The context

Federation support is continuing to the building of a unified Palestine Red Crescent Society (PRCS) and to the development of the services it provides to Palestinians in the Occupied and Autonomous Territories (O/AT) and Palestinian refugees in Lebanon and Syria. These services, mainly health-related, cater to a population of approximately 2.3 million in the O/AT, 350,000 in Lebanon, and 395,000 in Syria.

Federation assistance to the PRCS began in January 1994. In 1996, Federation assistance is focusing on four main areas: Institutional Development; Primary Health Care, Secondary Health Care and National Programmes in the O/AT; the restructuring of PRCS health institutions in Lebanon; and expanding health services in Syria. The Federation’s assistance in the O/AT is closely co-ordinated with the ICRC.

Since April 1995 a Federation Development delegate, supported by the Regional Delegation in Amman, has been attached to the PRCS temporary headquarters in Jericho. He receives considerable logistics support in this posting from the ICRC Sub-Delegation in Jerusalem. With the move of PRCS from the temporary headquarters in Jericho to Al Bireh the delegate will also maintain an office there in order to be closer to the National Society.

Latest events

The peace process within Israel and the Occupied and Autonomous Territories (O/AT) has been adversely affected in the first quarter of 1996 by a series of bomb attacks carried out by the Hamas party against the Israeli population, and the response of the Israeli authorities towards Palestinians living in the O/AT. Palestinians have been subject to border closures and the mass arrest of
suspected Hamas members and sympathisers. The period also saw the rescheduling of Israeli elections for May 1996 following the assassination of Israeli Prime Minister Yitzak Rabin.

The result of the above context for PRCS has been reduced freedom of movement for staff, lack of communication between branches, delayed project implementation, and a halt in employment of key personnel in the HQ. The development and implementation of programmes supported by the Federation and others have also been affected by the move of the PRCS HQ from Jericho to Al-Bireh, 15 km north of Jerusalem. The process is still not complete, and therefore adds to the overall reduced pace of activities.

PRCS continues to work on establishing a development plan. All of its departments have prepared their plan of action for 1996, including objectives, activities and budgets. The development plan will be completed in 1996 as part of the overall strategic planning of the development of PRCS.

Since the last quarter of 1995 there has been an increase in support to PRCS, through both the Federation and the ICRC. The Federation is continuing its institutional support at HQ level and has begun extending support to the Primary Health Care (PHC) programme. ICRC has ended financial support to PHC and begun development of the Emergency Medical Services while continuing the dissemination programme and family visits.

Palestinian refugees in the Diaspora, particularly those in Lebanon and Syria, remain left out of the Middle East peace process, although final discussions on outstanding issues between Israel and the Palestine National Authority are scheduled to begin in May 1996. The future of these refugees is, however, very uncertain. PRCS branches in Lebanon and Syria, which have been delivering medical services to 700,000 refugees in both countries, have been suffering a dramatic decline in funding. Without urgent support and a longer term solution they will continue to face the possible collapse of their medical institutions, which would have grave consequences for the health status of the refugees.

**Red Cross/Red Crescent action**

*Health*

The Federation began assisting the PHC programme in the O/AT in January 1996. A main component of this structural support is the provision of USD 20,000 per month to the 27 PHC clinics in the O/AT. PRCS is in the process of developing a policy for its PHC programme which will rationalise the physical structuring and organisation of its clinics and the services they provide to their respective communities, and establish the necessary co-ordination with the Palestine National Authority. Federation assistance is intended to keep this process ongoing throughout 1996.

The Federation has supported the development of one PHC clinic in Nablus and one in Anabta branch, near Tulkarem, in the West Bank. In addition, it is supporting a PHC pilot project in Gaza involving four of the five branches and approximately 90 volunteers. The main component of this project is health education. The project is still in progress and will be expanded once additional funding becomes available.

A Federation-sponsored technical support mission in the area of Institutional development and PHC is scheduled to take place in April to help PRCS to identify priority areas to develop.
So far the Federation has been unable to provide assistance at the Secondary Health Care level, which consists of four maternity hospitals in the West Bank -- East Jerusalem, Tulkarem, Al-Bireh and Hebron -- due to insufficient funding.

**Social Welfare**
This department has developed a project targeting mental health care for Palestinian women for which funding is being sought outside of the 1996 Emergency Appeal.

**Youth**
The major support from the Federation will occur in July/August with the holding of four youth camps in various parts of the country. The camps will include such traditional components as dissemination, first aid training and social activities. The department has now established youth committees in most of the branches in the West Bank and has established contact with several National Societies in the field of youth activities. A plan to implement a national first aid programme through the Youth/Volunteer department is about to start.

**Institutional Development**
The institutional development of PRCS was a priority in 1995 and continues to be so in 1996. So far Federation assistance has been in the area of salaries and administrative support to five departments (12 positions), including rent and overhead costs for the HQ. The departments supported are: Administration and Finance, Information and PR, Youth and Volunteers, Social Welfare, and PHC. The Federation has also invested in fixed assets, such as office equipment, computers, furniture and two vehicles. A significant part of the HQ assistance is allocated to public relations activities, such as special events, a newsletter, a documentary, a calendar, etc. Only minor support has so far been given to branches, since the main objective of the unification of the PRCS by supporting the HQ structure and thus ensuring proper co-ordination of activities and services within the NS as a whole.

**PRCS Health Institutions in Lebanon (PRCS/L)**

In the 1996 Emergency Appeal, two objectives were set for support of the PRCS/L:

-- to maintain health institutions, comprising five hospitals and nine health centres;
-- to complete their reorganisation into efficient and cost effective services.

PRCS/L continues having difficulty in funding running costs, i.e. salaries, medical supplies and medicines, administrative costs, etc. Netherlands Red Cross/ECHO assistance represents the only resources available for this area. The six months salary support programme was completed in March. Medical supplies and medicines which are to be delivered soon will last until October. Contributions of USD 2,806,500 to cover the shortfall are urgently required.

Concerning reorganisation, since the last situation report issued on 25 January 1996, progress has been made in the following areas.

**Safad District Hospital in Tripoli:** The reorganisation plan is now completed, including architect drawings, and the organisation of staff and facilities, and implementation has begun. Urgently needed medical equipment has been provided already.

**Renovation of four health centres of Saad Sayel, El Buss, Waivel and Nar El Bared:** The renovation of the last three centres will be completed soon. All nine HCs have been equipped according to standards set by the Lebanese Ministry of Health.
X-ray machine for Akka Centre: The Norwegian Red Cross will fund this purchase.

Indemnities for 305 employees: The release of redundant employees, begun in January, will be completed in May. Working clothes/uniforms for all PRCS/L medical staff are being produced and will be issued shortly.

PRCS/L Planning and Project Administration: A Reorganisation Steering Committee and an Administrative Project Working Group were established in January to strengthen the PRCS management at both policy and administrative levels.

Al Hamshary Central Hospital: Funds for specialists are now available and the planning process has started. The development plan should be completed before the Donors' Meeting to be held at the end of May.

**Outstanding needs**

While response to the Emergency Appeal has been encouraging, there remains some way to go before all of the objectives set out in that document are realised in 1996. For instance, most of the heavy infrastructural development in the health area planned for PRCS in the O/AT has had to be delayed until later in the year by which time it is hoped that more donors will have responded to the appeal. The attached list of contributions indicates that there is a shortfall of over CHF 2.3 million for the O/AT and CHF 5.7 million for Lebanon. With regard to Syria, no contributions have so far been received. The donor meeting planned for Amman 27-28 May will be used as a forum to discuss progress made so far in the implementation of National Society programmes supported by the Federation as well as to discuss plans for the remainder of the year and the next 2-3 years.

**External relations - Government/UN/NGOs/Media**

Federation relations with the Palestinian National Authority and Israeli Government officials have been very limited in the O/AT. The main focus has been on PRCS and several NGOs involved in similar work to the PRCS. There have naturally been extensive contacts with ICRC and other National Societies working under the ICRC umbrella in Jerusalem and some contacts with the European Commission in Jerusalem.

In Lebanon, the Federation maintains contacts with Lebanese government ministries involved in health issues, as well as with UN agencies, particularly WHO. The delegation has also been playing a vital role in assisting PRCS/L by co-ordinating not only sister Societies' participation, but also assistance from other NGOs and Governments. Two Italian NGOs, Movimondo and CISP, have been supporting Al Hamshary Hospital with funds made available by ECHO for equipment and medical supplies, representing ECU 245,000 and 290,000 respectively. The Italian Government is also assisting the Hospital with USD 1 million for plumbing renovation, the rehabilitation of the laundry and kitchen and the training of doctors and nurses.

**Contributions**

See Annex 1 for details.
Conclusion

The pace and quality of implementation of the Federation programme for PRCS in the O/AT, Lebanon and Syria is sensitive to external political and security developments within the region. While progress has been marked during this quarter, external events have had a negative impact on the overall development process within the Society. It is hoped that more stability and a return to pursuing the peace process at the political level after May will help to improve the rate of progress.

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