ANNUAL REPORT 2012

POPULAR AID FOR RELIEF AND DEVELOPMENT



PARD

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Special Thanks

PARD would like to thank the following organizations, volunteers and individuals for their continued support to PARD during 2012: *(Listed alphabetically)*

ANERA

Asfari Foundation

Australian Volunteers International (AVI)

Humanserve International- Canada

Medico International

Mennonite Central Committee (MCC)

NOVIB (Oxfam Netherlands)

Norwegian People's Aid (NPA)

Raja Khalidi

Said Foundation (SF)

Solidaridad International (SI)

Stavanger Katedralskole (Norway)

Welfare Association

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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.

The past few years have been characterized with several challenges that have impacted both the Lebanese people and the Palestinian refugees in Lebanon. Among these were the different political stands towards the crisis in Syria and the hosting of hundreds of refugees from Syria in Lebanon. As a result, the existence of the refugees from Syria negatively affected the shelter situation (availability of flats for rent and rent prices), the labor market (competition between Syrian laborers V.S. Lebanese and Palestinian laborers in many vocations), the WASH and health facilities, and the general security situation.

Another challenge was the internal conflict between different political parties leading to armed clashes in some instances, the local elections law- which was not amended according to the demand of many parties- which led to disrupting the role of the government and parliament.

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 administrated by the Department of Palestinian Refugee Affairs (DPRA), created as an office within the Ministry of Interior. In 1962, Palestinian refugees were classified as foreigners and from the early 1990's the political, social and civil rights of Palestinians in Lebanon have diminished significantly. Their status is largely defined by their absence of rights.

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 2005 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 <u>gathering</u> 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) is 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 less than 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.

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
Sub-total	3984	20704

The South

Table2: Number of families and people living in the Southern gatherings who benefit from PARD services

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

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

<u>Gathering profile</u>: 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

<u>Gathering profile</u>: The refugees settled in Itaniyeh between 1955 and 1960, coming from places such as al Jiyyeh, 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

<u>Gathering profile</u>: 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.

<u>Land Ownership</u>: 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

<u>Gathering profile</u>: 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

<u>Gathering profile</u>: 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

<u>Gathering profile</u>: 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

<u>Gathering profile</u>: 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

<u>Gathering profile</u>: Jal el Baher 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.

<u>Land Ownership</u>: 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

<u>Gathering profile</u>: 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. <u>Strategy One</u>: **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, nutrition, etc.

II. <u>Strategy Two</u>: **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 wellbeing 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



PROGRAM ONE: ENVIRONMENTAL HEALTH PROGRAM

الساعدات الشعبية P.A.R.D. 2002 2002 ISUZU

- Introduction to the program
- Program Activities

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 3rd (promoting gender equality and empowerment of women) and the 7th (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.

Activities

35,554 Palestinian refugees and poor Lebanese living in gatherings in the outskirts of the Palestinian camps (20,704 living in Beirut gatherings; 14,850 living in the South gatherings) have access to safe water. The interventions of the Environmental Health Program are:

Activities of the interventions were as follows:

1. Water Supply & Sanitation

1.1 Maintenance of water network, wells, reservoirs and chlorine pumps:

- ✓ Maintaining the well water networks in addition to the cleaning and chlorination of the water tanks once a year in all gatherings.
- ✓ Maintaining and following up the chlorination pumps in six gatherings
- ✓ Maintenance of the well in Qasmiyeh 2 times
- ✓ Repairing the Water well in Shabriha
- ✓ Repairing the electrical wire of the pump in Shabriha
- ✓ Repairing the Chlorine pump in Sikkeh and Maashouk

1.2 Water Control and Testing:

✓ Undertaking 70 water tests in 8 Palestinian gatherings

Activities of water testing and control include:

- 1- Collecting and analyzing water samples to control quality (free from bacteria causing waterborne diseases).
- 2- Analysis of water samples took place four times/ 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- Conducting annual training course for the water caretakers including (relationship of water to human health- importance of chlorine in sterilizing the water- quantities of chlorine used in chlorination of water- how to control chlorine residuals- how to maintain chlorine pumps).

Cleaning water reservoirs:

✓ Cleaning of the main common water tank in Burghuliyeh and Jim Jeem.

1.3 Training local water caretakers

During April 2012, a workshop was conducted for the benefit of: seven 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.

1.4 Raising Awareness on subjects related to water:

For the sake of raising awareness of the local community on the preservation & 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 & Beirut for the benefit of women, children & youth as follows: (Subjects include the importance of water to life, consummation, sterility, water borne diseases).

During 2012, **598 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 & North), Wasta, Aitaniyeh, Kfar Badda, Jim jeem and Sikkeh.

1.5 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. **In 2012, 202 septic tanks were sucked out by the truck.**

1.6 Maintenance of sewage infrastructure:

Type of Maintenance (sewage) Quantity Location Cleaning of manholes 41 Said Ghawash 70 Cleaning of Network sewer pipes 94 Cleaning of manholes Daouk Cleaning of Major Sewage Pipes 16 Cleaning of Secondary Sewer Pipes regularly Suction of Waste Water from Basement of once PRCS Center Shatila Cleaning of three sewage networks 1 Cleaning of basement for three buildings 6 Inspection of Network (Gaza Building 3) 2 Cleaning Roof & Entrance (Gaza Building 1) Gaza 1 Buildings Cleaning of Common Grounds regularly Cleaning of Sewer Networks 6 Cleaning of Manholes 3 Sabra Cleaning of Manholes 21

(a) Maintenance of sewage infrastructure in <u>Beirut gatherings</u>:

(b) 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

(c) Installation of sewage network and septic tanks

In 2012, PARD installed 290 lm (6") secondary sewage network and 130 lm (8") main sewage networks in the gathering of Jim Jeem. In addition, we built a septic tank collected to the sewage network (5m depth x 12m length x 6m width).

2. Solid Waste Management

2.1 Collecting, hauling and disposal of solid waste

(a) Solid waste management: this project includes regular solid waste collection at the household level, in addition to cleaning public zones in both the southern gatherings, Gaza Buildings and Shatila camp.

8034.67 m3 of solid wastes were collected from the gatherings in the South and Beirut and Shatila camp during the reporting period.

13425 people benefited from this project in the south, 16,000 people benefited from this project in Beirut.

(b) Cleaning campaigns

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

In 2012, **13 campaigns** took place in the gatherings in the South and Beirut, and the collected wastes were removed by PARD's three garbage trucks and deposited at designated places.

3. Rodent and Vector Control

3.1 Spraying of insesticides

Rodents and insects constituted a major source of nuisance to the residents of the gatherings, especially during summer when the number of insects increases tremendously. To control the problem, PARD implemented **twenty spraying campaigns** in each of the 9 gatherings in the South and five gatherings in Beirut. Concerning the quantity of insesticides dissolved in water, instructions were followed in accordance to the brand used, as defined by the country of origin.

3.2 Rodent Control:

The Beirut gatherings are overcrowded habitats with problems in the sewage systems. The South gatherings are not over crowded, but individual problems related to the sewer system and household garbage might pose breeding places for rodents like in Beirut. The local health educators and members of local women committees are the ones who distribute rodenticides to control such pests. Distributions are accompanied by written instructions on proper use and the protection of family users. **3,222 rodenticide bags were distributed**.

4. <u>Composting</u>

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 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.

So, 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 is free from 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:

- *i.* How to prepare compost by using pile?
- *ii.* 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 2012, **70 women and youth benefited** (40 females and 30 males) from this campaign.

The demonstration plots are up and running and compost is being used on the gardens at the demonstration plots. So far, 54 women have prepared successful **compost pits** and compost barrels.



PROGRAM TWO: HEALTH EDUCATION



- Introduction to the program
- Program Activities

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.

Activities of the program

1. Health education

Health knowledge and skills are key in the promotion of independence of women, particularly in the field of sexual and reproductive rights and health, as gender concepts, that hinder women in the realization of their rights are here directly effective, as in the Right to self determination on marriage, conception/contraception etc.







For this reason, health activities have a central role in this project. PARDs long experience in this field in the communities have encouraged women not only to use the knowledge that they gained in PARDs courses in their families, but to think about themselves as multiplicators of this knowledge.

Following the TOT training of health educators in 2012, the participants who became health assistants used their learned knowledge to convey this knowledge to community groups(women, youth and children).PARD provided them with the necessary materials for information on several health issues (with focus on reproductive health) such as transparencies, flip charts, posters, video films and so on.

In the year 2012, 5030 women, men, children and youth benefited from 2398 lectures.

These were as follows:

Gender	Women	Youth	Children	Men	Total
Number of beneficiaries	4554	300	172	4	5030
Females	4554	223	85	0	4862
Males	0	77	87	4	168

2. Training on health education:

Health knowledge and skills are key in the promotion of independence of women, particularly in the field of sexual and reproductive rights and health, as gender concepts, that hinder women in the realization of their rights are here directly effective, as in the Right to self determination on marriage, conception/contraception etc.

Health Education also helps women, youth and children in their communities to prevent and manage childhood waterborne, vector borne, and chronic diseases.

For this purpose, PARD conducted training courses on health education for the benefit of local women.



a- Training workshop in the South (new courses):

In February, a five days training course on health education took place for the benefit of 12 women in the **South**.

Another training course on health education took place in **Beirut** on 7 - 11 January 2012. 8 participants benefited from the course.

Content:

- Objective of training
- What is health education
- Characters of the health educator
- Choosing the location of a health education session
- Forming groups
- Communication skills
- Lesson plan
- Planning health campaigns
- Means of illustration
- Communication and support to people with special needs
- Role of the health educator before, during and after crisis situations
- Evaluation tools



b- Training on preparation and participation in married life (refreshing courses):

Subject : Preparation for married life –Dialogue and participation in married life

Date : March 29, 2012

Location : Lower Qasmiyeh –South

No. of health educators : 11

Trainers : two of PARD's community health workers

Objectives : Encourage women to participate in decision making on issues related to her married life – discuss participation of men (husbands) in protecting reproductive health (women and children)

Tools: flip chart-turntable chart (illustration)**Methodology**: brainstorming, discussion, exchange ofexperiences, evaluation.



c- Training on Safe Motherhood (refreshing course):

- Two courses took place one in the South (Wasta) the other in Beirut.
 - **13 local health educators** participated in the course held in Wasta on 31-1-2012.
 - **7 local health educators** participated in the course held in Beirut on 16-1-2012.
- The training courses were conducted by PARD's community health worker who is also a midwife.
- The training material included:
 - Care of pregnant women
 - Safe delivery
 - Postnatal care
 - Breast feeding
 - Intervals between pregnancies

PROGRAM THREE: MOTHER AND CHILD HEALTH CARE PROGRAM



- Program Strategy
- Program Objectives
- Program Activities

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.

Program Activities

The program is supervised by one full time program coordinator who is a member of the executive committee. PARD's <u>6 clinics</u> are run by staff consisting of the coordinator, 19 specialized doctors, 3 midwives, 3 nurses, 2 secretaries, 1 driver and 3 cleaning ladies. This staff works altogether to achieve the following objectives:

1. To improve health situation of the population in and around the targeted areas through providing affordable primary and secondary health services.

24,645 affordable primary and secondary health services were offered to about 4505 men, women and children patients 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, 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:

- 7,577 specialized services benefited women (30.8%)
- 10,310 specialized services including 12 types of vaccinations benefited children (41.8%)
- 6,758 diverse specialty services benefited the target group (27.4%)

2. 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.

Capacity building for staff of the Mother & Child care program:

Attendant	Name of Lecture or Workshop of Lecture or Workshop
1 Midwife	 * Psychological Support for Women * Training on Sexual Reproductive Health Protocol
1 Record Keeper	* Training on Sexual Reproductive Health Protocol
Program's Coordinator	 * Training on Sphere Project * Strategic Planning for PARD 2013-2015 * Psychological Support for Women * Psychological Support for GBV cases * Training on Sexual Reproductive Health Protocol * Project Design, Planning and Log Frame Approach * Integration of Human Rights Based Approach in Strategic Planning of Organizations * Tools and Methodologies for Awareness on Gender, GBV and Sexual Reproductive Rights

3. Extra activities:

I. Campaigns:

 PARD in coordination with the endocrinologist in Sabra polyclinic conducted 3 campaigns: 2 cholesterol campaigns and a diabetes campaign. During these campaigns people from the gatherings benefited from a free consultation, detection of cholesterol and diabetes levels in addition to free medicine for those who need medications.

Date	Campaign	Male Beneficiaries	Female Beneficiaries
22-3-2012	Cholesterol Stage 1	15	55
3-5-2012	Cholesterol Stage/ 2(monitoring)	5	45
31-5-2012	Diabetes	18	52

2) During 2012, PARD conducted the campaigns on: **Pap smear, mammography and breast feeding** in Beirut and the South gatherings.1215 women benefited from 230 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, 57 women benefited from the Pap smear in Beirut gatherings and 105 women benefited from the Pap smear campaign and 226 women benefited from the mammography campaign in the South gatherings.



a) Encouraging Breastfeeding Campaign:

Start Date	End Date	Means of Clarification	Gatherings	Target Group	Number of Lectures	No. of Attendants
10-11-2012	25-12-2012	Flip charts- Brochures- Benefits of Breastfeeding Cards	South : Maashouk - Jal Al Baher - Nahr Al Samer Shabriha- Burghuliyeh (South & North) Qasmiyeh - Aitaniyeh Wasta - Kfar Badda Jim Jeem - Sikkeh	Engaged girls- Pregnant women- women who recently gave birth- Women in menopausal phase or using family planning	124	504 women
			Beirut: Gaza Buildings - Daouk Said Ghawash Salwa Al Hout - Zaroub	methods- Male youth and Men	63	464 women

b) Mammography Campaign :

Start Date	End Date	Means of Clarification	Gatherings	Target Group	No. of Women who beneficiaries
10-9-2012	30-12-2012	Flip charts- Brochures	South : Maashouk- Jal Al Baher- Nahr Al Samer –Shabriha- Burghuliyeh (South & North) Qasmiyeh- Aitaniyeh-Wasta- Kfar Badda-Jim Jeem- Sikkeh	Women above 40 (rare cases younger women with cancer history in the family)	226

c) Pap smear Campaign

Location: Beirut gatherings

Target Group: 75 women- married, divorced or widows.

A campaign was conducted in June 2012 in order to raise awareness on cervical cancer – the importance of early detection – what is a pap smear the importance of conducting this test.

Means of clarification: Flip chart – brochure – poster – flyers. Start date of this campaign: 15 June 2012

End date of this campaign: 19 Sep. 2012



The Pap smear test results were examined by PARD's gynecologist in Beirut. The doctor prescribed the needed medications for some cases and followed up on cases requiring medical attention in PARD's clinics. Some women took the results from PARD's doctor and follow up at UNRWA clinics because they are registered there.

Number of women who	Number of women who
participated in Raising	conducted the Pap smear
awareness campaign	Test
316	75

<u> Beirut – Raising Awareness Pap smear campaign – women July- Sep 2012</u>

Location	No. of participants	No. of Lectures
Gaza Bldgs.	53	5
Said Ghawash	101	11
Daouk	28	2
Salwa el Hout Bldg.	64	4
Al Dana area	7	1
Zaroub el Deik	63	4
Total	316	27

For **Monitoring and Evaluation**, PARD used **indicators** covering the following:

- Frequency of Diseases
- Immunization
- Type of Delivery
- Age Group-Patients
- Frequency of Pregnancy
- Contraceptives
- Prenatal Follow up Visits
- Blood group
- Screening Tests :(HIV, HBs Ag, Toxoplasma)

- Postnatal Follow up Visits

(See Annex 1)

Moreover, PARD used patient satisfaction questionnaires for evaluation (See Annex 2).

II. Establishment of a Dental Clinic in Beirut (November 2012)

PARD decided to start a dental clinic in October 2012 based on the patients satisfaction survey results which showed that a high percentage of patients wanted the presence of this specialty in Sabra Polyclinic .PARD contacted a dentist who agreed to equip the prepared room and started working in 15 October 2012. During October, November and December 2012, **65 patients** benefited from dental services in PARD's clinic.





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.

Objectives & Rationale of

➢ Program one: WOMEN EMPOWERMENT

Program two: YOUTH EMPOWERMENT

OBJECTIVES AND RATIONALE

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.

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 WOMEN EMPOWERMENT



- Introduction to the program
- Program Activities

I. Introduction

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, that is, if they receive any education at all, and experiencing various health problems related to pregnancy, delivery and post-natal care. In addition they face unemployment, and low socioeconomic status etc.

II. Activities

A. Training on Empowerment:

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, training on health education, training on combating illiteracy, training on animation of children activities, and training of local water caretakers.

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.

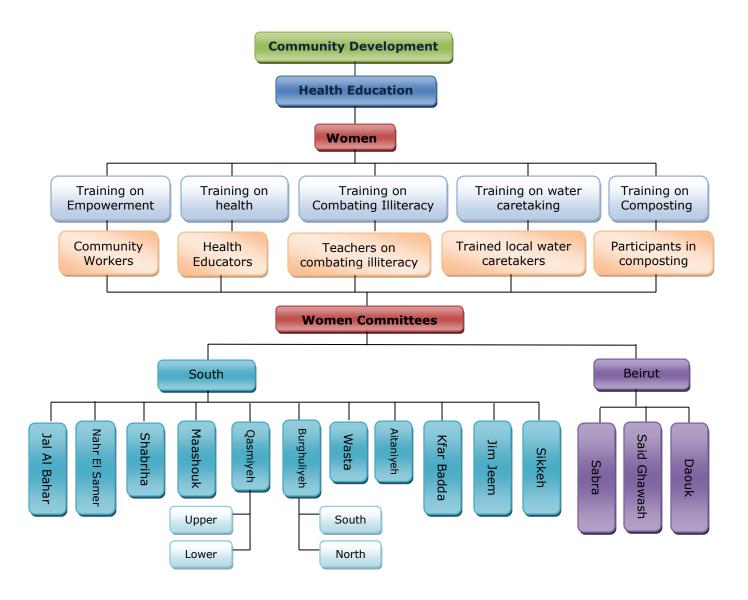
Since then, PARD has trained every year on empowerment in the targeted gatherings, 13 in the south and 3 in Beirut. Some of the trained women are active members in the women committees, others train as health educators, some train as illiteracy teachers, and the younger ones train to become animators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

In Beirut, some of the women are members in the popular committees (where the majority are men) governing all the gatherings, 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 south gatherings) play the important role of water caretakers.



A few of the women have dropped out from the committees for personal reasons, or burden of responsibilities between work and home, or through moving either locally into other places or moving outside Lebanon. That is why training continues regularly to ensure that new members are joining constantly in the women committees.

Currently, we have about 186 women members in the active women committees. 46 women forming 7 new committees in South gatherings and 11 new women members in these women committees in Beirut. The total number of women committees is now 22 committees in the South and Beirut.



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

In 2011, most women committees prepared action plans, codes of conduct and division of responsibilities in each committee alone. In 2012, the action plans were evaluated to look into actions implemented, if not, reasons and obstacles. These actions achieved were documented and new plans of action were prepared.

Location	No. of women Committees Meeting
Shabriha	14
Wasta	12
Jal Al Baher	12
Upper Qasmiyeh	12
Lower Qasmiyeh	12
Naher Al Samer	12

Total	181
Gaza Buildings	12
Daouk	12
Said Ghawash	12
Jim Jim	12
Aitaniyeh	7
Burghuliyeh North	14
Burghuliyeh South	12
Sikkeh	13
Maashouk	13

Training on Empowerment was done on the basis of each women committee alone or 2 to 3 committees together, or through separating the South and Beirut, or all of them together.

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 are:

- Participation in campaigns (promotion of health issues in the community, cleaning whole areas in the gatherings, organizing spraying of insecticides, raising awareness on social/ health issues such as drug addiction or AIDS and others).
- Alert PARD when a certain contagious disease shows up.
- Collecting subscriptions for solid waste collection services.
- Data collection
- Support medical dispensaries
- Help organize and supervise remedial lessons and activities for their children
- Support first aid teams in their gatherings
- Coordinate with PARD on water caretaking
- Support health education and literacy groups
- Distribute support materials
- Supporting the refugees from Syria

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, support hardship cases, support people with chronic diseases, support people with special needs such as the handicapped or mentally retarded.

For the refugees from Syria and since the beginning of 2012, members of the women committees in each of the gatherings played an important supportive role including:

- Provide newcomers from the refugees with shelter, mattresses, covers and cloths.
- Provide statistics for those refugees by filling questionnaires prepared by PARD (including names, number of families, number of individuals divided by sex and age, count the handicapped, elderly, pregnant women, those infected by chronic diseases and so on).
- Coordinate with PARD and the local popular committees.
- Distribute vouchers for food and non-food items to the refugees.
- Provide health awareness.
- Act as resource persons among the refugees.

B. Training on Gender Equality:

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.



PARD organized 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 purpose of training on Gender, an external expert was consulted to put together a training course on gender. 24 women from Beirut and South gatherings participated in this workshop.

Training Local Health Educators on the Subject of Gender

Location: PARD's office – Saida Duration: 5 days Dates: 10-11-12 April 2012 (Training on Gender, Discrimination and Gender Based Violence) 18-30 April 2012 (Training Skills)

Training Materials:

- 1- Specify Gender concepts and roles
- 2- Specifying the evolution of women's rights in the International Human Rights Declaration.
- 3- Specifying the concepts of gender discrimination and gender based violence.
- 4- Specifying gender based discrimination in rights to learn and obtain proper health care services (reproductive health).
- 5- Integration of gender concepts in PARD's activities and in the lives (public and private) of the participants.

Eleven of the participants who are able to give sessions about gender issues, violence and discrimination were chosen by the trainers.

The selection was based on their personality, good communication skills, and their level of knowledge and understanding of the topic. The training included: Concept of Gender, GBV, and evolution of women rights within the human rights, reproductive health rights, inclusion of the gender concepts in the public and personal life and in the NGOs activities. The trainings were as follows:

Location	Dates	No. of Beneficiaries
Gaza Buildings (Beirut)	19, 27 October 2012	50
Daouk (Beirut)	19, 27 October 2012	50
	25, 26 November 2012	
Said Ghawash (Beirut)	2, 10 November 2012	50
Salwa Al Hout (Beirut)	2 November 2012	50
	19 November 2012	
Qasmiyeh	6, 10, 11, 15, 16	100
	November 2012	
North Burghuliyeh	9 November 2012	25
	18, 21 November 2012	
Aitaniyeh	18 December 2012	25
Maashouk	9 November 2012	100
	12, 26 November 2012	
Jal Al Bahar + Nahr El Samer	3, 29 November 2012	50
	10 December 2012	
Wasta	9, 19, 30 October 2012	50

Kfar Badda	9, 19 October 2012 25	
	19 November 2012	
Jim Jeem	27 October 2012	25
Shabriha	2 November 2012 100	
	10 November 2012	
Sikkeh	11 November 2012	50

Total number of participants from 15 gatherings was 750 women, youth and men.

Gender and Empowerment Impact Assessment

PARD participated in the Gender and Empowerment Impact Assessment training that took place during 2003. PARD is using the manual that was developed as a result of the training to **assess the impact of its programs on women in the community**.

According to the Practical and Strategic Empowerment factors table, PARD is having a considerably positive impact on women with their programs through bettering their health, enhancing their education and training, involving them as active partners, giving them an opportunity to organize and enhancing their democratic rights. A majority (75% to 80%) of PARD's direct beneficiaries are women. PARD's activities fulfill women's gender needs by: (see Annex (3) for details)

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

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

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

i. Increasing women's access to infrastructure

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

ii. Improving women's health

Through its health centers, PARD provided about 5000 women from among the Palestinian refugees with access to affordable health services through its Mother and Child Care Program. In addition, through health education about 2400 women acquired the knowledge to better take care of their family's health, which helps better their health conditions and increases their awareness on different health issues. Moreover, the Environmental Health Program protected women's health from water born diseases, scabies, lice, rodents and infectious diseases.

PARD's midwives in the South and Beirut surveyed the pregnant women in 9 gatherings in the South and conducted services for prenatal and post natal cases. She created patient profiles, offered

practical advice and did check-ups, provided medications and milk for women. She successfully served the objective of "safe pregnancy" through those home- visits.

iii.Increasing women's income opportunities

Palestinian women refugees, ages between 20 to 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 teach illiterate people 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.

A training workshop on "How to Start and Run an Enterprise" was conducted for Palestinian women in the south camps and gatherings.

This training took place in Burghuliyeh gathering, at the premises of its municipality and was conducted over 11 training days, per the following schedule: Beneficiaries: 13 women

Торіс	Number of Days
Small Enterprises and Entrepreneurial Characteristics	2
Marketing	3
Financial Planning & Management	4
Book keeping	2

Training schedule took place during September through October 2012. Out of 22 participants, 13 have attended the whole training workshop, while the rest attended different parts.

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

iv.Empowering women:

Gender equality cannot be achieved without women empowerment. For this purpose, PARD organized 22 women committees in 13 gatherings in the South and Beirut with 181 Palestinian and Lebanese women members. They have been trained on empowerment (see women) 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.

C. Training and Combating Illiteracy:

In 2012, 18 women benefited from the training course on combating illiteracy as follows:



The **method of literacy education** that PARD follows is called popular education. It is unlike the traditional schooling system where no text books 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 teaching methods to better suit the groups of women that they are teaching. *Teaching focuses on three areas:* Arithmetic, Arabic Language and Life science.





Literacy Courses

The 18 participants formed groups to benefit from six month courses in combating illiteracy as such:

Location	sessions per course	No. Of participants
Qasmiyeh	34	5
Shabriha 1	52	15
Shabriha 2	53	8
Maashouk	50	5
Kfar Badda	50	6
South Burghuliyeh 1	25	7
South Burghuliyeh 2	34	8
Wasta	25	6
Said Ghawash 1	12	7
Said Ghawash 2	53	6
Gaza Bldg. 1	60	6
Gaza Bldg. 2	64	7

Gaza Bldg. 3	16	5
Gaza Bldg. 4	55	7
Gaza Bldg. 5	56	8
Salwa al Hout	56	6
Daouk 1	17	5
Daouk 2	24	7
Shatila	53	6
Total		130

The trained groups were encouraged to integrate into woman and youth committees working to improve the conditions of their gatherings.

D. Coordination with Popular Committees:



Eight meetings with the local popular committees for the purpose of exchanging information and work together on certain issues related to their gatherings. Issues such as promotion of women role in the gatherings and their right in decision making were discussed. Moreover, they discussed matters related to water shortage and contamination, improving the system for solid waste collection, the need for more activities in the summer vacation for the children of the gatherings.

A mini-committee from among the participants was elected to follow up the mentioned issues.

On the 21st of September, the women committees met with all the popular committees, civil committees, head of municipality of in Burghuliyeh and members of the municipalities. The members were representing nine gatherings. Networking and coordination among them was discussed and promoted.

E. <u>Networking:</u>

On 27 August 2012, a meeting was held between the women committee network Eid b Eid (Hand in Hand) established in 2011 and PARD's director and community health workers. During this meeting the members of the committee were divided into 4 committees: Health, Environmental health, Social and Educational Committees.

The members of the committees were elected by the general meeting of the women. The network was formed to: exchange information and experiences, coordinate when needed, develop joint projects between the gatherings.







F- Women Rights Campaigns / Civil Rights:

PARD participated through 32 women from the South and Beirut gatherings in the demonstration on 8-3-2012 that demanded gender equality, Lebanese nationality and other women issues. The members of women committees from the Palestinian gatherings brought up slogans related to violence against women, right to work, social rights of Palestinian women in Lebanon.

During the month of September, 30 women representatives of the women committees participated in the event of commemoration of Sabra and Shatila massacre (1982). They carried slogans about the "right to life" and "Right for Protection" in the March and they attended the speeches of the victims of the massacres, the speech of the Palestinian ambassador, and the speech of the international campaign "We will not forget".

PARD participated in the Campaign organized by KAFA and other national NGOs to "Stop the Violence against Women" Or the "White Badge Campaign " (December 2012) through 2 teams:

- Members of the women committees in Beirut
- Members of the First Aid team in Beirut also

The members of the women committees prepared a check point in Shatila and distributed white roses, white pins and collected 50 signatures from the men passing through that area. They faced some problems with a few men who didn't completely accept the idea of women rights' and equality but it was a successful activity nonetheless.

As for the male members of Beirut first aid team, their target group was the shop owners and youth who gather in Sabra area. Wearing their first aid suits, they talked to the men without facing any problems with the community. Majority of the men accepted the ideas mentioned in the brochure. In addition, they distributed white roses, white pins and collected signatures on special forms.

Location	Dates	
Beirut	8 March 2012	
International Women Day		
Beirut	18 September	
30 th Commemoration of Sabra – Shatila	2012	
Massacre		
Campaign to stop violence against women –	7 December 2012	
White Badge campaign		

Program Two: EMPOWERMENT OF YOUTH

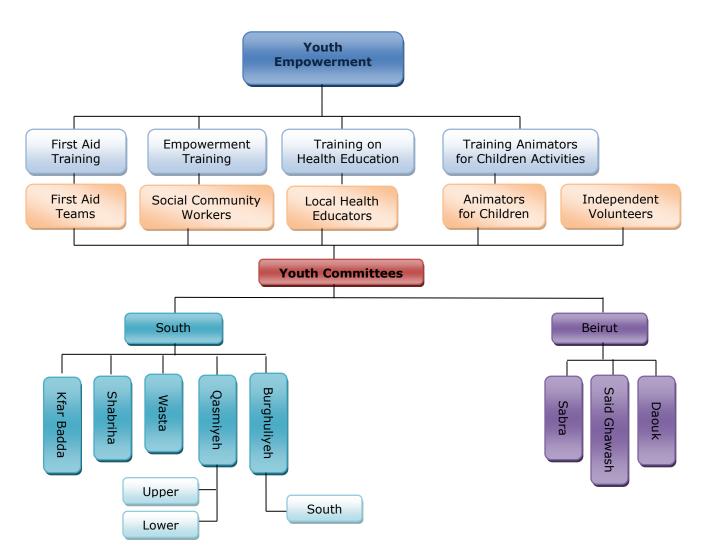
A. Introduction:

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

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

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

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



Activities:

(1) First Aid Project:

a. Introduction

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 and the center in Dbayeh camp in 2006. 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's 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, beside 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 a	: aiders	
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- : 20 first aiders Shabriha team
- : 12 first aiders Burghuliyeh team
- Qasmiyeh team Kfar Badda team : 15 first aiders
- : 9 first aiders
- Totals : 81 first aiders

At the operational level, the seven first aid teams conducted the following services at their centers: b.

LOCATION	EIRUT	SHABRIHA	BURGHULIYEH	QASMIYEH	BADDA
TYPE OF SERVICES	BE	∀HS	อมกส	QAS	KFAD
Wounds	225	131	78	99	65
Fractures	49	79	47	71	40
Burns	11	56	32	36	40
Blood pressure monitoring	221	310	33	189	0
Diabetes Test	0	48	0	0	0
Transfer to the hospital	410	30	29	13	20

Other (Poisoning, Needles, etc)	287	244		189	210
Total	1203	619	331	597	375

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 placed. 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 which require more professionalism such as Diabetes test and injection.

The number of services increased by about 15% (3126 cases in 2012) compared to 3661 cases in 2011.



c. <u>Training</u>

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:**

When	Where	Beneficiaries
January 2012	CDC – Beirut	9 youth (males)
February 2012	NPA – Saida VTC	35 youth (14 males – 21 females)
February 2012	Daouk- Beirut	15 youth (males)
February 2012	Sharbiha Gathering	16 women
March 2012	Wasta Gathering	12 women
May 2012	NPA – Beirut VTC	34 youth (14 males – 20 females)
October 2012	Qasmiyeh Gathering	18 youth (10 females – 8 males)
November 2012	Burghuliyeh Gathering	12 youth (3 males – 9 females)
November 2012	Daouk– Beirut	15 youth (males)
December 2012	Shabriha Gathering	16 youth (males)
December 2012	Qasmiyeh Gathering	14 youth (males)

i) Training on <u>Basic First Aid</u>:

As a result, 168 youth (108 males, 60 females), and 28 women received Basic First aid training during 2012. This includes the Palestinian gatherings both in Beirut and the South in addition to the Vocational Training Centers of NPA in Beirut.

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 number of participants in the Basic First Aid trainings slightly decreased by about 20% during the year 2012 (242 participants in 2011).

ii) Training on <u>Advanced First Aid</u>:

When	Where	Beneficiaries		
July 2012	Burghuliyeh	12 (3 males and 9 females)		
December 2012	Qasmiyeh	18 youth (8 females and 10 males)		

30 youth received advanced first aid training in 2012.

In comparison to 2011 figures, the total number of participants in the Advanced First Aid training was 41 which mean that there was a decrease by about 33% during 2012.

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.

iii) Training and services of ambulance

In July 2007 PARD acquired funding from Stavenger Katedralskole to purchase a van and convert it to an ambulance. The van was purchased, converted and then 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 an intention 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 17:00 PM to 17:00 AM each day; besides, the team covers a lot of critical cases during the daytime.

The team is available on call via telephone number distributed among the people living in the gatherings of Beirut, in addition to Shatila Camp. **410 cases were safely transferred to the hospitals during the year 2012.**

(2)Training on Computer and English

In addition to the first aid, PARD conducted English Courses and Computer training (Software and Hardware) as per the request of the volunteers.

	Where	Торіс	Beneficiaries		
J	lune 2012	Computer Training (Hardware – Windows and Microsoft word)	21 youth (10 males and 11 females)		
J	July 2012	English Course	15 youth (10 males and 5 females)		

In total 36 youth received computer training in 2012. Many of them will receive more advanced training during 2011. Computer training is considered to be as a vocational training for the youth, since a lot of companies and organizations could employ staff only if they are capable of using the computer.

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, and Photoshop for few members only

Besides the Computer training, **15 youth (10 males and 5 females) attended Basic English course**. This is 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 and Future and Youth Center in Qasmiyeh. The trainer is a qualified volunteer from AVI and another one from Canada.

(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 the youth understanding, involvement and 'positive' knowledge to their context the aspirations of a community can be lost or get vague. Therefore, youth persistence and participation is a must but in able to make a significant difference, the youth should be educated and supported.

In the south but also 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:

Location	Type of Participants	No. Of Groups		o. Of icipants	No. of Lectures	Subjects
			Males	Females		
Burghuliyeh	Youth	1	2	10	12	Voluntary work –
Jim Jim	Youth	1	4	5	12	Code of Conduct –
Qasmiyeh	Youth	1	1	8	12	Mapping of
Sikkeh	Youth	1	5	10	11	community – Minutes
Aitaniyeh	Youth	1	6	2	11	of meeting –
Said Ghawash	Youth	1	5	3	12	Stakeholder analysis
Daouk	Youth	1	9	4	12	 Communication – Leadership - Conflict
Gaza	Youth	1	12	1	12	resolution
Total	Q	8	44	43	94	
istai		3		87		



8 youth groups with a total of 87 youth from 8 different gatherings in the south benefited from **empowerment training sessions and workshops** organized by PARD during the year 2012. PARD will focus more on youth groups in 2013 aiming at forming more youth committees in two more gatherings.

(4) Recreational Activities and Campaigns

- ✓ Three trips to Qasmiyeh River were organized, where around 450 children participated. They were accompanied by 25 animators, 2 first aiders.
- ✓ Football match was organized and the youth from the gatherings formed a team and challenged the other teams in the gatherings and the camps.
- ✓ 10 youth participated in the Right to return activities which was organized in April 2012 in Beirut. The youth from the first aid teams participated in the preparation and the conduction of the activities.
- ✓ 15 youth organised a gallery in the event of Earth Day. More than 100 people attended. The first aid team in the south commemorate in conjunction with the local community the day of environment. This included cleaning the green areas and planting new trees in addition to the rehabilitation of some old trees.
- ✓ The first aid team in the south commemorate in conjunction with the local community the day of environment. This included cleaning the green areas and planting new trees in addition to the rehabilitation of some old trees.
- ✓ Cleaning campaign in Shabriha gathering which included spraying insecticides and awareness campaign about Hygiene was conducted by the team of Qasmiyeh with the support of the youth from the other gatherings.

(5)Training of Animators for Children Activities

In the process of establishing animators' teams for children activities in the Southern gatherings and Beirut Gatherings, PARD invited a group of youth to attend training on animation skills. The training is designed to prepare youth to be able to plan, implement and evaluate the children activities. The aim is to organize two weeks activities during the summer with focus on Gender equality.



No. of participants: 17 (12 females and 5 males) **Trainers:** 5 trainers



Subjects: Code of Conduct – Introduction to animation and its objectives – Physical and Psychological benefits of the animation – Children Rights – Animator Character – Planning of Children Activities – The importance of relaxation and warm up activities – Managing a group and ensuring equal participation – Communication skills – Learning through action – Means of clarification importance and usage – Integration of children with special needs – Actions in Emergency – Protection – Conflict resolution – Importance of Evaluation – First Aid designed for children activities – Handcrafts with recycled papers.

Methodology: Working groups – Role playing – Games – Videos – A practical training for the planning of activities will be done soon to prepare for the children summer activities, the trained animators will conduct the summer activities where the trainers will recommend whom to be animator and whom to be assistant animator.

(6)Children Activities

1) 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 130 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.





Place: Thirteen Palestinian Gathering between Beirut and South.

Objectives:

- 1- To raise awareness and give the health and environmental skills through interactive activities for 457 children aged 7 to 12 communities in the south and Beirut within two weeks of July 2012.
- 2- To raise awareness and give the psychological, social skills and focusing in gender equality through interactive activities for 457 children aged from 7 – 12 years old communities in the south and Beirut within two weeks of July 2012 we suggest the time.

The activities were implemented in the first two weeks of July 2012 and it was coordinated by 24 animators who were trained by PARD on children animation. The table hereunder shows the locations and the number of children.

Location	Number of Children		Animators	
	Males	Females		
Qasmiyeh	70	80	6 animators	
Jim Jim and Kfar badda	10	19	2 animators	
Aitaniyeh	9	12	2 animators	
Wasta	9	21	2 animators	
North Burghuliyeh	8	12	2 animators	
South Burghuliyeh	10	14	2 animators	
Shabriha	8	20	2 animators	
Jal El Bahar	10	25	2 animators	
Beirut Gatherings	50 70		4 animators	



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.

(7)Specialized Education Program

PARD implemented a specialized educational program to prepare teens and Preteens to better the chances of higer education and job opportunities:

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 9th level.

Two courses took place:

- **1-** The first took place during March- May 2012 for the gatherings: Qasmiyeh Jim Jeem, Shabriha, Adloun, In addition to Beirut Gatherings (Gaza buildings, Daouk, and Said Ghawash).
- 2- The second took place during January- March 2012. Students of Beirut Gathering (Gaza buildings, Daouk, and Said Ghawash) only benefited from this course.

The Remedial lessons were provided to the students of the 6th grade (One section), 7th grade (one sections), 8th grade (one sections), and 9th grade (five sections). PARD offered those students a weekly schedule of sessions including Arabic, English, Mathematics, Life Science, Physics, and Chemistry. The schedule was distributed as six sessions daily over six days a week except for Friday where four extra sessions were provided to the 9th grade. Those students undertook Lebanese official exams at the end of the scholastic year (2011-2012). The 9th grade official exam was done in two terms per year. The total **success rate** was **82% in Beirut** and **70% in the South** Gatherings.

Number of students who directly benefited in 2012 is 204 students, 106 in Beirut gatherings and 98 in the southern gatherings. They belong mostly to displaced Palestinian families and other poor families living in the surrounding areas.

Grade	No. of students	Gender		
	No. of students	Female	Male	
6	27	17	10	
7	35	21	14	
8	22	12	10	
9 9	112	69	43	
10	8	5	3	
Total	204	124	80	

(8) Community Development Center: CDC

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

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

The center's goal is to build a better world for underprivileged children, where the children start to recognize better relationships amongst themselves, adults and the community he/she lives in. This center wants to positively activate the child effectively and to 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)

- (6) Youth activities, including empowerment trainings, health education lectures and others.
- (7) Computer lab which hosts several computer courses.
- (8) Library that contains more than 1000 book.

i. 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 schools.

Accordingly, 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 December 24 to January 30, 2011. About 60 children benefited from the activities.

ii. Puppet Theatre

During the year 2012, 15 puppet shows were conducted in different locations (Gatherings and UNRWA schools). Around 1200 children were shown different shows with different topics (The immigrant fly, Eye Care).

During this year 1 new team was trained on puppet performance. Together with the two existing teams, these groups of youth are making the puppet performances for the children.

iii. 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.

iv. Football Team

The Palestinian gatherings in Beirut have formed a football team called Jenine. 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.

PARD supported the team who currently plays in PARD's name with a package of costume which includes sport shoes, games uniform, and pajama in addition to a set of balls.

10 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.

STRATEGY THREE

ORGANIZATIONAL DEVELOPMENT

Goal:

Increase PARD's organizational Effectiveness, performance And service quality

➢ Program one: ORGANIZATIONAL DEVELOPMENT

This strategy has the following objectives:

- 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

PARD's continuance in services delivery due to the needs of the targeted community (not covered by UNRWA not Lebanese authorities) does not hinder its development program.

This is shown in the new document reflecting PARD's strategies whereby PARD restricted some of direct services (project of solid waste collection on Shatila was terminated, clinic activities were will be gradually merged) while expanding a new strategy focusing on women and youth called Gender Equality and Women Empowerment.

PARD's administrative board was selected last year for a mandate of two years. They continue practicing their responsibilities in approving and developing policies, monitoring, and counseling/ supporting the executive board of PARD. A new board should be elected during the last quarter of 2013. This board meets at least twice per month.

The **Executive Board** consists of the Director, Human resources officer, Administrative & Financial Coordinators, Coordinators of the Women & Youth Empowerment Programs. They meet regularly to monitor and evaluate the programs. They also raise their recommendations to the Administrative Board whenever needed.

The **financial procedures** document was put into action at the beginning of 2012. The financial and Administrative coordinators operate within the stipulations mentioned in this document.

The document related to the **statutes**, **bylaws**, procedures, policies and forms completed in 2010 is applied by all the members of PARD.

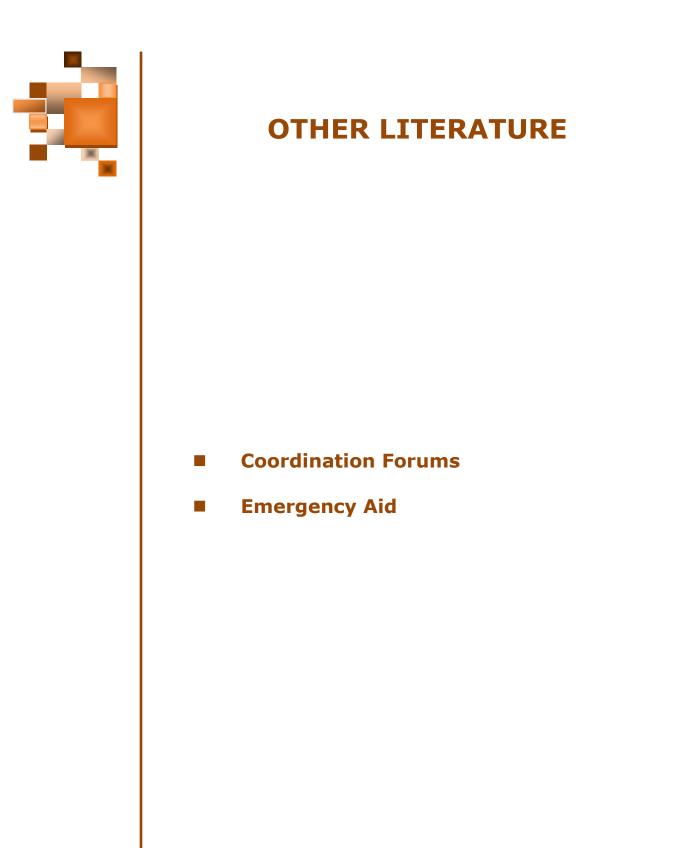
Qualified and sufficient staff is recruited with clear job descriptions. We currently have qualified and experienced staff covering all positions especially key positions (ex. Project coordinators, HR coordinator, Procurement coordinator, financial officers, all with clear job descriptions).

For a systematic knowledge management system, we use both soft ware & hard ware systems.

A new strategic plan 2012 – 2014 was prepared in 2012.

A **document on PARD's emergency preparedness and response** was prepared in the month of January 2012. At the beginning of 2013, we will be adding the scenario of Syrian refugees in Lebanon before it is finalized

Moreover, an agreement has been reached with another partner, solidaridad International of Spain, to sponsor a **Gender Audit for PARD** starting January 2013.



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".

Emergency Aid

INTRODUCTION: The Relief Phase of Syrian & Palestinian Syrian Refugee families in Lebanon upon the Syrian crisis starting August 2012

Two years after the start of the conflict, on 15 March 2013, the total number of registered refugees and individuals awaiting registration is 1,129,019. This includes 8,262 Syrian refugees registered in North Africa. This does not include Palestinian refugees, who are estimated at 32,000 in Lebanon and 4,000 in Jordan.

In Lebanon, UNHCR reported 517,380 Syrian refugees in Lebanon, 445,043 registered and 72,337 scheduled to be registered ('pending'). Estimates for 2013 (and for RRP5); 1 million registered Syrians from Syria + 100,000 unregistered + Lebanese returnees + PRS. Current average waiting time for registration is 50 days. UNRWA reported more than 57,000 PRS



are now registered in Lebanon. UNRWA estimates only a tiny number of PRS are now not registered. Both agencies are expecting numbers of refugees in Lebanon to increase.

The volatile situation in Syria has led to an increase in the number of Palestine refugees fleeing to Lebanon, now approximately 57,000 individuals (7 June 2013). In Lebanon, Palestine refugees from Syria are dispersed in Saida (30 per cent), northern Lebanon (15 per cent), Beqa'a (23 per cent), central Lebanon Area (17 per cent) and Tyre (15 per cent). Especially since Yarmouk camp, Syria's biggest Palestinian refugee camp, became battle ground for the two groups in December 2012, there has been a large increase in Palestinians fleeing Syria. So far, Palestine refugees, and the PLO, have taken a neutral political stance and are not partaking in the fighting.

The majority of Palestine Refugees from Syria (PRS) seek refuge in the existing Palestinian refugee camps and/ or gatherings in Lebanon. Most are being hosted by host families, around 70-80% according to ON's partners, though UNRWA is estimating it around 50-60%. The local capacity of local communities to host more refugees is becoming exhausted. Shelter is the main problem as 3-5 families share a small space (10-20 people) with minimal facilities. Issues of privacy have been raised by both men and women. Women that are staying in an old school in Ein El Hilweh camp say that they are staying in the same space with 30 families and they only have two bathrooms¹. They further have to share one kitchen with all families. Other families stay in garages, storage room, unfinished buildings, etc. that are not suitable living spaces. Some Syrian families are also staying in the Palestinian camps and gatherings, though the exact numbers are unclear. Oxfam Novib's partner PARD is active in the South and Beirut gatherings and has counted 947 Syrian families in these geographical areas (01 March 2013).

People with specific vulnerabilities such as chronically ill, wounded, (pregnant) women and the elderly, people with disabilities and children need specific attention.

UNRWA continues to provide cash assistance, clothing and food vouchers to vulnerable Palestine refugee families from Syria, many of whom are entirely dependent on humanitarian assistance and the host community to survive, though not on a monthly basis and it is not clear how long UNRWA can continue to cover the needs of 100% PRS families. Accommodation is the most pressing need of Palestine refugee families from Syria. Though according to beneficiaries Oxfam Novib has spoken to, they received a one-off cash grant of 130 USD and then another of 20 USD/ family member.

UNRWA's alternative education modalities programme says to ensure that approximately 2,700 Palestine refugee children from Syria are able to continue their education despite displacement. ANERA's need assessment indicated that: school enrolment rate for those who have been in the country for more than six months is 55% and its 29% for those who have been in Lebanon for one to six months, and 16% for those who have been in the country for less than one month. Vulnerable Palestine refugees from Syria are also provided with UNRWA basic health services. The Agency is planning to enhance the environmental health and sanitation systems in camps of host communities where there is overcrowding.

It is expected the situation inside Syria will not change soon and that the humanitarian needs will grow.

PARD decided to get involved in the relief operation for those refugee families starting July 2012. At the beginning, PARD took the following actions:

- 1. The team of PARD conducted a new rapid needs assessment to define the basic needs of those families.
- 2. The team of PARD visited all the refugees in the targeted areas (Beirut & the South) for new statistics regularly.
- 3. The team of PARD contacted certain donors to obtain support for implementing relief projects for the welfare of the targeted refugees.

The beneficiaries stated their problems and numerated their needs which were recorded in the needs assessment report. The priority needs requested by the people included:

- Primary health care and hygiene kits
- Awareness on health subjects related to personal and general hygiene, scabies, head lice, water pollution, food preservation, measles, breastfeeding, and nutrition.
- Winterization
- Food support

As a result, PARD decided that the key objective of the project implemented will be to better the health of about 3600 Syrian refugees in six locations in Lebanon through medical services, preventive measures, and eating well. This project included the following activities:



Activity one: Support Syrian and Palestinian Syrian refugee families residing Beirut and the South through distributing 1472 <u>Hygiene kits</u>, 1335 <u>food kits</u>, 986 <u>blankets</u>, 600 <u>women kits</u>, 250 <u>newborn kits</u> & 600 <u>kids kits</u>. In addition to 493 <u>outer clothes</u>.

Activity two: Support Syrian and Palestinian Syrian refugee residing in Beirut and the South through providing medical services.

In the South, About <u>600 Syrian patients</u> benefited from treatment through the doctor and about 300 women were treated or referred to a gynecologist through the midwife. The midwife is certified to treat genital inflammations and prenatal care. Women who need to be examined by the ultra sound were referred to PARD's gynecologist who works in three of PARD's centers near the locations where the Syrian and Palestinian- Syrian refugees are located.

In Beirut, PARD's Polyclinic treated <u>150 Syrian patients</u>, and the Women's Health Center treated about 100 Syrian women. Age group of children treated ranges from 0 - 13 years. Prevalent diseases among them included common colds, Allergies, asthma and diarrhea. Among women cases of papiloma and genital inflammations were treated. Pre-natal care was provided by check-ups on pregnant women to monitor pregnancy development and complications. Suitable medications and vitamins were administered.

<u>Activity three</u>: Support Syrian and Palestinian Syrian women residing in Beirut and the South through providing <u>health</u> <u>education</u> sessions for women on personal hygiene and other related subjects.

PARD's health educators provided <u>240 health lectures to 600</u> <u>women</u> from among the Syrian & Palestinian-Syrian refugees in the South & Beirut.



<u>Activity four</u>: Support Syrian and Palestinian Syrian refugee children residing in Beirut and the South through **<u>psycho social</u> <u>activities</u>**.

24 Puppet theatre performances were conducted in 12 gatherings during the months of October and November 2012 as such:

In addition, together with a Syrian NGO called "Sardeh", we established a **<u>kindergarten</u>** for Syrian children aged 3, 4, and 5 years in PARD's center of activities in Sabra (Beirut). We are securing about 77 children in a safe environment while teaching and entertaining them (active learning), instead of keeping them in the streets without proper supervision.



ANNEXES



Annex 1: Indicators of mother & child care

program

Annex 2: Patient Satisfaction Survey

Annex 1: Indicators of mother & child health care program

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

1- Frequency of Diseases:

- About 51% of the patients who visited the clinics were children below 12 who suffered from diseases like Influenza, Common Cold, Gastroenteritis, Tonsillitis, Diarrhea and Pneumonia.
- About 7.5% of the patients visited the General Practitioner to treat seasonal diseases like diarrhea, cold and pneumonia.
- About 7.3% visited the Dermatologist to treat diseases like Acne.
 The remaining 11.2% visited the Cardiologist (High blood pressure, Heart Diseases) Endocrinology (Diabetes) Ophthalmic (Eye Disorders) Orthopedics (Arthritis).
- About 23% of the patients who visited the clinics were women who received pre and post natal services in addition to gynecological services.

2- Immunization:

- About 63 % of children(Less than 5 years old) who visited the Clinics received various vaccines (D.P.T - Hepatitis A - Hepatitis B - MMR - Meningitis - Poliomyelitis - Chicken pox - Vaxigrip - Typhim).
- The remaining 37% of the children are either vaccinated at UNRWA clinics, private clinics or governmental clinics.

3- <u>Type of Delivery:</u>

About 14% of the pregnant women when asked how they delivered in previous pregnancies answered that they had a C-Section because of problems during pregnancy. They were then informed by the midwives about the dangers of this operation that it should not be repeated more than 4 times with a time interval of 3 years between each pregnancy and operation because it can cause surgical adhesions.

4- Age Group-Patients:

About 85% of the pregnant women were under 38. They had regular tests and examinations during their visits.

About 15% of the pregnant women were above 38. These patients were monitored over the period of pregnancy and undertook many tests to ensure that the baby is normal especially Amniocentesis Test for: Anencephaly, Down Syndrome (Trisomy 21, Trisomy 13, Trisomy 18, Rare, inherited metabolic disorders, Spina Bifida, Infection, Rh incompatibility). Although it is not advisable for a woman to get pregnant after 35 some of these patients either married late and having their first child or they had an In vitro fertilization because they had problems in conceiving. These women were given all the necessary information and care at the clinic.

5- Frequency of Pregnancy:

About 4% of the patients at the clinics had a year or less time interval between each pregnancy. This led to many health problems because the amount of iron and minerals was not sufficient. These women were advised by the midwives to have at least 2 years time interval between each pregnancy.

6- Contraceptives:

40 days after delivery 88% of the women came for a check-up visit and asked for a contraceptive.

42% use IUD (intra uterine device)

52% use Pills because they are below 35

6% prefer using condoms or abstinence

7- Prenatal Follow up Visits:

94% of the pregnant women visited the doctors regularly for the monthly check-up. While the remaining 8% needed advice and information from the doctors and midwives about the importance of these visits for their health and the baby's health that's why when they visited the clinics the doctors and the midwives

8- Postnatal Follow up Visits:

88% 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- Screening Tests : (HIV, HBs Ag, Toxoplasma)

Every pregnant woman who visited the clinic underwent the HIV screening test to ensure that she wasn't affected because during delivery there's a risk on the doctor and medical team who will deliver her. In 2012 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 isn't affected because during delivery there's a risk on the medical team who will deliver her. After delivery she had to take special medications and the baby vaccinated and given a preventative dose. In 2012 there were 3% of patients with HBs Ag in our clinics.

Every pregnant woman who visits the clinic underwent the Toxoplasma screening test to ensure that she isn't affected because Toxoplasma affects pregnancy. It can either cause a miscarriage or the baby to be born blind, deaf or mentally retarded. If the woman was affected then she should take Rovamycine for 9 months. In 2012 there were 3% of patients with Toxoplasma in our clinics.

10- Blood group:

All the pregnant women who visited the clinic were subjected to a blood group test to ensure safe pregnancy and delivery because of Rh Incompatibility.4% of the pregnant women were Rh negative and were given treatment because their blood group was incompatible with the baby's.

Rh incompatibility usually isn't a problem if it's the mother's first pregnancy because, unless there's 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 because too many RBCs have 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.

Annex 2: Patient Satisfaction Survey

For the purpose of evaluation, a patient satisfaction survey was conducted in June 2012 for PARD's clinics in Beirut and the South. The community health workers and women committees filled up 150 questionnaires. The results of the first Patient satisfaction survey show that:

- The answers of question number one show that the most frequented clinic in the area are PARD's clinics (90% in Sabra, 92% in women's health center, 100% in Wasta, 91% in Shabriha, 93% in the mobile clinic).
- The answers of question number two indicate the need for medical services. The highest number of patients questioned answered positively (83% in Sabra, 91% in women's health center, 79% in Wasta, 80% in Shabriha, 82% in the mobile clinic). So the clinics provide needed health care services.
- In answer to question number three the most visited medical center was PARD's clinic (80% in Sabra, 79% in women's health clinic, 80% in Wasta, Badda, 70% in Shabriha, 65% in the mobile clinic).
- The answers to question number 4 show that the most of the patients(88% in Sabra, 85% in women's health clinic, 95% in Wasta, 90% in Shabriha, 89% in the mobile clinic) 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 question number five, most of the patients (95% in Sabra,96% in women's health center, 94 % in Wasta ,95% in Shabriha,88% in the mobile clinic) answered that the problems were solved by visiting the clinic.
- In answer to question six (28% in Sabra, 21% in women's health clinic, 19% in Wasta, 39% in Shabriha,60% in the mobile clinic)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 program, opening hours, and costs of services.
- Most of the patients recommended that : In Sabra Polyclinic:
 - Dentist
 - Psychiatrist
 - Physiotherapy
 - In Women's Health Clinic:
 - Delivery Room
 - In Wasta Clinic:
 - Medicine
 - More Specialists
 - In Shabriha Clinic:
 - More Medicine
 - In the Mobile Clinic:
 - More medicine
 - Ultra Sound
 - Gynecologist