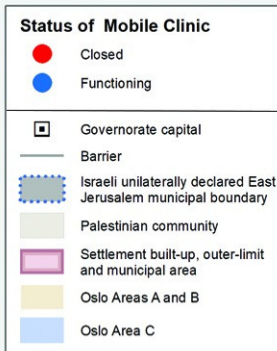
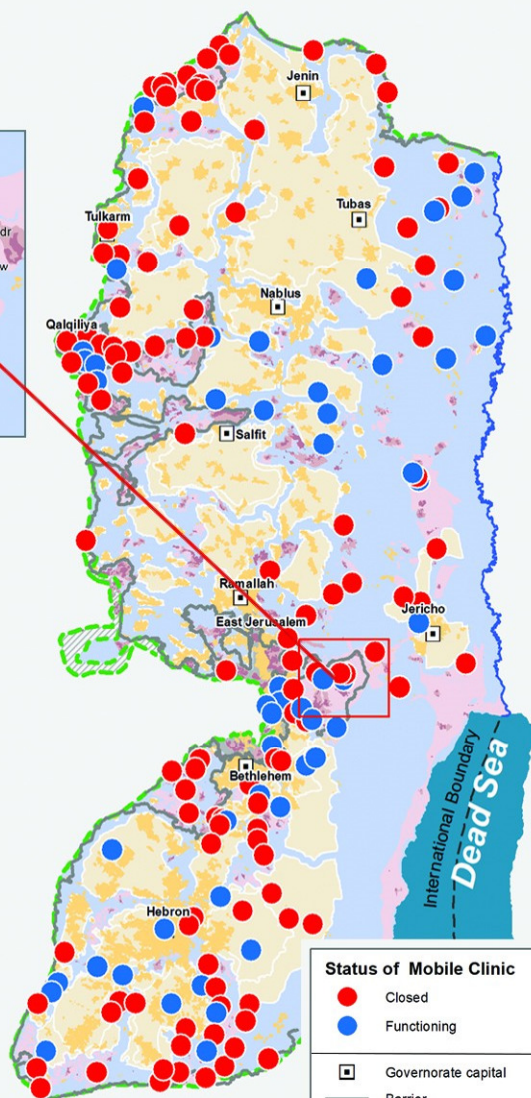
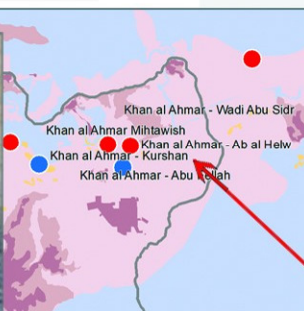


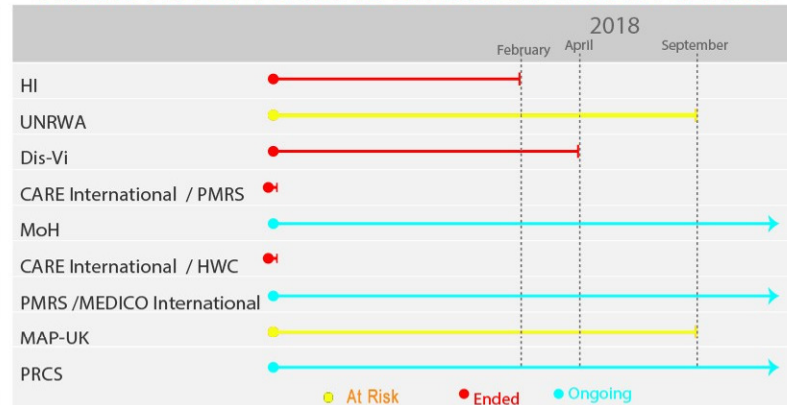
POPULATION in need  
**223K**

PARTNERS  
**10**

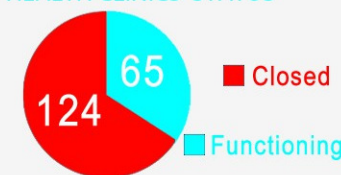
COMMUNITIES in need  
**189**



## THE IMPACT OF FUNDING ON MOBILE HEALTH CLINICS



### No. OF COMMUNITIES PER MOBILE HEALTH CLINICS' STATUS



**Mobile Health team providing life-saving health-care to Khan Al Ahmar:** a Palestinian Bedouin community located in Area C, home to approximately 32 families and 200 residents, was cut-off by Israeli forces and declared a closed military area, restricting movement and preventing the entry of equipped medical teams.

The only health provider a local NGO, Palestinian Medical Relief Society (PMRS), funded by Medico International, were left with no access to the community. As the situation intensified, the PMRS outreach team of doctors, nurses and first aid volunteers used a sewage pipe to enter the community and provide the essential healthcare, but were prevented by the Israeli forces from taking any medication with them.

The community is located in Area C of the West Bank, between the Israeli settlement of Ma'ale Adumim and Kfar Adumim and it is one of several Palestinian communities facing forced relocation because it falls within the "E1" plan that would link the Israeli settlements with West Jerusalem.

Khan al Ahmar lacks the most basic life services including water, electricity and access to health. Since the 4th June, Palestinian Medical Relief Society (PMRS) has expanded its emergency medical mobile team to provide essential health-care to the residents of Khan al Ahmar. Health providers and volunteers from PMRS have stayed overnight with the community to ensure that emergency services are available around the clock. These medical mobile teams are a lifeline for Khan Al Ahmer and the surrounding communities located in Area C.

**Impact of closing the mobile clinic services:** Access to basic health services remains a critical challenge for Palestinians living in Area C, H2 and seam zone, particularly for communities located close to settlements, the separation wall, closed military areas, or areas closed by gates. Furthermore, some communities are unable to reach healthcare services due to the expense or lack of transportation. Distances have lengthened and are more difficult because of the need to travel circuitous ways on by-pass roads around settlements and barriers.

In health emergencies such as childbirth, heart attacks, accidents or injuries, access to health services must be timely to address urgent life-death situations, but for these communities, access to emergency services is most challenging as even ambulances face delays in reaching the community.

Women, children, elderly and persons with disabilities are critically affected by poor health access. Women are most vulnerable during pregnancy, childbirth and newborn care, sick children and infants may also need emergency care at night, and the elderly, chronically ill and disabled depend on others for access. The knowledge that health access may be difficult and risky also serves as a psychological stressor and can affect health directly.

Currently, a population of over 220,000 people rely on visiting mobile health teams and clinics provided by the humanitarian community and Palestinian Ministry of Health, however the lack of funding means that some of these mobile health clinics have had to close their services, or face risk of closure.