

# ANNUAL REPORT 2011

## POPULAR AID FOR RELIEF AND DEVELOPMENT



### PARD

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## INTRODUCTION

The Popular Aid for Relief and 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 empowerment, gender equality, human rights, local governance, reproductive health, environment, youth concerns, women concerns, and children education.

**PARD** operates a network of clinics: Sabra, Beirut (established 1986), a mobile clinic (1987) for the unregistered gatherings in South Lebanon, Wasta Clinic (July 1994), the Kfar Badda Clinic (2004), and Shabriha clinic. In February 2000, PARD opened a Women's Health Center in Sabra for displaced Palestinian refugees.

**PARD** since 1987 implements 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 includes regular solid wastes collection, spraying of insecticides, scabies and lice control, water quality control, raising community awareness on health issues.

The past few years have been characterized with several challenges and disasters that had heavily impacted the Palestinian community in Lebanon and the region. Among these were the Israeli hostilities on Lebanon in the summer of 2006, the clashes in Nahr El-Bared in 2007 and the blockade on Gaza that was further escalated by an Israeli military campaign on the Strip in December 2008.

**PARD** believes that in addition to providing relief and support to the Palestinian refugees at times of disaster, there is a great need to provide environmental, health and social services to the marginalized and vulnerable groups in the Palestinian camps and gatherings in Lebanon at times of stability as well. These services are extremely crucial to the refugees' wellbeing and substantially contribute to building their resilience and ability to participate meaningfully in their communities.

### **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 drop 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, nongovernmental organization that aims to improve the social, health and environmental conditions of the marginalized and vulnerable groups especially in the Palestinian camps and gatherings mainly through water and sanitation programs, mother and child care services and by empowering the youth and local communities. PARD also provides support and relief to people in distress during times of disasters.

## **Vision**

The Palestinian camps and gatherings are environmentally clean, healthy and safe. Palestinians enjoy all the civil rights and are empowered to participate meaningfully and effectively wherever they choose to be.

PARD's programs are participatory, need-responsive, well-designed, implemented and monitored by a committed and highly skilled, efficient and motivated team.

## **Values and Principles**

## **Human Rights and 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**

PARD believes that all individuals and groups have the right to participate in processes that define their lives. All individual should have the chance to participate meaningfully in the making of decisions that influence their lives and the lives of their families.

PARD believes that the organizations stakeholders and constituencies are integral are full partners of the planning, action and learning processes that PARD takes on.

## **Accountability and Transparency**

PARD perceives transparency as a reflection for openness and clarity on crucial issues such as decision making mechanisms, operations, finance, and relations.

We think of accountability as an expectation to responsibility and to the commitment towards PARD's mission, values and quality performance.

## **Gender**

PARD believes that women should enjoy equal political and social rights under equal circumstances that would lead to equal opportunities and capabilities. We believe that all society members and women, in particular, should be empowered to participate in the decision making and the implementation of all issues that affect their lives.

## **Value of International Agreements**

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 that aims to contribute to the accomplishment of 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 countries. Over 400,000 Palestinian refugees are registered in Lebanon, representing nearly ten percent of the country's population. Commissioned by the United Nations Relief and Work Agency (UNRWA), the American University of Beirut (AUB) prepared a report called "Socio-Economic Survey of Palestinian Refugees in Lebanon," issued on December 31, 2010. This reported that "of the 425,000 refugees registered with UNRWA since 1948, only 260,000- 280,000 currently reside in Lebanon. More than half of the refugee population lives in camps (62%) as compared to 38% living in gatherings, mainly in camp vicinity. 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 administered 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 .

**62% of the 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.

**38% of the 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.

Based on the AUB/UNRWA survey, 53% of refugees are women and the Palestine refugee population is young, with an average age of 30 years and **half of the population younger than 25 years-old**. The average household size is 4.5 members, compared to 4.2 for Lebanese households.

Many Palestinian workers are discouraged from working: **56% of refugees are jobless** and only 37% of the working age population is employed. **The Palestinian refugee labor force reaches 120,000, of which 53,000 are working**. Joblessness among refugees has a strong gender dimension: Only 13% of women are employed compared to 65% of men. Those with a job are often in low status, casual and precarious employment. Our survey shows that 21% of employed refugees work in seasonal employment, while only 7% of those employed have a contract. Very few have a second job (3%) indicating the scarcity of even low quality employment. **Most refugees have low qualifications: 6% of the Palestinian labor force has university training**, compared to 20% for the Lebanese labor force.

Though employment differs little across regions, quality of employment does. The share of those employed in low status elementary occupations is highest in Tyre, while the share of high status professionals and senior officials is highest in the North. **Nearly a quarter of workers in Tyre are employed in the agricultural sector and 87% of all agricultural workers live in Tyre.**

Refugees face many challenges in their educational attainment. **Survey results show that 8% of those between 7 and 15 years old were not at school in 2010**. In addition to this, two thirds of Palestinians above the age of 15 do not have a Brevet degree, compared to a Lebanese rate of 50%. Only 50% of youths in secondary school age (16-18 years old) are enrolled in education. Half of those live in the South, though attendance varies significantly within regions.

**As for higher education, only 13% of refugees older than 18 have the Baccalaureate or higher, compared to 17% for the Lebanese population.**

The poverty line stands at \$6 a day, which allows covering basic food and non-food requirements (such as rent, transport, utilities, etc.) of an adult Palestinian refugee. This poverty line is based on that used by the Lebanese household survey in 2004 and by UNRWA in 2008, adjusted for inflation. **Two thirds of Palestinian refugees are poor, which equates to an estimated 160,000 individuals.**

An extreme poverty threshold of \$2.17 allows purchasing enough food to satisfy the daily basic food needs of an adult Palestine refugee. **6.6% of Palestine refugees spend less than the monetary equivalent necessary to cover their basic daily food needs. This amounts to 16,000 individuals.**

Saida and Tyre gather more than 81% of all extremely poor refugees, a third of all poor living in Tyre. Though gatherings have generally lower poverty rates than camps, some gatherings in Tyre, such as Jal el Bahr or Qasmiyeh, have very high poverty rates, exceeding those of most camps. Considering that many Palestinian refugees in Tyre work in agriculture and elementary professions, this indicates that these very poor gatherings are communities of agricultural laborers.

**There are twice as many poor among Palestinian refugees and occurrence of extreme poverty is four times higher as compared with the Lebanese population.**

Overall poverty increases with the number of children and the family size.

**All households that have a disabled household head (9% of the refugee population) are classified as extremely poor.** Poverty is also significantly higher when the household head has low education (primary and below). Poverty incidence drops to 60.5% when the household head has an above primary educational attainment and extreme poverty is almost halved.

Almost 160,000 refugees could not meet their basic food and non-food needs and 16,000 refugees did not meet their essential food requirements (the extreme poor).

*References: 1) Legal Assessment of Palestinian HLP in Lebanon, prepared by DRC  
2) Socio-economic Survey of Palestinian Refugees in Lebanon, prepared by AUB/UNRWA*



## 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 provides 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.

A total of 39 Palestinian refugee gatherings in Lebanon were found to fall within the definition of a gathering. More than half of the total number of the gatherings (23) are located in South Lebanon.

### Organizational structure of gatherings

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 the Palestinian Liberation Organization (PLO) and the Lebanese authorities in Cairo, 1969, where the management of the camps was on the agenda. The gatherings will also often have a Popular Committee, either responsible for one gathering or a cluster of gatherings. The Popular Committees manage issues like water, electricity and health, as well as interior conflicts inside the camps and gatherings. The committees further 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. Additionally, it has been a practice that each committee has a few independent representatives, typically well-respected elderly men with influence in the community.

### Population and demography in gatherings

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 decease.

### Household sizes in gatherings

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

The widely used Fafo study, which studied both camps and gatherings, found the average camp household to be comprised of 5.3 people per house, 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.

### 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.

UNRWA (2003) reports a female to male distribution of 51%, while the MAP survey reports a population of 54%. The equal distribution reported by the UNRWA report most likely results from UNRWA's lack of factoring in emigration patterns, 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 different studies are included. The data show that the MAP study from Southern Lebanon reports a somehow lower percentage of children under the age of 5 than the other two studies.

All studies report that approximately half of the population is under 20 years of age.

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 study reporting the 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 seem to have limited resources, e.g. Gaza buildings, Goro and Mankoubeen.

### 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 land ownership 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 generally do 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, though 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.

#### Lebanese private landowners

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

#### Palestinian landowners

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

#### Land owned by Palestinian organizations

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.

### Types of houses

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

### Maintenance

The 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 expand them. The most likely reason for this is the owners; although it is difficult for them to evict the refugees, they perceive improvements of houses as a further indication that the refugees will not move. If maintenance is done despite of this, the inhabitants risk a fine and demolition of the maintained part.

Area	Gathering	Land Ownership			Housing	
		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
	Said Ghawash	Lebanese	No	10	5	None
Saida	Sekke	Public	No	None	95	None
Tyre	Burghliyah	Public/Lebanese	No	None	50	None
	Aitaniyeh	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
	Qasmiyeh	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.*

## PARD's Beneficiaries

PARD extends its services without discrimination mainly to the Palestinian unofficial camps and gatherings. Nevertheless, several of the people who receive PARD's services are living in Lebanese gatherings near the Palestinian gatherings in the South.

### Beirut

**Table1: Number of families and people living in Beirut gatherings and camps who benefit from PARD 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
<b>Sub-total</b>	<b>3984</b>	<b>20704</b>

### The South

**Table2: Number of families and people living in the Southern gatherings who benefit from PARD 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
<b>Sub-total</b>	<b>2970</b>	<b>14850</b>

## Gaza Compound

The Gaza Compound, a former hospital complex near the Shatila Refugee Camp in Beirut, was constructed by the 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. As they settled they 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 262 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.

## Gatherings of the South

### ■ Sikkeh gathering

Gathering profile: The gathering is located in the northeastern corner of the Ein el Helweh camp and is out of UNRWA mandate. The Palestinian families came from different camps all over Lebanon and settled there for security reasons starting in 1974. The gathering was originally larger but the government gave compensation to people in the 1990s after which many families returned back to their camps, mainly Rashedeye and Borj al Chemali.

Land Ownership: The land is public and belongs to the Ministry of Transport.

### ■ Aitaniyeh gathering

Gathering profile: The refugees settled in Itaniyeh between 1955 and 1960, coming from places such as al Jiyeh, al Mansoure and al Rashidiyeh official camp. The gathering is located by the sea coast about 15 km north of Tyre.

Land Ownership: The land belongs to Lebanese private owners. The refugees are occupying the land illegally.

- **Wasta gathering**

Gathering profile: After they left Palestine in 1948, the refugees moved for several years from one village to another in south Lebanon. They started to gather in Wasta around 1955. The gathering is located on the sea coast between Saida and Tyre.

Land Ownership: The land is public and belongs to the al Kharayeb municipality. The refugees are occupying the land illegally but the municipality accepts it.

- **Qasmiyeh gathering**

Gathering profile: After the Arab-Israeli War in 1948, the Palestinian families settled in Bint Jbeil (located on the Lebanese border with Palestine), then moving to the Qasmiyeh gathering. Qasmiyeh is located about 2 km south of the Litani River between Saida and Tyre and 5 km from the official camp of al Buss. The gathering is divided into two (upper and lower Qasmiyeh).

Land Ownership: The land is mostly public but a small part belongs to Lebanese private owners. The refugees are occupying the land illegally with the municipality of Burj Rahhal's consent.

- **Maashouk gathering**

Gathering profile: The gathering was created in 1948 after the Arab-Israeli War. The refugees first settled in villages in southern Lebanon and then moved to Mashouk. It is located 3 km east of Tyre city on the main road leading to Borj Al Shemale camp.

Land Ownership: The land is public and belongs to the Lebanese government. The refugees are occupying the land illegally.

- **Burghuliyeh gathering**

Gathering profile: Burghuliyeh was created in 1948. The Palestinians moved there because of their acquaintance with some Lebanese workers in Palestine. The gathering is divided into two areas, the northern one and the southern one. Burghuliyeh south is mainly inhabited by Lebanese families and Burghuliyeh north by Palestinians. The gathering is located a few kilometers away from Tyre.

Land Ownership: Half of the land belongs to the Lebanese government and the other half to Lebanese private owners. The refugees are occupying the land illegally.

- **Shabriha gathering**

Gathering profile: The gathering was built between 1955 and 1960. The refugees essentially came from various villages in the south; some also came from Baalbek in the Bekaa valley. Shabriha is located a few kilometers away from Tyre, within the Lebanese village of Shabriha.

Land Ownership: Most of the land belongs to the municipality of Abbasiyeh and the refugees are occupying the land illegally. However, some parts of the land belong to the refugees.

- **Jal Al Bahar and Nahr El Samer**

Gathering profile: Jal el Bahar was built in 1954. When Jal El Baher's first refugees were displaced from Palestine in 1948, they stayed in the southern villages of Lebanon for a few years and then moved to the

coast, where they established the gathering. At the beginning, the houses were made of mud and cane. Jal el Baher is located on a sandy area by the sea within the city of Tyre.

Land Ownership: The land belongs to the Tyre municipality. The refugees are occupying the land illegally. There have been some threats of eviction.

■ **Kfar Badda and Jim Jeem gathering**

Gathering profile: Jim Jim and Kfar Badda are located along the sea coast about 15 km north of the city of Tyre, just above the Litany River. They are in the neighborhood of al Kharayeb village. Kfar Badda was the first gathering to be built after the 1948 displaced refugees started to gather there. Around 1955, a second wave of refugees came to settle there. Jim Jim appeared around 1970 and used to be part of Kfar Badda. The highway separated them later on.

Land Ownership: The land belongs to the refugees except a small area of Kfar Badda, owned by a private Lebanese owner.

## CORE STRATEGIES OF PARD

Beginning in 2009, PARD chose to take up the following three core strategies in order to accomplish its mission. While the first two strategies are programmatic and operational, the third strategy addresses PARD's organizational development directly, also supporting the achievement of the first two.

The focus areas below represent the areas and themes of interest that will be addressed by PARD's programs using proper identification, formulation and implementation approaches.

## OVERALL GOAL

**Healthy Palestinian Communities and individuals empowered to participate in decisions that influence their lives and living conditions.**

## PROGRAM STRATEGIES

### I. Strategy One: **Public Health of Palestinian Population**

Areas of focus (Entities): Mother and Child health care services, environmental health, health education, community participation, awareness, family planning, preventive and curative services and advice, peer education, access to clean water supply, monitoring water sources, disposal of solid waste, vector control, infrastructure development, environmental health hazards control, health consultations, advocacy, policies, biostatistics, nutrition, etc.

### II. Strategy Two: **Community Empowerment**

Areas of focus (Entities): Education, participation, representation, skills, illiteracy, communication, dialogue, rights, volunteers, awareness, training, community support, lobbying and advocacy, etc.

## ORGANIZATIONAL DEVELOPMENT STRATEGIES

### III. Strategy Three: **Organizational Development of PARD**

Areas of focus: governing bodies, administrative structures, roles and responsibilities, conflict management, capacity building, strategic management, strategic human resources management, image building, positioning, differentiation, fundraising, nonprofit marketing, networking, etc.





*STRATEGY ONE*

**PUBLIC HEALTH**  
*Of the Palestinian Population*

**Goal:** Improve the physical, mental and social well-being of Palestinian refugees through the prevention and treatment of diseases

- Program one: ENVIRONMENTAL HEALTH PROGRAM
- Program two: HEALTH EDUCATION
- Program three: MOTHER AND CHILD HEALTH CARE PROGRAM

## ■ Objectives of Strategy One:

- Enhance the life quality, reduce disease and promote better health conditions and practices among Palestinian refugees
- Increase the life expectancy, reduce infant and child mortality and decrease communicable diseases within the Palestinian refugee camps and gatherings
- Improve the informed choices of the Palestinian communities and individuals towards health issues
- Provide health care services to the refugees with a focus on mothers and children
- Reduce the environmental health hazards in the Palestinian refugee camps and gatherings

## ■ Competitive Advantages of the Strategy:

- Responds to community needs that are not covered by other interventions
- Links directly to the local committees in the camps and gatherings
- Focuses on both preventive and curative measures
- Root based and people centered
- Depends on peer education and community action
- Focuses on attitude and behavioral change to healthier life style
- Generates funds that can finance other projects and activities

## ■ Components of Strategy one:

To implement the first strategy, PARD will adopt the following interventions and activities:

### **Program 1: Environmental Health**

- i. Water supply*
- ii. Solid waste management*
- iii. Vector control*

### **Program 2: Health Education**

- i. Behavioral change*
- ii. Participation and Peer Education*
- iii. Capacity Building*

### **Program 3: Maternal and Child Health**

- i. Preventive and Curative Health*

## ■ Rationale of Strategy One:

The fields of human rights and public health are each concerned with promoting health and elucidating norms for action within communities and societies. Nevertheless, a combined approach may make a more comprehensive contribution to resolving and advancing a normative framework for health issues and action. PARD believes in this synergy as a means to implementing public health action in a rights-based approach. Moreover, advocating for the civil rights of the Palestinian refugees in Lebanon can improve the public health services by focusing attention on the health problems of the marginalized individuals and populations. This can be mainly achieved through educational programs and in mobilizing efforts aimed at advocating for better policies and laws.

PARD realizes that the best means to protecting and improving the health of the Palestinian communities is to promote health education and practices as a preventive measure on one hand and on the other reduce directly the sources of diseases and health hazards. But as the field of public health is quite vast, PARD wishes to focus, through its programs, on three main core areas:

### ***I. Environmental Health***

Through improving and monitoring the water quality and supply, solid waste management, and vector control, PARD aims at building healthier environments and reducing risk factors that might negatively influence the well being of the communities in the Palestinian camps and gatherings.

By adopting the seventh Millennium Development Goal, PARD realizes that it has to contribute effectively in improving access to clean water supply and sanitation management. The final outcome would not only result in decreasing disease prevalence and mitigating mortalities, but it would also contribute to the alleviation of poverty within the Palestinian community.

### ***II. Health Education***

One of the best ways to radically reduce health and disease hazards is to educate the Palestinian communities on how to make informed choices and decisions, as well as how to participate proactively in the design and implementation of health programs that target their own communities in their own context. PARD also realizes that community-wide health education aimed specifically at changing the attitude and behavior of the targeted Palestinian communities would eventually encourage the refugees to make healthy choices and thus adopt healthy lifestyles that would prevent the spread of diseases and other hazards and risks.

### ***III. Maternal and Child Health***

Women and children are among the most vulnerable groups in the Palestinian community. PARD plans to implement programs that would improve the public health delivery systems targeting women, children, and their families mainly through health care services and education. Dispensing vaccinations to children, promoting the health of pregnant women, providing advice and medical consultation are some of integral parts of PARD's program that aims at improving the lifestyle of this group. This focal area also supports the fifth Millennium Development Goal that revolves around improving maternal health.

To successfully achieve all the above interventions, PARD plans to empower and motivate its human resources so they would be enabled to deliver high quality services. PARD also realizes that sustainable change can become a reality only if the local Palestinian communities are actively involved in the planning, implementation and the monitoring of the health related issues.



## PROGRAM ONE: ENVIRONMENTAL HEALTH PROGRAM



- **Introduction to the program**
- **Interventions of the program**
- **Activities of the program**

## 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 to the improvement of health outcomes. It is defined as the theory and practice of assessing, correcting, controlling and the prevention of factors that affect the quality of lives of people in the community. As such, environmental health is integrated into 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 various 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, one 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 3<sup>rd</sup> (promoting gender equality and empowerment of women) and the 7<sup>th</sup> (environmental sustainability) PARD 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, PARD works with men, women and children to achieve this goal by ensuring 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 PARD 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.

## Interventions of Environmental Health Program

The interventions of the Environmental Health Program are:

- 1. Water Supply:** including the following activities:
  - 1.1 Maintenance of water network, wells and reservoirs
  - 1.2 Water Network installations
  - 1.3 Water control and testing
  - 1.4 Training local water caretakers
  - 1.5 Raising awareness on water issues
  - 1.6 Pumping out wastewater, cleaning manholes, maintenance of waste water network

## 2. Solid waste management: including the following activities:

- 2.1 Regular solid waste collection at the household level. About **13990 m3 (4941 tons) of domestic wastes were collected from Shatila camp** in Beirut and **3055 m3 (1079 tons) from eight southern gatherings** near Tyre.
- 2.2 Cleaning of public zones
- 2.3 Composting

About **29,425 people benefited** from this project.

**3. Rodent and vector control:** this activity aims at controlling the amount of harmful insects and rodents carrying and spreading diseases. In the year 2011, about **85,950 m3 of insecticides were sprayed** during the campaign starting in mid-May until the end of August in 10 gatherings in the South, 3 gatherings in Beirut, in addition to shatila camp. Moreover, **306 anti-lice shampoo bottles were distributed** to combat head lice, together with proper instructions.

Spraying of insecticides campaigns are implemented with the active participation of women and youth committees, members in the popular committees and local children. They participate in spreading information on the spraying of pesticides campaign, when, where and how. They also notify the mosque sheiks for them to announce the campaigns, recruit the community (women, youth and children) in implementation and spread the information about precaution measures. Cleaning campaigns usually precede pesticides campaigns.

Moreover, 3,502 bags of rodenticides were distributed in the South and Beirut gatherings.

## Activities

### Activities of the interventions were as follows:

#### 1. Water Supply

##### 1.1 Maintenance of Water Network, Wells and Reservoirs:

Type of Maintenance	Location
Maintenance of water pump of well	Wasta and Qasmiyeh
Maintenance of chlorine pump of well	Wasta
Cleaning out of two main water reservoirs	Burghuliyeh
Participation in maintenance of water pump of well	Maashouk
Installation of 3m water pipes	Gaza Building No. 1

##### 1.2 Water Network Installations:

Type of Maintenance	Location
Installation of water pipe 33 meters	Shatila Camp
Installation of water valve 2"	Shatila Camp
Installation of water pipe 1.5", 6 meters long	Shatila Camp
Installation of water pipe fittings 1.5" and 2"	Shatila Camp
Installation of 8 meters of water pipes 4" + valves + stop valve	Gaza Building No. 1

### **1.3 Water Control and Testing:**

In early 2011, a plan of action was prepared to better control the quantity and quality of water in the gatherings of Beirut and the South, in addition to Shatila camp in Beirut. Data collection for existing water wells took place; 12 wells were targeted in the following locations:

Maashouk, Shabriha, Burghuliyeh (North and South), Qasmiyeh, Wasta, Aitaniyeh, Kfar Badda, Jim Jeem, Sikkeh, Sabra and Shatila camp.

#### **Activities of the project include:**

- 1- Collecting and analyzing water samples to control quality (free from bacteria causing waterborne diseases). Analysis takes place at PARD's water laboratory (donated by ASF).
- 2- Analysis of water samples took place four times per year from each water source; results are documented in special schedules.
- 3- Control of chlorine residual in the water.
- 4- Follow up and control of chlorine pumps installed in the water wells.
- 5- Follow up with the local water caretakers for operating the chlorine pumps.
- 6- Preparation of a workshop for the water caretakers, including the relationship of water to human health, the importance of chlorine in sterilizing the water, the quantities of chlorine used in chlorination of water, how to control chlorine residuals, and how to maintain chlorine pumps.
- 7- Organizing an awareness campaign in all the gatherings in coordination with the community health workers (both staff and local). The campaign includes:
  - a) Relationship between water and human life
  - b) Proper water consumption and preservation
  - c) How to prevent water pollution at household level
  - d) Water borne diseases
  - e) Methods of water sterilization

The campaign also includes the preparation of a poster to be used. Brochures on water (pollution and consumption) which are available will also be distributed. Small tape filters will be distributed to the participants.

- 8- Coordination with the coordinator of the Child and Youth Development Program lead to the introduction of activities targeting the cleanliness of water and its proper preservation into summer activities benefiting children and youth.

#### **Mobilization of local community:**

On the 22<sup>nd</sup> of March 2011, which coincides with the international day for water, members of the local communities in the gatherings of the South were invited to a meeting. Its purpose was to achieve general mobilization for the campaign on water and to identify individual and public responsibilities towards preservation, consumption and sterilization of water.

Attendees included 7 representatives of the popular committees (local governing of the gatherings), 4 representatives of the local women committees (trained on empowerment by PARD) and 4 of PARD's community health workers (2 of them acted as trainers).

The subjects presented and discussed were:

- Importance of water towards life in general and humans in particular
- Relationship between water and health (water borne diseases)
- Activities of PARD in the gatherings related to preservation of water: solid waste collection and suction of percolating pits (septic tanks)

The attendees were informed about the workshop which will benefit the local water caretakers and other volunteers concerning water preservation. They were also informed about the children activities related to water to be implemented during the school spring vacation.

Methodology used in the workshop included presentation, open dialogue, and distribution of brochures. Mobilization for the water campaign included a meeting with the head representative of all the popular committees in the gatherings. The project (water preservation) was explained to him and he was asked, together with the other members of the popular committees to act as observers and monitors for water chlorination in the gatherings. They should help PARD in making sure that the local water caretakers add the proper quantities of chlorine regularly to the water sources in their gatherings.

### **Water testing:**

A proper water testing laboratory was put into action at PARD's center in Saida. ACF supported major equipment and materials were secured. A program for water testing was prepared for each gathering as such:

Location	Maashouk	Shabriha	Qasmiyeh	Wasta	Aitaniyeh	North Burghuliyeh	South Burghuliyeh	Shatila Camp	Gaza Buildings	Daouk	Said Ghawash	Sikkeh	Total
<b>Points for testing</b>													
<b>Water wells</b>	1	1	1	1	1	1	1	1	1	1	1	1	<b>12</b>
<b>Water reservoirs</b>	1	1	1	1	1	1	1	-	-	-	-	-	<b>7</b>
<b>Points at networks</b>	3	2	3	2	2	2	2	3	-	2	3	3	<b>27</b>

During the first quarter of the year 2011, 36 water tests were made. In the second quarter (April-June 2011), 120 water tests were made. The tests were disseminated among the popular committees and women committees.

Location	Frequency of tests	No. of samples
Maashouk	4/year	16
Shabriha	4/year	16
Burghuliyeh	4/year	16
Qasmiyeh	4/year	16
Wasta	4/year	16
Aitaniyeh	4/year	16
Kfar Badda	4/year	16
Jim Jeem	4/year	16
Sikkeh	4/year	16
Gaza Buildings	Once/year	6
Shatila	Once/year	6
<b>Total</b>		<b>156</b>



**Remedial actions:**

The results of the tests showed that only the water in Aitaniyeh contained E-coli. Field visits were conducted with the head of the popular committee in Aitaniyeh where the network was checked. A leakage of sewer water from one percolating pit was discovered polluting the water network. This pit was properly sealed.

**Cleaning water reservoirs:**

6 major water reservoirs were cleaned and sterilized in 6 locations as such:

<b>Location</b>	<b>No. of water reservoirs</b>
Maashouk	1
Shabriha	1
North Burghuliyeh	1
South Burghuliyeh	1
Wasta	1
Aitaniyeh	1
<b>Total</b>	<b>6</b>

Cleaning the reservoirs was implemented locally by volunteers. The task was organized by both the women and popular committees in the gatherings. Through raising awareness on water issues in the communities in the gatherings, people were urged to clean up the household reservoirs. Instructions on proper ways to clean them were distributed.

**1.4 Training Local Water Caretakers**

During April 2011, a workshop was conducted for the benefit of the following: four water caretakers from the gatherings of Shabriha, Wasta, Qasmiyeh, and South Burghuliyeh, 2 members from the popular committees of Aitaniyeh and South Burghuliyeh, and the head of the civil committee in upper Qasmiyeh.

The workshop aimed at building up the capacities of the local people who control the local water sources through raising awareness of water borne diseases and the proper techniques in applying chlorine to the water for disinfection.

**1.5 Raising Awareness**

For the sake of raising awareness of the local community on the preservation and disinfection of water, in addition to the diseases caused by water pollutions, local health educators were trained on the subject.

Those educators then implemented an awareness campaign at their local gatherings in the South and Beirut for the benefit of women, children and youth; subjects included the importance of water to life, consumption, sterility, water borne diseases.

During 2011, 965 women, children, and youth benefited from the campaign. The campaign covered the gatherings of Jal El Bahr, Nahr El Samer, Maashouk, Shabriha, Qasmiyeh, Burghuliyeh (South and North), Wasta, Aitaniyeh, Kfar Badda, and Jim jeem.

Target groups included women, youth, children and men. The campaign was implemented by a team including PARD's community health workers, local health educators, and local animators of children activities.

Location	Type of Participants	No. of Participants		No. of Lectures
		Males	Females	
Qasmiyeh	Women	-	107	9
	Youth	42	28	7
	Children	59	54	5
Burghuliyeh	Women	-	118	9
	Youth	10	24	5
	Children	27	30	4
Aitaniyeh	Women	-	16	2
Maashouk	Women	-	32	3
	Children	6	4	1
Kfar Badda	Women	-	63	3
Nahr El Samer	Women	-	61	8
	Youth	6	2	1
	Children	16	7	3
Jal Al Bahar	Women	-	49	1
	Youth	5	2	1
	Children	16	5	1
Sikkeh	Women	-	22	2
	Youth	4	2	1
	Children	9	27	3
Shabriha	Women	-	23	3
	Youth	6	3	1
	Children	6	37	3
Jim Jeem	Women	-	15	1
Wasta	Children	2	20	2
<b>Total</b>		<b>214</b>	<b>751</b>	<b>79</b>
		<b>965</b>		

### 1.6 Pumping out of Wastewater, Cleaning Manholes and Maintenance of Wastewater Network (to prevent infiltration of wastewater into drinking water network):

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 for suction of black water in return for low fees.

#### i. Maintenance of sewage infrastructure in Beirut gatherings:

Location	Type of Maintenance (sewage)	Quantity
Said Ghawash	Cleaning of manholes	41
	Cleaning of Network sewer pipes	70
Daouk	Cleaning of manholes	94
	Cleaning of Major Sewage Pipes	16
Shatila	Cleaning of Secondary Sewer Pipes regularly	
	Suction of Waste Water from Basement of PRCS Center	once
Gaza Buildings	Cleaning of three sewage networks	1
	Cleaning of basement for three buildings	6
	Inspection of Network (Gaza Building 3)	2
	Cleaning Roof and Entrance (Gaza Building 1)	1

	Cleaning of Common Grounds	regularly
	Cleaning of Sewer Networks	6
	Cleaning of Manholes	3
Sabra	Cleaning of Manholes	21

ii. **Maintenance of sewage infrastructure in the South gatherings:**

Location	Type of Maintenance (sewage)	Frequency
Qasmiyeh	Maintenance of Major Pipe	1
	Cleaning of Manholes	3
Aitaniyeh	Cleaning of Major Sewer Septic Tank	1

iii. **Suction of percolating pits in the South gatherings:**

Location	No. of Pits	No. of Operation
Rachidiyeh	58	53
Wasta	10	7
Maashouk	28	20
Shabriha	13	15
Qasmiyeh	14	9
Burghuliyeh	30	28
Kfar Badda	14	11
Jal Al Bahar	5	3
Al Bas	6	6
<b>Total</b>	<b>178</b>	<b>152</b>

## 2. **Solid Waste Management**

### 2.1 **Collecting, hauling and disposal of solid waste**

*Beirut Area:*

- **13,990 m3 (4,941 tons)** of domestic solid waste was collected and transported from Shatila camp into Beirut by one truck on a daily basis. **This service benefits 16,000 people living in Shatila.**

*South Area:*

- **3,055 m3 (1,079 tons)** of domestic solid waste was collected and transported from the Southern gatherings of Kfar Badda, Jim Jim, Wasta, Aitaniyyeh, Qasmiyeh, Shabriha, Burghuliyeh and Maashouk by two trucks, three times per week. **This service benefits 13,425 people living in these gatherings.**

### 2.2 **Cleaning of the public zones**

*Beirut Area:*

- The stairs, entrance of buildings, halls and pathways in the four Gaza buildings were cleaned on a daily basis by two full-time laborers.
- The Daouk zone near the nursery was cleaned once every 6 months from accumulated rubbish.

## 2.3 Composting



Since one of PARD's main objectives is to protect the environment thus preserving health, and because one of the most important causes for pollution is garbage piling in cities and towns which will help in transmission of diseases through the insects and rodents which gather around the garbage, PARD is trying to decrease the amount of garbage and pollution in the gatherings.

In addition, many chemical fertilizers used to grow fruits and vegetables are dangerous to people's health and well being.

Therefore, PARD decided to start a new project "Composting" that will help in decreasing the

amount of garbage, percentage of pollution, help in the production of food that has a small amount of chemical materials and limit the amount of chemicals in the soil and water.

PARD is implementing a project on composting which includes training, raising awareness, and implementing household composting projects.

### **A workshop on composting was conducted for 12 local health educators:**

The purpose of the training was to introduce the local community to the subject of composting through the trained community health workers/educators.

The course included:

- 1- How to prepare compost by using pile
- 2- How to prepare compost by using plastic barrel

Those trained local health educators conducted a campaign on composting for the benefit of the communities they are related to.

In 2010, 421 women and youth (366 females and 55 males) benefited from this campaign. In 2011, 834 more people benefited from raising awareness sessions.

Location	Type of Participants	No. of Participants		No. of Lectures
		Males	Females	
Qasmiyeh	Women	-	117	10
	Youth	52	23	10
	Children	15	13	1
Burghuliyeh	Women	-	70	6
	Youth	6	38	3
Jal Al Bahar	Women	-	30	3
	Youth	11	-	1
Wasta	Women	-	101	9
	Youth	4	7	1
	Children	5	3	1
Shabriha	Women	-	72	6
	Children	21	23	2
Maashouk	Women	-	22	1
Kfar Badda	Women	-	122	16
Sikkeh	Women	-	22	1
Aitaniyeh	Women	-	15	1

Nahr El Samer	Women	-	40	4
	Youth	-	2	1
<b>Total</b>		<b>114</b>	<b>720</b>	<b>77</b>
		<b>834</b>		

The demonstration plots are up and running and compost is being used on the gardens at the demonstration plots. So far, 6 women have prepared 6 successful compost pits and 5 women and men have applied compost through special barrels.

*Ground Compost Pits:*

Location	No. of Pits
Burghliyah North	1
Wasta	1
Aitaniyah	1
Shabriha	1
Qasmiyah	2
<b>Total</b>	<b>6</b>

*Compost Barrels:*

Location	No. of Barrels
Burghliyah North	1
Jal El Bahar	1
Jim Jim	1
Shabriha	2
<b>Total</b>	<b>5</b>

The compost produce was used as a fertilizer for growing of parsley, spearmint, tomato, garden cress, zucchini, lettuce and fruits.

At the beginning only housewives were targeted. An unexpected result was that youth from the youth groups have also become very interested in composting. They have requested to receive training. The technical expert for the project is currently training them on proper ways to compost.

A wonderful unexpected benefit has been that the women seem to have a desire to want to reduce their waste even more in the household. After seeing the difference that taking out the degradable goods can make, they have started to ask about recycling of glass, plastic, and paper. This has not been previously done in Palestinian gatherings or camps. If we could use their energy and get this project off the ground as well, it could have a huge impact (reduction) on the amount of solid waste output.

## 2.4 Cleaning campaigns

At least once a year, before the spraying of insecticides, each gathering organizes a cleaning campaign whereby a team of workers and volunteers cleanup their gatherings.

In 2011, such a campaign was implemented through PARD's community health workers, health inspector, drivers and workers of the garbage trucks, members of the women committees and their children, members of the popular committees, members of the first aid teams (youth) and volunteers

from the local communities. The campaign covered 13 gatherings in the South and Beirut. The collected waste was removed by PARD's three garbage trucks and deposited at designated places.

### 3. Rodent and Vector Control

#### 3.1 Spraying of insecticides

Rodents and insects constitute 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 was taken between the initial spraying campaign and the second, after which a 10-day time lag is required. Concerning the quantity of insecticides dissolved in water, instructions were followed in accordance to the brand used, as defined by the country of origin.

*Tables of spraying insecticides in Beirut and South gatherings during 2011:*

<b>Name of gatherings in Beirut</b>	<b>Quantity spread in m3</b>
<i>Salwa Al Hout Building</i>	3,300
<i>Daouk</i>	900
<i>Said Ghawash</i>	2,400
<i>Gaza Buildings</i>	11,100
<i>Sabra</i>	600
<i>Shatila</i>	16,500
<b>Total</b>	<b>34,800 m3</b>

<b>Name of gatherings in South</b>	<b>Quantity spread in m3</b>
<i>Maashouk</i>	2100
<i>Shabriha</i>	3475
<i>Burghuliyeh</i>	6000
<i>Qasmiyeh</i>	4600
<i>Wasta</i>	1450
<i>Aitaniyeh</i>	1450
<i>Jal al Bahar</i>	3600
<i>Kfar Badda</i>	1500
<i>Jim Jeem</i>	900
<i>Sikkeh</i>	500
<b>Total</b>	<b>25,575 m3</b>

Targeted pests are mosquitoes, flies, flea and other pests. 200 extra Liters of insecticides were sprayed after cleaning of public zones in Shatila camp and Gaza buildings.

#### 3.2 Rodent Control:

##### **Schedule of Rodenticides distributed – 2011 – South Gatherings**

<b>Location</b>	<b>No. of Bags Distributed</b>
Burghuliyeh	479
Maashouk	235
Aitaniyeh	105
Qasmiyeh	490
Shabriha	246
Wasta	86
Sikkeh	78
Kfar Badda	115

Jal Al Bahar	170
Nahr El Samer	11
Jim Jeem	45
<b>Total</b>	<b>2060</b>

### Schedule of Rodenticides distributed – 2011 – Beirut Gatherings

Location	No. of Bags Distributed
Shatila camp	533
Gaza Buildings	670
Daouk	85
Sabra	17
Salwa Al Hout Buildings	55
Jinah	7
Said Ghawash	75
<b>Total</b>	<b>1442</b>

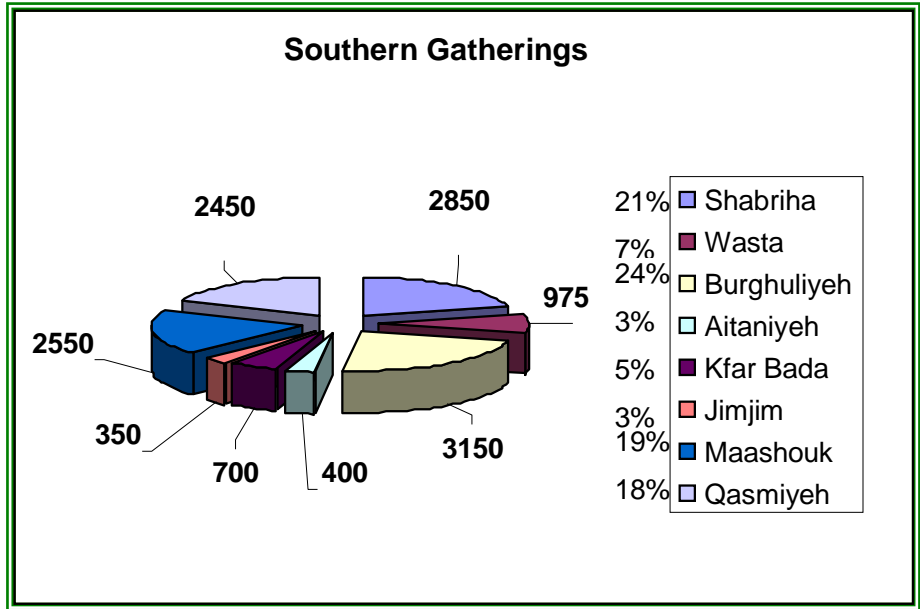
### 3.3 Distribution of materials in the gatherings:

#### Schedule of distributions in the South and Beirut gatherings

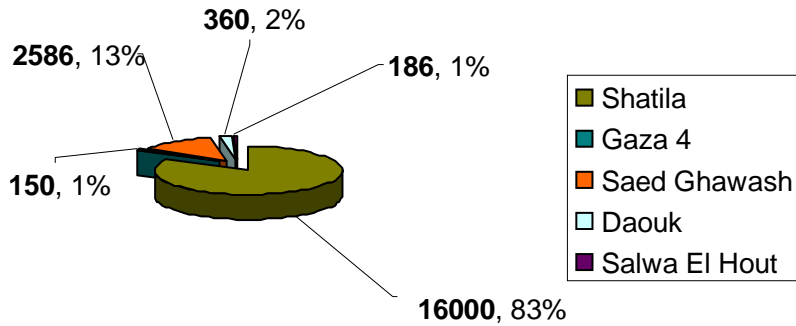
Materials Location	Water filters	Anemia booklet	Essential drugs booklet	Nutrition during pregnancy calendar	Tooth brushes	Lice shampoo	Women underwear	Elder people diapers	Wipes	Baby Diapers	Napkins
	<i>Burghulieh</i>	112	35	28	12	120	69	18	4	-	-
<i>Maashouk</i>	20	20	20	-	98	94	-	6	-	-	-
<i>Aitaniyeh</i>	15	10	-	10	26	21	12	-	-	-	-
<i>Qasmiyeh</i>	102	34	40	92	186	32	-	16	-	-	-
<i>Shabriha</i>	20	20	32	22	-	-	-	3	-	-	-
<i>Wasta</i>	44	20	34	11	72	-	12	6	-	-	-
<i>Sikkeh</i>	20	20	34	26	-	-	12	6	-	-	-
<i>Kfar Badda</i>	20	10	-	49	38	-	13	5	-	-	-
<i>Jal Al Bahar</i>	47	24	10	12	96	9	12	10	-	-	-
<i>Nahr El Samer</i>	17	10	20	-	96	11	-	3	-	-	-
<i>Jim Jeem</i>	-	10	-	-	24	8	-	1	-	-	-
<i>Beirut</i>	-	21	-	-	18	62	-	-	33	26	32
<b>Total</b>	<b>417</b>	<b>234</b>	<b>218</b>	<b>234</b>	<b>774</b>	<b>306</b>	<b>79</b>	<b>60</b>	<b>33</b>	<b>26</b>	<b>32</b>

**Figure1:**

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



### Beirut Gatherings and Camp



**Figure2:**

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





## PROGRAM TWO: **HEALTH EDUCATION**



- **Introduction to program**
- **Interventions of program**
- **Activities of program**

## Introduction

Health education is essential if people are to learn how to live healthy lives and avoid diseases. It helps them understand what health is, how to look after it and also about the need for health services and disease-control programs. Health education can show people that good health and health services are basic human rights; it can explain that health services are important for development.

Health education, as part of primary prevention, helps people to understand their bodies and value their health, to know about diseases, and how to make the best use of organized health services, such as MCH clinics. It can motivate them to look after themselves by practicing hygienic personal habits, such as using safe water, mosquito nets, and child-spacing methods. It can encourage them to be responsible for their own environment in terms of water supplies and excreta disposal. Health education can also bring health workers in closer touch with the needs of the people they serve so that, by working together, they can develop a healthier life for the community as a whole.

In secondary prevention, health education can help people understand and value different screening procedures, such as those involved in MCH services. It teaches about the early symptoms and signs of important diseases (e.g. leprosy and tuberculosis) so that people can recognize them and go for checkups at an early stage. It can help them co-operate in reporting diseases in surveillance programs for such diseases as measles, rabies and malaria.

Health education in tertiary prevention can help people to understand diseases better and to cooperate with the medical services in carrying out treatment properly; for example, continuing with treatment for tuberculosis until cured. While people are attending for treatment, health educators can give them new and up-to-date information about how to prevent diseases such as malaria and gastroenteritis. Health education posters in clinic waiting areas can also be used to spread information.

## Interventions of Health Education Program

The interventions of the Health Education Program are as follows:

### 1. Behavioral change:

- 1.1. Health Education provided by PARD's community health workers

### 2. Participation and Peer Education:

- 2.1. Health Education provided by trained local women (trainees)
- 2.2. Health Campaigns

### 3. Capacity Building

- 3.1. Workshops, Trainings, and Seminars
- 3.2. Training on composting and other subjects

## Activities

Activities of the interventions were as follows:

### 1. Behavioral Change

#### 1.1 Health Education provided by PARD's community health workers

To induce behavioral change on health issues, PARD's community health workers raised awareness on different health issues for the benefit of women, children, youth and local NGOs in the south and Beirut as follows:

	Participants	Groups	Lectures
Women	411	16	97
Children	174	10	84
Youth	288	13	34
<b>Total</b>	<b>873</b>	<b>39</b>	<b>215</b>



Health Subjects introduced to women focused on children diseases, chronic diseases, protecting the environment, contagious diseases, hazards of smoking and fireworks, as well as the benefits of different fruits and vegetables.

Health subjects introduced to children focused on hygiene, nutrition, primary eye and teeth care, and home accidents.

Those introduced to youth focused on drug addiction, menstruation and puberty.

Methods used include brainstorming, role playing, film discussion, case introductions (sharing experience), discussion or debate, information testing, game playing, and power point presentations; means of verification include posters, slides, films, handouts, brochures, games, related materials, flip charts, and practical applications.

Health education aims at informing people, changing the behavior and combating wrong beliefs which appear during health sessions (every year we discover wrong beliefs). Some **wrong beliefs** circulated among the woman in the community are:

- To become thinner, women are encouraged to put their fingers in the pharynx to induce vomiting after each meal.
- To treat ear inflammations, use a mixture of crushed garlic with oil.
- To treat an itching ear use boiled oil.
- Cover the body of a newborn with salt.
- Put kohl (eyeliner) on the newborn's navel (umbilicus) to be treated.

Such beliefs are discussed whereby the negative effects are emphasized and substitute treatments are suggested.



Health education also focused on **reproductive health** issues in the gatherings of Beirut and the South. 144 lectures were given by PARD's community health workers to 832 women and youth as follows:

Type of participants	No. of lectures	No. of participants	No. of groups
Women	128	630	15
Youth	16	202	8
<b>Total</b>	<b>144</b>	<b>832</b>	<b>23</b>



**Health Education lectures Conducted by PARD's community health workers (CHW) were as follows:****Health Education – Women – South 2011**

Location	No. of lectures	No. of participants	Subjects
Jal al Bahar	4	17	Home Accidents – Preservation of Health During Fasting – Anemia – Sun Stroke – Diarrhea – Vomiting – Hypertension – Diabetes – Personal Hygiene – Scabies – Food Poisoning – Tuberculosis – Combating Mosquitoes – Combating Lice – Essential Drugs – Water Preservation – Composting – Hazards of Insecticides – Water Pollution – Diarrhea – Proper garbage disposal – Meningitis – Vaccination – Common Colds – Primary Teeth Care – Jaundice – Heart Diseases
Nahr El Samer	8	25	
Qasmiyeh	13	60	
Wasta	24	58	
Sikkeh	8	46	
Burghuliyeh	15	50	
Maashouk	4	20	
Kfar Badda	2	20	
Jim Jeem	4	8	
Shabriha	7	19	
<b>Total</b>	<b>89</b>	<b>323</b>	

**Health Education – Children – South 2011**

Location	No. of lectures	No. of Participants		Subjects
		Males	Females	
Jal Al Bahar	14	15	5	Hazards of Smoking – Home Accidents – Primary Teeth Care – Nutrition in School – School Accidents – Preserving Health during fasting – Personal Hygiene – Protection of Environment – Water Pollution – Sun Stroke – Proper Health Habits – Enteric Worms – Garbage Sorting – Protection from Burns – Scabies – Diarrhea – Hazards of Fire works
Nahr El Samer	5	7	6	
Qasmiyeh	7	17	7	
Wasta	13	18	12	
Shabriha	5	5	9	
Burghuliyeh	24	11	18	
Maashouk	2	3	5	
Sikkeh	10	7	11	
Kfar Badda	2	8	5	
<b>Total</b>	<b>82</b>	<b>91</b>	<b>78</b>	
		<b>169</b>		

**Health Education – Youth – South 2011**

Location	No. of lectures	No. of Participants		Subjects
		Males	Females	
Wasta	3	7	9	Genital Inflammations – Hazards of Smoking – Preserving Health during Fasting – Home Accidents – Food Poisoning – Enteric Worms – Primary Teeth Care – Garbage Sorting – Water Pollution – Protection from Insecticides – Essential Drugs – Diarrhea – Diabetes – Heart Diseases – Proper Diet – Drug Addiction
Shabriha	3	9	9	
Burghuliyeh	2		18	
Kfar Badda	2	4	3	
Sikkeh	6	7	11	
Maashouk				
<b>Total</b>	<b>16</b>	<b>27</b>	<b>50</b>	
		<b>77</b>		

**Health Education – Other Organizations – South 2011**

Name of NGO	No. of Lectures	Type of participants	No. of Participants		Subjects
			Males	Females	
Mufti Jalal El Dien center	3	Youth	-	35	Drugs addiction- Hazards of smoking- Nutrition- Diabetes- Common colds- Diarrhea- Jaundice
NPA Vocational Training center Saida	12	Youth	35	50	
Unifel Dispensary South Burghuliyeh	3	Women	-	15	
UNRWA school Bisan	1	Youth	-	65	
Rahme Center Saida	1	Women	-	38	
<b>Total</b>	<b>20</b>		<b>35</b>	<b>203</b>	

**Health Lectures for other NGOs – Beirut 2011**

Name of NGO	Type of participants	No. of lectures	No. of participants		Subjects
			M	F	
Philanthropic Assistance Association	Youth	2	8	18	Hazards of smoking- Hepatitis
	Women	1	-	24	
<b>Total</b>		<b>3</b>	<b>8</b>	<b>42</b>	

**Health Education – Women – Beirut 2011**

Location	No. of Group	No. of Participants	No. of Lectures	Subjects
PARD's CDC center	1	5	1	Rota virus- Hazards of smoking
Gaza buildings	1	4	1	
Shatila	1	2	1	
<b>Total</b>	<b>3</b>	<b>11</b>	<b>3</b>	

**Health Education – Children – Beirut 2011**

Location	No. of Group	No. of Participants	No. of Lectures	Subjects
Shatila	1	1	4	Primary teeth care- Nutrition and anemia
<b>Total</b>	<b>1</b>	<b>5</b>	<b>2</b>	

**Health Education – Other Organizations – Beirut – Women, children and youth 2010**

Name of NGO's	No. of lectures	Type of participants	No. of participants		Subjects
Mufti Jalal El Dien	3	Youth	-	35	Genital inflammations- Menstruation physiology of
UNRWA school Bisan	1	Youth	-	65	

Rahme Center Saida	1	Women	-	38	women- Sexually transmitted diseases- Puberty
NPA Vocational Training center Saida	2	Youth	46	50	
<b>Total</b>	<b>7</b>		<b>46</b>	<b>188</b>	
			<b>234</b>		

### Reproductive Health Lectures – Beirut – Women 2011

Location	No. of Lectures	Type of Participants	No. of Participants		Subjects
			Males	Females	
Shatila	12	Women	-	29	Anemia – Genital Inflammations –
Daouk	4	Women	-	26	Hazards of Smoking on Fetus –
Said Ghawash	32	Women	-	50	Breast Feeding – Proper Nutrition
Gaza Buildings	14	Women	-	39	During Pregnancy – Compulsory
Mar Elias Camp	2	Youth	-	63	Miscarriage – Breast Cancer –
<b>Total</b>	<b>64</b>			<b>207</b>	Early Marriage – Physiology of

### Education on Reproductive Health by PARD Local Health Educators – Women – South 2011

Location	No. of Lectures	No. of Participants	Subjects
Jim jeem	3	8	Family planning- Pap smear-
Kfar Badda	3	11	Sexual relationship- Newborn care-
Shabriha	5	24	Pregnancy- Hazards of smoking on
Wasta	6	29	pregnant women- Breast feeding-
Sikkeh	10	13	Pregnant women care- Hymen-
South Burghuliyeh	7	25	Early marriage- Puberty- Uterus
Maashouk	4	20	cancer- Psychology of pregnant
Dispensary- Shabriha	17	197	woman
Dispensary- Wasta	8	58	
<b>Total</b>	<b>63</b>	<b>385</b>	

### Education on Reproductive Health by PARD Local Health Educators – Youth – South 2011

Location	No. of Lectures	No. of Participants		Subjects
		Males	Females	
Wasta	1	-	7	Genital inflammations-
Shabriha	1	-	7	Menstruation- Puberty-
South Burghuliyeh	3	5	8	Nutrition
Sikkeh	4	2	13	
Kfar Badda	1	3	7	
<b>Total</b>	<b>10</b>	<b>10</b>	<b>42</b>	
		<b>52</b>		

## 2. Participation and Peer Education

### 2.1. Health Education Provided by Local Women

Throughout years of long work raising awareness on health issues among women groups, many women became very well informed on several health subjects. Those women mostly have some medical background and after years of educating them, they have become good candidates to work as health educators in peer to peer education. Accordingly, they were trained by PARD in health education:

This training had three objectives:

- Raising health awareness
- Providing jobs for the women trainees
- Sustainability of health promotion

The chosen participants came from different backgrounds in 13 gatherings. Some are married with or without children with elementary, intermediary or high school education. Others are active members in the women's committees, nurses or teachers. All had attended years of health education with PARD and participated in PARD's health and social activities. Some trained with PARD on combating illiteracy or empowerment, on first aid or computer, or a combination of those subjects. They chose to train on health education to better the situation in their communities through health promotion.

In the year 2009, 16 local women were trained to become local health educators conducting health promotion within their communities, in addition to one male youth (total 17). Every year new courses are given to new women and refresher courses are also given to the older ones.

**The criterion** for choosing the participants in the training course was based on the following:

- Ability to form a group
- Ability to prepare health subjects from different resources
- Ability to convey information accurately and clearly
- Good communication skills
- Ability to accept constructive criticism
- Accepted and liked by the local community
- Ability to write reports

Currently there are 4 participants from Beirut (Gaza buildings, Sabra, Saeed Ghawash, and Daouk) and 15 participants from the Southern gatherings (Shabriha, Burghuliyeh, Wasta, Jal Al Baher, Aitaniyeh, Maashouk, Qasmiyeh, Kfar Badda).

After training, each of the 23 trainees was followed up weekly for further training on health subjects and monitoring by her trainer. In 2011, the trainees produced a lot of work on **health promotion** as such:

	<b>Participants</b>	<b>Groups</b>	<b>Lectures</b>
<b>Women</b>	511	68	332
<b>Children</b>	174	9	128
<b>Youth</b>	61	8	61
<b>Men</b>	6	1	1
<b>Total</b>	<b>752</b>	<b>86</b>	<b>522</b>

If we **add up** what both PARD's community health workers (CHW) and the trainees have produced in **health promotion** covering Beirut and the South, and including women, children, youth and local NGOs, we get the following:

<b>participants</b>	<b>Participants</b>	<b>Groups</b>	<b>Lectures</b>
<b>Women</b>	922	84	429
<b>Children</b>	348	19	212
<b>Youth</b>	349	21	95
<b>Total</b>	<b>1619</b>	<b>124</b>	<b>736</b>

Moreover, one lecture was given to a group of 6 men on Diabetes.



The local health educators also focused their lectures on **reproductive health** issues in the gatherings of the South and Beirut. 277 lectures were given to 574 women and youth as such:

Type of participants	No. of lectures	No. of participants	No. of groups
Women	251	448	14
Youth	26	126	9
<b>Total</b>	<b>277</b>	<b>574</b>	<b>23</b>

The **total** numbers of beneficiaries among women and youth from **reproductive health** given by community health workers and local health educators is as follows:

Type of participants	No. of lectures	No. of participants	No. of groups
Women	379	1078	29
Youth	42	328	17
<b>Total</b>	<b>421</b>	<b>1406</b>	<b>46</b>

#### Health Education conducted by 18 trained local health educators:

##### Health Education by Trainees – Women – South – 2011

Location	No. of groups	No. of participants	No. of lectures	Subjects of lectures
Shabriha	4	30	12	Diabetes, Hypertension, General Hygiene,
Kfar Badda	5	40	46	Diarrhea, Essential drugs, Influenza, Proper
Qasmiyeh	7	60	68	disposal of garbage, Composting, Benefits
Maashouk	2	21	28	of vitamins, Water preservation, Cardio
Burghuliyeh	4	30	11	vascular diseases, Nutrition, Hazards of
Jal Al Bahar	2	20	15	smoking, Spring allergy, Temperature
Wasta	3	24	38	control, Inflammations, Rheumatism,
Nahr El Samer	3	25	30	German measles, Home accidents, food
Aitaniyeh	1	7	2	poisoning, Vector control, Scabies,
<b>Total</b>	<b>33</b>	<b>266</b>	<b>250</b>	Jaundice, Nutrition of Influenza patient, Lice control, Wounds, Respiratory system inflammations, Common colds, Tonsillitis, Inner Ear inflammations, Thalasyemia

##### Health Education by Trainees – Children – South – 2011

Location	No. of groups	No. of participants		No. of lectures	Subjects
		Males	Females		
Nahr El Samer	1	6	5	12	Primary teeth care, water
Aitaniyeh	1	6	4	4	preservation, Personal hygiene,
Burghuliyeh	1	12	12	27	Diarrhea, Clean environment, Lice,
Jal Al Bahar	1	11	6	18	Sun stroke, Scabies, General

Qasmiyeh	1	34	29	37	cleanliness, water pollution, Information about blood, Common colds, Essential drugs, Burns, Primary teeth care, Home accidents, Nutrition of influence patients, Proper nutrition, Jaundice, Oral temperature control
Wasta	1	8	8	20	
Maashouk	1	5	5	5	
Kfar Badda	1	5	4	4	
Shabriha	1	5	9	1	
<b>Total</b>	<b>9</b>	<b>92</b>	<b>82</b>	<b>128</b>	

#### Health Education by Trainees – Youth – South – 2011

Location	No. of groups	No. of participants		No. of Lectures	Subjects
		Males	Females		
Burghuliyeh	1	2	6	27	Hazards of smoking, Diarrhea, Fast food, Sun stroke, Personal Hygiene, Proper Diets, Personal Hygiene, Influenza, Diabetes
Jal Al Bahar	1	4	2	3	
Qasmiyeh	2	6	11	17	
Maashouk	1	5	4	1	
Shabriha	1	6	2	1	
Wasta	1	-	5	5	
Nar El Samer	1	6	2	7	
<b>Total</b>	<b>8</b>	<b>29</b>	<b>32</b>	<b>61</b>	

#### Health Education by Trainees – Women – Beirut – 2011

Location	No. of Groups	No. of Participants	No. of Lectures	Subjects
Said Ghawash	17	144	19	Anemia, Water preservation and contamination, Rota Virus
Gaza-1	1	5	14	
Gaza-2	3	17	8	
Gaza-3	3	22	8	
Gaza-4	2	15	8	
Daouk	8	35	24	
Shatila	1	7	1	
<b>Total</b>	<b>35</b>	<b>245</b>	<b>82</b>	

#### Health Education by Trainees – Men – South – 2011

Location	No. of Participants	No. of Lectures	Subject
Lower Qasmiyeh	6	1	Diabetes

#### Health Education by Trainees – Children – Beirut – 2011

Location	No. of Participants		No. of Groups	No. of Lectures	Subjects
	Males	Females			
Shatila	1	4	1	2	Primary Teeth Care – Nutrition and Anemia

**Health Lectures by Trainees – Women – Beirut – 2011**

Location	No. of Groups	No. of Participants	No. of Lectures	Subjects
PARD's CDC Center	1	5	1	Rota Virus –
Gaza Building s	1	4	1	Hazards of
Shatila	1	2	1	Smoking
<b>Total</b>	<b>3</b>	<b>11</b>	<b>3</b>	

**Education on Reproductive Health by PARD's Trainees – Women – South – 2011**

Location	No. of Lectures	No. of Participants	Subjects
Jal al Bahar	14	21	Genital Inflammations – Anemia – Breast Cancer – Uterus Cancer – Osteoporosis – Nutrition of Pregnant Women – Menopause – Family Planning – Nutrition of Newborn – Puberty – Abortion – Definition of Reproductive Health – Breast Feeding – Growth of Embryo – Prostate – Sexual Relationship – Care of Pregnant Woman – Preparation for Pregnancy – Care of Women after giving birth – Problems of menstruation – Early Marriage – Physiology of Women – Teeth Care during Pregnancy – Dialogue and partnership in Marriage – Pap smear – Preparation of Women in Public Life
Nahr El Samer	9	25	
Lower Qasmiyeh	33	37	
Wasta	28	24	
Kfar Badda	29	51	
North Burghuliyeh	16	54	
Maashouk	21	21	
Upper Qasmiyeh	19	34	
Shabriha	14	30	
Aitaniyeh	6	7	
<b>Total</b>	<b>189</b>	<b>304</b>	

**Education on Reproductive Health by Trainees – Youth – South – 2011**

Location	No. of Lectures	No. of Participants		Subjects	
		Males	Females		
Jal Al Bahar	5	-	7	Genital Inflammations – Menstruation – AIDS – Anemia – Definition of Reproductive Health – Breast Cancer – Puberty – Physiology of Woman – Early Marriage – Dialogue and Partnership in Marriage – Participation in Public Life	
Kfar Badda	3	4	7		
Lower Qasmiyeh	2	-	12		
Wasta	1	-	5		
Upper Qasmiyeh	2	-	12		
Nahr El Samer	2	-	7		
North Burghuliyeh	9	2	7		
<b>Total</b>	<b>24</b>	<b>6</b>	<b>57</b>		

**Reproductive Health Lectures by Trainees – Women and Youth – Beirut – 2011**

Location	No. of Lectures	Type of Participants	No. of Participants		Subjects
			Males	Females	
Shatila	12	Women	-	29	Anemia – Genital Inflammations – Hazards of Smoking on Fetus – Breast Feeding – Proper Nutrition During Pregnancy – Compulsory Miscarriage – Breast Cancer – Early Marriage – Physiology of
Daouk	4	Women	-	26	
Said Ghawash	32	Women	-	50	
Gaza Buildings	14	Women	-	39	
Mar Elias Camp	2	Youth	-	63	
<b>Total</b>	<b>64</b>			<b>207</b>	

## 2.2. Health Campaigns Implemented by Local Trainee Women:

### a- Campaign on composting:



Since one of PARD's main objectives is to protect the environment thus preserving health, and because one of the most important causes for pollution is garbage piling in cities and towns which will help in transmission of diseases through the insects and rodents which gather around the garbage, PARD is trying to decrease the amount of garbage and pollution in the gatherings.

In addition to that, many chemical fertilizers used to grow fruits and vegetables are dangerous to people's health and well-being.

Therefore, PARD decided to start a new project "Composting" that would help in decreasing the amount of garbage, percentage of pollution, help in the production of food that has a small amount of chemical materials and limit the amount of chemicals in the soil and water.

The composting project will teach the farmers and families the importance of the compost. The easiest way to organize the project was to divide it into different stages:

**T.O.T. – is the "Training of trainers" on composting** for the benefit of PARD's community health workers, the health inspector and the first aid team and volunteers.

This workshop was called "**How to prepare your own compost**" and its duration was three days.

#### **The training context was as follows:**

##### ⌘ **What is composting?**

Composting is a natural, biological process where various micro-organisms, such as bacteria and fungi, break up and dissolve organic wastes into an organic, decaying matter often used as fertilizer.

##### ⌘ **Importance of composting:**

- 1- Decrease the environmental damage
- 2- Decrease the quantity of accumulated wastes, in turn decreasing the percentage of pollution (water – air – soil)
- 3- Protect human health through having agricultural products devoid of chemical materials' precipitation
- 4- Protect some insects that are essential for the human life cycle, such as bees and worms
- 5- Increase soil fertility
- 6- Economical benefit for farmers through saving the costs of buying chemical fertilizers
- 7- Producing agricultural products of good quality and quantity
- 8- Increasing the profit due to the increase in demand on organic agricultural products

As explained earlier, wastes and organic fertilizer are interrelated and have common benefits, such as resulting in the decrease of the percentage of pollution and environmental damage. In addition, debris is a basic part of organic fertilizer.

⌘ **Wastes (How is garbage related to compost?):**

- **Definition:**  
Wastes are all materials humans discard from houses, hospitals, factories, etc., which can vary from food excess and other things that people are not in need of anymore.
- **Kinds of Wastes:**
  - 1- Solid wastes – glass, plastic, iron, etc
  - 2- Organic wastes – all what is decomposed of food junk (meat, vegetables, etc)
  - 3- Liquid wastes – sanitation waste water (houses, hospitals, industries, etc)
- **Hazards of wastes:**  
It is necessary to get rid of wastes in the proper way in order to avoid any danger to the **environment** (pollution of air, water and soil), **humans** (spread of diseases, insects and rodents), and **animals** (extinction of certain species).
- **Role of the family in getting rid of wastes in the proper way:**
  - 1- Secure a proper bin for wastes at home
  - 2- Put a plastic bag in each bin
  - 3- Close the bin properly
  - 4- Do not put liquid wastes in the plastic bin to prevent leakage
  - 5- Put plastic and glass in a separate bin for recycling
- **Ways to get rid of wastes:**
  - 1- Burning
  - 2- Dumping at designated locations
  - 3- Recycling
  - 4- Makeshift dumps
  - 5- Composting



Since composting is the most positive way to get rid of house made wastes, we mention here the steps to grow an organic agricultural product through organic fertilization.

**Implementing two practical workshops in Shabriha with these main themes:**

- A- Using a pile to prepare compost
- B- Using a plastic barrel to prepare compost

These two workshops were carried out as an experiment and to introduce the trainees to the principles of composting.

Those trained local health educators conducted a campaign on composting for the benefit of their relative communities.

421 women and youth (365 females and 56 males) benefited from this campaign.

The campaign continued throughout the year 2011. The trained local health educators provided 77 lectures to 611 women, 143 youth and 80 children on the importance of composting in protecting the environment and creating income generating projects.

The demonstration plots are up and running and compost is being used on the gardens at the demonstration plots. So far, 6 women have prepared 6 successful compost pits and 5 women and men have applied compost through special barrels.

*Ground Compost Pits:*

Location	No. of Pits
Burghliyah North	1
Wasta	1
Aitaniyah	1
Shabriha	1
Qasmiyah	2
<b>Total</b>	<b>6</b>

*Compost Barrels:*

Location	No. of Barrels
Burghliyah North	1
Jal El Bahar	1
Jim Jim	1
Shabriha	2
<b>Total</b>	<b>5</b>

The compost produce was used as a fertilizer for the growing of parsley, spearmint, tomato, garden cress, zucchini, lettuce and fruits.

At the beginning only housewives were targeted. An unexpected result was that youth from the youth groups have also become very interested in composting. They have requested to receive training. The technical expert for the project is training on proper ways to do composting.

A wonderful unexpected benefit has been that the women seem to have a desire to want to reduce their waste even more in the household. After seeing the difference that taking out the degradable goods can make, they have started to ask about recycling of glass, plastic, and paper. This has not been previously done in Palestinian gatherings or camps. If we could use their energy and get this project off the ground as well, it could have a huge impact (reduction) on the amount of solid waste output.

### Raising Awareness on Composting

Location	Type of Participants	No. of Participants		No. of Lectures
		Males	Females	
Qasmiyah	Women	-	117	10
	Youth	52	23	10
	Children	15	13	1
Burghuliyeh	Women	-	70	6
	Youth	6	38	3
Jal Al Bahar	Women	-	30	3
	Youth	11	-	1
Wasta	Women	-	101	9

	Youth	4	7	1
	Children	5	3	1
Shabriha	Women	-	72	6
	Children	21	23	2
Maashouk	Women	-	22	1
Kfar Badda	Women	-	122	16
Sikkeh	Women	-	22	1
Aitaniyeh	Women	-	15	1
Nahr El Samer	Women	-	40	4
	Youth	-	2	1
<b>Total</b>		<b>114</b>	<b>720</b>	<b>77</b>
		<b>834</b>		

#### b- Campaign on combating Anemia:

Based on statistics prepared by UNRWA, 80% of the pregnant women in Burj Al Shamali camp located in Tyre in the South of Lebanon, suffered from Anemia. Accordingly, a group of international and local NGOs met with UNRWA to organize an awareness campaign on the prevention and management of Anemia, with focus on the pregnant women.

In 2010, PARD's local health educators benefited 115 women in 6 South gatherings, and 63 children from 4 gatherings on the cause, management and prevention of Anemia. Instructive materials were produced, including a nutrition calendar with support from MAP (UK) and Anera, which were distributed through PARD's clinics in the South.

The medical team of PARD instructed people visiting the clinics on the dangers of Anemia and the prevention steps.

This campaign continued throughout the first quarter of 2012. 31 lectures on causes, symptoms and the prevention of Anemia were given to 453 women, youth, men and children in three gatherings in Beirut, three local NGOs and one UNIFEL clinic in the South.

#### Campaign for Raising Awareness on Anemia – Women – Beirut – 2011

Location	Type of Participants	No. of Participants	No. of Lectures
<b>Gaza Buildings</b>	Women	102	10
<b>Said Ghawash</b>	Women	122	11
<b>Daouk</b>	Women	62	5
<b>Total</b>		<b>286</b>	<b>26</b>

#### Campaign for Raising Awareness on Anemia – Women – other NGOs – South – 2011

Name of NGO	Type of Participants	No. of Participants		No. of Lectures
		Males	Females	
Norwegian People's Aid Vocational Center- Saida	Youth	50	46	1
Rahmeh Center- Saida	Women	-	35	1
Justice Club- Qasmiyeh	Youth	5	-	1
UNIFEL Clinic- North	Women and men	4	20	1

Burghuliyeh	Children	7	1
<b>Total</b>		<b>167</b>	<b>5</b>

**c- Campaign on Raising Awareness on Personal Hygiene:**

Based on the fact that cases of children with scabies were reported at UNRWA schools in the South during 2010, and before schools opened in September 2011, the local health educators saw fit to raise awareness on personal hygiene and primary teeth care.

**Campaign on Primary Teeth Care – South**

Location	Type of Participants	No. of Participants		No. of Lectures
		Males	Females	
Burghuliyeh	Women	-	8	1
	Youth	8	-	1
Qasmiyeh	Women	-	10	7
	Youth	7	12	3
	Children	1	7	1
Shabriha	Women	-	6	2
	Children	10	4	1
Jal Al Bahar	Women	-	15	2
	Children	6	9	1
Nahr El Samer	Women	-	15	1
	Children	6	5	1
Wasta	Youth	9	5	2
Aitaniyeh	Women	-	6	1
Kfar Badda	Children	8	8	2
	Women	-	10	4
Jim Jeem	Women	-	8	1
<b>Total</b>		<b>55</b>	<b>119</b>	<b>31</b>
		<b>174</b>		

For the purpose of providing preventive health care services for the benefit of susceptible women in 13 gatherings in the South and Beirut, PARD decided to conduct **1 Pap smear and 1 mammography campaigns** (one of each per year). This decision was taken because women in the gatherings do not benefit from any preventive care in the UNRWA clinics. Therefore, the disease is diagnosed only after symptoms begin to show, at which point these women are transferred to private clinics to conduct these tests. To conquer the fear of most women from doing the tests, the local health educators conducted an awareness campaign to explain the benefits of early exams for taking early remedial actions when necessary.

**Early Detection of Breast and Uterus Cancer – Women – South**

Location	No. of Lectures	No. of Participants
Jal al Bahar	9	50
Maashouk	21	78
Nahr Al Samer	7	44
Upper Qasmiyeh	13	95
Lower Qasmiyeh	12	80
Wasta	17	154
Shabriha	15	190
Kfar Badda	11	47
Jeem Jeem	2	32



South Burghuliyeh	1	12
Sikkeh	2	47
Aitaniyeh	6	30
North Burghuliyeh	1	7
<b>Total</b>	<b>117</b>	<b>866</b>

#### Early Detection of Breast Cancer and Uterus Cancer – Women – Beirut

Location	No. of Lectures	No. of Participants
Daouk	18	88
Gaza Buildings	18	54
Said Ghawash	27	107
<b>Total</b>	<b>63</b>	<b>249</b>

#### d- Summary of various health campaigns:

Location	Theme of campaign	Type of participants	No. of participants
South	Raising Awareness on Composting	Women, Youth and Children	834
Beirut	Raising Awareness on Anemia	Women	286
South		Women, Men, Youth, Children	167
South	Raising Awareness on Personal Hygiene	Women and Children	174
South	Early detection of breast and uterus cancer	Women	866
Beirut			249
<b>Total</b>			<b>2576</b>

### 3. Capacity Building

#### 3.1. Trainings, Seminars and Conferences:

The team working in the program benefited from a variety of training courses to improve its performances at work.

The team involved here consists of:

- Reproductive Health Program Coordinator
- Five community health workers (CHW) who are at the same time trainers:

Subject of Workshop, lecture, or seminar	Beneficiaries
Seminar on Reproductive Health From the Perspective of Human Rights	Reproductive Health Program Coordinator
Participation of women in Political and Public Life	
Role of women, women NGO's and movements in transitional processes towards democracy	
Workshop on Anemia	4 Community Health Worker
Rational Use of Medicine	
Educational Program for Mother and Child	

Mental and Psychological health of the retarded

Seminar on Reproductive Health From the Perspective of Human Rights

Marriage, Reproductive Health and Social Roles 3 Community Health Workers

Women's Empowerment on Reproductive Health issue 5 Community Health Workers

Training course on Indicators in Health Education 12 Health Educators

### 3.2. Other Training Courses:

The community health workers of PARD provided training on different health subjects to the local health educators in the Palestinian gatherings. Training courses were as follows:

- **Marriage, Reproductive Health and Social Roles Workshop**

9 trained health educators received this training in Wasta Dispensary.

The code of conduct was put forth by the group and it included the importance of discussion and listening among a group with people of different points of views and the importance of involving all the participants.

Family and Social Roles:

- What is the meaning of a family?
- What are the roles of the family (social, physical, psychological, educational)?
- Right to choose the marriage partner and forming a family.
- Gender – social and physical role; constant and changing issues; gender relations and reproductive health.
- Physical and psychological health problems resulting from behaviors and attitudes relative to the women's situation in the community.
- Relation between reproductive health and a female's position in the society.
- Active participation of males and their role in reproductive health.
- Defining reproductive health
- Right of reproductive healthcare
- Reproductive health and sexual education
- Services in the reproductive health sector

An evaluation was conducted at the end of the training course, where each participant was given the chance to express their opinions on the subject and to discuss, analyze, and solve the problems.

- **Training course on Preparation for Married Life**

10 Local Health Educators from the gatherings of Wasta, Jal Al Bahar, Naher El Samer, and members of Wasta Women Committee. The training took place in the dispensary of Wasta.

The contents of the training were as follows:

- Introduction (exercise on the age of marriage among participants)
- Discussion on positive and negative points of different marriage ages
- Early marriage (social and health problems)
- Dialogue and understanding between parents and children
- Planning for the future
- Consultations and medical exams before marriage
- Experiences from personal lives

- **Training course on Care for Early Childhood**

This course was organized by the Arab Resource Center for a period of 6 months.

15 mothers with children aged between 1 and 9 years of age benefited from this training course. The women joined the training on how to deal with their children once per week.

Themes of the training covered were about how to deal with fear, timidity, aggressiveness, school dropouts, agitating, among other matters.

Mothers received story books, exercises, instructive materials every week for the purpose of working on them with their children.

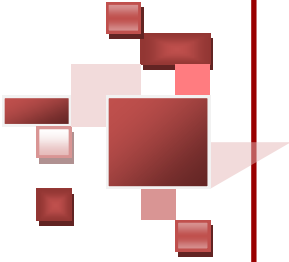
- **Training Course on Indicators in Health Education**

12 Local Health Educators from the South gatherings of Jal Al Baher, Nahr Al Samer, Shabriha, Qasmiyeh, North Burghuliyeh, Aitaniyeh, Kfar Badda participated in conducting this program.

The training included the following:

- 1- Definition of an indicator
- 2- Plan of action of an indicator
  - a. Objectives
  - b. External Actors
  - c. Indicators for project cycle
  - d. Types of indicators to be used (qualitative vs. quantitative)

The participants were divided into two groups. Each group had to study a different exercise and prepare indicators for understanding and change of behavior. Subjects of the exercises were pap smears and breast cancer. The two groups came up with excellent indicators to be used in practice.



## **PROGRAM THREE: MOTHER AND CHILD HEALTH CARE PROGRAM 2011**



- **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 upon. 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, 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 2008 World Health Report, "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." Hence, there is today a recognition that populations are being 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 cannot 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.

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 1,500 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.

**The People's Health Movement (PHM)** 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.

**Equality 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 the elderly 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.
- ⌘ Celebrate 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 center.
- ⌘ 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; establish a mix of central and regional/national websites; the PHM newsletter will continue quarterly publications and will be translated into other languages.

One of PARD's community health workers attended a short course, called "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.**

- Life expectancy at birth is approximately 72. The infant mortality rate (IMR) and under-five mortality rate (U5MR) have steadily declined with no significant gender disparity (UN statistics, 2009).
- The IMR is 22 per 1000 live births and U5MR 25.9 per 1000 live births; however, significant regional disparities exist (UN statistics, 2009).
- 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.
- Lebanon is now nearing a 93 percent measles immunization coverage rate. According to the World Health Organization, the last two major outbreaks occurred in Lebanon in 1998 and 2006, when almost 1,000 confirmed cases were recorded. An unusually high prevalence of the disease was also recorded between 2003 and 2005, with some 1,300 cases erupting in three years.
- According to the UNAIDS 2009 epidemic update, the number of people estimated to be living with HIV in Lebanon is 3,760 where figures vary between 1,700 and 7,200.
- The maternal mortality rate for the year 2005 was estimated at 150 maternal deaths per 100,000 live births, which means Lebanon has not met the target of 100/125 set for that year yet. However, 98 percent of all deliveries were assisted by a skilled attendant in 2004, which is well above the 40/80 percent target set for 2005 and even above the 60/90 target set for 2015.
- Major environmental degradation resulting from the Civil War includes air pollution, inadequate solid waste management, water pollution in some remote places, and uncontrolled use of pesticides for agriculture.

## Population

Lebanon's estimated population in 2008 was 3.76 million (National Survey of Households Living Conditions, 2007), excluding the Palestinians in refugee camps. Of the total population, the Lebanese account for 93.4 percent. Household sizes ranged between 3.9 and 4.9. Annual population growth rate is estimated at 1.3 percent between 1975-2005 (Human Development Report 2007/08). Total fertility rate is below replacement level e.g. 1.9 children per woman (Pan Arab Project for Family Health, Lebanon, 2004), with around 37.2 percent below age 20, and 7.4 percent of age 65 and older (Pan Arab Project for Family Health, Lebanon, 2004). Almost 24 percent of women ages 35-39 are never married, the highest in the Arab region (Pan Arab Project for Family Health, Lebanon, 2004). Life expectancy at birth is 71.5 years (Arab Human Development Report, 2009). Illiteracy rate (age 10 and above) was 9.3 percent in 2007, with 14 percent among females compared to 6.6 percent among males (Living Conditions of Households, Lebanon, 2007).

## **Economic Status**

Lebanon is a middle-income country. The GDP per capita is \$8,175 (PPP current \$) (World Development Indicators for 2009). Of the total population residing in Lebanon, the labor force percentage is 32.2 percent and the economic activity rate for the age group 15 years and above is 44 percent with 68.9 percent for males and 20.4 percent for females (Living Conditions of Household Survey, Lebanon, 2004). The unemployment rate stands at 8 percent with 9.6 percent for females and 7.4 percent for males (Living Conditions of Household Survey, Lebanon, 2004).

## **Social Conditions**

Regarding the Human Development Index, Lebanon is scaled high in human development. Lebanon's HDI value rose from 0.692 in 1990 to 0.803 in 2007 (UNDP Human Development Report, 2009). The percentage of deprived households dropped from 30.9 percent (6.8 percent of those living in extreme deprivation) in 1998 to 24.6 percent in 2004/05, with 5.2 percent of the latter living in extreme deprivation (Living Conditions of Households Survey, Lebanon, 2004). Still, social and economic regional disparities exist, with poverty pockets including the urban poor. These are manifested in terms of educational attainment, gender disparities, health status, fertility behavior, unemployment, child labor, purchase power, and participation issues particularly as it relates to women, youth and other vulnerable groups.

Lebanon's development process has been challenged by ongoing internal conflicts, including Israeli aggressions in 2006 resulting in massive internal displacement of a quarter of the population, large-scale destruction of infrastructure, and loss of lives and material. In 2007 and 2008, the country's instability was intensified through major conflicts witnessed in the North as well as the capital city Beirut.

## **Gender Equality**

In spite of solid achievements in gender equality, equity and empowerment of women, much remains to be pursued building on achievements and lessons learned. In education, 83.3 percent of women are literate and school enrolment ratios of girls to boys at primary levels is equal (Living Conditions of Household Survey, Lebanon, 2004). Access of Lebanese women to national decision-making and their participation in political life remains weak. Slight improvement was witnessed when the proportion of seats held by women in national parliament in 2009 was 3.1 compared to 2.3 in 1995-2000. Representation of women also increased in municipal councils as percentage of seats held by women was 4.6 percent in 2010 compared to 1.9 percent in 2004 (Lebanese Association for Democratic Elections, Lebanon). In 2005, two women held, for the first time, ministerial posts. The most recent cabinet (June 2011), however, did not witness any women minister.

Lebanon has not yet lifted its reservations on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the existing family laws still discriminate against women. Though recently there have been an increased number of victims of violence who have sought support, women still rarely request adequate legal or other protection against the different forms of violence. Furthermore, there is a lack of protection and referral systems as well as cultural barriers to reporting of violence. Moreover, services provided by a few NGOs are not available across all regions of the country. Several breakthroughs were noted in the fight against gender based violence. Recent ministerial statements in 2009 and 2011 clearly articulated the need to end violence and secure women's rights. In April 2010, a draft law for protecting women against domestic violence was submitted and approved by the Council of Ministers and referred to the Parliament for ratification. Additionally, a ten-year National Women's Strategy in Lebanon was reviewed and adopted in a national validation meeting in March 2011 to be followed by an action plan.

## **Reproductive Health and Rights**

Government spending in the social sector is relatively moderate, where approximately 8.1 percent of the GDP goes to the health sector (WHO Global Health Observatory, 2009). Contraceptive prevalence rate is estimated at 58 percent, of which 34 percent are modern contraceptives, primarily IUDs, pills and condoms (Pan Arab



Project for Family Health, Lebanon, 2004). Antenatal care and attended deliveries in Lebanon are universal. Almost 96 percent of pregnant women received care during pregnancy and attended birth was almost 98 percent of deliveries (Pan Arab Project for Family Health, Lebanon, 2004), though some regional disparities still exist. However, only about 52 percent of women received post-natal care. Maternal mortality ratio dropped from the observed level of 140 and 107 per 100,000 live births in 1990 and 1993 respectively, to 86.3 in 2004 (Pan Arab Project for Family Health, Lebanon, 2004). Almost 34 percent of women suffered from one or more health complications, partially due to miscarriages, noting that maternal morbidity is prevalent.

## STI/HIV/AIDS

Awareness of STI/HIV/AIDS prevention is very high in Lebanon (91 percent) (National AIDS Program, Lebanon), although 20 percent of students had never heard of HIV/AIDS (Global School- Based Health Survey, Lebanon, 2005). Despite the fact that Lebanon is considered a low prevalence country, there are indications of clearly defined pockets of concentrated epidemic with population at risk, thus representing major challenge to be addressed in order to halt potential rapid spread of epidemic. Estimated cumulative number of reported HIV/AIDS cases stood at 1,346 cases by November 2010, with 18 percent representing people under the age of 30. Of the 1,346 reported HIV/AIDS cases, 89 percent occurred among males and 11 percent among females (National AIDS Programme, Lebanon, 2010). An estimated 6.7 percent had contracted STI despite the absence of an STI surveillance system (Global School- Based Health Survey, Lebanon, 2005).

## Youth

Young people are at high risk in Lebanon, with 19.5 percent having had at least one drink containing alcohol in the month preceding the survey (Global School- Based Health Survey, Lebanon, 2005). Drug use is reported to be common among young people, though there is an absence of national data. Related to violence, 40 percent of students were physically attacked by a parent and 25 percent by a teacher. Half have been in a physical fight one or more times in the last year. Mental health was the most distressing, with almost 40 percent of students feeling sad or hopeless in the last 12 months, to the extent that they stopped doing their usual activities. An estimated 16 percent seriously considered suicide (Global School-Based Health Survey, Lebanon, 2005).

## Lebanon's Social Indicators :( 2005-2010) World Statistics Pocketbook - United Nations Statistics Division

Population growth rate (avg. annual %)	2005-2010	0.8
Urban population growth rate (avg. annual %)	2005-2010	1.2
Rural population growth rate (avg. annual %)	2005-2010	0.1
Urban population (%)	2007	86.9
Population aged 0-14 years (%)	2009	25.3
Population aged 60+ years (women and men, % of total)	2009	10.8/9.9
Sex ratio (men per 100 women)	2009	95.9

Life expectancy at birth (women and men, years)	2005-2010	74.2/69.9
Infant mortality rate (per 1 000 live births)	2005-2010	22.0
Fertility rate, total (live births per woman)	2005-2010	1.9
Contraceptive prevalence (ages 15-49, %)	2006-2009	58.0
International migrant stock (000 and % of total population)	mid-2010	758.2/17.8
Refugees and others of concern to UNHCR	end-2008	50943
Education: Government expenditure (% of GDP)	2005-2008	2.1
Education: Primary-secondary gross enrolment ratio (w/m per 100)	2005-2008	92.7/89.8
Education: Female third-level students (% of total)	2005-2008	54.7
Seats held by women in national parliaments (%)	2009	3.1

### UNRWA's Program Strategy

**According to UNRWA, there are 455,373 registered Palestinian refugees in Lebanon. The United Nations Relief and Works Agency for Palestine Refugees in the Near East 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 4,766,670 people in 2010. (*UNRWA Annual Report 2010*)

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 Palestinian refugees through the Agency's network of 128 primary health care facilities located both inside and outside refugee camps.

Field of Operations	Official camps	Registered refugees in camps	Registered refugees
<a href="#">Jordan</a>	10	350,899	1,999,466
<a href="#">Lebanon</a>	12	227,718	455,373
<a href="#">Syria</a>	9	149,822	495,970
<a href="#">West Bank</a>	19	206,123	848,494
<a href="#">Gaza Strip</a>	8	518,147	1,167,361
<b>Agency total</b>	<b>58</b>	<b>1,452,709</b>	<b>4,966,664</b>

According to UNRWA's statistics, 226,533 Palestinian refugees live in 12 official camps throughout Lebanon. The rest of the refugees, about 199,107, live outside of the camps, mainly in 36 gatherings all around Lebanon.

Due to poor housing conditions, overcrowding and lack of proper sanitation and infrastructure in the camps, acute infectious illnesses are common among the refugee population. The occurrence of vehicle-borne and vector-borne diseases such as diarrhea, hepatitis A, brucellosis and typhoid fever are high. The AUB-UNRWA survey showed that approximately 24 percent of the refugees suffered from acute illnesses during the six months prior to data collection in August 2010, with respiratory and gastrointestinal illnesses accounting for 55 percent of total acute illnesses.

The prevalence of non-communicable diseases such as diabetes mellitus, cardiovascular diseases and mental health disorders, is increasing among Palestinian refugees. The AUB-UNRWA survey revealed that the prevalence of chronic illnesses is 31 percent with the most cited conditions: hypertension 32 percent, asthma 9 percent and diabetes mellitus 8 percent. In addition, 21 percent of the population reported that they had a mental illness within the last 12 months prior to data collection in August 2010, namely anxiety or depression. Finally, 4 percent of the population was found to suffer from functional disabilities, mainly paralysis and disability of extremities (excluding paralysis and amputation).

Palestinian refugees cannot benefit from any form of social or public health insurance due to restrictions imposed by Lebanese regulations. Around 95 percent of the refugees do not have health insurance and rely predominantly on UNRWA for their health services. These restrictions, added to the unfavorable socio-economic conditions of the Palestinian refugees in Lebanon, have reduced affordable alternatives for health care. They also mean that UNRWA must provide a higher level of healthcare to Palestinian refugees in Lebanon than in UNRWA's other fields of operations.

While refugees benefit from free primary health care services in UNRWA's health centers and an almost full coverage for secondary hospitalization services, they must pay the largest share of their most expensive health bills often accrued at the tertiary health level. According to the AUB-UNRWA survey, over a six month period, households with a hospitalized family member spent on average of \$614, while households with a disabled member spent \$262 on doctor visits and medicine. Households with an acutely ill family member not requiring hospitalization spent \$164 and households with chronic illness spent \$137. The data clearly indicates that refugee family financial burdens grow considerably when a member has more serious medical problems. This is reflected similarly in the AUB-UNRWA survey, where it was found that the household expenditures on health jump from 3 percent to 13 percent of total household expenditures when a family member is chronically ill or disabled.

Therefore, despite UNRWA's support, patients need to find additional funding sources to pay their health bills, particularly for those hospitalized or suffering from functional disability whose health care is expensive. Adding to the burden, health services are very expensive in Lebanon, where the annual total expenditures on health per capita is estimated to be \$599, as compared to \$277 in Jordan and \$79 in Syria.

#### Health: performance by indicator (UNRWA 2009)

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)	74.9%	60%
Pregnant women who paid at least four visits to clinics during the antenatal period	90.3%	90%
Babies delivered by trained personnel	99.9%	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	55.4%	55%
Total fertility rate	3.2	3.2

Pregnant women protected against tetanus	99.6%	Above 95%
12- month- old infants fully immunized	99.6%	95%+
18- month- old infants receiving all booster services	99.4%	95%+
Incidence of neonatal tetanus and poliomyelitis	0	0
Cure rate of smear positive TB cases	100%	100%
Average daily medical consultations per doctor	103	70
Camp shelters with access to safe water	99.8%	98%

Indicators	2009	2010
Population of Lebanon	4,017,095	4,125,247
Registered Palestinian Refugees	425,640	469,901
Proportion of refugees in Lebanon (%)	10.6	11
Number of refugees accessing UNRWA health services	249,459	254,604
Proportion of refugees accessing UNRWA health services (%)	59	55.9
Percentage living in camps	53.2	50
Fertility rate	2.3	3.2
Male/Female ratio	1.03	0.94
Growth rate of registered refugees (%)		7
Percentage of children less than 18 years (%)		24.3
Percentage of women of reproductive age group (15-49 years)(%)		27.8
Percentage of population 40 years and older(%)		39.4
Percentage of pregnant women who received antenatal care	64.1	60.8
Percentage of women who paid four antenatal visits or more (%)	93.2	92.3
Average number of Antenatal visits	6.9	6.1
Average of deliveries in health institutions	98.7	98.7
Percentage of women who received postnatal care (%)	96.6	95.1
Prevalence of growth retardation among children 0-3 years old	4	3.6
Percentage of infants 12 months old fully immunized	100	99.5
Prevalence of anemia among children less than 3 years of age	33.4	33.4
Prevalence of anemia among pregnant women	25.5	25.5
Prevalence of anemia among nursing mothers	26.6	26.6

## Palestinians in Lebanon:

### Population demographics

A census taken of Palestine refugees living in Lebanon was never taken. Only UNRWA's registration system gives some data but is inaccurate given the massive emigration of Palestinians. This survey allows for the first time to estimate accurately the total number of refugees living in Lebanon. Of the 455,000 refugees registered with UNRWA since 1948, only 260,000-280,000 currently reside in Lebanon. About a quarter live in Tyre, Saida and Beirut areas, one fifth in the North and 4 percent in the Beqaa. More than half of the refugee population lives in camps (62 percent) as compared to 38 percent living in gatherings, mainly in camp vicinity.

Based on the household survey results, 53 percent of refugees are women and the Palestine refugee population is young, with an average age of 30 years, and half of the population is younger than 25 years-old. The average household size is 4.5 members, compared to 4.2 for Lebanese households.

**(Socio-Economic Survey of Palestine Refugees in Lebanon – December 2010)**

**Livelihoods**

Many Palestinian workers are discouraged from working; 56 percent of refugees are jobless and only 37 percent of the working age population is employed. The Palestinian refugee labor force reaches 120,000, of which 53,000 are working. Joblessness among refugees has a strong gender dimension; only 13 percent of women are employed compared to 65 percent of men. Those with a job are often considered low status, casual and precarious employment. Our survey shows that 21 percent of employed refugees work in seasonal employment, and only 7 percent of those employed have a contract. Very few have a second job (3 percent) indicating the scarcity of even low quality employment. Most refugees have low qualifications; 6 percent of the Palestinian labor force has university training, compared to 20 percent for the Lebanese labor force. Though employment differs little across regions, quality of employment does. The share of those employed in low status elementary occupations is highest in Tyre, while the share of high status professionals and senior officials is highest in the North. Nearly a quarter of workers in Tyre are employed in the agricultural sector and 87 percent of all agricultural workers live in Tyre. People working in elementary occupations or the agricultural sector are more likely to belong to the working poor than those working in other professions.

Survey results show that education can help refugees secure more and better jobs. A refugee with a vocational or university degree is more likely to be employed than one holding a Brevet (official diploma qualifying entry into secondary school) or lower. Moreover, of those with a university degree, 70 percent work as professionals or associated professionals, while those with a Brevet or less work mainly in crafts and elementary occupations. Employment rates for women who attended further education are also higher. Half of women with a university degree work and 43 percent of those with a vocational degree do.

Yet refugees still face many challenges in their educational attainment. Survey results show that 8 percent of those between 7 and 15 years of age were not attending school in 2010. In addition to this, two thirds of Palestinians above the age of 15 do not have a Brevet, compared to a Lebanese rate of 50 percent. Only 50 percent of youths in secondary school age (16-18 years old) are enrolled in education. Half of those live in the South, though attendance varies significantly within regions. Education is central to improving the livelihood among refugees, as household heads with a Brevet or more are less likely to have poor or food insecure households. As for higher education, only 13 percent of refugees older than 18 have a Baccalaureate or higher, compared to 17 percent for the Lebanese population.

**(Socio-Economic Survey of Palestine Refugees in Lebanon – December 2010)**

Around 422,000 refugees are registered with UNRWA in Lebanon, with many living in the country's 12 refugee camps.

Palestinian refugees make up an estimated ten percent of Lebanon, a small country which is now densely populated.

Palestinian refugees in Lebanon do not enjoy several basic human rights. For example, they do not have the right to work in as many as 70 professions. Palestinian refugees are not formally citizens of another state, so they are not able to claim the same rights as other foreigners living and working in Lebanon. Palestinian refugees in Lebanon face a number of specific problems:

- Lack of social and civil rights
- No access to public social services
- Very limited access to public health or educational facilities.

Most Palestinian refugees rely entirely on UNRWA as their sole provider of education, health and relief and social health conditions. A third of the Palestinian refugee population is estimated to have chronic illness and 4 percent a functional disability. Hypertension is particularly prevalent, which is cause for concern considering the

changing eating habits outlined above. This strongly affects poverty. All households with a disabled head of household live in extreme poverty. According to the **Socio-Economic Survey of Palestinian Refugees in Lebanon conducted by the American University in Beirut in 2010**, the reported rate of chronic illness was significantly higher than that reported in older surveys. Previously the rate was at 19 percent (Ugland, 2003), whereas now our data depicts chronic illness rates at 31 percent. The difference in reporting may be a product of an aging Palestinian population, as demographic research has noted a precipitate decline in fertility rates among Palestinian refugees in Lebanon in the last few decades (Ugland 2003). Comparing the results to the Lebanese population, it is clear that Palestinian refugees have almost double the prevalence of chronic illnesses with 17 percent for the former and 31 percent for the latter (LNHS, 2004). The estimated prevalence of chronic illnesses among Palestine refugees is 31 percent. The types of chronic illnesses are diverse, and include hypertension (32 percent), back pain (9 percent), asthma (9 percent), diabetes (8 percent), rheumatism (6 percent), heart problems (4 percent), and epilepsy (3 percent).

Acute illnesses pose a particular risk for the Palestinian refugee population, most of which live around the poverty line, since they often lead to extra-ordinary expenses and periods out of work. Considering that 95 percent of the population is without insurance and most of the people in precarious employment, they are unlikely to receive indemnities or sick leaves, thus a case of acute illness may push a household into poverty. According to the Socio-Economic Survey of Palestinian Refugees in Lebanon conducted by the American University in Beirut in 2010 population wide, prevalence was high (24 percent), although this percentage gained precipitately among the older population. Among both the youngest and middle age groups, 6 month prevalence was 23 percent and 22 percent respectively. The rate, however, was 36 percent among those 55 years and older, more than a 50 percent increase over the other age groups. The most common types of illnesses reported were cold/flu and other respiratory problems (36 percent), gastrointestinal (19 percent), musculoskeletal (9 percent), and urinary/reproductive problems (6 percent).

As for mental health, 21 percent stated that they experienced depression, anxiety or distress. Men reported better self-rated health scores than women. In general, women report a higher incidence of chronic and psychological disorders and lower self-rated health scores, while men are more likely to suffer functional disability.

Palestinians receive health services from a wide variety of care providers, though mainly from UNRWA, Palestinian Red Crescent Society (PRCS), NGOs, and private clinics. Past studies on health care utilization have identified UNRWA as the primary provider of health services to Palestinian refugees in Lebanon. UNRWA provides primary health care services to refugees through 29 health centers located in areas with high densities of Palestinian refugees. The services provided by these centers include walk-in general consultations, maternal and child health care services, treatment of chronic diseases, and provision of medications. Many centers also have specialists, dental, and laboratory services available. UNRWA provides most secondary and limited tertiary care services to its constituents, while the PRCS and NGO health centers generally run health clinics focused on providing primary care, along with minimal curative care services. The primary difference between UNRWA and other health providers is that UNRWA provides medications to its patients. (Socio-Economic Survey of Palestinian Refugees in Lebanon conducted by the American University in Beirut in 2010)

Unsurprisingly, average out of pocket health care expenditure is highest for hospitalization. Households with a hospitalized family member spent on average \$614 over the last 6 months. Those with doctor visits due to disability spent \$262, households with an acutely ill family member not requiring hospitalization spent \$164 and those with a chronic illness case \$137. Indeed, the share of household expenditure on health jumps from 3 percent to 13 percent when a family member is chronically ill or disabled.

The refugees' major concern is the cost of hospitalization. UNRWA provides basic primary healthcare, but is only able to cover the cost of secondary hospital care and partial tertiary care.

Since these costs are beyond the means of most refugees, they often face a choice between foregoing essential medical treatment and falling deeply into debt. Palestinian refugees are subject to many employment restrictions that have left them highly dependent on UNRWA as their main relief provider and major employer. In 2005, officially registered Palestinian refugees born in Lebanon were allowed by law to work in the clerical and administrative sectors for the first time. However, refugees are still unable to work in some professions, for example, as doctors, dentists, lawyers, engineers or accountants.

The refugee Palestinian workforce is substantially under-employed. Although many do find work, this is often seasonal or casual work for low wages and with no social and welfare benefits.

There are distinct signs that this situation is weakening the community's commitment to education. Many young people see no purpose in continuing their study. Some drop out and find manual work in order to support their families.

## Refugees in Gatherings:

UNRWA defines a **Palestinian refugee** as “any person whose normal place of residence was Palestine during the period 1 June 1946 to 15 May 1948 and who lost their home and means of livelihood as a result of the 1948 conflict”. In its mandate, UNRWA's services are available to all those living in its area of operations who meet this definition, who are registered with the Agency and who need assistance; however, tens of thousands of Palestinian refugees in Lebanon who live in unofficial "gatherings," collections of homes built without official permission, are left unattended by UNRWA, the Lebanese state, or the Palestinian Authority (PA). UNRWA usually uses the term “deficit in the budget” as an excuse for its negligence in these gatherings.

## PARD's Program Strategy

### Maternal and Child Health

Women and children are among the most vulnerable groups in the Palestinian community. PARD plans to implement programs that would improve the public health delivery systems targeting women, children, and their families mainly through health care services and education. Dispensing vaccinations to children, promoting the health of pregnant women, providing advice and medical consultation are some of integral parts of PARD's program that aim at improving the lifestyle of this group. This focal area also supports the fifth Millennium Development Goal that revolves around improving maternal health.

To successfully achieve all the above interventions, PARD plans to empower and motivate its human resources so they will be enabled to deliver high quality services. PARD also realizes that sustainable change can become a reality only if the local Palestinian communities are actively involved in the planning, implementation and the monitoring of the health related issues.

### Program's Objectives

- **Enhance the life quality, reduce disease and promote better health conditions and practices among Palestinian refugees.**
  - **Increase the life expectancy, reduce infant and child mortality and decrease communicable diseases within the Palestinian refugee camps and gatherings.**
  - **Improve the informed choices of the Palestinian communities and individuals towards health issues**
  - **Provide health care services to the refugees with a focus on mothers and children**
- ✓ **(a) To improve the health situation of the population in and around the targeted areas through providing affordable primary and secondary health services.**

**25,653 affordable primary and secondary health services were offered to men, women and children through PARD's 6 clinics** in Sabra (Polyclinic and Women's Health Center), the South clinics (Wasta, Shabriha and Kfar badda) and the Women Health Clinics (Qasmiyeh, Wasta, Kfar Badda, Shabriha, and Burghuliyeh) in addition to the mobile clinic in Jal Al Baher. Those clinics deliver a variety of medical services with focus on mother and child health (for details, see Annex 1):

- 8,172 specialized services benefited women (31.8 percent)
- 10,218 specialized services including 12 types of vaccinations benefited children (39.8 percent)
- 7,263 diverse specialty services benefited the target group (28.4 percent)

Location	Clinic	No. of visits	No. of patients
Sabra- Beirut	Polyclinic	16,306	2993
	Women Health Clinic	7,048	958
South Clinics	Wasta	628	277
	Kfar Badda	298	97
	Shabriha	961	219
	Burghuliyeh	102=68	33
	Qasmiyeh	223	52
	Jal Al Bahar	87=58	26
<b>Total</b>		<b>25,653</b>	<b>4,655</b>

✓ (b) To improve the quality of medical services:

**Program Activities:**

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

Attendant	Name of Lecture or Workshop of Lecture or Workshop
1 Nurse	* Rational Use of Medicine
Program's Coordinator 2 Nurses 2 Midwives 1 Community Health Educator	*Seminar on Reproductive Health From the Perspective of Human Rights

Activities Realized
<p><b>Renovation of existing centers:</b></p> <p>All the centers benefited from electrical maintenance, plumbing and carpentry works</p>



## 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 the environmental health program, the coordinator of the community empowerment program, the coordinator of the youth and child program and the financial and administrative coordinator. PARD's 6 clinics are run by staff consisting of one coordinator, 19 specialized doctors, 3 midwives, 3 nurses, 2 secretaries, 1 driver and 3 cleaning ladies.

## Sabra Clinic

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

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

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

- General check-ups on women, men and children.
- Follow-up on babies by a pediatrician concerning growth monitoring, vaccination and medication supply.
- Providing low fat baby milk according to medical prescription.
- Providing services of ophthalmology, cardiology, dermatology, otology, rhinology, endocrinology, enterology, minor 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 and ultrasound.
- Auto refractometer.
- 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 conduct health education sessions for the staff and groups of patients about different issues using several types of educational and audio-visual materials.

***Between January and December 2011, 2993 patients benefited from the clinic's services  
(16,306 visits including 1,726 vaccinations)***

### **Wasta Clinic**

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

PARD's target group are the one hundred ninety five 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 midwife, one practical nurse, one general practitioner/pediatrician (two days per week), a female gynecologist (one day per week) and one lab technician (three days per 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 2011, 277 patients benefited from services at the clinic (628 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 per week), one practical nurse and one general practitioner/pediatrician (one day per 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.
- Pre and post natal services provided by the midwife

***Between January and December 2011, 97 patients benefited from services at the clinic (298 visits)***

### **Qasmiyeh Clinic**

In Qasmiyeh, a center was established as a clinic in 2010 and it was equipped using a grant provided by the Japanese Embassy in Lebanon.

This center is operated by a female gynecologist and a midwife (once per week), one practical nurse and one general practitioner/pediatrician (one day per 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.
- Pre and post natal services provided by the midwife
- Gynecological services
- Ultrasound services

***Between January and December 2011, 52 patients benefited from services at the clinic (223 visits)***

### **Shabriha Clinic**

In Shabriha, a center was established as a clinic and it was offered for our use starting in 2009 by the local community (mayor of Shabriha).

This center is operated by a female gynecologist and a midwife (once per week), one practical nurse and one general practitioner/pediatrician (one day per 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.
- Pre and post natal services provided by the midwife
- Gynecological services
- Ultrasound services

***Between January and December 2011, 219 patients benefited from services at the clinic (961 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 ones displaced.

***Its aim is to secure safe pregnancies for women.***

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

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

✓ ***Objective 1: To guard safe pregnancy through prenatal care.***

The activities related to this first objective include the following:

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



- Routine lab tests at the center and referral to contracted laboratory for culture and hormone tests.

✓ ***Objective 2: To guard the health of women and their babies after delivery through postnatal care.***

The activities related to this objective include the following:

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



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

- Gynecological checkups
- Gynecological ultrasounds
- Family Planning
- Pap smears
- Pregnancy Tests
- Routine lab tests at center and referral to contracted lab for more complicated tests.

**In 2011,  
958 women benefited from  
services (7,048 visits including  
217 home visits)**

**Home Visits in Beirut Gatherings:**

In March 2011, PARD started a new project in the Shatila camp and Beirut gatherings targeting pregnant women. A midwife or community health worker visits the pregnant women to check on perfectly their pregnancy; this is done through checking blood pressure, inquiring about their medical history, distributing brochures and health education materials, as well as conducting health education sessions for the women.

In addition to that, the midwife also conducts postnatal visits. She checks on the mother and the newborn, answers any question the mother has, and ministers care for the baby through providing information on how to deal with a newborn in the house.

**Women’s Health Clinics – The South**

In compliance with the same objective of promoting safe pregnancy, PARD employed a midwife in the South to offer home visit services for pre and postnatal women and newborns and to create patient profiles.

At first, 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 on the condition of their health and their unborn babies. Our midwife is currently operating from fixed clinics as well.

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

Day	Location
Monday	Qasmiyeh
Tuesday	Wasta and Kfar Badda
Wednesday	Shabriha
Thursday	Jal el Bahar
Friday	Burghilyeh

In May 2006, PARD began utilizing the first aid room in the Shabriha gathering as a second fixed clinic, where a female gynecologist supported by the midwife followed up on the women’s related complaints after being referred to the gynecologist by the midwife during her periodical pregnancy monitoring house visits.

In 2010, the female gynecologist started visiting each of the following clinics: Qasmiyeh, Wasta and Shabriha on Mondays, Tuesdays and Wednesdays respectively from 9 a.m. till 1 a.m., to provide pre and postnatal care for women; her services ranged from something as minimal as ordering the necessary lab

tests for the 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, **ultrasound machines were installed in the Shabriha, Wasta and Qasmiyeh clinics where they are 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 chronic villus sampling or amniocentesis
- Determine the condition of the fetus if no heartbeat has been detected by 14th week or if there has been no 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

Additionally, **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 cannot go to the clinic. **After the women give birth, she instructs them about taking care of their babies and the importance of breastfeeding.**

***In 2011,  
1,316 visits were provided in the Women's  
Health Clinics in the South.***

#### Services provided by the Women's Health Clinics in Southern gatherings:

Type of Service	Shabriha	Burguiyeh	Wasta	Kfar Badda	Jal Al Bahr	Qasmiyeh	Total
<b>Check up –Pregnancy</b>	275	<b>81</b>	42	<b>39</b>	<b>54</b>	26	517
<b>Check up-Gynecology</b>	204	-	37	-	-	13	254
<b>Family planning</b>	14	-	2	-	-	1	17
<b>Ultra sound gynecology and Pregnancy</b>	314	-	54	-	-	15	383
<b>Pap smear</b>	14	-	1	<b>1</b>	-		16
<b>Cauterization</b>		-		-	-		0
<b>Post natal care</b>	3	<b>21</b>	3	<b>21</b>	<b>33</b>	7	88
<b>New born clothes</b>		-		-	-		0
<b>Milk for Women</b>	24	-	11	-	-	7	42

<b>Total</b>	848	<b>102</b>	150	<b>60</b>	<b>87</b>	69	1316
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**Extra Activities:**

**(a) Campaigns:**

1) During January and February of 2011, PARD, in coordination with UNRWA and other local and International NGO’s, conducted an anemia campaign in the 13 gatherings of the South and Beirut. This campaign included health education in the clinics in the gatherings through health education sessions conducted by PARD’s community health workers and trained local health educators. 801 people benefited from 73 health lectures on anemia. Furthermore, cooking sessions that taught the beneficiaries what foods are rich with iron and which to avoid were conducted in the gatherings. Additionally, 300 calendars that included all the information and pictures of food rich in iron were distributed on pregnant women in Beirut and South gatherings.

- **Anemia campaign (Jal Al Baher 2011)**



2) Throughout 2011, PARD conducted a pap smear and mammography campaign in Beirut and South gatherings. 1,115 women benefited from 243 health lectures on breast and uterine cancer in the South and Beirut gatherings, conducted by PARD’s community health workers and the trained health educators. Furthermore, 73 women benefited from the pap smear and mammography campaign in the Beirut gatherings and 142 women benefited from the same campaigns in the South gatherings.

**(b) Indicators of mother and child care program:**

The methodology used in obtaining these indicators was reviewing the patients’ records, the progress reports and special questionnaires.

**1- What are the prevailing diseases among patients visiting the clinics?**

Frequency of Diseases:

- About 31 percent of the patients who visited the clinics were children below the age of 12, who suffered from diseases like influenza, the common cold, gastroenteritis, tonsillitis, diarrhea and pneumonia.
- About 11 percent of the patients visited the General Practitioner to treat seasonal diseases like diarrhea, cold and pneumonia.
- About 13 percent visited the dermatologist to treat diseases like acne.
- The remaining 10 percent visited the cardiologist (for high blood pressure, heart diseases), endocrinologist (for diabetes), an ophthalmic specialist (for eye disorders), and an orthopedic doctor (for arthritis)
- About 35 percent of the patients who visited the clinics were women who received pre and post natal services in addition to gynecological services.

2- *Are children under 5 years sufficiently immunized?*

Immunization:

- About 60 percent of children (under 5) who visited the clinics received various vaccines (D.P.T, Hepatitis A, Hepatitis B, MMR, meningitis, poliomyelitis, chicken pox, vaxigrip, and Typhim)
- The remaining 40 percent of the children were either vaccinated at UNRWA clinics, private clinics or governmental clinics.

3- *What is the type of delivery in earlier pregnancies?*

Type of Delivery:

About 12 percent of the pregnant women when asked how they delivered in previous pregnancies answered that they had a cesarean section because of problems during the pregnancy. They were then informed by the midwives about the dangers of this operation and that it should not be repeated more than 4 times with a time interval of 3 years between each pregnancy and operation.

4- *What are the age categories of the pregnant women visiting the clinic?*

Age Group-Patients:

About 85 percent of the pregnant women were under 35. They had regular tests and examinations during their visits.

About 15 percent of the pregnant women were above 35. These patients were monitored over the period of pregnancy and underwent many tests to ensure that the baby was healthy. Amniocentesis Tests were conducted especially for anencephaly, downs syndrome (Trisomy 21, Trisomy 13, Trisomy 18), rare and inherited metabolic disorders, spina bifida, infections, and Rh incompatibility. Although it is not advisable for a woman to get pregnant after the age of 35, some of these patients either married late or had an In-vitro fertilization due to problems in conceiving. These women were given all the necessary information and care at the clinic.

5- *What is the time interval between pregnancies?*

Frequency of Pregnancy:

About 5 percent of the patients at the clinics had a year or less time interval between each pregnancy. This led to many health problems due to the insufficient amount of iron and minerals. These women were advised by the midwives to have at least a 2 year time interval between each pregnancy.

6- *Do women agree to use contraceptives after delivery?*

Contraceptives:

40 days after delivery, 87 percent of the women returned for a checkup visit and asked for a contraceptive.

- 40 percent use IUD (intra uterine device)
- 55 percent use pills
- 5 percent prefer using condoms or abstinence



7- *Are women aware of the importance of the prenatal follow up visits?*

Prenatal Follow up Visits:

93 percent of the pregnant women visited the doctor regularly for their monthly checkup.

The remaining 8 percent needed advice and information from the doctors and midwives about the importance of these visits for their health and the baby's health.

8- *Are women aware of the importance of the post natal follow up visits?*

Postnatal Follow up Visits:

87 percent of the women visited the clinic 15 days after delivery to check on the stitches. This same percentage visited 40 days after delivery to ask about contraceptives methods.

9- *Do women have the pregnancy screening tests with each pregnancy?*

Screening Tests: HIV, HBs Ag, Toxoplasma

Every pregnant woman who visited the clinic underwent the HIV screening test to ensure that she was not affected, given the risk on the doctor and medical team who will conduct the delivery. In 2011 there were no cases of HIV in our clinics.

Every pregnant woman who visited the clinic underwent the HBs Ag screening test to ensure that she was not affected, again, for the same risk. After delivery the women had to take certain medications and the babies were vaccinated and given a preventative dose. In 2011 there were 4 percent of patients with HBs Ag in our clinics.

Every pregnant woman who visited the clinic underwent the Toxoplasma screening test to ensure that she was not affected. Toxoplasma can either cause a miscarriage or for the baby to be born blind, deaf or mentally disabled. Affected women were instructed to take Rovamycine for 9 months. In 2011 there were 3 percent of patients with Toxoplasma in our clinics.

10- *Do pregnant women have a blood group test?*

Blood group:

All the pregnant women who visited the clinic were subjected to a blood group test to ensure safe pregnancy and delivery. 5 percent of the pregnant women were Rh negative and were given treatment because their blood group was incompatible with the baby's.

Rh incompatibility usually is not a problem if it is the mother's first pregnancy because, unless there is some sort of abnormality, the fetus's blood does not normally enter the mother's circulatory system during the course of the pregnancy.

However, during delivery, the mother's and baby's blood can intermingle. If this happens, the mother's body recognizes the Rh protein as a foreign substance and can begin producing antibodies (protein molecules in the immune system that recognize, and later work to destroy, foreign substances) against the Rh proteins introduced into her blood.

Other ways Rh-negative pregnant women can be exposed to the Rh protein that might cause antibody production, include blood transfusions with Rh-positive blood, miscarriage, and ectopic pregnancy.

Rh antibodies are harmless until the mother's second or later pregnancies. If she is ever carrying another Rh-positive child, her Rh antibodies will recognize the Rh proteins on the surface of the baby's blood cells as foreign and pass into the baby's bloodstream and attack those cells. This can lead to swelling and rupture of the baby's RBCs. A baby's blood count can get dangerously low when this condition, known as **hemolytic** or **Rh disease of the newborn**, occurs. Rh antibodies that develop during subsequent pregnancies can be potentially dangerous to mother and child. Rh disease can result in severe anemia, jaundice, brain damage, and heart failure in a newborn. In extreme cases, it can cause the death of the fetus due to too many RBCs having been destroyed.

When a woman with the potential to develop Rh incompatibility is pregnant, doctors administer a series of two **Rh immune-globulin** shots during her first pregnancy. The first shot is given around the 28th week of pregnancy and the second within 72 hours after giving birth. Rh immune-globulin acts like a vaccine, preventing the mother's body from producing any potentially dangerous Rh antibodies that can cause serious complications in the newborn or complicate any future pregnancies.

**c) Patient Satisfaction Survey :**

For the purpose of evaluation, a patient satisfaction survey was conducted in November 2011 for **PARD's** clinics in Beirut and the South. Members of PARD and the women committees in the gatherings filled out 150 questionnaires.

- ❖ The answers of the first question show that the most frequented clinics in the area are PARD clinics (93 percent in Sabra, 94 percent in women's health center, 97 percent in Wasta, 96 percent in Kfar Badda, 90 percent in Shabriha, 93 percent in Qasmiyeh).
- ❖ The answers of the second question indicate the need for medical services. The highest number of patients questioned answered positively (88 percent in Sabra, 92 percent in women's health center, 80 percent in Wasta, 75 percent in Kfar Badda, 86 percent in Shabriha, and 90 percent in Qasmiyeh). Meaning, the clinics provide needed health care services.
- ❖ In answer to question number three, the most visited medical center was PARD's clinic (77 percent in Sabra, 80 percent in women's health clinic, 75 percent in Wasta, 63 percent in Kfar Badda, 79 percent in Shabriha, and 87 percent in Qasmiyeh).
- ❖ The answers to question number four show that most of the patients (87 percent in Sabra, 85 percent in women's health clinic, 90 percent in Wasta, 94 percent in Kfar Badda, 89 percent in Shabriha, and 88 percent Qasmiyeh) were either very satisfied or satisfied with the following:
  - Treatment of the staff and physicians at the center.
  - Communication between patients and staff
  - The outcome of patients visit, the recommendations for post visit care and the costs of the services.
  - The types of specialists available.
  - The hours of availability of specialists.
- ❖ In answer to the fifth question, most of the patients (95 percent in Sabra, 98 percent in women's health center, 93 percent in Wasta, 90 percent in Kfar Badda, 93 percent in Shabriha, and 89 percent in Qasmiyeh) answered that the problems were solved by visiting the clinic.
- ❖ In answer to question six (35 percent in Sabra, 28 percent in women's health clinic, 23 percent in Wasta, 38 percent in Kfar Badda, 56 percent in Shabriha, and 39 percent in Qasmiyeh), patients answered that they visited other clinics or centers either for vaccination, ultra sound or x-rays and dental care.
- ❖ The answers to questions number 7, 8 and 9 show that the majority of the patients are aware of the clinic's programs, opening hours, and cost of services.
- ❖ Most of the patients recommended that :
  - In the Sabra Polyclinic:
    - *Decrease the consultation fee for the Gaza building refugees*
    - *Dentist*
    - *Psychiatrist*
    - *Physiotherapy*

In the Women's Health Clinic:

- *Delivery Room*
- *Emergency Doctors*
- *Newborn Clothing*

In the Wasta Clinic:

- *Newborn Clothing*
- *Milk*
- *Dentists*

In the Kfar Badda Clinic:

- *Dentist*

In the Shabriha Clinic:

- *Laboratory tests*
- *First Aid*
- *Dentist*

In the Qasmiyeh Clinic:

- *Dentist*
- *More specialties*

## Program Outputs

For the period from January to December 2011, a total of 17,755 services (consultations) were provided by different doctors and specialists in all our above-described clinics.

Moreover, 602 first aid dressings were applied, 217 pregnancy tests, 88 E.C.G., 1,497 lab tests and 2,967 ultrasounds for urology and cardiograph, enterology, pregnancy and gynecology took place. Also, 78 women received milk during their pregnancies. In addition, 70 mothers received family planning services and 128 women took the pap smear test. A total of 1,726 vaccines were given to children in all of the clinics. Those vaccines included Poliomyelitis, Hepatitis A and B, M.M.R., Meningitis, Typhin, Chicken Pox, Mencivax, Pneumonia, Vaccigrippe and D.P.T. 525 cases benefited from extra services (echocardiograph, hospitalization assistance, circumcision, post natal care and minor surgery). All the detailed numbers of the different clinics are in annex 1.

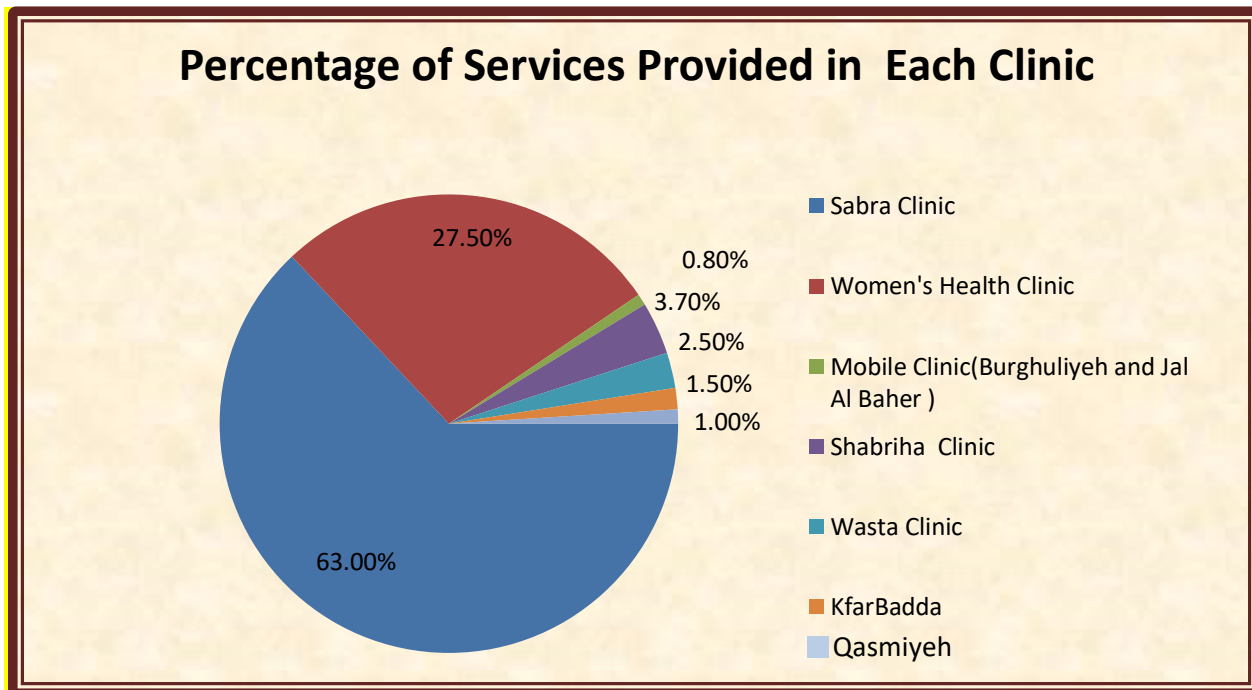
Number of services provided by PARD clinics from January to December 2011:

Type of Service	Sabra Clinic	Women's Health Clinic	Wasta Clinic	Kfar Badda Clinic	Qasmiyeh Clinic	Shabriha Clinic	Mobile Clinic (Burghuliyeh and Jal Al Baher)	Total
Visits for doctors	12314	3696	535	290	193	592	135	17755
Minor Surgery	-	15	-	-	-	-	-	15
Family Planning	-	53	2	-	1	14	-	70
First Aid	576	26	-	-	-	-	-	602
Pap Smear	-	112	1	1	-	14	-	128
Pregnancy Tests	-	217	-	-	-	-	-	217
E.C.G	88	-	-	-	-	-	-	88

Lab Tests	1217	258	22	-	-	-	-	1497
Ultrasound	189	2395	54	-	15	314	-	2,967
Milk for babies	-	-	-	-	-	-	-	-
Milk for women	-	36	11	-	7	24	-	78
Hospitalization Assistance	182	-	-	-	-	-	-	182
No. of vaccines given	1726	-	-	-	-	-	-	1726
Circumcision	-	23	-	-	-	-	-	23
Baby Clothing	-	-	-	-	-	-	-	-
Echocardiograph	14	-	-	-	-	-	-	14
Post Natal Care	-	217	3	7	7	3	54	291
N.S.T	-	-	-	-	-	-	-	-
Hospital Transfers	-	-	-	-	-	-	-	-
<b>Total</b>	<b>16,306</b>	<b>7,048</b>	<b>628</b>	<b>298</b>	<b>223</b>	<b>961</b>	<b>189</b>	<b>25,653</b>

**Note: Curettage and cauterization figures are added to minor surgery figures at the Women’s Health Center and at the Mobile Clinic.**

**Percentage of Services per each of PARD’s center**



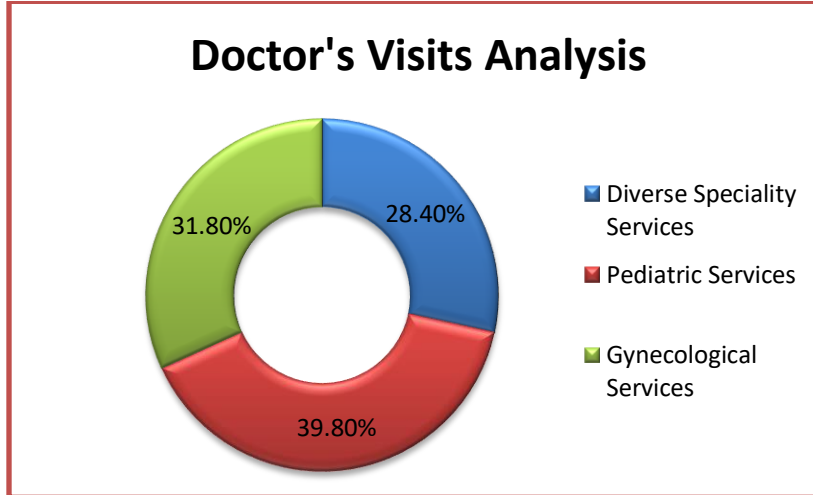
**The graph shows that the work load during 2011 was concentrated mainly in the Sabra Health Care Center (63%), followed by Women’s Health Center and the South Clinics. The most common explanation of such a variation in patient’s numbers is the overcrowded population residing in the area of Beirut and the proximity of PARD to Sabra and Shatila area, rendering our service highly accessible especially that it meets the financial standards that the serviced population can afford.**

**A comparative list of the services provided by PARD's health clinics during the years 2006-2011**

Activities Realized	Number of Services					
	2006	2007	2008	2009	2010	2011
Check-ups by general practitioners	1938	2024	2008	2,032	1646	1533
Check-ups by specialists (ophthalmology, dermatology, cardiology, orthopedics, E.N.T, neurology, gynecology)*	4796	2,224	2686	3796	3814	3289
Minor Surgery	6	22	34	9	12	15
Laboratory services for routine services	2852	2667	2190	2,539	1973	1497
E.C.G. and ultrasound services, Echo cardiograph	E.C.G.\ 108 Ultrasound\ 142	E.C.G.\ 110 Ultrasound\ 189	E.C.G.\ 163 Ultrasound\ 179	E.C.G.\ 128 Ultrasound\ 249	E.C.G.\124 Ultrasound\ 249	E.C.G.\88 Ultrasound\ 189
First Aid and suturing medication	1242	585	705	866	651	602
Assistance to hospitalization through Health Care Society	168	327	300	257	173	182
Checkups on women by gynecologists and observations	2643	5459	5786	4906	3843	4606
Pap smear services prescribed by the gynecologists	44	124	96	101	74	128
Ultrasound gynecology services	2003	2905	3245	2809	2595	2778
Family planning services	79	113	117	115	110	70
Pregnancy Test	248	260	231	101	270	217
Provision of needed milk and supplies to women	1434	2440	2355	1510	1591	78
Checkups for newborns and children by a pediatrician	5832	4641	4487	4746	4171	4246
Circumcisions	49	43	35	25	12	23
Growth monitoring and follow up of newborns	5832	4641	4487	4746	4171	4246
Provision of non fat milk for babies whose mothers cannot breast fed, according to the doctors prescriptions	531	1492	85	-	-	-
Vaccination for children	2231	2083	2003	2606	1693	1726
Baby Clothing	-	75	60	-	-	-
<b>Total</b>	<b>29,208</b>	<b>32,424</b>	<b>31,302</b>	<b>31,541</b>	<b>27,172</b>	<b>25,551</b>

**Program's Developments**

**Doctors' visits analysis:**



<b>Total number of pediatric services</b>	<b>10,218</b>	<b>39.8%</b>	<b>18,390</b>	<b>71.7%</b>
<b>Total Number of Gynecological services</b>	<b>8,172</b>	<b>31.8%</b>		
<b>Total number of diverse speciality services</b>	<b>7263</b>	<b>28.4%</b>	<b>7263</b>	<b>28.3%</b>
<b>Total Services</b>	<b>25,653</b>	<b>100%</b>	<b>25,653</b>	<b>100%</b>

As our program focuses on safe motherhood, beginning before conception with adequate healthy lifestyle training and continued with appropriate prenatal care, to prevent complications during the delivery of a healthy baby we have made a quick comparison among the various consultations we undertook 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 18,390 out of 25,653, which is the total number of services. This represents around 71.7 percent. This is considered a high percentage, assuring that we are meeting our main objectives.

## *STRATEGY TWO*

# COMMUNITY EMPOWERMENT

**Goal:** Active and sustainable Palestinian communities that are based on social justice and respect and where refugees are empowered to participate in making informed decisions on issues that affect their lives.

➤ Program one: EMPOWERMENT

➤ Program two: VOLUNTEERS

## ■ Objectives of strategy two:

- Promote community development by providing motivation, education and proper cognitive, democratic and social skills
- Increase Palestinian communities' capacities and resources to bring people together around common goals and interests
- Increase participation of the Palestinian communities in decision-making and problem-solving processes
- Enhance exchange and partnership with local, regional and international communities and groups
- Build up social capital

## ■ Competitive Advantages of the Strategy:

- People centered – from the people to the people
- Rights based and action oriented
- Increases focus on cooperation and networking with local and international organizations
- Promotes social justice, participation and ownership
- Promotes peer education and community involvement
- Empowers marginalized groups to take positive control of their own lives

## ■ Components of Strategy two:

To implement the second strategy, PARD adopted the following interventions and activities:

### **Program 1: Empowerment**

- i. Community*
- ii. Women*
- iii. Youth*

### **Program 2: Volunteers**

- i. Volunteer Recruitment and Action*

## ■ Rationale of Strategy Two:

Community empowerment is a multi-level construct that involves practical approaches, social action processes, and individual and collective efforts and outcomes. In a broader sense, empowerment refers to individuals, families, organizations, and communities gaining control within the social, economic, and political contexts of their lives in order to improve equity and their quality of life.

For PARD, community empowerment is mainly about providing the necessary tools, skills and opportunities to the Palestinian community and especially the women and youth so as to enable them to work together and ensure a better life. The process that PARD plans to implement involves empowering the Palestinian people to become active in making positive decisions that influence their communities and their lives. This means that the Palestinian refugees in Lebanon would need to learn how to take responsibility of their own lives and find solutions to their own problems instead of waiting for others to come up with ready-to-fit solutions.

Moreover, because the local Lebanese government provides little or no services at all to the Palestinian refugees in Lebanon, and because the UNRWA's budget is limited to specific programs and interventions, the Palestinian communities have another crucial reason to be focused on working together in finding solutions aimed at improving the Palestinian community and the lives of its members.

Nevertheless, real community empowerment is the result of focused efforts from the different participating stakeholders who are willing to apply values into their work and thus prevent exploitation or misuse of the



empowerment process. PARD believes that the process should reflect equality at all times and consequently exclude any form of discrimination within the community. PARD also believes that empowerment needs to be initiated by a learning process that enhances the skills and knowledge of the targeted community before creating opportunities and facilitating a democratic involvement in the issues relevant to the people's lives and future. Cooperation is another fundamental component to empowerment, where action is identified and implemented together with stakeholders who have common interests and concerns. **In addition, social justice should be an integral part of community empowerment because it enables people to claim their rights, participate in key processes and have greater control over the decisions that can positively or negatively influence their lives.**

The construct of empowerment also assumes that a society consists of separate groups that possess different levels of power and control over resources, and that social problems stem not from individual deficits, but rather from the failure of the society to meet the needs of all its members. As such, PARD plans to target the Palestinian community in general with empowerment programs but also wishes to focus on some particular marginalized groups such as the youth, women, and children.

Youths from marginalized and disenfranchised communities can and should be empowered to advocate for social justice through civic engagement and sociopolitical action. **As such, PARD realizes that investing in the Palestinian youth empowerment is an integral part of any development and social change plan the organization wishes to adopt.** Without the understanding, involvement and 'positive' knowledge of the youth to their context, the aspirations and heritage of the Palestinian community can be lost. Therefore the youth should be well educated and supported to participate and make significant differences. The youth should also be provided with tools and skills that would allow them to understand that the choices they take can impact their lives and the lives of others as well. Thus their constructive, responsible and informed participation could lead into a positive chain or reaction and results within their communities.

**Another group PARD plans to target is the Palestinian women who need to be empowered so as to remove all discriminatory practices, traditions and policies that impede their access to resources and their ability to identify and implement actions that would lead to gender equity in their own context.** PARD also plans to mobilize the Palestinian women and link them to larger women's movements that can unite their struggle and experience into a more unified action. A third level of PARD's interventions will be achieved once the Palestinian women have gained the ability to take action and they have brought forward gender equality in processes that involve making decisions that affect their lives and resources. Women empowerment and promoting gender equality is also the main directive of the third Millennium Development Goal.

**Another relevant group is the volunteers (many of whom are young people) who can actually play active roles as social change agents within the Palestinian community.** Volunteers form an integral community reservoir that PARD plans to target. The focus will be on the several people who share PARD's values and are willing to invest their time and energy to become volunteers and serve the community they belong to. Volunteers, however, need to be continuously motivated and developed and their sense of passion for their work and values maintained.

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 programs at all levels incorporate a gender perspective and address

women's lives and their needs.

The Beijing Platform for Action and the ICPD Program 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.

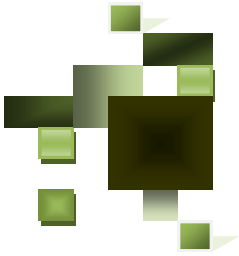
Women's human rights were a key issue at the 1999 United Nations General Assembly special session, reviewing implementation of the ICPD Program of Action (New York, 30 June-2 July). The "ICPD + 5" review showed that while significant gains have been made, women's reproductive rights and sexual health 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 program considerations. We should support programs 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



## PROGRAM ONE EMPOWERMENT PROGRAMME



- **Introduction to the program**
- **Interventions and activities of the program**

## Introduction

This strategy has been and continues to be implemented through two programs:

**Program one : Empowerment**

**Program two : Volunteers**

## Interventions of Program One: EMPOWERMENT

This program entails the implementation of interventions focusing on the targeted community, youth and women:

### 1. Empowerment of Community

10,000 Palestinian refugees and poor Lebanese are active and participate in making informed decisions on issues that affect their lives during a period of 3 years.

360 women and 330 youth living in the Palestinian gatherings with potential leadership skills are empowered to be community leaders, action takers and decision makers.

Community empowerment is a multi-level construct that involves practical approaches, social action processes, and individual and collective efforts and outcomes. In a broader sense, empowerment refers to individuals, families, organizations, and communities gaining control within the social, economic, and political contexts of their lives, in order to improve equity and their quality of life.

For PARD, community empowerment is mainly about providing the necessary tools, skills and opportunities to the Palestinian community, especially the women and youth, so as to enable them to work together and ensure a better life. The process that PARD implements involves empowering the Palestinian people to become active in making positive decisions that influence their communities and their lives. This means that the Palestinian refugees in Lebanon would need to learn how to take responsibility of their own lives and find solutions to their own problems instead of waiting for others to come up with ready-to-fit solutions.

Youths from marginalized and disenfranchised communities can and should be empowered to advocate for social justice through civic engagement and socio-political action. **As such, PARD realizes that investing in the Palestinian youth empowerment is an integral part of any development and social change plan the organization wishes to adopt.**

Without the understanding, involvement and 'positive' knowledge of the youth to their context, the aspirations and heritage of the Palestinian community can be lost. Therefore the youth should be well educated and supported to participate and make significant differences. The youth should also be provided with tools and skills that allow them to understand that the choices they take can impact their lives and the lives of others as well. Thus, their constructive, responsible and informed participation could lead to a positive chain reaction within their communities.

**Another group PARD targets is the Palestinian women who need to be empowered so as to remove all discriminatory practices, traditions and policies that impede their access to resources and their ability to identify and implement actions that would lead to gender equality in their own context.**

PARD also plans to mobilize the Palestinian women and link them to larger women's movements that can unite their struggle and experience into a more unified action. A third level of PARD's interventions will be achieved once the Palestinian women have gained the ability to take action and they have brought forward gender equality in processes that involve making decisions that affect their lives and resources. Women empowerment and promoting gender equality is also the main directive of the third Millennium Development Goal.

The activities of empowerment aim at community participation and involvement in all matters related to the improvement of their living conditions. Activities involve organizing training sessions, community events, information sharing and dialogue among community members, community team building and mobilization.

Training sessions and seminars to increase the understanding and knowledge of the community towards choices affecting their lives include training on empowerment, health education, combating illiteracy, animation of children activities, and the training of local water caretakers.

### Gender equality:

PARD organized various workshops focusing on **gender equality**. Gender equality implies a society in which women and men enjoy the same opportunities, outcomes, rights and obligations in all spheres of life.

For the year 2011, PARD organized 13 workshops on gender equality in the South gatherings of Qasmiyeh, Shabriha, and Burghuliyeh, Jim Jeem, Maashouk, Jal Al Bahar, Wasta, Sikkeh and the displacement centers of Gaza buildings and Said Ghawash in Beirut, which benefited about 160 people, both males and females.

#### Raising Awareness on Gender Equality for Communities in Beirut and the South:

Location	No. of participants	No. of lectures
North Burghuliyeh	8	1
South Burghuliyeh	7	1
Lower Qasmiyeh	9	1
Upper Qasmiyeh	9	1
Shabriha	12	1
Jim jeem	15	1
Maashouk	8	1
Jal al Bahar	8	1
Wasta	19	1
Sikkeh	12	1
Gaza Buildings	16	1
Gaza-1 CDC center	13	1
Ghawash KG	24	1
<b>Total</b>	<b>160</b>	<b>13</b>

### 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 – 80 percent) of PARD's direct beneficiaries are women. PARD's activities fulfill women's gender needs by:

- 1. Increasing women's access to infrastructure**
- 2. Improving women's health**
- 3. Increasing women's income opportunities**
- 4. Empowering women**

**5. Increasing women's access to infrastructure**

Through the Environmental Health Program, about 19,000 Palestinian women have access to better quality of drinking water, continuous maintenance of sewage and water pipes, garbage collection and suction of percolating pits.

**6. Improving women's health**

Through its healthcare centers, PARD provided about 5000 women from among the Palestinian refugees with access to affordable health services through its mother and childcare program. In addition, through health education about 2,400 women acquired the knowledge to better take care of their family's health, which helps enhance 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.

PARD's midwife in the South surveyed the pregnant women in 9 gatherings in the South and conducted services for prenatal and postnatal cases. She created patient profiles, offered practical advice and conducted check-ups, provided medications and milk for women. She successfully served the objective of ensuring safe pregnancy through those home visits.

**7. Increasing women's income opportunities**

Palestinian women refugees, ranging from ages 20-50, trained with PARD on health education, combating illiteracy and animation of children activities. They are currently applying what they learned for the benefit of their community, health educators organize health promotion sessions and campaigns, literacy teachers educate the illiterate on learning techniques, children activities animators practice learning through play with the children of their communities. All those women get paid for their work through PARD and other NGOs. The training has provided income opportunities among other things.

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, along with computer education.

**8. Empowering women:**

Gender equality cannot be achieved without women empowerment. For this purpose, PARD organized 16 women committees in 13 gatherings in the South and Beirut with 181 Palestinian women members. They have been trained on empowerment and are active bodies playing significant roles in solving problems in their communities. Women attending health education and illiteracy courses are acquiring tools and knowledge to combat health, social and educational barriers.

In addition, the targeted community participants in all of PARD's campaigns, either as actors or recipients.

Men, women, youth and children are involved in cleaning campaigns, spraying of insecticides campaigns, and disease prevention campaigns. Without the participation of the targeted communities, the campaigns would have failed.

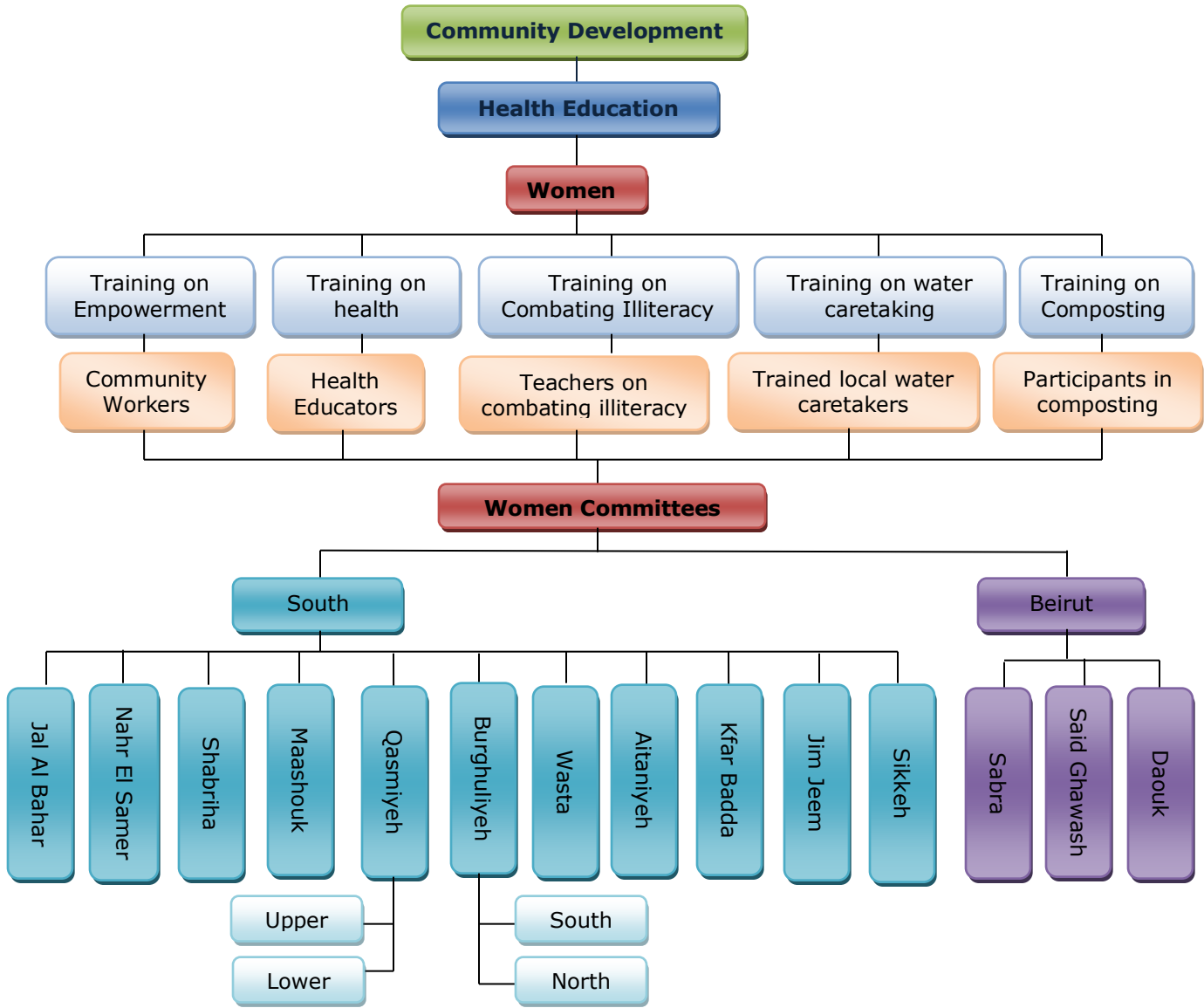
As mentioned in the program of **Public Health**, the local health educators provided 943 health lectures for the benefit of 2,629 women, children and youth.

**2. Empowerment of Women**

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.

Palestinian refugee women in Lebanon are not only deprived of basic human rights but also face special difficulties, starting with insufficient education, if any at all, and experiencing various health problems

related to pregnancy, delivery and postnatal care. In addition they face unemployment and low socioeconomic status, among other factors.



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



Since then, PARD has trained on empowerment in the targeted gatherings every year, 13 in the south and 3 in Beirut. Some of the trained women are active members in the women committees, others train as health educators, some train as illiteracy teachers, and the younger ones train to become animators for children activities. A number of these women are members in parent committees in their children's schools and members in handicapped unions if their children happen to have disabilities.

In Beirut, some of the women are members in the popular committees (where the majority of members are men) governing all the gatherings and in the South two women are members of the Popular Committees in North Burghuliyeh and Nahr El Samer. Three of the members in the women committees in the southern gatherings play the important role of water caretakers.

A few of the women have dropped out from the committees for personal reasons, burden of responsibilities between work and home, or due to moving either locally into other places or moving outside Lebanon.

Currently, we have about 147 women members in the active women committees. Seven more women committees are in the process of being built, with 44 women members in seven gatherings in the South and Beirut. 17 new women members have joined the existing women committees in 6 gatherings in the South.

Training on empowerment continues all through the year since the subjects taught are practiced on the field. **Training subjects, methods and tools:**

Title	Methods and Tools
Objectives of empowerment (what and why)	Transparencies
Code of group contact	List
Ice breaking techniques	Exercises
Human rights (with focus on women rights)	Brain storming- brochures- before and after questionnaires
Gender equality	Transparencies- Role playing
Community mapping	Drawn map
Needs assessment (community and specific needs)	Cards for problem trees
Prioritizing the needs	Lists
Specifying stakeholders	Brainstorming lists
Communication	Brainstorming- transparencies- sketches (role playing) – flip charts
Conflict resolution	Transparencies- Exercises
How to advocate issues	Transparencies- Exercises- Examples
How to lobby the community on our issues	Exercises- Examples
Proposal writing	Transparencies- Exercises
Report writing	Transparencies- Exercises
Networking	Examples
Participation in Public Life	Power Point Presentation
Planning Campaign	Power Point Presentation

Each women committee has its own agenda, interests, needs and projects. One common character among them in the past and the present is the willingness to participate in PARD’s activities. Common activities include:

- Participation in campaigns (promotion of health issues in the community, cleaning of areas in the gatherings, organizing spraying of insecticides, and raising awareness on social/health issues, such as drug addiction or AIDS and others).
- Alerting PARD when a certain contagious disease appears.
- Collecting subscriptions for solid waste collection services.
- Data collection
- Supporting of medical dispensaries
- Help in the organizing and supervising of remedial lessons and activities for children



- Supporting of first aid teams in their gatherings
- Coordination with PARD on water caretaking
- Support of health education and literacy groups
- Distribution of support materials

Moreover, the women try to fulfill their own local agendas, such as caring for the elderly, organizing dinners for the needy during the fasting month of Ramadan, supporting hardship cases, supporting people with chronic diseases, and supporting people with special needs.

In 2011, the women committees were trained on how to put together their own action plans including objectives, activities, expected results, threats and remedial actions. Furthermore, they put together their own codes of conduct, in addition to electing their own heads of committees, their deputies and their spokeswomen for public relations. They started implementing these action plans with a certain amount of success.

**(b) Implementing the illiteracy and education program to educate women:**

**In 2011, 40 women benefited from the training course on combating illiteracy as follows:**

Location	No. of women participants
Gaza building No.3	8
Daouk area	10
Southern Burghuliyeh	7
Lower Qasmiyeh	8
Shabriha	7
<b>Total</b>	<b>40</b>

The **method of literacy education** that PARD follows is called popular education. It is unlike the traditional schooling system; no textbooks are used, but rather women learn languages and arithmetic through the discussion of a topic. For example, they learn from sentences they formulate and arithmetic is studied through examples from real life.

Accordingly, the educators adapt their teaching methods to better suit the groups of women and children that they are targeting in their program.

Teaching focuses on three areas: arithmetic, the Arabic language and life sciences.

The trained groups will be encouraged to integrate into woman and youth committees in order to work on the improvement of the conditions in their gatherings.

**(c) Meetings with Popular Committees:**

Before launching the project of Women's Participation in Political and Public Life, several meetings were held with the popular committees in the South gatherings to introduce the idea of the project. All the popular committees agreed with the concept and encouraged the work performed on the project.

During December 2011, a graduation party for the 66 local women from the South gatherings who attended 4 workshops (democracy, conflict resolution, lobbying and networking) took place. In this event, 21 men representing the South gatherings attended to express their approval and encouragement for the participation of women in the public life of their gatherings. Attendances included the general coordinator of the popular committees in the South, heads and members of popular committees, local mayors, members

of the mosque committee and civil committees who work parallel to the popular committees in the gatherings. This meeting was considered the first of many to come throughout the year 2012. General meetings with the popular committees in Jal Al Baher, Nahr Al Samer and Beirut will be held in the second half of 2012.

(d) **4 workshops** were conducted in the South called Women Can Do It. These workshops were conducted by PARD's community health workers on the subjects of:

- Democracy and conflict resolution
- Lobbying and networking

66 Women from the South gatherings participated in these workshops.



(e) **Power point presentations:**

For the sake of training on empowerment, power point presentations were prepared on several subjects:

- Planning for campaigns
- Participation in public and political life
- Micro
- Empowerment of women in reproductive health
- Participation and preparation for married life

For the sake of training on health education, power point presentations were prepared on several subjects:

- Reproductive system for men + prostate gland
- Reproductive system for women
- Puberty
- Early marriage
- Safe motherhood
- Nutrition of pregnant women
- Menstruation
- Genital inflammation
- Breast cancer
- Uterus cancer
- Ovaries cancer
- Development of fetus

We also prepared flyers on anemia, breast cancer and Pap smears.

(f) **Networking:**

On 2 September 2011, a meeting was held between women committees from 13 gatherings (180 women) on a riverside in Qasmiyeh (Jal Al Baher, Naher Al Samer, Maashouk, Shabriha, Burghuliyeh, Qasmiyeh, Aitaniyeh, Wasta, Kfar Badda, Jim Jeem, Said Ghawash, Gaza Buildings, Daouk). The results of the meeting were as follows:

- The announcement of the need to form a network among women committees. A flyer was distributed among them to explain the aim of the network, suggested activities and its organizational structure. In a brainstorming session, several names were suggested and discussed the **Eid b Eid (Hand by Hand)** was decided upon through voting. Afterwards, each committee nominated 2 of their members to become members of the new committee.
- Certificates were given to the women who had attended previous workshops and training on empowerment with PARD.

- Special ID's with the logo of PARD were also distributed for them to be used in public meetings.
- It was decided that the members of the network will meet regularly to discuss the needs.

The meeting was concluded with a celebration that included singing, dancing and eating.

### **(g) Women Rights Campaigns / Civil Rights:**

PARD participated in 2 workshops:

- 2-4 June 2011: A workshop on "Participation of women in Political and Public Life" sponsored by Norwegian People's Aid (NPA).
- 10-11 June 2011: An international conference on "The role of women, women NGO's and movements in transitional processes towards democracy" sponsored by Najdeh.

These 2 workshops were considered as a step to coordinate with the Lebanese and Palestinian women NGOs on campaigns related to their rights.



### **3. Empowerment of Youth**

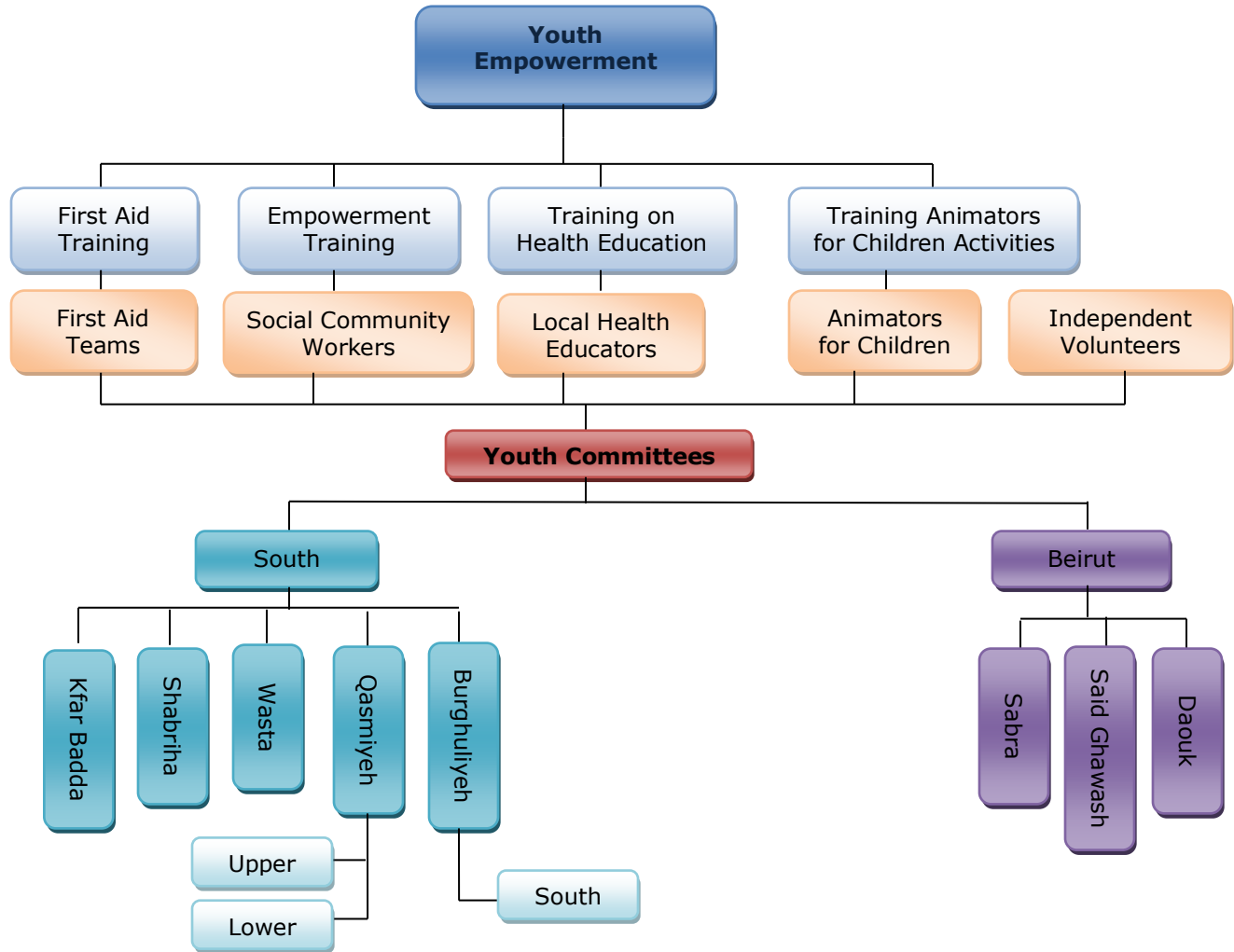
Our goal is to promote youth development by encouraging the youth to acquire the proper, cognitive, democratic and social skills related to health and environment. These would consequently enable them to participate, plan and make conscious decisions concerning their lives and surroundings.

PARD believes in the concept that youth participation is the rightful involving of youth in responsible, challenging actions that meet 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 impact their own lives, as well as those of others. Their constructive participation could lead to a positive chain 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 youth participation and involvement the aspirations of a community can be lost or become vague. Therefore, youth persistence and participation is a must and in order 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.



We strive to implement a **capacity building program** that provides diversified skills and tools to the youth and children:

### 3.1 First Aid Project:

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.

Since NPA trained local trainers (TOT), PARD has been doing its own training for new youth groups who wished to join first aid teams.

The first center for first aid was founded in Shabriha in 2003, followed by the establishment of Beirut center in 2005. In 2007, PARD established a new center for the Burghuliyeh gathering. Moreover, new centers were established in Wasta, Kfar Badda and Qasmiyeh in 2009. It is notable that the first aid teams were formed and practiced services before the centers were founded, as many of the first aiders were treating cases using first aid materials provided by PARD and kept at their houses.

Currently, **the teams conduct the following activities:** self- training including refreshment courses, training of youth from local communities, participation in PARD's campaigns (vaccination, awareness, cleaning campaigns, spraying insecticides and others), provide first aid services to the communities, fire fighting and support activities in national and international occasions, along with their participation in the health education sessions and other capacity building activities.

The First Aid teams usually meet separately on a weekly basis. Assignments and responsibilities in the teams are shared and divided among all the team members.

**Currently, there are 6 first aid teams working in the Palestinian gatherings in the south and 1 in Beirut:**

- *Beirut team* : 25 first aiders
- *Shabriha team* : 20 first aiders
- *Burghuliyeh team* : 10 first aiders
- *Qasmiyeh team* : 15 first aiders
- *Kfar Badda team* : 9 first aiders
- *Wasta team* : 8 first aiders
- **Totals** : **87 first aiders**

a) At the **operational level**, the seven first aid teams conducted the following **services** at their centers:

LOCATION	BEIRUT	SHABRIHA	WASTA	BURGHULIYEH	QASMIYEH	KFAD BADDA
TYPE OF SERVICES						
Wounds	245	125	68	51	86	81
Fractures	43	66	44	37	43	48
Burns	28	56	37	32	36	40
Blood pressure monitoring	177	256	30	0	6	12
Diabetes Test	0	67	0	0	0	0
Transfer to the hospital	687	36	17	18	13	8
Other (Poisoning, Needles, etc...)	254	277	198	91	175	173
<b>Total</b>	<b>1434</b>	<b>883</b>	<b>394</b>	<b>229</b>	<b>359</b>	<b>362</b>

**The services are vital for the communities** who live in the gatherings located in rural areas, some of which are 20 km or more away from cities, where emergency centers or hospitals are located. Moreover, those services save money and efforts for the benefit of people who have low incomes and no health security.

**Many members of the first aid teams have nursing background.** These members are involved in the cases that require more professionalism, such as diabetes tests and injections.

The number of services decreased by about 30 percent, with 3,661 cases in 2011 compared to the 2,776 cases in 2010.

For the sake of providing skills for the youth as part of the empowerment program, **PARD's first aid trainers conducted the following training courses:**

**b) Training on Basic First Aid:**

When	Where	Beneficiaries
January 2011	Wasta Gathering	13 Children(11 males – 2 females)
January 2011	CDC - Beirut	9 youth (males)
February 2011	NPA – Saida VTC	35 youth (14 males – 21 females)
February 2011	CDC – Beirut	15 youth (males)
February 2011	Maashouk Gathering	17 women
March 2011	Aitaniyeh Gathering	11 women
May 2011	NPA – Beirut VTC	33 youth (8 males – 25 females)
October 2011	Qasmiyeh Gathering	12 youth (males)
November 2011	Burghuliyeh Gathering	19 youth (9 males – 10 females)
November 2011	Beirut – Civil Defense	25 youth (males)
December 2011	Daouk Gathering	11 youth (males)
December 2011	Al Buss Camp	25 youth (5 males – 20 females)
December 2011	Shabriha Gathering	16 youth (males)
December 2011	Qasmiyeh Gathering	14 youth (males)

**As a result, 214 youth (138 males, 76 females), 28 women and 13 children received Basic First aid training during 2011.** This includes the Palestinian gatherings both in Beirut and the South, in addition to the Vocational Training Centers of NPA in Beirut and Saida.

**Basic First aid training includes the follows:**  
Introduction to first aid - CPR-Recovery position – Injuries and Bleeding – Poisoning – Burns – Fractures – Suffocation – Safety and first aider behaviors.

The first aid team in Beirut, composed of 25 youth, received **training on fire fighting**. The specialized training unit of the civil defense conducted the training.

The number of participants in the Basic First Aid trainings slightly increased by about 6 percent during the year 2011.



**c) Training on Advanced First Aid:**

When	Where	Beneficiaries
October 2011	CDC in Beirut	25 youth (males)
December 2011	Shabriha Gathering	16 youth (males)

**41 male youths received advanced first aid training in 2011.**

In comparison to 2010 figures, the total number of participants in the Advanced First Aid training was 31, which indicates a 33 percent increase in participation during 2011.

**Advanced First aid Training includes the follows:**

- Examination and treatment of a trauma patient, including airway management, use of oxygen and ambo-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.

**d) Training and services of ambulances**

In July 2007, PARD acquired funding from Stavenger Katedralskole to purchase a van and convert it into an ambulance. The van was purchased, converted and equipped with all materials and equipment needed for emergency situations.

The ambulance is fundamental for the safe transfer of the patients to the hospitals. Before 2007, the first aid teams reported many cases which were transferred in cars perilously to the hospitals due to the lack of response from the Civil Defense and the Lebanese Red Cross to the cases in the Palestinian camps and gatherings. Currently, many people benefit from the services provided by the first aid team of Beirut, who is ready with an equipped ambulance. PARD also has intentions to purchase a new ambulance to be used within the southern Palestinian gatherings as the need there is also very high.

**A crew of eight first aid team members (6 males and 2 females) in the south was fully trained on how to use ambulance equipments and how to treat the cases transported to the hospital in the vehicle (together with the previous trainings a team of 29 first aiders are now able to use the ambulance).**

The driver is a full time employee who is also a trained first aider. There is a group of four first aiders available with the ambulance from 5:00 PM to 5:00 AM each day; additionally, the team covers a lot of critical cases during the daytime.

The team is available on call via a telephone number that is distributed among the people living in the gatherings of Beirut, in addition to the Shatila Camp. **687 cases were safely transferred to the hospitals during the year 2011.**

In comparison to the 2010 figures, there is a decrease of around 40 percent in the number of cases transported by the ambulance in Beirut (1,101 cases in 2010). This decrease can be explained by the discontinuance of the transportation of cadavers in the ambulance. The team noticed that it takes too much time to sterilize the ambulance following the transportation of a corpse. Giving the priority to the emergency cases, the team, with the coordination of the PARD management, decided to stop transporting deceased people.

### 3.2 Training on computers and English

In addition to the first aid, PARD conducted English courses and computer training (software and hardware) by request of the volunteers.

When	Topic	Beneficiaries
March 2011	Computer Training (Hardware - Windows and Microsoft word)	10 youth (6 males and 4 females)
April 2011	English Course	12 youth (10 males and 2 females)

**In total, 22 youth received computer training in 2011.** Many of them will receive more advanced training during 2012. Computer training is considered to be a vocational training for the youth, since the ability to work with computers is a vital requirement for finding sufficient jobs.

The Hardware training included:

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

The software training included:

- Windows
- Word
- Excel
- Photoshop for few members only

Besides the Computer training, **12 youth (10 males and 2 females) attended a Basic English course.** This was to enable them to use the computer and make simple conversation when needed. Together the computer training and the English courses can open many opportunities for youth who are seeking jobs.



Both computer and English courses were conducted in the Community Development Center (CDC) in Beirut. The trainer was a qualified volunteer from AVI. The volunteer spends all his time in the CDC center and provides training sessions to the youth and women groups.

### 3.3 Training on Empowerment

Investing in youth development is an integral part of any development or social change plan anyone wishes to embark on. Without youth participation and involvement the aspirations of a community can be lost or become vague. Therefore, youth persistence and participation is a must and in order to make a significant difference, the youth should be educated and supported.

In the South, as well as in Beirut, different youth groups received empowerment trainings and participated in workshops. The topics of the trainings and the workshops were identified by the youth themselves and facilitated by PARD's trainer.



**The following trainings and workshops were conducted during the year of reporting:**

When	Where	Topic	Beneficiaries
March 2011	Beirut	Mapping	14 youth (males)
March 2011	Beirut	Communication skills	14 youth (males)
April 2011	Kfar Badda	Communication skills	9 youth (males)
April - May 2011	Kfar Badda Shabriha Wasta Burghuliyeh Qasmiyeh	Communication Planning Leadership TOT skills	12 youth (6 males and 6 females)
May 2011	Beirut	Leadership	25 youth (22 males and 3 females)
June 2011	Shabriha	Composting	6 youth (3 males and 3 females)
July 2011	Lower Qasmiyeh	Conflict Resolution	16 youth (10 males and 6 females)
	Upper Qasmiyeh	Conflict Resolution	15 youth (8 males and 7 females)
October 2011	Beirut	Code of Conduct and Group work	17 youth (15 males and 2 females)
December 2011	Beirut for 1 from each gathering in the south	Advocacy TOT	4 youth (2 males and 2 females)

**Six youth groups with a total of 85 youth** from six different gatherings in the South benefited from **empowerment training sessions and workshops** organized by PARD during the year 2011. PARD

will provide more focus for the youth groups in 2012, aiming at forming youth committees in the different gatherings.

### 3.4 Raising Awareness on Health Education

Several health awareness sessions for youth were undertaken during 2011. The sessions were conducted by PARD Community Health Workers and targeted the youth in the gatherings and other NGO's centers:

A total of **315 youth (74 males and 241 females)** benefited from the health education sessions conducted by PARD's Community Health Workers (CHW). The CHW trained 5 youth from the gatherings to become trainers on health education. The new trainers conducted many of the lectures listed here above.

Location	No. of participants		No. of Lectures	Subjects
	Males	Females		
Burghuliyeh	2	24	4	Hazards of smoking, Diarrhea, Fast food, Sun stroke, Personal Hygiene, Proper Diets, Personal Hygiene, Influenza, Diabetes
Jal Al Bahar	4	2	3	
Qasmiyeh	6	11	7	
Maashouk	5	4	1	
Shabriha	6	2	1	
Wasta	7	14	8	
Naher El Samer	6	2	7	
Sikkeh	7	11	6	
Kfar Badda	4	3	2	
<b>Total</b>	<b>47</b>	<b>73</b>	<b>39</b>	
	<b>120</b>			

#### Raising awareness on reproductive health:

Location	No. of participants		No. of Lectures	Subjects
	Males	Females		
Burghuliyeh	7	15	12	Genital Inflammations- Menstruation-AIDS-Anemia- Definition of reproductive health-Breast Cancer- Puberty-Physiology of Women-Early Marriage- Dialogue and Partnership in Marriage-Participation in Public life
Jal Al Bahar	-	7	5	
Qasmiyeh	-	24	4	
Maashouk	5	4	1	
Shabriha	6	9	3	
Wasta	-	12	2	
Naher El Samer	-	7	2	
Sikkeh	2	13	4	
Kfar Badda	7	14	4	
Mar Elias	-	63	2	
<b>Total</b>	<b>27</b>	<b>168</b>	<b>39</b>	
	<b>195</b>			

### **3.5 Recreational Activities and Campaigns**

- ✓ Three trips to Qasmiyeh River were organized, where around 300 children participated. They were accompanied by 25 animators, 2 first aiders.
- ✓ A football match was organized and the youth from the gatherings formed a team, challenging the team of the NPA VTC Saida. The match was played in Saida-4B.
- ✓ 20 youth participated in the Stop Division March that was organized in April 2011 in Beirut. The youth from the first aid teams participated in the preparation and the conduction of the march.
- ✓ 10 youth organised a gallery in the event of Earth Day. More than 70 people from Sabra and the surrounding areas visited the gallery.
- ✓ The first aid team in the South commemorated in conjunction with the local community the day of agriculture. This included cleaning the green areas and planting new trees, in addition to the rehabilitation of some old trees.
- ✓ 8 youth helped people in getting permission to build and rehabilitate houses during May. The assistance included representing the vulnerable families to the local authorities.
- ✓ A cleaning campaign in Shabriha gathering was conducted, which included spraying insecticides. Furthermore, an awareness campaign about hygiene was also conducted by the team of Qasmiyeh with the support of the youth from the other gatherings.
- ✓ The team of Shabriha participated in a cleaning campaign for major water reservoir organized in their gathering.

### **3.6 Training of Animators for Children Activities**

In the South, an average of **15 youth (8 females and 7 males) benefited from a course on how to become active animators for children's activities.**

A four days training included the following subjects:

- *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 participants*
- *Preparation of tool kits*
- *Basic first aid*

***The newly trained animators were the main animators for the activities, which were implemented during the spring and the summer school vacations.***

### **3.7 Children Activities**

#### **A) Winter Activities:**

The animator and the librarian of the CDC center in Beirut developed together a program of children activities for the winter season, when all children have school.

Accordingly, the children of Gaza buildings, Daouk, and Said Ghawash benefited from a program of children activities.

The activities included: essay writing, hand crafts, health competition, drawing, painting, open dialogue, and indoor games.

The activities took place from January 24 to January 30, 2011. **About 50 children benefited from the activities.**

### **B) Spring Activities:**

The animators developed together a program for children activities in the spring vacation. Accordingly, the children of the gatherings of Jim Jeem, Aitaniyah, Qasmiyeh, Wasta, Shabriha, Burghuliyeh, Jal Al Bahar and 4 displacement centers (Gaza building), the areas of Daouk, Said Ghawash and Sabra benefited from a week program of children activities. **The activities targeted 80 children.**

The activities included: essay writing, health competition, sports, drawing, painting, open dialogue, Puppet Theatre and indoor games. All activities were focused on the rationalization of water usage.

### **C) Summer Activities:**

A summer program for two weeks (June) was coordinated by 26 animators. 250 children ages between 7 and 13, from the gatherings: (Jal al Bahar, Burghuliyeh, Aitaniyah, Shabriha, Wasta, Qasmiyeh and Jim Jeem) and 60 children in Beirut (Gaza Buildings Said Ghawash, Daouk and Sabra). A total of **310 children benefited from these activities.**

The activities included: trips, wood craft making, essay writing, dancing (Dabkeh), hand crafts, health competition and health activities, photography, sports, drawing, painting, miming future career, open dialogue, indoor games, and Puppet Theater.



### **D) Friday activities**

The animator organizes entertainment and recreational activities in the CDC every Friday for **around 20 children.** Beside the entertainment, the activities focus on many issues related to the children such as, health, participation and national activities, etc.

## **3.8 Health Education Sessions for Children**

Beside the children activities, PARD also focuses on the many health issues that are considered to be essential for the children. In the South and Beirut gatherings the Community health workers targeted the children in many Health Education sessions as follows:

Location	No. of groups	No. of participants		No. of lectures	Subjects
		Males	Females		
Nahr El Samer	1	6	5	12	Primary teeth care, water preservation, Personal hygiene, Diarrhea, Clean environment, Lice, Sun stroke, Scabies, General cleanliness, water pollution,
Aitaniyeh	1	6	4	4	
Burghuliyeh	1	12	12	27	
Jal Al Bahar	1	11	6	18	
Qasmiyeh	1	34	29	37	

Wasta	1	8	8	20	Information about blood, Common colds, Essential drugs, Burns, Primary teeth care, Home accidents, Nutrition of influence patients, Proper nutrition, Jaundice, Oral temperature control
Maashouk	1	5	5	5	
Kfar Badda	1	5	4	4	
Shabriha	1	5	9	1	
<b>Total</b>	<b>9</b>	<b>92</b>	<b>82</b>	<b>128</b>	

**A total of 174 children (92 males and 82 females) benefited from raising awareness on health education sessions.**

### 3.9 Specialized Education Program

Implement a specialized educational program to prepare teens and Preteens to become more responsible adolescents:

#### **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 were on the right track with a solid academic base even before sitting for the official examinations at the intermediate 9<sup>th</sup> level.



#### **Two courses took place:**

- 1- The first took place during March-May 2011 for the gatherings Qasmiyeh Jim Jeem, Shabriha, Adloun, in addition to the Beirut Gatherings (Gaza buildings, Daouk, and Said Ghawash).
- 2- The second took place during January-March 2011. Only the students of the Beirut gatherings (Gaza buildings, Daouk, and Said Ghawash) benefited from this course.

The remedial lessons were provided to the students of the 6<sup>th</sup> grade (one section), 7<sup>th</sup> grade (two sections), 8<sup>th</sup> grade (one sections), and 9<sup>th</sup> grade (three sections). PARD offered those students a weekly schedule of sessions including Arabic, English, mathematics, life sciences, physics, and chemistry. The schedule was distributed into six sessions daily over six days a week, except for Friday, where four extra sessions were provided to the 9<sup>th</sup> grade. Those students underwent Lebanese official exams at the end of the school year (2010-2011). The 9<sup>th</sup> grade official exam was done in two terms per year. The total **success rate** was **90.2 percent in Beirut** and **75.8 percent in the South** Gatherings.

#### **Objective:**

To assist Palestinian students enrolled in the UNRWA schools of Sabra, Shatila and two gathering in the South (Kfar Badda and Qasmiyeh) through enhancing their academic achievement, which will be reflected in their grades and results of official exams at the end of the scholastic year 2010-2011.



**The number of students who directly benefited in 2011 was 221 students 131 in Beirut gatherings and 90 in the southern gatherings.** They belong mostly to displaced Palestinian families and other poor families living in the surrounding areas.

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.

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 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 studies.

Grade	No. of students	Gender	
		Female	Male
6	17	15	2
7	21	14	7
8	15	9	6
9 <sub>o</sub>	154	94	60
10	14	9	5
<b>Total</b>	<b>221</b>	<b>141</b>	<b>80</b>

### **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, the students who passed official exams now have a chance to either pursue higher levels of education or join good vocational training centers.

Evaluation questionnaires were filled out by the participating students so that their voices could be heard on teacher's performances, levels of benefit, any possible improvements on the lessons and so on. Results of the evaluation questionnaires show that **89 percent** of students benefited from the remedial lessons. Also, **92 percent** of students said that the remedial lessons covered the shortcomings of the UNRWA program, while **95 percent** of students said that they would participate in the next set of remedial lessons.

### **Benefits:**

In terms of benefits, parents were indirect beneficiaries of the program, since they saved on paying private tuition fees for lessons provided free of charge.

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 academic progress and their trust in PARD's performance. The availability of the audiovisual materials (computers, LCD projectors,

overhead projectors, PowerPoint presentations, CD programs for grades 7, 8 and 9, rich images, animations and audio, amazing 3D visuals, and interactive exercises) helped in encouraging the students, especially the shy ones. It also enhanced their self-esteem and encouraged them to interact to a great extent with their colleagues and to participate during the sessions and at school. Also the library aided the participants' performances.

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 their knowledge of English helped them answer science questions. The teachers also noted that students were enthusiastic and preferred the center to school because they had the opportunity to interact directly with teachers.

### 3.10 Community Development Center (CDC)

The CDC is located in the displacement center in the 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), the Al Daouk gathering, the Said Ghawash area, Shatila camp and the Sabra area.

Those children are living in adverse conditions, in which their homes constitute small rooms where on average six people 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 start to recognize better relationships amongst themselves, adults and the community they live in. This center wants to positively and effectively enable the child and create a psychologically healthy growing environment for the targeted children.

#### Activities of the center:

- (1) Children activities during summer, spring and winter, in addition to the activities which are programmed every Friday for the children.
- (2) Remedial lessons
- (3) Women activities, including empowerment trainings, health education lectures, meetings and others.
- (4) First aid activities, such as dressings, trainings and meetings.
- (5) Youth activities, including empowerment trainings, health education lectures and others.
- (6) Computer lab which hosts several computer courses.
- (7) Library that contains more than 1000 book.



### 3.11 Puppet Theatre

During the year 2011, 10 puppet shows were conducted in different locations (Gatherings and UNRWA schools). Around 900 children were shown different shows with different topics (The immigrant fly, Eye Care). During this year two teams, 1 in Beirut (6 youth) and 1 in the South (6 youth) were trained on puppet show,

they were the team who's performing the puppet theatre throughout the year.

### 3.12 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 storytelling in the library, arts and handicrafts. Approximately 160 books were borrowed and read, in addition to the use of encyclopedias within the center.

### 3.13 Football Team

The Palestinian gatherings in Beirut have formed a football team called Jenin. The majority of the players and the coach live in the gatherings. PARD supports this team, which has 38 players; the team is divided into two section, 20 youth and 18 children.

The team participates in all matches and leagues organized by the local Palestinian Football Union of Beirut. Moreover, Jenin officially became a member of the Union three years ago.

PARD supported the team, who currently plays in PARD's name, with a team package, which included sport shoes, team uniforms, and pajamas in addition to a set of balls.

Nine of the team players are members of the first aid team in Beirut and many of them participate in the workshops, activities and campaigns organized by PARD.

### 3.14 Powerful world mobile anti-smoking exhibition:

Lebanon has a very high rate of smokers, especially in the underprivileged communities. Since government is doing little in the way of public education to warn of the dangerous of smoking, it falls on the shoulders of civil society to initiate public awareness campaigns.



PARD prepared five exhibitions in five different locations:

- Sabra
- Ain El Hilweh Camp
- Beirut (UNESCO Palace)
- Borj El Shamali Camp
- Bromana Summer Camp



345 children and 323 youth participated.

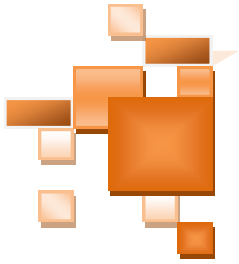
The **main goal** was to reach out to people for changing their practices towards a healthier and free of smoke life style.

Objectives were:

- To reduce smoking
- To promote recycling initiatives
- To develop a mobile exhibition that could serve as a model for further activities

**Capacity Building for Program Staff:**

Course	Beneficiaries
Nationalism	First Aid Project Officer
TOT Skills	First Aid Project Officer
Gender Based Violence	Youth Program Coordinator
Fire Fighting	First Aid Team Leader
Camp Management TOT and Coaching	Youth Program Coordinator



## PROGRAM TWO **VOLUNTEERS**



### ■ **Volunteers Strategy**

## Volunteer strategy

**Volunteers are extremely crucial to PARD. Not only are they donating their time, energy and relations (current and future), but they also play a critical role in the fundraising plans of any successful organization.**

**Moreover, volunteers reflect the true ability of the organization to link with its local community, its visibility, values, reputation and a result- oriented track record.**

Because of their importance, PARD plans to target volunteers through a plan that includes the following components:

- Developing a comprehensive volunteer strategy that is aimed at recruiting, retaining and developing volunteers.
- Developing a rationale and a set of goals for the volunteers, in addition to developing practical ways to organizing and managing the volunteer teams.
- Recruiting/appointing a *Volunteer Coordinator* who will be in charge of implementing the volunteer strategy and identifying champions/leaders from among the community who would positively influence their peers and groups.

PARD could not achieve the preparation of a document on the "strategy for working with volunteers" in 2010. But due to the continuous need to do so, PARD will put extra efforts to achieve this aim in 2012.



*STRATEGY THREE*

**ORGANIZATIONAL DEVELOPMENT**

**Goal:**

Increase PARD's organizational  
Effectiveness, performance  
And service quality

➤ Program one: ORGANIZATIONAL DEVELOPMENT

### ■ Objectives of Strategy Three

- Enhance PARD's governing bodies' roles and functions
- Improve the organizational structures and procedures
- Increase the organizational performance and effectiveness
- Empower, delegate and motivate staff members
- Develop emergency preparedness and response mechanism and skills within the organization

### ■ Components and Action Course

The third strategy will mainly target improving the effectiveness of the organization and achieving attitude and behavior change. Nevertheless, it will substantially contribute into the success of the first two strategies, as well as to the image of the organization and its fundraising efforts.

PARD will focus its organization development plan on the following four core elements:

- a) Governing Bodies;
- b) Strategic Human Resource Management;
- c) Emergency Preparedness and Response and
- d) Organizational structure.

PARD's board members have become functional through regular meetings to overview developments and try to find solutions, especially on issues such as fundraising. Many suggestions to overcome the problem of expected diminishing in financial support have been put into action without affecting core programs and important activities (some details are mentioned in the previous literature describing activities).

Moreover, changes took place in the membership of the board during 2011 to ensure maximum efficiency and best support towards reaching the objectives of PARD. Many of the recommendations in the document "statues, bylaws, policies, procedures and forums" prepared were taken into consideration. The application of this document allowed the administrative board to act as a collective governing body and to resolve any conflict between the board and the management of PARD.

The highest governing body in PARD met on 16 August 2010. They discussed the annual progress and financial reports. Moreover, they elected a new administrative board including two old members and three new ones. The new board mandate ends after two years. This new board should steer PARD towards better performance for the benefit of the Palestinian refugees and poor Lebanese in the gatherings.

The old board met with 80 percent of PARD's employees to listen to their suggestions on how to improve the situation at PARD. They came up with a list of recommendations to be discussed and implemented by the new administrative board.

Furthermore, the new board plans to go ahead with the organizational development plan which includes:

- Complete the financial procedures document
- Develop the document on emergency preparedness and response
- Develop a comprehensive volunteer strategy
- Put together a new strategic plan 2012- 2014

In 2010, PARD achieved the completion of **a document** related to its **statues, bylaws, policies, procedures and forms**. This document was prepared by an experienced external consultant and approved by the Administrative Board. Some changes were introduced into the document to better cater for the needs of the workers in PARD. For example, the Lebanese law of labor states that women have the right to

seven days per year to rest during menstruation. PARD's bylaw allows the women twelve days instead of seven.

Each staff member has a copy of this manual and should consequently be able to use it as a guidebook when relevant situations and policies emerge. The manual as such promotes fair and equitable interpretations of processes and measures that require action either once or on a regular basis. The policies written in this manual are upheld by all governing bodies and uniformly administered without any favoritism or bias.

As for our staff, we currently have qualified and experienced staff covering all positions, especially the key positions (example: Project Coordinators, procurement Coordinator, HR Coordinator), with clear job descriptions.

As for a systematic knowledge management system, we use both software and hardware systems.

### **Software:**

**Software programs** include: financial software that has been upgraded, procurement software used for stock control, and health software installed in the clinics (still being tested).

The financial software is shared between the financial department in Beirut and the financial department in Saida.

The computers of the main office are connected through a network to facilitate sharing information and documents between the employees.

### **Hardware:**

Health Educators, Women committees, literacy teachers, children activities animators, water caretakers, remedial lessons teachers, and first aiders, workers in solid waste collection, nurses, and midwives raise their reports and data collected from the local community to the Coordinators of the following programs: mother and child care program, environmental health program, youth and child development program, women empowerment and reproductive health program. Those coordinators raise their reports to the NGO director who in turn reports to the Administrative board quarterly.

The reports are shared by the popular committees, women committees and future youth committees. Also for examples, water tests results are disseminated to get the communities involved.

Types of hardware documents: reports, schedules, pictures, monitoring tools, clippings of newspapers, and others. In addition to a data base including documents about Palestinians rights, situation all over the world, situation in Lebanon, about our target groups, health and environmental health studies, social studies, etc.

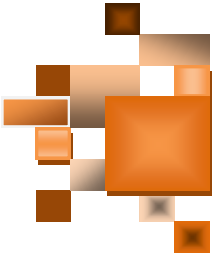
The **financial procedures** document has been prepared and discussed. Its final version will be approved and put into action at the beginning of 2012. Previously, PARD's financial procedures existed in the shape of forms and the print outs of the financial software program. We now have a comprehensive document including everything. We hope to translate it to English in 2012 and to send Novib a copy.

All the preliminary steps have been implemented in 2011 for the **document on emergency preparedness and response**. The workshop for this document will take place in the first quarter of 2012. The final document (in English) will be circulated.

A **new strategic plan** 2012 – 2014 should be prepared during 2012. Searching for funders for the workshop and document for a comprehensive volunteer strategy is in process.

Moreover, an agreement has been reached with another partner, Solidaridal International of Spain, to sponsor a **Gender Audit for PARD during May 2012.**

Moreover, in 2011 PARD prepared the layouts for our own **contingency plan**. This contingency plan would identify possible risks and probable breakdowns in the flow and norms of the organization's environment or its own activities, and alternatively propose strategies that would make it possible to overcome those breakdowns and continue the function of PARD or take other alternatives at one given scenario or another. The plan would allow PARD to respond quickly and adapt to changing circumstances and maintain a specific level of agreed-upon functionality at one hand, while prioritizing the kind of emergency response and interventions that PARD wishes to adopt at such a time on the other.



## **OTHER LITERATURE**

- **Coordination Forums**
- **Relief Activities**



## 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 beginning 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 and 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 and Palestinians in the areas of health, social issues, education, and 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 is a member of the "**Forum of Palestinian Civil Society in Palestine and the Diaspora**".

## Relief Activities: Jal Al Bahr Gathering

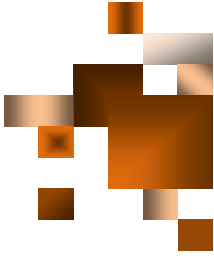
In 2011, PARD responded to an appeal by the people of Jal al Bahar gathering, one of the target groups of PARD. The people of Jal al Bahar, faced in December 2010, large storm damage due to the high waves of the sea. PARD coordinated with UNRWA, the popular committee, Norwegian Refugee Council and the Welfare Association. The latter corresponded on our appeal of this gathering.

Accordingly, the women committee in Jal al Bahar with the help of youth volunteers implemented a relief project where by 250 food kits and 500 warm blankets were distributed to 250 families.

Moreover, in 2011 PARD prepared the layouts for our own contingency plan. This contingency plan would identify possible risks and probable breakdowns in the flow and norms of the organization's environment or its own activities, and alternatively propose strategies that would make it possible to overcome those breakdowns and continue the function of PARD or take other alternatives at one given scenario or another.

The plan would allow PARD to respond quickly and adapt to changing circumstances and maintain a specific level of agreed-upon functionality at one hand, and on the other prioritize on the kind of emergency response and interventions that PARD wishes to adopt at such a time.





## ANNEXES



- ***Annex 1: Schedules of the Clinics***
- ***Annex 2: Action Plans, Codes of Conduct and Responsibilities of Women Committees***
- ***Annex 3: Monitoring Tools of Empowerment Program***

## Annex1: Schedules of the Clinics

### Sabra Polyclinic:

	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Doctors</b>	<b>5483</b>	<b>6831</b>	<b>12314</b>
Cardiovascular	96	194	290
Children + New born	1927	2082	4009
New born Growth Monitoring	1927	2082	4009
Dermatology	465	732	1197
E.N.T.	89	149	238
Endocrinology	100	205	305
Enterology	128	240	368
General	458	549	1007
Minor Surgery			
Neurology	35	92	127
Ophthalmic	68	142	210
Orthopedics	143	297	440
Urology	47	67	114
<b>Services</b>	<b>899</b>	<b>1185</b>	<b>2084</b>
E.C.G.	25	39	64
First Aid Dressings	253	323	576
Laboratory Tests	517	700	1217
Ultrasound Abdominal	48	82	130
Ultrasound Urology	36	23	59
Ear Cleaning	13	11	24
Echocardiography	7	7	14
Audiogram			
<b>Other Services</b>	<b>176</b>	<b>215</b>	<b>391</b>
Milk for Babies			
Health Care Society	89	93	182
Hardship Cases	87	122	209
<b>Total(excluding hardship cases)</b>	<b>7749</b>	<b>8109</b>	<b>15858</b>

**Children's Vaccination-Sabra**

	<b>Male</b>	<b>Female</b>	<b>Total</b>
Diphtheria-Pertussis-Tetanus(D.P.T)	181	156	337
Hepatitis A	27	16	43
Hepatitis B	210	181	391
Meningitis	190	158	348
Mumps-Measles-Rubella(M.M.R)	34	37	71
Poliomyelitis	181	141	322
Chicken Pox	15	14	29
Mencivax	24	15	39
Pneomonias 23	15	14	29
Vaxigrip	46	34	80
Typhim	21	17	38
<b>Total</b>	<b>944</b>	<b>782</b>	<b>1726</b>

**Women's Health Clinic-Beirut**

	<b>Number of Services</b>
<b>Doctor's Services</b>	<b>6282</b>
Check up for Pregnancy	1942
Check up for Gynecology	1754
Ultrasound Gynecology and Pregnancy	2395
Circumcision	23
Dand C	1
Cauterization	2
Family Planning -IUD	53
Pap Smear	112
<b>Other Medical Services</b>	<b>255</b>
NST	
Pregnancy tests	217
Mammography	
Minor Surgery	12
First Aid Dressings	26
<b>Others</b>	<b>429</b>
Distribution of Baby Clothing	
Milk for Women	36
Transfers	
Hardship Cases	135
Laboratory Tests for Pregnant Women	163
Other Laboratory Tests	95
<b>Total( excluding hardship cases)</b>	<b>6895</b>

**Wasta Clinic**

	Male	Female	Total
<b>Doctors</b>	209	247	456
Children and Newborn	54	54	108
Newborn Growth Monitoring	54	54	108
General	101	139	240
<b>Services</b>	<b>5</b>	<b>17</b>	<b>22</b>
Laboratory Tests	5	17	22
<b>Total(excluding hardship cases)</b>	<b>214</b>	<b>264</b>	<b>478</b>

**Qasmiyeh Clinic:**

	Male	Female	Total
<b>Doctors</b>	<b>62</b>	<b>92</b>	<b>154</b>
Children and Newborn	16	24	40
Newborn Growth Monitoring	16	24	40
General	30	44	74
<b>Total(excluding hardship cases)</b>	<b>62</b>	<b>92</b>	<b>154</b>

**Shabriha Clinic:**

	Male	Female	Total
<b>Doctors</b>	<b>41</b>	<b>72</b>	<b>113</b>
Children and Newborn	12	18	30
Newborn Growth Monitoring	12	18	30
General	17	36	53
<b>Total(excluding hardship cases)</b>	<b>41</b>	<b>72</b>	<b>113</b>

**Kfar Badda Clinic**

	Male	Female	Total
<b>Doctors</b>	<b>99</b>	<b>178</b>	<b>277</b>
Children and Newborn	29	30	59
Newborn Growth Monitoring	29	30	59
General	41	118	159
<b>Total(excluding hardship cases)</b>	<b>99</b>	<b>178</b>	<b>277</b>

**Mobile Clinic:**

Type of Service	Shabriha	Burghuliyeh	Wasta	Kfar Badda	Jal Al Baher	Qasmiyeh	Total
Check-Up Pregnancy	275	42	13	18	27	26	401
Check-up Gynecology	204	37	-	-	-	13	254
Family Planning	14	2	-	-	-	1	17
Ultrasound Gynecology and Pregnancy	314	54	-	-	-	15	383
Pap Smear	14	1	1	-	-		16
Cauterization			-	-	-		
Post Natal Care	3	3	7	11	7	7	38
New Born Clothes			-	-	-		
Milk for Women	24	11	-	-	-	7	42
<b>Total</b>	<b>848</b>	<b>150</b>	<b>21</b>	<b>29</b>	<b>34</b>	<b>69</b>	<b>1151</b>

**Home visits- Beirut**

Gathering \ Camp	Prenatal Visit	Postnatal Visit
Shatila	60	7
Daouk	9	4
Said Ghawash	52	14
Gaza Buildings	63	6
<b>Sub-Total</b>	<b>186</b>	<b>31</b>
<b>Total</b>	<b>217</b>	

**Annex 2: Action Plans, Codes of Conduct and Responsibilities of Women Committees****1. Action Plan - Qasmiyeh****Meeting of Women Committee 9-12-2011****1. Preparation Phase:**

- a. The aim of the meeting was to plan actions or more for the year 2012.
- b. The problem tree, which was prepared during training on empowerment, was revised. The women committee in Qasmiyeh have conducted a rapid needs assessment and based on this assessment they have analyzed problems and their causes, after which they arranged them through cards in the shape of a "problem tree."
- c. The community mapping of Qasmiyeh, which was also previously prepared, was revised again.
- d. From the list of problems facing Qasmiyeh gathering, prioritization was conducted and two main problems as seen by the women's committee were chosen to be tackled in the action plan. These two problems were: solid waste and the increase in harmful insects.

2. Problem One:

Action Plan to deal with the local solid waste.

**A. Objective :**

- 1- Disposal of solid waste through finding solutions for the sewage bins not used by the people, in order to protect the household and street environment during the period of two months.
- 2- Recycling of household food into compost to decrease the quantity of garbage polluting the environment; achieved through raising awareness among at least 50 women during a period of 8 months.

**B. Activities :**

- 1- Conduct a meeting between the women committee and the local popular committee to discuss this problem.
- 2- Coordination between the above committees to lobby against UNRWA to get it involved in solid waste collection in the future.
- 3- Coordinate with PARD to solve the problem, especially since PARD is the NGO collecting the solid waste from Qasmiyeh regularly.
- 4- Organize a sit in in front of UNRWA office in Tyre to put pressure.
- 5- Conduct 50 awareness sessions to at least 50 local women on the concept of compost and how to make at the household level in coordination with local health educators (trained by PARD).
- 6- Include proper solid waste disposal as a subject during the implementation of children activities in Qasmiyeh.
- 7- Start collecting materials for recycling from household garbage (bottles both glass and plastic, cartons and so on ...), on condition that places or companies who receive such materials are available.

**C. Time Table and Responsibilities :**

Action	Responsibility	Dates
Appointment with Local Popular committee	Rehab – Roweida (local health educators)	May
Coordination with popular committee(Meeting)	Rehab- Roweida PARD's community health workers (4 CHW)	May
Contact PARD	Two members of women's committee	May
Sit- in opposite UNRWA offices – Tyre	All committees in Qasmiyeh	June
Raising awareness on garbage sorting including composting to women ,youth and children groups in the community	Implemented by local health educators and monitored by two of PARD's CHW	About 4 lectures per month in 2012
Provision of garbage bags	PARD	In Lectures



**D. Expected Results :**

- 1- Establishment of good coordination between the women's committee and the popular committee in Qasmiyeh.
- 2- Better understanding of garbage sorting (objectives and results) among the local, community which should lead to change of behavior.
- 3- Women sorting out their household garbage (at least the organic part for composting).

**E. Threats:**

- 1- Response of the popular committee (men) with the women's committee might not be up to expectations.
- 2- UNRWA might not respond to request for garbage disposal.
- 3- Sorting out of household garbage by women might be partial not covering all the families in Qasmiyeh.

**F. Suggestions :**

Since solid waste poses as a serious problem in the South gatherings attempts should be made to work jointly with committees of other gatherings to solve the problem.

3. Problem two:

Increase in number of harmful Insects.

**A. Objectives :**

Preservation of health and environment through combatting harmful insects in Qasmiyeh during May 2012.

**B. Activities :**

- 1- Raising awareness among community members on hazards of harmful insects and distributing information brochures.
- 2- Coordinate with members of the popular committee on the mechanism for spraying insecticides.
- 3- Coordinate with PARD to provide insecticides and tools for spraying.
- 4- Announce through the local mosque the dates for spraying insecticides and necessary precautions.
- 5- Supporting young men in implementing spraying of insecticides.

**C. Time Table and Responsibilities :**

Action	Responsibility	Dates
Raising awareness in community	2 local health educators (16 lectures)	4 weeks in May
Coordinate with	3 members of	Middle May

popular committee and youth volunteers	women committee	
Coordinate with PARD to get materials and tools	2 local health educators	1 <sup>st</sup> week in May
Announce the activity through the mosque	Member of popular committee	One day before spraying insecticides
Spraying of insecticides	Jointly through members of women and popular committees +youth volunteers+ PARD CHW and supervision	Last week of May

**D. Expected Results :**

- 1- Establishment of good coordination between the women's committee and the popular committee in Qasmiyeh.
- 2- Better understanding of hazards of harmful insects and prevention methods which should lead to change in behavior.
- 3- Insecticides and tools have been obtained through PARD.
- 4- Harmful insects have decreased in numbers through implementing a successful spraying of insecticides campaign.\

**E. Threats :**

- 1- Response of the popular committee with the women committee might not be up to the expectations.
- 2- Youth volunteers might not sufficiently respond to implementing spraying of insecticides.

**F. Suggestions :**

- 1- Provide one or more paid persons to spray insecticides.
- 2- Collect 500 L.L (0.3 cents) from each household to cover costs.

**Code of Conduct – Upper Qasmiyeh Women Committee:**

- 1- Members of the Woman committee have to attend all meetings or apologize before
- 2- Members of the woman committee have to respect each other's privacy and special conditions.
- 3- Members of the woman committee have to respect each other and listen to each other.

**Division of Responsibilities: Upper Qasmiyeh Woman Committee**

- 1- Head of committee: Ruwayda M.
- 2- Deputy head of committee: Zahra G.
- 3- Public relations: Safiya Q., Zahra G.

4- Writing minutes of meetings: Waad H

**Code of Conduct: Lower Qasmiyeh Women Committee:**

- 1- Members of the woman committee have to attend the meetings of the committee and respect their dates.
- 2- Members of the committee have to listen to each one's opinions and respect each other.
- 3- Members of the committee should not mock each other's opinion.
- 4- Members of the committee should respect each other's privacy and special conditions.

**Division of Responsibilities: Lower Qasmiyeh Women Committee:**

- 1- Head of committee: Rihab H.
- 2- Deputy head of committee: Fadwa M.
- 3- Writing of minutes of meetings: Fadwa M.
- 4- Public Relations: Alia R., Dalal R., Basima H., Rihab H.

**2. Action Plan –Shabriha Women Committee:**

**1- Preparation Phase :**

- The problem tree and needs assessment which were prepared previously during training on empowerment were revised by the women committee in Shabriha. Problems and causes were revisited to remind the women what their priorities were.
- One problem was decided on to be the target in this action plan, namely the discriminatory performance of the UNIFIL Forces- the Korean contingency in the gathering of Shabriha. The UNIFIL acted with discrimination between South Shabriha (Lebanese) and North Shabriha (Palestinian).

**2- Objective :**

- Remove the discriminatory actions of the UNIFIL Forces – Korean Contingency- against the Palestinian People in North Shabriha through meetings and community lobbying during year 2012.

**3- Activities :**

- Explain to groups of men ,women and youth that the actions of UNIFIL /Korean contingency is discriminatory against them and that a stand has to be taken based on the protection of human rights with focus on children rights.
- Conduct meetings with the popular committee in North Shabriha (Palestinian) and the mayor (Lebanese) in South Shabriha to explain what the women's committee wants to do.
- Write a letter (position paper) addressed to the Korean contingency and present it at a meeting with them.

- Follow – up on the response to this letter.

#### 4- Time Table and Responsibilities:

Activities	Responsibilities	Dates
Community awareness raising on the problem and mobilization	Seven members of the women's committee	June -July
Meetings with the popular committee and mayor	Meeting with popular committee: three members of women committee Meeting with the Lebanese Mayor: 5 members of the women committee	July August
Preparation of a letter addressed to Korean contingency and meeting	Two members of women's committee	August
Follow- up of response to letter (position paper)	All members of the women's committee	September- December

#### 5- Expected Results :

- The community is mobilized to support their rights especially the rights of their children against discrimination.
- The Korean contingency responds positively to the demands of the women committee.
- The Palestinian children in North Sahbriha have equal rights like the children in South Shabriha (Lebanese), to participate in activities like the library, taekwondo training, football, folklore and others.

#### 6- Threats:

- The mayor of South Burghuliyeh wants to address the Korean contingency alone and in his own way.
- The Korean contingency does not respond positively to the women committee's demands.

#### 7- Suggestions :

- Use the people in Shabriha (North) including the children to act as pressure groups until demands are met.
- Plead the Shabriha Case with the people in the highest hierarchy of UNIFIL Forces in Lebanon.

### **Code of Conduct: Shabriha women Committee**

- 1- Committee members should:
  - Respect each other and each opinion
  - Listen to each other
  - Not interrupt each other while talking
  
- 2- Committee members should:
  - Be committed to their work together
  - Work for general benefit and not private benefit
  - Believe in team work, voluntary work, and taking initiatives
  - Work without discrimination in their community
  - Cooperate in their work
  - Want to help each other and help other people

### **Division of responsibilities: Shabriha Women Committee**

1. Head of committee: Hamda A.
2. Deputy Head of committee: Hilwe A.
3. Public relations: Fathiyeh M., Adla S.,
4. Health Educators: Faten A., Hilwe A.

### **3. Action Plan – Jim Jeem Women Committee:**

#### **1- Preparation Phase :**

- The problem tree and needs assessment which were prepared previously during training on empowerment were revised by the women committee in Jim Jeem. Problems and causes were revisited to remind the women what their priorities were.
- The women committee decided to work on one problem which they thought was a priority, namely the problem of sewage overflow from primitive percolating pits with the absence of a sewer network in Jim Jeem.

#### **2- Objective :**

- Decrease the harm affecting the people's health and the environment caused by the overflowing of sewer water from household percolating pits through building a sewer network during a period of one year.

#### **3- Activities :**

- Contact PARD to explain about the problem and help in finding a donor for the project.

- Request from PARD to appoint an engineer to prepare a technical needs assessment for the sewage network.
- Conduct meetings with the popular committee (men) to explain their aim and activities.
- Join the popular committee (men) in presenting their case to the head of municipality in Kharayeb and to obtain his legal approval to the works for building the sewer network.
- Follow -up on the implementation of the project.

#### 4- Time Table and Responsibilities:

Activity	Responsibilities	Dates
Meetings with PARD to find donors	Members in the committee responsible for public relations	June
Support and assist the civil engineer appointed by PARD to prepare the technical needs assessment	All members of the women committee	July August
Conduct meetings with Popular committees	At least four members of the popular committee	June - August
Join the popular committee in meeting the head of the municipality in Kharayeb	2 members of committee responsible for public relations	August

#### 5- Threats:

- The project does not get the necessary monetary support.
- The municipality of Kharayeb does not issue necessary permissions.
- The construction/rehabilitation of house might cause delays in the construction of the sewage network.

#### 6- Suggestions:

- Find other donors.
- Lobby in the community to put pressure on the Municipality of Kharayeb if it refrains from supporting the project legally.
- Postpone the implementation of the project for sewage network until construction of new houses or rehabilitation is finished.

#### Code of Conduct –Jim Jeem Women Committee:

- 1- The committee meets regularly once every month.
- 2- The committee members respect each other and cooperate in their work.
- 3- The committee members express their opinions freely.

- 4- The committee members agree with their opinions or suggestions which serve their community.
- 5- The members who represent the committee in the network of women committees "Eid Bi Eid" will inform the rest of members on the proceedings of the network.

**Division of Responsibilities – Jim Jeem Women Committee:**

- 1- Head of committee: Alia T.
- 2- Deputy Head of committee: Manal J.
- 3- Writing minutes of Meeting and public relations: Alia T.
- 4- Education Activities: Najlaa A.
- 5- Infrastructure Activities: Rasmiyeh S.
- 6- Social Activities: Rihab S.
- 7- Health Activities: Alia T.

**4. Action Plan: Jal al Bahar Women Committee:**

**(1)Preparation Phase:**

- The problem tree which was prepared during training on empowerment was revised. Problems and their causes were analyzed again to remind the women what they set as priorities in their previously prepared needs assessment.
- The community mapping previously prepared was also revised.
- One problem was decided on to be tackled in the action plan, namely the rehabilitation of households in the gathering a project under implementation by Norwegian Refugee Council (NRC) supported by the E.U.

**(2)Objectives:**

The woman committee in Jal al Bahar set up one objective to tackle the situation of household rehabilitation:

To improve the performance of NRC in rehabilitation of households in Jal al Bahar qualitatively and quantitatively through follow-up and lobbying during a period of six months.

**(3)Activities:**

- Prepare a file presenting the problem (pictures, reports, description of faults in original structure of households). The aim of preparing this file is to show that some households needing rehabilitation are not included in the project, some households were poorly made, percolating pits were not included in the project.
- Conduct meetings with the popular committee so that both committee (women and popular) can lobby with community members to get them on their side towards NRC.
- Conduct meetings with NRC to discuss the project and the improvements needed.
- Follow-up process after meetings with NRC.

**(4) Time-table and responsibilities:**

Activities	Responsibilities	Dates
Preparation of File	4 Committee Members	2 Months (May – June)
Meetings with Popular Committee	3 Committee Members (Public Relations)	May – June
Meetings with NRC	3 Committee Members (Public Relations)	July – October
Follow-up on NRC work in rehabilitating households in Jal al Bahar	Six members of woman committee	May - October

**(5) Expected Results:**

- Better relationship with members of the popular committee.
- Part of the local community is mobilized to help reach the objective.
- Through meetings, pressure and follow-ups, the NRC work has improved qualitatively (less mistakes in construction works) and quantitatively (more needy households are included). The project is concluded before winter.

**(6) Threats:**

- NRC does not respond to the demands of the woman committee, partially or completely.
- The local Lebanese authorities put more restrictions on the project implementation.

**(7) Suggestions:**

- More meetings with NRC have to be conducted if needed reaching the highest people in their hierarchy.
- Pressure groups from the community have to become more active.
- Visits to Lebanese officials have to be conducted if necessary.

**Code of Conduct: Jal Al Baher Women Committee**

- 1- The members of the women committee are committed to its success.
- 2- The members of the women's committee respect each other.
- 3- The members of the women committee meet regularly once a month and respect appointments related to the committee.
- 4- The members of the women committee have to apologize early enough if they cannot respect a committee's appointment.
- 5- The members of the women committee take into consideration public interest and not private interest while solving problems.

**Division of responsibilities: Jal Al Baher Women Committee:**

- 1- Public relations: Alia F., Adla M., Rasmiyeh D.
- 2- Writing of minutes of meetings: Rima H.
- 3- Internal relations with the community: Insaf K., Samira S.



## 5. **Action Plan: North Burghuliyeh Women Committee:**

### 1- Preparation Phase:

- The women committee together with their PARD trainer revised the previously prepared needs assessment and problem tree during training on empowerment.
- Upon revising the problems in North Burghuliyeh, the committee members decided to focus on the problems related to the rehabilitation of some houses in the gathering by Norwegian Refugee Council (NRC).

### 2- Objectives:

Improvement of 14 households in North Burghuliyeh to become fit to live in the benefit of 14 families within one year.

### 3- Activities:

- (a) Prepare a file with information and pictures on the houses that need rehabilitation for assessment.
- (b) Meetings with community groups to raise awareness on targeted issue and mobilize.
- (c) Meetings with members of popular committee.
- (d) Meetings with NRC to convince them to include more needy households in their rehabilitation project and to include some Lebanese families.
- (e) Follow up on NRC work in the gathering before and after meeting with them.

### 4- Responsibilities and Dates:

Activity	Responsibilities	Dates
Preparation of assessment file	Three members of the committee	June
Meetings with community groups	Six members of the committee	June – July
Meetings with members of popular committee	Public relations committee	June – July
Meetings with NRC	Public relations committee	
Follow – up on NRC work	All members of the women committee	

### 5- Expected Results:

- (a) People of the camp will be mobilized to support the woman committee in their activities.
- (b) NRC will respond to the committee's demands to improve their performance and include more needy houses in their rehabilitation project.

### 6- Threats:

NRC withdraws their project from the gathering.

## **7- Suggestions:**

The woman committee should look for other potential donors.

### **Code of Conduct: North Burghuliyeh Women Committee**

- 1- The members of the women committee have to respect meetings dates and attend the meetings.
- 2- The members of the women committee have to listen to each other's opinions and respect each other.
- 3- The members of the women committee have to respect each other's privacy and special conditions.
- 4- The members of the women committee have to respect order in the meetings to discuss specific agendas and to let everyone speak.
- 5- The members of the women committee have to apologize early enough if they can't attend a meeting.

### **Division of responsibilities: North Burghuliyeh Women Committee**

- 1- Head of committee: Fatima H.
- 2- Deputy Head of committee: Hamda D.
- 3- Writing of Minutes of meeting: Fatima H.
- 4- Public relations: Nuhad D., Subhiyeh K., Zubaida H., Nada S.

### **Code of Conduct – South Burghuliyeh Women Committee**

- Committee members should listen to each other and not interrupt each other while talking.
- Committee members should believe in team work and voluntary work.
- Committee members should respect each other and respect the date and time of the meeting.
- Committee members should help each other and help other people.

### **Division of responsibilities: South Burghuliyeh Women Committee**

- Head of Committee: Samah Qurayi
- Deputy Head of committee: Huda S.
- Public relations: Subhiyeh Q.
- Social relations: Kamleh A.

## **6. Plan of Action: Maashouk Woman Committee:**

### **1- Preparation Phase:**

- a- The woman committee revised the needs assessment of their community which they have previously prepared with their trainer from PARD during training on empowerment.

- b- After revising the problems facing the gathering of Maashouk, the committee decided to work on the problem of students drop outs from UNRWA schools.

## 2- Objectives:

Encourage 20 children 8 – 13 years of age from Maashouk to return to their school through providing remedial lessons for them in the year 2012.

## 3- Activities:

- Search for volunteer teachers to teach the children.
- Search for a proper place to be used for tuition.
- Coordinate with the youth committee called "emergency committee" on the issue suggested.
- Meet with the director of the school to coordinate.
- Register the names of the registered students to convince them to join remedial lessons.
- Provide remedial lessons.

## 4- Division of responsibilities:

Activity	Responsibilities	Dates
Search for volunteer teachers and place	All members of the committee	June
Meet with the director of the UNRWA School	Public relations (members of the committee)	June
Coordinate with the youth committee	Members of the public relations sub-committee	June – December
Register names of students	Members of the public relations sub-committee	July
Contact Parents	All committee members	July
Provide remedial lessons	Volunteer teachers	July – August

## 5- Expected Results:

- Volunteer teachers are found among the community
- The UNRWA school director responds positively to the demands of the woman committee and cooperates with them.
- The youth committee helps the woman committee.
- The parents help the committee to involve their children in remedial lessons.

## 6- Threats:

- Volunteers want high fees for teaching
- Parents prefer their children to work (at home for females and in small vacations for males) instead of reenrolling in the school.

**7- Suggestions:**

- Collect enough fees from parents or look for a donor NGO.
- Enlist the help of local dignitaries (Sheik, director of school, school teachers, and head of families) in getting parents support.

**Code of Conduct: Maashouk Women Committee**

- 1- Members of the women committee are committed to attend regular meetings.
- 2- Members of the women committee respect each other's privacy and special conditions.
- 3- Members of the women committee listen and respect each other's opinion.

**Division of Responsibilities: Maashouk Women Committee**

- 1- Head of committee: Nayfa Q.
- 2- Deputy Head of Committee: Fadia I.
- 3- Writing of minutes of meeting: Fadia I.
- 4- Public relations: Ikhlas H., Sawsan A., Nayfa Q.

**Code of Conduct: Wasta Women Committee:**

- 1- Every member has to be committed to the task she undertakes.
- 2- Every member has to attend the committee's meetings, or apologize before.
- 3- Members of the committee have to coordinate and cooperate among themselves.
- 4- Problems the committee tackles have to be solved in a serious manner.
- 5- The committee has to participate in all PARD's campaigns in general.
- 6- The committee has to coordinate with all local communities in the gathering.
- 7- The committee has to coordinate with PARD's community health worker (CHW) on health and environment issues.

**Division of Responsibilities – Wasta Women Committee:**

- 1- Head of committee: Zahra M.
- 2- Deputy head of committee: Fatma J.
- 3- Notifying the members on meetings and appointments: Tufaha J.
- 4- Writing minutes of meetings :Aida I.
- 5- Public Relations :Khaldiyeh K.

**Division of responsibilities: Sikkeh Women Committee**

- Head of Committee: Fadia R.
- Deputy head of committee: Ilham F.
- Public relations: Rana Z., Hanan Z.
- Health Educators: Ilham F., Hanan Z.

**Division of Responsibilities – Daouk Women Committee:**

- 1- Head of committee: Nabila Y.
- 2- Deputy Head of committee: Khawla T.
- 3- Writing of minutes of meeting and informing the members on appointments: Mufida M.
- 4- Public Relations: Khaldiye K.
- 5- Members: Muna A., Zeina A.

**Division of Responsibilities – Gaza Buildings Women Committee:**

- 1- Head of committee: Basima J.
- 2- Deputy Head of committee: Hanadi H.
- 3- Writing of minutes of meeting and informing the members on appointments: Sabrin A.
- 4- Members: Maymaneh H., Huda R., Aida D.

**Division of Responsibilities – Said Ghawash Women Committee:**

- 1- Head of committee: Yusra A.
- 2- Deputy Head of committee: Nadia A.
- 3- Writing of minutes of meeting and informing the members on appointments: Zeinab A.
- 4- Members: Amneh H., Mariam H.

**Annex 3: Monitoring Tools of Empowerment Program**

**2.1. Evaluation Questionnaire for Participants in Combating Illiteracy Course**

**Evaluation Questionnaire for Participants in Combating Illiteracy Course**

**Name :**

**Age :**

**Address :**

**Phone No. :**

1- Was your participation in the illiteracy course an important decision in your life?  
 Yes                       No

2- What change occurred in your life as a result of attending in the course?

3- Who encourage you to join the course?

4- Do you need more time to learn more? If yes, how much time?

5- What were the main subjects in the course?

6- What subjects did you like the most? Did you fail in it?

7- What subject did you not like? Did you fail in it?

**8-** Did you benefit from the course?  
 Yes  No

How (explain)?

**9-** How was the performance of the trainers?  
 Excellent  Good  Not bad  Bad

**10-** Was the trainer responsive and reactive with the participants?  
 Yes  No

**11-** Was the timing of the course okay with you?  
 Yes  No

**12-** Was the location of the course suitable?  
 Yes  No

**13-** Do you wish to participate in PARD's other training courses? If yes, specify which one:  
 -  
 -  
 -

**14-** Suggestions:  
 -  
 -  
 -

**2.2. Follow up on Trainees of Illiteracy**

**Follow up on Trainees of Illiteracy**

Date	Location	Name of Trainee	Name of Training Supervisor	Details of follow up


**2.3. Questionnaire for Illiteracy Training**

<b>Questionnaire for Illiteracy Training</b>	<b>Notes</b>										
	<b>Level of education</b>										

No.	Full Name	Place and D.O.B.	Marital Status	No. of family member	Living Area
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**2.4. Daily Report on Illiteracy Courses**

**Daily Report on Illiteracy Courses  
Given by Trainee Educators  
For the year 2010**

**Location:**

**Trainer:**

<b>Date</b>	
<b>Axis</b>	
<b>Timing</b>	



<b>No. of attendees</b>	
<b>Subject</b>	
<b>Evaluation of lecture</b>	
<b>Goal of lecture</b>	
<b>Remarks</b>	

**2.5. Empowerment of Women Training Courses**

**Empowerment of Women Training Courses**

Date	Location	No. of Group participants	Subject of training	Remarks




**2.7. Evaluation of Trainee Health Educator**

**Evaluation of Trainee Health Educator**

**Area** : \_\_\_\_\_ **Date** : \_\_\_\_\_

**Name of Trainee Health Education** : \_\_\_\_\_

**Name of Supervisor Trainer** : \_\_\_\_\_

<b>Subject</b>	<b>Medium</b>	<b>Good</b>	<b>Very good</b>	<b>Excellent</b>
Preparing for the subject				
Using the means of verification				
Communication with the group				
Communication with the environment (local community)				
Style				

Building the trainee capacity				
Planning and Programming				
Oral Presentation Using body language				
Clearness of sound during training				
Choosing proper words and promptitude				
Respect timing				
Self confidence				

- **Strong points of the trainee:**
  - 
  - 
  -
- **Weak points of the trainee:**
  - 
  - 
  -
- **Changes noticed in trainee (positive or negative):**
  - 
  - 
  -

**2.8. Evaluation of Oral Presentation of Trainee Health Educator**

**Evaluation of Oral Presentation of Trainee Health Educator**

*The goal of evaluating the presentation is showing the points of strength and points of weakness in the Health Educator; in addition to identifying the points that can be improved in the performance. The goal simply is to criticize collectively; that is to focus on the performance as the following questions show it:*

**Name of Supervisor Health Educator:**

**Date:**

**Name of Health Educator:**

**Area:**

Question	Yes	Medium	No
<ul style="list-style-type: none"> <li>• Did she present herself?</li> <li>• Did she identify the goal of the meeting?</li> </ul>			

• Did she use body language? (hands, standing, movements, etc)				
• Did she use the proper place?				
• Was the voice clear?				
• Did she use the proper expressive words?				
• Was there monotony in the presentation?				
• Did she use eyes contact in the proper way?				
• Was she self- confident?				
• Did she remain within the allotted time?				
• Did she give the subject in an organized manner? (Introduction, definition, side effects, ways of transmission...)				
• Did she use the transparencies?				
• Did she give time for questions and debate with the group?				
• Did she respond to the group?				
• Did she evaluate the subject?				
• Did she leave to the group the freedom to choose the next subject?				
• Level of ability to deliver the information				
<b>General Evaluation</b>	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>

**2.9. Questionnaire for members of Women Committees**

**Questionnaire for members of Women Committees**

Name : \_\_\_\_\_  
 Name of Spouse : \_\_\_\_\_  
 Age : \_\_\_\_\_  
 Marital Status : \_\_\_\_\_  
 Number of children : \_\_\_\_\_  
 Ages of children : \_\_\_\_\_  
 Level of education : \_\_\_\_\_

Work Status :  Working  not working

If working; kind of work and place : \_\_\_\_\_

Since when do you know PARD (year) : \_\_\_\_\_

In which domain or activity? : \_\_\_\_\_

Did you participate in any training courses ?  Yes  No

Kind of training	Training company	Duration of training

Are you a member of?

Women committee  Youth Committee  Health Educators  Animators

First Aid team  Water Committee  Active member in community

Other, decide: \_\_\_\_\_

Does any member of your family participate in PARD's activities?

Yes  No

Decide : \_\_\_\_\_

Do you want to participate in other trainings?

Decide : \_\_\_\_\_

How is your relation with other organizations?

Decide : \_\_\_\_\_