

# Final Report Completion Report

## Bridging the Gap Project

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**Final Report/ Completion Report**

**Bridging the Gap Project**

## **- Introduction**

In the period followed the signing of the agreement, the administrative preparations for the project were completed, whether at the level of employment or collecting information and data on the targeted localities of the project. Then, we moved to the next phase of the project, which was represented in paying visits and holding meetings with local society institutions targeted by the project, in order to inform them of the project details, its importance for them and its various activities. After the preparation, we started the formation of local committees in the various targeted communities with which we remained in contact until the completion of the different activities.

The harsh economic and humanitarian conditions the Palestinian people lives, particularly in remote and marginalized areas which lack the minimum of services required and the very difficult conditions the people of these areas live require to support them and provide them with the basic needs as a disadvantaged sector.

The importance of providing assistance to these marginalized and disadvantaged groups lies in supporting them so that they can withstand the burdens of life. The support of these groups reflected positively on the image of Denmark and its acceptance not only to these groups but also to the society in general through media coverage of these events. . The implementation of these activities encountered great difficulties started from Israeli barriers and the harsh conditions that population of these localities live such as lack of the basic needs. The team of “Shams” working on this project announced that “these remote and marginalized areas need more assistance and efforts to be paid due to their harsh economic conditions in order to serve, at least, their basic needs.” There is a kind of incapability to provide these areas with the sufficient assistance because of the very difficult and painful situation of these remote and marginalized localities. There are insufficient medical services in these areas and they are non-existent in other areas. The people of some other localities live in houses covered with zinc boards and sack clothes and others live in caves. There are no roads, no services and no facilities. The roads are difficult and mountainous and Life is primitive.

A series of events and activities have been implemented in “Bridging the Gap Project” where these events and activities have targeted the poorest groups, remote and marginalized areas. Food baskets, first aid kits, gas heaters have been distributed in addition to the implementation of voluntary medical actions and printing colored labels to be pasted on these aids.

## **- Mechanisms of selecting beneficiaries from food baskets and first aid kits.**

Based on our conviction, it is necessary to involve the local community in determining priorities and needs on the basis of integrity and transparency in the civil work. The mechanism of choosing the benefited families from food baskets will be through coordination and cooperation between “Shams” and the local institutions in these areas such as (municipalities, village councils, projects' committees, youth and women clubs and centers and public figures). Noting that, the social worker would be a representative of “Shams” in the committee. This committee will be formed, in every village or locality, of the local community and will be headed by the social worker (representative of Shams). The functions of the committee would be as follow:

- 1- Selecting the names of beneficiaries in harmony with standards and in cooperation with the social worker.
- 2- Verification of all listed names.

- 3- Controlling any problem that may arise before, during or after the distribution process.
- 4- Selecting the place where the distribution process will take place in cooperation with the social worker.
- 5- Informing the beneficiaries of the time and date of the distribution process in cooperation with the social worker.

### **Standards used in selecting the beneficiary families from food baskets and first aid kits.**

- 1- Families headed by women due to widow, divorce, abandonment, compulsive absence and marriage of others.
- 2- If all family members are females.
- 3- If the Paterfamilias/the mother of the family is unemployed.
- 4- If the Paterfamilias/the mother of the family is a worker or farmer.
- 5- If the Paterfamilias/the mother of the family is suffering from a disease (unable to work).
- 6- If one or both of parents are deceased.
- 7- If the number of family members is big.
- 8- If the family includes members with special needs.
- 9- If the family is a low-income (poor family).
- 10- Residency in those targeted areas.

### **Objections to names:**

The local community will be informed through local announcements to look at the names of beneficiaries and to allow objection against any name, providing real clues.

### **- Warnings**

- 1- It is not allowed to provide **food baskets/first aid kits**: for any employee whether works for governmental or civil sectors or works for UNRWA.
- 2- It is not allowed to provide **food baskets/first aid kits**: for sheriffs, chairmen or members of municipal or village councils or local committees.
- 3- It is not allowed to provide **food baskets/first aid kits**: for any person who owns a taxi or a private car regardless of its type or year of production.
- 4- It is not allowed to provide **food baskets/first aid kits**: for any one who has a commercial store or any other income-generating project.
- 5- It is not allowed to provide **food baskets/first aid kits**: for any member of the committee formed by “Shams” for this purpose.
- 6- It is not allowed to provide **food baskets/first aid kits**: for male/female bachelor.

### **Important note:**

- It will be requested from the local community to look at the name lists, to revise them and to submit any objection against any name on the lists.

### **The implemented activities**

#### **1- Food baskets:**

2566 food baskets were distributed on poor families in many remote and marginalized areas across the West Bank.

It was obvious how much the crisis of which citizens are suffering is big and the standard of living is low as a result of the harsh economic conditions such as unemployment and low-standard of living. We visited many areas through the distribution process and we found the many cases of extreme poverty where the families are in dire need of the basic needs. The distribution of food baskets contributed to alleviating the suffering and the burdens of the citizens and it supported them even if it is a simple assistance.

The team that distributed this assistance and the team of “Shams” in general have noticed the reactions of citizens who warmly welcomed the assistance but they have comments on the Kingdom of Denmark due to the cartoon crisis which, most of the time, required us to open a dialogue with citizens for more clarification and removal of misunderstood concepts and information regarding the image of Denmark. We assume that opening such dialogue had a good impact which contributed to improve the image of Denmark among the simple citizens and gave them an idea about the support provided for Palestinians by the Kingdom of Denmark.

Every food basket distributed with a label on it to show that “it is provided by the Kingdom of Denmark.”

“Villages received food assistance”

No.	Governorate	Name of the village	No. of shares
1-	Bethlehem	Jort El Sham'a	200
2-	Salfit	Qira	198
3-		Marda	250
4-		Bidya	14
5-		Kufr El Deek	44
6-	Qalqelya	Haja	160
7-		Ras Ateyya	249
8-		Izbet El Tabeeb	55
9-		Bet Amin	165
10-		Azoon Atmeh	250
11-		Azoon	66
12-		Salman village	25
13-		Qaqelya	12
14-		Charitable salvation Association	12
15-	Tulkarm	Baq El Hatab	30
16-		Faroon	250
17-		Kherbet Jbara	63
18-		Anabta Society	20
19-		Ramin	50
20-	Tubas	Aqaba	45
21-	Jenin	Zbouba	108
22-		Arabona	100
23-	Ramallah	Student dorms	50
24-		Janeya	14
25-	Nablus	Asira Shamaleya	25
26-		Burqa	11
27-	Miscellaneous	People with disabilities	100
	<b>Total</b>		<b>2566</b>

## 2- First Aid kits:

1554 first aid kits were distributed in 13 locations in the West Bank which served the citizens of remote and marginalized areas that lack medical services. This kind of assistance is considered as a supporting component for treating patients, wounded and injured until they could be transferred to hospitals. . The distribution of first aid kits had a positive impact on the citizens in that they help them in treating the emergency cases in the light of the shortage in medical centers and difficulty in the access to hospitals due to siege and Israeli barriers that prevent the people from arriving to these centers. Despite the fact that those first aid kits are insufficient, but they partially contribute to solving some part of the problem.

“Villages received First Aid kits”

No.	Kind of Assistance	Governorate	Village	Total Beneficiary Families
1-	First aid kits	Salfit	Yassouf	150
2-	First aid kits	Bethlehem	Nahaleen	150
3-	First aid kits	Nablus	Ejnesenya	120
4-	First aid kits	Nablus	Nesf Jbeil	95
5-	First aid kits	Tulkarm	Kafa	199
6-	First aid kits	Jericho	Zbeidat	165
7-	First aid kits	Tubas	Aqaba	45
8-	First aid kits	Ramallah	Mughayyer	150
9-	First aid kits	Jerusalem	Jaba'	150
10-	First aid kits	Jenin	Faqoua'a	175
11-	First aid kits	Jenin	Aneen	55
12-	First aid kits	Jenin	Araqa	50
13-	First aid kits	Jenin	Jalboun	50
<b>Total</b>				<b>1554</b>

## 3- Gas Heaters:

Gas heaters distributed to charitable institutions and associations serving the community through their activities. Thus, we concentrated on a group of charitable, orphans and disabled institutions due to their dire need for support as a result of the difficult financial and human capabilities of these institutions and their targeting of marginalized and disadvantaged sectors. Providing these gas heaters have clearly contributed to meet a real need within these institutions due to lack of any kind of heating systems. These institutions have highly appreciated providing such assistance because they do not have the financial capacity to purchase such heaters.

Table of “Delivered gas heaters”

No.	Kind of Assistance	Governorate	No. of Gas Heaters
1-	Gas Heaters	Tulkarm	5
2-	Gas Heaters	Nablus	5
3-	Gas Heaters	Ramallah	3
4-	Gas Heaters	Hebron	10

5-	Gas Heaters	Jerusalem	7
6-	Gas Heaters	Bethlehem	3
7-	Gas Heaters	Jenin	6
8-	Gas Heaters	Salfit	2
9-	Gas Heaters	Qaqelya	4
10-	Gas Heaters	Tubas	2
11-	Gas Heaters	Jericho	3
		<b>Total</b>	<b>50</b>

#### **4- Voluntary Medical Actions**

The implementation of medical actions has taken place in three locations. Coordination was done with a group of doctors, nurses, pharmacists, friends, staff and volunteers of Shams to examine and treat many cases, in order to give them medicine which has contributed to alleviate the suffering of the citizens and provided them with free treatment and medicine.

Locations in which medical actions were implemented and the number of beneficiaries

<b>No.</b>	<b>Governorate</b>	<b>Village</b>	<b>Population</b>	<b>No. of patients treated</b>
1-	Hebron	Ramadeen & Kuhoof (caves) Bedouin communities.	5000	150
2-	Jenin	Tora & surrounding villages.	4200	250
3-	Tubas & Jordan Valley	Bardala & surrounding villages	3196	350
		<b>Total</b>		<b>750</b>

#### **The voluntary medical actions have clearly contributed to the following:**

- 1- Highlighting the deteriorated health conditions in the marginalized Jordan Valley areas.
- 2- Treatment of 750 patients in remote and marginalized villages and provided them with medicine.
- 3- Alleviating the suffering of the citizens who do not have financial capabilities needed for medical treatment.

#### **- The conditions of villages and communities**

Those areas are considered remote and marginalized; their residents are refugees and displaced people who mainly rely on livestock. Their economic situation is difficult and those areas are sporadic and isolated from the surrounding areas.

Villages and communities in which voluntary medical work was implemented are surrounded by settlements and some of them are located in Israeli military zones. Moreover, they are surrounded by the Apartheid Wall. These concentrations are

permanently exposed to settlers' attacks. We have directly witnessed such attacks against the citizens during the implementation of the medical work in the above mentioned areas.

Some areas in which medical works carried out, such as Al Kuhoof (caves) and Tweineh Bedouin communities in Hebron governorate and Al Maleh in Jordan Valley area, are most closer to primitive life where the people of these areas live a very simple life and use simple tools. Their houses are rocky caves containing the bed rooms, places of laundry, bathrooms, kitchen and agricultural tools. However, the sun shine does not enter those caves and there is no ventilation system or any window. The humidity is very high, so none of the staff could stay more than five minutes in the cave.

### **- Through the stay of the center's staff in the villages, it was demonstrated the communities suffer from the following problems**

#### **I. Services**

- 1- Health services in some areas are semi-existing; in other communities there are no health services at all.
- 2- Some communities live in houses of zinc boards and sackcloth, others live in caves. There are no roads, services, or facilities; however, it is a mountainous area and a primitive life.
- 3- Difficulty in providing the basic needs such as food supplies.
- 4- Lack of essential services and infrastructure projects such as roads and water networks.
- 5- The lack of paved roads leading to the village or inside the village itself.
- 6- Lack of water in the village.
- 7- Lack of electricity.
- 8- Lack of appropriate homes to live in, where most houses are built of mud.
- 9- Lack of access to the land by the people of those areas due to occupation prevention to move in those areas under the pretext that they are closed military zones.
- 10- Insufficient clothing.
- 11- Daily attacks by settlers resulting in different injuries among the villagers and they are prevented to reach hospitals before few hours.
- 12- Others in need of prompt medical interventions such as general surgery.
- 13- Lack of diagnostic devices such as Ex-ray, medical labs, necessary beds for adequate diagnosis of some cases.

#### **II. Diseases and Health Condition**

- 1- There are disabled children, deformities and chronic diseases.
- 2- Skin diseases.
- 3- Anemia.
- 4- Malnutrition.
- 5- Osteoporosis.
- 6- Wounds and fractures.
- 7- Kidney diseases.
- 8- Eye diseases.
- 9- Asthma/pneumonia.
- 10- Blood pressure and diabetes.



### **III. Awareness and Education**

- The population of the localities is in need of awareness and education in some issues such as (early marriage, polygamy, family planning, child care, sexually transmitted diseases, sexual education and reproductive health).

### **IV. Other Problems**

- 1- Complete ignorance of the citizens of their health conditions.
- 2- High rate of illiteracy among women.
- 3- High rates of early marriage.
- 4- Neglect of children by their parents.
- 5- Spread of dirt and lack of child- cleaning.
- 6- Lack of entertainment or playing places.
- 7- Spread of harmful pests that cause diseases and epidemics.
- 8- The sewage of settlements is pumped to the lands of the village, which causes serious diseases.

### **Media Coverage of Activities**

- 1- Accompanying written, visual and readable media staff to the location of the activity.
- 2- Filming activities using the video cameras.
- 3- Photographing the activities.
- 4- Producing news reports on the activities and broadcasting them through media.
- 5- The use of a sign which clarifies that the project is financed by the Danish Government through its Representative Office in Palestine.
- 6- Distribution of brochures on Denmark.
- 7- Distribution and hanging of posters on Denmark.
- 8- Sticking colored labels on medicines to show that the project is financed by the Danish Government through its Representative Office in Palestine.
- 9- Talking to the local community to inform the people that the project is financed by the Danish Government through its Representative Office in Palestine.
- 10- Broadcasting the report through the official television and the local TV stations.
- 11- Publishing press releases on the voluntary medical action in local newspapers.

### **- Media**

The media coverage allocated to the activities, in addition to televised news reports which have been implemented distinctly had a great impact on the citizens. This coverage has contributed significantly to familiarize citizens with Denmark and the programs it implements. It has also highlighted the in-depth relations and the promotion of friendship based on mutual respect among the Palestinian and Danish peoples.

News reports have provided a good impact on the Danish- Palestinian relations. Several chairmen of local and municipal councils contacted Shams requesting the Center to provide them with assistance, especially that many medicines are not

available in the stores of the Ministry of Health and there are many diseases require competence.

Palestine TV station presented some reports on the project in its three main news bulletins at 6, 9, 12 pm on both local and satellite channels which gave a positive and promoting effect to the Palestinian-Danish relations.

- 1- **Television news reports:** 15 television reports have been carried out and broadcasted on local TV stations all of which talking about the Danish assistance to the Palestinians.
- 2- **Newspapers:** 20 news releases were published in local newspapers about the project and the Danish assistance to the Palestinians as well.
- 3- **Documentaries:** a film on the Palestinian community in Denmark, the Danish assistance to the Palestinians and the Danish- Palestinian relations was produced and broadcasted on 11 local TV stations.
- 4- **Appendix:** a newspaper appendix was produced talking about the project and the activities undertaken by the Danish Representative Office in Palestine, and also about the assistance provided by the Kingdom of Denmark to the Palestinians.
- 5- **Brochures:** Printing and distribution of 10.000 stickers put on assistance items confirming that it is provided by the Kingdom of Denmark.

### **- Obstacles**

The implementation of the project activities in remote and marginalized areas required to encounter a number of difficulties, the most prominent are:

1. The Israeli occupation and its practices such as siege, closures and incursions, where barriers impede movement between different governorates and between towns and villages and adversely affect the implementation of project activities.
2. Difficult access to some localities due to the lack of paved roads and their distance from the main road, which forced the crew of Shams to walk on foot in rugged, earthy and long roads to reach targeted areas which hindered the work of the staff and damaged the cars.
3. The presence of armed settlers deployed in some roads causing a state of fear and panic to the staff.
4. Houses are far from each other and spread in the mountains.

### **- Success stories**

- 1- Commitment to timetable in the implementation of the project activities.
- 2- The project had a good impact on the targeted groups. Population of the targeted areas expressed their satisfaction with such activities in general and the contents of the baskets in particular. The citizens said “it is the first time that the basket contained of new and useful items.” Children have also happy for the contents of the basket which had the most important effect for us. In addition to that, the citizens called for implementing other projects in their localities to benefit from; this applies to medical days implemented and distributed gas heaters as well.
- 3- The diversity of assistance which covered the nutritional and health aspects and the integration between “Bridging the gap project” and “The project of tolerance- phase II’ served and supported the activities of each other. The awareness and education is integrated with assistance and support.

- 4- Attracting a group of professionals such as doctors, nurses, pharmacists and volunteers to participate in voluntary work days which was positively reflected on these activities.

#### **5- Bardala village: Friday sermon**

In Bardala village, during Friday prayer, the Imam have stressed on the in-depth human relations that must govern transactions between peoples, nations and civilizations. He said “we encountered many difficulties in preparing for the activities represented in the refusal of some groups to deal with the project due to its Danish fund.” But we have worked on solving this kind of problems through opening dialogues with these groups and clarified things better. The following is a simplified model of these problems:

“During the preparation and the implementation of the activity, a number of young people tried to incite against the activity in that it is supported by the Danish Government which supported the cartoon crisis; however, the chairmen of local councils, elders and residents have confronted them.” Thus, the crew of Shams requested to meet those young people to explain the background of the cartoon crisis and how it was aggravated and the importance of freedom of opinion in the Danish culture. The outcomes of this meeting were as following:

- a. These young people expressed their apologies for what they have done.
- b. They were participated in the voluntary medical action.

#### **- Beneficiaries' reactions**

- 1- The population expressed their thanks and gratefulness to the Danish Representative office in Palestine, the Danish government and Center for Human Rights and Democratic Participation “SHAMS”.
- 2- The residents called for the continuity of such actions.

This can be seen from the comments of some citizens on the activities:

#### **Saber Harini, Chief of projects' committee of Kohuf and Tweineh localities**

“We express our thanks to such institutions that provide medical services to remote and marginalized areas like ours. We also appreciate their efforts and participation in providing these medical services because we are in most need for such medical actions in these areas, especially Tweinah village. Moreover, we thank the Danish government, which sends its crew and bear burdens of travel to these areas to see the suffering of the Palestinian people in remote areas.”

#### **Majdi Raba'i**

“The medical day is a very beautiful action, which highlights a bright page and a shining face of the Danish government, God Willing.”

#### **Some notes on the voluntary medical actions**

#### **Ramzi Jamal, a child of Tweineh village**

“Ramzi arrived with his mother to the medical team bleeding. He has fallen off the back of a donkey. He was in medium condition. The medical team provided him with necessary treatment immediately and the bleeding has been stopped.”

#### **Fadel Ahmad Gabriel**

Fadel has been asked: Does Denmark cursed the prophet Mohammad?

His answer was: “The Danish people are a friend of the Palestinian people. If some one cursed our prophet, it does not mean that all the people did so. This is a personal responsibility and the Danish people do not have anything to do with this problem.”