POPULAR AID FOR RELIEF AND DEVELOPMENT ANNUAL REPORT

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POPULAR AID FOR RELIEF AND DEVELOPMENT



PARD

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Table of Contents

Introduction	4
Mission & Vision	5
Values & Principles	6
Beneficiaries	7
Core Strategies of PARD	15
Strategy One: Public Health	16
 Environmental Health Program Health Education Program Mother and Child Health Care Program 	19 28 46
Strategy Two: Community Empowerment	70
Empowerment Program:	74
 Empowerment of Community Empowerment of Women Empowerment of Youth 	75 79 83
Volunteers	94
Strategy Three: Organizational Development	96
Relief Program	94
Other literature	105
Capacity BuildingCoordination Forums	106 109
Annex	110

INTRODUCTION

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

The Popular Aid for Relief and Development **(PARD)** is currently working on local community empowerment, gender equality, human rights, local governance, reproductive health, environment, youth concerns, women concern, and children education.

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

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

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

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

PARD intends to use the following conceived strategic plan to focus its energy and ensure that all the members of the organization are well motivated and guided to achieve the goals and values of the organization. The end result of the planning process has been highlighted by a set of fundamental decisions and priorities.

On the other hand, **PARD** realizes quite well that for the plan to run successfully and smoothly, the commitment of the administrative board and staff members towards the process is extremely essential. PARD is also committed to developing the capacities and well being of its staff and volunteers as it believes that people are the most valuable asset the organization has.

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

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

Mission

The Popular Aid for Relief and Development is a grassroots, non-profit, 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. Also PARD 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 & 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 country .Over 400 000 Palestinian refugees are registered in Lebanon, representing nearly ten percent of the country's population .Unlike neighboring Syria and Jordan, the discrimination exercised by the Lebanese authorities denies Palestinian refugees equal rights with both the Lebanese population and other residing foreigners. As such, Palestinians in Lebanon are segregated; subjected to not only a legal void but also to a state of exception .

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

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

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

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

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

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

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

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

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

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

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> is that it:

1. has a population of Palestinian refugees, including Palestinian refugees who a reregistered by UNRWA and/or the Lebanese Government, or are not registered.

2. has no official UNRWA camp status or any other legal authority identified with responsibility for camp management;

3. Is expected to have clearly defined humanitarian and protection needs, or have a minimum of 25 households; and

4. Has a population with a sense of being a distinct group living in a geographically identifiable area.

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

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 PLO and the Lebanese authorities in Cairo, 1969, where the management of the camps was on the agenda. The gatherings will often also have a Popular Committee, either responsible for one gathering, or responsible for a cluster of gatherings. The Popular Committees manage issues like water, electricity, health as well as interior conflicts inside the camps and gatherings. The committees furthermore coordinate major interventions with the Lebanese authorities. The basic principle for the formation of a Popular Committee is that a member of each political faction is represented in the committee. It has furthermore been a practice that each committee has a few independent representatives, typically well-respected elderly men with influence in the community.

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 die

Household size in gatherings

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

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

Female/male distribution

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

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

Age distribution

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

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

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

Movimondo (2005)

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

MAP (2003)

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

Readings of population pyramid from Fafo (2003)

Female headed households

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

Public land

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

Lebanese private landowner

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

Palestinian landowner

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

Land owned by Palestinian organization

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

Other arrangements

A small number of Palestinians live in a house pro forma belonging to a Lebanese citizen.

Types of houses

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

Maintenance

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

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

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

PARD's Beneficiaries

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

Beirut

Table1: Number of families and people living in Beirut gatherings and camps who benefit from PARD services

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

The South

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

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

Mount Lebanon

Table3: Number of families and people living in the Mount Lebanon who benefit from PARD services

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

Gaza Compound

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

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

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

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

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

Gatherings of the South

Sikkeh gathering

<u>Gathering profile</u>: The gathering is located in the North-eastern corner of 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 1990's and 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. They were coming from different places such as al Jiyyeh, al Mansoure and al Rashidiyeh official camp. The gathering is located by the sea coast about 15 km in the north of Tyre. The refugees settled in Itaniyeh between 1955 and

1960. They were coming from different places such as al Jiyyeh, al Mansoure and al Rashidiyeh official camp. The gathering is located by the sea coast about 15 km in the 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 a village to another in south Lebanon. They started to gather in Wasta around 1955. The gathering is located on the sea coast between Saida and Tyre.

Land Ownership: The land is public and belongs to 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), and then moved to 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 in 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 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>: Burghliyeh was created in 1948. The Palestinians moved there because they knew some Lebanese who used to work in Palestine. The gathering is divided in two areas, the northern one and the southern one. Burghliyeh south is mainly inhabited by Lebanese families and Burghliyeh north by Palestinians. The gathering is located a few km in the north of Tyre.

Land Ownership: The land belongs for half to the Lebanese government and for 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 came essentially from various villages in the south but some also came from Baalbeck in the Bekaa valley. Shabriha is located few km in the north of Tyre within the Lebanese village of Shabriha.

Land Ownership: Most of the land belongs to the municipality of Shabriha and the refugees are occupying the land illegally. Some part of the land belongs to the refugees.

Jal Al Bahar & 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.

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

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 refugees displaced from Palestine in 1948 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

To accomplish its mission, PARD has chosen to take up the following three core strategies for the next three years (2009-2012). While the first two strategies are programmatic and operational, the third strategy addresses PARD's organizational development directly but also supports 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 when using proper identification, formulation and implementation approaches.

OVERALL GOAL

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

PROGRAM STRATEGIES

I. Strategy One: Public Health of Palestinian Population

Areas of focus (Entities): Mother & 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, garbage collection, vector control, infrastructure development, environmental health hazards control, health consultations, advocacy, policies, biostatistics, nutrition, etc.

II. Strategy Two: Community Empowerment

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

ORGANIZATIONAL DEVELOPMENT STRATEGIES

III. Strategy Three: Organizational Development of PARD

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

STRATEGY ONE

PUBLIC HEALTH

Of the Palestinian Population

Goal: Improve the physical, mental and social 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

Objectives of strategy one:

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

Competitive Advantages of the Strategy:

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

Components of Strategy one:

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

Program 1: Environmental Health

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

Program 2: Health Education

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

Program 3: Maternal and Child Health

i. Preventive & Curative Health

Rationale of Strategy One:

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

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

I. Environmental Health

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

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

II. Health Education

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

III. Maternal and Child Health

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

To successfully achieve all the above interventions, PARD plans to empower and motivate its human resources so they would be enabled to deliver high quality services. PARD also realizes that sustainable change can become a reality only if the local Palestinian communities are actively involved in the planning, implementation and the monitoring of the health related issues. These issues, however, must be clearly defined and standardized. PARD, as such, will use a six-step management framework that aims to enhance participation in the assessment, control, implementation and evaluation of all relevant problems, risks, options, decisions, action and evaluation.



PROGRAM ONE: ENVIRONMENTAL HEALTH PROGRAM



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

Introduction

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

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

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

In line with the Millennium Development Goals (MDG), especially the 3rd (promoting gender equality & empowerment of women) and the 7th (environmental sustainability) 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 making sure that they are aware of, amplify and sustain their rights, resources and opportunities in which they are entitled to and work towards receiving them.

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

Usually, it is the role of the government to provide these services, however, in the case of the Palestinians living in official camps, it is UNRWA that provides these services (albeit insufficiently) and in the case of Palestinian refugees living in unofficial gatherings and areas that are geographically located outside the UNRWA mandate, neither the Lebanese government nor UNRWA provide services. In some of these areas it is PARD that acts in place of the local municipality.

Interventions of Environmental Health Program

The interventions of the Environmental Health Program are:

- 1. Water Supply: includes the following activities:
 - a. Maintenance of water network
 - b. Water Network installation
 - c. Pumping out wastewater, cleaning manholes, installation & maintenance of waste water network

2. Solid waste management: this project includes regular solid waste collection at the household level, in addition to cleaning public zones. About 4108.4 tons of domestic wastes were collected from Shatila camp in Beirut and eight south gatherings near Tyre. **13425 people benefited from this project** (see annex No.1).

3. Rodent & vector control: this activity aims at controlling the numbers of harmful insects and rodents carrying diseases and spreading them. In the year 2009, about 35,800 m3 of pesticides were sprayed during the campaign spreading from mid May till the end of August in 10 gatherings in the South, 3 gatherings in Beirut, in addition to shatila camp. Moreover, 833 anti-lice shampoo bottles were distributed to combat head lice, together with proper instructions.

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

Activities

Activities of the interventions were as follows:

1. Water Supply

1.1 Maintenance of water network

In <u>Beirut Area</u>: The maintenance activities were as follows:

- 10 water pipelines were maintained in Shatila Camp
- 2 water pipeline hinges were maintained in Shatila Camp
- 1 water pipeline was maintained in the Gaza gatherings
- 5 water pipelines were maintained in Said Ghawash
- 2 water pipelines maintained in Daouk
- One water pipeline was maintained in Maashouk
 - i. Disinfection of water network: Water system was maintained and activated in Maashouk, Burghuliyeh, Qasmiyeh, Wasta and Aitaniyeh.
 - ii. Water supply lines:
 - a. Shatila camp:
 - i. 3m of supply lines were maintained
 - ii. 5 pipe fittings were maintained
 - b. Maashouk : 60m of new water pipelines were installed
 - c. Shabriha : maintenance of roof of water treatment plant
 - iii. Water wells: One water well was maintained in Shatila camp, Maashouk and Qasmiyeh. The cover of water well was maintained in Shabriha.
 - iv. Water Tanks:
 - a. Shabriha : The water tanks in Shabriha were cleaned
 - b. Burghuliyeh : The water valve of a water tank was maintained
 - v. Chlorination Pumps: The chlorine pumps in Maashouk, Qasmiyeh, and Wasta were maintained.

1.2 Water network installations:

i. Water pipelines:

Shatila camp:

- 1. 31m of new water pipelines were installed
- 2. Pipe fittings were installed, 1 inch, 34 inches
- 3. Aitaniyeh: 2 meters of water pipes were installed & the valve maintained for the well
- ii. Water pumps:
 - Salwa El Hout gathering: 1 well pump was maintained

iii. Water testing to monitor drinking water quality:

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

- **a.** Shabriha: One water quality test was done to test for the effectiveness of a trial that is being done for a bio-sand filter
- **b.** Burghuliyeh: Two water quality tests were done with the aid of ANERA

Water tests in the gatherings

Location	Frequency of tests	No. of samples
Maashouk	5	18
Shabriha	5	17
Burghuliyeh	5	17
Qasmiyeh	5	17
Wasta	5	14
Aitaniyeh	5	14

1.3 Pumping out of wastewater, cleaning manholes, installation 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 driver in return for low fees.

i. Pumping of wastewater:

- a. Gaza buildings: wastewater was pumped out once
- b. Shatila: wastewater was pumped out 4 times, 6 m3 from one shelter
- c. Wastewater was pumped out from manholes 3 times in Qasmiyyeh gathering
- d. Wastewater was pumped out from manholes once in Jal Al Baher gathering
- e. Wastewater was pumped out from manholes 4 times in other locations

ii. Manual cleaning of manholes:

- a. Gaza buildings: 7 manholes were cleaned
- b. Shatila: 11 manholes were cleaned
- c. Saeed Ghawash: 171 manholes were cleaned
- d. Daouk: 36 manholes were cleaned
- e. Sabra: 1 manhole was cleaned

iii. Mechanical pumping out of wastewater from manholes

Beirut Area:

Wastewater was pumped out from manholes 1 time in Shatila Camp

The South:

- Wastewater was pumped out from manholes 4 times in Maashouk gathering
- Wastewater was pumped out from manholes 5 times in Shabriha gathering
- Wastewater was pumped out from manholes 3 times in Kfar Badda gathering
- Wastewater was pumped out from manholes 1 time in Rashidiyyeh camp
- Wastewater was pumped out from manholes once in Burghuliyeh gathering

iv. Cleaning of wastewater network

- *a.* Removal of sludge and solid waste from wastewater pipelines Beirut Area:
 - Sludge and solid waste have been removed 68 times in Saeed Ghawash gathering from wastewater pipelines
 - Sludge and solid waste have been removed 4 times in the Gaza displacement centers from wastewater pipelines
 - Sludge and solid waste have been removed 92 times in Daouk gathering from waste water pipelines
 - Sludge and solid waste have been removed 3 times in Sabra from wastewater pipelines
- **b.** Installation of new wastewater pipelines: Beirut Area:
 - 7 new wastewater pipelines were installed in Shatila Camp
- c. Installation of new wastewater pipeline hinges
- **d.** Maintenance of existing waste water network:
 - Gaza buildings:
 - i.1. 1 manhole was maintained
 - ii. Saeed Ghawash gathering
 - ii.1. 4 wastewater lines were maintained
 - ii.2. 15 manholes were maintained
 - iii. Other (Center for Palestinian Youth):iii.1. 6 manholes were maintained
- e. Rehabilitation of private toilets: Gaza buildings: 1 toilet was repaired

f. Suction of Percolating Pits:

Location	No. of Percolating Pits
Rachidiyeh	53
Wasta	11
Maashouk	21
Kfar Badda	15
Burghuliyeh	15
Al Bas	15
Shabriha	14
Qasmiyeh	5
Jal Al Bahar	4
Total	153

2. <u>Solid waste management</u> 2.1 Collecting, hauling and disposal of solid waste

Beirut Area:

- 1881.21 tons of domestic solid waste was collected and transported from Shatila camp in Beirut by one truck, on a daily basis. This service benefits 16000 people living in Shatila.
- 114.07 tons of domestic solid waste from Gaza 4 gathering have been collected and transported.
- 2227.2 tons of domestic solid waste was collected and transported from the Southern gatherings of Kfar Badda, Jim Jim, Wasta, Aitaniyyeh, Qasmiyeh, Shabriha, Burghuliyeh and Maashouk by two trucks, three times per week. These wastes were transported to a designated dump in Tyre city that is simultaneously used by UNRWA and Tyre municipality. This service benefits 13425 people living in these gatherings.

2.2 Cleaning of the public zones

Beirut Area:

- Common areas in Sabra area were cleaned once and the common areas near UNRWA office in Shatila camp were cleaned once.
- The stairs, entrance of buildings, halls and pathways in the four Gaza buildings were cleaned on a daily basis by two full-time laborers.
- The Daouk zone near the nursery was cleaned once every 6 months from accumulated rubbish.
- 18m3 of Debris was removed from Shatila.
- 36m3 of debris was removed from Gaza buildings.

3. Rodent & vector control

3.1 Spraying of pesticides

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 four spraying campaigns in each of the 9 gatherings in the South and five gatherings in Beirut. A time lag of 1 month is taken between the initial spraying campaign and the second whereby afterwards, a 10-day time lag is required. Concerning the quantity of pesticides dissolved in water, instructions are followed in accordance to the brand used, as defined by the country of origin.

Beirut Area:

- 7940 m3 of pesticides were sprayed in Shatila Camp
- 2900 m3 of pesticides were sprayed in the Gaza displacement centers
- 1560 m3 of pesticides were sprayed in Saeed Ghawash gathering
- 1000 m3 of pesticides were sprayed in Daouk gathering
- 800 m3 of pesticides were sprayed in Salwa El Hout gathering
- 1400 m3 of pesticides were sprayed in other areas

South Area:

- 2400 m3 of pesticides were sprayed in Maashouk gathering
- 4000 m3 of pesticides were sprayed in Shabriha gathering
- 5000 m3 of pesticides were sprayed in Burghuliyeh gathering
- 5000 m3 of pesticides were sprayed in Qasmiyeh gathering
- 2000 m3 of pesticides were sprayed in Wasta gathering
- 1200 m3 of pesticides were sprayed in Aitaniyeh gathering
- 3200 m3 of pesticides were sprayed in Jal al Bahar gathering
- 1200 m3 of pesticides were sprayed in Kfar Badda gathering
- 1200 m3 of pesticides were sprayed in Jim Jeem gathering
- Targeted pests are mosquitoes, flies, flea and other pests

 200 extra Liters of pesticides are always sprayed after cleaning of public zones in Shatila camp and Gaza buildings

3.2 Rodent Control:

Schedule of Rodenticides distributed – 2009 – Beirut and South Gatherings

Location	No. of Bags Distributed
Shabriha	754
Wasta	341
Burghuliyeh	487
Aitaniyeh	161
Sikkeh	202
Qasmiyeh	303
JeemJeem	54
Kfar Badda	211
Jal Al Bahar	158
Said Ghawash	40
Gaza Building	20
Shatila	754
Daouk	20
Total	3505

Lice Control:

Anti lice Shampoo – Beirut and South Gatherings – 2009

Location	No. of Bottles Distributed
Aitaniyeh	17
Burghuliyeh	163
Jeem Jeem	26
Shabriha	117
Wasta	81
Jal Al Bahar	100
Qasmiyeh	101
Sikkeh	92
Shatila	24
Gaza Buildings	12
Sabra	10
Kfar Badda	38
Maashouk	38
Daouk	4
Ain El Hilwe	10
Total	833

Tooth Brushes:

Location	No. of Tooth Brushes Distributed
Jal Al Bahar	10
Qasmiyeh	100
Maashouk	
Burghuliyeh	60
Wasta	34
Kfar Badda	24
Total	228

Hygiene Napkins:

Location	No. of bags distributed
Shabriha	10
Burghuliyeh	6
Sikkeh	13
Wasta	8
Total	37

Diapers – South and Beirut:

Location	No. of Diapers Distributed
Aitaniyeh	21
Burghuliyeh	23
Qasmiyeh	77
Shabriha	4
Wasta	5
Sikkeh	12
Jal Al Bahar	20
Maashouk	7
Total	169

Detergents and Skin Moisturizers:

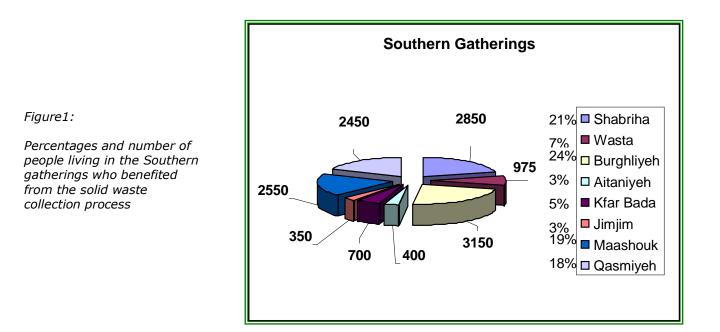
Location	No. of Detergents & Skin Moisturizers Distributed
Wasta	8
Shabriha	10
Burghuliyeh	6
Sikkeh	8
Gaza Building 2 (Beirut)	27
Total	59

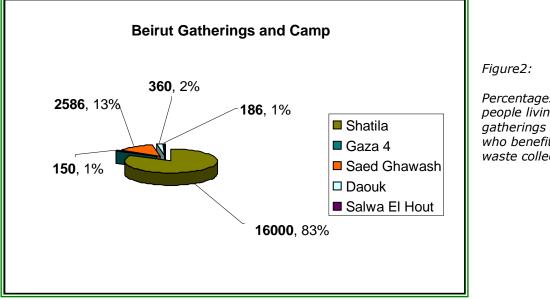
Collecting garbage in the South



Collecting garbage in Shatila camp







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



PROGRAM TWO: HEALTH EDUCATION



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

Introduction

Health education is essential if people are to learn how to live healthy lives and avoid diseases. It helps then understand what health is and how to look after it, and also about the need for health services and diseasecontrol programmes. Health education can show people that good health and health services are a basic human right; 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 goes for check up at an early stage. It can help them co-operate in reporting diseases in surveillance programmes for such diseases as measles, rabies and malaria.

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

Interventions of Health Education Program

The interventions of the Health Education Program are as follows:

1. Behavioral change:

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

2. Participation & Peer Education:

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

3. Capacity Building

- 3.1. Water caretaking
- 3.2. Human rights with focus on refugees
- 3.3. Recycling of materials

Activities

Activities of the interventions were as follows:

1. Behavioral Change

1.1 Health Education provided by PARD's community health workers

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

	Participants	Groups	Lectures
Women	941	61	202
Children	406	22	51
Youth	89	6	8
Total	1436	89	261

Health Subjects introduced to <u>women</u> focused on reproductive health, children diseases, chronic, protecting the environment, contagious diseases, hazards of smoking and fireworks, benefits of different fruits and vegetables.



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

Those introduced to <u>youth</u> focused on drug addiction, men struation and puberty.

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

Health education aims at informing people, changing the behavior and combat wrong beliefs. Some wrong beliefs circulated among the woman in the community:

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

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

Health Education lectures Conducted by PARD's community health workers were as follows:

Location	No. of Groups	No. of Participants	No. of lectures	Subjects
Burghuliyeh	11	83	22	Breast feeding – Diarrhea – Genital
Jal al Bahar	5	40	9	inflammations – Nutrition during
Shabriha	6	63	14	pregnancy – nutrition of new born –
Kfar Badda	3	21	9	Hazards of giving sedatives to babies
Sikkeh	4	27	13	 Diabetes – Nutrition pyramid
Wasta	6	55	14	Osteoporosis- Hypertension- Home
Ezieh	2	15	2	accidents- Hazards of fireworks-
Maashouk	1	12	3	Hazards of insecticides- Vaccination-
Aitaniyeh	3	24	5	Breast cancer- Pap smear-
Total	41	340	91	Cholesterol- Essential Drugs- Puberty- menstruation- Children rights- anemia- pregnancy- common colds- Hazards of smoking- Healthy food- Mumps- Physiology of women- Benefits of vegetables- Thyroids

Health Education - Women - South 2009

Health Education – Women – Beirut 2009

Location	No. of Group	No. of Participants	No. of Lectures	Subjects
Shatila	1	6	13	Early Marriage - Jaundice -
Daouk	3	48	2	Genital Inflammations –
Gaza Building 4	1	12	1	Breast Cancer – Uterus
CDC center	1	25	1	Cancer – Diarrhea –
Said Ghawash	3	45	2	Typhoid – Sexual Abuse
Total	9	136	19	

Health Education- Women – Dbayeh 2009

Location	No. of	No. of	No. of	Subjects
	Participants	Groups	Lectures	
Dbayeh	12	1	62	Poliomyelitis – white phosphor- Alzheimer- hazards of melamine- menstruation- spring allergies – arteriosclerosis- Digestive system- Thalasymia- sunstroke – skin cancer- pneumonias- Involuntary urination- Hepatitis B- Cholera- Plague- Diarrhea- Vomiting- dehydration- Benefits of chicken-pea - Benefits of Plants - Benefits of onions- varicose - Nutrition- Benefits of Immunization- Benefits of bananas- Scleroses en plague – psoriasis – Benefits of apple vinegar and oil – pneumonia - common colds – Goat Flue

Location	No. of	No. of Participants Males Female		No. of	Subjects	
Location	Groups			Lectures		
Oseraiset	2	21	S	2	Development I block i sur s	
Qasmiyeh	2	21	19	2	Personal Hygiene-	
Shabriha	3	15	30	7	nutrition pyramid-	
Wasta	3	15	25	4	Hazards of fireworks-	
Burghliyeh	2	12	18	7	sunstroke- proper	
Sikkeh	2	18	14	6	health habits-	
Kfar Badda	2	10	12	5	primary teeth care- children rights- home	
Total	14	91	118	31	accidents	
		2	09	51	accidents	

Health Education – Children – South 2009

Health Education – Children – Beirut 2009

Location	No. of	No. of Participants		No. of	Subjects
	Groups	Males	Females	Lectures	
Shatila	1	3	10	8	Primary Teeth Care –
					Sunstroke – Nutrition – Proper
					Health Habits – Merits of Fruits
CDC	3	22	18	5	Primary Hygiene- Puberty –
Center					Nutrition during Fasting
Total	4	25	28	13	
		53			

Health Education – Youth – South 2009

Location	No. of	No. of F	Participants	No. of	Subjects
	Groups	Males Females		Lectures	
Qasmiyeh	1	7	-	1	Drug Addiction –
Shabriha	1	11	5	2	Essential Drugs-
Kfar Badda	1	10	7	2	Common Colds-
Wasta	1	3	7	1	Menstruation-
Total	4	31 19		6	Puberty
			50		

Health Education - NGO's - South 2009

Name of NGO	No. of P	articipants	No. of	Subjects
	Males	Females	Lectures	
Saida Municipality (Ajyal + Unicef)	7 youth	10 youth	1	AIDS – Proper
Community Development	8 youth	14 youth	1	Health Habits –
Organization				Common Colds –
Najdeh (sikkeh)	-	28 women	1	Hypertension –
Unifel Dispensary Shabriha	7 men	25 women	3	Essential Drugs – Home accidents
Unifel Dispensary Burghuliyeh	11 men	67 women	5	– Breast Cancer
Unrwa School Nakura	32 0	children	1	– Osteoporosis –
Palestinian Women's Union KG-	-	9 women	4	Chicken pox
Shabriha				4
Total		218	16	

Name of NGO's	No. of Participants	No. of Lectures	Subjects
The Future K.G	57	4	Sunstroke – Home Accidents – Early Marriage
Developing Elderly Welfare	35	1	Nutrition
Somoud	115	6	Primary Teeth Care – Genital Inflammations- Jaundice- Nutrition
Land of Child hood	35	1	Nutrition
Najdeh	40	2	Genital Inflammations- Proper Health Habits
Philanthropic Welfare Association	42	3	Nutrition – Puberty - Breast Cancer
Total	324	17	

Health Education - NGO's - Beirut - Women 2009

Health Education NGOs – Beirut – Children 2009

Name of NGO's	No. of Participants		No. of	Subjects
	Males	Females	Lectures	
Philanthropic Activities	2	33	1	Proper Health Habits
Association				- Primary Teeth
The Future K.G.	30	35	2	Care – Personal
NPA Center Shatila	5	7	3	Hygiene – Nutrition
Total	37	75	G	
	112		6	

1.2 Puppet theater



PARD uses the puppet theater as a tool to convey health messages to children of ages around 7-13 years.

In coordination with Rua'a, a local NGO and UNICEF, the puppet play called the "migrant fly" was performed for the benefit of UNRWA schools all over Lebanon. 27 schools with 9229 student participants in 11 camps benefited from the "immigrant fly". The Migrant fly show is about a fly that couldn't live in a clean environment so it went to a dirty environment where she was so happy and practiced its role in transmitting diseases. The show also focuses on the proper garbage disposal methods that keep the environment clean and reduce the disease

occurrence.

Moreover, in coordination with the municipality of Saida and the forum of NGOs, eight performances showed the puppet play called "Im Ouyoun" translated as "T he Mother of eyes". The play talks about primary eye care and the danger of fireworks, especially to the eyes. One of the theatres in the municipality was used for the performance, and school children were brought over by their buses.



580 students from six schools and 40 kindergarten children belonging to one NGO benefited from the shows. Moreover, during the month of Ramadan, the municipality of Saida organized a festival at the old crusader citadel. PARD performed there twice on the play of "Im Ouyoun" benefiting 200 children.

Location	Number of performances	Level of Education	Number of participants
	1	Elementary school ages (6-11)	97 children
	1	Elementary school ages (6-11)	93
	1	Secondary school ages (11-17)	120
	1	Elementary school ages (6-11)	95
	1	Elementary school ages (6-13)	75
Saida	1	Elementary school ages (6-13)	100
	1	Kindergartens ages (3-6)	40
	2	Saida's Ramadan Festivals	200
Total	9		820

Puppet theater performances - Saida

Puppet theater performances- March/April 2009- UNRWA Schools

Area	camp	schools	No. of participants	No. of classes	No. of performances
Tyre	Al Bass	Bad El Wad	206	7	1
		Deir Yassin	238	6	1
	Rachidiyeh	Ein Asal	435	13	2
		Qadisiyeh	445	13	2
	Burj al Shimali	Sarafand	535	16	2
	Ain El Hilweh	Falouja	274	8	1
a		Qebayah	270	8	1
Saida		Nakoura	531	15	2
Ň		Mintar	644	17	3
	Miyeh Wa Miyeh	Askalan	464	15	2
	Burj Al Barajneh	Tul Karam	262	11	1
		Manshiyeh	261	11	1
		Yarmouk	270	11	1
		Khalil	251	10	1
t I		Yebnah	286	10	1
Beirut		Al Bira	273	12	1
ă –	Shatila	Al Himeh	200	8	1
		Ramallah	227	8	1
	Sabra	Baka	248	11	1
		Yaaboud	254	11	1
	Mar Elias	Kabri	228	11	1
Baalback	Al Jalil	Tabarayah	432	15	2
Tripoli	Baddawi camp	Majdal	158	6	1
		Majdu	433	13	2
		Mazar	401	12	2
		Kawkab	497	13	2
		Batouf	506	13	2
Totals 5cities	11 camps	27 schools	9229	376	39

2. Participation and Peer Education

2.1. Health Education provided by local women

Throughout years of long work raising awareness on health issues among women groups, many women became very well informed on several health subjects. Those women mostly have some medical back ground and after years of educating them, they have become good candidates to work as health educators (peer to peer education).

This training had three objectives:

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

The chosen participants came from different backgrounds in 12 gatherings. Some are married with or without children with elementary, intermediary or high school education. Others are active members in the women's committees, nurses or teachers. All had attended health education with PARD since years and participated in PARD's health and social activities. Some trained with PARD before either on combating illiteracy or empowerment, on first aid or computer, or a combination of those subjects. They chose to train on health education to better the situation in their communities through health promotion.

In the year 2009, 16 local women were trained to become local health educators conducting health promotion within their communities, in addition to one male youth (total 17).

- **1.** The criterion for choosing the participants in the training course was based on the following:
 - Ability to form a group
 - Ability to prepare health subjects from different resources
 - Ability to convey information accurately and clearly
 - Good communication skills
 - Ability to accept constructive criticism
 - Accepted and liked by the local community
 - Ability to write reports

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

2. Code of Conduct:

- Abide by the timing
- Report any absence
- Discipline during sessions

3. Means of Clarification:

These are transparencies, posters, brochures, video films and pictures. Transparencies include these subjects: program and objective of the course, materials, character of health educator, how to communicate, how to form a group, and character of the group.

4. Training

- a) Training on communication:
 - Objectives,
 - conveying information,
 - How to reach and benefit the targeted community
 - Introduction to the health subject,
 - Exchange of trust,

- Experience and information.
- b) Training Program:
 - Introduction to Health Education Materials Location Character of the health educator How to deal with groups How to form groups
- c) Lesson Plan:
 - Introduction to the subject
 - Definition of the subject
 - Causes of the diseases
 - Symptoms of the diseases
 - Mode of prevention
 - Treatment
 - Popular and traditional beliefs
- d) Means of Communication
 - Obstacles Faced
 - Elements of Effective Communication
 - Communication Channels
- e) Training on health subjects:
 - Skin Diseases (eczema, ringworm)
 - Respiratory Diseases (allergy, flu, asthma)
 - Gynecological Diseases (breast and uterus cancer, genital inflammation)
 - Contagious Diseases (hepatitis, meningitis, typhoid fever, diarrhea)
 - Chronic Diseases (diabetes, hypertension, cholesterol, heart diseases)
 - Social Issues (puberty, menstrual cycle, early marriage, hazards of smoking, drug addiction)
 - Menopause Diseases (osteoporosis, depression)
 - Neurological Diseases (epilepsy, Alzheimer, senility)
 - Newborn Issues (Pregnancy care, newborn care, breast feeding)
 - Sexually Transmitted diseases (AIDS, fungal infections, syphilis, gonorrhea)

Techniques and materials used in training included brainstorming, role playing, transparencies, videos, posters and brochures.

After training, each trainee was followed-up weekly (further training on health subjects and monitoring) by her trainer. In 2009, the trainees produced a lot of work on health promotion as such:

	Participants	Groups	Lectures
Women	436	45	397
Children	112	11	68
Youth	88	8	64
NGOs	25 children	1	3
Total	661	65	532

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

	Participants	Groups	Lectures
Women	1377	106	599
Children	518	33	119
Youth	177	14	72

In addition to the 16 local NGOs who benefited from health promotion.

Health Education conducted by trained local health educators:

	No. of	No. of	No. of	Subjects of Lectures
Location	Groups	Participants	Lectures	Subjects of Lectures
Qasmiyeh Upper Quarter	3	31	32	Diabetes- Body Fitness- Vomiting- Hypertension- Pap
Qasmiyeh Lower Quarter	3	65	29	smear- Genital Inflammations- Lice- Breast Feeding- Jaundice- Diarrhea- T.B-
Jal Al Bahar	1	10	50	Menstruation- Breast Cancer- AIDS- Heart Attack- Anemia- Water Pollution- Cholera-
Kfar Badda	8	21	31	Patient Care- Essential Drugs- Nutrition- Uterus Cancer- Common Colds- Nose
Burghuliyeh	2	8	14	Bleeding- Primary Eye Care- Miscarriage- Body Temperature- Contraceptives-
Wasta	5	60	54	Osteoporosis- Food Pollution- Primary Teeth Care- Constipation- Newborn
Aitaniyeh	1	9	9	Nutrition- Pneumonia- Hazards of smoking- Newborn care- Hazards of dieting- health
Shabriha	5	59	60	during fasting- food poisoning- Harmful insects- Hepatitis A-
Maashouk	1	13	16	Small Pox- Rheumatism- Ear Marriage- Proper Garbage disposal- Asthma – Family Planning- Pregnancy - Sexu
Total	29	276	295	Harassment – scabies – Hazards of Smoking

Health Education – South – Women – Trainees 2009

Health Education – South – Children – Trainees 2009

Location	No. of Groups	No. of Participants		No. of Lectures	Subjects
		Males	Females		
Qasmiyeh Upper Quarter	2	16	10	20	T.B – Involuntary Urination- Personal Hygiene- Nutrition-
Jal Al Bahar	1	12	8	14	primary Teeth Care –
Kfar Badda	2	5	10	2	Protection of the environment-
Burghuliyeh	2	11	12	17	Sunstroke – Hazards of
Wasta	1	6	5	3	Smoking – Health During
Shabriha	1	4	6	9	Fasting- Protection from
Maashouk	1	3	5	1	Insecticides- Primary Eye

Qasmiyeh	1	3 6		2	Care- Food Sanitation – Water
Lower Quarter					Sources – Spring allergies –
					Home Accidents – Water
Total	11	122		68	Pollution – Hazards of Fire
					Works – Common Colds

Health Education – South – Youth – Trainees 2009

Location	No. of Groups	No. of Participants		No. of Lectures	Subjects
		Males	Females		
Qasmiyeh	2	13	15	44	Hazards of smoking –
Upper Quarter					Menstruation – Jaundice –
Jal al Bahar	1	3	5	6	Family bonds – AIDS – Health
Kfar Badda	1	6	8	2	during Fasting – Personal
Burghuliyeh	2	3	10	9	Hygiene – Cholera – Drug
Shabriha	1	5	7	2	Addiction – ulcer – Social Work
Qasmiyeh	1	7	6	1	 Protection of Environment –
Lower Quarter					Diabetes – Protection from
Total	8	37	51	64	Insecticides – Spring Allergies – Water Preservation – Winter Colds – Primary Teeth Care – Immunization Puberty – Lice –
			88		Nose Bleeding – Sunstroke – Patient Care

Health Education – Women – Beirut – Trainees 2009

Location	No. of Groups	No. of Participants	No. of Lectures	Subjects
Gaza 1	4	36	25	Tonsillitis – Inner Ear
Gaza 2-3-4	4	35	27	Inflammation – Breast
Said Ghawash	4	50	28	Cancer – Uterus Cancer –
Daouk	4	39	22	Typhoid – High Body
Total	16	160	102	Temperature – Common Colds – Primary Eye Care – Spring Allergies – Mammography – pap smear

Health Education – South – Other NGO's – Trainees 2009

Name of	No. of	No. of	Type of	Subjects
Organization	Participants	Lectures	Participants	
Future Children Club Qasmiyeh	25	3	Children	H1N1 Flu – Nutrition – Hazards of Smoking

2.2. Health Campaigns

a- H1N1 campaigns (Swine flu): In May 2009, WHO announced the spread of H1N1 Influenza as an epidemic of 5-6 degrees. Immediately, the health team of PARD (community health workers and nurses), prepared materials to use in a health promotion campaign benefiting all the target groups and others aiming at the prevention and administration of this flu and started raising awareness. One month later in June 2009, the Lebanese Ministry of health admitted the occurrence of this flu in Lebanon and expressed concern from the spread of this epidemic especially among areas with population density, low hygiene level and no or little provision of health services. The Ministry also expressed concern on the reflections of the pilgrimage (Hajj) season to Mecca, the mingling of Lebanese pilgrims with others all over the world with the potential of getting inflicted with this flue and carrying it back to Lebanon. The CHWs of PARD both trained the local health education educators on the subject and formed community groups where they spread the necessary information on H1N1 flue.

The following schedule summarizes the H1N1 campaign implement by PARD's Community Health Workers:

	Participants	No. of lectures
Women	776	52
Children	297	13
Youth	141	12
NGOs	26	1
Total	1240	78

The following schedule summarizes the H1N1 campaign implemented by trained local health educators:

	Participants	No. of lectures
Women	796	96
Children	398	37
Youth	178	16
Total	1372	149

So the total numbers of beneficiaries (women, children, youth and local NGOs) in the gatherings of the South, Beirut and Dbayeh camp are:

Moreover, the health committee at Ein El Hilwe camp in Saida approached PARD concerning raising awareness on H1N1 flu in the camp. One of PARD's CHW met with committee, and they decided that the CHW would train workers in 24 local NGOs in the camp on the subject for the purposes of:

- spread awareness on prevention and recognizing symptoms of H1N1 flu in the kindergartens (training of KG teachers)
- spread awareness on prevention methods (precaution) in the clinics
- Spread awareness on prevention and recognizing symptoms among community groups in the camp.

The trainer (CHW) trained 25 health and social workers belonging to 24 local NGOs on the following:

- Objectives of the training
- How to form groups
- Communication skills
- Lesson plan
- Techniques of relaying health messages
- Evaluation

She used a power point presentation and brochures to educate the trainees on H1N1 flu. This training led to a campaign at the level of NGOs on H1N1 flu in Ein El Hilwe Camp.

H1N1 campaign conducted by PARD's Community Health Workers:

Location	No. of Participants	No. of Lectures
Jal al Bahar	12	1
Burghuliyeh	97	7
Jimjeem	21	2
Qasmiyeh	14	1
Sikkeh	117	8
Shabriha	96	6
Wasta	49	3
Kfar Badda	36	2
Aitaniyeh	8	1
Islamic Welfare Association	18	1
Unifil dispensary Burghuliyeh	30	2
Huda Shaalan K.G – Ein el Hilwe	13 teachers	1
Najdeh K.G – Sikkeh	38 mother + 3 teachers	1
Philanthropic Social Association	42 mothers + 4 teachers	1
Total	598	37

H1N1 Campaign - Women - South - Beirut 2009

H1N1 - Children - South

Location	No. of P	articipants	No. of Lectures
Location	Males	Females	No. of Lectures
Khaled Ben Al Waleed	5	65	1
Sikkeh	34	37	4
Shabriha	18	17	2
Burghuliyeh	20	39	3
Kfar Badda	6	12	1
Wasta	18	21	1
Total	101	191	12
Total		292	12

H1N1 – NGO's – Beirut

Name of NGO	No. of Participants		No. of Lectures
Name of NGO	Males	Females	NO. OF Lectures
Philanthropic Welfare Association	1	25	1

Location	No. of Participants	No. of Lectures
Shatila	9	2
Said Ghawash	35	2
Daouk	44	3
Gaza Building 3	13	1
Gaza Building 4	25	2
Gaza Building 2	8	1
Total	134	11

H1N1 – Women – Beirut

H1N1 – Campaign – Women- Dbayeh

Location	No. of Participants	No. of Lectures
Dbayeh Camp	44	4

H1N1 – Beirut – Children

Location	No. of Pa	rticipants	No. of Loctures
Location	Males Females No. of Lo		No. of Lectures
Shatila	1	4	1
Total	5		

H1N1 – Youth – South

Location	No. of Participants		No. of Lectures
	Males	Females	
Sikkeh	10	17	2
Burghuliyeh	15	22	3
Wasta	9	20	2
Shabriha	12	19	3
Kfar Badda	5	12	2
Total	51	90	12
Total	141		12

H1N1 campaign conducted by trained local health educators:

H1N1 Campaign – South & Beirut – Women – Trainees- 2009

Location	No. of Participants	No. of Lectures
Jal al Bahar	48	6
Maashouk	119	16
Qasmiyeh	373	38
Shabriha	62	8
Burghuliyeh	34	5
Wasta	50	3

Kfar Badda	10	1
Jeem Jeem	-	-
Aitaniyeh	7	1
Gaza Buildings	55	11
Said Ghawash	20	4
Shatila	5	1
Al Jinah	13	2
Total	796	96

H1N1 Campaign – South – Youth – Trainees- 2009

Location	No. of Participants		No. of
Location	Males	Females	Lectures
Qasmiyeh	78	12	5
Jal al Bahar	10	5	2
Burghuliyeh	7	9	2
Gaza Building	7	-	1
Maashouk	26	16	5
Shabriha	4	4	1
Total	132	46	16
Total	178		10

H1N1 Campaign – South – Children – Trainees- 2009

Location	No. of P	articipants	No. of
Location	Males	Females	Lectures
Qasmiyeh	66	67	10
Burghuliyeh	20	26	5
Maashouk	62	48	11
Shabriha	50	59	11
Total	198	200	37
rotai	398		57

b- Campaign on Solid Waste:

During the month of February, the women's committee in Beirut met with PARD's community health workers. They decided that in sequence with the rehabilitation project being implemented by the Norwegian Refugee council (NRC), they had to organize a promotion campaign on the hazards of household. Solid wastes if not properly managed. Four workshops were organized and attended by the women of Displacement Centers Gaza 1, 2, 3, and 4, in addition to the gatherings of Said Ghawesh and Daouk. This campaign was implemented in coordination with the women's committee and the people in the gatherings. The promotion workshops were the preparation for the cleaning campaigns conducted by the women and children in the mentioned gatherings of Beirut.

Hazards of Solid Waste Campaign-Beirut-Women

Location	No. of Participants
Gaza Buildings 1& 2	30
Gaza Building 3& 4	40
Said Ghawash	35
Daouk	27
Total	132

c- Water campaign with "Action against Hunger" (ACF):

ACF is an international NGO which obtained support from the European Union (ECHO) to an assessment of the state of the water and sanitation conditions in the Palestinian gatherings located in the Tyre region. They later gained support to implement some remedial actions related to WATSAN, but also to conduct an awareness campaign at the community level in the gatherings about water, its uses, conservation and disinfection. Accordingly, PARD was partnered in this awareness campaign. For a period of 13 weeks, both of ACF and PARD teams working in health education, raised awareness on water issues in 9 gatherings in the South. PARD team consisted of three CHW and 10 locally trained health educators. Subjects tackled during awareness raising included:

- Water pollution (causes and effects)
- Waterborne diseases
- Good habits of water conservation
- Waste Water disposal

The total number of women, men, youth and children benefiting from the water campaign in the 9 south gatherings reached 1293 people, the number of sessions reached 127 sessions.

Water campaign with ACF:

ACF Water Campaign-South-Conducted through PARD's CHW:

Location	No. of Participants	No. of Lectures
Adloun	60	4
Burghuliyeh	107	12
Maashouk	146	14
Qasmiyeh	82	9
Shabriha	66	7
Wasta	36	4
Kfar Badda	32	3
Aitaniyeh	68	5
Jeem Jeem	70	6
Total	667	64

Water Campaign with ACF-South-Conducted through trained local health educators:

Location	No. of Groups	No. of Participants	No. of Lectures	Subjects
Maashouk	13	132		Water Conservation –
Qasmiyeh	14	130		Water Pollution-
Shabriha	4	40		Water Borne
Burghuliyeh	9	90		diseases- Importance
Wasta	8	78	79	of Chlorination
Kfar Badda	4	38		
Jeem Jeem	5	53		
Aitaniyeh	3	35		
Adloun	3	30		
Total	63	626	79	

3. Capacity Building

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

The team involved here consists of:

- Six community health workers (CHW)
- o One coordinator
- Two supervisors for the environmental health services in the South and Beirut
- Two solid waste truck drivers
- Five workers on solid waste trucks

(a) Training on infrastructure maintenance:

Norwegian Refugee Council (NRC) conducted a rehabilitation project for displacement centers Gaza 1-2-3-4 in Beirut. At the end of the project, they handed PARD a complete unit for the maintenance of infrastructure with focus on water & sanitation. Together with this kit, NRC's engineer trained PARD's workers on basics for maintenance & the use of the equipment. One supervisor for the environmental health project (Beirut) & three workers benefited from this training.

(b) Training on Water Control:

To better the performance of the local trained water caretakers in the gatherings of the South in monitoring the water quality, a training course related to water was conducted in April 2009. The trainer contracted was a laboratory expert working in the official water laboratory of Saida city.

The course included:

- Sources of water
- Causes of water pollution (human, animal & chemical)
- Methods of treatment
- Chlorine quantities needed for purification
- Preparation of chlorine dissolvent
- Measuring chlorine precipitants in water
- Practical exercises

Beneficiaries from the course included the water caretakers in the gatherings of Shabriha, Burghuliyeh South, Burghuliyeh North, Qasmiyeh, Wasta & Aitaniyeh. In addition, the program coordinator, three CHWs, the supervisor, & the head of the first aid teams also benefited from the course.

(c) Training on recycling of materials:

PARD's project of solid waste collection shows how much of the collected materials thrown can be recycled; so the availability of materials facilitates paving the way towards recycling. Moreover, the children activities implemented during school vacations (winter, spring & summer), showed the need for producing handmade materials created by the children.

For those reasons, PARD organized a training seminar on recycling materials & an expert on the subject was contracted for this purpose. The trainer showed five of PARD's community health workers, the coordinator of youth empowerment & the children activities animator (7 people) how to recycle paper, empty bottles, broken plates, tin cans & plastic trays into useful & ornamental objects used at the household level. Paper pastry was used into transforming the mentioned objects into offering trays, vases, garbage containers, toys, pencils contains & so on.

<u>Ten training sessions</u> were mostly practical sessions since the objectives were well understood by the trainees. The seminar consumed ten full days of practice. The group later conveyed this experience to the 38 local animators for children activities who were originally trained by PARD on how to implement children activities in the gatherings. The animators will then teach the children how to create useful objects through recycling.

(d) Training on Human Rights:

Training on human rights has become cross cutting in most of PARD's work in community development; in training on empowerment for women & youth, in training on animation for children activities & combating illiteracy, & in health promotion as examples.

Accordingly, PARD saw the need for a refreshing course on human rights with focus on the rights of the Palestinian refugees in Lebanon. Aidoun, a group of Palestinian activists working on rights advocacy were contracted to train five community health workers & two coordinators.

The course included:

- Comparison between the Humanitarian Charter & the rights of the Palestinian refugees in general, & in Lebanon in Particular (focus on the violations)
- The Israeli attempts to manipulate & push towards the cancellation of internationally recognized rights related to the Palestinians (like attempts to cancel the role of UNRWA for the significance of its mandate)
- The rights of refugees in general, & the Palestinian refugees in particular

The course lasted for three days, & the trainees received booklets & brochures prepared by Aidoun.

(e) More training:

- 4 CHWs were trained on "Awareness from sexually transmitted diseases- AIDS".
- 5 CHWs were trained on "Integration of Gender Equality in NGO's activities".
- 1 CHW was trained on "Democratic tools affecting the system: Advocacy & Pressure" with UNDP.
- The director & coordinator of Public Health Program attended a course on "Communicating with Policy Maker on Health Issues" at AUB.
- One CHW attended a follow-up course on popular education (combating illiteracy) with EPEP.
- Two CHWs were trained on the project "Promotion of the health life of youth in Lebanon" with ARC.
- Two CHWs attended a training course on Drug Demand Reduction.



PROGRAM THREE: MOTHER AND CHILD HEALTH CARE PROGRAM



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

Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- ✓ Be linking the local, the national and the global by passing on and giving guidance to its geographical circles on the issues on which to concentrate tactically.
- ✓ Document, analyze and disseminate research findings on key issues pertaining to the principles in its Charter, including gathering, analyzing and disseminating key evidence for its constituency of the efficacy and sustainability of initiatives in comprehensive primary health care.
- ✓ Create awareness about the burning health issues of the day and will delegitimize and demystify false claims, prescriptions and slogans used by the Establishment.
- ✓ Work with grassroots organizations and communities trying to understand their issues, building partnerships and supporting their activists in their struggle.
- ✓ Adopt an approach of strengthening rights, and will support initiatives to achieve the Right to Health and Health Care at the local, national and international levels.
- ✓ Work tirelessly to build international solidarity with the oppressed and with those affected by natural disasters and civil strife.
- ✓ Confront powerful forces of oppression in the struggle for economic justice, in particular through support for cancellation of debt, the end of economic conditionality and the establishment of a fair international tax regime.
- ✓ Incorporate cultural and spiritual practices in all aspects of its work.
- ✓ Advocate with national governments, UN and other national and international agencies to influence their decision-making.

Program Background

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

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

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

Major environmental degradation resulting from the war includes air pollution, inadequate solid Waste management, water pollution in some remote places, and uncontrolled use of pesticides for agriculture.

Many attempts for constructive assessment and development have been issued to be able to provide health care for the various social classes. The aim is to conform to the national health policy which is based on health being the constitutional right of every citizen and an integral component of human rights. It emphasizes as well that prevention should take precedence over cure within the context of primary health care. Bear in mind that this country emerged from 17 years of civil disturbance (1975–1992) through which the public sector was progressively marginalized resulting in the emergence of numerous nongovernmental, private, voluntary and sectorial organizations aiming at filling the gap of the absence of the governmental sector. However, many of the services provided by private and nongovernmental organizations are not affordable for those who need them most; they are in fact, beyond the financial reach of over 80% of the population. After the war, only half of the 24 public hospitals available in the country were left operational, with an average number of active beds not exceeding 20 per hospital while the private sector continued to grow in a chaotic manner developing in both number and capacity as it represents today 90% of the total number of hospital beds in the country thus a large number of private hospitals amounting 147 unit most of them belong to charitable and religious congregations or to famous physicians.

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

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

Accordingly, the Caritas Organization stresses once more on the current failing of the Health sector in Lebanon stating that:

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

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

UNRWA's Program Strategy

According to UNRWA, there are 422,188 registered Palestinian refugees in Lebanon.The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was established by general Assembly in December 1949 to "alleviate the conditions of starvation and distress" among the refugees who had fled the 1948 Arab-Israeli war.

The agency provides health, education, emergency relief and social services and micro-credit loans to refugees in Lebanon, Syria, Jordan, the West Bank and Gaza strip. The total number of registered refugees reached 4,671,811 people in 2009. (UNRWA Annual Report 2009)

UNRWA's main focus is on comprehensive preventive and primary health care. Hence providing Services covering medical care, family health, disease control and prevention, and health education to Palestine refugees through the Agency's network of 128 primary health care facilities located both inside and outside refugee camps.

Field of Operations	Official camps	Registered refugees in camps	Registered refugees
Jordan	10	338,000	1,951,603
Lebanon	12	222,776	422,188
Syria	9	125,009	461,897
West Bank	19	193,370	762,820
Gaza Strip	8	495,006	1,073,303
Agency total	58	1,373,732	4,671,811

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

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

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

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

Health: performance by indicator (UNRWA 2008-2009)

Performance Indicator	Actual	Target
Infant mortality rate per 1000 live births	22	22
Child mortality rate per 1000 live births	24.4	25
Pregnant women registered at UNRWA maternal and child Health clinics during first trimester(out of all pregnant Palestinian refugee women)	74.9%	60%
Pregnant women who paid at least four visits to clinics during the antenatal period	90.3%	90%
Babies delivered by trained personnel	99.9%	98%
Women receiving post-natal care	94.6%	96%
Prevalence of contraceptive methods among mothers of infants 0 to 3 years of age attending UNRWA maternal and child health clinics	55.4%	55%
Total fertility rate	3.2	3.2
Pregnant women protected against tetanus	99.6%	Above 95%
12- month- old infants fully immunized	99.6%	Above 95%
18- month- old infants receiving all booster services	99.4%	Above 95%
Incidence of neonatal tetanus and poliomyelitis	0	0
Cure rate of smear positive TB cases		100%
Average daily medical consultations per doctor	103	70
Camp shelters with access to safe water	99.8%	98%

Correlation between number of pregnant women and family planning acceptors (UNRWA 1998-2008)



Palestinians in Lebanon:

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

Palestine refugees make up an estimated ten per cent of Lebanon, a small country which is now densely populated.

Palestinian refugees in Lebanon do not enjoy several basic human rights, for example, they do not have the right to work in as many as 20 professions. Palestine refugees are not formally citizens of another state, so they are not able to claim the same rights as other foreigners living and working in Lebanon. Palestine refugees in Lebanon face a number of specific problems:

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

Most Palestinian refugees rely entirely on UNRWA as the sole provider of education, health and relief and social services.

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

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

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

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

Refugees in Gatherings:

Many Palestinian refugees live in "gatherings", often located near official camps and on private land. While UNRWA provides direct services to registered and non-registered refugees, whether they live inside or outside official camps, the Agency cannot construct shelters or rehabilitate the infrastructure in the "gatherings" as these areas lie outside its official camps. Nor can UNRWA provide services such as solid waste disposal to these communities, because they fall under the responsibility of local municipalities.

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 aims at improving the lifestyle of this group. This focal area also supports the fifth Millennium Development Goal that revolves around improving maternal health.

To successfully achieve all the above interventions, PARD plans to empower and motivate its human resources so they would be enabled to deliver high quality services. PARD also realizes that sustainable change can become a reality only if the local Palestinian communities are actively involved in the planning, implementation and the monitoring of the health related issues. These issues, however, must be clearly defined and standardized. PARD, as such, will use a six-step management framework that aims to enhance participation in the assessment, control, implementation and evaluation of all relevant problems, risks, options, decisions, action and evaluation.

Program Objectives

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

✓ (a) To improve health situation of the population in and around the targeted areas through providing affordable primary and secondary health services.

31,541 affordable primary and secondary health services were offered to men, women and children through PARD's 6 clinics in Sabra (Polyclinic and Women's Health Center), Dbayeh camp (Mount Lebanon), and the South (Wasta, Shabriha and Kfar badda) and the mobile clinic (Jal al bahr, Qasmiyeh, Shabriha, and Burghuliyeh). Those clinics deliver a variety of medical services with focus on mother and child health:

- 9567 specialized services benefited women (30.3%)
- 12098 specialized services including 12 types of vaccinations benefited children (38.4%)
- 9876 diverse specialty services benefited the target group (31.3%)

Location	Clinic	No. of visits	No. of patients
Sabra- Beirut	Polyclinic	18,796	3020
	Women Health Clinic	7292	830
Mount Lebanon	Dbayeh Clinic	1572	1063
South	Wasta	1205	404
	Kfar Badda	611	187
	Shabriha	1328	293
South Mobile	Burghuliyeh	277	67
clinic	Qasmiyeh	178	44
	Jal Al Bahar	282	55
Total		31,541	5963

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

Program Activities:

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

Attendant	Name of Lecture or Workshop
Program's Coordinator	 * Services Provided for People with Special Needs * Strategic Planning * Human and Refugee Rights * Preparing the Training officer and Developing a Training Plan * Fundraising * Proposal Writing
3 Project Leaders	 * 3D Ultrasound in Gynecology and Obstetrics * Maximizing Profit, Minimizing Harm * Training the Medical Staff on Means of Newborn Reviving * Strategic Planning * Doppler in Gynecology and Obstetrics * Rational use of medicine
2 Doctors	 * 3D Ultrasound in Gynecology and Obstetrics * Training the Medical Staff on Means of Newborn Reviving * Doppler in Gynecology and Obstetrics
Nurses	* Training the Medical Staff on Means of Newborn Reviving

Activities Realized	Degree of Execution	Observation
Renovation of existing centers: 3 clinics have benefited from electrical maintenance, plumbing and carpentry works	Sabra clinic, Women's Health center and Wasta Clinic	* Sabra clinic and the *Women health center benefited from: painting and carpentry * Wasta Clinic benefited from Painting

Program Description

The program is supervised by one full time program coordinator who is a member of an executive committee including the Director of PARD, the coordinator of the environmental health program, the coordinator of the community empowerment program and the financial and administrative coordinator. PARD's <u>6 clinics</u> are run by a staff consisting of one coordinator, 19 specialized doctors, 3 midwives, 3 staff nurses, 2 practical, nurses, 2 secretaries, 1 driver and 3 cleaning ladies.

Sabra Clinic

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

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

The center's *activities* include the following:

- General check-ups on women, men and children.
- Follow-up on babies by a pediatrician concerning growth monitoring, vaccination and medication supply.
- Providing low fat baby milk according to medical prescription.
- Providing services of ophthalmology, cardiology, dermatology, otology, rhinology, endocrinology, enterology, manor surgery, neurology, orthopedics, ophthalmology and urology through respective specialists' consultations.
- Providing Laboratory services for routine tests (stools analysis, CBC, pregnancy, uric acid, etc) and transfers to a contracted laboratory for culture and hormone tests.
- First Aid services, including suturing.
- Performing routine monitoring of temperature and Blood pressure.
- Electro cardiogram and ultrasound.
- Auto refractometer.
- Middle ear analyzer.
- Facilitating hospital services to patients supported by Health Care Society (HCS) (A local NGO that includes PARD in its executive committee)



In addition to the above activities, nurses and midwives conduct health education sessions for the staff and groups of patients about different issues using several types of educational and audio-visual materials. This year the focus was on the Swine Flu and 2 lectures were conducted for the benefit of the staff and patients.

Between January and December 2009, 3020 patients benefited from the clinic's services (18,248 visits including 2,606 vaccinations)



Dbayeh Clinic

The Dbayeh camp is 12km east of Beirut on a hill overlooking the Beirut-Tripoli highway.

It was established in 1956 to accommodate Palestine refugees who originally came from the Galilee in northern Palestine.

Residents live in severe economic hardship and many are unemployed. A few men find work as casual labourers and some young men work in shops or as cleaners. The camp's infrastructure is currently undergoing comprehensive rehabilitation.

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

The staff working in the dispensary includes one staff nurse, one pediatrician (five days/week), one gynecologist (one day/2weeks), one cardiologist (one day/2weeks), one on call orthopedics and one cleaning woman.

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

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

Moreover, health education sessions began in the camp in April 2002 and continue today and a community health worker meets with women groups on a regular basis to discuss various health issues and topics.

Between January and December 2009, 1,063 patients benefited from the clinic's services (1572 visits)

Wasta Clinic

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

PARD's target group are the one hundred ninety five Palestinian families (about 975 persons) living in the gathering, in addition to part of the population living in the surrounding area. The target group works mainly in agriculture during certain seasons, and remains mostly unemployed during other times of the year.

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



Between January and

December2009, 340 patients

benefited from services at the

clinic (969 visits)

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

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

Kfar Badda Clinic



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

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

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

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

Between January and December 2009, 150 patients benefited from services at the clinic (530 visits)

Women's Health Clinic

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



Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice. It also includes the right of access to appropriate health care services that will enable women to go safely through pregnancy and child birth (and provide couples with the best chance of having a healthy infant). In line with the above definition, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. Within this context, PARD has established a women's health clinic, spread information on reproductive health among its target groups and added counseling to pre and post natal care in the medical centers.

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

Its aim is to secure safe pregnancies for women.

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

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

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

The activities related to this first objective include the following:

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

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

The activities related to this objective include the following:

- Family planning
- Circumcisions for male newborns
- Health education for women visitors to the center
- Vaccination
- Minor surgery
- First-aid including suturing
- Provision of clothes for newborns
- Milk for babies whose mothers cannot lactate upon prescription
- Routine lab tests at center and referral to contracted lab for more complicated tests.
- ✓ <u>Objective 3</u>: General gynecological services to guard the health of non- pregnant women. The activities related to this include:
 - Checkups for Gynecology
 - Ultrasound for Gynecology
 - Family Planning
 - Pap smear
 - Pregnancy Tests

In 2009, 830 women benefited from services (7,269 visits)

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

Mobile clinic

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

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

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

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



The Mobile Clinic

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

Accordingly the female gynecologist is available twice a week in Shabriha, from 9 a.m. till 1 a.m., to provide pre and post natal care for women, starting as minimal as ordering the necessary lab tests for patient's whole physical control up to treating the highly frequent infectious diseases that would disrupt their pregnancy. The collaboration of the midwife through her constant supply of prenatal information revealed to be highly associated with a healthier behavior during pregnancy including taking foliate, making positive changes in diet, not smoking, and consuming less caffeine and lastly promoting and supporting breastfeeding. To insure the well being of the mother and fetus, an ultrasound machine was installed in Shabriha where it is being used by the gynecologist to:

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



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

In 2009, 560 women benefited from services provided by the clinic (2382 visits)

Services provided by the Mobile Clinic in Southern gatherings:

Type of Service	Shabriha	Burguiyeh	Wasta	Kfar Badda	Jal Al Bahr	Qasmiyeh	Total
Check up – Pregnancy	395	121	95	50	116	98	875
Check up-Gynecology	328	34	58	3	37	11	471
Family planning	29	7	7		12	3	58
Ultra sound gynecology & Pregnancy	460	-	-	-	-	-	460
Pap smear	7	2	4		1	5	19
Cauterization	5	-	-	-	-	-	5
Post natal care	27	30	36	14	56	26	189
New born clothes	-	-	-	-	-	-	-
Milk for Women	77	83	36	14	60	35	305
Total	1328	277	236	81	282	178	2382

Extra Activities:

(a) Campaigns:

Campaign to cure allergies caused by water pollution

During May 2009 members from the women's committee in Gaza Buildings alerted PARD that there are some allergy cases among the residents of the buildings due to water pollution because some children had thrown dead turtles in the building's water tanks. So PARD took water samples from the tanks and sent them to the American university core laboratory and the results showed that there were high percentages of bacteria in the water especially the E-coli and coli form. When this was known the women's committees were requested by PARD to direct all the affected people to PARD's Sabra Polyclinic and PARD's Women's Health Center to receive free consultations.

21 patients were checked by the Dermatologist and 9 by the General Practitioner.

Also, 8 women were checked by the Gynecologist.

All the patients received free medications (tablets & ointments). In addition to that, the Gynecologist ordered laboratory exams for the women (urine analysis, urine culture, and 1 case a pap smear) to help in the treatment process.

As for the water tanks, they were emptied and cleaned by PARD's workers in coordination with NRC workers.

(b) Patient Satisfaction Survey:

For the purpose of evaluation, a patient satisfaction survey was conducted in March 2009 for **PARD's** clinics in Beirut, South and Dbayeh. The community health workers and women committees filled up 250 questionnaires (Patient Satisfaction Survey Form is attached in annex).

- The answers of question number one show that the most frequented clinic in the area are PARD's clinics (95% in Sabra, 96% in women's health center,88% in Dbayeh,100% in Wasta,100% Kfar Badda,93% in Shabriha, 90% in the mobile clinic).
- The answers of question number two indicate the need for medical services. The highest number of patients questioned answered positively (86% in Sabra,94% in women's health center,64% in Dbayeh,73% in Wasta,60% in Kfar Badda,73% in Shabriha,80% 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 (81% in Sabra, 76% in women's health clinic, 72% in Dbayeh, 55% in Wasta, 53% in Kfar Badda, 60% in Shabriha, 60% in the mobile clinic).
- The answers to question number 4 show that the most of the patients(92% in Sabra, 90% in women's health clinic,88% in Dbayeh,80% in Wasta,93% in Kfar Badda,80% in Shabriha,86% 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 (97% in Sabra,97% in women's health center,88% in Dbayeh,93% in Wasta,80% in Kfar Badda,93% in Shabriha,86% in the mobile clinic) answered that the problems were solved by visiting the clinic.
- In answer to question six (32% in Sabra,24% in women's health clinic,32% in Dbayeh,27% in Wasta,46% in Kfar Badda,66% in Shabriha,53% 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:

- More Laboratory Tests
- Decrease the Consultation Fee for the Gaza Buildings Refugees
- First Aid during night
- Dentist
- Psychiatrist
- Physiotherapy

In Women's Health Clinic:

- Increase the number of female gynecologists
- Advanced equipment

- Increase the size of the center
- Free medicine
- First Aid during night
- Delivery Room
- Emergency Doctors

In Dbayeh Clinic:

- Medicine
- Specialists
- Visiting sick patients
- Newborn Clothing
- Milk
- Dentists
- Providing Wheelchairs

In Wasta Clinic:

- Medicine
- More Specialists
- Newborn Clothing
- Milk
- Dentists

In Kfar Badda Clinic:

- Cardiology
- Ultra Sound
- Gynecologist
- Laboratory
- Milk for Women
- Specialists
- Gynecologist
- Ultra Sound
- More Medicine
- Dentist

In Shabriha Clinic:

- Laboratory tests
- First Aid
- Dentist
- More Medicine
- First Aid
- Pharmacy

In the Mobile Clinic:

- More medicine
- Ultra Sound
- Gynecologist
- Laboratory
- Specialists
- Gynecologist
- Ultra Sound

(c) Indicators of mother & child care program:

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

1- What are the prevailing diseases among patients visiting the clinics? <u>Frequency of Diseases:</u> About 60% 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 10% of the patients visited the General Practitioner to treat seasonal diseases like diarrhea, cold and pneumonia.

About 10% visited the Dermatologist to treat diseases like Acne. The remaining 20% visited the Cardiologist (High blood pressure, Heart Diseases) Endocrinology (Diabetes) Ophthalmic (Eye Disorders) Orthopedics (Arthritis)

2- Are children under 5 years sufficiently immunized? <u>Immunization:</u>

About 65% 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)

3-What is the type of delivery in earlier pregnancies? Type of Delivery:

About 10% of the pregnant women when asked how they delivered in previous pregnancies answered that they had a C-Section. 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 of it can cause surgical adhesions.

4- What are the age categories of the pregnant women visiting the clinic? <u>Age Group-Patients:</u>

About 88% of the pregnant women were under 35. They had regular tests and examinations during their visits.

About 12% of the pregnant women were above 35. 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 but some of these patients were either married recently 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-What is the time interval between pregnancies?

Frequency of Pregnancy:

About 5% of the patients 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 be sufficient. These women were advised by the midwives to have at least 2 years time interval between each pregnancy.

6- Do women agree to use contraceptives after delivery? <u>Contraceptives:</u>

40 days after delivery 80% of the women came for a checkup visit and asked for a contraceptive.

- 35% use IUD (intra uterine device)
- 60% use Pills because they are below 35
- 5% prefer using condoms or abstinence

7- Are women aware of the importance of the prenatal follow up visits? <u>Prenatal Follow up Visits:</u>

90% of the pregnant women visited the doctors regularly for the monthly checkup. While the remaining 10% needed advice and information from the doctors and midwives about the importance of these visits for their health and the baby's health.

8- Are women aware of the importance of the post natal follow up visits? <u>Postnatal Follow up Visits:</u>

80% of the women visited the clinic 15 days after delivery to check on the stitches. This same percentage visited 40 days after delivery to ask about contraceptives methods.

9- Do women have the pregnancy screening tests with each pregnancy? Screening Tests :(HIV, HBs Ag, Toxoplasma)

Every pregnant woman who visited the clinic underwent the HIV screening test to ensure that she wasn't affected because during delivery there's a risk on the doctor who is performing this operation. In 2009 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 doctor who is performing this operation. After delivery she had to take special medications and the baby was vaccinated and given a preventative dose. In 2009 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 2009 there were 3% of patients with Toxoplasma in our clinics.

10- Do pregnant women have a blood group test?

Blood group:

All the pregnant women who visited the clinic were subjected to a blood group test to ensure safe pregnancy and delivery because of Rh Incompatibility.5% 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.

Program Outputs

For the period from January to December 2009, a total of **20,037** beneficiaries received consultation from our different doctors and specialists in all our above-described clinics.

Moreover, **866** first aid dressings were applied, **101** pregnancy tests, **117** E.C.G., **2539** lab tests and **3058** ultrasounds for urology and cardiograph, enterology, pregnancy and gynecology took place. Also, **1510** women received milk during their pregnancies. In addition, **115** mothers received family planning services and **101** women took the Pap smear test. A total of **2606** vaccines were given to children in all of the clinics. Those vaccines included Poliomyelitis, Hepatitis A & B, M.M.R., Meningitis, Typhin, Chicken Pox, Mencivax, Pneumonia, Vaccigrippe and D.P.T. **491** cases benefited from extra services (echocardiograph, hospitalization assistance, circumcision, post natal care and minor surgery). All the detailed numbers of the different clinics are in annex 1.

Type of Service	Sabra Clinic	Women's Health Clinic	Wasta Clinic	Kfar Badda Clinic	Dbayeh Clinic	Mobile Clinic	Total
Visits for doctors	13,193	3301	686	512	999	1346	20,037
Minor Surgery	-	4	-	-	-	5	9
Family Planning	-	57	-	-	-	58	115
First Aid	788	35	25	18	0	0	866
Pap Smear	-	77	-	-	5	19	101
Pregnancy Tests	-	101	-	-	-	-	101
E.C.G	83	-	-	-	34	-	117
Lab Tests	1649	282	258	-	350	-	2,539
Ultrasound	209	2349	-	-	40	460	3,058
Milk for babies	-	-	-	-	-	-	-
Milk for women	-	1061	-	-	144	305	1,510
Hospitalization Assistance	257	-	-	-	-	-	257
No. of vaccines given	2,606	-	-	-	-	-	2,606
Circumcision	-	25	-	-	-	-	25
Baby Clothing		-	-	-	-	-	-
Echocardiograph	11	-		-	-	-	11
Post Natal Care	-	-	-	-	-	189	189
N.S.T	-	-	-	-	-	-	-
Hospital Transfers	-	-	-	-	-	-	-
Total	18,796	7,292	969	530	1,572	2,382	31,541

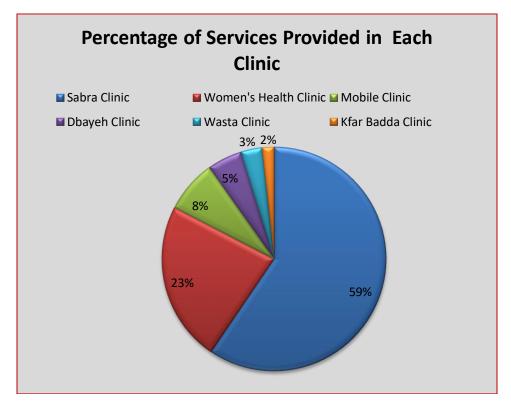
Number of services provided by PARD clinics from January to December 2009:

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

Comments on Comparison list of general services in all PARD's Clinics (2008-2009):

- Numbers of check-ups by general practitioners in 2009 increased by **1.2%** compared to 2008
- Numbers of check-ups by specialists in 2009 increased by 41% compared to 2008.
- Number at laboratory tests increased by **16%** compared to 2008.
- First Aid and suturing depends on the number of people who get small cuts and bruises during their work in some vocations such as carpenters, butchers, agriculture, construction, house painters, plumbers, fixing wheels and so on. So the increase or decrease in numbers is based on events not directly related to the clinics.
- Assistance to hospitalization decreased by 14% compared to 2008 due to budget cuts at the referral point called Health Care Society.
- Check-ups on women by gynecologists show 15% decrease compared to 2008.
- Gynecology ultrasound services have decreased by **13%** compared to 2008.
- Checkups for newborns and children and the growth monitoring executed during those checkups, increased by 6% compared to 2008.

 Vaccination increased by **30%** compared to 2008 and this is due to the Swine Flu epidemic which led to an increase in the number of children vaccinated against Influenza Virus (Vaxigrip)



Percentage of Services per each of PARD's center

The graph shows that the work load during 2009 was concentrated mainly in the Sabra Health Care Center (60%) in the first place followed by Women's Health Center, mobile clinic, Dbayeh clinic, Wasta clinic and lastly Kfar Badda clinic.

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

Location	No. of patients
Sabra Clinic	3,020
Women Health Clinic	830
Dbayeh Clinic	1,063
Mobile Clinic	560
Wasta Clinic	340
Kfar Badda	150
Total	5963

Number of Patients in each clinic:



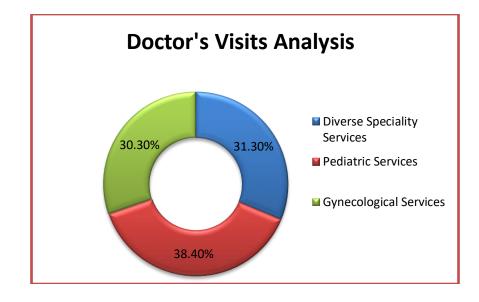
A comparison list of the services provided by PARD's health clinics during the years 2005, 2006, 2007, 2008 and 2009

A stivities Deslined		Nu	mber of Servi	ces	
Activities Realized	2005	2006	2007	2008	2009
Check-ups by general practitioners	1655	1938	2024	2008	2,032
Check-ups by specialists (ophthalmology, dermatology, cardiology, orthopedics, E.N.T, neurology, gynecology)*	8927	7439	7683	2686	3796
Minor Surgery	11	6	22	34	9
Laboratory services for routine services	2622	2852	2667	2190	2,539
E.C.G. and ultrasound services, Echo cardiograph	E.C.G./ 160 Ultrasound/ 227	E.C.G.\ 108 Ultrasound\ 142	E.C.G.\ 110 Ultrasound\ 189	E.C.G.\ 163 Ultrasound\ 179	E.C.G.\ 128 Ultrasound\ 249
First Aid and suturing medication	1964	1242	585	705	866
Assistance to hospitalization through Health Care Society	146	168	327	300	257
Checkups on women by gynecologists and observations	1525	2643	5459	5786	4906
Pap smear services prescribed by the gynecologists	117	44	124	96	101
Ultrasound gynecology services	1850	2003	2905	3245	2809
Family planning services	73	79	113	117	115
Pregnancy Test	253	248	260	231	101
Provision of needed milk and supplies to women	1290	1434	2440	2355	1510
Checkups for newborns and children by a pediatrician	6339	5832	4641	4487	4746
Circumcisions	43	49	43	35	25

Growth monitoring and follow up of newborns	6339	5832	4641	4487	4746
Provision of non fat milk for babies whose mothers cannot breast fed, according to the doctors prescriptions	469	531	1492	85	-
Vaccination for children	3521	2231	2083	2003	2606
Baby Clothing	98	-	75	60	-
Total	36104	31851	37883	31302	31541

Program's Developments

Doctors' visits analysis:



Total number of pediatric services	12,098	38.4%	21,665	68.7%
Total Number of Gynecological services	9567	30.3%		
Total number of diverse specialty services	9876	31.3%	9876	31.3%
Total Services	31,541	100%	31,541	100%

Since our program focuses on safe motherhood beginning before conception with adequate nutrition healthy lifestyle and continues with appropriate prenatal care, the prevention of complications to reach a successful delivery of a healthy baby we have made a quick comparison among the various consultations we undertook only to highlight the fact that our reproductive program remains the focus of our medical service provision system. Accordingly, a quick screening of consultations among the various clinics reveals that the total number of pediatric and gynecological visits is 21655 out of 31,541, which is the total number of consultations. This represents around 69% that is considered a high percentage, assuring that we are meeting our main objectives.

STRATEGY TWO

COMMUNITY EMPOWERMENT

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

➢ Program one: EMPOWERMENT

Program two: VOLUNTEERS

Objectives of strategy two:

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

Competitive Advantages of the Strategy:

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

Components of Strategy two:

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

Program 1: Empowerment

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

Program 2: Volunteers

i. Volunteer Recruitment & 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 & youth so as to enable them to work together and ensure a better life. The process that PARD plans to implement involves empowering the Palestinian people to become active in making positive decisions that influence their communities and their lives. This means that the Palestinian refugees in Lebanon would need to learn how to take responsibility of their own lives and find solutions to their own problems instead of waiting for others to come up with ready-to-fit solutions.

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

Nevertheless, real community empowerment is the result of focused efforts from the different participating stakeholders who are willing to apply values into their work and thus prevent exploitation or misuse of the empowerment process. PARD believes that the process should reflect equality at all times and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

--The Beijing Platform for Action, paragraph 213

Introduction to Empowerment

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

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

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



PROGRAM ONE EMPOWERMENT PROGRAMME



- Introduction to the program
- Interventions & activities of the program

Introduction

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 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 has another crucial reason to be focused on working together in finding solutions aimed at improving the Palestinian community and the lives of its members.

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

Program one: Empowerment

Program two: Volunteers

Interventions of program one: EMPOWERMENT

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

1. Empowerment of Community

The activities of this intervention 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 (see women and youth), training on health education (see health education- peer education), training on combating illiteracy (see women), training on animation of children activities (see youth), training of local water caretakers (see public health- peer education).

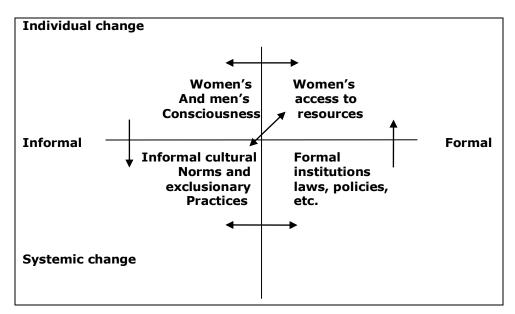
Moreover, PARD organized workshops focusing on **gender equality**. Gender equality implies a society in which women and men enjoy the same opportunities, outcomes, rights and obligations in all spheres of life. Equality between men and women exists when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions.

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

organizations which, in their programs, policies, structures, and ways of working, discriminate against women or other marginalized groups.

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

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



For the year 2009, PARD organized four workshops on gender equality in the South gatherings of Qasmiyeh, Shabriha, and Burghuliyeh, and the displacement centers of Gaza buildings in Beirut benefiting about 85 people, both males and females.

Content of training on Gender equality:

- Concept of gender equality
- Social context (stereotypes), beliefs and traditions
- Difference in physiology between men and women
- Women rights based on human rights declaration
- Discrimination in the laws against women
- Education on gender equality within a family unit
- Roles of men and women in society (comparison)

Methods used in the workshops included role playing (two sexes), discussion and PowerPoint presentation.

For the year 2010, PARD's team prepared a plan to implement 15 other workshops on gender equality.

> Gender and Empowerment Impact Assessment

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

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

1. Increasing women's access to infrastructure

Through the Environmental Health Program, 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.

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

3. 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.

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.

4. Empowering women:

Gender equality cannot be achieved without women empowerment. For this purpose, PARD organized 13 women committees in 13 gatherings in the South and Beirut with 107 Palestinian 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.

Moreover, <u>PARD encourages events which reflect levels of dialogue and mobilization among the</u> <u>community members</u>:

(a) In <u>upper Qasmiyeh</u>, one of the gatherings in the South, the following event took place combining good planning, dialogue, coordination, and involvement of all members of the community there, women, men, youth and children:

During a training session on needs assessment by PARD, women committee in <u>upper Qasmiyeh</u> decided that they should deal with harmful insects such as mosquitoes, flies & fleas. They put together a plan of action to solve the problem targeted and implemented the following steps:

- 1- Contacted PARD to obtain insecticides.
- 2- Contacted the popular committee (men) to start spraying the insecticides.
- 3- The popular committee refrained from spraying (no volunteers).
- 4- The women committee formed three sub-committees from three quarters (Maarub, mosque, school) in the gathering.
- 5- The committees prepared a program, announced it to the community through loud speakers in the mosque, and recruited their youth, children to implement spraying.
- 6- Announced all the precautions against insecticides (keep the chickens in their dens, refrain from eating fruits directly from trees & so on...).
- 7- Collected children groups & raised their awareness on personal & environment hygiene, precautions against insecticides & so on...).
- 8- Implemented a community based cleaning campaign before spraying in coordination with the popular committee & PARD's solid waste collection team.
- 9- Formed a youth committee from the volunteers sharing in the cleaning campaign & spraying of insecticides.

The campaign was totally successful.

Activity of empowered women committee of Jal El Bahr/ Nahr El Samer:

During August 2009 before the month of Ramadan, **Huda** was visited by the agent of Mr. Fuad Al Sahily who owns the garden located behind **Huda**'s house. **Huda** was officially notified that she & her family have to evict their house. This house was built by Khalil Isa, a refugee from Palestine in 1948. After his death, his son Ali continued to live in this house where he later married **Huda**. When the husband Ali died, Huda transformed one room into a grocery shop to support her children. Upon receiving the eviction order (court order), **Huda** appointed a lawyer who could get a court appeal for her case & thus delay the eviction.

In the meantime, the members of Al-Samer committee & Jal al Bahar met to discuss the matter. They analyzed the problem (Huda's eviction might be the beginning of evicting other houses & then the whole camp), stated the stakeholders (Mr. Sahily, Tyre municipality, political parties, popular committees, PARD & other NGO's, the media), and decided to do mobilization & advocacy.

Their plan of action which was implemented included:

- Contacting local political parties & Tyre municipality to make them aware of the problem.
- Contacting the popular committee (men) & designate roles: the women committee organizes a sitin, the popular committee contacts stakeholders.
- Contacting the media to synthesize.
- Mobilize the community through meetings & spreading information.
- **Implement the sit-in** whereby women & children closed one of the entrances to the city of Tyre with media coverage. Slogans were raised beseeching the president of Lebanon, the prime minister & the head of the parliament to put a stop to the sufferings of the Palestinian refugees in Lebanon, pressuring UNRWA to take more responsible actions towards the Palestinians in the gatherings vis-à-vis the camps. One slogan also stated that the people of Jal al Bahar refuse to become new victims of evacuation repeating the experience of Nahr el Bared camp.
- The sit-in proved to be successful especially since it was covered by the media (newspaper clips attached). Consequently, the agent operating on the behalf of the land owner Mr. Sahily contacted Huda & her family promising the provision of a substitute home.

The women committees met again after those events & expressed their further concern that the Huda's case is the beginning of further attempts to evict Jal al Bahar camp located directly at the sea front. They were worried that the rich land owners who have built a large housing project already & want further to establish touristic & commercial projects in the area, will definitely do their utmost to remove Jal al Bahar camp. Based on such worries, the committees decided to prepare themselves against future interventions through:

- Implement a big sit-in whereby all women committees & popular committees in the 9 gatherings near Tyre would participate since they face similar threats.
- Invite all the local NGO's, some international NGO's & UN agencies to participate in the sit-in.
- Involve the media (TV & newspapers).
- Involve PARD to assist in all the coordination.

This activity summarizes all what PARD has trained the women committees on: conducting meetings to discuss issues, analysis of the problem, defining stakeholders, mobilizing the community related to the problem, involving the media, using many techniques for advocacy (in this case sitins and blockader roads to draw attention were used).

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

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

2. Empowerment of Women

Provide women with skills and tools to become more independent economically:

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.

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

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.

Activities of this intervention were as follows:

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

Since then, PARD has trained every year on empowerment in the targeted gatherings, 10 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. 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.

Currently, we have about 107 women members in the active women committees.

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

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

Training methodology:

The training methodology consisted of role playing, group work, drawing, questionnaires and various field activities. The trainers noted that the academic level of women posed a challenge in communicating the subjects (some women in the groups were illiterate) and as a result the trainers adjusted their level of training and adopted more creative techniques to suit the participant's needs. Written and individual work was avoided as much as possible and group work and verbal dialogue were used instead. Women participated by asking questions and being involved in discussions, giving real life examples as an indicator of interest in the subjects.

During the activity part of the training, for example, when the task was to assess community needs, each community was divided into certain areas and participants distributed themselves into those areas. Each group then met with the various stakeholders in that area under the supervision of PARD. CHW. These included the general community, dignitaries and representatives from the popular committees In order to discuss community wants and needs. Prior to meeting with the community, a schedule of community issues was formulated as part of the training sessions. A schedule of community issues and a schedule to analyze the results of these issues were completed. The solutions or actions to these issues were then drawn up in the training sessions.

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

Indicator	Means of verification	
Women are forming groups	List with the names of formed groups- Report on building new groups	
Women are conducting meetings	Attendance records- meeting minutes	
Women are able to map their communities	Community map	
Women are able to assess the needs of their community	Problem tree	
Women are able to determine the priorities	Numbered ladder of problems based on importance	
Women are able to identify the decision makers in order to lobby them for change	List of their names, roles and address	
Women are able to use negotiation skills to convince the authorities to help them in	Meetings minutes- pictures- writing about how communication was established	
implementing their project		
Women are capable of advocating issues	Case study or file	
Women have conflict resolution skills	Success stories or experiences	
Women have project writing skills	The project document	
Women own information on human rights	Before & after questionnaires	
Women have the ability to follow- up on projects	Reports – plan of action	
Women can lobby local community	Documented activities reports- pictures	
Women participate in activities benefiting their communities	Documented activities- reports- pictures	
Women are networking	Documents activities- reports- meetings- pictures	

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

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.

Computer training:

PARD trained 6 women from Beirut gatherings on computer basics. The workshop included training on:

- CPU, PAM, ROM, Memory and speed (Bytes to terabytes and everything in between)
- Connections: USB, jacks, RCA, etc

Using Microsoft office

This workshop was conducted on October 2009.

(b)Implement illiteracy and education program to educate women:

Training on combating illiteracy teachers:

A training course on combating illiteracy took place in the south gatherings in April 2009 for a period of 3 days (27, 28 and 29 April).

10 participants joined this course as follows:

Location	No. of participants	Sex
Jim jeem	1	Male
Upper Qasmiyeh	1	Female
Shabriha	1	Female
South Burghiliyeh	1	Female
Kfar Badda	1	Female
Wasta	1	Female
Lower Qasmiyeh	1	Female
Maashouk	1	Female
Jal Al Baher	1	Female
North Burghuliyeh	1	Female

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 and children that they are teaching.

Moreover, the educators are using 14 'Yanoun" CDs prepared by Beir Zeit University in Palestine for

combating illiteracy. The CDs project a story through a play, choosing a subject for discussion collectively, choosing words and sentences, discussion and dialogue, focusing on letter repetition, connecting the chosen letter with other letters, using the letter in words and exercises.

Teaching focuses on three areas:

- a- Arithmetic
- b- Arabic Language
- c- Life science

Program of the course:

- Introduction
- Definition of combating illiteracy
- Objectives
- Lesson plan
- Methodology (extra curriculum)
- Choosing the location



- Duration of the course
- Techniques of teaching the three subjects (Arabic, Arithmetic, Science)
- Evaluation at the end of the seminar

Advantages of the course:

- The trainees were collected from different South and Beirut gatherings
- It will be a basis for other work in the gatherings (social work, health education)
- The trainees were very enthusiastic and aware of the importance of their work in combating illiteracy.

The trainees formed illiterate groups who were willing to learn and improve their capacities.

The groups formed in the south and Beirut gatherings were:

- Shabriha: 9 women and 3 men
- Wasta: 9 women
- South Burghiliyeh:11 women
- Kfar Badda: 8 women
- Lower Qasmiyeh: 5 women (from30 till 60 years old)
- Maashouk: 4 women (from 30 till 60 years old)
- Jal Al Baher: 4 women (from 40 till 55 years old)
- Upper Qasmiyeh: 4 women (from 58 till 60 years old) 3 children (13 till 17 years old)
- Jim Jeem: 4 youth (from 13 till 17 years old)
- Saeed Ghawash: 9 women
- Daouk: 11 women

Those groups will be encouraged to integrate into woman and youth committees working to improve the conditions of their gatherings.

c) Net work with other organizations to promote and advocate for women's rights and issues:

The women who benefited from PARD's training courses on literacy, the old and new ones, are already sharing in the general workshops and conferences organized by EPEP. In other words, they are members in the newly established Arab Network for Popular Education.

The local health educators are networking with Anera, NPA, and other NGOs in health campaigns.

3. Empowerment of Youth

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

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

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

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

participation is a must but in able to make a significant difference, the youth should be educated and supported.

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



Implement a <u>capacity building program</u> that provides diversified skills and tools to the youth and children:

• First Aid Activities:

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 in Shabriha was founded in 2003, the center in Beirut was established in 2005 and the center in Dbayeh camp in 2006, and the center in Burghuliyeh in 2007 and we established **new centers in Wasta, Kfar Badda and Qasmiyeh in 2009.** The first aid teams were formed and practiced services before the centers were established.

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

The First Aid teams met separately on a weekly basis. Assignments and responsibilities in the teams were divided and distributed amongst all the team members.

The numbers of first aiders forming seven teams are as follows:

	Beirut team	: 25 first aiders
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- Shabriha team : 20 first aiders
- Jal El Bahar team : 9 first aiders
 - Burghuliyeh team : 10 first aiders
- Qasmiyeh team : 15 first aiders
- Kfar Badda team : 9 first aiders
 - Wasta team : 8 first aiders
- Totals : 96 first aiders

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

Types of Services	No. of services
Dressing of wounds	761
Dressing of burns	309

Dressing of fractures 165	
Monitoring Blood Pressure	555
Transfer to hospital	372
Intravascular shots	35
Diabetes testing	105
Treating shortness of breath	10
Others	126
Total	2438

Those services are important 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.

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	
March 2009	CDC-Gaza building-Beirut	20 youth (13 males – 7 femles)	
July 2009	CDC-Gaza building-Beirut	18 youth(10 females – 8 males)	
June 2009	Qasmiyeh	9 youth (Females)	
July 2009	Wasta	15 youth (4 males – 11 females)	
August 2009	Kfar Badda	7 youth (males)	
August 2009	Shabriha	10 youth (males)	
Oct. 2009	Aitanyieh	12 youth (females)	
Nov. 2009	Qasmiyeh	21 youth (11males, 10 females)	

✓ Training on <u>Basic First Aid</u>:

A total of 112 youth (53 males and 59 females) were trained on Basic first aid.

Training on basic first aid included: CPR-Recovery position-Injuries-Poisoning-Burns-Fractures-Suffocation-Safety and first aider behaviors.

✓ Training on <u>Advanced First Aid</u>:

When	Where	Beneficiaries
January 2009	CDC – Gaza building – Beirut	21 youth (15males, 6females)
November 2009	Shabriha	9 youth (males)

A total of 30 youth (24 males and 6 females) were trained on advanced first aid.

The subjects of the training included:

 Examination and treatment of a trauma patient, including airway management, use of oxygen and ambu-bag, use of neck-collar and backboard, and basic first aid for chest and abdominal and pelvic injuries.

- Acute illness, including asthma, angina pectoris, myocardial infarction, stroke, diabetes, and epilepsy.
- Signs, symptoms, and treatment of the most important poisonings.
- Basic knowledge about fire-safety and management.

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

Training and services of ambulance

In July 2007 PARD acquired funding from Stavenger Katedralskole to purchase a van and converting it to an ambulance. The ambulance was then equipped with all necessary materials and equipment in dealing with the emergency situations.

A crew of eleven first aid team members and a driver were fully trained on how to use ambulance equipments and how to treat the cases transported to the hospital in the vehicle. The driver is a full time employee who is also a trained first aider. There is a group of four first aiders available with the ambulance from 5:00 PM to 5:00 AM each day. They are on call through a telephone number distributed among the people living in the gatherings of Beirut, in addition to Shatila Camp.



In 2009; they transported 372 cases to hospitals.

Training on Computer

PARD conducted three computer courses in Beirut

PARD trained 25 young people (16 females – 9 males) on computer basics in August

The Young people learnt about:

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

Another youth group of 12 participants was again trained on basic computer in July 2009.

Training on Empowerment

Five youth committees have been formed voluntarily in Qasmiyeh, Shabriha, Kfar Badda, Burghuliyeh and Beirut.

PARD commenced training those committees on empowerment (same program as women empowerment). The training will continue throughout the year 2010.



Training of Animators for Children Activities

A) <u>In the South</u>, an average of 24 youth (13 females and 11 males) benefited from a course on how to become active animators for children activities.

The training took four full days and included:

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

The objectives of this training were:



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

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



B) Beirut Gatherings:

The same training was conducted for the benefit of 16 youth from Beirut (8 females and 8 males).

The Beirut areas who benefited were 4 displacement centers (Gaza buildings), the areas of Daouk, Said Ghawash and Sabra.

After training was conducted, every trained animator put together a practical program of children activities. Programs were prepared and discussed with PARD's trainers and administration.

• Children Activities

A) Winter Activities:

The animator and the Librarian of the CDC center in Beirut put 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.



B) Spring Activities:

The animators put together a program for children activities in the spring vacation. Accordingly, the children of the gatherings of Jim Jeem, Aitaniyeh, 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's program of children activities.

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

C) Summer Activities:

A **summer program** for one month (July) was coordinated by 26 animators. 210 children ages between 6 -11; 120 female – 90 males from the gatherings: (Jal al Bahar, Burghuliyah, Aitaniyah, Shabriha, Wasta, Qasmiyeh and Jim Jeem) and Beirut (Gaza Buildings Said Ghawash, Daouk and Sabra) benefited from these activities.

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



At the end of July, end of activities celebration took place at Burghuliyeh Municipality Theater and was attended by the families of participant children, other families, and members of the popular committees, Local majors and sheiks.

Evaluation of Summer Activities

After summer activities ended, questionaires were filled to evaluate the activities and measure changes in children's behavior. The major results were that 85% of mothers noticed a positive change in their children's behavior after these activities were done, and 80% of mothers encouraged further activities to be done.

Concerning the children, all the children stated that animators were either good or very good. In addition to that, 97% of the children stated that they would participate in further activities.

Training on human rights

This workshop was conducted in September 2009, in Qasmiyeh gathering for a period of 3 days (4hours/day). 12 young people attended (8 females and 4 males) through this workshop we tried to



encourage them to implement the principles of human rights in their daily life.

We focused on: Non discrimination in gender, age and geography, participation in decision making and handling duties and responsibilities. The group was divided into3 groups, 4 people in each with a mission of defending human right principles. Later on each group negotiated with the other to convince them on the importance of their principle. Slide shows were shown.

Capacity building

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

Name of course	When	Beneficiaries
Improving Managerial and	May 2009	Youth project coordinator
Leadership ability		
Human Rights workshop	June 2009	Youth project coordinator
		First Aid Project Leader
Developing Managerial Skills and	August 2009	Youth project coordinator
the Art of Dealing with Stress.		
Proposals Writing	November 2009	Youth project coordinator
Fund Raising	December 2009	First Aid Project Leader
		Youth project coordinator

<u>Implement a specialized educational program to prepare teens and Preteens to become more</u> <u>responsible adolescents:</u>

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.

Number of students who directly benefited in 2009 is 114 students. They are 53 females and 61 males. They belong mostly to displaced Palestinian families and other poor families living in the surrounding areas

Two courses took place: The first took place during February- March 2009.

The second took place during May- July 2009.

The Remedial lessons were provided to the students of the 6th grade (One section), 7th grade (two sections), 8th grade (one sections), and 9th grade (three sections). PARD offered those students a weekly schedule of sessions including Arabic, English, Mathematics, Life Science, Physics, and Chemistry. The schedule was distributed as six sessions daily over six days a week except for Friday where four extra sessions were provided to the 9th grade. Those students undertook Lebanese official exams at the end of the scholastic year (2008-2009). The 9th grade official exam is done in two terms per year. In the first term 40 grade 9 students succeeded (75%) IN the second term another 5 students. 45 students out of the total number of 51 participants have succeeded. **The total success rate was 88%**.

Indicators:

Grade	Students
6 th grade	12
7 th grade	35
8 th grade	16
9 th grade	51
Total	114



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

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

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

In terms of benefits, parents were indirect beneficiaries of the program since they saved on paying private tuition fees for lessons provided free of charge. In addition, the students who passed official exams, who constitute 88% have now chances of either to pursue higher levels of education or join good vocational training centers.

Evaluation questionnaires were filled by the participant students to hear their voice on teacher's performances, levels of benefit, it there any comments to improve lessons and so on.



Results of the evaluation questionnaires show that 89 % of students benefited from the remedial lessons. Also, 85% of students said that the remedial lessons covered the short comings of the

UNRWA program, while 98 % of students said that they would participate in the next set of remedial lessons.



Some other benefits included the high level of cooperation with the directors of UNRWA schools, due to their need to have better rates of success among their students, and their respect for PARD's performance in remedial lessons. The high level of discipline practiced by the student participants indicated their dedication and trust in their teachers. The constant inquiry of the participant's parents about their children's progress indicated their interest in their children's scholastic progress and their trust in PARD's performance. The availability of the audiovisual materials (Computers, LCD Projector, Overhead Projector, PowerPoint Presentation,

CD's Programs for Grades 7, 8 and 9, rich images- Animations and audio- Amazing 3D visuals-Interactive exercises) helped in encouraging the students, especially the shy ones, and to raise their self-esteem and to interact to a great extent with their colleagues and to participate during the sessions and at school. Also the library aided the participant's performance.

A student's progress in one subject also led to improvements in other subjects. For example, a student's improvement in Math helped them solve physics problems and with their knowledge of English helped them answer science questions so that their knowledge was interrelated. The teachers also noted that students were enthusiastic and preferred the center to school because they had the opportunity to interact directly with teachers.

Participation in Health Education Lectures

65 Health education lectures were provided through PARD's community Health workers to children and youth in Beirut, Dbayeh, and South gatherings (Shabriha, Burghuliyeh, Wasta, Qasmiyeh, Sikkeh, Aitaniyeh, JimJeem, Jal Al Bahar, and Kfar Badda). The lectures were given on different subjects such as, winter diseases, puberty and adolescence, jaundice, Sunstroke, nutrition pyramid, personal hygiene, smoking, home accidents, hazards of fireworks, diarrhea, proper hygienic behavior, Infectious diseases, women-related infections, menstrual cycle, avian flu, home accidents and drug abuse, primary teeth care. **767 children and youth attended the lectures. (Refer to Health Education).**

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 starts 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.

Objectives of the center

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

Recreational Activities

- Eight trips to ElQasmiyeh River were organized, where 250 children participated. They were accompanied by 12 animators, librarian and 2 first aiders.
- Another trip to Moltka Alnahreen River was organized, where 60 children participated. They played football, volleyball, and swimming.
- ✓ A trip to the nearby public garden was organized where 100 children participated. They were accompanied by 15 animators, 3 health educators, and two first aiders. The children joined in singing, playing football and role playing.



National Activities

- Earth day: The animator explained the history of this day to about 75 children who joined in painting, drawing, singing and role playing.
- ✓ Belfour agreement commemoration: The animator explained the history of this day to about 100 children and all enjoyed watching "My Childhood and the stone" film.





Activities on International Days

- ✓ The International Teacher Day was celebrated with the teachers and students who benefited from the remedial lessons. All enjoyed food snacks, singing and dancing.
- The International Child Day The first aid team of Shabriha and the animators of the CDC center in Beirut celebrated the Child Day on March 21. They introduced the children to their rights, played several games and distributed balloons, masks, chocolate and juice among them.

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 **480 books** were borrowed and read, in addition to the use of encyclopedias within the center.



<u>Organize communication and dialogue events with other</u> <u>local, regional and international youth gatherings:</u>

The youth groups have coordinated with many local and international NGOs in issues related to children and youth activities:

- On March 30, the national day of "land", children activities of PARD were coordinated with the children of J.C.C.
- On the 15th of May "commemoration of Nakbaa", both PARD and J.C.C. children drew Muriel on the walls of a public school in the area.



Coordination with the international "Right to Play" took place concerning animators and distribution of materials for summer activities.

PARD's **football team** called "Janin" played local football league with about 13 other local football teams in spring. The football team was trained on first aid and eight out of the



35 members act as volunteers in PARD's ambulance and Beirut First aid team.

Youth net working

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

- Re-establishing the Lebanese and Palestinian community youth network.
 - The Lebanese Palestinian dialogue initiatives.

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

 Coordination meeting with local NGOs and Palestinian schools in Sabra and Shatila for the national and social occasions.



PROGRAM TWO



Volunteer Strategy

Volunteer strategy

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

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

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

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

An external consultant will be contracted during the year 2010 to develop the volunteer comprehensive strategy plan.

STRATEGY THREE

ORGANIZATIONAL DEVELOPMENT

Goal:

Increase PARD's organizational Effectiveness, performance And service quality

▶ Program one: ORGANIZATIONAL DEVELOPMENT

Objectives of Strategy Three

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

Components and Action Course

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

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

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

Rationale

Nowadays nonprofit organizations working amidst the Palestinian communities are involved in providing relief, fundamental services, advocating for rights and policies, empowering local communities and encouraging participation. But as a result of the continuously growing needs of the targeted communities, these organizations are faced with significant emerging challenges. Among these are: the ability to respond to the dynamic changes; how to make better use of the limited resources they have access to; how to increase the capacity and accountability of their organizations; how to preserve the mission course and how to ultimately achieve the organization's goals and objectives.

Donors, on the other hand, are also looking for partners who are effective, accountable and have a clear strategic path and can deliver the service offerings as promised. To achieve all of this, an isolated capacity building plan for the human resources will not suffice, instead a more comprehensive organizational development approach is needed to help steer the organization towards its mission and enable it increase its overall effectiveness, performance and service quality.

PARD, as other local organizations, is facing most of the above challenges and it realizes quite well the urgency to respond to those challenges as soon as possible.

PARD wants to walk the extra mile as well by developing the administrative structures, strategies, methodologies, processes and procedures that would serve the organization best and ultimately increase the organization's capacity and resilience. This cannot be achieved without investing in the human resources of the organization. PARD's staff needs to be managed strategically, motivated and mobilized to work towards common actions and goals. This would require the development of new employee policies and procedures as well as the adoption of leadership approaches aimed at generating employees' satisfaction and sense of belonging to PARD and the values it stands for. Moreover, PARD will embrace three specific values when choosing to develop its human resources and helping them achieve satisfaction. These are:

- 1. Humanistic values that relate to openness, honesty and integrity
- 2. Democratic values that relate to social justice, freedom of choice, and involvement
- 3. Developmental values that relate to authenticity, growth and self realization



RELIEF PROGRAM



 Introduction: The Recovery phase of the 2007 war on Nahr El Bared Camp
 PARD's relief Activities to the returnees in NBC in the Recovery Phase 2009

The recovery phase of the 2007 war on Nahr El Bared Camp

Introduction

In May 2007, clashes between the Lebanese army and Fateh el Islam in Nahr El-Bared Camp, led to the destruction of the mentioned camp, the displacement of entire families and the aggravation of the already vulnerable conditions of the community. Although the situation in Nahr El-Bared has stabilized, it remains fragile and thousands of families still rely on Aid to cope with the necessities of daily life.

The clashes has affected directly about 36,000 people, (27,000² Palestinian refugees inside the camp and about 9,000 Lebanese nationals from the areas adjacent to the Nahr el Bared Camp (Mouhammara, Bebnine). The general effects of the clashes in NBC are drastically and tragically enormous; the Old Camp was completely destroyed and leveled to the ground by heavy bombardment.

"Nearly 6,000 residential and commercial units were damaged or destroyed. Even for building which have not been fully demolished, their structural integrity is at risk. Also at least 433 small enterprises–especially singlefamily artisans, shopkeepers–were also totally or partially destroyed by the heavy bombing and rocket explosions. 3 hospitals and 4 clinics requiring either reconstruction or extensive repair, and over 15 schools, mainly, kindergarten, destroyed or damaged."

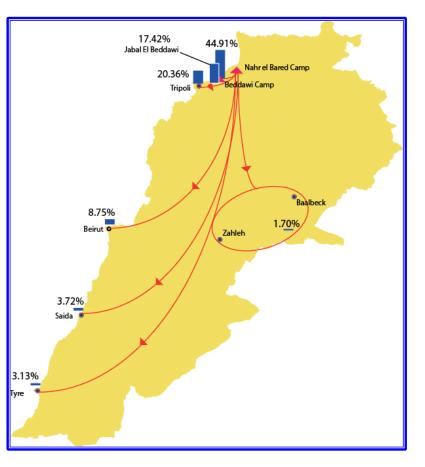
All the residents of the NBC camp were forcefully displaced; the majority of them went to Beddawi Camp and its surrounding areas, while others sought refuge with their extended families in other camps in Lebanon. It was not until October and November 2007 that families started to return to Nahr el Bared. By February 2008, only 20% of families have returned to the Adjacent Area (the New Camp) and by June 2009, around 56% of families have returned to the Adjacent Area, while the old camp has been leveled to the ground and reconstruction is still in its very early phases.

Due to the context of the Palestinian refuaees in Lebanon, and more particularly the context of Nahr el Bared camp, it appears that we could not consider families who have returned to Nahr el Bared Camp Adjacent Area (New Camp) as returnees, unless they have returned to their actual homes; since the Adjacent Area is being used as a buffer zone, a waiting station, where the families would be provided temporary shelter units until their homes are reconstructed.

defines Internally Displaced UNDP Persons (IDPs) as: "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border." This definition applied to the Nahr el Bared context would lead us to consider anyone who are still displaced outside the Nahr el Bared Camp (whether old camp or

As for *Returnees* the commonly used

adjacent area) as an IDP.



definition is: "persons who have returned to their home or habitual place of residence, esp. after a prolonged absence" thus this term can be used for families who have returned back to their actual homes in Nahr el Bared Camp and Adjacent Area.

While the **definition of Semi-Returnees** is: "persons or families who have moved back to the Nahr el Bared Camp and Adjacent Area but have not returned to their own homes yet, meaning they are hosted in temporary shelters in Nahr el Bared adjacent area."

By June 2009, the number of families in Nahr el Bared adjacent area has reached 3052 (55.58%) families, and was continually increasing as more temporary shelters were being provided and as services are more and more being centralized in NBC. Beddawi camp at that same date hosted 1009 (18.45%) families, while Jabal el Beddawi Camp has 964 (17.63%) families, and Tripoli hosts 184 (3.36%) families, and the rest of Lebanon host 258 (4.71%) families.

Out of the 3052 families in NBC Adjacent Area, 28.80% (879 families) are living in their own homes, i.e. they have gained the status of Actual Returnees. Thus the global rate of Actual Returnees is 16.07%.

2173 have returned to the Nahr el Bared Adjacent Area but not to their actual homes, i.e. they are living in the UNRWA plots, rented apartments, collective centers and others. Based on these conditions they are to be considered Semi-Returnees and they make 71.19% of the families currently living in NBC Adjacent Area, and globally they constitute 39.74% of the total number of NBC families. Lastly there are still 2415 families living outside NBC, thus they are considered displaced or IDPs and they constitute globally 44.17% of the total number of NBC families.

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

PARD's relief activities for the second phase:

Activity one: Support relocated Palestinian families residing in the adjacent area of NBC through distributing washing detergent "Bonux".

Activity two: Support relocated Palestinian families with water heaters and installing them.

Activity three: Al Shifaa- PARD medical project for offering medical services, medications, milk, diapers and health education lectures for the returnees to NBC camp.

Activity one

Support relocated Palestinian families residing in the adjacent area of NBC through distributing washing detergent "Bonux".

The project's main objective was to distribute washing detergent to families relocated to NBC Adjacent area. Upon having the approval from AUB, the process of identifying potential beneficiaries had started and a plan for distributions was put down.

The objectives of the project were achieved as follows:

- **1000 families** benefited from the **washing powder detergent** (1 bag per each family)

The items were distributed mainly in UNRWA prefabricated shelter and schools; plots 23, 774 & 664, and 3 other UNRWA gatherings (AI Sayyed, AI Kassem and 385).

Each beneficiary who had received an item signed on a receiving list containing the names of the displaced families receiving these items.

No major problems were encountered and the project was achieved as planned. The only weakness in the project was that the items distributed couldn't cover the whole relocated IDP families to the NBC adjacent area.

Activity two



Support relocated Palestinian families with water heaters and installing them.

The project's main activity was to distribute and install water heaters in NBC camp for the welfare of the returnee Palestinian families, in order to secure warm water for use mainly in winter season. The objective of this activity was to forbid the spread of diseases, financial support for the families in their time of need, after their displacement and losing their source of living and work.

PARD started the project with installing water heaters working on electricity and gas oil over two displacement centers. The third displacement center "Bhanin" was postponed upon the request of UNRWA till they reinforced the situation of the electricity there.

The main problem was the disability of the current electrical force to sustain electricity while the heaters are working. Later, after the electricity was installed from the Lebanese government main electrical line, the heaters were installed.

The water heaters were bought from their main resource, which is the main manufacturer directly. The heaters were distributed as follows:

Location Number of heate	
Plot 23	102
Plot 774	109
Plot 674	245
Social cases	29
Total	485

Activity three

Al Shifaa- PARD medical project for offering medical services, medications, milk, diapers and health education lectures for the returnees to NBC camp.

The project's general objective was providing humanitarian aid in the field of health and basic hygiene for the most vulnerable population (children, women, and the ill) in NBC.

The project contributed to improving the health, nutrition and hygienic conditions of Palestinian refugee families, especially women, children and people with health problems, by guaranteeing support with medical consultations, medicines, fortified milk, and diapers.

<u>Al Shifaa Organization</u> is one of the medical centres working in NBC and offering services for the people with limited resources.

Medical Services and Medications:

PARD made a partnership with Al Shifaa organization which upon they agreed on the following:

 PARD contracted two doctors (a gynaecologist & a paediatrician) to work at Al Shifaa organization, each for two days per week.

Table of attendance of doctors:

Doctor	Days of attendance	Hours of work
Paediatrician	Monday- Wednesday	10:00 am - 12:00 pm
Gynaecologist	Tuesday- Thursday	12:30 pm - 2:30 pm



- PARD secured medications, which the doctors prescribed for patients for free.
- PARD secured the necessary tools and equipments for the use of both doctors. In addition to an Ultrasound machine for the gynaecologist use.



In addition to the check-ups and medications, milk for pregnant women and diapers for children were distributed.

PARD has contracted a Nurse for aiding the two doctors during the four days of their presence in the Shifaa organization. The nurse helped organize the attendance of patients through registering the names, and organizing their turns of the visit, aided the doctor upon his/her request, and registered the distribution of milk and diapers.

A community health worker worked on giving health education lectures to women whether in their places or in al Shifaa clinic.

The project started at the beginning of December 2008, and it scored the following results:

Doctor	Number of Check-ups
Gynaecologist	540
Paediatrician	985
Total Check-ups	1525

Distribution if Diapers and Milk

The distribution of diapers and milk has started in January 2009.

The food diet of children under three years old and pregnant women in the camps were PARD operates had improved upon the introduction of fortified powder milk (<u>1332 bags</u>) as a nutrition support

Total Number of milk bags distributed: 1002 bags

Another number of **330 milk bags** were distributed to the pregnant women in the Southern gatherings through the mobile clinic and gynaecologist at PARD's centres.

10 cans of <u>special baby milk</u> were given to a special case baby according to the request of the pediatrician.

Hygienic diapers (<u>1200 bags</u>) distributed amongst women with children under one year old in the camps were PARD operates, reducing thus the amount needed by families for children's hygiene

Health Education Lectures

The Community Health Worker gave **35 lectures** every Monday and Thursday to **471 women**. The lectures given included subjects as:

The benefits of milk for pregnant women- Breast feeding- Cancer- Breast cancer- Personal Hygiene- Iron deficit- Sudden climate exchange & its advantages- Environmental & public hygiene- Insects and its spread-Risks of Insects and its pollution- Climate pressure inside the shelters- Pollution.

Upon our first visit to the centre, we found out the following:

- A big number of patients were visiting the Paediatrician in the two days of his attendance, so that not all of the children waiting can get a turn for a check-up. This problem is coming over and over every day, and some children suffering from fever, diarrheal or certain diseases are postponing their visits from week to another which is a real problem to be solved.
- The Paediatrician expressed his need for certain more medications according to frequent cases that he checked up.

Accordingly, the decision was taken to extend the working days of the Paediatrician to be 4 days per week as follows:

	Doctor	Days of attendance	Hours of work
ſ	Paediatrician	Tuesday- Wednesday- Friday- Saturday	10:00 am - 12:00 pm

The main purpose for this extension was to increase the number of medical services offered by the Paediatrician so that he can serve the biggest number of children per day.

Focus groups were conducted in plots 674, 774, and Al Shifaa Centre with a total of 45 women.

Results of the focus groups showed that 87% of the questioned women benefited with their children from the services of this project and were satisfied with the results they got.

Case studies of problems people faced with UNRWA and PRCS in NBC camp

Case study 1:

Hanin Abu Heit, 7 months pregnant visited Al Shifaa center on the 25th of March complaining from vomiting, high body temperature and abdominal pain. She had visited the UNRWA clinic one hourearlier and was given Panadol without any examination.

A blood test (CBC) and urine test were immediately conducted at Al Shifaa, and the results indicated that her WBC level was 20,000 which together with the above mentions symptoms indicated Appendicitis.

Accordingly, the lady was transferred to Safad hospital (PRCS) in Beddawi camp for an operation at 9 o'clock that night. Unfortunately, the baby died during the operation.

Case study 2:

Suleiman Mohammad Al Jundi, a 45 years old man with diabetes married to Gazala Al Jundi, a 46 year old lady living in Nahr El Bared Camp, were suffering from food poisoning. They both went to Safad Hospital (PRCS) in Beddawi camp, but they were not admitted although they had evident symptoms of vomiting, diarrhea, in addition to telling the staff that they ate poisoned food.

Alter they went to the Islamic Hospital in Tripoli which has a contract with UNRWA. Their situation got worse so they headed to PRCS in Nahr El Bared. Suleiman's blood pressure was 5 and his wife's was 6.

Fortunately, Dr. Toufic from Al Shifaa clinic was there and decided to transfer them to Al Shifaa Clinic. He contacted the UNRWA hospital to procure a place for them but the doctor there refused! As a result, all the procedures were performed at the clinic (were given the IV medications) and were kept at the clinic for follow up.



OTHER LITERATURE

- Capacity Building
- Coordination Forums

Capacity Building

PARD's staff attended several workshops, trainings and lectures held by other NGOs and certain professional training institutions throughout the year 2009.

(Reporting Period: January 2009 – December 2009)

> ENVIRONMENTAL HEALTH PROGRAM:

Workshops attended:

Name of workshop	Position of attendees
Promotion of the health life of youth in Lebanon	2 Health Community Workers
Anti-Smoking Materials	1 Health Community Worker
Conversations & Discussion Meetings & Work Groups	1 Health Community Worker
Awareness from sexually transmitted diseases - AIDS	4 Health Community Workers
Integration of Gender Equality in NGO's activities	4 Health Community Workers
Democratic Tools Affecting the System: Advocacy & Pressure	1 Health Community Worker
Best Texts of Educators	1 Health Community Worker

Trainings attended:

Name of training	Position of attendees
Maintenance Training for WATSAN	4 Workers

Cectures attended:

Name of Lecture	Position of attendees
1 st Regional Conference on Harm Reduction	2 Health Community Workers

> MOTHER & CHILD PROGRAM:

Workshops attended:

Name of workshop	Position of attendees
Maximizing Benefits, Minimizing Harm	Project Leader – Midwife
3D Ultrasound in Gynecology & Obstetrics	3 Doctors – Project Leader – Midwife
Doppler in Gynecology & Obstetrics	3 Doctors – Project Leader – Midwife
Rational Use of Drugs	Project Leader – Midwife
The Annual Congress of the Lebanese Society	Project Leader – Midwife

of Obstetrics & Gynecology	
Services Presented for Special Needs	Coordinator

***** Trainings attended:

Name of training	Position of attendees
Train the Medical Body on inspiriting the newborn	Project Leader Midwife

> EMPOWERMENT OF WOMEN PROGRAM:

Name	Position of attendees
Health & Cultural Festival	Members of Women Committee

> EMPOWERMENT OF YOUTH PROGRAM:

Workshops attended:

Name of workshop	Position of attendees
Focus Group	Coordinator

Trainings attended:

Name of training	Position of attendees
Develop the Administrative Abilities and Leadership	Coordinator
New Fundraising Techniques	First Aid Coordinator – South
Develop Administrative Skills & Dealing Techniques of Managers	Coordinator

& Lectures attended:

Name of Lecture	Position of attendees
Lecture on Women & Child right in education work	Animator

> **ADMINISTRATION:**

Workshops attended:

Name of workshop	Position of attendees
Focus Group	Administrative Assistant & HR Personnel
Fundraising	Director – Mother & Child Program Coordinator –

	Youth & Child Program Coordinator
Human Rights	4 Health Community Workers – Mother & Child Program Coordinator – Administrative Assistant & HR
	Personnel – Youth & Child Program Coordinator –
	First Aid Leader – Director

Trainings attended:

Name of training	Position of attendees
Training on SPHERE	Director
Communicating with Policy Makers	Director – Environmental Health Program Coordinator
Proposal Writing	Mother & Child Program Coordinator – Youth & Child Program Coordinator
Recruitment on the internet in the field of public relations & information	Assistant Accountant – Administrative Assistant & HR Personnel
Financial Manager & Techniques to Develop Performance	Administrative & Financial Coordinator
Managing People & Organization	Administrative Assistant & HR Personnel
Organizations Leadership & Internal Law	Administrative Assistant & HR Personnel
New Skills in Managing Offices & Secretarial Works	Administrative Secretary
Preparing the training officer and Developing a Training Plan	Administrative Assistant & HR Personnel – Mother & Child Program Coordinator

& Lectures attended:

Name of Lecture	Position of attendees
Lecture on Refugees Case & Right to Return under the International New Conditions & Calls of ECHO for Settlement	Administrative Assistant & HR Personnel

Coordination Forums

PARD is a member of three coordination forums:

- 1. The coordination forum of the NGOs working among the Palestinian Community has been operating since the beginnings of 1995. Its aim is to alleviate the sufferings of the Palestinian refugees in Lebanon in all aspects of their lives including the political (through lobbying), social, and health, educational and economic. PARD has been a founder of this forum of 16 NGO members. As long as this forum helps its NGO members to reach a better understanding about the problems facing them and facing the communities they work with, and succeeds in complying with its aims, namely to alleviate the sufferings of the Palestinian refugees, PARD will remain an active member within it. This forum has implemented many joint projects, participated in joint training programs and participated in national and international workshops and conferences.
- 2. The Coordination forum of Social & Health NGOs in Saida Area was established as a result of the Israeli aggression on the South of Lebanon July 1993. PARD is one of its founders, and it has played an active role in it from the start. The number of NGOs who are part of this forum is 38 members. This forum has implemented many joint projects both for the Lebanese & Palestinians in the areas of health, social issues, education, & relief in the city of Saida and the surrounding area.
- **3.** The Arab NGO Network for Development (ANND) was established in June 1996, with a membership of 45 networks and non-governmental organization from 12 Arab countries. The initiative for establishing ANND came from a group of Lebanese and Tunisian civil society organizations that met in 1993, during one of the preparatory meetings for the International Social Development Summit that took place in Copenhagen, in 1995. PARD has been a member of ANND since 1997. ANND is an advocacy group. Since its establishment, it has worked extensively on strengthening and shaping the role of civil society organizations in Arab countries. Currently, ANND has three main programs; Development program, Democracy program and Globalization and Trade program.
- 4. PARD is a member of the "Forum of Palestinian Civil Society in Palestine and the Diaspora".



ANNEXES



Annex 1: Mother & Child: Lists of 2009 Annual visits to

PARD's clinics

- Annex 2: Achievements of Women Committees
- Annex 3: Statistics of PARD's target population till

August 2009

Annex1: Lists of 2009 Annual visits to PARD's clinics

Women Health Center- Sabra- Beirut

	No. of Beneficiaries
Doctor's Services	5,813
Check up for Pregnancy	2,139
Check up for Gynecology	1,162
Ultrasound Gynecology & Pregnancy	2,349
Circumcision	25
D&C	4
Family Planning - IUD	57
Pap Smear	77
Other Medical Services	136
Pregnancy Tests	101
Dressing First Aid	35
Others	1,349
Milk for Women	1,061
Transfers	1
Hardship Cases	5
Lab Test for pregnant women	163
Other Lab Test	119
Total (excluding hardship cases)	7,292

Sabra Clinic- Beirut

	Male	Female	Total
Doctors	5930	7263	13,193
Cardiovascular	108	202	310
Children + New born	2,056	2,165	4,221
New born Growth Monitoring	2,056	2,165	4,221
Dermatology	406	675	1,081
E.N.T.	122	249	371
Endocrinology	104	244	348
Enterology	151	270	421
General	548	648	1,196
Neurology	57	103	160
Ophthalmic	89	117	206

Orthopedics	158	344	502
Urology	75	81	156
Services	731	2009	2,740
E.C.G.	27	56	83
First Aid Dressings	213	575	788
Laboratory Tests	406	1243	1649
Ultrasound Abdominal	30	87	117
Ultrasound Urology	37	24	61
Ear Cleaning	12	10	22
Echocardiography	3	8	11
Audiogram	3	6	9
Other Services	213	206	419
Milk for Babies	0	0	0
Hardship Cases	94	68	162
Health Care Society	119	138	257
Total (excluding hardship cases)	6,780	9410	16,190

Children's Vaccination-Sabra

	Male	Female	Total
Dipheteria-Pertussis-Tetanus (D.P.T)	212	188	400
Hepatitis A	34	40	74
Hepatitis B	212	188	400
Meningitis	212	188	400
Mumps-Measles-Rubella(M.M.R)	77	84	161
Poliomyelitis	212	188	400
Chicken Pox	22	27	49
Mencivax	24	25	49
Pneomonia 23	24	19	43
Vaxigrip	241	332	573
Typhim	35	22	47
Total	1,305	1,301	2,606

Dbayeh Clinic

	Male	Female	Total
Doctors	426	482	908
Cardiovascular	45	78	123
Children + New born	127	74	201
New born Growth Monitoring	127	74	201
General	119	167	286
Gynecology	-	70	70
Orthopedics	25	93	118
Services	155	274	429
E.C.G.	13	21	34
Laboratory Tests	132	218	350
Ultrasound	10	30	40
Pap Smear	-	5	5
Other Services			144
Milk for Women	-		144
Total	581	900	1,481

Kfar Badda Clinic

	Male	Female	Total
Doctors	211	301	512
Children + New born	61	60	121
New born Growth Monitoring	61	60	121
General	89	181	270
Services	12	6	18
First Aid Dressings	12	6	18
Other Services	3	2	5
Hardship Cases	3	2	5
Total (excluding hardship cases)	223	307	530

Mobile Clinic

Type of Service	Shabriha	Burguiyeh	Wasta	Kfar Badda	Jal Al Bahr	Qasmiyeh	Total
Check up – Pregnancy	395	121	95	50	116	98	875
Check up-Gynecology	328	34	58	3	37	11	471
Family planning	29	7	7		12	3	58
Ultra sound gynecology & Pregnancy	460	-	-	-	-	-	460
Pap smear	7	2	4		1	5	19
Cauterization	5	-	-	-	-	-	5
Post natal care	27	30	36	14	56	26	189
New born clothes	-	-	-	-	-	-	-
Milk for Women	77	83	36	14	60	35	305
Total	1328	277	236	81	282	178	2382

Wasta Clinic

	Male	Female	Total
Doctors	312	374	686
Children + New born	103	100	203
Newborn Growth Monitoring	103	100	203
General	106	174	280
Services	86	197	283
First Aid Dressings	17	8	25
Laboratory Tests	69	189	258
Other Services	3	8	11
Hardship Cases	3	8	11
Total (excluding hardship cases)	398	571	969

Annex 2: Achievements of Women Committees

The women committee in <u>Aitaniyeh</u>

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

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

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

The committee has eight permanent members: **Khulud** is 38 years old, **Likan** is 36, **Sanaa** is 33, & **Aida** is 37 years old. The four women have a lot in common: They have attended health education sessions with PARD since 1994 (six years). They have trained on first aid with PARD & and are members of the first aid team giving voluntary services in Aitaniyeh. All have children participating in PARD's children activities project during school year vacations (total of 12 children). **Khulud** is the wife of a member in the Popular Committee of males acting as a governing body in Aitaniyeh gathering. **Fatima** is 45 years old with seven children. She has joined PARD's health education sessions since 1996. She has been trained by PARD & is acting as the water caretaker since six years. She distributes the water according to a schedule among the different quarters of Aitaniyeh in addition to chlorination of the water. She is also a member of the first aid team. **Intisar** is 40 years old. She joined PARD in 1996 at health education sessions. Her children join in PARD's children activities.

Achievements of Aitaniyeh Committee in 2009

As a joint activity with ACF, PARD conducted sessions for needs assessment with the members of this committee. One major issue decided on as a vital need was to construct a large pit for the disposal of waste water. The committee could convince ACF to fund the construction of such a pit & works were finalized by the end of 2009.

Fatima, a member of this committee is still playing a major role in Aitaniyeh as the water caretaker. She distributes the water & chlorinates it. Moreover, with PARD having no center in Aitaniyeh, **Fatima** has provided a house of three rooms to be used by PARD's activities such as health promotion, first aid, & children activities. She newly carries the responsibility of collecting fees from the households for solid waste collection implemented by PARD.

This committee with other women from the community could remove accumulated garbage in a place located at the entrance of Aitaniyeh permanently. They planted a tree as a symbol of their accomplishment.

The Women Committee in <u>Wasta</u>

After they left Palestine in 1948, the refugees moved for several years from a 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.

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

The committee has seven permanent members. **Najah** is 45 years old & **Aida** is 44. Both of them have attended health education sessions with PARD since 23 years ago (1987) when they were displaced to the coastal town of Jiyeh. They both help in the new health education sessions for new groups of women & support the fist aid team. Their children participate in PARD's children activities. **Wahida** has attended health education sessions with PARD since 24 years ago (1986) & she is now 48 years old. PARD had used her home then as a dispensary in Jiyeh. Six of her children join PARD's children activities. **Tufaha** joined

PARD in 1989, twenty years ago again in Jiyeh & she is now 42 years old & she had learned reading & writing through one of PARD's educators.

Suhad is 22 years old studying at a local university. She works as a secretary now & she had joined PARD's children activities since she was six years old (1993). She has been trained by PARD & is now playing two roles voluntarily, a member of the first aid team in Wasta & a health educator promoting health within her community. For the year 2009, she conducted 51 lectures for the benefit of 60 women & 11 children.

Raida is 34 years old & she is also a member in Wasta's first aid team delivering first aid services locally.

Zahra is 46 years old, married & has five children. She has attended health education sessions with PARD since 24 years ago. She is married with five children. She is now an active member in the women's committee. She is Wasta's water caretaker responsible for the chlorination & distribution of water in the camp. She had been trained by PARD on empowerment & on water care taking. Her children participate in PARD children activities & first aid team.

Achievements of Wasta Committee in 2009

This committee still supports PARD's dispensary in Wasta & acts against its moving into any other place as suggested by the Sheikh of the mosque (the premises of the dispensary is located within the mosque in the area for community use). **Zahra**, a member of the committee is still in charge of water chlorination & distribution within Wasta. She acts as the water caretaker which is an important role in seeing that everyone gets water within a set schedule, & pollution of water is prevented through chlorination. She is a member of the local popular committee which governs the gathering & she collects subscriptions from the families for services related to solid waste collection & maintenance of water & sewage networks. One internal road was covered by cement through the efforts of this committee in collecting local donations to cover the costs of this activity.

■ The women committees in <u>Qasmiyeh</u>

After the Arab-Israeli war in 1948, the Palestinian families settled in Bint Jbeil (located on the Lebanese border with Palestine), and then moved to 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 in two (upper and lower Qasmiyeh).

The land is mostly public but a small part belongs to Lebanese private owners. The refugees are occupying the land illegally with the municipality consent.

The women committee in Qasmiyeh (the lower quarter)

This committee has 8 permanent members. **Rihab** is 34 years old working as an animator for children activities at a local center. She was trained by PARD in health education & in 2009 she delivered 29 health lectures for the benefit of 65 women, 9 children, & 13 youth both males & females. She joined PARD sixteen years ago as a participant in health education sessions. **Aida** is 45 years old & joined PARD seven years ago. Her husband works with PARD when needed in maintenance of water & sewage networks. **Fathiyeh** is 48 years old & Mariam is 40 years old & both joined PARD three years ago.

Fadwa is 37, **Fadwa** 44 & **Alia** 53 years old; they joined PARD consecutively 5, 10 & 4 years ago. **Dalal** is 43 years old. She is the sister of the driver of PARD's solid waste collection truck & has joined PARD 5 years ago.

Achievements of lower Qasmiyeh Committee in 2009

The Committee successfully communicated with other organizations especially UNRWA, in spreading knowledge & methods of prevention of H1N1 Flu. Some of them obtained permission to lecture the students in the local UNRWA school there. Furthermore, when electricity was cut for a while in their gathering due to damages (the transformer was burned), the committee established a persistent communication channel with the official electricity company to repair the damages until the job was completed. Part of the members in this committee are at the same time members in the parents

committee in the UNRWA school, one is a member in the parents committee of the union of handicaps (her son is disabled).

The Women Committee in Upper Qasmiyeh

This committee has 12 permanent members. Four women & their daughters are all members. **Fatima** is 40 years old; her daughter is 19 & member of the first aid team. **Zahra** is 49 with eleven children, her daughter **Waed** is 20 & member in the women committee, her other daughter **Sawsan** is a volunteer in PARD's first aid team. **Shufah** is 49 years old again with eleven children, one being **Ruwaida** 34 years old who was trained by PARD in health education & animation of children activities. She has delivered 36 health lectures for the benefit of 31 women, 15 children & 6 youth both males & females. She also implemented a successful program of children activities in the summer of 2009. **Fuziyeh** is 53 years old with 6 children & her daughter **Suad** (36 years old) with 9 children, are both members in the committee. **Fuziyeh** wants to join a course in combating illiteracy. **UIa** is 20 years old, **Sofia** is 45 years old & both are members of the first aid team trained by PARD. **Sofia**'s husband is a member of the popular committee (local governance of the gathering). Two other members are **Mirvat** (28 years old) & **Jamila** (40 years old).

All of the above members joined PARD four years ago through health education sessions.

Achievements of Upper Qasmiyeh Women Committee

This committee underwent a needs assessment workshop with PARD & ACF. As a result of setting up the prioritized needs, the committee convinced PARD on the necessity of establishing a multipurpose center in their gathering. The center was opened on

Moreover, they lobbied with ACF to get the installation of water pipes in the quarter where the local school is located & realized their demand. They also collected local donations to cover the costs of cementing part of the inner roads. During a training session on needs assessment by PARD, women committee in upper Qasmiyeh decided that they should deal with harmful insects such as mosquitoes, flies & fleas. They put together a plan of action to solve the problem included and implemented the following steps:

- 1- Contacted PARD to obtain insecticides.
- 2- Contacted the popular committee (men) to start spraying the insecticides.
- 3- The popular committee refrained from spraying (no volunteers).
- 4- The women committee formed three sub-committees from three quarters (Maarub, mosque, school).
- 5- The committees prepared a program, announced it to the community through loud speakers in the mosque, and recruited their youth children to implement spraying.
- 6- Announced all the precautions against insecticides (keep the chickens in their dens, refrain from eating fruits directly from trees & so on...).
- 7- Collected children groups & raised their awareness on personal & environment hygiene, precautions against insecticides & so on...).
- 8- Implemented a community based cleaning campaign before spraying in coordination with the popular committee & PARD's solid waste collection team.
- 9- Formed a youth committee from the volunteers sharing in the cleaning campaign & spraying of insecticides.

The Women Committee in <u>Maashouk</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.

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

The committee has seven permanent members. **Fadia** is 35 years old with 5 children. She has joined PARD 10 years ago attending health education sessions. In 2009, she was trained by PARD to become a health educator & by the end of the year she had delivered 17 lectures to women & children in the gathering.

Fadia is 30 years old with one child. **Naifeh** is 41 years old with five children. She has participated in PARD's health education since twenty years. Her husband used to be the local water caretaker, but since he had found a regular job, **Naifeh** has taken the responsibility of chlorinating & distributing the water in Maashouk.

Reem is 34 years old with three children. She had attended health education sessions with PARD since 14 years ago. She works at home as a seamstress to increase the family income. She was trained by PARD as teacher for combating illiteracy & hopes to benefit a group of local illiterate people soon.

Sawsan is 32 years old, married with six children. She knows PARD since 16 years through participating in health education.

Ikhlas is 38 years old, married with five children, & Nadia is 33 years old, married with two children, working as a seamstress at home. Both have joined PARD twelve years ago through participating in health education.

Achievements of Maashouk Committee in 2009

This committee collected data about the elderly & pregnant women in Maashouk to help PARD plan activities. They also helped ACF in data collection about water issues. They support the handicapped in Maashouk. They have networked with the popular committee (men) on the issue of solid waste collection, & still do.

■ The Women Committee in <u>Burghuliyeh</u>:

Burghliyeh was created in 1948. The Palestinians moved there because they knew some Lebanese who used to work in Palestine. The gathering is divided in two areas, the northern one and the southern one. Burghliyeh south is mainly inhabited by Lebanese families and Burghliyeh north by Palestinians. The gathering is located a few km in the north of Tyre.

The land belongs for half to the Lebanese government and for half to Lebanese private owners. The refugees are occupying the land illegally.

The committee has seven permanent members. **Laila** is 45 years old married with four children. **Fatima** is 45 years old, married with four children. Both have participated in health education with PARD since fifteen years ago.

Subhiyeh is 39 years old with 8 children, four of them participate in PARD's summer activities.

Fatima is 43 years old, married with seven children, 3 participate in summer activities. She has attended health education sessions with PARD since the year 2000. She has trained with PARD as health educator & animator for children activities. She has delivered 31 health lectures to women & children in the camp & given twelve lectures on H1N1 Flu for women, youth & children. In the summer activities of 2009, **Fatima** acted as an animator for the period of two full weeks.

Zubaida is 46 years old, married without children. She has attended health education since 15 years & trained with PARD on how to become a teacher for combating illiteracy. She hopes to form a group of illiterate people to teach them.

Nuhad is 46 years old, married with two children. She wants to learn first aid.

Suad is 60 years old with six children. She has known PARD since 9 years, & is an active member of the committee.

Achievements of Burghuliyeh Women Committee 2009

This committee has lobbied for a long time to provide their houses with water. They had found donors for land, building a well & obtaining a generator to operate a pump. They also found donors for building a water network. Recently, while training on empowerment, they put together a new needs assessment whereby their priority was to rehabilitate the water well. Together with PARD they found a new donor &

their water well were rehabilitated. Through meetings & lobbying, they could also find donors to put asphalt on a side road leading to a school & to wire part of the watering canal passing by their gathering & pausing as a threat if their children fell in it.

The women committee in <u>Shabriha</u>

The gathering was built between 1955 and 1960. The refugees came essentially from various villages in the south but some also came from Baalbeck in the Bekaa valley. Shabriha is located few km in the north of Tyre within the Lebanese village of Shabriha.

Most of the land belongs to the municipality of Shabriha and the refugees are occupying the land illegally. Some part of the land belongs to the refugees.

This committee has eight permanent members.

Rabab is 30 years old. She has attended health education sessions with PARD since 15 years. She trained with PARD to become a local health educator & formed a team with **Faten** who is also 30 years old & has known PARD for the same number of years. Together they have delivered about 71 health lectures to women, youth & children in Shabriha.

Moreover, they have conducted about 20 lectures on the prevention & management of H1N1 Flu in Shabriha within a general campaign, again for the benefit of women, youth & children.

Jumana is 27 years old, unmarried & she has known PARD since eleven years attending health education. She trained with PARD on how to become a literacy teacher & has formed a group of illiterate people to combat illiteracy. Members of her family participate in PARD's health lectures & children activities.

Hamdah is 25 years old majoring in geography at the Lebanese university. **Famdah** is fifty years old, single. **Khadijeh** is 48 years old, married with six children. **Hamdah** is 49 years old, married with six children. The five ladies have known PARD since eleven years attending health education; they all have family members participating in PARD's health education & children activities.

Achievements of Shabriha Women Committee 2009

This committee is an active committee in general with two of its members acting as health educators & one acting as a literacy teacher. The latter, **Jumana** has opened her house as a school for combating illiteracy. The committee is also the main supporter to the youth first aid team; some of them have sons & daughters volunteering in this team. They are active in all PARD's local activities in Shabriha & the surrounding area.

The Women Committee in <u>Jal Al Bahar</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.

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

This committee has 8 permanent members. **Adla** is 61 years old, married with seven children. She has known PARD since 19 years old while attending health education. She has trained with PARD both on health education & combating illiteracy. Alone, she has delivered about 70 health lectures on different subjects for the benefit of women, youth and children in Jal Al Bahar camp. Moreover, she delivered 8 lectures on the prevention & management of H1N1 flu.

Alia, 47 years old married with five children. Rasmiyeh, 45 years old married with six children. Samira, 46 years old married with five children. Rawad, fifty years old, married with four children. Those four

women, other than being active as members in the women committee, have one other thing in common. They attended health education sessions with PARD in Jiyeh, their displacement shelter 18 years ago. Their relationship with PARD continued upon their return to Jal Al Bahar camp. **Rasmiyeh** has a daughter working as a volunteer in the first aid team & her son participates in PARD's summer activities.

Insaf, 42 years old married with three children has known PARD since 10 years & wants to train as a health educator. **Fatima** is 35 years old, married with three children, and has known PARD since 12 years. She also wants to train as a health educator.

Achievements of the Jal Al Bahar Women Committee 2009

Jal al Bahar gathering is one of the poorest gatherings near Tyre. Its inhabitants of Palestinian refugees live in zinc-roofed houses of two to three rooms facing the sea. The majority of its working force relies on fishing & seasonal agriculture labor in the neighboring citron & banana plantations. Children go to UNRWA schools in the nearby Bas refugee camp. The camp is governed by the Popular Committee which consists of men appointed by Political parties. The women committee is slowly taking the role of a popular committee coordinating & networking with other committees.

Adla, through a long relationship with PARD (19 years) & by participating in PARD's training courses on empowerment & health education, has become a reference, a focal point, a resource in the community of Jal al Bahar. Her house was & always will be open to social & health activities for the benefit of the women, youth & children. The committee is involved in supporting hardship cases, families or individuals, hospitalization fees, chronic diseases, & social or family disputes. They work closely with popular committee & the women committee in nearby Nahr el Samer.

Moreover, they are active players in all PARD activities in Jal al Bahar gathering.

In 2009, this committee worked together with Al Samer women's committee to cover a small canal of gray water passing near their gathering into the sea. Through lobbying with Tyre municipality they could get the job done, thus ridding their population from an environmental hazard (breeding place of harmful insects & rodents).

The Women Committee of <u>Nahr el Samer</u>

This committee has 10 permanent members, five Lebanese & five Palestinians. It is a relatively new committee. **Hayat** is 56 years old, a widow with four grown up children, Lebanese. She has attended health education sessions with PARD since four years. She plays the role of public relations with others in the committee. **Bahija** is 52 years old, again a widow with five grown up children, Palestinian. She helps Hayat in representing the committee in meetings with stakeholders. She also has known PARD since four years.

Yusra is 45 years old, married with five children, Palestinian. She has known PARD since 21 years (health education) & currently works in a shoe shop.

Manar is 24 years old, married with two children, Palestinian. She writes the minutes of meetings in the committee & has known PARD since four years. She is the daughter in law of Bahija.

Amira is 64 years old, Lebanese married with eight grown up children. She has known PARD since four years (health education).

Dalal is 36 years old, Lebanese, married with three children. She is the daughter in law of Amira, & has known PARD since four years.

Iman is 33 years old, Lebanese, single. She has finished high school & wishes to attend a first aid course.

Faten is 39 years old, Palestinian, married with 4 children. Like Iman, she has finished high school, & wishes to attend first aid training. Her children participate in PARD's children activities.

Fatima is 70 years old, Palestinian, married with 4 grown up children.

Randa is 49 years old, Lebanese, married with 3 children. The four women have known PARD since 4 years (health education).

Achievements of Nahr Al Samer Women Committee 2009

Nahr Al Samer is part of Jal al Bahar gathering with a few more Lebanese families living there. They faced an environmental hazard reflected by Al Samer River for many years. Many previous attempts by men committees & individuals to solve the problem failed. PARD trained a group of women attending health education on empowerment 2007-2008. In 2008 the women committee formed as a result of the training, decided to take action. Through a long & strenuous process of lobbying with the stakeholders & involving the press to solve the problem of Samer River, the women committee extracted a commitment from Tyre municipality to intervene. The German government sponsored an about 2 million dollars project implemented by a local contractor to cover up the river permanently, & the problem was solved. Now, the premises are used for sitting, visiting, barbequing & for children to play & ride their bicycles.

In 2009, this committee worked side by side with the women's committee in Jal al Bahar to cover a small canal of gray water passing by Jal al Bahar into the sea. They followed the same steps taken to cover Al Samer River & succeeded in covering the canal.

Case Study

During August 2009 before the month of Ramadan, **Huda** was visited by the agent of Mr. Fuad Al Sahily who owns the garden located behind **Huda**'s house. **Huda** was officially notified that she & her family have to evict their house. This house was built by Khalil Isa, a refugee from Palestine in 1948. After his death, his son Ali continued to live in this house where he later married **Huda**. When the husband Ali died, Huda transformed one room into a grocery shop to support her children. Upon receiving the eviction order (court order), **Huda** appointed a lawyer who could get a court appeal for her case & thus delay the eviction.

In the meantime, the members of Al-Samer committee & Jal al Bahar met to discuss the matter. They analyzed the problem (Huda's eviction might be the beginning of evicting other houses & then the whole camp), stated the stakeholders (Mr. Sahily, Tyre municipality, political parties, popular committees, PARD & other NGO's, the media), and decided to do mobilization & advocacy. Their plan of action which was implemented included:

- Contacting local political parties & Tyre municipality to make them aware of the problem.
- Contacting the popular committee (men) & designate roles: the women committee organizes a sit-in, the popular committee contacts stakeholders.
- Contacting the media to synthesize.
- Mobilize the community through meetings & spreading information.
- Implement the sit-in whereby women & children closed one of the entrances to the city of Tyre with media coverage. Slogans were raised beseeching the president of Lebanon, the prime minister & the head of the parliament to put a stop to the sufferings of the Palestinian refugees in Lebanon, pressuring UNRWA to take more responsible actions towards the Palestinians in the gatherings vis-à-vis the camps. One slogan also stated that the people of Jal al Bahar refuse to become new victims of evacuation repeating the experience of Nahr el Bared camp.
- The sit-in proved to be successful especially since it was covered by the media (newspaper clips attached). Consequently, the agent operating on the behalf of the land owner Mr. Sahily contacted Huda & her family promising the provision of a substitute home.

The women committees met again after those events & expressed their further concern that the Huda's case is the beginning of further attempts to evict Jal al Bahar camp located directly at the sea front. They were worried that the rich land owners who have built a large housing project already & want further to establish touristic & commercial projects in the area, will definitely do their utmost to remove Jal al Bahar camp. Based on such worries, the committees decided to prepare themselves against future interventions through:

- Implement a big sit-in whereby all women committees & popular committees in the 9 gatherings near Tyre would participate since they face similar threats.

- Invite all the local NGO's, some international NGO's & UN agencies to participate in the sit-in.
- Involve the media (TV & newspapers).
- Involve PARD to assist in all the coordination.

The Women Committee of <u>Jim Jeem</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 refugees displaced from Palestine in 1948 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.

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

This committee has eleven permanent members.

Rihab is 46 years old, married with three children who participate in PARD's youth & children activities. **Alia** is 50 years old, single & the sister of who collects the fees for solid waste collection. **Rasmiyeh** is 50 years old, married with seven children. **Mariam** is 53 years old, a widow with seven children. The four women participated in PARD's activities since 20 years & they all want first aid training.

Manal is 29 years old, single. She trained with PARD on animation for children activities & wants to train on first aid. **Naifeh** is 48 years old, married with five children. **Samar** is 27 years old & married.

Khawla is 40 years old, married & carries a university degree. The four women participated in PARD's activities since 18 years & demand first aid training.

Fatimah is 20 years old, single & has participated in PARD's children activities since twelve years ago. She recently trained with PARD as an animator for children animator & member of the youth committee in Jim Jeem. **Thuraya** is 44 years old & single.

Najlaa is 40 years old, married with four children. She majored in History at the Lebanese university. She has participated in PARD's activities since 13 years.

Achievements of Jim Jeem Women Committee 2009

When this committee assembled a number of needed priorities in their gathering (needs assessment), they listed the need for more water, better conservation of the solid waste before disposal & the need to cement an internal road. On the problem of water provision, they obtained more reservoirs through the NGO called ACF & provided a piece of land where a water well can be dug when funds are secured. On the problem of solid waste, they provided 10 more barrels for garbage collection with protective covers. For the internal road which needed cementing, they collected some funds among themselves & through local labor, could cement the road.

Annex3: Statistics of PARD's target Population

Statistics of the population in the gatherings of Beirut:

Gathering	Number of families	Number of beneficiaries
Gaza buildings (1,2,3,4)	190	713
Daouk	133	535
Saied Ghawash	128	1952
Salwa El Hout	45	190
Total	496	1952

Statistics of the population in Dbayeh Camp - Mount Lebanon:

Gathering	Number Of families	Number of beneficiaries
Dbayeh Camp	425	1540

Statistics of the population in the Southern Gatherings:

Gathering	Number of families	Number of beneficiaries
Wasta	140	686
Aitaniyeh	44	202
Maashouk	369	1546
Kfar Badda	111	463
Jimjim	56	205
Burghuliyeh	65	262
Shabriha	287	1142
Jal El Bahr and Nahr El Samer	266	1207
Qasmiyeh	369	1690
Sikkeh	450	2129
Total	2157	9532

Needs Assessment in the Palestinian gatherings of Lebanon (Housing, Water and Sanitation), Prepared by Premiere Urgence and Norwegian Refugee Council (August 2009)