

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

15 January, 2004)

Appeal No. 01.90/2003

Appeal Target: CHF 4,066,446 (USD 3.10m/ EUR 2.64m)

Programme Update No. 2; Period covered: June – December 2003

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 180 countries. For more information: www.ifrc.org

In Brief

Appeal coverage: 90%; please refer to the attached list of contributions for details.

Outstanding needs: this appeal was well covered in 2003, and donors are encouraged to focus their support on the 2004 Annual Appeal (no. 01.86/2004).

Program Summary: The Palestine Red Crescent Society (PRCS) continues to deliver its services to the most vulnerable in the Palestinian Autonomous and Occupied Territories (Palestinian AT/OT) in a very difficult and challenging situation. This has been possible through the wide PRCS network of branches and facilities (health centers, Emergency Medical stations, hospitals, medical and psychological hotlines, and rehabilitation centers). This network of branches and facilities is utilizing the skills of more than 3,500 staff members and some 5,000 volunteers to reach out to strangled populations under siege, to provide rescue and relief services and to disseminate humanitarian values and health messages.

In Lebanon, the PRCS renders its services to 389,000 Palestinian refugees. The main focus is Hospital care provided through five hospitals. This is in addition to nine Health Centers who are currently making a transition from curative care to Community Based Health Care.

The Palestinian population in the Palestinian AT/OT and Diaspora continue to feel the importance of PRCS programs. This is being exemplified by the increasing support, encouragement, number of volunteers and demand on services. The PRCS website, which became an important contact tool for PRCS, receives millions of hits annually.

During 2003, PRCS worked towards achieving its objectives through multilateral and bilateral partnership cooperation projects in the different core areas, including health and care in the community, disaster management and coordination, organizational development, humanitarian values, emergency medical services, blood bank, hospital services, and social welfare. Additionally, the national society benefits from several strong partnerships with international non-governmental organizations.

While the appeal's coverage to date was 90%, it is necessary to point out that this does not include bilateral cooperation which most of the time targeted the appeal's objectives. At all times, the International Federation encouraged and facilitated bilateral cooperation with the PRCS.

Operational developments

The life of the Palestinian population in Palestinian AT/OT, which comprises the West Bank and Gaza Strip, remains disturbed by the continuous and escalating conflict over the past 39 months, between Israel and the

Palestinians. The wall under construction, which will be separating the Palestinian population in the West Bank from Israel, is redefining the occupied territories and creating new humanitarian problems and needs. Large tracts of lands are being isolated from their owners, thus impacting agriculture, trade, and economy. The problem of inaccessibility to medical, health, social and educational services is also escalating.

The physical, psychological, economic and social effects of more than 3 years of conflict are becoming progressively more critical. To date, the continuous military activity had resulted in more than 2,579 persons dead and 24,034 persons injured, and more than 4,050 homes demolished leaving many families homeless. Unemployment reached in some areas more than 70% and the majority of the population is living in poverty.

These circumstances are intensifying the burden on humanitarian actors, whose performance is also affected by restrictions on movement all around Palestinian AT/OT. The provision of vital humanitarian services by the Palestinian Authority, PRCS, non-governmental organizations, including international organizations, is hindered more than ever by the restricted mobility caused by more than 396 Israeli Army checkpoints, roadblocks, dirt mounds and ditches.

In Lebanon, the living conditions of the Palestinian refugee population are of poor quality. The refugee population is being isolated from society. The law treats them as “Special Category of Foreigners” as they do not possess Lebanese citizenship. Since 1982 non-Lebanese are prohibited to work legally in 72 professions. The unemployment rate among the Palestinian working population was estimated at 65%, compared to 30% for the Lebanese.

In this context, the PRCS operations in Palestinian AT/OT were expanded and extended to meet the resulting escalating needs. In 2003, PRCS continued to develop its new programs and build capacities. Examples are: International Humanitarian Law unit, Disaster Management and Coordination unit, Planning and International Cooperation unit, Psychological Support Program, Rapid Damage Assessment system, Tracing program, and others. In addition, different programs were partially integrated for efficiency and effectiveness purposes.

The Primary Health Care program extended its services to populations suffering from curfews or siege using different means like Medical hotline and mobile clinics. Similarly, the disaster management program, the community based rehabilitation program, emergency medical services and the other social services. More volunteers were recruited and trained to serve in different fields.

In Lebanon, PRCS remains the main provider of hospital care to the Palestinian refugee population and other poor gatherings. Essential health care services are being developed in harmony with those in Palestinian AT/OT. Coordination with UNRWA regarding subsidizing Hospital Care cost for refugee patients continues and needs to be strengthened.

Health and care

Primary Health Care

Goal: An improved general health and well-being of the most vulnerable Palestinian population, with a shared responsibility for health care and health issues between the national society, the local authorities and community members.

Objective: Stable provision of high quality health services provided under decentralized system from all primary health care centers of the PRCS with an expanded scope of services for the most vulnerable.

Progress/Achievements (activities implemented within this objective)

Summary of outputs, June – November 2003

Type of intervention	Palestine (25 centers)	PRCS Lebanon Branch (9 centers)
Medical interventions (includes medical & dental)	91,434 interventions	41,200
Children beneficiaries (0-15 years)	56 %	55%
Elderly beneficiaries (above 65 years of age)	14 %	10%
Home visits carried out	5,846 home visits	-
Medical Hotline consultations via telephone	26,286 consultations	Not applicable
Medical Hotline consultations via home visiting	6,702 consultations	Not applicable
Total number of Community Health Committees (CHC)	25 committees	2 CHC <i>under establishment</i>
CHC established in 2003	1 committee	2 CHC <i>under establishment</i>
CHC evaluated & membership reviewed in 2003	0	-
CHC meetings held	176 meetings	NA

CHC members benefiting from training	228 members	20 (will be completed in 2004)
Health education sessions carried out	600 sessions	1,665 sessions (Jan.-Nov. 03)
Local communities participating in health education sessions	12,360 persons	20,480 persons
Health topics mainly tackled in the education sessions	Hygiene, nutrition, woman & child health, psychosocial	Hygiene, nutrition, woman & child health, STDs, family planning
Community Based First Aid courses carried out	38 CBFA courses	2 courses
Volunteers/community members trained in CBFA	620 PHC volunteers	51 volunteers & staff
Safe Motherhood Groups (SMG) established	5 SMG (in addition to 4 groups established 2001-02)	-
SMG members benefiting from training	52 Women	-
SMG plan and implement community activities	120 SMG community activities	-
# of women benefiting from SM activities	46,145 persons	-
Health education brochures published	0	20,000 copies
Number of Health Education brochures disseminated	5,000 copies	18,000 copies
Free medical/health days carried out for selected vulnerable groups	124 days	-
Persons who benefited from the free medical days	5,736 persons	
Number of mobile clinics functioning	2 mobile clinics	Not applicable
Persons who benefited from the mobile clinics	16,230 persons	-
Branches getting involved in Community Based Health activities or entire PHC program	Nablus, Ramallah, Halhoul, Bani-Naim, Idna, Qabatia, Habla, Anabta, Arrabeh., Al-Yamoun, Jabalia, Khan Younis	Lebanon PRCS branch
Training carried out for PHC staff	230 contact hours	24 hours
PHC staff members benefiting from training	98 staff members	15 staff members
Centers mostly affected by movement restrictions	Der Abu Mishaal, Silwad, Jaba', Azmout, Qabatia, Kifel Hares, Al-Mawasi	Not applicable
Staff affected by movement restriction	30 health providers could not reach workplace at least one day/week.	Not applicable

Result 1: The national society's PHC centers provide high quality health services focusing on the most vulnerable at all times, including in times of conflict and movement restrictions, where women, children and the elderly require special assistance.

A. Palestinian AT/OT: The prevailing conflict situation demanded the rapid expansion of programs and the creation of new projects in order to meet the escalating health needs. Internally, PRCS had to face the effects of rapid institutional growth and change. It is agreed that growth and change should be accompanied by staff training, skills acquirement, and efficient communications and monitoring. If not, quality will be abandoned.

- Accessibility of health centers to staff as well as to population remains a serious problem. A report published by Johns Hopkins University/Care International/Maram Project in September 2003¹, indicated improved accessibility of the population in the West Bank to Health facilities due to decreased curfew hours. However, accessibility problem caused by blocked roads is unchanged. Therefore, the PHC program is still facing the problem of high absence rate of staff and exhaustion caused by travel, which is affecting the quality of services.
- Field visits by the PHC management team were to a great extent affected by the security situation and movement restrictions. Since the start of the Intifada in September 2000, field visits had significantly decreased. This means that there is less monitoring, communications and field observations. The ability of PHC management to motivate staff and provide ongoing feedback and coaching diminished. On the other hand, daily tele-communications were maintained.
- A Performance Review system for all PRCS staff is under development. A measurement tool was developed and piloted, and modified accordingly. The PHC department initiated the process of performance review for

¹ This is the annual report on the household surveillance and health facility monitoring May 02-May 03. The surveillance system is funded by USAID.

all PHC staff in June 2003. Measuring the performance of each staff member should assist PRCS in removing performance barriers and improve quality.

- Equipping PHC centers with the proper equipment, technology, information, authority, supplies and materials is a process that started with the start of the Intifada. The aim is to enable staff to perform well in emergency situations. All essential materials are continuously assessed and up-dated every 3 months to allow for responding to emergencies while maintaining quality. However, delivering regular stocks of supplies to the centers is still hindered by mobility restrictions and closures, which affects quality of care.
- Repeated staff turnover and changes in the PHC management continue to affect quality. Staff changes or reallocations are most of the time related to accessibility problems. Movement restrictions leading to high absence rate continue to de-motivate staff, particularly management.
- Although hard to perform trainings in a conflict situation, the PHC department carried out workshops and training sessions for 98 PHC staff members for a total of 230 contact hours. Training incorporated theoretical and clinical aspects. And, topics included sexual behavior and education, breast and cervical cancer, safe motherhood, emergency and disaster preparedness, and mental health and social work issues.
- Protocols: Standard protocols for Laboratory services are in the process of development. Treatment protocols for physicians, also called “Standard treatment guidelines” were printed (60 copies) and disseminated to all PHC centers. Three workshops were held in the north, south and center of West Bank to discuss these protocols. However, PRCS-PHC staff in Gaza Strip got only 4 copies of the protocols, and appropriate orientation and discussions did not take place yet. Advantages of publishing the treatment guidelines are that they provide handy reference for physicians and facilitate orientation of new staff.
- Increased outreach activities in order to provide health care services to immobilized populations: Two mobile health teams were established in Hebron area to cover 10 isolated clusters. This intervention came in response to the results of the Rapid Damage Assessment surveillance. Also, the Medical hotline assisted thousands of persons in need through the provision of medical advice, medicines, follow-up visits or calls, and dissemination of health information. Additionally, a total of 124 free medical days were carried out in rural areas aiming at increasing accessibility of vulnerable groups to PHC services. (see above table)

B. Lebanon: PRCS PHC centers are making a gradual transition to community based health in addition to maintaining the health education program in the Palestinian refugee camps. During this reporting period, the following was achieved:

- Selection of two pilot sites- PRCS-PHC centers in Shatila and Ain El-Hilwa camps.
- Review of the role of the Community Health Teams (nurses and social workers): this included in-depth discussion of community-based health concepts, future role of the teams, and job descriptions review, discussion and approval.
- A 90 contact hours training module for 30 health providers was carried out on community based health.
- Frequent field visits by project management team to the pilot sites and other centers in order to assess and discuss this new approach, and to motivate staff and ensure long term ownership to program.
- Review of the Health Education techniques, aiming at up-dating traditional approaches and adopting more participatory health education methods.

Result 2: Local authorities and community health committees are playing a key role in the planning and implementation of the PHC program.

The establishment of Community Health Committees (CHC) aims at promoting community participation and contribution to the process of planning and implementing the full scope of Community Based Health project. This process started in the Palestinian AT/OT in 1997. A decision was taken in 2003, to implement a similar process in PRCS Lebanon facilities in order to mobilize camp communities towards better understanding of their health problems and to plan jointly with health providers and camp authorities for encountering those problems and meeting community health needs.

A. In Palestinian AT/OT: As illustrated in the above table, the 25 CHC held a total of 176 meetings. Meeting agendas included: first aid courses, organizing summer camps, environmental health problems, and preparations for the International First Aid day (13/9/2003) and for the PRCS day (26/12/2003). Community Health Committee members participated in a total of 60 hours of training. Topics addressed in these trainings were: hygiene, nutrition, woman and child health, social and psychological aspects in PHC, and communication skills.

In several villages, CHC played an important role in planning and implementation of the PHC activities. A significant example is in Der Abu Mishaal (small village north east Ramallah city), where the CHC together with

the village council contributed to constructing the PHC center's waiting area and the dentistry extension, assisted in the gardening around the center, in locating village accommodations for the residing physician and in the PHC operations in the evening shift. Regarding PHC program, the CHC facilitated the marketing of the Safe Motherhood project in the community and assisted the health providers in implementing a related survey before launching the project

B. In Lebanon: Two CHC are being established as part of the Community Based Health program in two Palestinian refugee camps- Shatila and Ein El-Hilwa. Each committee consists of 10 members. Training of CHC was carried out by PRCS health providers in the two camps. Training consisted of 60 contact hours and included discussions on community health, the health of mothers and children, common illnesses among the refugee population, community based first aid, and communication skills. It is planned that the CHCs will have a significant role in planning and implementing community activities and in compiling camp community profiles.

Result 3: Safe motherhood groups playing an active role in the community promoting the PHC program at the local level.

Since 2000, PRCS has been engaged in establishing Safe Motherhood groups (SMG) within local communities. This development aimed at empowering women by encouraging their participation in addressing woman and child health issues. To date, the number of established SMG is nine. The groups were trained and are being followed-up so that their role in the community becomes more evident. The SMG hold regular meetings to assist the health providers in planning and implementing community and health education activities, thus promoting community awareness to woman and child health issues.

During this reporting period, training of 5 SMG (52 women) was carried out. The module consisted of 144 hours and focused on sex education, breast and cervical cancer, marital relationships and stress relieving.

Important issues discussed in the SMG meetings included anatomy of woman's reproductive system, menstrual cycle and adolescent stage, pregnancy (minor disorders & high risk), birth spacing, child raising, care of newborn, and violence.

The role of SMG in promoting the PHC program at the local community level is supportive in linking the center to the family and the community, thus facilitating the orientation of the community to the PRCS-PHC activities.

Result 4: Strengthened link between PRCS branches and the PHC centers with a gradual process of decentralization of the implementation and monitoring/supervision of the PHC program.

In response to the current conflict situation, PRCS developed new PHC projects in order to meet the increasing health care needs of the Palestinian population in the Palestinian AT/OT. Examples are: the mobile clinics, medical hotline and recruitment and retaining of volunteer physicians, nurses and midwives. Besides, some local communities requested PRCS sub-branches to establish new PHC centers. These swift developments required the involvement of branches in the PHC operations, which was to some extent hindered by inability of branches and sub-branches to accommodate this rapid growth due to limitations in physical structure and human resources. On the other hand, there were several successes where sub-branches established new PHC centers- equipped and staffed them and maintained the operations with good community contribution and support. (See above table for names of branches involved in PHC operations.)

Technically, the PHC management team maintained daily follow-up, monitoring and supervision of the PHC centers that are being operated by branches. This was through field visits, involvement in training activities and reporting.

The necessity of involving the branches in PHC operations implies the need for human resource planning and development at the branch level. Many skills are to be acquired by various levels of staff- administratively and technically, in addition to the need to improve the administrative structure.

Result 5: The PRCS branches are able, through the PHC program, to deliver home care to people affected by the Intifada and other patients in need.

- Delivering home based care by branches was only achieved by Bani Naim sub-branch in Hebron area with the support of an external donor.
- Achieving this result is very much dependant on training, staffing and administrative needs of branches.

Result 6: The health activities in all PRCS branches/health centers in Palestinian AT/OT and Diaspora are effectively coordinated.

- In June 2003, PRCS/Lebanon launched its Community Based Health pilot project, which is very similar to that implemented in Palestinian AT/OT.

- Recurrent visits of the Head of Planning Unit to PRCS/Lebanon in order to maintain a coordinated approach to PHC.
- One visit to PRCS Syria branch also for coordination purposes.

Result 7: An effective mechanism exists to transfer knowledge to PRCS health staff and beneficiaries in Palestinian AT/OT and among the Palestinian refugees in the Diaspora about HIV/AIDS and other infectious diseases.

Palestinian AT/OT: In 2002, a self-learning package on infectious diseases was compiled, to include reading materials on HIV/AIDS, hepatitis, acute respiratory infections and other diseases. All health providers undertook a pretest and post test that verified increase in knowledge. After that, the health providers were guided to design and implement regular community activities that target awareness of communities on infectious diseases. Campaigns mainly focused on schools and women groups. For example, during the past 6 months, safe motherhood groups organized 20 HIV/AIDS community health talks. This is in addition to the many individual counseling sessions that the health providers hold during their daily practice.

In PRCS/Lebanon, HIV/AIDS awareness is carried out as part of the health education project in all camps. Relevant health education brochures were also produced.

Result 8: An effective and well functioning “Hot Line” component in all PHC centers ensures provision of timely, professional medical advice.

The medical Hotline is a new PRCS service that started in July 2002. It aims at improving the health conditions of the Palestinian people living under siege and military curfews in 8 West Bank districts (Ramallah, Salfit, Tulkarem, Qalqilya, Nablus, Jenin, Hebron, and Bethlehem).

- A network of 200 health professionals was established to perform, on a voluntary basis and around the clock, free medical consultations on the phone according to PRCS professional standards and principles, to the population under curfew or closure. This network is consisting of physicians, specialists, gynaecologists, obstetricians, nurses, midwives, traditional birth attendants and social workers.
- Volunteering professionals were equipped with emergency medical and delivery kits, depending on their profile and the size of their area, in order to provide free medicine to the patients when necessary, and assist pregnant women forced to deliver at home.
- The role of the network members is to reassure the patient and his/her family, provide psychological support, and give medical advice and health information to the people calling the hotline. Whenever necessary, volunteers call back the patients to check his/her status, or organise a transfer to a hospital with EMTs, and they may visit the patient at home as soon as the curfew is lifted.
- The network has been able so far to reach out approximately 5,000 patients every month. In 70% of cases medicines are delivered to the patients, in 20% of cases only medical advice is provided; and in 10% of cases a transfer to a hospital is organized.
- Several emergency phone numbers to reach PRCS network members were disseminated among the public through a national and local information campaign by PRCS branches and EMTs.
- It is expected that the PRCS Hotline Network of volunteer practitioners will ensure a better knowledge of the health needs at the grass root level. It will enhance PRCS capacities in terms of disaster/conflict preparedness; it will prove a valuable dissemination tool for the provision of psychological support to people calling the Hotline and for increasing awareness about health among people; it will be used by PRCS paramedics as a referral body or to consult with in difficult cases.

Result 9: A core group of volunteers with good first aid knowledge are attached to each branch and each PHC center under the supervision of the branch/center staff.

In Palestinian AT/OT, and during the past 6 months, the PHC centers had trained 620 youth and volunteers in community based first aid. The trained volunteers contribute to the PRCS branches or PHC centers by the assisting health providers during emergency situations and by participating in data collection for the Rapid Damage Assessment surveillance. Additionally, these volunteers provide a link between the PHC centers and the community as they transfer health messages to their neighborhoods.

Result 10: A well functioning internal monitoring and reporting system in the PHC program, with an ongoing dialogue between the PHC center staff, the PRCS branch and the PHC department.

- Regular field visits of the PHC management team to the PHC centers in the Palestinian AT/OT were hindered by the general security situation. Delay and in some months absence of monitoring visits had a negative

impact on supervision, in-service training, problem solving and performance reviews. However, the PHC management team maintains daily contact with all centers using tele-communications.

- Written statistical and narrative reporting formats for all PHC components were further developed. The PHC centers send their monthly reports to PRCS headquarters where they are processed and analyzed to form one PHC monthly report. However, reports continue to be quantitative in nature- focusing on numbers of interventions or beneficiaries, with almost no focus on quality of service.
- PHC centers prepare special reports on special events or activities, like: summer camps and micro-projects. These reports usually are supported by photographs.
- PHC activities are summarized monthly and published in the monthly PRCS magazine “Balsam” and newsletter, which reach all branches and sub-branches in Palestinian AT/OT and Diaspora.

Result 11: Timely and comprehensive narrative and financial reports are prepared for the management and the donors.

- Regular six monthly reports are prepared by PHC management team focusing on output of centers (statistics), main achievements, and encountered constrains.
- Annual reports are compiled at the end of each year.
- Project progress reports- narrative, financial and statistical are prepared for each project as stated in the partnership agreements with the external donors.

However, the quality of reports is a major concern, which demands that PRCS should make serious efforts to improve the reporting skills of management staff and project coordinators. Problems in reporting are, most of the time, related to limitations in writing skills and English language proficiency. To encounter this problem, PRCS embarked on organizing several English language courses that touched on the reporting issue, in addition to on the job training carried out by the Head of Planning who also developed reporting formats and reviewed and discussed annual reports with department heads. But these efforts are irregular and are not based on a human resource development plan that meets the exact needs.

Result 12: A well functioning storage and distribution system of medicines and medical supplies in the PRCS headquarters, regional warehouses and in the health centers.

Three monthly distributions of medicines and medical supplies to all health care centers is taking place regularly. In summer 2002, two sub-warehouses were established in the West Bank- one in the north and one in the South. Until date of this report, the PHC centers do not benefit from these sub-warehouses. And, PHC centers continue to depend on the main warehouse at the Headquarters. Currently, these regional warehouses are extending their services to the EMS stations only. It is planned that services will be extended to the PHC centers too.

Impact:

- Impact on local communities: The targeted communities now know that PRCS is not just an ambulance, but there are other essential health and social services. Trust relationships between many families and the PHC centers were developed as a result of the home based care project and counseling activities.
- Impact of health education and community organization cannot be measured in the short term. The change in health behaviors will come gradually over many years.
- Services for local communities are being developed. New equipments were purchased. New staff members were hired and trained. Some centers were upgraded.
- As a result of joint cooperation with several partners, PRCS benefited from the opportunity of hiring qualified health providers and project coordinators. Better management of cooperation projects is observed. As a whole, cooperation projects helped in sustaining and promoting the PHC services.

Constraints:

A. Internal constraints:

- Community Health Committee members are mostly men who are working during the day. Therefore, health providers have difficulties in meeting with them to coordinate community activities.
- Medications and medical supplies kits are frequently not delivered on time to the centers and when delivered many items are not included because they are not available at the main warehouse.
- Frequent changes in the management of PHC department: Changing the director 3 times in a period of two years had a negative impact on the PHC program as a whole.
- Short-term funding, while the expected results of the PHC program are long term.

- Changing the health delegate of the Safe Motherhood project several times during the project duration affected the work process.
- Training sessions were difficult to carry out. Most sessions were repeated several times in different districts in order to allow the largest number of staff members to participate. Few training hours were offered to the staff in Gaza Strip.
- In PRCS/L, project management should be strengthened by better planning, monitoring, follow-up and reporting. Relevant training should be made available. Also, better PHC management is needed.

B. External constraints: The general political situation, the siege and the large number of checkpoints and blocked roads all over the territories are preventing as many as 30 staff members from regularly accessing health centers and equipment and supplies to be delivered. In order to solve the staffing problem, new staff should be recruited from the areas surrounding the centers, which is sometimes very difficult as it means that the staff who cannot reach the center should be laid off (unfair solution).

Before the Intifada, the PHC program in the West Bank was identical to that in Gaza Strip. Now and after three years of conflict and isolation of Gaza Strip from the West Bank, a gap was created. As a result, several projects and trainings are being implemented in the West Bank only.

Community Based Special Education

Goal: Disabled children are integrated within the society and enabled to develop their abilities in order to keep up their well-being and contribute to the community.

Objective: Develop a strong spirit and commitment for the community-based approach among the people and the municipality for a sustainable program, serving children with special needs and integration into the Palestinian society.

Progress/Achievements (activities implemented within this objective)

Distribution of beneficiaries from school & home enrichment activities by month

Month	# of beneficiaries from school enrichment activities	# of school enrichment activities	# of beneficiaries from individual sessions	# of individual activities	# of beneficiaries from home enrichment activities	# of home visits	# of home enrichment activities
June	36	88	0	0	23	23	143
July	0	0	0	0	76	142	314
August	23	15	10	10	45	45	45
September	276	393	109	276	85	239	617
October	276	482	105	100	47	101	377
November	276	142	108	108	38	92	452

Note: The months of June – August are the summer school vacation in the Palestinian AT/OT.

Result 1: Sustainable delivery of services in six major population areas developing abilities of the disabled children and their integration into the Palestinian society.

In July 2003, the Rehabilitation department carried out an internal review of the Community Based Special Education project, after which a decision was taken to expand the project activities to 11 major population areas. To PRCS, this meant that project staff had to coordinate project activities with 35 different Rehabilitation centers operated by other providers. One administrator and two coordinators were assigned to monitor project activities in the West Bank and Gaza Strip.

In the six major areas and after the summer vacation, a total of 276 disabled persons benefited regularly from School Enrichment activities. An average of 107 home visits for 53 patients per month was carried out (a total of 642 home visits during the past 6 months). Approximately, 83 disabled persons per month benefited from individual activity sessions at centers.

Activities with the disabled children focused on self care, gross motor muscles, fine motor muscles, expressive language, receptive language, social interaction and sensation. The rehabilitation workers utilized their skills in teaching the disabled and their families around 514 activities.

Training plans were made and 165 trainee Rehabilitation Workers were selected. The majority are from other providers, namely: Ministry of Education, Ministry of Social Affairs, UNRWA, CBR program and several other NGOs. The training module was designed to embrace: child development, types of disabilities, handling

disabilities, psychological aspects of disabilities, review of special education in Palestine, Home and School Enrichment project and documentation.

Result 2: Awareness campaigns conducted with a view to changing attitudes as regards to the role of disabled people in the Palestinian society resulting in a practice where all people, including the disabled, are treated equally.

An awareness campaign was designed. The campaign is to be launched by March 2004. It includes brochures, stickers and posters, and several TV sessions on the issue of “Home and School Enrichment” for the disabled.

Result 3: An increasing number of families taking part in training and education of their disabled children in a climate where certain traditional taboos are discouraged.

Reports and photos from the field indicate that families, relatives as well as neighbors are increasingly interested and involved in the project. The disabled as well as a family member are trained together on the “enrichment activities” that aim at empowering them and integrating the disabled into their communities.

Result 4: A referral system is established between the PRCS and other organizations to facilitate coordination of the work concerning the disabled.

The coordination efforts described in (Result 1) will be gradually leading to coordinated referral system between the PRCS rehabilitation facilities and the other organizations. This joint work is for the welfare of the disabled people in the Palestinian AT/OT.

Result 5: More parents and teachers are involved in the process that aims at full integration of the disabled and other vulnerable children into the Palestinian society.

Rehabilitation workers hold training sessions for family members and for school teachers aiming at teaching them “Home and School Enrichment activities. Training sessions take place whenever there is a need.

[The above table illustrates an increase in the number of beneficiaries and home and school enrichment activities after the publishing of the book on “Home & School Enrichment Activities”, which provided a valuable self-help tool/guide for parents and teachers and got them more engaged in the project’s activities.]

Result 6: The PRCS has a developmental screening program for children that identifies disabilities as early as possible, and accordingly starting treatment and counseling.

During this reporting period, the PRCS Rehabilitation department reported on screening 359 persons for speech and hearing problems. Of those, a total of 156 persons were referred to other institutions for further investigations or treatments. The screening campaigns took place in Jenin, Tulkarem, Nablus, Salfet and Hebron districts. Most of the times, screening activities are coordinated with the local authorities or municipalities, who advertise the activities and provide the appropriate space.

Impact:

- Impact on the individual disabled and his/her family is definite. After each session, the disabled beneficiary masters new self care activities and the family members learn new communication techniques with their disabled child. This is being indicated by many successful stories available at the Rehabilitation department.
- Impact on the society is difficult to determine in the short term, but it is expected that targeted communities will gradually start integrating the disabled child and recognize his abilities.
- Impact on PRCS is manifested by the leadership role in this field. PRCS is becoming the coordinator for the “Home and School Enrichment”, also called “Community Based Special Education”.

Constraints:

- Externally, the program is affected by the blocked roads and continuous siege.
- Internally, better project management is needed.

Support to PRCS Health Facilities in Lebanon

Objective 1: Basic capacities are created in terms of the improvement of working conditions for surgical activity in Hamshary through the renovation of the third and fourth floors, and support/maintenance of the remaining 5 health centers and 4 district hospitals serving the 12 refugee camps.

Progress/Achievements (activities implemented within this objective)

Result 1: The surgical department of Hamshary hospital has become fully operational and the capacity and quality of the hospital services have improved.

The surgical department at Al-Hamshary hospital was equipped with the necessary equipment and furniture for pre-operative and post operative patients. The department is now fully operational. The construction of the new operating theater was completed, with few things still need to be accomplished in 2004, namely- the O2 and the NO2 connections, which are under establishment.

Result 2: All basic medical equipment within the 5 hospitals is properly maintained with spare parts and no significant interruptions of the services will occur during 2003/2004.

All five hospitals are equipped with the essential equipment. Several new departments were established. These are: The ICU units in Safad and Nasra Hospitals, and the Neonatal unit in Haifa hospital. Spare parts for equipment are too expensive to purchase and hospitals continue to face a maintenance problem. This problem shall be encountered through a two-year cooperation project funded by the EU, which was launched in mid 2003.

Result 3: A minimum of two out of five health centers and two of the four hospitals are maintained with support of the Federation by end of 2003.

Objective 2: Strengthened capacities to organize up to 2,000 lectures and meetings on at least 30 different health related subjects through all the health centers of the PRCS/L before the end of 2003; involving 80 health educators with sound knowledge and skills in line with the WHO and Red Cross and Red Crescent guidelines.

Progress/Achievements (activities implemented within this objective)

Result 1: The beneficiaries know how to prevent diseases and how to act accordingly in order to prevent illness.

It is extremely difficult to measure the effect of health education on beneficiaries in the short term. However, in 2003, a total of 1665 health education sessions were organized in the refugee camps in Lebanon, and a total of 20,480 persons participated in those sessions. Twenty different health topics (as indicated in the below table) were tackled by publishing posters and brochures, of which some 18,000 copies were disseminated.

A total of 20,000 health education brochures and posters printed tackling the following topics:

- | | | |
|----------------------------------|----------------------|-------------------------------|
| 1. HIV/AIDS | 2. Dental Caries | 3. Vaginal Infections |
| 4. How to deal with HIV patients | 5. Osteoporosis | 6. Breast Cancer |
| 7. Hypertension | 8. Thalassemia | 9. Breast Feeding |
| 10. Drug Use | 11. Anemia | 12. Nocturnal Urine |
| 13. Diabetes | 14. Bronchial Asthma | 15. Prenatal Care (Pregnancy) |
| 16. Family Planning | 17. Cardiac Diseases | 18. Nutrition |
| 19. Personal Hygiene | 20. Child Care | |

Result 2: By end of 2003, PRCS/L will have 80 well-trained health educators covering the 5 main areas where Palestinian refugees are located, of these one will be specialized in HIV/AIDS and STDs.

In 2003, a total of 31 health educators were trained. The trainer was a specialist in health education holding a Masters degree in primary health care management. Groups/teams of health educators were trained in their areas for 15 contact hours. Topics covered in the training were:

1. Preparation, scheduling, conducting and management of the health session
2. Methods and preparation of illustration means
3. Using of illustration methods and equipment
4. Leadership and communicating with the participants
5. Conducting meetings and communicating with leaderships in the camps
6. Monitoring the appropriateness of the information
7. Reporting and communication with the local committee members

A total of 24 trainees got additional training sessions in HIV/AIDS and STDs.

Result 3: PRCS/L Health educators will have given an average of one training session in all of the identified locations.

(See Result 1)

Impact:

It is extremely difficult to feel the impact of health education on the targeted population in the short term. However, impact on PRCS is in the increasing capacities to contribute to the prevention of disease and protection of health.

Constraints:

Internally:

- Limited training equipment in the camps: Overhead projectors, flip charts and screens.
- Limited budget for logistics.
- Absence of effective communications between the five areas. This may be due to absence of communication means. Also, meetings were difficult to arrange due to far distances and limited financial resources.
- Incentives for health educators and personnel were limited (USD10/health session and USD100/month for the technical advisors).
- Training of health educators was only at the beginning of the program.
- Limited budget for health education publications. Therefore, it was impossible to deal with all health topics in brochures.

Externally:

- Inability of the refugee camp population to accept some topics. Examples are: HIV/AIDS and Uterus Cancer.
- Difficulty in reaching out to some areas and facilities. Examples: difficulty in accessing UNWRA Schools and inability to reach refugee population living outside camps.

Objective 3: Medicines and medical supplies were provided to the PRCS/L health structures to enable them to continue to provide their services to the refugees.

Progress/Achievements (activities implemented within this objective)

Result 1: Medicines and medical supplies were procured and distributed according to plan and accurate records were maintained.

Medicines and medical supplies were provided to the five PRCS hospitals in Lebanon to cover 30% of total annual needs. Procurement and distribution procedures were carried out as stated in relevant agreements and project documents.

Result 2: The medical structures in the hospitals and health centers were strengthened and are enabled to deliver their services with improved performance and efficiency.

The improvement and strengthening of the medical structures was approached by training targeting different levels of hospital staff (see below Objective IV), establishing technical committees like the Infection Control committee and project management team, and the provision of medical equipment, medicines and medical supplies.

One hospital, namely: Al Hamshari hospital, is more developed in its medical structures than the other hospitals because of PRCS initiatives to develop this hospital into a referral hospital for the refugee population by adding specialized services, such as Hemodialysis, Intensive Care Unit, Neonatal Intensive Care Unit and most importantly hiring more specialized staff. Additionally, the existence of the PRCS Al-Quds Nursing School within the hospital facilities had contributed to developing the medical structures.

Impact

The overall goal of cooperation projects was to improve the quality of health care provided to the Palestinian refugee population. The technical and financial feasibility and program sustainability were important components of this joint cooperation. Cooperation projects emphasized educational and training activities aiming at creating the necessary knowledge, attitude and practice to perform efficiently.

Constraints:

- Deficiency in medical supplies and medicines.
- Financial problems.

Objective 4: High quality services will be provided through comprehensive training of personnel. (PRCS/L).

Progress/Achievements (activities implemented within this objective)

In 2003, capacity / organizational development in the PRCS hospitals in Lebanon was approached through training of staff at different levels- medical, para-medical and managerial levels. Contents of training included:

- Quality assurance for pharmacists, laboratory and X-Ray technicians. (To be carried out by end of 2003)
- Management of medical stores and drug rationalization.
- Health surveys and needs assessments.
- New techniques in physiotherapy.
- Patient satisfaction
- Ethical behavior (To be carried out by end of 2003)

Each of the above mentioned courses was for 24 contact hours. Future cooperation in 2004 with Johns Hopkins University shall include comprehensive training for hospital staff on quality improvement, management and patient satisfaction.

Disaster Management

Goal: The PRCS continues to effectively contribute to the collective effort being made to mitigate the suffering of the Palestinian population.

Objective: The PRCS has strengthened structures and capacities with effective operational linkages to other programs of the national society.

Progress/Achievements (activities implemented within this objective)

Result 1: Increased awareness in the PRCS and major health institutions and in the Palestinian community in regards to the need to have a realistic national disaster preparedness plan with clear responsibilities.

Result 2: Clear understanding inside as well as outside of the national society about the role and responsibility of PRCS in times of disasters.

PRCS participates regularly in the Emergency Health Coordination meetings, which includes representatives from local and international NGOs. During these meetings, PRCS provides briefings and updates regarding the progress and PRCS achievements.

Result 3: Roles and responsibilities clearly defined for staff and volunteers involved in disaster management.

- The Disaster Management and Coordination unit (DMCU) hold workshops and training activities in different fields of disaster for volunteers and branch representatives. A total of 500 volunteers participated in these trainings so far.
- The DMCU is leading the process of conducting the rapid damage assessment, in addition to the water testing campaign in the isolated areas in the eastern part of the separation wall in Qalqilia district.
- PRCS staff and volunteers participate in the ICRC relief activities in Gaza, Rafah, Khan Younis and Jabalia.

Result 4: An expanded network of trained youth and volunteers at branch and district levels, ready to intervene effectively and efficiently as and when required.

(See result 3)

Result 5: Adequate and strategically placed stock of emergency relief items available in central and regional warehouses. And, Result 6: A reliable system of replenishment of emergency stocks established at strategically critical sites to allow for a rapid response action in time of disasters.

- Monitoring and updating the stock position sheet of the central warehouse and sub-warehouses in Nablus Hebron and Gaza Branches.
- Replenishing, re-supplying and re-stocking the warehouses according to the distributed and used relief items.
- Pre-positioning of 6 water distribution points to different areas.

Result 7: A well functioning national surveillance and early warning system operated by PRCS, covering the entire catchments area of the national society.

- The Rapid Damage Assessment system is now covering 143 villages in the West Bank. The Gaza Strip is not yet included.
- Assessment data collection sheets are distributed in the villages every two months. The nurses and social workers in the PRCS-PHC centers have contacts (volunteers) in each of the villages in the catchments areas.

The contacts fill in the assessment sheet and deliver it back to the PHC centers. Then, the data is verified and fed into the database. Up to date, 6 rounds have been completed.

- Reporting: Statistical reports are obtainable directly from the database. Narrative reports are published after each round on the Intranet.
- Responses are planned and implemented according to surveillance results and include medical days and health education campaigns. Responses may entail coordination with other NGOs or Ministry of Health. A special report is then compiled on response actions.
- Training: In 2004, PRCS plans to train the contacts/volunteers from all 143 villages in order to improve the quality of data collection.
- Communications: The expansion of the VHF radio network for EMS and Disaster Services is underway. The objective is to establish early warning system and back-up communication networks at district level.

Result 8: The PRCS has a well functioning logistical set-up around the West Bank and Gaza Strip.

Transport of supplies, communications, warehouse system, purchasing and other systems are being improved to lead PRCS into efficiency in delivering its services.

Result 9: A better and more reliable telecommunication system exists for the EMS, disaster preparedness and response and hospital emergency rooms through active use and expansion of the VHF/HF network.

EMS stations and Emergency departments in the major hospitals are now being connected to the VHF system. The first phase of the VHF communication system is under establishment in Gaza, Ramallah and Nablus.

Result 10: Staff and volunteers of PRCS from the headquarters and branches are trained in telecommunications, logistics, camp management, DM/ERU/FACT concepts and water and sanitation.

Staff trained abroad:

- One staff member was trained in IT and telecommunications.
- Six staff members were trained in Basic Health Emergency Response Unit (ERU).
- Five staff members were trained in Advanced Medical Posts (AMP).

Impact:

- The impact of the DM program is in enabling the PRCS crew to respond to disasters effectively, efficiently and in speedy time. This is being manifested in the improved logistical pipeline towards stocking, monitoring and transporting, and improved situation rooms. This development had resulted in continuously updated emergency plans and alert and preparedness. The communication between HQ, PRCS facilities and branches during emergency situations had improved considerably.
- There is a feeling that the awareness of the lay public to Disaster/ Hazards prevention is increased (although not scientifically measured).

Constraints:

Movement restrictions, closures and siege have been preventing or hindering the implementation of activities. For example: trainings (on many occasions the trainers, trainees and crew could not reach their destinations. As a result sessions were either cancelled or postponed).

Humanitarian Values

Goal: Release some of the psychological pressure, resulting from the Intifada, on the PRCS staff and volunteers and their families. Special vulnerable groups in the community, such as children and women, will benefit from the program.

Objective 1 (Palestinian AT/OT): Provide psychological help to PRCS staff and volunteers, as well as to youth from outside PRCS, as they require this kind of support.

Progress/Achievements (activities implemented within this objective)

Result 1: The PSP program is expanded to include more regions and larger groups of the population.

The Psychosocial Support Program (PSP) is currently in a stage of capacity building and expansion to meet the prevailing psychosocial challenges facing individuals, families and communities in the Palestinian AT/OT. The widespread impact of conflict and occupation on the Palestinian society are affecting basic human security,

including mental well-being and normal opportunities for development. In order to fulfill part of these needs, the PSP program has created a vision that includes the following:

- The establishment of 6 Psychosocial Family Centers (PFC); 4 in the West Bank and 2 in Gaza Strip- aiming at improving the overall well being by providing free and accessible professional psychosocial services.
- Focus on Palestinian children who are experiencing many forms of violence from the present occupation and conflict. Forms of violence that may cause trauma to children are: death of a parent, relative or acquaintance; torture; witnessing or engaging in an act of violence; separation from one or both parents for any period of time; injury (including those resulting in handicaps); curfews; poverty; severe deprivation; and shelling or demolition of their house. Emotions and reactions of children are manifested in many ways like: speech problems, difficulty in concentrating and learning, sleep related problems, bedwetting, loss of recently acquired skills, feelings of guilt, and variety of somatic complaints. Children must have safe places for healing and emotional support to be able to overcome these problems and to continue to live normal productive lives. Currently, there are no comprehensive mental health services for children in the Palestinian AT/OT, resulting in a high level of need of such community services.
- The PRCS-PSP strategy is based on a strong holistic community approach, which states that the well being of people in the Palestinian AT/OT cannot be improved by targeting individuals alone. In order for interventions to be effective they must fit within the cultural, traditional and existing social support networks of the society. The family and community are key players and form the identity and reference point for the individual.
- The proposed PFCs will offer psychological support services, awareness of psychosocial issues, social outreach and support programs. PRCS envisions an initial 5-year plan to support this capacity building effort and to ensure sustainability. The first year will have higher start up capital costs. The establishment of physical structure is central to the PFC concept as it provides a physical location, dedicated to psychosocial services, from which in-house and out-reach services can be provided.
- PFCs will further be linked to other PRCS services in target areas such as PHC and Rehabilitation Centers, hospitals, volunteers groups, disaster management and branches. The aim is to strengthen the PRCS's capacity and efficiency to provide holistic health and social services by improving facilities and delivery methods, and integrating services to make them easily accessible to the community.
- PRCS psychosocial capacity will be supported by active cooperation with external organizations providing similar psychosocial support services in the target communities. This cooperation will strengthen the ability of PRCS to provide comprehensive mental health services through the development of an effective referral system to secondary and tertiary levels should there be a need among the beneficiaries. The aim of such cooperation is to succeed in meeting the overwhelming widening needs, to fill the gaps, and to complement each other's work. This cooperation shall lead to mapping of services, highlighting community needs and determining who can best serve which needs. PRCS hopes that the PFCs will provide an opportunity to take a lead in this cooperation effort.

Result 2: The newly established IHL unit in the PRCS headquarters runs an internal educational program for the staff of the headquarters and branches focusing on Red Cross and Red Crescent fundamental principles and humanitarian law. The program is expanded to communities where there is a PRCS branch.

A. Dissemination of IHL:

- The IHL unit conducted 3 intensive IHL training courses in Jenin, Hebron and Bethlehem. A total of 51 staff members, volunteers and employees from other institutions participated in these courses.
- An orientation to IHL principles was included in the EMT training curriculum. Thirty five EMT students in the Emergency Educational Center in the Headquarters benefited from this orientation.
- IHL Dissemination sessions in 37 PRCS summer camps.
- The unit conducted lectures for PRCS staff on IHL and the protection of women and children during war time. This session was part of the Safe Motherhood training course.
- A TOT course in EHL for 16 trainers in the West Bank was carried out to train the teachers who will be teaching EHL in the Palestinian schools. The course was organized by the Ministry of Education and Higher Education and in cooperation with PRCS.

B. Documentation of IHL violations

- Continuous feeding of the IHL database: This database was established in January 2003 and all incident reports are filtered in it on a daily basis. Violations are sorted according to their nature.

- Issuing internal incident reports: These reports are six monthly and include legal commentary and focus on the most serious incidents in the Palestinian AT/OT.
- Publishing the first “In-Depth Report” in August 2003. It is a rich report containing valuable data showing the nature of violations against the PRCS staff and volunteers.

C. Legal Advice:

- The unit is compiling an up-to-date legal desktop reference that focuses on the PRCS core activities. This has been published on the PRCS website. The IHL link is www.PalestineRCS.org
- The Palestinian National IHL Committee: The unit has been the focal point in establishing the Palestinian National IHL Committee, which was activated by a Presidential Decree on Sept. 5th, 2003.
- Providing ongoing legal advice to PRCS departments and branches: Legal advice was provided to the press office, Information Unit and the IHL National Committee (in preparing its internal regulations). The IHL Unit Coordinator acts as a lawyer and consultant to the PRCS Headquarters.
- Co-operation with B’TSELEM (Israeli NGO): Meetings were held with B’TSELEM to study the possible ways of co-operation concerning IHL related issues.

Result 3: The on-going project “Stop Violence”, which is being implemented in the PRCS branch in Bethlehem, is expanded to other branches.

The on-going project “Stop Violence” is currently implemented in Bethlehem and Khan Younis branches. Scaling-up to include other branches is not yet achieved.

Result 4: The PRCS information unit is further developed.

The various activities executed during this reporting period are summarized as follows:

- Training of 40 volunteers between the ages of 15-25 from 4 districts. Training topics included: movement principles, ICRC history and programs, Emblem, volunteerism, IHL, communication and leadership skills, disaster management and community work.
- Summer Camp Evaluation: Each district-based Volunteer Committee presented reports on the summer camps activities, which included achievements, challenges faced during implementation and recommendations for 2004 summer camps.
- International First Aid Day Dissemination Session for 30 Participants from different departments and branches was carried out in Ramallah. Information materials (PRCS history, programs and activities related to First Aid program and Federation materials) were distributed to the participants 10 days prior to the session. The participants for their part disseminated the information to 260 teachers from West Bank districts (20 teachers per district). The teachers were provided with the information packets including 101 brochures, posters and stickers for their classrooms. The teachers used one of the class periods to lecture and distribute material to the 11th grade students on said subject.
- Production and distribution of PRCS Contact numbers leaflet and the Guide to Emergency Situations.
- EMS/Emblem information Campaign: 101 Brochures, posters and stickers produced and distributed. 101 Animation TV spots produced, PRCS Promotional Video is in pre-production stage.
- PRCS Publications: Balsam & Monthly Arabic and English Newsletters produced. Balsam increased number of disseminated copies from 7,500 to 7,700.
- Documentation of PRCS activities during the Intifada by photos. Six photography exhibitions were executed.

Result 5: A global information and marketing strategy is developed and implemented to facilitate the integration of the national society as one unit including its branch in Lebanon.

Not yet achieved

Impact:

PRCS was enabled to disseminate information on IHL, movement principles, first aid, and humanitarian values. Impact on community is not measured and will be difficult to measure in the short term.

Constraints:

- Photography equipment needs to be upgraded.
- More could have been done in disseminating Health Education information to public.

Objective 2 (PRCS/L): More effective dissemination of the fundamental principles of the movement through an innovative approach, i.e. using first aid as an entry point.

Progress/Achievements (activities implemented within this objective)

Result 1: Increased knowledge of the humanitarian values of the movement among the refugee community, especially among the youth.

- Humanitarian Values program was initially introduced to PRCS/L through the establishment of the Youth and Volunteers program. First Aid Training was chosen as an entry to Humanitarian Values. The first phase of this project (first training course in first aid) started in May 2003. Total participants were 25 PRCS/L staff and volunteers.
- Phase 2: Training on Humanitarian Values is planned to take place in December 2003. Expected number of participants will be 15 PRCS/L staff and volunteers.

Result 2: Youth participation within the PRCS/L is enhanced with an increased number of volunteers and volunteer-led activities within social work and health education.

Not yet achieved.

Result 3: A team of 15 trainers is established from among first aid volunteers.

In May 2003, 25 participants from PRCS/L received First Aid Training. However, eleven participants out of the 25 were alleged to receive the TOT course in September.

Result 4: Additional initiatives are taken to promote environmental awareness, preventive health care and social work among the youth.

In November 2003, 2 PRCS/L volunteers (First Aid TOT) participated in the Community Based health Project. They were trainees and trainers at the same time. They received the training on Community Based Health education which will help them in the future CBFA courses planned to be delivered in the camps. The 2 trainers delivered basic first Aid training to 26 participants. It is worth mentioning that this training was their first experience as trainers after they received the TOT training.

Result 5: Training in 2003-4 will include 500 basic first aid courses conducted in all the refugee committees and prepare a minimum of 15,000 trained first aid individuals.

In December 2003, a basic 6-days first aid course will be delivered to a group of university students from 2 universities in Beirut (namely: Arab University and Hawaii University). It is expected that 25 students will benefit from this training course. The trainers will be PRCS/L volunteers who received the TOT training.

Impact:

- Following the assignment of a project coordinator, the Volunteer program was officially inaugurated. This development was based on PRCS/L five years development plan (2000-2005), which identified the development of youth and volunteers program as one of its main priorities. It is expected that this program will have an important role in the Palestinian refugee camps through first aid training and youth activities.
- As a result of the First Aid Training conducted in May and September 2003, eleven PRCS/L volunteers and staff became First Aid trainers. The impact on PRCS/L is in the capacity building and in possessing first aid trainers for the first time.

Constraints:

- The number of beneficiaries proposed in the initial plan set by PRCS/L is unrealistic for the project implementation. This should be taken into consideration for next year planning in a way which corresponds to PRCS/L capacities and capabilities.
- The change in the structure of the Federation delegation to Lebanon affected the timely implementation of the project. To this, there is a need for more systematic partnership coordination.
- The need to have more flexibility in decision-making regarding proposed activities for the Volunteer program. To this, the PRCS/L Volunteer Program is in the process of forming a volunteer committee for the project development.
- The need of the project coordinator to be included in the planning phase of the project for year (2004).

Organizational Development

Goal: The services that PRCS renders to the most vulnerable are further improved, qualitatively and quantitatively, based on increased organizational capacities.

Objective 1: PRCS has good planning and reporting procedures, effective program implementation, based on high quality of human resources, and an active and determined group of elected members to the governing bodies, as well as trained youth and volunteers having awareness of the role of PRCS as an auxiliary to the authorities of the country.

Progress/Achievements (activities implemented within this objective)

Result 1: PRCS services are being expanded based on increasing support and financial resources.

The expansion of health, emergency and Disaster Management programs were supported by a diversified group of partners. Similarly, with the newly created programs that complemented the main functions of the society, like the IHL, tracing, planning and international cooperation units.

Most of the financial support that the PRCS is getting is short term. Therefore, PRCS is working to become a more efficient and effective provider of emergency and health services in Palestinian AT/OT. This is being demonstrated by internally integrating programs, and externally maximizing coordination with other providers.

In Lebanon, PRCS continues to maintain and improve the quality of Hospital services provided to Palestinian refugees, and also initiated the development of its Community Based Health and the Youth and Volunteers programs as discussed in the above sections of this update.

The national society is building on its strengths, which stems from its unique experience in the above-mentioned fields and from the continuous support from the Red Cross and Red Crescent partners, ICRC, Federation, UN Agencies and many international NGOs.

Result 2: PRCS has completed a self-assessment exercise as one of the necessary conditions for evolving a long-term development plan and a policy framework that lays the basis for sustainability and long-term impact.

Not yet achieved

Result 3: The roles of PRCS leadership and management are further clarified.

The decision-making bodies of PRCS are:

- The Congress (General Assembly), which is responsible for planning and policy-making, and elects the Administrative Council and the Executive Committee.
- The Administrative Council, which is responsible for following up the adopted plans, and can play the role of the Congress in case the congress is not capable of convening meetings.
- The Executive Committee which is responsible for the implementation of plans and activities that are carried out by the Society' branches and departments.

The Administrative Council met in Cairo in December 9th-10th, 2003, to discuss the drafted Strategic Directions 2003-2006, thus playing the role of the Congress which did not convene in 2003 due to the current situation in Palestine. In this meeting the Administrative Council adopted the drafted Strategic Directions. Now, it will be the role of the Executive Committee and the different PRCS departments and branches to present the Strategy in its final form and to put forward annual implementation plans.

The Administrative Council recommended that the General Assembly should convene in 2004.

Result 4: PRCS is working as a national society with well-defined statutes, policies, rules and procedures that encourage broader participation of members and volunteers in the planning and implementation of service delivery and advocacy actions of the national society.

PRCS Statutes are usually reviewed in the General Assembly. Policies and rules are developed or reviewed as needed but not regularly. As for procedures, development is in process, e.g. performance appraisal, purchasing, and warehouse procedures.

Result 5: A well-functioning coordination with a unified approach by the headquarters, branches and program providers is developed.

Coordination among departments is being structured at different levels:

- Management team: includes the PHC, rehabilitation, EMS, finance, OD and blood bank departments. The objective of this team is exploring and analyzing problems, and recommending accordingly.
- Cooperation group: includes the International Cooperation unit, public relations, Information unit, President office, and Youth and Volunteers department. This group acts as a liaison group and aims at developing teamwork among departments.

- The PHC department is piloting “departmental development”, aiming at improving intra-departmental cooperation.
- The Rehabilitation department is piloting “time management” and “improving follow-up”.
- All the above-described activities are being carried out at the Headquarters level only. Branches are not yet included in the OD program.

Result 6: A common strategy for further development and strengthening of the PRCS branches is established.

Located in El-Bireh- West Bank, PRCS Headquarters supports the operations of 19 branches and 4 sub-branches in Palestinian AT/OT and 4 branches in the Diaspora. Additionally, 6 sub-branches are under-establishment. The strategy for further development and strengthening of the PRCS branches has been established as follows:

- Branches and sub-branches accommodate EMS stations within their facilities.
- Sub-branches focus on PHC program.
- New branches focus on developing community-based programs through branch Community Centers.
- Branches and sub-branches develop other programs or facilities in response to needs of local communities; and include PHC centers, hospitals, medical/psychological support hotline, volunteers’ activities, Kindergartens, and others.
- Branches and sub-branches contribute to the Rapid damage Assessment surveillance system during and post disaster phases and respond in time and effectively in meeting needs.

Result 7: Better use of accounting procedures based on improved reporting capacity of the national society at headquarters and branch levels is developed.

In 2003, the finance department together with the personnel unit and warehouses started the piloting of a computerized accounting network system. This new system is expected to increase accountability as well as cooperation among departments.

Another improvement that took place during the past 6 months, is assigning an accountant for partnership projects, in order to ensure the implementation of appropriate accounting and purchasing procedures and to guarantee that financial reports are prepared on time and in a unified manner, and that related documentation is in place.

Result 8: Consolidated accounts for 2002 and a consolidated budget for 2004, including the branches and the headquarters, are established.

Accounts for 2002 for headquarters and for Diaspora branches were published but not consolidated yet. A consolidated budget for 2004 is not yet done.

Result 9: Increased awareness about the Red Cross and Red Crescent movement at all levels of the national society is promoted.

PRCS seeks to promote awareness of its employees and volunteers on the Red Cross and Red Crescent movement not only at the information level, but also pursue that employees and volunteers at all levels put into practice the movement principles and code of conduct.

The PRCS designed and is carrying out orientation course for new employees. Movement principles are expected to be enforced by the department heads. Additionally, the principles were integrated into the performance appraisal tool, which is to be used for all PRCS employees by 2004.

Result 10: Improved marketing capacity attracting new members, volunteers and supporters is promoted.

Activities that aim at improving the image of PRCS included:

- Further development of the PRCS website.
- Dissemination activities with groups, like “open media days”.
- Regular updating of local NGOs, through invitations to meetings and mailing of PRCS publications.
- Special occasions and activities, like open days, receptions, speeches, summer camps, publishing current news in local newspapers are all tools utilized to market PRCS.
- Continuous orientation of PRCS staff on the movement and on relationship with the community.

Result 11: Strong and well-organized youth and volunteers department at the headquarters and active youth groups in all PRCS branches and other facilities are promoted.

The youth and volunteers program continues to inspire young people to contribute to community development, while PRCS provides them with leadership training, skills development and valuable experience that enable them in meeting the population's humanitarian needs and respond to the demands of today's world.

The growth in the number of volunteers has been particularly significant since the beginning of the Intifada in September 2000. There are now 5,000 volunteers working at 40 volunteer committees all around the Palestinian AT/OT. The program now is administering the Volunteers' database, which is becoming a valuable tool for managing the growing and diversified groups of volunteers.

The functions of the youth and volunteers program were restructured and reorganized. Future activities shall focus on the following five projects:

1. Social, cultural & environmental project.
2. Community Health Services includes preparing volunteers to participate in relief activities.
3. Educational & skills development aims at training volunteers according to PRCS priorities.
4. Cooperation- aiming at promoting and strengthening relationships with national, international and local societies and organizations.
5. Recruitment and retaining- to encourage the participation of youth and volunteers in the dissemination of the PRCS principles, supporting other departments, and promoting better relationships with PRCS staff.

Result 12: Through its new internal network, the PRCS headquarters and branches will be connected benefiting from the same computerized systems and database. This integration is expected to facilitate and promote the cooperation and unity of the society.

Gaza main PRCS facilities as well as Khan Younis main facilities are now connected to the Headquarters. Other branches are not yet connected. Implementation of this project requires inputs to the infrastructure.

Result 13: The society's integration process will be enhanced through the OD forum involving the top leadership and management from all its branches, the headquarters and other important chapters of PRCS.

Not yet achieved. However, an OD coordinator was assigned in September 2003 at the Headquarters. An OD plan is being drafted. The OD coordinator will be working with all PRCS levels, programs and branches to achieve the OD objectives.

Result 14: The new strategy and the long-term plan of the society is developed and adopted by the national congress.

- The "Strategic Directions, 2003-2006" was drafted- Arabic as well as English versions are available.
- The strategy was discussed with all departments and modified accordingly.
- Copies of strategic direction were sent to all branches, in order to prepare for discussions.
- The PRCS General Assembly was not held as scheduled in 2003 due to the prevailing situation. Therefore, the strategic direction is not yet approved by the governing bodies.
- The Strategic Directions was discussed and adopted by the Administrative Council, which convened in Cairo in December 9-10th, 2003.
- A development plan for PRCS facilities in Palestine was also produced and is still in a draft form.

Impact:

PRCS is just starting to program its Organizational Development activities. An OD coordinator was assigned few months ago. Therefore, impact cannot be discussed in this update.

Constraints:

- Rapid changes and growth of PRCS may not allow for achieving the desired results in the appropriate time.
- Closures and mobility restrictions hinders extending the OD activities to many branches and facilities.
- Branches in Palestine and Diaspora are not yet approached systematically by the OD program.

Federation Coordination

Goal: Facilitate a successful process within the long-term strategy of the PRCS and to ensure that the cooperation agreement strategy is taken forward in the context of the Federation's Strategy 2010.

Objective: Facilitate meetings between PRCS and participating national societies present in Palestinian AT/OT and/or those visiting the area, encouraging all to be part of the CAS process within the framework of the PRCS Strategy.

Progress/Achievements (activities implemented within this objective)

Result 1: The partnerships with which the PRCS works are based on long-term strategies and all the partners design their interventions accordingly using the CAS framework as a common platform for cooperation.

Under conditions of occupation and Intifada, PRCS was in a constant stage of alert and emergency response thus the DM potential and capacities were strengthened. Systematic and long-term development work became a second priority. Developmental approaches were adjusted to requirements and needs of a permanent emergency situation. For example, the expansion of primary health care incorporated mobile clinics, thus allowing overcoming inaccessibility and severe restrictions in mobility.

The Agreement Strategy (CAS), which was drafted in 1999, was applicable for the period 2000-2001. Due to the prevailing situation no up-date was developed. In the absence of an applicable CAS, main guidance (in terms of planning) was provided by findings of the VCA (1999/2000) and the PRCS draft Strategic Directions, 2003-2006. The Strategic Directions and a comprehensive Strategy were formally adopted by the PRCS Administrative Council Meeting (Egypt- Cairo, Dec. 2003).

The 2004 Appeal planning process was a start for introducing PPP as a quality-planning tool to PRCS. This appeal planning process was conducted under full participation of all relevant PRCS departments. Bilateral delegates and ICRC were invited and attended the planning sessions as well.

Detailed action and implementation plans, developed under the 2004 Appeal reflect both the adopted PRCS Strategic Directions and the 2004 Appeal. A new CAS will be developed, starting early 2004 upon which detailed action and implementation plans will be largely based.

Result 2: The new modality of working through a CAS framework will enable PRCS to ensure greater ownership of the process of cooperation grounded in the priorities identified in its strategic plan.

Though not based on CAS and in spite of extremely difficult general circumstances affecting every PRCS staff, PRCS has developed significant ownership in co-operation and planning. This has been demonstrated through active and intense participation in the 2004 Appeal Planning process as well as through pro-active contributions towards this program update. In both cases, all concerned adhered to identified priorities as outlined in the Strategic Directions and focused and reflected well on their implementation in terms of reporting.

Impact:

Though for reasons beyond control the planned impact could not be achieved in full. The started introduction of PPP as a planning methodology and the participatory approach under the appeal planning process have already shown sign in enhanced ownership and improved planning. Key to full achievements will be the systematic follow up and further institutionalization.

Constraints:

Occupation and Intifada, throughout the reporting period, had again a strong negative impact not only on everybody's daily life but in particular also on all working processes preventing some actions, hindering others or forcing modifications in approach and implementation. An up-dated CAS would have helped but the VCA and the PRCS Strategic Directions have offered very strong guidance.

Key documents need to be translated into Arabic and disseminated throughout the institution in order to enhance understanding, ownership and to continuously increase quality planning.

International Representation

Goal: Increase connectivity and knowledge among the national as well as international actors in Palestine to improve synergy and impact.

Objective: Establish regular contacts and working relations with the most active international organizations and NGOs operating in the region and especially those that are interested in supporting PRCS.

Progress/Achievements (activities implemented within this objective)

Result 1: Better communication with the other humanitarian actors in Palestine.

PRCS is one of the best (if not the best known) humanitarian actor in Palestinian OT/AT. A recently conducted PRCS/Federation mapping of relationships (October 2003), shows the full range of contacts and co-operation. The PRCS web-site also includes a link to a partnership data base.

Various co-ordination forums contribute to improved communication and exchanges of information and expertise. However, co-ordination is very difficult due to the general circumstances, the proliferation among humanitarian organizations, irregular and somewhat erratic meetings and limited existence for different sectors.

The distribution of the PRCS Annual Report (2001/2) and other PRCS publications (Newsletter, Balsam, etc.) as well as the PRCS web-site contribute significantly to communication. Expectations are that the PRCS participation in establishing the FEDNET will further contribute towards better communication among partners.

No PRCS Partnership Meeting was arranged because circumstances did not permit. On the other hand, numerous representatives from PNSs and external partners visited PRCS offering opportunity to discuss bilateral and multi-lateral co-operation. In return, PRCS representatives visited a number of PNSs. Additionally, PRCS was invited to attend the last MENA Consortium Meeting (September 2003, Amman, Jordan) and gave a presentation on the humanitarian situation in Palestinian AT/OT. Regular, monthly Movement Meetings were held and ensured a certain level of information exchange among PRCS, bilateral and multi-lateral delegates and ICRC. Under the 2004 Appeal Planning Process, increased formal coordination meetings took place. A formal Partnership Meeting is scheduled for the second half of 2004.

Result 2: New opportunities for funding of PRCS programs/projects and the work being done by the Federation's representative office.

The Federation Representation underwent a transition to a Delegation that should be completed by the end of 2003. Depending on the response to the 2004 Appeal and available resources, efforts will be intensified to consolidate the existing funding platform and to increase contributions from some donors. These include Government and ECHO contributions through PNSs, restoring and initiating new formal cooperation with internal and external partners including contributions through EU development budget lines or possibly the World Bank.

The groundwork for these plans has been laid in form of the 2004 Appeal. A fundraising strategy nearing completion, in parts based in the Secretariats MENA Funding Strategy. (The 2004 Appeal is attached to the UN's CAP, launched in Copenhagen, November 2003, providing some extra visibility also vis-à-vis donor Governments.)

Result 3: Stronger contacts with local and international organizations including the diplomatic corps.

For better communication with other humanitarian actors, see above Result 1. And, for increased funding sources, see above Result 2. The unresolved issues remain of twofold: firstly, it is important to consolidate existing contacts; and secondly, to introduce appropriate mechanisms for intensified contacts.

With regards to the first aspect, within the framework of the 2004 Appeal, it will be important to enhance existing contacts from frequently ad hoc relations and contractual in nature (donor-recipient) to partnerships, based on partnership management and a partnership strategy and focusing on substance. With regards to the second aspect, efforts to increase co-ordination with both internal and external partners are planned. Without succeeding in these two regards the success of the 2004 Appeal would be doubtful.

The approach towards diplomatic missions has been given attention. Some missions have been contacted. It is planned to introduce the 2004 Appeal to a number of missions and discussion is underway to identify one mission that could arrange a presentation of PRCS to a number of missions in one pre-arranged meeting.

Impact:

The importance of communication and contacts is not only to access funding, but also in order to increase partnership management and solid long term partnership relations. Co-ordination mechanisms will be introduced leading to initiatives and planning in the context of the 2004 Appeal starting early next year.

Constraints:

Communication and contacts also depend on direct contacts. These have been severely hampered due to restrictions imposed on movement, in particular of PRCS management staff (for example, the President of the PRCS failed to meet the Director of ECHO or the President of a Nordic country because of a limited travel permit and/or imposed curfew/closures.)

PRCS Lebanon:

Goal: The Federation will facilitate and contribute to the capacity of the PRCS/L, and promote and coordinate the participation of support from partners within and outside the Movement, in cooperation with the ICRC, national and international NGOs.

Objective: More solid capacities are created through coordination with other agencies to strengthen the capacity of PRCS/L in DM, health and and care, promotion of Humanitarian Values and Organizational Development activities.

Progress/Achievements (activities implemented within this objective)

Result 1: The objectives of PRCS/L are successfully implemented.

Following the dissolution of the Federation Delegation in Lebanon, the Delegation in the Palestinian OT/AT took over, with interim support from Amman Regional Office. The Delegation now maintains an office room in the PRCS/L premises. This transition, which will be completed by end 2003, is in line with the PRCS headquarters decision to take more direct charge over the PRCS activities in Lebanon. Advice was provided towards PRCS/L in establishing the project management unit and towards PNSs extending support to both secondary and primary health care levels.

Result 2: Increased donor support to the Federation's annual appeal is achieved on behalf of PRCS/L.

The level of support was not increased. Planning is underway in context of the 2004 Appeal to stabilize funding levels and possibly increase contributions towards refugee assistance through PRCS in Lebanon.

Outside the 2003 Appeal, support has been extended to PRCS/L to finalize support by USPRM/JHU towards the secondary health sector and the cost recovery systems for patient/beds contracted by UNWRA.

Result 3: The inputs of the Federation and PRCS in Palestinian AT/OT as well as the regional components of the Movement are well coordinated in order to effectively assist the implementation of objectives set by PRCS/L.

With reference to above (Result 1) the infrastructure will be in place by end 2003 to fully facilitate support to PRCS and PRCS/L to achieve the goals and objectives set for humanitarian activities of PRCS in Lebanon. The 2004 Appeal contains planning for further provisions, funding sought, human resources and technical advice.

Impact:

Closer relations and communications with PRCS/L were attained. The set up of the project management unit and the Federation's presence at the PRCS/L together with the provided training had increased the foundation for capacity building, as now planned to continue in 2004. A start was made in creating greater compatibility of systems.

Constraints:

The changes in the federation's set-up have temporarily slowed down the facilitation of support towards PRCS/L. However, this has been overcome by the end of 2003 and will contribute to enhance support under the 2004 Appeal. Palestinian refugees and PRCS/L, while enjoying the hospitality of the Lebanese Red Cross, have an official status as "special category of foreigners" excluding them partly from sectors of Society, for example employment. This limits the options for increased self-reliance. Partnership management needs to be further developed in order to transit from contractual to partnership relations.

For further information please contact:

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

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

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
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CASH

REQUESTED IN APPEAL CHF ----->				4'066'447	TOTAL COVERAGE 90.0%	
CASH CARRIED FORWARD				162'479		
BRITISH - RC		10'695	GBP	24'171	26.11.03	VCA, FINANCE DEVELOPMENT
CANADIAN - GOVT		17'000	USD	23'112	05.05.03	
CHINA - PRIVATE DONORS		100'000	CNY	16'419	07.04.03	
ECHO/FINNISH - RC (20014)		300'000	EUR	439'050	24.03.03	PRIMARY HEALTH CARE
ECHO/NETHERLANDS RC		500'000	EUR	774'250	17.12.03	BILATERAL, MEDICINES & MEDICAL SUPPLIES
ICELANDIC - RC		6'244'985	ISK	112'547	14.05.03	FEDERATION REPRESENTATIVE, 2 YRS
IRANIAN - RC		50'000	USD	70'700	20.08.03	
JAPANESE - RC		41'590	USD	53'547	18.06.03	HEALTH & CARE
LIBYAN - RC				100'000	29.05.03	BILATERAL
NEW ZEALAND - RC		3'090	NZD	2'330	30.04.03	
NORWEGIAN - GOVT/RC		3'959'054	NOK	740'343	03.04.03	ORGANISATIONAL DEVELOPMENT, PRIMARY HEALTH CARE
NORWEGIAN - GOVT/RC		1'000'000	NOK	188'750	28.05.03	CB SPECIAL EDUCATION
NORWEGIAN - GOVT/RC		1'000'000	NOK	188'500	16.09.03	REHABILITATION HEALTH FACILITIES, STAFF/VOLUNTEERS TRAINING, HUMANITARIAN VALUES
NORWEGIAN - GOVT/RC		390'000	NOK	73'515	16.09.03	MINI GENERAL ASSEMBLY 2003
NORWEGIAN - GOVT/RC		1'600'000	NOK	302'400	17.11.03	HEALTH FACILITIES REHABILITATION, STAFF & VOLUNTEERS TRAINING, HUMANITARIAN VALUES, FIRST AID
SPANISH - RC		1'917	USD	2'489	22.12.03	LOGISTICIAN
SWEDISH - GOVT/RC		1'200'000	SEK	201'600	16.05.03	HEALTH/PHC PROG. IN AT/OT, HEALTH EDUCATION
SWEDISH - RC		275'000	SEK	47'300	30.10.03	CHILDREN/IHL
SWISS - PRIVATE DONOR		16'903	EUR	25'000	14.01.03	
SWISS - PRIVATE DONOR				500	30.06.03	HEALTH PROGRAMME
SUB/TOTAL RECEIVED IN CASH				3'549'002	CHF	87.3%

KIND AND SERVICES (INCLUDING PERSONNEL)

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
FINLAND	DELEGATE(S)			48'131		
ICELAND	DELEGATE(S)			38'603		
NORWAY	DELEGATE(S)			24'805		

Palestine Red Crescent Society

ANNEX 1

APPEAL No. 01.90/2003

PLEDGES RECEIVED

20.01.2004

DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED IN KIND/SERVICES				111'539	CHF	2.7%