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The In-Kind Program in Action

by Joe Harrison, Direct Relief Programs Manager | Middle East, Asia



In March, I had the opportunity to spend 10 days with ANERA's staff in the Middle East, visiting health care facilities and impoverished communities throughout Lebanon and the West Bank. Below is some of what I saw and learned.

Lebanon

The situation is dire for both Palestinians and Syrian refugees in Lebanon. The strain on infrastructure was plain to see everywhere I went – from garbage in the streets to faulty electrical systems. Death by electrocution is a monthly occurrence in the Burj El Burajneh Palestinian camp in the Beirut suburbs.

Seeing the terrible conditions helped me to understand how the influx of refugees into the country is creating tension between groups, as civil society struggles to meet everyone's needs and people jostle for space. Only 15% of Syrian refugees in Lebanon actually live in a camp or tent settlement. The others reside alongside Lebanese nationals, embedded in communities and also enduring harsh living conditions.

Rates of hypertension, diabetes and other related illnesses are extremely high in Lebanon. Every medical professional we spoke to cited cardiac disease

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COVER PHOTO: A Syrian boy in one of the tented settlements in the Akkar region of northern Lebanon.

Ron Coello, photographer

and diabetes as the two biggest problems and most common cases at their facilities. Stress contributes to this issue and even exacerbates or prolongs it. ANERA delivers Direct Relief-donated medicines to treat these diseases, while also providing education and training in communities so families are empowered with simple tools to take control of their health.

One critical gap in medical services for refugees is dental health. In northern Lebanon, I saw a lot of children with severe dental problems. ANERA has just launched a new dental care program there. Dentists are on site assessing people's teeth and referring cases that need treatment to an area clinic for free care. These services are extended to Syrians living in the 14 tent settlements in the north of the country (see the story on page 6).

West Bank

Checkpoints are a regular part of life throughout the West Bank. Sometimes patients can't get to hospitals for care and need to rely on local clinics. Because of ANERA's wide-reaching scope throughout Palestine, local medical facilities have what they need to ensure that doctors and ultimately patients have the best care possible.

I was impressed by the amount of time that ANERA's team invests in ensuring that donated medical goods are received efficiently, stored safely, and distributed to patients who need them the most, regardless of their ability to pay. They also vet health care partners in the way Direct Relief does – aggregating needs lists and allocating products accordingly.



ANERA's team delivering Direct Relief medicines to a clinic in Hebron, West Bank.

Both the Lebanon and Palestine offices have forged longstanding relationships with their local authorities, navigating cumbersome processes. As a result, they are able to accomplish what other organizations have failed to do and continue to struggle with. Because of ANERA's efforts, Direct Relief can confidently report that donated medicine gets to where it needs to go.

It's all about the people

The staff at ANERA never cease to amaze me. Dima in Lebanon is the manifestation of the compassion that drives the organization. Hani and Mohammad, in the West Bank, have invested countless hours driving around Palestine and building a robust network of health care providers, from big hospitals to simple outpatient primary care clinics. They and their colleagues are dedicated and selfless. And it shows in the amazing things they've been able to accomplish.

I am proud of the partnership that Direct Relief and ANERA have forged over the past decade. Together we have addressed a multitude of needs in vulnerable communities across Lebanon, the West Bank and Gaza.

Although my hope is that, one day, our work will no longer be needed.

30 shipments containing millions of dollars worth of vital medicines have been distributed to clinics and hospitals in Palestine and Lebanon in the past year.

103,000 pairs of shoes and boots are keeping young children safe and warm in Lebanon's refugee camps and Gaza's displaced-family caravan community.

20,000 relief kits containing school supplies, hygiene items, blankets and quilts, clothing and layettes are helping Syrians and Palestinians survive despite dire conditions in Lebanon.

12,200 parasite treatment kits were used in conjunction with a community health program to treat and prevent lice in the overcrowded Syrian camps in Bekaa, Lebanon.



Peter Gubser was ANERA's president from 1978 to 2007. While he guided all of ANERA's program work, education had a special place in his heart as a means for people to realize their potential.

When Peter later died from cancer, there was an outpouring of love given in the form of donations to ANERA. A fund was established and a search commenced for the right project to honor his memory. Peter's family, in close consultation with the ANERA Education Committee and overseas staff, identified renovation of the Refugee Women Training Center (RWTC) as ideal.

Established in the 1960s, RWTC was the first institution in the Middle East to offer teacher training and vocational courses for refugee women. Located in the heart of Ramallah – the West Bank city that many consider an intellectual, educational and cultural incubator – the center includes both an active preschool and facilities for teacher training. Both were dilapidated and in great need of upgrades.

The Gubser Fund of \$60,000 made it possible to renovate the infrastructure at RWTC, install child-friendly toilets, and add a teachers' room, a kitchen and two new classrooms. New carpets and child-appropriate furniture, games, books and learning materials have made the center's atmosphere stimulating and healthy for children and teachers alike.

In October, Sasha and Christie Gubser, Peter's daughters, travelled to the West Bank for the inauguration of the renovated center. "This program helps develop young children's growing minds and also prepares young teachers for a changing world," explained Christie. "It felt like a really good match to what was important to our father."



Peter Gubser's daughters, Sasha (left) and Christie (right), visit with preschoolers during the re-opening of RWTC in October 2015.

ANERA IN-KIND MEDICAL & RE

Highlights from Palestine & Lebanon: 2015-2016



Dr. Qdeimat and the clinic staff in Halhoul take stock of **vital medicines** supplied by ANERA.



In-kind warehouse assistant Mohammed Ma'tan helps deliver **new mattresses** to Al Ahli Hospital.



Distributing **clothing and blankets** to Syrian refugees in Al Rahme tent camp in northern Lebanon.



Delivering **warm boots & new toys** to children living in Gaza's caravans, still displaced from 2015.

A New Oral Health Program in Syrian Camps

When you have access to proper care, it's easy to take dental health for granted. For many refugees living in Lebanon's camps, toothaches and infections have become a part of their new life, because the costs of treatment are too high and clinics are not accessible.

Aminah is 11 years old and lives in a makeshift settlement in Miniara, in the north of Lebanon. She came to the country a year ago with her parents and her nine siblings to escape the Syrian war. Life is hard and reliable health care is hard to find. "Toothaches really hurt and sometimes I can't sleep at night because of the pain," says Aminah. "It's so great to be able to see a dentist!"

In February, ANERA partnered with The Ajram Family Foundation to launch an innovative dental health project that is reaching 750 children and their families in a Syrian refugee settlement in the Akkar district. **The project brings dentists to the camps for screenings and sends patients in need of treatment to a reputable clinic for free care. ANERA is simultaneously conducting an awareness campaign that focuses on good oral hygiene practices, cavity prevention and early intervention.**

One participating dentist Abd el Rahman Mohammad says most of the problems result from a lack of oral hygiene. Some people, he adds, even have to have their teeth taken out. "Children in this camp do not have access to clean drinking water and we know unclean water can cause cavities."

Recent surveys in the area report that Syrian refugee children are four times less likely to seek dental services than their Lebanese host community.

ANERA Health Program Manager Dima Zayat says they simply can't afford it. "Proper oral hygiene practices and a balanced diet are essential to maintaining healthy teeth but extreme poverty and lack of access to dental services multiply the risks of serious oral health issues."

Through proper screening, treatment and awareness of good practices, refugee families are tackling this important, and preventable, health problem. It is one less worry in a long list.



PHOTOS (from top to bottom):

Aminah flashes her beautiful smile.

A dentist screens a child to evaluate whether she needs more dental care.

A young boy getting a cavity filled at the clinic.



10 shipments

of donated medicines,
hygiene kits, shoes &
school books

are waiting

to go to impoverished
communities in
Lebanon & Palestine.

**Your donation
can help us get
them there.**

anera.org/wedeliver

ANERA Mourns the Death of Curtis Brand



Curtis Brand was ANERA's board chair from 2006 to 2010. He also served on many ANERA committees over the years.

"He was central in moving ANERA from a small charity to a professional development agency. With the clarity of a CEO, he helped paint the big picture for other board members," says ANERA President Bill Corcoran.

Curtis died of ALS on March 24. This is a sad loss for the ANERA community. We will miss him terribly.

SAVE THE DATE

for ANERA's 2016

Annual Dinner

Friday, October 7

Marriott Wardman Park

Washington, DC

*Reservations for the event can be made at
anera.org/dinner after June 1, 2016.*

ANERA

Improving Lives in the Middle East

Since 1968

American Near East Refugee Aid
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ANERA News

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Dear Friend:

Think about the last time you had the flu. Could you get the medicines you needed? Did you have a warm bed to nestle in? Could you go see a doctor when it was really bad?

For many people where ANERA works, the answer is “no” to all of those questions. How would your flu feel if you had no access to basic medicines and care?

This newsletter highlights the vital work of our medical and relief program. You’ll learn about the ANERA team that makes it all happen and you’ll see some of the people they reach. We also feature a new oral health program that is bringing desperately needed dental care to the refugee children of northern Lebanon.

It’s easy for many of us to take our good health for granted. It’s easy for us to help those who don’t.

Gratefully,

Bill Gouvan
ANERA President

