



# MAP'S EXPERIENCE DURING THE 2014 WAR

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Medical Aid for Palestinians – (MAP)

# Brief history of MAP

- Dr. Swee Chai Ang and the Sabra and Shatila massacre
- Upon her return to the UK, established, with colleagues, Medical Aid for Palestinians
- “in order to send out doctors and nurses to work in the Palestinian refugee camps and provide front-line care”
- Thematic areas today include: PHC, WCH, EPR, MHPSS, Disability, and campaigns



UK - HQ



Gaza



West Bank



Lebanon

# Scope of work in Gaza

- **Community Programme**
  - Disability
  - WCH
  - Nutrition
  - GBV
- **Medical Training Programme**
  - Trauma
  - Limb Reconstruction
  - Neurosurgery
  - Burns and Plastics
  - Breast Cancer
  - Neonatal project
  - Sterilisation and Infection Control
  - General and laparoscopic surgery

# Emergency Programme

- Blood Bank
- Zero-Stock
- Prepositioned supplies (NFIs, drugs, and disposables)
- Primary Trauma Care
- Recently, Advanced Cardiac Life Support (ACLS)

# MAP is ...

- Active during emergencies and always one of the first responders
- An active member of the Emergency Working Group led by the Health Cluster
- Keeping an eye on the situation and the health needs of the population (Stocks, HR, fuel, any other related issues)
- Updating and adapting its action course in accordance with the overall plan of MoH and the Health Cluster
- A medium size health INGO

# Prior to the 2014 emergency

- **We are always prepared**

- Staff know their emergency roles
- Prepositioned supplies are ready for release any time
- ERP is updated regularly
- Coordination with key stakeholders is maintained (MoH, WHO, Cluster, etc.)
- Excellent relations with vendors
- Quality leadership in Gaza and UK
- UK office is always ready and prepared for emergencies in Gaza

# Response during the 2014 war

- First respondent to the needs of the MoH for at least first two weeks before WHO's and ICRC's contributions
- Response happened during “the Golden Hour” of need. MoH sent cars to our warehouses to collect prepositioned items (surgical needed items)
- Purchasing of items happened over the phone and quickly, no payments, good reputation
- USD 1,200,000 spent during the war
- MAP always present at Shifa and the operations room led by cluster and OCHA, and all coordination meetings
- UK team on spot with requests and financial aid
- First NGO to send medical missions for surgeries and assessments during the war

# Recovery phase

- Continuity of procurement of needed items and equipment
- Establishing Medical Training Programme to address needs holistically
- Projects had humanitarian touch but had a transitional nature of development and ownership of MoH of these interventions (LR, Trauma, Neuro, etc.)
- > USD 3,000,000 spent in 2015 were spent



# Challenges and limitations

- Hard to address all the needs arising despite the good amount of response!
- Being efficient and flexible put us under pressure for two weeks being an early respondent, with MoH heavily relying on us
- Safety of staff was not guaranteed at all
- Communication was extremely difficult during war time
- A very stressful process giving the personal conditions of the employees and their families

# Recommendations

- Big NGOs need to be less bureaucratic to respond faster reducing pressure on medium and smaller size NGOs
- Clarity before an emergency on what NGOs can do and when, is needed
- Update your ERP half annually, we live in a protracted emergency situation
- Update your contact lists and your emergency vendor lists
- Keep your prepositioned supplies in stock and ready
- Take into consideration special groups of people and cross cutting issues when planning to avoid bad responses

THANK YOU