

ANNUAL REPORT 2008

POPULAR AID FOR RELIEF AND DEVELOPMENT



PARD

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INTRODUCTION TO PARD

The Popular Aid for Relief & Development (**PARD**) is an independent grassroots organization working on environmental health, medical services and on raising awareness and empowerment among the Palestinian and Lebanese communities. It was founded in 1985 under the name of "The Relief Agency" by a group of volunteers. It received official recognition under the name of Popular Aid for Relief and Development through notification number 44/AD in 23/4/1990.

The Popular Aid for Relief and Development (**PARD**) is currently working on local community development issues related to environmental health, medical services and raising awareness on health, social issues and training among Palestinian and Lebanese populations.

PARD operates a network of clinics: Sabra, Beirut (established 1986), a mobile clinic (1987) for the unregistered gatherings in South Lebanon, (Dbayeh Clinic (Feb 2002), Wasta Clinic (July 1994) and the Kfar Badda Clinic (2004). In February 2000, PARD opened a Maternity Centre in Sabra for displaced Palestinian refugees which later became women's Health clinic.

In 1987 **PARD** began to implement activities to improve the environmental health conditions of displaced Palestinians, Shatila camp in Beirut and the population of the unregistered camps in the South. This program included regular solid wastes collection, spraying of insecticides, scabies and lice control, water quality control, raising community awareness on health issues. Moreover, Health service delivery, both preventive and curative, at the primary level, is at the core of most health systems as well.

PARD provides accurate information so that communities themselves can become advocates for its improvement, ensuring practices' sustainability when involved in the planning, implementation and monitoring of any activity. This conforms to the goal of providing the Palestinian community with a better chance for combating poverty, illiteracy, chronic and acute diseases, environmental and sanitation tribulations.

PARD's ultimate goal is to empower families, especially youth and women, to manage and improve their health through a process of behavioral change, aiming at reducing child mortality and improving maternal health.

Another fundamental step to achieve population improvement was to reach the youth as well within their schools and in the core of their own families. This is done to alleviate and possibly solve the issues that might interfere with their ability to pursue the opportunity to learn in the immediate future and to promote their well-being in the later stages of their lives. This comes as a result that those children and adolescents live in adverse conditions, in which their homes constitute small rooms where six people on average reside in one area, living among parents whose mentalities do not conform to the youth's need. Consequently, those children have no space for entertainment along with a limited available platform to express their concerns and needs freely. For example, there are young women who are still treated with discrimination when compared to the opposite sex rights and freedom. On top of that, there is economic stress that results from their limited access to job opportunities.

For these reasons PARD began addressing the youth through active youth groups to improve their ability and capacity to enhance their active and meaningful participation in society. Accordingly, PARD opened a "COMMUNITY DEVELOPMENT CENTER" 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.

The centers goal is to build a better world for underprivileged children, where the child starts to recognize better relationships among themselves, adults and the community that he/she lives in. This is done by triggering positive social behavior and team work spirit that stresses on promoting the principles of human rights in their daily lives. This center is aims at positively activating the child effectively and creating a

psychologically healthy growing environment. Besides, the development of the center, PARD strives to provide the young population with the necessary principles on which their interaction with the community should be based. Accordingly, PARD administered workshops on advocacy, civic training, democracy, human rights communication and leadership in addition to raising their awareness on health issues especially communicable diseases.

PARD adheres itself to the Millennium Development Goals which include the following:

- Eradication of extreme poverty and hunger
- Achieve universal primary education: by providing remedial lessons to students to combat illiteracy and school dropping outs
- Promote gender equality and empowerment of women: through the formation of women's committees
- Reduce child mortality: through access to vaccinations
- Improve maternal health: through the mother and child health program
- Combat HIV/AIDS, malaria and other diseases: through health education for prevention
- Environmental sustainability: by providing environmental health programs
- Developing a global partnership for development: through networking with local and international NGOs and UN agencies.

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.

Beneficiaries

Palestinian refugees are one of the world's oldest refugee populations and, despite a well-established right under international law to return to their homeland – there is little prospect of this in the foreseeable future .

More than half of the Palestinian population is displaced, either living as refugees in other countries or internally displaced and remaining in the occupied West Bank and Gaza Strip .

Excluded from the international legal norms regarding refugee rights, Palestinian refugees live subject to the restrictions of their host country .Over 400 000 Palestinian refugees are registered in Lebanon, representing nearly ten percent of the country's population .Unlike neighboring Syria and Jordan, the discrimination exercised by the Lebanese authorities denies Palestinian refugees equal rights with both the Lebanese population and other residing foreigners. As such, Palestinians in Lebanon are segregated; subjected to not only a legal void but also to a state of exception .

In the 1950s, Palestinians in Lebanon were considered to be an administrative artifact governed by the Prime Minister office's Central Committee for Refugee Affairs. Nine years later they became a security artifact administrated by the Department of Palestinian Refugee Affairs (DPRA), created as an office within the Ministry of Interior. In 1962, Palestinian refugees were classified as foreigners and from the early 1990's, the political, social and civil rights of Palestinians in Lebanon have diminished significantly. Their status is largely defined by their absence of rights .

The majority of Palestinians in Lebanon reside in the 12 refugee camps mandated by the United Nations Relief and Works Agency (UNRWA) and governed by Popular Committees – a body consisting of representatives of political factions responsible for maintaining a moral authority and historically responsible for the provision of services and utilities. The officially demarcated ,poverty-stricken camps are overcrowded and suffer from inadequate basic infrastructure. A restriction on horizontal expansion and four-fold increase in the original refugee population has had a severe impact on their situation .

A sizeable number of Palestinian refugees also live in informal gatherings (settlements), predominately in rural areas, that fall outside the UNRWA mandate .

The discrimination faced by Palestinian refugees in Lebanon is clearly evidenced by their lack of rights to housing, land and property ownership .

A Law published in 2001 amended the Presidential Decree of 1969 on Foreign Acquisition of Property (hereafter the 2001 Law). The amended Law prohibits people who do "not carry a citizenship issued by a recognized state" from securing legal title to housing and land (real rights) in Lebanon.

Whilst not specifically named, this modification clearly targets Palestinian refugees in Lebanon as effectively all stateless people in Lebanon are Palestinian.

Overnight, this decree prohibited Palestinians from the right to the ownership of land and property and precludes them from transferring already purchased property and their ability to inherit.

The 2007 conflict which resulted in the near total destruction of the Nahr el-Bared Refugee Camp and surrounding areas currently presents a new challenge for the Lebanese Government relating to Palestinians' land and property rights. Whilst having expressed a commitment to rebuild the camp, they face a delicate predicament; to rebuild whilst avoiding the creation of a new legal precedent.

The discriminatory stance of the Lebanese Government towards Palestinian refugees is born from an intricate political and social national and regional context. The fragile sectarian balance, the fear of naturalization of Palestinians and the right of return of Palestinians are commonly used to validate new and existing policies, laws and attitudes.

(Reference: Legal Assessment of Palestinian HLP in Lebanon, prepared by DRC)

Gaza Compound

The Gaza Compound, a former hospital complex near the Shatila Refugee Camp in Beirut, was constructed by the Palestinian Liberation Organization (PLO) on land owned by third parties during the Lebanese civil war. In 1982, the PLO handed control of the compound over to the Palestinian Red Crescent Society (PRCS) who administered it as a hospital until 1985.

During the civil war, a number of Palestinian families, who escaped the 'War of the Camps' took shelter in the vacant units in the compound and as they settled began to invite their relatives and friends to occupy the remaining vacant units. The four-building compound, never intended for accommodation purposes, currently houses a total of 293, families. Although most inhabitants are Palestinians, a recent building survey revealed an increasing number of non-Palestinians, mainly Syrians, Iraqis and Lebanese.

A committee for each of the four buildings collectively referred to as the Buildings Committee– (similar to the Popular Committees in the camps) acts as a moral authority in the compound and ensures the provision of certain services (water, electricity, etc).

The legal status of the Gaza Compound can be summarized as follows:

- According to the Real Estate Registry neither the PLO nor the PRCS own the land. The landowners are Lebanese public institutions and private natural persons. Some interviewees reported the existence of agreements between the landowners and the PLO authorizing the latter to build on the land. There was no access to any of these agreements; however, the silence of the landowners, since construction began, may be considered grounds to presume the existence of some form of agreement.
- The compound was constructed without a legal permit and consequently the buildings were never registered with the Real Estate Registry.
- In the absence of written agreements between the PLO and the Lebanese landowners, the buildings are considered to be owned by the landowners who will not be liable to pay compensation if the construction is proven to have been undertaken in bad faith (i.e. with prior knowledge of the non-ownership of the land).
- None of the inhabitants of the buildings hold a legal document, issued by the real landowner, which would grant them the right to occupy a unit or store in the building. Hence, no inhabitant has a legal right to reside in the building.

Definition of a Gathering

Palestinian refugees in Lebanon live in many different locations. Some locations constitute just a few households in a limited area. Some live amongst Lebanese families in a larger area. Other refugees live in areas clearly separated from the Lebanese community.

Consequently, the definition of a gathering is that it:

1. has a population of Palestinian refugees, including Palestinian refugees who are reregistered by UNRWA and/or the Lebanese Government, or are not registered.
2. has no official UNRWA camp status or any other legal authority identified with responsibility for camp management;
3. Is expected to have clearly defined humanitarian and protection needs, or have a minimum of 25 households; and
4. Has a population with a sense of being a distinct group living in a geographically identifiable area.

5. A total of 39 Palestinian refugee gatherings in Lebanon were found to fall within the definition of a gathering

The assessed Palestinian refugee gatherings in Lebanon are located throughout Lebanon.

The gatherings are distributed in five main geographical areas: Bekaa Valley, North Lebanon, Mount Lebanon, and Tyre and Saida areas in South Lebanon.

The table shows that 13 % of the assessed population lives in the Bekaa area. Almost a quarter of the population of gatherings lives in the North and 6% in the central Mount Lebanon area. More than half of the assessed population lives in South Lebanon with over a third of the total gathering population living in the Saida area, and a fifth of the total gathering population living in the Tyre area. More than half (23) of the gatherings are located in South Lebanon.

Location of Beirut and South gatherings

Area	Gathering
Beirut	Daouk
	Gaza Buildings
	Saïd Ghawash
Sub-total	3 gatherings
Saida	Baraksat
	Bustan Al Kods
	Hamshari
	Jabal Al Halib
	Kinayat
	Mie w Mie surroundings
	Old Saida
	Seerob
	Sekke
	Tawari
	Wadi El Zeini
Sub-total	11 Gatherings
Tyre	Adloun
	Baysariyeh
	Burghuliyeh
	Itaniyeh
	Jal El Baheer
	Jeem Jeem
	Kfar Badda
	Maachouck
	Qasmiyeh
	Shabriha
	Wasta
Sub-total	11 gatherings
Totals	25 gatherings

PARD's Beneficiaries***Beirut*****Table1: Number of families and people living in Beirut gatherings and camps who benefit from P.A.R.D. services**

Name of Location	No. of Families	No. of People
Shatila Camp	3200	16000
Gaza 1	110	660
Gaza 2	42	252
Gaza 3	85	510
Gaza 4	25	150
Daouk	60	360
Saeed Ghawash	431	2586
Salwa Al Hout	31	186
Sub-total	3984	20704

The South**Table2: Number of families and people living in the Southern gatherings who benefit from P.A.R.D. services**

Name of Location	No. of Families	No. of People
Shabriha	570	2850
Wasta	195	975
Burghuliyeh	630	3150
Aitaniyeh	80	400
Kfar Badda	140	700
Jim Jim	70	350
Maashouk	510	2550
Jal Al Baher	285	1425
Qasmiyeh	490	2450
Sikkeh	-	1712
Sub-total	2970	14850

Mount Lebanon**Table3: Number of families and people living in the Mount Lebanon who benefit from P.A.R.D. services**

Name of Location	No. of Families	No. of People
Dbayeh Camp	375	2250
Sub-total	375	2250

Organizational structure

Most camps and gatherings are organized under the 'informal' authority of the 'Popular Committees'. The Popular Committees were created as a result of negotiations between PLO and the Lebanese authorities in Cairo, 1969, where the management of the camps was on the agenda. The gatherings will often also have a

Popular Committee, either responsible for one gathering, or responsible for a cluster of gatherings. The Popular Committees manage issues like water, electricity, health as well as interior conflicts inside the camps and gatherings. The committees furthermore coordinate major interventions with the Lebanese authorities. The basic principle for the formation of a Popular Committee is that a member of each political faction is represented in the committee. It has furthermore been a practice that each committee has a few independent representatives, typically well-respected elderly men with influence in the community.

The influence of the Popular Committees varies regionally with the strongest influence being in the south of Lebanon and the weakest being in the Bekaa and the Mount Lebanon areas. It is however, in most areas, an influential authority. Key informants in gatherings stated that the relationships with municipalities in general were good. Any problems in gatherings are preferably sought solved internally, but if that fails, the Lebanese authorities are contacted.

Population and demography

Accurate population figures of gatherings are difficult to obtain. Not two sources provide similar population figures. UNRWA figures are based on the number of registered refugees, which might be inaccurate as UNRWA is not always informed if refugees move, emigrate, or die

Household size

Only a limited number of studies provide data on household size.

The widely used FAFO study, which studied both camps and gatherings, found the average household size to be 5.3 with the gatherings having a slightly higher household size of 5.4. DRC found the average household size of Palestinian refugees to be 5.5. Both UNRWA and Fafo report that there are no major differences in household sizes between regions.

Population size

Figures on the population data are difficult to obtain and impossible to check. UNRWA (2008) reports that 416,608 registered refugees live in camps and gatherings in Lebanon.

Female/male distribution

Data from different studies on the female/male distribution varies. One reason for this variation could be the different methodologies used in the studies. It is likely to be of importance to whom and how questions regarding numbers of females living in a household are directed.

UNRWA (2003) reports a female to male distribution 51% while the MAP survey reports a population of 54%. The equal distribution reported by UNRWA report is probably due to UNRWA not always being informed if people emigrate, while the MAP survey is based on household interviews.

Age distribution

Various studies provide data on the age distribution of Palestinian refugees. In the table below, data from three studies are included. The data show that the MAP study from Southern Lebanon reports a somehow lower percentage of children less than 5 years than the other two studies.

All studies report that approximately half of the population is below 20

years.

Age	%
0-4	12
5-9	13
10-19	24
20-54	40
55+	10

Movimondo (2005)

Age	%
0-5	8
6-17	32
18-55	45
56+	14

MAP (2003)

Age	%
0-5	14
6-10	13
11-15	14
16-20	12
21-60	43
61 +	5

Readings of population pyramid from Fafo (2003)

Female headed households

The only other study reporting number of female headed households is the Fafo study, which found that 17 % of households were female, headed, the majority of which had children. Data from the assessment suggest that up to half of the households in some gatherings could be female headed, mainly in gatherings where the inhabitants seems to have limited resources, e.g. Gaza buildings, Goro and Mankouben.

Shelter**Characteristics of land/house ownership**

Five types of land ownership affect the house ownership. For each type of landownership there might be various forms of house ownership. The types of landownership and the consequent types of house ownership are described below.

Public land

Palestinians living in houses they have either built themselves, or are illegally occupying, do in general not pay rent. Palestinians living in houses located on public land "belonging" to other Palestinians, however, often pay rent. Many Palestinians living in houses on public land claim they own the house although no legal documents are available to support this claim. In cases where the authorities, having the right to the land want to use it for other purposes, the inhabitants have been threatened with eviction. No documentation of actual evictions has however been recorded during the assessment.

Lebanese private landowner

Of the Palestinians living on private land, some pay rent, while others does not. Those who pay rent are typically those who are well integrated and have had the resources to move to areas where the access to services is better.

Palestinian landowner

This group of Palestinians has bought the land, and has the necessary legal documents. However, due to law 296 they can not pass it on to their descendants.

Land owned by Palestinian organization

Only a limited number of refugees live on land owned by Palestinian organizations. This is typically land purchased decades ago with the intention of building a hospital or the like. If the inhabitants pay any rent, it is symbolic.

Other arrangements

A small number of Palestinians live in a house *pro forma* belonging to a Lebanese citizen. In table 7.1 on the next page is shown the summary findings from the 39 gatherings

Types of houses

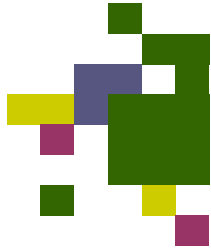
In general the houses of Palestinian refugees are made of bricks with roofing made of corrugated iron or concrete. A few households live in makeshift houses with walls and roofs made of corrugated iron and plastic. These houses are called 'simple houses'. These houses do not have an elevated floor, succumbing the inhabitants to occasional flooding.

Maintenance

Maintenance of houses is a problem in many gatherings. In gatherings with houses located on private or public land the inhabitants in many instances are not allowed by Lebanese Authorities to maintain their houses, much less expanding them. This reason for this is probably that the owners, although it is be difficult for them to evict the refugees, sees improvements of houses as a further indication that the refugees will not move. If maintenance is done anyhow the inhabitants risk a fine and demolition of the maintained part.

		Land Ownership			Housing	
Area	Gathering	Main Landowner	Pay Rent	Houses with eviction threats	% with iron sheets roofs	No of simple houses
Beirut	Daouk	Lebanese	No	None	None	None
	Gaza Buildings	Palestinian Organization	No	None	None	None
	Saiid Ghawash	Lebanese	No	10	5	None
Saida	Sekke	Public	No	None	95	None
Tyre	Burghliyah	Public/Lebanese	No	None	50	None
	Aitaniyah	Lebanese	No	None	90	None
	Jal El Baher	Public	No	14	70	None
	Jim Jim	Refugees	No	None	None	None
	Kfar Badda	Refugees	No	None	None	None
	Maachouk	Lebanese	No	None	40	None
	Qasmiyah	Lebanese	No	30	None	30
	Shabriha	Refugees	No	26 on public land	15	None
	Wasta	Lebanese	No	None	90	None

This report is the result of an assessment undertaken by the Danish Refugee Council (DRC) from March 28 to June 27, 2005 in Lebanon.



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.

According to the World Health Report 2008, "Globalization is putting the social cohesion of many countries under stress , and health systems as key constituents of the architecture of contemporary societies , are clearly not performing as well as they could and as they should. "So, there is today a recognition that population is left behind and a sense of lost opportunities that are reminiscent of what gave rise thirty years ago to Alma Ata's paradigm shift in thinking about health. The Alma Ata Conference mobilized a "Primary Health Care movement" of professionals and institutions, government and civil society organizations that undertook to tackle the " politically, socially, and economically unacceptable health inequalities in all countries."

On the whole people are healthier, wealthier and live longer today than they did 30 years ago. The once revolutionary notion of essential drugs has become common place. There have been significant improvements in access to water, sanitation, and antenatal care. This shows that progress is possible because knowledge and understanding of health are growing rapidly and accelerated technological revolution is multiplying the potential for improving health and transforming health literacy in a better educated and modernizing global society. However, there are facts that can not be ignored. First, progressing health over recent decades has been unequal because some countries are still lagging behind or losing ground. Second, the nature of health problems is changing in ways and rates that were only partially anticipated. Third, health systems are not insulated from economic and political crisis.

So, it is clear that health systems do not gravitate naturally towards the goal of health for all through primary health care, they are developing in directions that contribute little to equity and social justice and people fail to get the best health outcomes for their money.(World Health Report 2008).

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).

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.

One of PARD's community health workers attended a short course "The Struggle for Health" held from 22-3-2008 till 29-3-2008 in Cairo, Egypt and organized by The International People's Health University (IPHU) and the People's Health Movement (PHM).

Program Background

Lebanon is a small country whose 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 sectorial 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.

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 416,608 registered Palestinian refugees in Lebanon. 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.

Table1:

Field	Registered population
Jordan	1 930 703
Lebanon	416 608
Syria	456 983
Gaza Strip	1 059 584
West Bank	754 263
All Fields	4 618 141

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 and 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.

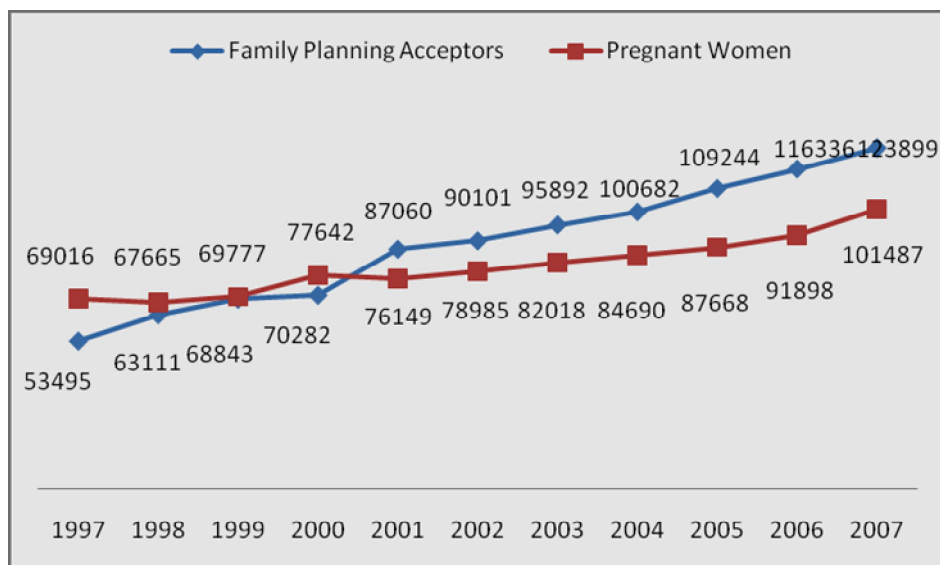
Coverage of UNRWA's antenatal care in 2007

Registered refugees (Lebanon)	413962
Expected number of pregnancies	6623
Newly registered pregnancies	5018
Coverage rate	75.8

Health: performance by indicator

Performance Indicator	Actual	Target
Infant mortality rate per 1000 live births	22	22
Child mortality rate per 1000 live births	24.4	25
Pregnant women registered at UNRWA maternal and child Health clinics during first trimester(out of all pregnant Palestinian refugee women)	72.1%	60%
Pregnant women who paid at least four visits to clinics during the antenatal period	90.3%	90%
Babies delivered by trained personnel	99.8%	98%
Women receiving post-natal care	94.6%	96%
Prevalence of contraceptive methods among mothers of infants 0 to 3 years of age attending UNRWA maternal and child health clinics	66.2%	55%
Total fertility rate	3.2	3.2
Pregnant women protected against tetanus	99.5%	Above 95%
12- month- old infants fully immunized	98.7%	Above 95%
18- month- old infants receiving all booster services	98.6%	Above 95%
Incidence of neonatal tetanus and poliomyelitis	0	0
Cure rate of smear positive TB cases	100%	100%
Average daily medical consultations per doctor	97	70
Camp shelters with access to safe water	99.8%	98%
Refugee shelters connected to underground sewerage system	85%	85%
Female medical personnel	31.6%	50%

Correlation between number of pregnant women and family planning acceptors 1997-2007



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 strategies 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 in line with the objectives of the Declaration of Alma-Ata 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 when we make sure 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, the following **goals** will be achieved:

Sabra policlinic



- 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.

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:

- people benefited from this service through 8134 visits
- The clinics established provide access to health services in areas deprived from the same services

- ✓ **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.
- 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.
- Gynecologist & obstetrics & Ultrasound services.
- Family planning services.
- Pregnancy tests.
- Provision of needed milk and supplements 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:

- women and children benefited from medical consultations and other related services through 23558 visits

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

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

Program Activities:

- (1) Upgrading the medical staff through training courses, workshops and attending lectures.
- (2) Upgrading the project officers on middle management.
- (3) Training the staff on language and computer skills

Attendant	Name of Lecture or Workshop
Program's Coordinator	*Project Cycle Management *Managerial and Behavioral Skills *Leadership in Human Resources Management *Global Health Watch and People's Health Movement Report
Project's Leaders	*Professional Correspondence and Report Writing * Women's Participation in Public and Political Life *Emergencies in Reproductive Health *Training on the Usage of Mammography *Understanding and Making Clear Our Needs for Medicine *Program Management *The Third Meeting of GynOb Societies of the Mediterranean (FGOM)
Doctors	* Performance Appraisal * Training on the Usage of Mammography
Nurses	* Plan of Action Against AIDS * Rights of People Infected with AIDS

Activities Realized	Locations	Observation
Renovation of existing centers: 4clinics have benefited from electrical maintenance, plumbing and carpentry works	Sabra clinic, Women's Health center, Dbayeh and Burghuliyeh	* Sabra clinic benefited from: plumbing, electrical maintenance, painting and carpentry * Women health center benefited from: carpentry * Dbayeh benefited from: painting, and plumbing * Burghuliyeh benefited from plumbing, painting and carpentry

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 environmental health program and the financial and administrative coordinator. It is run by 20 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, ten 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 Pediatrician with a baby

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 transfers to a contracted laboratory for culture and hormone tests.
- First Aid services, including suturing.
- Performing routine monitoring of temperature and Blood pressure.
- Electro cardiogram, abdominal & urology 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 2008, 2790 patients benefited from the clinic's services
(15806 visits including 1996 vaccinations)*

Security Issues:

Due to the conflict and security issues that happened during May in Lebanon, the clinic was closed for a few days and doctors were unable to reach the clinic and practice their usual work and check-ups for about 10 days, which led to a decrease in the number of beneficiaries in the clinic for that month.

Health Campaigns:

Measles Campaign was done for a whole week in Sabra Clinic which started on the 2nd of May through our Pediatrician in corporation with the Lebanese Ministry of Health and other NGOs. Around **250** children, males and females, ranging between 9 month and 14 years old benefited from this campaign. They were all vaccinated inside our clinic since it is a shot administered through the shoulder's muscle; that is why it should be injected inside a clinic.

Vaccination:

There is a difference in the vaccination process between PARD's clinics and UNRWA's clinics. Children in UNRWA's clinics are given the vaccines (D.P.T, Meningitis, and Hepatitis B) in three injections in the same day which causes discomfort to the children but at PARD the three vaccines are given in the same injection which decreases the degree of discomfort to the children.

Patient Satisfaction Survey:

In the year 2008 this survey was not conducted, but it will be during the first trimester of 2009.

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 five 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 lady.

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 pregnant woman with milk.
- Providing Babies with baby milk upon prescription.
- Check ups by cardiologist.
- General check-ups by a dermatologist.
- Laboratory services for all tests through a contracted laboratory.
- Electrocardiogram services and gynecology/ obstetrics 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 2008, 969 patients benefited from the clinic's services
(1584 visits including 7 vaccinations)*

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 975 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.
- Gynecological services
- 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 2008, 300 patients benefited from services at the clinic (1270 visits)

Kfar Badda Clinic

In Kfar Badda, a center was established 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 June 2008, 278 patients benefited from services at the clinic (754 visits)

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. 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
- 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
- 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:** Gynecological services to guard the health of women in general. The activities related to this include:

- Check ups for Gynecology
- Ultrasound for Gynecology
- Family Planning
- Pap smear
- Pregnancy Tests
- Routine lab tests at center and referral to contracted lab for more complicated tests.
- **Mammography** machine was installed in center to start operating by the beginning of 2009; it will be used to check on the existence of inflammation and cancer.

*In 2008,
986 women benefited from
services (9324 visits)*

Some preparations were set as standards by the "Lebanese Association for Atomic Energy" for safe use of radiation and to make sure that we do not have any flow out. So PARD prepared the proper premises. Measurements were taken such as the construction of the walls (material used), placing an air conditioner (to make sure that the temperature does not increase for the machine to operate well), etc...

After following the guidelines, an application was filled with the required documents and applied for the mentioned association to come and inspect the following:

1. Quality assurance
2. Out flow of any radiation

The measurements were taken to make sure that our mammography is operating well and safely, and to make sure that we are not putting any of our patients in danger.

Mobile clinic

In compliance with the same objective of promoting safe pregnancy, PARD employed 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 Bahar, Qasmiyeh and Burghuliyeh, Wasta, Kfar Badda, and Shabriha giving the opportunity for pregnant women residing in these areas to follow up upon the safety of themselves and their unborn babies.

The midwife alternates between the different gatherings according to a set schedule which was altered this year to include more gatherings:

Day	Location
Monday	Shabriha
Tuesday	Burgliyah
Wednesday	Shabriha & Qasmiyeh
Thursday	Jal el Bahar
Friday	Wasta & Kfar Badda

The Mobile Clinic

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 addition to that the midwife conducts visits to the pregnant women in the gatherings to check on them and guide them through their pregnancy by supplying information and distributing brochures about different problems like anemia, the importance of a healthy diet, and the dangers of smoking. She also visits the women when she knows that they are sick and can not go to the clinic. After the women give birth, she instructs them about taking care of their children and the importance of breastfeeding.

Services provided by the Mobile Clinic in Southern gatherings:

Ultra sound gynecology & Pregnancy	525	-	177	-	-	-	702
Pap smear	8	2	3	1	1	-	15
Cauterization	12	-	5	-	1	-	18
Post natal care	43	13	11	8	30	13	118
New born clothes	13	11	7	6	12	11	60
Milk for Women	61	40	30	22	65	23	241
Total	1431	214	572	111	338	148	2814
Family planning	40	7	11	1	2	-	61

*In 2008,
588 women benefited from
services provided by the clinic
(2814 visits)*

The Midwife in the Mobile Clinic



Extra Activities:

- ✓ **60 kits of baby clothing** which include underwear, overalls & blankets were distributed through the mobile clinic in the Southern gatherings to pregnant women to be used for their newborns when they deliver.
- ✓ In addition, **315 Hardship cases** were treated for free at our clinics.
- ✓ Moreover, **PARD's community health workers** educate on many health subjects to the inhabitants of the gatherings through health lectures. (Refer to table in cross cutting issues section).

Program Outputs

For the period from January to December 2008, a total of **19537** beneficiaries received consultation from our different doctors and specialists in all our above-described clinics.

Moreover, **776** first aid dressings were applied, **231** pregnancy tests, **163** E.C.G., **2409** lab tests and **3423** ultrasounds for urology and cardiograph, enterology, pregnancy and gynecology took place. Also, **2355** women received milk during their pregnancies and **85** received baby milk for their children after the lactation stage. In addition, **117** mothers received family planning services and **96** women took the Pap smear test. A total of **2003** vaccines were given to children in all of the clinics. Those vaccines included Poliomyelitis, Hepatitis A & B, M.M.R., Meningitis, Typhin, Chicken Pox, Mencivax, Pneumonia, Vaccigrippe and D.P.T. **497** cases benefited from extra services (echocardiograph, hospitalization assistance, circumcision, NST, hospitalization transfers, newborn clothes and minor surgery). All the detailed numbers of the different clinics are in annex 2.

Number of services provided by PARD health clinics from January to December 2008

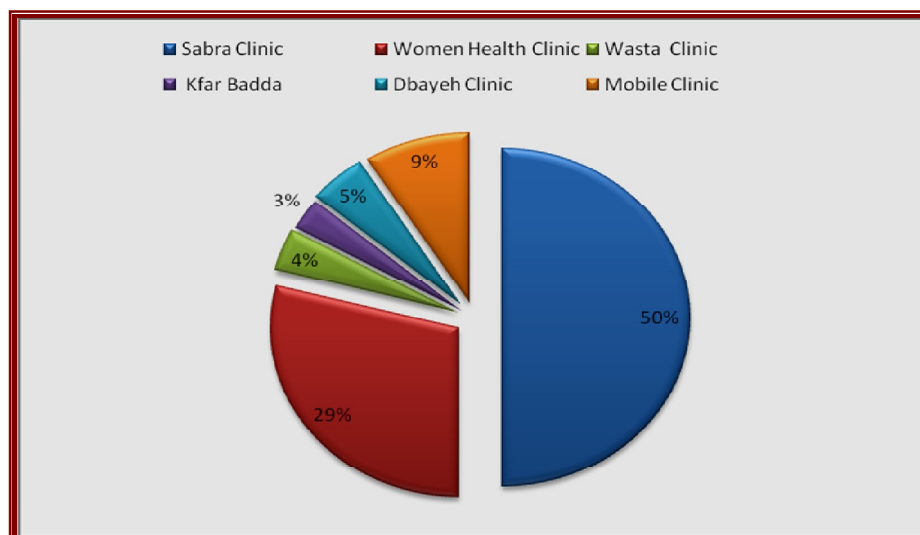
Type of Service	Sabra Clinic	Women's Health Clinic	Wasta Clinic	Kfar Badda Clinic	Dbayeh Clinic	Mobile Clinic	Total
Visits for doctors	11225	3997	884	738	976	1717	19537
Minor Surgery	-	16	-	-	-	18	34
Family Planning	-	56	-	-	-	61	117
First Aid	617	71	65	16	7	-	776
Pap Smear	-	78	-	-	3	15	96
Pregnancy Tests	-	226	-	-	5	-	231
E.C.G	111	-	5	-	47	-	163

Lab Tests	1430	290	316	-	373	-	2409
Ultrasound	172	2503	-	-	46	702	3423
Milk for babies	85	-	-	-	-	-	85
Milk for women	-	2013	-	-	101	241	2355
Hospitalization Assistance	160	-	-	-	-	140	300
No. of vaccines given	1996	-	-	-	7	-	2003
Circumcision	-	35	-	-	-	-	35
Baby Clothing		-	-	-	-	60	60
Echocardiograph	10	-	-	-	19	-	29
N.S.T	-	35	-	-	-	-	35
Hospital Transfers	-	4	-	-	-	-	4
Total	15806	9324	1270	754	1584	2954	31692

Note: Curtaige and cauterization figures are added to minor surgery figures at the Women's Health Center and at the Mobile Clinic.

Comments on Comparison list of general services in all PARD's Clinics (2007-2008):

- Numbers of check-ups by general practitioners in 2008 decreased by **0.7%** compared to 2007.
- Numbers of check-ups by specialists in 2008 increased by **20%** compared to 2007.
- Number at laboratory tests decreased by **17%** compared to 2007.
- 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 decreased by **8%** compared to 2007.
- Check-ups on women by gynecologists show **23%** decrease compared to 2007.
- Gynecology ultrasound services have increased by **11%** compared to 2007.
- Check ups for newborns and children and the growth monitoring executed during those checkups, decreased by **3%** compared to 2007. 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.

Percentage of Services per each of PARD's center

The graph shows that the work load during 2008 was concentrated mainly in the Sabra Health Care Center (50%) in the first place followed by Women's Health Center (29%) , mobile clinic (9%) , Dbayeh clinic (5%) , Wasta clinic (4%) and lastly Kfar Badda clinic (3%) .

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

Number of Patients in each clinic:

Location	No. of patients
Sabra Clinic	2790
Women Health Clinic	986
Dbayeh Clinic	969
Mobile Clinic	588
Wasta Clinic	300
Kfar Badda	278
Total	5911

A comparison list of the services provided by PARD's health clinics during the years 2005, 2006, 2007 and 2008

Activities Realized	Number of Beneficiaries				
	2004	2005	2006	2007	2008
Check-ups by general practitioners	2487	1655	1938	2024	2008
Check-ups by specialists (ophthalmology, dermatology, cardiology, orthopedics, E.N.T,	11913	8927	7439	7683	2686

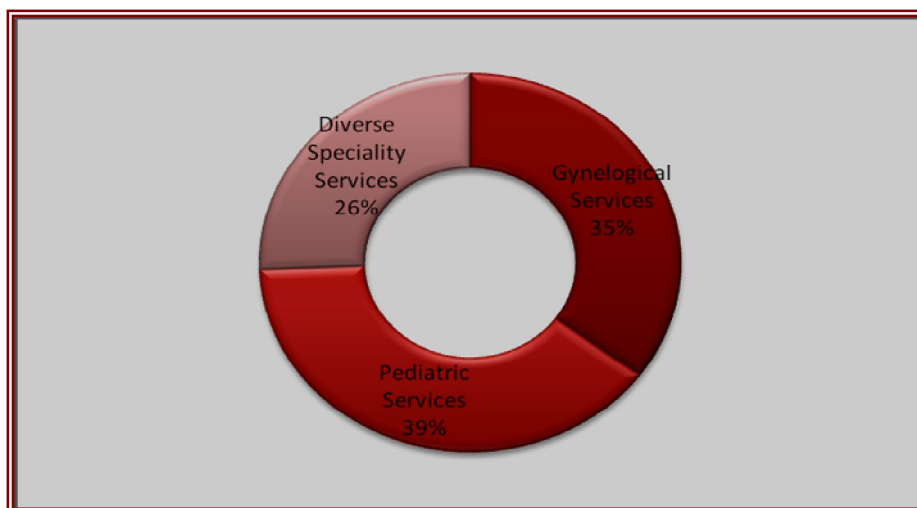
neurology, gynecology)*					
Minor Surgery	31	11	6	22	34
Laboratory services for routine services	3443	2622	2852	2667	2190
E.C.G. and ultrasound services, Echo cardiograph	E.C.G./179 Ultrasound/ 206	E.C.G./ 160 Ultrasound/ 227	E.C.G.\ 108 Ultrasound\ 142	E.C.G.\ 110 Ultrasound\ 189	E.C.G.\ 163 Ultrasound\ 179
First Aid and suturing medication	1631	1964	1242	585	705
Assistance to hospitalization through Health Care Society	252	146	168	327	300
Check ups on women by gynecologists and observations	1624	1525	2643	5459	5786
Pap smear services prescribed by the gynecologists	132	117	44	124	96
Ultrasound gynecology services	1601	1850	2003	2905	3245
Family planning services	205	73	79	113	117
Pregnancy Test	290	253	248	260	231
Provision of needed milk and supplies to women	128	1290	1434	2440	2355
Check ups for newborns and children by a pediatrician	7961	6339	5832	4641	4487
Circumcisions	40	43	49	43	35
Growth monitoring and follow up of newborns	7961	6339	5832	4641	4487
Provision of non fat milk for babies whose mothers can not breast fed, according to the doctors prescriptions	651	469	531	1492	85
Vaccination for children	3531	3521	2231	2083	2003
Baby Clothing	38	98	-	75	60
Total	42680	36104	31851	37883	31302

* Note: Gynecology consultation had been added to the figure covering check-ups by specialists in the years 2004, 2005, 2006 and 2007, but this year it wasn't added. So this year's number should be compared to 32689.

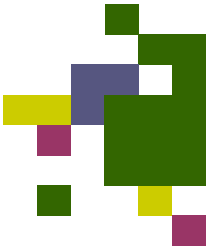
Program's Developments

Doctors' visits analysis:

Total Services	31692	100%	31692	100%
Total of Gynecological services	12433	39%		
Total number of diverse specialty services	8124	25%	8124	25%



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 23568 out of 31692, which is the total number of consultations. This represents around 74% that is considered a high percentage, assuring that we are meeting our main focus.



ENVIRONMENTAL HEALTH PROGRAM



- **Introduction**
- **Specific Program Objectives**
- **Activities**
- **Highlights of the year**

Introduction

Public health is defined by the World Health Organization as not merely the absence of disease, but the state of physical, mental and social well-being. To achieve that state, community efforts have to be made towards prevention of disease and prolonging life. This is done by maintaining and providing a sanitary environment, controlling communicable and non-communicable diseases, educating the community on health and health-related topics, organizing nursing and medical services for the early diagnosis and prevention of disease and developing a social machinery to ensure an adequate standard of living, by maintaining health and longevity, which are human birthrights to each and every individual.

Environmental health is a broad branch of public health that addresses and emphasizes on all human-health related aspects of the environment that are detrimental in the improvement of health outcomes. It is defined as the theory and practice of assessing, correcting, controlling and prevention of factors that affect the quality of lives of people in the community. As such, environmental health is integrated within the concept of public health to create and maintain environments that prevent disease and promote good public health of the communities.

Environmental health is affected by a lot of factors that are naturally present in every environment and are external to a person of physical, chemical, biological and psychosocial nature. It stresses on following a preventative approach rather than an end-of-pipe approach which addresses a health problem after its occurrence, to provide not only for the present communities, but to future generations as well.

In line with the Millennium Development Goals (MDG), especially the 3rd (promoting gender equality & empowerment of women) and the 7th (environmental sustainability) P.A.R.D addresses the above mentioned aspects and has an eminent role in being responsible for initiating, shaping and undertaking health promotion. Well organized and empowered communities are highly effective in determining their own health. As such, P.A.R.D works with men, women and children to achieve this goal by making sure that they are aware of, amplify and sustain their rights, resources and opportunities in which they are entitled to and work towards receiving them.

Community participation and ownership are detrimental to the success of any community-based project, accordingly, not only does P.A.R.D provide basic sanitation services such as providing safe and clean drinking water, maintenance of infrastructure, inhibiting insects and rodents' infestation and collecting and transporting solid waste, it engages program beneficiaries in these programs for long-term sustainability of these projects.

Usually, it is the role of the government to provide these services, however, 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 located 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.

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.

PARD and the local groups identified these different objectives:

- **Objective 1: To improve population access to uncontaminated drinking water**
- **Objective 2: To reduce rodent and insect infestation**
- **Objective 3: To control communicable and non communicable diseases**
- **Objective 4: To empower local women's groups**

Activities

Objective 1: to increase access to safe drinking water for 35554 people living in 8 locations in Beirut and 9 gatherings in the South

Activities:

- **Activity 1: Maintenance and disinfection of water tanks, wells and water networks:**
 - **Water network maintenance:**
 - i. **Water supply lines:**
 - a. **Shatila camp:**
 - i. 130 pieces of pipe fitting and valves were changed
 - ii. 8 supply lines were maintained
 - b. **Gaza gatherings:**
 - i. 3 supply lines were maintained
 - c. **Salwa El Hout gathering:**
 - i. 1 pipe line was maintained
 - d. **Qasmiyeh (Southern gathering):**
 - i. 3 pipelines were maintained
 - ii. **Water wells:**
 - a. **Shatila camp:**
 - i. 1 water well was maintained
 - iii. **Chlorine pumps in the Southern gatherings:**
 - a. **Maashouk:** System was maintained and activated
 - b. **Qasmiyeh:** System was maintained and activated
 - c. **Wasta:** system was activated
 - d. **Aitaniyeh:** system was activated

- **Water network installations:**

- i. **Water pipelines:**

- a. **Shatila camp:** 30 m of galvanized pipes were installed
 - b. **Gaza gatherings:** 10 m of pipes were installed
 - c. **Qasmiyeh:** 3 pipes were installed

- ii. **Water pumps:**

- a. **Shatila camp:** 1 new submersible pump was installed
 - b. **Maashouk (Southern gathering):** 1 new submersible pump was installed

- **Activity 2: Water testing to monitor drinking water quality:**

As part of routine tests done by P.A.R.D., around 35 tests were done to determine the quality of drinking water of the communities in the South. The laboratory analysis was done at the American University of Beirut (AUB) Core Laboratory.

- **Activity 3: Pumping out of wastewater, cleaning manholes, installation and maintenance of wastewater network (to prevent infiltration of wastewater into drinking water network):**

- **Pumping of wastewater:**

- i. **Gaza gatherings:** 105 m³ of wastewater were pumped out
 - ii. **Salwa El Hout gathering:** 1200 m³ of wastewater were pumped out

- **Cleaning of manholes:**

- i. **Gaza gatherings:** All the manholes are cleaned once every 3 months
 - ii. **Saed Ghawash and Daouk gatherings:** 80 manholes were cleaned in both gatherings

- **Removal of sludge and solid waste from septic tanks:**

- i. **Gaza gatherings:** 106 septic tanks were cleaned by removing sludge and solid waste
 - ii. **Saed Ghawash and Daouk gatherings:** 66 septic tanks were cleaned by removing sludge and solid waste
 - iii. **Salwa El Hout gathering:** 5 septic tanks were cleaned by removing sludge and solid waste

- **Installation of new wastewater lines:**

- i. **Gaza gatherings:**
 - a. 5 drains were installed in Gaza 1
 - b. 2 PVC pipes were installed
 - ii. **Saed Ghawash and Daouk gatherings:**
 - a. 1 manhole was installed with a cover
 - b. 1 PVC pipe was installed

- **Installation of new sewage pumps:**

- i. **Salwa El Hout gathering:** 2 sewage pumps were installed

- **Maintenance of existing waste water lines:**
 - i. **Gaza gatherings:**
 - a. 10 drains were maintained
 - b. 1 PVC pipe was maintained
 - ii. **Saed Ghawash and Daouk gatherings:**
 - a. 4 manholes were maintained
 - b. 21 drains were maintained
- **Rehabilitation of private toilets:**
 - i. **Gaza gatherings:**
 - a. 15 private toilets were rehabilitated
 - b. 23 private toilets in 1st. and 2nd Floors of Gaza gathering
- **Emptying of suction tanks by suctioning in the Southern gatherings**

PARD operates a special truck for suctioning of septic tanks in the Southern gatherings. Some gatherings are not linked to major wastewater pipelines and therefore discharge their household wastewater into primitive ground septic tanks. These usually overflow and contaminate the land and water sources around them. As such, to prevent this from happening, PARD caters for this need through a system of on-call duty of the specialized truck driver in return for low fees.

Table4: Number of suction operations of Septic tanks in the Southern gatherings

<i>Location</i>	<i>No. of Suction Operations</i>
Maashouk	47
Burghuliyeh	25
Jal El Bahr	9
Kfar Badda	16
Kasmiyeh	5
Wasta	9
Rashidiyeh	57
Shabriha	18
Bass	6
Itaniyeh	1
Jim Jeem	1
Total	194

Objective 2: To reduce rodent and insect infestation

Activities:

- **Activity (1): Adequate disposal of solid waste for 31000 people living in 5 locations in Beirut and 8 gatherings in the South**
 - 1. **6,491.47 m³ of domestic solid waste** was collected and transported in the Southern gatherings of Kfar Badda, Jim Jeem, Wasta, Aitaniyeh, Qasmiyeh, Shabriha, Burghuliyeh and Maashouk by two trucks, three times per week. These wastes are transported to a designated dump in Tyre city that is simultaneously used by UNRWA and Tyre municipality. This service benefits 13425 people living in these gatherings.

2. **8404 m³ of domestic solid waste** was collected and transported from Shatila Camp in Beirut by one truck, on a daily basis. This service benefits 16000 people living in Shatila.
3. Since June of 2008, a new project of collecting and transporting solid waste from Gaza Gathering number 4 was initiated that benefit 150 people. During these 6 months, **443 m³ of domestic solid waste** from Gaza 4 have been collected and transported.
4. Common areas in Shatila Camp, in closed spaces between buildings were cleaned and **78 m³ of rubbish** has been removed.
5. The stairs, entrance of buildings, halls and pathways in the four Gaza gatherings are cleaned on a daily basis by two full-time laborers.
6. The Daouk zone near the nursery is cleaned once every 6 months from accumulated rubbish.

Collecting garbage in the South

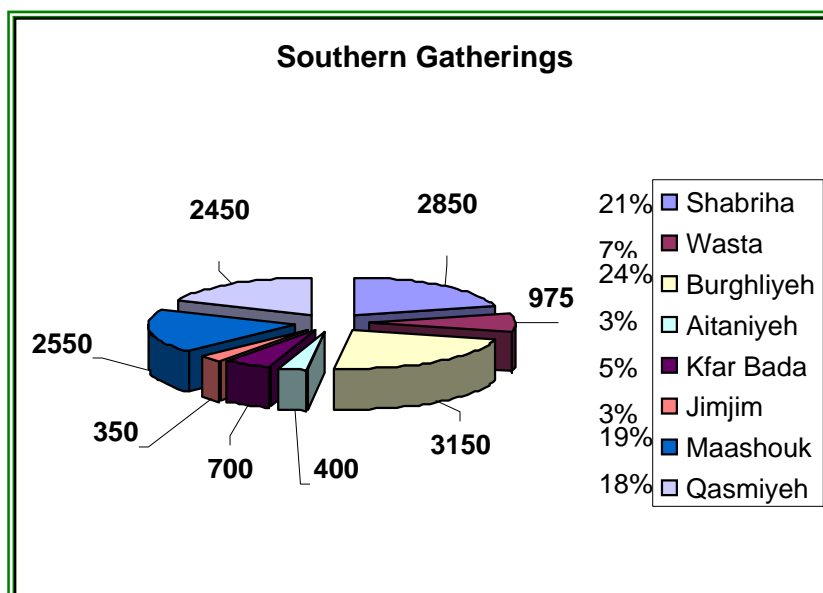


Collecting garbage in Shatila camp



Figure1:

Percentages and number of people living in the Southern gatherings who benefited from the solid waste collection process



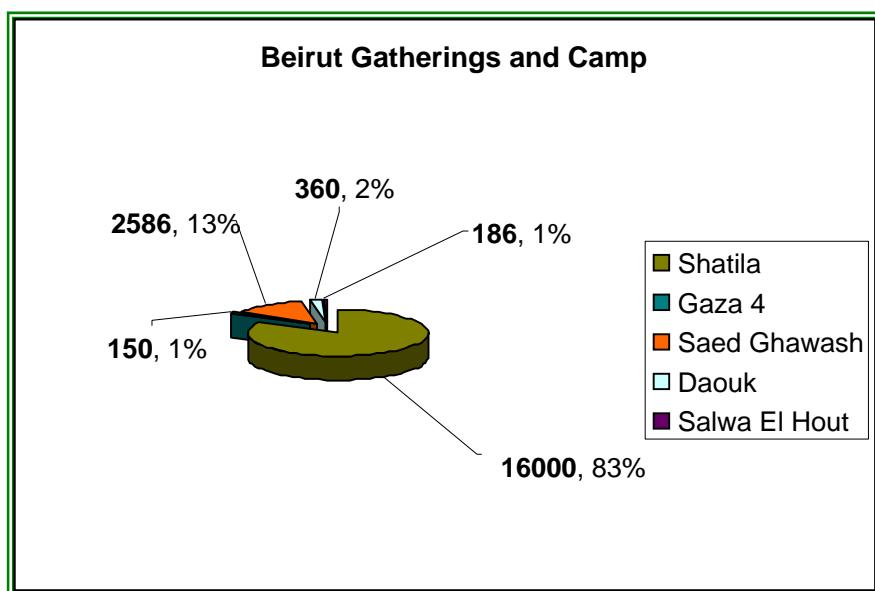


Figure2 :

Percentages and number of people living in the Beirut gatherings and Shatila Camp who benefited from the solid waste collection process

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

The rodent and insect constituted a major source of nuisance to the residents of the gatherings, especially during summer when the number of insects increases tremendously. To control the problem, PARD implemented four spraying campaigns in each of the 9 gatherings in the South and five gatherings in Beirut. A time lag of 1 month is taken between the initial spraying campaign and the second whereby afterwards, a 10-day time lag is required. Concerning the quantity of pesticides dissolved in water, instructions are followed in accordance to the brand used, as defined by the country of origin.

- a) Spraying of pesticides:
 - a. **Shatila camp:** 4700 L
 - b. **Gaza Gatherings:** 3100 L
 - c. **Said Ghawash and Daouk Gatherings:** 3360 L
 - d. **Salwa El Hout:** 240 L

* Targeted pests are mosquitoes, flies, flea and other pests
 * 200 extra Liters of pesticides are always sprayed after cleaning of public zones in Shatila camp and Gaza gatherings
- b) Distributing of rodenticides (upon request):
 - a. Beirut:
 - i. **Shatila camp:** 472 bags
 - ii. **4 Gaza gatherings:** 130 bags
 - iii. **Said Ghawash and Daouk gatherings:** 28 bags
 - b. South:
 - i. **All the gatherings:** 724 bags
- c) To reduce lice infestation, 1141 anti-lice shampoos were distributed in 3 gatherings, 1 camp in Beirut and 10 gatherings in the South
 - a. **Beirut:** distribution of 78 anti-lice shampoos
 - b. **South:** distribution of 1063 anti-lice shampoos

- d) 147 solid waste disposal bags were distributed in the Southern gatherings during cleaning campaigns

Table5: Number of distribution operations of anti-lice shampoos and rodenticides bags in Beirut and the South

Location	Anti-Lice Shampoos	Rodenticide Bags
Gaza Gathering 1	37	130
Gaza Gathering 2	5	-
Shatila camp	27	472
Daouk	9	23
Said Ghawash	-	5
Shabriha	134	151
Kfar Badda	75	56
Wasta	131	83
Ein EL Helweh	10	-
Izzieh	-	12
Qasmiyeh	7	-
Jal El Bahr	71	10
Sikkeh	383	220
Nahr El-Samer	2	2
Aitaniyeh	37	13
Burghuliyeh	213	177
Total	1141	1354

Table6: Number of distribution operations of different items (Bath tubs for babies, waste bags, razors, tooth brushes, cleaning detergents and baby kits) in Beirut and the South

Location	Bath Tubs for Babies	Solid Waste Disposal Bags	Razors	Tooth Brushes	Cleaning Detergents	Baby Kits
Jal El Baher	2	32				
Qasmiyeh	4	17				
Shabriha		39				1
Beirut gatherings		120		19	32	
Sikkeh	1	15				6
Aitaniyeh	1	16				
Burghuliyeh	1	19				1
Wasta		9				
Maashouk			13			
Total	9	267	13	19	32	8

To ensure sustainability and community participation, P.A.R.D has created a water caretaker in 6 of the gatherings to continuously monitor water and wastewater network connections. 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. The team consists of local members from the local communities in the South. Upon detection of any irregularities, the supervisor of the activities that are done in the South is informed and remedial action is immediately taken.

Objective 3: Control communicable and non-communicable diseases

Activities:

Activity (1): Raising awareness on health issues

Community health workers delivered **240** health education sessions to **10** groups of women living in Beirut, **57** groups of women living in the South and **2** groups living in Dbayeh Camp. The health topics were chosen based on requests made by the groups themselves and community needs, determined by the community health workers.

Health education was delivered to **2** groups of children in Beirut and **22** groups of children in the South, more frequently during the summer vacation where a total of **362 children** benefited.

84 young people benefited from **40 health lectures** on different topics in 5 southern gatherings.

Local NGOs and official schools yearly request PARD to deliver health education sessions for their beneficiaries. Accordingly, **40 health lectures** were delivered on different topics to the beneficiaries the South including **211 women, 22 men, 365 youth and 65 children** of both sexes.

This activity is cross-cutting through PARD's three programs.

Activity (2): Cleaning campaigns:

a. Three cleaning campaigns were conducted in **Shabriha, Jal Al Baher and Qasmiyyeh**

b. **Sikkeh**

A cleaning campaign was done in the gathering where men, women and children participated in coordination with P.A.R.D. where spraying of pesticides followed (refer to highlights of the year).

c. **Beirut gatherings**

Four cleaning campaigns were done in Gaza 1, 2, 3 and 4 gatherings, in addition to Daouk and Said Ghawash gatherings. Cleaning detergents and waste bags were distributed to accomplish the cleaning process.

Activity (3): Puppet theatre

Puppet theatre performances are conducted to send health and social messages to children. These messages focus on issues related to solid waste, wastewater, water pollution and clean environments, among other subjects. Puppet theatres were played out for children in a variety of areas and institutions. Refer to Youth Program in Annual Report for more details about the topic.

Activity (4): Capacity building for the staff of environmental health program

In 2008, the 5 community health workers (health educators) and their coordinator participated in several training courses and attended lectures and participated in other NGO activities as follows:

Workshops, trainings, lectures and courses about:

- 1- Breast cancer prevention
- 2- Struggle for health
- 3- Child abuse prevention
- 4- Development of children's libraries and encouraging learning and creativity
- 5- Popular education and combating illiteracy
- 6- Communication and art education
- 7- Creating a referee system for HIV positive patients
- 8- Train the trainer

- 9- Sexual abuse and stress management
- 10- Women can do it
- 11- Project cycle management and logical framework approach
- 12- A toolkit for community and child rights-based organizations
- 13- Business Planning
- 14- Basic training for coordinators of popular education

Workshops:

Name of Workshop	Title of Attendees
Development of children's libraries and encouraging learning and creativity	2 community health workers
Women can do it	2 community health workers
Sexual abuse and stress management	1 community health worker
Creating a referee system for HIV positive patients	2 community health workers
Project cycle management and logical framework approach	2 community health workers + coordinator
Business Planning	Coordinator

Training:

Name of Training	Title of Attendees
Train the trainer	1 community health worker

Lectures:

Name of Lecture	Title of Attendees
Breast cancer prevention	3 community health workers
Communication and art education	2 community health workers
Child abuse	2 community health workers
A toolkit for community and child rights-based organizations	1 community health worker

Course:

Name of Course	Title of Attendees
The struggle for health	1 community health worker

Highlights of The Year:**Activity (1): Jal El-Baher and Al Samer River****General information:**

- Al-Samer River, which intersects Jal Al-Baher gathering from the side of Al-Bass camp, is a stream of the many streams of Al-Litany River
- Jal Al Baher: a gathering that consists of around 285 families where their line of work consists mainly of raising cattle (sheep, cows, goats and others), fishing and agricultural practices. UNRWA does not provide any services to this camp since it is not considered as an official camp

The problem:

Around 20 years ago, the contamination of this River began due to the multitude of auto shops, fuel stations, and slaughterhouses on both sides of the Rivers, where the waste of these industries had been discarded into it. In addition to that, part of the wastewater of Burj Al-Shamaly, Al-Bass, and other household and farm waste had been directed into Al-Samer River as well. This had caused the River to turn into a swamp of chemical and biological pollutants from chemicals of industries and wastewater of households and slaughterhouses. The River became a gathering location for rodents and pests, as such, a site for the spread of contagious diseases such as Typhoid fever, Tuberculosis bacilli and other diseases such as asthma and dermal diseases. In addition to that, two baby girls had drowned in this River.

Remedial action:

In 2006, several training sessions on the empowerment of women were done by P.A.R.D. and a women committee in Jal Al Baher was formed in 2007. There were a number of unsuccessful attempts to close down Al Samer River by different concerned parties, however, after persistence, persuasion and several meetings with representatives from the municipality of Tyr, the closing of the river began on the 21st of June and was completed several months afterwards.

Activity (2): Sikkeh Gathering

In coordination with Premiere Urgence (PU), an awareness campaign about solid waste, drinking water and wastewater was done. The target groups were groups of women and children in the Sikkeh gathering in Saida. 207 women, 25 children and 163 men benefited from the health lectures.



A cleaning campaign was also done in the gathering where men, women and children participated in coordination with P.A.R.D. were spraying of pesticides followed.



Photos of cleaning campaign



In addition to that, "**The Immigrant Fly**" play was performed for 360 children to stress on the theme of the campaigns. (Refer to Youth Program in Annual Report)

Apart from these activities, a **room was built for the new electric generator** to be placed at. This electric generator is responsible for pumping drinking water from the well to the network leading to the houses of the people in the community.

Activity (3): Northern Burghuliyeh

In coordination with ANERA, a needs assessment study was conducted to determine the priorities that have to be tackled in Northern Burghuliyeh. Accordingly, several achievements were done with a group of women:

- A drinking water well was excavated
- A driveway was paved from Northern Burghuliyeh to the school in Southern Burghuliyeh
- A fence was placed around the risky places around the river to prevent the kids from falling into the river

Activity (4): Saida

PARD is a member of the "Forum of Social and Health NGO's in Saida". The health committee emerging from the forum prepared and jointly implemented a day of activities revolving around HIV/AIDS in the city's municipality. PARD participated with its own stand including a PowerPoint presentation, brochures and discussions with visiting school children and youth, to raise awareness about the various constituents of the topic.

Activity (5): Upper Qasmiyeh

After an epidemic Hepatitis outbreak in Upper Qasmiyeh was witnessed, health education was stressed in this area in addition to distribution of waste bags to prevent further outbreaks and to guide on good hygienic practices such as proper disposal of solid waste.(about 70 women benefited from this campaign).

Activity (6): All the Gatherings (further information in the Cross-Cutting section of the report)

The 3 community health workers for the Southern gatherings trained people from the communities to become trainers for children themselves. Several aspects were stressed on such as forming groups and implementing activities by the new trainers. This is a new aspect that P.A.R.D is following considering the years of expertise that the team of community health workers have and their capacities to train new trainers themselves.



YOUTH & CHILD DEVELOPMENT PROGRAMME



- **Introduction**
- **Empowerment of youth and children**
- **Improvement of health status**
- **Empowerment of children on life skills**
- **Combating Unemployment**

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.

To achieve the strategies mentioned in the introduction, PARD set up some specific objectives which need a set of activities to become fulfilled. The following objectives were setup based on experience, field work and the desire of a whole bunch of youth volunteers working with PARD:

- | | |
|-------------------------------|---|
| <u>Objective one</u> | : Empowerment of youth and children. |
| <u>Objective two</u> | : Improvement of health status. |
| <u>Objective three</u> | : Empowering children with life skills. |
| <u>Objective four</u> | : Combating unemployment |

Objective one: Empowerment of Youth and Children

Since investing in youth and children development is an integral part of development and/or social charge, the targeted youth and children should have the opportunity to gain better education and other skills. To achieve this aim, we have set up some activities as follows:

1. Remedial lessons for children to the age of 16.
2. Training of animators to conduct children activities.
3. Raise awareness on human rights, democracy & leadership.
4. Capacity building.
5. Youth networking.

1.1 Activity one: Remedial Lessons

Description:

The project was **implemented** 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, Sciences (Biology, Physics, chemistry) and Mathematics using tuition project preparation and audiovisuals. The project aimed at building the students capabilities and improving their performance in the classroom 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 students who directly benefited in 2008 is 140 students. They are 48 females and 92 males. They belong mostly to displaced Palestinian families and other poor families living in the surrounding areas

Photo during a remedial lesson



Two courses took place: The first took place during February- March 2008 and was supported by Stavanger katedralskole. The second took place during May- July 2008 and was supported by Mennonite Central Committee.

The Remedial lessons were provided to the students of the 6th grade (One section), 7th grade (two sections), 8th grade (one sections), and 9th grade (three sections). PARD offered those students a weekly schedule of sessions including Arabic, English, 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 (2007-2008). The 9th grade official exam is done in two terms per year. In the first term 40 grade 9 students succeeded (74%) IN the second term another 5 students. 45 students out of the total number of 54 participants have succeeded. **The total success rate was 84%.**

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 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 1:

Grade	Students
6 th grade	27
7 th grade	42
8 th grade	17
9 th grade	54
Total	140

PARD was assisted by a computer technician to facilitate the set-up and the usage of audiovisuals during the sessions.

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 be committed to their study.

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 84% have now chances of either to pursue higher levels of education or join good vocational training centers.

An evaluation questionnaire was filled by the participant students to hear their voice on teacher's performances, levels of benefit, if there any comments to improve lessons and so on.



Results of the evaluation questionnaires show that 89.3% of students benefited from the remedial lessons. Also, 87% 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.

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 to raise their self-esteem and to interact to a great extent with their colleagues and to participate during the sessions and at school. Also the library aided the participant's performance.



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.

Case Studies:

Walid Sokar was very weak during his scholastic year. He also he was very hyperactive, tried to play in the class, and he was on his way to fail in the 9th grade official exam. We followed him up through continuous visits from the teachers, and convinced him to be committed to the remedial lessons. He succeeded in his official exam perceiving the importance of learning to succeed in life.

Farah Freigeh was a 9th grade student. She had social difficulties in her family. Her parents are divorced. We followed her up through continuous visits to her aunt and convinced her to study and participate in the remedial lessons. She succeeded in her official exam, and has all the needed willpower to continue her studies.

1.2 Activity two: Training of Animators for Children Activities

In the South, an average of 24 youth (13 females and 11 males) benefited from a course on how to become active animators for children activities. The training took four full days and included:

- The characteristics of an animator
- Plan of action (time, place, daily program)
- Internal and external games, songs
- Handcrafts
- Children rights
- Celebrating national events
- Relations between animator and child participant
- Preparation of tool kits
- Basic first aid

The objectives of this training were:

- Understanding of Children's physical and psychological needs
- Getting to know the successful animator's personality
- Ability to plan and implement children activities
- Ability to implement the strategy of learning through action.

The gatherings that benefited from this training are: Jal al Bahar, Burghuliyah, Aitaniyah, Shabriha, Wasta, Qasmiyeh and Jim Jeem.

The same training was conducted for the benefit of 16 youth from Beirut. (8 females and 8 males). The Beirut areas who benefited were 4 displacement centers (Gaza building), the areas of Daouk, Said Ghawash and Sabra.

After training was conducted, every trained animator put together a practical program of children activities. Programs were prepared and discussed with PARD's trainers and administration. Accordingly, the children of the gatherings of Jim Jeem, Aitaniyeh, Qasmiyeh, Wasta, Shabriha, Burghuliyeh, Jal Al Bahar and Sikkeh benefited from a week's program of children activities. The implemented programs were at the same time further practical training for the trainees.

1.3 Activity three: Training on human rights, Democracy and leadership

This workshop was conducted in November 2008, in Burghuliyeh gathering for a period of 3 days (4hours/day). 16 young people attended (11 females and 6 males) through this workshop we tried to encourage them to implement the principles of human rights in their daily life. We focused on: Non discrimination in gender, age and geography, participation in decision making and handling duties and responsibilities. The group was divided into 4 groups, 4 people in each with a mission of defending human

right principles. Later on each group negotiated with the other to convince them on the importance of their principle. Slide shows were shown.

1.4 Activity four: Capacity building

Staff and volunteers benefited from training courses to better their performance in their work.

Name of workshop	Position of attendee
Documentary workshop	Youth Program Coordinator
Writing and photography for magazines and newspaper	Youth Program Coordinator
Sexual abuse and stress management	Youth Program Coordinator
Project management	Youth Program Coordinator
Evaluation of basic first aid training	Youth Program Coordinator
Hand making of wax bodies	Librarian
Professional correspondence and report writing	Librarian
Leadership	First aid project leader
Communicative and interactive skills	First aid project leader

1.5 Activity five: Youth net working

One of PARD's objectives is to develop communication and dialogue approaches with local, regional and international youth gatherings. Accordingly, the coordinator of PARD's youth program participated in:

- Re-establishing the Lebanese and Palestinian community youth network.
- The national campaign for the 60th anniversary of Nakba which is joint activity between more than 25 local and international organizations.
- The Lebanese Palestinian dialogue initiatives.

The animator of Community Development center (CDC) participated in:

- Coordination meeting with local NGOs and Palestinian schools in Sabra and Shatila for the national and social occasions.
- Activities of the National campaign of 60th commemoration of Nakba-youth committee.

Objective two: Improvement of Health Status

2.1 Activity one: First aid Activities

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.

After a lot of training took place, the first aid 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 first aid 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.

In the meantime, the number of first aiders is as follows:

- Beirut team : 25 first aiders
- Shabriha team : 20 first aiders
- Jal El Bahar team : 9 first aiders
- Burghuliyeh team : 10 first aiders
- Dbayeh team : 7 first aiders

At the 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

At the operational level:

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

Table 3- a:

Type of services	No. of services (January- December 2008)
Dressing of Wounds	134
Dressing of Burns	36
Dressing of Fractures	34
Monitoring Blood Pressure	65
Transfer to the hospital	198
Shortness in breath	9
Others	46
Total	522

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

Table 3- b:

Type of services	No. of services (January- December 2008)
Dressing of Wounds	143
Dressing of Burns	57
Dressing of Fractures	20
Administering intra-muscular injections	118
Monitoring Blood Pressure	33
Diabetes testing	7
Others	10
Total	388

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

Table 3- c:

Type of services	No. of services (January- December 2008)
Transfer to hospitals	12
Dressing of Wounds	196
Dressing of Burns	83
Dressing of Fractures	52
Monitoring Blood Pressure	171
Diabetes testing	89
Others	28
Total	631

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

Table 3- d:

Type of services	No. of services (January- December 2008)
Transfer to hospitals	23
Dressing of Wounds	114
Dressing of Burns	50

Dressing of Fractures	57
Monitoring Blood Pressure	168
Diabetes testing	75
Others	56
Total	543

5- The **Jal Al Bahar** team conducted the following services at their center:

Table 3-e:

Type of services	No. of services (January- December 2008)
Transfer to hospitals	22
Dressing of Wounds	94
Dressing of Burns	59
Dressing of Fractures	33
Monitoring Blood Pressure	113
Diabetes testing	67
Others	37
Total	425

❖ **Training on Basic First Aid:**

Table 4-a:

When	Where	Beneficiaries
March 2008	Jal El Baher - Southern Lebanon	9 youth (1 male, 8 females)
March 2008	Shabriha – Southern Lebanon	18 youth (males)
April 2008	Shabriha- Southern Lebanon	15 youth (males)
May 2008	Qasmiyeh – Southern Lebanon	14 youth (8 males, 6 females)
May 2008	CDC* – Gaza Building - Beirut	15 youth (males)
July 2008	CDC- Gaza building-Beirut	11 youth (11 males)
July 2008	CDC- Gaza building - Beirut	16 youth (10 males, 6 females)

* CDC: is PARD's community Development center in Beirut

A total of 98 youth (78 males and 20 females) were trained on basic first aid.

The course included the following:

- CPR
- Recovery Position
- Injuries
- Poisoning
- Burns
- Fractures
- Suffocation
- Safety and first aider behaviors



Training on first aid

❖ **Training on Advanced First Aid:****Table 4-b:**

When	Where	Beneficiaries
March 2008	Shabriha – Southern Lebanon	16 youth (9 females – 8 males)
April 2008	CDC- Gaza building - Beirut	15 youth (males)

A total of 32 youth (23 males and 9 females) were trained on advanced first aid.

The subjects of the training included:

- Examination and treatment of a trauma patient, including airway management, use of oxygen and ambu-bag, use of neck-collar and backboard, and basic first aid for chest and abdominal and pelvic injuries.
- Acute illness, including asthma, angina pectoris, myocardial infarction, stroke, diabetes, and epilepsy.
- Signs, symptoms, and treatment of the most important poisonings.
- Basic knowledge about fire-safety and management.

Instructions have been based on causes, signs, symptoms, and treatment, including practical training.

**Training and services of ambulance:**

In July 2007 PARD acquired funding from Stavenger 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.

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 vehicle. The driver is a 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.

2.2 Activity two: Participation in Health Campaigns

The youth volunteers in Beirut and the South participated in:

Cleaning campaigns:

During 2008 four cleaning campaigns were conducted in the South in Sikkeh gathering, Shabriha, Jal El Bahr and Qasmiyeh where garbage was collected followed by a training on the "Proper Disposal of Garbage". People were educated on collecting garbage in big bags and tying them properly before delivering to the garbage collector. 5250 bags were distributed among the people. An average of 40 youth volunteers participated in this activity.



In addition four cleaning campaigns were conducted in Beirut during March, April and June 2008 in Daouk camp, Said Ghawash, and Gaza buildings in collaboration with the local clubs, community representatives, volunteers and the first aid team. An average of 30 youth Volunteers participated in each campaign. **(Refer to health education).**

2.3 Activity three: Participation in Health Education Lectures

80 Health education lectures were provided through PARD's community Health workers to children and youth in Beirut, Dbayeh, and South gatherings (Shabriha, Burghuliyeh, Wasta, Qasmiyeh, Sikkeh, Aitaniyeh, JimJeem, Jal Al Bahar, and Kfar Bada. The lectures were given on different subjects such as, winter diseases, puberty and adolescence, jaundice, Sunstroke, nutrition pyramid, personal hygiene, smoking, home accidents, hazards of fireworks, diarrhea, proper hygienic behavior, Infectious diseases, women-related infections, menstrual cycle, avian flu, home accidents and drug abuse, primary teeth care, **456 children and youth attended the lectures. (Refer to Health Education).**

Objective three: Empowering Children in Life Skills

3.1 Activity one: Community Development Center

Introduction

It is located in the displacement center in Gaza Building 1 in Beirut in the ground floor. It was established in 1998. This centre targets the children residing in the displacement centers of Beirut (Gaza buildings 1, 2, 3 and 4), Al Daouk gathering, Said Ghawash area, Shatila camp and 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. Other children come to the center for certain events or on vacations.

The center's goal is to build a better world for underprivileged children, where the children starts to recognize better relationships amongst themselves, adults and the community he/she lives in. This center aims 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 lives.
- 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/ dropout
 - 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 animators in the center are 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. Animators are also guided by "The Right to Play" Program.

2- Methodologies:

Every Friday approximately **50** children from the targeted areas 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 rising on health issues, watching films, training on advocacy, taking remedial lessons, river trips, commemorating Palestinian national days and international days, and other activities. Some of these activities were done with the participation of children and youth together to encourage their integration, cooperation and benefit from each other in certain ways.

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.

3- **Extra Activities:**

(a) **Recreational Activities:**

- ✓ Three **trips** to the **River (Mol taka Al Nahreen and Zrarya)**, where 100 children participated. They were accompanied by the 12 animators, librarian and 2 first aiders.
- ✓ Another **trip** to **Al Sanayeh garden**, where 100 children participated. They played football, and volleyball.
- ✓ A trip to the **wilderness** (Shabriha) where 100 children participated. They were accompanied by 15 animators, 3 health educators, and two first aiders. They children joined in singing, playing football and role playing.

(b) **Specialized Activities:**

- ✓ Participation in **Sibline Camp** organized by UNRWA: 10 children joined in drawing, story telling, games, reading, and contests.
- ✓ Participation in **Janana Festival** organized by ARCPA under the name "Palestine Renews with children: 50 children joined in games, contest and theater watching



(c) National Activities:

PARD through the CDC staff participated in all the activities of the 60th commemoration of Nakba National Campaign in coordination with the local NGO's. The activities included meeting, festivals, and workshops among other activities.

- ✓ **Nakbah Commemoration** (1948 uprooting from Palestine): Local NGO's participated in the National Campaign for the 60th anniversary of Nakba. Children activities were included in this campaign. Children of those NGO's including PARD drew the Palestinian map, joined in lighting about 5000 candles and distributed 200 balloons carrying the names of Palestinian villages and towns. Those balloons were flown over the sea towards Palestine.
- ✓ **Earth day:** The animator explained the history of this day to about 100 children joined in painting, drawing, singing and role playing.
- ✓ **Belfour agreement commemoration:** The animator explained the history of this day to about 100 children and all enjoyed watching "AL Motabaki" film.
- ✓ **Sabra and Shatila massacre:** 12 of PARD staff participated in the demonstration to commemorate the Sabra and Shatila massacre which happened in 1982.

**(d) Activities on International Days:**

- ✓ **The International Women Day** was celebrated with the women who regularly visit the center; during the celebration a debate about women's role took place. All enjoyed food snacks, singing and dancing, and distributed flowers among them.
- ✓ **The International Teacher Day** was celebrated with the teachers and students who benefited from the remedial lessons. All enjoyed food snacks, singing and dancing.
- ✓ **The International Child Day** The first aid team of Shabriha and the animators of the CDC in Beirut celebrated the Child Day on March 21. They introduced the children to their rights, played several games and distributed balloons, masks, chocolate and juice among them.

3.2 Activity two: Library

In the **Library** 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. Approximately **400 books** were borrowed and read, in addition to the use of encyclopedias within the center.

3.3 Activity three: Puppet Theatre

A group of puppet show performances took place in the North, South and Beirut. 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.



Puppet Theatre Performance

Location	Number of Performances	Type of children	Number of Children Participation
A) North Naher El Bared Camp: Najdeh K.G., Ghassan Kanfani K.G., Palestinian Women's Union K.G., Khalisah K.G., Quds K.G., Little Moslem K.G., Saliheen K.G., Children of NBC K.G., Itihad K.G., Aqsa K.G.	10 performances	Kinder garden Children (Ages 3-6)	915 Children
UNRWA Elementary Schools Samakh, Al Mazar, Ain Karem, Bateer, Tabass, Tabour Mountain	6 performances	Elementary Schools Ages (6- 11)	2075 Children
Bedawi Camp: Najdeh K.G., Ghassan Kanfani K.G, Khalisah K.G., Aqsa K.G., Israa K.G., NAMSC-K.G., Children of Palestine K.G, Sumud K.G., Majdal – UNRWA, Center for disabled	11 performance	Kinder garden Children (Ages 3-6)	1310 Children
B) South: Faleh Rabah K.G., Sanabel K.G., Sumud K.G, Sabeel K.G., Najdeh K.G., Baraam Al Iman K.G., Ghassan Kanafani K.G., Houda Chaalan K.G., Social Welfare K.G., Baraam Al Awda K.G., Nabila Breir K.G.	11 performance	Kinder garden Children (Ages 3-6)	645 Children
C) Beirut: CDC Center	1	Children ages (6-13)	100 Children

In 2008, 39 puppet theatre performances took place for the benefit of 5045 children.

Clowns:

Clowns without borders are a group Spanish clowns performing for children at risk all over the world. Four clowns from Spain came to Lebanon in October to perform for the children target group of PARD. The main objective of this activity was to provide entertainment for the children.

**Program (Clowns without Borders)**

In 2008, 11 clown shows took place for the benefit of 1171 children.

Performance	Gathering	Location	No. of Children
<u>North</u>			
Performance1	Badawi	Open area	198
Performance2	Bared	Open area	102
<u>Beirut</u>			
Performance1	Daouk – Sabra – Said Ghawash – Gaza Buildings (1-2-3)	Open area	97
<u>Dbayeh</u>			
Performance1	Dbayeh Camp	School	105
<u>South</u>			
Performance1	Shabriha	Open area	90
Performance2	Jal El Baher	The shore	110
Performance1	Qasmiyeh	The club	98
Performance 2	Burgulieh	The Municipality	85
Performance 1	Wasta	The mosque hall	100

Performance 2	Aitanieh- jeem jeem- Kfarbadda	Open area	96
Performance 1	Sekka	kindergarten	90

Activity four: Summer Activities

A **summer program** for two months (July and August) was coordinated by 6 animators. 100 children benefited from these activities. For the first month the activities were coordinated with Norwegian Refugee Council. The activities included: trips, wood craft making, essay writing, dancing (dabke), hand crafts, health competition and health activities photography, clowning, sports, drawing, painting, miming future career, open dialogue, indoor games, puppet theater (immigrating Fly), and a visit to Dbayeh camp. At the end of July, a festival was performed at "Diwar El Shames" theater which included most of the activities that were carried out on daily basis and mentioned before.

A similar program took place in the South by 23 animators trained by PARD, where 90 children participated. The activities included recreational games, story telling, drawing, and children rights games.

Evaluation of Summer Activities:

After summer activities ended, questionnaires were filled to evaluate the activities and detect a change in children's behavior. The major results were that 83% of mothers noticed a positive change in their children's behavior after these activities were done, and 81% of mothers encouraged further activities to be done. Concerning the children, all the children stated that animators were either good or very good. In addition to that, 99% of the children stated that they would participate in further activities.



Photos
Of
Summer
Activities

Objective four: Combating Unemployment

Most Palestinian youth have little opportunities to find work based on the deprivation from the right to work. Specialized training and empowerment help those youth to obtain jobs even if they remain underpaid without and social and health securities and no indemnities.

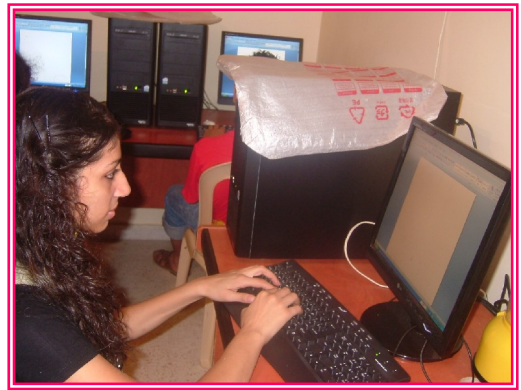
4.1 Activity one: Training on hairdressing

In July 2008, a group of young men from Jal AlBahar gathering in the south expressed their wish to become professional hairdressers. The idea was that PARD provides training on hairdressing and helps the trainees to get experience so that the graduates either find employment in hairdressing establishments or open their own small business. The course took place in August 2008 with the participation of nine young men. Further more, PARD provided the necessary materials for training.

After training, the trainees agreed to form a youth committee who will take an active role in solving the problems of the community in Jal El Baher. They are willing to be enrolled in an empowerment training that will start in March 2009.

4.2 Activity two: Training on multi-media:

Two trainers/volunteers from the Australian organization "Australian Volunteers International," with the support of 2 local trainers will train 12 young people in image and design work to create a Creative Community Campaign on an Environmental health issue of concern for the benefit of the community of the Gaza Buildings. There were many issues of concern and the young people chose the issue to work on. The trainers became core group of volunteers who later train other members of their community in multimedia.



Young people learnt about computer basics:

- CPU, RAM, ROM, Memory and speed (Bits to Terabytes and everything in between).
- Storage: Hard drives, DVD, CD
- Connections: USB, jacks, RCA etc,
- Operating systems
- Installing and cabling

Installing Adobe Photoshop was next. Each person learnt how to install Photoshop and to open and create files as a basic beginning to the software. Next they went through each of the images that were taken previously and chose the best to use for the artworks. Then bit by bit participants learnt most elements of Photoshop, as they learnt how to design and create the artworks.

At the end of the project 2 copies of the large images on Flex and smaller copies of each young person's artwork for them to take home. We printed all of the larger images have been put up in the buildings by a team of young people and trainers. We also discussed with young people ways and methods to share the ideas with the community.



Also in Jal El Bahar, 8 young people (female) learnt about:

- How images work in the society
- Location hunting, set design, studio shooting and lighting
- Conceptualizing ideas. Transforming the literal and everyday into metaphorical and creative ideas for artwork
- Thinking about and working with details
- Proper community liaison techniques and respect for the community
- Photography and manual camera usage: Framing, aperture, speed, focus, distance, perspective, composition and lenses
- Coordination, communication and cooperation with each other and the facilitators.

The workshop took place on December 2008.

By the end of the project participants developed a strong sense of the role that artwork can play in community awareness and cooperation.

Photos of different activities



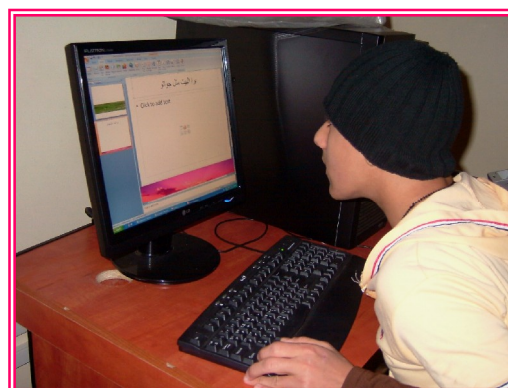
Picnic



Clowns



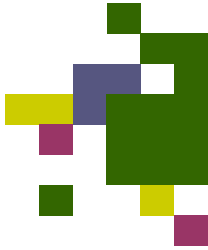
Library



Computer Lab



CDC activities



RELIEF PROGRAM



■ Introduction: The 2007 war on Nahr El Bared Camp

Recovery Program:

PARD's relief Activities to the returnees in NBC in the
Recovery Phase- Second Phase 2008

Introduction: The 2007 war on Nahr El Bared Camp Recovery Program

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 than 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 in the Recovery phase- Second phase 2008

Nahr El Bared Camp facilities have been seriously damaged in the course of the fighting with the 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.

The water supply services have substantially deteriorated in terms of quantity, quality and reliability. This has a number of effects. For example, the loss of in-house water-receiving and storage facilities will require that people wait for long periods of time for the delivery and collection of water by tanker to their homes or temporary shelters. Since the responsibility for water collection typically falls on women, this affects them mainly by reducing the amount of time they can spend on productive/ income generating activities. There is urgency to restore a reliable source of drinking water for the communities for local industries and for agricultural use. Similarly the collection of waste water should be treated as a top priority to reduce the risk of

diseases and health hazards. The safe and full functioning of the water supply and sewerage networks are among the most crucial for the welfare and livelihoods of the local community concern.

As a result of UNRWA's request, in addition to all data collected, PARD proposed to contribute to providing access to potable water at the household level, to improve public health level through hygiene promotion, and to improve sanitation in NBC camp. In addition to distributing certain relief kits and items.

The main target group were the returnee families to Nahr El Bared camp. The whole family benefited from the WATSAN project implemented. According to Health Education, the beneficiaries were the women, youth and children of Nahr El Bared camp.

PARD's relief activities for the second phase:

- ❖ **Distribution of relief kits & items**
- ❖ **Installation of water heaters**
- ❖ **Environmental health project (Hygiene promotion,**
- ❖ **Water & Sanitation project**

❖ Distribution of relief kits & items:

The main objective of this distribution was to secure clothes & foot wear for the relocated families to NBC Adjacent area residing in UNRWA Shelters, Plot 23, 674 and 600 and kindergartens, through distributing Blankets, sweaters, Protective foot wear, diapers & baby shampoo.

These families were relocated to shelters constructed by UNRWA, garages and rehabilitated houses as temporary sheltering till new houses are built again. PARD decided to distribute the mentioned relief items to those families, thus securing appropriate clothes and foot wear which are essential need in winter season.

- 1- Distribution of Blankets: A number of 1000 heavy blankets were distributed over the returnee families to NBC camp residing in displacement centers (plots 23, 674, and 600), in addition to 3 kindergartens in the camp.
- 2- Distribution of Adults protective footwear: 200 protective foot wear were distributed to adults residing in plots 23, 674 and 600.
- 3- Distribution of Adults sweaters: 1000 adult's sweaters were distributed to female and male adults in plots 23, 674 and 600.



Distribution of school kits

- 4- Distribution of Children protective footwear (2 to 10 years): 1500 protective footwear were distributed to children residing in plots 23, 674 and 600, in addition to 3 kindergartens in NBC.
- 5- Distribution of Diapers & Shampoo: A number of 500 shampoo bottles and 500 diapers bags were distributed to babies aged 0 to 3 years in plots 23, 674 and 600, in addition to 3 kindergartens in NBC.
- 6- Distribution of School kits: A number of 1318 school kits were distributed to the students of 4 UNRWA school in NBC.
- 7- Distribution of Hygiene kits: 1230 hygiene kits were distributed to families in plots 23, 774, 600, 674, and other garages in NBC.

❖ Installation of water heaters:

The main objective of this activity was to secure warm water for the returnee families to Nahr El Bared camp residing in 4 gatherings through distributing water heaters. These families have returned to their camp, which is totally destroyed, are now residing in 4 gatherings prepared by UNRWA as temporary sheltering till new houses are build again. Winter season was coming soon, holding rain and cold, when PARD, as a part of the winterization precautions, decided to distribute heaters to those families, thus securing warm water for bathing and showering, which seemed an essential need at that time.



A number of 550 water heaters were donated and installed in plots 23, 774, 600 and 674, benefiting a number of 295 families.



Those heaters were as follows:

- 250 diesel heaters
- 300 electrical heaters

❖ Health Education:

The main goal of this activity was to contribute to improving the public health through: hygiene promotion reaching 1720 persons (834 women & 886 youth and children):

1) A total **of 78 lectures were conducted**: 45 lectures were given to 834 women, 33 lectures were given to 886 youth & children. And more than 130 home visits were conducted.

Educational materials on personal hygiene, water-borne and vector-borne diseases were produced and distributed. In addition, two brochures were printed and distributed.

Type of participants	No. of lectures	No. of Participants
Women	45	834
Youth & Children	33	886
Total	78	1720

2) **Puppet theatre performances** were performed for the benefit of 1500 child.

Since the permissions for entering the NBC camp were delayed to be issued, PARD decided to conduct the puppet theatre performances in Baddawi camp.

7 puppet theatre performances were performed in Baddawi camp for the benefit of Baddawi and Nahr El Bared camp children.

The performances were done for the following kindergartens as follows:

Kindergarten	No. of beneficiaries	Age group
Palestine children	196	4-5 years
Al Israa	149	
Kanafani	65	
Najdeh	104	
Sumood	109	
Al Khalsa	159	
Abu Mohamad Haseeb	140	
Amwas	125	
Kanafani	336	
Najdeh	117	
Total	1500	

❖ Water & Sanitation project:

Activity1:

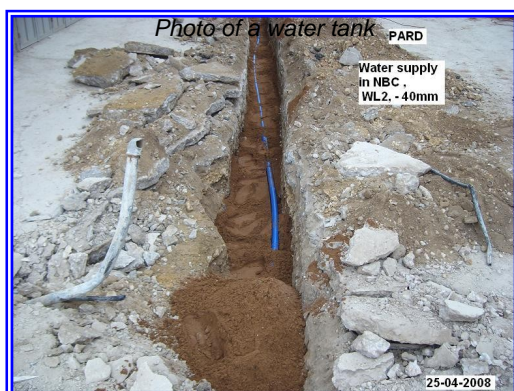
Contribute to the access of 3600 persons in Nahr Al Bared to the adequate quantity and quality of drinking water and water for household use through:

- 1) Installation of high density polyethylene pipelines in zones E and part of zone D
- 2) Installation of household connection from water net supply system to 202 buildings benefiting about 800 families in zones E & D
- 3) PVC pipes from manifolds to the roofs were connected to water tanks in zone E and part of D
- 4) Distribution of 408 PVC water tanks in zone E and part of D with all the accessories and valves
- 5) Cleaning & rehabilitation of 11 private wells in zones E and D and E'



Water tanks





Water supply activities in NBC



Household connection work



Water household connection works

Activity2:

Contribute to improved sanitation of NBC through installation and improvement of sewage household connections reaching 3600 persons in NBC through:

- 1) Installation of secondary sewers of different diameters in zones B, D and E
- 2) Construction of 316 reinforced concrete manholes in zones E and part of zone D

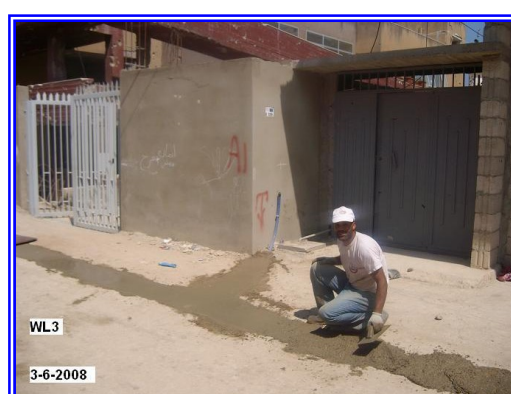


- 3) Installation of sewer main line in zone E
- 4) Implementation of 6 cleaning campaign in zones A, A', D and E
- 5) Conducting 2 spraying insecticides campaign in zones D & E
- 6) Training of 8 local men on observing contaminants, reporting & simple maintenance

Construction of reinforced concrete manholes



Installation of sewer lines



Installation of sewer lines

➤ 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
Managerial & Behavioral Skills

List of relief donors:

PARD would like to thank the following organizations for their support and solidarity with the IDPs of NBC during the war on the camp and the Returnee IDPs to NBC after the war on the camp stopped (2007/2008):

Names are listed in an alphabetical order:

- ✓ Canada Fund
- ✓ German Embassy
- ✓ Health Care Society – ANERA
- ✓ Humanserve
- ✓ Nahr El Bared Relief Campaign - AUB
- ✓ Oxfam Novib
- ✓ Refugee International Japan
- ✓ Solidaridad Internacional
- ✓ The Welfare Association
- ✓ UNICEF



CROSS CUTTING ISSUES

- **Introduction**
- **Empowerment of Women**
- **Raising Awareness on Health Issues**
- **Gender Needs**

General Introduction

Two major world conferences in the 1990s--the International Conference on Population and Development (ICPD) in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995--revolutionized the international standards for the rights and health of the world's women.

The ICPD put family planning, reproductive and sexual health care and women's empowerment squarely in the context of development, and underlined their critical importance to any social and economic progress. The Beijing conference went further, forging international commitments to promoting equality, development and peace for and with all the women of the world.

Both international agreements stressed that equality between women and men is a human rights concern, and that empowering women ensures the development of a sustainable and equitable society--no society can reach this goal without taking both women's productive and reproductive roles into account. Both aimed to ensure that policies and programmes at all levels incorporate a gender perspective and address women's lives and their needs.

The Beijing Platform for Action and the ICPD Programme of Action incorporate new and related objectives, drawn from practical experience, for addressing women's needs and rights in a holistic and integrated way. These include:

- Securing women's human rights;
- Ensuring male involvement and responsibility in reproductive health;
- Providing quality services;
- Taking a life-cycle approach to women's health;
- Attending to adolescent sexual and reproductive health needs;
- Preventing and treating HIV/AIDS;
- Eliminating all forms of violence against women, including damaging cultural practices such as female genital mutilation.

Both documents also emphasized the rights of women migrants and refugees.

Women's human rights were a key issue at the 1999 United Nations General Assembly special session reviewing implementation of the ICPD Programme of Action (New York, 30 June-2 July). The "ICPD + 5" review showed that while significant gains have been made, women's reproductive rights and sexual health are still under threat in many ways. A similar review of progress since the Beijing conference is under way in 2000.

The Beijing Platform identified "12 critical areas" of action needed to empower women and ensure their human rights: women and poverty; education and training of women; women and health; violence against women; women and armed conflict; women and the economy; women in power and decision-making; institutional mechanisms for the advancement of women; human rights of women; women and the media; women and the environment; and the girl-child.

These areas are often interrelated, but spelling them out keeps each in the forefront of policy and programme considerations. We should support programmes and projects that cut across all areas, emphasizing the links between gender, population and development. Recognizing that poverty and economic crises have put a particularly heavy burden on women and girls, it is necessary to combine reproductive and sexual health services and information with micro-financing activities for women in many countries.

All human rights--civil, cultural, economic, political and social, including the right to development--are universal, indivisible, interdependent and interrelated . . . the human rights of women and the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal enjoyment of all human rights and fundamental freedoms by women and girls is a priority for governments and the United Nations and is essential for the advancement of women.

--The Beijing Platform for Action, paragraph 213

Empowerment of Women

A- Introduction to Empowerment

Understanding gender equality and women's empowerment: Gender equality implies a society in which women and men enjoy the same opportunities, outcomes, rights and obligations in all spheres of life. Equality between men and women exists when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions. A critical aspect of promoting gender equality is the empowerment of women, with a focus on identifying and redressing power imbalances and giving women more autonomy to manage their own lives. Women's empowerment is vital to sustainable development and the realization of human rights for all.

Where women's status is low, family size tends to be large, which makes it more difficult for families to thrive. [Population and development](#) and reproductive health programmes are more effective when they address the educational opportunities, status and empowerment of women. When women are empowered, whole families benefit, and these benefits often have ripple effects to future generations.

The roles that men and women play in society are not biologically determined -- they are socially determined, changing and changeable. Although they may be justified as being required by culture or religion, these roles vary widely by locality and change over time.

Addressing women's issues also requires recognizing that women are a diverse group, in the roles they play as well as in characteristics such as age, social status, urban or rural orientation and educational attainment. Although women may have many interests in common, the fabric of their lives and the choices available to them may vary widely. PARD seeks to identify groups of women who are most marginalized and vulnerable (women refugees, for example, or those who are heads of households or living in extreme poverty), so that interventions address their specific needs and concerns.

B- Training on Empowerment

PARD has provided health education to women groups in the Palestinian gatherings for years. In 2001, PARD began training on empowerment for the benefit of women graduates from the health education sessions.

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 on:

1. Team building techniques
2. Needs assessment
3. Managerial skills
4. Mapping local community
5. Advocacy and community mobilization
6. Women Rights

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.

Those women committees were very active in the past two years, and we have many success stories to prove it. (Refer to Annex 4).

For the year 2009, PARD plans to continue training on empowerment to establish 12 new women committees (6 to 10 women each) in 11 gatherings located in the South and Beirut.

C- Capacity Building

Moreover, members of the women committees attended several workshops to promote their knowledge and capacity.

PARD's Empowered Women attended several workshops and trainings held by other NGOs and certain professional training institutions throughout the year 2008.

❖ Workshops attended:

Name of workshop	Position of attendees
Basic Workshop for coordinators of Popular Education	2 Members of women committee

❖ **Trainings attended:**

Name of training	Position of attendees
Training course on Popular Education and Illiteracy Combating	1 Member of women committee

D- Training local health educators (community health workers):

Through our years of long work raising awareness on health issues among women groups, PARD could graduate several women. Those women mostly have some medical back ground and after years of educating them, they have become good candidates to work as health educators (peer to peer education).

So far, one woman has been chosen from each targeted gathering (13 gatherings).

Training will focus on methods and techniques of health education, forty health subjects, how to plan a session including evaluation, establishing & reporting on indicators, and preparing questionnaires.

The aim of this training is that after 2009, women from the gatherings would raise awareness in their own communities with support from PARD.

For the year 2009, PARD will train 13 women to become local health educators in their communities. This training will have three objectives:

- Raising Health Awareness
- Providing jobs for the women trainees
- Sustainability

E- Combating illiteracy:

The method of literacy education that PARD follows is called Popular Education. It is unlike the traditional schooling system as no text books are used, but rather women learn language and mathematics through the discussion of a topic. For example, they learn from sentences they formulate themselves and mathematics is studied through examples from real life.

Accordingly, the educators adapt teaching methods to better suit the groups of women and children that they are teaching. Moreover, the educators are using 14 "Yanoun" CDs prepared by Beir Zeit University in Palestine for combating illiteracy. The CDs project a story through a play, choosing a subject for discussion collectively, choosing words and sentences, discussion and dialogue, focusing on letter repetition, connecting the chosen letter with other letters, using the letter in words and exercises.

Teaching focuses on three areas:

- a. Mathematics**
- b. Language**
- c. Health, environmental and social topics**

a. Mathematics

In the area of mathematics, the women will learn:

- To recognize and write numbers
- To arrange numbers with two digits
- The concept of two, three and four digit numbers (i.e. the meaning of zero)
- The mathematical signs: $x/+/-/$

- To write and read phone numbers
- To arrange numbers on top of each other so as to add numbers with multiple digits
- Addition, through exercises related to their daily lives such as grocery shopping, conducting surveys of their building (i.e. counting the number of families) and how to calculate home expenses
- Multiplication also through exercises related to their daily lives. For example; how to calculate the price of preparing one meal, how to calculate how much money they will spend at the market and how to calculate their children's pocket money over the period of one week
- Multiplication tables up to the number 9
- Subtraction
- Division

b. Language

Language is not studied from pre-prepared text but rather from sentences that the women themselves come up with. Women will learn:

- How to write and recognize the 28 letters of the Arabic alphabet in their different forms as Arabic letters change form depending on where they lie in a word or sentence.
- How to tell similar letters apart: where and how many dots to put on letters
- The location of the Arabic sound "ء" and how to determine its form in a word
- How to combine letters and pull them apart
- How to write words in their single, double and plural forms
- To recognize feminine and masculine words
- To recognize and write their names and the names of animals and cities containing the letters they are studying.
- To write sentences
- To construct paragraphs in exercises where each woman in turn, writes a sentence logically succeeding the one before it

These letters are learnt through writing exercises where women have to recognize and extract these letters from sentences they come up with. Exercises teaching language involves asking the women questions such as: "What did you do at home today?" and "What do you plan to do today?" Language is studied through discussion of events in their daily lives. These also include discussion of problems in the displacement centers and their possible solutions and focusing on specific topics during occasions such as mother's day, earth day or the religious occasions such as Ramadan.

In 2009, PARD will train 10 teachers on combating illiteracy techniques. Those teachers will conduct combating illiteracy courses in 10 Palestinian gatherings for the benefit of local groups.

RAISING AWARENESS ON HEALTH ISSUES

To raise awareness on health issues PARD uses instructive data covering more than 40 health subjects. This activity is cross cutting between two programs, the Environmental Health program and the Mother and Child Care Program, in addition to the empowerment of women. PARD's community health workers, using audio-visual materials and equipments, raise awareness on:

- Communicable diseases
- Reproductive health issues
- Childhood diseases
- Chronic diseases
- Protecting the environment

Health educators delivered 240 health education sessions to 10 groups of women living in Beirut, 57 groups of women living in the South and 2 groups living in Dbayeh Camp. The health topics were chosen based on requests made by the groups themselves and community needs.

Table 7: Health education lectures for women in Beirut and Mount Lebanon

Location	No. of Groups	No. of Beneficiaries	No. of lectures	Subjects of lectures
Gaza Bldg 1	1	15	3	Varicose, fibroids, women-related infections, osteoporosis, uterus-related problems, hepatitis A, the flu, asthma, lice, tonsillitis, epilepsy, diarrhea, meningitis, breast cancer, reproductive health, nutrition, food poisoning
Gaza Bldg 2	1	17	4	
Gaza Bldg 3	2	27	4	
Gaza Bldg 4	1	15	1	
Daouk Building	2	40	5	
Said Ghawash Building	3	50	6	
Dbayeh Camp	2	30	113	
Total	12	194	136	

Table 8: Health education lectures for women in the Southern gatherings

Name of Area	No. of Groups	No. of beneficiaries	No. of lectures	Subjects of lectures
Shabriha	8	80	19	Coal and suffocation, Bird Flu, pregnancy and related topics, women-related infections, varicose, fibroids and cysts, osteoporosis, hepatitis A, nutrition lice, general public health, the flu, vaccination, asthma, allergy, winter sicknesses, earthquakes and injury prevention, drug abuse, home accidents, tonsillitis, smoking, diarrhea, solid waste and wastewater, hypertension, epilepsy, natural breastfeeding, intestinal worms, child and infant care, food poisoning, essential drug, personal hygiene, waste segregation, children's rights, spraying of pesticides, empowerment of women, human rights, meningitis, breast cancer, eclipse, family planning, diabetes, water contamination, and menstrual cycle and the alternate hormone
Burghuliyeh	17	107	20	
Wasta	8	64	15	
Kfar Badda	4	32	6	
Sikkeh	5	35	16	
Jal Al Bahar	4	40	7	
Qasmiyeh	5	55	7	
Aitaniyeh	3	26	5	
Jim jeem	2	20	4	
Maashouk	1	14	5	
Total	57	473	104	

Table 9: Health education lectures for children in Beirut

Location	No. of Groups	No. of beneficiaries	No. of lectures	Subjects of lectures
Gaza building 1	2	45	3	Personal hygiene, proper health habits, primary teeth care
Total	3	45	3	

Table 11: Health education lectures for children in Southern gatherings.

Name of Area	No. of Groups	No. of beneficiaries	No. of lectures	Subjects of lectures
Shabriha	3	45	3	Winter diseases, jaundice, sunstroke, nutrition, personal hygiene, smoking, home accidents, hazards of fireworks, diarrhea, proper hygienic behavior
Burghuliyeh	6	90	4	
Wasta	3	40	3	
Qasmiyeh	1	20	1	
Sikkeh	3	35	10	
Aitaniyeh	1	15	2	
Jim lim	1	15	1	
Jal Al Bahar	3	45	5	
Kfar Bada	1	12	2	
Total	22	317	31	

84 young people benefited from **40 health lectures** on different topics in 5 southern gatherings.

Name of Area	No. of Groups	No. of beneficiaries	No. of lectures	Subjects of lectures
Shabriha	1	20	10	Infectious diseases, women-related infections, menstrual cycle, puberty and adolescence, Bird Flu, nutrition, home accidents and drug abuse, human rights, heart diseases, cholesterol, AIDS, hazards of smoking
Burghuliyeh	2	30	7	
Wasta	1	15	9	
Jim Jeem	1	6	8	
Sikkeh	1	13	6	
Total	7	84	40	

Local NGOs and official schools yearly request PARD to deliver health education sessions for their beneficiaries. Accordingly, **40 health lectures** were delivered on different topics to the beneficiaries the South including **211 women, 22 men, 365 youth and 65 children** of both sexes.

Health education was delivered to 2 groups of children in Beirut and 22 groups of children in the South, more frequently during the summer vacation where a total of 362 children benefited.

Table 12: Health education for other NGOs in the South and Beirut

Name of NGO	No. of Beneficiaries	Type of Beneficiaries	No. of lectures	Subjects of lectures
Al-Itihad Kindergarten	18	Women	1	Women-related infections, human rights, heart and cholesterol, smoking, menstrual cycle, puberty and
Inmaa	30	Women	1	
UNIFIL	11	Women	1	
	4	Men		
Philanthropic Islamic Association	18	Men	4	
	22	Women		
	65	Women		
	50	Women		
Nabae	9	Youth	1	
	50	Children		
Kataeb	15	Women	1	

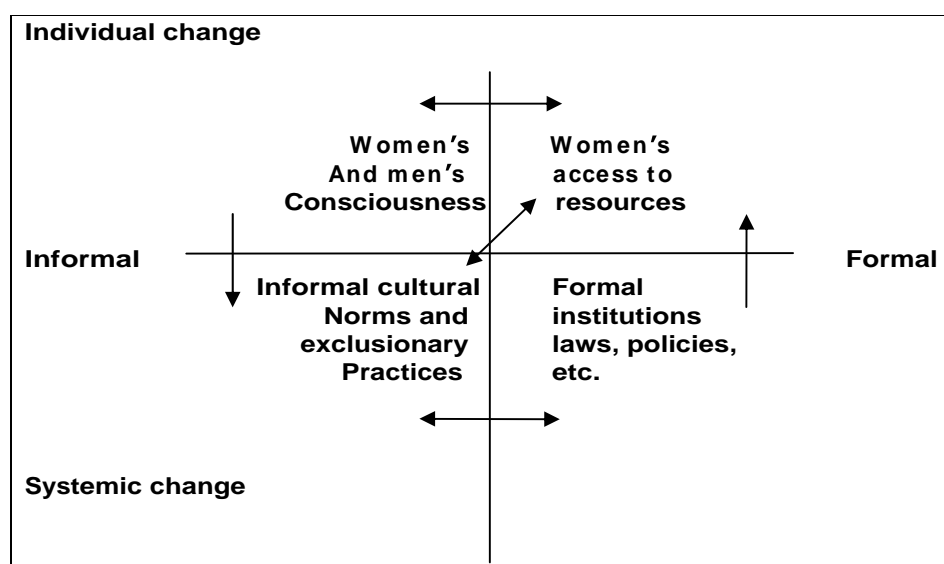
Name of NGO	No. of Beneficiaries	Type of Beneficiaries	No. of lectures	Subjects of lectures
Norwegian People's Aid	98	Youth	3	adolescence, bird Flu, nutrition, home accidents, AIDS and drug abuse
Al-Samir Center for Jewelry Making	10	Youth	1	
Arab Philanthropic Association	15	Children	1	
Sibline Center	100	Youth	2	
Bissan High school	130	Youth	3	
Jana	18	Youth	2	
Total	663		21	

Gender Needs

Our understanding of how to work towards Gender equality is that we need to change inequitable social systems and institutions. Generally, people now speak of "institutional change" as the requirement for addressing the root causes of gender inequality. This means changing the rules of the game. These are the stated and unstated rules that determine who gets what, who does what, and who decides. These rules can be formal, such as constitutions, laws, policies, and school curricula; or informal, such as cultural arrangements and norms who is responsible for household chores, who goes to the market, who decides on the education of children, or who is expected to speak at a village council meeting. It is also changing organizations which, in their programs, policies, structures, and ways of working, discriminate against women or other marginalized groups.

Different organizations have focused on one or other of the four areas listed below. Some organizations for example work on legal and policy change, with others focus on changing material conditions. On order to bring about gender equality, change must occur both at the personal level and at the social level. It must occur in formal and informal relations. This gives us the following four clusters which impact another:

- Women's and men's individual consciousness (knowledge, skills, political consciousness, commitment);
- Women's objectives condition (rights and resources, access to health services and safety, opportunities for a voice);
- Informal norms, such as inequitable ideologies, and cultural and religious practices;
- Formal institutions, such as laws and policies.



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.

In the year 2009, PARD will conduct 10 workshops to raise awareness on gender issues in 10 Palestinian gatherings.

Community Participation

- A.** Women Committees 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:

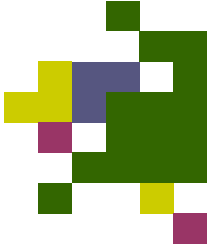
- Health educating questionnaires
- Empowerment of women questionnaires.
- Patient Satisfaction questionnaire.
- Do you know what you are drinking?

- B.** Women committees 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.



OTHER LITERATURE

- **Institutional Sustainability**
- **Capacity Building**
- **Coordination Forums**
- **Policy and Practical changes to which
PARC contributes**

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 and Action 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.

The Action Plan was developed in 2006 and was implemented over the next three years. In this action plan PARD attempted 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 established a wide range of projects and activities, mechanisms of implementation, indicators, estimated costs and responsibilities.

By the end of 2008 PARD contracted ICOD (The international center for organizational development) again to work on developing new Strategic and Action plans for the following three years. PARD and ICOD will start the process at the beginning of 2009.

The process will involve PARD's main partners, stakeholders and key staff who will be encouraged to review PARD's current challenges and propose best responsive strategies that should be adopted to optimize the organization's performance in the service of its mission. The result of the process will be reflected in a new strategic document through which PARD will clarify its focus on both ends and means for the next three years.

PARD needs to use strategic planning as a management tool to re-examine its current programs and strategies, challenges and use this knowledge to sharpen its organizational focus, so that all organizational resources are optimally utilized in service of the PARD's mission. The process will also help PARD focus its vision and priorities in response to the changing environment and emergencies such as the one that PARD was heavily involved in 2006. PARD also needs to ensure that all the staff members are aware and working towards the same organizational goals.

Expected Results of the Process:

The process will ultimately provide the following results:

- A review of the current strategies and programs
- A uniform vision and mission that is shared among all staff
- An increased level of commitment to the organization and its goals
- Improved quality of services and a means of measuring PARD's goals
- The ability to set priorities and to match resources to opportunities
- The ability to deal with risks from the external environment
- A framework and a clearly defined direction that guides and supports the governance and management of PARD
- A process that would help with crisis management

Capacity Building

PARD's staff attended several workshops, trainings and lectures held by other NGOs and certain professional training institutions throughout the year 2008.
Reporting Period: January 2008 – December 2008

➤ MOTHER & CHILD PROGRAM:

❖ *Workshops attended:*

Name of workshop	Position of attendees
Educational articles about HIV Transmit infection and reproductive health, and improving the proper advocacy campaign	Nurse
Principles of "preventing usage of drugs for drug addicts & AIDS" Strategy, and its fast resolution	Nurse

❖ **Trainings attended:**

Name of training	Position of attendees
Leadership in Human Resources Management	Mother & Child Program Coordinator
Project Management & logical frame method	2 Project Leaders
Emergency in Reproductive Health	Project Leader
Managerial & Behavioral Skills	Mother & Child Program Coordinator
Professional correspondence & Report writing	3 Project Leaders
Project Cycle Management	Mother & Child Program Coordinator
Training on the usage of Mammography	3 Doctors- Project Leader
Understanding & Making clear our needs for Medicines	Project Leader
AIDS/ HIV virus transmission	Nurse

❖ **Lectures attended:**

Name of Lecture	Position of attendees
Launching of the world observatory health report	Program Coordinator
Opiates Substitution Therapy	Project Leader

➤ **ENVIRONMENTAL HEALTH PROGRAM:**❖ **Workshops attended:**

Name of workshop	Position of attendees
Struggle for health	1 Community Health Worker
Training the Trainers	1 Community Health Worker
Project Cycle Management & Logical Framework Approach	Environmental Health Program Coordinator

❖ **Trainings attended:**

Name of training	Position of attendees
Project Management & Logical frame Method	1 Community Health Worker
Business Plan	Environmental Health Program Coordinator
Sexual Abuse & Stress Management	Youth Program Coordinator- Community Health Worker

❖ **Lectures attended:**

Name of Lecture	Position of attendees
Launching of the world observatory health report	Environmental Health Program Coordinator- Community Health Worker

Name of Lecture	Position of attendees
Role of municipalities in executing the rights of children (Lebanese Ministry of Social Affairs)	1 Community Health Worker
Women can do it	2 Community Health Workers
Violence against Children	2 Community Health Workers
Prevention from Breast Cancer	3 Community Health Workers

➤ **YOUTH AND CHILDREN DEVELOPMENT PROGRAM:**

❖ **Workshops attended:**

Name of workshop	Position of attendees
My First Book Contest	Librarian
Writing & picturing for magazines and newspapers	Youth Program Coordinator

❖ **Trainings attended:**

Name of training	Position of attendees
Project Management & Logical frame Method	Youth Program Coordinator
Art of Leadership for Youth	Project Leader
Communication & Interactive Skills	Project Leader
Project Management	Youth Program Coordinator
Sexual Abuse & Stress Management	Youth Program Coordinator

❖ **Lectures attended:**

Name of Lecture	Position of attendees
Launching of the Arab Human Rights Fund	Youth Program Coordinator
Al Nakbah Project	Animator- Librarian

➤ **ADMINISTRATION:**

❖ **Workshops attended:**

Name of workshop	Position of attendees
Project Cycle Management & Logical Framework Approach	Administrative Assistant & HR personnel

❖ **Trainings attended:**

Name of training	Position of attendees
Internal Management Auditing	2 Administrative & Financial Coordinators
Financial Accounting & Analysis	Administrative & Financial

	Coordinator
Managerial & Behavioral Skills	Administrative Assistant & HR personnel- Relief Program Coordinator
Communication & Interactive Skills	Director
Management Auditing	Director
Stores & Warehousing Management	Stock Control Operator
Job Description/ Job Evaluation	Administrative Assistant & HR personnel
Performance Appraisal	Director- Administrative Assistant & HR personnel
Strategic Planning for Human Resources	Administrative Assistant & HR personnel
Project Management	Relief Program Coordinator
Training on English language	Secretary- Assistant Accountant

❖ **Lectures attended:**

Name of Lecture	Position of attendees
Launching of the world observatory health report	Director
The Lebanese- Palestinian Dialogue Initiatives UNDP	Administrative Assistant & HR personnel

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, and 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.

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:

Look into annex number 4 for success stories or case studies

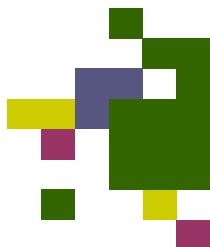
- ♦ Through services provided in the environmental program, women and children live in a relatively safe environment and have access to clean water.
 PARD's environmental health program contributes to improved water and sanitation at the Palestinian gatherings (unofficial camps) in the South and Beirut 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: Mother & Child:*** Lists of 2008 Annual visits to
PARAD's clinics
- ***Annex 2: Environmental Health:*** Reporting Water &
Sanitation Activities in Beirut
- ***Annex 3: Environmental Health:*** Reporting Water &
Sanitation Activities in the South
- ***Annex 4: Environmental Health:*** Case Studies
- ***Annex 5: Relief Program:*** Donations after 2006 Israeli
war (August 2006 – January 2007)
- ***Annex 6: Relief Program:*** Donations for IDPs of Nahr El
Bared Camp (May- December 2007)
- ***Annex 7:*** Statistics of PARAD's target population till
November 2006

Annex1 : Lists of 2008 Annual visits to PARD's clinics**Dbayeh Clinic**

	Male	Female	Total
Doctors			976
Cardiovascular	26	75	101
Children + New born	108	88	196
New born Growth Monitoring	108	88	196
Dermatology	-	-	-
E.N.T.	-	-	-
Endocrinology	-	-	-
Enterology	-	-	-
General	86	151	237
Gynecology	-	155	155
Minor Surgery	-	-	-
Neurology	-	-	-
Obstetrics	-	-	-
Ophthalmic	-	-	-
Orthopedics	17	74	91
Urology	-	-	-
Services			481
E.C.G.	21	26	47
First Aid Dressings	2	5	7
Laboratory Tests	96	277	373
Pregnancy Tests	-	5	5
Ultrasound	6	40	46
Pap Smear	-	3	3
Other Services			120
Milk for Babies	-	-	-
Milk for Women	-	101	101
Echography	1	18	19
Baby Clothing	-	-	-
Hardship Cases	-	-	-
			1577

Children's Vaccination

	Male	Female	Total
Diphtheria- Pertussis- Tetanus (D.P.T)		2	2
Hepatitis A			0
Hepatitis B			0
Meningitis			0
Mumps-Measles-Rubella (M.M.R)	1	1	2
Poliomyelitis		1	1
Chicken Pox			0
Mencevax			0
Pneumonia 23			0
Rotarix			0
Vaxigrip	1	1	2
Total			7

Kfar Badda Clinic

	Male	Female	Total
Doctors			738
Cardiovascular	0	0	0
Children + New born	82	86	168
New born Growth Monitoring	82	86	168
Dermatology	0	0	0
E.N.T.	0	0	0
Endocrinology	0	0	0
Enterology	0	0	0
General	101	301	402
Minor Surgery	0	0	0
Neurology	0	0	0
Ophthalmic	0	0	0
Orthopedics	0	0	0
Urology	0	0	0
Services			16
E.C.G.	0	0	0
First Aid Dressings	10	6	16
Laboratory Tests	0	0	0
Pregnancy Tests	0	0	0
Ultrasound Abdominal	0	0	0
Ultrasound Urology	0	0	0

Other Services			5
Baby milk	0	0	0
Women's Milk	0	0	0
Baby Clothing	0	0	0
Hardship Cases	1	4	5
Total (excluding hardship cases and health society)			754

Women Health Center- Sabra

	No. of Beneficiaries
Doctor's Services	6680
Check up for Pregnancy	2486
Check up for Gynecology	1511
Ultrasound Gynecology & Pregnancy	2503
Circumcision	35
D&C	7
Cauterization	4
Family Planning - IUD	56
Pap Smear	78
Other Medical Services	337
NST	35
Pregnancy Tests	226
Minor Surgery	5
Dressing First Aid	71
Others	2333
Distribution of Baby Clothing	0
Milk for Women	2013
Transfers	4
Hardship Cases	26
Lab Test for pregnant women	219
Other Lab Test	71
Total(excluding hardship cases and health society)	9324

Mobile Clinic

	Total
Services for women	
Check-ups for Pregnancy	854
Check-up for Gynecology	745
Ultrasound Gynecology and Pregnancy	702
Post-natal care	118
Family planning	61

Pap Smear	15
Newborn Clothes	60
Women's Milk	241
Cauterization	18
Total	2814

Wasta Clinic

	Male	Female	Total
Doctors			884
Cardiovascular	0	0	0
Children + New born	133	123	256
Newborn Growth Monitoring	133	123	256
Dermatology	0	0	0
E.N.T.	0	0	0
Endocrinology	0	0	0
Enterology	0	0	0
General	129	243	372
Minor Surgery	0	0	0
Neurology	0	0	0
Ophthalmic	0	0	0
Orthopedics	0	0	0
Urology	0	0	0
Services			386
E.C.G.	3	2	5
First Aid Dressings	41	24	65
Laboratory Tests	52	264	316
Pregnancy Tests	0	0	0
Ultrasound Abdominal	0	0	0
Ultrasound Urology	0	0	0
Other Services			16
Baby milk	0	0	0
Women's Milk	0	0	0
Baby Clothing	0	0	0
Hardship Cases	7	9	16
Total (excluding hardship cases and health society)			1270

Sabra Clinic- Beirut

	Male	Female	Total
Doctors			11225
Cardiovascular	63	174	237
Children + Newborn	1938	1929	3867
Newborn Growth Monitoring	1938	1929	3867
Dermatology	282	587	869
E.N.T.	93	160	253
Endocrinology	42	173	215
Enterology	56	215	271
General	406	591	997
Minor Surgery	0	0	0
Neurology	23	78	101
Ophthalmic	101	143	244
Orthopedics	64	151	215
Urology	54	35	89
Services			2340
E.C.G.	36	75	111
First Aid Dressings	289	328	617
Laboratory Tests	446	984	1430
Ultrasound Abdominal	23	97	120
Ultrasound Urology	31	21	52
Ear Cleaning	0	1	1
Echocardiography	1	9	10
Audiogram	1	3	4
Other Services			513
Milk for babies	56	29	85
Health Care Society	77	83	160
Hardship Cases	118	150	268
Total(excluding hardship cases and health society)			13650

Children's Vaccination

	Male	Female	Total
Diphtheria- Pertussis- Tetanus(D.P.T)	174	193	367
Hepatitis A	67	68	135
Hepatitis B	193	196	389
Meningitis	177	196	373
Mumps- Measles- Rubella(M.M.R)	70	76	146
Poliomyelitis	174	193	367
Chicken Pox	25	15	40
Mencivax	18	21	39
Pneumonia 23	11	13	24
Vaxigrip	23	31	54
Typhim	26	23	49
Rotarix	1	4	5
Measles	4	4	8
Total			1996



Annex2: 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	-	-	-

Maintain water 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	-	-	-



Annex3: 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>			

Annex4 : Environmental Health: Case Studies

Case Study1 : A Dream Come True

Men usually serve their community through Popular Committees, but in this case the women felt that they should be more effective in recognizing and solving their community's problems so they formed a Women's Committee in Burghuliyeh which was formerly known as Mhayleeb because it wasn't occupied and the soil and rocks were white in color, then the Burghol family bought this land in 1940 so it became known as Burghuliyeh. The most important families: Dawood, Okasha, Sleiman, Korayee, Sodeis, Fhaylat, Akhdar, Ahmed and Mawla.

Meeting with Mr. Abo Abdallah (Head of the Municipality):

"I would like to thank PARD for all the services it performed in our community and we'll continue working together.

At first I was surprised by the committee's name when they asked for a meeting, but when they explained why the area needed a first aid center, the municipality supported them. We are proud of this committee."

Members of the Women's Committee:

Hoda Khaleel Staytiyeh: (32 years old)

She has 3 children."Before I joined the committee I used to feel the emptiness in my life because I wanted to contribute in my community so I joined the committee and wish to continue working with PARD."

Shireen Ali Mohamed :(17 years old)

She's a first aider." Before I joined the Women's Committee I used to be bored and sad because of the emptiness I felt. I dropped out of school in Grade 5 and stayed at home doing nothing. Then I joined the committee and I began looking forward to the meetings .After I a while I decided to join the first aid team, I became known in the area because I helped in the cases of injury and I also helped our neighbors when a fire started in their home and the parents weren't at home, so I took the children out and put out the fire. After I solved this problem I felt very proud. Now I'm ready to continue working and volunteer in any project that benefits my society."

Abeer Al Mohammad :(University Student)

"It's a dream come true to find in my community a group of women who meet and try to solve problems. I used to think that this only happens in the European countries, but when I was invited to join the committee I considered it a step in the right direction. I'm proud to be a member of a committee which is trying to improve the local community."

Fatima Al Mahmood:

I used to spend my time performing household chores or going to my brother's house because I dropped out of school. When I was invited to join the committee I was afraid and hesitant because it's considered a man's job, but my sister in law and PARD's health instructor encouraged me. We used to meet twice a week. At first, there were debates because we didn't know how to prioritize our problems. Then we decided that the absence of a first aid center is a priority, so we divided ourselves into groups. I was in the group that met with the head of the municipality, I was very nervous but PARD's health instructor encouraged me and when I heard Mr. Abo Aballah greeting and thanking us I began crying as did all the committee's members. Finally, a room in the municipality was given as an encouragement to be used as a first aid team center.

Samah Mohamad Korayee :(20 years old)

When I was 17 years old I heard my mother talking with our neighbor about the committee that PARD is going to form. My mother couldn't participate because she had to take care of her little children but she said that Samah can. I was surprised because I didn't know to act with the other members but after I participated I felt as if my dream in being able to change the women's conditions came true. Then I joined the first aid team and felt happy when I helped an injured child.

Kamila Salim Al Mostapha:

This committee is important for women in our society. We succeeded in establishing a first aid center and we hope that all women are trained. I'm willing to continue working with the committee because our community suffers from many problems that require solving.

Sobhiyeh Ibrahim Diab:

I couldn't join the committee because I had to take care of my little children, but I encouraged my eldest daughter, Samah, and son to join the first aid team. Now I'm ready to join and have a role in its coming successes."

Khadija Al Dawood:

She is housewife and a mother of three. The health lectures were being held at her house. She was the first to join the committee, encouraged others to join, and was the first member who asked for a midwife in the southern gatherings and continued working until this was achieved. She's still an effective member of the committee and is trying to improve its work.

Om Dawood:

She's a housewife and a mother of 7." Joining the committee the meaning of women's meetings because now we meet to discuss our problems and try to solve them. I hope that all women join a committee to try and solve their families' problems."

How did the story start?

It all started after PARD's health instructor finished giving a lecture about reproductive health. One of the participants Mrs Khadija Al Dawood said that many women have gynecological issues, but they don't go to a specialist because of the absence of a hospital or a clinic in the area or due to financial problems, so it becomes a chronic inflammation and threatens the lives of the couple.

The solution was the presence of a midwife who will go to the southern gatherings and conduct a general check-up on the sick women and helps them before their disease worsens. The women asked for help from the only organization that offers services to their gathering which is PARD. So they wrote a letter asking for help from PARD through the health instructor.

The letter was delivered to Mrs. Rita Hamdan who studied the suggestion and decided to:

Add equipment to PARD's mobile clinic so that it can receive women.

A midwife will work according to a schedule and go to a different gathering every day.

The first activity done was a free of charge Pap smear campaign which helped to save many lives.

A fixed clinic will be equipped and a gynecologist will check the cases that the midwife transfers to her.

Now there are two centers in Shabriha and Wasta where the gynecologist perform a general check-up on the women, cauterization, and ultrasound services and follow up of pregnant women. This was an encouragement from PARD which led to define the problem then solve it by providing the services of the Mobile Clinic then the Fixed Clinic.

It was a success that no one could believe and as a result the women's committee became organized and meets on a monthly basis this led to the second success which was the first aid team.

The first aid team:

After the women's committee in Southern Burghuliyeh began their monthly meeting they discovered that the first demand was a first aid center because the nearest health center is in Tyre and if anyone in Burghuliyeh had an accident this will endanger his life , so the committee decided to do the following:

Ask PARD to train a first aid team because it has formerly trained a team in Shabriha.

The committee was divided into 3 groups which had these missions:

To communicate with PARD

To locate the training location

To form the first aid team

1- They communicated with PARD and it was decided that PARD will train the team and provide the equipment needed for the center.

2- They met with the Burghuliyeh's Head of the Municipality who offered to provide a room in the municipality to be used as a center.

3- They formed a random team, which included women and youth, met with Fakhri Jomaa the instructor, who divided them into a youth team and a housewives team.

Fakhri Jomaa and Rashid Al Mansi began training the teams during which some members left the team, but the head of the municipality, the women's committee and PARD's director formed it again. This problem that encountered the committee did not affect them; instead they continued their work and the results were:

They had a trained first aid team

A fully equipped room was prepared by PARD

The team's graduation party was held in the municipality and the committee's members were proud of their success, defiant, strong and wanted to tell their story and encourage women in other areas to do the same.

When I began working with PARD I felt that my job was only as a health educator , but I had a goal which met with PARD's vision , that is to help in improving the society and the living conditions of my people who were forced out of their country and became refugees with no rights , social or health services. At first, the women used to meet in the morning after their children went to school to drink coffee. Then after I began working with them they used to finish their house chores early to come and listen to the health lectures and after the lectures ended we used to talk about politics, economics and health. In war they are mighty fighters and in peace they are good politicians. They talk about human rights and think that men's rights come first then children's rights, finally women's rights. They have an energy that can benefit their society and solve the problems; all they need is some instruction. So with the help of PARD I began working with the women's committee.

This work changed me and the women began to achieve successes in Burghuliyeh, Aitaniyeh, Jal Al Bahr and Al Samer River. I will continue my work until empowerment reaches every women of my people.

Case Study2 : A Tale of Success

A women's committee took part in ending environmental, social and moral damage.

Region: Aitaniyeh

Date of Founding: 1960

Nationality: Mostly Palestinians

Most important families: Mkahal – Rahall

This is a story about Palestinian families deported by the Israeli Occupation in 1948.

They moved to Lebanon and worked in agriculture in a seashore area. But the sea destroyed their huts so they moved to a higher area which is now the Aitaniyeh's congregation, it includes 70 houses, and the most important families are: Rahall, Dahr, Hwaydi, Aishe, Khashan, Ismael, Faour, Darbasany. Most of them work in agriculture, smithery, as teachers in UNRWA or have immigrated to Arabian or European countries.

This congregation used to suffer from deprivation in safe drinking water availability, sanitation, solid wastes removal and health services until PARD began to provide these services. Then many problems began to arise:

1. The dump which wasn't fenced was located at the congregation's entrance, so there were flies, bad smells and people used to step on garbage.
2. Increased numbers of flies, mosquitoes, and the widespread of bad odors led to the increase in cases of diarrhea, vomiting, respiratory problems and skin allergies.
3. The dump was located above the area's main well this led to water pollution.
4. The principal of a neighboring school filed a complaint against the residents.

The people couldn't solve this problem until PARD began the women's empowerment program and founded the women's committee which worked on the following issues:

- Drawing a map of the area.
- Establishing points of strength and weakness.
- Identifying problems.
- Establishing priorities
- Solution.

So the priority was given to the dump issue.

A plan of action to close the dump was reached after all the sides met:

1. An informative campaign about the importance of closing the dump and the diseases it causes was done by the women's committee and Fadia Dahsheh a health instructor.
2. A letter was written to PARD because it's the area's environmental supervisor and it owns a solid wastes removal truck. A plan was put; so that the truck gathers the garbage from outside the houses and a new list of families participating in this project was written.
3. A children's group joined PARD's environmental club and the importance of closing the dump and the risks of littering were explained.

PARD's Environmental Club activities:

- * They toured the area to specify garbage piles locations.
- * They tried to identify polluted areas.

- * Recycled materials were used to demonstrate to the children how diseases and pollution, especially water pollution, spread. Then the children learnt the importance of keeping the environment clean and closing the dump.

Then the women's committee began its work:

- A meeting was held with the Popular Committee representatives: Mr. Abu Mohamed Mkahal and Mr. Ghassan Rahall. They were very supportive and provided every help needed.
- The women's committee met and the day of closing the dump was specified.
- A letter was written to PARD asking permission to use the solid wastes removal truck.
- A cleaning campaign was carried out in the area in association with the environmental club.
- On the specified day, the participants gathered the garbage and put it in large bags. Then Abu Nabil, PARD's environmental health supervisor, with the help of two workers Isaac Abd-El-Rohman and Ahmed El-Shaykh loaded the garbage into the truck and whitewashed the area.

Finally, a tree was planted in place of the dump to be taken care of by the children. Then a play "The Migrant Fly" was performed to explain how garbage and increasing numbers of insects help in transmitting diseases.

So by the combined effort of the women's committee and PARD, the dump was transformed into a clean area.

Members of the women's committee state their opinions:

1- Alia Mohamed Aishe: She joined the committee after its success." Our area's symbol was the dump, now it's a tree."

2- Nadwa Al-Ali :(Age 71):"The dump was facing my house and I used to miss the view that our house in Palestine had. Then we met Fadia from PARD and we worked together and closed the dump. Now it's forbidden to throw garbage and all I see is the tree."

3- Fatima Al-Ali: "I'm a member of the committee and willing to continue working with them, because before closing the dump the area was disgusting and I used to be ashamed when my friends came to visit; now I invite them because I'm proud of the work we had done."

4- Naima Mkahal: She participated in closing the dump and her children used to take care of the tree." The area used to suffer from flies and odors, now the view is beautiful and the tree is our congregation's symbol."

5- Najat Mkahal: " Before the dump was closed; we used to suffer from diseases and step on garbage, now the area is clean."

6- Fatima Mkahal: She's a founding member of the women's committee and participated in PARD's women's empowerment workshop. After her husband's death, she became the chlorination system and the electric generator supervisor and she's doing a good job." People used to complain about the dump, but no one tried to close it. Until in association with PARD we solved the problem and planted a tree, the symbol of health."

7- Jihan Ahmed Faour: She's an agriculture worker and helps in taking care of the tree." Before closing the dump, I felt ashamed when people used to pass, pinch their noses and say that the residents of this place are dirty. We didn't know how to act until the women's committee closed it."

8- Rihab Ahmed Faour: Her sister is paralyzed and can't move without a wheelchair. She used to clean its wheels daily from the garbage and be disgusted. Now the area is clean and she wants to join the women's committee.

The success in 2005 of the Aitaniyeh's women's committee in closing the dump and making the tree a symbol of their area encouraged them and others (Southern Burghuliyeh in 2006) to try to improve the condition of the surrounding environment.

Case Study3 : Damage Control for the Residents of Jal Al Baher Gathering

What are Jal Al-Baher and Al-Samer Camp?

The Establishment of the Gathering

The gathering was established back in 1951 by the Palestinian refugees coming from Al-Jaleel villages in Palestine. The refugees did not settle in the camps of Al-Bass or Al-Rashidiyeh or Burj Al-Shamaly (Northern Tower), but chose to reside on the coastal line on one of the entrances of the city of Tyr, considered as an open land owned by the Lebanese country. Their choice was due to the fact that their line of work, which consists mainly of raising cattle (sheep, cows, goats and other), was not permitted in the other camps.

The gathering consists of around 320 families, where the main ones are the Merhi, Darwiche, Awad, Ibrahim, Abu-Hawash and other families. Some Lebanese families have also joined this gathering from the southern villages such as Deir-Harfa and Al-Mansouri, mainly Al-Zobod, Hourani and Ataya families.



Current Situation

Most of the men in the gathering work in fishing, coal mining, and free lance working in cement, carpentry and blacksmith. There is one school teacher in this gathering who teaches in UNRWA schools. The Palestinian refugees in this gathering are like their fellow Palestinians living in Lebanon who lack all their basic civil rights. In addition to that, considering that the work that they carry out is mostly seasonal, their income is most of the time, low, limited and does not cover basic needs.

Considering the services available at the camp, UNRWA does not provide any to this camp since it is not considered as an official camp, unlike other camps such as Al-Bass, Al-Rashidiyeh and Burj Al-Shamaly. Nonetheless, Al-Abbasiyeh municipality collects solid waste from the point of compilation, and the Tyr department of waterworks in Ras Al-Ayn provides the drinking water.

Academically speaking, the children of the camp attend the UNRWA schools in Al-Bass and Al-Rashidiyeh camps; however, the parents find difficulty in transporting their kids to the other camps mainly due to the fact that the children need to cross a dangerous highway which connects the gathering from the city of Tyr.

Taking the environmental aspect into perspective, there is a general negligence in the case of the sewerage system. This became apparent in the state of the Al-Samer River which carries not only the wastewater of the gathering, but also of other areas, in addition to wastewater of slaughterhouses and factories.

Photo from Jal Al Baher Camp



What is the Problem?

Al-Samer River, which intersects Jal Al-Baher gathering from the side of Al-Bass camp, is basically a stream of the many streams of Al-Litany River.

Around 20 years ago, the contamination of this River began due to the multitude of auto shops, fuel stations, and slaughterhouses on both sides of the Rivers, where the waste of these industries had been discarded into it. In addition to that, part of the wastewater of Burj Al-Shamaly, Al-Bass, and other household and farm waste had been directed into Al-Samer River as well. This had caused the River to turn into a swamp of chemical and biological pollutants from chemicals of industries and wastewater of households and slaughterhouses.

The River became a gathering location for rodents and pests, as such, a site for the spread of contagious diseases such as Typhoid fever, Tuberculosis bacilli and other diseases such as asthma and dermal diseases. In addition to that, two baby girls had drowned in this River.

How was this problem solved?

There were several attempts in the past to manage the environmental problem imposed by the polluted River. Of these attempts, several unsuccessful visits were made between committees and representatives of the municipalities of Tyr and Abbasiyeh due to the cost of the suggested solutions.

The Role of the Popular Aid for Relief and Development (PARD)

The committee started training women from the Jal Al-Baher gathering for empowerment in the year of 2006. The training covered the following subjects:

- Forming groups
- Conducting and documenting meetings
- Assessing the needs of the local community
- Prioritizing the needs of the local community
- Suggesting solutions to the problems
- Gaining the skill to introduce the problems to the stakeholders
- Electing one or more people to represent the group
- Using communication skills to persuade the people in charge to help in problem solving
- Following up with and handling unresolved issues
- Influencing the surrounding community
- Performing some activities to develop the surrounding community



The training was done in around one year due to extensive application procedures. These include identifying the needs of the community and prioritizing those needs.

In early 2007, the women's committee was complete. It holds since then, regular meetings. The members of the committee are:

- Manar Salem
- Maha Kharbeety
- Hanan Awad
- Om Talal Ataya
- Om Khaleel Zobod
- Randa Ataya
- Om Shadi Ataya
- Faten Zobod
- Om Hussein Salem
- Yousra Al-Kady

The committee identified that the priority of action was to handle the environmental and public health issue for Al-Samer River. The responsibility of who should be responsible for environmental supervising for the area was identified and PARD was chosen to exterminate pests and rodents and to provide health education in the Jal Al-Baher gathering.

The women's committee wrote a letter to PARD as a plea for help, on that basis, PARD sent out its engineer to estimate the cost of the project (Al-Samer River) and contacted Oxfam to finance the project. After studying the project, PARD and Oxfam apologized for undertaking the project due to its high expense.

Accordingly, the women's committee conducted an emergency meeting to assess the situation at hand. The results were that the gathering was geographically located between two municipalities, Tyr and Al-Abbasiyeh. Consequently, the committee decided to head to the municipality of Al-Abbasiyeh and upon requesting an

appointment and explaining the reason for this appointment, the municipality refused to give a review meeting to the committee due to the cost of damage control of such a project.

The women's committee was hopeless for a while, however, with the on-going training for persuasion and leadership, the committee was encouraged to persist with this issue and decided to go forward to the press.

As such, the committee sent a letter to the press, in particular journalist Mr. Hussein Saad from Al-Safir journal, explaining the problem that they were facing. Accordingly, Al-Safir published an article on November 27, 2007, under the title 'who wants to have Al-Samer River with its sickness and floods from the residents of Jal Al-Baher'.

Coincidentally, the journalist happened to be the head of the municipality of Teir Diba, a village in the area of Tyr. The committee convinced him into adopting the Al-Samer River case and delivering it in the Union of Municipalities of Tyr meetings, in which he did. However, the problem remained unresolved due to lack of finance.

In late 2007, the committee decided to visit the municipality of Tyr. Accordingly four representative women of the committee did their preparatory meeting for this visit in an attempt to agree on how to deliver the problem to the head of the municipality there. Several points were discussed and agreed upon concerning the problem, attached to the file presented were photographs of the polluted River. Other issues, such as solid waste and the lack of a lighting pole, were also discussed, in order to take advantage of this rare opportunity.

Consequently, the committee did indeed meet with Mr. Adbul Mohsen Al-Husseini (Abu Thafer), the head of the municipality of Tyr on June 11th, 2008 at the municipality hall and the problems that the committee had agreed upon were raised (such as Al-Samer River, solid waste and lighting), and a flower bouquet was given to the head of the municipality.

The head of the municipality gave a positive feedback to the committee and promised to introduce the issue to a German party in a hope to get the financing to solve the Al-Samer River problem. In addition to that, he promised to put a solid waste dumpster at an area close to the gathering where the municipality is responsible for emptying it and a lighting pole at the entrance of the gathering.

Two days after this meeting, the promises of the head of the municipality were fulfilled concerning the solid waste and the lighting. These were considered important steps to solve part of the gathering's problems in addition to the moral support that the committee had received due to their hard work and their persistence in demanding the improvement of the situation at Jal Al-Baher gathering.

The committee and the municipality of Tyr kept the communication lines to follow up on the financing of the project of Al-Samer River. One week after the initial meeting, the women's committee were informed that the German Embassy had adopted the project of damage control for Al-Samer River in cooperation with the Council for Development and Renovation (CDR), in addition to follow up, supervising, and implementation by 'Yater for Engineering' company.

On June 21st 2008, the tractor started cleaning up Al-Samer stream to prepare for the execution of the project which entails:

- Placing a cover of completely fortified cement and inside it a pipeline of the ordinarily applied sewerage system, and that would be due to the presence of wastewater from more than one neighborhood dumped haphazardly in the river. In addition to that, separate pipelines would be constructed for rainwater.
- The German embassy will later finance a wastewater treatment plant

After that, the women's committee met and raised some questions about the project. Accordingly, the committee decided to contact the engineer who would be supervising the project, Mr. Samih Al-Khaleel, and an appointment was set.



On July 2nd 2008, a broad meeting was held in the presence of:

- A representative for the municipality of Tyr (Eng. Mohamed Baher)
- Project manager (Eng. Samih Al-Khaleel)
- A representative of the neighborhood (Abu Khaleel)
- A representative of PARD (president of PARD-Rita Hamdan)
- Health inspector (Saeed Al Koussy)
- The trainer of the women's committee of PARD (Fadia Dahsheh)
- The 10 members of the women's committee



Several questions were raised about the project and its duration, where the two engineers explained the details accordingly. PARD was asked to continue its health education about issues of wastewater and solid waste throughout the period of the project.

The municipality has officially confessed to the existence and the importance of the women's committee, accordingly, the different levels of project implementation are being held directly between them. The project is expected to take 6 months to be completed.

The success that the women's committee has attained has positively influenced other women's committees in Al-Burghuliyeh and Al-Qasmiyeh gatherings where the power of persuasion has pushed them into action.

Overview of the Members of the Women's Committee:

- **Faten Atef Kleet**
 - Year of birth: 1971
 - Number of kids: 4
 - State of mind before joining the women's committee: lost, torture, sickness
 - State of mind after joining the women's committee: hopeful, happy, able to achieve the impossible
- **Amina Darwiche Al-Kura (Om-Khaleel)**
 - Year of birth: 1948
 - Number of kids: 8
 - State before joining the women's committee: hateful of life, constant worry about grandchildren's future
 - State after joining the women's committee: love life and the area in general
- **Dalal Adbullah Mhanna**
 - Year of birth: 1973
 - Number of kids: 3
 - State before joining the women's committee: feeling as though in prison, worrying about children drowning in the river, depressed
 - State after joining the women's committee: ability to participate in the community, freedom, security
- **Randa Hameed Ataya:**
 - Year of birth: 1960
 - Number of kids: 3
 - State before joining the women's committee: suffering, incapacity to express, disgust
 - State after joining the women's committee: hope, love for the future
- **Hayat Ali Al-Assaad**

- Year of birth: 1973
 - Number of kids: 4
 - Has a son who lives in the same house
 - Mahmoud Hassan Ataya: Has one child aged 2 months
 - State before joining the women's committee: Hopelessness, losing the meaning of life, feeling lost and humiliated, sickness, disgust
 - State after joining the women's committee: Feeling of one's existence, ability to express oneself, joy, waiting for the end of the project to stop the illness in the area
- **Hanan Hassan Awad**
 - Year of birth: 1961
 - Number of kids: 3
 - State before joining the women's committee: depression, illness, hating her own home
 - State after joining the women's committee: joy, hopes to improve her house after the sickness is gone from the area
- **Iman Wadee' Hourani**
 - Year of birth: 1971
 - Single
 - Lives in the house with her mother, her married brother and his kids
 - State before joining the women's committee: misery, illness, fear of the children from drowning, insomnia due to fear of the river flooding
 - State after joining the women's committee: sleep easily at night, security, there are people who care and our voices are heard
- **Yousra Saeed Al Kadi**
 - Year of birth: 1962
 - Number of kids: 5
 - State before joining the women's committee: humiliation, sickness, depression, hating her own home
 - State after joining the women's committee: health, security, stability, feeling that persistence achieves the impossible
- **Bahija Mahmoud Al-Yamani**
 - Year of birth: 1952
 - Number of kids: 5
 - Her son is married and lives in the same household with her with his 3-year old kid and his pregnant wife
 - State before joining the women's committee: fear of her grandson drowning because he likes to play outside, feeling depressed and hopeless from life, always feeling ill
 - State after joining the women's committee: joy, feeling more secure and safe, her grandson Hisham can play more freely and we won't restrict him to the house anymore, the feeling that a woman can participate in suggesting solutions and be active in her community
- **Manar Issa Al-Kharbeeti**
 - Year of birth: 1983
 - Number of kids: 1, and expecting
 - State before joining the women's committee: inexistence, always being ill for no reason, always being scared for her son, worry about the coming baby
 - State after joining the women's committee: feeling the importance of life, happily waiting for the new baby, convinced that a person should pursue and go after his problems without despair and boredom, appreciating the role of the media

Annex5 : 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			
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	
	Drinking water	750	Baddawi camp
	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

Annex6 : Donations for Returnees to Nahr El Bared Camp (January- December 2008)

List of relief distributions for the Welfare of the returnees to Nahr El Bared January- December 2008			
Donor	Item	Quantity	Location of distribution
AUB	Blankets	1000	NBC (plots 23, 674, 600 & 3 kindergartens)
	Adults protective footwear	200	
	Adults sweaters	1000	
	Protective footwear (2 to 6 yrs)	750	
	Protective footwear (7 to 10 yrs)	750	
	Diapers & Shampoo	500	
	School kits	1138	4 UNRWA schools in NBC
Humanserve	Hygiene kits	1230	NBC (plots 23, 774, 600, 674, garages & displacement centers)
Refugee International Japan	Water Heaters	200	NBC (plots 23 & 774)
Welfare	Water Heaters	350	NBC (plots 23, 774, 600, 674)
Oxfam Novib	School kits	180	4 UNRWA schools in NBC
	WATSAN project to 3600 persons*		NBC zones
	Hygiene promotion to 1720 persons (834 women & 886 youth)		NBC zones
	Puppet theatre performances	7	1500 child in NBC
	Home visits by Health Educators	130	NBC
	Cleaning campaigns	6	Zones A, A', D & E
	Spraying insecticides campaign	2	Zones D & E

Activity	Reached Beneficiaries	Intended Beneficiaries	Females	Males
WATSAN activities	3600 persons	2000 persons	2160	1440
Health Education	1720 persons	1200 persons	1365	355

Annex5 : 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
Total	3420	16979

