

PROJECT PROFILE

MAP
MEDICAL AID FOR PALESTINIANS



MOBILE CLINICS IN THE WEST BANK:

SUPPORTING HEALTHCARE ACCESS FOR MARGINALISED COMMUNITIES IN AREA C

APRIL 2023

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1. INTRODUCTION



Aisha Mansour
MAP's West Bank Director

Access to healthcare is a persistent challenge for Palestinians living in Area C of the occupied West Bank. A discriminatory planning regime imposed by the Israeli authorities means that there are no permanent healthcare facilities for Palestinians anywhere in Area C, while movement restrictions – such as checkpoints and roadblocks – obstruct access to clinics and hospitals in other areas. This is in stark contrast to the more than 465,000 Israeli settlers, living in 279 illegal settlements and outposts across the West Bank, who have unimpeded access to modern clinics and hospitals.

At Medical Aid for Palestinians (MAP) we partner with the Palestinian Medical Relief Society (PMRS) to provide mobile clinics for marginalised Palestinian communities facing these challenges in the Jordan Valley and in the South Hebron Hills. Recently, we received support from our corporate supporter 'Muzz' to purchase two mobile clinic vehicles, which are big enough for us to provide healthcare to communities inside, privately, instead of in public spaces. With no local healthcare infrastructure or public transport in these areas, mobile clinics are a lifeline. This booklet highlights some of the many health needs addressed by the clinic teams, as an interim measure until these communities are allowed to develop and flourish free from occupation, as told by community members and PMRS health workers.

— Aisha Mansour



Dr. Mohammed Iskafi
Head of the PMRS' Rescue and
Emergency Programme

The mobile clinics are critically important to communities that would otherwise completely lack healthcare, especially emergency care. The Palestinian Ministry of Health is unable to serve these areas. We have a small but excellent team of health workers delivering primary healthcare, medicines and regular follow-ups with patients, and specialised services for women and people with disabilities. We also inform communities about a range of health issues and provide them with first aid training.

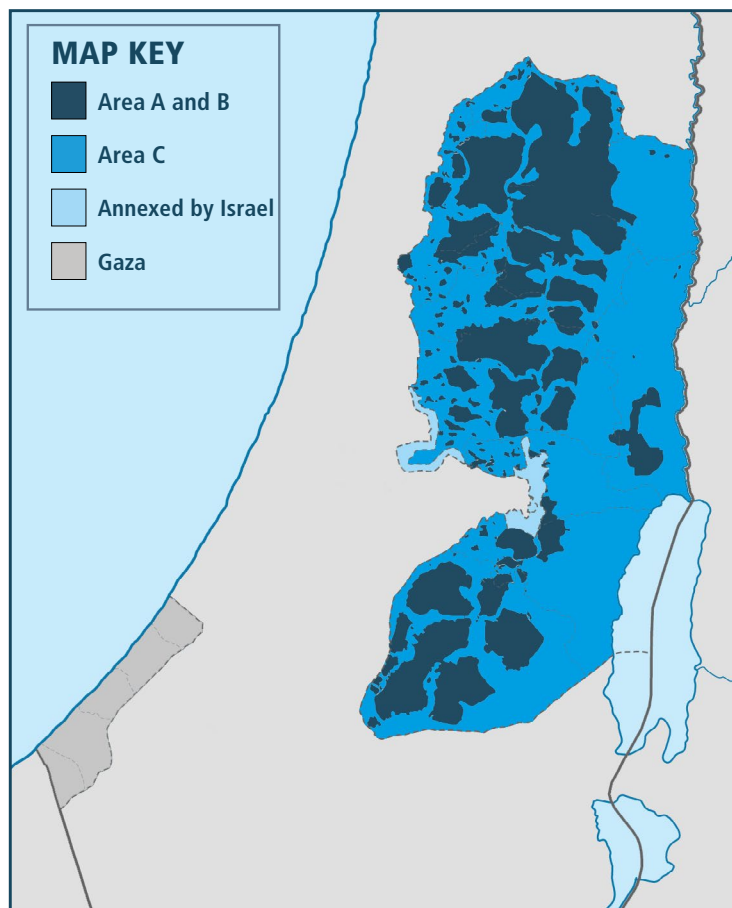
Most of the communities that we visit are marginalised, isolated and located far from the nearest medical centres. The presence of the illegal settlements also restricts the movement of community members, medical staff and even ambulances. In some communities, patients must cross two checkpoints to reach the nearest permanent clinic, which can cause severe delays. Our mobile clinic visits provide the essential medical care needed and alleviate the costs and challenges of travelling long distances to seek healthcare.

— Dr. Mohammed Iskafi

2. CONTEXT

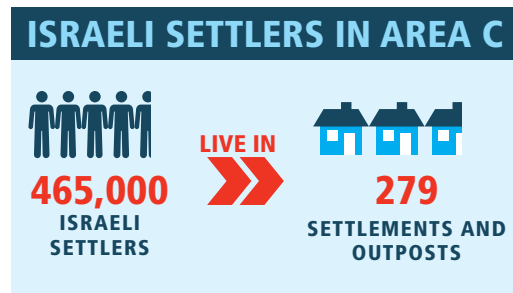
For decades, Israel has dominated many aspects of Palestinian life through policies which have fragmented Palestinians geographically, socially, politically and economically. This domination has persistently denied Palestinians equitable access to many of the essential building blocks of health, including freedom of movement; access to land and essential resources; the development of vital infrastructure and institutions; and, ultimately, their collective right to self-determination.

Almost 300,000 Palestinians live in 532 residential areas and communities in Area C, the 60% of the occupied West Bank that remains under full Israeli military and civil control after the signing of the 1995 Oslo II Accord.¹ These villages and gatherings include many farmers and herders for whom access to land is essential for their livelihoods, and 115 Bedouin communities, most of whom are refugees from tribes indigenous to but displaced from the Naqab (or Negev) desert.²



Area A,B & C in the Palestinian Territories

Israel wields its perpetual control over all planning, building and movement in Area C in ways that systematically privilege Israelis living in these areas over the rights of the Palestinian population. There are now more than 465,000 Israelis living in some 279 settlements and 'outposts' in Area C, all illegal under international law, the vast majority of whom benefit from the government-facilitated development of modern infrastructure such as roads, hospitals and clinics, schools, and shopping malls.³



At the same time as it promotes illegal settlement in the West Bank, Israel systematically denies Palestinian communities in Area C the right and opportunity to develop their communities in line with their needs. Between 2009-2018, Israel granted 98 permits – just 2% of those requested – for Palestinian construction in Area C.⁴ In that same decade, Israeli authorities demolished 4,356 Palestinian structures in Area C citing a lack of permits, including 1,196 inhabited homes, as well as emergency shelters, agriculture, water and sanitation structures.⁵ While Israeli settlements enjoy ready access to water, electricity and other essential infrastructure, most Palestinian communities in Area C are not connected to the water or electricity network. Israel prevents the development of permanent healthcare facilities for Palestinians in Area C, and temporary infrastructure is frequently targeted for demolition.⁶

Many Palestinian communities in Area C, especially those encircled by illegal settlements, also live under a coercive environment characterised by the persistent threat of violent attack by Israeli forces and settlers. In 2022, Israeli forces killed more Palestinians than any year since the UN began recording data in 2005, while human rights experts noted that it was “the sixth year of consecutive annual increase in the number of Israeli settler attacks”.⁷ 2023 is showing little sign of change.⁸ Furthermore, a network of more than 590 fixed, permanent obstacles including checkpoints and gates severely curtail Palestinians’ freedom of movement in the West Bank.⁹

The impacts of Israel’s systematic discrimination against Palestinians and the fragmentation of the Palestinian healthcare system are particularly visible in the areas that MAP’s mobile clinic serves: Area C communities in the South Hebron Hills, the Jordan Valley, and East Jerusalem Governorate.

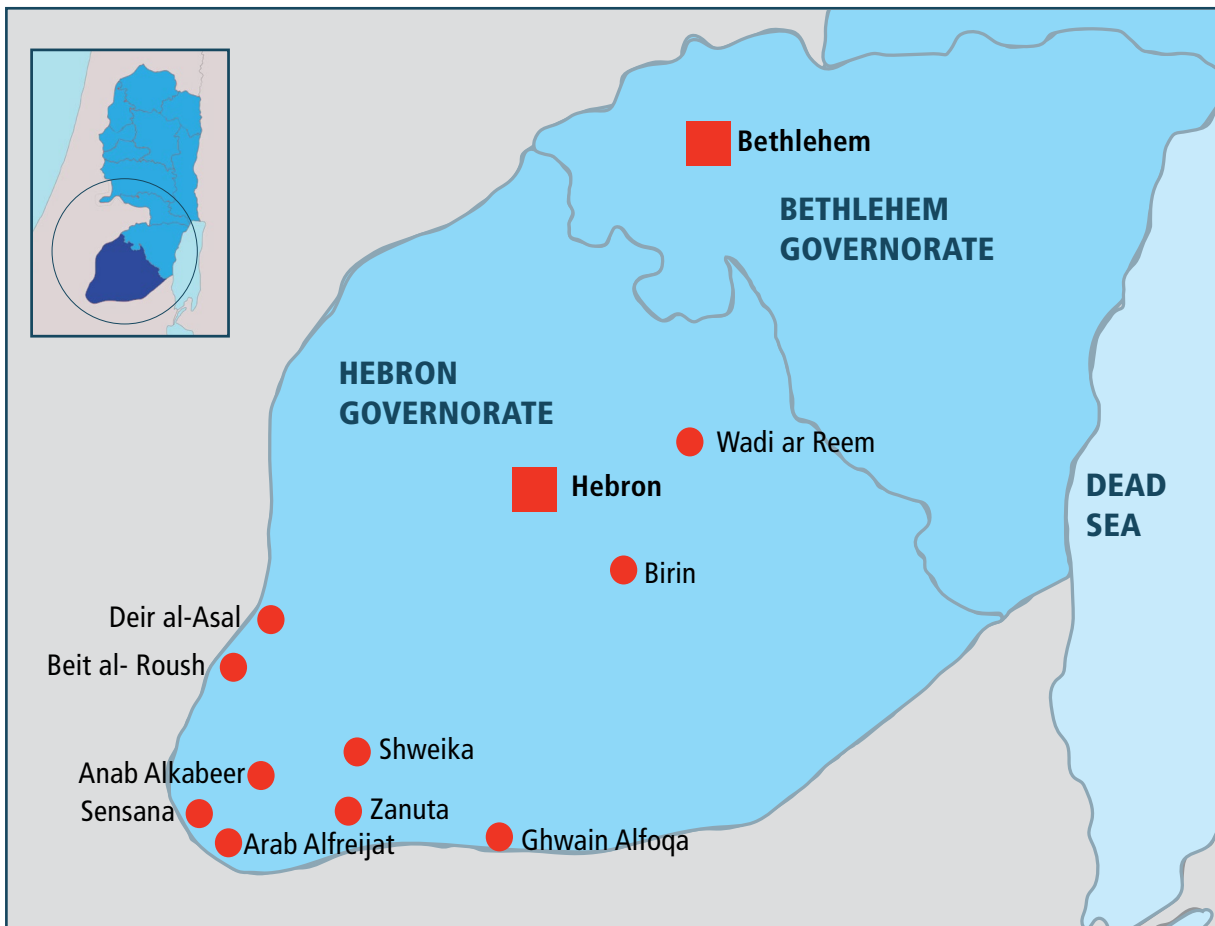


A drone shot of the mobile clinic in Birin, Hebron

3. HEBRON GOVERNORATE

Communities in Area C of the southern Hebron Governorate, many of them Bedouin or other herder communities, continue to be isolated, marginalised and de-developed by Israel's military occupation, while Israeli settlements expand with the full support of the government. Palestinians living in these communities face the ongoing threats of forcible displacement from their homes and violence from settlers, with widespread effects on their physical and mental health.

Palestinians living in Masafer Yatta in the South Hebron Hills, for example, are at a real risk of having their homes demolished and being forcibly displaced from the area after the Israeli military declared the area a 'firing zone' – a military training area in which civilians are prohibited. Residents in the surrounding areas are frequently attacked by settlers, including attempts to burn down their dwellings, damage and destruction to olive trees and other crops, and harm to livestock.



The PMRS mobile clinic, supported by MAP, serves ten isolated communities with a total population of 4,056 in Area C of the Hebron Governorate: Ghwain Alfoqa, Birin, Arab Alfreijat, Shweika, Zanuta, Anab Alkabeer, Wadi ar Reem, Sensana, Deir al-Asal and Beit al- Roush.

“

Life here is very difficult. We live under zinc sheets, which we cover with Visqueen [plastic sheeting] during winter, because construction here, in Area C, is prohibited. For 25 years I have lived here with no electricity, apart from last year. There has been no drinking or clean water either. This has made children sick and most have intestinal worms as a result of consuming [unsafe] water.

Hanan, Birin, Hebron

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The mobile clinic is the best thing that has happened to us, the support they provide for us makes us feel like normal citizens in this place.

Fareed, Birin, Hebron

”



Fareed, Birin Village Council Chair, Birin, Hebron

4. JORDAN VALLEY AND EAST JERUSALEM

All communities in Area C zones of the Jordan Valley and East Jerusalem Governorate are not covered by the Palestinian Ministry of Health's services. They suffer from high levels of poverty and lack access to water, with some communities consuming as little as 20 litres per capita per day (l/c/d), well below the World Health Organization (WHO)'s recommended minimum of 100 l/c/d.¹⁰ This negatively impacts their health and living standards, with reduced amounts of daily drinking water and difficulty maintaining hygiene practices and infection control.

In the Jordan Valley, the majority of which lies in Area C, 16% of Palestinian children under five are stunted (small for their age), rising to 23% among Bedouin children.¹¹ Children from homes exposed to forced displacement have a higher prevalence of stunting, (19%), than children who had never been forcibly displaced (10%). Stunting has been linked to life-long impacts on physical health, cognitive development, and educational and economic outcomes.¹²



MAP supports a PMRS mobile clinic that serves 5,123 people residing in 15 Bedouin communities in the Jordan Valley and East Jerusalem Governorate. These communities are: Sath Albahar, Mihtawish, Ein Dyuk/Trefat, Dawaheek 2/Kurshan, Muarajat/Mlaihat, Tabaneh, Buran, Abu Faisal, Abu Hussein, Sarai'a 1, Sarai'a 2, Wadi Qilt, Abu Falah, Mikhmas, and Abu Alhilu/Dawaheek 1.

“

We face harsh difficulties. Our life circumstances and living conditions are challenging, and we lack basic amenities such as water and electricity. We also face regular harassment from Israeli forces; they prevent us from our basic right to access healthcare, build houses, build road, or live in peace. They have demolished many houses, continuously confiscate our land and they prohibit us from construction.

Mohammed, Community Coordinator, Abu Falah Community.

”



The mobile clinic in the Jordan Valley

5. OBSTACLES TO HEALTHCARE: COMMUNITY VOICES

Along with no permanent healthcare facilities in Area C communities, there is no regular public transport to take residents to towns and cities to access healthcare. Fifty-five communities in Area C reported to PMRS that the high cost of transportation is among the main obstacles to accessing healthcare. People with mobility impediments who require regular medical treatment or rehabilitation, such as people with disabilities or the elderly, are particularly impacted. They often have to walk significant distances to access transport to medical centres.

MAP spoke to residents of Area C of Hebron and the Jordan Valley to understand the challenges they face in receiving healthcare and how the PMRS mobile clinic has helped them overcome these obstacles.

Najah, resident of the Deir al-Asal community, Hebron

I am a mother of seven children, including two with disabilities. I am trained as a midwife, and I worked for seven and a half years before I had to leave my job to care for my children. When one of my children suffered from a convulsion, I gave him Assival [a drug to relieve muscle spasms] to help him sleep and rest. We could not cope with the one hour-long journey to Hebron [city centre] for treatment. At the mobile clinic, my children and I find nearly all the painkillers and medicines we need.

The settlements constructed on our land have greatly affected us. When I was pregnant, I got stung by a scorpion and there was no mobile clinic at the time. I had to go to the hospital in Hebron. I travelled for an hour just to get first aid. Whenever there is an emergency, we need to get to Hebron to get the treatment we need. Sometimes Israeli settlers block the road, forcing us to take alternative, longer routes. Now that the mobile clinic serves our community, PMRS staff provide us almost everything. Having the mobile clinic has saved us time, effort and money.

Samira, resident of the Beit al-Roush community, Hebron

We are surrounded by the separation wall and an Israeli settlement. They greatly restrict the movement of patients beyond the area when the mobile clinic is unavailable or during an emergency. Before we had the mobile clinic, access to healthcare was very difficult. We had to go to [Hebron] city to get treatment: it was the closest healthcare facility. I also needed a companion every time I went there as my sister and I are blind and we live alone in the house. Since the mobile clinic team started visiting us at home, we get most of the medicines we need at no cost. There are shortages of some medicines, but the clinic delivers 90% of our medical needs.

Nadia, resident of the Abu Hussein community, Jordan Valley

Life here is very difficult, we lack the most basic amenities. When I was nine years old, I was playing with my friends when an Israeli mine exploded in my face. I have since undergone six surgeries but to no avail. I suffer from poor eyesight in my left eye, which significantly affects my life.

When I got sick, before we had the mobile clinic, I used to bear the pain without seeing a doctor or going to the hospital. When my children got sick, I tried treating them at home. If I decided to go to the hospital, outside of the community, it would have taken me a lot of time, effort and money. Once, I really needed to go to the hospital. After getting to the main street and not finding any taxis to take me, I had to walk back home.

The mobile clinic has helped us a lot by providing healthcare services, especially to our children, and through supplying essential medicines, which in the past we needed but could not get. As women, we are now served by a female doctor specialising in women's health. We are comfortable seeing her for our conditions and for tips on preventing diseases. But we lack a space to protect our privacy as patients and especially as women. We need to feel comfortable when undergoing a check-up or a diagnosis. We also need more specialist equipment for check-ups and support for pregnant women.



Taghred al-Masri, a PMRS health worker at the mobile clinic in the South Hebron Hills

6. MAKING HEALTHCARE ACCESSIBLE: INSIGHTS FROM HEALTHWORKERS

In early 2020, amid waning international support and funding for mobile clinic services, the UN highlighted the lack of mobile clinic service capacity in the West Bank, stating that: "At the end of 2019, mobile clinic coverage of communities in Area C fell from 85 to 60 per cent of people in need, according to WHO's tracking system".¹³

Where mobile clinics have been able to continue their work, they too face challenges accessing communities as a result of threats of violence and obstruction from Israeli forces and settlers. Chronic shortages of essential drugs and medical items also limit the capacity of the teams.

MAP spoke to the healthworkers that deliver PMRS mobile services in Area C, who highlighted how this impacts their ability deliver essential services.

Dr Mo'men Al-Natsha, General Practitioner, PMRS mobile clinic in Hebron



Through the mobile clinic we mainly treat two kinds of patients. Firstly, patients with chronic diseases, like diabetes and hypertension, who we provide with regular check-ups. Secondly, patients with acute conditions, including children and elderly people, who we monitor and provide with essential medications. One of the most frequent challenges is a lack of essential medicines like insulin [for patients with diabetes]. Even when these medicines are available, there is the challenge of transporting them [due to a lack of transport capacity and poor-quality roads] and they are expensive.

There are two elderly sisters living in the community of Birin, one who is 70 years old and the other who is 90 years old. They live alone in uninhabitable conditions and no one provides for them. Both of them suffer from some chronic diseases like diabetes and hypertension, and they need attention and care. We provide them with home visits, and with medicine and essential food items.

Athbaa Othman, Health Educator, PMRS mobile clinic in the Jordan Valley



In some of the communities we work in, there was little health awareness and some people did not understand the importance of a diagnosis – all they cared about was getting medication. But recently, we have observed a notable improvement in their awareness. The number of people visiting us for diagnosis and inquiries is increasing.

But we still face huge challenges. One day when we were working, Israeli forces invaded the community and forced us to close the clinic. They claimed that the community could not receive any health services in that location.

In another situation, which has happened more than once, Israeli soldiers prevented us from accessing certain communities. We were forced to go to another community nearby, so residents of communities that were denied access to health had to travel to us to receive care. During other times when they did allow us to reach communities we needed to serve, they inspected the whole mobile clinic and all the equipment and drugs. They also inspected the medical team.

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One day when we were working, Israeli forces invaded the community and forced us to close the clinic. They claimed that the community could not receive any health services in that location.

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Dr. Aseel Dar Allaan, Women's Health Doctor, PMRS mobile clinic in the Jordan Valley



We face several problems operating the mobile clinic. The first is the lack of roads leading to the communities, especially during winter. Sometimes we cannot access communities and we have to wait in places further away, where people cannot come to us for treatment. Another difficulty is that in certain places we use people's homes as our clinics, but these homes are exposed and have no chairs or tables for providing treatment. Many people in these communities also need psychological support more than anything else, so having a psychologist as part of our team is essential. But as medical staff, we do our best to deliver what we can.

Recently, there was an elderly woman with diabetes [causing damage to her foot]. She was about to have her foot amputated and her health condition worsened. But a timely medical intervention by the mobile clinic saved her. For me, this was a success story and it emphasises the importance of having mobile clinics in the communities.

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There was an elderly woman with diabetes [causing damage to her foot]. She was about to have her foot amputated and her health condition worsened. But a timely medical intervention by the mobile clinic saved her.

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7. RECOMMENDATIONS: HOW THE INTERNATIONAL COMMUNITY CAN SUPPORT THE RIGHT TO HEALTH IN AREA C

Palestinians across Area C of the West Bank are facing a growing health and humanitarian crisis, exacerbated by Israel's perpetual occupation and policies of systematic discrimination and fragmentation. While MAP and the PMRS's mobile clinics are making a real difference in meeting some of the most pressing health needs of these communities, this can only ever be a stopgap measure in the absence of sustainable, quality, and accessible local healthcare infrastructure. While supporting the provision of mobile clinics in the short-to-medium-term, the international community must do much more to ensure that these communities – and the health services on which they rely – can develop and flourish in the future.

We therefore urge the international diplomatic and donor community to take the following actions in support of Palestinians' rights to health and dignity in Area C of the West Bank:

- 1. Urgently increase aid and technical assistance to the Palestinian health sector and local and international healthcare providers, including by:**
 - a. Ensuring that organisations providing mobile clinic services across the West Bank are adequately resourced to meet the growing needs of communities in Area C;
 - b. Expanding support to Palestinian civil society organisations that are best placed to respond rapidly to local needs, particularly in times of emergency; and
 - c. Ensuring that the UN Relief and Works Agency for Palestine Refugees is adequately and sustainably resourced to meet the needs of Palestinian refugees.

- 2. As well as expanding humanitarian assistance to address immediate needs in the occupied Palestinian territory, place the principles of sustainable development, accountability and Palestinian self-determination at the core of aid and development initiatives, including by:**
 - a. Focusing on the long-term development of Palestinian healthcare institutions, and investing in essential infrastructure, capacity building, and professional development for health workers;
 - b. Ensuring that violations of international law that are the root cause of health needs in the West Bank – including the expansion of settlements, demolition of homes and infrastructure, and violations against health workers – are met with meaningful consequences and accountability;
 - c. Meaningfully consulting with affected communities when designing programmes, and implementing these through local civil society partnerships where possible; and
 - d. Taking action to support Palestinian organisations and individuals squeezed by the coercive environment and shrinking civil society space.

8. ENDNOTES

- 1 UN Office for the Coordination of Humanitarian Affairs (UNOCHA) occupied Palestinian territory, Basic Information, (Updated February 2023) <https://public.tableau.com/app/profile/ocha.opt/viz/VPP2013MMay21N-Basic24/DashBasic>
- 2 Ibid.
- 3 Peace Now, Settlement Tracker: Data <https://peacenow.org.il/en/settlements-watch/settlements-data/population>
- 4 Peace Now (January 2021) (Dis)Approvals for Palestinians in Area C – 2009-2020 <https://peacenow.org.il/en/approvals-for-palestinians-in-area-c-2009-2020>
- 5 UNOCHA (Last updated March 2023) Data on demolition and displacement in the West Bank <https://www.ochaopt.org/data/demolition>
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- 7 Office of the High Commissioner for Human Rights (OHCHR) (December 2022) Israel: UN experts condemn record year of Israeli violence in the occupied West Bank <https://www.ohchr.org/en/press-releases/2022/12/israel-un-experts-condemn-record-year-israeli-violence-occupied-west-bank>
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- 9 UNOCHA oPt (June 2020) Longstanding access restrictions continue to undermine the living conditions of West Bank Palestinians <https://www.ochaopt.org/content/longstanding-access-restrictions-continue-undermine-living-conditions-west-bank-palestinians>
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- 11 PNIPH (2016) Prevalence and Determinants of Malnutrition and Intestinal Infections among Children and their Mothers in the Jordan Valley <https://pniph.org/images/research/malnutrition-mother-child-jordan-valley-2016.pdf>
- 12 Kathryn G Dewey & Khadija Begum (2011) Long-term consequences of stunting in early life <https://pubmed.ncbi.nlm.nih.gov/21929633/>
- 13 UNOCHA oPt (February 2020) Mobile clinics: funding for delivering basic health care to vulnerable communities in West Bank drying up <https://www.ochaopt.org/content/mobile-clinics-funding-delivering-basic-health-care-vulnerable-communities-west-bank-drying>

MAP

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Palestinian Medical Relief Society (PMRS) is a grassroots community-based Palestinian health organization. PMRS was founded in 1979 by a group of Palestinian doctors and health professionals seeking to supplement the decayed and inadequate health infrastructure caused by years of Israeli military occupation.

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