



Photo by Dominiek Benoot

## profile: am'ari camp

### ramallah and al-bireh governorate

#### Overview

Am'ari camp, located east of Ramallah city in al-Bireh municipality, is one of the smallest camps in the West Bank. Before the first intifada, many refugees living in Am'ari camp were able to move to surrounding villages and cities. However, the construction of the West Bank Barrier, expansion of Ramallah and rising property prices has meant that this has become prohibitively expensive for most residents. The growing population remains a challenge for service provision as well as on the existing infrastructure in the camp, while also contributing to overcrowding and poor living conditions.

Residents in Am'ari report that unemployment in the camp is rising, especially among young men. This rate has increased substantially in recent years, in part due to the decrease in the number of Israeli work permits issued to camp residents.

In accordance with the Oslo Accords, Am'ari camp is located in Area A and is thus under the control of the Palestinian Authority. However, incursions and detentions of residents by Israeli security forces (ISF) occur on a frequent basis.

#### UNRWA in Am'ari camp

##### General information

- **Established:** 1949
- **Size:** .096 sq km
- **Population before 1967 (OCHA):** 3,930
- **Estimated population (PCBS):** 6,100
- **Registered persons (UNRWA):** 12,000
- **Estimated density:** 72,916 per sq km
- **Places of origin:** Mainly Jaffa, Lydd, Remleh, and Jerusalem

\* Many refugees left the camp and settled in Ramallah, Bireh, Bitunia, and Um al-Sharayet neighbourhoods but maintained their registered residence in Am'ari camp.

##### UNRWA in Am'ari camp

##### Main UNRWA installations:

- Four schools
- One health centre

##### UNRWA employees working in Am'ari camp:

- 111
- Education: 71
- Health: 24
- Relief and Social Services: 3
- Sanitation services: 10
- Administration: 3

#### Relief, Social Services and Emergency Response

UNRWA social workers conduct regular home visits in the camp to identify families requiring special assistance. Additionally, through the Social Safety Net Programme, UNRWA provides food parcels to approximately 1,330 impoverished refugees in the camp (approximately 11 per cent of registered persons in the camp). UNRWA also provides technical and financial support to the Women's Centre and the Community-Based Rehabilitation Centre. The Women's Centre is particularly active in its provision of services and has a photography unit, a kindergarten, and skills training for women.

The Emergency Cash for Work Programme supports food insecure families by offering three-month work opportunities inside the camp. The family receives a cash subsidy in return for their work, thereby assisting them to meet their basic food needs. The projects implemented in the camp are designed to benefit the community as a whole, including sewerage and water network repairs, road rehabilitation, and painting of buildings.

#### Environmental Health

The UNRWA sanitation foreman conducts daily water examinations and manages a team of nine sanitation workers. UNRWA sanitation workers collect solid waste throughout the camp five days per week. Solid waste collection nevertheless remains an issue in the camp as there is currently only one UNRWA compactor shared between the three camps in the Ramallah area (Kalandia, Am'ari and Jalazone). As a result, the removal of solid waste is sometimes delayed.

As the camp is located within al-Bireh municipality, the sewerage and storm-water networks are linked to the municipality networks. A large proportion of the networks are in need of rehabilitation. Water and electricity are supplied through the municipality, though these services are at times irregular.





Photo by Dominiek Benoot

## Health

The health centre was expanded in 2013 and provides primary health services including reproductive health, infant and child care, immunizations, screening and medical check-ups, and treatment of communicable and non-communicable diseases. UNRWA also offers psychosocial counselling and family and child protection services. The centre has access to an x-ray machine, and a dentist is available four times per week. Physiotherapy is not available in the health centre, but is provided through the Community-Based Rehabilitation Centre.

The centre recently implemented the Family Health Team approach. This approach focuses on the family with the aim of providing comprehensive, continuous care. The Family Health Team has improved patient flow and reduced the number of consultations that doctors perform, though this number remains high. An electronic health information system for patient files has also been implemented. This system increases the accuracy of data and health information, as well as health service efficiency in the centre.

## Education

Am'ari camp has two UNRWA schools, one for boys and one for girls, located on the border of the camp. They serve approximately 1,500 students from first to ninth grade. Each of the schools has a library and a computer and science laboratory. To assist underachieving children, remedial classes in Arabic and mathematics are offered on Saturdays. However, there is a lack of after-school activities, which might otherwise benefit the school children. Dropout rates for the boys' school are some of the highest in the West Bank. School staff work closely with psychosocial counsellors and parents to encourage these students to return to school.

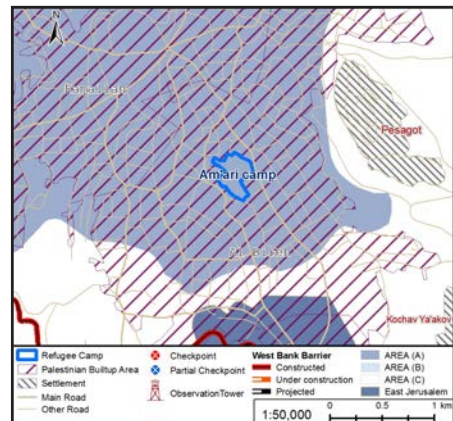
The Am'ari Learning Resource Centre, located in the Am'ari boys' school, offers training and meeting facilities, as well as the learning resource centre for Jerusalem-area schools.

Although the Palestinian Authority recently built a school in the neighbourhood of the camp, which has helped to alleviate the pressure on the UNRWA schools in Am'ari, overcrowding remains an issue. UNRWA has prioritized the reconstruction of the older segment of the UNRWA girls' school, the complete rehabilitation of the UNRWA boys' school, and the reconstruction of the Am'ari Learning Resource Centre.

## Main Challenges

### Overcrowding

Although the population of Am'ari camp has more than doubled since it was established in 1949, the boundaries of the camp have remained unchanged. This, combined with soaring property prices in neighbouring areas and rapid population growth, has led to significant overcrowding issues. Moreover, informal and unregulated building practices have meant that construction has encroached onto streets and open spaces, with the consequence that there is often only a one-metre distance between shelters. Many of the alleyways in the camp are narrow and unpaved, hindering vehicular and pedestrian movement. Today, the only open space for recreation in Am'ari is a small football court within the Youth Centre.



### Shelters

An estimated 60 to 70 per cent of shelters in the camp require rehabilitation. Poor ventilation, lack of access to natural light, and issues related to water drainage render many shelters unfit for habitation. Furthermore, most shelters were built in the 1950s and lack foundations strong enough to hold more than two stories. Despite this, many shelters have been expanded to accommodate growing families. In recent years, UNRWA has rehabilitated 38 shelters in the camp.

### Infrastructure

Much of the infrastructure in the camp is overburdened and incapable of dealing with the increased population growth. For instance, electricity lines are inadequate and cause frequent outages. These lines also present a public health hazard due to loose and low-hanging wires. The storm-water and sewerage systems are also overburdened, subject to frequent blockages and a cause of flooding in lower parts of the camp during winter months.



## Spotlight: Am'ari Health Centre and Family Health Team Approach

The Am'ari Health Centre was fully reconstructed in 2013. It previously suffered from severe overcrowding, as it had only one floor and served a large number of beneficiaries from the Ramallah area. Doctors, nurses and other staff members felt overburdened by the number of patients, and facilities were often overcrowded. The new Health Centre is three stories high and employs 24 staff members, three of whom are full-time doctors. The centre is spacious and comfortably accommodates its patients.

The construction of the new Health Centre coincided with the implementation of the Family Health Team approach, a system that is devoted to improving the quality and delivery of primary healthcare for Palestine refugees. This approach involved the reorganization of health staff members into teams that, with the use of appointment systems, work on a continuous basis with their patients. A team of doctors, nurses, family-planning coordinators and pharmacists now work with specific patients and families whom they see on a regular basis. This allows for more thorough and intimate treatment practices, as doctors are more familiar with specific patients and their medical backgrounds. The construction of a new health centre, in conjunction with the implementation of the Family Health Team approach, has seen an increase in the quality of patient care in Am'ari camp.



Photo by Kelly McDermott

## "I remain strong for my children."



Photo by Kelly McDermott

Sixty-five-year-old Fatima Mahmoud is not only a resident of Am'ari camp – she is a piece of its history. Her shelter is quaint and colourful, and the smell of strong coffee lingers in the living room. Pictures of her husband, who passed away only months ago, adorn the walls. The most striking feature of her living quarters, however, is Fatima herself. More specifically, it is the smile that rests upon her face, never leaving – not even for a moment – throughout our entire interview. Fatima is an emblem of positivity by any standard, but her story is not a happy one. She has known great suffering in her lifetime.

Born in 1948, the year of the first Arab-Israeli war, Fatima has known Am'ari camp since its inception. As a child she grew up poor, often having no access to water or electricity. She attended school until the fifth grade and tells us that even though she was young when she stopped attending, she loved her time at school and felt that she received a very good education.

"I remember back then when it was tents we lived in," she says. "If you ran out of sugar or milk, it was no problem; you walked next door and asked your neighbour. We were all family then – multiple individuals that formed one hand, one community." She pauses for a moment, looks at her grandson, Ali, and turns to face us once again. "Now, it is not like that," she says. "We have forgotten that we need each other."

Fatima married young; her husband worked as a builder, though his salary was not enough to support their large family. Fatima gave birth to 10 children, five girls and five boys, three of whom are both deaf and mute. The family received food parcels and financial support from UNRWA throughout her husband's lifetime that helped the family get by. This support, however, was not sufficient. "We used to go into the mountains to chop our own wood and pick our own food," says Fatima. "It helped us to save money."

Fatima's sufferings, however, are not limited to poverty. During the first intifada, four of her children were shot by Israeli soldiers. One of them was subsequently paralyzed. The intifada took much from Fatima and her family, but her optimism shines through once again when she speaks of her other experiences throughout the intifada. "I invited many of the foreign journalists to come stay at my home during the intifada," she says. "We all used to sit in the living room and drink coffee together," and she gestures to where we are currently seated, "even as the rockets flew overhead."

When we ask Fatima where she finds her strength, and how she remains strong in the face of adversity, her smile grows, and she again looks to her grandson Ali, drawing him close to her. "I remain strong for my children," she says. "I must be courageous for them."

# General Overview West Bank Refugee Camps

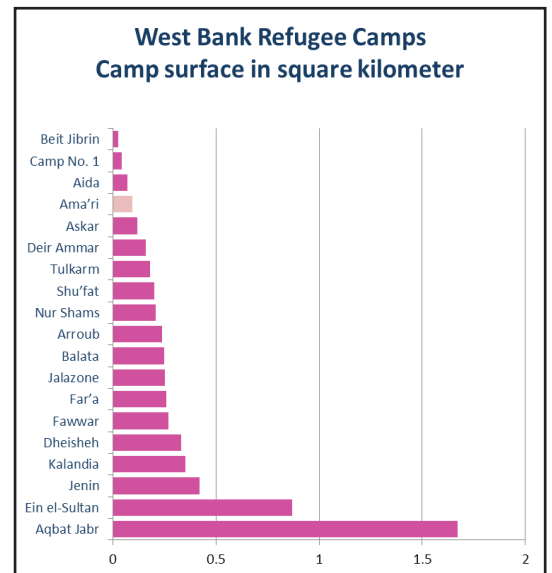
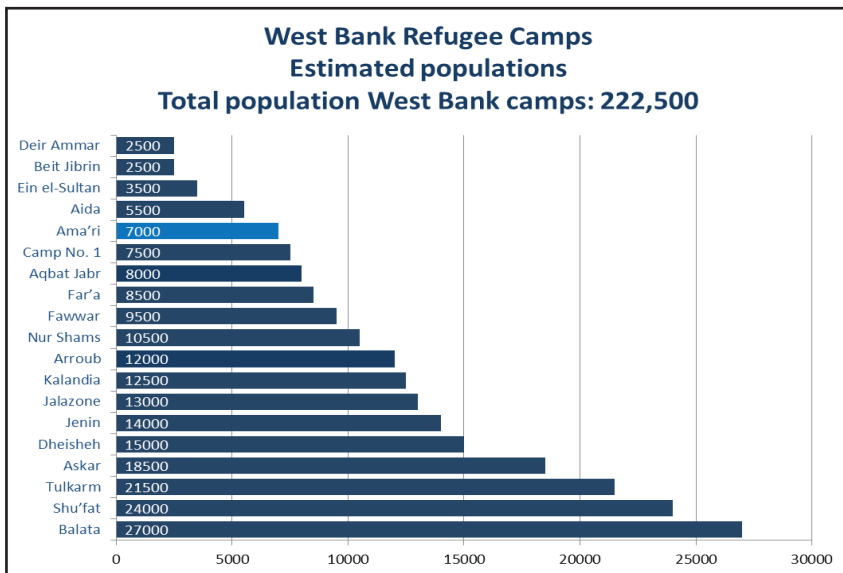
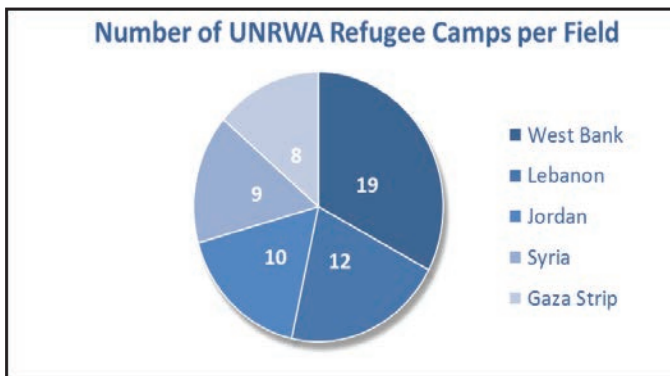
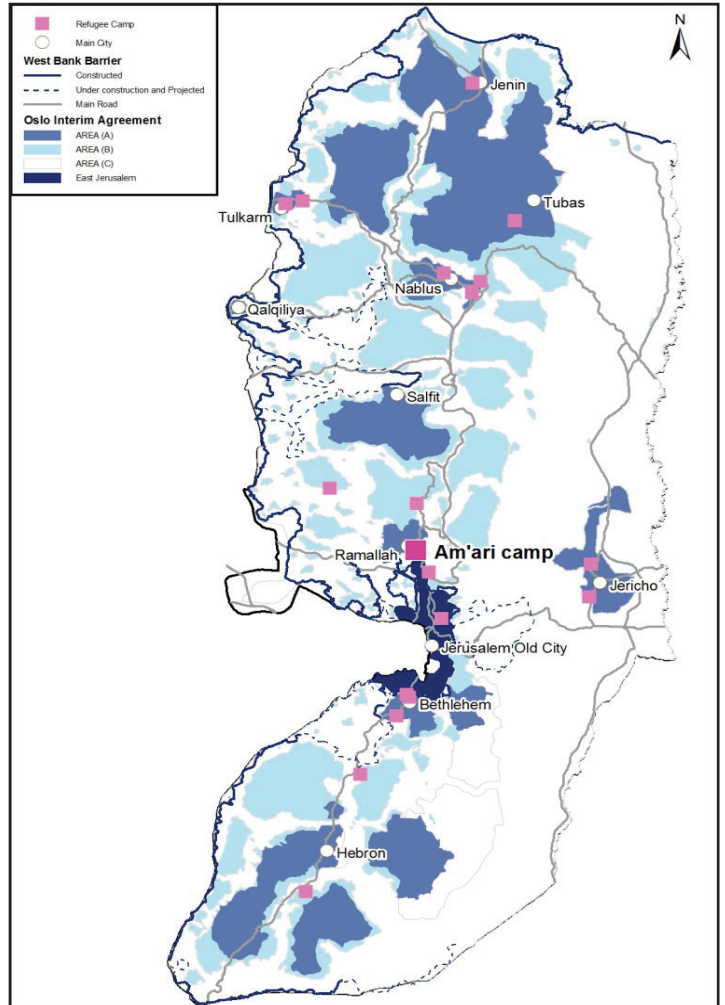
## Who is a Palestine Refugee?

A Palestine refugee is defined as any person whose normal place of residence was Palestine during the period from 1 June 1946 to 15 May 1948, and who lost both home and means of livelihood as a result of the 1948 conflict. The descendants of Palestine refugee males, as well as legally adopted children, are also eligible to register as refugees.

## Palestine Refugee Camps

There are 58 Palestine refugee camps located in Lebanon, Syria, Jordan, Gaza and the West Bank. The camps were first established as temporary tented cities for Palestine refugees who fled their homes during the 1948 conflict. For more than 60 years, this unresolved situation has challenged the camps and its residents.

The 19 Palestine refugee camps throughout the West Bank have since developed into urban areas home to more than 200,000 people (almost a quarter of the total registered persons with UNRWA), with the population in each camp varying from 2,500 to 27,000. The camps face challenges related to overcrowding, poor infrastructure, high levels of unemployment, food insecurity, and protection issues.



united nations relief and works agency  
for palestine refugees in the near east

[www.unrwa.org](http://www.unrwa.org)

UNRWA is a United Nations agency established by the General Assembly in 1949 and is mandated to provide assistance and protection to a population of registered Palestine refugees. Its mission is to help Palestine refugees in Jordan, Lebanon, Syria, West Bank and the Gaza Strip to achieve their full potential in human development, pending a just solution to their plight. UNRWA's services encompass education, health care, relief and social services, camp infrastructure and improvement, microfinance and emergency assistance. UNRWA is funded almost entirely by voluntary contributions.