

# PROGRAMME UPDATE



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## PALESTINE RED CRESCENT SOCIETY

08/08/01

*This Programme Update is intended for reporting on Annual Appeals.*

*Appeal No. 01.68/01*

*Appeal Target CHF 2,769,413*

*Programme Update No. 1*

*Period covered: 1 January to 30 June 30 2001*

### "At a Glance"

*Appeal coverage: 39.7%*

*Related Appeals: 01.69/01 (Appeal 2001) PRCS: Lebanon/Syria branches*

*Outstanding needs: CHF 1,669,039*

*Update: The difficult political and economic situation context in which the Palestine Red Crescent Society has to operate has caused it to focus on crisis response at the expense of some of its longer term development programmes. The Society's profile and effectiveness in crisis has lifted but there remains funding problems for continued programme work, for instance in the field of health. Visits by donors have resulted in positive appraisals of the important work being done in many communities.*

### **Operational Developments:**

The security situation in the Palestinian autonomous/occupied territories (A/OT) and Israel is still uncertain in the wake of the latest Intifada which began in September 2000. Recently, the crisis has worsened with several people being killed and violence increasing. The ongoing Israeli demolition programme of Palestinian houses has also raised concern. The issue of Israeli settlements remains a serious divide and tension between settlers and Palestinians has risen. Closures of Palestinian areas have increased, having a major effect on the economy.

### **Programme and project reports**

The Federation from its representative office in Al-Bireh, the headquarters of the Palestine Red Crescent Society (PRCS) is continuing its support to the National Society, with the main focus on longer-term development programmes like organisational development, community based health care, rehabilitation and disaster

preparedness & response. With the outbreak of the Intifada, however, circumstances have worsened and the PRCS has focused on emergency response rather than long term programmes.

Just as the conflict started, the PRCS appealed for help and up to 25 national societies responded with cash or in-kind donations. The good cooperation between PRCS, the Federation and ICRC in Palestine has helped during this difficult time.

The Intifada continues with clashes and towns under siege. The National Society is trying to reduce suffering. The emergency medical service (EMS), with its ambulances and paramedics, are on 24 hours duty. Other programmes are putting a heavy financial burden on the Society. Also, increased poverty due to the Intifada has reduced cost recovery potential. An emergency appeal to sister societies was prepared by the PRCS and the Federation secretariat and was launched in May. To meet the need of running the EMS programme the ICRC pledged to cover more of these running costs. Response to the appeal, however, has been limited.

For mid and longer term programme support to the PRCS, only a few national societies have made commitments. Ad hoc donations for emergency response to crisis has been better. This trend has turned the focus of PNSs away from development programmes to emergency programmes, which in the long run might lead to more dependency on external aid instead of helping the National Society building sustainable programmes. PRCS is taking steps to balance the focus between emergency and long-term programmes. It has also tried to build its own funding base. However, as the Intifada has weakened the economy, forcing many into poverty, the base for PRCS to build self-reliance has weakened. This leaves the National Society with an even bigger challenge.

### ***Disaster Preparedness***

None of the three elements under the programme's critical assumptions - sufficient financial support, access to the entire territories, and a stable political and security situation - materialised. Implementation of this programme has been a major challenge. That being said it is also important to see what the Society with its own resources has been able to do, despite the ongoing Intifada.

**Objective 1**, to initiate the setting up a comprehensive disaster preparedness framework has been impossible. However, plans have been prepared and followed by PRCS branches and units. The success of PRCS as an effective and efficient provider of humanitarian services during conflict is due to good planning and a unified approach in the Society.

**Objective 2**, focusing on producing a national disaster profile has not been possible. In the absence of a national disaster preparedness plan, the PRCS developed its own plan, based on current capacity and what should be the responsibility of the National Society. During the first phase, the PRCS achieved an important task last year by categorising and putting in order a plan of response in case of a disaster. It proved effective from the first day of the Intifada. This plan, with some ongoing improvements, is still being used by the PRCS. The idea of a conference of different stakeholders in the national plan has not been possible to follow up. Consultation on a regional basis is instead being considered.

**Objective 3**, to define roles and responsibilities of the PRCS in line with the Federation's *Strategy 2010*, in particular in the context of disaster response and preparedness, in which the National Society is a key player. For example, all 21 PRCS primary health care centres' preparedness for effective response has secured the provision of needed additional equipment and specialised medical supplies. *Strategy 2010* is the guide, but the particular role of the PRCS - with special programmes for the population and refugees mandated to it by Palestinian Authority - gives it extended responsibilities.

**Objective 4**, building up resources within PRCS, enabling the Society to carry out its part of the DP framework has for the last nine months to a great extent been met through lessons learned in the field. In particular, through its emergency medical service, the primary health care, and home based care programmes, training has been conducted, experience gained and resources built up. In January the president of PRCS presented the result of the VCA project and its methodology at a sub-regional meeting in Beirut. The VCA document was handed out on a special CD to all participating National Societies (PNSs), Federation delegations and other national societies

present. The PRCS considers the document as a first step in an ongoing process to achieve best possible response when a disaster occurs. This work carried out by the PRCS will be an important input into the discussion on how to proceed in this field for other national societies.

### **Health and Care**

PRCS has a history of itself being the authority in health matters for Palestinians. After the Oslo accords, however, the Palestinian Authority (PA) has a Ministry of Health, which has taken over responsibility for planning, coordinating and executing health services. PRCS still, however, is mandated by MoH to run ambulance services. Also the blood transfusion services are mandated to the PRCS, without the Society so far being able to live up to this responsibility.

PRCS operates - rents or owns under various arrangements - 21 clinics, in the West Bank (17) and Gaza (4). The Federation support is helping change the profile of services for the clinics so that they offer a scope of services under primary health care (PHC). There is a shift to a more preventive focus for activities, with a clear view to development within *Strategy 2010*. This shift towards more community-oriented health approaches and emphasis on PHC is taking place in the wider Palestinian society and is winning greater popular understanding and support.

A national health plan exists from MoH. It has been developed in cooperation and with the assistance of international organisations, and there is a feeling of national ownership. However, the implementation drive and energy behind it has been lacking, particularly during the current uncertainty. But it provides important signals and guidelines for health system development. Its use should be encouraged and built on.

There are two major health projects being implemented by PRCS with Federation participation and support. Each of these has separate reporting as a service to the donors. There are also several new activities being prepared and planned for the future: It should be noted how these build on the PHC centres and the principles for decentralised, community PHC services, which is the foundation for these centres.

### **Primary Health Care (PHC)**

The three-year project, with German Red Cross and the European Union support, started on 1 April 2000. It aims to support 21 community health committees (CHC), 15 new and six reactivated, attached to and operating out from each of the mentioned 21 existing PHC Centres. The CHCs will attempt to improve health, facilitate community health education and health awareness campaigns, First aid training and dissemination of the International Red Cross Red Crescent Movement's Fundamental Principles and values. They will also promote general access to basic health services as well as promote a popular feeling of responsibility for public and individual health.

A team of one nurse and one social worker, all female, is established at each PHC centre. A vulnerability profile has been developed for each of the communities. A health data collection system has been developed and is being tested. Extensive training and health education of personnel at all levels is being implemented. In addition, there will be procurement of training and teaching materials. The project runs on schedule despite the numerous practical problems.

The German RC, as the donor agency (with EU participation) has visited and is happy with progress. Further clarifications of reporting details have been worked out.

### **Women and Children's Health (WCH)**

This project started in the middle of June 2000, and was originally a pilot project for 14 months. Australian Red Cross and AusAID are the financial supporters.

In eight targeted communities, where there is a PRCS PHC Centre (five on the West Bank and three in the Gaza Strip), each centre staff is provided with a nurse to organise and facilitate the provision of women and child

health services. The aim is to assure the quality of services through training of staff, provision of equipment, improvement of centre hygiene, and provision of laundry facilities.

The project aims to promote the community and centre staff understanding of needs for and importance of women and children's health services. To accomplish this, community profiles of vulnerability have been developed. The project then follows up these profiles with a survey of women and child health to establish micro projects to address needs. The first micro projects are now being evaluated before implementation, and they are concentrated on environmental health issues. The project also aims at improving health information to women and children and knowledge about the services provided to them.

It is an operational restraint on the WCH activities in PRCS that only MoH health clinics are allowed to immunise children in Palestine. A closer coordination of these services needs to be undertaken. The future plan would be to generalise the project activities in all the centres, and discussions for future donor support are being initiated.

Both the Australian Red Cross and AusAID have visited the project and are satisfied. Both have expressed willingness to recommend internally continuing support beyond the initial 14 months. In light of the developmental nature of the activities, a project proposal has been developed to that effect for up to three years implementation period and is being considered in Australia.

The French Red Cross is interested in becoming a partner in the WCH project though it is not clear whether it will be via a bilateral project or through the Federation.

### ***Objectives and Activities***

**Objective 1:** To expand cooperation with the community health committees (CHC) and set priorities and develop a plan of action for each community. To date there are 20 CHCs established, of which 15 are active, with 137 members and 202 volunteers. The 15 CHCs have so far this year arranged 64 meetings. For the other five CHCs, the memberships will be reviewed. One more CHC will be established this year. The PHC centres are in the process of being evaluated. In addition to health education provided for each consultation, 169 health education sessions have taken place in 2001.

**Objective 2:** To expand local participation / beneficiary involvement in PRCS programmes and projects. Micro projects have been started in all centres, varying from women and/or children educational projects and cleaning campaigns. For each micro project in each centre there is a plan. An inventory list for health education material has been prepared for each centre. Standardising health education sessions has begun. Different types of gatherings with health education are taking place, such as summer camps, school days, health workshops for women as well as for families.

**Objective 3:** To strengthen the capacity of the CHCs and continue establishing community health teams (CHT) in all PRCS health centres. Five new CHCs were established. The reorganisation of six CHCs is in the process. CBFA and dissemination sessions for the CHC members have been conducted in 15 centres. The process has started to identify needs for more training of CHC members.

**Objective 4:** To improve the PRCS health monitoring system. The 15 social workers being recruited have already been working for some time, conducting important work in the communities.

**Objective 5:** To strengthen the capacity of the PRCS primary health care department. A data-based health information system (HIS) has been developed and provided to one centre as a pilot project. When this is properly tested it will be introduced in other centres, and equipment will be provided according to financial resources. Few shortcomings have been discovered in this HIS, and the plan is to improve it before involving the other centres. Hopefully next phase will be to include electronic access to HQ.

**Objective 6:** To improve the wellbeing of women and children through the development of a model for improved delivery of women's and children's health, including reproductive health and family planning. New staff members

have been employed to reach this objective. Training was carried out according to needs. This was followed by an evaluation, which also will be repeated before the end of the year.

**Objective 7:** To improve the capacity of PRCS and communities to respond to priority health needs. A community profile was completed and report issued. Survey of all the health facilities took place over the last months.

**Objective 8:** To improve the quality of PRCS women and children health clinic and outreach services, with increased emphasis on preventative health programmes. It has shown to be difficult to find qualified midwives, in particular in Gaza. Nurses have been trained in midwifery and other WCH issues. Gender issues have been included in the training, and for the next phase this will be given more focus. As mentioned under Objective 5, a computerised health information system has been developed, but it needs some improvements, which will be taken into consideration in the next phase. However, all information is now being collected manually, and there are a number of reports and statistics available, containing significant amount of data.

**Objective 9:** To work towards greater community awareness of, and participation in, the issues required to improve their health. Health education is daily been provided systematically in all PHC centres. New, more updated material is printed as well as for new topics. The monthly magazine *Balsam* issued by PRCS is regularly covering health information and education. It is being distributed all over the Middle East.

**Objective 10:** To improve community based nursing offered to people at risk. Establishment of a community based nursing care programme is in the process, and will be introduced this autumn. An external evaluator is conducting the evaluation of the WCH programme as this report is being written. The report will be presented early August 2001. Establishment of efficient routines in relation to the cooperation has been hindered by the current security situation and will be targeted when the situation improves.

### **Other activities**

Several other activities are being planned or are in various stages of implementation for the PHC Centres. Common to all is the utilisation of existing primary health care centres for community based access to the population and to develop a suitable portfolio of activities for the RC Centres. Already the EMS services and the centres are offering first aid courses, and the centres are being developed to handle health emergencies such as first aid before hospitalisation in mass casualty situations.

A PRCS home based (nursing) care project has been operating for more than one year with NGO funding from Norway. Despite the fact that funding has expired, services are still being offered at home to people in need. The project attempts to operate nursing care in the individual homes out of the existing PRCS clinics. It consists of traditional nursing work, such as change of dressings, health education for the families, massage, mobility training, and promotion of healthy habits for people with lifestyle diseases. Beneficiaries are recruited from collaborating hospitals and clinics. A new project proposal has been accepted by the Spanish Red Cross for catchment areas of eight centres. It is yet to be decided whether this will be on a bilateral basis.

An emergency mental health project is being launched with the ICRC for the benefit of personnel operating the PRCS ambulances. Further mental health projects, to be directed at vulnerable groups, have been formulated and launched towards potential donors. The Danish RC will arrive in August to discuss possible support and development of such activities modified towards the model CABAC project in the Balkans. The Federation has been instrumental in promoting this development, but the project may again be implemented on bilateral basis.

A regional version of the RC HIV/AIDS manual has been developed by the regional delegation in Amman with PRCS participation. It is intended to develop activities under that heading out of the PHC Centres. Also such activities in the context of home based care are foreseen over time. The HIV/AIDS epidemic is still young in the Arab countries, and a major role could be foreseen for PRCS to continue to keep it under control.

## **Coordination with MoH**

The existence of a national health plan for Palestine is being discussed. In several locations the MoH has integrated or merged existing clinics into neighbouring PRCS ones. This has facilitated a more rational health infrastructure development and resource use. This cooperation should be developed further. PRCS should review the population base for each clinic and health coverage and then classify the intended level of each clinic according to existing MoH criteria. Only then can there be an initiative to develop an overall plan for PRCS centre presence in each community, and coordinate the offered services and service levels with other existing service providers. It would also facilitate an evaluation of the ambitions for services in each location and to develop plans how to improve the outreach to vulnerable groups and the quality of services to them.

### ***Other programmes: community based special education (CBSE)***

The CBSE programme was started in 2000, initially as a pilot project for two years. Overall objectives of this programme, currently funded by Norwegian Red Cross, are to develop abilities to help encourage the integration into Palestinian society of disabled people. In 2000 the programme was implemented in six PRCS rehabilitation centres, with the training of teachers and volunteers, for a more proactive approach. However, due to the Intifada, focus has shifted away from the CBSE to crisis response.

In 2001 the same rehabilitation centres - in Nablus, Jericho, Hebron, Jenin, Ramallah and Gaza - despite delays in the transfer of funds from the donor have all continued their work in the CBSE spirit. Implementation, however, has not as fast as expected because of the difficult political situation.

## **Lebanon and Syria**

PRCS in Lebanon and Syria exist to a large extent as separate entities in terms of health programmes. They exist in a separate world from the West Bank and Gaza in that the basic health services to the Palestinian Diaspora is provided by UNRWA. None of the PHC projects and activities developed are being implemented at the numerous PRCS hospitals and clinics in these countries. It is seen as desirable that the health activities that are developed by the main body of PRCS should also benefit Palestinians abroad in a format suitable to their situation. The health delegate has visited the Lebanon and Syria branches of PRCS with their health facilities, and it has been agreed that these should be integrated in terms of PHC health projects and activities. Initial funding to start such planning and coordination between the various PRCS branches is sought through the Emergency Appeal launched in May 2001. It is important that PRCS HQ is allowed to coordinate the development of health activities in all PRCS branches. The Federation is seeking to develop support for such co-ordination and activities through the 2002-2003 Federation Appeal.

## **Implementation & Cooperation**

The health professional standards in planning and execution in PRCS are outstanding and the professional goals exemplary. Federation support is more required in providing a link to international donors and as a guarantor for quality in relation to these. It is a useful "talking partner" in formulation of longer-term strategies. It is also considered that the delegates can provide useful assistance in developing the relationship with other NGOs and international organisations, and in providing advice and practical assistance in setting up contact with and coordinating the activities with PRCS branches abroad.

## ***Institutional and Resource Development***

### **Organisational & Resource Development**

With reference to the dramatic change of the general context of the region, implementation of the organisational & resource development programme, funded by Norwegian Red Cross, should be evaluated in light of the critical assumptions in the appeal.

**Objective 1**, to reduce financial dependency on external funding has, due to the rapid increase in poverty, become impossible. The PRCS is facing an even bigger challenge today than one year ago.

**Objective 2**, to create a long-term development plan for the National Society is a priority, in particular in terms of finance management and programme monitoring. With PRCS running programmes in Palestine, Lebanon, Syria and Egypt it has for the management become most important to work as one, united, society. This will be given even more attention. If possible a meeting, including all branches of the Society, will be put on the agenda for the second part of 2001. Due to the Intifada with the closure of roads and areas being under siege, it became impossible to organise the regular meetings between branches and the HQ. The link between PRCS in West Bank and its branches in Gaza has become another challenge for the Society, due to huge logistical problems between to two parts of the A/OT.

**Objective 3**, to follow up and further implement recommendations from the eighth National Congress in January 2000. Due to the Intifada and the following enormous constraints faced by the leaders of the Society and all its staff, members and volunteers, it has become almost impossible to live up to the expectations and recommendations from the congress. In particular issues such as the revision of the statutes and better governance have been under consideration, but because of the physical separation of Gaza from the West Bank, with leaders of PRCS not allowed to go to the other parts of the A/OT, this became almost impossible to follow up. Community involvement and participation in and contribution to PRCS programmes have, however, in many ways been a success. National headquarters structure has been strengthened as far as West Bank is concerned, but regarding Gaza a new administration has developed. The HQ in Al-Bireh is now committed to reunite the two "entities", and to further develop an even tighter link between PRCS A/OT and PRCS Diaspora, by starting more encompassing programmes.

**Objective 4**, to strengthen the planning and reporting capacity of the Society, in particular for some programmes with funding from external sources has been met. Federation and ICRC delegates as well as other external resources have participated in the analysis and given recommendations. Better procedures are already introduced.

**Objective 5** to focus on developing human resources of the Society. As for other programmes it became difficult to run training programmes on a central level. However, regionally as well as in the branches and health centres, training has been carried out drawing on local resources or personnel from the HQ in Al-Bireh. PRCS is giving high priority to upgrading human resources through external courses. Two staff members attended a BTC in Norway and another two attended a Help workshop in Geneva. One staff from the emergency department attended a FACT workshop in Geneva. PRCS sent two delegates on mission to the Indian earthquake. PRCS has also, due to its experience and capacity in terms of disaster response, been included in the group of societies appointed by the RC/RC Movement to look at future set-up and deployment of ERU teams.

**Objective 6** is stressing the importance of improving the awareness of the role of the National Society relating to core activities, capacities and objectives. Through the VCA project, which was completed early this year with printing of the final document, this objective has been of highest importance. Conclusions about the role of PRCS in the Palestinian community are for internal use, but also addressed to other organisations as well as to the authorities. The PRCS profile as a leading supplier of services during crisis, has, however, left the belief among some groups that it has a bigger responsibility. Through its website, which is of a very high standard, and with more than 400,000 hits per month, the PRCS is also disseminating, domestically as well as internationally its role as a humanitarian organisation, with the aim to serve the most vulnerable locally and internationally.

**Objective 7**, in particular with emphasis on youth and volunteer programmes, is one of those areas where activities have been increasing. The number of volunteers has increased 67 % in one year, from 1500 to 2530. These new groups of PRCS supporters, of whom 36% are female, have all taken a basic first aid course as well as dissemination course. Monthly meetings for the youth and volunteers coordinators from all branches have been impossible to arrange due to the Intifada. Only once this year was such a meeting organised, and then without anyone from Gaza. Traditional summer camps are being organised this year as in the past. Altogether 15 have either been carried out or will be in the coming weeks. The number of participants this year is higher than before due to lack of alternatives from other organisers. Most camps are for children 8-14, but also camps, with even more educational profile are provided for youth at the age of 16-25.

### ***Regional Cooperation***

With the Federation Representative office based inside the headquarters of the National Society, we have the advantage of keeping daily contact with the PRCS staff on all levels of the organisation. This gives the delegates the unique opportunity to work closely with the Society and in different aspects to better understand the general situation. This is even more important these days with the conflict, extreme challenges and big burdens on the shoulders of the National Society. With the headquarters located close to a big Israeli settlement, we have at many occasions witnessed PRCS staff and volunteers, the headquarters' building as well as ambulances and other properties being under direct threat and gunfire, and even being hit by bullets. At one time the top floor of the PRCS HQ was set on fire after being shelled from the settlement.

The "open door policy" between the PRCS and Federation delegation is indeed an advantage for the delegates, being involved in discussions or planning processes at an early stage. For the last years the representative office has been dealing only with PRCS in Palestine A/OT, while PRCS branches in Lebanon and Syria have been supported from the Federation Delegation in Beirut. The idea of "joining together" the PRCS branches and programmes wherever they are, in Palestine, Lebanon, Syria or Egypt has, however, been discussed for a long time. With this in mind the Head of Delegation and the health delegate were late January visiting PRCS in Lebanon and Syria. Meetings were arranged with PRCS people in many of the cities where the Society is running programmes. A strong feeling of unity within PRCS, independent on geographical location was expressed everywhere.

After more than two years, the health delegate in the Federation Representative Office completed his mission in late January 2001. His replacement, also a Norwegian medical doctor from Norwegian Red Cross and with PHC as a speciality has been welcomed.

With the small set-up of the Federation here the services provided by the regional delegation in Amman were vital. The accounting and finances of the delegation is one area enjoying support from the regional finance unit in Amman. Our internal accounting system is a simple spreadsheet, which on a monthly basis is sent to Amman for processing into the CODA system. Also other technical and personal support from Amman makes it easier for us to meet our objectives as a facilitator and partner to the National Society.

### **Cooperation with the ICRC**

With the ICRC being the lead agency of the RC/RC Movement in the A/OT, Federation delegates are following security rules and regulations of the ICRC. We are included in the ICRC contingency plan for the area. We are also using ICRC cars with Geneva number plates and are within the radio communication network of the ICRC.

Federation delegates attend regularly weekly security briefing and programme information meetings in the ICRC sub-delegation in Jerusalem. Cooperation / coordination meetings are being held on a regular basis between PRCS, Federation and the ICRC, sharing information and ideas how best to facilitate the National Society in its endeavour to reach the most vulnerable. In the spirit of the Seville Agreement, talks are regularly held on how best to help the PRCS reach its objectives as a well functioning National Society.

In terms of more specific programmes there has been further development of the PRCS EMS services, and upgrading and improvement of warehousing procedures.

### ***Coordination and Management***

The context is different to what was expected at the time of preparing the objectives and the Appeal 2001-2002. Time for development, construction and long-term planning turned out to become a phase of emergency. This has indeed had an impact on the work for the delegates and all kind of programmes implemented by the National Society.

One issue that has been hampering work is the difficult financial situation. There is insufficient funds to cover the in-country cost of the health delegate, thus creating a deficit in this project. Also, funding for the rest of the office has been an issue, adding to our constraints at a time when the National Society needs our support.

**Objective 1** focuses on strengthening the links between the PRCS, the international community and RC/RC partners. It is important to notice that PRCS has established good contact with many international organisations and agencies and has also received contributions to its programmes from several of these partners. Also, the good reputation of PRCS, in particular built up throughout the last nine months of Intifada, its effectiveness and efficiency in running programmes in a difficult environment has helped build a positive image internationally. Nevertheless, the Federation delegation has been instrumental in further establishing contact with potential new supporters of PRCS programmes. Also within the RC/RC Movement, the delegation, in many cases together with the ICRC, has been the link between the National Society and donor societies.

**Objective 2** supports institutional development and disaster preparedness programmes. Disaster preparedness and disaster response have become of great importance for the PRCS. Federation delegates to a great extent have facilitated implementation of disaster response programmes.

**Objective 3** is focusing on supervision of Federation-supported programmes and projects. With the closeness to the National Society and daily contact on all levels, in the headquarters, branches as well as in the primary health care centres, the Federation delegates are monitoring and facilitating implementation of programmes. Also the office is an active partner in planning and preparation of projects, contributing with ideas and experience.

### ***Outstanding needs***

Programmes of the PRCS supported through the Federation are in general funded with contributions from some PNSs and the resources of the PRCS, with some participation of the ICRC in OD and DP programmes. The funding situation is, however, extremely difficult for the National Society due to the huge challenges of ongoing Intifada. The delegation is also facing many problems with funding.

*For further details please contact: Cynthia Petrigh, Phone : 41 22 730 4312; Fax: 41 22 733 03 95  
email: petrigh@ifrc.org*

*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*For further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>.*

Peter Rees-Gildea  
Head a.i.  
Relationship Management Department

Abdel Karim Bensiali  
Head  
MENA Department

Palestine Red Crescent Society						ANNEX 1
APPEAL No. 01.69/2001		PLEDGES RECEIVED			31.07.2001	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>2'769'413</b>		<b>TOTAL COVERAGE 39.7%</b>
CASH CARRIED FORWARD				131'279		
NEW ZEALAND - RC		100	NZD	74	28.06.2001	
NORWEGIAN - GOVT/RC		3'500'000	NOK	659'047	27.04.2001	INSTITUTIONAL & RESOURCE DEV., MANAGEMENT COSTS
NORWEGIAN - GOVT/RC		984'898	NOK	188'415	13.06.2001	HEALTH & CARE, CBSE
SUB/TOTAL RECEIVED IN CASH				978'815	CHF	35.3%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
Norway	Delegate(s)			121'559		
SUB/TOTAL RECEIVED IN KIND/SERVICES				121'559	CHF	4.4%