the environment clean and reduce the disease occurrence. 150 children attended the show.

Awareness Campaign on Diarrhea Disease and Food Safety during August:

The project was planned as a preventive measure to the foreseen problem of diarrhea outbreaks in gathering residing in poor environmental conditions. The project was planned to create public awareness on diarrhea disease causes, prevention and management of diarrhea diseases in the gatherings including schools.

1. The Focus group (150 females) contacted was given 50 training sessions on causes of diarrhea diseases and food safety issue, control and management of diarrhea diseases.
2. PARD staff gave 300 awareness sessions on the room levels for the mothers residing in the rooms on the two topics.
3. Posters were distributed, and educational materials were used.

Promotion of Exclusive Breast feeding among pregnant women:

1. 17 sessions were given to 208 pregnant and newly delivered mothers on the advantages of breast-feeding for infant and mothers health and women were advised on proper Breast-feeding techniques in the schools and gatherings. 97% of the women breast fed their previous children and 39 out of 43 women who delivered during this period were breastfeeding there infants.
2. Four special visits were scheduled to 11 mothers having problems with breast feeding and counseling sessions were provided to solve the obstacles that were mainly inflammation of the nipples. The mothers were advised on the management for these problems. The pregnant women were provided with 2 kilos/ month of full fat milk for her nourishment during pregnancy.
3. An incentive kit was given to every new mother upon delivery or on basis of UNRWA referral that contains a **newborn kit** and a **women kit**.
270 women kit were distributed; each consisted of the following items:

No.	Item	Quantity per kit
1	Underwear	6 pieces
2	Sanitary napkins	1 packet
3	Detergent	1 bottle
4	Soap	1 piece
5	Robe	1 piece
6	Milk	1 kg
7	Garbage bags	1 parcel
8	Cloth napkins	1 packet

248 newborn kits were distributed; each consisted of the following items:

No.	Item	Quantity per kit
1	Newborn Cloths	8 pieces
2	Baby Shampoo	1 bottle
3	Baby Soap	1 soap
4	Baby scent	1 bottle
5	Bathing tub	1 tub
6	Diapers	1 packet
7	Drinking water bottle	1 bottle
8	Deflamol tubes	1 piece for rashes

4. Mothers having children in the age group of 6 months to 3 years were provided with Emergency **Food Rations NRG-5**.
5. **Iron vitamin** (Ferrous Sulfate) drops were distributed to Mothers for their children through the Health education lectures.

Photos of Health Education lectures



Children Activities

PARD conducted several children activities with the IDP children in Baddawi camp and Jabal El Baddawi during September and October 2007. These activities were implemented as follows:

Activity	No. of children	Males	Females
Games, drawing, Domestic violence, handcrafts, trips, first aid, watching films, sports, social games, preparation for final celebration	224	135	89

During the activities, PARD distributed T- shirts to the children and secured the needed materials and games for the handcrafts.

At the end of the activities period, a graduation party was held where each participant child was given a gift to spread the atmosphere of joy and happiness in the children's souls despite the crisis they are living.

Distribution of Relief Kits and Items

◆ Distribution of Ropes and Laundry Pins:

Field visits conducted by PARD showed that IDPs lack the necessities to hang their clothing after washing them which led to either placing the cleaned clothes on dirty surfaces or avoiding washing their clothes which caused hygienic problems such as the spread of ticks and other diseases. PARD distributed ropes and pins to the IDP families in UNRWA schools and other displacement centers in Baddawi Camp. So, IDPs were more encouraged to wash their clothes more often.

◆ Distribution of Hygiene Kits:

PARD distributed hygiene kits to the residents of Nahr El Bared camp and the IDPs in the UNRWA schools and the remaining displacement centers, in addition to the IDPs staying in the houses of friends and families in Baddawi, Beirut and the South gatherings starting May 2007. The following were distributed:

- **729 Personal hygiene kits** and **disinfectant gallons** in Baddawi camp
- **52 Hygiene Buckets** (only detergents) and **water gallons** to 1400 families (7000 individual) remained besieged in Nahr El Bared camp
- **1676 Support Hygiene kits** in Baddawi camp and Shatila camp
- **1441 Hygiene kits** (full kit without plastics) in Baddawi camp
- **2807 Complete hygiene kits** (plastics & detergents) in Baddawi camp. This kit was composed of the following:

Complete Hygiene Kit	
Item	Quantity
Tooth Paste	1
Tooth Brush	5
Soap	4
Shampoo	4L
Washing powder	1kg
Detergent (Detol)	4L
Paper Tissue	1
Toilet Paper	4
Diapers	1 packet
Sanitary napkins	2 packet

Water Container (Gallon)	10L
Dust Pan	1
Garbage Bag * 30	Packet
Plastic Pale	1
Sweeper	1
Scraper	1
Towel	5
Bath sponge	1
Washing sponge	5
Plastic jug	1
Plastic Container	1

- ♦ **Distribution of Food kits:** PARD distributed Food kits to the IDPs displaced to their relatives' houses in Gaza Buildings (Beirut).
- ♦ **Distribution of covers:** PARD distributed cotton sleeping covers to the IDP families residing in the displacement shelters during June in Baddawi camp.
- ♦ **Distribution of fruits and vegetables kits:** During June, PARD distributed fruits and vegetables kits over the IDP families in Baddawi and Jabal Al Baddawi, the area surrounding Baddawi camp.



Distribution of covers



- ♦ **Distribution of copybooks and pencils:** The IDP children displaced to the Area of Sabra and Shatila camp were continuing their scholastic year in the UNRWA Schools of the area, so Copy books and Pencils were given to those students on May 30th.
- ♦ **Distribution of Kitchen kits:** 2915 kitchen kits were distributed during September to the IDP families of Nahr El Bared camp in different displacement areas: Baddawi camp, Shatila camp, Gaza Buildings and Southern Gatherings.

Distribution of fruits & vegetables kits

The kitchen kit consisted of the following items:.

Kitchen Kit		
No.	Item	Quantity per kit
1	Melamine plates	6
2	Plastic cups	6
3	Table spoons	6
4	Tea spoons	6
5	Sauce pan	2
6	Frying pan	1
7	Tea kettle 1.5 liters	1
8	Wooden spoons	2

9	Large knife	1
10	Plastic bowl	1
11	Tupperware	Set
12	Plastic water jug	1
13	Coffeepot	1

- ♦ **Distribution of Youth clothes kits:** 1400 female and male youth clothes kits were distributed during October & November over for the IDPs in the displacement schools in Baddawi camp.

The 700 Male kits was composed of the following:

Item
Shoes
Jeans
Sweat shirt
Jacket

The 700 Female kits was composed of the following:

Item
Jogging suit
Jacket
Jeans
Shoes
Head cover

PARD's Relief Activities to the Returnees in Nahr El Bared Camp

PARD's relief activities for the benefit of the returnee people of Nahr El Bared Camp, residing in the temporary shelters provided by UNRWA in the surroundings of the original camp, included:

- ❖ **Distribution of relief kits and items**
- ❖ **Water & Sanitation project**
- ❖ **Installation of water heaters**

Distribution of Relief Kits and Items

- a- **Distribution of Hygiene buckets:** 82 hygiene buckets were distributed in November to all the returnees to Nahr El Bared camp residing in the temporary shelter "Plot 23" prepared by UNRWA.
- b- **Distribution of newborn and Child kits:** starting December the 3rd, returnee and IDP newborns (0-1 year) and children (2- 10 years) received special clothing kits.

Newborn kits	
Location of distribution	No. of kits distributed
Montana Building & Jabal El Badawi	500
South Gatherings	100
Total	600

Child kits	
Location of distribution	No. of kits distributed
UNRWA Shelters & plot 23	146
Sector A & Sector A'	377
Sector B	359
Sector C	1320
Sector D & Sector E	1085
Different schools in Baddawi camp	667
Other locations & Jabal el Baddawi	1200
Other Gatherings	1146
Total	6300

The 600 Newborn kits were composed of the following:

Item
Cotton belly cover
Cotton overall
Under pants
Bath towel
Neck napkin
Small towels
Cotton Undershirt
Gauze Undershirt
Blanket

The 6300 Child kits were composed of the following:

Item
Under wear (2 pieces)
Sports shoes
Pajamas
Socks
Slippers
Face towel
Head Cascette



Distribution of child kits

- c- **Distribution of school kits:** on December 26th, PARD distributed school kits to the returnee students in Naher El Bared camp as follows:

School kits	
Location of distribution	No. of kits distributed
College International Bhanin/ Adjacent area to Naher El bared camp	275

The 275 school kits were composed of the following:

Item	Quantity
Pencils	6
Ball point pens (2 blue, 2 red, 2 green)	6
Coloring pens (box of 12 long)	1
Eraser	3
Sharpener	2
Geometry kit OR ruler	1
Note book (opp ruled)	6
Note book (opp math)	6
Pencil case	1
Drawing notebook	1
Glue stick	3
Files	6
Backpack	1
School bag	1

Plans for 2008 Relief Projects

- Installation of about 350 water heaters in UNRWA shelters plot 23, plot 774,
- WATSAN project including household connections for water and sewage, fixing parts of main water and sewage pipes, rehabilitate private wells and support self- help household water facilities.
- Provide cleaning / hygiene kits.
- Provide a medical clinic.
- Conduct a health awareness campaign with emphasis on sanitation.
- Other projects dictated by needs assessments in NBC.

➤ Capacity Building for Relief Program Staff:

The relief program coordinator attended the following training courses:

Name of training
Effective Communication
Challenges & Alternatives to NGOs management
Management & Planning
Organization
Leadership Management
Project Management
Financial Management
Monitoring & Evaluation

List of relief donors:

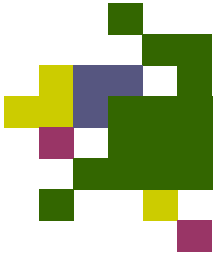
PARD would like to thank the following individuals and organizations for their support and solidarity with the Palestinian and Lebanese people during and after the July war (2006).

Names are listed in an alphabetical order:

- ✓ Canada Fund
- ✓ Group of friends from The Kingdom of Bahrain
- ✓ Health Care Society
- ✓ Krista Armstrong
- ✓ Lebanese Ministry of Health
- ✓ Libya
- ✓ Medico International – Germany
- ✓ Mennonite Central Committee
- ✓ Norwegian People’s Aid
- ✓ Oxfam – Hong Kong
- ✓ Oxfam – Great Britain
- ✓ Oxfam Novib
- ✓ Princess Bandari – Kingdom of Saudi Arabia
- ✓ Refugee International Japan
- ✓ The Welfare Association
- ✓ Youssef Jheish

Also our sincere thanking to the following organizations for their support to the IDPs of Nahr El Bared camp during the war on Nahr El Bared camp and after it stopped (2007):

- ✓ Canada Fund
- ✓ German Embassy
- ✓ Health Care Society – ANERA
- ✓ Nahr El Bared Relief Campaign - AUB
- ✓ Oxfam GB
- ✓ Solidaridad Internacional
- ✓ UNICEF
- ✓ Welfare Association



OTHER LITERATURE

- **Institutional Sustainability**
- **Capacity Building**
- **Gender Needs**
- **Coordination Forums**

Institutional Sustainability

For the sake of ensuring the best results in implementing projects, PARD carries out the following activities for monitoring and evaluation:

- Annual meeting between the administrative board and the general assembly.
- Monthly meeting for the members of the administrative board.
- Weekly meeting between the director and the program coordinators. (Meeting of the executive board).
- Weekly meetings between the coordinator and his/her projects leaders.
- Weekly meeting between the project leader and his/her team.
- Monthly field visits from members of the executive board to the locations of the project.
- Weekly field visits from the director to the different projects.
- Monthly written reports from members of the team to the program coordinator.
- Monthly written reports from the program coordinator to the director.
- Quarterly progress reports.
- Annual progress report.
- Weekly financial auditing for the projects, semi-annual and annual financial reports.
- Annual evaluation campaign including questionnaires, comparative schedules, interviews, and observations among the beneficiaries.
- External evaluation every three years.
- Capacity building and upgrading for all the staff in related topics.

➤ Organizational Needs Assessment

In January 2005 PARD undertook an organizational needs assessment. An external consulting organization ICOD, was employed to conduct the assessment. The objective of the assessment was to review PARD's structures and operations at different levels and to recommend a course of action to enhance PARD's performance and achievements. The assessment examined different elements of PARD's organizational structure including aspirations, strategies, organizational skills, human resources, systems and infrastructures, organizational structure and culture. In addition PARD's programs were also assessed and linked to the current strategies and available resources.

➤ Strategic Plan

As a result of this organizational needs assessment; PARD undertook a strategic planning process in order to implement the recommendations of the needs assessment in the latter half of 2005. One of the aims of the strategic plan was to develop a three year Action plan (2006-2008) that will inform the direction of the organization and its programs. The strategic plan defined the organizations, overall goal, mission, vision and strategic direction. This included developing three dynamic and flexible core strategies, namely Environmental Health, Health and Youth Empowerment.

➤ Action Plan

The Action Plan was developed in 2006 and will be implemented over the next three years. In this action plan PARD attempts to propose a flexible work plan that would translate its goals into practical activities that can be implemented in a reasonable timeframe. The work plan establishes a wide range of projects and activities, mechanisms of implementation, indicators, estimated costs and responsibilities. In this stage a preliminary resource plan is also proposed. All of this, taking into consideration the nature and needs of the organization.

Capacity Building

PARD's staff attended several workshops, trainings and lectures held by other NGOs and certain professional training institutions throughout the year 2007.

Reporting Period: January 2007 – December 2007

❖ Workshops attended:

Name of workshop	Position of attendees
Project Management	Animator in CDC center
Arts of drawing with children & organizing Street Carnivals	2 Health educator
Public awareness on the concept of democracy	Youth program coordinator- First Aid leader- Animator of CDC center
The First Arab Health Quality Form	Mother & Youth Program Coordinator
Jana 4 th International Festival for Cinema	Health Educator – Animator in CDC center
Let's Share Joy	Animator in CDC center – Health Educator
Educational articles about HIV Transmit infection and reproductive health	Health Educator
Youth & Healthy living Pack-launching event	Relief Coordinator – Health Educator
Youth Participation in NGO's	Youth Project Coordinator
Report writing & Monitoring	Youth Project Coordinator – 2 Project Leaders - Health Educator
Away from Home Again	Youth Project Coordinator
Cardiology for the primary care physician	General practitioner- Pediatrician
Democracy and citizenship	Youth Project Coordinator
Promote Community and Youth in Lebanon	Youth Project Coordinator
Drama in working with children	Animator in CDC center – Health Educator
Reproductive Health Project	Member of Beirut women committee
Strengthening experiences in advise & voluntary check up for AIDS	Nurse
Puppet manufacture	1 Health Educator
Second youth coalition for electoral reform	Animator

❖ Trainings attended:

Name of training	Position of attendees
Arts of drawing with children	Health educator
Drama Therapy	Health educator
Public Health in Complex Emergencies	Director
Vulnerability Assessment	2 Health Educators – Animator in CDC center – First Aid Project Leader
Effective Communication	Administrative Assistant & HR personnel - Relief Coordinator – Animator in CDC center – First Aid Project Leader

Challenges & Alternatives to NGOs management	Relief Coordinator – 1 Health Educator
Management & Planning	Administrative Assistant & HR personnel – Relief Coordinator
Organization	Relief Coordinator – Health Educator – First Aid Project Leader
Leadership Management	Relief Coordinator – First Aid Project Leader
Project Management	Administrative Assistant & HR personnel – Relief Coordinator- Animator of CDC center
Financial Management	Relief Coordinator
Monitoring & Evaluation	Administrative Assistant HR personnel – Relief Coordinator
Women Can Do It	2 Health Educators
Computer Course	Administrative & Financial Coordinator
Women Participation in Social and Political life	2 Members of Beirut women committee
Training course on _Popular Education and Illiteracy Combating	Youth Program Coordinator- 1 Member of women committee
Learning and Urning	5 Health Educators – Youth Project coordinator
Working with children & youth	Health Educator- Youth program coordinator
Education techniques during emergency situation	2 Health educators- 4 women committee members
Training of animators for children activities	4 Health Educators- Animator of CDC center- Librarian
Reporting & leading team meetings	1Health Educator- First Aid leader
Networking & communication	Health Educator- First Aid leader

❖ **Lectures attended:**

Name of Lecture	Position of attendees
Legal Status Governing daily living of Palestinian Refugees in Lebanon	Director
HIV and sexual transmit infections awareness project for the most affected classes	Animator of CDC center – Project Leader
Nutrition	3 Health Educators
Integration of human rights in NGO programs and projects	First Aider
Reproductive Health Project	Health Educator
Screening & presentation around zero waste	4 Health Educators
Fighting Climate changes: Human Solidarity in a divided world	Health Educator
Epilepsy	Health Educator
Breast cancer	3 Health Educators
Violence against children	3 Health Educators
Inclusion of disability criteria in emergency work	1 Health Educator
Raising awareness on dangers of mines & unexploded ammunition	3 Health Educators

Gender Needs

In developing countries, the health status of women remains relatively low, and since the 1980s, poverty, malnutrition, and general ill health of women have been rising. Most women in developing countries still do not have adequate basic educational opportunities and they lack the means of promoting their health, controlling their reproductive life, and improving their socio-economic status.

Palestinian refugee women in Lebanon face special difficulties, starting with insufficient education, that is, if they receive any education at all, and experiencing various health problems related to pregnancy, delivery and post-natal care. In addition they face unemployment, and low socioeconomic status etc.

➤ **Gender and Empowerment Impact Assessment**

PARD participated in the Gender and Empowerment Impact Assessment training that took place during 2003. PARD is using the manual that was developed as a result of the training to **assess the impact of its programs on women in the community**. According to the Practical and Strategic Empowerment factors table, PARD is having a considerably positive impact on women with their programs through bettering their health, enhancing their education and training, involving them as active partners, giving them an opportunity to organize and enhancing their democratic rights.

A majority (75% to 80%) of PARD's direct beneficiaries are women. PARD's activities fulfill women's gender needs by:

1. Increasing women's access to infrastructure

Through the Environmental Health Program, women have access to better quality of drinking water, continuous maintenance of sewage and water pipes, garbage collection and suction of percolating pits.

2. Improving women's health

Through its health centers, PARD gives women access to affordable health services through its Mother and Child Care Program. In addition, through health education women acquire the knowledge to better take care of their family's health, which helps better their health conditions and increases their awareness on different health issues. Moreover, the Environmental Health Program protected women's health from water born diseases, scabies, lice, rodents and infectious diseases.

11810 women benefited from specialized services in PARD's six clinics in Beirut, Dbayeh, and the South. Moreover, PARD's midwife in the South surveyed the pregnant women in 9 gatherings in the South and conducted services prenatal and post natal cases. She created patient profiles, offered practical advice and did check-ups, provided medications and milk for women and clothes for newborns. She successfully served the objective of "safe pregnancy" through those home- visits.

3. Increasing women's income opportunities

The remedial lessons in the Community Development Center (CDC) help young women succeed in their schools increasing their chance of getting academic degrees for future career plans. Also, the center offers access to different types of books through its library as well as computer education.

13 women from different South gathering who had formally attended PARD's empowerment course attended a 3-days workshop on how to put together small income generating projects. As a follow-up for the course, they have actually prepared small projects. Together with PARD, they are contacting local NGOs who support small projects to finance small loans for their projects.

4. Empowering women

Women in the target population are empowered through popular education as women that can read and write have more power. Discussion of topics such as "violence against women" creates awareness among women about their rights. Women who have been participating in health education sessions for at least three years have formed committees who meet to discuss their problems and try to come up with solutions. In addition, in 2005 PARD began a Women's Empowerment and Training course for its beneficiaries. Some of the objectives of the project included; assessing the community's needs, forming other women's groups

as activists in their communities and gaining leadership and managerial skills. Details of the course are outlined in the Environmental Health Program part of this report. So far, about 136 women are organized in women groups.

Coordination Forums

PARD is a member of three coordination forums:

1. The coordination forum of the NGOs working among the Palestinian Community has been operating since the beginnings of 1995. Its aim is to alleviate the sufferings of the Palestinian refugees in Lebanon in all aspects of their lives including the political (through lobbying), social, health, educational and economic. PARD has been a founder of this forum of 16 NGO members. As long as this forum helps its NGO members to reach a better understanding about the problems facing them and facing the communities they work with, and succeeds in complying with its aims, namely to alleviate the sufferings of the Palestinian refugees, PARD will remain an active member within it. This forum has implemented many joint projects, participated in joint training programs and participated in national and international workshops and conferences.

2. The Coordination forum of Social & Health NGOs in Saida Area was established as a result of the Israeli aggression on the South of Lebanon July 1993. PARD is one of its founders, and it has played an active role in it from the start. The number of NGOs who are part of this forum is 38 members. This forum has implemented many joint projects both for the Lebanese & Palestinians in the areas of health, social issues, education, & relief in the city of Saida and the surrounding area.

3. The Arab NGO Network for Development (ANND) was established in June 1996, with a membership of 45 networks and non-governmental organization from 12 Arab countries. The initiative for establishing ANND came from a group of Lebanese and Tunisian civil society organizations that met in 1993, during one of the preparatory meetings for the International Social Development Summit that took place in Copenhagen, in 1995. PARD has been a member of ANND since 1997. ANND is an advocacy group. Since its establishment, it has worked extensively on strengthening and shaping the role of civil society organizations in Arab countries. Currently, ANND has three main programs; Development program, Democracy program and Globalization and Trade program.

4. PARD participated in the general campaign commemorating 60 years of El Nakbah (uprooting of Palestinian people from Palestine since 1948), and 40 years of occupation of west Bank and Gaza Strip.

PARD is an active member of the "civil campaign for the commemoration of Al Nakbah" formed by members of the "forum of NGOs working in Palestinian gatherings in Lebanon", in addition to at least twenty more NGOs and organizations. We are part of the whole annual program designed to commemorate the event in all areas of Lebanon. The activities include music, poetry, painting, folklore exhibition and dancing, press conference, press releases, children activities, street carnivals, video conferences, and many others (*annex No. 7*). PARD, in the person of its director, together with another colleague, also participated in a T.V. interview concerning the role of the civil society in promoting the right to return.

5. PARD participated in the "Palestinian Civil Society Defragmentation Conference" held in Cyprus 16-18/10/2007. PARD further attended in two more follow-up meetings held in Amman/ Jordan whereby we represented the forum of Palestinian NGOs in Lebanon. Two important activities resulted from the conference and follow-up meetings:

(1) The formation of the "Forum of Palestinian Civil Society in Palestine and the Diaspora". The coordination among the members of the above mentioned forum in commemorating the 1948 Nakba and 1967 occupation.

(2) The coordination among the members of the above mentioned forum in commemorating the 1948 Nakba and 1967 occupation.

Community Participation

- A.** Women Comities in the South and in Beirut have participated as volunteers in all the questionnaires prepared by PARD and used as indicators.

Examples of such questionnaires:

- Health educating questionnaires
- Empowerment of women questionnaires.
- Patient Satisfaction questionnaire.
- Do you know what you are drinking?

- B.** Women comities and youth groups implemented all cleaning campaigns under the supervision of PARD in Beirut and the South.

- C.** Youth groups participated voluntarily in all the relief work implemented by PARD for the sake of Naher El Bared IDPs in Baddawi camp, and later for the returnees in Naher El Bared.

Examples of relief activities in Baddawi Camp serviced 7788 cases on 1st aid in addition to PARD's staff, at least 6 volunteers from among the IDP families worked as volunteers from among the IDPs.

- All relief items distributions were implemented with the help of at least 20 youth volunteers from among IDPs.
- 125 females' youth IDPs were trained on the prevention and management of lice and scabies infestations, in addition to personal and environmental hygiene. Those females resided in displacement centers (schools in Baddawi camp, their job was to monitor the proper usage of medications, level of cleanliness in their homes and common areas.

Policy and Practical changes to which PARD contributes

- ◆ PARD participates with other Palestinian NGOs in campaigns and raising awareness on the rights of the Palestinian refugees, especially their civil rights.
- ◆ Through community health education, PARD changes social believes and bad practices among the Palestinian community.
- ◆ In line with the millennium development goals, especially the 7th (environmental sustainability), the environmental health program at PARD aims at providing comprehensive health oriented projects that control physical, chemical, biological, social and psychological factors in the environment, which in turn ensure the promotion and maintenance of a state of complete physical, mental and social well being.
- ◆ In line with millennium development goals especially the 3rd (promote gender equality and empowerment of women), PARD works towards increasing the participation of Palestinian women in public lives. This will slowly *change* the stereotypes against women and help change the mentality of Palestinian community itself towards women. Some people will have better understanding of women's needs and rights, and women's participation in decision making will be enhanced. The women group trained by PARD show great potentials in taking active roles in their communities as 86% of them are able to use negotiation skills to convince others to help in their schemes or projects, 83% of them are able to influence the community around them, and 87% are able to practice some activities to improve their communities situation.

Examples:

Examples (1): The women committee in Burghuliyeh decided that a first aid center is needed in the gathering. They contacted PARD to provide first aid training. After the training was accomplished, they contacted the head of the municipality in Burghuliyeh and got permission to use one room from the municipality's building to use for first aid. The team is still functioning till the current date.

Example (2): The women committee in Jal Al Bahar gathering arranged a sit in to protest against the "river" of sewage penetrating their homes. They involved the press and articles were written about the situation in newspapers and magazines. Their second step would be to directly involve the Tyre municipality (after the raise they created around the issue).

Example (3): The women committee in Jim jeem pressured the popular committee (men) in their gathering to help provide barrels for their solid waste. The barrels are now installed and in use.

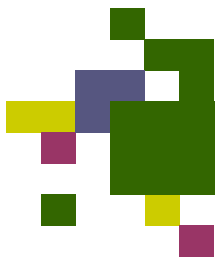
- ◆ Through services provided in the environmental program, women and children live in a relatively safe environment and have access to clean water.
 PARD's environmental health program contributes to improved water and sanitation at the Palestinian gatherings (unofficial camps) in the South and Beirut including Shatila camp, and decreases number of diseases caused by problems in water and sanitation situations. PARD takes remedial actions to provide clean water, remove solid wastes, spray insecticides, control rodents, lice and scabies, remove grey water & sludge, and maintain infrastructure. Moreover, PARD raises awareness on issues related to WATSAN among the community, with focus on women and children.
- ◆ Through health education and monitoring, the number of early marriages decreased. The participants in family planning in the clinics has increased (2006 we had 79 cases, 2007 we had 113 cases). Also 79% of the women (in the Southern gatherings) said that girls under 18 do not marry in their communities. In Beirut, 63% of the women said that girls under 18 do not marry in their communities.
- ◆ Concerning HIV/AIDS, PARD continues to education its target groups on causes and prevention especially among the youth.
- ◆ PARD's work contributes to solve many of health and environment related problems that face the Palestinian refugees living in 17 gatherings where the target group has no access to UNRWA services. Some of these problems are the water pollution, solid waste, sewage seepage, rodent's infestation, insect's infestation and the like. PARD deals with all of such problems.
- ◆ Having been the only NGO working on environment and health issues for a long term in the Palestinian gatherings (unofficial camps), PARD gained an excellent experience and has the required resources to provide valuable assistance to the Palestinian and Lebanese communities. PARD also gained experience and the resources to the manage relations with different stake holders in the gatherings.

Type of stakeholders would include:

- Popular committees
- Municipalities
- Mayors
- Youth first aid teams
- Women committees
- One local NGO operating Kindergartens

A new actor entered into the Palestinian public life in Lebanon, namely the PLO. Representatives from the PLO contacted PARD to coordinate works together in all the 17 gatherings in Beirut and the South. Since it has always been PARD's conviction that the PLO as the sole representative of the Palestinian people – should take an active role in supporting their people in the diaspora, especially in Lebanon where Palestinian are deprived of basic human rights. Accordingly many meetings have taken place between PARD and PLO representatives, and it as agreed that the PLO should cover financially the activities not covered by PARD.

- ♦ PARD focuses on women assuming active roles in humanitarian work. Women committees and youth groups (females & males) participate in organizing, distribution of materials, monitoring and evaluation of all relief operations. In Beddawi camp, with the help of some training, women of all ages from among the displaced from NBC (Bared camp) controlled the hygiene level in their rooms in schools, controlled contagious diseases and medicines administered, in addition to organizing health education sessions for pregnant women and post natal care.



ANNEXES

- ***Annex 1: Reporting Water & Sanitation Activities in Beirut***
- ***Annex 2: Reporting Water & Sanitation Activities in the South***
- ***Annex 3: Donations after 2006 Israeli war (August 2006 – January 2007)***
- ***Annex 4: Donations for IDPs of Nahr El Bared Camp (May- December 2007)***
- ***Annex 5: Statistics of PARD's target population till November 2006***



Annex1: Reporting activities in Beirut

	Shatila	Gaza Building	Daouk & Saied Ghawash	Salwa Al Hout Building
& Collecting transporting garbage	10 225 cu. Meter of domestic solid waste was collected & transported by 2 full time labors, using 1 truck & 16 refuse containers. 60% of solid waste is organic; market waste is out of project works. This activity is daily: starting at 7:00 morning & finishing at 2:00 afternoon	The families in each building organize the collection of solid waste by paying 1000 L.L. One man collects the garbage from the houses 30 cu.m of solid waste has been collected from the elevator room of Gaza building 2	The families organize the collection of solid waste by paying 1000 L.L. / month. One man collects the garbage from the houses 20 cu.m of solid wastes have been collected and transported	The families organize the collection of solid waste by paying 1000 L.L. One man collects the garbage from the houses
Cleaning the public zones	Cleaning out the rubbish and destruction wastes from closed areas between the houses, 50 cu. Meter of rubbish from 4 closed areas. This activity starts when the staff receives requests from the householders themselves	Cleaning out the stairs, the entrance of the building, the halls and the corridors of the four Gaza Buildings. This activity is done daily by 2 labors, starting from 7:00 to 9:00 a.m.	Our staff and some local volunteers clean out the playground in Daouk camp once during the report period	-
insecticides spraying	2500 liters of insecticides solution were sprayed according to a plan & schedule of spraying insecticides campaign & 416 liters were sprayed after cleaning out the public zones, and removing a bug quantity of rubbish	2083 liters of insecticides solution was sprayed in Gaza buildings according to a plan & schedule of spraying pesticides campaign. 416 liters was sprayed in the basement floor of the buildings and in the common toilets	2083 liters of insecticides solution was sprayed in Daouk & Saied Ghawash camps according to a plan & schedule of spraying insecticides campaign. 416 liters of insecticides was sprayed in some buildings in Sabra area & some NGO's centers upon their request & according to our sanitary inspections	500 liters of insecticides is sprayed in Salwa All-hout buildings according to a plan & schedule of spraying pesticides campaign
rodenticides	582 kg of rodenticides mixture was prepared and packaged in small bags, 178 bags were distributed in Shatila, especially in the destruction areas, closed areas and soma houses	166 bags of rocamin mixture were used in the basement floors of Gaza Building	-	-

out waste pumping water	-	3 to 4 cu.m of waste water was pumped daily from the basement of Gaza Bldg1. We plan to cancel all the discharge to the basement floor. 100 cu. Meter of waste water was pumped out from the basement floor in Gaza Bldgs 2 &3	-	1024 cu.m of waste water was pumped out from the basement floor
cleaning manholes	UNRWA WORK	All the manholes in the ground floor of Gaza Bldgs 1&2 were cleaned out 4 times. 4 unnecessary manholes are canceled	15.4 manholes in Daouk were cleaned out 4 times. The manholes are not working properly & need to reinstall a new sewer line in the area, the same as above	-
Removing sludge & solid wastes from septic tanks	No septic tank in Shatila camp	50.83 cu.m of sludge & solid waste was removed from the manholes & septic tank of Gaza Buildings 1 & 2	-	12 cu.m of sludge was removed from the septic tank & from the basement floor
water Cleaning tanks	The water was pumped directly from the well to the net, there are 2 main water tanks but they are out of work	-	-	-
Water disinfection	-	No system	No system	No system
Maintain sewage lines	UNRWA WORK	-	-	-

water Maintain supply lines	More than 100 pieces of pipe fittings and valves was changed according to a sanitary inspection done by the staff leader	-	-	-
new Installing sewage lines	UNRWA WORK	-	-	-
wells Maintain	-	-	-	-
Constructing new wells	No construction was done during the report period	No well was constructed, no need for additional wells	-	-
constructing new water pipelines	-	-	-	-
new Installing well pumps	No pump was installed during the report period	No pump was installed during the report period	-	-

Other activities	More than 100 cu. m of destruction waste was removed out of the camp	-	-	-
new Installing sewage pumps	No usage for sewage pump	-	-	-



Annex2: Reporting activities in the South

	Kfar Badda & Jim Jeem	Wasta & Itaniyeh	Qasmiyeh & Burghuliyeh	Shabriha & Maashouk
& Collecting transporting garbage	3840 m3 of solid waste were collected These were collected and transported by 1 truck 2 days/ week in each location	5760 m3 of solid waste were collected and transported by 1 truck 3 days/ week in each location	7680 m3 of solid waste were collected and transported by 1 truck 3 days/ week in each location	7740 m3 of solid waste were collected and transported by 1 truck 3 days/ week in each location
Cleaning the public zones	-	-	-	-
spraying insecticides	670 L of Solfac solution sprayed according to 40 days program by local volunteers under PARD supervising	730 L of Solfac solution sprayed according to 40 days program by local volunteers under PARD supervising	2500 L of Solfac solution sprayed according to 40 days program by local volunteers under PARD supervising	2700 L of Solfac solution sprayed according to 40 days program by local volunteers under PARD supervising
rodenticides	150 bags were distributed	150 bags were distributed	200 bags were distributed	250 bags were distributed
out pumping waste water	-	-	-	-

cleaning manholes	-	-	-	-
Removing sludge & solid wastes from septic tanks	<p> 42 percolating pits in Maashouk were emptied 65 times 19 percolating pits in Burghuliyeh were emptied 28 times 29 percolating pits in Kfarbadda were emptied 33 times 10 percolating pits in Qasmiyeh were emptied 31 times 11 percolating pits in Wasta were emptied 12 times 41 percolating pits in Rachidiyeh were emptied 46 times 7 percolating pits in Shabriha were emptied 10 times 6 percolating pits in Jal Bahr were emptied 11 times 8 percolating pits in Itaniyeh were emptied 8 times 7 percolating pits in Abbasiyeh were emptied 9 times </p>			

Annex 3: Donations after 2006 Israeli war (August 2006 to January 2007)

No.	Donor	Relief offered	Location	Implementation Date
1	Mennonite Central Committee	School kits (2)	UNRWA Schools South villages (Qantara- Deir Seryan- Bani Hayyan- Rob Tlatin- Markaba- Adayseh- Hola- Kfar Shouba & Hilta)	February 2007
		Relief kits	PARD's Clinics	January- February 2007
		Health kits	Beirut Gatherings (Daouk, Bourj El Barajneh) South Gatherings (Jal El Baher- Sikkeh)	
2	Refugee International Japan	Water & Sanitation including: Motor insecticides sprayer, Tractor, Annexed box, water tanks, spraying of insecticides & rodenticides, protective clothes for workers, Water examination at laboratories	South Villages (Maroun El Rass, Aytaroun, Aynata, Bint Jbeil)	November 2006
3	Oxfam GB	Child to child activities	South Gatherings (Qasmiyeh, Jal El Baher, Wasta)	January – February 2007
		Repairing Houses	South Gatherings (Jal El Baher – Shabriha)	January- February 2007
		Water & Sanitation	South Gatherings	December 2006- February 2007
		Blankets	South Gatherings	January 2007
4	Oxfam Novib	Baby's & Children Clothes	Dbayeh Camp South Gatherings Beirut Gatherings	January 2007
		Baby Diapers		
		Oil kits	South Gatherings Beirut Gatherings	December 2006 –
		Water & Sanitation	South Villages (Al Taybeh, Hola,	

			<i>Adayseh, Qantara, Deir Seryan, Bani Hayyan, Robb Tlateen, Markaba, Kfar Shouba, Hilta, Tallousa)</i>	<i>February 2007</i>
5	Oxfam HK	Blankets (with Oxfam GB)	South Gatherings	<i>January 2007</i>
		Essential Drugs	All PARD's Clinics	<i>November 2006 – January 2007</i>
		School Kits	UNRWA Schools South villages (<i>Qantara- Deir Seryan- Bani Hayyan- Rob Tlatin- Markaba- Adayseh- Hola- Kfar Shouba & Hilta</i>)	<i>February 2007</i>

Annex 4: Donations for IDPs of Nahr El Bared Camp (May- December 2007)

List of relief distributions for the Welfare of Nahr El Bared IDP families in Lebanon (May- December 2007)			
Donor	Item	Quantity	Location of distribution
Oxfam Great Britain	Latrines		Baddawi camp
	Heaters & showers		
	Water motor		
	Full fat milk	624	
	Women kits	270	
	Newborn kits	248	
	Complete Hygiene kits (plastics + detergents)	1441	Baddawi camp Gaza Buildings South gatherings
	Food kits	196	Gaza Buildings
	Youth clothes kits	1400	Baddawi camp
Canada Fund	Fruits & Vegetables kits	1200	Baddawi camp
	Hygiene kits	729	
Solidaridad Internacional	New born kit 0-1 year	600	Naher El Bared Camp
	Child kit 2-10 years	6300	Baddawi camp
	Drinking water	750	
	Kitchen kits	2915	
	Covers	600	
	Anti lice Combs	849	
	Anti lice shampoo	1169	
	Deflamol tubes	758	
UNICEF	Health Education		Baddawi camp
	Children Activities		
	Food rations (NRG-5)	360	
	Iron vitamin (Ferrous Sulfate)	1000	
German Embassy	Full hygiene kits	2807	Baddawi camp
PARD	Food parcels	2300 daily	Baddawi camp
	Bread	3000 daily	
	Anti scabies lotion	420	
	First Aid services		
	Ropes & laundry pins	1620	
	Personal hygiene kits	3000	
	Disinfectant gallons	200	
	Copy books	130	Sabra Area
	pencils	95	
	Support Hygiene kits	1676	Baddawi camp Shatila camp
	Hygiene Buckets	82	Naher El Bared (UNRWA shelters)
Health Care Society	Medicines		Baddawi camp
AUB	School kits	375	Naher El Bared camp

Annex 5: Statistics of PARD's target population**Statistics of the population in the gatherings of Beirut:**

Gathering	Number of families	Number of beneficiaries
Gaza 1	110	660
Gaza 2	42	252
Gaza 3	85	510
Gaza 4	25	150
Daouk	60	360
Saied Ghawash	431	2586
Salwa El Hout	31	186
Total	784	3920

Statistics of the population in Dbayeh Camp - Mount Lebanon:

Gathering	Number of families	Number of beneficiaries
Dbayeh Camp	425	1540

Statistics of the population in the Southern Gatherings:

Gathering	Number of families	Number of beneficiaries
Wasta	195	975
Aitaniyeh	80	400
Maashouk	510	2550
Kfar Badda	140	700
Jimjim	70	350
Burghuliyeh	630	3150
Shabriha	570	2850

Jal El Bahr and Nahr El Samer	285	1425
Qasmiyeh	490	2450
Sikkeh	450	2129
<i>Total</i>	3420	16979

